

Position responsible: CEO
Approved by: ELT

Issue Date : February 2022
Review Date : February 2023

Related Documents Magpas Freedom to Speak Up Policy

Further information Charity Commission www.gov.uk/complain-about-charity
 Care Quality Commission www.cqc.org.uk
 Fundraising Regulator www.fundraisingregulator.org.uk
 Principles of Good Complaint Handling (Parliamentary & Health Service Ombudsman 2009)
 Listening, improving, responding: A guide to better customer care (DH 2009)
 NHS Resolution guidance about complaints
 Complaints Matter, CQC 2017

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1.0 Introduction

- 1.1 We encourage feedback on all aspects of the organisation, and if a complaint is made we will respect, value and support the complainant. We take all complaints and concerns seriously and will actively listen and take positive action. If we have not met the high standards we set ourselves, this gives us an opportunity to learn, improve and put things right.
- 1.2 Complaints should be seen as constructive and the information should be used, whenever possible, as a process for quality improvement. To facilitate this, anonymous summaries of any complaints and subsequent investigations and actions taken will be made available for discussion in the relevant department forum Clinical Governance Committee (CGC) and Executive Leadership Team (ELT), and will be shared with partners in order to gain maximum learning for improvement.
- 1.3 We will aim to make the process as user-orientated and simple as possible (see appendix 1) and will always respond to complaints openly and honestly.

2.0 Definitions

- 2.1 This procedure is applicable to any person making a complaint concerning Magpas. It is also summarised in the Patient Guide which is available from the Magpas website (www.magpas.org.uk) and office.
- 2.2 Complaints may be defined as expressions of dissatisfaction with any aspect of Magpas services or staff performance, by a patient or patient group, visitor, carer, member of the general public or a member of staff.
- 2.3 If you are a member of staff or a volunteer and your complaint relates to a colleague, you should familiarise yourself with the Freedom to Speak Up Policy and Grievance Procedure (available from the Magpas intranet or HQ). Be assured that concerns are encouraged and staff will be respected and protected when raising them.
- 2.4 We encourage all complaints to be made within 2 months of an incident occurring to enable a full investigation. All complaints must however be made within 12 months of an incident occurring, or on the date on which the complainant has become aware of the matter of complaint if this is more than 12 months after the incident.

- 2.5 The time limit will be used sensitively and with flexibility where we consider that the complainant had good reasons for not making the complaint within that time limit, such as not being properly advised about or signposted to the complaints procedure; poor health of complainant or close family member and/or bereavement. In the event of a delay in a complaint being raised, we will also consider whether it is still possible to investigate the complaint effectively and fairly. The Chief Executive will determine whether a complaint which may be out of time should be reviewed under this policy.

3.0 Procedure

- 3.1 Hopefully, it will be possible to resolve a complaint informally, typically for minor matters. This may be the case where both the member of staff receiving the complaint and the complainant are confident that a satisfactory solution can be reached without following formal procedures. Magpas have a robust Significant Event Reporting (SER) system in place which is used to capture issues and concerns and these are reported on monthly.
- 3.2 Details of informal complaints and their resolution that are not captured as a SER, are not included in Magpas reported statistics, however the details will be noted in order to identify trends and opportunities for quality improvement.
- 3.3 If an informal resolution is not possible, the complainant will be asked to write or email formally giving as much detail as they can with their contact details to the Chief Executive Officer or Medical Director via the Magpas office: Magpas, Centenary House, St Mary's Street, Huntingdon, PE29 3PE. If the complaint concerns the Chief Executive Officer or Medical Director, it should be addressed to either the Chairman of the Board of Trustees. Any member of staff should be able to support someone in making a complaint to Magpas through this route in order to make the process straightforward. Depending on the nature of the complaint, it will then be allocated to a member of the senior management team (see below) for investigation.
- 3.4 Any Magpas member who receives a personal communication which they regard as a complaint about their activities should forward this to the office as per the procedure above. Under no circumstances should an individual directly address or reply to formal complaints concerning their Magpas activity.
- 3.5 All complainants will receive a written acknowledgement within five working days of receipt of their complaint (unless a full reply can be sent within five working days). A full response will be made within 20 working days of receipt of the complaint or, where the investigation is still in progress, a letter explaining the reason for the delay is sent to the complainant and a full response made within five days of a conclusion being reached. Where possible, contact in-person or by telephone will be preferred to ensure that complainants have the opportunity to A copy of this complaints procedure will be sent to the complainant with the acknowledgement.
- 3.6 First point of contact for all complaints is: info@magpas.org.uk. Each complaint will be assigned to an investigating officer (see table below).
- 3.7 If the complaint concerns clinical aspects of the service, it will be passed in the first instance to the Medical Director. If there are concerns about the safety of patients, the medical team member involved may be asked to suspend their care activities at the discretion of the Medical Director. Such suspension is to enable the investigation to be carried out whilst ensuring the safety of patients. It does not imply 'guilt' and is not punitive.

