 <p data-bbox="400 282 528 427">GIG CYMRU NHS WALES</p> <p data-bbox="564 282 826 427">Iechyd Cyhoeddus Cymru Public Health Wales</p>	<p data-bbox="1102 271 1388 342"><b>Policy / Procedure Approval Report</b></p> <p data-bbox="1016 383 1388 562"><b>Name of Meeting</b> Quality, Safety and Improvement Committee <b>Date of Meeting</b> 13 December 2023</p> <p data-bbox="1182 602 1388 672"><b>Agenda item:</b> 5.2</p>
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### Section 1 - Policy / Procedure Information

<b>Policy / Procedure Title</b>	Putting Things Right Complaint Procedure
<b>Policy Lead</b>	Frankie Thomas
<b>Lead Executive</b>	Angela Cook / Claire Birchall
<b>PHW / All Wales?</b>	PHW
<b>Date of last Review</b>	
<b>Is the current policy / procedure within review date?</b>	No
<b>Approving Body /Group</b>	<b>Quality, Safety and Improvement Committee</b>
<b>Version Number</b>	<b>1</b>
<b>Recommendation</b>	
<p data-bbox="204 1240 999 1279">That the Quality, Safety and Improvement Committee:</p> <ul data-bbox="256 1279 1358 1460" style="list-style-type: none"> <li data-bbox="256 1279 1302 1352">• <b>Considers</b> the Putting Things Right Complaint Procedure and the Equalities Impact Assessment (Appendix 1a)</li> <li data-bbox="256 1352 1358 1426">• <b>Note</b> that the procedure was endorsed by the Leadership Team at its meeting on the 02 November 2023</li> <li data-bbox="256 1426 1171 1460">• <b>Approve</b> the Putting Things Right Complaint Procedure.</li> </ul>	



### Section 3 – Details of the Review:

#### Background:

##### Reason for review

- review deadline due / passed
- update required due to change in process
- Update required to reflect change in legislation

##### Description/Assessment

Procedure in place to align to Putting Things Right Regulations, Duty of Candour & Duty of Quality.

#### Consultation

Has this Policy / Procedure been through the appropriate 28 day consultation process?

Yes

Date range of consultation:

19/04/23 – 25/05/23

Please provide details of any feedback received and outline what changes if any were made to the document as a result:

The procedure was considered by the Leadership Team in May 2023 and again in October 2023. Comments around ensuring the procedures user friendliness was taken on board and the procedure updated. The procedure was then considered and endorsed at their Leadership Team meeting on 2 November 2023.

Had this policy / procedure been considered by any other groups?

If so, please provide detail of any comments / feedback or amendments made to the documents as a result of this

#### Impact Assessments

##### Equality and Health Impact Assessment

EHIA completed – no issues identified

##### Welsh Language Impact

The Procedure will be translated to welsh and available on the internet bilingually.

##### Risk and Assurance

Complaints considered to align to risks and Divisions required to escalate any risks in relation to complaint reporting and management on divisional risk registers

##### Health and Care Standards

This Procedure takes into account the Health and Care Standards for NHS Wales Quality Themes

Theme 2 - Safe Care

Governance, Leadership and Accountability

Theme 7 - Staff and Resources



<b>Financial implications</b>	Potential Financial implications in terms of meeting service users to discuss complaints
<b>People implications</b>	All staff must comply with this procedure
<b>Socio Economic Duty</b>	This Procedure supports the socio economic Duty

## 5 - Implementation

Endorsement from the Leadership Team, and then approval from Quality, Safety & Improvement Committee

Shared in the monthly Risk & Concerns newsletter once approved

Discussed in regular engagement sessions with Divisions across the organisation

## 6. Dissemination

The primary source for dissemination of this Putting Things Right Complaint Procedure within the organisation, wider community and our partners will be via the internet and intranet site.



# Putting Things Right Complaint Reporting and Management Procedure

The aim of this procedure is to provide a structured overview of the complaint management process within Public Health Wales. It covers the reporting and investigation processes for all formal and informal complaints and applies to complaints regarding services and functions provided by Public Health Wales. This procedure should be read in conjunction with the Putting Things Right Policy.

## Linked Policies and Procedures

All Wales Procedure for NHS Staff to raise concerns  
Claims Management Policy & Procedure  
Consent Policy & Procedure  
Duty of Candour Policy & Procedure  
Incident Reporting and Management Procedure  
National Policy on Patient Safety Incident Reporting & Management  
NHS Wales Information Governance Policy  
Putting Things Right Policy  
Redress Procedure  
Risk Management Policy & Procedure

## Related Documents

[The Duty of Candour Statutory Guidance 2023](#)  
[The Duty of Candour Procedure \(Wales\) Regulations 2023](#)  
[Health and Social Care \(Quality and Engagement\) \(Wales\) Act 2020](#)  
[NHS Wales \(Concerns, Complaints and Redress Arrangements \(Wales\) Regulations 2011\)](#) as amended by [National Health Service \(Concerns, Complaints and Redress Arrangements\) \(Wales\) \(Amendment\) Regulations 2023](#)  
[Guidance on dealing with concerns about the NHS from 1 April 2011\(v3, 2013\)](#)

## Scope

This procedure applies to all Public Health Wales staff, service users and visitors.

The Incident, Redress and Duty of Candour Procedures are closely aligned with

this procedure and as such there are many parallel activities.

<b>Equality and Health Impact Assessment</b>	Please refer to the completed <a href="#">EHIA</a> .
<b>Approved by:</b>	Quality, Safety and Improvement Committee
<b>Approval Date:</b>	TBC
<b>Review Date:</b>	TBC
<b>Date of Publication:</b>	TBC
<b>Accountable Executive Director/Director</b>	Angela Cook, Acting Executive Director of Quality, Nursing and Allied Health Professionals
<b>Author</b>	Francesca Thomas, Head of Putting Things Right

**Disclaimer**

**If the review date of this document has passed, please ensure that the version you are using is the most up to date either by contacting the document author or the [Corporate Governance](#).**

<b>Summary of reviews/amendments</b>				
<b>Version number</b>	<b>Date of Review</b>	<b>Date of Approval</b>	<b>Date published</b>	<b>Summary of Amendments</b>
1		27.09.18	26.10.18	
2	10.04.23			Re-write under the new Putting Things Right Policy & following implementation of Duty of Candour & Duty of Quality

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DRAFT

# 1. Introduction

This procedure sets out the arrangements under Putting Things Right (PTR) by which Public Health Wales will manage and respond to complaints to meet the requirements of the NHS (Concerns, Complaints and Redress Arrangements) (Wales) Regulations 2011 as amended by [National Health Service \(Concerns, Complaints and Redress Arrangements\) \(Wales\) \(Amendment\) Regulations 2023](#) .

## **Note:**

The term “concern” should be taken to mean any complaint, claim or reported patient safety incident (about NHS treatment or services) to be handled under the PTR arrangements. *For the purposes of this procedure, the term concern means any complaint received about NHS treatment or services provided by Public Health Wales.*

The Welsh Government’s vision for improving public services in Wales is well documented and it recognises that complaints systems can make an important contribution to the improvement of those services.

Public Health Wales (PHW) has contact with a very large proportion of the population of Wales on an annual basis. When things have/or are believed to have gone wrong, we want to make sure that any complaints service users, their families, carers or advocates have, are acknowledged, understood and an opportunity to discuss further and resolved in an open and supportive way. We aim to do this by apologising and where possible, trying to put things right. We also aim to learn from when things have not gone according to plan and use the information and /or learning to we gain to improve our services.

This document details the procedure to follow when considering, acknowledging, investigating and responding to complaints. It is the operational guidance for Complaint Reporting & Management and covers how to deal with all complaints. It places its emphasis on getting the most appropriate outcome for individuals and services. It also provides the platform for ensuring we are working in line with our performance management arrangements which includes the key principle of the development and embedding of an improvement culture within the organisation.

It is noted that Compliments are not considered under this procedure and are reported on the Civica platform. The Lead for Service User Experience should be contacted for compliment support.

## **2. Roles & Responsibilities**

### **Chief Executive**

The Chief Executive is the responsible officer for Public Health Wales and is accountable for ensuring that the organisation can discharge its legal duties in relation to the health and safety of, service users and visitors and staff.

### **Executive Director of Quality, Nursing and Allied Health Professionals**

Public Health Wales has designated the Executive Director of Quality, Nursing & Allied Health Professionals to act as the responsible officer to oversee the day-to-day management of the Incident Reporting and Management Procedure. They will:

- Brief the Chief Executive and/or Board as necessary on any incidents that need to be raised at Executive or Board level
- Maintain a Quality Management System that enables the organisation to report, monitor and learn from incident investigations, and where necessary implement appropriate changes to systems and processes.

### **Strategic Oversight**

Public Health Wales has designated the Vice Chair to have Strategic oversight of the PTR arrangements in Public Health Wales.

They are responsible for:

- Keeping an overview on how the organisation's arrangements are operating at a local level
- Ensuring that Public Health Wales comply with the management of concerns as outlined within the Regulations.

