

# **Child Rights and Wellbeing Impact Assessment (CRWIA)**

## **NHS Model Complaints Handling Procedure**

**November 2016**

## CRWIA front sheet

### Policy/measure

#### A general description of the policy/measure

The Patient Rights Act (Scotland) 2011 introduced a right for people to give feedback and comments, raise concerns and make complaints about NHS services, and it placed a duty on the NHS to actively encourage, monitor, take action and share learning from the views they receive.

The Scottish Health Council's 'Listening and Learning' report, which was commissioned by the Scottish Government, found that, while all Boards had made progress in responding to the requirements of the Act, and several could demonstrate innovative thinking and techniques in their handling of complaints and feedback, there was evidence of variation in the way complaints are handled across the NHS. It recommended that, as experts in the field, the Scottish Public Services Ombudsman's Complaints Standards Authority (the CSA) should lead on developing a more succinctly modelled, standardised and person-centred complaints process for NHS Scotland, in collaboration with the public, NHS Boards and the Scottish Health Council.

The 'Listening and Learning' report was informed by evidence gathered from the NHS, the general public, and specific groups including young carers, playgroups, university and college students and youth group leaders.

The NHS model Complaints Handling Procedure (CHP) has been developed through a partnership approach, led by a Steering Group chaired by the Scottish Public Services Ombudsman (SPSO) and involving representatives from across NHS Scotland including territorial boards, the Scottish Health Council, NHS Education for Scotland, NHS National Services Scotland, the National Prisoner Healthcare Network, primary care and the NHS Complaints Personnel Association Scotland (NCPAS). The independent Patient Advice and Support Service (PASS) and Healthcare Improvement Scotland public partners have also been actively involved.

The revised procedure will require amendments to the Regulations and Directions associated with the Patient Rights (Scotland) Act 2011. The Scottish Government intends these amendments to be made ahead of the proposed implementation date for the new procedure of 1 April 2017.

These include changes to the Regulations to:

- Introduce a distinct, five working day period in which responsible bodies, including NHS boards and service

	<p>providers, may attempt to resolve complaints without the need for an investigation. This brings the NHS complaints procedure more closely into line with other parts of the public sector, including local authorities since 2013, and with the revised procedure for Social Work Complaints, which is due to be implemented from April 2017. Complaints may bypass early resolution and go straight to the investigation stage if the responsible body considers it is a serious or complex complaint which cannot be resolved without an investigation.</p> <ul style="list-style-type: none"> <li>• Allow for investigations to exceed the 20 day limit if there are clear and justifiable reasons to do so. This is in line with other sectors and ensures that complaints can be investigated thoroughly where additional time is necessary, for example to gather essential statements, or where the person making the complaint has agreed to mediation.</li> <li>• Enable anonymous complaints to be considered as far as possible as part of the NHS complaints procedure. This will support NHS bodies to ensure their complaints data is as complete as possible by systematically recording, monitoring and learning from anonymous complaints.</li> <li>• Introduce flexibility for NHS bodies to offer to apply the complaints procedure in cases even where the complainant has stated in writing that they intend to take legal proceedings. This is intended to increase the use of the NHS complaints procedure as the initial route for resolving disputes, and to support the NHS to resolve people’s complaints in the most straightforward and person-centred way possible.</li> </ul> <p>Proposed changes to the Directions are intended to:</p> <ul style="list-style-type: none"> <li>• Support Boards and service providers to learn from complaints and use them to continuously improve services.</li> </ul> <p>Ensure that the data that is recorded, reported and collected nationally about complaints demonstrates evidence of learning and improvement alongside effective processes.</p>
<p><b>Project initiation document</b></p> <p><b>Add link to the document</b></p>	<p>The NHS Model Complaints Handling Procedure documents and a detailed implementation guide were shared with NHS Board Chief Executives, Person-Centred and Complaints leads on 3 October, by means of <a href="#">Director Letter DL (2016) 19</a>. The documents have been shared at this stage to provide time for</p>

