Public – To be published on the Trust external website

Title: Data Protection Complaints Procedure

Ref: CORP-0019-001-v1

Status: Approved
Document type: Procedure
Overarching Policy: Complaints Policy

Contents

1 Introduction

A data protection complaint is any expression of dissatisfaction about the way the Trust has handled your personal information.

We must follow the UK data protection legislation when handling your personal information. Under Data (Use and Access) Act 2025, we must have a clear and separate process for data protection complaints.

We must also follow NHS complaints regulations for general complaints about services. If your complaint includes both data protection and general service issues, we will handle them together where possible. We will not delay the data protection part of the response without good reason.

Other professional standards around confidentiality, safeguarding, information security and records management may also apply.

This policy supports and aligns with Our Journey To Change: the next chapter as explained in the main Complaints Policy.

2 Purpose

This procedure supports anyone who has a concern about how the Trust has handled or processed their data to make a complaint. It helps us understand what has gone wrong and gives us the opportunity to put things right.

3 Scope

3.1 Who this procedure applies to

This procedure applies to anyone whose personal data is handled by the Trust. This includes complaints from patients, former patients, parents, carers, advocates, executors, staff, volunteers and any other individuals affected by how we handle personal information.

3.2 What this procedure applies to

This procedure covers complaints about how personal data has been handled, for example:

- Incorrect or missing information
- Not respecting your data protection rights
- Poor handling of Subject Access Requests (SARs)

You can make a complaint in any way, including:

- Speaking to us
- Writing to us
- Emailing us
- Calling us

3.3 What this procedure does not apply to

- Requests for copies of medical records
- Clinical negligence claims
- Safeguarding concerns
- Complaints about care and treatment (unless related to your information)

4 Related documents

This procedure explains how to follow the Data Protection Complaints section of the Complaints Policy.

5 How to make a complaint

5.1 How to contact us

You can make a data protection complaint in the following ways:

Email: tewv.complaints@nhs.net

Post:
Complaints Manager
Tees, Esk and Wear Valleys NHS Foundation Trust
Flatts Lane Centre
Normanby
Middlesbrough
TS6 0SZ

Freephone: 0800 052 0219

Text message: 07733 001221

Verbally: with your care team

Online: A contact form is available and can be accessed via our trust website https://www.tewv.nhs.uk/about-your-care/complaints/ or this can be posted upon request.

The complaints team are available **Monday to Friday** (excluding bank holidays) from **9am and 4pm**. An answerphone is always available for you to leave a message. A member of the Complaints Team will aim to return your call as soon as possible.

If you need help making your complaint (for example due to a disability, language needs, or if you want someone to support you), please let us know. We will make reasonable adjustments to help you.

5.2 What we need to know

To help us investigate your complaint quickly and properly, we need to know:

- Your full name, date of birth and contact details.
- Your patient number (if you have one).
- A clear explanation of what happened and how this has affected you.
- Any relevant dates, names of staff involved, or supporting information.

5.3 Staff complaints

If you are a staff member and you are concerned about how the Trust has handled your personal information before, during or after your employment, contact the Trust's Data Protection Officer at tewv.dpo@nhs.net

6 What will happen when you complain

We will:

1. Acknowledge your complaint within 30 calendar days. This is the statutory deadline, but we always aim to acknowledge any complaint within 3 working days.
2. Investigate what happened.
3. Keep you updated during the investigation.
4. Send you a clear reply explaining what we found and any actions we have taken or will take.

6.1 Stage 1: Acknowledgment

- **Timeline:** We will confirm receipt of the complaint in writing (e-mail or post) within 30 days.
- **Note**: This is just a confirmation, not the detailed final response.

6.2 Stage 2: Investigation

- The Data Protection Officer or Data Protection Team member who receives the complaint will log the complaint and investigate it fully.
- The complaints log will also be used to track progress through to completion and closure.
- They will look at how your personal data was handled, whether policies were followed, and whether a data breach occurred.
- If a data breach is found, it will be recorded on the Trust's incident management system. If necessary, it may also be reported to NHS England and the Information Commissioner's Office (ICO) in line with national guidance.

6.3 Stage 3: Outcome and Response

- **Timeline:** The organisation will respond to the complaint without unnecessary delay.
- You will receive a written response explaining the outcome of the investigation and any actions taken to fix the issue or prevent it happening again.

7 Escalation

7.1 Information Commissioner's Office (ICO)

After you receive our response, if you are still unhappy, you have the right to take your complaint to the Information Commissioner's Office:

Post:
Wycliffe House
Water Lane
WILMSLOW
Cheshire
SK9 5AF
Telephone: 0303 123 1113
Email: icocasework@ico.org.uk

7.2 Parliamentary and Health Service Ombudsman (PHSO)

You may also want to refer your complaint to the PHSO.

Online: https://www.ombudsman.org.uk
Telephone: 0345 0154033
Text: Send a text to their 'call back' service: 07624 813 005, with your name and mobile number.

8 Definitions

Term	Definition
ICO	• Information Commissioner's Office
PHSO	• Parliamentary and Health Service Ombudsman

9 How this procedure will be implemented

- This procedure will be published on the staff intranet and external Trust website
- This procedure will be disseminated to all Trust employees through an all-staff briefing.

