

## Policy and Procedure for the Recording, Investigation and Management of Complaints, Comments, Concerns and Compliments

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7.0	May 2025	S Vamplew	Minor amendments following review, specifically to include updated Equality & Diversity Monitoring Form

### ASSISTANCE WITH THE APPLICATION OF THIS POLICY AND UPDATES

This policy has been prepared so as to reflect the law as at 1 April 2021. The policy will require periodic review to reflect subsequent changes to the law. Changes to employment law have generally been made on 1 February, 1 April and 1 October in any given year.

The ICB complies with the Data Protection Act 2018 and the General Data Protection Regulations regarding information held and processed for staff members in relation to this policy. Further information can be found by contacting [agem.lincshr@nhs.net](mailto:agem.lincshr@nhs.net)

This should be read in conjunction with the ICB's Records Management Policy

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# 1. Introduction

- 1.1 Lincolnshire Integrated Care Board, hereafter referred to as the ICB, is committed to achieving excellence in all services it commissions and understands the importance of complaints, comments, concerns and compliments as a means of reviewing its standards and as an avenue by which patient experience can be improved.
- 1.2 The ICB is responsible for the local NHS budget and commissioning healthcare for the residents of Lincolnshire.
- 1.3 The ICB has a dedicated complaints team which oversees all complaints, concerns and MP letters into the ICB, the exception being for Continuing Healthcare (CHC) complaints, which are overseen by the CHC Quality Team.
- 1.4 From 1 July 2023, the ICB holds statutory responsibility for complaints handling for Primary Care services; this includes GPs, dentists, pharmacists and opticians, and was previously the responsibility of NHS England.
- 1.5 These complaints will be managed by the East Midlands hub, hosted by Nottingham & Nottinghamshire ICB, who will carry out complaint investigations on behalf of the ICB. The ICB will hold overall responsibility for the complaint with sign off by the Chief Executive or delegated signatory. (See Appendix 3 for Primary Care complaints flowchart).
- 1.6 Our objective is to listen, respond and improve services for the local population and we are committed to providing all service users, their relatives and carers with the opportunity to seek advice, raise concerns, make a formal complaint and provide a compliment about any of the services we commission on their behalf.
- 1.7 This policy does not duplicate information which is clearly set out in the guidance and legislation surrounding NHS complaint management but adapts and supplements these to meet local needs and recent developments within the NHS. It also aims to meet the principles of good complaint handling laid down by the Parliamentary and Health Service Ombudsman (PHSO), Complaint Standards for NHS services in England.

# 2. Purpose

- 2.1 It is the aim of this policy to:
  - Ensure that a full and positive response is provided to all complainants, whether their complaint was made verbally, in writing or electronically. It is important to satisfy the complainant that his/her concerns have been listened to, an apology offered and/or an explanation provided as appropriate.
  - Investigate all complaints thoroughly and impartially and to provide a prompt and positive response.
  - To support staff through the process of a complaint to reduce the risk of stress and to assist in the local resolution process.
  - View complaints as valuable feedback and lessons learnt will be shared across the ICB, with providers of care and our population to ensure mistakes, omissions or misunderstandings are rectified, and to learn from those experiences to improve the quality of services in the future.

## 3. Roles and Responsibilities

### 3.1 ICB Staff

3.1.1 All staff have a duty to ensure learning from complaints is reflected in their work. All staff must adhere to the ICB Policy and Procedure for the Recording, Investigation and Management of Complaints, Comments, Concerns and Compliments; NHS Confidentiality Code and Practice; and the Data Protection Act when dealing with complaints. Should members of staff have complaints or concerns, these should be discussed in the first instance with their immediate Line Manager who will attempt local resolution, unless the complaint is about the Line Manager in which case it should be raised with a member of the Board. If the member of staff still feels that the concern is unresolved or that it is of such a serious nature that this route is not acceptable, then they should raise their concern via the Whistle blowing Policy or, if necessary, the Grievance Procedure.

### 3.2. Chief Executive

3.2.1 The Chief Executive is ultimately responsible to the Board of the ICB for ensuring the investigation of formal complaints about the services the ICB commissions, commissioning decisions the ICB has taken, or action of ICB staff.

3.2.2 The Chief Executive will implement systems for ensuring that:

- Complainants are treated with respect and courtesy, are dealt with efficiently and receive a timely and appropriate response
- The ICB collaborates with other responsible bodies to provide a joint single response when practicable to do so. Within this process, to establish who is the lead organisation responsible for co-ordinating the complaints response, and liaise with key stakeholders and the complainant to ensure that all parties are aware of the proposed investigation and response approach
- Through contract monitoring and clinical governance, providers are aware of their obligation to have a complaints procedure in place for Local Resolution which reflect the NHS procedures
- Complainants are told the outcome of the investigation into their complaint and to ensure that complainants who are dissatisfied with local resolution are advised of their right to pursue the matter further through the complaint's procedure
- Complainants receive, as far as is reasonably practicable, assistance to enable them to understand the procedures in relation to complaints, or advice on where they may receive such assistance

3.2.3 If necessary, take action in the light of the outcome of the complaint:

- The ICB co-operates with any investigation carried out by the Parliamentary and Health Service Ombudsman (PHSO)

3.2.4 The Chief Nurse has delegated responsibility for complaints management within the ICB.

### 3.3 Complaints Manager/CHC Quality Manager

3.3.1 A designated Complaints Manager is responsible for the handling and processing of all corporate complaints. The CHC Quality Manager undertakes this role for all CHC complaints and concerns. The Complaints Manager/CHC Quality Manager will:

- risk assess the complaint and escalate as appropriate to secure assurance regarding patient safety
- co-ordinate the procedures and administration for handling and considering complaints
- liaise closely with service managers and others to ensure investigations are undertaken within the required timescales, and with the Parliamentary and Health Service Ombudsman (PHSO) to ensure that all information is collated and sent to them to comply with the requests for Independent review
- identify the lead investigator and support the investigation approach
- communicate with the complainant and their family, and negotiate a timescale for response and agree an acceptable management plan
- oversee complaints until their completion. Following the instigation of all appropriate action to secure local resolution, co-ordinate the completion of the final Chief Executive response outlining the investigation approach and investigation findings
- monitor performance against the complaint's policy/regulations
- provide an expert resource to support staff training
- provide an accessible point of contact for complainants and other responsible bodies

## 4. Body of Policy

### 4.1 HEALTH SERVICE OMBUDSMAN'S PRINCIPLES OF REMEDY

4.1.1 Principles of Remedy published by the Parliamentary and Health Service Ombudsman describes six principles that represent best practice and are directly applicable to the NHS Complaints Procedure. Good Practice according to the document entails:

- Getting it right
- Being customer focused
- Being open and accountable
- Acting fairly and proportionately
- Putting things right
- Seeking continuous improvement

4.1.2 A downloadable version of the *Principles for Remedy* document is available on the Health Service Ombudsman Website at: <http://www.ombudsman.org.uk>

4.1.3 Adopting these principles will enable the ICB to:

- Handle complaints objectively, consistently and fairly
- Bring complaints to a fair and satisfactory conclusion
- Maintain a constructive and non-punitive approach
- Ensure all actions taken are proportionate
- Maintain a positive relationship with complainants
- Identify and implement changes/improvements in practice/services

### 4.2 THE NHS CONSTITUTION

4.2.1 As well as capturing the purpose, principles and values of the NHS, the Constitution brings together a number of rights, pledges and responsibilities for staff and patients.

