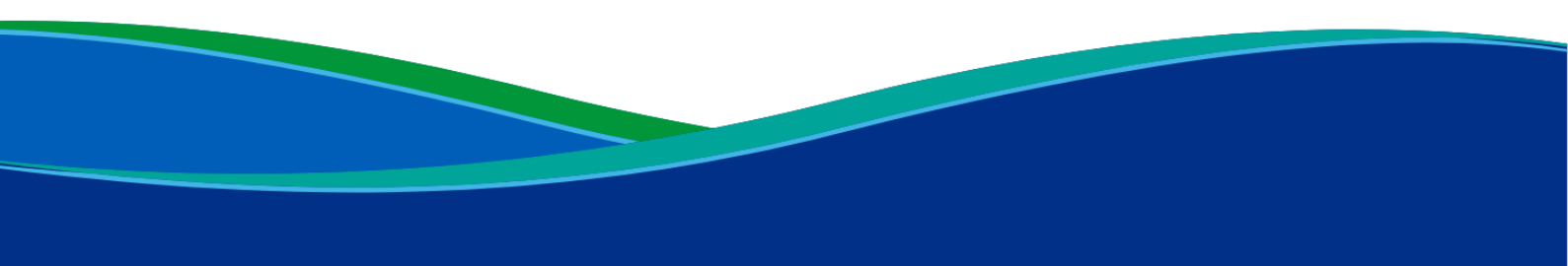




Norfolk and Suffolk
Integrated Care Board

NHS Norfolk and Suffolk Integrated Care Board Complaints and Enquiries Policy



1. Version Control

Version	Date	Author and Role	Detail of Change
0.1	20/03/26	Complaints Team	Initial draft
1.0	01/04/26	Board	Approved

Policy Owner: Jon Punt, Senior Lead, Complaints and Enquiries

Responsible Committee: Audit and Risk Committee

2. Next Review Date

The date this policy is due for review is: 01 April 2029

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4. Statement of Overarching Principles

- 4.1 All Policies, Procedures, Guidelines and Protocols of the Norfolk and Suffolk Integrated Care Board (ICB) are formulated to comply with the overarching requirements of legislation, policies or other standards relating to equality and diversity

5. Introduction

NHS Norfolk and Suffolk Integrated Care Board (hereafter known as 'the ICB') complaints policy and procedure is written in accordance with The Local Authority, Social Services and National Health Service Complaints (England) Regulations 2009 which came into force on 1st April 2009.

If a person is unhappy about any matter reasonably connected with the exercise of the ICB's functions, they are entitled to make a complaint, have it considered, and receive a response. In particular, these complaints may relate to the commissioning of health care or other services under an NHS contract, or making arrangements for the provision of such care or other services with an independent provider or with an NHS trust. Matters excluded from consideration under these arrangements are listed in Appendix 2.

The ICB aims to manage complaints by the procedure of local resolution. The primary objective of this process is to provide the opportunity for investigation and resolution of the complaint, as quickly as is sensible in the circumstances and minimising the need for the complainant to escalate concerns to the Parliamentary and Health Service Ombudsman (PHSO). It aims to satisfy the complainant while being fair to staff. Local resolution should be open, honest, fair, flexible and conciliatory.

Complaints are recognised by the ICB as a vital form of feedback to help improve both the service the organisation and providers offer. The ICB aims to ensure all complainants feel listened to, have their complaint investigated thoroughly and that any response is delivered in a personalised way.

6. Purpose

The purpose of this policy is to describe the systems in place to effectively manage the key statutory duties, accountabilities and responsibilities for all complaints received into the organisation in accordance with NHS complaints regulations. It outlines the responsibilities and processes for receiving, handling, investigating and resolving complaints relating to the actions of the organisation (ICB), its staff and services.

The Policy also outlines the responsibilities and processes used for complaints received, which relate to commissioned services (such as Primary Care, NHS Trusts, Community Services and Independent Sector Providers) and how the ICB support complainants with this process.

The purpose of this policy is to ensure the ICB promotes best practice within its

complaints management function, is compliant with the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 and the NHS Constitution including the pledges and rights covering complaint and redress. This policy sets out how the NHS complaints procedure will be implemented locally and must be followed by all staff employed or hosted by ICB.

If a complaint that is received indicates that fraud, bribery or corruption may be involved then the matter must be reported to the Local Counter Fraud Specialist (LCFS) for investigation. Further information on the procedure to follow is given in the ICB's Counter Fraud and Anti-Corruption Policy. This Policy is an integral document in support of the ICB's Quality Management System.

7. Scope

This policy applies to all employees of the ICB when working within the ICB and whilst on ICB business.

