

Policy/Procedure/Guideline**Complaints Policy/Procedure****Version no:** 1.0**Issue Status:** Approved**Date of Ratification:** April 2016**Ratified by:** Clinical Governance & Risk Board**Policy Author:** Bradley Woods**Policy Owner:** CG&RB**Review Frequency:** 2 Years**Identifiable Document Code:** PTUK010**Last Review:** April 2020**Next Review:** April 2022

POLICY AWARENESS	
People who need to know this policy in detail	All Staff
People who need to have a broad understanding of this policy	All Staff
People who need to know this policy exists	All Staff

CHANGE CONTROL DETAILS			
Date DD/MM/YY	Version	Description	Reason for changes
18/04/2016	1	New policy	New policy

Policy location:

Main documents folder in Crew room and control room.
On the Company Server

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1.0 Introduction

- 1.1 Patient Transport (UK) Ltd are committed to ensuring that all complaints, compliments and comments are dealt with ensuring that a personal and comprehensive approach is adopted at all times.
- 1.2 From all feedback received by the company it is vital that we resolve complaints effectively and ensure that we learn and improve the level of service offered.
- 1.3 As part of our commitment to our service users we have adopted the “Family and Friends Test” as set out by the CQC.

2.0 Scope

- 2.1 This policy applies to all staff employed by Patient Transport (UK) Ltd and any contractors that work on behalf of Patient Transport (UK) Ltd.

3.0 Policy Statement

- 3.1 Patient Transport (UK) Ltd is committed to providing a high quality of patient care and by using feedback we can ensure that changes are made to improve the service delivered.

4.0 Objectives

- 4.1 The effective management of complaints and feedback will:
 - Ensure that all legal requirements are met
 - Ensure all complaints are dealt with consistently and full investigations are undertaken
 - Ensure high levels of patient services are delivered
 - Learn from all feedback and complaints received
 - Act as a tool to monitor the public’s view of the company

5.0 Duties

5.1 Duties of Directors of PTUK

- 5.1.1 The Managing Director has overall responsibility for ensuring that all complaints and feedback are dealt with in an efficient manner.

5.2 Duties of Managers of PTUK

- 5.2.1 Managers are tasked with dealing with complaints and compliments, these must be dealt with as per the guidelines set out in this policy.

5.2.2 All Managers must:

- Be familiar with and enforce this policy.
- Not make a moral judgment when counselling or interviewing employees.
- Ensure that contractors working in their area of responsibility comply with this policy.
- Be aware of, and to monitor, trends in feedback and complaints

5.3 Duties of Employees

5.4.1 All employees (including full time, part time, temporary, bank, managers and agency workers), contractors, subcontractors, agents and visitors will be covered by this Policy and it is the responsibility of all managers and supervisors to ensure that the policy is enforced. This includes self-employed vehicle crew staff operating on PTUK's behalf.

5.4.2 All staff have the duty to familiarise themselves with and comply with this policy. Staff should be able to advise service users on how to complain/leave feedback when possible.

6.0 Consultation and Communication with Stakeholders

6.1 New members of staff and contractors/subcontractors will be advised of PTUK's policy at induction.

6.2 Existing staff in position at policy inception will be notified by use of internal email and staff notice boards.

6.3 The Staff Liaison Officer is a member of the Clinical Governance and Risk Board who will undertake staff consultation through the development process.

7.0 Definitions

7.1 For the purposes of this policy, "Company Premises" extends to all buildings, yards, and company vehicles including ambulances, minibuses, cars and support vehicles.

7.2 "Client's" or "Customer" premises include those from or to which PTUK are requested to pick up or deliver patients, including their own homes, hospitals, care homes, military establishments and airports. This extends to such premises visited on company business for reasons other than patient transport. (E.g. Sales visits, meetings, conferences etc.).

8.0 Process for Responding to Concerns/Complaints

8.1 The regulations allow organisations to determine the management of complaints on an individual basis. The responding body is required to investigate the complaint in a manner appropriate to *"resolve it speedily and efficiently and, during the investigation,*

keep the complainant informed, as far as reasonably practicable, as to the progress of the investigation.”