These rights and responsibilities are the result of extensive discussions and consultations with staff, patients and the public. Further details can be obtained from [www.dh.gov.uk/nhsconstitution](http://www.dh.gov.uk/nhsconstitution)

### **4.3 HUMAN RIGHTS ACT**

- 4.3.1 The ICB has considered The Human Rights Act and the equality benefits of Human Rights based approach when handling complaints. The Human Rights Act contains fifteen rights, all of which NHS organisations have a duty to act compatibly with and to respect, protect and fulfil.
- 4.3.2 Six rights are particularly relevant to healthcare, four of which are particularly relevant to this policy. In compliance with Articles 3, 5, 6 and 8 of the Human Rights Act this policy allows patients:
- The right to complain about services
  - The right to be treated with dignity and respect throughout the complaints process
  - An improved quality of health service – patients treated with fairness, respect, equality, dignity and autonomy (FREDA)

### **4.4 THE EQUALITY ACT 2010 – PUBLIC SECTOR DUTY**

- 4.4.1 The Complaints policy also takes into account the ICBs obligations to eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act as part of Section 149 of the Equality Act 2010 (the Public Sector Equality Duty). The PSED applies to the exercise of all ICB functions including how we deal with complaints, and requires us to pay ‘Due Regard’, when considering the effects on different groups protected from discrimination (protected characteristics). In view of this, we do our utmost to respond to all complainants fairly and deal with any requests for language support and/or reasonable adjustments to be made, accordingly.

### **4.5 DEFINITION OF A COMPLAINT**

- 4.5.1 The NHS complaints procedure, as set out in the regulations, is for patients or users of services and not for the resolution of contractual or staff grievances. The definition of a complaint is ‘an expression of dissatisfaction, grievance and/or injustice requiring a response’. Clearly this is an extremely wide definition, and it is not intended that every minor concern should warrant a full-scale complaints investigation. Rather, the spirit of the complaint’s procedure is that front line staff are empowered to resolve minor comments and problems immediately and informally.
- 4.5.2 The ICB will therefore seek to distinguish between requests for assistance in resolving a problem and a formal complaint. All issues will be dealt with in a flexible manner, which is appropriate to their nature and the latter will be dealt with strictly in accordance with the NHS Complaints Procedure.
- 4.5.3 Whenever there is a specific statement of intent on the part of the caller/ correspondent that they wish their concern to be dealt with as a formal complaint, this will be treated as such. Any caller/correspondent who is dissatisfied with the preliminary response to a matter which has been dealt with as a problem-solving issue will be advised of their right to pursue the matter further through the complaint’s procedure.
- 4.5.4 Concerns and Complaints may be expressed about:

- Commissioning decision taken
- Something which is against the choice or wishes of the patient
- The way treatment, service or care has been provided to a patient
- Discrimination against a patient
- How a service has been managed
- Lack of a particular service
- Manner, attitude or other behaviour of staff

4.5.5 This list is intended to give the reader an overview of the definition of a complaint and as such not exhaustive.

#### **4.6 COMPLAINTS NOT REQUIRED TO BE DEALT WITH BY THE ICB**

4.6.1 In accordance with regulations, complaints **not** required to be dealt with in accordance with the NHS complaints procedure include those:

- made by a responsible body
- made by an employee about any matter relating to employment
- under investigation, or already investigated, under these or previous relevant regulations or complaints procedures
- arising out of the alleged failure to comply with a request for information under the Freedom of Information Act 2000

4.6.2 If a complaint is received about an Independent Funding Request (IFR) decision, the complainant will be advised that they are entitled to appeal this decision and they will be directed to the IFR Team. If the complainant still wishes to make a formal complaint regarding the way in which the IFR process has been delivered, this will be managed in line with the complaint guidance.

#### **4.7 METHODS OF COMPLAINING**

4.7.1 A complaint may be made in writing (by e-mail or letter) or verbally over the telephone or in person. If the complaint is made verbally the person accepting the complaint will record this in writing and the complainant will be given/sent a copy to sign and return to confirm accuracy.

4.7.2 The complaint procedure must be followed for every complaint and the person making the complaint should be treated with respect and sensitivity and encouraged to be open about their concerns. Complaints should be forwarded to the relevant Complaints Team (Corporate Complaints & Customer Care Team or CHC Quality Team) within 1 working day.

#### **4.8 WHO CAN MAKE A COMPLAINT?**

4.8.1 A complaint may be made by:

- Existing or former patients using services of the ICB or facilities, or an individual who is affected, or likely to be affected, by the action, omission or decision of the ICB
- A relative/significant other of the patient with the knowledge and consent of the patient
- Any person who is affected by, or likely to be affected by, the action, omission or decision of the responsible body which is the subject of the complaint
- If the patient is a child, has died, is unable to put forward a complaint because of physical incapacity, lack of capacity within the meaning of the Mental Health

Capacity Act 2005 or has requested a representative to act on their behalf, then the complaint will be accepted from a close relative/friend/significant other or suitable representative body

- 4.8.2 The patient will, however, receive the written response unless his/her written consent is received authorising the response to be shared with a third party. If the patient is unable to act, by reason of incapacity, consent is not needed but the designated Complaints Manager will determine whether the complainant has sufficient interest in the patient's welfare and is conducting the complaint in the best interest to be suitable to act as a representative.
- 4.8.3 Confidentiality will be safeguarded, particularly in relation to clinical complaints, and copies of correspondence will not be sent to any third party without the written consent of the complainant. If the Complaints Manager determines that a person is not suitable, a full explanation outlining the reasons for this decision must be provided.
- 4.8.4 If a complaint is made about NHS services by a person representing a child who is judged to be Fraser Competent (under the age of 16), it will only be considered if the Complaints Manager is satisfied that there are reasonable grounds for the complaint being made by a representative instead of the child.
- 4.8.5 In such cases, the Complaints Manager will write to the representative and request the consent of the child. The Complaints Manager will also provide information about advocacy and support available to the patient and the complainant.

#### **4.9 CONSENT**

- 4.9.1 If the complainant is not the patient and consent is required, this will be sought within 3 working days. If consent is not given, the response to the complainant should not include any personal details relating to the patient of which the complainant is not already aware. A Patient Authorisation Form is attached in the appendices.
- 4.9.2 If consent is not received and a decision is made not to progress the complaint or provide a response to the complainant, the reasons for this will be clearly documented in the complaint file.

#### **4.10 CONFIDENTIALITY**

- 4.10.1 The requirement to maintain confidentiality during the complaint's procedure is absolute and, therefore, all complaints, whether verbal or written, will be treated in the strictest confidence. Complaint records will be kept separate from the service user's health records, subject to the need to record information which is strictly relevant to the patient's health care.
- 4.10.2 Staff are reminded, however, that such records are subject to the General Data Protection Regulation Data Protection Act 2018 and must be treated with the same rules of confidentiality as normal service users' records and would be open to disclosure in legal proceedings. Further information on the law, confidentiality and consent can be found in the *DOH Good Practice Toolkit for Complaints at [www.dh.gov.uk](http://www.dh.gov.uk)* confidential complaint information, findings, recommendations, conclusions, and actions will not be available to unauthorised persons or organisations. Patient identification will be protected in reports submitted to the Board and subcommittees through the use of anonymised information. Records will be kept in a secure environment and will be accessible only to those directly responsible for investigating and responding to the complaint, in line with the ICB's Records

Management Policy.