	Boards and their service providers to adapt them for use by their own organisations, with support as required from the SPSO, and to prepare for implementation. Boards and their service providers will continue to handle complaints in line with the Patient Rights (Complaints Procedure and Consequential Provisions) (Scotland) Regulations 2012 and the Patient Rights (Feedback, Comments, Concerns and Complaints) (Scotland) Directions 2012 until the new procedure is introduced.
<b>Initiating department</b>  <b>The responsible team or division. If this is a cross-cutting policy, name the team that has overall responsibility</b>	Person-Centred and Quality Team, Planning and Quality Division
<b>Policy aims</b>  <b>What the policy or measure is trying to achieve; what are the expected outcomes</b>	<p>The revised procedure is intended to support a more consistently person-centred approach to complaints handling across NHS Scotland. It will bring a sharper focus to the early, local resolution of complaints, wherever that's appropriate, and bring the NHS into line with other public service sectors by introducing a distinct, five working day stage for early, local resolution, ahead of the 20 working day stage for complaint investigations.</p> <p>The procedure reflects the broader ambition for the NHS in Scotland to be an open, learning organisation that listens and acts when unintended harm is caused. The procedure complements the Duty of Candour provisions in the Health (Tobacco, Nicotine etc. and Care) (Scotland) Act 2016, and the development of a national approach to reviewing and learning from adverse events. It is also complemented by the Apologies (Scotland) Act 2016, which is intended to encourage apologies being made, by making it clear that apologising is not the same as admitting liability.</p>
<b>Timetable</b>  <b>What is the time frame for a policy announcement/consultation/implementation?</b>	The NHS Model Complaints Handling Procedure is expected to be implemented from April 2017.
<b>Date</b>	18 November 2016
<b>Signature</b>	Elizabeth Sadler, Deputy Director, Planning and Quality Division

## CRWIA Stage 1 Screening - key questions

### 1. What aspects of the policy/measure will affect children and young people up to the age of 18?

All aspects of the NHS complaints handling procedure policy need to be assessed, with particular consideration of:

- (i) Voices of under 18s – children should be at the centre of decisions that affect them, and should be involved where possible, subject to their evolving capacities, and with the necessary communication and other supports to enable them to do so.
- (ii) Parents and carers of under 18s, especially with young children.

### 2. What likely impact - direct or indirect - will the policy/measure have on children and young people?

The changes proposed to the NHS complaints procedure will **directly** affect those children and young people (or their parents/guardians) who wish to submit a complaint about the services received from NHS Scotland.

**Indirectly**, services will be improved as a result of complaints and feedback being used to drive positive change within NHS services.

### 3. Are there particular groups of children and young people who are more likely to be affected than others?

Yes. Children and young people coming into contact with health services more often may be more likely to make a complaint, or to have a complaint made on their behalf. These children and young people may include those with long term or continuing health needs or disabilities.

One underpinning principle of the model complaints handling procedure is to resolve complaints at an early stage, wherever that's appropriate, to avoid prolonging the possible distress associated with submitting a complaint to a health provider. By opening communication channels at an early stage, staff will be supported to engage in dialogue with children, young people and families about what matters to them about their complaint, and the outcomes they are seeking to achieve. This approach will help to build relationships between the children, young people and families using services and those providing them.

The NHS Model Complaints Handling Procedure will also support a more consistent, rigorous and systematic approach to recording and reviewing complaints, with a view to acting on this feedback to improve services. Implemented effectively, it will enable NHS Boards to demonstrate that they are welcoming, listening to, and acting upon feedback from the people who are using their services, including children, young people and families.

The new, sharper focus on communication at an early stage does present fresh

challenges, particularly in relation to communications and consent, and particular consideration needs to be given to the needs of children and young people in this regard, especially in relation to disabilities, race, religion or belief, sex and sexual orientation (according to the Equalities Act), and in relation to the UNCRC (see stage 2).

**4. Who else have you involved in your deliberations?**

The review of the NHS Complaints procedure has been developed in partnership, as set out earlier in this document. The Scottish Public Services Ombudsman, Jim Martin, the Head of the CSA and Scottish Government officials have engaged at various points during the development of the procedure with NHS Board Chief Executives, Nurse Directors, Employee Directors, and Person-Centred leads. The planned changes were also explored at an executive master class on 'Listening and Learning', and through a series of workshops for senior charge nurses, team leaders and managers, in Edinburgh, Glasgow, Aberdeen and Inverness.

