

## COMPLAINTS POLICY AND PROCEDURE

GV12 (NC58)

<b>Next Review:</b>	<b>Q1 - 2024</b>
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<b>DOCUMENT CONTROL</b>			
Written or Revised	By	Version	Changes
April 2010	Alison Featherstone	1.0	Original Version
August 2012	Sandra Britten	2.0	Revised
May 2014	Sandra Britten	3.0	Revised
May 2017	Sandra Britten	4.0	Revised
January 2020	Sandra Britten	5.0	Addition of Policies; Updated References; Inclusion of Social Media; Expansion of Introduction, Scope, Definitions, Statement & Aims, Roles & Responsibilities, Complaints Procedure, External Support, Monitoring & Recording; Addition of Appendix 2 (Guidelines for Staff) and Appendix 3 (Policy Impact Assessment).
January 2022	Sandra Britten	6.0	Minor Amendments

<b>RELATED HOSPICE DOCUMENTS &amp; POLICIES</b>	
HR07	Resolving Grievances Policy & Procedure
HR09/NC14	Confidentiality Policy & Procedure
HR18	Confidential Reporting (Whistleblowing) Policy & Procedure
HR23/NC38	Disciplinary Policy & Procedure
GV20/C05	Confidentiality & Disclosure of Information Policy & Procedure
GV22	Caldicott Policy & Procedure
GV23	Duty of Candour Policy & Procedure
C60	Mental Capacity & Decision Making Policy & Procedure
C50	Safeguarding Adults Policy & Procedure
C54	Safeguarding Children Policy & Procedure
HS11	Reporting & Investigation of Incidents & Hazards

<b>REFERENCES</b>
The Local Authority, Social Services and NHS Complaints (England) Regulations 2009, No. 309. <a href="http://www.legislation.gov.uk/ukxi/2009/309/pdfs/ukxi_20090309_en.pdf">http://www.legislation.gov.uk/ukxi/2009/309/pdfs/ukxi_20090309_en.pdf</a>
Care Quality Commission's leaflet 'How to Complain About a Health or Social Care Service', February 2014. <a href="https://www.cqc.org.uk/sites/default/files/20191224_cqc_how_to_complain_leaflet.pdf">https://www.cqc.org.uk/sites/default/files/20191224_cqc_how_to_complain_leaflet.pdf</a>
The Caldicott Committee Report on the Review of Patient-Identifiable Information, December 1997, Department of Health. <a href="https://webarchive.nationalarchives.gov.uk/20130124064947/http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_4068404.pdf">https://webarchive.nationalarchives.gov.uk/20130124064947/http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_4068404.pdf</a>
My Expectations for Raising Concerns & Complaints, November 2014, Parliamentary & Health Service Ombudsman (PHSO). <a href="https://www.ombudsman.org.uk/sites/default/files/Report_My_expectations_for_raising_concerns_and_complaints.pdf">https://www.ombudsman.org.uk/sites/default/files/Report_My_expectations_for_raising_concerns_and_complaints.pdf</a>
NHS England, Complaints Policy, June 2017 <a href="https://www.england.nhs.uk/wp-content/uploads/2016/07/nhse-complaints-policy-june-2017.pdf">https://www.england.nhs.uk/wp-content/uploads/2016/07/nhse-complaints-policy-june-2017.pdf</a>

## REFERENCES (Cont/d...)

Francis, R. 2013. Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry.  
<https://webarchive.nationalarchives.gov.uk/20150407084231/http://www.midstaffspublicinquiry.com/report>

Healthwatch England. 2014. Suffering in Silence – Listening to Consumer Experiences of the Health & Social Care Complaints System.  
<https://www.healthwatch.co.uk/sites/healthwatch.co.uk/files/hwe-complaints-report.pdf>

## LEGISLATION

Data Protection Act 2018.

Freedom of Information Act 2000.

Equality Act 2010.

Human Rights Act 1998.

## 1.0 INTRODUCTION

**"A health service that does not listen to complaints is unlikely to reflect its patients' needs."  
Sir Robert Francis QC<sup>1</sup>**

Alice House Hospice strives to ensure that all its services are delivered to a consistently high standard. However, there may be occasions when service users' or other stakeholders' expectations are not met. Making a complaint is one way that people can make their views known when our services fall short of their expectations.