#### **4.11 TIMESCALES**

4.11.1 A complaint must be made not later than 12 months after:

- The date on which the matter is the subject of the complaint occurred; or
- If later, the date on which the matter which is the subject of the complaint came to the notice of the complainant

4.11.2 Where a complaint is made after the expiry of the above period, the Complaints Manager/CHC Quality Manager may investigate if he/she is of the opinion that having regard to all circumstances, the complainant had good reasons for not making the complaint within that period, and notwithstanding the time that has elapsed, it is still possible to investigate the complaint effectively and efficiently.

4.11.3 Any complaints made by children will be dealt with on an individual basis and there will be flexibility on timescales according to circumstances.

#### **4.12 SOURCES OF SUPPORT FOR SERVICE USERS, RELATIVES AND CARERS**

4.12.1 If service users, their relatives and carers have concerns or need advice which does not constitute a complaint they can contact PALS which is a confidential service set up to:

- Advise and support service users, their relatives and carers
- Provide information on NHS services
- Listen to concerns, suggestions or queries
- Resolve problems quickly on behalf of the enquirer

4.12.2 PALS provides a service responsible for providing support and information to service users, relatives and carers and staff in order to solve problems at the earliest possible opportunity and may help to prevent matters going unnecessarily through the NHS Complaints Procedure. The service does not handle complaints but acts as a contact point to enable independent guidance for patients and can often direct them to the appropriate organisation or member of staff best placed to deal with the concerns raised.

4.12.3 PALS will inform the ICB of the outcome of all contacts to facilitate the improvement of services. PALS contact details are:

- Telephone: 0300 123 9553
- Email address: [LNHT.LincsPALS@nhs.net](mailto:LNHT.LincsPALS@nhs.net)

4.12.4 The purposes for which personally identifiable information will be used is strictly for the processing of a complaint. This may include passing relevant information to a service provider in order that they can provide appropriate responses and comments on the circumstances set out in the complaint.

4.12.5 Information may be anonymised for the purposes of monitoring the complaints process or improving service quality. If identifiable data is needed for other purposes, then your consent will be sought unless there is another legal basis on which this information is required to be used.

4.12.6 If you have any concerns about how your information is to be used, then please

contact the Caldicott Guardian before submitting a complaint

4.12.7 Service Users, their relatives and carers can contact the Complaints & Customer Care Team and/or CHC Quality Team for advice on how to make a complaint and advice and guidance on the complaints process and regulations. The Complaints /CHC Quality Teams are sometimes able to assist a complainant without recourse to the formal complaints procedure if this is the complainant's wish. If the complaint requires an organisational response, the Complaints & Customer Care Team/CHC Quality Team will discuss with the complainant how the complaint is to be handled and the timeframe in which to seek resolution. The contact details for both teams are:

<b>Complaints &amp; Customer Care Team</b>	<b>Continuing Healthcare Quality Team</b>
Lincolnshire Integrated Care Board Bridge House, The Point Lions Way Sleaford NG34 8GG	Lincolnshire Integrated Care Board Bridge House, The Point Lions Way Sleaford NG34 8GG
Tel : 01522 309299	Tel : 01522 515344
Email: <a href="mailto:licb.feedbacklincolnshireicb@nhs.net">licb.feedbacklincolnshireicb@nhs.net</a>	Email: <a href="mailto:licb.chcquality@nhs.net">licb.chcquality@nhs.net</a>

#### **4.13 CONCILIATION**

4.13.1 The Complaints Manager/CHC Quality Manager may, with the agreement of the complainant, make arrangements for conciliation, mediation, or other assistance, for the purposes of resolving the complaint. Conciliators are independent advocates who are committed to resolving complaints to the satisfaction of everyone concerned. Where requested they will arrange a meeting within 10 working days of receiving the complaint.

#### **4.14 LOCAL RESOLUTION**

4.14.1 The purpose of local resolution is to provide an opportunity for the complainant and the organisation subject to the complaint, to attempt a rapid and fair resolution of the problem. The process should be open, fair, flexible and conciliatory, and should facilitate communication on all sides. It can involve meeting with the complainant and conciliation to help the parties reach a common understanding.

#### **4.15 PARLIAMENTARY AND HEALTH SERVICE OMBUDSMAN (PHSO)**

4.15.1 The Ombudsman is independent of the NHS and of government and derives powers from the Health Service Commissioners Act 1993. The Ombudsman considers complaints made by or on behalf of people who have suffered an injustice or hardship because of unsatisfactory treatment or service by the NHS or by private health providers who have provided NHS funded treatment to the individual.

4.15.2 The Ombudsman will not be able to investigate complaints until the Complaints Procedure has been exhausted unless in a particular case, the Ombudsman considers that these conditions would be unreasonable. Staff have the right of recourse to the Ombudsman if they feel that they have been unfairly treated by the Complaints Procedure.

#### **4.16 COMPLAINTS MEETINGS**

4.16.1 Should a complainant wish to meet with the Complaints Manager/CHC Quality Team or a member of the ICB Board to discuss their complaint this can be arranged, if

appropriate to do so. The ICB does not use any form of recording devices, however reasonable adjustments will be made to support complainants who have a disability and have requested the use of recording devices to assist them in the process.

4.16.2 Interpreting services can be made available, please refer to the ICB's Interpreting and Translation Commitment, available on the website.

4.16.3 Notes will be taken at all meetings and a copy of these sent to all those involved to confirm accuracy before recording the document in the complaint file.

#### **4.17 PROCEDURES TO ENSURE THAT SERVICE USERS, RELATIVES AND CARERS ARE NOT TREATED DIFFERENTLY AS A RESULT OF A COMPLAINT**

4.17.1 All staff must ensure that service users, their relatives and carers are not discriminated against as a result of having made a complaint. All complainants will be assured that their care and treatment will not be adversely affected as a result of making a complaint and that the ICB values their feedback.

#### **4.18 VERBAL COMPLAINTS**

4.18.1 Service users and their relatives can highlight concerns directly and informally to the Complaints Service. Informal or verbal complaints which are resolved to the complainant's satisfaction no later than the next working day after the day, on which the complaint has been made, are not required to be managed under the terms of the complaints resolution policy. It is however, recommended that these are recorded (number and nature) to enable trends to be identified and responded to enable service improvements. Members of staff who receive informal verbal complaints, which they are able to resolve to the complainant's satisfaction, should do so. A Verbal Complaints Form (Appendix 2) should be completed by the member of staff and sent to the appropriate team.

4.18.2 The person receiving the complaint should seek to deal with the complaint rapidly and in an informal and sensitive manner. The nature of the complaint must be fully understood, and the complainant should be encouraged to speak openly about their concerns. Their views should be treated with appropriate confidentiality and sensitivity and verbal explanation and/or an apology should be offered as appropriate. A flow chart demonstrating the procedure for dealing with verbal complaints can be found in Appendix 3.

4.18.3 Formal complaints can be submitted in verbal, written or electronic form. Formal complaints should be reported to the Complaints Manager/CHC Quality Team, immediately upon identification to the ICB.