8. Cross Reference to Other Policies

8.1. Links to local policies and documents:

To be added when links to new organisational policies available

8.2. Links to external reference documents:

[The Local Authority Social Services and National Health Service Complaints \(England\) Regulations 2009](#)
[Principles for Remedy | Parliamentary and Health Service Ombudsman \(PHSO\)](#)
[Mental Capacity Act 2005](#)
[Human Rights Act 1998](#)
[Data protection: The UK's data protection legislation - GOV.UK](#)
[Freedom of Information Act 2000](#)

9. Roles and Responsibilities

- 9.1. **The Chief Executive:** Accountable for the quality of the care commissioned and will, therefore, have an overview of all recorded dissatisfaction expressed by patients and service users.
- 9.2. **Director for Quality and Nursing:** The senior person appointed by the Chief Executive to ensure the process for handling and reporting on complaints on behalf of the ICB complies with this policy.
- 9.3. **The ICB Board:** The role of the Board is to receive assurances around the quality of services delivered by the ICB's Complaints team and that of its commissioned services, holding providers to account in relation to their responsibilities as indicated.

9.4. **The ICB Quality Committee:** The role of the Committee is to ensure that mechanisms are in place within commissioned services to review and monitor the effectiveness of the quality of care delivered. This includes reviewing patient experience data, assurance that lessons learned from complaints is captured and that learning is disseminated and embedded. The Committee takes an active role in reviewing themes, trends and learning from complaints through regular reporting from providers. The Quality Committee triangulates information from complaints with other intelligence to inform the wider quality agenda.

9.5. **Complaints and Enquiries Team:** Responsible for the management of the ICB complaints and concerns process, recognising the requirement for two separate pathways through which service users and carers can seek assistance with issues of concern but delivers benefits through shared management of services.

The team report quarterly compliance against statutory duties, accountabilities and responsibilities for all complaints received into the organisation, in accordance with NHS complaints regulations into the ICB Quality Committee.

9.6. **Senior Managers:** All ICB Associate and Deputy Directors are responsible for ensuring that the ICB's Complaints and Enquiries Policy is implemented across their Directorates and complaints are investigated in accordance with this policy; to ensure satisfactory resolution of complaints, including the implementation of any lessons learned.

If a member of their staff is the subject of a complaint, senior managers must ensure that their staff member is informed and offered timely support including, where appropriate, referral to Occupational Health Services.

9.7. **All Staff:** Who receive a direct complaint must refer this to the ICB Complaints and Enquiries Team. Who receive a direct complaint must refer this to the ICB Complaints and Enquiries Team. All ICB staff, including temporary and agency staff, are expected to assist the team to ensure complaints are properly investigated and ensure improvement of services and patient care through learning and development.

9.8. **Providers:** All providers of commissioned services by the ICB under an NHS contract are required to evidence they:

- provide a quality complaints service, meeting the requirements of the 2009 Complaints Regulations and working towards achieving the PHSO Complaints Standards.
- Capture and share learning from complaints.
- Seek feedback about the quality of their own complaint handling by engaging with complainants (via survey or other methods), advocacy providers and local Healthwatch.
- Ensure actions arising from Parliamentary Health Service Ombudsman (PHSO) upheld complaints investigations are completed as appropriate for providers (PHSO are expected to copy the ICBs into their reports/ findings).

9.9. **Complainant:** The person making the formal complaint. Whether this is the patient or the patient's representative, the complainant will be the contact for the Complaints and Enquiries

Team. They will be asked to ensure they direct all their communication through the Complaints and Enquiries team when making contact with the ICB.

10. Complaints Handling Policy

10.1. What is a Complaint?

A complaint is a verbal or written expression of concern or dissatisfaction about a matter relative to the ICBs functions or decisions, which requires a response and/or remedy.

10.2. Who can complain?

A complaint can be made under this policy by:

- A patient or person affected or likely to be affected by the actions or decisions of the ICB
- Someone acting on behalf of the patient or person concerned, with their consent
- Someone acting on behalf of a person mentioned above, and in any case where that person has died
- A child, or in the case of a child, someone acting on their behalf, who must be a parent, legal guardian or other adult person who has care of the child. Where the child is in the care of a local authority or a voluntary organisation, the representative must be an authorised person identified by the local authority or voluntary organisation, and must be making the complaint in the best interests of the child
- Someone who is unable by reasons of physical or mental incapacity to make the complaint themselves.

Anonymous complaints will be accepted however, if possible, the person should be encouraged to provide their name and other relevant details. If the person is unwilling to provide contact details, the Complaints and Enquiries Team will record the complaint and investigate if appropriate and possible.

A list of issues and complaints that cannot be addressed via this policy can be found in Appendix 2.

10.3. Local Resolution

The first stage of the NHS Complaints Procedure is called 'local resolution', and concerns should be brought to the attention, in the first instance, to the organisation providing the service.

Local resolution aims to resolve complaints quickly and as close to the source of the complaint as possible. Local resolution enables concerns to be raised immediately by speaking to a member of staff who may be able to resolve issues without the need to make a formal complaint.

