
Policy for the Management of Enquiries, Concerns and Complaints

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Central East Integrated Care Board

Policy for the Management of Enquiries, Concerns and Complaints

1. Introduction

Central East Integrated Care Board (Central East ICB) is responsible for planning, commissioning and assuring high-quality, safe and effective health services for residents of Bedfordshire, Cambridgeshire, Hertfordshire, Luton, Milton Keynes and Peterborough. Our role is to ensure that people living in these communities have access to services that meet their needs, are delivered to a high standard, and are continually improving.

Commissioning responsibilities include:

- Setting expectations for quality, safety and patient experience
- Holding NHS providers to account for delivering services that meet contractual, statutory and regulatory standards
- Ensuring that feedback, enquiries, concerns and complaints inform commissioning decisions and system improvement and
- Working collaboratively with providers, partners and communities to improve outcomes

Within Central East ICB, quality is delivered through a Total Quality Management (TQM) approach, which brings together quality planning, patient safety and improvement, and quality assurance. Patient experience is recognised as a core component of quality, alongside safety and effectiveness.

Central East ICB recognises that individuals may raise enquiries, concerns or complaints directly with us about the services we commission and the decisions we make. We also receive complaints about our provider organisations.

In line with the Parliamentary and Health Service Ombudsman (PHSO) Principles of Good Complaint Handling, Central East ICB is committed to upholding the rights of complainants as set out in the NHS Constitution ensuring that:

- complaints are acknowledged and properly investigated
- Complaints are handled in a fair, proportionate and transparent way
- Providers are given the chance to respond to complaints about their services, even when the complaint is sent to the ICB
- People receive clear, compassionate and timely responses
- Learning from feedback is shared and used to improve services across the system

This includes the right to have complaints acknowledged and properly investigated, to be kept informed of progress, to receive a timely and reasoned response, and to escalate unresolved complaints to the Parliamentary and Health Service Ombudsman (PHSO)

This policy provides a clear framework for staff, partners and the public, ensuring consistent handling, timely responses and effective learning, while supporting the ICB's wider responsibilities for patient experience, quality assurance, safeguarding, equality and continuous improvement. It sets out how enquiries, concerns and complaints are managed so that patient experience insight is captured and escalated through the appropriate Total Quality Management (TQM) arrangements, supporting planning, assurance and improvement activity in line with statutory requirements and national best practice.

Central East ICB is committed to meeting the Accessible Information Standard and the Public Sector Equality Duty, ensuring that everyone can access and engage with the process for raising

enquiries, concerns, complaints, feedback, or compliments, regardless of their communication needs or personal circumstances.

This policy aligns with the Central East ICB's strategic purpose to "do what best serves our population," ensuring that patient experience insight informs improvements to access, outcomes, and quality across all commissioned services. In line with the ICB's Promise, this policy supports earlier intervention, transparent communication, and a clearer, more joined-up experience for residents

2. Purpose

- 2.1. This policy fulfils the requirements of the NHS Complaints Regulations (2009) and aligns with the Parliamentary and Health Service Ombudsman (PHSO) Complaint Standards Framework, ensuring complaints are handled in a consistent, fair and proportionate way.
- 2.2. The purpose of this policy is to set out how Central East ICB manages enquiries, concerns, complaints, feedback and compliments in a consistent, fair and person-centred way for residents of Bedfordshire, Cambridgeshire, Hertfordshire, Luton, Milton Keynes and Peterborough.

3. Aims and objectives

This policy aims to:

- Provide a clear, accessible process for raising and responding to complaints, concerns, feedback, and compliments.
- Ensure compliance with statutory regulations, equality duties, and national guidance.
- Define the roles and responsibilities of the ICB and commissioned providers.
- Promote early resolution and proportionate, evidence-based investigations focused on learning.
- Foster a culture of openness, transparency, and continuous improvement.
- Use feedback to inform commissioning decisions and drive system-wide quality improvement.
- Ensure that patient experience forms a core element of the ICB's quality framework, reflecting the strategic position that quality (including safety, effectiveness, and experience) is the primary driver of commissioning and assurance.

This policy applies to all enquiries, concerns and complaints received by Central East ICB and sets the standard for how we respond, learn and improve.

4. Scope

This policy sets out how Central East ICB manages enquiries, concerns, complaints, feedback, and compliments raised with the ICB by residents of Bedfordshire, Cambridgeshire, Hertfordshire, Luton, Milton Keynes, and Peterborough, or by representatives of those residents, where the matter falls within the ICB's commissioning responsibilities.

The policy applies to all individuals and representatives, regardless of communication needs or protected characteristics, and covers only those matters for which the ICB has statutory or contractual responsibility.

4.1. What Central East ICB is responsible for

Central East ICB is responsible for managing all matters relating to patient experienceⁱ (including enquiries, concerns, complaints, feedback, and compliments) where these relate to

- services commissioned by the ICB
- decisions, actions or failures to act by the ICB

- the conduct or behaviour of ICB staff or representatives
- commissioning, contractual or system-level issues within the ICB's remit
- matters raised by residents living in Bedfordshire, Cambridgeshire, Hertfordshire, Luton, Milton Keynes and Peterborough, or by representatives of those residents, where the issue falls within the ICB's commissioning responsibilities
- ensuring residents receive a clear and timely response
- co-ordinating or contributing to joint responses where more than one organisation is involved

This approach is consistent with the ICB's commissioning role set out in the strategy, which maintains clear boundaries between commissioner and provider responsibilities. The ICB remains accountable for population-level outcomes and experience, while providers retain responsibility for operational delivery and frontline complaints handling.