#### **4.19 FORMAL COMPLAINTS**

4.19.1 Upon receipt, complaints should be evaluated by the Complaints Manager/CHC Quality Manager, using the Risk Assessment tool. Where significant risk (defined as an incident which attracts an outcome grading of moderate, major or catastrophic, or is one that is otherwise categorised as a "red" incident), the incident should be notified to the appropriate Clinical Risk Management and Safeguarding team in line with the incident reporting and serious incident reporting policy. Such contact should be clearly documented within the complaints file. Additionally, if there are indications that the complaint may give rise to a potential claim, it should be highlighted to the Director of Nursing and Quality and the Patient Safety Manager.

4.19.2 Should information from complaints and/or evidence from other sources, including

that provided by staff, indicate that service users could be at high or extreme risk, the Complaints Manager/Head of CHC Clinical Services will discuss the matter confidentially with the Chief Executive or Director of Nursing and Quality, and be guided by them about the most appropriate action.

4.19.3 This could include:

- the matter being referred to
- the disciplinary procedures
- a professional body
- an independent enquiry into a serious incident
- the police
- the fraud officer
- safeguarding process

4.19.4 The Complaints Manager/CHC Quality Manager will draw up a management plan identifying an appropriate investigation approach reflecting the level of risk associated with the complaint.

#### **4.20 ACKNOWLEDGEMENT OF COMPLAINTS**

4.20.1 The Complaints & Customer Care Team/CHC Quality Team will acknowledge receipt of a formal complaint within **three working days**. This will include information for the complainant on the ICB's Complaint's procedure, PALS and the Advocacy Service, VoiceAbility, together with an ethnicity monitoring form for completion, at the complainant's discretion.

4.20.2 A copy of the complaint and the acknowledgement letter will be sent for investigation to the appropriate Service Manager who, in turn, will pass a copy to any member of their staff referred to in the complaint. However, there should be discretion to withhold certain information where confidentiality may be compromised.

#### **4.21 PROCESS FOR INVESTIGATING AND RESPONDING TO COMPLAINTS**

4.21.1 The Service Manager will normally provide the Complaints/CHC Quality Manager with the results of the investigation within **25 working days**. This response will be within the timescale agreed with the complainant at the outset of the complaint. The target timescale is to be within **35 working days**. More complex complaints may, however, involve a longer timeframe. The regulations do state that, where possible, complaints should be responded to within 6 months.

4.21.2 The overall responsibility for the management, investigation and sign off of all complaints remains that of the Chief Executive. However, he/she may delegate this to the relevant Director or the Complaints Manager/ Head of CHC & PHB Business and Administration/Head of CHC Clinical Services (See flowchart at Appendix A).

4.21.3 Regardless of the method used to resolve the complaint, where the complainant requires it, a response in writing from the Chief Executive will be provided (usually by letter, but it may be electronically, if the complainant has consented to electronic communication). The response should comprehensively cover each aspect of the complaint, with explanations of actions being taken and be in plain English. The Complaints Manager/CHC Quality Manager will draft the letter for sign off by the Chief Executive, based on either the completed investigation tool or a statement/letter of response that is received from the Investigating Manager. The Complaints Manager/CHC Quality Manager will complete a final quality assurance

check of the response and send to the Investigating Manager for approval prior to sign off.

#### **4.22 FINAL CHIEF EXECUTIVE RESPONSE**

- 4.22.1 The final Chief Executive response will inform the complainant of their right to contact the Parliamentary and Health Service Ombudsman (PHSO) in the event that they are not happy with the response or with the management of the complaint by the ICB.
- 4.22.2 The Complaints Manager/CHC Quality Manager will inform the Service Manager of the final outcome of the complaint and monitor progress where further internal action has been identified. It is the responsibility of the Service Manager to communicate the outcome of the complaint to their staff, and to ensure that support is provided for those involved.
- 4.22.3 The flow chart describing the formal complaints process can be found in the appendices.
- 4.22.4 A link to the ICB's online complaints handling evaluation questionnaire, will be included within the final Chief Executive response.
- 4.22.5 The Complaints & Customer Care Team/CHC Quality Team will close the complaints file two weeks after the final response has been sent if there is no further communication from the complainant. However, this can be re-opened (subject to statutory deadlines) if there is further communication from the complainant.

#### **4.23 COMPLEX COMPLAINTS**

- 4.23.1 Complaints that concern more than one organisation have been termed 'Complex Complaints'. A complex complaint has been defined as one that may involve or relate to:
- More than one NHS organisation
  - One or more NHS bodies and a local authority organisation, whether or not it arises out of a partnership agreement
  - An NHS organisation and a primary care provider
  - Any combination of the above
- 4.23.2 The ICB has a duty to co-operate and will work in conjunction with other organisations to ensure that the complainant receives one response that addresses their concerns across all the professional boundaries concerned. In these instances, the organisations involved need to ensure that they have the necessary consent in place to support information sharing and that an efficient and timely response is provided through the appointment of one organisation to take the lead in communicating with the complainant. In the event of a dispute as to who leads a complaint investigation the ICB Chief Executive will make the final decision.

#### **4.24 UNREASONABLY PERSISTENT, SERIAL OR VEXATIOUS COMPLAINANTS**

- 4.24.1 Persistent, serial, or vexatious complainants are becoming an increasing problem for NHS staff. The difficulty in handling such complaints is placing a strain on time and resources and is causing undue stress for staff that may need support in difficult situations. NHS staff are trained to respond with patience and sympathy to the needs of all complainants but there are times when there is nothing further which can reasonably be done to assist them or to rectify a real or perceived problem.

- 4.24.2 Vexatious complaints are often difficult to investigate, time-consuming and difficult to conclude. It is important to have a consistent approach for identifying and establishing a vexatious complainant and for handling the complaint.
- 4.24.3 The following criteria are offered as guidance for establishing a persistent, serial, or vexatious complainant:
- the complainant has been personally abusive or aggressive towards staff/practitioner who is dealing with the complaint
  - is unwilling to accept documented evidence as being factual
  - insists that they have not had an adequate response to their complaint despite the large volume of correspondence which has specifically addressed their complaints
  - complainant constantly raises new issues which did not appear in the original correspondence in order to keep the complaint going
  - complaint/story changes as time goes on
- 4.24.4 Where any staff member is subject to aggressive/abusive behaviour, a Datix Form should be completed.
- 4.24.5 If a member of staff believes that a complainant is persistent, serial or vexatious then they should contact the Complaints Manager/CHC Quality Manager for advice. The ICB has guidance for dealing with persistent, serial, or vexatious complainants which are set out below. The action set out in this guidance should only be taken by the Complaints Manager/CHC Quality Manager, having first sought advice from the Chief Executive.
- 4.24.6 **THESE STEPS SHOULD ONLY BE USED AS A LAST RESORT AND AFTER ALL REASONABLE MEASURES HAVE BEEN TAKEN TO TRY TO RESOLVE A COMPLAINT FOLLOWING THE NHS COMPLAINTS PROCEDURE**
- 4.24.7 Having established a complaint is vexatious and every effort has been made to respond in good faith, the Chief Executive will write to the complainant, stating that:
- A full response has been given to all the issues raised in the complaint
  - The ICB has tried to resolve the complaint and there is nothing further that can be done. Therefore, the correspondence will end
  - Further letters will be acknowledged but no further investigation undertaken
  - Advise the complainant that they have the right to refer their complaint to independent review
- 4.24.8 It is also recognised that a persistent complainant should be protected in ensuring that staff respond to all genuine grievances. Therefore, in determining arrangements for handling such complaints, the ICB will adopt the following key considerations:
- To ensure that the complaints procedure has been correctly implemented as far as possible and that no material element of a complaint is overlooked or inadequately addressed
  - To appreciate that even habitual complainants may have grievances, which contain some genuine substance
  - To ensure an equitable approach
  - To be able to identify the stage at which a complainant has become habitual
- 4.24.9 Once complainants have been determined as 'habitual' there needs to be a mechanism for withdrawing this status at a later date if, for example, complainants

subsequently demonstrate a more reasonable approach or if they submit a further complaint for which normal complaints procedures would appear appropriate. Staff should previously have used discretion in recommending 'habitual' status and discretion should similarly be used in recommending that this status be withdrawn.

