

# NHS Derby and Derbyshire Integrated Care Board

## Complaints Handling Policy

KEY POLICY MESSAGES	
1.	Provides a framework and guidance on the procedure for the handling of complaints and the resulting actions.
2.	Ensures residents and all other users of local health services commissioned by the ICB have their complaints and concerns dealt with in confidence and with courtesy, in a timely and appropriate manner.
3.	Informs ICB staff of their role and responsibilities within the complaints handling process.

## VERSION CONTROL

<b>Title:</b>	NHS Derby and Derbyshire Integrated Care Board Complaints Handling Policy
<b>Supersedes:</b>	NHS Derby and Derbyshire Clinical Commissioning Group Complaints Handling Policy
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<b>Author:</b>	Complaints Manager
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<b>List of Referenced Policies:</b>	Media and Social Media Policy Persistent Contacts Policy Data Sharing Protocol
<b>Key Words section (metadata for search facility online):</b>	Complaints
<b>Reference Number:</b>	CD06
<b>Target Audience:</b>	ICB approved policies apply to all employees, contractors, volunteers, and others working with the ICB in any capacity. Compliance with ICB policy is a formal contractual requirement and failure to comply with the policy, including any arrangements which are put in place under it, will be investigated and may lead to disciplinary action being taken.

To help ensure that this policy is as accessible as possible, it has been left-aligned and is available in alternative formats and languages. To obtain a copy of the policy in large print, audio, Braille (or other format) or in an alternative language please contact the Communications Team on 01332 981601.

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## **1. INTRODUCTION**

- 1.1 The NHS Derby and Derbyshire Integrated Care Board (ICB) welcomes all complaints as a valuable means of receiving feedback on the services it provides and commissions for the residents of Derby and Derbyshire. We aim to use information gathered from complaints and compliments as a means of improving services and measuring the effectiveness of the organisation.
- 1.2 This policy provides a framework and guidance on the procedure for the handling of complaints and the resulting actions in line with the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009, the NHS Constitution and the principles of remedy set by the Parliamentary and Health Service Ombudsman (PHSO).
- 1.3 The purpose of this policy is to ensure residents and all other users of local health services commissioned by the ICB have their complaints and concerns dealt with in confidence and with courtesy, in a timely and appropriate manner. No one will be treated detrimentally as a result of making a complaint.
- 1.4 The policy also informs ICB staff of their role and responsibilities within the complaints handling process.

## **2. BACKGROUND**

- 2.1 In April 2009 a single complaints system for all Health and Local Authority Social Services complaints replaced the National Health Service Complaints (England) Regulations 2006.
- 2.2 This policy is underpinned by the Principles of Good Complaint Handling as set out by the PHSO in 2009, which are:
  - getting it right;
  - being customer focused;
  - being open and accountable;
  - acting fairly and proportionately;
  - putting things right; and
  - seeking continuous improvement.
- 2.3 This policy also takes into account:
  - The NHS Constitution;
  - Listening, Improving, Responding – a Guide to Better Patient Care (2009);

- Report of the Mid Staffordshire NHS Foundation Trust Public Enquiry (Robert Francis QC 2013);
- Putting Patients back in the Picture (Clwyd & Hart 2013);
- My Expectations for raising concerns and complaints (PHSO 2014);
- General Data Protection Regulation (GDPR) and the Data Protection Act 2018;
- ICB Media and Social Media Policy;
- Agreement for the handling of Health & Social Care complaints – (Derbyshire);
- Complaint Standards (PHSO) April 2023; and
- Complaints Data Sharing Protocol in support of the Delegation of Complaints Services from NHS England, to the ICBs within the Midlands region.

### **3. SCOPE OF THE POLICY**

3.1 This procedure applies to all patient complaints relating to:

3.1.1 the conduct of ICB staff members;

3.1.2 services the ICB provides;

3.1.3 services provided on behalf of the ICB by a Commissioning Support Unit (CSU);

3.1.4 complaints where the ICB agrees with another organisation to take the lead in the handling of a complex or multi-agency complaint; and

3.1.5 services commissioned by the ICB, which the ICB agrees to handle.