### **Executive Directors**

Are responsible for:

- Ensuring that complaints within their areas of responsibility are reported on Datix Cloud, investigated and managed appropriately to fulfil responsibilities in accordance with this procedure

- Highlighting any complaints to the Chief Executive which may result in harm at moderate or above and require Duty of Candour or Redress investigations
- Ensuring that effective analysis and learning systems are in place within their areas and that assurance and monitoring takes place from complaints
- Ensuring that following identified learning from complaints that safety improvement plans are developed to implement improvements or changes.
- Commit to the requirement to follow the Duty of Candour, Duty of Quality and Being open requirements determined by the Health and Social Care Act
- Receiving and scrutinise complaints within their services and highlighting any areas of concern to Quality, Safety and Improvement Committee

## **Divisional Directors**

Are responsible for:

- Operational oversight of complaint reporting and management responsibilities
- Ensure that service areas are appropriately resourced to support with complaint management to include staff with dedicated roles to support with investigating complaints
- Ensure that service areas are trained to use the Datix Cloud system and in line with their complaint reporting and management responsibilities
- Ensuring that effective analysis and learning systems are in place within their areas and that assurance and monitoring takes place.
- Ensuring that following identified learning from complaints that plans are developed to implement improvements or changes
- Receiving and scrutinising PTR elements of their services and highlighting any areas of concern to Quality, Safety and Improvement Committee
- Ensuring formal complaints are progressed within the required timescales as outlined in this procedure

## **Heads of Programme/Service/Managers**

Are responsible for:

- Responsible for management oversight of complaint reporting & management
- Ensuring that they, and all of their staff are familiar with and following this procedure

- Ensuring that all staff can access training covering complaints and support further training identified in relation to complaint management ,investigation and learning according to their roles.
- Ensuring complaints are reported and appropriately investigated within the required timescales as set out in this procedure.
- Take action to mitigate against recurrence and to provide feedback and learning through their local meetings or forums
- Support staff involved in and/or affected by a complaint
- Ensuring formal complaints are progressed within the required timescales as outlined in this procedure

## **Head of Putting Things Right**

Is responsible for:

- Maintaining a management system for the management of all matters concerned with complaints
- Support PHW to meet its external reporting requirements in relation to complaints including submitting Welsh Government quarterly returns
- Scrutinising complaint data and escalating any areas of concern to the relevant Director, Divisional Lead, Quality Lead and Quality Safety and Improvement Committee
- Ensuring formal complaints are progressed within the required timescales as outlined in this procedure

## **Putting Things Right Team**

The Putting Things Right Team sits in the Quality Nursing Allied Health Professionals (QNAHP's) Directorate and is responsible for monitoring and logging complaints received via the Corporate organisational entry points for raising a complaint. This covers;

- Written correspondence raising a complaint addressed to PHW complaints department
- PHW Complaints mailbox
- PHW Complaints telephone line

The Putting Things Right Team have overall responsibility for acknowledgment, grading and processing complaints from all parts of the organisation. This ensures that the complaint is handled effectively, tracked and responded to. This also makes certain that correct information is held about the number of complaints received,

the range of issues raised and the actions taken to resolve them and prevent future occurrences.

## **All Staff**

Every member of staff has the responsibility to report on Datix Cloud any complaints they receive within 24 hours of identifying or first becoming aware of the complaint.

## **3. Definitions**

### **3.1 What is a Complaint?**

A complaint is when an **expression of dissatisfaction is received regarding any service, decision and/or care provided by Public Health Wales and requires investigation.**

Public Health Wales are responsible for dealing with complaints received about the services we provide.

Any complaints received in relation to services provided by other health boards or trusts must be redirected to the relevant health board/trust. It is the responsibility of the person raising the complaint to contact the correct health board or trust to raise their complaint. Public Health Wales should not redirect complaints on behalf of complainants unless in exceptional circumstances, where it is in the interest of the complainant to escalate the complaint on their behalf.

### **3.2 Early Resolution Complaints (Informal)**

Some complaints will not need to be handled under the Putting Things Right regulations but will still need to be logged on Datix.

These include complaints that can be dealt with informally as outlined in this [flowchart](#).

Early Resolution (also known as Informal complaints) are described below;

- A complaint that is relatively easy to address and the complaints raised are not complex in nature
- A complaint that can be dealt with in a short period of time (within 48 hours of receipt)

This will ensure a more speedy resolution to a complaint and a preferred outcome for the person raising the complaint.

When dealing with an informal complaint, Staff must ensure that the person raising the complaint is happy with this approach and if they are not the complaint should be dealt with formally.

All informal complaints whether received verbally or in writing (as they arise) must be recorded on Datix by the person receiving the complaint. If the staff member does not readily have access to the Datix system, the complaint must be recorded on the Early Resolution Form found [here](#). The Early Resolution form must then be uploaded and recorded on Datix as soon as reasonably possible.

All informal complaints must confirm the resolution of the complaint and how the complaint was investigated and this must be recorded in the Datix Cloud record along with lessons learnt and actions identified.

### 3.3 Formal complaints

Any other complaints will be dealt as formal complaints and are handled under the Putting Things Right Regulations and must be reported on Datix Cloud.

## 4. Process

### 4.1 Formal Complaint Timescales

All formal complaints must be responded to within 30 working days of initial receipt. The organisations expectation for responding to complaints is set out below:

Stage	Responsibility	Timescale from date of receipt of complaint	
Acknowledgement	Putting Things Right Team	5 working days	
Final response sent to Putting Things Right Team for QA	Complaint Investigator	Grade of complaint	
		1-2	14 working days
		3-4	14 working days
		5	20 working days (Exceptional cases may breach this)

## 4.2 Initial Considerations

All complaints will be screened by the Putting Things Right Team and all staff involved in the complaint have a responsibility to ensure the following considerations are made;

- **Is harm alleged** (either expressly or implicitly) in the complaint raised? If **yes**-stop following this procedure and the Redress procedure found [here](#) must be followed
- Whether to escalate the complaint immediately to a specialist area for advice such as the Safeguarding team or Information Governance Team
- Whether there are any Health and Safety issues which need to be reported in line with the organisations (RIDDOR) responsibilities
- Are there any criminal or professional issues that need to be considered and advice/referral to the relevant team instigated?
- Consideration as to whether to escalate to Director level should also be done

Any complaint referrals need to be done via the Communications tab within the Datix system. The outcome of any referrals must be recorded on the 'Progress Notes' section of the Feedback module of Datix Cloud.

## 4.3 Grading of Complaints

When reporting a complaint on Datix Cloud, the reporter is asked to make an initial grading of the complaint. The reporter should refer to the All Wales Grading Framework, found [here](#).

Consideration must also be made at this stage to the Duty of Candour Levels of Harm Framework. Any complaint which is categorised as Moderate or above on the Levels of Harm framework needs consideration of Duty of Candour and must be referred to the Legal Support Manager.

The grading of a complaint should be kept under review throughout the investigation in case the level of investigation needs to change.

The grading of a complaint may therefore be upgraded or downgraded by the Complaint Investigator during the course of the investigation.

Following completion of the investigation, the Investigation Lead will be asked to make the final grading of the complaint within the Datix Cloud record.

Generally, complaints Graded 1-2 can be dealt with informally, provided the complainant is satisfied with this.

Complaints graded 3-5 should generally follow the formal complaint process as it is likely to be in the organisations interest to investigate and learn from complaints in this category. However, complaints graded 1-2 can be dealt with formally if requested by the complainant or if it is in the organisations interest to investigate these formally.

#### **4.4 Acknowledgement of Formal Complaints**

All formal complaints must be acknowledged within 5 working days of receipt. This will be done by PHW Putting Things Right Team or the Service area in which the complaint sits.

The acknowledgment must be made in writing. If the complaint was received electronically, the acknowledgment can be made electronically.

The acknowledgment must include the name and contact details of a named contact for the complainant to contact throughout the process. The person raising the complaint must be offered the opportunity to discuss (by telephone or face to face):

- any specific needs they may have which should be taken into account
- the way in which the investigation will be handled
- how long the investigation is likely to take and when a response can be expected and
- the availability of advocacy and support

The discussion should also seek to establish:

- Understand the complaints fully and provide an opportunity to expand on these verbally
- What the person raising the complaint is expecting as an outcome and
- That the person understands that their medical records, or that of the service user if the person raising the complaint isn't the service user, may be looked at as part of the investigation process

Any staff member who is the subject of a complaint must be given a copy of the complaint unless:

- They have already been sent a copy by the person raising the complaint, or
- Informing the person of the complaint, would, in the reasonable opinion of PHW, prejudice its consideration of the matters raised by the complaint.

## **4.5 Process for Investigating a Formal Complaint (No Harm)**

The investigation of a complaint will be proportional to the grading of the complaint.

### **Apology**

An apology should be conveyed at the earliest opportunity, and recorded on the Datix complaint record. This may be by telephone and should not await the formal response letter.

### **Initial stage**

Following receipt/notification of a complaint, the Putting Things Right Administrator will work with the service area, programme or function in which the complaint sits to appoint a Complaint investigator who will act as the investigation lead, within 2 working days of receiving the complaint.

It is important that the Investigator(s) are appropriately selected according to their knowledge and experience and the nature of the complaint and that they have completed their Datix complaint training. It is essential that complaints are investigated as close to source as possible to enable a timely response, local ownership and the maximum opportunities for the implementation of learning.

In no circumstances can a staff member who is the subject of a complaint be a Complaint Investigator.

The Head of Programme, Service Area or Function to which the complaint relates, will have full visibility of the complaint and investigation process.

The Complaint Investigator should always determine if the service user or family member has been informed, and should ensure they are kept regularly informed as appropriate in line with the Putting Things Right and Duty of Candour process. Due regard should always be given to the organisations responsibility under the Data Protection Act.

### **Role of the Complaint Investigator**

Information in relation to the role of the investigator can be found at [Appendix 1 here](#).

## **4.6 Responding to a Complaint**

Public Health Wales should attempt to issue a final response known as a Regulation 24 response within 30 working days of first receipt of a complaint. Only in exceptional circumstances will final responses be issued outside of the 30-working day timescale, such as when there is a complex investigation which has not been concluded.

In the case of Welsh NHS bodies, a final response under Regulation 24 will be issued if it is determined that there is no qualifying liability in tort to which the Duty of Candour or Redress arrangements could apply.

