



Complaints Policy

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1 Version Control

Version	Date	Changed by	Comments on Change
Version 1	20 Jul 16	Steve Harriss	Document Created – Version 1
2	23 October 17	Sara Sloper	Document Amended
3	01 Nov 17	Sara Sloper	Document Amended
4	15 October 19	Clive Anthony	Document amended by updating stage process for complaints
5	20 July 21	Hilary Humphrey	Document amended for Data Protection changes.
5	23 Feb 23	Clive Palumbo	Review with minor changes

2 Introduction

Team Medic is committed to ensuring that those who use its services are readily able to access information about how to make a complaint and that the issues raised are dealt with promptly and fairly. Our services include:

- Patient Transport Services
- Event Medical Cover
- Covid Testing
- First Aid and Pre-hospital skills training
- Emergency Care

We aim to provide a complaints service that meets the needs and objectives of the complainant, whilst at the same time complying with the requirements set out within this policy.

We recognise that the information derived from complaints provides an important source of data to help make improvements in our services. Complaints can act as an early warning of failings in systems and processes which need to be addressed.

We make sure that people who make complaints about our services will not be adversely affected because they have complained. Complaints correspondence is stored and recorded separately from healthcare records.

Team Medic serves a diverse population. We are committed to providing a complaints service to all regardless of their racial or cultural background, gender or sexual orientation, religion or disability.

3 Scope

This policy relates to all complaints received from service users or their representatives.. All formal patient complaints, however received, should be managed as set out in this policy. Complaints from staff are dealt with under the relevant Human Resources policies.

4 Definitions

Within this policy the term **formal complaint** refers to any written complaint received from a patient, representative of the patient or service user. Under the NHS Complaints Regulations on receipt of any written complaint from a patient the Company is required to follow the process set out in this document.

A **verbal complaint** may be treated as a formal complaint if on discussion with the complainant that they would like their concerns to be treated formally. In this case a detailed written record must be made by the recipient of the complaint and sent to the complainant with an invitation for it to be signed for accuracy and returned to the Complaints Manager. Any service user wishing to raise informal complaints can speak directly to any member of staff or can be directed to a senior manager within the company.

5 Duties & Responsibilities

5.1 Managing Director

- The Managing Director is accountable for ensuring that the company's Complaints meets the statutory requirements set out in National Health Service (Complaints) Regulations 2009. They will also ensure that senior staff provide the necessary leadership, training and support to those dealing with complaints.
- All written responses to formal complaints must be signed by a Director (or by his/ her nominated deputy, in his/ her absence).
- Ensure that formal complaints are appropriately investigated within the timescales and guidelines specified in this document.
- Ensure that the outcomes of investigations are conveyed clearly and promptly.
- Further escalation of the complaint after initial investigation completed via complaints officer is the responsibility of the MD.

5.2 Complaints Manager

The responsibilities of this role are as follows:

- Receive and manage all formal complaints in accordance with this policy and procedure and within timescales set out in this policy.
- Manage the complaints handling process within the Company
- Ensure that the Managing Director is made aware of any actual or potential issues arising from complaints that could put the company at risk, including potential legal claims.
- Ensure that formal complaints are appropriately investigated within the timescales and guidelines specified in this document.
- Where appropriate develop action plans to address shortcomings in services.
- Monitor the effective implementation of action plans.
- Raise any issues related to an inability to complete the complaints process in line with this document with the Managing Director, who will advise on issues as they arise.
- Ensure that the Director is made aware of any actual or potential issues arising from complaints that could put the Company at risk, including potential legal claims.

- Ensure that members of staff against whom complaints have been made are appropriately supported throughout the investigation.
- Ensure that information about the complaints procedure is available to patients and anyone else who requests it.
- Inform members of staff about complaints received about them.
- Draft responses to complaints to ensure they meet the standards expected.

6 Procedures

6.1 Aim of Local resolution

The main objective of local resolution is to ensure that complaints are dealt with promptly and satisfactorily by ensuring that Team Medic:

- Investigates each complaint thoroughly
- Identifies any lessons to be learnt
- Ensures that appropriate remedial actions are taken
- Communicates effectively with the complainant and resolves the matter to the satisfaction of the complainant.

6.2 Verbal Complaints

Wherever possible complaints and concerns should be dealt with at the time they arise by the appropriate clinician and/or departmental manager and/or director.

