



Complaints Management Policy

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VERSION HISTORY

Date	Version	Changes made to previous version	Engaging and Endorsing Stakeholders, Committees / Meetings / Forums etc.
Oct 2023	2.0	Formatting changed from ICO template to standard ICB format and added responsibilities for Primary Care, Optometry and Dentistry	N/a

Contents

1.	Scope.....	Error! Bookmark not defined.
2.	Introduction	Error! Bookmark not defined.
3.	Types of complaint	Error! Bookmark not defined.
4.	Identifying a complaint.....	Error! Bookmark not defined.
5.	Who can make a complaint	Error! Bookmark not defined.
6.	Timescale for making a complaint	Error! Bookmark not defined.
7.	Complaints and other procedures.....	Error! Bookmark not defined.
8.	Confidentiality of complaints	Error! Bookmark not defined.
9.	How we handle complaints	Error! Bookmark not defined.
10.	Providing a Remedy	Error! Bookmark not defined.
11.	The final written response	Error! Bookmark not defined.
12.	Support for Staff	Error! Bookmark not defined.
13.	Referral to the Ombudsman	Error! Bookmark not defined.
14.	Complaints involving multiple organisations	Error! Bookmark not defined.
15.	Monitoring, demonstrating learning and data recording	Error! Bookmark not defined.
16.	Complaints about a private provider of our NHS services.....	Error! Bookmark not defined.
17.	Duties/Responsibilities	Error! Bookmark not defined.
18.	Complaints Management.....	Error! Bookmark not defined.
19.	Roles and Responsibilities	Error! Bookmark not defined.
20.	Dissemination and Implementation.....	Error! Bookmark not defined.
21.	Training	Error! Bookmark not defined.
22.	Staff Compliance Statement.....	Error! Bookmark not defined.
23.	Equality and Diversity Statement.....	Error! Bookmark not defined.
24.	Ethical Considerations.....	Error! Bookmark not defined.
25.	Definitions	Error! Bookmark not defined.
26.	References and Bibliography.....	Error! Bookmark not defined.
27.	ICB Associated Records.....	Error! Bookmark not defined.
	Appendix 1 – Roles and Responsibilities	Error! Bookmark not defined.
	Appendix 2 – Primary Care Complaints Handling Flowchart	Error! Bookmark not defined.

1.0 Scope

- 1.1 This policy applies to all staff of the ICB, whether permanent or temporary.
- 1.2 This policy applies to complaints and feedback received by the ICB, in all formats, which concern the ICB and/or the services it commissions.

2.0 Introduction

- 2.1 This complaints handling policy describes how the core expectations given in the [NHS Complaint Standards](#) will be put into practice by Coventry and Warwickshire Integrated Care Board (who will be referred to as ‘the ICB’).
- 2.2 This policy sets out how we handle complaints and the standards we will follow. This process follows the relevant requirements as given in the Local Authority, Social Services and National Health Service Complaint Regulations 2009 and the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (the 2009 and 2014 Regulations).
- 2.3 It should be read in conjunction with the more detailed guidance modules available on the [Parliamentary and Health Service Ombudsman website](#).

3.0 Types of complaint

- 3.1 Under section 7 of the Regulations, a person raising a complaint has a choice of complaining to the provider of the service, or to the commissioner of the service.
- 3.2 If a complaint is made to us as the provider of a service we will handle in accordance with this policy (see section 4 onwards).
- 3.3 If a complaint is made to us as commissioner, we will determine how to handle the complaint in discussion with the person raising the complaint. In most cases the provider of the service is best placed to deal with the complaint. If this is the case, we will give details of the Provider and ask the person making the complaint to contact the Provider direct. The Provider will handle the complaint under their own complaint process. If a complaint is received relating to a GP, Pharmacy, Dentist or Optician we would either direct the person to the Provider or our West Midlands Office who manage Primary Care complaints on behalf of the ICB.

3.4 In some cases, we may decide to oversee the Provider's investigation. We will note the issues raised as part of its ongoing quality assurance process, which provides information about the safety, effectiveness and patient experience of services commissioned by us. As commissioners we will maintain oversight and seek assurance from the provider where we feel this is necessary. This is one of the mechanisms by which we monitor the quality of the services we commission.

3.5 In other cases, we may decide that we are best placed to handle the complaint itself. We will do so following the expectations set out in the Complaint Standards and in a way that is compatible with this policy. The provider will co-operate fully in the investigation.

4.0 Identifying a complaint

4.1 Everyday conversations with our users

- Our staff speak to people who use our service every day. This can often raise issues that our staff can help with immediately. We encourage people to discuss any issues they have with our staff, as we may be able to sort the issue out to their satisfaction quickly and without the need for them to make a complaint.

4.2 When people want to make a complaint

We recognise that we cannot always resolve issues 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 we have made
- the standard of service we have provided.

4.3 Feedback and complaints

- People may want to provide feedback instead of making a complaint. In line with [DHSC's NHS Complaints Guidance](#) people can provide feedback, make a complaint, or do both. Feedback can be an expression of dissatisfaction (as well as positive feedback) but is normally given without wanting to receive a response or make a complaint.
- People do not have to use the term 'complaint'. We will use the language chosen by the service user, or their representative, when they describe the issues they raise (for example, 'issue', 'concern', 'complaint', 'tell you about'). We will always speak to people to understand the issues they raise and how they would like us to consider them.

4.4 For more information about the types of complaints that are and are not covered under the 2009 Regulations please see [The Local Authority Social Services and National Health Service Complaints \(England\) Regulations 2009](#). Complaints not covered include:

- a complaint by a responsible body
- a complaint by an employee of a local authority or NHS body about any matter relating to that employment
- a complaint the subject matter of which is the same as that of a complaint that has previously been made and resolved
- a complaint the subject matter of which has previously been investigated under The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009
- a complaint which is made orally; and resolved to the complainant's satisfaction not later than the next working day after the day on which the complaint was made

4.5 If we consider that a complaint (or any part of it) does not fall under this policy we will explain the reasons for this. We will do this in writing to the person raising the complaint and provide any relevant signposting information.