Information regarding the content of a final (Regulation 24 response where there are no Allegations Of Harm) can be found at [Appendix 2 here](#).

## **4.7 Quality Assurance (QA) Process**

Information regarding the Quality Assurance process for formal complaints can be found at [Appendix 3 here](#).

## **4.8 Learning from Complaints**

The complaint investigator is responsible for completing the Investigation panel on Datix Cloud. The investigator must include identified learning from the complaint and areas for improvement.

The Head of Programme, Service Area or Function is responsible for ensuring that learning is identified, inputted in Datix Cloud and are responsible for putting in place measures to ensure that lessons identified are implemented and monitored until completion. Staff should complete action plans and upload these to Datix to support the monitoring until their implementation and the Actions function on Datix Cloud supports this.

# **5. Procedure**

## **5.1 How to raise a Complaint**

### **Support**

When things go wrong, Llais Wales offers independent and trained complaints advocates who can support service users to make complaints.

Further information is available online [here](#).

PHW has a single point of entry for the receipt of complaints, in addition to the opportunity for service users to raise complaints directly with our staff during the course of providing Public Health Services. E.g. complaint raised by a screening participant to a PHW Staff member at a screening appointment

People can raise complaints in a variety of ways to any member of staff employed by PHW:

- In writing
- Electronically (by e-mail/PHW Social media platforms)
- Verbally (by telephone or in person)

## **5.2 Recording of Complaints on Datix Cloud**

All complaints received should be logged by the staff member receiving the complaint using Datix.

Further information regarding how to report complaints on Datix Cloud can be found at [Appendix 2 here](#).

## **5.3 Complaints raised by a third party**

When a complaint is raised by a third party, sometimes there are reasonable grounds to consider that the third party might not be acting in the best interests of the service user (*PTR Guidance* para 5.7). Due regard for safeguarding issues must be made.

If PHW concludes that the third party is not suitable to act on behalf of the service user, then the third party must be informed of this in writing.

PHW may still choose to investigate the complaint raised although there is no obligation for the organisation to provide a detailed response to the third party unless it is reasonable to do so.

## **5.4 Complaints raised by or about Children And Young People**

Where a complaint is notified by a child or young person, he or she must be fully supported to pursue their complaint.

Consideration of the need for specialist advocacy must be given. Please see the Welsh Government's '[Model for Delivering Advocacy Services to Children and Young People in Wales](#)'

In many cases, a parent/carer or guardian will raise a complaint on behalf of a child.

Staff should consider whether the child wishes to raise the complaint themselves or are happy for the person who raised the complaint to represent them.

Information for Children and Young people to support with raising complaints can be found [here](#).

Advocacy and support is available to young people via MEIC by clicking [here](#).

Children over the age of 16 who have capacity can make their own decisions and therefore do not require parental consent.

Children under the age of 16 can make a complaint if they are believed to have the required intelligence, competence and understanding.

Any complaints raised by a child need to be considered on a case-by-case basis taking into consideration the age of the child and what is being raised. If Safeguarding concerns are raised within the complaint the Named Lead for Safeguarding must be contacted for advice.

If the child/young person is not willing to allow the complaint to be investigated, then a decision must be taken about whether or not to proceed and specialist advice sought if appropriate. Due regard needs to be taken about safeguarding issues and any complaints in relation to safeguarding must be reported to the Named Lead for Safeguarding in Public Health Wales following PHW's safeguarding policy & procedures. The link to which can be found here:

[Safeguarding Vulnerable Children and Adults Policies - Public Health Wales](#)

## **5.5 Complaints in respect of Service Users who lack capacity**

All complaints must be treated seriously, including those expressed by patients who lack capacity or who are vulnerable adults. All such complaints should be processed with due reference to the Mental Capacity Act 2005.

In such instances, and where there are doubts about the validity of the complaint, discussion should take place with a relative, friend or other advocate, and with clinical staff, and a decision made about whether the complaint should be formally investigated. A referral must be made to the Named Lead for Safeguarding in Public Health Wales.

Any Safeguarding Incidents must be reported on Datix on the Incident module which can be found [here](#). This is in line with Public Health Wales Safeguarding Policies and Procedures which can be found [here](#).

Complaint Investigators must remain alert to any possibility of an adult at risk of abuse, and take immediate advice from relevant senior professional staff, and the Named Lead for Safeguarding.

## **5.6 Complaints Raised By A Member Of Parliament (MP) Or Assembly Member (AM)**

A Member of Parliament (MP) or an Assembly Member (AM) can raise a complaint on behalf of a constituent. Explicit consent does not need to be given where a service user has raised a complaint with their elected representative, but any response should only include information specific to the complaint.

It is reasonable to deal with MP or AM complaints via the formal complaints process unless there is justification to not do so and advice should be sort from the PTR team.

## **5.7 Complaints raised by Prisoners**

Where a prisoner raises a complaint, this must be handled and investigated in the same way as for anyone else. Prisoners also have access to the advocacy services provided by Community Health Councils. All complaints in relation to prisoners must be shared with the Lead Nurse for Health and Justice.

## 5.8 Complaints raised by Staff

There is a separate process for when a member of staff raises a concern about a possible risk, wrongdoing or malpractice that has a public interest aspect to it, usually because it threatens or poses a risk to others (e.g. service users or the public)

Any concerns of this nature must be raised via the All-Wales Procedure for NHS Staff to raise concerns and are managed by the Board Business Unit within Public Health Wales.

Further advice and support can be obtained by contacting the Board Business Unit via email [phw.boardsecretary@wales.nhs.uk](mailto:phw.boardsecretary@wales.nhs.uk)

The purpose of the All-Wales Procedure for NHS Staff to raise complaints is to provide an alternative arrangement for staff to raise complaints, and to ensure that they have the right protection in line with the Public Interest Disclosure Act 1998.

## 5.9 Complaints Raised About An Individual Staff Member

On the rare occasion a complaint may be received directly about a staff member, these will be dealt with outside of the Putting Things Right Regulations unless there is justification that this process should be followed.

Examples include:

- Staff member conduct on social media
- Personal disputes with a staff member

All complaints received relating to staff members will be sent to People & Organisational Development via [peoplesupport.phw@wales.nhs.uk](mailto:peoplesupport.phw@wales.nhs.uk) to consider and deal as appropriate in line with the [All Wales Respect and Resolution Policy](#).

## 5.10 Complaints raised about Welsh Language Services

Public Health Wales is a bilingual organisation and, since May 30th 2019, we have operated Welsh Language Standards which are set and monitored by the Welsh Language Commissioner.

Our [Welsh Language Standards Compliance Notice](#) establishes which services members of the public, service users and staff can expect to receive from the organisation in Welsh.

Welsh Language Standard 119 within our Compliance Notice states:  
You must—

- (a) ensure that you have a complaints procedure that deals with how you intend to deal with complaints relating to your compliance with the standards with which you are under a duty to comply, and
- (b) publish a document that records that procedure on your website.

Public Health Wales takes all complaints about the services we provide in Welsh seriously, as they help us improve those services.

We want to hear from people if they feel that they have not received a Welsh language service of the standard expected of us. Members of the public, service users or members of staff can make a complaint, if they suspect PHW's non-compliance with the [Welsh Language Standards](#), by contacting us directly.

Complaints can be raised with the PTR team via the contact details on page 18 of this policy or directly with the Welsh Language Team by contacting: [Welsh.PHW@wales.nhs.uk](mailto:Welsh.PHW@wales.nhs.uk)

Complaints can also be raised with the Welsh Language Commissioner: [Make a complaint \(welshlanguagecommissioner.wales\)](#) by contacting: [Contact Us \(welshlanguagecommissioner.wales\)](#)

## **5.11 Complaints from Solicitors/ Intention To Litigate/Requests for Compensation**

People have a right to convey their complaint through a solicitor.

The Legal Support Manager must be notified immediately via [legalsupport.phw@wales.nhs.uk](mailto:legalsupport.phw@wales.nhs.uk) of any correspondence from Legal Representatives which includes requests to release records in relation to a service provided by Public Health Wales, which contemplates legal action in relation to potential negligence.

The Legal Support Manager will advise if the Redress Procedure must be followed or if the complaint can proceed via the Complaints Procedure.

## **5.12 Complaints that have been referred to the Coroner**

An investigation into a complaint should continue regardless of the inquiries of the Coroner, whose role is to determine the cause of death. However, in cases where there is a serious incident and/or statements are being taken from staff for the inquest, the person raising the complaint will be informed that the investigation may not comply with the 30-day target.

Relatives complaining about the cause of death may be advised to contact the Coroner.

It may be possible for PHW to issue a formal response to the complaint independent of the inquest. This is especially important if the Coroner's inquest is delayed for a period of several months. However, where statements are being taken from the staff for an inquest, the complaints investigation should be based on these statements.

All staff must follow Public Health Wales' [Protocol for Requests from the Coroner](#) when dealing with requests from the Coroner and the Legal Support Manager must be notified as soon as possible via [legalsupport.phw@wales.nhs.uk](mailto:legalsupport.phw@wales.nhs.uk).

## **6. Protocol**

### **6.1 Date Complaint Received**

The date a complaint is first received anywhere within PHW must be carefully noted.

This is because the date of receipt is used to calculate the number of days it will take to respond.

All formal complaints must be acknowledged within 5 working days of receipt. Weekends and bank holidays are excluded from this timeframe.

## **6.2 What can be raised as a Complaint?**

Anyone can raise a complaint about any service, function, decision and/or intervention provided by Public Health Wales.

## **6.3 What cannot be raised as a Complaint?**

Under the Putting Things Right (PTR) Regulations (Regulation 14), the following matters cannot be raised as a complaint.

