



medrescue

Complaints & Compliments
Policy
Version 2
MRGP5

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Summary

The purpose of this SOP is to outline the process for handling concerns, complaints and compliments.

Scope

This policy applies to all crew, staff, and senior leadership team members. Including associates, contractors, and consultants.

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Equality Impact Assessment

Name of Policy being Assessed	Complaints, Concerns & Compliments SOP
Purpose of Policy	To outline the process of how MRG handle Complaints, Concerns and Compliments.
What consultation has been carried out in relation to this policy	Consultation has been with the clinical operations Team. On completion of policy, it will be reviewed by Policy Group with a recommendation to put out to end user consultation
Who is affected by this policy	Staff, Visitors, contractors using services and premises of Med Rescue Group.
What arrangements are in place to monitor the effect of this policy	The company will seek feedback from both staff and service end users to identify good practice, or areas where this policy needs to be amended.



Revision History

Version Number	Description	Authored	Approved By	Approved Date
0.1	Complaints, Concerns and Compliments SOP	Head of Compliance		
1	Complaints, Concerns and Compliments SOP	Head of Compliance	Policy Group	24/03/2021
1.2	Addition of statement writing guidance document	Head of Compliance	Policy Group	29/07/2021
2.0	Change to role title and re-written process for escalation	CQC Registered Manager	SLT	15/8/2022



Common Language

This list below contains frequently used terms throughout the MedRescue Group policy library and helps form a cohesive bond between all documents created by the group. This list is not exhaustive.

Term	Descriptor
Crew	Individuals engaged by the group, whether that be as PAYE, Self-Employed, or operating via a Limited Company, who work on ambulances.
Staff	All individuals who are employed by the group, who operate in a non-clinical role e.g.: resource coordinators, compliance officers, receptionist.
Senior Leadership Team	All staff who are employed by the group and who operate at a Tactical or Strategic level within the group of companies.
MRG	MedRescue Group. This includes all the companies under the umbrella of the group.
Ambulance	Any vehicle owned and operated, or leased, by the group for the purposes of conveying crew to patients, or for conveying patients to hospital.
Base	An asset of the group which operates ambulances for the purpose of conducting MRG business.
Governance Co-Ordinator	Will oversee the administration of clinical governance. In terms of this policy, it will be the administration and co-ordination of Complaints, Concerns and Compliments.



Contents

MRGP5	1
Summary	2
Scope.....	2
Document Control	2
Revision History	3
Common Language	4
1. Related Policies.....	6
2. Associated Documents	6
3. Introduction	7
4. Roles and Responsibilities	8
5. Reporting Complaints / Concerns.....	12
5. Reporting Compliments.....	15



Related Policies

Policy Number	Policy Name
MRGP4	Incident Reporting Policy

Associated Documents

Document Reference	Document Name
MRG5.a	Crew Statement Template
MRG5.b	Investigating Officers Report
MRG5.c	Compliment Template
MRG5.d	Statement Writing Guidance

Equality Statement

MRG is committed to promoting positive measures that eliminate all forms of unlawful or unfair discrimination on the grounds of age, marriage and civil partnership, disability, race, gender, religion/belief, sexual orientation, gender reassignment and pregnancy/maternity or any other basis not justified by law or relevant to the requirements of the post.

MRG is committed to promoting equality and diversity best practice both within the workforce and in any other area where it has influence. MRG will therefore take every possible step to ensure that this procedure is applied fairly to all staff regardless of the afore mentioned protected characteristics.

Where there are barriers to understanding; for example, a staff member has difficulty in reading or writing, or where English is not their first language, additional support will be put in place wherever necessary to ensure that the process to be followed is understood. This is to ensure that the staff member is not disadvantaged at any stage in the procedure.



Introduction

MRG recognises that there are occasions when things don't go to plan or when people are unhappy with the care and service provided. MRG will learn from these occasions and respond to people to address the matters they have raised with a transparent and honest approach.

