Informal Feedback and Formal Complaints Policy

NHS Devon

Proud to be part of One Devon: NHS and CARE working with communities and local organisations to improve people's lives

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Policy Sponsor	Chief People and Nursing Officer
Policy Lead	Director Nursing & Quality
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Date	**Change**	**Comments**
08/10/2024	Policy Amendment	Policy links updated due to website change from CCG to ICB. New postal address updated

Equality, diversity and inclusion statement

NHS Devon is committed to the promotion of equal opportunities, addressing health inequalities and fostering of good relations between people protected under the terms of the Equality Act 2010, the Health and Social Care Act 2012 and Human Rights legislation. We are equally committed to the elimination of unlawful discrimination, harassment and victimisation. To demonstrate this commitment, we develop, promote and maintain policies, strategies and operating procedures. Every effort is made to ensure that patients, employees, contractors or visitors do not experience discrimination; either directly or indirectly, because of their vulnerability; disadvantage; age; disability; gender reassignment; marriage and civil partnership; pregnancy and maternity; race; religion and belief; sex (gender) or sexual orientation.

All staff must comply with this policy. Compliance must reflect our organisational commitment to and policy on, equality, diversity and inclusion. In addition, each manager and member of staff involved in implementing this policy must give due regard to the needs of those protected under law.

If you, or any other groups, believe you are discriminated against under the terms of the Equality Act, the Health and Social Care Act 2012 or Human Rights legislation by anything contained in this document; or you need this document in an alternative format, for example, large print, Braille, Easy read or other languages; please contact our Patient Experience team:

Tel: 0300 123 1672
Email: d-icb.patientexperience@nhs.net
Post: Patient Experience Team
NHS Devon
Aperture House

Pynes Hill
Exeter
EX2 5SP

Contents

1. Introduction

1.1 Hearing the views of the population of Devon who use NHS services is a vital part of our role. Feedback about these services provide us with assurance and intelligence about how services are working and what they feel like for the people that use them. Feedback about commissioning decisions, policies and processes also helps us to understand the impact of these decisions on people.

1.2 NHS Devon has a duty to provide opportunities for people to feedback about our organisation, NHS provider organisations in Devon, and about the services we commission. This policy covers the management of the multiple ways in which people can provide feedback, including formal complaints and informal feedback.

1.3 Intelligence, themes, trends and areas for improvements are shared with commissioners to effect change, seek improvements and learn from feedback where possible.

1.4 NHS Devon's Patient Experience Team are a central function with the responsibility for managing formal complaints and informal feedback made to NHS Devon.

2. Purpose and objectives

2.1 A formal complaint is defined as a formal expression of dissatisfaction or feedback which is managed in line with national guidance, the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009. NHS Devon follows this legislation in the management of complaints received by us, a copy of the legislation is available online at:

http://www.legislation.gov.uk/uksi/2009/309/pdfs/uksi_20090309_en.pdf.

2.2 The key elements of this legislation are:

- Complainants have the right to raise their complaint to NHS Devon or the organisations we commission that they are complaining about. NHS Devon can consider that it is more appropriate for the complaint to be dealt with by the provider directly.

- NHS Devon must acknowledge complaints orally or in writing within 3 working days.

- NHS Devon will aim to provide a response to a formal complaint within 6 months. If this is not possible NHS Devon will contact the complainant and provide a reasonable timescale.

- Complainants have the right to raise a complaint within 12 months of the issue that they are complaining about, or within 12 months of becoming aware of the issue. NHS Devon will consider complaints outside of this timeframe on a case-by-case basis.

2.3 Unlike formal complaints there is no legislation to provide guidance or regulations as to how to handle informal feedback. We recognise, however that some people may not want to make a formal complaint or that the prospect of making a formal complaint may cause worry or distress.

2.4 In addition, there are issues which can be resolved much more quickly or easily through informal processes. Where people may be making general enquiries or seeking advice or information, a formal complaint may not be required.

