

Policy Name	Complaints & Corrective Actions Policy		
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01	First publication	n/a	n/a
02	Reviewed	May 09	JG
03	Reviewed	Dec 10	JG
04	Reviewed	Feb 12	JG
05	Reviewed in line with RO requirements	Dec 12	SA/DF/JG
06	Reviewed and overall responsibility changed to WS	Jan 15	JG
07	Reviewed and overall responsibility changed to PB	Jul 15	JG
08	ISO27001 markings added	Oct 15	JG

Pat Birchall, as the Managing Director of Health Management, has overall and final responsibility for this policy in the Company.

Signed *P.D. Birchall* Dated 7/10/15

Complaints & Corrective Action Policy

Purpose

We define a complaint as a representation from one of our clients, their employees (via the client) or any other person with whom Health Management has contact with that we have failed to take action that had been previously agreed, provided advice in an occupational health report which is incorrect or acted unfairly or discourteously. This can relate to any part of the occupational health process from the receipt of a referral/questionnaire or other document to the closure of a case.

All employees at Health Management have responsibility for acknowledging that a complaint has been made and that it is sympathetically and sensitively handled in accordance with our internal procedures set out below.

We view complaints as an opportunity to learn from our mistakes and implement changes to our policies and procedures where that is required.

Related Policies, Procedures and Reference points

- ISO Policy & Procedures
- Grievance and Disciplinary Policy
- Internal Procedures manuals for each team
- Employee handbook
- Requirements under the RO regulations
- Manuals – Raising concerns (whistleblowing) section

Ways to complain

A complaint can be received in a number of ways. It may, for example, be made in writing, in person, via email or by telephone initially. We do need to be confident that the grounds of the complaint have been fully represented to us and will request that we have a written record of its detail provided by the complainant and we may seek clarification or further evidence as required.

Therefore the following information is required to ensure we can investigate thoroughly;

- Name, date of birth and address of the employee, if the complaint relates to a particular case
- If the complaint relates to more than one case, it would be useful to have actual examples
- If there are a number of issues it would be helpful to number each point so that we may reply in kind to ensure all points are addressed
- It would be helpful to understand what is expected as an outcome

Service level agreements for complaints

All complaints or comments will be acknowledged in writing or verbally, within 2 working days of receipt by the Customer Service Manager (CSM).

A written response will be made within 10 working days. If it becomes apparent during the investigation that the review will not be completed and a written response made to the complainant within the above timeframes, then a letter or telephone call providing an initial progress report and setting a revised deadline for a full response must be sent.

Clinical Complaints

The provision of occupational health advice does have some particular differences to general healthcare. Often in occupational health settings there may be disquiet between an employee and the employer and our advice may impact on employment decisions. Occupational health advice is also provided to an employer and we are keen to provide impartial evidence based advice and are not as in other healthcare scenarios the employee/patients advocate. In some cases we will need to be making decisions according to specific criteria such as in ill health retirement decisions.

We recognise that robust and objective advice provided by occupational health professionals can be challenging on occasions both to employees and the employer

This can generate a complaint and we accept that this can occur. This does make the complaints process about occupational health different from those complaints that may be seen in other health areas. A number of complaints arise where individuals do not agree with the occupational health advice provided and at though our doctors and nurses need to be able to provide effective evidence based advice which may not be fully accepted by an employee nevertheless we consider it is imperative to promptly investigate all complaints and respond in a manner which is balanced and transparent.

Our goal is that all parties who use Health Management for occupational health services can have confidence in our approach and that we continually seek to identify errors in our processes and if necessary will take administrative and/or remedial action if required

The medical appraisers and the RO will all have access to the Corrective Actions log and the log should be cross-referenced with any declared complaints when undertaking a medical appraisal.

GMC/NMC complaints

All correspondence relating to a complaint that has been escalated to the GMC/NMC, or issues raised that already involve either body, will be managed by the Responsible Officer or OHA Nurse Manager as appropriate.

Internal Protocol

All complaints or comments should be recorded on the Corrective Action Log as soon as a complaint is received/ made.

The Customer Service Manager (CSM) team are responsible for all complaints; therefore the complaint should be passed to the relevant CSM/Customer Service Director (CSD) immediately.

The CSM/CSD will acknowledge the complaint, setting out with the complainant what the process will be and the timelines expected.

The CSM will then raise it with the relevant team manager, depending on the nature of the issue raised.

If the issue is an administrative or operational one then the CSM will lead on the complaint, with support from the relevant manager/s in the investigation, and they write back to the client with a formal response.

If the issue is of a medical nature it should be raised with the relevant Clinical Director who will investigate and either they will respond directly to the client or pass the information to the CSM to formally respond, if there is also administrative/operational issues raised in the same complaint.

Once the formal response has been sent, the corrective action log should be updated with the outcome/s. The Senior Medical Management Team (SMMT) and Directors of Health Management will review the Corrective Action Log on a regular basis as part of the routine Quality Management procedures.

The medical appraisers and the RO will all have access to the Corrective Actions log and the log should be cross-referenced with any declared complaints when undertaking a medical appraisal.

Escalation protocol

In the event that the complainant is not satisfied with the response, the complainant must put in writing the reasons for their continued dissatisfaction and then this will be referred to Health Management's Responsible Officer, if it is clinical matter, or the Managing Director, if administrative, for further investigation and response.

Managing habitual or repetitive complaints

Habitual or repetitive complaints where there is a concern that they may be vexatious should be escalated to the Responsible Officer/Managing Director immediately

Outcomes

During the investigation process, any improvements to our working processes and procedures identified as a result of the complaint should be implemented within 10 working days, unless there is an IT or systems development required to introduce the change. Please see the last section of the Corrective Action Log which should be updated accordingly.