



North East London
Integrated Care Board

North East London Integrated Care Board

Complaints Policy

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North East London Integrated Care Board Complaints Policy

A. INTRODUCTION

A1. Purpose

This policy outlines our framework for, and commitment to, dealing with complaints about the services planned and paid for by the North East London Integrated Care Board (hereby known as the ICB), Board members, committee and sub-committee members, and employees of NHS North East London (as well as individuals contracted to work on behalf of the group or otherwise providing services or facilities to the group such as those within support services).

This policy also provides information about how the ICB manages, responds to and learns from complaints made about these services, and the way in which they are planned and paid for. It emphasises the importance of prompt and effective resolution wherever possible, setting out the timeframe for responding to complaints, individuals' roles in the process and the reporting structure for complaints information.

A2. Background

As an Integrated Care Board (ICB), we are responsible for planning health services for our local population in north east London, acting as the strategic commissioner for health services and are also responsible for convening partners across north east London. We carry out these responsibilities to support the four aims of an integrated care system – to improve outcomes in population health and healthcare; tackle inequalities in outcomes, experience, and access; enhance productivity and value for money; and help the NHS support broader social economic development – as well as to deliver the core purpose of our integrated care system – to work with and for the people of north east London to create meaningful improvements in health, wellbeing and equity.

The insights gained through enquiries and complaints are one of the ways we can understand how well we are working to improve local people's access to, experience of and outcomes from the delivery of health care services – and so every enquiry and complaint is important to us and how we investigate and respond to complaints is critical in how we continuously learn and improve access, experience and outcomes for all local people. We recognise the inequalities which exist in access, experience and outcomes and are committed to using learning from enquiries and complaints to help address these inequalities.

Where people's experience of health care services is not to an appropriate quality standard, we are keen to hear what has happened, to understand why, to learn and improve so that we can avoid a recurrence and to work with the complainant to provide a suitable remedy for them as individuals. This policy is built on our willingness to learn, to respond and to improve, across all areas of our activity.

A3. Equalities

This policy has been created and written in accordance with the provisions of the Equality Act 2010 (EA 2010). In addition, it supports the achievement of the aims of the EA 2010 and the Public Sector Equality Duty contained therein.

An Equality Impact Assessment has been carried out for this policy and no significant issues have been identified.

We recognise that local people's ease of access to making an enquiry or complaint will vary and we are committed to ensuring that all local people know how they can enquire and complain about their services. We also welcome enquiries and complaints through an advocate such as a family member, friend or elected representative such as a Councillor or Member of Parliament.

A4. Help and Support

Training to support the implementation and awareness of this policy will be provided for staff.

For further support with this policy, please contact the Complaints Service at nelondonicb.complaints@nhs.net

B. AIMS AND PRINCIPLES

B1. Policy Aims

The ICB is committed to nurturing a continuous learning culture across north east London as vital to building a continuous improvement culture across our sub-region. Hearing directly from people drawing on the services we commission and deliver, as well as those family and friends affected by the care they receive, is a core part of how we improve both quality and impact. Where things don't go right, we are always keen to hear directly from those affected and to work together to improve their experience and outcomes.

For the ICB, ensuring that complaints, concerns and issues raised by patients, relatives and carers are acknowledged and responded to in an appropriate and timely manner is therefore both an important transaction and a vital step in becoming a learning organisation and system. This policy outlines how the ICB will apply the learning to other areas as part of its efforts to improve continually the service it plans and pays for.

The ICB will ensure that complaints, concerns and issues raised are properly investigated in an unbiased, non-judgmental, transparent, timely and appropriate manner. The outcome of any investigation, along with any resulting actions, will be explained to the complainant.

The ICB considers any complaint or enquiry about the services it plans and pays for as a vital part of reviewing and improving them. The investigations of complaints should always consider what learning there is and what can be disseminated to promote best practice. We will analyse trends in the raising of complaints as well as in their resolution, to ensure that we are not perpetuating any inequalities in our response to complaints.

In responding to complaints, we will work to the following principles:

- We welcome enquiries, complaints and compliments about health services in north east London
- We learn from complaints to improve things both for the person complaining and those in a similar position in the future
- We are transparent and honest in responding to complaints, acknowledging where we need to do better

- We apologise when people complain and are compassionate in responding to their concerns
- We recognise the inequalities in health outcomes for different communities and will work to ensure that in responding to complaints we reduce those inequalities of access, experience and outcomes
- We respond in a timely fashion to complaints, notifying complainants where we may need more time to carry out a full investigation and why
- We recognise the risk that complainants may be concerned about the impact of complaining on the care they receive and we act positively to reduce this risk

B2. Legal, Statutory, Mandatory and Best Practice Requirements

This policy meets the requirements of the Local Authority Social Services and National Health Service Complaints [England] Regulations 2009, conforms to the NHS Constitution, and complies with guidance from the NHS England Guide to good handling of complaints for Clinical Commissioning Groups (2003). It also takes account of the principles laid out in the Parliamentary and Health Service Ombudsman Principles of Good Complaints Handling (2009).

B3. Scope

This policy applies to the handling of formal complaints, concerns, queries and compliments; including those raised by democratically elected representatives (eg Member of Parliament (MP) or local Councillor) on behalf of their constituents, relating to services directly planned and paid by the ICB.

This would include NHS (not private) primary care such as GPs, dentists, pharmacists and optometrists. This policy does not apply to Freedom of Information Requests.

This policy applies to all individuals working for, or on behalf of the ICB, including those employed on permanent or fixed term contracts, interims, self-employed contractors, ICB Board Members, Clinical Leads, Locality Leads, and volunteers.

Complaints can be made by a person who is affected by, is likely to be affected by, or is aware of, either through direct experience or observation, an action, omission or decision of the ICB.

Complaints about services other than those planned and paid for by the ICB will be referred to the complaints service of the provider concerned. Where the complaint is in part about a service commissioned by the ICB, the aim should be to provide a single all-encompassing response (See [Section D8](#) and [Appendix 3: 3.3 Flow Chart](#)).

