

# Concern & Complaint Management Policy (PALS)

**Version No:** 03 March 2025

**First Issued:** November 2022  
**Review date:** March 2028

# Contents

(For quick access to a specific heading - press CTRL and click your mouse to follow the link for the below options)

- 1. INTRODUCTION ..... 4
- 2. PURPOSE ..... 4
- 3. SCOPE ..... 4
- 4. DEFINITIONS ..... 5
- 5. RESPONSIBILITIES ..... 6
- 6. POLICY STATEMENT ..... 7
- 7. PROCEDURE ..... 8
  - 7.1 Openness Transparency and Candour ..... 8
  - 7.2 Principles of Good Practice for Resolving Concerns & Complaints ..... 8
  - 7.3 Complaints That Cannot Be Dealt with Under This Policy ..... 9
  - 7.4 Who May Raise a Concern/Complaint ..... 9
  - 7.6 How to Raise a Concern/Complaint ..... 11
  - 7.8 Procedure for Handling Concerns (Issues for Resolution) ..... 11
  - 7.9 Procedure for Handling Concerns and Complaints ..... 12
  - 7.10 Complaints Involving Other Organisations ..... 12
  - 7.11 Performance Targets For resolution of Formal Complaints ..... 12
  - 7.12 Unresolved Complaints ..... 14
  - 7.13 Confidentiality and Consent ..... 14
  - 7.14 Written accounts of events ..... 15
  - 7.15 Providing A Written Response ..... 15
  - 7.16 Complaints Investigation & Risk Management ..... 16
  - 7.17 Complainants with Communication Difficulties ..... 17

7.18 Expenses and recompense..... 17

7.19 Persistent & Unreasonable Contact & Unusual Complaints ..... 17

7.20 Out Of Hours Contact Arrangements ..... 17

7.21 Staff Support & Providing a written account..... 18

7.22 Learning From Complaints ..... 18

7.23 Success Criteria / Monitoring Effectiveness ..... 19

8. MONITORING AND REVIEW ..... 19

9. REFERENCES)..... 19

10. ASSOCIATED POLICIES & PROCEDURES (*To include but not limited to*) ..... 20

11. AUTHOR ..... 20

12. APPENDICES ..... 21

Appendix 2 – Concerns (Issue for Resolution) Flow Chart..... 23

Appendix 3 – Complaints Flow Chart..... 24

Appendix 4 - Complaint Investigation Record ..... 25

Appendix 5 – Guidance on the Support of Staff Affected by Incidents, Complaints or Claims  
..... 27

Appendix 6 - PALS Contact Information ..... 28

DOCUMENT CONTROL SHEET ..... 29

## 1. INTRODUCTION

East Coast Community Healthcare (ECCH) is committed to providing the highest quality care to its patients, their relatives, and carers. ECCH is dedicated to listening and responding to its users and recognises the importance of a clear, accessible, and transparent process for dealing quickly and effectively with concerns and complaints.

ECCH actively promotes a culture that seeks and utilises feedback and recognises that complaints are an opportunity to obtain valuable information from our service users and to learn from their experience to improve the quality of our services. Complaints should be viewed as a positive way to improve services and avoid the risk of similar situations occurring again.

This policy explains how a patient, or their representative can raise a concern or complaint and the responsibilities of staff to whom the complaint is addressed. It also outlines the action to be taken by the service involved and offers guidance on good practice at each stage of the process.

## 2. PURPOSE

The purpose of this policy is to describe East Coast Community Healthcare's (ECCH) policy about managing concerns and complaints in accordance with national guidance.

This policy aims to ensure that:

- All complaints are well managed as quickly as possible and in accordance with national assurance frameworks.
- Staff are empowered to deal with complaints as they arise in an open and non-defensive manner.
- The recording of complaints and learning is recorded appropriately.
- The learning from complaints & concerns is identified and used for improvement.
- The complaints service is accessible, well publicised, open and transparent.
- The complaints procedure is supportive for those who find it difficult to complain.

## 3. SCOPE

This Concerns and Complaints Policy applies to all directly and indirectly employed staff within ECCH and other persons working within the organisation.

All staff have a responsibility to read this policy and understand its impact on their area of work. Staff should be able to respond appropriately to a complainant and endeavour to achieve immediate resolution. If this is not possible, all staff have the responsibility to escalate the concern/complaint in accordance with this policy.

#### 4. DEFINITIONS

The following definitions are intended to provide a brief explanation of the various terms used within this policy.

Term	Definition
<b>Complaint</b>	<b>is</b> ‘an expression of dissatisfaction made to an organisation, either written or spoken, and whether justified or not, which requires a response. There is no difference between a ‘formal’ complaint and an ‘informal’ complaint. Both are expressions of dissatisfaction’, <i>The Patient’s Association, 2013</i>
<b>Concern</b>	<b>is</b> a problem raised that can be resolved / responded to straight away by the service (by the end of the next working day or earlier). Although concerns that are resolved in this way do not need to be recorded as complaints, the service must give the details of the issues raised and resolution to the PALS and Complaints Team. If it is not possible to resolve the concern within this time frame, the issue will need to be recorded as a formal complaint and managed according to the complaints policy.
<b>Compliment</b>	<b>is</b> an unsolicited expression of praise or thanks received by a department or service in relation to the service, care or treatment provided. Compliment are reported to the PALS and Complaints team following the ‘process for reporting compliments.
<b>Openness</b>	enabling concerns and complaints to be raised freely without fear, with questions asked being answered.
<b>Transparency</b>	accurate information about performance and outcomes to be shared with staff, patients, the public and regulators.
<b>Candour</b>	any patient harmed by a healthcare service is informed of the fact and an appropriate remedy offered, regardless of whether a complaint has been made.
<b>PALS</b>	Patient Advice and Liaison Service
<b>PHSO</b>	Parliamentary Health Service Ombudsman
<b>SEAP</b>	Support, Empower, Advocate, Promote

## 5. RESPONSIBILITIES

- **Chief Executive** - has overall responsibility for concerns/complaints and fulfils the role of the responsible person under the Regulations.
- **Executive Director of Quality** - has executive responsibility within the organisation for concerns/complaints. In addition, they will review any complaint regarding nursing and/or allied health professional care where the complainant remains dissatisfied with the response or disputes the outcome of the investigation.
- **Service Managers** - It is good practice to respond verbally to concerns/complaints about any services for which they are responsible. It is essential to keep a record and send a copy of the concern/complaint and any action to the PALS and Complaints team. They should refer any complainant dissatisfied with their response, or any complaint which involves more than one service line, to the complaints department. They should refer all written complaints immediately to the Head of Quality and comment formally when requested to do so by the case handler and lead investigator.