4.2. What Central East ICB is not responsible for

- Investigating complaints about clinical care or services delivered by commissioned providers. These complaints must be addressed through the provider's own complaints process (see s4.4)
- Responding directly to complaints where the provider is responsible; in such cases, the ICB will signpost individuals to the relevant provider and maintain oversight of themes and quality issues.
- Issues raised by or for individuals registered with GP practices outside Bedfordshire, Cambridgeshire, Hertfordshire, Luton, Milton Keynes, or Peterborough.
- Matters covered by other statutory or established processes, including:
 - ▶ Freedom of Information (FOI) requests
 - ▶ Subject Access Requests (SARs)
 - ▶ Safeguarding concerns
 - ▶ Whistleblowing concerns
 - ▶ HR or disciplinary matters
 - ▶ Legal claims or pre-action correspondence

As these matters sit outside the ICB's Enquiries, Concerns and Complaints process, individuals will be signposted to the appropriate team or process.

4.3. Complaints the ICB will handle directly

Central East ICB will handle complaints relating to:

- Its own decisions, actions, omissions, or staff conduct
- The commissioning, planning, procurement, or monitoring of services
- Services directly provided by the ICB
- Multi-agency or system-wide concerns where the ICB is best placed to coordinate a response
- Issues raised by individuals registered with GP practices within Bedfordshire, Cambridgeshire, Hertfordshire, Luton, Milton Keynes, or Peterborough.
- Complaints involving multiple organisations, the ICB will work with partners to determine the lead responder and ensure a coordinated, timely reply.

4.4. How delegated primary care or NHS service provider complaints are managed

Central East ICB has delegated responsibility for managing complaints about primary care services (including GP, dental, optometry, and pharmacy) in line with NHS Complaints Regulations (2009) and national guidance.

The ICB does not undertake the operational investigation of complaints about provider organisations. Providers are responsible for investigating complaints about their own services.

Process:

- The provider is requested to undertake the investigation and supply a full response to the ICB with supporting information.
- The ICB reviews the provider's response for quality, completeness, and learning, and
- issues the final response to the complainant, maintaining commissioner oversight.

This approach ensures providers respond to concerns about their own services, while the ICB fulfils its statutory responsibility for oversight, assurance, and system learning, ensuring residents receive a fair and timely outcome.

5. Definitions

Term	Definition
Best Interests	The principle guiding decisions for someone who lacks capacity, taking account of their wishes, feelings and circumstances.
Capacity	The ability of an individual to understand, retain and weigh information to make decisions (as per the Mental Capacity Act).
Case Management System	The secure system the ICB uses to record, track and manage cases and related information.
Central East ICB	The ICB covering Bedfordshire, Cambridgeshire, Hertfordshire, Luton, Milton Keynes and Peterborough.
Commissioned Provider	An organisation contracted by the ICB to deliver services (e.g., acute, community, mental health, ambulance, primary care).
Commissioning	The process of planning, procuring, and monitoring services to meet population needs and ensure quality, safety and value.
Complaint	A formal expression of dissatisfaction about a service, decision, action, or omission by the ICB or a commissioned provider, requiring investigation and a written response under complaints regulations.
Concern	An informal issue or expression of dissatisfaction about a service, decision, action, or omission by the ICB or a commissioned provider, which requires follow-up or early resolution but does not usually require a formal investigation.
Consent	Permission from the individual for the ICB to share and use relevant information to handle a representative's issue.
Constituent	An individual who is represented by a Member of Parliament (MP), typically a resident of the MP's parliamentary area.
Data Protection Legislation / UK GDPR	The laws governing personal data use, sharing and security in the UK (including UK GDPR and Data Protection Act 2018).
Enquiry	A request for information, clarification or signposting that does not require investigation.
Escalation	Prompt referral of a case to the appropriate ICB function (e.g., safeguarding, quality, legal) when risk indicators are present.
Freedom of Information (FOI)	The statutory process for requesting non-personal information from public bodies.
Governance	Structures and processes for oversight, decision-making, risk management and assurance within the ICB.
Information Governance	The framework for legally and securely handling personal data and information in the NHS.
Integrated Care Board (ICB)	A statutory NHS organisation that plans, commissions, and assures local health services for its population.