B4. Definitions

A complaint or concern is an expression of dissatisfaction about an act, omission or decision of the ICB, either verbal or written, and whether justified or not, which requires a response and/or redress.

Working day means any day except a Saturday, a Sunday and a bank holiday.

C. KEY ROLES AND RESPONSIBILITIES

C1. Chief Officer with responsibility for complaints

- Overall accountability for ensuring that the ICB Complaints Policy meets the statutory requirements as set out in the Regulations;
- Responsible chief officer for approving and signing complaint response letters.
- Responsible for ensuring the ICB applies the principles of this policy and that there are suitable resources to support its implementation including learning from enquiries and complaints, enabling continuous improvement and engaging effectively with the complainant;
- Responsible for managing the procedures for handling and considering complaints in accordance with the Regulations and local policy;
- Ensure that where a complaint may need to be escalated as a Serious Incident that the complaint is discussed and reviewed at the relevant quality committee;
- Ensure information from complaints is reported into appropriate quality and risk committees and forums to enable organisational review and learning.

C2. Complaints Manager

- Responsible for the resolution of complaints and concerns in a timely manner;
- Responsible for the recording of all relevant detail complaints on a database,
- Responsible for the promotion and recording of any learning from complaints;
- Promote the use of complaints procedures as a measure of performance and quality;
- Promote the use of complaints information to contribute to practice development, and service planning; and
- Responsible for ensuring that all complaints staff have relevant safeguarding to enable them to identify the key safeguarding concerns.

C3. Complaints Officers

- Facilitation of the resolution of complaints and concerns;
- Recording details of the complaint on a database; and
- All complaints staff must have at least Level 2 training in safeguarding to enable them to identify the key safeguarding concerns

C4. Directors

Responsible for investigating and resolving complaints about planned and paid for services in line with this policy, as subject matter experts, drafting responses for approval. In addition, responsible for ensuring learning from enquiries and complaints is available to the service and more widely across the integrated care system.

C5. All Line Managers

All Line Managers are responsible for ensuring that their teams comply with this Policy.

C6. Staff

- All staff have a responsibility to ensure that they are aware of the principles of this policy, understand why complaints are important, know how to support investigation of complaints and have undertaken training as appropriate;
- All individuals working for, or on behalf of the organisation(s) listed within section 1.4 above, including those employed on permanent or fixed term contracts, interims, self-employed contractors, Board Members, Clinical Leads, Locality Leads, and volunteers are responsible for complying with this Policy and for using the principles set out in section B.

C7. Executive Management Team

Receive quarterly reports in order to take a strategic overview and to consider emerging themes and learning from enquiries and complaints. Ensure enquiries and complaints are being given the required priority across the organisation and that learning is being identified and applied including identifying service improvements as a result of complaints and concerns being raised.

C8. Quality, Safety and Improvement Committee

Receive quarterly reports and the annual report in order to take a system and strategic overview and to consider emerging themes and learning from enquiries and complaints. Ensure enquiries and complaints are being given the required priority across the organisation and that learning is being identified and applied including identifying service improvements as a result of complaints and concerns being raised, with a particular focus on quality, safety and improvement.

C9. ICB Board

Ensure that enquiries and complaints are appropriately considered across the system and used for learning and continuous improvement, both strategically and operationally.

D. PROCESS

D1. Not in scope

The following complaints cannot be dealt with under this policy:

1. A complaint made by a local authority, NHS body, primary care provider or independent provider;
2. A complaint regarding privately funded treatment;
3. A complaint made by an employee about any matter relating to their employment*;
4. A complaint which is made orally and resolved to the complainant's satisfaction no later than the next working day. The outcome will be shared verbally and by email and the complaint closed as informally resolved;
5. A complaint, the subject matter of which has previously been investigated under the 2009 Regulations or previous Regulations;
6. A complaint which is being or has been investigated by the Parliamentary and Health Service Ombudsman;
7. A failure to comply with a request for information under the Freedom of Information Act 2000**;
8. A complaint which relates to any scheme established under Section 10 (superannuation of persons engaged in health services) or Section 24 (compensation for loss of office) of the Superannuation Act 1972 or to the administration of those schemes***.
9. Continuing Healthcare (CHC). Patients who believe the CHC process has not been appropriately followed and/or the CHC eligibility criteria have been incorrectly applied can request an appeal within the appropriate timeframe. Patients who remain dissatisfied after an appeal have the right to make a complaint through NEL ICB's NHS complaints procedure that will co-ordinate the response from the appropriate experts. If the appeal is unsuccessful patients have the right to make to a further appeal to NHS England and following the NHS England decision can appeal to the Parliamentary Health Service Ombudsman

* These complaints will be handled under the ICB's Grievance Policy.

** These complaints are handled by the Information Commissioner's Office.

*** These complaints are handled by the NHS Pensions Agency.

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 will be signposted to the correct agency or team to deal with their query.

Should a complaint / concern / issues relating to matter already raised as a Serious Incident or be the subject of a Safeguarding Investigation, seek advice on the most appropriate way forward.

D2. Who can make a Complaint?

D2.1 Any person who receives or has received services planned and paid for by the ICB or any person who is affected, or is likely to be affected, by the action, omission or decision of the ICB can make a complaint.

D2.2 A complaint or concern may be made by a person acting on behalf of a patient in any case where that person:

1. is a child;

In the case of a child under the age of 13, the representative must be a parent, 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 a person authorised by the local authority or the voluntary organisation, and in the opinion of the Chief Executive Officer, Chief Medical Officer or Caldicott Guardian is making the complaint in the best interests of the child;

In the case of a child over the age of 13, consent for the representative to make the complaint on the child's behalf must be obtained and documented;

2. has died;

In the case of a patient or person affected who has died, the representative must be a relative or other person who had sufficient interest in their welfare and is a suitable person to act as a representative; e.g. documented next of kin, or executor or beneficiary of the will of the person affected.

