

COMPLAINTS POLICY	
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1. Statement

Health Partners take all complaints very seriously. If a complaint is received, it should be managed in a professional, fair, and transparent way to resolve the issue as soon as possible. The Company believe an effective complaint management procedure is a proven way of maintaining and building trusted relationships with our customers, business partners, other interested parties, and employees.

By handling complaints, concerns and issues well, Health Partners can;

- demonstrate a commitment to providing exemplary customer services
- maintain trust and assure all interested parties, so they may have confidence in our services
- establish what has gone wrong and why so that corrective action can be taken
- learn from our mistakes and implement changes to our policies and procedures where that is required to prevent reoccurrence.

2. Objectives of the Complaints Policy

- To provide a transparent and fair complaints procedure which is clear and easy to use for anyone wishing to make a complaint
- To make sure all employees at the Company know what to do if a complaint is received
- To ensure all complaints are recorded
- To make sure all complaints are investigated thoroughly and in a timely way
- To make sure that complaints are resolved and that relationships are repaired
- To analyse the root causes to improve what we do, to learn from our mistakes and implement changes to our policies and procedures where that is required.
- To monitor the improvements to ensure customer satisfaction and mitigate the risk of re-occurrence
- To publicise the existence of our complaints procedure so that people know how to contact us to make a complaint

3. Scope

All complaints are within scope of this policy. A complaint is defined as a submission from one of our customers, their employees/patients (colleagues), a business partner or supplier, one of our employees or any other interested party with whom the Company has contact, that we have acted unfairly or discourteously, failed to take an action that had been previously agreed or provided incorrect advice. A complaint can relate to any aspect of the service that Health Partners offers.

4. Responsibilities

All employees are responsible for acknowledging that a complaint has been made and that it is sympathetically, fairly, and sensitively handled in accordance with this policy.

Specific responsibility lies with certain individuals for the management of a complaint from receipt to closure.

Type of complaint	Overall Responsible Owner
A formal or informal customer or colleague complaint	Client Relationship Manager or Clinical Operations Manager if there is no designated CRM
A formal or informal administrative complaint	CA Senior Team Leader
A formal or informal clinical complaint	CMO or Clinical Operations Manager (for OHAs) or the CCC
A formal complaint that has been escalated to the GMC, or contains issues raised that already involve the GMC	Responsible Officer
A formal complaint that has been escalated to the NMC, or contains issues raised that already involve the NMC	CNO
A formal complaint that has been escalated to the governing body of any other clinician	Director of that specialty
A formal complaint from the ICO or any other governing body	Governance Director (Deputy CMO in GD absence)

5. Policy

A complaint can be received in a number of ways, for example in writing, via email, via our website, in person or by telephone. To ensure the grounds of the complaint are fully represented and can be investigated thoroughly, it is imperative that the following information is included or obtained, in the case of a telephone call;

- If the issue relates to a specific case, then we require the name, date of birth and address of the colleague concerned.
- If the concern relates to more than one case, it would be useful to have actual examples so particular root causes can be investigated
- Specific details of the issue or concern raised should be noted. If there are a number of issues, each should be noted separately so that each point can be reviewed and responded to accordingly.
- If possible, try and establish what outcome the complainant expects, following the investigation.

All complaints received should be immediately escalated to the responsible owner and logged, where the case will be issued with a unique number and sent an investigation form for completion after the investigation.

The responsible owner should acknowledge the complaint in writing within two days, ensuring that all the pertinent facts and issues are gathered from the complainant so that the investigation may commence. The responsible owner should confirm next steps and ensure the complainant is aware of the timelines for completion or closure.

The investigation should be thorough and evidence, for each point raised by the complainant, gathered and scrutinised.

All relevant, or interested, parties should contribute to the investigation. Health Partners acknowledge that robust and objective advice provided by occupational health or psychological clinicians may be challenging on occasions for both employees and employers and assessments/therapy are only attended by the two parties concerned. Therefore, where individuals do not agree with the occupational health advice provided or are unhappy with the assessment/therapy/treatment, additional sensitivity is required when investigating the complaint to ensure a balanced approach is taken.

A written response should be issued within a fortnight, addressing each of the points made by the complainant. If we have made an error, we should apologise unreservedly and set out what actions will be taken to mitigate the risks of reoccurrence.

(If the investigation is likely to exceed this timeline, then it is imperative that an update is given to the complainant before the deadline and a revised closure date agreed.)

The investigation form should be updated and sent to the team and then the case is closed, once confirmation has been received that the complainant is content with the response.

All clinical complaints should be declared at the clinician's annual appraisal for reflection and learning purposes.

In the event that the complainant is not satisfied with the response they receive, following the investigation, they may escalate the complaint to either the Director to whom the initial investigator reports or, if the complaint is clinical in nature, to the Clinical Governance Director. This should be in writing and detail their concerns with the response. The timeline for this escalation may be extended beyond a fortnight to allow for additional information or evidence to be scrutinised. A further written response will then be issued. If the complaint involves the Governance Director or Responsible Officer, the Managing Director will adjudicate.

Complaints received from a clinical governing body regarding a Health Partners' clinician will be escalated to the Responsible Officer, Director responsible for that specialty or CNO, as appropriate, immediately.

Complaints received from any other governing body will be escalated to the Governance Director.

Complaints that are deemed to be vexatious in nature or habitual complaints regarding the same issue will immediately be escalated to the Governance Director or Responsible Officer.

Analysis data from the corrective action log should be regularly reviewed by the Leadership team and Clinical Governance Group, as part of the quality management system. Any improvements or actions that have been highlighted by a complaint should be introduced in a timely manner and where major changes are required to protocols, processes or the IT system then the Change management procedure should be initiated.

6. References

External references

- GMC and NMC guidelines for complaint handling
- The Responsible Officer Regulations
- SEQOHS standards

Related Company documents

- ISO Corrective actions procedure
- Employee handbook
- Business ethics and corporate responsibility Policy
- Grievance and Disciplinary Policy
- Change management procedure