

Oryon Imaging and Healthcare Ltd (OIHL) Complaints Policy

Introduction

At Oryon Imaging and Healthcare Ltd (OIHL), we are committed to providing high-quality services to our service users and stakeholders. We recognise the importance of feedback, including complaints, as a valuable tool for continuous improvement. This policy outlines our approach to handling feedback and complaints in a fair, transparent, and timely manner. We view all feedback as an opportunity to learn, grow, and enhance the quality of our services.

Purpose

The purpose of this policy is to ensure that all feedback and complaints are managed effectively, efficiently, and with the utmost care. Our complaint management system is designed to:

- **Respond promptly** to concerns raised by service users.
- **Build trust** in our administrative processes.
- **Identify areas for improvement** in our services, staff, and complaint-handling procedures.
- **Ensure accessibility** for all service users to share their feedback or lodge a complaint.
- **Promote a culture of openness and honesty**, with the primary goal of resolving concerns to the satisfaction of the complainant.
- **Conduct thorough investigations** into all feedback and complaints.
- **Ensure fairness** for both staff and complainants.
- **Use lessons learned** from feedback to improve service users care and service delivery.

This policy provides clear guidance to staff and service users on the principles and processes of our feedback and complaint management system.

Scope

This policy applies to all staff who receive, manage, or investigate feedback or complaints from service users regarding our services, staff, or complaint-handling processes.

Key Principles

1. Encouraging Early Resolution: Staff are empowered to address and resolve concerns as they arise. If necessary, they should escalate issues to a senior manager for early resolution outside the formal complaints process.
2. Training and Support: All operational staff undergo annual training in feedback handling and conflict resolution. Designated complaint handlers are supported by colleagues and management in investigating formal complaints.
3. Transparency: Information about our feedback and complaints procedure is readily available on our website and in public areas of our clinics.
4. Proactive Feedback Collection: We actively seek feedback from service users through surveys, Google Reviews, and Trustpilot. Staff are trained to encourage service users to share their experiences and concerns.

Roles and Responsibilities

| Role | Responsibilities |
|------|------------------|
|------|------------------|

|  |   |
|--|---|
| Chief Operating Officer                      | <ul style="list-style-type: none"> <li>• Ensure a robust feedback and complaints process is in place which meets the requirements of all service users</li> <li>• Oversee the Senior Management Team's ability to resolve issues effectively</li> <li>• Review and act on feedback reports</li> </ul>   |
| Head of Patient Services/<br>Complaints Lead | <ul style="list-style-type: none"> <li>• Oversees all operational feedback and complaints received</li> <li>• Responsible for the investigation of non-clinical formal complaints</li> <li>• Assess complaints during weekly meetings with the senior management team</li> <li>• Decide on compensation if required</li> <li>• Ensure performance reviews or training are conducted if needed</li> <li>• If not identified as the complaint handler, the Head of Patient Services must provide the complaint handler with help and support in customer or operational issues relevant to the investigation</li> <li>• Conducts quarterly review of all complaints received with Senior Management Team</li> </ul> |
| Bookings Manager                             | <ul style="list-style-type: none"> <li>• Act as the first point of contact for complaints received by phone or email</li> <li>• Log all complaints</li> <li>• Resolve complaints relating to the Bookings Department</li> <li>• Escalate unresolved issues to Head of Patient Services</li> <li>• Provide regular updates to the Head of Patient Services</li> </ul>  |
| Reception and Facilities<br>Manager          | <ul style="list-style-type: none"> <li>• Act as the first point of contact for complaints received on-site.</li> <li>• Log all complaints received including Survey Monkey</li> <li>• Resolve complaints relating to the Reception/Facilities/Operations Department</li> <li>• Escalate unresolved issues to Head of Patient Services</li> <li>• Provide regular updates to the Head of Patient Services</li> </ul>   |
| Head of Imaging/Registered<br>Manager        | <ul style="list-style-type: none"> <li>• Oversees all clinical feedback and complaints received</li> <li>• Liaise with radiologists and clinical staff during investigations</li> <li>• Discuss in weekly complaints meeting and/ or Clinical Directors Meeting</li> <li>• Ensure performance reviews or training are conducted if needed</li> <li>• If not identified as the complaint handler, the Registered Manager must provide the complaint handler with help and support in clinical and technical issues relevant to the investigation</li> </ul>  |
| Quality & Compliance<br>Manager              | <ul style="list-style-type: none"> <li>• Support Head of Patient Services with compliance/regulatory issues resulting from complaints</li> <li>• Monthly meetings with Head of Patient Services, to track lessons learned and outstanding actions</li> <li>• Identify potential risks to the business and implement processes to eradicate associated risk</li> </ul>   |