Lasting Power of Attorney (LPA)	A legal authority allowing a named person to make decisions for someone else (e.g., Health and Welfare).
Multi-agency / System-wide Complaint	A complaint involving more than one organisation, requiring coordinated information-sharing and a single reply.
Parental Responsibility	Legal rights/duties enabling a parent/guardian to act for a child.
Patient Experience	Feedback, enquiries, concerns, complaints, and compliments from people using or affected by services, used to learn and improve.
Protected Characteristics	Characteristics protected under the Equality Act 2010 (e.g., age, disability, race, sex, religion), relevant to equitable access.
Quality Assurance	Systematic monitoring and review to ensure services are safe, effective and person-centred.
NHS Service Provider ('Provider')	Any organisation commissioned to deliver NHS-funded healthcare services. This includes NHS trusts, foundation trusts, GP practices, community services, mental health services, ambulance services, and independent or voluntary sector organisations contracted to provide NHS-funded care.
Reasonable Adjustments	Changes or support provided to remove barriers to access (e.g., formats, interpreters, accessible communication).
Region - Central East ICB	Bedfordshire, Cambridgeshire, Hertfordshire, Luton, Milton Keynes and Peterborough
Representative	A person acting on someone's behalf (e.g., family, carer, advocate, legal representative).
Resident	Person registered with a GP within the Central East ICB region
Safeguarding	Action to protect children and adults at risk from abuse, neglect or harm, including prompt escalation via safeguarding processes.
Statutory Requirements / Contractual Obligations	Legal and contract conditions the ICB and providers must meet in handling complaints and delivering services.
Subject Access Request (SAR)	A request by an individual to access their personal data held by an organisation.
Thematic Analysis / System Learning	Structured analysis of trends from cases to identify improvements and share learning across organisations.
Vexatious Contact	Contact that is repetitive, abusive or unreasonable
Whistleblowing	Disclosure by a staff member of wrongdoing or risk in the public interest, handled under separate HR/governance policies.

6. Roles and Responsibilities

6.1. Chief Executive Officer (CEO)

The CEO holds overall accountability for patient experience. Specific responsibilities include:

- Ensuring the ICB meets its statutory duties.
- Promoting a culture of openness, learning, and continuous improvement.
- Signing responses to serious, sensitive, or high-profile complaints where appropriate.
- Ensuring patient experience intelligence informs strategic decision-making.

6.2. Executive Clinical Directors

The Executive Clinical Directors provides senior clinical leadership for quality, safety, and patient experience across the ICB. Specific responsibilities include

- ensuring patient feedback informs commissioning, governance, and service improvement
- promoting compassionate, safe, and effective care.

6.3. Executive Director of Corporate Services

The Executive Lead for Patient Experience is the senior accountable officer for this policy. Specific responsibilities include:

- overseeing governance, reporting and escalation arrangements
- ensuring themes, trends and risks are identified and acted upon
- ensuring learning informs commissioning, quality and safety activity
- supporting a culture of compassionate, person-centred care across the system

6.4. Head of Patient Experience

The Head of Patient Experience ensures compliance with statutory complaints processes while embedding a culture of learning from patient feedback. Specific responsibilities include

- working closely with engagement teams to strengthen public involvement in ICB decision-making.
- championing patient voice, ensuring experiences shape policy and practice
- developing systems to monitor and report on trends, driving continuous improvement across the organisation.
- Ensuring patient experience insight is integrated with clinical, performance and utilisation data to identify variation, risk, and early signals of system stress, in line with the ICB's "Quality is the Strategy" approach

6.5. Patient Experience Manager

The Patient Experience Manager leads the operational delivery of the patient experience function. Specific responsibilities include:

- providing expert advice on complaints, concerns and patient experience
- overseeing the work of the Patient Experience Team
- ensuring timely, high-quality responses and effective coordination with providers
- leading thematic analysis and system learning
- using patient experience intelligence to support PDSA-based improvement cycles, ensuring issues raised by residents actively inform reliability testing and commissioning decisions
- escalating issues to senior leaders where appropriate

6.6. Patient Experience Officers / Assistants

These roles support the day-to-day management of patient experience activity. Specific responsibilities include:

- receiving, triaging and coordinating complaints, concerns, enquiries, feedback and compliments
- liaising with providers to ensure timely and appropriate responses
- maintaining accurate records and case management systems
- supporting individuals raising concerns with empathy and professionalism
- identifying issues requiring escalation to quality, safeguarding or commissioning teams

6.7. ICB Quality & Patient Safety Team (inc Governance committees)

The Quality and Patient Safety function provides clinical and quality oversight for the ICB. This includes access to senior clinical advice and review where required to support the handling of

complaints relating to commissioning decisions, care pathways, quality concerns or system-level risk. Oversight is exercised through the ICB's established quality and governance committees

Specific responsibilities include:

- reviewing themes and trends to identify quality or safety concerns
- working with providers to ensure appropriate action is taken
- escalating risks through quality governance structures
- using patient experience data to inform quality improvement activity
- incorporating resident insight as a core input into system assurance, enabling triangulation of patient feedback with quantitative quality, safety and utilisation metrics

6.8. Safeguarding Team

The Safeguarding Team provides specialist advice where patient experience activity indicates potential safeguarding issues. Specific responsibilities include:

- ensuring safeguarding concerns are escalated and managed appropriately
- working with the Patient Experience Team to ensure safe handling of cases
- contributing to system learning where safeguarding themes emerge

6.9. Corporate & Legal Services

Legal Services support the management of complex or sensitive cases with potential legal implications. Specific responsibilities include:

- providing advice where complaints have potential legal implications
- supporting the handling of claims or pre-action correspondence
- ensuring responses are accurate and aligned with legal duties

6.10. Human Resources (HR)

HR provides support where complaints relate to staff conduct or employment matters. Specific responsibilities include:

