

Corporate	ICBP007 - Complaints Policy
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Version Number	Date Issued	Review Date
2	February 2023	February 2025

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Consultation Process:	Integrated Care System (ICS) Integrated Governance Workstream ICS Clinical Leadership Workstream
Formally Approved:	February 2023
Approved By:	Executive Committee

EQUALITY IMPACT ASSESSMENT

Date	Issues
June 2022	None

POLICY VALIDITY STATEMENT

Policy users should ensure that they are consulting the currently valid version of the documentation. The policy will remain valid, including during its period of review. However, the policy must be reviewed at least once in every 3-year period.

ACCESSIBLE INFORMATION STANDARDS

If you require this document in an alternative format, such as easy read, large text, braille or an alternative language please contact NECSU.comms@nhs.net

Version Control

Version	Release Date	Author	Update comments
1	July 2022	CSU Clinical Quality team	Not Applicable
2	February 2023	CSU Clinical Quality team	Reviewed and updated within 6 months of ICB establishment

Approval

Role	Name	Date
Approver	Integrated Care Board (ICB)	July 2022
Approver	ICB Executive Committee	February 2023

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1. Introduction

This complaints handling procedure describes how the core expectations given in the NHS Complaint Standards will be put into practice by the North East and North Cumbria Integrated Care Board. For the purposes of this policy the North East and North Cumbria Integrated Care Board will be referred to as 'the ICB'.

Commissioning involves deciding what services are needed for diverse local, regional or national populations and ensuring that they are provided.

The ICB aspires to the highest standards of corporate behaviour and clinical competence, to ensure that safe, fair and equitable procedures are applied to all organisational transactions, including relationships with patients their carers, public, staff, stakeholders and the use of public resources. In order to provide clear and consistent guidance, the ICB will develop documents to fulfil all statutory, organisational and best practice requirements and support the principles of equal opportunity for all.

This policy is designed to outline the process for handling complaints generated by patients or their representatives and aims to set out clear guidelines for staff, managers and complainants around how complaints will be managed.

It is our aim that all patients, relatives and their carers will not be treated differently as a result of making a complaint. This will be achieved by ensuring that complaints are handled fairly and openly. It is clearly not always possible for the complainant to receive the outcome they hoped for, but if they feel that their complaint has been handled appropriately and that they have had a fair hearing, this is a positive outcome.

The ICB will make sure that everyone who uses its services, and the services commissioned by the ICB (and those that support them), know how they can make a complaint. This includes making people aware that they can also complain to the ICB about any commissioned service. The complaints policy and/or materials that promote the procedure will be visible in public areas and on the ICB website. The ICB also ensures that the commissioned services have similar information available. The ICB will ensure there are a range of ways to do this so that people can do this easily in a way that suits them. This includes providing access to the complaints process online.

The ICB is very keen to ensure that complaints are used as learning opportunities and that trends are analysed and reported on. It is essential that information we gain from complaints is used to improve the quality and safety of the services we commission. A patient or service user's ongoing or future care and treatment will not be adversely affected because they have made a complaint.

This policy has been written in accordance with the '*Local Authority Social Services and National Health Service Complaints (England) Regulations 2009*'. Reference is also made to the Department of Health guidance in complaints handling '*Listening, Responding, Improving*', Parliamentary and Health Service Ombudsman's (PHSO) '*Principles of Good Complaints Handling*', PHSO's '*Complaints Handling Framework*' and '*Model Complaints Procedure*', the *NHS Constitution (2008)* and '*A Review of the NHS Hospitals Complaints System Putting Patients Back in the Picture*' (Right Honourable Ann Clwyd MP and Prof Tricia Hart, 2013).

2. Status

This policy is a corporate policy.

3. Purpose and scope

The ICB recognises that issues cannot always be resolved as they arise and that sometimes people want to make a complaint. A complaint is an expression of dissatisfaction, either spoken or written, that requires a response. It can be about:

- an act, omission or decision made by the ICB or a service commissioned by the ICB,
- the standard of service provided or commissioned by the ICB.

This policy describes the systems in place to effectively manage all complaints received by 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, its staff and services.

The policy also includes the process used for complaints received relating to commissioned services such as NHS trusts independent contractors (general practices, dental practices, pharmacies and opticians) and independent sector providers.

The purpose of this policy is to ensure that the ICB promotes best practice within its complaints management function, and also that it is compliant with the *Local Authority Social Services and National Health Service Complaints (England) Regulations 2009*. The ICB also adheres to the NHS Constitution including the five rights covering complaints 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 the ICB.

4. Definitions

The following terms are used in this document:

- 4.1 **Complaint:** a written or oral expression of dissatisfaction which requires a response.
- 4.2 **Issues/concerns:** a written or oral expression of dissatisfaction that can be resolved without the need for formal investigation or correspondence.
- 4.3 **Independent Complaints Advocacy (ICA):** is the organisation that provides independent help and support for people pursuing an NHS complaint.
- 4.4 **Investigating officer:** the person identified as responsible for handling and investigating an individual complaint.
- 4.5 **The Parliamentary and Health Service Ombudsman (PHSO):** is the organisation that manages the second stage of the NHS complaints procedure
- 4.6 **Serious Incident (SI):** is an incident or near miss occurring on health service premises or in relation to health services provided, resulting in death, serious injury or harm to patients, staff or the public, significant loss or damage to property or the environment, or otherwise likely to be significant public concern.

Any other special terms or abbreviations used in this document are defined as they occur.

5. NHS complaints procedure and process

When a complaint is received, the ICB is committed to making sure it is addressed and resolved at the earliest opportunity. ICB staff/commissioning support unit (CSU) complaints team will identify any complaint that may be resolved quickly as an informal concern or enquiry. If staff consider that the issues cannot be resolved quickly, these will be looked at more closely using the complaints procedure.

When an early resolution is possible, ICB staff/CSU complaints team will take action to address and resolve the issues raised and put things right for the person raising them. This may mean giving a quick explanation or apology or making sure a colleague who is more informed of the issues does. ICB staff/CSU complaints team will promptly resolve such issues in person or by telephone or email; a timescale for this will be agreed with the person raising the concern.

A reformed complaints procedure covering both health and adult social care was introduced from April 2009. This enables organisations and the person complaining to agree on the best way to handle the complaint to achieve a satisfactory outcome. Within this process both concerns and complaints can be made either verbally, in writing or electronically via email.

There are two stages to the NHS complaints procedure:

- Stage One: Local resolution of complaint through investigation and response by the ICB or provider.
- Stage Two: Independent Review of complaint by the PHSO.