3. Scope

3.1 This policy applies to all staff of NHS Devon

4. Definitions

4.1 None to provide

5. Formal complaints

5.1 Where complaints are concerning commissioned services by a provider organisation but are received by NHS Devon, the Complaints Manager will advise the complainant of the need to forward their complaint to the relevant organisation and will seek their informed consent to do so. The complaint will be forwarded at the earliest opportunity once consent is given.

5.2 When NHS Devon manages a complaint, we make the following commitments to complainants:

1. Provide the opportunity for the complainant to discuss their complaint in detail, this may be by telephone, email, or face to face.

2. Provide a dedicated case manager.
    a Where a formal complaint relates to Primary Care services, for example, GP, Pharmacy, Optometry or Dentistry, NHS Devon's Patient Experience team will take relevant information from the complainant and advise their complaint will be transferred to the Primary Care Complaints Team.
    b The Primary Care Complaints Team is a function that manages Primary Care complaints on NHS Devon's behalf. They will undertake points 3-13 below for primary care cases.

3. Formally acknowledge a complaint in writing (email or letter); if acknowledgement was over the telephone or face to face, a subsequent email or letter will be provided.

4. Where helpful for the complainant a ‘complaint investigation plan’ will be offered to outline the key elements of the complaint and the outcome sought.

5. Provide advice and information about the process we will follow, timeframes (where possible) and what can or cannot be achieved by making a complaint.

6. Seek the appropriate consent to act on behalf of the complainant and to share information with the organisations involved.

7. Provide information about the NHS complaints advocacy service.

8. Keep the complainant updated as to the progress of the investigation and any delays and issues experienced.

9. Provide a formal response to the complainant, in writing and where necessary the opportunity for a video call or face to face meeting to discuss the outcome of the complaint.
    a Where a formal complaint relates to Primary Care services, the Primary Care Hub will send their complaint investigation and response to NHS Devon for final Executive approval and sign off.

10. We will always be open and honest in respect of the information we share and follow the principles of duty of candour.

11. Where possible, provide further information, or answer additional questions following the response, if it is reasonable and appropriate to do so.

12. Provide information about the Parliamentary and Health Service Ombudsman should the complainant want to take their case to them following response.

13. Provide the opportunity for the complainant to complete a survey about their experience of using the service.

5.3 Formal complaints relating to an NHS Devon employee within the Patient Experience Team will be handled by the appropriate line manager. In the first instance the Patient Experience Manager will manage the formal complaint.

5.4 If the formal complaint relates to the Patient Experience Manager an appropriate senior line manager or equivalent, will manage the formal complaint through to a final outcome and provide a written response.

6. Investigations

6.1 It is important to note that NHS Devon does not carry out the investigation into a formal complaint unless the complaint is in relation to NHS Devon itself. There will be occasions where it is appropriate for an individual to have input into the investigation if the formal complaint relates to them.

6.2 The investigation is undertaken by the organisation(s) being complained about and they provide their investigation response to NHS Devon. NHS Devon then reviews the organisation's investigation response and decides if the issues or feedback raised has been adequately addressed and where necessary learning and improvements have been identified. Where the complaint investigation plan agreed by the complainant is appropriate, this will form the basis for the investigation.

6.3 Once the investigation response has been reviewed and finalised the case manager will ask the nominated executive, director, or their deputy to review and approve the response before sending to the complainant. The response will outline whether NHS Devon is assured or not with the investigation carried out by the organisation complained about and any work, actions, or improvements that NHS Devon will make as a result.

6.4 NHS Devon will always outline the right of the complainant to ask for the Parliamentary and Health Service Ombudsman to review their complaint, should the complainant be dissatisfied with the response to their complaint.

6.5 Where a complaint relates to Primary Care, for example a GP, dentist, optician or pharmacist, NHS Devon will ask the Primary Care Complaints team to handle the complaints investigation on their behalf. The same process described above will take place in terms of requesting the organisation being complained about.

7. Formal complaints that cannot be managed by NHS Devon

7.1 There are some exemptions that cannot be handled as formal complaints in line with the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009, these are:

1. An NHS organisation or local authority making a formal complaint about another health organisation or local authority – complaints of these nature should be directed to the relevant chief executive or similar lead within an organisation.