6.3 Formal Complaints

People wishing to make formal complaints should be advised to put their concerns in writing and address them to the Complaints Manager. If a formal complaint is made orally to the Complaints Manager or other member of staff, a written record detailing the issues of concern should be prepared by the member of staff who has spoken to the complainant. This should then be forwarded to the complainant asking them to confirm that the issues of concern have been correctly understood and to sign the written record.

6.4 Time Limit for Making a Formal Complaint

A complaint should be made within twelve months of the time of incidents.

6.5 Who May Complain

A complaint may be made by a patient, a person acting on behalf of a patient, any service user, or anyone who has been affected by any action/omission/decision of Team Medic. Where a complainant is acting on behalf of a patient, written consent must be obtained from the patient before a response can be sent. Where the patient is a child without capacity, a complaint may be made by the parent or guardian. Where the patient has died, the complaint may be made by the named next of kin or by a person nominated by the named next of kin. In other circumstances where the complainant may have difficulty complaining on their own behalf or have other requirements e.g. vulnerable children and adults, or people with mental health difficulties, the Chief Executive will review each situation in light of current legal requirements and good practice guidance from the Department of Health and offer help and support to a complainant as appropriate.

6.6 Handling a Complaint

On receipt of a formal complaint the Complaints Manager will:

- Acknowledge a written complaint within three working days of receipt, enclose complaints leaflet, or give a brief indication of the process and the anticipated time for response.

- Send a copy of the complaint to the relevant Complaint Manager or service lead asking them to advise on the most appropriate way of resolving the complaint, e.g. by a meeting, telephone call or investigation and formal letter.
- Complaints manager will delegate or provide a report on the concerns raised by the complainant.
- Upon receipt of the advice from the department, send a letter to the complainant on behalf of the Company with either an offer of a meeting or telephone conversation with relevant staff in the department, or confirmation that a formal investigation is underway (again indicating anticipated time for response).
- Record the details of the complaint onto the company's complaints register.
- Advise the Board of Directors of any complaints that may have legal implications.
- Monitor the agreed time scale for response to a complaint
- If the Directorate decides to resolve the complaint by way of a formal letter of response to the complainant, draft a written response for the Board of Directors to consider alongside the information received from the relevant Clinical Director or Service Lead. This may be in the form of a letter or an investigation report together with a covering letter.
- Include in the response details of any action, which is being taken to implement changes in practice and procedure identified as a result of the complaint.
- Ensure final letters of response or investigation reports are sent to the appropriate staff for approval of the content before being sent to the complainant.
- Send approved final response to complainant within agreed set timescale. If the final response will be delayed inform complainant in writing.
- Ensure copies of the response to the complaint are sent to the relevant staff.
- Be responsible for maintaining secure and accurate records of each complaint.
- Monitor complaints which are reopened to identify whether the initial investigation and response was appropriate or whether new issues have been raised.

6.7 Action Plans

Where the investigation of a complaint identifies the need to make changes in practice and systems, it is important that all remedial measures are clearly documented, acted upon and monitored. When staff are asked to provide accounts during an investigation they should be asked to provide details of any action or procedural change which may be made as a direct result of the complaint. The relevant director will be responsible for agreeing any procedural changes and the development of action plans in conjunction with the Board of Directors if the plan is relevant to more than one directorate and for monitoring adherence to them and their effectiveness. Action plans should be developed after the completion of the investigation into the complaint

When a complaint involves care provided by several organisations, the Complaints Manager will liaise with those organisations to identify the most appropriate handling process for the investigation and who will lead on co-ordinating the complaint.

6.8 Details of Complaints which Warrant Professional Disciplinary or

Criminal Investigation

Complaints such as professional misconduct, poor performance, theft, assault, wilful negligence or abuse will be passed to Director of Human Resources and Board of Directors for consideration and possible action.

6.9 Complaints about Members of Staff

Where complaints are expressed against a member of staff, the following process should be followed (except where professional, disciplinary or criminal investigation is warranted). When a complaint is received regarding a member of staff, information should be obtained from the member of staff via interview or statement. The member of staff's line manager will then be asked to review this. Following review by the line manager, action such as counselling, supervision or training should be initiated by the line manager as appropriate.