3.2 From the 1<sup>st</sup> July 2023, the ICB will hold statutory responsibility for complaint handling for Primary Care services; this includes GPs, dentists, pharmacists, and opticians, and was previously the responsibility of NHS England.

3.2.1 These complaints will be managed by the East Midlands Complaints Hub (the "Hub"), which is hosted by NHS Nottingham and Nottinghamshire Integrated Care Board. The ICB has a data sharing agreement in place with NHS Nottingham and Nottinghamshire Integrated Care Board for the handling of Primary Care related complaints.

3.2.2 The Hub will handle the complaint and carry out a complaint investigation review on behalf of the ICB, where this is required. The ICB will hold overall responsibility for the complaint with sign off by the Chief Executive Officer.

#### **4. AREAS NOT COVERED BY THE ICB**

- 4.1 The following complaints are excluded from the scope of the arrangements within the Complaints Handling Policy:
- 4.1.1 a complaint, the subject matter of which is the same as that of a complaint that has previously been made and resolved in accordance with the NHS Complaints Procedure;
  - 4.1.2 a complaint, the subject matter of which is being or has been investigated by the PHSO;
  - 4.1.3 when a complainant wishes to pursue legal action and where it is deemed that an investigation will interfere with legal proceedings;
  - 4.1.4 a complaint made by an NHS body which relates to the functions of another NHS body or an ICB employee;
  - 4.1.5 a complaint made by an employee about any matter relating to their contract of employment;
  - 4.1.6 a complaint made by an independent provider about any matter relating to arrangements made by an NHS body with that independent provider;
  - 4.1.7 a complaint arising out of an NHS body's alleged failure to comply with a data subject request under the Data Protection Act 2018 or a request for information under the Freedom of Information Act 2000[13];
  - 4.1.8 a complaint about which an NHS body is taking or is proposing to take disciplinary proceedings in relation to the substance of the complaint against a person who is the subject of the complaint;
  - 4.1.9 a complaint which relates to any scheme established under section 10 (superannuation of persons engaged in health services, etc.) or section 24 (compensation for loss of office, etc.) of the Superannuation Act 1972[13A], or to the administration of those schemes;
  - 4.1.10 Specialist Services commissioned by NHS England;
  - 4.1.11 eligibility decisions relating to NHS Continuing Healthcare (CHC) and Funded Nursing Care (FNC);
  - 4.1.12 Individual Funding Request (IFR) Panel decisions.
- 4.2 In all cases where the ICB declines to investigate or handle a complaint, the complainant will be notified of the decision and the reasons for it in writing.

## 5. ORGANISATIONAL ACCOUNTABILITY AND RESPONSIBILITIES

<b>ICB Board</b>	<ul style="list-style-type: none"> <li>Gain assurance that ICB effectively handles complaints and takes appropriate action as a result</li> </ul>
<b>Chief Executive Officer (Accountable Officer)</b>	<ul style="list-style-type: none"> <li>Ensuring the ICB has arrangements in place that comply with the NHS Complaints regulations</li> <li>Responding to complaints</li> <li>Ensuring that action is taken where necessary, in light of the outcome(s) from a complaint investigation</li> </ul>
<b>Chief of Staff</b>	<ul style="list-style-type: none"> <li>Overseeing the management and provision of the Complaints service</li> </ul>
<b>Executive Directors or Directors</b>	<ul style="list-style-type: none"> <li>Appointing investigating officers</li> <li>Reviewing investigation findings, action plans and identifying any areas that require further investigation</li> <li>Reviewing and approving draft responses</li> <li>Ensuring actions identified as a result of complaints are completed in a timely manner</li> <li>Delegated responsibility for responding to complaints when the Chief Executive Officer is unavailable</li> </ul>
<b>Investigating Officers</b>	<ul style="list-style-type: none"> <li>Objectively and thoroughly investigating complaints in a timely manner</li> <li>Providing quality investigation findings, ensuring all concerns are fully addressed</li> <li>Identifying and implementing actions as a result of complaint investigations</li> </ul>
<b>Complaints Manager</b>	<ul style="list-style-type: none"> <li>Managing the ICB's Complaints Handling Process</li> <li>Handling complaints in line with the NHS Complaints Regulations and this policy</li> <li>Acknowledging and facilitating the investigation of complaints</li> <li>Liaising with and supporting complainants through the process</li> <li>Providing advice and support to Investigating Officers, where appropriate</li> <li>Liaising with complaints teams in other organisations</li> <li>Preparing complaint responses</li> <li>Liaising with the PHSO</li> <li>Maintaining complaints records</li> <li>Producing reports on complaints.</li> <li>Proposing policy changes in response to revisions to the NHS Complaints Regulations and best practice</li> <li>Providing training on complaints handling</li> </ul>
<b>All Staff</b>	<ul style="list-style-type: none"> <li>Forwarding all complaints to the Complaints Manager in a timely manner</li> <li>Cooperating with and responding appropriately to any complaint investigation</li> <li>Completing assigned actions in a timely manner and reporting completion of actions to the Investigation Lead and/or Complaints Manager</li> </ul>

