HEALTHBRIDGE OCCUPATIONAL HEALTH COMPLAINTS POLICY

1. PURPOSE AND COMMITMENT

HealthBridge values feedback as a tool for improvement. This policy ensures:

-Transparent resolution of complaints about services, staff conduct, or communications.

-Compliance with:

~CQC (if applicable)

~GMC (Good Medical Practice)

~ISO 9001 (Quality Management Systems – *see definition below*).

-Continuous learning to enhance patient/employer experiences.

What is ISO 9001?

ISO 9001 is an international standard for **Quality Management Systems (QMS)**. It requires organizations to:

-Document processes (e.g., complaint handling).

-Implement corrective actions to prevent recurrence.

-Foster continuous improvement (e.g., via trend analysis).

Relevance to This Policy:

Section 4.2 (Outcomes) and Section 7 (Review) align with ISO 9001's "Plan-Do-Check-Act" cycle.

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2. WHAT CONSTITUTES A COMPLAINT?

A **formal complaint** is any written expression of dissatisfaction about:

-Clinical advice or OH reports.

-Staff professionalism (e.g., delays, rudeness).

-Data handling breaches (*escalate to Data Protection Officer*).

-Website/communication issues.

Note: Informal concerns resolved within 24 hours are logged but not classified as complaints.

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3. HOW TO COMPLAIN

3.1 SUBMISSION CHANNELS

Method	Details	Response Time
Email	contact@healthbridge.org.uk	3 working days
Post	[50 Hadow Way, Quedgeley, GL2 4YJ]	5 working days

3.2 REQUIRED INFORMATION

Complainants must provide:

-Name, contact details, and relationship to HealthBridge (e.g., employee/employer).

-Incident date(s) and staff involved (if known).

-Desired resolution (e.g., apology, report revision, refund).

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4. COMPLAINT HANDLING PROCESS

4.1 INVESTIGATION STAGES

Stage	Timeline	Actions
Acknowledgement	Within 3 working days	Send confirmation with **case reference** and expected resolution timeline.
Review	10 working days	Complaints Officer investigates; may interview staff or request records.
Resolution	+5 days if complex	Draft response reviewed by Clinical Lead for accuracy/fairness.

4.2 OUTCOMES

-Corrective Action: Staff retraining, report amendments.

-Remedy: Refund (per Fee Policy), written apology.

-Process Change: Policy updates if systemic issues identified.

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5. ESCALATION PATH

5.1 INTERNAL ESCALATION

1.First Response: Complaints Officer.

2.Appeal: Request review by Clinical Lead within **14 days**.

3.Final Appeal: Director's binding decision within **10 days**.

5.2 EXTERNAL ESCALATION

If unresolved after internal escalation:

-GMC: For clinical concerns (www.gmc-uk.org).

-ICO: For data breaches (www.ico.org.uk).

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6. CONFIDENTIALITY & DATA PROTECTION

-Complaints stored in **encrypted systems** (separate from clinical records).

-Anonymized data used for:

~Annual trend analysis (see Clinical Governance Policy).

~ISO 9001 **continuous improvement** reports.

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7. POLICY REVIEW

-Annual review with staff input.

-Ad-hoc updates after:

~Regulatory changes (e.g., new CQC standards).

~Recurring complaint themes (per Section 4.2).

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8. VERSION CONTROL

Version	Date	Changes Made	Approved By
1.0	30/07/2025	Initial policy draft.	Dr. James Stanley
1.1	[DD/MM/YYYY]		

Approved by: Dr. James Stanley

Contact: [contact@healthbridge.org.uk]