|                   |  |
|-------------------|--|
|                   | <ul style="list-style-type: none"> <li>To participate in quarterly complaint reviews with Head of Patient Services</li> </ul>  |
| Marketing Manager | <ul style="list-style-type: none"> <li>Respond to all web feedback (Google Reviews, TrustPilot) within 2 working days</li> <li>Log all feedback and complaints received and assign to the relevant case handler</li> </ul>   |
| OIHL Staff        | <ul style="list-style-type: none"> <li>Know how to inform a complainant about our complaints policy if unable to deescalate</li> <li>Log complaints received via all communication channels.</li> <li>Escalate potential complaints to the relevant handler</li> <li>Provide information and statements as requested.</li> </ul> |

## Definitions

|   |
|---|
| <b>Complaint</b>  |
| Expression of dissatisfaction made to or about us, our products, services, staff or the handling of a complaint where a response or resolution is explicitly or implicitly expected or legally required.  |
| <b>Complaint management system</b>  |
| All policies, procedures, practices, staff, hardware and software used by us in the management of complaints.   |
| <b>Dispute</b>  |
| An unresolved complaint escalated either within or outside of our organisation.   |
| <b>Feedback</b>   |
| Opinions, comments and expressions of interest or concern, made directly or indirectly, explicitly or implicitly, to or about us, about our products, services or complaint handling where a response is not explicitly or implicitly expected or legally required. |
| <b>Grievance</b>  |
| A clear, formal written statement by an individual staff member about another staff member or a work-related problem.   |

## Who may make a complaint?

Complainants will be existing or former users of the services of OIHL (service users or referrer), or any person who is affected by or likely to be affected by the action, omission or decision of OIHL. A complaint may also be made by an individual whom a service user has authorised to act on their behalf.

Clients and customers of OIHL (other than patients) may also make a complaint about service delivery, either general or specific.

## How to make a complaint

At OIHL, we are committed to providing high-quality, affordable care and delivering exceptional experiences for all our patients and customers. However, we understand that there may be occasions when our service users' expectations are not met. When concerns or complaints arise, we take them seriously and are committed to addressing them promptly, fairly, and effectively.

We value all feedback as an opportunity to learn and improve our services and facilities. If a service user wishes to raise a concern or make a complaint about any aspect of the service received, they may do so through any of the following channels:

Call us on 020 7042 1888

Email us at [imaging@oryon.co.uk](mailto:imaging@oryon.co.uk)

Write to us at:

Oryon Imaging and Healthcare Ltd  
Lister House  
11-12 Wimpole Street  
London  
W1G 9ST

### Feedback and Informal Complaints Process

Staff are encouraged to utilise de-escalation techniques for managing feedback and addressing informal complaints. By taking the time to understand a service user's concerns, staff can often prevent these issues from escalating into formal complaints.

Informal complaints and feedback received must be logged as this will form part of OIHL's performance metrics.

### Handling Formal Complaints

In instances where a complaint cannot be resolved through the informal complaint handling process, the complaint must be escalated to the formal complaint handling process.

Below details the complaint handling process that should be followed:

#### 1. Submission and Acknowledgment:

Feedback and complaints can be received via email, letter, phone, in person, or through online platforms (Google Reviews and Trustpilot).

If a complaint is made verbally, it should be transcribed and shared with the complainant for confirmation through email.

Staff must log the complaint by creating a case and assigning it to the appropriate handler. If staff are unsure of who to assign the case to, they can verify with the Head of Patient Services.

OIHL must send a written acknowledgement of formal complaints within 2 working days of receipt. An acknowledgement email for complaints must be sent by the staff member that receives and logged the complaint.

#### 2. Investigation:

All formal complaints must be investigated thoroughly.

Complaints involving clinical issues will be reviewed by the Head of Imaging/ Registered Manager and relevant radiologists, if required.

Non-clinical complaints will be handled by the Head of Patient Services.

The complaint handler must ensure there is weekly communication with the complainant throughout the investigation stage. Should the complaint handler attempt to make a phone call to the complainant but is unable to reach them, an email should follow explaining reason for the call.