A Health Inequalities Impact Assessment (HIIA) workshop, which included consideration of the rights of children and young people specifically, was held at the Thistle Centre in Edinburgh on 25 August 2016, facilitated by NHS Health Scotland. This was a full day workshop involving NHS Equalities Leads from territorial and special Boards, a Healthcare Improvement Scotland Public Partner, and representatives from stakeholder groups including Youth Link Scotland, the Health and Social Care Alliance Scotland, Child Poverty Action Group and the Scottish Independent Advocacy Alliance. The workshop considered a wide range of evidence, including national complaints statistics, research findings and complaints good practice guidelines.

**5. Will this require a CRWIA?**

Yes.

**CRWIA Declaration**

Tick relevant section, and complete the form.

CRWIA required	CRWIA not required
Yes	
<b>Authorisation</b>	
<b>Policy lead</b>	<b>Date</b>
Joanna Swanson, Person-Centred and Quality Unit	11 November 2016
<b>Deputy Director or equivalent</b>	<b>Date</b>
Elizabeth Sadler, Deputy Director, Planning and Quality Division	18 November 2016

## CRWIA Stage 2 Scoping - key questions

### **1. What children's rights are likely to be affected by the policy/measure?**

List *all* relevant Articles of the UNCRC and Optional Protocols (see Annex 1). All UNCRC rights are underpinned by the four general principles: non-discrimination; the best interests of the child; the right to life; survival and development; and the right to have children's views given due weight.

#### **Articles:**

2 Non-discrimination – all children, whatever their race, religion or abilities; whatever they think or say, whatever type of family they come from. It doesn't matter where children live, what language they speak, what their parents do, whether they are boys or girls, what their culture is, whether they have a disability or whether they are rich or poor. No child should be treated unfairly on any basis.

3 Best interests of a child – the best interests of children must be the primary concern in making decisions that may affect them. All adults should do what is best for children. When adults make decisions, they should think about how their decisions will affect children.

4 Protection of rights – governments have a responsibility to take all available measures to make sure children's rights are respected, protected and fulfilled.

12 Respect for the views of the child and 13 Freedom of expression – when adults are making decisions that affect children, children have the right to say what they think should happen and have their opinions taken into account.

16 Right to privacy – children have a right to privacy. The law should protect them from attacks.

24 Health and health services – children have the right to good quality health care – the best health care possible – including a safe environment and information to help them stay healthy.

In addition, the UNCRC encourages us to consider groups of children who might be experiencing similar situations, for example, by:

- age band
- care setting
- additional support needs
- children in care, child asylum-seekers and refugees, and
- children with caring responsibilities, or children affected by violence and abuse, misuse of drugs or alcohol, poverty or deprivation, homelessness, or exploitation (trafficking, economic or sexual).

**2. How will the policy/measure affect children’s wellbeing as defined by the wellbeing indicators?**

*List all wellbeing indicators relevant to the policy/measure (see Annex 2). The indicators are: Safe, Healthy, Achieving, Nurtured, Active, Respected, Responsible and Included.*

**Safe**, as the learning from complaints and feedback will be used to improve services and may in some cases make them (and other children) safer. **Respected** as everyone, no matter what age they are, wants their complaint to be addressed effectively and learnt from, so the same thing does not happen to someone else.

**Healthy**, as encouraging and learning from all forms of feedback, including complaints, is one of a series of actions that should form part of health services’ organisational focus and commitment to learning and improvement. Reducing the anxiety and stress of complaining, and being listened to, may lead to positive mental wellbeing. **Included**, as children and young people will be involved to the extent that they wish in the handling and investigation of their complaint.

**3. How many children and young people are likely to be affected by the policy or measure?**

*List potential sources of official and other data, or note the need to locate this information. Are there different levels of impact for different groups of children?*

In 2015-16, 21,456 complaints were made about NHS services. This represents a very small proportion of NHS activity – around 0.05%. We do not currently hold data on what proportion of the total number of complaints about NHS services are made by children and young people, or by families and carers complaining on their behalf. We do know, however, that 219 complaints received in 2015/16 related to the Paediatrics specialty.

**4. What research evidence is available?**

The Scottish Health Council’s report ‘*Listening and Learning: how feedback, comments, concerns and complaints can improve NHS services in Scotland*’.

**5. Has there been any public or stakeholder consultations on the policy/measure?**

Yes – see Stage 1, question 4.

**6. Has there been any estimate of the resource implications of the policy/measure?**

The proposal is to amend an existing procedure, therefore funding implications are minimal.

