

## Complaints Policy and Procedure

26/03/2025

### Version History

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26/03/2023	New Policy	Will Price	Adam Wiles	V1.0
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## **1 Introduction**

Western Medical Services is committed to providing high quality care and treatment to people in our communities through the delivery of safe, effective and person-centered care. We understand, however, that sometimes things can go wrong. If you are dissatisfied with something we have done, or have not done, please notify us following the complaints guide detailed in this Policy.

## **2 Policy Statement**

**2.1** This policy clarifies the process, lines of responsibility and means of support for handling complaints across Western Medical Services. The Policy reflects how Western Medical Services will manage comments, suggestions, queries and complaints. It describes a process that includes a thorough investigation, which understands the root cause of the issue and the context of which it happened.

**2.2** Everyone can expect to be treated fairly and equally regardless of age, disability, race, culture, nationality and sexual orientation. WMS staff must also ensure that people and their carers are not discriminated against when a complaint is made and that their ongoing care/treatment will be unaffected. Complaints records must be kept separate from clinical records.

**2.3** It is of the Policy of Western Medical Services that complaints from patients, their representatives or the public, will be dealt with as quickly as possible, with due regard to the respect and dignity of the complainant. Western Medical Services will ensure complaints are dealt with thoroughly and honestly, enabling us to learn from complaints in order to improve services and, where warranted, to ensure that the concerns of the complainant are satisfied.

**2.4** Any staff wishing to raise a complaint will fall outside of this Policy. Staff Members will be supported through this process and should refer to the Incident Reporting Policy.

## **3 Definitions**

### **3.1 Complaint**

Western Medical Services regards a complaint as any expression of dissatisfaction about our action or lack of action, or about our standard of service provided by us or on your behalf.

### **3.2 The Independent Complaints Advocacy Service (ISCAS)**

ISCAS can help individuals make a complaint or express a concern about Western Medical Services. Staff at ISCAS can support individuals if they wish to make a complaint and give advice about using the complaints process. They can also write letters on the individual's behalf and attend meetings.

### **3.3 Informal Complaints Process**

An informal complaint will be investigated in line with this Policy and fed back to the complainant in writing, by telephone or face to face meeting. All final resolution letters are signed by the appropriate manager.

### **3.4 Formal Complaints Process**

A Formal complaint will be investigated fully in line with this Policy and fed back to the complainant in writing, by telephone or face to face meeting. All final resolution letters are signed by the Nominated Director.

## **4 Objective**

**4.1** To ensure that complaints are dealt with efficiency, fairly and in a timely manner in line with the 25 working days timeline or otherwise agreed timeframe. The complainant will be presented with all possible options for pursuing the complaint and the help available to them via the Patient Advice Team.

**4.2** Where the standard of care is believed to be unsatisfactory by a patient or relative, complaints will be seen as an opportunity to review and improve service delivery.

## **5 Guidelines**

### **5.1 Persons who may make complaints.**

**5.1.1** A complaint may be made by:

- A Patient or their representative
- Any person who is affected by or likely to be affected by the action, commission or decision of the complaint.

**5.1.2** A complaint may be made by a person acting on behalf of a person in any case where that person:

- Has died.
- Is a child or minor
- Is unable by reason of physical or mental incapacity to make the complaint themselves.

**5.2** In the case of a patient or person affected who has died or who is incapable, the representative must be a relative or other person who, provides written confirmation to the Patient Advice Team. The Patient Advice Team should ensure that they have a sufficient interest in the patient's welfare and is a suitable person to act as representative.

**5.3** The Patient Advice Team, in discussion with the Director determine whether the complainant has 'sufficient interest' in the deceased or incapable person's welfare to be suitable to act as a representative. The question of whether a complainant is suitable to represent a patient depends, in particular, on the need to respect the confidentiality of the patient.

**5.4** If the Head of Patient Experience has evidence to believe that a representative does not have a sufficient interest in the person's welfare or is unsuitable to act as a representative, they must notify that person in writing, stating the reasons. The complaint would be put on hold until sufficient information to act as a representative is provided. If sufficient information is not provided within 25 working days, the case will be closed.

**5.5** In the case of a child (below 18yrs), the representative must be a parent, guardian or other adult person who has care of the child and where the child is in the care of a local authority or a voluntary organisation, the representative must be a person authorised by the local authority or the voluntary organisation.