The purpose of this policy is to ensure that all those involved in the complaints, concerns and Compliment's process have a clear understanding MRG expectations and requirements.

MRG recognises that there are occasions when things don't go to plan or when people are unhappy with the care and service provided. MRG will learn from these occasions and respond to people to address the matters they have raised with a transparent and honest approach.

MRG also recognise that when positive feedback is received, it is logged, and crew members are notified of positive outcomes.

The policy is based on legislation, best practice and guidance from national bodies and helps ensure that:

- There is an early distinction made between complaints and concerns
- Complaints and concerns are dealt with efficiently and to a high standard
- That Data Protection Legislation is complied with in communicating with patients (i.e. consent)
- Complaints and concerns are investigated thoroughly
- Complainants are treated with respect and courtesy
- Complainants are provided with
 - advice to help them understand the complaints procedure
 - advice on where assistance may be obtained
- Complainants are responded to timely and appropriately as agreed with the complainant
- Complainants are told of the outcome of the investigation and lessons learned
- The recurrence of mistakes through learning lessons is minimised
- Action is taken as necessary in light of the outcome of a complaint
- Staff are appropriately supported through the complaints process.

This policy and associated procedure are based on the model of the NHS Complaints Regulations 2009 and Principles of Good Complaint Handling released by the Parliamentary and Health Service Ombudsman (PHSO). This document ensures that the way in which complaints and concerns will be handled by the MRG is clear to all MRG staff. The PHSO's Principles of Good Complaint Handling will be used by the Trust as the standards to be observed in the handling of all complaints; they are summarised as follows and can be found in detail at www.ombudsman.org.uk



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

MRG recognises that patients and their representatives have a fundamental right to raise concerns about the services they receive. It is expected that staff will not treat patients, their relatives, or representatives unfairly as a result of any complaint or concern raised by them. Any complaints of unfair treatment as a result of having made a complaint will be investigated seriously and MRG processes will be followed as appropriate.

Roles and Responsibilities

The General Manager is the 'accountable officer' and has overall responsibility for the implementation of the Complaints Policy, ensuring that lessons are learnt from complaints and, where appropriate, remedial action taken. This function may be performed by any person authorised by the 'responsible body' to act on his/her behalf and periodically may be devolved to other Board Directors.

The Governance Co-ordinator will monitor all external complaints and feedback into MRG. They will assign an investigation officer where applicable and make first contact with either the individual or client. It is the Governance Co-Ordinator's role to ensure timelines of resolution are kept to and obtaining initial statements / information to pass onto the investigation officer. The Governance Co-Ordinator is to ensure that the SLT are updated on the types of complaints/feedback received, response times and actions taken/lessons learned as a result of completed investigations.

The Investigation Officer will be appointed by the Governance Co-Ordinator dependant on the risk level of complaint or feedback nature. It is the responsibility of the nominated investigator to liaise with staff concerned, as appropriate, and obtain further relevant information in relation to all elements of the complaint or feedback where necessary. The investigation office is responsible for the final preparation of responses to complaints

The Senior Leadership Team have responsibility to assist the complaints and feedback process to the satisfactory conclusion. Where necessary, to be the point of escalation where complaints/feedback cases are not resolved.

The Investigation Officer is responsible for:

- Making contact with the complainant to establish a rapport and to gather any further facts.
- Ensure that the complaint is investigated within the timescale allocated and where this is not possible inform the SLT of the reasons why.



- Ensure that the investigation completed is thorough, factual, non-judgemental and transparent.
- Submit their investigation to the central library ensuring all areas of the complaint have been addressed.
- Feedback investigation outcome and any lessons learned to the appropriate line manager and staff involved in the complaint.
- If appropriate, disseminate any identified learning across the service

All staff have a responsibility to ensure that they are familiar with this policy. Individual members of staff have a responsibility to acknowledge and respond to patients' and carers' concerns and comments, ensuring that any necessary remedial action is taken. All staff involved in a complaint will be treated fairly, openly and with dignity throughout the investigation process. Staff who have been named in the complaint will receive feedback on how the complaint was handled and resolved, with associated learning where appropriate.