4.6 Complaints can be made to us:

- in person
- by phone
- in writing, by email or online

We will consider all accessibility and reasonable adjustment requirements of people who wish to make a complaint in an alternative way. We will record any reasonable adjustments we make.

4.7 We will acknowledge complaints within three working days of receiving it. This can be done in writing or verbally.

4.8 We may receive an anonymous or a general complaint that would not meet the criteria for who can complain. In this case we would normally take a closer look into the matter to identify if there is any learning for our organisation unless there is a reason not to do so.

5.0 Who can make a complaint

5.1 Any person may make a complaint to us if they have received or are receiving care and services from our organisation. A person may also complain to us if they are affected or likely to be affected by any action, inaction or decision by our organisation.

5.2 If the person affected does not wish to deal with the complaint themselves, they can appoint a representative to raise the complaint on their behalf. There is no restriction on who may represent the person affected. However, they will need to provide us with their consent for the representative to raise and discuss the complaint with us and to see their personal information.

5.3 If the person affected has died, is a child or is otherwise unable to complain because of physical or mental incapacity, then the complaint may be made on their behalf by a representative. There is no restriction on who may act as representative but there may be restrictions on the type of information we may be able to share with them. We will explain this when we first look at the complaint.

5.4 If a complaint is brought on behalf of a child, we will need to be satisfied that there are reasonable grounds for a representative bringing the complaint rather than the child. If we are not satisfied, we will share our reasons with the representative in writing.

5.5 If at any time we see that a representative is not acting in the best interests of the person affected we will assess whether we should stop our consideration of the complaint. If we do this, we will share our reasons with the representative in writing. In such circumstances we will advise the representative that they may complain to the Parliamentary and Health Service Ombudsman if they are unhappy with our decision.

6.0 Timescale for making a complaint

6.1 Complaints must be made to us within 12 months of the date the incident being complained about happened or the date the person raising the complaint found out about it, whichever is the later date.

6.2 If a complaint is made to us after that 12 month deadline, we will consider it if:

- we believe there were good reasons for not making the complaint before the deadline, and
- it is still possible to properly consider the complaint.

6.3 If we do not see a good reason for the delay or we think it is not possible to properly consider the complaint (or any part of it) we will write to the person making the complaint to explain this. We will also explain that, if they are dissatisfied with that decision, they can complain to the Parliamentary and Health Service Ombudsman.

7.0 Complaints and other procedures

7.1 We make sure our complaints staff are properly trained to identify when it may be not be possible to achieve a relevant outcome through the complaint process on its own. Where this happens, staff will inform the person making the complaint. We will give them information about any other process that may help to address the issues raised and has the potential to provide the outcomes sought and advise if this process alone is best placed to address the issues raised. This can happen at any stage in the complaint handling process and may include identifying issues that could or should:

- trigger a patient safety investigation
- involve a coroner investigation or inquest
- trigger a relevant regulatory process, such as fitness to practice investigations or referrals
- involve a relevant legal issue that requires specialist advice or guidance
- involve another resolution process

7.2 Where we consider another process may be better suited to address the issues raised our staff will seek advice and provide clear information to the individual raising the complaint. We will make sure the individual understands why this is relevant and the options available. We will also signpost the individual to sources of specialist independent advice.

7.3 Complaints received about our NHS Continuing Healthcare (CHC) service will be reviewed and where process and services issues are identified these will be managed through the complaints process. If complaints received are related to decisions about eligibility for NHS CHC these will be directed to the CHC team who will follow local protocol and give information and support in how to request a review of the decision.

7.4 We will make sure that the person raising the complaint gets a complete and holistic response to all the issues raised, which includes any relevant outcomes where appropriate. Our complaints staff will engage with other staff or organisations who can provide advice and support on the best way to do this.

7.5 If an individual is already taking part or chooses to take part in another process 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.

7.6 If we consider that a staff member should be subject to remedial or disciplinary procedures or referral to a health professional regulator, we will advise the person raising the complaint. We will share as much information with them as we can. 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. We will also signpost to sources of independent advice on raising health professional fitness to practice concerns.

8.0 Confidentiality of complaints

8.1 We commit to maintaining confidentiality and protecting privacy throughout the complaints process in accordance with UK General Protection Data Regulation and Data Protection Act 2018. We will only collect and disclose information to those staff who are involved in the consideration of the complaint. Documents relating to a complaint investigation are securely stored and kept separately

from medical records or other patient records. They are only accessible to staff involved in the consideration of the complaint.

8.2 Complaint outcomes may be anonymised and shared within our organisation and may be published on our website to promote service improvement.

9.0 How we handle complaints

Making sure people know how to complain and where to get support

9.1 We publish clear information about our complaints process and how people can get advice and support with their complaint through their local independent NHS Complaints Advocacy service [Healthwatch, Coventry and VoiceAbility] and other specialist independent advice services that operate nationally.

9.2 We will make sure that everybody who uses our services (and those that support them) know how they can make a complaint by having our complaints policy and/or materials that promote our policy visible in public areas and on our website. We will provide 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 our complaints process online.

9.3 We will make sure that our service users' ongoing or future care and treatment will not be affected because they have made a complaint.

What we do when we receive a complaint

9.4 We want all patients, their family members and carers to have a good experience while they use our services. If somebody feels that the service received has not met our standards, we encourage people to talk to staff, to see if we can resolve the issue promptly.

9.5 We want to make sure we can resolve complaints quickly as often as possible. To do that, we train our staff to proactively respond to service users and their representatives and support them to deal with any complaints raised at first point of contact.

9.6 All of our staff who have contact with patients, service users (or those that support them) will handle complaints in a sensitive and empathetic way. Staff will make sure people are listened to, get an answer to the issues quickly wherever possible, and any learning is captured and acted on. Our staff will:

- listen to you to make sure they understand the issue(s)
- ask how you have been affected
- ask what you would like to happen to put things right
- carry out these actions themselves if they can (or with the support of others)

- explain why, if they can't do this
- capture any learning if something has gone wrong, to share with colleagues and improve services for others.