**5.6** Where the complainant has stated in writing that he intends to take legal action discussions will take place with the police to determine whether progressing the complaint might prejudice subsequent legal or judicial action. If so, the complaint will be put on hold, and the complainant will be advised of this fact. If not, an investigation into the complaint should continue.

## **6 Complaint Management**

**6.1** Often patients, carers, their representatives or other members of the public complain directly to ambulance crews regarding aspects such as patient care, and/or punctuality, whilst being treated by our Service. The response of staff to verbal complaints is critical. Staff are empowered to fully explain why an ambulance is delayed, or why care is below the level expected by the patient. The attitude towards patients making complaints will often determine whether a formal complaint is subsequently raised. Staff should listen sympathetically to complainants, and where possible, offer an explanation or refer to the Patient Advice Team. Potential and verbal complaints should be reported via the Incident Reporting log.

**6.2** Often, where patients, carers, their representatives or other members of the public are concerned about an aspect of the services provided by Western Medical Services, a brief explanation and apology will be welcomed, and the matter need progress no further. However, there will be occasions when a patient remains dissatisfied with the explanation of staff. In such cases the complainant should be

referred to the Western Medical Services Patient Advice Leaflet, copies of which are carried on every ambulance or poster within the vehicle.

**6.3** Should a complaint escalate outside of normal office hours; staff should advise the Duty Officer in the Emergency Operations Centre as soon as possible.

**6.4** This policy will form part of Induction Training for all staff. Any training needs identified through the regular monitoring of complaints will be addressed as appropriate, either on an individual or collective basis.

**6.5** The Patient Advice Team will ensure a record (APENDIX 1) of the complaint is made which to include the date, subject of the complaint and the name, contact details of the complainant. They will also note how and when the complainant would expect to receive a response.

**6.6** The investigation process will be discussed, and it will be mutually agreed whether to proceed as a formal or informal complaint.

**6.7** The handling of the complaint should be assessed on an individual basis and therefore the legislation does not detail a prescriptive process to be followed. However, a resolution should be agreed within a 6-month timeframe and where possible the Western Medical Services will aim to complete within 25 working days.

**6.8** The questions that require addressing will be noted in the acknowledgement letter within 3 working days. The Complainant will then be given the option of contacting the Patient Advice Team if they feel that further questions also need to be addressed. A request is made that where possible any additional questions or changes to the noted questions are made within 5 working days to ensure the investigation covers all concerns. Information about help available to them from the local Independent Complaints Advocacy Service (ICSAS) and a leaflet on Western Medical Services Complaints Procedure will also be included.

**6.9** Complaints will be investigated if they are made within 12 months of the incident. Where it is decided not to investigate, the complainant will have the opportunity to approach the relevant ISCAS.

**6.10** The Investigation pack and draft response letter should be forwarded to the Patient Advice Team within mutually agreed timescales. If this timeframe cannot be met the Head of Patient Advice should be advised immediately so that the complainant can be updated.

**6.11** The Patient Advice Team will consider the findings of the investigation and prepare a draft written response for the consideration of the nominated Director to forward to the complainant. If resolution

is in writing it will explain how the complaint has been considered, conclusions reached on the basis of the facts, and an explanation of what action, if any, the organisation intends to take as a consequence.

## **6.12 Informal Complaints**

**6.12.1** Once all parties are satisfied with the resolution of the complaint the complainant will receive resolution by the agreed means, whether that is by telephone, in writing or during a meeting. Resolution will be received from the most appropriate manager.

## **6.13 Formal Complaints**

**6.13.1** Once all parties are satisfied with the resolution of the complaint the complainant will receive a telephone call from a Manager, The Patient Advice Team or a nominated person to give the complainant the option of discussing the investigation on the telephone, or at a separate meeting. If resolution is made in writing it will be signed by the nominated Director.

**6.14** The response will include notification to the complainant of their right to refer the complaint to the ISCAS if they are not satisfied with the response.

**6.15** The General Manager or nominated Manager will ensure that all recommendations (e.g. case reviews, Staff training, counselling, disciplinary hearings, staff notices) are completed and documented with a copy sent to the Patient Advice Team for inclusion in the complaint file.