3. has physical or mental incapacity;

In the case of a person who is unable by reason of physical capacity, or lacks capacity within the meaning of the Mental Capacity Act 2005, to make the complaint themselves, the representative must be a relative or other person who has sufficient interest in their welfare and is a suitable person to act as a representative; e.g. Power of Attorney;

4. has been given the complainant's written consent to act on their behalf, or has delegated authority to do so; e.g. Power of Attorney;

5. is an MP acting on behalf of and by instruction from a constituent.

D3. Safeguarding and Complaints

The ICB takes its safeguarding duties seriously and adheres at all times to the Caldicott Principle number 7: that "The duty to share information can be as important as the duty to protect patient confidentiality". This means that information will be shared where necessary for the safety of a patient or complainant, even if they object to the information to be shared for this use. Please see the ICB's Safeguarding Policies for further information.

If a complaint or concern is an allegation or suspicion of abuse for a person over the age of 18 (for example sexual abuse, physical neglect or abuse, or financial abuse) it will immediately be forwarded to the Safeguarding Adults Team at the appropriate London Borough (dependent on where the complainant lives) for an investigation to be undertaken following the appropriate safeguarding policies and procedures. The ICB will review the complaint or concern in line with the Serious Incident policy to determine whether there is a requirement to contact the provider and request that they investigate the concerns as a Serious Incident. The ICB will notify the complainant that their concerns will be managed via the safeguarding process.

If a complaint or concern is an allegation or suspicion of abuse for a person under the age of 18, for example sexual abuse, physical neglect or abuse, or financial abuse, it will immediately be forwarded to the Children's Safeguarding Team at the appropriate London Borough (dependent on where the complainant lives) for an investigation to be undertaken following the appropriate child protection policies and procedures. The ICB will review the complaint or concern in line with the Serious Incident Policy to determine whether there is a requirement to contact the provider and request that they investigate the concerns as a Serious Incident. The ICB will notify the complainant that their concerns will be managed via the safeguarding process.

In a situation where a person discloses physical or sexual abuse, or criminal or financial misconduct, it will be reported using appropriate policies and procedures. The ICB is bound under its duty in the Health and Social Care Act 2012 to report the disclosure even if the person does not want to make a complaint about the disclosure.

In case involving vulnerable adults or children, including threats of self-harm and/or harm to others, all officers will implement effective safeguarding policies and practice, referring to the appropriate safeguarding board.

Any allegations of fraud or financial misconduct will be referred to the National Fraud Reporting line at NHS Counter Fraud Authority; details will not be taken by the complaints team and the complaint will not be dealt with by the team. The ICB will notify the complainant that their concerns will be managed via NHS fraud processes.

D4. How a complaint can be made

If a person has concerns relating to a service directly commissioned by the ICB they have the right to raise a formal complaint with either the service provider or the ICB.

A complaint or concern can be made by email, by post or verbally. Where the complaint is made verbally a written record of it will be made and provided to the complainant by email. (See [Appendix 3: 3.4 Flow Chart](#))

The contact details for making a complaint are as follows:

Telephone: 020 8221 5750
E-mail: nelondonicb.complaints@nhs.net
Writing to us at: Complaints Department
NHS North East London
4th Floor – Unex Tower
5 Station Street
London E15 1DA

D5. Advocacy Services

Since April 2013, local authorities have a statutory duty to commission independent advocacy services to provide support for people making, or thinking of making, a complaint about their NHS care or treatment. Arrangements will vary between local authority areas. Complainants are advised to directly contact their local Healthwatch, or their local authority, for information about how this service is provided in their area.

D6. Timescales for raising a complaint

Complaints should be made within twelve months from either the date of the event giving rise to the complaint, or from the person becoming aware that they may have cause for complaint.

If there are good reasons for not having made the complaint within the above time frame and, if it is still possible to investigate the complaint effectively and fairly, the ICB will consider reviewing the complaint.

D7. Confidentiality and Consent

Complaints will be handled in the strictest confidence. Care will be taken that information is only disclosed to those who have a demonstrable need to have access to it.

The ICB is required to maintain an appropriate level of confidentiality with all sensitive data it holds and uses, in adherence to both data protection legislation and the common law duty of confidentiality. This includes the requirement to ensure that confidential data is shared only where there is a legal basis to do so and where it is absolutely necessary. The lawful basis for processing complaints is:

1. UK GDPR Article 6(1)(e) processing is necessary for the performance of a task carried out in the public interest or in the exercise of official authority vested in the controller.
2. Article 9(2)(g) processing is necessary for reasons of substantial public interest, [...] and provide for suitable and specific measures to safeguard the fundamental rights and the interests of the data subject.

It may be necessary to obtain consent before a formal complaint can be take forward. Such consent can be for either/both the following purposes:

- Consent to raise a complaint on behalf of another person – where appropriate the complaint should provide proof of consent from the person on whose behalf they are complaining. (see [section D2](#) for further advice)
- Consent to share details of complaint (inc. patient identifiable data) with other appropriate bodies outside of the ICB that are relevant to its investigation - where appropriate the complaint should provide proof of consent from the person on whose behalf they are complaining. (see [section D2](#) for further advice)

For circumstances in which information disclosure is in the best interests for the patient, or the protection, safety or wellbeing of a child or vulnerable adult (see [Section D3](#) above), information will be escalated as necessary in line with safeguarding policies and procedures, as outlined in [Section D3](#) of this policy.

Information given to the ICB for the purpose of investigating a complaint will be retained, securely and electronically, by the ICB and only used to investigate the complaint. Only the Complaints Officer, PALS and Complaints Manager, and the staff

responsible for the area / service the complaint is about, will have access to any information provided for the purpose of making a complaint.

The ICB may have to look into medical records or other documentation in order to resolve the complaint. However, this would only be done after appropriate consent had been obtained or the information has been provided by the person making the complaint. Furthermore, such information would not be kept in the complaint record, unless it is relevant to the case and response.