#### **4.25 DISCIPLINARY, LITIGATION AND CRIMINAL PROCEDURES**

4.25.1 Clarification should be sought from the Complaints Manager/CHC Quality Manager regarding the management of complaints where legal action and criminal or disciplinary procedures are contemplated pending confirmation of national approach.

#### **4.26 DISCRIMINATORY COMPLAINTS**

4.26.1 These are complaints made against an individual because of their racial background, gender, marital status, race, ethnic origin, colour, nationality, national origin, disability, sexuality, religion or age. Some will be easily identifiable from the outset; others may come to light during the complaints process.

4.26.2 At an early stage, the Complaints Manager/CHC Quality Manager with the assistance of ICB staff will endeavour to identify any complaint that amounts to harassment and ensure that the employee/practitioner concerned is not put through the process of an investigation. Any complaint made purely on the basis of race will be considered to be harassment and will not be tolerated.

4.26.3 The Complaints Manager/CHC Quality Manager will discuss any possible discriminatory complaints with the Chief Executive and ICB Equality Champion to determine whether the complaint should be progressed through the complaints process.

4.26.4 If the decision is taken not to progress the matter through the complaints process, the complainant will be notified in writing that the complaint will not be progressed and informed that harassment against the member of staff will not be tolerated.

4.26.5 Support will be offered to the employee/service provider who is the subject of the complaint.

4.26.6 Any complaints couched in discriminatory language that raise legitimate issues about clinical practice, procedure and communication, will be investigated using the complaints procedure, without prejudice to the outcome of the investigation.

4.26.7 Where a complaint is investigated that is couched in discriminatory language, the complainant will be advised that discriminatory language will not be tolerated. The employee/service provider will also be offered support.

#### **4.27 DEALING WITH MEDIA INTEREST**

4.27.1 All enquiries from the media should be referred to the Communications Team. Confidentiality must be maintained in any dealing with the media.

#### **4.28 COMPLAINTS MADE BY MPS ON BEHALF OF THEIR CONSTITUENTS**

4.28.1 If a patient has visited an MP in their surgery or written to them requesting their representation in making a complaint or raising a concern, consent is not required (Statutory Instrument 2002 No 2905. The Data Protection (Processing of Sensitive Personal Data) (Elected Representatives) Order 2002). If the MP states that they have received their constituent's permission, then it should be assumed to be the

case and the complaint investigated as per normal. Information should only be disclosed on a need to know basis and nothing more than the relevant information pertaining to a complaint should be given in the final response. On receiving an MP letter, the Complaints & Customer Care team will send the acknowledgement and the subsequent complaint responses to the complainant, with a copy of each to the MP.

#### **4.29 COMMENTS AND COMPLIMENTS**

4.29.1 Comments and Compliments are welcomed as they acknowledge service user opinions and/or satisfaction and can evidence good practice. Service users, their relatives and carers often have suggestions about the way in which a service is run, and it is beneficial to the ICB and service providers to take these into consideration. Comments and Compliments will be acknowledged from the Chief Executive and logged. They will be included in the reporting mechanism.

#### **4.30 COMPLAINTS SERVICE EVALUATION**

4.30.1 A link to the online complaints handling evaluation questionnaire, relating to the management of the complaint will be included within the final Chief Executive response.

#### **4.31 EQUALITY AND DIVERSITY MONITORING**

4.31.1 An equality and diversity monitoring form will be sent to the complainant with their letter of acknowledgement. The completion of this form is optional and under no circumstances will individual data be shared. Six monthly reporting of equality and diversity data for complaints will be sent to the ICB's Operational Quality Assurance Group to ensure that the provision of services is equitable to all communities.

## **5. Communication, Monitoring and Review**

### **5.1 PERFORMANCE MANAGEMENT, REPORTING AND LEARNING FROM COMPLAINTS**

5.1.1 Complaints will form an integral part of the contract monitoring and performance management processes and learning derived from complaints will contribute to the development, commissioning and planning of services.

5.1.2 Complaints reports will be anonymous to ensure confidentiality. The Complaints Manager will ensure that anonymised reports are shared with the ICB and that these will highlight learning and improvement strategies.

5.1.3 Reports will include:

- The number of complaints received
- A trend analysis of complaint identifying the subject matter
- The timescales under which the complaint has been managed and a response provided, whether the complaint was substantiated, and any outcomes/lessons learnt
- Exception reports will be provided when timescales have been breached
- The number of complaints which have been referred to the Parliamentary and Health Service Ombudsman, in such cases a summary of outcome will include:
  - The subject matter of complaints

