



**COMPLAINTS AND
FEEDBACK POLICY**

A Corporate Governance Policy



**MEDIGOLD
HEALTH**

Document Control

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Contents

1. Purpose	4
2. Scope	4
3. Introduction	4
4. Aims	5
5. General Principles	6
6. Responsibilities	6
7. Feedback	7
8. Complaints	7
Stage 1 Complaints	8
Stage 2 Complaints	8
Stage 3 Complaints	9
Complaints – Primary Care (Care Quality Commission)	9
Complaints – Scotland (Health Improvement Scotland)	9
Data Protection Complaints	10
Compliments	10
9. How you can give feedback or make a complaint	10
Provide feedback or complain about our Occupational Health and Well-being services:	10
Provide feedback or complain about our Primary Care Service	10
10. Training	11
11. Monitoring and Compliance	11
12. Review	12
13. Records	12
14. Related Documents	12
15. References and Guidance	12
16. Amendments	13
Appendix One – Regulatory Bodies	14

1. Purpose

- 1.1. The purpose of this policy is to ensure that where feedback received is determined to be a complaint under this policy, that there is robust, consistent, and fair complaint handling process where complaints are investigated in accordance with this policy. The process shall include a clear and approachable system to identify the cause, issues and corrective actions required so that measures may be implemented to prevent reoccurrences where applicable.
- 1.2. For the purposes of this policy Medigold Health Consultancy Limited and its wholly owned subsidiaries shall be referred to as “we”, “our”, “us”.

2. Scope

- 2.1. This policy is for any individual who uses our services and other stakeholders. When we use the term ‘individuals’ in this policy, we mean all clients, client employees, patients, or other stakeholders for whom we provide products and services.
- 2.2. This policy is for services provided in England, Scotland, and Wales. Within the scope of this policy there is provision for individuals to complain directly to Health Improvement Scotland where a service is provided in Scotland. (Appendix 1).
- 2.3. This policy applies to Medigold Health and all of its wholly owned subsidiaries.
- 2.4. This policy applies to all staff. When we use the term ‘staff’, we mean all employment relationships, whether this includes employees, contractors, temporary workers, volunteers, or other workers within Medigold Health or its wholly owned subsidiaries.

3. Introduction

- 3.1. We welcome the views of all of those using our services and other stakeholders regarding the products and services that we provide and encourage participation in offering feedback.
- 3.2. To ensure that any feedback gained is used as an opportunity for organisational learning and continuous improvement of our products and services, we record all feedback that we receive, and review this for complaints so that we can monitor trends monthly.
- 3.3. We recognise that there can be times when the service provided may not meet the expectations of those using our services, and we are committed to delivering a fair, open, and clear process for handling complaints.

- 3.4. This policy relates specifically to feedback and complaints regarding the following:
- How we delivered a service for which we are responsible and/or the quality of that service
 - If an act or omission by us has caused or could have caused, a detriment.
 - The performance or conduct of a member of staff who we employ, or someone appointed to act on our behalf.
 - A decision made by us or by someone acting on our behalf.
- 3.5. There is a separate internal process for staff to follow that provides a clear structure for the recording, investigation, and management of complaints.
- 3.6. This policy does not apply where there are more appropriate policies in place, such as:
- Internal employee matters which should be resolved through the **Grievance Procedure**
 - Any reported acts of whistleblowing should follow the **Whistleblowing Procedure**
 - Any request to amend information resulting from a query with an occupational health report should be resolved by following the **Customer Care Process**
 - Escalation of a request to delete or rectify any data contained within a medical record should be resolved by following the **Data Subject Rights Policy**.
 - Resolving an issue that is currently the subject of legal proceedings.

This list is not exhaustive, and each complaint shall be reviewed on a case-by-case basis.