2. A member of staff employed by NHS Devon or another health organisation about their contract, working conditions, pay or pension issues and terms and conditions of employment. Complaints of this nature should be directed to the relevant departmental senior manager or human resources.

3. Formal complaints in relation to private healthcare, such as private dentistry, private surgery, or private medical plans – complaints of this nature should be directed to the organisation being complained about.

4. A complaint about the failure to comply with Freedom of Information requests or Subject Access Requests. These should be directed to the Information Governance team or the Information Commissioners Office.

5. Clients making a claim for clinical negligence should direct their claim via the alleged organisation responsible or via NHS Devon's Governance department.

6. NHS Devon cannot handle formal complaints relating to some specialist services. These should be directed to the practice, the organisation or to NHS England.

7.2 Where NHS Devon feels that it cannot handle or manage a formal complaint, we will outline the reasons for this decision. Where possible, and with appropriate consent, NHS Devon will support the complainant to raise their complaint with the appropriate service.

8. Informal feedback

8.1 NHS Devon will handle and share compliments and positive feedback with the services we commission, and internally to learn from what people value from NHS Devon and the services it commissions.

8.2 When NHS Devon manages informal feedback, the following commitments to clients will be made:

1. Provide the opportunity for the client to discuss their feedback in detail, this may be by telephone, email, or face to face.

2. Provide a dedicated case manager.
    a Where an informal concern relates to Primary Care services, for example, GP, Pharmacy, Optometry or Dentistry, NHS Devon's Patient Experience team may need to refer complex cases to the Primary Care Complaints Team.
    b The Primary Care Complaints Team is a function that manages Primary Care complaints on NHS Devon's behalf.

3. Provide advice and information about the process we will follow, timeframes (where possible) and what can or cannot be achieved.

4. The opportunity for the client to remain anonymous should they wish.

5. Seek the appropriate consent to act on behalf of the client and to share information with the organisations involved.

6. Seek to respond and resolve the issue or provide the information requested as quickly as possible.

7. Where requested, provide the information in writing to the client.

8. Where possible, provide further information, or answer additional questions following the response, if it is reasonable and appropriate to do so.

9. We will always be open and honest in respect of the information we share and follow the principles of duty of candour.

10. Provide the opportunity for the feedback to be handled as a formal complaint if feedback is not resolved to the client's satisfaction.

11. If a client would like to complete a survey about their experiences of using the service, a postal or emailed survey can be requested.

9. Consent and the protection of personal information

9.1 Consent is needed as part of the process of managing formal complaints and at times for informal feedback. NHS Devon may need to share personal information about an individual, we need the individual's (or an appropriate representatives) permission to do this and for the organisation investigating the concern or complaint to access relevant records. NHS Devon does not have the automatic right to access anyone's private medical records without explicit consent.

9.2 When investigating formal complaints or looking into informal feedback, it is important that NHS Devon has the appropriate consent to do so. When NHS Devon manages a formal complaint, we will send the complainant a consent form for them to complete. In the case of informal feedback, verbal consent is usually sufficient, however there may be occasions where NHS Devon is required to have consent in writing. The case manager will explain the type of consent required and the reason why.

9.3 Whilst consent is important, it should not be a barrier to investigating or looking into issues raised and we will always seek to work in the best interests of the individual. If it is possible to investigate and look into an issue without consent and NHS Devon is acting in the best interests of the individual, we will do so. It is important to understand that without consent, the information that NHS Devon can share with the complainant or client may be limited.

9.4 In addition, if the complainant or client is raising the complaint or feedback on behalf of somebody else, the consent of the individual will be required to confirm that they are happy for a representative to raise the concerns on their behalf and enable the sharing of personal information.

9.5 The principle of consent applies even when someone has died. In these circumstances, NHS Devon would seek to understand whether the person raising the complaint or feedback has the legal right to do so (e.g., named as the executor on a will or that they are named within a power of attorney document).