Once a complaint is resolved, the information held by the ICB is securely stored and, eventually, securely destroyed in accordance with the retention schedule from the NHS Records Management Code of Practice 2021: this states that complaints files must be retained for 10 years from the date of the resolution of the complaint. After this time, the file will be reviewed and, if no longer needed, securely destroyed.

D8. Investigation and Organisational Response

All complaints will be acknowledged no later than three working days after the day the complaint is received (either by telephone, email or letter) and include a description of the complaints process and the timeframe and address any issues of consent.

The ICB will investigate a complaint in a manner aimed at resolving it as speedily and efficiently as possible.

The complainant can expect that the ICB will:

- Undertake to investigate the complaint;
- Keep the complainant informed of the progress of the investigation;
- Provide a response that is written in plain English, summarises the complainant's concerns, appropriately answers each concern and shows the evidence considered when writing the response;
- Provide assurance that the matter has been investigated and action has been taken to prevent a recurrence;
- Inform the complainant of any actions that will be taken as a result of the complaint and of the lessons learnt;
- Apologise for errors, maladministration, poor experience or any other issues identified;
- Propose a remedy where appropriate;
- Provide information of options should the complainant remain dissatisfied, including the complainant's right to take their complaint to the Parliamentary and Health Service Ombudsman (PHSO).

A response to a complaint must reflect the expectations set out above, including:

- A meaningful apology for the impact the issues leading to the complaint and the making of the complaint itself may have had on the complainant;
- An explanation of how the complaint has been considered and who has been involved in the investigation;
- Reference to any records, documents or guidelines that have been considered;
- Explanation and evidence of how a decision was reached;
- Where appropriate, a statement to the complainant of what has been done to put things right;
- Signposting to the complainant the next steps, including details of the Parliamentary and Health Service Ombudsman.

NOTE: all responses must be drafted using a standard response template (held by the Complaints team) and be approved by the appropriate Executive Director before submission for formal sign off.

Where a complaint involves more than one NHS or social care body, the aim should be, wherever possible, to provide the complainant with a single response addressing all concerns raised with all the relevant bodies.

To facilitate this it will be necessary, via discussions with the other bodies, to decide which body will coordinate the response to the complaint and communicate directly with the complainant.

This may be decided by either of the following ways:

- **Numerically:** if the majority of the issues raised by the complaint lie clearly with one body
- **Nature of issues raised:** in a complaint where a number of secondary issues lies with Body A but the single primary issue lies with Body B it may be more appropriate for Body B to lead.

Should it remain unclear as to which body should lead, the ICB will do so.

Important issues to consider when dealing with such complaints

- The agreed approach should be communicated clearly to the complainant and should they prefer that each body involved investigates and responds individually, this preference should be honoured.
- Whilst every effort should be made to respond within the agreed timescales as set out below, multi-body complaints may require more time than usual to ensure that an appropriate comprehensive response is provided. Where, therefore, more time may be needed this should, ideally, be communicated to the complainant at the outset. If it only becomes apparent at a later stage of the process that further time will be required this should be communicated to the complainant and a revised timescale agreed with them.

A flowchart detailing the process used for such complaints can be found at [Appendix 3 3.1](#).

D9. Timescales for responding to Complaints and all democratically elected representatives' correspondence

Every effort should be made to provide an appropriate response to Complaints (and MP Correspondence and PALS Enquiries) within the following guidelines:

- **Response to Formal Complaint** – in line with national guidelines, every effort will be made to provide a response within 40 working days of receipt of complaint. (See [Appendix 3: 3.1](#) for Complaints Process flow chart)
- **Response to democratically elected representatives' correspondence** – in line with national guidelines, should be made with 20 working days of receipt of complaint. (See [Appendix 3: 3.2](#) for democratically elected representatives correspondence Process flow chart)

D10. Referrals to the Parliamentary and Health Service Ombudsman (PHSO)

If a complainant remains dissatisfied with the handling of the complaint by the ICB they can ask the PHSO to review the case.

When informed that a complainant has approached the PHSO, the ICB will cooperate fully with the PHSO and provide all information that has been requested in relation to the complaint investigation.

D11. Persistent and/ or unreasonable complaints

The ICB will make every effort to ensure that complaints are resolved to the satisfaction of the complainant. There are some rare circumstances when nothing further can reasonably be done to assist a complainant or to rectify an issue. Under such circumstances and as a last resort, after all reasonable measures have been taken to try and resolve the complaint in line with this policy, but where the complainant is not satisfied, the ICB may follow the guidance for dealing with unreasonable complaints as set out in [Appendix 2](#).

D12. Providing support to employees impacted by unacceptable behaviour

The manager of the employee who has been impacted by unacceptable behaviour should discuss with them what support they require following the incident(s). This may include connecting them with a mental health first aider, referring them to our employee assistance programme or ensuring they have no further contact with the individual who has behaved unacceptably.

E. ASSURANCE AND OVERSIGHT

E1. Policy Implementation Plan

The ICB will ensure that all employees are aware of the existence of this policy. The following will be undertaken to ensure awareness:

- Annual reminder of the existence and importance of the policy via internal communication methods.
- Publication on the ICB's website and intranet site.

E2. Review of this Policy

This policy will be reviewed initially after one year, then every three years thereafter, or as and when there are changes to national legislation or local policy. Amended versions of this policy will be signed off by the Quality, Safety and Improvement Committee, and will then go to the ICB Board for noting.

F. MONITORING

F1. Demonstrating Learning and data recording

We expect all staff and the services we commission to identify what learning can be taken from complaints, regardless of whether mistakes were made.

Our senior managers take an active interest and involvement in all sources of feedback and complaints, identifying what learning will help improve our services and the services we commission for other users.

We maintain a record of:

- each complaint we receive
- the subject matter
- the outcome

- whether we sent our final written response to the person who raised the complaint within the timescale agreed at the beginning of our investigation

We measure our overall timescales for completing our consideration of all complaints and our delivery of the NHS complaint standards by seeking feedback on our service from the people who have made a complaint, any representatives they may have, staff who have been specifically complained about and from staff who carried out the investigation.