**6.16** The entire procedure should be concluded within the agreed timescales outlined by the Patient Advice Team on receiving the initial complaint.

**6.18** The Directors will receive an annual complaints report as part of the Learning Review Report.

**6.19** A complaint can only be investigated once, under the Principle Regulations. There is, of course, nothing to prevent a complainant bringing a further complaint about a different incident.

## **7 Consent to disclose confidential information**

It is not necessary to obtain the patient's express consent for the use of their personal information to investigate their own complaint. Care must be taken at all times throughout the Complaints Procedure to ensure that any information disclosed about the patient is confined to that which is relevant to the investigation and should only be disclosed to those people who have a demonstrable need to know.

**7.1** Patient authorisation is required whenever the complaint relates to treatment received by the patient and the complainant is not the patient.

**7.2** If the patient is unable to act to give their consent this is not a reason to deny an investigation into the issues raised on their behalf. However, it is good practice to ensure that consent is sought from the next of kin.

**7.3** A Complaint Authorisation form will be sent out with an accompanying explanatory letter to the complainant to obtain authorisation from the patient or next of kin. (APPENDIX 2)

**7.4** If appropriate the investigation can commence. However, until the signed form with the signature of the patient or the next of kin is returned to the Patient Advice Team the formal investigation will not begin.

**7.5** In transferring complaints between agencies, it is particularly important to ensure that patient confidentiality is maintained at all times. Every effort should be made to obtain the patient's (or their representative's) consent before sharing confidential information with another body or organisation. This should, wherever possible, be done at the time the complaint is received, whatever its format. Consent should be obtained in writing wherever possible. If this is not possible, verbal consent should be logged and a copy sent to the complainant.

**7.6** Where the patient or their representative does not want the details to be shared, Western Medical Services, should advise them on the parts of the complaint it is able to deal with, adding that if they wish to pursue the remaining issues, they should approach the relevant party independently.

## **8 Disciplinary Issues**

**8.1** The purpose of the Complaints Policy and Procedure is not to apportion blame. It is to investigate complaints with the aim of satisfying complainants whilst being scrupulously fair to staff and to learn any lessons for improvement.

**8.2** In the event of the investigation highlighting any staff disciplinary issues these will be dealt with outside of this Procedure and in accordance with Western Medical Services agreed Disciplinary Policy.

## **9 Joint Complaint Co-Ordination**

**9.1** All Health and Social Care Organisations including primary, secondary and tertiary health care should work together to ensure coordinated handling and to provide the complainant with a single response that represents each organisation final response.

**9.2** Where a complaint relates in part, or wholly, to the service or care delivered by another organisation, the recipient should forward it to the Patient Advice Team for immediate action. The Head of Patient Advice will ensure contact with the complainant for their agreement to copy the complaint to the organisation involved.

## **10 CQC**

The Care Quality Commissions (CQC) provides guidance to achieving and maintaining compliance with the Health and Social Care Act 2008 (Regulated Activities). The CQC cannot investigate individual complaints but do like to hear of patients experiences and may advise the Trust of concerns raised with them for investigation.

## **11 Vexatious and/or Persistent Complainants**

**11.1** Regardless of the manner in which the complaint is made and pursued, its substance should be considered carefully to ensure all issues are identified and have been addressed.

**11.2** Complaints should be approached objectively and without any assumption that they are bound to be frivolous, vexatious, or unjustified.

**11.3** Particularly if a complainant is abusive or threatening, it is reasonable to require the individual to communicate. In writing and not by telephone, or solely with one or more designated members of staff; but it is not reasonable to refuse to accept or respond to communications about a complaint until it is clear that all practical possibilities of resolution have been exhausted.

**11.4** It is good practice to make clear to a complainant their unreasonably, persistent or vexatious way in which his or her behaviour is unacceptable, and the likely consequences of refusal to amend it, before taking drastic action.

**11.5** Decisions to treat a complainant as unreasonably persistent or vexatious will be considered by the appointed Director. (APPENDIX 3)



## **12 Monitoring Policy Compliance**

**12.1** Once resolution has been achieved a four week timeframe will be given for a complainant to contact the Patient Advice Team if they are still dissatisfied with how their complaint was handled.

**12.2** A complaint Satisfaction survey will be sent to the complainant to receive feedback. (APPENDIX 4)

**12.3** If additional concerns are raised and/or there is an indication that a complainant has been treated differently, i.e. negatively following the conclusion of their complaint it will be reviewed at a senior management level.