As well as providing resolution for individuals, complaints offer health and social care providers invaluable learning opportunities:

- They provide vital information about whether services are performing for the people they are set up to serve.
- They hold the potential to act as an early warning system that can help prevent further problems.
- They are vital in supporting the improvement of standards and services.

By law, all health and social care providers must have an efficient policy and procedure for dealing with service user complaints, which details how to make a complaint.

This policy describes the way by which any service user, their carers, friends, family, other Hospice visitors and professionals, as well as customers and Hospice donors, can provide feedback or make a complaint about any services supplied by the Hospice. It outlines the responsibilities of staff and offers guidance on good complaints handling practice. If an individual feels unable to complain themselves they can request someone else to complain on their behalf.

## 2.0 SCOPE OF POLICY

2.1 This policy sets out the way in which all complaints (both verbal and written) received from service users and other stakeholders of Alice House Hospice will be handled.

2.2 This policy applies to all areas of the organisation and covers:

- a) The standard of services we provide.
- b) The behaviour of our staff.
- c) Any action or lack of action by staff affecting an individual or group.

- 2.3 This policy ensures that the Senior Management Team are informed of the views of those who use the Hospice's services in any capacity and support the staff of the Hospice to:
- a) Resolve unsatisfactory care / services wherever possible.
  - b) To learn from any mistakes that may have been made.
  - c) Be responsive to the views of our service users.
- 2.4 This policy does not cover volunteer or staff concerns or grievances for which staff should follow the Resolving Grievances Policy & Procedure and volunteers should follow the Volunteer Management Policy & Procedure.
- 2.5 This policy does not cover the following complaints:
- a) Matters that have already been fully investigated through this Complaints Policy & Procedure.
  - b) A complaint made by an employee about any matter relating to their employment for which the relevant HR Policy should be followed, e.g. Resolving Grievances Policy & Procedure, Confidential Reporting (Whistleblowing) Policy & Procedure, etc.
  - c) Complaints about access to information where procedures and remedies are set out in legislation, e.g. Freedom of Information Act, Data Protection Act.

### 3.0 DEFINITIONS

- 3.1 **A complaint is** a clear expression of dissatisfaction about the Hospice: about services or activities, or about behaviour or events witnessed, whether justified or not. A complaint can be made verbally or in writing, and can be made by anyone about any aspect of the Hospice.
- 3.2 **A concern is** feedback or a remark from a service user or other stakeholder which appears to express unease or unhappiness about the Hospice or any of its services or activities. Clarification should be sought as to whether the person raising the concern wishes to receive a response, and if they would like their concern to be registered formally.
- 3.3 **A suggestion is** a comment proposing changes to the services, activities or any other aspect of the Hospice.

### 4.0 POLICY STATEMENT & AIMS

#### 4.1 Statement

Alice House Hospice (the Hospice) is committed to providing services that are safe, effective, caring, responsive and well-led. We will actively listen and respond to all complaints, concerns and suggestions, and learn from them so that we can continuously improve our services. It is our aim to resolve complaints as quickly as possible and ensure that they are investigated in an unbiased, non-judgmental, transparent and appropriate manner.

#### 4.2 Aims

##### 4.2.1 Making a complaint is as straightforward as possible:

- People have access to clear, up-to-date, consistent information on how to complain (clearly displayed in all settings, including on website).
- All staff understand that everyone has the right to complain (including 'worried bystanders'/third parties).
- There is a 'no wrong door' approach: it is the responsibility of the Hospice's staff, not the complainant, to ensure the complaint is routed to the right person to get it resolved.
- Verbal and written complaints are treated with equal seriousness.

- 4.2.2 A timely and compassionate response is provided to everyone who makes a complaint:
- All complaints receive an acknowledgment and an appropriate response within agreed timeframe.
  - All communications acknowledge the person's experience and outline what they can expect from the Hospice's complaints procedure.
  - All communications use plain language to aid communication and understanding.
  - Whenever it is appropriate, people making a complaint will receive an apology.
  - All staff know how to handle complaints and are equipped to respond appropriately to all concerns and complaints.
  - People making a complaint feel that they have been heard and are confident that their complaint will be managed compassionately and professionally, and that they will not be discriminated against as a result of raising a complaint.
- 4.2.3 Complaints are used to identify and implement improvements
- In every case, the root cause of the complaint is identified and remedial action taken where appropriate.
  - Themes are identified and addressed at department/organisation level as appropriate.
  - Summary details of complaints received and actions taken are disseminated throughout the organisation, and communicated to stakeholders.