- ensure staff-related issues are managed through appropriate HR processes
- provide advice on professionalism, behaviour and conduct
- support a culture of accountability and learning

6.11. Commissioning Teams

Commissioning teams plan, procure and monitor services under contract. Specific responsibilities include:

- using patient experience intelligence to inform commissioning decisions
- working with providers to address themes, trends or performance concerns
- supporting the Patient Experience Team in resolving complex or system-wide issues

6.12. All ICB Staff

All staff working for or on behalf of the ICB are responsible for:

- treating individuals raising concerns with respect, empathy and professionalism
- cooperating with patient experience enquiries and providing information when requested
- escalating concerns or risks identified through patient experience activity
- contributing to learning and improvement across the system

6.13. NHS Commissioned Service Providers

Commissioned providers ('Providers') are responsible for:

- operating their own patient experience and complaints processes
- investigating and responding to issues relating to patient experience
- ensuring responses are timely, accurate and address all issues raised
- sharing themes, trends and learning with the ICB
- providing information or assurance to the ICB when requested
- cooperating in multi-agency or coordinated responses

7. How to Raise an Enquiry, Concern or Complaint

Central East ICB is committed to making it as easy as possible for individuals, carers and representatives to raise enquiries, concerns, complaints, feedback or compliments. People can contact the ICB in the way that feels most comfortable for them.

7.1. Ways to Contact the ICB

Individuals can raise enquiries, concerns, complaints, feedback or compliments via:

- Email (preferred method) – the quickest and most environmentally sustainable way to contact the ICB
- Telephone – for those who prefer to speak to someone or need support
- Letter – accepted, although used less frequently as the ICB promotes carbon-friendly communication methods

Contact details are published on the ICB website and, where relevant, included in all patient-facing materials.

The ICB will support individuals to raise their concerns in the way that works best for them, and reasonable adjustments will always be offered to ensure equitable access.

7.2. Information to Provide

To help the ICB understand and respond to the issue, individuals are encouraged to provide:

- name and contact details
- details of the issue, including dates and locations
- the name of the service or provider involved
- what outcome they are seeking
- confirmation if acting on behalf of someone else

The ICB will support individuals even if they are unable to provide all of this information.

7.3. Accessibility and Support

The ICB is committed to ensuring equitable access for all. This includes:

- providing information in alternative formats
- offering translation or interpretation signposting services
- supporting individuals with communication needs
- making reasonable adjustments under the Equality Act 2010
- providing information regarding advocacy support available through independent organisations.

8. Raising issues for someone else

The ICB may receive enquiries, concerns or complaints from a person acting on someone's behalf
This person can be:

- a family member
- a carer
- a friend
- an advocate
- a legal representative

The ICB will require consent from the person whose care, treatment, or experience is the subject of the enquiry, concern, or complaint, unless:

- the individual lacks capacity
- the representative has legal authority (e.g., Lasting Power of Attorney for Health)
- it is in the individual's best interests
- the issue relates to a deceased person

Further detail on consent, confidentiality and representation is set out in Section 12.

8.1 Members of Parliament (MPs)

When an MP raises an issue on behalf of a resident, this will be treated as implied consent for the ICB to share information necessary to respond. Only information that is proportionate and relevant to the issue will be disclosed, in line with data protection and safeguarding requirements (see Section 14: Data Protection and Confidentiality).

9. Time Limits

9.1. Enquiries, concerns and feedback

There are no time limits for raising concerns, enquiries, or feedback; these may be submitted at any time.

9.2. Formal complaints

Time limits for making a formal complaint are set nationally by the NHS Complaints Regulations (2009) and the Parliamentary and Health Service Ombudsman (PHSO) to support fair and effective investigation. Raising complaints as soon as possible soon after the event helps ensure records are available, staff recall is reliable, and the process is fair to all parties. Flexibility may be applied where appropriate to support individuals who may need more time to raise their concerns.

Formal complaints should normally be made:

- within 12 months of the event, or
- within 12 months of becoming aware of the issue

The ICB may accept complaints outside these timeframes where there is a good reason for the delay, and it is still possible to investigate the issues raised

10. Response Timeframes

The ICB aims to respond to all enquiries, concerns and complaints in a timely and proportionate manner. The following timescales apply:

Type of Contact	Description	Target Response time
Enquiry	Request for information, signposting or clarification	15 working days
Concern	Issue requiring informal follow-up or early resolution	20 working days
Formal Complaint	Formal issue requiring investigation and written response	30 working days
Multi-agency / provider complaint	Issues involving more than one organisation or commissioned provider	Timescale to be agreed between involved parties

Where a response cannot be provided within the expected timeframe, the individual will be updated and a revised timescale agreed.

11. How the ICB Handles Enquiries, Concerns and Complaints

11.1. Process overview

Insights from enquiries, concerns, complaints and compliments will be used as early indicators of access issues, variation, failure demand, or inequity. These insights will support the improvement lifecycle by informing the definition of problems, highlighting areas where processes are not reliably operating, and identifying opportunities for earlier intervention.

When the ICB receives an enquiry, concern, or complaint the Patient Experience Team follows a clear and supportive process to ensure each issue is handled efficiently and directed appropriately.