6.11 Complaints Involving Other Organisations

Where a complaint is received which involves a local healthcare partner, wherever possible a joint investigation should be carried out with the permission of the complainant. The Complaints Manager dealing with the complaint should contact the partner organisation when the complaint is received. Agreement should be reached on who will prepare the joint response and the complainant advised accordingly.

6.12 Complaints received via the media

Team Medic will not enter into correspondence with complainants via the media. People who get in touch with the local press to complain about the care they or their relatives have received should be advised to contact the complaints department if they wish to pursue a formal complaint against the company.

The Complaints Manager will work with the communications department to prepare statements on specific issues where this is considered to be appropriate.

6.13 What cannot be investigated as a formal complaint

The formal complaints process will be suspended if:

- The complainant expresses an intention to pursue a legal claim against the Company
- The complaint concerns a member of staff who is, or may be, subject to disciplinary proceedings relating to the issue raised in the complaint.

In either of the above circumstances, the complainant will be notified in writing that the complaints procedure has been suspended and that the matter is being dealt with in accordance with medico-legal or human resources policies and procedures. There will be ongoing liaison with the complainant where appropriate.

Performance standards for stage 1

Team Medic has set the following performance standards:

- Formal complaints must be acknowledged by the complaints department on the first working day of the complaint manager after receipt of the complaint (usually within 3 days) If this is not achieved then an explanation for the delay should be included on the complaints file.
- Team Medic target timescale for responding to formal complaints is **twenty** working days, unless the matter is complex, (e.g involves other organisations) in which case the target time will be agreed with the complainant.

Team Medic recognises that it is not always possible to achieve this particularly where a complaint is complex. However, it is the responsibility of the company to ensure that timescales set out in this procedure are adhered to wherever possible.

Handling of persistent complainants

Persistent or habitual complainants can cause significant problems for the organisation both in terms of staff time and emotional stress. Such complainants tend to make frequent complaints but each one is distinct. The amount of time taken to investigate each issue should be determined by the seriousness of the issue and not by the type of complainant. Therefore, in some instances, only a brief response may be required whilst in others a more detailed explanation will be needed.

At the same time the company has a duty to protect staff against outright abuse of their person or time and it is necessary to identify unreasonably persistent complainants and to have in place a procedure for dealing with this.

A persistent or habitual complainant may meet one or more of the following criteria:

- Is in frequent contact with the complaints department, sometimes making daily contact.
- Will contact the department by telephone or in person despite having been given a date for a meeting or advised of the timescale for a written response.
- Is aggressive or abusive towards staff.
- Is adamant their concerns have not been addressed despite having received detailed responses.
- Having received a response contacts the complaints department immediately with a new set of questions or presents the original problem in a different way.
- Changes the complaint or what they want to achieve part-way through the process.
- Dictates who they will speak to and/or meet with.
- Seeks an unrealistic outcome and expresses an intention to pursue the complaint until that is achieved.

A complainant may meet some or all of the above criteria; the final decision about what action to take will rest with the Board of Directors. In all cases where a complainant is classified as being 'unreasonably persistent' a letter will be sent to them explaining why it is believed that their behaviour falls into that category and what action the Company is taking. The options are most likely to be:

- Requesting that they contact Team Medic in a particular form (e.g. by letter only).
- Requesting that they make contact with one particular named person.
- Restricting their telephone calls to specific days and times and/or
- Asking them to enter into an agreement about their future behaviour.

Where the complainant fails to comply with the above and continues to behave in a way which is unreasonable, the company may decide to terminate further contact with the complainant. The complainant will be advised of this in writing by the Managing Director. Any further correspondence which is received will be read but not acknowledged unless there are new issues of concern.

New complaints received from people who have been dealt with under the persistent complainants policy will be assessed by the Complaints Manager and dealt with as considered to be appropriate.

7 Process for monitoring compliance with this Procedure

The complaints manager will provide a quarterly report Board of Directors detailing the progress of management for any complaint received in the year (and any open complaints from the previous year). The report will show compliance with the complaints process by indicating the identification of the lead for preparing a response and timeliness of response. It will detail any lessons learned and any actions taken or planned in response to the complaint.

The Complaints Manager will report assurance of compliance with the procedure to the Board of Directors, and refer any matters arising from complaints to the Board of Directors for action if required. Monitoring of changes agrees as a result of feedback from complaints will be monitored by the Complaints Manager.