- A complaint notified by a member of staff relating to their contract of employment- these matters would be dealt with under the organisation's People & Organisational Development policies and procedures
- A complaint that has been investigated by the Public Services Ombudsman for Wales
- A complaint which arises out of an alleged failure of the Organisation to respond to a Freedom of Information request, such complaints would be dealt with by the Information Commissioner's Office (ICO)
- Disciplinary action that the Organisation intends to take as a result of the investigation of a complaint (in line with this policy)
- An Early Resolution complaint notified verbally, either in person, or on the telephone which is resolved within 48 hours
- A complaint that has previously been notified and resolved which the Organisation does not consider reasonable to reopen.
- Complaints, in respect of which court proceedings have already been issued. If court proceedings are issued when a complaint is already under investigation in accordance with the Regulations, all further investigation of the complaint must stop (Regulation 14(1)(i))

If any of the above are raised as a complaint, Public Health Wales must inform the person raising the complaint of the reason why their complaint cannot be considered, as the above are exempt from the PTR Regulations.

## **6.4 Who can raise a Complaint?**

Complaints can be raised by:

- A person who is receiving or has received services or been impacted by a function provided by PHW
- People affected, or likely to be affected by the actions, errors or decisions of PHW
- Staff members or independent members of responsible bodies
- A third party acting on behalf of a person who is unable to raise a complaint e.g., a young child/vulnerable adult, or someone who lacks capacity to act on their own behalf
- A third party on behalf of a person who has died
- A third party at the request of the service user

## **6.5 How is a Complaint different to an Incident?**

A complaint requires an investigation similar to that of an incident to understand what has led to the complaint. However, there is a requirement to respond to the service user/their representative outlining the findings of the investigation and ensuring their complaint has been fully addressed and offering an apology where appropriate.

Incidents are primarily logged by staff internally, complaints are ordinarily raised by service users via Public Health Wales' single point of entry for raising complaints. (Email, letter, telephone monitored by the PHW Putting Things Right Team) or via Divisions/Service Teams which receive complaints directly

## **6.6 Consent to Investigate Complaints**

The investigation of a complaint will in some cases require access to medical records and so the issue of consent will need to be considered. The Putting Things Right Policy outlines different scenarios where consent will need to be considered.

## **6.7 Dealing with People who make unreasonable demands**

People raising complaints have the right to be heard, understood and respected. Every effort should be made to assure individuals that their complaint will be investigated thoroughly. However, there may be times when the distress of a situation leads to the person raising a complaint acting out of character and becoming determined, forceful, angry, make unreasonable demands of staff or even resort to violence. This needs to be understood when handling complaints, however staff are not expected to tolerate rude, aggressive and

threatening behaviour whether over the telephone or other modes of communication.

The member of staff should inform the complainant that if their unacceptable behaviour continues they will terminate the phone call/stop corresponding in writing.

Support and advice must be readily available for staff when a complainant's actions go beyond acceptable limits.

Staff should be advised to contact their manager where they believe a person's behaviour is unacceptably challenging when dealing with a complaint. Any such case should be escalated to the Head of Putting Things Right and Head of Estates and Health & Safety to consider appropriate actions.

Consideration will be given to the [Public Health Wales Management of Violence and Aggression Procedure](#).

## **6.8 Vexatious Complainants**

All people who raise complaints have a right to be heard, understood, respected and every reasonable effort made to resolve their complaint. However, it is also considered that Public Health Wales staff should have the same rights.

However, there are a small number of people where the frequency of their contact with PHW or their individual behaviour, hinders consideration of their own and/or other people's complaints or requests for information.

PHW recognises that it is important to distinguish between people who make a number of genuine complaints or requests for information, and those whose persistence and behaviours including abusive and threatening behaviour towards staff go far beyond what is reasonable and/or which may have significant resource implications.

These complainants will be deemed habitual or vexatious.

Some examples of Vexatious complaints include:

- Persist in pursuing a complaint where the organisations process has been fully and properly implemented and exhausted

- Are unwilling to accept documented evidence as being factual e.g., screening notes
- Make unreasonable demands in their complaint e.g., Ask for political/controversial statements to be reviewed and commented on
- Have, in the course of addressing a registered complaint, have persistent numbers of contacts with staff dealing with their complaint and make unreasonable demands of them
- Seek to prolong contact by changing the substance of a complaint or continually raise new issues and questions whilst the complaint is being addressed
- Have threatened or used actual physical violence towards staff or their families or associates at any time.
- Have harassed or been personally abusive or verbally aggressive on more than one occasion towards staff dealing with their complaint or their families or associates.

All of the above examples will be considered as vexatious complaints.

The precise nature of the actions required or taken by PHW in relation to habitual or unreasonably persistent complainant should be appropriate and proportionate to the nature and frequency of the complainant's contacts with PHW and will be considered on an on a case-by-case basis.

All potential vexatious complaints will be reviewed and considered by the Head of Putting Things Right and if classified as Vexatious the following steps will be followed:

- A Vexatious Complainant Response letter will be drafted by the Putting Things Right Team to the complainant outlining why their complaint is considered to be vexatious and that Public Health Wales will not be corresponding any further
- Vexatious Complaint Response letter will be signed off by the Executive Director of Quality, Nursing & Allied Health Professionals
- All correspondence will be stored on Datix Cloud and vexatious complaints will be stored as rejected complaint records

## **6.9 Public Services Ombudsman (PSO) (Wales)**

Public Health Wales follows its obligations under The Public Services

Ombudsman (Wales) Act 2019 and is supportive of the Complaints Standards Authority (CSA) which was created under the Act.

The Public Services Ombudsman Complaints Standards will apply to Public Health Wales from April 2024. Further information including the Statement of Principles, Model Complaint Handling Process and Guidance can be found here - [www.ombudsman.wales/complaints-standards-authority](http://www.ombudsman.wales/complaints-standards-authority).

Any communication from the PSO must be sent to the Putting Things Right Team at [Complaints.publichealthwales@wales.nhs.uk](mailto:Complaints.publichealthwales@wales.nhs.uk) for consideration and oversight.

## **6.10 Complaints Which Involve More Than One Responsible Body**

Most complaints are likely to be about services or functions provided by PHW.

However, there will be situations where services provided by other Responsible Bodies are included within the complaint (for example, a BTW complaint may require linked investigation with another Health Board regarding complaints raised about the symptomatic service)

The Putting Things Right Team will identify and agree with the relevant service whether a complaint involves more than one Responsible Body.

Where a complaint is raised which may involve more than one Responsible Body (i.e. not just PHW), PHW must **within 5 working days of receipt of the complaint:**

- Inform the person raising the complaint that another Responsible Body is or may be involved in their complaint and
- Seek consent from the person raising the complaint to contact and notify the other Responsible Body that they are involved in the complaint.

Once consent has been received, the second Responsible Body must be informed within **2 working days** of receiving the consent, that a complaint has been received.

All the organisations involved with the complaint should then co-operate to agree:

- which of the organisations will act as the lead in coordinating and investigating the complaint in accordance with the Regulations;
- who will directly communicate with the person who raised the complaint and keep them updated;
- a joint response to the complaint, issued by the lead organisation;
- the sharing of information relevant to the complaint, subject to consent which should be obtained at the outset;
- appropriate representation of the organisations at any relevant meetings.

### **6.11 Time Limits for Raising a Complaint**

A complaint can be notified no later than 12 months from:

- The date on which the complaint occurred, or
- If later, 12 months from the date the person raising the complaint realised they had a complaint

To investigate a complaint after the 12 month deadline, the organisation must consider whether the person raising the complaint had good reason not to notify the complaint earlier and whether, given the time lapse, it is still possible to investigate the complaint thoroughly and fairly.

### **6.12 Withdrawing a Complaint**

A complaint may be withdrawn at any time by the person who notified the complaint. This request can be made:

- In writing
- Electronically
- Verbally in person or by telephone

If the complaint is withdrawn Public Health Wales will write to the person as soon as possible to confirm the withdrawal of their complaint.

However, if PHW believes the investigation of the complaint is still appropriate, the investigation can continue.

## 7. Appendices- Links

Please find below, helpful links to various resources to support this procedure.

Resource Title	Externally available	Internally available
<a href="#">Llais Cymru – advocacy support to raise a complaint</a>	✓	
<a href="#">National Standards Framework for Young People</a>	✓	
<a href="#">Complaint Management SharePoint Site</a>		✓
<a href="#">Putting Things Right Policy</a>	✓	✓
<a href="#">Incident Management Procedure</a>	✓	✓
<a href="#">Redress Management Procedure</a>	✓	✓
<a href="#">Duty of Candour Policy</a>	✓	✓
<a href="#">Duty of Candour Procedure</a>	✓	✓
<a href="#">Flowchart- Formal Or Informal Complaint</a>		✓
<a href="#">Early Resolution Form</a>		✓
<a href="#">Templates For Handling A Complaint</a>		✓
<a href="#">Grading Framework for dealing with All Concerns (PTR)</a>	✓	✓
<a href="#">User Guide – Reporting a Complaint – Datix Cloud</a>		✓
<a href="#">User Guide – Investigating a Complaint – Datix Cloud</a>		✓
<a href="#">Handing Formal complaints flowchart</a>		✓

## Appendix 1 – Role of the Investigator

### Initial Scope

The initial scope of the investigation is key. This must be concise and focus on the expression of dissatisfaction raised whilst considering all elements of the organisations services that are likely to have impacted on the complaint. It must consider:

- **Is harm alleged** (either expressly or implicitly) in the complaint raised? If **yes** - stop following this procedure and the Redress procedure found [here](#) must be followed
- How far back in the service user/complainant's history do you need to consider within your investigation?
- Do you need to involve another health board/organisation?
- Do you need to be involving multidisciplinary/specialities?
- Do you need support from the Legal Support Manager?