**APPENDIX 1**

COMPLAINT FORM	
Name:	
Email:	
Telephone Number:	
Mobile Number:	
Home Address:	
If you are not the patient, your relationship to the patient:	
Date of Incident if know:	
Tell us what happened:	
Tell us what you would like to see happen:	
Signed:	

**APPENDIX 2**

**Consent form**

I, (print name) ....., of  
 (address) .....  
 .....

Confirm that I am the next of kin of(name).....,of  
 (address).....  
 .....

Their relationship to me was: .....

Please address further correspondence to:

Name.....

Address.....  
 .....

Tel No.....

Signed \_\_\_\_\_

Date \_\_\_\_\_

**Please return to:**

**The Patient Advice Team  
 Western Medical Services Limited  
 Unit 16-17 Teignbridge Business Centre  
 Heathfield Industrial Estate  
 Newton Abbot  
 TQ12 6TZ**

## APPENDIX 3

### Continual/Vexatious Complaints Process

#### 1 Purpose of the Process

The process should only be used as a last resort and after all reasonable measures have been taken to try to resolve complaints following the Western Medical Services Complaints Procedure, i.e. through local resolution or conciliation. The process should only be implemented in exceptional circumstances and then only with the approval from the appointed Director.

#### 2 Definition

Complainants (and/or anyone acting on their behalf) may be deemed to be continual or vexatious complainants where previous or current contact with them shows that they meet TWO OR MORE of the following criteria:

##### Where the complainant:

**2.1** Is in frequent contact with the Patient Experience Team. They make contact every day, and in some cases, more frequently, either by telephone or by physically calling into the department.

**2.2** Persist in pursuing a complaint where the Western Medical Services Complaints Procedure has been fully and properly implemented and exhausted.

**2.3** Changes the substances of a complaint or continually raises new issues or seeks to prolong contact by continually raising further concerns or questions upon receipt of a response whilst the complaint is being addressed. (Care must be taken not to discard new issues that are significantly different from the original complaint. These might need to be addressed as separate complaints)

**2.4** Challenges written documentation by claiming that the records have been altered. Refuses to accept contemporaneous notes, even though different people have made them.

**2.5** Receives a response from the organisation and immediately responds by either raising new concerns or presenting an old problem differently.

**2.6** Seeks an unrealistic outcome and intends to continue until that outcome is achieved. Examples could include expecting a staff dismissal.

**2.7** Tries to manipulate the complaint by:

**2.7.1** Complaining about the member of staff dealing with the complaint.

**2.7.2** Dictating who they will and will not speak to, e.g., wanting speak directly to the Director.

**2.7.3** Stating they wish to meet with a person, and then either refusing the arrange a date, or not turn up after the meeting has been arranged.

**2.7.4** Making the same, or slightly different, complaint to other people e.g. the press, the local Member of Parliament, the Health Secretary, etc. Or If a complainant (patient, carer, visitor) threatens or uses actual physical violence towards staff at any time, contact with the complainant and/or their representatives will be discontinued. Thereafter, the complaint will only be pursued through written communication.

### **3 Handling Continual/Vexatious Complainants**

**3.1** The appointed Directors should agree that the complainant falls into the category of a continual/vexatious complainant. The decision should be recorded and the reason for the decision noted.

**3.2** To check that the complainants' concerns have been investigated fully, the complainant should be encouraged to request an independent review by ISCAS.

**3.3** If the complainant is not prepared to request a review, or insists on raising the same issue again, they should be advised that as the appointed Director has responded fully to the points raised, the matter is now closed.

The following should be advised:

- No further correspondence will be entered into unless the complaint is new.
- Staff will no longer deal with the complainant over the telephone.
- Complainants have the right to contact the Health Service Ombudsman if they remain dissatisfied.

**3.4** If a complainant writes again, the response will only state the letter was received and the contents noted. A copy of the original response letter will be enclosed with a statement to the effect that there is nothing further to add.

**3.5** In extreme cases, where abusive behaviour continues, complainants may have to be informed that solicitors may be instructed.