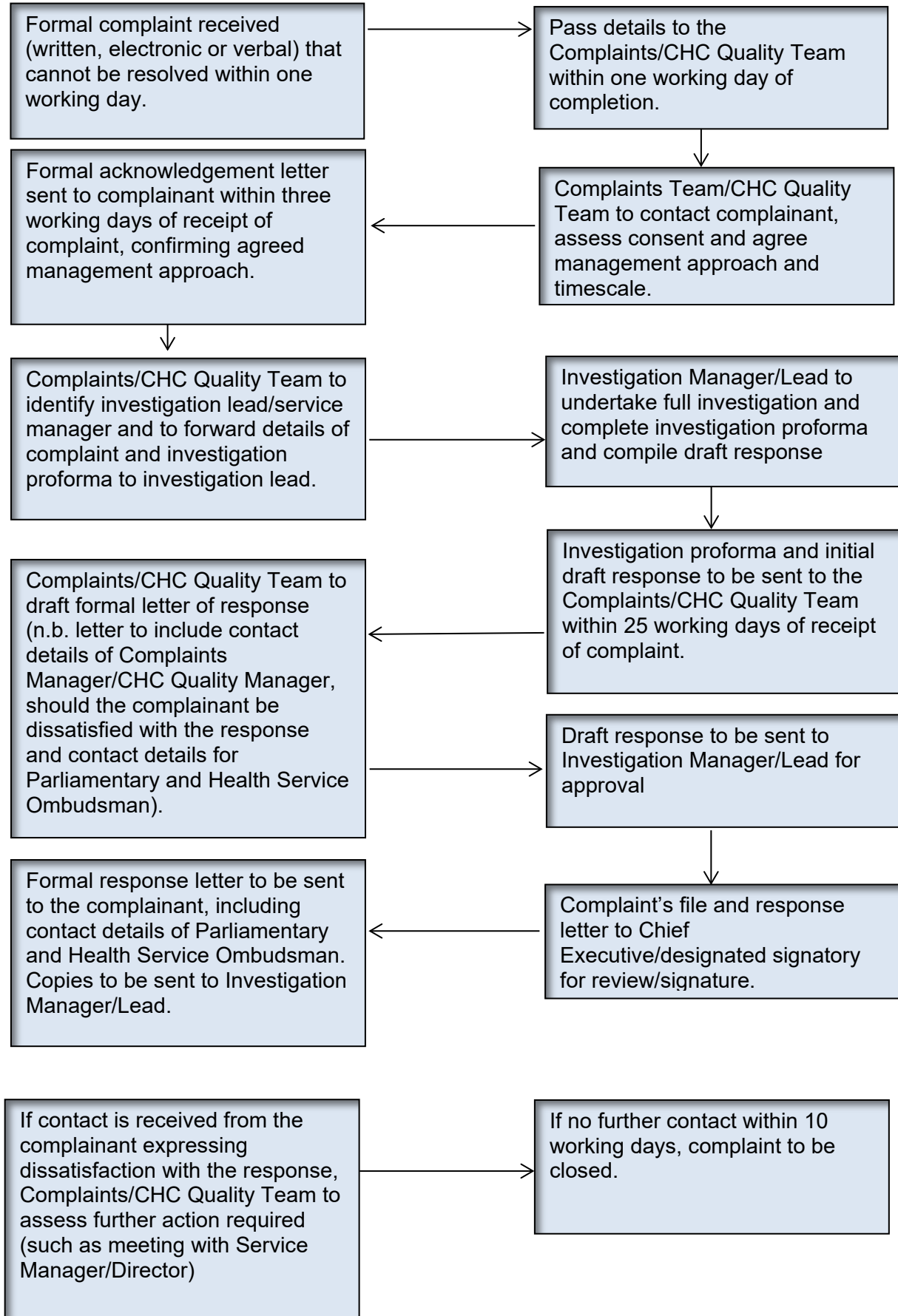
- Any matter of general importance arising out of those complaint, or the way in which the complaint was managed
  - Any matters where action has been or is to be taken to improve services as a consequence of the complaint
  - Recurring themes will be identified
- 5.1.4 These reports will be reviewed every six months by the ICB's Operational Quality Assurance Group (OQAG). CHC complaints data will also be included in the CHC Quality, Performance & Data Report, which is reviewed, every month, by the CHC Programme Board.
- 5.1.5 The ICB will use the issues raised in individual complaints to explore and, where appropriate, initiate service improvements. Issues arising from complaints and other user feedback will be regularly reviewed by the Executive Team with recommendations to the Quality and Patient Experience committee for service improvements. The Quality and Patient Experience Committee will retain responsibility for oversight. An annual report will also be provided. All quarterly returns required by the Department of Health regarding quarterly complaints' data, for example the KO41a, will be submitted as required.
- 5.1.6 Any individual who has queries regarding the content of this policy or has difficult understanding how this policy relates to their role, should contact the "Document Owner/Author".

## 6. Interaction with other Policies

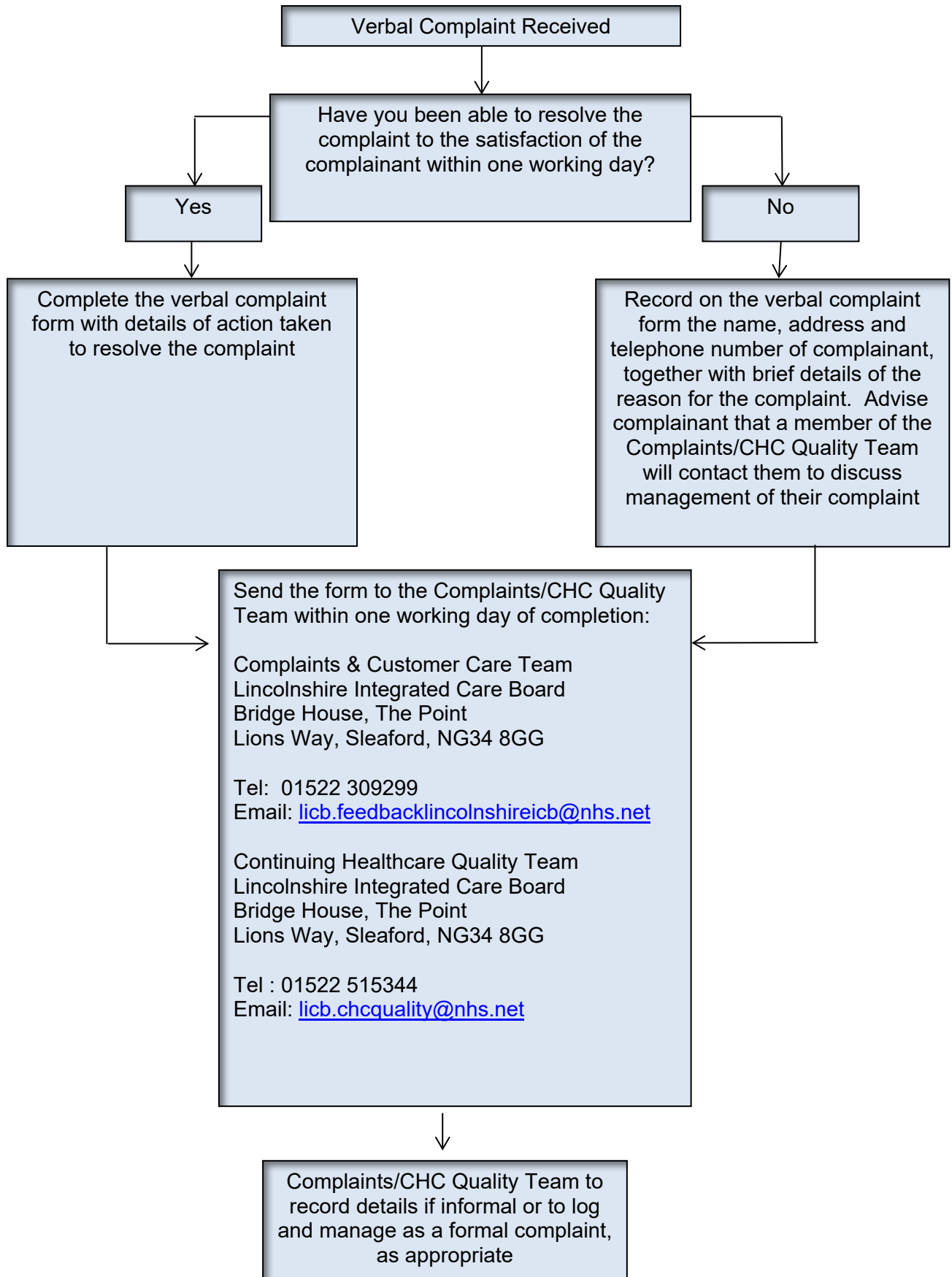
### 6.1 LINKS TO OTHER POLICIES

- 6.1.1 The procedures outlined in this policy should be read in conjunction with the following ICB policies, procedures and legislation:
- The Local Authority Social Services and NHS complaints (England) (Amendment) Regulations 2009
  - ICB Incident Policy
  - Data Protection Policy (incorporating General Data Protection Regulation)
  - Equality, Inclusion and Human Rights Policy
  - Freedom of Information Policy
  - Staff Disciplinary Policy
  - Safeguarding Adults Procedures
  - Safeguarding Children Procedure
  - Incident Reporting Policy
  - Access to Health Records Policy
  - Records Management Policy
  - Interpreting & Translation Commitment