Information regarding a service user that is shared with a third party during the complaint investigation will only occur with the service users' awareness and consent. Service users will be informed from the beginning that the complaint investigation may involve a review of their medical records and related documents by the individuals conducting the investigation.

### 3. Response:

All complaint handlers should aim to resolve formal complaints within 5 working days. The complainant must be sent an email response detailing the findings of the complaint investigation and agreed steps to close the complaint.

If the complaint requires longer than 5 working days for the investigation, the complaint handler must notify the complainant and advise them that we will investigate the complaint further and respond within 28 working days.

A substantive written response must be sent to the complainant within 28 working days of receipt, unless an extension has been agreed. In cases where the complaint is resolved over the phone, the complaint handler must follow the call up with a written summary of what was agreed with complainant.

All OIHL staff are required to provide prompt responses to the complaint handler following requests for information.

For formal clinical complaints, a draft response will be prepared by the complaint handler and reviewed by the Clinical Governance Director before being sent to the complainant.

### 4. Escalation

While OIHL will endeavour to resolve all complaints, if a complainant is not satisfied with OIHLs response, the case will be escalated to the COO for review.

The COO will review the case investigation and outcome. The COO will decide whether to uphold the decision made by the complaint handler or overturn.

If the COO determines the case should be upheld, an email detailing their findings and decision must be sent to the complainant. If the complainant is not satisfied with this outcome, they may escalate the issue to the Health Service Ombudsman using the below contact details:

Parliamentary and Health Service Ombudsman  
Milbank Tower  
Milbank  
London

SW1P 4QP

www.ombudsman.org.uk

E [phso.enquiries@ombudsman.org.uk](mailto:phso.enquiries@ombudsman.org.uk)

T 03450 154033

If the COO decides to overturn the decision made by the complaint handler, they must send an email to the complainant detailing their findings and reasons for overturning the decision, including the necessary steps to be taken to satisfy the complainant.

## 5. Lessons Learned

All lessons learned must be documented on the relevant complaint case and shared with the Quality and Compliance manager by the Head of Patient Services/Complaint Lead in the monthly meeting. The lessons learned and outcomes must be documented in OIHLs' Continuous Improvement Plan.

Actions to prevent recurrence should be discussed with the relevant team/staff member by the complaint handler and implemented within 10 days of resolving the complaint. This should be documented in the complaint case.

## Feedback Survey

Service users are encouraged to share their feedback, which can encompass complaints, using our Feedback Surveys. While these surveys are designed to be anonymous, service users have the option to provide their contact information if they wish to further discuss their experience with OIHL.

For any adverse feedback received via Survey Monkey, the Reception and Facilities Manager will create a complaint case for this to be investigated. We remain committed to investigating complaints even if we are unable to reach the service user for further discussion.

## Monitoring and Reporting

1. Weekly: Complaints and incidents are discussed in weekly management meetings
2. Monthly: Trend analysis is conducted, and reports are presented to the Senior Management Team
3. Quarterly: Comprehensive reviews are conducted to identify systemic issues and areas for improvement
4. Annually: An annual review of feedback and complaints is conducted to assess overall performance and compliance

## Expected Timeframe for Complaint Handling

| Stage                        | Responsible Person (s)    | Timeframe             |
|------------------------------|---------------------------|-----------------------|
| Complaint Receipt & Logging  | Staff receiving complaint | Within 24 hours       |
| Acknowledgement of Complaint | Staff receiving complaint | Within 2 working days |

|  |                   |                                       |
|--|-------------------|---------------------------------------|
| Complaint Handler Assigned                         | Complaint Handler | Within 2 working days                 |
| Response to online reviews (Google and Trustpilot) | Marketing Team    | Within 2 working days                 |
| Initial Complaint Response                         | Complaint Handler | Within 5 working days                 |
| Extended Investigation Notification                | Complaint Handler | Within 5 working days (if needed)     |
| Substantive Response                               | Complaint Handler | Within 28 working days                |
| Escalation to COO                                  | COO               | As per case                           |
| Escalation Outcome - Uphold                        | COO               | As per case                           |
| Escalation Outcome - Overturn                      | COO               | As per case                           |
| Lessons Learned Implementation                     | Complaint Handler | Within 10 working days after response |

### Conclusion

At OIHL, we are committed to using feedback and complaints as opportunities to improve our services and strengthen service users' trust. By following this policy, we ensure that all concerns are handled with care, fairness, and professionalism. Staff are encouraged to embrace feedback as a constructive tool for growth and to work collaboratively to resolve issues promptly and effectively.