**CRWIA Stage 3  
Data Collection, Evidence Gathering, Involvement of/Consultation  
with Stakeholder Groups - key questions**

**1. What does the evidence tell you?**

The Scottish Health Council’s Listening and Learning report into how feedback,



comments, concerns and complaints can improve NHS services in Scotland was commissioned by the Scottish Government and informed by evidence gathered from the NHS, the general public, and specific groups including young carers, playgroup leaders, university and college students and youth group leaders.

It found that, although progress had been made across the NHS to respond to the requirements of the Patient Rights Act, there were significant learning points for the NHS in relation to removing the 'fear factor', making clear that feedback is welcome, and demonstrating the improvements that have been made as a result. The development of the NHS Model Complaints Handling Procedure was a recommendation of that report, designed to support a consistently person-centred approach to complaints handling across Scotland.

Further evidence was gathered as part of the HIA process as detailed at Stage 5.

## **2. What further data or evidence is required?**

More evidence is required of the experience of children, young people and families in making a complaint.

This will be addressed during implementation of the new procedure, which requires NHS Boards and service providers to systematically record and report on the experience of people who have made a complaint. There is scope to inform this reporting through the development of a shared method for gathering and recording information about the age and protected characteristics of those making a complaint, as well as other information related to health inequalities.

For children and young people it might be helpful to consider the experience of specific groups of children, for example by age band.

The Listening and Learning report recommended that the data set that is collected locally and reported nationally about complaints and feedback should be reviewed in line with the revised procedure to focus on demonstrating learning and improvement alongside effective processes.

This work has been taken forward, as part of the review, by a Data Recording and Reporting sub-group chaired by an Associate Director of NHS NSS. The sub group has developed a set of nine complaints performance indicators, including an indicator of the people's experience of making a complaint.

## **4. Should children and young people be further involved in the development of this policy? Are there particular groups of children and young people whose views should be sought?**

Yes, the views of children and young people who complain about NHS services in Scotland will routinely be sought as part of the revised complaints data set, and this information used to inform continuous improvements to the procedure.

**5. Should other stakeholders and experts be further involved in the development of this policy?**

Two NHS Boards are already involved in early testing of the model Complaints Handling procedure: NHS Fife and NHS Golden Jubilee They are each testing key elements of the procedure, including the requirement to report on complainant satisfaction, ahead of the proposed implementation date of 1 April 2017. Initial reporting is due early in 2017.

**CRWIA Stage 4  
Assessing the Impact and Presenting Options - key questions**

**1. What likely impact will the policy have on children’s rights?**

The revision to the NHS complaints procedure are expected have a positive impact on children’s rights overall. When a complaint is made by or on behalf of a child or young person, the revised procedure will support healthcare providers to respond promptly and effectively, and to demonstrate that they have listened to and learned from the feedback they have received so that services are improved for all. Articles 2, 3, 4, 12, 13 and 24 listed at Stage 2, section 1 will be positively impacted, particularly Article 12 about the voices of children and young people.

The HIA workshop held in August 2016 found, however, that staff need to be clear about consent issues in relation to children (Article 16 on right to privacy), and that the information that is provided on how to make a complaint needs to be clear about the rights of children in relation to complaints.

**2 How will the policy/measure contribute to the wellbeing of children and young people?**

The policy is expected to contribute positively to the wellbeing of children and young people. It will support young people to feel safe, healthy, respected and included, as NHS Boards and service providers are increasingly able to demonstrate that their feedback and complaints are welcomed and will be dealt with promptly and effectively. If implemented correctly, stress and anxiety should be reduced, leading to improved mental wellbeing.

**3. Are some children and young people more likely to be affected than others?**

Yes. The review of the NHS complaints procedure will affect children and young people who are treated by NHS Scotland and who subsequently make a complaint about NHS Scotland or who have a complaint made on their behalf.

**4. Resource implications of policy modification or mitigation**

No additional resource implications have been identified at this stage in relation to the CRWIA specifically. The recommendations made relating to training and staff

awareness can be taken forward within the programme already commissioned from NHS NES and the SPSO.