Clinicians may receive written enquiries where it is not clear if a complaint is being made. Deputy Director of Quality/ Service Managers/ Clinicians should consult with the PALS and Complaints Team for further advice in such occurrences. The PALS and Complaints Team will, if appropriate, contact the complainant to discuss how to proceed.

Complaints sent directly to the PALS and Complaints Team or via the Chief Executive's office will be allocated to an investigator, recorded on the Quality Assurance System, and sent to the Head of Quality & Deputy Director of Quality, and copied to the relevant Associate Director & Service Lead, for appropriate investigation and response. Staff asked to provide a written account have a responsibility to do in a timely manner to avoid delay in completion of the response.

- **Investigators** - are responsible for co-ordinating, obtaining and collating comments from appropriate staff and completing the investigation template.

Investigators will be appointed by the PALS Team. It is the responsibility of the nominated investigator to liaise with staff concerned, as appropriate, and obtain relevant information in relation to all elements of the complaint.

The investigator must ensure that any information detailing matters of medical care or clinical judgement is agreed by the clinician concerned before it is sent to the complaints team for review.

A proactive approach to resolving the complaint is encouraged and should be taken wherever possible. This may involve telephoning the complainant or inviting the complainant in for a meeting with those involved in their care. For housebound patients, an arrangement to meet at their home may be necessary. The Quality Team will support this approach through facilitating meetings and conversations with complainants and or their representative.

The investigator will ensure any member of staff about whom a complaint is made is advised of the final outcome. The staff member must be offered support by the investigator and any necessary support arranged. Please also see [Appendix 5 - Guidance on the Support of Staff Affected by Incidents, Complaints or Claims](#).

The investigator is responsible for identifying areas of learning following the investigation and developing actions in collaboration with the relevant service lead/staff members.

- **Head of Quality** - Oversees the concerns and complaints procedure in liaison with others involved, including the designated investigator at the local resolution stage, other health organisations and the PHSO as necessary.

Ensures the appropriate investigation of all concerns/complaints and has access to all relevant Organisation records essential for the investigation of such complaints.

Is responsible for drafting written responses to complaints and liaising with the designated investigator and relevant staff members prior to finalising.

Ensures all concerns/complaints are recorded on the relevant database and are assigned an initial risk rating and final risk rating.

Ensures that follow up actions identified on the Action Log have a specific timeframe and responsible owner and they are carried out by their due date.

Ensures any extension to a response is discussed and agreed with the complainant.

Ensures that the Organisation is kept fully briefed about the types of complaints received, response times and actions taken/lessons learned as a result of completed investigations.

Liaise with the organisation's Patient Safety Partner when needed to comment on procedural issues from a family or carer perspective.

Reviews all complaints and prepares appropriate reports.

## 6. POLICY STATEMENT

ECCH will ensure that all complaints are reviewed at the highest level of the organisation to identify learning opportunities for those services directly involved in the complaint and the organisation as a whole.

ECCH is committed to promoting equality and diversity. No patient, or any other person involved in the investigation and resolution of a concern or complaint will receive unfair treatment as a result of raising a complaint or on the grounds of age, race, colour, ethnic

or national origin, religious or equivalent belief system, political beliefs, gender, marital or partnership status, sexual orientation, disability, gender reassignment, pregnancy/maternity status, or any other condition or requirement which cannot be justified and which causes disadvantage. Appropriate assistance, including reasonable adjustments should be offered to any person who may be at a disadvantage for any of these reasons.

ECCH will ensure that there are clear policies and procedures for the handling of concerns and complaints and that appropriate expertise and resources are available to enable its responsibilities to be effectively discharged.

## 7. PROCEDURE

### 7.1 Openness Transparency and Candour

Following the Francis Report (2013) it is a requirement for clinicians to be candid with patient about avoidable harm and for safety concerns to be reported openly and truthfully. ECCH must be accurate, candid and must not provide misleading information to the public, regulators and commissioners.

Definitions of Openness, Transparency and Candour are as follow:

- **Openness** - enabling concerns and complaints to be raised freely without fear, with questions asked being answered.
- **Transparency** - accurate information about performance and outcomes to be shared with staff, patients, the public and regulators.
- **Candour** - any patient harmed by a healthcare service is informed of the fact and an appropriate remedy offered, regardless of whether a complaint has been made.

Being open involves:

- Acknowledging, apologising and explaining when things go wrong.
- Conducting a thorough investigation into the incident, complaint or claim.
- Reassuring patients, their families and carers that lessons learnt will help prevent incidents occurring; and
- Providing support for those involved to cope with the physical and psychological consequences of what happened.

ECCH and everyone working for the organisation must be honest, open and truthful in all their dealings with patients and the public, and organisational and personal interests must never be allowed to outweigh the duty to be honest open and truthful. Please refer to ECCH's Saying Sorry & Duty of Candour Standard Operating Procedure (SOP) which can be found on ECCHO.

### 7.2 Principles of Good Practice for Resolving Concerns & Complaints

ECCH follows the PHSO's Principles of Good Complaints Handling as set out below:

- Getting it right

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

ECCH will also encompass the following key objectives:

- To provide an operational strategy at corporate and service level to facilitate the effective management of concerns/complaints to meet statutory requirements.
- To provide easy access to complainants wishing to raise concerns ensuring that issues raised are managed in a consistent, fair and just manner for both complainant and complained against.
- To provide a simple process for concerns/complaints about ECCH's services to be resolved.
- To provide separation of concerns/complaints from disciplinary procedures.
- To empower all staff to resolve concerns/complaints at a local level and provide training and support to facilitate a proactive approach.
- To provide a rapid and open process ensuring concerns/complaints are used as a mechanism for identifying where improvements in service provision are required.

### **7.3 Complaints That Cannot Be Dealt with Under This Policy**

The Following Complaints will not be dealt with under the NHS Complaints Regulations 2009

- A Complaint made by any NHS organisation or private or independent provider or responsible body.
- A complaint made by an employee about any matter relating to their employment.
- A complaint, the subject of which has previously been investigated under these or previous NHS regulations.
- A complaint which is made orally and resolved to the complainant's satisfaction no later than the next working day.
- A complaint which is being or has been investigated by the Ombudsman.
- A complaint arising out of an NHS Body's alleged failure to comply with a request for information under the Freedom of Information Act 2000
- A complaint which relates to any scheme established under Section 10 (superannuation of persons engaged in health services) or Section 24 (compensation for loss of office) of the Superannuation Act 1972 or to the administration of those schemes.
- ECCH has been notified that criminal proceedings have been commenced in relation to the substance of the complaint where it will prejudice the proceedings.
- A complaint the subject matter of which is being or has been investigated by a Local Commissioner under the Local Government Act 1974 or a Health Service Commissioner under the 1993 Act.