## 5.0 GIVING FEEDBACK ABOUT THE HOSPICE

The views of everyone who uses any of the Hospice's services or experiences the services we provide are important (this includes service users, their carers, friends, family, other Hospice visitors and professionals, as well as customers and Hospice donors). A Complaints Policy restricts us to hearing only about the things that go wrong. The Hospice also welcomes comments, suggestions, concerns and compliments as well as complaints as they all provide a valuable indication of the quality of the service we are providing.

It is recognised that service users in receipt of care can at times feel vulnerable and may not wish to voice any concerns they have in case it affects the care they receive. Staff should do everything they can to dispel this feeling.

In the event of an individual wishing to comment on an aspect of the Hospice's services, they will be encouraged to make their views known to a member of staff either verbally or by using one of the Hospice's "Compliments, Comments and Concerns" leaflets or Patient/Carer Satisfaction Questionnaires. These are located at Reception, the Outpatient Departments, Inpatient Unit, Long Term Care Unit and Patient/Carer & Visitors' Information Files. Leaflets are also available in all our commercial premises.

## 6.0 COMPLAINTS ROLES AND RESPONSIBILITIES

- 6.1 **The Chief Executive** has overall responsibility for the process of investigating and responding to complaints.

Day to day authority in this respect is delegated to:

- Chief Executive for issues relating to the Senior Management Team and housekeeping/catering.
- Senior Manager (Clinical Services) and Registered Manager for issues relating to clinical services.
- Deputy Chief Executive and Caldicott Guardian for issues relating to information governance/technology, facilities and health & safety.

- Director of Finance for issues relating to donations or any financial transactions.
- Senior Manager (Corporate Services) for issues relation to human resources and volunteers.
- Senior Manager (Fundraising) for issues relating to fundraising events and corporate partners.
- Senior Manager (Communications & Supporter Care) for issues relating to communications, lottery, donors and legacies.
- Senior Manager (Retail) for issues relating to shops and vehicles.

All complaint responses are signed by the Chief Executive or assigned Duty Manager during periods of absence.

6.2 **The Information Governance Manager** is responsible for:

- Managing the complaints process on a day to day basis.
- Ensuring that responses are made within the agreed timescales.
- Collating all responses to complaints and maintaining a record/register of all complaints, electronic and paper, for the prescribed time limit.
- Ensuring complaints are reported to the appropriate bodies.
- Acknowledging all complaints received within 2 working days.

6.3 **Heads of Department** are responsible for:

- Immediately investigating any complaints, collecting statements and assisting the appropriate member of the Senior Management Team to draft a response.

6.4 **All Members of Staff** are responsible for:

- Immediately responding to complaints and concerns as they arise, providing resolution or escalating to a senior member of staff appropriately.
- Being familiar with the complaints and feedback procedures.
- Providing accounts or statements within 5 working days if/when requested.
- All staff will co-operate fully with any further investigation that may be carried out. Failure to do so could result in disciplinary action.

## 7.0 COMPLAINTS PROCEDURE

### 7.1 Making a Complaint

People can make a complaint in any way they choose, including:

- In writing by letter, fax, e-mail, via our website or via social media platforms (such as Facebook or Twitter).
- Verbally by telephone or in person to any member of staff.

Should a complaint be received by a volunteer, it is their responsibility to seek an appropriate member of staff who will implement the complaints procedure in full.

### 7.2 Stage 1

This is the first opportunity to resolve a complaint and the majority of complaints are resolved at this stage.

### 7.2.1 Verbal Feedback

Initially we encourage complainants to speak with a member of staff regarding any concerns they may have and try to resolve the complaint at this stage. If resolution is not possible at this point the member of staff will pass the complainant a copy of the Hospice's Complaints Policy & Procedure and inform the appropriate Head of Department within 24 hours of receiving the verbal complaint. The Head of Department will immediately conduct an investigation and aim to provide a resolution/response to the complainant within 5 working days after seeking approval from the appropriate member of the Senior Management Team.