5.1 Who can complain?

- 5.1.1 Anyone who is receiving, or has received, NHS treatment or services or who is affected or is likely to be affected by an action, omission or decision can complain. This includes being able to complain about services provided by independent providers as part of an NHS contract.
- 5.1.2 If a patient (including a child over the age of 13, in line with General Data Protection Regulations) does not wish to complain themselves then someone else, usually a relative, friend or other representative, can complain on their behalf providing written authorisation is given.
- 5.1.3 If a complainant is the parent or guardian of a child under the age of 13 (to whom the complaint relates) the organisation must be satisfied that there are reasonable grounds for the complaint being made by the representative. Where the child is aged 13 to 18, their written consent should be provided for a parent/guardian or other representation to act on their behalf with regard to the complaint.
- 5.1.4 If a patient is unable to act, for instance due to physical incapacity or lack of capacity within the meaning of the *Mental Capacity Act (2005)* their authorisation is not required. A consent form should be completed by the complainant showing the reason why the patient is unable to act. In such situations, a suitable representative may pursue the complaint on their behalf, however, evidence of their authority to act will be required. Guidance from the information governance team will be obtained as required in relation to consent/authority to act.
- 5.1.5 If a complaint is raised concerning a patient who is deceased, this must be made by a suitable representative, for example next of kin or person who holds legal authority to act on behalf of the deceased person. Where clarification is required on whether the complainant is a suitable representative, guidance should be obtained from the information governance team and/or the ICB's complaints lead. If the complaints team/ICB does not consider that the complainant is a suitable representative, they may decline to deal with the complainant and recommend that another person acts on the deceased patient's behalf.

- 5.1.6 If it is believed at any time that a representative is not acting in the best interests of the person affected, the ICB will assess whether to stop the consideration of the complaint. If this happens, the CSU complaints team will share the ICB's reasons with the representative in writing. In such circumstances, the representative will be advised that they may complain to the PHSO if they are unhappy with the decision.

5.2 Support for persons making a complaint

ICA provides a free, impartial and independent service for people wishing to make a complaint about the NHS. All complainants will be provided with information about the ICA. Information regarding other specialist advocacy services will be provided, as required.

5.3 Process for verbal complaints

- 5.3.1 Clear information about the complaints process is made available to patients, the public and staff via the ICB's website.
- 5.3.2 Complaints can be made verbally to a member of the CSU complaints team and in this instance a written statement will be taken from the complainant ensuring all salient points requiring a response are documented. Where a complainant telephones the ICB to raise their complaint and does not wish to be transferred to the CSU, ICB staff should take details of the complaint during the call and subsequently email notes of this to the CSU complaints team.
- 5.3.3 The written statement will be sent to the complainant asking them to review this and, if necessary, make any changes to ensure it is an accurate reflection of their complaint. The complainant will then be asked to sign and return the statement to the CSU complaints team. The complainant will be advised that their complaint will not be processed until the signed statement is returned; this can be by post or email, in which case the email will be accepted in lieu of a physical signature.
- 5.3.4 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 a face to face or online/virtual meeting will be offered to clarify the complaint or with the complainant's permission, a referral can be made to ICA. Face to face appointments with the CSU complaints team are by appointment only.

5.4 Time limit for making a complaint

- 5.4.1 The timescale within which an NHS or social care complaint must be made is 12 months from the date on which a matter occurred, or the matter came to the notice of the complainant.

- 5.4.2 The regulations set out that the organisation has the discretion to investigate beyond this time, especially if there is good reason for a complaint not being received within the 12 months. The time limit can, and should, be waived 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 be questioned.
- 5.4.3 When a complaint is made outside these limits and the time limits are not waived, the ICB (or complaints team on behalf of the ICB) will advise the complainant of their rights to request that the PHSO consider their case.

5.5 Issues that cannot be addressed within the complaints procedure

This policy does not address:

- 5.5.1 A complaint made by a responsible body to another responsible body. For example disputes on contractual matters between providers and the ICB should not be handled through this procedure. However, the issues raised should still be subject to a thorough investigation and appropriate action taken for service improvement.
- 5.5.2 Complaints regarding privately funded treatment.
- 5.5.3 Complaints which are made verbally and resolved to the satisfaction of the complainant no later than the next working day after the complaint was made.
- 5.5.4 Complaints regarding an alleged failure to comply with a request for information under the Freedom of Information Act (2000) or complaints about Access to Health Records Act 1990 requests and Subject Access Requests. These will be dealt with via information governance processes.
- 5.5.5 A complaint made by an employee about any matter relating to his/her employment. These matters will be handled via human resources procedures.
- 5.5.6 Complaints that have already been locally investigated under the complaints regulations or which are being, or have been, investigated by a Local Commissioner under the Local Government Act 1974 or the Health Service Commissioner under the 1993 Act.
- 5.5.7 A complaint in which the subject matter is being or has been investigated by the Parliamentary and Health Service Ombudsman (PHSO).
- 5.5.8 Complaints disputing a funding decision or eligibility criteria/policy; these will be managed via the appropriate appeals process (where applicable) or other agreed process.

- 5.5.9 If the organisation decides that a complaint meets any of the criteria detailed above, the complainant will be notified in writing of this decision and the reasons why.
- 5.5.10 If the complaint is about detention under the Mental Health Act, or a Community Treatment Order or Guardianship the CSU complaints team will inform the person making the complaint that if they are not happy with the outcome, they can take their complaint to the Care Quality Commission (QCQ).
- 5.5.11 When another process may be better suited to cover other potential outcomes, the CSU complaints team will seek advice and provide clear information to the individual raising the complaint. The team will make sure the individual understands why this is relevant and the options available. The team will also signpost the individual to sources of specialist independent advice.
- 5.5.12 If an individual is already taking part or chooses to take part in another process (where this is appropriate) but wishes to continue with their complaint as well, this will not affect the investigation and response to the complaint. The only exceptions to this are if:
- the individual requests or agrees to a delay,
 - there is a formal request for a pause in the complaint process from the Police, a Coroner or a Judge.

In such cases the complaint investigation will be put on hold until those processes conclude.

5.6 Written complaints received

- 5.6.1 Formal complaints received by ICB staff must be forwarded within one working day to the CSU generic email account, necsu.complaints@nhs.net.
- 5.6.2 For complaints relating to the services/care given by a provider commissioned by the ICB, the complainant has a choice of complaining directly to the ICB as commissioner rather than to the organisation which provided the care. The final decision on who will investigate the complaint rests with the ICB once all mitigating circumstances are taken into account. Complaints about primary care should be directed to NHS England/Improvement, see para 5.9.7.
- 5.6.3 This will include taking into consideration the complainant's wishes and the seriousness of the complaint, for example where there has been a poor record of complaints handling or the complaint suggests a significant risk to patient safety or there appears to be a trend. Please refer to section 5.9 for guidance on how provider complaints are handled.