### **7.4 Who May Raise a Concern/Complaint**

Anyone can complain, including young people, a family member, carer, friend, MP, Independent Advocates, such as Healthwatch or Support, Empower, Advocate and Promote (SEAP). Legal representatives can also make complaints on the patient's behalf but only if they can show relevant consent/authority (see Access to Medical records and Mental Capacity Act 2005 Guidance for staff).

A complaint can be made about any aspect of care provided by ECCH as long as:

- the complainant has received or is receiving services from ECCH, or
- they are someone who is affected, or likely to be affected, by the action, omission or decision of ECCH.

A complaint may be made on behalf of someone else if the person who has grounds to complain:

- Has died,
- Is a child,
- Cannot make the complaint themselves because of physical or mental incapacity,
- They have been asked to act on the patient's behalf.

In the case of a third party pursuing a complaint on behalf of the person affected the following information is required:

- Name and Address of the person making the complaint.
- Name, address and date of birth of the affected person.
- Contact details of the affected person (if not deceased) so that they can be contacted for confirmation that they consent to the third party acting on their behalf.
- Authorised consent form (available from Patient Liaison Officer)

Where the patient is assessed as being unable to consent, the Safeguarding Lead and Deputy Director of Quality may confirm a person is a suitable representative or refuse to accept a person as a suitable representative and nominate another person to act on the patient's behalf. In any event the matter will be investigated through the complaints process in the best interests of the patient. Where the person has a lasting power of attorney for welfare or is a court appointed deputy, they will have the legal authority to act in the person's best interest.

In instances when a complaint and claim are brought at the same time, the complaints process will still apply unless contrary to the advice of ECCH's legal advisors or insurers.

## **7.5 Timescales for making complaints**

Complaints must be made within twelve months of the date that the incident being complained about happened, or the date the person raising the complaint found out about it, whichever is the later date. If there are good reasons for not having made the complaint within the above timeframe, and if it is still possible to investigate the complaint effectively and fairly, ECCH may decide to still consider the complaint. If we do not see a good reason for the delay or on balance think it is not possible to properly consider the complaint (or any part of it) we will write to the person making the complaint to explain this. We will also explain

that, if they are dissatisfied with that decision, they can complain to the Parliamentary and Health Service Ombudsman.

## 7.6 How to Raise a Concern/Complaint

- By telephone:
- In writing by post/email,
- Via the organisations website feedback link)

In all cases a written record must be made setting out the issues requiring investigation. This must be agreed with the complainant.

## 7.7 Anonymous Complaints

Complaints and concerns can be raised anonymously via any of the methods above if the complainant prefers. Anonymous complaints and concerns will be reviewed using the same rigour and approaches used for named complaints. The sole difference will be that learning will be solely addressed to the organisation and no clarification of feedback be provided to the complainant.

## 7.8 Procedure for Handling Concerns (Issues for Resolution)

A concern is an expression of dissatisfaction that should be resolved quickly and efficiently to the satisfaction of the complainant, within 2 working days of receipt after which it was raised. When a concern is raised it should be recorded on QUEST by the individual receiving the concern. The organisation feedback portal should be used for this purpose ([Appendix 1](#)) and with any relevant documents added to the Feedback record. If a concern is raised directly with the Patient Liaison Team they will add the concern to the Feedback portal and contact the relevant manager for them contact the individual and answer their concern.

Initial attempts at local resolution should instigated by the relevant service, only escalating to the PALS and Complaints team if unsuccessful or if specifically requested, ([Appendix 2](#)). However, details must be logged with PALS and Complaints team, using QUEST so that a full record can be maintained. Consideration should always be given to the seriousness of issues resolved at a local level and whether further actions should be taken.

The method of resolution is decided in discussion with the complainant and should be proportionate to the complexity of the issues raised. If the concern cannot be resolved within 2 working days then it should be escalated to the PALS Team & Head of Quality for comment and confirmation of how the concern should be managed.

The PALS Team will work with services to try to resolve any concerns patients, carers or relatives may have about the care provided or the services they receive as soon as possible. A member of the PALS Team will, at the service or patients request, attend meetings to discuss concerns/issues as appropriate. In this role the PALS Team will be present to assist and provide support to the patient, carer or relative. They will liaise with

ECCH staff and other providers to obtain relevant information about any aspect of care; this may include signposting to external organisations. The patient/their representative should be provided with the Patient Advice and Liaison Team contact details should they remain dissatisfied with the outcome.

Managers are required to feedback to the PALS and Complaints team using the organisations online feedback portal. Any actions should be documented and confirmation that the issue has been resolved. The PALS team will ensure feedback is obtained within a specified timeframe confirming resolution or escalation of the matter.

The PALS team will escalate any failure to respond to their request within the agreed timeframe to the Head of Quality or the Deputy Director of Quality.

If the enquirer is not satisfied with the outcome, it should be escalated to a formal complaint and follow the appropriate process.

## **7.9 Procedure for Handling Concerns and Complaints**

See [Appendix 2 and 3](#) for ECCH's Resolving Issues and Complaints process and timelines.

## **7.10 Complaints Involving Other Organisations**

When a complaint involves more than one health and social care organisation ECCH has a duty to co-operate with those organisations to ensure full co-ordination of the handling and response to the complaint. Consideration must be given to patient confidentiality and consent before contacting another organisation and consent sought where appropriate. Where the concern is to be handled by another organisation, the PALS and Complaints team will request follow up to ensure the matter is resolved.

Consent must be obtained from the complainant to liaise directly with the other organisation, and it should be agreed if the complainant would like responses sent individually by the organisations or if they require a joint response. If a joint response is required discussion will take place with the other organisations involved to establish who will lead and co-ordinate the response.

The complaint investigation will follow the same process, as if the complaint had only involved ECCH Services.

## **7.11 Performance Targets For resolution of Formal Complaints**

### **On Receipt of Complaint:**

Record the Complaint: All written complaints should be forwarded to the PALS department immediately on receipt of the complaint into the organisation via the organisations online feedback system.