9.6 For children and young people, consent is also important. Depending on the child's age we will always seek to understand that the child or young person is both happy for the complaint or feedback to be raised on their behalf by someone else and that they understand that personal health information may be shared with their representative.

9.7 Being someone's next of kin does not give an automatic right for information about them to be shared with the next of kin.

9.8 At times (in the interests of safety of an individual or the public) it may be necessary to breach confidentiality. For example, in relation to risk of life, or safeguarding. Any such action would be taken in consultation with the Information Governance team and Caldicott Guardian.

9.9 When someone lacks the capacity to give consent, we will apply the protocol as outlined in section 14.

9.10 Confidentially will be maintained when handling feedback or formal complaints, in line with national guidance. All personal data and case information is stored securely with limited, authorised access on a database. Unless required by law NHS Devon will not share these details with any other person or organisation except where related to the investigation. Any person's subject to or involved in an investigation should be aware that unless legally exempt, the contents of any information held as part of an investigation may be subject to disclosure under the Freedom of Information Act 2000.

9.11 Complainants or clients can make a subject access request to obtain all information held by NHS Devon in relation to their case. Information relating to third parties would usually be redacted.

10. Persistent and unreasonable complaints and contact

10.1 NHS Devon has a persistent and unreasonable member of public policy, this outlines how we will handle contact to NHS Devon which may be consider persistent or unreasonable in nature. Complaints and feedback from people who are subject to this policy will be considered and responded to in line with this policy subject to the following: where the issues raised are new to those already raised *and* where their behaviour is reasonable. A copy of the persistent and unreasonable members of the public policy can be found on NHS Devon's website here:

Persistent and Unreasonable Members of the Public Policy - Devon ICB Intranet

11. Equality and diversity

11.1 NHS Devon is committed to the principles of equality and diversity and have considered the Human Rights Act 1998 and the Equality Act 2010 when managing complaints and informal feedback.

11.2 Everyone who raises a complaint or informal feedback will be treated with dignity and respect.

11.3 If people require information or support with translation, interpretation, or other accessibility options, such as easy read, these can be provided by contacting the Patient Advice and Complaints Team on 0300 123 1672 or by email to d-icb.patientexperience@nhs.net

11.4 NHS Devon's Equality, Diversity and Inclusion Policy can be found on NHS Devon website using the following link:

Equality, Diversity and Inclusion (EDI) Policy - Devon ICB Intranet

12. Learning and improvement

12.1 NHS Devon sees patient and staff feedback as an opportunity to learn, improve and understand the experience of people who use and work for the services NHS Devon commissions. As system leaders it is our responsibility to ensure that we provide and commission the highest quality care, treatment, access to services and facilities for the local community within available resources. To assist with this, we will use the intelligence gathered from formal complaints and informal feedback to shape service improvement and seek assurance as to the performance, safety, and quality of these services.

12.2 The team will also survey people who have raised a formal complaint to understand their experience of this process to ensure that we can improve or change the processes where required. A survey may also be shared with people who have provided informal feedback if they request.

12.3 The Patient Experience team are responsible for the management and progression of actions identified through formal complaints and informal feedback. The completion and work to achieve the actions from complaints are the responsibility of the relevant and identified team(s). The sharing of themes and trends and cross service learning is shared where relevant.

12.4 All informal concerns and complaints managed by the Primary Care Complaints team, will be shared with NHS Devon for learning and improvement. The process above will take place following the sharing of information from the Primary Care Complaints team.

13. Reporting

13.1 The Patient Experience team provide regular reports to NHS Devon's Quality and Patient Experience Committee which focusses on the themes, trends, service improvement opportunities and learning from formal complaints and informal feedback.

13.2 NHS Devon is required to provide an annual hospital and community health services complaints collection 'K041' return to NHS Digital.

13.3 NHS Devon provides real time data to patient safety and quality managers which highlights the themes and trends from formal complaints and informal enquiries. This is to give information on provider organisations developments, which in turn informs discussions with commissioners and service managers.