### 7.2.2 "Compliments, Comments and Concerns"

Any Hospice service users, their carers, friends, family, other Hospice visitors and professionals, customers, donors, staff and volunteers can complete one of the "Compliments, Comments and Concerns" leaflets. The forms can be completed anonymously, however anonymous comments will not be able to receive feedback.

Any serious concerns will be investigated by the appropriate Senior Manager using the complaints process. Anonymous feedback will be investigated, where appropriate and not malicious, via the same process but it is recognised that this may not constitute a full investigation due to the limitations of being unable to seek clarity.

All compliments, comments and concerns will be reported to the Board of Trustees on a quarterly basis and the relevant Clinical Commissioning Groups on a quarterly basis via the Contract, Quality & Performance Report.

## 7.3 Stage 2

If you are not satisfied with the response from Stage 1, or wish your complaint to escalate straight to Stage 2, the following procedure should be followed.

### 7.3.1 Written Complaints

- i) All written or serious complaints should be referred immediately to the Chief Executive or assigned Duty Manager during periods of absence.
- ii) The complaint will be logged on the Complaints Register by the Information Governance Manager.
- iii) The Chief Executive or assigned Duty Manager during periods of absence will contact the complainant to try to resolve the complaint where possible.
- iv) A letter of acknowledgement will be sent within 2 working days.
- v) The Chief Executive will nominate the appropriate member of the Senior Management Team to lead an investigation into the complaint.
- vi) The appropriate member of the Senior Management Team will receive a copy of the letter of complaint and will conduct an investigation immediately. Statements from relevant staff will be expected within 5 working days.
- vii) All complaints about clinical staff must be reported to the Registered Manager to deal with appropriately.
- viii) The nominated member of the Senior Management Team will draft an investigation report within 5 working days of receiving statements ensuring:
  - All issues are addressed.
  - Similar terminology to that used by the complainant is used.
  - Clear explanations are given.
  - A sympathetic and apologetic tone is used.
  - Ensure that any identified action is taken.
  - Identification and consideration of redress where called for.

- Ensure that any action and learning is taken forward as required.
- ix) The Chief Executive or assigned Duty Manager during periods of absence will respond to the complaint within 5 days of receipt of the investigation report from the nominated member of the Senior Management Team.
- x) The whole process for Stage 2 will be completed within 15 working days.

#### 7.4 Stage 3

If you are not satisfied with the response from Stage 2 the following next steps will be advised.

##### 7.4.1 Further Investigations

- i) A further investigation may be conducted by the Chief Executive.
- ii) A further investigation may be conducted by the Vice Chair of the Board of Trustees.
- iii) A local resolution meeting may be called.

#### 7.5 Complaints Made Via Social Media

With complaints made via social media platforms which are regularly and frequently monitored (such as Facebook and Twitter), an acknowledgement of the complaint will be posted on the relevant platform within 24 hours by the Senior Manager (Communications & Supporter Care). This acknowledgement will include a request to contact the Hospice offline to discuss how the complainant would like to proceed. The Senior Manager (Communications & Supporter Care) will then forward the complaint to the Information Governance Manager and the normal process for handling complaints will be followed. If the complaint is posted out-of-hours, the Senior Manager (Communications & Supporter Care) will also alert the on-call Duty Manager as soon as possible.

With clinical complaints made via social media out-of-hours, the Senior Manager (Communications & Supporter Care) will contact the Senior Manager (Clinical Services) to assess whether an urgent clinical response is needed.

### 8.0 CONFIDENTIALITY

Complaints will be handled in the strictest of confidence in accordance with the Hospice's Confidentiality Policy & Procedure, and will be kept separately from patient medical records. Care will be taken to ensure that information is only be disclosed to those who have a demonstrable need to have access to it. Suitable arrangements are in place for the handling of patient identifiable data to meet the compliance of the Data Protection Act 2018 and other legal obligations such as the Human Rights Act 1998 and the common law duty of confidentiality. The Caldicott Report sets out a number of general principles that health and social care organisations should use when reviewing its use of patient or client information. The Hospice's designated Caldicott Guardian is responsible for ensuring that confidentiality is maintained. Confidentiality will be maintained in such a way that only managers and staff who are leading the investigation know the contents of the case. Anyone disclosing information to others who are not directly involved in this may be dealt with under disciplinary procedures.