Acknowledge the Complaint: The complaints department will provide a written acknowledgement to the complainant within three working days. This will include a copy of ECCH's PALS and Complaints Service Information sheet which includes information about

the Parliamentary and Health Service Ombudsman (PHSO) and the NHS Complaints Advocacy Service

**Within 3 working days:**

Contact the complainant: A senior member of the Quality Team or Clinical Team will call the complainant within 3 working days of receipt of the complaint. The purpose of the call is to

- offer an apology,
- provide an opportunity to resolve the individual's complaint,
- confirm their concerns
- confirm how they would like the outcome to be shared, (in writing, face to face, virtual)
- agree a provisional date for feedback with the complainant based on the timeframes set out in this policy.

Inform Senior Leadership of Complaint: The PALS and Complaints Team will circulate the complaint to the relevant Operational Director and Deputy Director of Quality for information.

Allocate complaint to senior staff member to investigate: Where possible the investigator should be a senior member of the service which the complaint relates to. This is to maximise learning and ownership. The investigator and service will be supported by the Quality team to ensure a fair and proportionate investigation. In the event that the complaint involves the member of staff that would complete the investigation, the Quality Team will allocate the investigation to another member of staff.

**Within 20 working days:**

Investigate the complaint: The investigator will ensure timely investigation that involves gathering and analysis of evidence using a holistic approach. Complaints investigations can involve a variety of activities. This may include a review of written records, After Action Review, discussion with individual team members and conversation with the complainant. The approach to be taken for each complaint will be decided in collaboration with the complainant, PALS Team and Service Lead to ensure the best opportunity for resolution.

Identify any associated activity: The PALS and Complaints Team will cross reference the organisations incident and safeguarding records, informing the Head of Quality of any linked activity. These links will be recorded on the complaint record on QUEST.

Investigation Outcome sent to PALS: The written investigation will be sent the Patient Liaison Team for review.

Within 25 working days

Written response drafted: A draft response will be written in conjunction with the service lead and any additional information gathered.

Meeting confirmed: If the individual has requested a resolution meeting in addition to or instead of a written response the date patient liaison team will contact the individual to confirm the date time and venue of this meeting. A choice of venue will be offered to the individual in this circumstance.

Within 30 working days

Final response approved: The response will be approved by the Deputy Director of Quality, Director of Quality and People of Chief Executive as determined by the Head of Quality.

Final Response provided: The final response will be sent to the individual concerned.

Resolution Meeting: If the individual has requested a meeting then this meeting will take place.

Learning shared: Appropriate departments should share learning opportunities identified from complaints investigations with staff in other areas whilst maintaining confidentiality of the complainant and those involved in the complaint.

Action plan logged: The owner of actions will be responsible for ensuring that any identified actions arising from a complaint are implemented. This will be monitored via the Clinical Quality Group

It is best practice and ECCH policy that the final response to the complainant (written or in person) is provided within 30 working days of receipt of the complaint. However, in exceptional circumstances this can be extended by the complaints department with the explicit agreement from the Deputy Director of Quality and in discussion with the complainant. The period of extension will be discussed with the investigator to ensure it is realistic. Please see [Appendix 3](#) for the full complaints flow chart

#### Resolution meetings

For those complaints requiring a meeting in the first instance rather than a written response, a suitable date will be negotiated by the service line with the complainant and relevant staff members. If requested by either the service or the complainant, a member of the PALS and Complaints team will also attend the meeting.

Notes of the meeting will be taken by the PALS Team (with the complainant's consent) and provided together with a written summary of the issues discussed/action to be taken.

### **7.12 Unresolved Complaints**

Where the complainant is dissatisfied with ECCH's response and further explanation is required it should be given if possible; a complainant meeting may be appropriate if this has not previously been explored. If it is not possible to assist further, the complainant can seek review by the Parliamentary and Health Services Ombudsman.

Any new concerns raised should be dealt with as a new complaint.

### **7.13 Confidentiality and Consent**

It is not necessary to obtain a patient's express consent to use his/her personal information to investigate a complaint, the exception being when contacting another organisation for comment; in such circumstances written consent should be requested and received.

If the complainant is not the patient and the complaint relates to treatment received by the patient, consent will be required. If the patient lacks capacity to consent to the complaint the complaint should be brought where possible by the patient's personal

representative in law, such as lasting power of attorney for welfare or court appointed deputy. Alternatively, the Deputy Director of Quality will confirm whether or not a person is a suitable representative or nominate an appropriate person. In any event the complaint will be investigated through the complaints process in the best interests of the patient.

Where a complaint is made on behalf of a patient who has not provided consent, care must be taken not to disclose personal health or patient-identifiable information.

Proof of identity as next of kin/personal representative will be required if the complaint is made on behalf of a deceased patient in accordance with ECCH's Subject Access Request policy.

Only those investigating the issues should access a patient's personal information.

A member of staff requested to provide a statement as part of the investigation should be given access to the relevant information, as necessary, to aid investigation.

A complaint should only be made known to those directly involved in responding to or investigating the issues raised i.e., on a "need to know" basis.

All staff must comply with the requirements of the Data Protection Act.

#### **7.14 Written accounts of events**

There are occasions when, as part of the complaint investigation, it is necessary to gather specific information from staff members and their account of the facts relating to their involvement in the sequence of events and give a useful first-hand account of the incident. This may be when, for example, the complaint is a result of the alleged behaviour of a member of staff and there is no written record of the incident.

The investigator should make arrangements to obtain these written accounts as soon as possible in the investigation process.

The purpose is to provide written accounts to assist the investigation. Any written account should be uploaded to the feedback record on QUEST

Information provided for investigation of a complaint can be disclosed to the complainant or their representative under the Data Protection Act.

If staff have any difficulty preparing a written account, they should contact their line manager or the complaints department for assistance.

If a student is involved, their university or education provider needs to be informed and/or involved.

#### **7.15 Providing A Written Response**

The investigator will meet with a member of the Quality Team to write a response, ensuring the response is in an appropriate format for the complainant, covers all points raised by the complainant, as far as possible, and identifies where, if any, changes to practice have been made as a result of the complaint. If there is a reason why a specific issue cannot be addressed this should be explained.

Where it is apparent from the response that it raises a risk of litigation, the Executive Director of Quality, Operational Director and Contracts Team should be alerted.

The draft response must be factually correct and should:

- Include an apology
- Address each of the points raised with a full explanation or give the reason(s) why it is not possible to comment on a specific matter
- Give specific details about the investigation
- Give details of action taken as a result of the complaint and what lessons have been learned
- Include details of further action the complainant can take, including an offer to meet with the service, if appropriate, and the details for the PHSO

The response will then be reviewed and approved by the Deputy Director of Quality. Following approval by the Deputy Director of Quality, the Complaints team will forward the response to the Chief Executive for review and signature.