There are two stages to the NHS complaints procedure:

- Local resolution of complaint through investigation and response by the ICB, NHS Trusts or service provider.
- Independent review of complaint by Parliamentary and Health Service Ombudsman (PHSO)

10.4. Making a formal complaint

A formal complaint should be made directly to the organisation concerned however if the complainant wishes, this can be made to the ICB using the following contact details:

Complaints and Enquiries Team
NHS Norfolk and Suffolk Integrated Care
Board County Hall, Martineau Lane,
Norwich, NR1 2DH

Tel – 0800 3896819

Email – nwicb.complaintsservice@nhs.net

The complaint will be recorded as being made on the date on which it was received by the Complaints and Enquiries Team.

10.5. Time limit for making a complaint

A complaint should be made within 12 months of the event(s) concerned, or within 12 months of the date on which the matter came to the notice of the complainant.

The Complaints and Enquiries Manager has the discretion to waive this time limit if there are good reasons for the complaint not having been made within that time frame if it is still practical and possible to investigate the complaint, for example, the records still exist, and the individuals concerned are still available to help with the investigation.

When a complaint is made outside these limits and the time limits are not waived, the complainant will be advised of their rights to request that the Parliamentary and Health Service Ombudsman (PHSO) consider their case.

10.6. Duty of Candour and Openness

The ICB welcomes the government's commitment to introducing a duty of candour within the NHS. This recommends that all providers of NHS care should owe a duty of candour to their commissioners under which they provide, among others;

- Timely reports, prepared to an agreed protocol, of all complaints made by NHS patients
- In cases when complaints are upheld, Complaint Action Plans will be completed to address the actions/learning that have been identified
- Progress reports in relation to implementation of complaints action plans

The ICB is committed to improving the quality of care and the services it commissions.

Providers/Contractors commissioned by the ICB must establish and operate a quality complaints service, to receive and manage any complaints made to them directly in relation to any matter reasonably connected with the provision of services under the Contract. The complaints procedure must comply with the requirements of the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009.

11. Complaints Handling Procedure

Complaints can be received by the team in writing, via email or verbally.

Where a complaint needs to be made verbally, a written statement will be taken from the complainant ensuring all salient points requiring a response are documented. The written statement will be sent to the complainant asking them to make any changes to ensure it is an accurate reflection of their complaint. The complainant will then need to sign and return the statement to the Complaints and Enquiries Team. The complainant will be advised that their complaint will not be processed until the signed statement is returned. A scanned copy of the form or emailed consent will also be accepted.

There may be instances when it is not appropriate to take a formal complaint over the telephone, for example, if the concerns raised are complex. In cases such as this and when the complaint cannot be provided in writing, a face-to-face meeting can be arranged to clarify the complaint or with the complainant's permission, a referral can be made to the NHS Complaints Advocacy Service.

11.1. Acknowledgement

The Complaints and Enquiries Team will send the complainant a written acknowledgement of their complaint within three working days of the date on which the complaint was received.

This acknowledgement will include:

- A consent form to be signed and returned to allow the investigation to commence
- If consent is not required, the date by which the response is to be provided
- Information on how to access the local NHS advocacy provider
- Contact details for the Complaints and Enquiries Team with an offer to discuss further.
- Where a very detailed or complex complaint is identified via the grading matrix

(Appendix 4), the Complaints and Enquiries Team will outline any points for investigation. These will be put in writing and the complainant will be asked to confirm they are correct. This may trigger a review by ICB Quality Lead(s) and on a rare occasion may progress to a clinical review.

11.2. Consent

When consent is required to investigate a complaint the timeframe for responding to a complaint starts upon receipt of appropriate signed consent.

If consent is not provided but the complainant wishes to continue with their complaint, the Complaints and Enquiries Manager will determine whether investigation can still be undertaken, and a response provided where the complaint is of a non-clinical nature.

Care will always be taken to ensure that any information disclosed about the patient/service user is confined to that which is relevant to the investigation of the complaint. Information will only be disclosed to people who have a demonstrable need to know it for the purpose of investigating the complaint or ensuring that the complaints process is followed.

In transferring complaints between agencies (including the PHSO) confidentiality will be always maintained. Every effort will be made to obtain the patient's/service user's (or their representative's) consent before sharing the confidential information with another body or organisation. Consent will be obtained in writing or where this is not possible the Complaints and Enquiries Team will seek verbal consent.

11.3. Investigation and timeframe

The Complaints and Enquiries Team will:

- Determine the level of risk using a grading matrix tool (Appendix 4).
- Forward the complaint to the appropriate lead for investigation and where necessary, provide them with details of the issues to be investigated (points for investigation).
- For any level 3,4 or 5 concerns, notify the lead for the investigation if this has triggered a quality review and confirm who this is likely to be.
- Concurrently, forward any 'level 4 or 5' complaints to Executive Director or Nursing and level 5 complaints also to Executive Medical Director. They will link in with the lead for the investigation and agree if this warrants an independent clinical review and/or consideration of referral to professional regulator. Should a clinical review be required, a complaint MDT will be convened and chaired by the ICB's Executive Medical Director/Executive Director of Nursing (or suitably qualified deputy) to agree the scale and scope of clinical review required, inviting subject matter experts from system partners as necessary.
- Chase the investigator at regular intervals for updates on the progress of their

investigations. Where an investigation report is delayed the team will raise this within the respective ICB MDT and escalate to the Executive Director of Nursing as indicated.