We monitor all feedback and complaints over time, looking for trends and risks that may need to be addressed.

F2. Monitoring Compliance and Effectiveness of the Policy

Quarterly reports and an annual report will be presented to the Executive Management Team and the Quality Safety and Improvement Committee, which will include:

- Number of complaints received
- Number of complaints received considered to be based on solid evidence or good reasons (complaints upheld)
- Issues, key themes and lessons learnt
- Actions taken, or being taken, to improve services as a result of complaints made
- Number of cases which the ICB has been advised are being considered by or referred to the PHSO
- Equality impact data

G. RELATED POLICIES AND REFERENCE

G1. Internal Policies

- [Data Protection and Confidentiality Policy](#)
- [Information Governance Policies](#)
- [Safeguarding Adults and Children Policy](#)
- [Grievance Policy](#)
- [Dignity at Work Policy](#)

G2. External References

- [Local Authority Social Services and National Health Service Complaints \[England\] Regulations \(2009\)](#)
- [NHS England Patient safety incident response framework and supporting guidance](#)
- [NHS Constitution](#)
- [NHS England Complaints Policy \(2024\)](#)
- [Parliamentary and Health Service Ombudsman Good Complaints Handling Guides for the NHS](#)
- [NHS Records Management Code of Practice updated 2023](#)
- [Health and Social Care Act \(2012\)](#)

H. EQUALITY IMPACT ASSESSMENT

An Equality Impact Assessment has been completed for this policy ([Appendix 1](#)), and no negative impact upon persons with protected characteristics has been identified.

APPENDIX 1 - EQUALITY IMPACT ASSESSMENT

Title of the change proposal or policy:

Complaints Policy

Brief description of the proposal:

This policy outlines the framework for dealing with complaints about the services planned and paid for by the North East London Integrated Care Board.

The policy provides information about how the ICB manages, responds to and learns from complaints made about these services, and the way in which they are planned and paid for. It emphasises the importance of prompt and effective resolution wherever possible, setting out the timeframe for responding to complaints, individuals' roles in the process and the reporting structure for complaints information.

Name and role of staff completing this assessment:

Anne-Marie Keliris, Head of Governance

Date of Assessment:

4 December 2024

Please answer the following questions in relation to the proposed change:

Will it affect employees, customers, and/or the public? Please state which.

The policy will improve the process and experience for employees and public.

Is it a major change affecting how a service or policy is delivered or accessed?

No

Will it have an effect on how other organisations operate in terms of equality?

No

If you conclude that there will not be a detrimental impact on any equality group, caused by the proposed change, please state how you have reached that conclusion:

This policy does not affect any group less or more favourably than another on the basis of the Equalities Act 2010 protected characteristics and principles of equality.

APPENDIX 2 - GUIDANCE FOR DEALING WITH UNREASONABLE COMPLAINANTS

This guidance covers all contacts, enquiries and complaints. It is intended for use as a last resort and after all reasonable measures have been taken to try and resolve a complaint using the ICB's Complaints Policy.

Persistent complainants may have genuine issues and it is therefore important to ensure that this process is fair and that the complainant's interests have been taken into consideration.

1. Purpose of guidance

To assist ICB staff to identify when a person is unreasonable, setting out the action to be taken.

2. Definition of unreasonable complainants

There is no one single feature of unreasonable behaviour. Examples of behaviour may include those who:

- Persist in pursuing a complaint when the procedures have been fully and properly implemented and exhausted;
- Do not clearly identify the precise issues that they wish to be investigated, despite reasonable efforts by staff, and where appropriate, the relevant independent advocacy services;
- Continually make unreasonable or excessive demands in terms of process and fail to accept that these may be unreasonable e.g. insist on responses to complaints being provided more urgently than is reasonable or is recognised practice;
- Continue to focus on a 'trivial' matter to an extent that it is out of proportion to its significance. It is recognised that defining 'trivial' is subjective and careful judgment must be applied and recorded;
- Change the substance of a complaint or seek to prolong contact by continually raising further issues in relation to the original complaint. Care must be taken not to discard new issues that are significantly different from the original issue. Each issue of concern may need to be addressed separately;
- Consume a disproportionate amount of time and resources;
- Threaten or use actual physical violence towards staff;
- Have harassed or been personally abusive or verbally aggressive on more than one occasion (this includes written abuse e.g. emails);
- Repeatedly focus on conspiracy theories and/or will not accept documented evidence as being factual;
- Make excessive telephone calls or send excessive numbers of emails or letters to staff.

3. Actions prior to designating a complainant as unreasonable

It is important to ensure that the details of a complaint are not lost because of the presentation of that complaint. There are a number of considerations to bear in mind when considering imposing restrictions upon a complainant. These may include:

- Ensuring the complainant's case is being, or has been, dealt with appropriately, and that reasonable actions will follow, or have followed, the final response;

- Confidence that the complainant has been kept up to date and that communication has been adequate with the complainant, prior to them becoming unreasonable;
- Checking that new or significant concerns are not being raised, that require consideration as a separate case;
- Applying criteria with care, fairness and due consideration for the client's circumstances – bearing in mind that physical or mental health conditions may explain difficult behaviour. This should include the impact of bereavement, loss or significant/sudden changes to the complainant's lifestyle, quality of life or life expectancy;
- Considering the proportionality and appropriateness of the proposed restriction in comparison with the behaviour, and the impact upon staff;
- Ensuring that the complainant has been advised of the existence of the policy and has been warned about and given a chance to amend their behaviour.

Consideration should also be given as to whether any further action can be taken prior to designating the complainant unreasonable or persistent. This might include:

- Raising the issue with a Director with no previous involvement, in order to give an independent view;
- Where no meeting with staff has been held, consider offering this at a local level as a means to dispel misunderstandings (only appropriate where risks have been assessed);
- Where multiple departments are being contacted by the complainant, consider a strategy to agree a cross-departmental approach;
- Consider whether the assistance of an advocate may be helpful.