## **7.16 Complaints Investigation & Risk Management**

The procedures for managing complaints, incidents and claims for negligence are dealt with under separate policies. However, if during the course of investigating an incident, a complaint is received, the incident procedure should take precedence in terms of investigation. If the investigation of a complaint reveals the need to take action under the organisation's Patient Safety Incident Response Plan, the investigator should inform the Deputy Director of Quality and again the incident procedure should take preference in terms of investigation. In these circumstances the complainant should be informed of the incident investigation, have the opportunity to be kept updated on progress and informed of the outcome.

It may not always be clear whether a complainant is intending to make a claim. It may be that an open approach will satisfy the complainant. A hostile or defensive reaction is more likely to encourage the complainant to seek remedy through the courts.

Complaints correspondence and accident/adverse incident reporting information will not be regarded by the courts as privileged (although there continues to be some uncertainty about the legality of a claim of privilege in respect of documents created in the course of an internal ECCH investigation into an adverse outcome). This means that all correspondence and papers generated in the course of a complaint investigation, including staff statements etc. may have to be disclosed if a claim for negligence is subsequently brought.

In line with the Data Protection Act, complaints documentation is classified as personal data. Patients are able to request copies of complaints files in the same way as they do for their health records.

If the investigation of a complaint reveals a possibility that there may have been negligence the Deputy Director of Quality & Safeguarding Lead will be informed. The existence of negligence does not prevent a full explanation being given and if appropriate, an apology. An apology is not an admission of liability.

Risk rating - assessing the seriousness of a complaint will determine the correct level of investigation required. All complaints will be given an individual initial risk rating at the initial complaint review meeting (see [Appendix 3](#)). This may need review at the end of the investigation if so, this can be completed in the final review meeting.

### **7.17 Complainants with Communication Difficulties**

ECCH will ensure that its Concerns, and Complaints Procedure is accessible to complainants and reflects NHS England's Accessible Information Standards 2015.

### **7.18 Expenses and recompense**

Reasonable travel expenses will be paid to the complainant to cover travel to and from meeting relating the complaint. In these circumstances claims should be made through the NHC5(W)scheme. All other claims should be made through the formal claims process.

### **7.19 Persistent & Unreasonable Contact & Unusual Complaints**

There are complainants who raise a number of concerns in a short space of time, repeat complaints with the same elements, or constantly bring new elements to the same complaint. This would be deemed persistent or unreasonable contact.

On such occasions the case will be referred to the Deputy Director of Quality by the PALS and Complaints team to decide whether the complainant's behaviour would be considered unreasonable, and they will be written to and advised of the action to be taken.

On occasions there will be complaints raised that have distinct differences in the way that they are handled and responded to. Such complaints include when the complainant puts limits on who may be interviewed, complainants who do not accept the findings and refuse to go to the Parliamentary Health Service Ombudsman, or complainants who contact the organisation by writing and phoning a number of people in the organisation. It is important that complainants do not feel that ECCH is placing barriers in the way that the complaint is handled, or that they feel disadvantaged in making their complaint.

### **7.20 Out Of Hours Contact Arrangements**

The PALS and Complaints team is available between 8.00am and 4.00pm, Monday to Friday. Urgent issues raised outside these hours should be directed to the appropriate Ward/Service Manager, or to the Duty on-Call Manager.

Any immediate clinical need **must** be passed to the appropriate clinician.

If the concerns do not require immediate action, as much detail as possible, including the person's contact details, should be obtained and forwarded to the complaints department by the next working day. The complainant should be informed of the action taken and given the direct telephone number for the complaints department.

### **7.21 Staff Support & Providing a written account**

It is acknowledged that being the subject of a complaint can be stressful and ECCH is committed to ensuring staff are adequately supported. All staff members who are the subject of a complaint should be sent the staff support information by the investigating officer advising them to seek support and advice from their line manager, occupational health, staff support counsellors or the Employee Assistance programme if needed.

Staff who are required to give a statement following a complaint should be supported throughout the investigation by their line manager.

- Formal and informal debriefing should be offered to all those involved in the complaint throughout any investigation by their line manager
- Information should be given on the support services available i.e., Occupational Health, Employee Assistance Programme.
- A written account should provide a written or spoken description of the events surrounding the complaint, the actions taken and rationale for actions or omissions. When investigating a complaint, it is essential that as much factual information as possible is obtained in order to respond to the complainant and any member of staff named in a complaint may be asked to give an account of their involvement. Giving an account will provide ECCH with an overview of events; ECCH will base the final response on all information received. When writing a statement, it is important to remember that although the majority of statements will go no further, it can be copied to the complainant or used as evidence in defending a legal claim.
- Staff requiring additional information should contact their line manager, complaints department or their professional organisation.

### **7.22 Learning From Complaints**

It is essential that lessons are learned and shared as a consequence of complaints. Following the final sign off of the written response, the service is required to share the actions taken/ learning from the complaint with the PALS and Complaints team who are responsible for collating this information across all service areas and reporting on actions learned. Sharing of lessons will also take place regularly within the Safety and Learning Hub, Clinical Quality Group, Patient Safety Assurance Panel and Quality Committee.

## 7.23 Success Criteria / Monitoring Effectiveness

The policy will be reviewed by the Head of Quality against updated national regulations and guidelines, including from NHS England, the Care Quality Commission, the and the PHSO on an annual basis or earlier as required.

## 8. MONITORING AND REVIEW

This document will be reviewed by the **Quality Team, Operational Associate Directors & Clinical Quality Group, Annually** or sooner if changes in legislation occur or new best practice evidence becomes available.

ECCH, via the PALS and Complaints service, will maintain a record of:

- Each concern/complaint received
- The subject matter and outcome of each concern/complaint
- Whether ECCH regards the complaint as having been well-founded
- Lessons learned and follow up actions taken.

Quality Team, Operational Associate Directors & Clinical Quality Group will be responsible for monitoring the effectiveness of the policy including:

- Ensuring the process of investigating complaints is consistent, reliable and meets national quality standards
- Reviewing trends in complaints and appropriate risk management actions
- Identification of significant risks for inclusion on ECCH's Risk Register
- Consideration of lessons which can be learned from complaints, particularly for service improvement and ensuring lessons learnt in one service line are shared across all services
- Consideration of the findings of the complainant survey which will be reported annually.

Equality and Diversity data will be collected where possible by the PALS team as required by the Department of Health. The investigator will provide such information to the complaints department, if known, about staff members involved.