## **6. INTENDED USERS**

This policy is intended for use by ICB staff members who receive, handle, investigate and respond to complaints and patients wishing to make a complaint under the NHS Complaints regulations, parliamentary and other representatives, who provide support to persons wishing to make a complaint.

## **7. DEFINITIONS AND EXPLANATION OF TERMS USED**

### **7.1 Complaint**

7.1.1 This refers to a matter that can be investigated under the provisions of the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 (SI 20009/309).

7.1.2 Where the subject matter falls outside the scope of these regulations the ICB will advise the complainant on the process that will need to be followed in order for the matter to be addressed.

### **7.2 Complainant**

This refers to the individual wishing to make a complaint on behalf of themselves or another person.

### **7.3 Local Resolution**

This refers to the first stage of the complaints procedure where the responsible body investigates and provides a full response to the matters raised in the complaint.

### **7.4 Provider**

For the purposes of complaints handling, provider refers to those services that are directly commissioned by the ICB as the lead commissioner.

## **8. EQUALITY IMPACT STATEMENT**

8.1.1 The ICB aims to design and implement policy documents that meet the diverse needs of its services, population and workforce, ensuring that none are placed at a disadvantage over others. It takes into account current UK legislative requirements, including the Equality Act 2010 and the Human Rights Act 1998, and promotes equal opportunities for all. This document has been designed to ensure that no-one receives less favourable treatment due to their protected characteristics of their age, disability, sex (gender), gender reassignment, sexual orientation, marriage and civil partnership, race, religion or belief, pregnancy and maternity. Appropriate consideration has also been given to gender identity, socio-economic status, immigration status and the principles of the Human Rights Act.

8.1.2 In carrying out its function, the ICB must have due regard to the Public Sector Equality Duty (PSED). This applies to all activities for which the ICB is responsible, including policy development, review and implementation.



## **9. DUE REGARD**

This policy has been reviewed in relation to having due regard to the Public Sector Equality Duty (PSED) of the Equality Act 2010 to eliminate discrimination; harassment; victimisation; to advance equality of opportunity; and foster good relations between the protected groups.

## **10. TIMESCALE FOR MAKING A COMPLAINT**

- 10.1 Complaints should be made within 12 months of the incident or event that caused dissatisfaction, or within 12 months of the subject of the complaint becoming known to the complainant.
- 10.2 Where complaints are made after this timescale, the ICB may decide to investigate if the complainant had good reasons for not making the complaint within the time limit; taking into account if it is still possible to investigate the complaint effectively and efficiently. The circumstances of each case will be considered individually.

## **11. PERSONS WHO CAN MAKE A COMPLAINT**

- 11.1 Generally it will be the person who has received the service that makes the complaint. However, there are circumstances in which another person can make a complaint on behalf of the patient, which are:
- 11.1.1 if the patient is a child who is not able to make the complaint on their own behalf;
  - 11.1.2 a person who has been assessed under the provisions of the Mental Capacity Act 2005 as not having capacity in this matter; and
  - 11.1.3 where the patient with capacity has given consent for another person to act on their behalf.
- 11.2 With regards to children and people without capacity, the complaints regulations permit the responsible body for the complaint to take a view on whether the person is acting in the patient's best interests, and if it is felt that this is not the case then the responsible body can refuse to handle a complaint made by that person. In practice this means that the ICB should not automatically assume that a parent or guardian can make a complaint on behalf of a child, if it is felt that the child has sufficient maturity and capacity to make or withhold the complaint on their own behalf. In any case where the ICB is considering exercising this power, it will only do so after full and proper consultation with relevant other parties<sup>1</sup>.
- 11.3 If an adult with capacity consents to a third person acting on their behalf and the appointed person can provide a valid and acceptable form of consent, the ICB shall regard the appointed person as a proxy for the patient in the complaint process.