- Keep the complainant informed and up to date with the progress of the investigation. As part of contacting the complainant the team will, where appropriate, advise a date by which they will be in touch again with a further update.

The Investigator will:

- Establish what happened, what should have happened and who was involved and make written records of the investigation/staff statements.
- Make sure a sincere and appropriate apology is made as appropriate.
- Identify what actions can be implemented to ensure there is no recurrence and address any training issues and learning points. The action plan template will be completed by the Investigating Officer to capture this information.
- Draft a report addressing the issues raised by the complainant and comment on what action is being taken to prevent a reoccurrence in the future.

Staff involved in a complaint:

- Are required to cooperate with the complaints procedure.
- Will be made aware of the complaint by the Investigating Officer and will be asked to prepare a written statement, if appropriate.
- The ICB aims to respond to complaints within 30 working days. If for any reason a response cannot be made within the agreed timescale (for example a person involved in the complaint is absent from work) the complainant will be contacted by the Complaints and Enquiries Team and an extension to the specified reviewed timescale will be made.
- Where the ICB is investigating a complaint with a service provider, the timeframe for response will be determined by the service provider. The ICB will confirm this with the complainant at the time of acknowledgement/once consent has been received.
- The Complaints and Enquiries Team will help support and ensure timely communication and updates by the provider.
- A response must be sent within six months of the date of a complaint being received.

11.4. Multi-organisation complaints

When complaints are received about both health and local authority services, or where a complaint spans several organisations, with the complainant's consent, the organisations involved will work together to address the aspects of the complaint that relates to them. All parties will agree who will lead on the complaint and will aim to provide a single coordinated response.

11.5. Response

The Complaints and Enquiries Team will ensure a final response is drafted and where necessary, approved by the Service Lead/Investigator.

The written response will include the investigation report (where appropriate) and will;

- Address all the issues raised by the complainant.
- Provide explanation and apologies, where appropriate.
- Indicate lessons learned from the complaint.
- Include what steps have been taken to prevent a reoccurrence.
- Where appropriate, offer a meeting with the ICB Director of Nursing and/or Medical Director and/or Service Lead
- Outline what options are available if the complainant is not satisfied with the response, including details of the Parliamentary and Health Service Ombudsman.

The final response will be reviewed, signed and sent by the Chief Executive. This will include details of how to progress the complaint to the second and final stage of the complaints process, the Parliamentary and Health Service Ombudsman (PHSO). Upon completion of each complaint its status will be reported on the ICB complaints system as either upheld (agree there were deficiencies and actions taken to rectify this and prevent similar occurrences happening again), partially upheld or not upheld.

If a complainant is dissatisfied with the response, the complaint will be reopened and every effort will be made to achieve a satisfactory outcome at local level by identifying outstanding issues, arranging local resolution meetings and/or providing a further written response. If, following all attempts to resolve the complaints locally, the complainant remains dissatisfied, they will be notified that local resolution is at an end and that they can ask the Parliamentary and Health Service Ombudsman to consider their case. Information on the Parliamentary and Health Service Ombudsman will be routinely given to complainants at the completion of local resolution.

11.6. Parliamentary and Health Service Ombudsman (PHSO)

The ICB will follow the principles of good administration outlined by the PHSO and will consider the impact of the organisation's actions on the individual concerned. The key principles are as follows:

- Getting it right
- Being customer focused
- Being open and accountable
- Acting fairly and proportionately
- Putting things right
- Seeking continuous improvement

The PHSO is completely independent of the NHS and of government and derives his powers from the Health Service Commissioners Act 1993. The Ombudsman is the final arbiter in the complaints process where it has not been possible to resolve concerns locally. The ICB will co-operate fully with any investigation undertaken by the Ombudsman. Further information on the role and work of the Ombudsman is available at:

Parliamentary and Health Service Ombudsman Citygate
Mosley Street
Manchester
M2 3HQ

Tel: 0345 015 4033

Email: phso.enquiries@ombudsman.org.uk Website:
www.ombudsman.org.uk

11.7. Organisations that can help

There are a number of organisations that can provide help and advice to individuals who want to complain about NHS services.

The NHS Complaints Advocacy Service provides a free, independent and confidential advocacy service for people who require help and support to make a complaint about the NHS. The Complaints and Enquiries Team will provide complainants with information about their local NHS Complaints Advocacy Service at the time of acknowledgment. The service can be contacted as follows:

POhWER

Tel: 0300 456 2370

E-mail: pohwer@pohwer.net

Website: www.pohwer.net/nhs-complaints-advocacy

Healthwatch can provide information and signposting to patients to help understand what to do when things go wrong. Healthwatch have the strength of the law behind them and can challenge services to ensure the patients voice is heard where it matters and where decisions are made.