Complaints that can be resolved quickly

9.7 Our frontline staff often handle complaints that can be resolved quickly at the time they are raised, or very soon after. We encourage our staff to do this as much as possible so that people get a quick and effective answer to their issues.

9.8 If a complaint is made verbally (in person or over the phone) and resolved by the end of the next working day, it does not need go through the remainder of this policy. For this to happen, we will confirm with the person making the complaint that they are satisfied that we have resolved the issues for them.

9.9 If we cannot resolve the complaint, we will handle it in line with the rest of this policy.

Acknowledging complaints



9.10

For all other complaints, our staff will acknowledge them (either verbally or in writing/email) within three working days. Staff will also discuss with the person making the complaint how we plan to respond to the complaint.

Early resolution

9.11 When we receive a complaint, we are committed to making sure it is addressed and resolved at the earliest opportunity. Our staff will identify any complaint that may be resolved quickly. If staff consider that the issues cannot be resolved quickly, we will take a closer look into the issues (see section 8.16 onwards).

9.12 When our staff believe that an early resolution may be possible, they are authorised to 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 themselves or making sure a colleague who is more informed of the issues does. Our staff will resolve complaints in person or by telephone wherever possible.

9.13 If we think a complaint can be resolved quickly, we aim do this in around 10 working days. However, this can take longer if the additional time means the complaint is more likely to be resolved for the individual. We will always discuss with those involved what we will do to resolve the complaint and how long that will take.

If we can resolve a complaint

9.14 If we can answer or address the complaint, and the person making the complaint is satisfied that this resolves the issues, our staff have the authority to provide a response on our behalf. This will often be done in person, over the telephone, or in writing (by email or letter) in line with the individual circumstances.

9.15 We will capture a summary of the complaint and how we resolved it and we will share that with the person making a complaint. This will make sure we build up a detailed picture of how each of the services we provide is doing and what people experience when they use these services. We will use this data to help us improve our services for others.

If we are not able to resolve a complaint

9.16 If we are unable to find an appropriate way to resolve the complaint to the satisfaction of the person making it, we will look at whether we need to take a closer look into the issues.

A closer look into the issues

9.17 Not every complaint can be resolved quickly (due to its complexity or seriousness). In these cases, we will ensure that the complaint is allocated to a Complaint Handler, who will take a closer look into the issues raised. This will always involve taking a detailed and fair review of the issues to determine what happened and what should have happened. Complaints relating to Primary Care Services including GP's, Pharmacies, Opticians and Dentists will be handled by our West Midlands Office in line with this policy. The process for handling these complaints can be found in Appendix 2.

9.18 We will make sure staff involved in carrying out a closer look are properly trained to do so. We will also make sure they have:

- the appropriate level of authority and autonomy to carry out a fair investigation
- right resources, support and protected time in place to carry out the investigation, according to the complexity of each case.

9.19 Where possible, complaints will be looked at by someone not involved in the events complained about. If this is not possible, we 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.

Clarifying the complaint and explaining the process

9.20 The Complaint Handler will:

- engage with the person raising the complaint (preferably in a face-to-face meeting or by telephone) to make sure they fully understand and agree:
 - the key issues to be looked at
 - how the person has been affected
 - the outcomes they seek

- signpost the person to support and advice services, including independent advocacy services, at an early stage
- make sure that any staff members subject to a complaint are made aware at the earliest opportunity (see 'Support for staff' below)
- agree a suitable timescale for how long the investigation will take with the person raising the complaint, depending on:
 - the complexity of the complaint
 - the work that is likely to be involved
- keep the person (and any staff subject to the complaint) regularly informed and engaged throughout
- explain how they will carry out the closer look into the complaint, including:
 - what evidence they will seek out and consider
 - who they will speak to
 - who will be responsible for the final response
 - how the response will be communicated.

Carrying out the investigation

9.21 Staff who carry out investigations will give a clear, balanced explanation of what happened and what should have happened. They will reference relevant standards, policies and guidance to clearly identify if something has gone wrong.

9.22 The Complaint Handler will make sure the investigation clearly addresses all the issues raised. This includes obtaining evidence from the person raising the complaint and from any staff involved in the investigation. If the complaint raises clinical issues the Complaint Handler will obtain a clinical view from someone who is suitably qualified. Ideally, they should not have been directly involved in providing the care or service that has been complained about.

9.23 We will complete our investigation within the timescale set out at the start of the investigation. Should circumstances change we will:

- notify the person raising the complaint immediately
- explain the reasons for the delay
- provide a new target timescale for completion.

9.24 Each complaint will have its own timescale depending on the requirements and complexity of the case. Complaints with numerous heads of complaint, involving different departments or multiple organisations are likely to take longer than a complaint about a single issue.

9.25 For complaints involving multiple organisations we will complete our investigation within the timescale set by the organisation with the longest time frame but aspire to complete our investigation within the Lead organisation's timeframe.

9.26 If we cannot conclude the investigation and issue a final response within 6 months (unless we have agreed a longer timescale with the person raising the complaint within the first 6 months) the Responsible Person or a Senior Manager will write to the person to explain the reasons for the delay and the likely timescale for completion. They will then maintain oversight of the case until it is completed, and a final written response issued.

9.27 Before sending a final written response to the complaint, the Complaint Handler will share and discuss (by telephone, in a meeting or in writing) the outcome of our investigation and the actions we intend to take, with all of the parties to the complaint. This will be decided on a case-by-case basis and will be based on the complexity of the issues and the identified impact. The Complaint Handler will always consider any comments they receive before issuing a final written response.

10. Providing a Remedy

10.1 If, following the investigation, the Complaint Handler identifies that something has gone wrong they will seek to establish what impact the failing has had on the individual concerned. Where possible they will put that right. If it is not possible to put the matter right, they will decide, in discussion with the individual concerned and relevant staff, what action can be taken to remedy the impact.

10.2 In order to put things right, the following remedies may be appropriate:

- an acknowledgement and a meaningful apology for the error
- reconsideration of a previous decision
- expediting an action
- waiving a fee or penalty
- issuing a payment or refund
- changing policies and procedures to prevent the same mistake(s) happening again and to improve our service for others.