5.7 Process for complaints handled by the ICB

5.7.1 Acknowledging the complaint

- 5.7.1.1 Complaints received by the ICB directly should be forwarded to the CSU complaints team (necsu.complaints@nhs.net) within one working day of receipt. Upon receipt of a complaint (received either directly from the complainant or via the ICB) the CSU complaints team will assess the issues raised for wider governance issues, such as patient safety issues, safeguarding or potential poor performance concerns.
- 5.7.1.2 All complaints received will be acknowledged verbally or in writing by the CSU complaints team within three working days of receipt or from when the signed verbal statement is received. This may be via telephone or email/letter.
- 5.7.1.3 At the time of acknowledging the complaint, the CSU complaints team must offer to discuss and agree the following with the complainant:
- an action plan for handling the complaint,
 - when the investigation is likely to be completed,
 - what reasonable outcome is desired,
 - when the response is likely to be sent,
 - offer a local resolution meeting if appropriate,
 - advise the complainant of advocacy services, such as ICA.
- 5.7.1.4 The agreed action plan and timescales for response will be confirmed in writing to the complainant.
- 5.7.1.5 If the complainant does not take up the offer of a discussion, the CSU complaints team should determine the response period and the complainant will be notified of this in writing.
- 5.7.1.6 As outlined in 5.6.2, where it is agreed that the CSU on behalf of the ICB will handle the complaint rather than the provider or where it has been agreed that the ICB will co-ordinate the response, consent will be required from the complainant to obtain access to relevant medical records and/or to seek a response from the provider organisation(s). The complaints team will request the relevant consent from the complainant.
- 5.7.1.7 If the complainant fails to provide written consent they will be notified in writing of the elements of the complaint that are unable to be investigated and responded to.
- 5.7.1.8 The CSU complaints team will liaise with the ICB to agree an appropriate complaint response signatory and investigating officer.

Acknowledging a complaint from an MP

- 5.7.1.9 Where a complaint about an individual's care / treatment / funding is received by the ICB from a member of parliament (MP), this should be forwarded to the CSU complaints team (necsu.complaints@nhs.net) and the CSU communications and engagement team (necsu.parliamentary.NENC-ICB@nhs.net) within one working day of receipt. Both teams will liaise to identify whether the case is already recorded on the complaints system and the most appropriate route for its management ie via the complaints procedure or via MP enquiry process. This agreement will be reached in conjunction with the ICB. Complaints which fall within the remit of ICB will be coordinated by the CSU complaints team in line with the Complaints Policy. Where the complainant has provided consent, a copy of the complaint response will be shared with the MP.
- 5.7.1.10 Where a complaint relates to a provider organisation, the CSU communications and engagement team will provide advice to the MP on which organisation to contact or redirect the complaint, if appropriate.
- 5.7.1.11 Communication received from an MP of a more general nature, ie not specific to an individual constituent's care, will be managed via the MP enquiry process and are not required to be shared with the CSU complaints team.

5.7.2 Investigation

- 5.7.2.1 The investigation will be conducted in a timely manner, proportionate to the complaint.
- 5.7.2.2 The CSU complaints team, on behalf of the ICB will:
- Forward the complaint to the appropriate lead for investigation, with details of the issues to be investigated and agreed in the complaint plan.
 - Send a copy of the complaint to the investigating officer.
 - Identify at an early stage whether it would be helpful to offer a local resolution meeting and/or to meet with the complainant before sending the response to discuss the findings and any intended actions.
 - Keep the complainant up to date with the progress of the investigation.

5.7.2.3 The investigating officer will:

- Be someone who is not involved in the events complained about. If this is not possible, the CSU complaints team will explain to the person making the complaint the reasons why it was assigned to that person. This should address any perceived conflict of interest.
- 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 that there is no recurrence and address any training issues and learning points.
- Ensure that any recommendations resulting from the investigation are discussed and agreed with the department/service involved.
- Prepare a report addressing the issues raised by the complainant and comment on what action is being taken to prevent a recurrence in the future.
- In line with agreed target dates, provide findings and associated documentation to the CSU complaints team for inclusion in the complaint response

5.7.2.4 Staff involved in a complaint:

- Will be made aware of the complaint, be kept up to date and have the opportunity to give their views on the events and respond to emerging situation; this includes preparing written statements, where required, as part of the investigation.
- Are required to co-operate with the requirements of the Complaints Policy as part of their terms of employment. Where an employee refuses to give an interview or a written account without reasonable grounds, this should be considered a disciplinary offence.

5.7.2.5 Where the complaint relates to a clinical matter, written reports from any appropriate clinician should be obtained. These reports form part of the complaint record which can potentially be disclosed to the complainant via a Subject Access Request; therefore documents must be written in plain English and without jargon or abbreviations.

5.7.3 The Response

- 5.7.3.1 The written response will be drafted by the CSU complaints team; this will incorporate the investigation report (where appropriate) and will:
- Address all the issues raised by the complainant.
 - Provide explanations and apologies, where appropriate.
 - Indicate lessons learned from the complaint.
 - Include what steps have been taken to prevent a recurrence.
 - Outline what options are available if the complainant is not satisfied with the response, including details of the PHSO.
 - Provide a reminder of where to obtain independent advice or advocacy.
- 5.7.3.2 The CSU complaints team will forward the formatted written response for approval to the investigating officer and any other relevant staff involved in the complaint.
- 5.7.3.3 The response will then be forwarded for final approval and signature to the ICB.
- 5.7.3.4 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 CSU complaints team and an extension to the specified revised timescale will be agreed. If the complaint cannot be concluded and a response issued within 6 months, the CSU complaints team will write to the person on behalf of the ICB to explain the reasons for the delay and the likely timescale for completion. The CSU complaints team will continue to maintain oversight until the complaint is completed and a final written response issued.
- 5.7.3.5 If the complainant is satisfied with the response, the case will then be closed. Implementation of any changes made to practice or procedures as a result of the investigation will be monitored by the CSU complaints team; this is via review of a complaint action plan completed by the relevant manager. Lessons learned from complaint investigations will be included in the quarterly and annual complaint reports to the Quality and Safety Committee and the Executive Committee.

5.7.3.6 If a complainant is dissatisfied with the response, every effort will be made to achieve a satisfactory outcome at local level by:

- identifying outstanding issues,
- arranging further meetings,
- providing a further written response,
- involving a conciliator, where appropriate.

5.7.3.7 If, following all attempts to resolve the complaint locally, the complainant remains dissatisfied they will be notified that local resolution (Stage One) is at an end and that they can ask the PHSO to consider their case in line with Stage Two of the NHS Complaints Procedure. Information on the PHSO will be routinely given to complainants at the completion of local resolution.

5.7.3.8 Staff who are involved in complaints management will have the appropriate: training, resources, support and protected time to respond to and investigate complaints effectively.

5.8 Conciliation Process

5.8.1 A conciliation service with access to trained lay conciliators can be made available to assist in the resolution of complaints. Arrangements for conciliation will be made via the CSU complaints team throughout the complaints process, as required.

5.8.2 The lay conciliator will report back to the CSU complaints team on outcomes and agreed action points but will not disclose the substance of any discussions.

5.8.3 The conciliation process is confidential. However, where information is raised within that process regarding safeguarding children or adults, or a general patient safety issue, the conciliator may have to seek further advice from the manager responsible for complaints.