Healthwatch Suffolk can be contacted on:

Tel: 0800 448 8234 or info@healthwatchsuffolk.co.uk

Healthwatch Norfolk can be contacted on:

Tel: 0808 168 9669 or enquiries@healthwatchnorfolk.co.uk

Independent Mental Health Advocates (IMHAs); patients subject to certain aspects of the Mental Health Act 1983 have statutory access to an Independent Mental Health Advocate (IMHA). IMHAs can help and support patients to understand and exercise their legal rights.

To request the help of an IMHA, the local office can be contacted on;

Tel: 01473 857631 or tvpartnership@voiceability.org for Suffolk patients
Tel: 0300 4562370 or pohwer@pohwer.net for Norfolk patients

The Care Quality Commission (CQC); is the independent regulator of health and social care in England. The CQC does not have a role in handling individual complaints, but it does have powers to ensure registered service providers are handling individual complaints properly. It will also use feedback from users of NHS services to spot patterns of incidents indicating that there could be a problem.

Action against Medical Accidents (AvMA); is an independent UK wide charity. It can help patients to consider the options that may be open to them after suffering a medical accident, including providing contacts for specialist solicitors. AvMA can be contacted on Tel: 0845 123 2352.

11.8. Safeguarding

All adults and children at risk of abuse and neglect should be able to access public organisations to obtain appropriate interventions which enable them to live a life free from fear, violence and abuse. A child is considered to be under the age of 18 years old and an adult over the age of 18 years old. There is clear safeguarding legislation for both children and adults.

During a complaint investigation, it may become apparent that a vulnerable adult or child at risk may have been abused or may have made allegations of abuse. In these circumstances, it is essential that appropriate pathways are accessed in order that appropriate personnel can intervene to alleviate any distress being experienced and to progress the matter in line with the ICB's Safeguarding Policies and Procedures. If the Complaints and Enquiries Team is made aware that a vulnerable adult or child at risk, may have been abused or is experiencing abuse, they will notify the Multi Agency Safeguarding Hub (MASH). Contact details for the MASH are as follows;

Suffolk: 0345 606 1499

Norfolk: 0344 800 8020

Sometimes complainants may make statements regarding their mental health and present in mental health crisis. If staff are concerned for the caller's safety, callers will be encouraged to seek help by calling NHS 111 (option 2) Crisis Line or (if they already have one) their mental health team. Details of The Samaritans and the Mental Health Team PALS can also be given.

Samaritans: 116 123

Norfolk and Suffolk Foundation Trust: 0800 279 7257

11.9. Patient Safety Incident Response Framework (PSIRF)

The procedure for investigating patient safety incidents is separate from the complaints procedure and is managed in accordance with the relevant organisations PSIRF policy. If, during the course of a safety investigation response, including a Patient Safety Incident Investigation (PSII), a complaint is also received, the incident procedure will normally take precedence over the complaint investigation. In these circumstances the investigators of the incident should, following PSIRF standards, engage with the patient and/or family concerned to ensure any questions form part of the safety investigation.

If a complaint reveals there is a patient safety incident which requires investigation using the PSIRF this should be reported as a clinical incident. In the alternative, complaint details should be shared with the provider organisation concerned for onward incident reporting and investigation.

In these circumstances the complainant will be notified of the PSIRF investigation by the organisation leading that investigation and will also be kept updated on the progress. The Complaints and Enquiries team will also track the progress of the investigation. It should be remembered that the issues raised in a complaint will not always be exactly the same as those investigated under the PSIRF procedure and in this instance a separate and full response to the complaint will be required.

11.10. Withdrawal of a complaint

Any concern or complaint received by the ICB, either verbally or in writing, can be withdrawn at any stage of the procedure. Any issues against an individual, those complained against will be informed. Where possible, learning will be shared with the appropriate teams or individuals.

11.11. Managing Habitual, Aggressive or Repetitive Complaints

Habitual, unnecessarily aggressive or repetitive complainants are an increasing problem for staff, reflecting a pattern experienced throughout the NHS.

The difficulty in handling such complainants can place a strain on time and resources and cause undue stress for staff that may need support in difficult situations. Staff are trained to respond in a professional and helpful manner to the needs of all complainants. However, there are times where nothing further can reasonably be done to assist the complainant or to rectify a real or perceived problem.

Appendix 3 sets out the procedure for the management of habitual, unnecessarily aggressive or repetitive complainants. It is ultimately the decision of the Chief Executive as to whether a complainant is classified as unreasonably persistent.

11.12. Staff Support

It can be very stressful for those involved in the complaints process and advice and support is available to staff by contacting the Complaints and Enquiries Team. Further support is available via line their manager and HR, who can also provide details of external support options if

necessary.

11.13. Learning from complaints and monitoring compliance

Every opportunity will be taken by the ICB to learn from complaints, enquiries, feedback and compliments, and ensure that future commissioning arrangements are positively influenced by patient feedback.

The insight and experience of complainants will be used to resolve the complaint or issue and reduce the risk of it reoccurring. Where possible and practicable complainants will be offered the chance to review and contribute to problem solving arising from their complaint and commenting on changes made as a result.

There is regular interface between the ICB Complaints and Enquiries Team with the ICB Quality Leads to ensure complaints information and learning is shared in real time with commissioning teams.