Payments made by way of compensation are classed as special payments and will be included on the ICB's Losses and Special Payments Register and reported to the Audit committee.

11.0 The final written response

11.1 As soon as practical after the investigation is finished, the Complaint Handler will co-ordinate a written response, signed by our Responsible Person (or their delegate). They will send this to the person raising the complaint and any other interested parties. The response will include:

- a reminder of the issues investigated, and the outcome sought
- an explanation of how we investigated the complaint
- the relevant evidence we considered
- what the outcome is
- an explanation of whether or not something went wrong that sets out what happened compared to what should have happened, with reference to relevant standards, policies and guidance
- if something did go wrong, an explanation of the impact it had
- an explanation of how that impact will be remedied for the individual
- a meaningful apology for any failings
- an explanation of any wider learning we have acted on/will act on to improve our service for other users
- an explanation of how we will keep the person raising the complaint involved until all action has been carried out
- confirmation that we have reached the end of our complaint procedure
- details of how to contact the Parliamentary and Health Service Ombudsman if the individual is not satisfied with our final response
- a reminder of where to obtain independent advice or advocacy

12.0 Support for staff

12.1 We will make sure all staff who look at complaints have the appropriate: training, resources, support and protected time to respond to and investigate complaints effectively.

12.2 We will make sure staff being complained about are made aware and will give them advice on how they can get support from within our organisation, and external representation if required.

12.3 We will make sure staff who are complained about have the opportunity to give their views on the events and respond to emerging information. Our staff will act openly and transparently and with empathy when discussing these issues.

12.4 The Complaint Handler will keep any staff complained about updated. These staff will also have an opportunity to see how their comments are used before the final response is issued.

13.0 Referral to the Ombudsman

13.1 In our response on every complaint we will clearly inform the person raising the complaint that if they are not happy with the outcome of our investigation, they can take their complaint to the Parliamentary and Health Service Ombudsman.

13.2 If the complaint is about detention under the Mental Health Act, or a Community Treatment Order or Guardianship we 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.

14. Complaints involving multiple organisations

14.1 If we receive a complaint that involves other organisation(s) (including cases that cover health and social care issues) we will make sure that we investigate in collaboration with those organisations. Complaint Handlers for each organisation will agree who will be the 'lead organisation' responsible for overseeing and coordinating consideration of the complaint.

14.2 The Complaint Handler for the lead organisation will be responsible for making sure the person who raised the complaint is kept involved and updated throughout. They will also make sure that the individual receives a single, joint response.

15. Monitoring, demonstrating learning and data recording

15.1 We expect all staff to identify what learning can be taken from complaints, regardless of whether mistakes are found or not.

15.2 Our Senior Managers take an active interest and involvement in all sources of feedback and complaints, identifying what insight and learning will help improve our services for other users.

15.3 We maintain a record of:

- each complaint we receive
- the subject matter and 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.

15.4 We measure our overall timescales for completing our consideration of all complaints against these targets:

Complexity rating	Timescale for completion (from date of receipt to issue of our final response)	
Straightforward/single issue	95% within 3 months	100% within 6 months
Complex/multiple issue or multiple organisations	50% within 3 months	80% within 6 months

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

15.6 In keeping with the Regulations section 18, as soon as practical after the end of the financial year, we will produce and publish a report on our complaints handling. This will include how complaints have led to a change and improvement in our services, policies or procedures.

16.0 Complaints about a private provider of our NHS services

16.1 This complaint handling policy applies to all NHS Services we provide.

16.2 Where we outsource the provision of NHS Services to a private provider, we will ensure that they follow this same complaint handling policy.

17.0 Duties/Responsibilities

17.1 Overall responsibility and accountability for the management of complaints lies with the 'Responsible person'. In our organisation this is the Chief Executive Officer.

17.2 We have processes in place to ensure that our senior managers regularly review complaints alongside other forms of feedback. They will make sure action is taken on all identified learning arising from complaints so that improvements are made to our service.

17.3 Our senior managers demonstrate this by:

- leading by example to improve the way we deal with compliments, feedback and complaints
- understanding the obstacles people face when making a complaint, and taking action to improve the experience by removing them

- knowing and complying with all relevant legal requirements regarding complaints
- making information available in a format that people find easy to understand
- promoting information about independent complaints advocacy and advice services
- making sure everyone knows when a complaint is a serious incident or safeguarding or a legal issue and what must happen
- making sure that there is a strong commitment to the duty of candour so there is a culture of being open and honest when something goes wrong
- making sure we listen and learn from complaints and improve services when something goes wrong.

17.4 The Complaints Care Delivery and Service Improvement Group oversees complaints where care is ongoing to ensure any issues are swiftly resolved and identified actions are appropriately progressed.

18.0 Complaints management

18.1 The Director of Corporate Affairs is responsible for complaints across the ICB and for overseeing the implementation of the Regulations. Our Complaints Manager is responsible for managing the policy and for overseeing the handling and consideration of any complaints we receive.

19.0 Roles and responsibilities

19.1 The 2009 Regulations allow us to delegate the relevant functions of the Responsible Person and Complaints Manager to our staff where appropriate. We do this to ensure we can provide an efficient and responsive service. The roles and responsibilities of staff within our organisation and relevant delegated functions when dealing with complaints are set out in Appendix 1.

20.0 Dissemination and Implementation

20.1 This policy will be available to all on the CWICB website along with information on how to make a complaint.

21.0 Training

21.1 Guidance documents are available for all staff. Investigation training will be provided to Complaints staff and Complaint Handlers (see Appendix 1).

22.0 Staff Compliance Statement

All staff must comply with this ICB-wide policy and failure to do so may be considered a disciplinary matter leading to action being taken under the ICB's Disciplinary Policy. Actions which constitute breach of confidence, fraud, misuse of NHS resources or illegal activity will be treated as serious misconduct and may result in dismissal from employment and may in addition lead to other legal action against the individual/s concerned.

A copy of the ICB's Disciplinary Policy is available on the Intranet and ICB websites.