9.1 Training needs analysis

Staff/Professional Group	Type of Training	Duration	Frequency of Training
New employees	Face-to-face corporate induction training	1 hour	Once

10 How the implementation of this procedure will be monitored

Number	Auditable Standard/Key Performance Indicators	Frequency/Method/Person Responsible	Where results and any Associate Action Plan will be reported to, implemented and monitored; (this will usually be via the relevant Governance Group).
1	Data Protection Complaints Monitoring	Frequency = Monthly Method = KPI report Responsible = IG Manager	Information Governance Group Digital Performance and Assurance Group

11 References

Data (Use and Access) Act 2025

12 Document control (external)

To be recorded on the policy register by Policy Coordinator

Required information type	Information
Date of approval	26 June 2026
Next review date	26 June 2029
This document replaces	N/A (new procedure)
This document was approved by	Information Governance Group
This document was approved	16 June 2026
This document was ratified by	Digital Performance and Assurance Group
This document was ratified	26 June 2026
An equality analysis was completed on this policy on	07 June 2026
Document type	Public
FOI Clause (Private documents only)	N/A

Change record

Version	Date	Amendment details	Status
1	26 Jun 2026	New procedure	Approved

Appendix 1 - Equality Impact Assessment Screening Form

Please note: The Equality Impact Assessment Policy and Equality Impact Assessment Guidance can be found on the policy pages of the intranet

Section 1	Scope
Name of service area/directorate/department	Digital and Data Services
Title	Data Protection Complaints Procedure
Type	Procedure/guidance
Geographical area covered	Trust-wide
Aims and objectives	This procedure supports anyone who has a concern about how the Trust has handled or processed their data to make a complaint. It helps us understand what has gone wrong and gives us the opportunity to put things right.
Start date of Equality Analysis Screening	01 May 2026
End date of Equality Analysis Screening	07 June 2026

Section 2	Impacts
Who does the Policy, Procedure, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan benefit?	This procedure applies to anyone whose personal data is handled by the Trust. This includes complaints from patients, former patients, parents, carers, advocates, executors, staff, and any other individuals affected by how we handle personal information.
Will the Policy, Procedure, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan impact negatively on any of the protected characteristic groups? Are there any Human Rights implications?	• **Race** (including Gypsy and Traveller) **NO** • **Disability** (includes physical, learning, mental health, sensory and medical disabilities) **NO** • **Sex** (Men and women) **NO** • **Gender reassignment** (Transgender and gender identity) **NO** • **Sexual Orientation** (Lesbian, Gay, Bisexual, Heterosexual, Pansexual and Asexual etc.) **NO**

	• **Age** (includes, young people, older people – people of all ages) **NO** • **Religion or Belief** (includes faith groups, atheism and philosophical beliefs) **NO** • **Pregnancy and Maternity** (includes pregnancy, women / people who are breastfeeding, women / people accessing perinatal services, women / people on maternity leave) **NO** • **Marriage and Civil Partnership** (includes opposite and same sex couples who are married or civil partners) **NO** • **Armed Forces** (includes serving armed forces personnel, reservists, veterans and their families) **NO** • **Human Rights Implications NO** (Human Rights - easy read)
Describe any negative impacts / Human Rights Implications	None
Describe any positive impacts / Human Rights Implications	The procedure includes different ways of making a complaint and what to do when support is needed.

Section 3	**Research and involvement**
What sources of information have you considered? (e.g. legislation, codes of practice, best practice, nice guidelines, CQC reports or feedback etc.)	Data (Use and Access) Act 2025 Information Commissioner's Office (ICO)
Have you engaged or consulted with patients, carers, staff and other stakeholders including people from the protected groups?	No
If you answered Yes above, describe the engagement and involvement that has taken place	N/A
If you answered No above, describe future plans that you may have to engage and involve people from different groups	This procedure documents information that is already available in the Trust's Privacy Notices. Privacy Notices were co-created with relevant patient groups.

Section 4	Training needs
As part of this equality impact assessment have any training needs/service needs been identified?	No
Describe any training needs for Trust staff	
Describe any training needs for patients	
Describe any training needs for contractors or other outside agencies	

Check the information you have provided and ensure additional evidence can be provided if asked.

Appendix 2 – Approval checklist

Title of document being reviewed:	Yes / No / Not applicable	Comments
1. Title		
Is the title clear and unambiguous?	Yes	
Is it clear whether the document is a guideline, policy, protocol or standard?	Yes	
2. Rationale		
Are reasons for development of the document stated?	Yes	
3. Development Process		
Are people involved in the development identified?	Yes	
Has relevant expertise has been sought/used?	Yes	
Is there evidence of consultation with stakeholders and patients?	Yes	
Have any related documents or documents that are impacted by this change been identified and updated?	Yes	
4. Content		
Is the objective of the document clear?	Yes	
Is the target population clear and unambiguous?	Yes	
Are the intended outcomes described?	Yes	
Are the statements clear and unambiguous?	Yes	
5. Evidence Base		
Is the type of evidence to support the document identified explicitly?	Yes	
Are key references cited?	Yes	

Are supporting documents referenced?	Yes	
6. Training		
Have training needs been considered?	Yes	
Are training needs included in the document?	Yes	
7. Implementation and monitoring		
Does the document identify how it will be implemented and monitored?	Yes	
8. Equality analysis		
Has an equality analysis been completed for the document?	Yes	
Have Equality and Diversity reviewed and approved the equality analysis?	Yes	
9. Approval		
Does the document identify which committee/group will approve it?	Yes	
10. Publication		
Has the policy been reviewed for harm?	Yes	
Does the document identify whether it is private or public?	Yes	
If private, does the document identify which clause of the Freedom of Information Act 2000 applies?	Yes	
11. Accessibility (See intranet accessibility page for more information)		
Have you run the Microsoft Word Accessibility Checker? (Under the review tab, 'check accessibility'. You must remove all errors)	Yes	
Do all pictures and tables have meaningful alternative text?	Yes	
Do all hyperlinks have a meaningful description? (do not use something generic like 'click here')	Yes	