(a) If Someone Is Unsure Who to Contact

If an individual is unsure whether the ICB or a provider should respond, the Patient Experience Team will:

- review the issue(s) raised
- explain the available options
- help the individual decide the most appropriate route
- signpost or coordinate as needed

This approach aims is to ensure people do not feel passed around the system.

(b) What Happens After an Issue Is Raised

Once the ICB receives an enquiry, concern or complaint, the Patient Experience Team will:

- acknowledge receipt within 3 working days
- clarify the issues raised
- determine whether the ICB or another organisation should respond
- explain the next steps and expected timescales
- provide ongoing support and updates

Where a complaint requires clinical consideration, a review will be obtained in accordance with the responsibilities set out in Section 6 (Roles and Responsibilities), through the ICB's Quality and Patient Safety function.

Further details of how the ICB handles each type of issue are set out in the following sections.

11.2. Enquiries

(a) Definition

Enquiries (requests for information, clarification or signposting) do not require investigation and can usually be resolved quickly.

(b) Process:

- The Patient Experience Team will acknowledge the enquiry
- provide a response or signpost to the correct organisation
- respond within 15 working days, wherever possible
- close the case once the information has been provided
- Record details for monitoring and learning purposes.

11.3. Concerns

(a) Definition

Concerns are issues that require follow-up but can usually be resolved quickly and informally without a full investigation.

(b) Process

- The Patient Experience Team will acknowledge the concern.
- Clarify the issue and desired outcome.
- Liaise with the relevant ICB commissioning team or provider
- Aim to respond to the concern within 20 working days, wherever possible.
- Keep the individual updated throughout.
- Record the outcome and any learning.

11.4. Complaints about the ICB

(a) Definition

A complaint is a formal expression of dissatisfaction about a service, decision, action, or omission relating to the ICB. This includes complaints relating to commissioning decisions, such as access, funding, eligibility and pathway decisions.

(b) Process

The Patient Experience Team

- receives and logs the complaint.
- reviews the complaint and clarifies the issues and desired outcomes.
- acknowledges the complaint within 3 working days.
- a telephone call or virtual discussion may be offered to support resolution
- liaises with the relevant commissioning team for information gathering and response.
- ensures the response includes details of any action taken or learning identified as a result
- keeps the individual informed of progress.
- issues a written response in line with the response timeframes set out in Section 10.

11.5. Complaints about Commissioned Providers

(a) Definition

Commissioned providers are NHS organisations or other healthcare providers (mental health, acute, community services and care homes) that deliver services on behalf of the ICB but manage their own complaints processes.

(b) Process

- The Patient Experience Team receives and logs the complaint.
- Identifies the relevant provider.
- Advises the individual to send their complaint to the provider with contact details, or offers to forward it on their behalf
- Maintains oversight of themes and trends but does not investigate or respond directly.

11.6. Primary Care Complaints

(a) Definition

Primary care complaints are complaints about GP, dental, optometry and pharmacy services for which the ICB has delegated responsibility.

(b) Process

The Patient Experience Team

- receives and logs all primary care complaints.
- will acknowledge the complaint and obtain the relevant consent
- refers the complaint to the relevant provider for investigation and response.
- issues a response to the complainant after receiving the provider's reply.
- keeps the individual informed of progress and maintains oversight of the process.

11.7. MP Enquiries, Concerns and Complaints

Complaints or concerns raised by Members of Parliament (MPs) on behalf of constituents will be treated as high priority and managed in line with Parliamentary protocol. These cases will be acknowledged and responded to, ensuring accuracy and transparency.

When an MP contacts the ICB regarding a constituent, this will be treated as implied consent for the ICB to share relevant information necessary to address the concern. However, the ICB will only disclose information that is proportionate and directly related to the issue raised, in compliance with data protection legislation and safeguarding requirements.

Responses to MP complaints will be coordinated by the Patient Experience Team, with oversight from senior leadership and, where appropriate, the Media and Communications Team to ensure consistency and accuracy. All MP complaints will be logged and reported through governance structures for assurance and monitoring.

For guidance on consent and confidentiality when handling MP complaints, refer to Section 7: Representatives and Consent and Section 13: Data Protection and Confidentiality.

11.8. Multi-Agency or System-Wide Complaints

(a) Definition

Multi-agency or system-wide complaints involve more than one organisation and require coordinated information-sharing and a single reply

(b) Process

- The patient experience team will liaise with organisations involved

- agree who is best placed to lead the response
- agree timescales with all parties and communicate clearly with the individual.
- assist with information-sharing between partners
- ensure the individual receives a single, coordinated reply
- where appropriate, escalate themes to quality, safeguarding or commissioning teams
- ensure learning is captured across the system

11.9. Complaint Escalation

(a) Provider complaints

If the Patient Experience Team receives a complaint that has already been raised with a provider, or primary care service, the Team will not duplicate the provider's complaints process. The Patient Experience Team will offer general advice on the available options for progressing the matter, which may include seeking further review or considering escalation to the appropriate external body.

(b) Commissioning complaints

Complaints relating to services commissioned or delivered directly by the ICB will be managed under the ICB's own complaints process. Following completion of local resolution, individuals will be informed of the appropriate route for independent review.

The ICB will cooperate with any external oversight or review process, in line with statutory requirements.