23.0 Equality and Diversity Statement

In applying this policy, the ICB will have due regard for the need to eliminate unlawful discrimination, promote equality of opportunity, and provide for good relations between people of diverse groups, in particular on the grounds of the following characteristics protected by the Equality Act (2010); age, disability, gender, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, and sexual orientation, in addition to offending background, trade union membership, or any other personal characteristic.

The ICB is committed to ensuring that all people are able to access our service. An Equality Impact Assessment has been undertaken and included in this Policy in Appendix 3.

24.0 Ethical Considerations

The ICBs recognise their obligations to maintain high ethical standards across the organisations and seek to achieve this by raising awareness of potential or actual ethical issues through the Policy consultation and approval process.

25.0 Definitions

25.1 None

26.0 References and Bibliography

26.1 [NHS Complaint Standards](#)
[Parliamentary and Health Service Ombudsman website](#)

27.0 ICB Associated Records

27.1 This policy should be read in conjunction with the following policies, procedures or guidance documents:

Management of Unreasonable & Persistent Behaviour Policy
Violence, Aggression and Abuse Management Policy

Appendices

Appendix 1

Roles and responsibilities

The roles and responsibilities of staff within our organisation, when dealing with complaints, are set out below. Regulations 4(2) and 4(3) of the 2009 Regulations allow us to delegate any complaints handling function to relevant staff where appropriate.

Role	Responsibility	Delegations
Responsible Person	<p>The Responsible Person has overall responsibility for making sure we:</p> <ul style="list-style-type: none">• comply with the 2009 and 2014 Regulations• comply with the NHS Complaint Standards and this policy• take any necessary remedial action. <p>They are also responsible for:</p> <ul style="list-style-type: none">• reporting externally on how we learn from complaints• signing the final written response to the complaint (unless delegated to an authorised person).	<p>In cases where an early resolution is possible, we delegate responsibility for responding to the complaint to staff who are coordinating the resolution.</p>
Senior Managers	<p>Senior Managers are responsible for:</p> <ul style="list-style-type: none">• overseeing complaints and the way we learn from them• overseeing the implementation of actions required as a result of a complaint, to prevent failings occurring again• contributing to the investigation of complaints• deputising for the Responsible Person, if authorised. <p>Senior Managers retain ownership and accountability for the management and</p>	

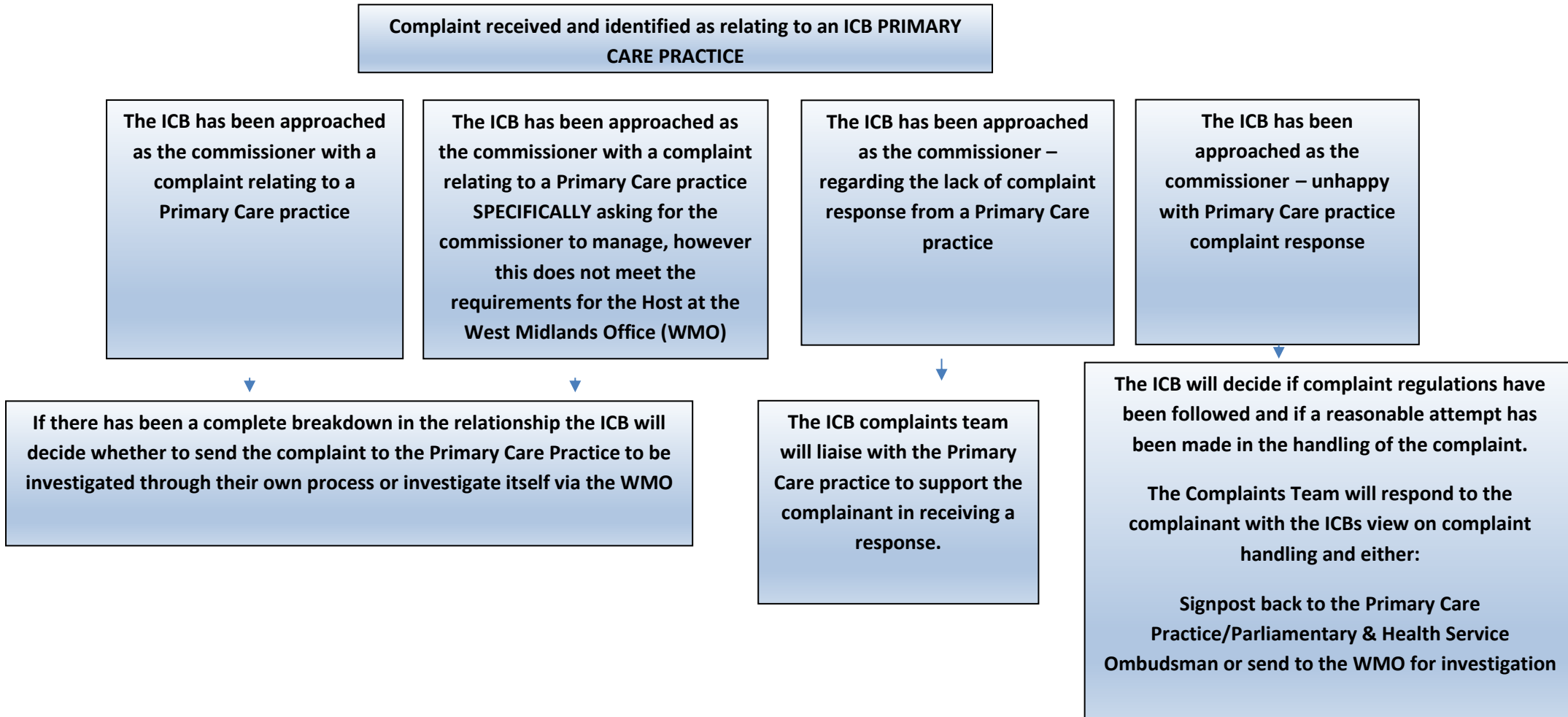
	<p>reporting of complaints. They are responsible for preparing, quality assuring or signing the final written response. They should therefore be satisfied that the investigation has been carried out in accordance with this policy and guidance, and that the response addresses all aspects of the complaint.</p> <p>Senior Managers will review the information gathered from complaints regularly (at least quarterly) and consider how services could be improved or internal policies and procedures updated. They will report on the outcomes of these reviews via the organisation's governance structure.</p> <p>Senior Managers are also responsible for ensuring that complaints are central to the overall governance of the organisation. They will make sure that staff are supported both when handling complaints and when they may be the subject of a complaint.</p>	
Complaints Manager	<p>The Complaints Manager is responsible for the overall management of the policy & procedures for handling and considering complaints.</p> <p>The Complaints Manager, in conjunction with other senior manager(s) acting on his or her behalf (as above), will be involved in a review of the quarterly reports. They will use this review to identify areas of concern, agree remedial action and improve services.</p> <p>In larger organisations the Complaints Manager may also be responsible for the management and oversight of a complaints team.</p> <p>The Complaints Manager may also act as a Complaint Handler and Complaint Lead.</p>	
Complaint Handler	<p>The Complaint Handler is the person allocated to oversee and co-ordinate the investigation of the complaint and for the response to a complaint which has not been resolved at Early resolution (stage 1).</p>	