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<sup>1</sup> "Relevant other parties" will be determined based on the circumstances of the particular case under consideration and could include the Courts; a social worker; health care professional; or legal advocate.

However, where a third person claims to be making a complaint on behalf of someone with capacity and does not have that person's valid consent in place, the ICB will contact the patient and request their consent for the complaint to proceed. This will enable the ICB to have an increased confidence that it is the patient that is genuinely consenting to the complaint being made. Where this consent is not provided, the complaints regulations may prevent the complaint from being processed further. If the patient has not granting consent for a third person to act on their behalf, the complaint will not be accepted for investigation. In this situation, the complainant will be notified accordingly.

## **12. COMPLAINTS HANDLING PROCEDURE**

This section sets out the ICB's approach to handling complaints made to it under the complaints regulations.

### **12.1 Making a complaint**

Complaints should be sent to:

The Complaints Manager  
Derby and Derbyshire ICB  
1<sup>st</sup> Floor  
The Council House  
Corporate Street  
Derby DE1 2FS

E-mail address: [DDICB.complaints@nhs.net](mailto:DDICB.complaints@nhs.net)

Complaints Form: See Appendix 1

Tel: 0800 032 32 35 (Free Phone)

### **12.2 Receiving a complaint**

- 12.2.1 When the ICB receives a complaint, an initial assessment will be carried out by the Complaints Manger to see if it can be addressed under the complaints regulations. If the matter falls outside of the complaints regulations (see section 3), the ICB will contact the complainant and give advice on the best procedure to follow to in order that their concerns are addressed satisfactorily.
- 12.2.2 If the subject matter of the complaint relates to a service or function for which the ICB is directly responsible, the complaint will be handled by the ICB in line with the NHS Complaints Regulations.
- 12.2.3 The ICB's Complaints Team can provide a rapid intervention service in tackling concerns with the aim of resolving them quickly and to the complainant's satisfaction, preventing the need to follow the complaints process. If at any time during this intervention the patient or his/her representative indicates that they wish to escalate the concerns to a complaint, it will be treated as such.

12.2.4 It may sometimes be necessary, due to the urgent nature of some issues (i.e. booking ambulance transport) to allow the Complaints Team to assist in resolving this type of issue alongside the investigation of a formal complaint.

12.2.5 All reported concerns and lessons learnt will be recorded as a means of improving services.

### 12.3 **Complaints about providers**

12.3.1 If the complaint is about a provider, with whom the ICB has commissioned the provision of NHS services, the ICB can decide at this point if it is more appropriate for the provider to handle the complaint<sup>2</sup>. If so, and subject to the complainant's consent, the complaint will be passed to the provider who is then required to handle the complaint in line with the regulations. In this circumstance the ICB would expect the provider to respond directly to the complainant but would ask for a copy of the response.

12.3.2 If it transpires during this initial step that the complaint has already been made to and responded by the provider concerned, the ICB will advise the complainant that the matter should be passed to the PHSO under the regulations for the second stage of the complaints procedure.

12.3.3 **In certain circumstances, a decision may be made by the ICB that it is more appropriate for the ICB to handle the complaint rather than pass it to the provider for handling. The ICB must then notify and agree this decision with the complainant and also notify the provider that the ICB will be handling the complaint. The ICB must then handle the complaint in line with the requirements of the complaints regulations.**

12.3.4 Where the ICB agrees to handle a complaint relating to a Primary Care provider (i.e. General Practice, Pharmacy, Optometry or Dental) the complaint will be forwarded to the East Midlands Complaints Hub, who will handle the complaint on behalf of the ICB. See the Primary Care Complaint Flowchart at Appendix 2.