Definitions

Complaint

A complaint can be defined as an expression of dissatisfaction from a patient or a member of the public and can be raised verbally or in writing. Most complainants will be very clear that they wish their complaint to be treated formally and that they require a written response which explains what happened, why it happened, what we have learnt and what action is being taken to ensure it does not happen again. Complaints can range from the clinical treatment provided, loss of dignity, attitude of staff, the driving skills of the member of staff or corporate matters, such as a breach of the Data Protection Act 1998.

Concern

A concern can be described as negative feedback but which has not been or is not required to be dealt with as a formal complaint. All concerns are logged on the central tracker and require a thorough local investigation, any lessons learned and an apology. A concern does not necessarily require a written response and can be resolved verbally where appropriate and agreed with the person raising the concern.

Compliments

A compliment can be defined as an expression of appreciation or thanks for a service received. It is important that these compliments are treated with the same importance as a concern or complaint. All letters/emails/telephone calls of appreciation are logged and sent directly to the appropriate member of staff with acknowledgement to their line manager who will ensure that the staff involved receives appropriate recognition and that a record is made on their personnel file.

Duty of Candour



MRG investigate complaints with an open and transparent response to complainants, this includes an honest reflection of where failings have been found or errors made in managing the care and treatment of a patient. When a failing or error has occurred, complainants can expect a detailed explanation of the mistake, a clear apology and information relating to lessons learned from this incident. Regulation 20 of the Health and Social Care Act 2008

Safeguarding

Where feedback relates to an allegation against members of staff, consideration is given at the point of triage by the Governance Coordinator for review.

Serious Incident

Some patient feedback may trigger the criteria for a Serious Incident, the Clinical Leadership Team assess this by following the Potential Serious Incident SOP. Where this has been recognised through the triage process the complaint or concern will be highlighted to the Clinical Leadership Team for further review.

Who can make a complaint?

A complaint or concern can be raised by:

- A patient or their representative (including a healthcare professional)
- Any person affected or likely to be affected by the action, omission, or decision of MRG during care by a member of MRG staff.
- a person acting on behalf of another person where that person:
 - has died
 - is a child or minor.
 - is unable by reason of physical or mental capacity to make the complaint themselves
 - has requested the representative to act on their behalf

Timescales for making a complaint

A complaint must be made no later than 12 months after: -

- the date on which the matter which is the subject of the complaint occurred; or
- The date on which the matter which is the subject of the complaint came to the notice of the complainant. This time limit will not apply if MRG can be reasonably satisfied that:
 - the complainant had good reasons for not making the complaint within that time limit; and



- notwithstanding the delay, it is still possible to investigate the complaint effectively and fairly.
- The decision to investigate complaints made outside the 12- month timeframe is the responsibility of the General Manager

Issues that cannot be dealt with as a Complaint

There are some instances where MRG is unable to investigate a complaint or is not required to investigate a complaint:

- Verbal complaint resolved within 24 hours
- A comment or concern
- From an employee in relation to their employment, past or present
- Previously investigated by MRG, the relevant Trust or the Parliamentary and Health Service Ombudsman
- During any Police investigation of a criminal matter
- Exceeding the time limit of 12 months for raising a complaint.
- Staff making complaints about other staff. Whilst the above list is not reportable this does not mean that the issues raised should not be considered as a concern or dealt with through other policies.

What the complainant can expect?

A complainant will receive an acknowledgement of the matter raised confirming the details of the issues. They will also be kept informed throughout the complaints process and updated where a delay in the investigation has occurred. The complainant shall receive a final response by whatever means has been agreed with them.

The response will include:

- an apology
- how the complaint was considered
- details of the open and transparent investigation process that has taken place
- the conclusions and outcomes reached
- details of remedial action taken or planned, and lessons learnt
- confirmation that the action will address the issues raised



- Reference to the Parliamentary and Health Service Ombudsman
- Information to be provided in an accessible way for complainants with additional needs or sensory impairment.