A complaint may be made by the person affected by the action, or it may be made by a person acting on behalf of a service user. When a complaint is made on behalf of a service user it is essential for the Hospice to ascertain whether this has been made at their request. No information will be disclosed by the Hospice without the service user's written consent. All such requests will be processed in accordance with the Hospice's Confidentiality & Disclosure of Information Policy & Procedure (copy available upon request).

## 9.0 EXCEPTIONS TO THE POLICY

There may be circumstances in which information disclosure is in the best interests for the service user, or the protection, safety or wellbeing of a child or vulnerable adult. In these circumstances, a complaint will be escalated as necessary in line with the Hospice's Safeguarding Policies & Procedure.

## 10.0 EXTERNAL SUPPORT WITH MAKING A COMPLAINT

The Hospice recognises that making a complaint can be a difficult experience. Here are some organisations that can give helpful advice and support:

### 10.1 Patient Services

#### 10.1.1 Patient Advice and Liaison Service (PALS)

The Patient Advice and Liaison Service (PALS) offer free confidential advice, support and information on health-related matters. Every NHS Trust has a PALS to help people have a say in their local health services. They provide a point of contact for patients, their families and their carers.

Contact your local PALS through the NHS Choices website at <http://www.nhs.uk/chq/Pages/1082.aspx?CategoryID=68>

#### 10.1.2 The Patients Association

A national independent health and social care charity that highlights patients' concerns and needs. It provides advice aimed at helping people to get the best out of their health care and tells you where you can get more information and advice.

Contact the Patients Association helpline on 020 8423 8999 or visit [www.patients-association.org.uk](http://www.patients-association.org.uk).

#### 10.1.3 Parliamentary & Health Service Ombudsman Parliamentary and Health Service Ombudsman Helpline: 0345 015 4033

<https://www.ombudsman.org.uk/about-us/contact-us>

#### 10.1.4 Healthwatch Hartlepool Helpdesk: 01429 288146

<http://www.healthwatchhartlepool.co.uk/>

### 10.2 Trading

#### 10.2.1 Charity Retail Association 356 Holloway Road London N7 6PA Tel: 020 7697 4080 mail@charityretail.org.uk



### 10.3 Lottery

- 10.3.1 Gambling Commission  
Victoria Square House  
Victoria Square  
Birmingham  
B2 4BP  
Tel: 0121 230 6666  
[info@gamblingcommission.gov.uk](mailto:info@gamblingcommission.gov.uk)
- 10.3.2 Independent Betting Adjudication Service  
PO Box 62639  
London  
EC3P 3AS  
Tel: 020 7347 5883  
[adjudication@ibas-uk.co.uk](mailto:adjudication@ibas-uk.co.uk)

### 10.4 Financial Services

- 10.4.1 Charity Commission Direct  
PO Box 211  
Bootle  
Liverpool  
L20 7YX  
Tel: 03000 669197  
[enquiries@charitycommission.gov.uk](mailto:enquiries@charitycommission.gov.uk)

### 10.5 Fundraising

- 10.5.1 Fundraising Regulator  
2nd Floor, CAN Mezzanine Building  
49-51 East Road  
London  
N1 6AH  
Tel: 0300 999 3407  
[enquiries@fundraisingregulator.org.uk](mailto:enquiries@fundraisingregulator.org.uk)

## 11.0 MONITORING AND RECORDING COMPLAINTS & FEEDBACK

All complaints and feedback must be fully recorded and documented in the Complaints Register and stored for future reference (maintained by the Information Governance Manager).

Complaints information will be reported to the Board of Trustees on a quarterly basis and the relevant Clinical Commissioning Groups on a quarterly basis via the Contract, Quality & Performance Report.

To ensure that the Hospice learns from the complaints it receives and uses them to identify and implement improvements, the following will happen:

- The Information Governance Manager will record all learning outcomes on the complaint register, including any actions already taken and any further actions required to implement improvements.

- The Deputy Chief Executive will report quarterly on performance and analysis of outcomes (including identified themes, learning points, resulting service improvements) to the Senior Management Team.
- The Deputy Chief Executive will carry out regular audits to monitor implementation of actions/improvements, following up with relevant managers as required.
- The Deputy Chief Executive will publicise complaints data and resulting service improvements on an annual basis via the Hospice's website.