### Senior Complaint Investigator Requirements for Comprehensive Complaint Investigations

The Complaint Investigator for a complaint graded 4 -5 will need to be a relevant senior manager or clinician. The allocation of the Senior Complaint Investigator must be done in conjunction with the Putting Things Right Team.

The Complaint Investigator will be responsible for:

- Carrying out the initial assessment and consideration as to whether Duty of Candour/Redress applies
- Review the grading of the complaint, to assist in determining the depths and parameters of the investigation and keep this under review
- Check if there are any linked records on Datix Cloud – if the complaint is linked to an incident on Datix Cloud, ensure that the incident investigation runs in parallel with complaint investigation
- Speak to any relevant staff in light of the complaint
- The level and type of support required by any member/s of staff involved in the matters raised in the complaint
- Identify any care and service delivery problems and lessons to be learned from evidence gathered
- Whether the person investigating the matters raised in the complaint requires independent medical or other advice

- Keep consideration of harm under review throughout the investigation process. If harm identified throughout any point of the investigation process- follow the [Redress Procedure](#)
- The making of decisions about the root cause of the matters giving rise to the notification of the complaint
- Identify any actions required to prevent recurrence and develop action plan as necessary – to include actions already taken at outset. Use the Actions function in Datix to reflect these.
- At the end of the investigation the complaint investigator as investigation lead must ensure Datix Cloud is fully updated to include completion of the investigation panel and all documents are uploaded to Datix which support with the investigation
- Ensure any communications made during the investigation process are made through Datix Communications and progress notes are fully updated.
- Must confirm the final grading and record this on Datix Cloud
- Draft the complaint response letter to be signed off by the Chief Executive using templates which can be found [here](#)
- Obtain relevant sign off internally on conclusion of investigation and on draft response
- Before submitting the investigation and draft response to the complaints team, the investigator must conduct a final review of the Datix Cloud record to ensure all sections are complete
- Once approved internally, send draft response to [complaints.publichealthwales.nhs.uk](mailto:complaints.publichealthwales.nhs.uk) for QA along with completed investigation tab on Datix Cloud
- All information must be uploaded to complaint record on Datix Cloud in real time
- Progress notes on Datix Cloud must be updated to confirm position as investigation progresses
- It is the Complaint Investigator responsibility to drive and monitor progress to comply with the required timescales and to ensure the requirements of PTR are applied

### **Consider meeting to resolve issues**

On occasions, a meeting may be sufficient to resolve a complaint. If the offer of a meeting is accepted and is able to resolve the complaint, no further investigation is required. However, the meeting must be followed up by a full written response based on the discussions and should include confirmation that the complaint is now resolved. If any follow-up actions were agreed then the person who raised the complaint must be told when they can expect to receive information about the outcome of these actions. If a meeting is agreed, the person raising the complaint should always be

informed of their right to be accompanied by a relative/friend/advocate and/or a representative of the Community Health Council. All evidence in relation to the meeting must be uploaded to the Datix complaint record under the Documents section and progress noted must be updated to reflect the status of the complaint.

## **Appendix 2 – Content of final response (Regulation 24 no allegations of harm)**

The Regulation 24 draft response should include the following:

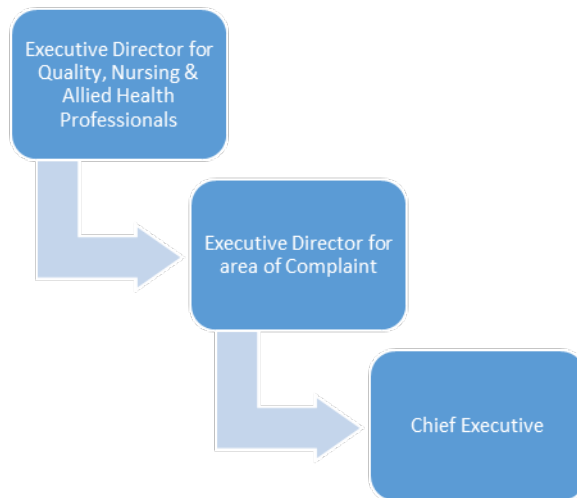
- An apology where appropriate;
- A summary of what the complaint was about;
- An explanation of how the complaint was investigated;
- Copies of any relevant medical records and expert reports, where appropriate;
- An explanation of any actions taken or future actions planned;
- An offer to discuss the response to the complaint or any further issues with the Head of Programme, Service Area or Function as investigation lead (Name and Email Address to be included);
- Where appropriate, the offer of a meeting should be given.
- Details of the person's right to raise their complaint with the Public Services Ombudsman for Wales/Welsh Language Commissioner.
- An apology if the response is delayed and reasoning why
- Written in a language that the person raising the complaint will easily understand, avoiding medical or technical jargon.
- When such information needs to be included in the response a simpler explanation will also be given as to its meaning.
- Where there may be difficulties in understanding the response, Public Health Wales will make every effort to provide the appropriate support

## **Appendix 3 - Quality Assurance (QA) Process**

The complaint response must be agreed both with the relevant senior professionals involved in the investigation and the Executive Director of the area in which the complaint sits

Following approval by the Divisional Director, the draft response letter and a copy of the original complaint will be progressed via the agreed organisation QA process which is summarised below:

Formal Complaint Quality Assurance review process:



The flowchart found [here](#) sets out the quality assurance process for dealing with formal complaints.

**The Putting Things Right Team will be responsible for:**

- Reviewing the Complaint Reporters initial grading
- Contact the complainant if further clarity/information is required to aid with the complaint investigation as required
- Considering and linking records on Datix as required
- Sending the acknowledgment letter for formal complaints as required
- Work with the relevant area to appoint a complaint investigator & brief on expectation of complainant and agreeing timescale to progress
- Obtaining any relevant medical records that may need to be considered as part of the complaint investigation as requested by the complaint Investigator
- Co-ordinate the process to ensure a timely conclusion
- Reviewing the final draft of the response letter and ensuring it is PTR compliant, all complaints raised have been addressed and that the letter is written in a language that the person raising the complaint will easily understand, avoiding medical or technical jargon.
- Ensure any references to attachments are included
- Ensure the person raising the complaint is given the opportunity to receive their response in line with their language preference where possible and, in an appropriately accessible format, e.g. large print, electronically or on audio cassette.

- Coordinate the final response Quality Assurance process in line with PTR Timescales
- Work with the Executive Team PA's to confirm final response approval position and timescale for progressing response
- Ensure the 'Complainant Chain' section on Datix Cloud is complete with all dates of contact with the complainant
- Be responsible for closing the Datix Cloud complaint record

### **Chief Executive Office Responsibilities**

- The Signed Final response will be sent to the complainant by the Chief Executive's PA via the agreed method. I.e., If an email response is agreed the final response must be sent via email
- The signed Chief Executive's letter must be uploaded onto Datix Cloud by the Chief Executive's PA. They must also ensure that copies are distributed to the Putting Things Right Team and any staff CC'd into the final response.
- Where appropriate, the final response will be shared with the Community Health Council and / or AM / MP.
- The final response from the Chief Executive theoretically closes the Putting Things Right process
- Further correspondence may be received via the Chief Executive's Office from the person raising the complaint, dissatisfied with their final response or with additional comments. In this instance, the Chief Executive's office must share any further correspondence with the Putting Things Team for appropriate action to be considered
- Any outstanding issues will need to be investigated and a response prepared, which will also be signed by the Chief Executive/appropriate person as soon as possible.
- Share any correspondence from the Public Services Ombudsman with the Putting Things Team as soon as possible

### **Datix Cloud Record Keeping**

- All contacts with the person raising the complaint must be noted and recorded on the Datix Cloud file with date and time.
- All emails in relation to the complaint must be sent using the internal communications tab on the Datix complaint record
- All emails with attachments to be uploaded to the Documents section on Datix
- Progress notes to be updated on a live basis by people supporting with the complaint

## **Appendix 4 - recording of complaints on Datix Cloud**

*All staff employed by PHW automatically have reporting permissions for reporting complaints.* All staff will have Reporter permissions applied to their account upon commencement of employment. Reporter permissions enables you to report a risk, incident, or a complaint.

If you find yourself with a blank page when accessing Datix, please email [PHW.datix@wales.nhs.uk](mailto:PHW.datix@wales.nhs.uk) so that standard permissions can be added to your account.

### **What is Datix?**

Datix is the patient safety software for healthcare management, which provides a single reporting system for reporting Claims, Complaints, Duty of Candour, Incidents and Risks. The software is used by all NHS organisations in Wales.

All Complaints (early resolution and formal) must be reported on the Feedback Module on Datix Cloud in line with the applicable User Guide operational at the date of reporting.

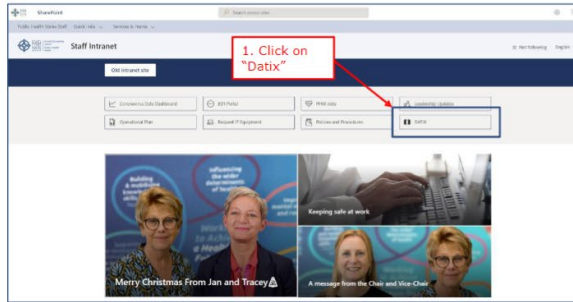
Datix is an auditable tool, its use is mandatory and all communication, documentation and investigations in relation to any complaint must be reflected in the Datix record.

A brief 'User Guide' for the PHW Complaint Reporting module in Datix can be found [here](#).