13.4 An annual report on complaints and informal feedback is published on NHS Devon website.

13.5 Regular report will be provided by the Primary Care Complaint team regarding any informal concerns or complaints managed by this team and will be used to inform the above reporting channels.

14. Protocol for mental capacity and best interest in complaints

Context and purpose

14.1 NHS Devon complaint indicates that someone acting on behalf of another person may raise a concern or formal complaint on behalf of that person, where that person is unable to raise their concern or formal complaint themselves.

14.2 Where the person is unable to raise a concern or formal complaint themselves, the representative will need to have sufficient interest in their welfare and be identified as the appropriate person to act on their behalf. In most cases this would be the patient's next of kin. In the case of a deceased patient, a copy of the patient's Will identifying the complainant as an Executor or Beneficiary, or Probate will be required, to ensure that they are entitled to information about the patient.

14.3 If someone, other than the patient or the person affected by the issues, raises a concern, or formally complains on their behalf, NHS Devon will need to satisfy itself that the person affected has agreed to their information being shared with the person raising the concern or formal complaint. Where consent is not forthcoming, an investigation will still take place, but only a non-patient specific summary of information will be shared.

14.4 This protocol is intended to clarify steps to be taken if the person lacks mental capacity to provide consent.

14.5 NHS Devon code of practice on confidentiality indicates:

- *Patient unable to give consent to the use of their information*
- *If a patient is unconscious or unable, due to a mental or physical condition, to give consent or to communicate a decision, the health professionals concerned must take decisions about the use of information;*
- *This needs to consider the patient's best interests and any previously expressed wishes, informed by the views of relatives or carers as to the likely wishes of the patient. If a patient has made his or her preferences about information disclosures known in advance, this should be respected; and*
- *Where the patient is incapacitated and unable to consent, information should only be disclosed in the patient's best interests, and then only as much*

information as is needed to support their care. This might, however, cause unnecessary suffering to the patient's relatives, which could in turn cause distress to the patient when he or she later learned of the situation; and

- *Each situation must be judged on its merits, and great care taken to avoid breaching confidentiality or creating difficulties for the patient. Decisions to disclose and the justification for disclosing should be noted in the patient's records.*

14.6 The NHS England complaints policy states:

- *A complaint may be made by the person who is affected by the action, or it may be made by a person acting on behalf of a patient in any case where that person:*
    - *has physical or mental incapacity; In the case of a person who is unable by reason of physical capacity, or lacks capacity within the meaning of the Mental Capacity Act 2005, to make the complaint themselves, NHS England needs to be satisfied that the complaint is being made in the best interests of the person on whose behalf the complaint is made.*

The NHS choices website indicates:

But consent isn't required if you're making a complaint in the name of:

- *a deceased person*
- *someone who lacks the capacity to make their own decisions – find out how capacity for consent is assessed*
- *a non-Gillick competent child – visit the NSPCC for more details*

Principles

14.7 People who lack capacity to make decisions about their care are particularly vulnerable and should not be excluded from the complaints process.

14.8 Lack of capacity to consent should not exclude a person from making a complaint or from the ability of a friend or relative to make a complaint on their behalf.

14.9 The mental capacity act best interest principle is the correct framework for situations where a person lacks capacity to consent to a complaint being raised on their behalf.

14.10 A health and welfare power of attorney is sufficient legal authority to provide consent on behalf of the donor of that power of attorney in relation to complaints.

14.11 A health and welfare power of attorney is not the only basis on which complaints can be progressed. Where there is no health and welfare LPA, a

decision will need to be made in the person's best interest according to the Mental Capacity Act.

14.12 Next of kin does not provide special legal status in relation to consent for complaints.

14.13 Friends or family members seeking to raise a complaint on behalf of a person who lacks capacity to give consent to the complaint being made will usually be involved in discussions unless this is not considered to be in the person's best interest (e.g. The person has asked for that relative not to be contacted [when they had capacity to decide], or if involving the friend or relative would cause harm to the person).