**PROCESS FOR DEALING WITH FORMAL COMPLAINTS**



**PROCESS FOR DEALING WITH VERBAL COMPLAINTS**



## RECORD OF VERBAL COMPLAINT

<b>Complaint taken by:</b>	
<b>Date complaint taken:</b>	
<b>Date received by complaints team:</b>	
<b>Name of complainant:</b>	
<b>Full postal address:</b>	
<b>Telephone number:</b> (Including mobile number)	
<b>Name and contact details of patient:</b> (if different from complainant)	
<b>Service area:</b>	
<b>Where and when the incident happened:</b>	
<b>Details of the complaint:</b>	
Have you been able to resolve the complaint within one working day of receiving the verbal complaint?      Yes/No	
If yes, what action was taken to resolve the complaint?	
If no, please forward to the Complaints/CHC Quality Team within one working day and advise the complainant a member of the Complaints/CHC Quality Team will contact them to discuss management of their complaint.	
<b>Management plan for complaint:</b> (To be agreed between Complaints/CHC Quality Team/Complainant)	

I confirm that this is an accurate reflection of the concerns I wish to complain about, and the management plan agreed.

Signature .....

Name (Please print) .....

Please return this form to:

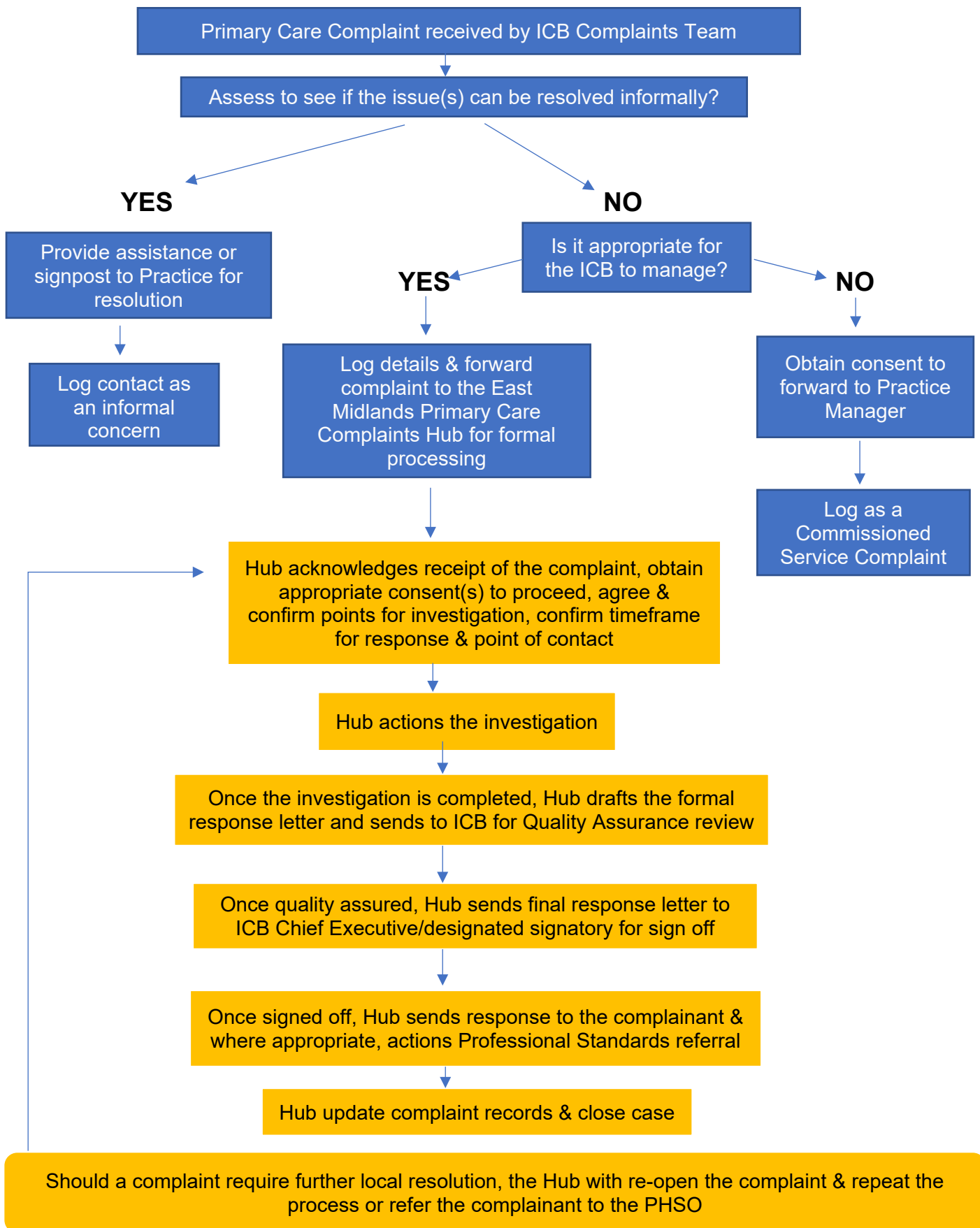
Complaints & Customer Care Team  
Lincolnshire Integrated Care Board  
Bridge House, The Point  
Lions Way  
Sleaford  
NG34 8GG  
Tel: 01522 309299  
Email: [licb.feedbacklincolnshireicb@nhs.net](mailto:licb.feedbacklincolnshireicb@nhs.net)

or

Continuing Healthcare Quality Team  
Lincolnshire Integrated Care Board  
Bridge House, The Point  
Lions Way  
Sleaford  
NG34 8GG

Tel : 01522 515344  
Email: [licb.chcquality@nhs.net](mailto:licb.chcquality@nhs.net)

**PROCESS FOR PRIMARY CARE COMPLAINTS**





**Lincolnshire**  
Integrated Care Board

**Ref:**

## Consent Form

### Patient Details:

Name:

\*(Last Resident) Address:

Telephone Number:

NHS Number (If known):

Date of Birth:

GP Practice:

**I hereby authorise:**

### Complainant Details:

Name:

Address:

Telephone Number:

Email Address:

Date of Birth:

Relationship to the patient:

to act on my behalf and to receive any relevant information, including personal and confidential information that may be relevant to my complaint.

**I hereby authorise Lincolnshire Integrated Care Board**

- to act on my behalf in investigating my complaint in accordance with the NHS Complaints Regulations.
- to pass on my letter of complaint/concern to **(Insert Organisation)** for them to investigate the issues relating to their service. I understand that a co-ordinated response will be provided to me in due course.

I understand that this may necessitate the divulging of personal information, medical notes and records of my treatment, which may also include information from any third party. I hereby consent to that disclosure.

**Lincolnshire ICB will require a copy of the Grant of Probate, or a copy of the deceased's Will, as evidence that you are legally authorised to act on behalf of this individual.** (\*for deceased patients only, delete as appropriate)

**Signature of Patient**..... **Date** .....

---

**Please return completed forms to:**

Complaints & Customer Care Team  
Lincolnshire Integrated Care Board  
Bridge House  
The Point  
Lions Way  
Sleaford, NG34 8GG  
[licb.feedbacklincolnshireicb@nhs.net](mailto:licb.feedbacklincolnshireicb@nhs.net)

or

Continuing Healthcare Quality Team  
Lincolnshire Integrated Care Board  
Bridge House  
The Point  
Lions Way  
Sleaford, NG34 8GG  
[licb.chcquality@nhs.net](mailto:licb.chcquality@nhs.net)



**Lincolnshire**  
Integrated Care Board

## Equality and Diversity Monitoring Form - Service Users (Public/Patients)

You do not have to answer these questions, however this information helps us to understand the needs of different groups of people in Lincolnshire and helps us to make things better. It tells the NHS where to direct their services and it shows organisations if certain people aren't making the most of them. We can't change things without your help.