- 3.7. Important policies or procedures to be read in conjunction with this policy are:
- Duty of Candour Policy
 - Data Protection Policy
 - Safeguarding Policy

4. Aims

- 4.1. We aim to ensure that staff know that all feedback is an important and valuable tool for reviewing what we do well and where we can improve.
- 4.2. We aim to ensure that staff recognise the importance of complaints in providing feedback about our products and services, and that they know how to escalate complaints.
- 4.3. We aim to ensure that staff are empowered to deal with complaints as they arise in an open, transparent, and non-defensive manner.
- 4.4. We aim to ensure that all complaints are documented, well managed, investigated and resolved quickly, fairly, and consistently and in accordance with this policy.

- 4.5. We aim to ensure that learning from complaints is identified and used for improvement and where action can be taken to avoid reoccurrence, that this is completed.
- 4.6. We aim to ensure that faults are acknowledged, remedied and a clear and relevant explanation given, and apology offered where appropriate.
- 4.7. We aim to ensure that there are clear standards of response an individual can expect when they make a complaint.
- 4.8. We aim to ensure that good practice identified from feedback is shared across the organisation to encourage staff to continue to provide a good quality service.

5. General Principles

- 5.1. All complaint information shall be handled sensitively, telling only those who need to know and following relevant Data Protection requirements.
- 5.2. All complaints shall be considered as raised in good faith even if judged as unfounded after investigation. However, if there is evidence of vexatious or malicious use of the procedure, we will not progress the complaint.

6. Responsibilities

Clinical Governance

- 6.1. Are responsible for monitoring clinical feedback and complaints as part of its clinical governance procedures.

Quality Management Review

- 6.2. Are responsible for reviewing customer satisfaction reports, including complaint trends and any corrective actions taken as part of its quality management review procedures.

Customer Care

- 6.3. Are responsible for the management of the complaints and any feedback received and ensuring that all complaints and feedback are actioned.

Complaint Handlers (any individual assigned to manage a complaint)

- 6.4. Are responsible for managing a complaint that has been assigned to them for investigation. They shall follow the **internal complaints process** to ensure that all the required information is correctly recorded.

Staff

- 6.5. Are responsible for recording all feedback and complaints and participating in any required complaints investigation.

7. Feedback

- 7.1. Feedback can provide valuable lessons, both about what we do well, and where we can improve.
- 7.2. Most feedback that raises concerns can usually be resolved quickly and satisfactorily by way of an apology, by providing the service required or by providing an acceptable explanation. Staff who receive feedback should document the feedback for review. If concerns raised during the feedback have been resolved locally, this shall be indicated.
- 7.3. Any feedback not made in the form of a formal complaint, but which causes serious concern about the quality of the service, shall be escalated immediately to a member of the Senior Management Team, and subject to an investigation and response to the same standard as a formal complaint.
- 7.4. If the person giving the feedback is not satisfied with the immediate action taken, they shall be asked whether they would like their concerns to be formally investigated and responded to. If this is the case, the feedback shall be registered as a complaint.

8. Complaints

- 8.1. There are three stages of complaint review:
- Stage 1 (the initial review of the complaint)
 - Stage 2 (a review of the initial complaint investigation)
 - Stage 3 (the complainant can refer the matter to an independent body)
- 8.2. **At any stage the complaints handler assigned to investigate the complaint can make a judgement that the complaint requires escalation and refer it to a member of the Senior Management Team.**

Stage 1 Complaints

- 8.3. Complaints can be either written (including by e-mail) or verbal. Verbal complaints should not be treated as any less serious than written complaints and should be handled in the same manner. Complaints can be made to any member of staff.
- 8.4. All complaints shall initially be recorded on our system as feedback. The person recording the feedback shall indicate that they think the feedback is a complaint so that it can be progressed to a stage 1 complaint if it meets the requirements of this policy.
- 8.5. All stage 1 complaints shall be acknowledged within 2 working days, informing complainants of the investigation process, and expected timescales for a response.
- 8.6. There shall be a thorough investigation, ensuring investigation methods and findings are documented.
- 8.7. A formal written response shall be provided to the complainant within 20 working days, describing the findings of the investigation and any action taken as a result.
- 8.8. The complainant shall be kept informed of any reason for delay if a response is likely to take longer than 20 working days, with contact at a minimum of every 28 days.
- 8.9. Information shall be provided on the outcome letter to the complainant informing them of how to escalate their complaint to stage 2 if they are not satisfied with the response.