4. Process for managing unreasonable behaviour

Where a complainant has been identified as unreasonable, the decision to declare them as such is made by the Chief Executive who will write to the complainant, informing them that either:

- Their complaint is being investigated and a response will be prepared and issued as soon as possible within the timescales agreed;
- That repeated calls regarding the complaint in question are not acceptable and will be terminated, or;
- Their complaint has been responded to as fully as possible and there is nothing to be added
- That any further correspondence regarding the complaint in question will not be acknowledged.

All appropriate staff should be informed of the decision so that there is a consistent and coordinated approach across the organisation.

If the declared complainant raises any new issues then they should be dealt with in the usual way.

Review of the persistent status should take place at six monthly intervals.

5. Urgent or extreme cases of unreasonable or persistent behaviour

In urgent or extreme cases:

- Adopt safeguarding and zero tolerance policies and procedures;
- Discuss the case with the appropriate Director to develop an action plan.

In these circumstances, carry out a review of the case at the first opportunity after the event.

6. Record keeping

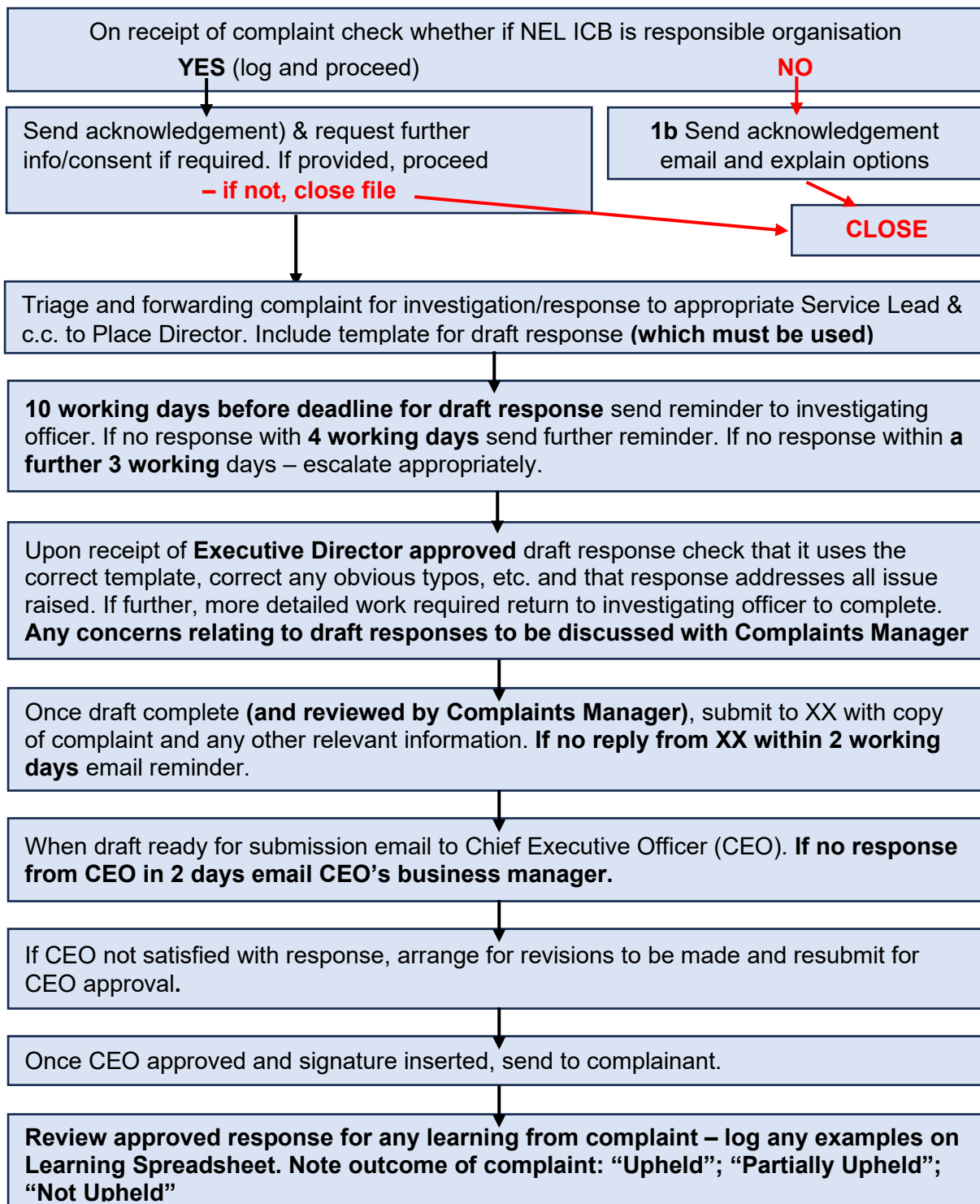
Ensure that adequate records are kept of all contact with unreasonable complainants.

Consideration should be given as to whether the organisation should take further action, such as reporting the matter to the police, taking legal action, or using the risk management or health and safety procedures to follow up such an event in respect of the impact upon staff.

