

G01 - COMPLAINTS

Version control

This policy is version controlled, and you should always ensure that you are viewing the latest version, which can be downloaded from The Portal. You should check with ProMed's Leadership Team if you are unsure if this is the correct version.

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Author	Matthew A Dinnery	Approval	Matthew A Dinnery
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Revision history

Version	Date	Author	Comments
2.3	06/05/2020	MD	Annual review
2.2	07/05/2019	MD	Annual review
2.1	08/05/2018	MD	Annual review
2.0	09/05/2017	MD	Changed to new letterhead for limited company
1.2	07/12/2016	MD	Annual review
1.1	08/12/2015	MD	Privacy and confidentiality & Distribution updated
1.0	04/11/2015	MD	Initial version

Privacy and confidentiality

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This document contains information which is confidential and may be legally privileged and protected from disclosure.

It is intended solely for the use of individuals and organisations involved with Professional Medical Ambulance Services Limited under a business relationship. No person is authorised to change, amend, copy, forward, disclose, distribute or retain this document or information without the written permission of the author(s).

The author(s) and approver(s) will make every effort to ensure all the information contained in this document is true and correct at the time of issue. This document will be updated & circulated to those relevant when updated.

Distribution list

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Professional Medical Ambulance Services Limited Leadership Team	Dropbox
Professional Medical Ambulance Services Limited Staff	Staff Portal
3 rd party contractors	Email
Public	Website

Legislation

-

Relevant external documents

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Relevant internal documents

- Complaints form

Scope

This policy applies to all work on behalf of Professional Medical Ambulance Services Limited with responsibilities for staff, including, but not limited to:

- Employees
- Volunteers
- Contractors (except where working for another CQC registered company under their own procedures)

The policy applies to all complaints within Professional Medical Ambulance Services Limited and may be used to support other methods of achieving our quality and satisfaction outcomes.

Policy

Complaints can be received in various ways, such as formal letters, corrective & preventive action requests, facsimiles, emails or verbal communication. Whatever format these complaints arrive in, it is important they are dealt with in a standardised way and that the resolution of any problem is carried out in an effective & timely manner. All complaints must be dealt with individually and responded to accordingly.

A complaint is defined as an expression of dissatisfaction with Professional Medical Ambulance Services Limited concerning any of the following:

- An unmet expectation, requirement, or patient need
- An error in service and/or product delivery or invoicing for the same
- Documentation which is confusing and/or not clear
- Conduct or behaviour which appears unprofessional
- Inability to contact the right person and/or the right place, at the right time
- Breach of confidentiality

For the purposes of this policy, a “business day” and/or a “working day” is any day which is not a weekend, bank or statutory holiday, between the hours of 0900 & 1700.

Receiving a complaint

A complaint about Professional Medical Ambulance Services Limited may be made to any member of staff; they should record what has been agreed in terms of the nature of the complaint,

the material facts surrounding the complaint, and the expectation of how the complaint will be dealt with (ie is it a formal complaint).

Each complaint, whether formal or informal, will be logged and given a unique number. Formal complaints will be numbered when formally processed; staff handling informal complaints should request a complaint number from Professional Medical Ambulance Services Limited Control.

Investigation of formal complaints

Professional Medical Ambulance Services Limited will acknowledge receipt of formal complaints within 3 working days, letting the complainant who is investigating the matter.

Professional Medical Ambulance Services Limited aims to investigate each complaint within 10 working days. However, if the complaint is more complex, or involves people who are not available at the time, we may reasonably extend this time. We may contact the complainant within this period to seek further information or clarification (in some instances we may recommend a meeting).

Escalation

Escalation is the process by which the focus on a complaint is passed to the leadership team; until such time that the root cause is resolved.

Escalation takes place when:

- The complainant requests escalation
- There has been a failure to agree to a suitable course of action
- The response time fails to meet the agreed response time
- The complaint is deemed serious enough for the advice or attention of the management team
- Arbitration is required

Closing a complaint

At the end of the investigation we shall inform the complainant of our decision, normally using the same format of communication as to how it was opened.

When a solution has been implemented, the complainant is requested to send a facsimile, letter or email quoting the reference number and confirming that the solution is satisfactory to them; if there is no response received from the customer within seven calendar days, the complaint will be deemed as closed and the complainant will be advised accordingly.

Monitoring

The Leadership Team will monitor the effectiveness of complaint resolution through meetings, audit & investigation.