	<p>They are responsible for making sure that there is a closer look into the issues raised, with the support and input of others. They will make sure that the information and responses they receive from the person making the complaint, and from staff being complained about, clearly addresses all of the issues raised.</p> <p>The Complaint Handler will be trained in investigative techniques. Where possible they will also be trained in advanced dispute resolution skills. This will enable them to seek a mediated resolution to the concern or complaint at any time during the investigation of the issues.</p> <p>The Complaint Handler may also act as a Complaint Lead and may also delegate their responsibilities as set out in this policy to the Complaint Lead.</p>	
Complaint Lead	<p>As appropriate and when required, the Complaint Handler will call for the input of a designated Complaint Lead(s) with knowledge of the care or services complained about. The Complaint Lead will carry out an investigation, as set out in this policy, and provide the Complaint Handler with:</p> <ul style="list-style-type: none"> • an objective account of what happened • an explanation if something has gone wrong • details of any action already taken or planned to resolve the matter. 	
All staff	<p>We expect all staff to proactively respond to service users and their representatives and support them to deal with any complaints raised at the 'first point of contact'. We will provide training so they can do this.</p> <p>We expect all of our staff who have contact with patients, service users, or those that support them, to deal with complaints in a sensitive and empathetic way. This includes making sure that people are aware of our local independent advocacy provider and/or national sources of support and advice.</p>	

	We expect all staff to listen, provide an answer to the issues quickly, and capture and act on any learning identified.	
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Appendix 2

Primary Care Complaints Handling Flowchart



Appendix 3

Quality and Equality Impact Assessment

The following assessment screening tool will require judgement against all listed areas of risk in relation to quality. Each proposal will need to be assessed whether it will impact adversely on patients / staff / organisations.

Insert your assessment as positive (P), negative (N) or neutral (N/A) for each area.

Record your reasons for arriving at that conclusion in the comment's column. If the assessment is negative, you must also calculate the score for the impact and likelihood and multiply the two to provide the overall risk score. Insert the total in the appropriate box.

Quality Impact Assessment

Scheme Title:	Complaints Management Policy
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Project Lead:	Helen Peake – Investigations & Improvement Manager	Senior Responsible Officer:	Anita Wilson
		Quality Sign Off:	Mary Mansfield
Intended impact of scheme:	<p>To set out the policy and procedure for how the CCG handles complaints and the standards we follow.</p> <p>The Complaints Management Policy follows the relevant requirements as given in the Local Authority, Social Services and National Health Service Complaint Regulations 2009 and the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (the 2009 and 2014 Regulations) and reflects best practice from the Parliamentary & Health Service Ombudsman.</p>		
How will it be achieved:	<p>This policy details how the core expectations given in the NHS Complaint Standards will be put into practice by Coventry and Warwickshire Clinical Commissioning Group to promote a consistent, measurable and effective approach to complaint handling in line with guidance from the Local Authority, Social Services and National Health Service Complaint Regulations 2009 and the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (the 2009 and 2014 Regulations) and reflects best practice from the Parliamentary & Health Service Ombudsman.</p>		

Name of person completing assessment:	Helen Peake
Position:	Investigations & Improvement Manager
Date of Assessment:	30/10/2021

Quality Review by:	Mary Mansfield
Position:	Deputy Director quality and Safety
Date of Review:	30/11/21

High level Quality and Equality Questions

The risk rating is only to be done for the potential negative outcomes. We are looking to assess the likelihood of the negative outcome occurring and the level of negative impact. We are also seeking detail of mitigation actions that may help reduce this likelihood and potential impact.

AREA OF ASSESSMENT	OUTCOME ASSESSMENT (Please tick one)	Evidence/Comments for answers	Risk rating (For negative outcomes)	Mitigating actions
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		Positive	Negative	Neutral		Risk impact (I)	Risk likelihood (L)	Risk Score (IxL)	
Duty of Quality Could the scheme impact positively or negatively on any of the following:	Effectiveness – clinical outcome	√			Effective process ensures the organisation is sighted on and can address issues as a result of complaints and improve the quality of care and patient experience				
	Patient experience	√			“				
	Patient safety	√			“				
	Parity of esteem	√			“				
	Safeguarding children or adults	√			“				
NHS Outcomes Framework Could the scheme impact positively or negatively on the delivery of the five domains:	Enhancing quality of life	√			“				
	Ensuring people have a positive experience of care	√			“				
	Preventing people from dying prematurely	√			“				
	Helping people recover from episodes of ill health or following injury	√			“				
	Treating and caring for people in a safe environment and protecting them from avoidable harm	√			“				

Patient services Could the proposal impact positively or negatively on any of the following:	A modern model of integrated care, with key focus on multiple long-term conditions and clinical risk factors	√			“				
	Access to the highest quality urgent and emergency care	√			“				
	Convenient access for everyone	√			“				
	Ensuring that citizens are fully included in all aspects of service design and change	√			“				
	Patient Choice	√			“				
	Patients are fully empowered in their own care	√			“				
	Wider primary care, provided at scale	√			“				
Access Could the proposal impact positively or negatively on any of the following:	Patient choice	√			“				
	Access	√			“				
	Integration	√			“				
Compliance with NHS Constitution	Quality of care and environment	√			“				
	Nationally approved treatment/drugs	√			“				

	Respect, consent and confidentiality	√			“				
	Informed choice and involvement	√			“				
	Complain and redress	√			“				

*Risk score definitions are provided in the next section.