5.9 Process for complaints received about NHS providers

5.9.1 In the majority of cases when a complaint is received by the ICB, the provider will normally be given the opportunity to respond to the complaint directly. The complaint will be acknowledged verbally or in writing by the CSU complaints team within three working days of receipt and consent will be sought by the CSU complaints team to forward the complaint to the provider.

5.9.2 When consent is received, the complaint will be passed to the provider which will handle it in accordance with the NHS complaints procedure. Correspondence confirming that the complaint has been passed to the provider will then be sent to the complainant. The CSU complaints team will request that a copy of the provider's signed complaint response is shared with the ICB/CSU.

- 5.9.3 There may be occasions when the ICB considers it appropriate to handle the complaint rather than the provider. This decision will be taken once all mitigating circumstances have been taken into account, including the complainant's wishes, the seriousness of complaint or significant patient safety issues, or where there appears to be a pattern.
- 5.9.4 In such cases both the complainant and provider will be notified and the complaint will be processed in accordance with section 5.7.
- 5.9.5 The ICB will ensure, via contractual agreement, that all NHS providers and any private provider with whom it has a contract or service level agreement have arrangements in place for handling complaints made about services they provide that are comparable with the NHS complaints procedure.
- 5.9.6 Providers routinely share with the ICB information on the number and nature of complaints, concerns, comments and compliments received along with details of lessons learned and improvements to services to prevent a reoccurrence of similar complaints.
- 5.9.7 Where a complaint is received about a primary care contractor (ie GP practice, dentist, community pharmacy, optician), the ICB or CSU complaints team will advise the complainant to send their complaint to NHS England for investigation and response or offer to forward the complaint to NHS England with the complainant's consent.

5.10 Process for handling joint NHS and local authority complaints

- 5.10.1 When complaints are received about both health and local authority services, with the complainant's consent, the organisations involved will co-operate with each other to deal with the aspects of the complaint that relates to them. Both agencies will agree who will lead on the complaint and will aim to provide a single co-ordinated response.
- 5.10.2 The Chief Executive (or nominated deputy) of the lead organisation will sign the response. Irrespective of lead responsibility, each organisation retains its duty of care to the complainant and must handle its part of the complaint in accordance with its own procedures.

5.11 Process for complex complaints that span several NHS organisations

- 5.11.1 Where a complaint is received that spans a number of NHS provider organisations the CSU, on behalf of the ICB, will seek assurance that there will be a co-ordinated approach to the handling of the complaint across the various parties involved, prior to passing the complaint to the lead organisation.

5.11.2 The organisation to lead on the handling of the complaint will be agreed following discussion with the parties involved. This decision will be made taking into account the organisation that has the greater part in the complaint as well as the complainant's wishes.

5.11.3 Where the complaint is particularly complex or where serious patient safety issues have been identified, instead of the provider co-ordinating the response and leading in the investigation of the complaint, the ICB may choose to do this with the complainant's consent.

5.12 Process for handling complaints about non NHS services

Occasionally complaints are received about services not provided by the NHS, eg private treatment. In such cases, wherever possible, the CSU complaints team will advise the complainant of the correct agency to contact and will offer to forward the complaint for investigation with the complainant's consent. Beyond this, the CSU/ICB will have no further input.

5.13 Staff support during the complaints process

5.13.1 It can be very stressful for those involved in the complaint process and advice and support is available to staff. The CSU complaints team or a senior manager within the ICB will make sure any staff being complained about are made aware and will provide advice on how they can get support from within the organisation, and external representation if required.

5.13.2 Staff who are complained about will have the opportunity to give their views on the events and respond to emerging information. Staff will act openly and transparently and with empathy when discussing these issues.

5.13.3 Staff complained about will be kept updated by their line manager. These staff will also have an opportunity to see how their comments are used before the final response is issued.

5.14 Equality and diversity

5.14.1 Making a complaint does not mean that a patient/complainant will receive less help, or that things will be made difficult for them or that the quality of their care will be compromised.

5.14.2 Every complainant will be treated fairly and equally regardless of age, disability, race, culture, nationality, gender, sexual orientation and faith.

5.14.3 In line with NHS England's Accessible Information Standard, for people who require language or signed interpreting this will be made available throughout the complaints process.

5.15 Disciplinary procedures

- 5.15.1 The Complaints Policy is concerned with resolving complaints to the satisfaction of complainants and learning lessons for improvement and not for investigating disciplinary matters.
- 5.15.2 A complaint investigation may occasionally reveal the need for an investigation under the disciplinary policy. In such an event, the CSU complaints team will not be involved in any disciplinary investigation.
- 5.15.3 Where it is considered that a staff member within the ICB or in a commissioned service should be subject to remedial or disciplinary procedures or referral to a health professional regulator, the CSU complaints team will advise the person raising the complaint that appropriate processes have been followed, for example HR processes. Where the person raising the complaint chooses to refer the matter to a health professional regulator themselves or where they subsequently choose to, it will not affect the way that their complaint is investigated and responded to. They will also be signposted to sources of independent advice on raising health professional fitness to practise concerns.

5.16 Serious incidents (SIs) and complaints

- 5.16.1 The procedure for investigating SIs is separate from the Complaints Policy and is managed in accordance with the SI Policy. If during the course of investigating an SI, a complaint is also received, the SI Policy/process will normally take precedence in terms of the investigation.
- 5.16.2 If a complaint investigation reveals the need to take action under the SI Policy, the serious incident process will normally take precedence in terms of investigation. However, the patient/representative does have the option of pursuing their concerns via the complaints procedure if they so wish upon completion of the SI process.
- 5.16.3 In these circumstances, the complainant will be notified of the SI investigation and will be kept updated on the progress by the CSU complaints team.

5.17 Process for dealing with anonymous complaints

All anonymous complaints received will be investigated if there is enough information to carry out an investigation. Investigating officers will be requested to conduct an investigation and make appropriate recommendations based on the allegations raised. This will be coordinated by the CSU complaints team and the findings/recommendations shared with the ICB.

5.18 Withdrawal of a complaint

If a complainant withdraws a complaint at any stage in the procedure, which involves issues raised against an individual, those complained against will be informed. In such circumstances, the relevant head of service or line manager will consider if/how to address issues highlighted in the complaint.

5.19 Learning and monitoring of complaints

5.19.1 The ICB's philosophy for the management of complaints is to recognise their positive value through the effective monitoring of complaints. In applying these principles and sharing the learning we can all effect change. The ICB expects all staff and commissioned services to identify what learning can be taken from complaints, regardless of whether mistakes are found or not.

5.19.2 The ICB will use the intelligence gained from complaints information (individual complaints received and provider complaints reports) to develop a greater awareness of services commissioned and where these may not meet quality standards.

5.19.3 Monthly reports will be provided to the ICB complaints lead by the CSU complaints team. The Quality and Safety Committee and the Executive Committee will receive regular complaints reports, as determined in their Annual Cycle of Business, as part of governance and performance reporting. The reports will identify any trends and patterns arising from complaints, and any subsequent action taken as a result of lessons learned.