**5. How does the policy/measure promote or impede the implementation of the UNCRC and other relevant human rights standards?**

The model Complaints Handling Procedure provides a clear, succinct procedure for staff to follow when dealing with complaints. This will support NHS Boards and health service providers to uphold the UNCRC articles listed at Stage 2 question 1 (non-discrimination, best interests, protection of rights, respect for views, freedom of expression, health and health services and right to privacy), and contribute to the Wellbeing Indicators: *Safe, Respected, Healthy and Included*, as set out at Stage 2, question 2.

**CRWIA Stage 5**

**Recommendations, Monitoring and Review - key points**

**1. Record your overall conclusions from the CRWIA**

While the revised procedure is expected to support a consistently person-centred approach to hearing and responding to complaints about NHS services, the HIIA Workshop held on 26 August 2016 determined that the rights of children and young people could be adversely affected if the complaints process is not followed correctly.

Feedback and complaints are a vital source of intelligence, which NHS boards and service providers must use to drive improvement. Opportunities for improvement could be lost if the voices of children and young people are not heard.

The final report of the HIIA process undertaken by the Steering Group, which included the combined HIIA and CRWIA workshop, recommended that NHS Boards should provide clear guidance to staff about issues of **consent** as they relate to children. It also recommended that NHS Boards should test the use of **social media** to gather feedback and complaints, recognising that younger people, in particular, may wish to contact services via social media.

Other relevant recommendations included:

:

- NHS Boards and service providers should make it clear that all complaints are welcome and will be used to inform continuous improvements to services. They should make information about how to make a complaint or give feedback freely available in public / inpatient areas, and should provide evidence of how they are using the information provided to improve services

in the feedback and complaints reporting required by the Patient Rights (Scotland) Act 2011 and associated legislation.

- Information about the NHS model Complaints Handling Procedure should be clearly presented in ways that support people's health literacy needs. Public-facing documents, in particular, should be written in plain English and made available as required in a range of languages and formats. Information should be made available in ways that are accessible to those with additional support for learning needs, and communications and other needs arising from long term health conditions and disabilities..
- Staff involved in responding to complaints should have access to training on how to conduct an early conversation with the child or young person and / or family member or carer making a complaint, to establish what matters to them and the outcome they would like to see from their complaint. Staff should be supported to understand how they can to make a meaningful apology, where appropriate. Staff involved in investigating complaints should, additionally, have access to accessible information training.
- NHS Boards should support staff to recognise where the person making a complaint may need additional support to do so, and to make appropriate links where necessary with organisations providing advice and support, including independent advocacy.

The report sets out a range of actions designed to address these recommendations, including:

- The Scottish Government is supporting NHS Education for Scotland (NES) and the CSA to jointly develop a programme of **training and events as well as awareness-raising materials to support implementation** of the model complaints handling procedure. This will complement the existing e-learning modules, which cover skills for frontline staff and complaints investigators and which are freely available for all staff providing NHS services.
- The Scottish Government will explore with NHS 24 the potential to update the **easy read guide for children and young people** on giving feedback and making complaints about NHS services, which was developed by Health Rights Information Scotland in collaboration with a range of equalities groups, to reflect the new procedure.

Clear information about consent issues regarding children has been included in the NHS Model Complaints Handling Procedure, which was published by the Scottish Government in October, by means of Director's letter. Consent is also an important issue for the NHS Complaints Personnel Association Scotland (NCPAS), which provides a forum for complaints practitioners to share their experiences and learning from complaints handling. NHS Education for Scotland is working with NCPAS to explore the potential to jointly develop an online learning resource for NHS complaints handlers in Scotland, which will include links to relevant training

resources and materials, and an open forum for consideration of live issues.

## **2. Recommendations**

The proposed changes to the NHS complaints handling procedure uphold articles of the UNCRC and are expected to impact positively on children and young people.

One of the key features of the revised procedure is that it will introduce, in line with other public services, a distinct five working-day stage for the early, local resolution of complaints. This change, together with other features of the new procedure including the increased emphasis on early engagement and dialogue at the investigation stage, is intended to support consistently person-centred approaches to complaints handling and has the potential to reduce the anxiety and uncertainty that can be experienced by children, young people and families who are making or considering making a complaint.