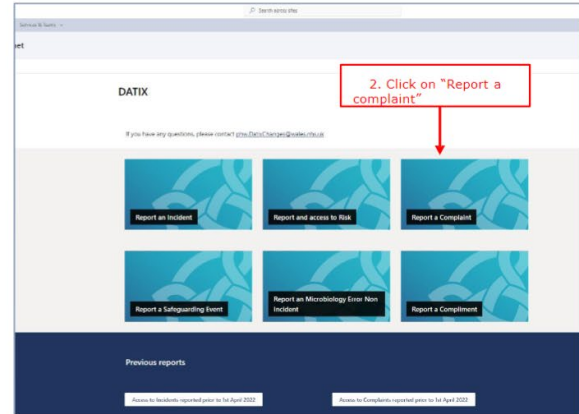
### **How to report a Complaint?**

The organisation uses Datix Cloud for the recording of all complaints. No other mechanisms/system must be used for the recording of complaints, as this affects the ability for the organisation to manage its complaints and meet any legislative or regulatory compliance.

Datix Cloud can be accessed by following the screen shots below which outline how to access from the PHW Staff Intranet:



This page also provides useful information, including links to the Team's [SharePoint](#) site, where you can access other resource materials.



## Unavailability of Datix

Should Datix Cloud be unavailable across the organisation (information technology failure), staff must complete the [Early Resolution Form](#) with all details of the complaint and email the completed form to their line manager and [complaints.publichealthwales@wales.nhs.uk](mailto:complaints.publichealthwales@wales.nhs.uk) to ensure that the Putting Things Right Team are aware. This ensures any immediate actions can be completed such as arranging an urgent call back.

In the event a complaint occurs where a staff member does not have access to the Datix Cloud system, it is recommended that written details of the complaint are recorded, on the [Early Resolution Form](#) if possible, which are then inputted into the Datix Cloud system as soon as reasonably possible (within 24 hours of complaint being identified).

In the event this is not possible, the staff member must make their manager aware, and share written details of the complaint. Arrangements must be made for the complaint to be reported onto Datix Cloud by the most appropriate person no later than 24 hours after the complaint was identified.

## Recording of the Complaint on Datix Cloud

Once a complaint is reported on Datix, the Datix Cloud system will send an email notification regarding the complaint to the appropriate people within the service, as identified by the Datix hierarchy.

On receipt of a complaint the Putting Things Right Team will interrogate the Datix Cloud system as to whether the individual has any ongoing Complaints/Claims/Incidents/Duty of Candour recorded.

The Putting Things Right Administrator will carry out an initial assessment of the complaint, review the initial grade and link with the relevant service area to determine who will lead the complaint investigation.

## **Consideration of linking a Complaint, Redress, Incident or Duty of Candour Record on Datix**

For linked records, in most cases, the Complaint Investigator will be responsible for completing the incident investigation record, but must adhere to the complaint response timescales and ensure a draft complaint response is provided within the agreed timescales.

The complaint investigation should run in parallel with the incident investigation, and the person raising the complaint must be kept informed, particularly of any delays to the final response.

### **Datix Training**

Public Health Wales offers training to all staff on how to use the Datix system for reporting complaints.

Complaint training is available on a monthly basis to staff, to book onto training or further information in relation to Datix training, please contact [phw.datix@wales.nhs.uk](mailto:phw.datix@wales.nhs.uk).

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## Equality & Health Impact Assessment for Putting Things Right Complaint Procedure

**Please note:**

- The completed Equality & Health Impact Assessment (EHIA) must be
  - Included as an appendix with the cover report when the strategy, policy, plan, procedure and/or service change is submitted for approval
  - Published on the intranet and internet pages as part of the consultation (if applicable) and once agreed.
- Formal consultation must be undertaken, as required
- Appendices 1-3 must be deleted prior to submission for approval

Please answer all questions: -

<b>1.</b>	For service change, provide the title of the Project Outline Document or Business Case and Reference Number	Putting Things Right Complaint Procedure
<b>2.</b>	Name of Corporate Directorate and title of lead member of staff, including contact details	Quality Nursing and Allied Health Professional (QNAHPs) Rhiannon Beaumont-Wood, Director of Quality, Nursing and Allied Health Professionals. Rhiannon.Beaumont-Wood2@wales.nhs.uk
<b>3.</b>	Objectives of strategy/ policy/ plan/ procedure/ service	<ul style="list-style-type: none"> <li>• To ensure that Complaints raised with Public Health Wales are managed effectively and efficiently</li> <li>• To ensure that lessons are learned from Complaints to facilitate continuous improvement in standards of services and to prevent reoccurrence</li> </ul>
<b>4.</b>	Evidence and background information considered. For example	An Equality Impact Assessment was undertaken in 2017 and was used as a reference point in undertaking this assessment.

	<ul style="list-style-type: none"> <li>• population data</li> <li>• staff and service users data, as applicable</li> <li>• needs assessment</li> <li>• engagement and involvement findings</li> <li>• research</li> <li>• good practice guidelines</li> <li>• participant knowledge</li> <li>• list of stakeholders and how stakeholders have engaged in the development stages</li> <li>• comments from those involved in the designing and development stages</li> </ul> <p>Population pyramids are available from Public Health Wales Observatory and the 'Shaping Our Future Wellbeing' Strategy provides an overview of health need.</p>	<p>There are no specific equalities data available in relation to staff and service users.</p> <p>The NHS Centre for Equality and Human Rights toolkit for carrying out Equality Impact Assessment good practice guidelines was also considered when undertaking this assessment.</p> <p>The procedure defines the internal processes in place to ensure that Complaints are dealt with in an equitable and timely manner. The Equality Impact Assessment has identified some actions to mitigate any negative effects.</p>
5.	Who will be affected by the strategy/ policy/ plan/ procedure/ service	This procedure is intended to be an internal facing procedure which sets out the roles and responsibilities of individual members of staff and the reporting structures in place to facilitate the Complaints process. It has the potential to impact on staff who are involved in the investigation process, but may also impact on service users who pursue a concern with Public Health Wales.

## 6. EQIA / How will the strategy, policy, plan, procedure and/or service impact on people?

Questions in this section relate to the impact on people on the basis of their 'protected characteristics'. Specific alignment with the 7 goals of the Well-being of Future Generations (Wales) Act 2015 is included against the relevant sections.

<b>How will the strategy, policy, plan, procedure and/or service impact on: -</b>	<b>Potential positive and/or negative impacts</b>	<b>Recommendations for improvement/mitigation</b>	<b>Action taken by Directorate / Division.</b> Make reference to where the mitigation is included in the document, as appropriate
<b>6.1 Age</b> For most purposes, the main categories are: <ul style="list-style-type: none"> <li>• under 18;</li> <li>• between 18 and 65; and</li> <li>• over 65</li> </ul>	This procedure does not have an impact on people because of their age. Each concern is assessed on its own merits in accordance with Putting Things Right Regulations, regardless of age.	None required.	
<b>6.2 Persons with a disability as defined in the Equality Act 2010</b> Those with physical impairments, learning disability, sensory loss or impairment, mental health conditions, long-term medical conditions such as diabetes	This procedure is predominantly intended to be an internal facing document. There is potential however for service users to request copies.  This procedure is not routinely produced in alternative formats.	Large print, Braille or audio version could be provided on request.  Welsh Government provide 'Putting Things Right' leaflets in various formats.  Further explanations and	

<b>How will the strategy, policy, plan, procedure and/or service impact on: -</b>	<b>Potential positive and/or negative impacts</b>	<b>Recommendations for improvement/ mitigation</b>	<b>Action taken by Directorate / Division.</b> Make reference to where the mitigation is included in the document, as appropriate
	The procedure may not be understood by those who have difficulty deciphering or reading the written word, for example, dyslexia.	support to understand the procedure will be provided as required.	
<b>6.3 People of different genders:</b> Consider men, women, people undergoing gender reassignment  <b>NB</b> Gender-reassignment is anyone who proposes to, starts, is going through or who has completed a process to change his or her gender with or without going through any medical procedures. Sometimes referred to as Trans or Transgender	This procedure does not have any negative or positive effects on people of different genders.	None required.	
<b>6.4 People who are married or who have a civil partner.</b>	This procedure does not have any negative or positive effects on people who are married or who have a civil	None required.	

How will the strategy, policy, plan, procedure and/or service impact on: -	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Directorate / Division. Make reference to where the mitigation is included in the document, as appropriate
	partner.		
<p><b>6.5 Women who are expecting a baby, who are on a break from work after having a baby, or who are breastfeeding.</b> They are protected for 26 weeks after having a baby whether or not they are on maternity leave.</p>	<p>This procedure does not have any negative or positive effects on women who are expecting a baby, who are on a break from work after having a baby, or who are breastfeeding.</p>	<p>None required.</p>	
<p><b>6.6 People of a different race, nationality, colour, culture or ethnic origin including non-English speakers, gypsies/travellers, migrant workers</b></p>	<p>Each concern is assessed on the basis of facts and in accordance with the Putting Things Right Regulations and the law. Discrimination to people of a different race, nationality, colour, culture or ethnic origin is unlikely to occur.</p> <p>There may however be a negative impact for individuals who do not</p>	<p>Public Health Wales can explore the option of using an interpretation service.</p>	

<b>How will the strategy, policy, plan, procedure and/or service impact on: -</b>	<b>Potential positive and/or negative impacts</b>	<b>Recommendations for improvement/ mitigation</b>	<b>Action taken by Directorate / Division.</b> Make reference to where the mitigation is included in the document, as appropriate
	understand written English or for whom English is not their first language.		
<b>6.7 People with a religion or belief or with no religion or belief.</b> The term 'religion' includes a religious or philosophical belief	This procedure does not have any negative or positive effects on people with a religion or belief or with no religion or belief.	None required	
<b>6.8 People who are attracted to other people of:</b> <ul style="list-style-type: none"> <li>• the opposite sex (heterosexual);</li> <li>• the same sex (lesbian or gay);</li> <li>• both sexes (bisexual)</li> </ul>	This procedure does not have any negative or positive effects on People who are attracted to other people of: <ul style="list-style-type: none"> <li>• the opposite sex (heterosexual);</li> <li>• the same sex (lesbian or gay);</li> <li>both sexes (bisexual)</li> </ul>	None required	
<b>6.9 People who communicate using the Welsh language in terms of correspondence, information leaflets, or service plans and design</b>	Existing procedures are not routinely translated into Welsh.  Welsh speakers who wish to pursue a concern through the	Consideration should be given to publishing this procedure in Welsh.	