Stage 2 Complaints

- 8.10. Not all conclusions will satisfy the complainant and they have the right to request a review of the initial investigation into their complaint. This must be done within 6 months of the response to their complaint at stage 1, and usually in writing. If the complainant is unable to make a request in writing, this may be done verbally.
- 8.11. The complainant shall indicate that this is not a new complaint, and that they are not satisfied with the stage 1 complaint, so that the most appropriate person can be allocated to review the complaint. A request to review the initial investigation into the complaint should be escalated to Customer Care who shall open a second stage investigation.
- 8.12. All stage 2 complaints shall be acknowledged within 2 working days, informing complainants of the investigation process, and expected timescales for a response.
- 8.13. There shall be a thorough review of the initial complaint investigation, ensuring methods and findings are documented.
- 8.14. A formal written response shall be provided to the complainant within 20 working days, describing the findings of the investigation and any action taken as a result.

- 8.15. The complainant shall be kept informed of any reason for delay if a response is likely to take longer than 20 working days, with contact at a minimum of every 28 days.

Stage 3 Complaints

- 8.16. Should the complainant remain unhappy with the response provided to the complaint at Stage 2, they are entitled to report the matter to the relevant body. Details are provided within Appendix 1.
- 8.17. Services regulated within Scotland are able to report their complaint to Healthcare Improvement Scotland.
- 8.18. For those services regulated by the Care Quality Commission (CQC) in England, if the complainant remains dissatisfied with the response they can contact the regulator, who, if appropriate, will use it as part of their inspection process. The CQC does not however, have an active role in dealing with complaints. These services may also be referred to ISCAS as part of the stage 3 process. See below.
- 8.19. Data Protection complaints can be reported to the Information Commissioners Office.
- 8.20. Where complainants escalate their complaints externally because they are dissatisfied with the local outcome, we shall cooperate with any independent review or process.
- 8.21. We shall continuously review the suitability of our complaints process to ensure that it remains robust and does not disadvantage our complainants.

Complaints – Primary Care (Care Quality Commission)

- 8.22. Not all of our services in England require regulation by the CQC. Our Primary Care service, however, is regulated by the CQC. Complaints shall follow the same process detailed above. However, individuals using our primary care service also have the right to contact to CQC at any point. See Appendix 1 for details.
- 8.23. For those regulated by the Care Quality Commission we will refer any complaints deemed to meet the threshold for a stage three complaint to ISCAS – The independent Sector Complaints Adjudication Service. [ISCAS – Independent Sector Complaints Adjudication Service \(cedr.com\)](https://www.cedr.com/iscas)

Complaints – Scotland (Health Improvement Scotland)

- 8.24. Complaints shall follow the same process detailed above. However, individuals in Scotland also have the right to complain to Health Improvement Scotland at any point. See Appendix 1 for details.

Data Protection Complaints

- 8.25. Data protection complaints shall be escalated immediately to the Data Protection Officer at dpo@medigold-health.com. Further details about how we process data can be found in our privacy notice available on the website.

Compliments

- 8.26. Any member of staff may receive a compliment either in writing or verbally. The member of staff who receives the compliment should ensure that compliments are recorded as feedback in the same manner as complaints.

9. How you can give feedback or make a complaint

- 9.1. Any individual can give feedback or make a complaint to any member of staff. If you know the contact details of the member of staff or department who is best placed to help you, they will be able to log the feedback to ensure that it is progressed in accordance with this policy. They may also be able to resolve any concerns you have straight away.
- 9.2. However, you can also provide feedback and make complaints in writing either by email or letter, or by contacting us by telephone on the details listed below.