9 References

- The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 http://www.opsi.gov.uk/si/si2009/uksi_20090309_en_1
- Department of Health (2009) Listening responding and improving health care http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_095408
- National Patient Safety Agency. (2005). [Patient Briefing - Saying Sorry When Things Go Wrong.](#), National Patient Safety Agency.
- National Patient Safety Agency. (2005). [Being Open Communicating Patient Safety Incidents with Patients and Their Carers.](#) National Patient Safety Agency.
- [The Data Protection Act 2018](#) Office of Public Sector Information. Available at: www.opsi.gov.uk
- [Freedom of Information Act 2000](#) Office of Public Sector Information. Available at: www.opsi.gov.uk

Appendix A : Process for handling formal complaints

Process for Handling Formal Complaints:
(*target timetable*)

Day 1

Receipt of complaint

First working day of complaints manager, after receipt of complaint

Complaints manager **acknowledges receipt** and advises complainant of process and Timescale

First working day of complaints manager, after receipt of complaint

Complaints manager logs complaint; by placing of complaints register

By day 20

Complaints investigation completed*

Complaints manager formulates Reports to be signed off by MD.

*If report/statement(s) is not available, the appropriate Director is advised so that they can chase the response

Day 22-24

Final revision of response

If there is an unavoidable delay so that the response cannot be completed within 25 days, the complaints manager will contact the complainant to inform them of the expected timescale with a **holding letter**

By day 25

Finally approved letter signed by MD and posted to the complainant

Appendix B : Guidelines for staff on preparing a report

Guidelines for staff on preparing a report for an internal investigation or in response to a complaint, legal claim or other formal investigation

You may be required to prepare a factual account of your involvement in the care of a patient for a variety of purposes. These can be:

- As part of an internal investigation, following an incident
- In response to a letter of complaint
- In response to an indication that a patient or relative is considering legal action against the Company
- In response to a request from a patient or patient's advisor in relation to a third party matter.

- In all cases there are some basic principles that should be followed:
 - a report (or indeed a letter or email) once signed and 'on the record' is difficult to retract
 - Such a report does not form part of the clinical records however, the patient usually has the right to see a copy under the Data Protection Act. 1998
 - The granting of 'legal professional privilege' (ie preventing the patient from obtaining a copy of a report) is only possible once there is a clear indication that a patient/relative is suing and the 'primary purpose of such a report is in support of a defence of a case.
 - Following an adverse event or a serious complaint, there will now be an expectation that a report will be prepared and therefore such reports are likely to be seen by the patient on request.

Therefore the following guidelines should be adopted whenever you are called to write a report:

1. Do not write in haste or from memory. Ensure that you have the available factual evidence to hand (i.e. clinical notes/other records relating to the patient)

2. Start your report in the following way *I am Dr/Ms/Mr/Mrs.....(full name). I hold the qualifications of I am currently in the post of, a post that I have been in since.....* If you are not still in the post that you held at the time of the event provide details of that post and your role on the day in question , *e.g. Ambulance Driver* If you are a trainee/recently qualified briefly describe the relevant experience that you had had up to the event.

3. Consider carefully what you write, stick to the facts of which you are certain, and do not stray into areas of practice that are outside your area of expertise

4. Account for your actions. Think of the report as relating your thought processes, -why you wrote what you did, how did you arrive at your diagnosis and treatment plan. Do not simply regurgitate the clinical record.

5. Do not be afraid to be over detailed. If it is fact then it can only help

6. If, in the clinical record, you used any acronyms or diagrams explain them.

7. If you genuinely cannot remember the particular patient/episode of care then it is acceptable to state this, e.g., "I only have a hazy recollection of this patient/this event, and therefore I am making this record from the records that were made by me and colleagues at the time and my usual practice. Be clear in such situations to state whether you are interpreting the records without direct memory or just stating your usual practice.

Keep it factual

Concentrate on what was done, by whom. Do not stray into what might have happened

Do not record opinions in such an account. Usually at the early stages of an investigatory process your opinions as to what went wrong are best kept to yourself, or discussed verbally with the investigation when your factual account is complete

If you are inexperienced at preparing such a report seek advice from the Complaints Manager, who may access legal advice on your behalf if required. Present the Complaints Manager with a draft and do not sign it until you have obtained advice. When the final version is complete, destroy drafts, or they may become part of the legal documentation. (Drafts, if not destroyed can be requested as disclosable documents).