## **12.0 DISCIPLINARY ACTION**

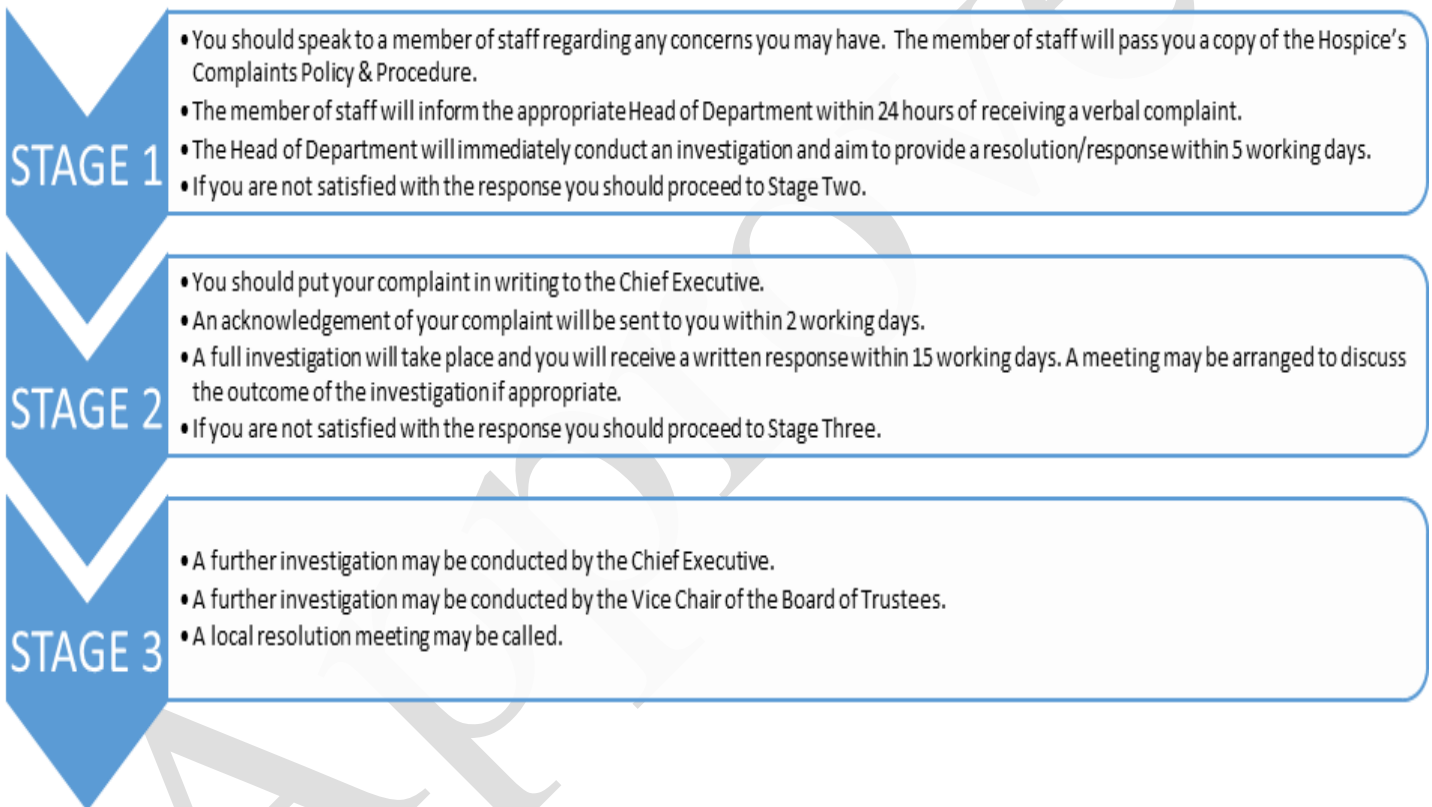
The Complaints Policy & Procedure and the Disciplinary Policy & Procedure remain separate. However, information gained in the investigation of complaints may warrant instigation through the Disciplinary Policy & Procedure.

## MAKING A COMPLAINT

The views of everyone who visits the Hospice and experiences the services we provide are important. Any person who is receiving or has received care and/or support from any member of the Hospice staff has the right to complain. If you feel unable to complain yourself you can request someone else to complain on your behalf. Your complaint will be treated as confidential.