12.3.5 For complaints relating to the services commissioned by the ICB from a CSU (e.g. NHS Continuing Healthcare assessments), the ICB will handle the complaint. However, the CSU will conduct their own investigation and provide the ICB with a formal response report. This response will usually be shared with the complainant under a covering letter from the ICB.

### 12.4 **Acknowledging the complaint**

12.4.1 When it has been decided that the ICB will be handling or investigating a complaint, written acknowledgment will be sent within three working days of receipt of the complaint. The acknowledgement will include a summary of the main areas of the complaint, the required outcome(s) and will set out how the complaint will be handled and the proposed time scale for response.

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<sup>2</sup> The presumption will be that in most cases it **will** be more appropriate for the provider to handle and investigate the complaint directly with the complainant.

12.4.2 Where further information is required to enable the complaint to be progressed, the acknowledgment will include a request for the complainant to contact the Complaints Manager to discuss the complaint. It is not the intention of the ICB to handle or process a complaint without the complainant being made aware of how it intends to proceed with their complaint.

12.4.3 The complaints regulations advise that a response should be provided within 6 months of receipt. However, in most cases the ICB will normally seek agreement for the response to be sent within 35 working days (this may be longer for more complex complaints, provider complaints or multi-agency complaints handled by or on behalf the ICB). The ICB will consider favourably a request from the complainant for an earlier response if it is practical for a full response to be obtained within a shorter timescale. There may be occasions where a longer timescale is needed for a response to be sent. In these cases the ICB will keep the complainant fully informed of the progress of the complaint and give estimates as to when a response can be made.

## 12.5 Investigating the complaint

12.5.1 Complaint investigations will be undertaken by the manager (Investigating Officer) accountable for the provision of the service or function being complained about. The Investigating Officer will be asked to fully investigate the complaint and provide answers to the points raised in the complaint. Where there is thought to be a conflict of interest for the Investigating Officer, the investigation or other in exceptional circumstances<sup>3</sup>, an alternative investigator will be sought.

12.5.2 Advice will be sought from Independent Clinical Reviewers where appropriate, for complaints relating to Primary Care services, which the ICB has agreed to handle.

## 12.6 Responding to a complaint

12.6.1 The ICB will strive to ensure that a complaint is fully responded to within the time limit agreed with the complainant. Where it becomes evident that, for whatever reason, the agreed deadline cannot be met, the Complaints Manager handling the case will contact the complainant at the earliest opportunity to inform them of the delay, the reasons for it, and agree a new deadline for response. In these circumstances the ICB's priority is to ensure that the complainant receives a high-quality response addressing the concerns raised in the complaint, rather than simply meeting a time limit if to do so means that the response could not be complete or comprehensive.

12.6.2 The ICB's response will be based on the outcome of the investigation conducted by the relevant Investigating Officer, and will seek to answer the questions raised

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<sup>3</sup> Such circumstances could include where there may be good reason to believe that a potential criminal act has been committed that would require investigation by another statutory body; that serious professional misconduct could have taken place and would require investigation by a professional regulatory authority; or there are reasons to believe there could be a risk of harassment or intimidation of the complainant.

in the complaint truthfully and comprehensively. Upon receipt of the investigation findings, the Complaints Manager will make an independent assessment of whether the information properly and reasonably answers the concerns raised in the complaint. If it is felt that the information does not adequately address the concerns raised, further information shall be sought from the relevant party before a final response is compiled. If these further inquiries are likely to delay the response being issued by the agreed deadline, the Complaints Manager will contact the complainant to notify them of the delay.

- 12.6.3 The ICB response will aim to address each of the points raised and also explain the reasons why the complaint is either upheld (in full or in part) or not upheld and will include information on how the complaint can be made to the Parliamentary and Health Service Ombudsman (PHSO), if the complainant remains dissatisfied with the response. The response will be signed by the Chief Executive Office or deputy in their absence and will signal the end of the local resolution stage of the complaints process.

## 12.7 **Recording the Complaint**

- 12.7.1 The ICB maintains a database that is used to record the details of the complaint. The information stored on the database is restricted and only used for producing anonymised reports and analyses of the complaints workload, trends, significant issues raised and outcomes.