8.2 Patient Transport (UK) Ltd will therefore adopt a flexible approach

9.0 Grading of Complaints

9.1 All complaints and service user feedback will be graded to enable the degree of seriousness and the likely target response time for a response, in keeping with familiar practice. It is however possible that the category may change during the ensuing investigation as more information comes to light. The case will be weighted low, medium and high (green, yellow and red) according to the following matrix.

Seriousness	Description
LOW	Unsatisfactory service or experience not directly related to care. No impact or risk to provision of care
	OR
	Unsatisfactory service or experience related to care, usually a single resolvable issue. Minimal impact and relative minimal risk to the provision of care or the service. No real risk of litigation.
MEDIUM	Service or experience below reasonable expectations in several ways, but not causing lasting problems. Has potential to impact on service provision. Some potential for litigation
HIGH	Significant issues regarding standards, quality of care and safeguarding or denial of rights. Complaints with clear quality assurance or risk management issues that may cause lasting problems for the organisation, and so require investigation. Possibility of litigation and adverse publicity.
	OR
	Serious issues that may cause long term harm such as grossly sub-standard care, professional misconduct or death. Will require immediate in depth investigation. May involve serious safety issues.

10.0 Correct Response Processes

10.1 All complaints and service user feedback must be dealt with taking into consideration the following elements:

- Using a recognised matrix tool as a guide to decide the degree of seriousness of the issues raised and estimate how long it will take to provide a substantive response.
- In the case of telephone approaches, providing the service user with a written summary of the complaint which they may amend to ensure we have captured the totality of concerns.
- Liaison with any other providers involved to agree which agency should act as the lead responder, the form of the response and the timeframe involved.
- Obtaining and examining all relevant records and data.
- Liaison with local management teams to obtain an account from any staff involved
- Seeking external expert advice where appropriate
- Liaison with local management teams and/or senior managers to agree the response and any actions to be taken.
- Coming to a conclusion and advising the service user of the outcome including any actions to be taken

11.0 Organisational Response

11.1 The complainant must be sent a written response signed by the “Responsible Person” which describes how the complaint has been considered, what conclusions have been reached and what action, if any, has or will be taken as a result.

12.0 Timescales

12.1 The regulations will apply to all complaints except those verbal complaints resolved within one working day.

12.2

STAGE ONE

Alert our Operations Team either by phone, fax or e-mail stating your complaint or concern. Please have all the relevant information to hand and give as much detail as possible to help the investigation process move quickly and smoothly.

You should expect to wait no more than 48 hours for a reply to your initial call, fax or e-mail to us. This will give us time to interview all those involved, and collate any paperwork to provide you with a full explanation of the incident.

Should you not hear from our Operations Team within the 48 hour period, or you are not satisfied with the answer given in respect of your complaint, please proceed to stage two of the complaints procedure.

STAGE TWO

This stage of your complaint should be directed to Operations Manager.

You should expect to wait no more than 48 working hours for a reply to your call, fax or e-mail to either of the directors named above. This 48-hour period will give the director the time to interview all those involved, and to collate any paperwork to provide you with a full explanation of the incident.

STAGE THREE

If after stage two of the complaints procedure you have not heard from either of the contact points named above, or you are not satisfied with the explanation given, then you should contact our Managing Director

You should expect to hear from our Managing Director within Five working days from the time of your call, fax or e-mail. This five-day period will enable him to interview all of the people involved in the incident and collate any paperwork in order to present an explanation to you.

Please feel free to contact our Head Office for any further information or clarification of points raised above.

We will never knowingly compromise our service or commitment to our customers.

13.0 Types of complaint

13.1 Verbal Complaint – If Patient Transport (UK) Ltd receive a verbal complaint the person taking the call will fill in the complaint form on their behalf so it is registered and attach it to the complaint log. The Management Team will then investigate the complaint. Further evidence may be needed which could be in the following forms:

- Incident Report Form
- Witness Statement Form
- Adverse Incident Investigation Form

13.2 Written Complaint – If Patient Transport (UK) Ltd receive a written complaint the person receiving the complaint will record it on the complaint log. The Management Team will then investigate the complaint. Further evidence may be needed which could be in the following forms:

- Incident Report Form
- Witness Statement Form
- Adverse Incident Investigation Form

13.3 Complaints Files – Complaints can vary in complexity, all complaints should be judged on the matrix and classified as Low, Medium or High.