Type of complaint	Investigating Officer
Fundraising or lottery complaints	Senior Supporter Care Officer
Operational complaints	Director of Operations
Advertising or media complaints	Marketing Manager
Patient safety; clinical team or complaints relating to patient care	Medical Director
Data protection or general complaints	Chief Executive Officer
Complaint against the CEO or Medical Director	Chairman, Board of Trustees

- 3.8 Each complaint will be given a unique file note reference. The Investigating Office will conduct a fact-finding investigation ensuring that the complainants views are considered as per Appendix 1 which, if necessary, will involve discussion with the individual(s) involved. This should be appropriate to address all of the issues raised, identify any actions taken or changes required to be made as a result of the complaint investigation, be legible, dated and signed.
- 3.9 A report summarising these findings will be prepared and a draft circulated to respondents for comment. Every care will be taken to ensure the confidentiality of the parties while any allegation is being investigated. Consent from patients will be obtained before any hospital medical records are reviewed.
- 3.10 Upon completion of the investigation/inquiry, the Investigating Officer will make a decision as to how the matter will be pursued with the option of involving a member of the Executive Leadership team to consider the complaint and any recommended action. However, if the complaint concerns a clinician's professional practice within Magpas activity and is upheld, the Medical Director will follow any Responsible Officer's obligations in making a report to other Responsible Officers and the professional regulator. The stage at which this should be done will depend upon the nature of complaint.
- 3.11 If a statutory Emergency Service or other external organisation is involved, the Chief Executive/Medical Director will write to the Chief Executive, Medical Director or other appropriate person within that organisation to share details of the complaint received.
- 3.12 The Chief Executive/Medical Director will consider the final report from the Investigating Officer. If the complaint concerns the Chief Executive or Medical Director, the Chairman or nominated deputy will consider the report. If the complaint concerns the Chairman, then the report will be considered by the Company Secretary.
- 3.13 The Chief Executive/Medical Director will subsequently reply to the complainant, via the Magpas office detailing the stages of the investigation carried out and any actions taken as a result. Copies of the complaint, reply and any investigation reports will be kept in the office by the nominated Responsible Person and, subject to patient confidentiality and data protection issues, may be available to the volunteer or staff member concerned.
- 3.14 It may be appropriate to offer the complainant the opportunity of a personal interview to discuss more complex complaints. In these circumstances, the relevant Magpas member(s) will be invited to attend. The complainant should be advised that a friend/advocate may accompany them.

4.0 Being Open

- 4.1 Magpas' policy is to provide those raising concerns, complaints with a full and frank explanation of the events giving rise to their complaint. This will include:

- An explanation of how the complaint has been considered.
- An apology if appropriate
- An explanation based on facts.
- Whether the complaint in full or in part is upheld.
- The conclusions reached in relation to the complaint including any remedial action that the organisation considers to be appropriate.
- Confirmation that the organisation is satisfied any action has been or will be actioned.
- Where possible, we will respond to people about any lessons learnt.
- Information and contact details of the Parliamentary and Health Service Ombudsman as the next stage of the NHS complaints process.

4.2 The person raising the complaint will be assured that they will not be treated differently as a consequence of making the complaint

5.0 Duty of Candour

5.1 If this involves a patient and harm was caused in the provision of our service, under the duty of candour, the patient should be informed at the earliest opportunity and an apology offered.

5.2 The Medical Director will always lead on the investigation and will ensure the team undertook the correct steps of acknowledging the incident and provided an apology to patient involved and that these steps have been clearly documented. A formal written notification will need to be sent to the affected patient which will contain all the information provided in the initial notification, details of any enquires to be undertaken and any results found through the investigation.

6.0 Dissatisfaction with the complaint handling

6.1 If the complainant is dissatisfied with the handling of the complaint or the outcome of these investigations the complainant has the right to approach the Care Quality Commission directly for issues regarding clinical care or the Charity Commission and or Fundraising Regulator for complaints regarding fundraising conduct.

6.2 The complainant is responsible for making this referral either orally or in writing (including electronically) to:

The Care Quality Commission, Speak up and tell us on 03000 61 61 61, enquiries@cqc.org.uk, or the online form www.cqc.org.uk

The Fundraising Regulator, 2nd floor, CAN Mezzanine Building, 49-51 East Road, London, N1 6AH, 0300 999 3407, enquiries@fundraisingregulator.org.uk, www.fundraisingregulator.org.uk

The Advertising Standards Authority, Mid City Place, 71 High Holborn, London WC1V 6QT, 020 7492 2222 www.asa.org.uk