Annual reports containing Complaints and Enquiries data are produced by the Complaints and Enquiries Manager as part of quality governance reporting into the ICB Quality Committee. The report will provide information about the number of complaints; the services involved; the reasons for complaints and any ongoing trends, including compliments and areas of best practice. Other ad-hoc reports are produced as and when required to support service reviews.

Annual reports will also include learning from any Parliamentary and Health Service Ombudsman (PHSO) reports, highlighting where the ICB has been required to undertake further investigations or changes to the way a complaint has been handled will be reported and reviewed to determine if amendments to this policy are required as a result.

The ICB commits to reporting complaints data to NHS England via the Strategic Data Collection System (SCDS) on an annual basis.

The ICB will publish an annual complaints report in line with The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009; demonstrating evidence of a good quality complaints service, capturing and sharing learning, feedback about the quality of complaint handling, assurance that actions arising from PHSO upheld complaints investigations are completed as appropriate for both the ICB and providers.

11.14. Records Management

Staff dealing with complaints must maintain accurate and up to date complaints files at all times in accordance with the principles of good record keeping. The complaints record

will not be filed within a clinical record but held within a separate complaints file. All complaint files will be kept electronically via the organisational IT system. Access to the network drive where the files are held is restricted to relevant personnel.

Complaint records will be stored in accordance with the NHS Records Management Code of Practice. Complaint files relating to the ICB complaints investigations will be held by the organisation for a minimum of 10 years.

11.15. Access to personal information

Under the General Data Protection Regulation and the Data Protection Act 2018, individuals (both service users and employees) have certain rights regarding the way information about them is collected and used.

Both the GDPR and Data Protection Act 2018 provides the following rights for individuals:

- The right to be informed
- The right of access – Subject Access Request (SAR)
- The right to rectification
- The right to erasure
- The right to restrict processing
- The right to data portability
- The right to object

Some of these individual rights will have exemptions applied to them.

Where clinical records are used in a complaint investigation, investigating officers must comply with regulations within the procedure for sharing of information across services or external agencies (incorporating the code of practice on openness in the NHS).

Any request received for access to complaint documentation will be sent to the Information Governance Department for appropriate action.

12. Definitions

Abbreviation / Item	Definition
CE	Chief Executive
ICB	Integrated Care Board
NSICB	Norfolk and Suffolk Integrated Care Board
ICP	Integrated Care Partnership

ICS	Integrated Care System
NHS	National Health Service
SC	Social Care
We	The ICB
PHSO	Parliamentary and Health Service Ombudsman
PSIRF	Patient Safety Incident Response Framework
PSI	Patient Safety Incident

13. Equality Statement

- 13.1. This Policy will operate alongside the ICBs Equal Opportunities, Diversity at Work Policy, and Equality Delivery System. The ICB values the diversity of its employees, volunteers and people who are entitled to our services, irrespective of their race, disability, age, gender including sexual orientation, religion or belief, status, or grade.
- 13.2. The ICB assures employees, volunteers and people entitled to our services are treated fairly, equally and with respect and dignity. The ICB will challenge discriminatory attitudes and provide rules and standards of behaviour.
- 13.3. The use of this Policy will not discriminate directly or indirectly on the grounds of race, gender, sexual orientation, ethnic or national origin, religion, culture, disability, age, membership of a trade union or staff organisation or political affiliation.
- 13.4. The ICB will monitor the use of this Policy, as far as it is able, and take action if it appears that it has a disproportionate effect.

Appendix 1 - EQUALITY IMPACT ASSESSMENT

Step 1: Aims and purpose of the proposal / policy being assessed (This should reflect what the policy is intending to achieve and how it seeks to achieve, it is this intention that the assessment seeks to measure, consider who benefits and how and who doesn't and why, also consider the impact of associated aims).

If a person is unhappy about any matter that is reasonably connected with the exercise of the ICB's functions, they are entitled to make a complaint, have it considered, and receive a response. This policy sets out the ICB principles and processes with regards to managing complaints in a way that is open, honest, fair, flexible and conciliatory. As a statutory function of the organisation, the policy content is aligned with The Local Authority, Social Services and National Health Service Complaints (England) Regulations 2009.

Step 2: Screening process for relevance to equality & diversity issues. Does this proposal / policy have any equality & diversity relevance in the following areas? (This should be considered in relation to the formulation and application of the policy. As far as possible engagement with the relevant staff network groups should take place to identify any potential areas of relevance).

General statement: The policy aims to ensure all complainants are treated fairly and receive a personalised outcome. While this policy does not include or exclude any individual based on protected characteristics, it is important that our complaint processes challenge any barriers to successful resolution by putting in place good practice and reasonable adjustments around managing areas including consent, language, communication methods and physical/digital accessibility. It is also important to note that any person who has had a difficult or challenging experience of care may face psychological/emotional barriers to making a complaint and that this may be amplified for people who are already facing discrimination as part of an underserved and underheard group.