It is important that a complaint is made as soon as possible after the event took place so that a thorough investigation can be made. There is no restriction on how long after the event a complaint is made but the timescale may hinder the timeliness of an investigation and the accuracy of any findings from the investigation.

This information aims to help you understand the process that will take place when you make a complaint.



***Use this checklist for good practice and recommendations of what you should and should not include in your statement.***

- State your professional qualifications and the basis for the statement. State what is personal recollection and what can be corroborated as fact, e.g. reference to health care records, reports, procedures or standards.
- Relate the facts from the beginning and keep in strict chronological order, giving precise dates and times (be consistent use am or pm or 24 hour clock). Be clear about the times you were on and off duty on the days in question and about what you saw and heard. Include your professional/service involvement, as appropriate.
- Don't assume that the reader knows anything of the facts of the case, such as a patient's medical history, your environment or Alice House Hospice's routines and procedures. The statement will therefore be a factual 'story' which tells the reader the circumstances of an incident as you remember them.
- Explain any specific procedures (clinical and non-clinical) and avoid general statements such as 'routine observations were made'. If normal procedures were not followed, explain what is normal and then why there was a departure from the accepted procedure.
- Do not speculate, elaborate or exaggerate.
- Remember that you could be challenged on the content and details of your account, and your statement could be used in defending a legal claim.
- Expert witnesses have specialist knowledge in a particular field that qualifies them to give an informed opinion based on the facts of a case. If you are making a statement as an expert witness, never comment on matters outside your particular area of knowledge or expertise. It is acceptable to form a view based on your professional judgement. Document the facts or evidence on which you based your conclusion. Relate how this impacts on patient care or service levels. Avoid giving opinions or making judgements that you cannot support by factual evidence or corroboration. You can reflect on what you have observed to be usual practice or experience.
- Hearsay is second hand, rather than first hand, evidence. It can be admissible in certain legal proceedings, but it must be clear that it is hearsay evidence. Only relate what you were told (third party information) as you have no way of verifying the accuracy of others' accounts.
- Write your statement in simple terms and avoid jargon, abbreviations or official language, be as brief as possible while covering all the essential points.
- Avoid emotional language.
- Include references to documents, papers, books or notes, and where to find them, if relevant.
- Always sign your statement and give your full name and job title below your signature together with the date on which it was signed.

#### **General Format**

- All pages must be numbered.
- Write in the first person (i.e. I, me).
- Have your statement typed.

#### **Front Page**

- Your name.
- Your occupation or job title.
- Your professional address.
- Subject of statement (e.g. patient/client X at what incident/location).

**Policy Impact Assessment**

The impact assessment is used to ensure:

- We do not inadvertently discriminate as a service provider or as an employer.
- That the information governance implications of any changes in the way we work, implicit in any new policies or revisions to existing policies, are considered and addressed appropriately.

To be completed and attached to all policies when submitted to the appropriate committee for consideration and approval.

		Yes/No	Comments
<b>1.</b>	<b>Equality Impact</b>		
a.	Does the policy affect one group more or less favourably than another on the basis of: <ul style="list-style-type: none"> <li>• race</li> <li>• ethnic origins</li> <li>• nationality</li> <li>• gender</li> <li>• culture</li> <li>• religion or belief</li> <li>• sexual orientation (including lesbian, gay &amp; bisexual people)</li> <li>• age</li> <li>• disability (e.g. physical, sensory or learning)</li> <li>• mental health</li> </ul>	N	
b.	If potential discrimination has been highlighted, are any exceptions valid, legal and/or justifiable?	N/A	
c.	Is the impact of the policy likely to be negative? If so, can the impact be avoided or reduced?	N/A	
<b>2.</b>	<b>Information Governance Impact</b>		
a.	Is the policy (or any of its associated procedures) likely to have an adverse impact on: <ul style="list-style-type: none"> <li>• information quality</li> <li>• information security</li> <li>• confidentiality</li> <li>• data protection requirements</li> </ul>	N	
b.	If so, have these issues already been raised with the Deputy Chief Executive/Caldicott Guardian? What action has been agreed?	N/A	

For advice in respect of answering the above questions, please contact one of the following:

1. **Equality Impact** – Nicola Haggan, Senior Manager (Corporate Services).
2. **Information Governance Impact** – Sandra Britten, Deputy Chief Executive/Caldicott Guardian.