11.10. Closing the Case

A case is closed when:

- the enquiry has been answered
- the concern has been resolved
- the complaint response has been issued
- all reasonable steps have been taken

When a formal complaint is closed following local resolution, the final response will include information on the individual's right to refer the complaint to the Parliamentary and Health Service Ombudsman (PHSO) if they remain dissatisfied

Learning is recorded at every level and shared through appropriate governance routes.

11.11. Risk Management

At any stage, if an enquiry, concern or complaint indicates:

- a safeguarding issue
- a quality or safety risk
- a serious incident
- a risk to public confidence
- a potential legal issue

... the Patient Experience Team will escalate immediately to the appropriate ICB function responsible for quality, safety, safeguarding, commissioning or governance.

11.12. Communication and Support Throughout

Regardless of severity level, the Patient Experience Team will:

- communicate clearly and regularly
- offer reasonable adjustments
- provide advocacy information
- ensure the individual understands the process

12. Representation and Consent

12.1. Raising an Issue About Someone Else

Anyone can raise a concern about another person's care. However, the ICB will not share any personal information or provide a full response without appropriate consent or legal authority.

The ICB will still record the issue and consider any quality or safety concerns internally.

12.2. What Consent Means

Consent means the individual:

- understands the issue being raised
- agrees that someone else (a 'representative') may act for them
- agrees the ICB may share relevant information

Consent may be given in writing, by email or verbally (recorded appropriately) and must relate specifically to the issue raised.

12.3. When Consent Is Required

Consent is required when:

- the issue relates to another person's care or treatment, and
- the individual concerned has capacity to give consent

Without consent, the ICB will not share personal information or progress a full investigation.

12.4. When Consent Is Not Required

Consent is not required when:

- the individual lacks capacity and the representative is acting in their best interests
- the representative has legal authority (e.g., LPA for Health and Welfare)
- the issue relates to a child, and the representative has parental or legal responsibility
- the individual has died
- the issue does not require disclosure of personal information

12.5. Advocacy and Support

Individuals may choose to be supported by an independent advocate. The ICB will provide information about advocacy services and offer reasonable adjustments to ensure equitable access, if required.

12.6. Confidentiality

The ICB will only share information with consent, where an exemption applies, or where required by law. All information is handled in line with data protection legislation.

13. Unreasonable or Persistent Contact

The ICB's role is to commission services in line with statutory responsibilities and to provide clear responses based on the information available. We will explain what we can and cannot do within these responsibilities, and we appreciate that individuals may not always be happy with the response provided.

Where behaviour associated with an enquiry, concern or complaint becomes unreasonable, persistent or vexatious, the ICB will follow the process set out in Section 13.3.

13.1. Expectations for Respectful Communication

The ICB is committed to treating everyone with courtesy and respect, and we expect the same in return. The ICB understands that people may feel distressed, frustrated or anxious when raising concerns. The ICB operates a zero-tolerance approach to abuse, harassment, discrimination, threats or violence towards staff. Contact that is considered repeated after the ICB has confirmed that the matter is addressed and closed, or abusive, will be considered vexatious and will not be accepted.

Communication must remain:

- respectful
- non-abusive
- non-threatening
- reasonable in tone and frequency

The ICB will explain these expectations if communication becomes inappropriate.

13.2. Examples of Inappropriate or Unreasonable Communication

Communication may be considered inappropriate or unreasonable when it includes:

- Demanding or disrespectful language or instructions directed at staff
- excessive or repeated contact that prevents progress
- refusal to accept explanations or outcomes
- contacting multiple staff or teams about the same issue

This list is not exhaustive.

13.3. Managing Inappropriate or Unreasonable Contact

If communication is considered vexatious, the ICB will:

- explain why the behaviour or tone is unacceptable
- set clear expectations for future communication
- limit communication to a single channel or reduce the frequency of responses
- confirm that the matter is closed if the ICB has taken all reasonable steps, even if the individual disagrees
- stop responding if the behaviour continues, and confirm that no further correspondence will be acknowledged

If communication becomes abusive or threatening, contact may be ended immediately and the incident recorded and escalated as required.

13.4. Right to Appeal

If restrictions are placed on an individual's contact, they will be informed in writing. Appeals will be reviewed by a senior manager not previously involved.

14. Data Protection and Confidentiality

The ICB manages all complaints in line with data protection legislation and established information governance standards. Personal information will only be used for the purposes of handling the complaint, investigating the issues raised, and meeting our statutory duties.

Information will be shared only when necessary and proportionate, and always in accordance with legal requirements. Where consent is required, this will be sought explicitly.

When responding to complaints raised by Members of Parliament (MPs), the ICB will treat the MP's involvement as implied consent to share information necessary to address the concern. Only information that is proportionate and relevant to the issue will be disclosed, in compliance with data protection legislation and safeguarding requirements.

14.1. Records Retention

Complaints records will be retained for 10 years in accordance with the Records Management Code of Practice for Health and Social Care. All records will be stored securely and separately from medical records.

15. Equality and Accessibility

The ICB is committed to ensuring that its complaints process is accessible to everyone. We will make reasonable adjustments for individuals who require support to raise a concern or complaint, including providing information in alternative formats or arranging interpretation or advocacy where needed.

