

<b>Title:</b>	Viapath Complaints Policy & Procedure
<b>Department:</b>	Viapath Support Services - Customer Services

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## Contents

<b>1.</b>	<b>Introduction .....</b>	<b>3</b>
<b>2.</b>	<b>Responsibility .....</b>	<b>3</b>
2.1	Viapath Group Board.....	3
2.2	Chief Executive Officer .....	4
2.3	Chief Operating Officer .....	4
2.4	Medical Director .....	4
2.5	Directors of Operations/General Managers/Heads of Departments ..	4
2.6	Head of Customer Services .....	5
<b>3.</b>	<b>Complaints Escalation Process .....</b>	<b>5</b>
<b>4.</b>	<b>Learning from Complaints .....</b>	<b>6</b>
<b>5.</b>	<b>Compliments / feedback forms.....</b>	<b>6</b>
<b>6.</b>	<b>Appendix .....</b>	<b>7</b>
6.1	Appendix 1 - Learning from Complaints .....	7

Filename	Viapath Complaints Policy & Procedure	Version	2.0
Author	Rupinder Gill	Effective date	12/12/2017
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## 1. Introduction

This document sets out the policy for handling complaints at Viapath Group, Viapath Services and Viapath Analytics and applies to all staff, contractors, students and those on honorary contracts.

Patient and customer complaints are important and fundamental for continuous improved patient and customer experience, the safe delivery of clinical care and performance standards. Complaints and compliments from patients and customers, are welcomed by all employees.

Viapath provides medical laboratory services for NHS funded patients as well as other private healthcare providers and therefore has a contractual obligation to follow the statutory requirements and best practice guidance from the Department of Health and the Parliamentary and Health Service Ombudsman's Principles of Good Complaint Handling 2009 ([www.ombudsman.org.uk](http://www.ombudsman.org.uk)).

Viapath follows the Health Service Ombudsman's Six Principles of Good Complaints Handling:

Getting it right
Being customer focused
Being open and accountable
Acting fairly and proportionately
Putting things right
Seeking continuous improvement

Source: [Principles of Good Complaint Handling: Parliamentary and Health service Ombudsman](#)

All complainants, regardless of race, disability, age, religion or belief, gender and sexual orientation, should be treated with respect and receive a thorough investigation of their complaint and a response. A patient's care will not be detrimentally affected because they have made a complaint.

## 2. Responsibility

### 2.1 Viapath Group Board

The Viapath Group Board ensures that there are clear policies and procedures for the handling of concerns and complaints, and that appropriate expertise and resources are available to enable its responsibilities to be effectively discharged.

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Filename	Viapath Complaints Policy & Procedure	Version	2.0
Author	Rupinder Gill	Effective date	12/12/2017
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## 2.2 Chief Executive Officer

The Chief Executive Officer is the Accountable Officer with overall responsibility for ensuring that concerns and complaints are managed and lessons are learnt.

S/He undertakes this role by ensuring that the Board are regularly updated, by personal leadership and approach to develop a culture where lessons are learnt and acted upon, at all levels of Viapath, and by ensuring that the policy and procedures are carried out.

S/He is accountable for ensuring that a specified Board Director oversees the successful management of complaints and concerns, and has delegated the responsibility to the Chief Operating Officer (COO).

## 2.3 Chief Operating Officer

The Chief Operating Officer has the responsibility for concern and complaint handling. S/He is a member of the Viapath Governance, Quality & Risk Assurance Committee.

S/He delegates the day-to-day responsibilities to the Directors of Operations/General Managers, with the Divisional Director for Support Services taking the overall lead for Customer Services.

## 2.4 Medical Director

The Viapath Medical Director is responsible for supporting the Chief Operating Officer, and ensuring that the patient experience and clinical care elements of concerns and complaints, with actual or potential implications for patient safety, are investigated and acted upon promptly.

The Medical Director is responsible for ensuring that Duty of Candor is undertaken when a patient has raised concerns or a complaint. S/He is a member of the Viapath Governance, Quality & Risk Assurance Committee.

S/He delegates the day-to-day monitoring to the Viapath Head of Quality and laboratory services to the service Clinical Lead/site Clinical Director.