Multi organisational complaints

In cases where a complaint is received which also concerns services provided by another organisation, agency or provider, MRG will seek consent to forward any correspondence / information received to the other relevant organisation(s). MRG will be responsible for facilitating an appropriate response to this type of complaint.

MRG will work to:

- Agree a lead organisation.
- Agree who will answer which parts of the complaint
- Agree who will be the central contact point for the complainant Data must be shared via secure means, every effort should be made to resolve the complaint in a cooperative manner, with a coordinated response sent to the complainant unless specifically requested otherwise. Time limits for responding to multi-agency complaints will be in line with the timescale requirements of this policy. Where other organisations leading on a multi-agency complaint stipulate an alternative timeframe to that set out in this policy, every effort will be made to support that organisation to ensure a timely response for the complainant.

Reporting Complaints / Concerns

Complaints or concerns can be made in the following ways:

Email: feedback@medrescuegroup.com

Website: www.medrescuegroup.com/patient-experience

Tel: 03302235138

The Governance Co-Ordinator will monitor this inbox for all correspondence.

Any complaint/concern is acknowledged within 3 working days of receipt.

In the first instance, the complaint or concern (if clinical) will be sent to a clinician to assess the severity.

The Governance Co-ordinator will log, time stamp and distinguish the level of severity of the complaint/concern. See Clinical and Operational Incident: Reporting, Investigation and Escalation Policy and Process.



An Investigating officer (IO) will be assigned to the case. This will be dependent on whether the concern is clinical or operational.

The Governance Co-Ordinator will request statements from crew members (if necessary) to record a crew member's account of the facts relating to their involvement in the sequence of events and give a useful first-hand account of the incident. Crew members will be sent the Crew Statement Template (Ref. MRG5.a) and Statement Writing Guidance (MRG5.4) to facilitate this.

The Governance Co-Ordinator will collate information to be forwarded to the IO.

The IO will detail a report (investigating officers report Ref.MRG5.b) and administer any learning from that reporting process. See Clinical and Operational Incident: Reporting, Investigation and Escalation Policy and Process.

A final response will be provided to the complainant within 28 days unless there are complex or external factors that prevent the response within that timeframe.

The Governance Co-Ordinator will create a secure file containing the initial complaint/concern, statements and investigating officers report along with any further documents or correspondence from the client that is provided.

Triaging and Grading Complaints or Concerns

On receipt of a concern/ complaint, an informal risk assessment is undertaken by the Governance Coordinator to establish its potential severity and screen for harm (Appendix 3 Risk Grading). Concerns and complaints are graded according to the four-tier complexity framework (Appendix 2). A discussion will take place with the complainant to set timescales and expectations individual to their complaint or concern.

Timescale Guide	Within 25 working days	Within 25 working days	To be agreed with complainant	To be agreed with complainant
Complexity	Single area involved/single simple question	Multiple questions or concerns raised	Including another organisation with multiple questions from complainant	Multiple organisations/multiple or complex questions from complainant

MRG understands that each and every patient contact is individual to the person reporting feedback. The Governance Coordinator will maintain continuous communication at a frequency agreed with the complainant to ensure they are kept up to date with progress. During this triage process, the file will also be reviewed as:

- Potential Serious Incident and forwarded to the Senior Leadership Team,
- Data or confidentiality breach and forwarded to the Workforce Manager,



- Potential Claim and forwarded to the Board,
- Safeguarding concern and forwarded to the Safeguarding Lead with a Safeguarding referral made where appropriate.