APPENDIX 3 – NEL ICB COMPLAINTS PROCESS

- 3.1. Flow Chart of Formal Complaints Process
- 3.2. Flow Chart of democratically elected representative's correspondence Process
- 3.3. Flow Chart of Formal Complaints involving Multiple Organisations Process
- 3.4. Flow Chart of Formal Complaints made verbally
- 3.5. Flow Chart of Planned and Paid for Services Complaints Process (where external provider involved)

3.1 NEL ICB Process for Formal Complaints



NOTE: This represents a basic summary of the Formal Complaints Process – further details contained within the Complaints Policy

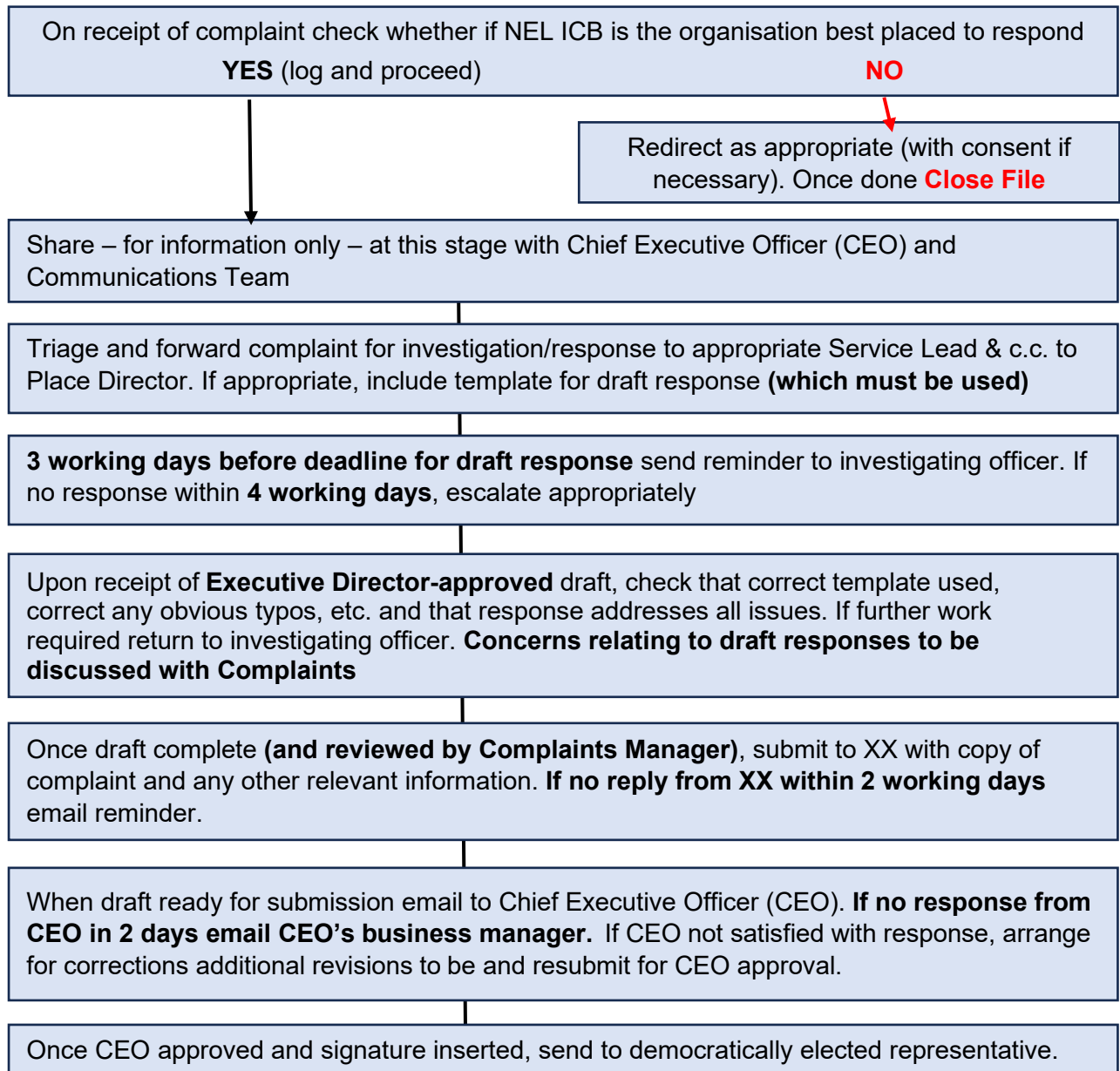
KEY TIMESCALES

Director approved draft response received – 33 working days from receipt of complaint.
Final, signed off response to complainant - 40 working days from receipt of complaint.

3.2 NEL ICB Process for Democratically Elected Representatives Correspondence

Democratically elected representatives correspondence will usually be one of the following:

- An enquiry made by MPs or Councillors on behalf of a specific constituent.
- A general enquiry regarding NHS services. This can be done without approval (if unclear – check with Complaints Manager)
- A formal complaint made on behalf of specific constituent - in such instance the process for formal complaints is followed.
- All democratically elected representatives correspondence must be logged.



NOTE: The method of response to democratically elected representative correspondence (via email or formal letter) may vary on how received and subject matter of enquiry. Discuss with Complaint Manager if unclear.