## 2.5 Directors of Operations/General Managers/Heads of Departments

Directors of Operations, General Managers and Heads of Departments are responsible for ensuring that all complaints and concerns raised in their portfolio, are recorded, investigated promptly, with high quality and factual responses, and that action plans are implemented, monitored and evaluated within agreed timescales.

All employees have a responsibility to read this policy and be able to respond appropriately to a complainant. All attempts should be made to resolve the concern or complaint immediately. If this is not possible, then the concern/complaint should be escalated in via your line manager.

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Filename	Viapath Complaints Policy & Procedure	Version	2.0
Author	Rupinder Gill	Effective date	12/12/2017
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## 2.6 Head of Customer Services

The Head of Customer Services is responsible for the quality assurance of responses and manages/oversees all complaints. He/she will provide advice and support to the Customer Services and will co-ordinate and review all responses to ensure they meet the points raised and within the given timescales. The Head of Customer Services is also responsible for:

- compiling regular analytical reports covering patterns and trends in complaints received
- ensuring that complaints training is available to staff company-wide as part of the Learning & Development training calendar
- quality assurance of final complaint response.

## 3. Complaints Escalation Process

Complaints can come directly from customers who have a direct relationship with Viapath or via the host Trust.

The aim of this policy is to ensure that all complaints (formal or informal) are treated in a courteous and sympathetic manner.

Each complaint is directed to the Customer Services team so they can be logged and directed to the relevant investigating manager. This will also ensure that all aspects of the complaint are reviewed and responded to thus reducing the risk of follow up complaints being received.

The complaints process will be clear and accessible to all and will offer a personal approach to achieving resolution locally where possible.

Complaints will be dealt with in a culture of openness in an environment which seeks to use all feedback to improve the current service provision.

Complaints will be used to improve the service provision and therefore the patient experience.

A complaint can be managed via informal or formal routes and this is normally indicated by the complainant. Viapath encourage staff to resolve minor problems immediately via an informal method which is usually addressed within 24 hours. These informal concerns should be recorded locally for learning purposes and shared with the Customer Services team on a monthly basis.

Formal complaints are normally those issues that require an investigation and the usual timescale for responding to these concerns as quickly as possible.

NHS timescales for formal complaints are within 25 working days from the date of receiving the complaint. All complaints vary in complexity and the time required to investigate, therefore it is important that the complainant is involved in discussion regarding the target timescale. Viapath aim to ensure all complains are dealt within this timeframe however where this is not possible, this is communicated to the complainant (via the host Trust, if appropriate).

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Filename	Viapath Complaints Policy & Procedure	Version	2.0
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## **4. Learning from Complaints**

Viapath is committed to learning from complaints through a robust process which enables the organisation to maximise learning for the future and reduce the likelihood of recurrence. More details of the learning process are provided in the Appendix 1.

## **5. Compliments / feedback forms**

Compliments can all too easily be overlooked or forgotten, but they form an important part of any balanced picture of how well Viapath serves its patients and their carers.

Departments who collate feedback from their service users via a feedback form should ensure these are collated and shared with the Customer Service team and their host Trust (where appropriate). By sharing this information, this supports the service improvements required for the service or confirmation the service is meeting the needs of its users.

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## 6. Appendix

### 6.1 Appendix 1 - Learning from Complaints

1. Viapath is committed to learning from complaints and each complaint received is reviewed and any action points noted as required as result of the investigation is followed up by the Customer Services team.
2. Divisional Operations Directors and Service Delivery Managers are responsible for the implementation of any changes to practice and the implementation of any actions identified following the investigation. Process for Aggregation of Investigations and Learning from Incidents, Complaints and Claims.
3. Trends from complaints will be recorded on the company customer management system, with month data reports generated and included within the relevant performance review meeting (PRM) report.
4. Quarterly reports relating to trends and response times will be produced and circulated to the Governance Risk and Quality (GRQ) meetings for discussion and information.
5. Senior Managers are responsible for sharing the quarterly reports further the within their area for learning purposes via appropriate meetings with their teams.
6. The minimum data set for the Quarterly Reports to GRQ report is:
  - a. **Complaints:**
    - i. Number of Complaints
    - ii. Topic of complaint (overview)
    - iii. Response Times
    - iv. Grading (Severity) and degree of harm
    - v. New / follow up ratio
    - vi. Second stage complaints: the Health Service Ombudsman (HSO)
    - vii. Trend analysis including; actions taken and changes to practice/learning

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