Consent

The principle adopted by this policy is to work in accordance with the current data protection regulations and the Caldicott Principles. Consent is required from the patient, their parent/legal guardian or person holding Lasting Power of Attorney, for the outcome of any investigation to be released to a third person. If it is not possible to gain formal consent, for instance the patient's condition is such it would be inappropriate to seek it, this will be agreed by the Caldicott Guardian. If consent is not received, MRG has the right to stop the investigation process and close the complaint or concern. MRG has the right to decide to continue with an investigation where lessons may be learned. Where MRG can provide limited information without breaching any confidentiality, this may be shared with the complainant at the discretion of the Caldicott Guardian. Where a complaint be made via a Member of Parliament (MP) on behalf of a constituent and a letter from the constituent is enclosed then consent is implied. Where there is no letter from the constituent or the complaint is raised by a third person, consent must be obtained. Where a representative makes a complaint on behalf of a child (under 16 years), MRG must not consider the complaint unless it is satisfied that there are reasonable grounds for the complaint being made by a representative instead of the child. If MRG is not satisfied, MRG must notify the representative in writing, stating the reason for its decision. Consent may be a sensitive issue and MRG wishes to avoid giving complainants the impression that it is trying to avoid investigating their legitimate concerns. Where consent is requested and is not provided within 25 working days the complaint or concern shall be considered closed.

Confidentiality

All recorded information will be treated as confidential and in accordance with the current data protections regulations, and the Caldicott Guardian principles.

Legal Action or Criminal Proceedings

All letters which state that legal action is being taken, or that include a claim for compensation, shall be forwarded immediately to the Board. This must not delay the statutory obligation to acknowledge the complaint within 3 working days. The General Manager will where necessary, work with the Board and MRG's solicitors regarding any further action required. The complaint will still be investigated and resolved as per this Policy. All correspondence and actions must be passed to the Board for advice and action. Where criminal proceedings are likely and the police are conducting an investigation into the complaint, the Board will seek guidance from MRG's retained solicitors in order to determine whether progressing with the complaint might prejudice any criminal proceedings. In this instance it is the right of MRG to pause the complaints process until deemed appropriate to continue at which point the complaint will be re-opened for investigation by MRG.



Learning from Feedback

One Complaint, One Response: MRG will follow the Local Government and Social Care Ombudsman best practice and where Service User are receiving services for more than one organisation, we will ensure they can make a complaint to anyone and be provided with a single response following a joint investigation.

MRG recognises the value of learning from feedback so that there is continuous learning to improve the quality of service provided to patients and the public. Where appropriate, action plans will be developed, and lessons learned disseminated based on recommendations as part of the investigation outcomes. These recommendations will highlight actions to be taken forwards such as service developments, training requirements, procurement, awareness raising and address arrangements for shared learning appropriate with the complaint or feedback (what is to be shared and with whom). Learning from feedback should also give consideration to the review of relevant policies and procedures where appropriate. Action plans will detail who is responsible for implementing each action and the timescale in which they are to be implemented and be shared initially with the complainant.

Equality, Diversity and Human Rights

In handling and responding to complaints, complainants will be treated fairly with equal opportunities to make their view known. Fairness requires all those who complain to be treated as individuals, with dignity, respect and compassion. Where reasonable adjustments are appropriate to enable equitable access, these will be facilitated. Regardless of people's differences, everyone who complains has the right not to be discriminated against. MRG is committed to pro-diversity and anti-discriminatory practice.

Reporting Compliments

When positive feedback is provided to the group, details are communicated to the governance email - governance@medrescuegroup.com.

The Governance Co-Ordinator will log the feedback, and send a compliment letter to any crew member (where necessary) using the Compliment Template (Ref.MRG5.c)

This compliment letter will be held on the crew members personnel file and a PDF copy will be kept within the governance secure folder as evidence of compliments provided to staff.



Unresolved Complaints

If a complainant is unhappy with the response provided by MRG, the complaint may be referred to external bodies that can support or will need to be informed of unresolved complaints:

1. The Local Government and Social Care Ombudsman (for those Service Users that are funded by local authority-funded social services care or self-funded) Individuals have the right to raise their complaint to the Local Government and Social Care Ombudsman. This is a free service and individuals can contact their Local Government and Social Care Ombudsman via:

The Local Government and Social Care Ombudsman PO Box 4771 Coventry CV4 0EH

Tel: 0300 061 0614

Email: advice@lgo.org.uk Website: <https://www.lgo.org.uk/>

Complaint form: <https://www.lgo.org.uk/complaint-form> Individuals should be advised that the Local Government and Social Care Ombudsman will not investigate the complaint until the provider has had the opportunity to respond and resolve the matter in the first instance.