We will ensure that no person is disadvantaged in accessing the complaints process on the basis of protected characteristics or personal circumstances.

The ICB's strategy commits to prioritising communities experiencing the poorest access, outcomes and experience. Themes from patient experience will therefore be reviewed with a specific focus on identifying and addressing inequalities.

16. Media and Communications Collaboration

The Patient Experience Team will work closely with the Media and Communications Team to ensure that patient experience insights are accurately reflected in internal and external communications. This includes sharing validated themes and case studies, ensuring appropriate consent and confidentiality, and supporting the development of clear, accessible messaging. All communications will align with the ICB's governance processes and statutory requirements, with joint approval for any content that references patient feedback or experience.

17. Reporting and Governance

Patient experience data will support delivery of the ICB's eight core KPIs, particularly "Increase public satisfaction with access to NHS services". Reporting will also support Neighbourhood Health delivery by highlighting local variations in access, coordination and overall experience.

Reporting within the ICB is essential for providing assurance that commissioned services are meeting contractual, statutory, and quality requirements. Reports enable the ICB to monitor performance, identify risks, track improvements, and make informed decisions about service

delivery. They ensure transparency across the system and support accountability for providers and commissioners, while driving continuous improvement in patient care.

Reports provide a summary of patient experience data, key themes, actions taken, and any significant risks. Reports will be produced on a quarterly basis and submitted for operational and governance oversight through forums including Quality and Safety Committees. In addition, an annual complaints report will be published in line with statutory requirements, summarising the number, nature, and outcomes of complaints received, key themes, actions taken, and learning identified.

Themes from patient experience will be incorporated into the unified data and intelligence platform described in the strategy, enabling triangulation with activity, quality, utilisation and outcome data for stronger assurance and earlier detection of risk.

17.1. Committee oversight and Assurance

Oversight of complaints management will be maintained through the ICB's agreed governance arrangements, with regular reporting on themes, trends, performance and learning to the appropriate oversight forum. An annual complaints report will continue to be produced and published in line with statutory requirements.

17.2. KO41 Reporting

The ICB will comply with all national requirements for KO41a and KO41b reporting via the Strategic Data Collection Service (SDCS).

18. Monitoring and Review

The ICB will monitor the operation of this policy to ensure it remains effective and reflects current legislation, guidance, and best practice. Themes and learning from patient experience will be reviewed regularly and reported through the appropriate governance routes.

The ICB will review performance in relation to agreed KPIs for the patient experience function to ensure prompt, consistent, and compliant handling of concerns, enquiries, and complaints.

This policy will be reviewed every two years, or earlier if required due to changes in national guidance or organisational responsibilities.

An Equality Impact Assessment (EIA) screening will also be reviewed every two years to ensure the complaints process remains accessible and equitable for all.

Learning from patient experience will feed into the ICB's single lifecycle for commissioning, improvement, codification and scale. Where themes indicate unreliable processes, unwarranted variation, or persistent quality concerns, this learning will trigger structured improvement action in line with the lifecycle governance framework.

19. Related Policies and Guidance

This policy should be read alongside the following documents and guidance, which support the effective handling of concerns and complaints:

- NHS Complaints Regulations (2009)
<https://www.legislation.gov.uk/uksi/2009/309/contents/made>

- Parliamentary and Health Service Ombudsman (PHSO) – Complaint Standards
<https://www.ombudsman.org.uk/complaint-handling/complaint-standards>
- Local Authority Social Services and NHS Complaints Guidance
<https://www.gov.uk/government/publications/nhs-and-social-care-complaints-guidance>
- Freedom of Information (FOI) Act <https://www.legislation.gov.uk/ukpga/2000/36/contents>
- Data Protection Act / UK GDPR <https://www.gov.uk/data-protection>
- ICB Information Governance and Safeguarding Policies (Insert local links or intranet references as appropriate)

Appendix 1: Equality Impact Assessment

Please answer the questions against each of the protected characteristic and inclusion health groups. If there are significant impacts and issues identified a full Equality / Quality Impact Assessment (EQIA) must be undertaken. It is against the law to discriminate against someone because of these protected characteristics. For support and advice on undertaking EQIAs please contact: agcsu.equalities@nhs.net

Name of Policy:	Policy for the Management of Enquiries Concerns and Complaints
Date of assessment:	19/01/2026
Screening undertaken by:	Maureen Walton, Enquiries & Experience Manager

Protected characteristic and inclusion health groups. Find out more about the Equality Act 2010, which provides the legal framework to tackle disadvantage and discrimination: https://www.equalityhumanrights.com/en/equality-act/protected-characteristics	Could the policy create a disadvantage for some groups in application or access? (Give brief summary)	If Yes - are there any mechanisms already in place to mitigate the potential adverse impacts identified? If not, please detail additional actions that could help. If this is not possible, please explain why
Age A person belonging to a particular age (for example 32-year-olds) or range of ages (for example 18- to 30-year-olds).	Yes, digital-first access could disadvantage some individuals.	Telephone route; written formats; alternative communication methods
Disability A person has a disability if she or he has a physical 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.	No. Some may require adjustments.	AIS compliance; alternative formats; interpreters; advocacy; reasonable adjustments.
Gender reassignment The process of transitioning from one gender to another.	No. Confidentiality and correct details must be maintained.	Inclusive language; preferred name recording; confidentiality safeguards.
Marriage and civil partnership Marriage is a union between a man and a woman or between a same-sex couple. Same-sex couples can also have their relationships legally recognised as 'civil partnerships'.	No.	No action needed.
Pregnancy and maternity Pregnancy is the condition of being pregnant or expecting a baby. Maternity refers to the period after the birth and is linked to maternity leave in the employment context. In the non-work context, protection against maternity discrimination is for 26 weeks after giving birth,	No.	Flexible scheduling; remote contact options.