The Equality Diversity and Inclusion group will receive details of any complaints relating to equality and diversity issues.

The Clinical Quality Group will be responsible for providing reports for Board, Commissioners, the Quality Account, external regulators and internal reporting purposes as required.

## 9. REFERENCES)

- Complaints Toolkit
- Patient Experience Strategy 2015-2018
- Francis Report: Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry
- (2013); <http://www.midstaffspublicinquiry.com/report>

- Mid Staffordshire NHS FT public inquiry: government response; Hard Truths <https://www.gov.uk/government/publications/mid-staffordshire-nhs-ft-publicinquirygovernment-response>

**10. ASSOCIATED POLICIES & PROCEDURES** *(To include but not limited to)*

- Patient Safety Incident Response Policy
- Incident Reporting Policy
- Standard Operating Procedure - Saying Sorry & Statutory Duty of Candour
- Safeguarding Policy
- MCA Policy
- Consent to Examination and Treatment Policy
- The Risk Management Policy & Strategy
- Confidentiality Policy
- Accessible Information Standards Policy
- Equality Diverion and Inclusion Policy

**11. AUTHOR**

Head of Quality – March 2025

## 12. APPENDICES

### Appendix 1 – Online Feedback Portal Guidance



#### Have you received a compliment or resolved a concern?

You can log this directly using the online portal.

This helps us understand the issues that are being managed on a day-to-day basis as well as celebrate the compliments you receive but we don't often hear about.

You can use this QR Code:

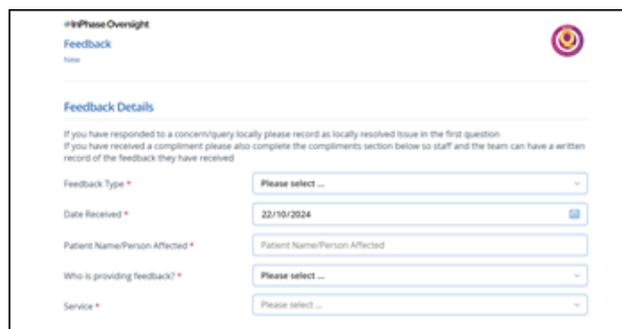
You can use this link:

[Record Feedback](#)

Feedback Type	Feedback Description
Compliments	Any unsolicited/unexpected compliment received regarding a service or individual member of staff
Feedback	This is feedback received where does not want any further response or action, but is useful to know
Locally Resolved Issue	These contacts are cases where an individual has a concern which can be resolved by the local service lead(s) within 2 working days

# Which feedback sections to complete

## All feedback needs this section to be completed



**InPhase Oversight**  
Feedback

**Feedback Details**

If you have responded to a concern/query locally please record as locally resolved issue in the first question.  
If you have received a compliment please also complete the compliments section below so staff and the team can have a written record of the feedback they have received.

Feedback Type \*

Date Received \*

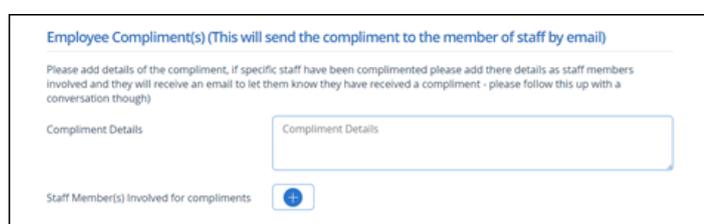
Patient Name/Person Affected \*

Who is providing feedback? \*

Service \*

This section is the only section you must complete, each question has a drop-down menu to choose from.

## Compliments can have this section to be completed



**Employee Compliment(s) (This will send the compliment to the member of staff by email)**

Please add details of the compliment, if specific staff have been complimented please add there details as staff members involved and they will receive an email to let them know they have received a compliment - please follow this up with a conversation though!

Compliment Details

Staff Member(s) Involved for compliments

This section will notify individual members of the team that they have received a compliment.

## Some feedback needs this section to be completed if you need to notify someone



**Communications**

Enter your comment and then press 'Enter' on the keyboard

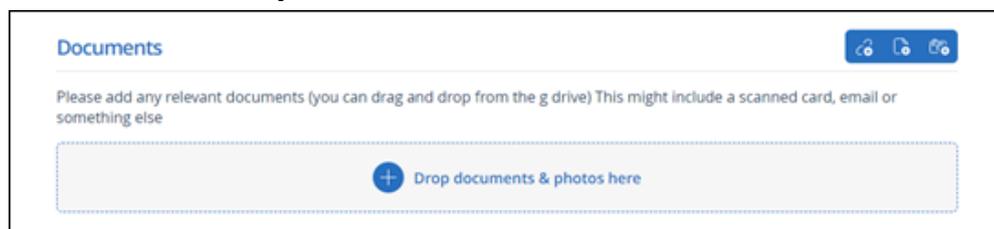
Comments and updates

Send update to

Add staff that to be notified of your update/action in the comments section above.  
Remove staff if no one needs notifying notifying by clicking on the cross by their name.

This is if you want to notify anyone of the feedback – No automatic notifications will be sent unless this is completed else you might get bombarded with even more InPhase.