- 12.7.2 The ICB also maintains an electronic file for each complaint case which holds original copies of written documents relating to the complaint. The electronic records are kept securely with restricted access. At the time limit legislated for the retention of complaint records, any paper or electronic complaints records are deleted and/or securely destroyed.

## 12.8 **Use of Data**

The purposes for which personally identifiable information will be used, is strictly for the processing of the complaint. If identifiable data is needed for other purposes then consent will be sought from the complainant unless there is another legal basis on which this information is required to be used.

## 13. **COMPLAINTS SENT TO THE ICB THAT HAVE ALREADY BEEN RESPONDED TO BY A PROVIDER**

- 13.1 The 2009 complaints regulations provide for a two-stage complaints process; Stage 1 being Local Resolution by the provider and Stage 2 being a review by the PHSO. There is no provision in law for the ICB to be an intermediary between Stages 1 and 2 where the complaint has already been made to, and responded by, the provider that is the subject of the complaint.
- 13.2 At the end of Stage 1, Local Resolution, the response to the complainant should always include details of how to raise the matter with the PHSO if the complainant is not satisfied with the final response. Complaints that have already been investigated

under the NHS complaints regulations will not be handled or reinvestigated by the ICB.

#### **14. MEDIATION**

The ICB is not in a position to provide a formal mediation service for providers and complainants who are having difficulty resolving a complaint. However, it may be able to provide advice on how to resolve a complaint to either party but this will not involve a ICB officer attending meetings between complainant and provider. Where it is appropriate the ICB will advise the complainant of the services of the Independent Complaints Advocacy Service that is established to assist complainants with the management of their complaint (see also section 18 below).

#### **15. THE PARLIAMENTARY AND HEALTH SERVICE OMBUDSMAN**

- 15.1 The ICB welcomes the closer involvement that the PHSO has with regards to complaints as a result of the 2009 regulations. The PHSO is in a position to take an independent view of how the ICB has handled and responded to a complaint, and whether we have provided sufficient redress where an injustice has taken place as a result of the matters being complained about.
- 15.2 The ICB will seek to provide the best answer it can in its final response, and take whatever time is reasonably necessary in order to ensure the best quality response and outcome for the complainant. Therefore, the ICB will regard a referral to the PHSO in a positive light. The PHSO may find that the ICB has provided an appropriate response and no further action will be taken; or the PHSO may investigate and provide a view on the handling and outcome of the complaint. If the PHSO choose to investigate and find failings or omissions in the ICB's response then that will provide learning opportunities that can be utilised in future investigations.
- 15.3 The ICB will not regard a referral to the PHSO as an indicator of failure to properly investigate and respond to a complaint because it is acknowledged that a full response may not always provide the complainant with answers that will satisfy them. This is particularly relevant to cases where the redress sought by the complainant is beyond the power or lawful authority of the ICB to deliver.

#### **16. LEARNING THE LESSONS OF COMPLAINTS**

- 16.1 The Complaints Team will provide a quarterly learning and outcome-based report to the ICB's Audit and Governance Committee. The reports will highlight the key themes and the lessons learned from complaints, with key outcomes and changes made as a result of complaints.
- 16.2 Where a complaint identifies any risks the ICB will manage this through the appropriate risk assessment processes ensuring any necessary actions are taken to mitigate or eliminate the risk.

## 17. WORKING IN PARTNERSHIP – MULTI-AGENCY COMPLAINTS

*Note: This section is predicated on regulation 9 – duty to co-operate – and will only apply where a section of the complaint is about the ICB’s exercise of its functions. If the ICB receives a multi-agency complaint and no element of the ICB’s functions can be identified in it then the ICB will not act as broker for the complaint and will pass it on to the agency that has the majority of the content of the complaint.*