5.19.4 An annual report will be prepared for the ICB Board on the handling and consideration of complaints, outlining actions, monitoring compliance and outcomes. This will be published on the ICB's website.

5.19.5 Complaint outcomes may be anonymised and shared within the organisation and may be published on the ICB's website to promote service improvement.

5.20 Recording of complaints

5.20.1 Accurate and up to date records will be maintained in accordance with the Records Management Policy. The Safeguard Incident Reporting and Management System (SIRMS) will be used to record and collate all complaints information.

5.20.2 The complaints record will not be filed within a clinical record but held within a separate complaints file.

5.21 Confidentiality/consent

- 5.21.1 Care will be taken at all times throughout the complaints procedure 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.
- 5.21.2 In transferring complaints between agencies (including the PHSO) confidentiality will be maintained at all times. Every effort will be made to obtain the patient/service user (or their representative's) consent before sharing confidential information with another body or organisation. Consent will be obtained in writing or where this is not possible the CSU complaints team will seek further advice from the Caldicott Guardian or CSU information governance lead, if required. Where a complainant declines to provide consent for their complaint to be shared with another organisation, the CSU complaints team will provide them with contact details in order that they can make direct contact themselves.
- 5.21.3 It is recognised that there may be circumstances in which the nature of, or aspects of, a complaint indicate safeguarding or wellbeing concerns about a child or adult. In these circumstances a complaint will be escalated as necessary and in line with the ICB and Local Safeguarding Children and Adults Boards' safeguarding procedures and such information contained in the complaint disclosed in the best interests of the complainant/patient.
- 5.21.4 If the receiving manager or member of the CSU Complaints Team is made aware of safeguarding children or adult concerns they must consult with the Head of Quality and Adult Safeguarding or the Head of Safeguarding Children (or equivalent role) as appropriate for advice the same day.
- 5.21.5 Where a complaint refers to allegations against a member of staff of a safeguarding children or adult nature, the *Managing Allegations Against Staff Policy* must be followed – this can be found on the ICB's website.

This will either supersede the Complaints Policy where such concerns form the whole of the process, or where only part of the complaint, the two processes occur simultaneously with decisions about response times and involvement of the member of staff being taken jointly. In cases where the Safeguarding Policy is invoked, the complainant must be notified immediately.

5.21.6 Following the identification of safeguarding concerns within a complaint, the complainant will be notified within one working day of the escalation and rationale for disclosure of information. Where safeguarding concerns form only part of a complaint the complainant will be informed of how the differing aspects of the complaint will be handled.

5.22 Access to personal information/medical records

5.22.1 Under the General Data Protection Regulation (GDPR), individuals (both service users and employees) have certain rights regarding the way information about them is used. These include having the rights to see information that is recorded about them (subject access request) and to have any part of it that they do not understand explained.

5.22.2 Where clinical records are used in a complaint investigation, investigating officers must comply with regulations for sharing of information across services or external agencies (incorporating the Code of Practice on Openness in the NHS).

5.22.3 Any requests received for access to complaint documentation will be sent to the information governance department for appropriate action.

5.23 Complaints and Litigation and complaints involving potential fraud or other criminal offences

5.23.1 On receipt of a complaint in which legal action is being taken or the Police are involved, the ICB should continue to resolve the complaint unless there are clear legal reasons not to do so.

5.23.2 Advice will be sought from relevant authorities (such as legal advisors or NHS Resolution) to determine whether progressing the complaint might prejudice subsequent legal action.

5.23.3 If there is likely to be any prejudice to the legal case the complaint will be put on hold and the complainant will be advised of this in writing and provided with an explanation.

5.23.4 Documentation relating to the complaint investigation can be used in a court of law.

5.23.5 Where a complaint includes allegations of a criminal offence, the CSU complaints team/member of ICB staff will immediately notify the relevant ICB director for advice/appropriate action eg notifying the Police. Where this is applicable, the ICB/CSU will comply with the requirements of the ICB's *Counter Fraud, Bribery and Corruption Policy*.

5.24 Complaints about Freedom of Information

Complaints about Freedom of Information requests, Access to Health Records Act 1990 requests and Subject Access Requests are not dealt with through the NHS complaints procedure. Any complaint of this nature will be forwarded to the appropriate information governance officer for investigation and response through relevant channels.

5.25 Dealing with media interest

All enquiries from the media must be immediately referred to the communications department ensuring that confidentiality is maintained at all times.

5.26 Retention of complaint records

Complaint files will be retained securely for a minimum of 10 years in accordance with the *Records Management Policy*.

5.27 Habitual and/or persistent complaints

5.27.1 Some complainants find it difficult to accept the findings following an investigation even when it has been to the second stage of the complaints procedure. The difficulty in managing such complaints places a strain on resources and causes undue stress for staff.

5.27.2 In such cases, it is important to ensure that the complaints procedure has been correctly implemented as far as possible and that no material element of the complaint has been overlooked or inadequately addressed.

5.27.3 The procedure on how to handle unreasonable and persistent complainants is attached at **Appendix 1**.

6. Implementation

6.1 This Policy will be available to all staff for the effective management of complaints received by the organisation in accordance with NHS complaints regulations.

6.2 All managers are responsible for ensuring that relevant staff within the ICB have read and understood this document and are competent to carry out their duties in accordance with the procedures described.

7. Training Implications

The CSU complaints team will provide or arrange coaching or training in complaints handling and good customer care. Managers should ensure that appropriate staff in their areas who require such support contact the CSU complaints team to arrange training.

Complaints awareness is included in the corporate induction programme for all new members of staff.

8. Related Documents

8.1 Other related policy documents

- Safeguarding Children Policy
- Safeguarding Adults Policy
- Records Management Policy
- Serious Incidents Management Policy
- Managing Allegations Against Staff Policy
- Counter Fraud, Bribery and Corruption Policy

8.2 Legislation and statutory requirements

- General Data Protection Regulation (GDPR), 2018.
- Cabinet Office. (2006) *Equality Act 2006*. London. HMSO.
- Cabinet Office. (2005) *Mental Capacity Act 2005*. London. HMSO.
- Cabinet Office. (2000) *Freedom of Information Act 2000*. London. HMSO
- Cabinet Office. (1990) *Access to Health Records Act*. London. HMSO.
- Cabinet Office. (2018) *Data Protection Act 2018*. London. HMSO.
- Cabinet Office. (1998) *Human Rights Act 1998*. London. HMSO.
- Department of Health. (2009) *Local Authority Social Services and National Health Service Complaints (England) Regulations*. London. HMSO.
- Department of Health. (2009) *The NHS Constitution for England*. London. HMSO.
- HM Government (2015): *Channel Duty Guidance – protecting vulnerable people from being drawn into terrorism*
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/425189/Channel_Duty_Guidance_April_2015.pdf
- HM Government (2015): *Prevent Duty Guidance*
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/417943/Prevent_Duty_Guidance_England_Wales.pdf
- HM Government (2015): *Working Together to safeguard Children*
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/419595/Working_Together_to_Safeguard_Children.pdf
- HM Government (2015): *Information Sharing: Advice for practitioners providing safeguarding services to children, young people, parents and carers.*
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/419628/Information_sharing_advice_safeguarding_practitioners.pdf