<b>How will the strategy, policy, plan, procedure and/or service impact on: -</b>	<b>Potential positive and/or negative impacts</b>	<b>Recommendations for improvement/ mitigation</b>	<b>Action taken by Directorate / Division.</b> Make reference to where the mitigation is included in the document, as appropriate
Well-being Goal – A Wales of vibrant culture and thriving Welsh language	medium of Welsh will be supported in doing so.		
<b>6.10 People according to their income related group:</b> Consider people on low income, economically inactive, unemployed/workless, people who are unable to work due to ill-health	Public Health Wales advises every service user, who raises a concern, of their right to access independent and free advocacy and support services e.g., Community Health Council.	None required	
<b>6.11 People according to where they live:</b> Consider people living in areas known to exhibit poor economic and/or health indicators, people unable to access services and facilities	None identified	None required	
<b>6.12 Consider any other groups and risk factors relevant to this strategy, policy, plan, procedure and/or service</b>	None identified	None required	

<b>How will the strategy, policy, plan, procedure and/or service impact on: -</b>	<b>Potential positive and/or negative impacts</b>	<b>Recommendations for improvement/ mitigation</b>	<b>Action taken by Directorate / Division.</b> Make reference to where the mitigation is included in the document, as appropriate

**7. HIA / How will the strategy, policy, plan, procedure and/or service impact on the health and well-being of our population and help address inequalities in health?**

Questions in this section relate to the impact on the overall health of individual people and on the impact on our population. Specific alignment with the 7 goals of the Well-being of Future Generations (Wales) Act 2015 is included against the relevant sections.

<b>How will the strategy, policy, plan, procedure and/or service impact on: -</b>	<b>Potential positive and/or negative impacts and any particular groups affected</b>	<b>Recommendations for improvement/mitigation</b>	<b>Action taken by Directorate / Division</b> Make reference to where the mitigation is included in the document, as appropriate
<p><b>7.1 People being able to access the service offered:</b> Consider access for those living in areas of deprivation and/or those experiencing health inequalities</p> <p>Well-being Goal - A more equal Wales</p>	<p>This procedure is an administrative document which has no direct impact on the health of the population, the addressing of inequalities in health or the delivery of services.</p>	<p>None</p>	
<p><b>7.2 People being able to improve /maintain healthy lifestyles:</b> Consider the impact on healthy lifestyles, including healthy eating, being active, no smoking /smoking cessation, reducing the</p>	<p>This procedure does not have an impact in this area.</p>	<p>None</p>	

<b>How will the strategy, policy, plan, procedure and/or service impact on: -</b>	<b>Potential positive and/or negative impacts and any particular groups affected</b>	<b>Recommendations for improvement/mitigation</b>	<b>Action taken by Directorate / Division</b> Make reference to where the mitigation is included in the document, as appropriate
<p>harm caused by alcohol and /or non-prescribed drugs plus access to services that support disease prevention (e.g., immunisation and vaccination, falls prevention). Also consider impact on access to supportive services including smoking cessation services, weight management services etc</p> <p>Well-being Goal – A healthier Wales</p>			
<p><b>7.3 People in terms of their income and employment status:</b>            Consider the impact on the availability and accessibility of work, paid/ unpaid employment, wage levels, job security, working conditions</p>	<p>This procedure does not have an impact in the area</p>	<p>None</p>	

<b>How will the strategy, policy, plan, procedure and/or service impact on: -</b>	<b>Potential positive and/or negative impacts and any particular groups affected</b>	<b>Recommendations for improvement/mitigation</b>	<b>Action taken by Directorate / Division</b> Make reference to where the mitigation is included in the document, as appropriate
Well-being Goal – A prosperous Wales			
<p><b>7.4 People in terms of their use of the physical environment:</b>            Consider the impact on the availability and accessibility of transport, healthy food, leisure activities, green spaces; of the design of the built environment on the physical and mental health of patients, staff and visitors; on air quality, exposure to pollutants; safety of neighbourhoods, exposure to crime; road safety and preventing injuries/accidents; quality and safety of play areas and open spaces</p> <p>Well-being Goal – A resilient Wales</p>	This procedure does not have an impact in the area	None	

<b>How will the strategy, policy, plan, procedure and/or service impact on: -</b>	<b>Potential positive and/or negative impacts and any particular groups affected</b>	<b>Recommendations for improvement/mitigation</b>	<b>Action taken by Directorate / Division</b> Make reference to where the mitigation is included in the document, as appropriate
<p><b>7.5 People in terms of social and community influences on their health:</b>            Consider the impact on family organisation and roles; social support and social networks; neighbourliness and sense of belonging; social isolation; peer pressure; community identity; cultural and spiritual ethos</p> <p>Well-being Goal – A Wales of cohesive communities</p>	<p>This procedure does not have an impact in the area</p>	<p>None</p>	
<p><b>7.6 People in terms of macro-economic, environmental and sustainability factors:</b>            Consider the impact of government policies; gross domestic product; economic development; biological diversity; climate</p>	<p>This procedure does not have an impact in the area</p>	<p>None</p>	

<b>How will the strategy, policy, plan, procedure and/or service impact on: -</b>	<b>Potential positive and/or negative impacts and any particular groups affected</b>	<b>Recommendations for improvement/mitigation</b>	<b>Action taken by Directorate / Division</b> Make reference to where the mitigation is included in the document, as appropriate
Well-being Goal – A globally responsible Wales			

**Please answer question 8.1 following the completion of the EHIA and complete the action plan**

<p><b>8.1 Please summarise the potential positive and/or negative impacts of the strategy, policy, plan or service</b></p>	<p>This procedure is predominantly intended as an internal facing procedure which describes the staff responsibilities and the organisational structures needed to support the Complaint process.</p> <p>The procedure is intended to make the Complaint process as quick and as fair as possible, with concerns being assessed on the basis of facts and in accordance with the Regulations. It is therefore felt that the impact is largely positive. The positive effect is enhanced with the PTR leaflets aimed at service users and explains the process in plain English.</p>
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**Action Plan for Mitigation / Improvement and Implementation**

	<b>Action</b>	<b>Lead</b>	<b>Timescale</b>	<b>Action taken by Directorate / Division</b>
<p><b>8.2 What are the key actions identified as a result of completing the EHIA?</b></p>				

	<b>Action</b>	<b>Lead</b>	<b>Timescale</b>	<b>Action taken by Directorate / Division</b>
<p><b>8.3 Is a more comprehensive Equalities Impact Assessment or Health Impact Assessment required?</b></p> <p>This means thinking about relevance and proportionality to the Equality Act and asking: is the impact significant enough that a more formal and full consultation is required?</p>	<p>No - the impact of the procedure is <b>positive</b>.</p>			

	<b>Action</b>	<b>Lead</b>	<b>Timescale</b>	<b>Action taken by Directorate / Division</b>
<p><b>8.4 What are the next steps?</b></p> <p>Some suggestions: -</p> <ul style="list-style-type: none"> <li>• Decide whether the strategy, policy, plan, procedure and/or service proposal: <ul style="list-style-type: none"> <li>○ continues unchanged as there are no significant negative impacts</li> <li>○ adjusts to account for the negative impacts</li> <li>○ continues despite potential for adverse impact or missed opportunities to advance equality (set out the justifications for doing so)</li> <li>○ stops.</li> </ul> </li> <li>• Have your strategy, policy, plan, procedure and/or service proposal approved</li> <li>• Publish your report of this impact assessment</li> <li>• Monitor and review</li> </ul>	<p>Following consultation with Executive Team, present the procedure to the Public Health Wales Board for approval.</p> <p>Publish the procedure on the PHW website.</p> <p>Consider translating and publishing the procedure in Welsh</p> <p>Monitor and review compliance with this procedure throughout the Complaint process</p>	<p>Director of Quality, Nursing &amp; Allied Health Professionals</p> <p>Head of Putting Things Right</p> <p>Head of Putting Things Right</p> <p>Head of Putting Things Right</p>	<p>July 2023</p> <p>July 2023</p> <p>July 2023</p> <p>Ongoing</p>	

## **Appendix 1**

### **Equality & Health Impact Assessment**

#### **Developing strategies, policies, plans and services that reflect our Vision to 'create a healthier, happier and fairer Wales'**

##### **Guidance**

The Public Health Wales strategy (Integrated Medium Term Plan) 'Creating a healthier, happier and fairer Wales for everyone' (2016-2019) outlines how we exist to protect and improve health and wellbeing and reduce health inequalities for people in Wales. Our population has varied and diverse needs with some of our communities and population groups requiring additional consideration and support. With this in mind, when developing or reviewing any strategies, policies, plans, procedures or services it will be required that the following issues are explicitly included and addressed from the outset: -

- Equitable access to services
- Service delivery that addresses health inequalities
- Sustainability and how Public Health Wales is meeting the requirements of the Well-being of Future Generations (Wales) Act (2015)<sup>1</sup>

This explicit consideration of the above will apply to strategies, policies, plans, procedures and services /activity.