- 17.1 Complaints can feature more than one service or organisation and the 2009 regulations permit responsible bodies to agree that one body should take the lead in the handling of a complaint. Where it is appropriate for the circumstances of the case for the ICB to take the lead in handling a multi-agency complaint it will do so, and will work closely with the other agencies involved to ensure that the complaint is properly investigated and the issues complained about are addressed.
- 17.2 Where the ICB is not the lead agency but a party to the complaint, it will make all best efforts to ensure full co-operation and relevant sharing of information with the lead agency.
- 17.3 Where the ICB is the lead agency in handling a complaint and for any reason finds an agency to be uncooperative in assisting with the proper handling of the complaint, it will firstly remind the agency of its obligations under the regulations and any relevant legislation. If this does not resolve the issue then it will be clearly identified in the complaints response those matters that it has not been possible to resolve because of this lack of co-operation. It will then be a matter for the complainant to decide if they wish to raise these matters with the PHSO or other relevant body, such as the Information Commissioner.

## 18. INDEPENDENT COMPLAINTS ADVOCACY SERVICE

The Independent Complaint Advocacy Service for residents living in Derby or Derbyshire is commissioned by the local authority. They can offer assistance with writing letters, preparing for and attending meetings, exploring options at each stage of the complaint’s process, and provide support with making decisions on the complaint process.

The advocacy service commissioned for Derbyshire County Council residents is provided by Cloverleaf Advocacy. They can be contacted at:

Tel: 01924 454875	Email: <a href="mailto:referrals@cloverleaf-advocacy.co.uk">referrals@cloverleaf-advocacy.co.uk</a>
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The advocacy service for Derby City Council residents is provided by Disability Direct Advocacy (DDA). They can be contacted at:

Tel: 01332 299449 (option 2)	DDA website at <a href="https://www.disabilitydirect.com/dd-advocacy/">https://www.disabilitydirect.com/dd-advocacy/</a>
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## **19. UNREASONABLY PERSISTANT COMPLAINANTS**

- 19.1 Unreasonably persistent complainants and the difficulty in handling such complainants place a strain on time and resources and causes unacceptable stress for staff that may need support in difficult situations. NHS staff are trained to respond with patience and understanding to the needs of all complainants, but there are times when there is nothing further that can reasonable be done to assist them or to rectify a real or perceived problem.
- 19.2 The Unreasonably Persistent Contacts Policy may be used as a last resort and after all reasonable measures have been taken to resolve the individual's concerns.

## **20. MONITORING AND PERFORMANCE MANAGEMENT OF THE POLICY**

- 20.1 Reports as outlined in Section 12 will be reviewed by the ICB Audit & Governance Committee on a quarterly basis. An annual report containing complaints activity, lessons learned and changes made as a result of complaints will also be provided to the ICB Audit & Governance Committee. Highlights from this report will also be reported to the ICB Board.
- 20.2 The ICB also receives reports on patient experience, including complaints handled by the providers. As part of the quality assurance process, the ICB will use information from these reports to inform ongoing contract performance monitoring and evaluation work.

## **21. ENSURING THE POLICY IS ACCESSIBLE TO ALL**

- 21.1 The ICB is committed to ensuring that the guidance in this policy is accessible to all. This means that as required, additional support will be provided to help ensure that the information in this policy can be understood and its guidance followed. This support includes (but is not limited to):
- 21.1.1 the provision of the policy and any associated documents in alternative formats;
  - 21.1.2 enabling individuals to have an advocate or interpreter involved for support with communication; and
  - 21.1.3 making reasonable adjustments, in discussion with individuals or their representative, to procedures where these are necessary to ensure their accessibility.
- 21.2 All staff involved in the implementation of this policy will need to proactively consider the additional actions that might be required to ensure that individual needs can be met as far as is practicably possible. Ensuring accurate and appropriate communication will help to reduce communication errors and the effective and fair handling of complaints. Actions to improve communication could include:
- 21.2.1 providing the ICB complaint form for completion and return;



- 21.2.2 using easy read, Braille, pictures and symbols, or other formats when explaining information;
- 21.2.3 providing a translator for people for whom English is not their first language;
- 21.2.4 providing information using picture communication symbols;
- 21.2.5 supplying correspondence and leaflets in alternative languages and formats, including easy read;
- 21.2.6 ensuring the complainant can access advocacy if needed;
- 21.2.7 providing telephone advice and support using alternative languages and formats;
- 21.2.8 using Augmented and Alternative Communication aids (AAC) for people with speech or writing difficulties.