- The Care Act 2014
<http://www.legislation.gov.uk/ukpga/2014/23/contents/enacted>
- HM Government (2011): *The Prevent Strategy*
<http://www.legislation.gov.uk/ukpga/2014/23/contents/enacted>

8.3 Best practice recommendations

- PHSO. *Complaints Standards Framework (2021)*
- NHS England. (2015) *Accessible Information Standard*
- Independent report, Ann Clwyd and Professor Tricia Hart. (2013) review of *NHS hospitals complaints system: Putting Patients Back in the Picture*
- Department of Health. (2009) *Listening, Responding, Improving*
- HMSO. (2009) *A guide to better customer care*
- PHSO. (2009) *Principles of Good Administration*
- PHSO. (2009) *Principles of Remedy*
- PHSO. (2008) *Principles of Good Complaint Handling*
- Department of Health. (2008) *Records Management: NHS Code of Practice*. London: DH.
- NHS Litigation Authority. (2008) *Risk Management Standard for Primary Care Trusts*. London: NHSLA.
- Healthcare Commission. (2007) *Spotlight on Complaints*.

9. Monitoring, Review and Archiving

9.1 Monitoring

The ICB Board will agree a method for monitoring the dissemination and implementation of this policy.

9.2 Review

9.2.1 The ICB Board will ensure that this policy document is reviewed in accordance with the timescale specified at the time of approval. No policy or procedure will remain operational for a period exceeding three years without a review taking place.

9.2.2 Staff who become aware of any change which may affect a policy should advise their line manager as soon as possible. The Executive Director will then consider the need to review the policy or procedure outside of the agreed timescale for revision.

9.2.3 For ease of reference for reviewers or approval bodies, changes should be noted in the 'version control' table on the second page of this document.

9.3 Archiving

The ICB Board will ensure that archived copies of superseded policy documents are retained in accordance with Records Management: Code of Practice for Health and Social Care 2021.

10. Equality Analysis

Initial Screening Assessment (STEP 1)

As a public body organisation we need to ensure that all our current and proposed strategies, policies, services and functions, have given proper consideration to equality, diversity and inclusion, do not aid barriers to access or generate discrimination against any protected groups under the Equality Act 2010 (Age, Disability, Gender Reassignment, Pregnancy and Maternity, Race, Religion/Belief, Sex, Sexual Orientation, Marriage and Civil Partnership).

This screening determines relevance for all new and revised strategies, policies, projects, service reviews and functions.

Completed at the earliest opportunity it will help to determine:

- The relevance of proposals and decisions to equality, diversity, cohesion and integration.
- Whether or not equality and diversity is being/has already been considered for due regard to the Equality Act 2010 and the Public Sector Equality Duty (PSED).
- Whether or not it is necessary to carry out a full Equality Impact Assessment.

Name(s) and role(s) of person completing this assessment:

Name: Katharine Humby

Job Title: Clinical Quality Manager

Organisation: North of England Commissioning Support Unit (NECS)

Title of the service/project or policy: Complaints Policy (2)

Is this a;

Strategy / Policy

Service Review

Project

Other Not applicable

What are the aim(s) and objectives of the service, project or policy:

This policy describes the systems in place to effectively manage all complaints received by 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, its staff and services.

The policy also includes the process used for complaints received relating to commissioned services such as NHS trusts, independent contractors (general practices, dental practices, pharmacies and opticians) and independent sector providers.

The purpose of this policy is to ensure that the ICB promotes best practice within its complaints management function, and also that it is compliant with the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009.

Every complainant will be treated fairly and equally regardless of age, disability, race, culture, nationality, gender, sexual orientation and faith. The patient/complainant will not receive less help, will not have things made difficult for them and will not have the quality of their care will be compromised as a result of a complaint. For people who require

language or signed interpreting this will be made available throughout the complaints process.

Who will the project/service /policy / decision impact?

(Consider the actual and potential impact)

- **Staff**
- **Service User / Patients**
- **Other Public Sector Organisations**
- **Voluntary / Community groups / Trade Unions**
- **Others, please specify** N/A

Questions	Yes	No
Could there be an existing or potential negative impact on any of the protected characteristic groups?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Has there been or likely to be any staff/patient/public concerns?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Could this piece of work affect how our services, commissioning or procurement activities are organised, provided, located and by whom?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Could this piece of work affect the workforce or employment practices?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Does the piece of work involve or have a negative impact on: <ul style="list-style-type: none"> • Eliminating unlawful discrimination, victimisation and harassment • Advancing quality of opportunity • Fostering good relations between protected and non-protected groups in either the workforce or community 	<input type="checkbox"/>	<input checked="" type="checkbox"/>

If you have answered no to the above and conclude that there will not be a detrimental impact on any equality group caused by the proposed policy/project/service change, please state how you have reached that conclusion below:

Click here to enter text.

If you have answered yes to any of the above, please now complete the ‘STEP 2 Equality Impact Assessment’ document

Accessible Information Standard	Yes	No
Please acknowledge you have considered the requirements of the Accessible Information Standard when communicating with staff and patients. https://www.england.nhs.uk/wp-content/uploads/2017/10/accessible-info-standard-overview-2017-18.pdf	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If any of the above have not been implemented, please state the reason: N/A		

Governance, ownership and approval

Please state here who has approved the actions and outcomes of the screening		
Name	Job title	Date
Claire Riley	Executive Director of Corporate Governance, Communications and Involvement	June 2022

Publishing

This screening document will act as evidence that due regard to the Equality Act 2010 and the Public Sector Equality Duty (PSED) has been given.

Equality Impact Assessment: Policy – Strategy – Guidance (STEP 2)

This EIA should be undertaken at the start of development of a new project, proposed service review, policy or process guidance to assess likely impacts and provide further insight to reduce potential barriers/discrimination. The scope/document content should be adjusted as required due to findings of this assessment.

This assessment should then be updated throughout the course of development and continuously updated as the piece of work progresses.

Once the project, service review, or policy has been approved and implemented, it should be monitored regularly to ensure the intended outcomes are achieved.

This EIA will help you deliver excellent services that are accessible and meet the needs of staff, patients and service users.

This document is to be completed following the STEP 1 – Initial Screening Assessment

STEP 2 EVIDENCE GATHERING

Name(s) and role(s) of person completing this assessment:

Name: Katharine Humby

Job Title: Clinical Quality Manager

Organisation: North of England Commissioning Support (NECS)

Title of the service/project or policy: Complaints Policy (2)

Existing **New / Proposed** **Changed**

What are the intended outcomes of this policy/ service / process? (Include outline of objectives and aims;

As outlined in the screening document above.

Who will the project/service /policy / decision impact?