Characteristic	Implications
Age	See general statement. It is noted that barriers may also include generational attitudes towards making a complaint.
Disability	See general statement. It is noted that barriers may also include assumptions about the capacity or autonomy of the complainant.
Gender reassignment	See general statement. It is also noted that care should be given to the name, identity, and language used by the complainant.
Marriage and Civil Partnership	See general statement. It is also noted that consideration should also

	be given to consent and confidentiality between partners where relevant.
Pregnancy and maternity	See general statement.
Race	See general statement. It is noted that barriers may also include cultural attitudes towards making a complaint.
Religion or belief	See general statement.
Sex	See general statement. It is noted that barriers may also include gender-based stereotypes and attitudes towards making a complaint.
Sexual orientation	See general statement.
Other issues	Emotional impact and information overload can both be common issues faced when raising a complaint. This may be especially challenging for those with more complex communication needs or people experiencing trauma.

Step 3: If you have answered, “Yes”, to any of the protected characteristic boxes in Step 2, a full impact assessment is required

Are any of the protected characteristic boxes in Step 2 marked “Yes”?

Yes. All protected characteristics are relevant to the policy as it relates to the accessibility and personalisation of the complaints process. There are also other areas for additional general awareness flagged.

Step 4: Examination of available information (sources can include but are not restricted to – ESR data; MI relating to Recruitment /Employee Relations/Attrition; Industry best practice; legal overview; research articles; matters arising from judgements tested during consultation; consider four-fifths rule to assess difference).

[The Local Authority Social Services and National Health Service Complaints \(England\) Regulations 2009](#)

[Your rights under the Equality Act 2010 | EHRC](#)

[Professional Standards: Barriers to complaints and how we can break them down](#)

This policy is also developed based on the subject expertise of the team and on insights and experiences gathered by feedback from complainants.

Step 5: Full Impact Assessment Process

Step 5a: Consultation Log

Where are the consultation records stored? No formal consultation was undertaken to support the development of this policy which is based on statutory regulations. However, the supporting processes are continuously refined based on complainant feedback and experiences.

Date of consultation	Method	Who was consulted	What was the outcome
NA	NA	NA	NA

Step 5b: EIA Action Plan: Workforce Impacts (internal). Potential issues or impacts (positive and negative)

Positive/negative	Description of issue/impact	Mitigating actions	Risk (Low/Medium/High)	Outcome
Positive	Policy supports team to deliver their statutory role.	N/A	Low	Socialisation and embedding of policy.
Positive	EIA highlights areas of wider impact in terms of accessibility and experience of complainants.	Awareness raising and access to resources for the team.	Medium	Continuous development of skills and best practice.

Step 5c: EIA Action Plan: Service Delivery Impacts (external). Potential issues or impacts (positive and negative)

Positive/negative	Description of issue/impact	Mitigating actions	Risk (Low/Medium/High)	Outcome
	Policy supports a consistent and equitable			Socialisation and

Positive	experience of raising a complaint.	N/A	Low	embedding of policy.
Positive	Reasonable adjustments must be made to support individual complaints	SOPs to support best practice.	High	Personalised and equitable application of policy.

Step 6: Monitoring and review arrangements

How will the implementation of the proposal / policy be monitored, and by whom?

BAU as part of Complaints service delivery and management oversight.

What is the timetable for monitoring (with dates)?

BAU as part of Complaints service delivery and management oversight.

Is there a plan to undertake an evaluation of this policy (with dates)?

BAU as part of policy review schedule or in response to any changes in legislation, best practice guidance, or learning from internal review of complaint management.

Step 7: Public availability of reports / result

N/A

Appendix 2 - Matters That Cannot Be Addressed Within the Complaints Procedure

This policy does not address:

- Complaints that have already been locally investigated under the complaint's regulations. Complainants can only make their complaint to one organisation, either the provider of the service or the commissioner, not both.
- A complaint which is being investigated or has been investigated by the PHSO or Local Government Ombudsman.
- A complaint made by a responsible body to another responsible body. For example disputes on contractual matters between independent contractors should not be handled through this procedure.
- Complaints regarding privately funded treatment or non-NHS services. The complainant will be advised of the correct agency to contact and will offer to forward the complaint for investigation. Beyond this, the ICB will have no further input.
- Complaints regarding an alleged failure to comply with a request for information under the Freedom of Information Act (2000). These will be dealt with via Information Governance processes.
- A complaint made by an employee about any matter relating to their employment. These matters will be handled via human resources procedures.
- Where a complaint is received that is disputing a funding decision for example an Individual Funding Request/NHS Continuing Healthcare case, this will be handled in accordance with the appropriate appeals process. However, the complainant can use the complaints procedure to raise concerns about the processes used.

If the organisation decides that a complaint meets any of the criteria detailed in the sections above the complainant will be notified in writing of this decision and the reasons why.

Appendix 3 – Managing Habitual, Aggressive or Repetitive complaints

Introduction

This guidance should only be used as a last resort and after all reasonable measures have been taken to assist the person concerned. All staff are expected to be familiar with the NHS Complaints Procedure.