and this includes treating a woman unfavourably because she is breastfeeding.		
Race Refers to the protected characteristic of race. It refers to a group of people defined by their race, colour and nationality (including citizenship) ethnic or national origins.	No, except language barriers.	Interpreting; translation; advocacy; telephone route.
Religion or belief Religion refers to any religion, including a lack of religion. Belief refers to any religious or philosophical belief and includes a lack of belief. Generally, a belief should affect your life choices or the way you live for it to be included in the definition.	No	
Sex A man or a woman.	No	
Sexual orientation Whether a person's sexual attraction is towards their own sex, the opposite sex, to both sexes or none.	No	Confidentiality; inclusive communication
Carers Individuals within the ICB which may have carer responsibilities.	No	Telephone/email options; advocacy; flexible contact.
Please summarise the improvements which this policy offers compared to the previous version or position.		
This policy brings together processes across the new Central East ICB footprint; strengthens accessibility through AIS compliance; improves clarity of roles and responsibilities; enhances multi-agency coordination; and supports consistent learning and governance.		
Has potential disadvantage for some groups been identified which require mitigation? Yes / No – (If there are significant impacts and issues identified a full Equality / Quality Impact Assessment (EQIA) must be undertaken.)		
No significant unmitigated adverse impacts identified. A full Equality / Quality Impact Assessment is not required. The policy includes robust accessibility and reasonable adjustment measures, ensuring equitable access for all individuals.		

Appendix 2: Data Protection Impact Assessment

Screening questions to determine if a full DPIA is required. Guidance on handling personal and sensitive data.

Data protection is the fair and proper use of information about people. Before completing this form, please refer to the Data Protection Impact Assessment (DPIA) Guidance in the Information Governance (IG) section on the staff Intranet or contact the Data Protection Officer for support via ***(insert email address once confirmed)***

A DPIA is a process to help you identify and minimise the data protection risks. You must do a DPIA for processing that is likely to result in a high risk to individuals. You can use our screening checklist below to help you decide when to do one. If you have answered 'Yes' to any of the 10 screening questions, you must then carry out a full DPIA using the Stage 2 form, which is also available on the Intranet in the IG section.

Name of Policy:	Policy for the Management of Enquiries, Concerns and Complaints
Date of assessment:	19/01/2026
Screening undertaken by:	Maureen Walton, Enquiries & Experience Manager

Stage 1 – DPIA form

please answer 'Yes' or 'No'

1. Will the policy result in the processing of personal identifiable information / data? This includes information about living or deceased individuals, including their name, address postcode, email address, telephone number, payroll number etc.	Yes - Required to handle enquiries, concerns and complaints.
2. Will the policy result in the processing of sensitive information / data? This includes for living or deceased individuals, including their physical health, mental health, sexuality, sexual orientation, religious belief, National Insurance No., political interest etc.	Yes - Complaints may include health and other sensitive data.
3. Will the policy involve the sharing of identifiers which are unique to an individual or household? e.g., Hospital Number, NHS Number, National Insurance Number, Payroll Number etc.	Yes - NHS number, DOB and case identifiers may be shared with providers involved
4. Will the policy result in the processing of pseudonymised information by organisations who have the key / ability to reidentify the information? Pseudonymised data - where all identifiers have been removed and replaced with alternative identifiers that do not identify any individual. Re-identification can only be achieved with knowledge of the re-identification key. Anonymised data - data where all identifiers have been removed and data left does not identify any patients. Re-identification is remotely possible, but very unlikely.	No - Standard complaint handling uses identifiable data, not pseudonymised

5. Will the policy result in organisations or people having access to information they do not currently have access to?	No - Access is restricted to authorised staff only
6. Will the policy result in an organisation using information it already holds or has access to, but for a different purpose?	No - Used only for complaints handling and statutory reporting
7. Does the policy result in the use of technology which might be perceived as being privacy intruding? e.g., biometrics, facial recognition, CCTV, audio recording etc.	No
8. Will the policy result in decisions being made or action being taken against individuals in ways which could have a significant impact on them? Including profiling and automated decision making. (This is automated processing of personal data to evaluate certain things about an individual i.e., diagnosis and then making a decision solely by automated means - without any human involvement)	No – All decisions made by staff
9. Will the policy result in the collection of additional information about individuals in addition to what is already collected / held?	Yes – some additional details may be required to process
10. Will the policy require individuals to be contacted in ways which they may not be aware of and may find intrusive? e.g., personal email, text message etc.	No – contact only made in response to issues raised.

ⁱ For the purposes of this policy, ‘patient experience’ refers collectively to enquiries, concerns, complaints, feedback, and compliments