(Consider the actual and potential impact)

- **Consultants**
- **Nurses**
- **Doctors**
- **Staff**
- **Service User / Patients**
- **Others, please specify** N/A

Current Evidence / Information held	Outline what current data / information is held about the users of the service / patients / staff / policy / guidance? Why are the changes being made?
(Census Data, Local Health Profile data, Demographic reports, workforce reports, staff metrics, patient/service users/data, national reports, guidance, legislation changes, surveys, complaints, consultations/patient/staff feedback, other)	Complaints / Incidents

STEP 3: FULL EQUALITY IMPACT ASSESSMENT

The Equality Act 2010 covers nine ‘protected characteristics’ on the grounds upon which discrimination and barriers to access is unlawful.
Outline what impact (or potential impact) the new policy/strategy/guidance will have on the following protected groups:
Age
Neutral
Disability
Information about the complaints policy is available in other languages and formats upon request. Interpreters, including BSL interpreters, will be provided as required for face to face meetings with complainants. Information is provided virtually and physically to ensure that staff and service users are aware of the facilities available for meeting a complainant or patient’s communication requirements.
Gender reassignment (including transgender) and Gender Identity
Neutral
Marriage and civil partnership
Neutral
Pregnancy and maternity
Neutral

Race
Information about the complaints procedure is available in other languages and formats upon request. Interpreters, including BSL interpreters, will be provided as required for face to face meetings with complainants.
Religion or Belief
Neutral
Sex/Gender
Neutral
Sexual orientation
Neutral
Carers
Neutral
Other identified groups relating to Health Inequalities
Neutral

STEP 4: ENGAGEMENT AND INVOLVEMENT

Have you engaged stakeholders in testing the policy/guidance or process proposals including the impact on protected characteristics?

Guidance Notes

- List the stakeholders engaged
- What was their feedback?
- List changes/improvements made as a result of their feedback
- List the mitigations provided following engagement for potential or actual impacts identified in the impact assessment.

Not applicable.

If no engagement has taken place, please state why:

Not applicable

STEP 5: METHODS OF COMMUNICATION

What methods of communication do you plan to use to inform service users/staff about the policy/strategy/guidance?

- Verbal – meetings Verbal - Telephone
 Written – Letter Written – Leaflets/guidance booklets
 Written - Email Internet/website Intranet page
 Other – Staff Briefing

If other please state: In addition to sharing the changes to the policy via websites and information leaflets, other specific methods of communication will be considered case by case.

Step 6 – Accessible Information Standard Check

From 1st August 2016 onwards, all organisations that provide NHS care and / or publicly-funded adult social care are legally required to follow the Accessible Information Standard. The Standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of patients, service users, carers and parents with a disability, impairment or sensory loss.

<https://www.england.nhs.uk/wp-content/uploads/2017/10/accessible-info-standard-overview-2017-18.pdf>

Tick to confirm you have you considered an agreed process for:
<input checked="" type="checkbox"/> Asking people if they have any information or communication needs, and find out how to meet their needs.
<input checked="" type="checkbox"/> Have processes in place that ensure people receive information which they can access and understand, and receive communication support they need it.
If any of the above have not been implemented, please state the reason: NA

STEP 7: POTENTIAL IMPACTS IDENTIFIED; ACTION PLAN

Ref no.	Potential/actual Impact identified	Protected Group Impacted	Action(s) required	Expected Outcome	Action Owner	Timescale/ Completion date
1						

GOVERNANCE, OWNERSHIP AND APPROVAL

Please state here who has approved the actions and outcomes of the screening		
Name	Job title	Date
Claire Riley	Director of Corporate Governance, Communications and Involvement	June 2022

Presented to (Appropriate Committee)	Publication Date
ICB Board	July 2022

Appendix 1

Duties and Responsibilities

ICB Board	The ICB Board is responsible for setting the strategic context in which organisational process documents are developed, and for establishing a scheme of delegation for the formal review and approval of such documents.
Chief Executive	The Chief Executive has overall responsibility for the strategic direction and operational management, including ensuring that ICB process documents comply with all legal, statutory and good practice guidance requirements.
Quality and Safety Committee	In line with the Scheme of Reservation and Delegation and the Committees' Terms of Reference, the Quality and Safety Committee will have responsibility for monitoring the themes of complaints.
CSU Complaints Team	<p>The CSU complaints team is responsible for the day-to-day handling of complaints and will be readily available to receive complaints, support staff with the local resolution process and to give information and advice where required.</p> <p>Where appropriate, the CSU complaints team will also arrange a conciliation service to assist in the resolution of complaints. Information will also be relayed to the complainant regarding advocacy services that are available.</p> <p>The CSU complaints team will co-ordinate and collate all the information required in order to produce a draft response to the complainant. All actions arising as a result of a complaint investigation will be monitored by the CSU complaints team to ensure implementation, in conjunction with line managers and heads of service.</p> <p>The CSU complaints team is responsible for entering information onto the risk management database and producing appropriate reports as required, including the collection of data to enable the annual complaints return to the Department of Health.</p> <p>The CSU complaints team will keep up to date with current legislation and advise others as appropriate.</p> <p>In cases that involve the PHSO, the CSU complaints team will be the point of contact for the Ombudsman and will liaise with them in any investigation.</p>

Investigating Officer	<p>The investigating officer is responsible for undertaking the detailed investigation of complaints, to provide information in order that the CSU complaints team can draft the written response for signature by the Chief Executive (or nominated deputy).</p> <p>The investigating officer will establish the underlying causes of complaints and ensure that these are properly understood, lessons are learned and where appropriate, improvements are implemented.</p>
Senior Management Team	<p>The senior management team is responsible for ensuring that complaints are investigated in accordance with this policy; working with the CSU complaints team to ensure satisfactory resolution of complaints, including the implementation of any lessons learned.</p>
CSU Staff	<p>Whilst working on behalf of the ICB, CSU staff will be expected to comply with all policies, procedures and expected standards of behaviour within the ICB, however they will continue to be governed by all policies and procedures of their employing organisation.</p>
All staff	<p>All staff, including temporary and agency staff, are responsible for:</p> <ul style="list-style-type: none"> • Compliance with relevant process documents. Failure to comply may result in disciplinary action being taken. • Co-operating with the development and implementation of policies and procedures and as part of their normal duties and responsibilities. • Identifying the need for a change in policy or procedure as a result of becoming aware of changes in practice, changes to statutory requirements, revised professional or clinical standards and local/national directives, and advising their line manager accordingly. • Identifying training needs in respect of policies and procedures and bringing them to the attention of their line manager. • Attending training / awareness sessions when provided.

Appendix 2

Procedure for Handling Habitual and/or Persistent Complainants

1 Introduction

The organisation is committed to dealing effectively and empathetically with people who complain about NHS services and also to learning from the findings of complaints investigations. However, sometimes organisations need to deal with persistent complainants. Handling such complaints can place a strain on time and resources and cause undue stress for staff - some may need support in difficult situations. NHS staff are trained to respond with patience and sympathy to the needs of all complainants but there are times when there is nothing further that can reasonably be done to assist them or to rectify a real or perceived problem.