Equality Impact Assessment

Project / Policy Details

What is the aim of the project / policy?

To set out the policy and procedure for how the CCG handles complaints and the standards we follow. The Complaints Management Policy follows the relevant requirements as given in the Local Authority, Social Services and National Health Service Complaint Regulations 2009 and the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (the 2009 and 2014 Regulations) and reflects best practice from the Parliamentary & Health Service Ombudsman.

Who will be affected by this work? e.g staff, patients, service users, partner organisations etc.

Service Users, CWCCG staff

Is a full Equality Analysis Required for this project?			
Yes	Proceed to complete this form.	No	Explain why further equality analysis is not required.
If no, explain below why further equality analysis is not required. For example, the decision concerned may not have been made by the CCG or it is very clear that it will not have any impact on patients or staff.			
The decision to transfer responsibility for Primary Care Complaints from NSE to the ICB was not made by the ICB			

Equality Analysis Form

1. Evidence used
<p>What evidence have you identified and considered? This can include national research, surveys, reports, NICE guidelines, focus groups, pilot activity evaluations, clinical experts or working groups, JSNA or other equality analyses.</p>

The impact of this policy reflects the Local Authority Social Services and NHS Complaints (England) Regulations 2009, and all protected characteristics and Human Rights values are given due regard. The evidence used to inform this policy consists of The Local Authority Social Services and NHS Complaints (England) Regulations 2009 and guidance from the Parliamentary & Health Service Ombudsman. Any negative impact on equality is unlikely and the policy is concordant with current advice and guidance from the Parliamentary Health Service Ombudsman and The Local Authority Social Services and NHS Complaints (England) regulations 2009.

2. Impact and Evidence:

In the following boxes detail the findings and impact identified (positive or negative) within the research detailed above; this should also include any identified health inequalities which exist in relation to this work.

Age: A person belonging to a particular age (e.g., 32 year old's) or a range of ages (e.g., 18-30 year old's)

Describe age related impact and evidence. This can include safeguarding, consent and welfare issues:
Younger persons can complain with or without the consent of parents

Disability: A person has a disability if he/she has a physical, hearing, visual or mental impairment, which has a substantial and long-term adverse effect on that person's ability to carry out normal day-to-day activities

Describe disability related impact and evidence. This can include attitudinal, physical, communication and social barriers as well as mental health/ learning disabilities, cognitive impairments:

Individuals can make complaints through a variety of methods, by telephone, via our website or in writing
Our website offers options to change text size, colours, magnifier, narrator and other accessibility options

We will consider all accessibility and reasonable adjustment requirements of people who wish to make a complaint in an alternative way. We will record any reasonable adjustments we make.

Gender reassignment (including transgender): Where a person has proposed, started or completed a process to change his or her sex.

Describe any impact and evidence on transgender people. This can include issues such as privacy of data and harassment.

Complaints made are confidential

Complaints can be made anonymously to the organisation if individuals are concerned about privacy

Staff are suitably experienced in handling complaints in a sensitive and supportive way

Staff have access to Resources on the CCG's ED&I page

Marriage and civil partnership: A person who is married or in a civil partnership.

Describe any impact and evidence in relation to marriage and civil partnership. This can include working arrangements, part-time working, and caring responsibilities:

Pregnancy and maternity: A person is protected against discrimination on the grounds of pregnancy and maternity. With regard to employment, the person is protected during the period of her pregnancy and any statutory maternity leave to which she is entitled. Also, it is unlawful to discriminate against women breastfeeding in a public place.

Describe any impact and evidence on pregnancy and maternity. This can include working arrangements, part-time working, and caring responsibilities:

Race: A group of people defined by their race, colour, and nationality (including citizenship) ethnic or national origins.

Describe race related impact and evidence. This can include information on different ethnic groups, Roma gypsies, Irish travellers, nationalities, cultures, and language barriers:

Complaints are accessible to all

It is recognised that certain groups may prefer a different approach

Interpreting services are available

Religion or belief: A group of people defined by their religious and philosophical beliefs including lack of belief (e.g., atheism). Generally, a belief should affect an individual's life choices or the way in which they live.

Describe any religion, belief or no belief impact and evidence. This can include dietary needs, consent and end of life issues:

The Complaints process has flexibility and respects how individuals wish complaints to be handled

Gender:

Describe any impact and evidence on different genders. This could include access to services and employment:

Sexual orientation: Whether a person feels generally attracted to people of the same gender, people of a different gender, or to more than one gender (whether someone is heterosexual, lesbian, gay or bisexual).

Describe any impact and evidence on heterosexual people as well as lesbian, gay and bisexual people. This could include access to services and employment, attitudinal and social barriers:

Complaints made are confidential

Complaints can be made anonymously to the organisation if individuals are concerned about privacy

Carers: A person who cares, unpaid, for a friend or family member who due to illness, disability, a mental health problem or an addiction cannot cope without their support

Describe any impact and evidence on part-time working, shift-patterns, general caring responsibilities:

The consent process supports complaints received from carers on behalf of patients

Other disadvantaged groups:

Describe any impact and evidence on groups experiencing disadvantage and barriers to access and outcomes. This can include lower socio-economic status, resident status (migrants, asylum seekers), homeless, looked after children, single parent households, victims of domestic abuse, victims of drugs / alcohol abuse: (This list is not exhaustive)