Provide feedback or complain about our Occupational Health and Well-being services:

Medigold House,
Queensbridge,
Northampton, NN4 7BF
Tel: 0330 3903370
Email: customercare@medigold-health.com

Provide feedback or complain about our Primary Care Service

Please address any comments or complaints of a general or administrative nature to:

Sally Tapping - Primary Care Service Manager
Health Management Ltd
Boston House, 2nd Floor,
63-64 New Broad Street,
London
EC2M 1JJ

Tel: 01273 976083

Email: pc.team@healthmanltd.com

Please address any comments or complaints of a clinical nature to:

Dr Feizal Motala – Primary Care Medical Director

Health Management Ltd

Boston House, 2nd Floor,

63-64 New Broad Street

London

EC2M 1JJ

Tel: 01273 976083

Email: pc.team@healthmanltd.com

10. Training

- 10.1. All staff shall be inducted into the business with a plan that includes reporting all feedback and recognising complaints. Staff in customer facing roles shall complete ‘on the job’ training in handling challenging conversations.
- 10.2. Staff required to investigate complaints shall be provided with ‘on the job’ training in accordance with their job role responsibilities.

11. Monitoring and Compliance

- 11.1. A record shall be kept of all complaints.
- 11.2. Records shall be maintained electronically, treated as confidential and retained no longer than necessary in accordance with the Data Protection Act 2018.
- 11.3. Trends shall be reviewed at the monthly Clinical Governance Committee.
- 11.4. There shall be a record of any lessons that have been learnt, including records of Duty of Candour. Those records and any lessons learnt shall be considered and monitored through the Clinical Governance Committee.
- 11.5. Further evidence shall be monitored by the Quality Management Review through the annual complaints and compliments report and Customer Satisfaction Surveys and feedback.

12. Review

- 12.1. This document shall be reviewed no later than one year after the date of implementation unless new, revised legislation or national guidance requires an earlier review.

13. Records

- Customer care portal
- Complaint records

14. Related Documents

- Duty of Candour Policy
- Safeguarding Policy
- Data Protection Policy
- Confidentiality Policy
- Privacy notices

15. References and Guidance

- ISO 9001:2015
- Health and Social Care Act (Regulated Activities) Regulations 2014
- Data Protection Act 2018
- UK GDPR
- www.ico.org.uk
- [Regulation 16: Receiving and acting on complaints - Care Quality Commission \(cqc.org.uk\)](http://www.cqc.org.uk)
- [Regulation 20: Duty of candour - Care Quality Commission \(cqc.org.uk\)](http://www.cqc.org.uk)
- www.healthcareimprovementscotland.org
- [Organisational duty of candour: guidance - gov.scot \(www.gov.scot\)](http://www.gov.scot)
- [The professional duty of candour - ethical guidance - GMC \(gmc-uk.org\)](http://www.gmc-uk.org)
- <https://www.fom.ac.uk/>
- [ISCAS – Independent Sector Complaints Adjudication Service \(cedr.com\)](http://www.cedr.com)

16. Amendments

Revision Number	Date	Status	Details and reasons for amendments	Reviewed by	Authorised by
1.0	04/10/22	Initial version	New overarching policy	Associate Director of Compliance	Director of Client Services
2.0	23/05/23	Review	Inclusion of Primary Care	Associate Director of Compliance	Director of Client Services
3.0	07/08/23	Review	Inclusion of stage 3 ISCAS for primary care	Associate Director of Compliance	Director of Client Services
4.0	01/08/24	Review	Inclusion of Customer Care responsibility	Head of Operational Excellence	Director of Governance, Risk and Compliance

Appendix One – Regulatory Bodies

Regulatory Body	Contact details	
Care Quality Commission (CQC)	Website	Complain about a service or provider - Care Quality Commission (cqc.org.uk)
	Call:	0300 616161
	Email	enquiries@cqc.org.uk
Healthcare Improvement Scotland (HIS)	Address	Programme Manager Independent Healthcare Services Team Healthcare Improvement Scotland Gyle Square 1 South Gyle Crescent Edinburgh EH12 9EB
	Website	healthcareimprovementscotland.org
	Call:	0131 623 4342
	Email	his.ihcregulation@nhs.scot
Information Commissioners Office (ICO)	ico.org.uk	