## Feedback with photos or email



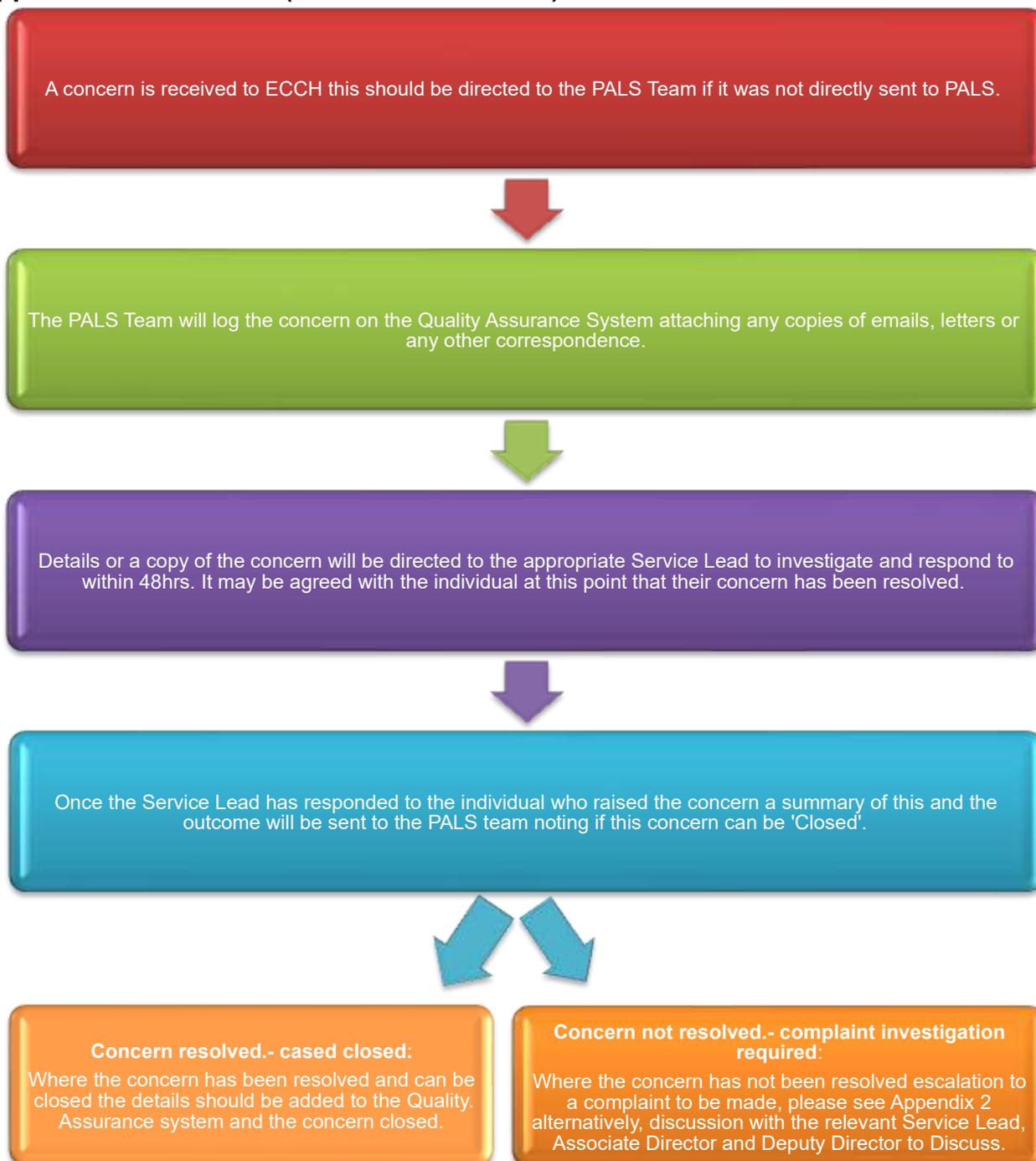
**Documents**

Please add any relevant documents (you can drag and drop from the g drive) This might include a scanned card, email or something else

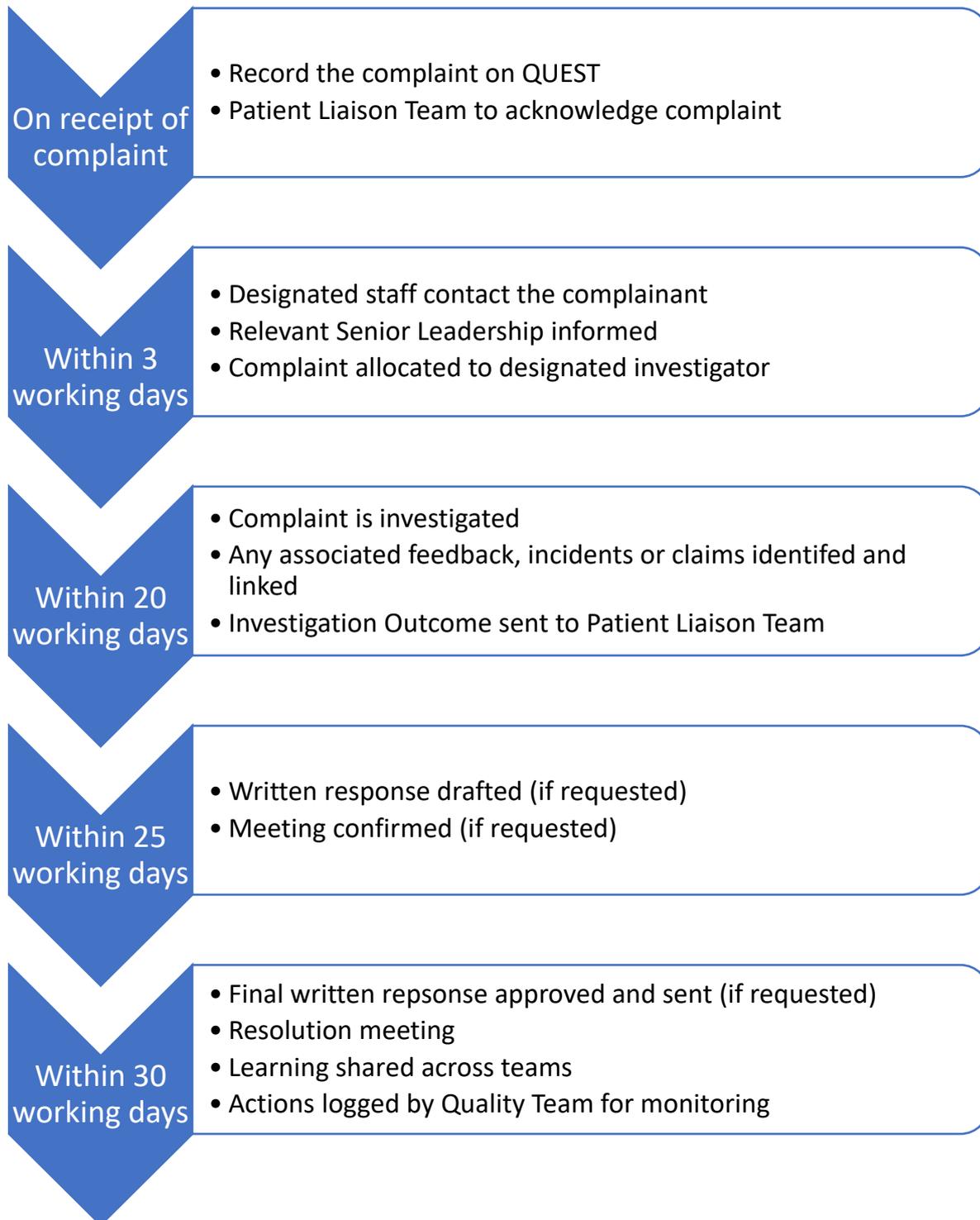
Drop documents & photos here

This section is if you have received a card, email, letter that you wish to attach – simply drag and drop