## 22. REVIEW, UPDATE AND ARCHIVING

This policy will undergo review and updating bi-annually or in the event of any change to the regulations as determined by the Department of Health and Social Care and will be referred to the Audit & Governance Committee for approval.

## 23. SUPPORT AND ADDITIONAL CONTACTS

Further advice on this policy and its content can be obtained from:

Chief of Staff Derby and Derbyshire ICB 1 <sup>st</sup> Floor The Council House Corporate Street Derby DE1 2FS	Tel: 01332 981601  Email: <a href="mailto:ddicb.enquires@nhs.net">ddicb.enquires@nhs.net</a>
Complaints Manager, Derby and Derbyshire ICB 1 <sup>st</sup> Floor The Council House Corporate Street Derby DE1 2FS	Tel: 0800 032 32 35  Email: <a href="mailto:ddicb.complaints@nhs.net">ddicb.complaints@nhs.net</a>

## Appendix 1 – Complaint Form

# COMPLAINT FORM

You may use this form to register a complaint to NHS Derby and Derbyshire ICB. You can make a complaint on your own or on behalf of someone else with their permission. If you would like further advice or help with completing the form, please contact our Complaints Team on 0800 032 3235.

Alternatively, you may wish to seek independent advice and assistance from the local NHS Complaints Advocacy Services.

Derby City residents should contact Disability Direct Advocacy on 01332 299449 (option 2)

Derbyshire County residents should contact Cloverleaf Advocacy on 01924 454875

In order for us to begin to consider your complaint and be timely in our response, please complete this form in full.

### COMPLAINANT DETAILS

#### 1. About you:

Mr / Mrs / Ms / Other (please state): **Full Name:** **Date of Birth:**

#### 2. Your address:

**Postcode:**

#### 3. Your contact details (please identify which number/method you would prefer to be contacted by):

**Home Tel:** **Mobile:**

**Email address:** **Letter:**

If you prefer contact via the telephone, please state the time of day which is most convenient to you:

**4. Are you complaining on behalf of someone else?** **Delete as appropriate: Yes / No**

If you have answered 'YES' above, please provide details of the person for whom you are raising the concerns. (Please note that if you are making a complaint on behalf of someone else, you must obtain their signed consent or if they are unable to sign due to disability/incapacity etc or the concern relates to someone who has died, the signed consent of their next of kin will be required). See Section 5

**Full name of the Patient:** **Date of Birth:**

**Please state your relationship to the patient (e.g. Spouse, Mother, Son etc.):**

**Patient's Address:**

**Postcode:**

**Patients Home Telephone number:** **Patient's Mobile number:**

5. Patient's consent:	
<b>I, (Patient's signature):</b>	
<b>hereby authorise (Complainant's name):</b>	
<b>To represent me in my complaint.</b>	

6. Please state whom or what you are complaining about:	
<b>Organisation</b> (please include address):	<b>Policy / Service / Team / Individual:</b>

**COMPLAINT DETAILS**

7. Tell us about your complaint:
Please ensure you include details of the date that the incident occurred, if known or the time periods involved in your concerns, from the date they first arose. Please include details of who was involved and any additional information that may be useful to investigate your concerns.

Please use and attach an additional sheet if necessary.

**8. Please state the main areas of concern that you wish to be investigated:**


**9. What outcomes are you hoping to achieve from making this complaint?**


Please use and attach an additional sheet if necessary.

**COMPLAINANT CONSENT**

**Complainant Signature:**

**Please print name:**

**Date:**

**WHAT HAPPENS NEXT**

In the first instance, it may be necessary for the Complaints Manager to contact you to discuss timescales with you for a response and how you would like us to respond to your complaint. Alternatively you can expect to receive a formal acknowledgement within 3 working days.

**Please post your completed Complaint Form to:**

Complaints Manager, NHS Derby and Derbyshire ICB, 1<sup>st</sup> Floor, The Council House, Corporate Street, Derby DE1 2FS or email it to [ddicb.complaints@nhs.net](mailto:ddicb.complaints@nhs.net)

## Appendix 2 – Primary Care Complaints Handling Flowchart