14.14 NHS Devon will consider that it would normally be in a person's best interest for a complaint about their care or treatment to be pursued unless there is reason to suggest otherwise based on the person's individual circumstances.

Decisions

14.15 Consent for NHS Devon to handle a complaint.

14.16 Consent for a third party to act on the person's behalf

14.17 Consent to share information with the third party
Consent to forward a complaint to a provider

Protocol

14.18 A third party making a complaint will be asked whether they have consent of the person concerned.

14.19 NHS Devon will usually take the third party's information at face value regarding their mental capacity. If they have any reason to doubt this, they should consult the Continuing Health Care (CHC)/ Quality team for any relevant information held by NHS Devon relating to the person's cognition and relationships. If no information is held, the CHC/Quality team may contact a professional involved in the person's care. This information gathering should be proportionate to concerns and aimed at forming a reasonable belief. The outcome of this should be recorded. It should be made clear to the relative that a person lacking capacity to consent will not exclude them from making a complaint.

14.20 If the third party identifies that a person is unable to consent or it is identified through the procedure above, the third party should be asked if anyone holds health and welfare power of attorney or deputyship. It should be made clear to the relative it is not necessary for them to have this, but if they do, NHS Devon will require a copy. It should be made clear to the relative that if they hold finance Lasting Power of Attorney (LPA), there is no reason for them to provide a copy, but a best interest decision will need to be taken.

14.21 If there is a health and welfare LPA or deputy, NHS Devon should confirm with them whether they believe it is in the person's best interest for the complaint to proceed.

14.22 If the person claims to have the relevant LPA or deputyship, but cannot produce a copy, a request should be sent to the office of the public guardian (OPG). NHS Devon will not routinely make inquiries of the OPG where there is no indication an LPA is in place.

14.23 If there is no health and welfare LPA or deputy, the complaints team will consult the CHC/Quality team for any relevant information they hold about the person's relationship with the third party, whether there are any other relatives or carers who should be consulted, any wishes previously expressed by the person and any concerns relating to whether pursing the complaint would be in the person's interest. The information gathering should be proportionate. If there are concerns, the CHC/quality team may contact a professional involved in the person's care for more information. If there are no concerns, a decision will be recorded that it is in the person's best interest for the third-party to progress the complaint.

14.24 It would only be in exceptional circumstances where it would be decided that it is not in a person's best interest for a third party to pursue a complaint on their behalf. Where this is decided, the decision and rationale should be clearly recorded and communicated to the third-party along with information about how they can appeal or any other method by which they may be able to provide feedback i.e., Healthwatch.

Mental Capacity Act (MCA), information sharing and power of attorney

14.25 Anyone who has been granted power of attorney or health and welfare deputyship has the same right of access to the person's information as the person themselves.

14.26 If a person has been granted finance and property power of attorney or deputyship, this does not grant right of access to health information in the same way. Information may still be shared if it is in the person's best interest.

14.27 Where a person lacks mental capacity to decide whether to share information with a relative or other interested party, and there is no health and welfare power of attorney or deputy, a decision will need to be taken as to whether it is in the person's best interest for the information to be shared. Making this best interest decision should involve considering the person's wishes (as far as they can be known) and considering the views of others that are involved in the care of the person.

14.28 If it is thought to be in the best interest of the person to share confidential information with a third party as part of a complaints process, the information shared should be relevant and proportionate in the situation. This decision should be made in consultation with the Caldicott guardian. There should be a

record of what was shared and why, in accordance with the code of practice on confidentiality.

14.29 Process relating to assessing consent, mental capacity and best interest in complaints.

Does the person have capacity to consent to a third-party complaining on their behalf? If unsure, consult CHC/Quality team.

N.B. this would be a relatively low threshold and will not be the same as whether they have capacity to make decisions relating to their care and treatment.

If yes – person provides consent.

If no – Does the person have a health and welfare LPA or deputy?

If yes – does that person agree it is in the person's best interest for the third-party to pursue the complaint?