2. Parliamentary and Health Service Ombudsman (For Service User that are NHS funded) Individuals have the right to raise a concern about a service that is NHS funded. This is a free service and individuals can contact via:

Telephone 0345 0154033

Email phso.enquiries@ombudsman.org.uk

Website www.ombudsman.org.uk

Address Parliamentary and Health Service Ombudsman, Millbank Tower, Millbank, London, SW1P 4QP.

MRG can also signpost individuals to Healthwatch and the local independent complaints advocacy services (ICAS).

3. Care Quality Commission is registered with and regulated by the Care Quality Commission (CQC). The CQC cannot get involved in individual complaints about providers but is happy to receive information about services at any time. Individuals can contact the CQC at:

Website: www.cqc.org.uk

Email: enquiries@cqc.org.uk

Address: Care Quality Commission (CQC) National Correspondence, Citygate, Gallowgate Newcastle upon Tyne NE14PA

Tel: 03000 616161

Fax: 03000 616171



4. Clinical Commissioning Groups - Individuals can make a complaint about a health service they are receiving or have received and can discuss this with the commissioner of the service. Local contact details can be located via: [http:// www.england.nhs.uk/ccg-details/#ccg-e](http://www.england.nhs.uk/ccg-details/#ccg-e)

5. Local Authority Complaints Teams - Individuals have the right to raise concerns and complaints about adult social care regardless of whether or not they pay for their own Care or if the Council funds it. Individuals can make a complaint about organisations who provide services on the Council's behalf.

6. Professional Bodies - If a complaint involves the serious misconduct of a healthcare professional, their relevant professional body can be informed and this is determined on an individual case basis in discussion with the Registered Manager. For any external bodies managing complaints will work with the external body providing information as requested within any agreed timescales expected.

Relevant Legislation

- Compensations Act 2006
- The Care Act 2014
- The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014
- Human Rights Act 1998
- The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009
- Mental Capacity Act 2005
- Mental Capacity Act Code of Practice
- Data Protection Act 2018
- Legislation.gov.uk, (2009), The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009.
- Parliamentary and health service ombudsman, (2017), What to do before you come to us.
- Local Government and Social Care Ombudsman, (2018), Single Complaints Statement.
- NICE, (2018), Decision-making and mental capacity - Guidelines NG108.
- Competition and Markets Authority (CMA), (2018), UK care home providers for older people advice on consumer law.
- Local Government and Social Care Ombudsman, (2018), Adult social care guides launched to help providers deal with complaints better.

Appendix 1 – Feedback Procedure



Making a Suggestion

Often people feel more comfortable suggesting improvements than complaining formally. Suggestions can be made by anyone receiving services, or their friends/family. To make a suggestion you can:

- Speak to the Duty Operations Manager or their Deputy
- Utilise available comments or suggestion boxes if you would rather make your suggestion that way
- If the suggestion is something that as a company needs to consider you can send it to:

Email: feedback@medrescuegroup.com

Website: www.medrescuegroup.com/patient-experience

Tel: 03302235138

Making a Complaint

We aim to handle complaints quickly, effectively and in a fair and honest way. We take all complaints seriously and use valuable information from investigating to help us improve the service we provide. We treat all complaints in confidence. assures Service Users and their families that it will not withdraw or reduce services because someone makes a complaint in good faith.

You can complain:

- In person
- By telephone
- Through a member of our staff
- Through an advocate or representative Where someone complains verbally we will make a written record and provide a copy of it within 3 working days
- By letter
- By email

Anonymous Complaints



We deal with anonymous complaints under the same procedure. However, it should be noted, if you provide contact details, we can update you on the outcome of our investigation