## **3. How will the policy/measure be monitored? Date and agreed process for monitoring and review**

The Patient Rights (Scotland) Act 2011 and its accompanying Regulations and Directions set out the governance arrangements that are required in relation to feedback, comments, concerns and complaints. In particular, the amended Regulations will require NHS Boards and health service providers to prepare a quarterly report on complaints performance, which must be reviewed by senior management with a view to improving services. NHS Boards must publish annual reports on feedback, comments, concerns and complaints, based on this quarterly reporting. These will provide information about staff awareness and the experiences of people making complaints about their services, alongside adherence to timescales. Most importantly, the reports will set out what learning and improvements have taken place in that year as a result of feedback, comments, concerns and complaints.

## **4. Date and agreed process for Child Rights and Wellbeing Impact Evaluation**

The CRWIA and the HIIA will be reviewed by the NHS Model Complaints Handling Procedure Steering Group at the conclusion of the early testing described at Stage 3, question 5, and again following publication of the first set of Boards' annual reports following implementation of the new procedure. Keeping processes under review in this way will promote continuous improvement.

### **Final CRWIA - Web publication of Bill / Secondary Legislation CRWIA**

**CRWIA title:** Review of the NHS Complaints Handling Procedure

**Date of publication:** November 2016

#### **Executive Summary**

The NHS Model Complaints Handling procedure is intended to support a more consistently person-centred approach to complaints handling across NHS Scotland. It will bring a sharper focus to the early, local resolution of complaints

	<p>wherever appropriate, and bring the NHS into line with other public service sectors by introducing a distinct, five working day stage for early, local resolution of complaints.</p> <p>The procedure reflects the broader ambition for the NHS in Scotland to be an open, learning organisation that listens and acts on feedback and when unintended harm is caused. The procedure complements the Duty of Candour provisions in the Health (Tobacco, Nicotine etc. and Care) (Scotland) Act 2016, and the development of a national approach to reviewing and learning from adverse events. It is also complemented by the Apologies (Scotland) Act 2016, which makes it clear that offering an apology when things go wrong is not the same as admitting liability.</p>
<p><b>Background</b></p>	<p>The Scottish Health Council's '<u>Listening and Learning</u>' report on how feedback, comments, concerns and complaints can improve NHS services, which was commissioned by the Scottish Government, found that, while all Boards had made progress in responding to the requirements of the Act, and several could demonstrate innovative thinking and techniques in their handling of complaints and feedback, there was evidence of variation in the way complaints are handled across the NHS. It recommended that, as experts in the field, the Scottish Public Services Ombudsman's Complaints Standards Authority (the CSA) should lead on developing a more succinctly modelled, standardised and person-centred complaints process for NHS Scotland, in collaboration with the public, NHS Boards and the Scottish Health Council.</p> <p>The NHS model Complaints Handling Procedure (CHP) has been developed through a partnership approach, led by a Steering Group chaired by the Scottish Public Services Ombudsman (SPSO) and involving representatives from across NHS Scotland including territorial boards, the Scottish Health Council, NHS Education for Scotland, NHS National Services Scotland, the National Prisoner Healthcare Network, primary care and the NHS Complaints Personnel Association Scotland (NCPAS). The independent Patient Advice and Support Service (PASS) and Healthcare Improvement Scotland public partners have also been actively involved.</p>
<p><b>Scope of the CRWIA</b></p>	<p>The policy was examined against both the United Nations Convention on the Rights of the Child (UNCRC) and the Wellbeing Indicators. The impacts on children and young people, and looked-after children and young people in particular, were considered as part of a Health Inequalities Impact Assessment facilitated by NHS Health Scotland in August 2016.</p>
<p><b>Children and young people's</b></p>	<p>The '<u>Listening and Learning</u>' report, which recommended the development of the NHS Model Complaints Handling</p>