## Appendix 2 – Concerns (Issue for Resolution) Flow Chart



## Appendix 3 – Complaints Flow Chart



**Appendix 4 - Complaint Investigation Record**

**Patient Complaint  
Investigation and Outcome**

<b>Complaint Information</b>	<b>Completed by:</b> <b>Date Completed:</b>
Date received	
Date Due	
ECCH Reference	
Complainant's name	
Relationship to patient	
ECCH Service(s)	
Issue	
Patient Name	
Date of Birth	
NHS No.	
<b>Complaint Key Issues</b>	<b>Completed by:</b> <b>Date Completed:</b>
<b>Introduction</b>	<b>Completed by:</b> <b>Date Completed:</b>
<b>Chronology of Care</b>	<b>Completed by:</b> <b>Date Completed:</b>
<b>Complaint Outcome</b>	<b>Completed by:</b> <b>Date Completed:</b>
<b>Conclusion</b>	<b>Completed by:</b> <b>Date Completed:</b>
<b>Actions and Learning</b>	<b>Completed by:</b> <b>Date Completed:</b>
<b>Completed Response</b>	<b>Date Sent to Provider:</b> <b>By:</b>

No.	Issue	Detail of Action	CQC Fundamental standard	Responsibility of	Date Due	Date Completed	Source of assurance
1							
2							

Please ensure this is shared with the service lead or Team Lead before submission

Author of action plan

Job Title

Date Action plan commenced

Date Action plan completed

## Appendix 5 – Guidance on the Support of Staff Affected by Incidents, Complaints or Claims

# Fact Sheet

### Guidance on the Support of Staff for Incidents, Complaints or Claims

Adverse events, including incidents, complaints and claims often have an effect on the people who work in our teams and services. ECCH is committed to supporting staff who have been involved in traumatic or stressful events or those affected by any experience encountered in their work.

We are all different and personal reactions will vary - they may be very noticeable, long lasting or delayed and might even be more pronounced depending on the seriousness of events. However, personal reactions cannot be predicted. Proximity to the incident is not a reliable indicator as often people can feel guilty, they were not more closely involved in traumatic or stressful occurrences. Also position and status are no guarantees of protecting a person from being affected. Sometimes there can be a cumulative effect which might even result in a reaction from the most experienced members of staff.

No matter how anyone has been affected, help is available. All the support provided by the ECCH is strictly confidential unless there has been permission given for information to be shared.

### Immediate Response

Managers and Clinicians have a responsibility to ensure that initial support and debriefing for staff occurs as soon as possible after a serious incident. Managerial and clinical on-call arrangements are in place to enable this to occur irrespective of when an event happens.

Formal debriefing should be arranged for those involved as soon as possible. The aim is to help the emotional processing of traumatic events to begin and through the examination of thoughts and feelings acceptance of current events and resilience to future traumatic experience is possible.

However, there is some evidence that debriefing can be experienced as re-traumatising rather than a helpful process; consequently, whilst formal debriefing arrangements should be put in place and attendance encouraged a person's involvement is a matter of choice for an individual.

All managers are responsible for formal arranging debriefing and arranging for the effective facilitation of this process for those affected in their team. Facilitators should be 'independent' (not working closely with those affected by an event) competent and credible.

### More Options for Support Available

**Health & Wellbeing Tab on ECCHO** - <http://eccho/Home/HealthWellbeing.aspx>

**ECCH Employee Assistance Programme (EAP)** - To access the service, simply call **03303 800658** or to find the full range of services available, visit [www.vivup.co.uk](http://www.vivup.co.uk) and register

**Occupational Health** - [occhealthadmin@ecchcic.nhs.uk](mailto:occhealthadmin@ecchcic.nhs.uk)

## **Appendix 6 - PALS Contact Information**

### **Patient Liaison Team Contact Information**

**Address:** East Coast Community Healthcare CIC  
Hamilton House  
Battery Green Rd  
Lowestoft  
NR32 1DE

**Phone:** 01502 445447

**Email:** [patientliaison@ecchcic.nhs.uk](mailto:patientliaison@ecchcic.nhs.uk)

**Website:** <https://www.ecch.org/feedback/how-to-leave-us-feedback/>

## **Equality & Diversity Impact Assessment**

In reviewing this policy, the Policy Group considered, as a minimum, the following questions:

- Are the aims of this policy clear?
- Are responsibilities clearly identified?
- Has the policy been reviewed to ascertain any potential discrimination?
- Are there any specific groups impacted upon?
- Is this impact positive or negative?
- Could any impact constitute unlawful discrimination?
- Are communication proposals adequate?
- Does training need to be given? If so, is this planned?

Adverse impact has been considered for age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex, sexual orientation.

## DOCUMENT CONTROL SHEET

<b>Name of Document:</b>	Concern & Complaint Management Policy (PALS)
<b>Version:</b>	3
<b>File Location / Document Name:</b>	ECCHO
<b>Date Of This Version:</b>	04 March 2025
<b>Produced By (Designation):</b>	Quality Team
<b>Reviewed By:</b>	Clinical Quality Group
<b>Synopsis And Outcomes Of Consultation Undertaken:</b>	
<b>Synopsis And Outcomes Of Equality and Diversity Impact Assessment:</b>	No Impact
<b>Ratified By (Committee):-</b>	Quality Committee
<b>Date Ratified:</b>	10/03/2025
<b>Distribute To:</b>	ECCHO - Intranet
<b>Date Due For Review:</b>	March 2028
<b>Enquiries To:</b>	Quality Team
<b>Approved by Appropriate Group/Committee</b>	Clinical Quality Group 10 March 2025

--	--

**Version Control**

<b>Version Date</b>	<b>Version No.</b>	<b>Author/ Reviewer</b>	<b>Comments</b>
November 2022	Version 1	Quality Team	New Policy (Policy to replace the former 'Complaints, PALS and the Duty of Candour Policy' Version 8.)
March 2024	Version 2	Head of Quality	Investigator to ordinarily be senior member of relevant service. Timeframe amended to include resolution meeting. Engagement of complainant increased.
March 2025	Version 3	Head of Quality	Complaint flow chart simplified to make it more accessible Details of expenses and recompense added 12 months' timeframe for the complaint from time of event added in line with system partners Direct feedback added and guide added as Appendix Details regarding management of anonymous complaints added After Action Reviews added as an appropriate method of investigating complaints Name changed from Management of Concerns and Complaints Policy to Concern and Complaint Management Policy