All complaints files must include:

- Original Complaint
- Investigation Forms
- Incident Reports
- Witness Statements
- Any additional supporting documents
- Complaint Response

All complaint files must be stored in a secure location both physically and digitally.

Appendix 1 – Complaints Log

Ref	Date	Name of Complainant	Relationship to Business	What does Complaint Relate to?	Response Due	Response Sent	Investigating Staff Member(s)
1							
2							
3							
4							
5							
6							
7							
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15							

Appendix 2 - Equality Impact Assessment Tool

To be completed and attached to any procedural document when submitted to the appropriate committee for consideration and approval.

		Yes/No	Comments
1.	Does the policy/guidance affect one group less or more favourably than another on the basis of:		
	• Race	No	
	• Ethnic origins (including gypsies and travellers)	No	
	• Nationality	No	
	• Gender	No	
	• Culture	No	
	• Religion or belief	No	
	• Sexual orientation including lesbian, gay and bisexual people	No	
	• Age	No	
	• Disability - learning disabilities, physical disability, sensory impairment and mental health problems	No	
2.	Is there any evidence that some groups are affected differently?	No	
3.	If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable?	No	
4.	Is the impact of the policy/guidance likely to be negative?	No	
5.	If so can the impact be avoided?	N/A	
6.	What alternatives are there to achieving the policy/guidance without the impact?	N/A	
7.	Can we reduce the impact by taking different action?	N/A	

If you have identified a potential discriminatory impact of this procedural document, please refer it to Director of Human Resources and Corporate Affairs, together with any suggestions as to the action required to avoid/reduce this impact.

Appendix 3 - Checklist for the Review and Approval of Procedural Document

To be completed and attached to any document which guides practice when submitted to the appropriate committee for consideration and approval.

	Title of document being reviewed:	Yes/No/ Unsure	Comments
1.	Title		
	Is the title clear and unambiguous?	Yes	
	Is it clear whether the document is a guideline, policy, protocol or standard?	Yes	
2.	Rationale		
	Are reasons for development of the document stated?	Yes	
3.	Development Process		
	Is the method described in brief?		
	Are people involved in the development identified?	Yes	
	Do you feel a reasonable attempt has been made to ensure relevant expertise has been used?	Yes	
	Is there evidence of consultation with stakeholders and users?	Yes	CG&RB meetings
4.	Content		
	Is the objective of the document clear?	Yes	
	Is the target population clear and unambiguous?	Yes	
	Are the intended outcomes described?	Yes	
	Are the statements clear and unambiguous?	Yes	
5.	Evidence Base		
	Is the type of evidence to support the document identified explicitly?	Yes	
	Are key references cited?	Yes	
	Are the references cited in full?	Yes	
	Are supporting documents referenced?	Yes	
6.	Approval		
	Does the document identify which committee/group will approve it?	Yes	CG&RB
	If appropriate have the joint Human Resources/staff side committee (or equivalent) approved the document?	Yes	

	Title of document being reviewed:	Yes/No/Unsure	Comments
7.	Dissemination and Implementation		
	Is there an outline/plan to identify how this will be done?	Yes	Email staff
	Does the plan include the necessary training/support to ensure compliance?	Yes	
8.	Document Control		
	Does the document identify where it will be held?	Yes	
	Have archiving arrangements for superseded documents been addressed?	Yes	Archived in folder store on server
9.	Process to Monitor Compliance and Effectiveness		
	Are there measurable standards or KPIs to support the monitoring of compliance with and effectiveness of the document?	Yes	
	Is there a plan to review or audit compliance with the document?	Yes	Internal auditor
10.	Review Date		
	Is the review date identified?	Yes	
	Is the frequency of review identified? If so is it acceptable?	Yes	
11.	Overall Responsibility for the Document		
	Is it clear who will be responsible for co-ordinating the dissemination, implementation and review of the document?	Yes	

Individual Approval

If you are happy to approve this document, please sign and date it and forward to the chair of the committee/group where it will receive final approval.

Name		Date	18 th April 2020
Signature			

Committee Approval

If the committee is happy to approve this document, please sign and date it and forward copies to the person with responsibility for disseminating and implementing the document and the person who is responsible for maintaining the organisation's database of approved documents.

Name		Date	18 th April 2020
Signature			