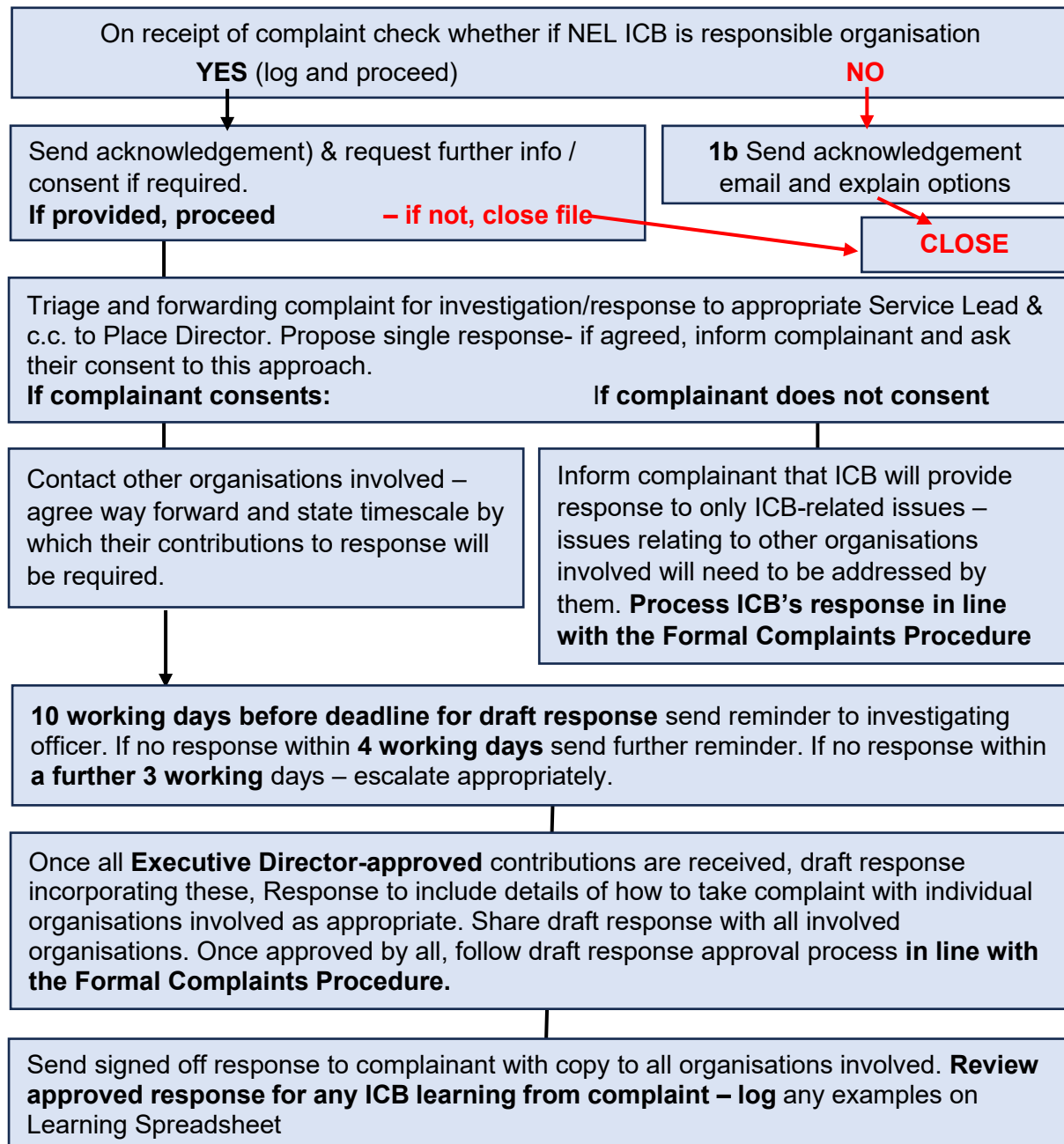
KEY TIMESCALES

Director-approved draft response (if required) received – 15 working days from receipt of enquiry. Response sent 20 working days from receipt of enquiry.

3.3 NEL ICB Process for Formal Complaints involving Multiple Organisations

Where a complaint involves more than one NHS or social care body, the aim should be, whenever possible, to provide a single response addressing all concerns raised with all the relevant bodies. To facilitate this it will be necessary, via discussions with the other bodies, to decide which body will coordinate the response to the complaint and communicate directly with the complainant.

The following process applies to complaints where the ICB is the lead organisation.



NOTE: This represents a basic summary of Multiple Organisations complaint Process – further details contained within the Complaints Policy ([Section D8](#)).

KEY TIMESCALES

Director-approved draft response (if required) received – 33 working days from receipt of complaint. Response sent to enquirer – 40 working days from receipt of enquiry.

3.4 Process for Formal Complaints made Verbally

Should a complainant wish to raise their complaint solely by verbal means the following process should be followed.

Note: The taking of a verbal complaint may be a lengthy process so the following should be taken into account:

- That sufficient time is allowed for the conversation with the complainant (at least 1 hour)
- That the start date of the complaint process (the 40 working days timeframe) will be from when a statement of complaint has been agreed with complainant

Any initial conversation with the complainant should include the following:

- An explanation of the complaints process (inc. timeframe and consent (if appropriate)).
- The gathering of the following information:
- Details of complainant and, if appropriate of the person they are complaining on behalf of.
- Details of complaint

The officer taking the verbal complaint should make notes of the conversation.

These notes should then be transcribed to form a draft Statement of Complaint and include the date of the initial conversation and the name of the officer.

This draft Statement is then shared with the complainant and any comments / amendments made by the complainant incorporated into a further draft which is again shared with the complainant. This continues until the Statement of Complaint is agreed by complainant.

Once the Statement of Complaint is agreed the standard process for Formal Complaints is followed.

3.5 Process for Complaints involving Planned and Paid for Services (External Provider)

In certain areas the ICB pays a provider (an appropriate NHS organisation) to provide the service on its behalf.

When such a complaint is received the relevant ICB Service Lead/Director should request an investigation by the external provider and a formal response which can be shared with the complainant.

Following receipt of a commissioned service, the Complaints Team will log, assign a reference no, and address any issues of consent.

Complaint is then forwarded to the relevant ICB Team (to Service Lead, c.c to Place Director of Partnerships) to facilitate its investigation and response. When forwarding, the Complaints Team will state the relevant dates for the timeframe:

Should there be any **issues relating solely to the ICB** these will be picked up by the relevant ICB service, investigated and a respond in line with the formal complaints process.

Where the **complaint relates solely to a service that is to be provided on behalf of the ICB**, the relevant ICB Service will forward the complaint to the Provider.

The relevant ICB Service will request of the Provider that:

- An investigation is undertaken and a response, showing its findings and any intended actions arising from these, is drafted.
- Such a response to be on the Provider's headed paper and signed by an appropriate senior member of Provider's staff.

The relevant ICB Service is responsible for ensuring Provider's draft meets the deadline

Once the Relevant ICB Lead is assured that the response addresses adequately the issues raised by the complaint (**inc. approval by appropriate ICB**), the approved response to be forwarded to ICB's Complaints Team who will draft a cover letter (see overpage) to be sent from the Chief Officer) with the provider's response attached.

KEY TIMESCALES

Director-approved draft response (if required) received – 33 working days from receipt of complaint. Response sent to enquirer – 40 working days from receipt of enquiry.