All reasonable adjustments will be made

3. Human Rights		
FREDA Principles / Human Rights	Question	Response
Fairness – Fair and equal access to services	How will this respect a person's entitlement to access this service?	We will consider all accessibility and reasonable adjustment requirements of people who wish to make a complaint in an alternative way. We will record any reasonable adjustments we make.
Respect – right to have private and family life respected	How will the person's right to respect for private and family life, confidentiality and consent be upheld?	All complaints are confidential. Complaints can be made anonymously to the organisation if individuals are concerned about privacy.
Equality – right not to be discriminated against based on your protected characteristics	How will this process ensure that people are not discriminated against and have their needs met and identified?	Any negative impact on equality is unlikely and the policy is concordant with current advice and guidance from the Parliamentary Health Service Ombudsman and The Local Authority Social Services and NHS Complaints (England) regulations 2009.
Dignity – the right not to be treated in a degrading way	How will you ensure that individuals are not being treated in an inhuman or degrading way?	Any negative impact on equality is unlikely and the policy is concordant with current advice and guidance from the Parliamentary Health Service Ombudsman and The

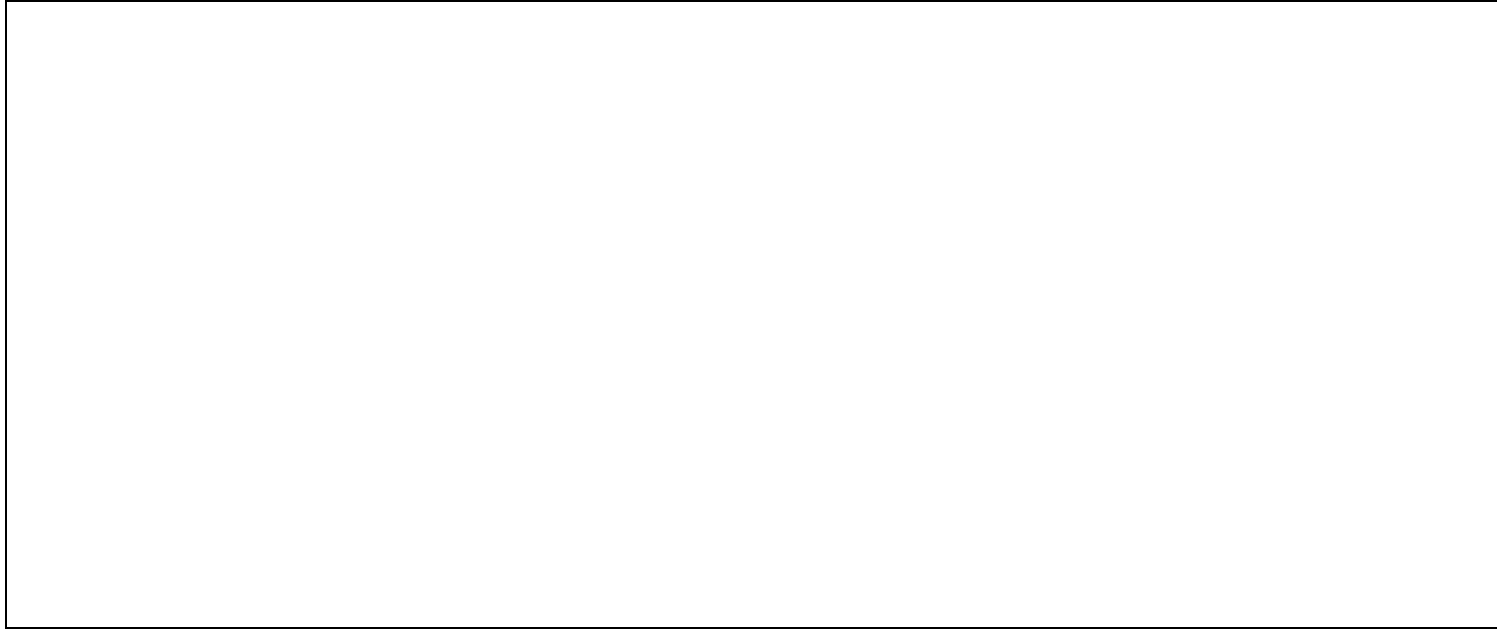
		Local Authority Social Services and NHS Complaints (England) regulations 2009
Autonomy – right to respect for private & family life; being able to make informed decisions and choices	How will individuals have the opportunity to be involved in discussions and decisions about their own healthcare?	The Complaints process has flexibility and respects how individuals wish complaints to be handled
Right to Life	Will or could it affect someone's right to life? How?	No
Right to Liberty	Will or could someone be deprived of their liberty? How?	No

4. Engagement, Involvement and Consultation

If relevant, please state what engagement activity has been undertaken and the date and with which protected groups:

Engagement Activity	Protected Characteristic/ Group/ Community	Date
ED&I Network Lead	All	30/11/2021

For each engagement activity, please state the key feedback and how this will shape policy / service decisions (E.g., patient told us So we will):



5. Mitigations and Changes

Please give an outline of what you are going to do, based on the gaps, challenges and opportunities you have identified in the summary of analysis section. This might include action(s) to mitigate against any actual or potential adverse impacts, reduce health inequalities, or promote social value. Identify the **recommendations** and any **changes** to the proposal arising from the equality analysis.

6. How will you measure how the proposal impacts health inequalities?

e.g. Patients with a learning disability were accessing cancer screening in substantially lower numbers than other patients. By revising the pathway, the CCG is able to show increased take up from this group, this is a positive impact on health inequalities.

You can also detail how and when the service will be monitored and what key equality performance indicators or reporting requirements will be included within the contract.

We maintain a record of each complaint we receive, the subject matter and outcome. Characteristics such as age are recorded and reported to NHS Digital on a quarterly basis.

7. Is further work required to complete this assessment?

Please state what work is required and to what section. e.g., additional consultation or engagement is required to fully understand the impact on a particular protected group (e.g., disability).

Work needed	Section	When	Date completed
e.g., Further engagement with disabled service users to identify key concerns about accessibility of the service.	2. Disability	June – July 2020	July 2020.

8. Sign off

The Equality Analysis will need to go through a process of **quality assurance** by a Senior Manager within the department responsible for the service concerned before being submitted to the Policy, Procedure and Strategy Assurance Group for approval. Committee approval of the policy / project can only be sought once approval has been received from the Policy, Procedure and Strategy Assurance Group.

Requirement	Name	Date
Senior Manager Signoff		
Which committee will be considering the findings and signing off the EA?		
Approved by the Policy Procedure and Strategy Assurance Group.		