<p><b>views and experiences</b></p>	<p>Procedure, was informed by evidence gathered from each of the NHS Boards, the general public, and specific groups including young carers, playgroups, university and college students and youth group leaders. Representatives of Youthlink Scotland and the Child Poverty Action Group were involved in the HIA process and contributed to the findings below.</p> <p>More evidence is required of the experience of children, young people and families in making a complaint about NHS services. This will become available once the revised procedure is implemented, as a result of a new requirement on NHS Boards and service providers to systematically record and report on information about the experience of people who have made a complaint.</p>
<p><b>Key Findings</b></p>	<p>Feedback and complaints are a vital source of intelligence, which NHS boards and service providers must use to drive improvement. Opportunities for improvement could be lost if the voices of children and young people are not heard.</p> <p>The HIA workshop held in August 2016 found that staff need to clear about consent issues in relation to children, and that the information that is provided to the public on how to make a complaint needs to be clear about the rights of children in relation to complaints. The workshop recorded that Boards need to demonstrate that complaints from children and young people are welcome and will be used to drive and inform improvement. It was considered that the introduction of a distinct, five-day stage in the complaints process, dedicated to early dialogue and resolution, would be helpful in this regard.</p> <p>The new requirement on NHS Boards and health service providers to report on the experience of people who have made a complaint about NHS services could be informed and supported through the development of a shared method for gathering and recording information about the age and protected characteristics of those making a complaint, as well as other information related to health inequalities.</p>
<p><b>Conclusions and Recommendations</b></p>	<p>One of the key features of the revised procedure is that it will introduce, in line with other public services in Scotland including local authorities, a distinct five working-day stage for the early, local resolution of complaints. This change, together with other features of the new procedure including the increased emphasis on early engagement and dialogue at the investigation stage, is intended to support consistently person-centred approaches to complaints handling and has the potential to reduce the anxiety and uncertainty that can be experienced by children, young people and families who are making or considering making a complaint.</p>

	The final report of the HIA process undertaken by the Steering Group recommended that NHS Boards should provide clear guidance to staff about issues of consent as they relate to children. It also recommended that NHS Boards should test the use of social media to gather feedback and complaints, recognising that younger people, in particular, may wish to contact services via social media.			
<b>Monitoring and review</b>	The Scottish Government's Planning and Quality Division will be responsible for monitoring and reviewing the impacts of the review of the NHS Complaints Handling Procedure. Early testing of the procedure, which is taking place in two NHS Boards ahead of the proposed implementation date of 1 April 2017, will report to the NHS Complaints Handling Procedure Steering Group, chaired by the Complaints Standards Authority.			
<b>Regulations</b>	<b>Aims of measure</b>	<b>Likely to impact on . . .</b>	<b>Compliance with UNCRC requirements</b>	<b>Contribution to wellbeing indicators</b>
The Patient Rights (Complaints Procedure and Consequential Provisions) (Scotland) Amendment Regulations 2016	To introduce a distinct, five working day period in which responsible bodies, including NHS boards and service providers, may attempt to resolve complaints without the need for an investigation, allow for investigations to exceed the 20 day limit if there are clear and justifiable reasons to do so, enable anonymous complaints to be considered as far as possible as part of the NHS	Children and young people who make a complaint about NHS Scotland or who have a complaint made on their behalf, and their families.	We consider that the Regulations protect and uphold: <b>Article 2</b> (non-discrimination), <b>Article 3</b> (best interests of a child), <b>Article 4</b> (protection of rights), <b>Article 12</b> (respect for the views of the child), <b>Article 13</b> (freedom of expression), <b>Article 16</b> (right to privacy), and <b>Article 24</b> (right to good quality health care).	We consider that the Regulations will contribute to children's wellbeing as defined by the following indicators: <b>Safe</b> , as the learning from complaints and feedback will be used to improve services and may in some cases make them (and other children) safer. <b>Respected</b> as everyone, no matter what age they are, wants their complaint to be addressed effectively and learnt from, so the same thing



	<p>complaints procedure, and introduce flexibility for NHS bodies to offer to apply the complaints procedure in cases even where the complainant has stated in writing that they intend to take legal proceedings.</p>			<p>does not happen to someone else. <b>Healthy</b>, as early, person-centred engagement will reduce the stress and anxiety that may be associated with making a complaint, contributing to positive mental wellbeing. Encouraging and learning from all forms of feedback, including complaints, is one of a series of actions that should form part of organisational focus and commitment to learning and improvement. <b>Included</b>, as children and young people will be involved to the extent that they wish in the handling and investigation of their complaint.</p>
<b>CRWIA Declaration</b>				
Tick relevant section, and complete the form.				

<b>CRWIA required</b>	<b>CRWIA not required</b>			
x				
<b>Authorisation</b>				
<b>Policy lead</b>		<b>Date</b>		
Joanna Swanson, Person-Centred and Quality Unit		11 November 2016		
<b>Deputy Director or equivalent</b>		<b>Date</b>		
Elizabeth Sadler, Deputy Director, Planning and Quality Division		21 November 2016		