N.B. the H&W LPA/Deputy does not have to be the person to act as 3rd party –only to agree that it is in the person's best interest for that party to pursue the complaint on the person's behalf. It is not the same as them providing consent on behalf of the person, but it is up to the LPA/deputy to determine what is in the person's best interest. Any concerns regarding their conduct can be discussed with the safeguarding team or MCA/Deprivation of Liberty (DoL) lead practitioner.

If no – Is it in the person's best interest for the third-party to pursue a complaint on their behalf?

Do they have a sufficiently close relationship?
Has the person indicated they would/would not want that person involved?
Are there any other concerns? Consult CHC/Quality team for information held

If yes – record and proceed

If no – take advice, record reasons, communicate decision and provide advice to the third-party how they make take the issue forward.

15. Accountabilities, Duties and Responsibilities

Chief Executive Officer	The Chief Executive Officer has ultimate accountability for the strategic direction and operational management of NHS Devon, including compliance with all legal, statutory and policy requirements.
Policy Sponsor	The Policy Sponsor is responsible for: • ensuring that policy is appropriate for consideration for approval; • endorsing this policy ahead of submission for approval; • with the Policy Lead, maintaining and updating procedures/protocols and other supporting documents for this policy.
Policy Lead / Author	It is the responsibility of the Policy Lead / author to: • ensure as far as possible that the policy is in line with Department of Health and Social Care guidance, legal requirements and advice from clinical bodies; • to complete a QEIA and Implementation Plan where required • undertake a fair and proportionate consultation period with the relevant stakeholders as part of the document's development • to ensure that the policy is in alignment with NHS Devon's strategy and values • ensure that the policy is developed, approved, disseminated and monitored as set out in the document; with Policy Sponsors, maintaining and updating procedures / protocols and other supporting documents for this policy.
Title of any other relevant Officer	N/A
Titles of any Committee	Reporting will be shared with the Quality and Patient Experience Committee, when produced.
Line Managers	Line managers have a responsibility to ensure their staff comply with NHS Devon policies and standards within their areas of responsibility.
All Staff	Employed or engaged staff have a duty to comply with NHS Devon policies and standards as outlined in their contracts of employment and codes of conduct.

16. Implementation

16.1 All staff will be informed of the approval of the Policy via the Staff Bulletin which will provide a link to the document on the NHS Devon Intranet.

16.2 NHS Devon Senior Managers, or their designated representatives, will implement this policy by:

- Notifying all staff of its existence. New staff will be informed of this policy as part of their induction.
- Destroying all superseded paper-based versions of the policy and electronic versions retained in their area.
- Having adequate knowledge of, and / or access to, all relevant legislation in order to ensure that compliance with such legislation is maintained.
- Discussing with staff as part of their regular one-to-ones how they seek to achieve their individual objectives around policy review and maintenance.

17. Approval and Review

17.1 The approval route for this policy will be the Chief Nursing Officer and Chief Communications and Corporate Affairs Officer.

17.2 This policy will be reviewed annually, or sooner if required, in order to ensure that it is current, relevant and reflects the strategic aims, objectives, organisational structures and responsibilities of NHS Devon.

18. Monitoring compliance and effectiveness

18.1 Monthly, quarterly and annual reports are produced to shared with the Quality and Patient Experience Committee, to ensure the formal complaints and informal concerns processes are operating effectively.

19. Quality & Equality Impact Assessment (QEIA)

19.1 No changes have been made to this policy, other than updated links, therefore a QEIA has not been required.

20. References

20.1 **Other related policy documents**

Persistent and unreasonable members of the public policy:

Persistent and Unreasonable Members of the Public Policy - Devon ICB Intranet
NHS Devon's Equality, Diversity and Inclusion Policy can be found on NHS Devon website using the following link:

Equality, Diversity and Inclusion (EDI) Policy - Devon ICB Intranet

20.2 **Legislation and statutory requirements**

the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009. NHS Devon follows this legislation in the management of complaints received by us, a copy of the legislation is available online at:

http://www.legislation.gov.uk/uksi/2009/309/pdfs/uksi_20090309_en.pdf.

20.3 **Best practice recommendations and other key guidance**

None to list