

COMPLAINTS POLICY	
Document reference	Policies/Complaints
Version	11
Author/s	J Crang
Date of this version	11 th February 2025
Approved by	Andrew Noble
Date of approval	February 2025
Next review date	February 2028

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.

This policy covers all companies within the group.

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.

Complaints may be made by people who use, or have used, our services, and for certain services, such as Psych Health, also by their relatives or carers, or representatives acting on their behalf and by relatives and carers about issues affecting them with their consent.

If the complainant is not the employee/patient, the consent of the employee/patient should be sought. If a complaint from a carer, relative or referrer relates to the care of an employee/patient, care must be taken not to disclose personal health information without the express consent of that employee/patient.

Where we provide the services to children and young persons, the 'representative' must be a parent, guardian or other adult who has care of the child/young person. Where the child/young person is in the care of the local authority or a voluntary organisation, the representative must be a person authorised by that

body. Children/Young persons can make a complaint in their own right where it is deemed they have the capacity to do so.

In cases where the employee/patient lacks capacity or has died Health Partners must be satisfied that there is either a legal requirement to disclose or that the representative is a relative or other person who has a 'sufficient interest' in that employee/patient's welfare and is a suitable person to act as a representative.

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 regarding the administration or operations	Senior Team Leader or Manager, if an on site team
A formal or informal clinical complaint	CMO or Clinical Operations Manager, Physiotherapy Quality lead, or the CCC
A formal or informal complaint about a third party operating on our behalf	The Head/Lead/Director responsible for that specialism or the Business Development lead, if assigned
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 or regulatory 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 case reference 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 and logged, where the case will be issued with a unique number and the Responsible owner will be sent an investigation form for completion after the investigation.

The responsible owner should acknowledge the complaint in writing within two days, if it has not already been done by the recipient of the complaint, ensuring that all the pertinent facts and issues are gathered from the complainant so that the investigation may commence if necessary. 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 ten working days, 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 investigator should confirm if the complaint is upheld, not upheld or partially upheld on the form as well as confirming the root cause of the complaint

The investigation form should be updated and sent to the team and then the case is closed.

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 or Line Manager to whom the initial investigator reports. 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, however the focus will be on how the initial complaint was managed. A further written response will then be issued. **This will conclude the complaints procedure.**

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 Responsible Officer at the quarterly meeting, the Leadership team at the Operations Boards, and the SMMT and Clinical Governance Group at their monthly meetings, 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