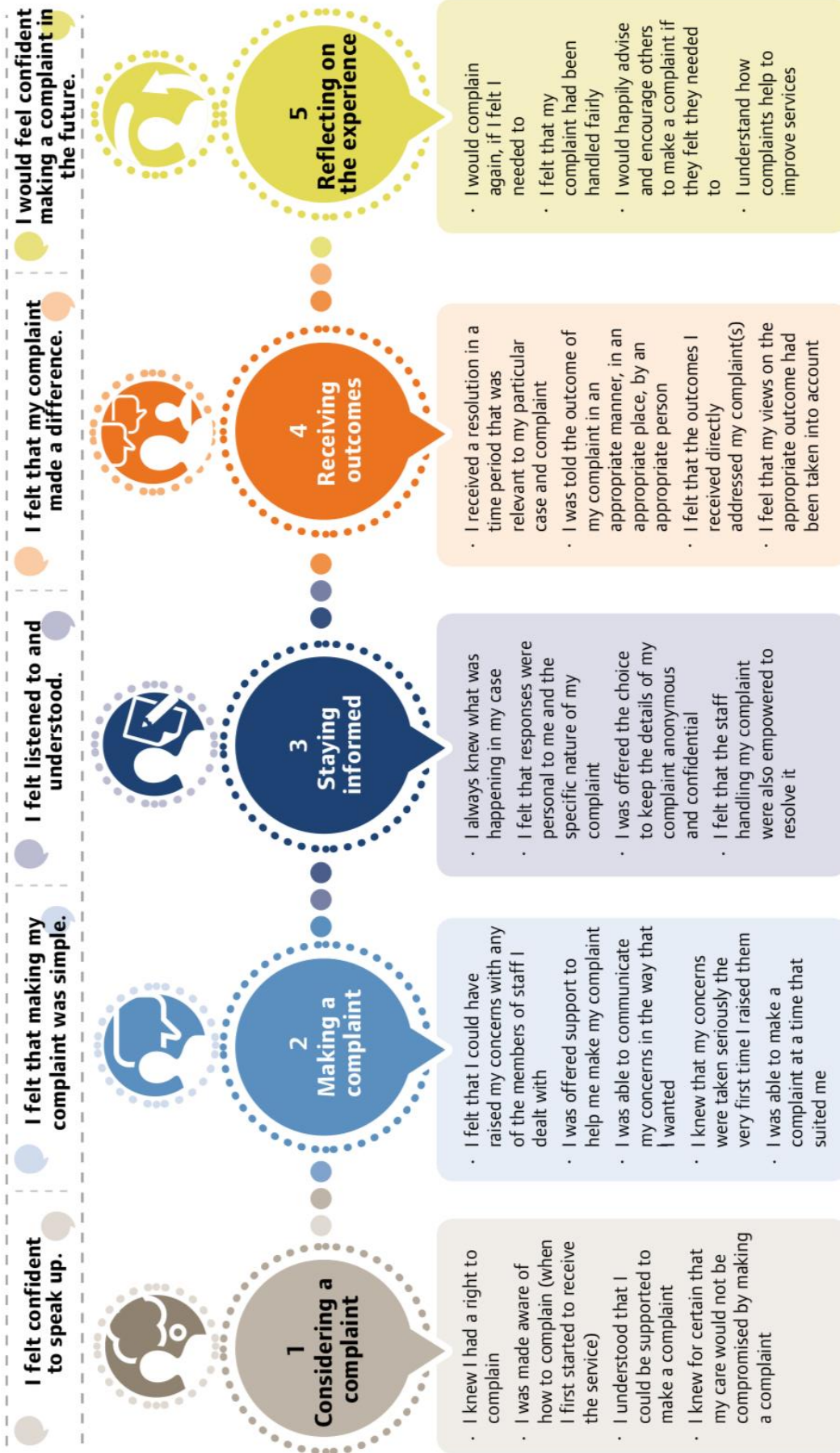
The Charity Commission, 1 Drummond Gate, Pimlico, London SW1V 2QQ, 0300 066 9197 www.gov.uk/complain-about-charity

6.3 Details of how the Care Quality Commission, Advertisings Standards Authority, Fundraising Regulator, Gambling Commission and Charity Commission will treat such a referral request are available at their respective websites.

7.0 Monitoring and reporting complaints

- 7.1 A register of complaints will be maintained by the nominated Responsible Individual, a summary of which will be reported annually to the Board and regulators where appropriate, detailing the points below:
- The subject of the complaint
 - Whether or not the complaint was upheld
 - The results of any investigations
 - Any actions taken
 - The resolution of the complaint
- 7.2 Actual or intended litigation should not be a barrier to the processing or investigation of a complaint at any level. It may be prudent for parties in actual or potential litigation to agree to a stay of proceedings pending the outcome of the complaints procedure, but the duties of the system to respond to complaints should be regarded as entirely separate from the considerations of litigation. If agreement to a stay of proceedings cannot be secured, then a full internal investigation would be conducted concurrently to any litigation proceedings.
- 7.3 After the complaint has been closed, where possible, feedback from the complainant on their experience of the complaints process will be obtained in order to influence improvements.
- 7.4 In line with NHS policy, records of complaints and their investigations will be held for 10 years.

Appendix 1 – Putting the complainant first



Appendix 2 – Supporter care process for feedback, concerns and complaints



Supporter Care Process for feedback, concerns and complaints