The decision to categorise a person as a habitual, unnecessarily aggressive or repetitive complainant will follow discussion between the ICB's Chief Executive, Complaints and Enquiries Team and an appropriate member of the Executive Management Team.

It should be emphasised that the classification of an individual as a 'habitual, unnecessarily aggressive or repetitive' complainant will NOT mean that any new issues, having no connection with original concerns, will not be dealt with through the usual process.

Criteria for definition of a habitual, unnecessarily aggressive or repetitive caller or complainant

Complainants may be deemed to be habitual, unnecessarily aggressive or repetitive callers where previous or current contact with them shows that they meet two or more of the following criteria:

- Persist in pursuing a complaint where the NHS Complaints Procedure has been fully and properly implemented and exhausted
- Change the substance of a complaint or continually raise new issues or seek to prolong contact by repeatedly raising further concerns or questions upon receipt of a response whilst the complaint is being addressed. (Care must be taken not to discard new issues that are significantly different from the original complaint. These might have to be addressed separately)
- Do not clearly identify the precise issues they wish to be investigated, despite reasonable efforts by staff and others (e.g. advocacy agencies) to help them specify their concerns
- The complaint or issue is trivial or appears to consume an excessive amount of resources
- Having, in pursuing their concerns, had an excessive number of contacts with the ICB by telephone, letter or email. Staff should be instructed to keep a clear record of the number of contacts to demonstrate their excessive nature

- Display unreasonable demands or expectations and fail to accept these may be unreasonable, for example insist on immediate responses from senior staff when they are not available and this has been explained
- Have threatened or used actual physical violence. All cases must be documented, in case of further action.
- Have harassed or been personally abusive or verbally aggressive on more than one occasion towards staff dealing with them. All cases must be documented, in case of further action.
- The use of actual physical violence, albeit on one occasion only, will result in the application of measures described under (3) to limit the personal contact ordinarily available to complainants.

Procedure for staff handling habitual, unnecessarily aggressive or repetitive callers or complainants

- Ensure all relevant procedures and reasonable action has been correctly implemented. If you are at all uncertain, please check with the ICB's Complaints and Enquiries Team or HR department.
- Even the most difficult of callers may have issues that contain genuine substance.
- Remain professional and polite. This does not mean that you have to listen continually to the same story of complaint, nor that you cannot politely, but firmly terminate the call.
- Record the date, time and how long you were on the telephone and inform the ICB's Complaints and Enquiries Team as soon as possible.
- When a caller has been officially declared a habitual, unnecessarily aggressive or repetitive caller, the ICB's Chief Executive may decide no further telephone communication will be accepted.
- Where there is ongoing correspondence or investigation, the ICB's Complaints and Enquiries Manager will write to the caller setting the parameters for a code of behaviour and the lines of communication. These will be communicated to all appropriate staff to ensure consistency of approach.
- Where investigation or correspondence is completed, the ICB's Chief Executive will, at an appropriate stage, write to the complainant informing them the ICB has responded fully to the points raised and that there is nothing further that can be added, therefore correspondence is at an end. The ICB may wish to state

that further correspondence will be acknowledged but not answered.

- It should be emphasised that the classification of an individual as habitual, unnecessarily aggressive or repetitive will not mean that any new issues having no connection with the original complaint or dispute will not be dealt with in the normal way.

Appendix 4 – Grading Matrix Tool

Grading	Examples	Response
Level 1 concern	<ul style="list-style-type: none"> ○ Low level concern about commissioning policies/decisions ○ Requests for information ○ Signposting to other services 	Manage within the Complaints and Enquiries Team
Level 2 concern	<ul style="list-style-type: none"> ○ Minor concern about an unsatisfactory experience. ○ Or relates to a single resolvable issue with minimal impact to risk to provision of care or service; for instance prescribing query. 	Manage within the Complaints and Enquiries Team
Level 3 concern	<ul style="list-style-type: none"> ○ A complaint or concern which raises issues regarding standards or quality of care. ○ Patient experience appears to be below reasonable expectation in several ways, but not causing lasting problems. 	<p>Manage within the Complaints and Enquiries Team</p> <p>Discuss findings with Quality Team/Leads before formal response sent</p>
Level 4 concern	<ul style="list-style-type: none"> ○ A significant complaint or concern which could include multiple issues and multiple providers. ○ Could also include concerns of moderate physical or psychological harm. ○ 	Complaints and Enquiries Team to share with Quality Lead for decision and action at beginning of process and once investigation is complete
Level 5 concern	<ul style="list-style-type: none"> ○ A serious issue which may cause long term or permanent damage, misconduct and a high risk of litigation or adverse publicity. ○ For example; Events resulting in serious physical or psychological harm or fatal harm. Alleged criminal offence (i.e. assault). Alleged abuse or neglect. ○ 	<p>Complaints and Enquiries Team to share with Quality Lead for decision and action.</p> <p>Complaints and Enquiries Team to share with Executive Medical Director and Executive Director of Nursing at beginning of process and once investigation is complete.</p>