**APPENDIX 4**

COMPLAINT SATISFACTION SURVEY				
Name:				
Email:				
Mobile Number:				
Home Address:				
Complaint Reference:				
Date Complaint raised:				
<b>How satisfied are you with the handling of your complaint?</b>				
Very Satisfied	Fairly Satisfied	Neutral	Fairly Dissatisfied	Very Dissatisfied
<b>How satisfied are you with the outcome of your complaint?</b>				
Very Satisfied	Fairly Satisfied	Neutral	Fairly Dissatisfied	Very Dissatisfied
<b>How satisfied are you that the outcome of your complaint was fully explained?</b>				
Very Satisfied	Fairly Satisfied	Neutral	Fairly Dissatisfied	Very Dissatisfied
<b>How satisfied are you that all areas of the complaint were addressed?</b>				
Very Satisfied	Fairly Satisfied	Neutral	Fairly Dissatisfied	Very Dissatisfied
<b>How satisfied are you that you were kept fully informed throughout the process?</b>				
Very Satisfied	Fairly Satisfied	Neutral	Fairly Dissatisfied	Very Dissatisfied
<b>How satisfied are you that the staff who handled your complaint were polite and respectful?</b>				
Very Satisfied	Fairly Satisfied	Neutral	Fairly Satisfied	Very Dissatisfied
<b>How satisfied are you that the complaints process is easy to access and understand?</b>				
Very Satisfied	Fairly Satisfied	Neutral	Fairly Satisfied	Very Dissatisfied
<b>Comments</b>				
Please use the space below for any further comments regarding our complaints process including suggestions for improvement:				
<p>The information provide by you on this satisfaction survey will be used by Western Medical Services to measure satisfaction on our services and where applicable, to improve those services.</p> <p style="text-align: right;"><b>Please return to:</b>            The Patient Advice Team            Western Medical Services Limited            Unit 16-17 Teignbridge Business Centre            Heathfield Industrial Estate            Newton Abbot            TQ12 6TZ</p>				

## APPENDIX 5

### Summary of Complaints Process

	Main Feature	Action to be taken by you
<b>Making a Complaint</b>	<p>Your complaint should be made:</p> <ul style="list-style-type: none"> <li>• Within 12 months of the event/incident.</li> </ul>	<p>You can make your complaint in a number of ways:</p> <ul style="list-style-type: none"> <li>• Raise it directly with the person concerned or their manager who will try to sort things out straight away.</li> <li>• Raise it by telephone with the organisations Patient Advice Team who will investigate the matter for you.</li> <li>• Raise it by email by sending your concern to <a href="mailto:complaints@westernmedicalservices.co.uk">complaints@westernmedicalservices.co.uk</a></li> </ul>
<b>Local Resolution</b>	<p>The organisation will investigate your complaint and offer a response. This may include one or more of the following:</p> <ul style="list-style-type: none"> <li>• Immediate 'frontline' response</li> <li>• Meeting with staff</li> <li>• Conciliation</li> <li>• Full Investigation</li> <li>• A response agreed between you and Western Medical Services whether it be written, verbal or via a meeting.</li> </ul> <p>If the complaint is not answered immediately, you will receive an acknowledgment within 3 working days and a full written response within a timescale agreed between both parties normally 25 working days of us receiving the complaint or consent if required.</p>	<p>Try and keep control of the local resolution process, if you can, e.g.</p> <ul style="list-style-type: none"> <li>• Ask for a meeting if you would like one.</li> <li>• Chase up the organisation if they are taking a long time to respond.</li> <li>• If you are not happy with their initial response, tell them why and what you would like them to do next.</li> </ul> <p>Keep a record of all correspondence, phone calls and meetings during local resolution. If you are not happy with the outcome of the local resolution, you can request an independent review.</p>
<b>Requesting an Independent Review</b>	<p>If you remain dissatisfied with the response to your complaint, we would value the opportunity of discussing any outstanding issue that you may have.</p> <p>However, if we are not able to resolve the matter to your satisfaction, you do have the right to ask ISCAS to review your case. This should be done within twelve months of becoming aware of your complaint.</p>	<p>You can contact Independent Healthcare Sector Complaints Adjudication Service (ISCAS) Telephone Number: 020 7536 6091 Alternatively, if you need to post any correspondence, please use the following details: ISCAS CERD, 3<sup>rd</sup> Floor 100 St. Paul's Churchyard London EC4M 8BU</p>