Considering and completing the Equality & Health Impact Assessment (EHIA) in parallel with development stages will ensure that all organisational strategies, policies, plans, procedures or services comply with relevant statutory obligations and responsibilities and at the same time takes forward the organisation's Vision, plan and its strategic priorities. This process should be proportionate but still provide helpful and robust information to support decision making. Where a more detailed consideration of an issue is required, the Integrated Screening Tool will identify if there is a need for a full impact assessment.

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<sup>1</sup> <http://thewaleswewant.co.uk/about/well-being-future-generations-wales-act-2015>

Some key statutory/mandatory requirements that strategies, policies, plans, procedures and services must reflect include:

- All Wales Standards for Communication and Information for People with Sensory Loss (2014)<sup>2</sup>
- Equality Act 2010<sup>3</sup>
- Well-being of Future Generations (Wales) Act 2015<sup>4</sup>
- Social Services and Well-being (Wales) Act 2015<sup>5</sup>
- Health Impact Assessment (non statutory but good practice)<sup>6</sup>
- The Human Rights Act 1998<sup>7</sup>
- United Nations Convention on the Rights of the Child 1989<sup>8</sup>
- United Nations Convention on Rights of Persons with Disabilities 2009<sup>9</sup>
- United Nations Principles for Older Persons 1991<sup>10</sup>
- Welsh Health Circular (2015) NHS Wales Infrastructure Investment Guidance<sup>11</sup>
- Welsh Government Health & Care Standards 2015<sup>12</sup>
- Welsh Language (Wales) Measure 2011<sup>13</sup>

This EHIA allows us to meet the requirements of the above as part of an integrated impact assessment method that brings together Equality Impact Assessment (EQIA) and Health Impact Assessment (HIA). A number of statutory /mandatory requirements will need to be included and failure to comply with these requirements, or demonstrate due regard, can expose the organisation to legal challenge or other forms of reproach. This means showing due regard to the need to:

- eliminate unlawful discrimination, harassment and victimisation;
- advance equality of opportunity between different groups; and
- foster good relations between different groups.

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<sup>2</sup> <http://gov.wales/topics/health/publications/health/guidance/standards/?lang=en>

<sup>3</sup> <https://www.gov.uk/guidance/equality-act-2010-guidance>

<sup>4</sup> <http://gov.wales/topics/people-and-communities/people/future-generations-act/?lang=en>

<sup>5</sup> <http://gov.wales/topics/health/socialcare/act/?lang=en>

<sup>6</sup> <http://www.wales.nhs.uk/sites3/page.cfm?orgid=522&pid=63782>

<sup>7</sup> <https://www.equalityhumanrights.com/en/human-rights/human-rights-act>

<sup>8</sup> <http://www.unicef.org.uk/UNICEFs-Work/UN-Convention>

<sup>9</sup> <http://www.un.org/disabilities/convention/conventionfull.shtml>

<sup>10</sup> <http://www.ohchr.org/EN/ProfessionalInterest/Pages/OlderPersons.aspx>

<sup>11</sup> <http://www.wales.nhs.uk/sites3/Documents/254/WHC-2015-012%20-%20English%20Version.pdf>

<sup>12</sup> <http://gov.wales/topics/health/publications/health/guidance/care-standards/?lang=en>

<sup>13</sup> <http://www.legislation.gov.uk/mwa/2011/1/contents/enacted>

**EQIAs** assess whether a proposed policy, procedure, service change or plan will affect people differently on the basis of their 'protected characteristics' (i.e., their age, disability, gender reassignment, marriage or civil partnership, pregnancy or maternity, race, religion, sex or sexual orientation) and if it will affect their human rights. It also takes account of caring responsibilities and Welsh Language issues.

They provide a systematic way of ensuring that legal obligations are met and are a practical means of examining new and existing policies and practices to determine what impact they may have on equality for those affected by the outcomes.

**HIAs** assess the potential impact of any change or amendment to a policy, service, plan, procedure or programme on the health of the population and on the distribution of those effects within the population, particularly within vulnerable groups. HIAs help identify how people may be affected differently on the basis of where they live and potential impacts on health inequalities and health equity. HIA increases understanding of potential health impacts on those living in the most deprived communities, improves service delivery to ensure that those with the greatest health needs receive a larger proportion of attention and highlights gaps and barriers in services.

The **EHIA** brings together both impact assessments into a single tool and helps to assess the impact of the strategy, policy, plan, procedure and/or service. Using the EHIA from the outset and during development stages will help identify those most affected by the proposed revisions or changes and inform plans for engagement and co-production. Engaging with those most affected and co-producing any changes or revisions will result in a set of recommendations to mitigate negative and enhance positive impacts. Throughout the assessment, 'health' is not restricted to medical conditions but includes the wide range of influences on people's well-being including, but not limited to, experience of discrimination, access to transport, education, housing quality and employment.

Throughout the development of the strategy, policy, plan, procedure or service, in addition to the questions in the EHIA, you are required to remember our values of *care, trust, respect, personal responsibility, integrity and kindness* and to take the Human Rights Act 1998 into account. All NHS organisations have a duty to act compatibly with and to

respect, protect and fulfil the rights set out in the Human Rights Act. Further detail on the Act is available in Appendix 2.

**Completion of the EHIA should be an iterative process and commenced as soon as you begin to develop a strategy, policy, plan, procedure and/or service proposal and used again as the work progresses to keep informing you of those most affected and to inform mitigating actions. It should be led by the individual responsible for the strategy, policy, plan, procedure and/or service and be completed with relevant others or as part of a facilitated session. Some useful tips are included in Appendix 3.**

For further information please contact Andrew Richardson, Corporate Governance Manager ([andrew.richardson2@wales.nhs.uk](mailto:andrew.richardson2@wales.nhs.uk)) or Sarah Morgan, Diversity and Inclusion Manager, ([Sarah.Morgan67@wales.nhs.uk](mailto:Sarah.Morgan67@wales.nhs.uk)).

Based on

- Cardiff Council (2013) Statutory Screening Tool Guidance.
- NHS Scotland (2011) Health Inequalities Impact Assessment: An approach to fair and effective policy making. Guidance, tools and templates.<sup>14</sup>
- Wales Health Impact Assessment Support Unit (2012) Health Impact Assessment: A Practical Guide.<sup>15</sup>

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<sup>14</sup> <http://www.healthscotland.com/uploads/documents/5563-HIIA%20-%20An%20approach%20to%20fair%20and%20effective%20policy%20making.pdf> (accessed 4 January 2016)

<sup>15</sup> <http://www.wales.nhs.uk/sites3/page.cfm?orgid=522&pid=63782> (accessed on 4 January 2016)

## **Appendix 2 – The Human Rights Act 1998<sup>16</sup>**

The Act sets out our human rights in a series of 'Articles'. Each Article deals with a different right. These are all taken from the European Convention on Human Rights and are commonly known as 'the Convention Rights':

1. Article 2 Right to life. NHS examples: the protection and promotion of the safety and welfare of patients and staff
2. Article 3 Freedom from torture and inhuman or degrading treatment. NHS examples: issues of dignity and privacy, the protection and promotion of the safety and welfare of patients and staff, the treatment of vulnerable groups or groups that may experience social exclusion, for example, gypsies and travelers, issues of patient restraint and control
3. Article 4 Freedom from slavery and forced labour
4. Article 5 Right to liberty and security. NHS examples: issues of patient choice, control, empowerment and independence, issues of patient restraint and control
5. Article 6 Right to a fair trial
6. Article 7 No punishment without law
7. Article 8 Respect for your private and family life, home and correspondence. NHS examples: issues of dignity and privacy, the protection and promotion of the safety and welfare of patients and staff, the treatment of vulnerable groups or groups that may experience social exclusion, for example, gypsies and travelers, the right of a patient or employee to enjoy their family and/or private life
8. Article 9 Freedom of thought, belief and religion. NHS examples: the protection and promotion of the safety and welfare of patients and staff, the treatment of vulnerable groups or groups that may experience social exclusion, for example, gypsies and travelers
9. Article 10 Freedom of expression. NHS examples: the right to hold and express opinions and to receive and impart information and ideas to others, procedures around whistle-blowing when informing on improper practices of employers where it is a protected disclosure
10. Article 11 Freedom of assembly and association
11. Article 12 Right to marry and start a family
12. Article 14 Protection from discrimination in respect of these rights and freedoms. NHS examples: refusal of medical treatment to an older person solely because of their age, patients presented with health options without the use of an interpreter to meet need, discrimination against Trust staff on the basis of their caring responsibilities at home
13. Protocol 1, Article 1 Right to peaceful enjoyment of your property

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<sup>16</sup> <https://www.equalityhumanrights.com/en/human-rights/human-rights-act>

14. Protocol 1, Article 2 Right to education
15. Protocol 1, Article 3 Right to participate in free elections
16. Protocol 13, Article 1 Abolition of the death penalty

## Appendix 3

### Tips

- Be clear about the policy or decision's rationale, objectives, delivery method and stakeholders.
- Work through the Toolkit early in the design and development stages and make use of it as the work progresses to inform you of those most affected and inform mitigating actions
- Allow adequate time to complete the Equality Health Impact Assessment
- Identify what data you already have and what are the gaps.
- Engage with stakeholders and those most affected early. View them as active partners rather than passive recipients of your services.
- Remember to consider the impact of your decisions on your staff as well as the public.
- Record which organisations and protected characteristic groups you engaged with, when you engaged with them and how you did so (for example, workshop, public meeting, written submission).
- Produce a summary table describing the issues affecting each protected group and what the potential mitigations are.
- Report on positive impacts as well as negative ones.
- Remember what the Equality Act says – how can this policy or decision help foster good relations between different groups?
- Do it with other people! Talk to colleagues, bounce ideas, seek views and opinions.