### Data protection

The information you provide is anonymous and will not be stored with any identifying information about you. We may use anonymised statistics and data provided by you collectively to identify trends and inform discussions about how to improve our practices. No information will be published or used in any way which allows any individual to be identified. All details are held in accordance with the Data Protection Act 2018.

### Equalities Monitoring

#### Age: What age group do you belong to?

- |   |  |
|---|--|
| <input type="checkbox"/> Age 16 and below | <input type="checkbox"/> 70-79             |
| <input type="checkbox"/> 17 - 20          | <input type="checkbox"/> 80 – 89           |
| <input type="checkbox"/> 21 – 29          | <input type="checkbox"/> 90 +              |
| <input type="checkbox"/> 30 – 39          | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> 40 – 49          |  |
| <input type="checkbox"/> 50 - 59          |  |
| <input type="checkbox"/> 60 – 69          |  |

#### Ethnicity: What is their ethic group?

- |  |   |
|--|---|
| <input type="checkbox"/> Asian or Asian British: Indian            | <input type="checkbox"/> White: Welsh / English / Scottish / Northern Irish / British |
| <input type="checkbox"/> Asian or Asian British: Pakistani         | <input type="checkbox"/> White: Irish   |
| <input type="checkbox"/> Asian or Asian British: Chinese           | <input type="checkbox"/> White: Roma.   |
| <input type="checkbox"/> Asian or Asian British: Bangladeshi .     | <input type="checkbox"/> White: Gypsy or Irish Traveller                              |
| <input type="checkbox"/> Any other Asian background (please state) | <input type="checkbox"/> Any other White background (please state)                    |

...

.....

- Black or Black British: Caribbean
- Black or Black British: African
- Any other Black background (please state)

.....

- Mixed or multiple ethnic groups: White and black Caribbean
- Mixed or multiple ethnic groups: White and Black African.
- Mixed or multiple ethnic groups: White and Asian.
- Any other mixed or multiple ethnic background (please state)

.....

- Other ethnic group: Arab.
- Any other ethnic group (please state)

.....

- Prefer not to say.

**What is your main language?**

- |                                    |                                     |   |
|------------------------------------|-------------------------------------|---|
| <input type="checkbox"/> Bulgarian | <input type="checkbox"/> Lithuanian | <input type="checkbox"/> Russian.               |
| <input type="checkbox"/> English   | <input type="checkbox"/> Polish     | <input type="checkbox"/> Spanish.               |
| <input type="checkbox"/> Hungarian | <input type="checkbox"/> Portuguese | <input type="checkbox"/> Other (please specify) |
| <input type="checkbox"/> Latvian   | <input type="checkbox"/> Romanian   | .....   |

**If English is not your main language, to what extent can you read English?**

- |                                   |  |
|-----------------------------------|--|
| <input type="checkbox"/> A lot    | <input type="checkbox"/> Not very much |
| <input type="checkbox"/> A little | <input type="checkbox"/> Not at all    |

**Disability: Are your day-to-day activities limited because of a health problem or disability which has lasted, or expected to last, at least 12 months (including any problems related to old age)**

- |   |  |
|---|--|
| <input type="checkbox"/> Yes, the health problem/disability limits me a little. | <input type="checkbox"/> No                |
| <input type="checkbox"/> Yes, the health problem/disability limits me a lot     | <input type="checkbox"/> Prefer not to say |

**If you answered 'yes' to the previous question, please indicate your disability – people may experience more than one type of impairment, in which case you may indicate more than one**

- Physical impairment
- Sensory impairment
- Mental health condition
- Learning disability / difficulty
- Long standing illness
- Other (Please specify) .....
- .....

**In relation to the previous question do you have any specific needs or requirements?**

- No
- Yes (please state) .....

**What is your gender?**

- Female
- Intersex
- Male
- Non-binary
- Prefer not to say.
- Prefer to self-identify (please state)

**Gender reassignment: Have you gone through any part of a process, or do you intend (including thoughts or actions) to bring your physical sex appearance, and/or your gender role, more in line with your gender identity? (This could include changing your name, your appearance and the way you dress, taking hormones or having gender confirming surgery)**

- Yes
- No
- Prefer not to say

**Marriage and civil partnership: what is your legal marital or civil partnership status?**

- Civil partnership.
- Divorced.
- Legally separated.
- Married
- Single
- Widowed
- Prefer not to say

**Pregnancy and maternity: Are you pregnant or have given birth in the last 26 weeks?**

- Yes
- No
- Prefer not to say

Yes

No

Prefer not to say

**Religion and/or belief: What is your religion/belief?**

Atheist  
 Buddhist  
 Christian

Hindu  
 Jain  
 Jewish

Muslim  
 No religion  
 Sikh ...

Prefer not to say  
 Any other religion (please specify below)

.....

**Sexual orientations: Which of the following options best describes your sexual orientation?**

Bisexual  
 Gay

Heterosexual  
 Lesbian

Prefer not to say  
 Prefer to self-identify

**Caring responsibilities: Do you look after or give any help or support to family members, friends, neighbours or others because of either long-term physical or mental ill-health/disability?**

- Primary carer of child/children (under 18)  
 Primary carer of disabled child/children  
 Primary carer of disabled adult (age 18+)
- Primary carer of older person  
 Secondary carer (another person carries out the main caring role)

**Amount of time spent in relation to caring duties:-**

- Yes 1 – 19 hours a week  
 Yes 20 – 49 hours a week  
 Yes 50 hours or more a week  
 Prefer not to say

**Health Inequalities Information**

**Please select if you have experience of any of the following:- (please provide further information in the boxes below):-**

- Currently working in the farming/agricultural industry.  
 Have worked in the farming/agricultural industry.  
 Currently homeless.  
 Experience of being homeless.

- Currently serving in either the UK's regular or reserved armed forces.
- Have served in either the UK's regular or reserved armed forces.
- I am a refugee, immigrant or asylum seeker.
- Previous experience of being a refugee, immigrant or asylum seeker.

**Please confirm your employment status:**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Employed full time | <input type="checkbox"/> Not employed and looking for work     | <input type="checkbox"/> Self-employed          |
| <input type="checkbox"/> Employed part time | <input type="checkbox"/> Not employed and not looking for work | <input type="checkbox"/> Student                |
| <input type="checkbox"/> Homemaker          | <input type="checkbox"/> Retired                               | <input type="checkbox"/> Prefer not to say      |
|   |  | <input type="checkbox"/> Other (please specify) |

.....

Thank you for completing these equality monitoring questions.

For any questions or feedback regarding this form please contact either team below:

Complaints & Customer Care Team on 01522 309299 or by e-mail to [licb.feedbacklincolnshireicb@nhs.net](mailto:licb.feedbacklincolnshireicb@nhs.net)

CHC Quality Team on 01522 515344 or by email to [licb.chcquality@nhs.net](mailto:licb.chcquality@nhs.net)