In determining arrangements for handling complainants there are two key considerations. The first is to ensure that the complaints procedure has been correctly implemented so far as possible and that no material element of a complaint is overlooked or inadequately addressed and to appreciate that habitual or persistent complaints may have issues which contain some genuine substance. The need to ensure an equitable approach is crucial. The second is to be able to identify the stage at which a complainant has become habitual or persistent. This Appendix is the ICB's approved procedure and is an integral part of the overall Complaints Policy.

It is important to note that implementation of this procedure would only occur in exceptional circumstances.

2 Purpose of the Procedure

Complaints are processed in accordance with NHS complaints procedures and the ICB's Complaints Policy. During this process staff inevitably may have contact with a small number of complainants who can absorb a disproportionate amount of NHS resources in dealing with their complaints. The aim of this procedure is to identify situations where the complainant might be considered habitual or persistent and to suggest ways of responding to these situations.

It is emphasised that this procedure should only be used as a last resort and after all reasonable measures have been taken to try to resolve complaints following the NHS complaints procedures. For example, through local resolution, conciliation, or involvement of the relevant independent complaints advocacy service as appropriate. Judgement and discretion must be used in applying the criteria to identify potential habitual or persistent complainants and in deciding action to be taken in specific cases.

The procedure should only be implemented following careful consideration by, and with authorisation of, the ICB Chair and Chief Executive (or nominated deputy) of the organisation. Where deputies are used, the reason for the non-availability of the ICB Chair or Chief Executive should be recorded on file.

3 Definition of a Habitual or Persistent Complaint

Complainants (and/or anyone acting on their behalf) may be deemed to be habitual or persistent complainants where previous or current contact with them shows that they meet **TWO OR MORE** of the following criteria:

Where complainants:

- i Persist in pursuing a complaint where the NHS complaints procedure has been fully and properly implemented and exhausted (eg where investigation has been denied as 'out of time', where the PHSO has declined a request for independent review or has already investigated the matter).
- ii Change the substance of a complaint or continually raise new issues or seek to prolong contact by continually raising further concerns or questions upon receipt of a response whilst the complaint is being addressed. (Care must be taken not to discard any new issues, which are significantly different from the original complaint. These might need to be addressed as separate complaints.)
- iii Are unwilling to accept documented evidence of treatment given as being factual, eg drug records, manual or computer records, nursing records or deny receipt of an adequate response in spite of correspondence specifically answering their questions, or do not accept that facts can sometimes be difficult to verify when a long period of time has elapsed.
- iv Do not clearly identify the precise issues which they wish to be investigated, despite reasonable efforts of NHS staff and, where appropriate, the independent complaints advisory service to help them specify their concerns, and/or where the concerns identified are not within the remit of the organisation to investigate.
- v Focus on a trivial matter to an extent which is out of proportion to its significance and continue to focus on this point. (It is recognised that determining what a 'trivial' matter is can be subjective and careful judgement must be used in applying the criteria.)
- vi Have threatened or used actual physical violence towards staff or their families or associates at any time. This will in itself cause personal contact with the complainant and/or their representatives to be discontinued and the complaint will, thereafter, only be pursued through written communication. (All such incidents should be reported via SIRMS.)
- vii Have in the course of addressing a registered complaint, had an excessive number of contacts with the organisation placing unreasonable demands on staff. (A contact may be in person or by telephone, letter or email. Discretion must be used in determining the precise number of excessive contacts applicable under this section, using judgement based on the specific circumstances of each individual case.)

- viii Have harassed or been personally abusive or verbally aggressive on more than one occasion towards staff dealing with their complaint or their families or associates. (Staff must recognise that complainants may sometimes act out of character at times of stress, anxiety, or distress and should make reasonable allowances for this. They should document all incidents of harassment and report via SIRMS.)
- ix Are known to have recorded meetings or face-to-face/telephone conversations without the prior knowledge and consent of other parties involved.
- x Display unreasonable demands or patient/complainant expectations and fail to accept that these may be unreasonable (eg insist on response to complaints or enquiries being provided more urgently than is reasonable or normal recognised practice).

4 Options for Dealing with Habitual or Persistent Complaints

Where complainants have been identified as habitual or persistent in accordance with the above criteria, the Chair and Chief Executive (or appropriate deputies in their absence) will determine what action to take. The Chief Executive (or nominated deputy) will implement such action and will notify complainants in writing of the reasons why they have been classified as habitual or persistent complainants and the action to be taken. A copy of this procedure should be shared with the complainant and they will be advised to consider its contents, particularly the criteria in section 3, when they are communicating with the ICB/CSU/other NHS organisations. This notification may be copied for the information of others already involved in the complaint, eg practitioners, mediators, conciliators, ICA, MP. A record must be kept for future reference of the reasons why a complainant has been classified as habitual or persistent. It may also be appropriate to suggest that the complainant seeks advice in processing their complaint, eg through the relevant independent advocacy service for their area.

The Chair and Chief Executive (or nominated deputy) may decide to deal with complainants in one or more of the following ways:

- Try to resolve matters, before invoking this procedure, by drawing up a signed 'agreement' with the complainant (and if appropriate involving the relevant member of staff in a two-way agreement) which sets out a code of behaviour for the parties involved, if the organisation is to continue processing the complaint. If these terms are contravened consideration would then be given to implementing other action as indicated in this section.
- Decline contact with the complainant either in person, by telephone, by letter/email or any combination of these, provided that one form of contact is maintained or alternatively restrict contact to liaison through a third party. (If staff are to withdraw from a telephone conversation with a complainant it may be helpful for them to have an agreed statement available to be used at such times.)

- Notify the complainant in writing that the Chief Executive (or nominated deputy) has responded fully to the points raised and has tried to resolve the complaint but there is nothing more to add and continuing contact on the matter will serve no useful purpose. The complainant should also be notified that the correspondence is at an end and that further letters received will be acknowledged but not answered.
- Temporarily suspend all contact with complainant or investigation of a complaint whilst seeking legal advice or guidance from relevant agencies.

5 Withdrawing 'Habitual or Persistent' Status

Once complainants have been determined as 'habitual or persistent' there needs to be a mechanism for withdrawing this status at a later date if, for example, complainants subsequently demonstrate a more reasonable approach or if they submit a further complaint for which normal complaints procedures would appear appropriate. Staff should previously have used discretion in recommending 'habitual or persistent' status at the outset and discretion should similarly be used in recommending that this status be withdrawn when appropriate. Where this appears to be the case, discussion will be held with the Chair and Chief Executive (or nominated deputy). Subject to their approval, normal contact with the complainant and the application of NHS complaints procedures will then be resumed.

6 Review of the Procedure

This procedure will be reviewed as appropriate and at any time there is a review of *The Local Authority Social Services and NHS Complaints [England] Regulations 2009* or the ICB's Complaints Policy.