Six Physio Complaints and Incident Management Policy

Document Summary

This policy sets out the approach for receiving, recording, investigating, responding to and learning from complaints, concerns, incidents and near misses across Six Physio. It consolidates complaint handling and incident management into one framework to support safe care, fair investigation, regulatory compliance and continuous improvement.

Target Audience

All Six Physio staff, including clinical and non-clinical colleagues, managers, contractors, locums, agency staff and anyone acting on behalf of Six Physio.

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1. Introduction

Patient and service-user experience, together with effective reporting of incidents and near misses, provides an early indication of whether service delivery is meeting expected standards. Complaints, concerns and incidents may identify clinical, operational, data protection, safeguarding, health and safety, contractual or reputational risks. Six Physio will use these events as opportunities to respond fairly, protect patients and staff, identify contributory factors, and improve systems and practice.

This policy combines complaint handling and incident management into one integrated framework. It recognises that a complaint may also indicate an incident, and that incidents may generate complaints or claims. Where this occurs, the complaint and incident elements should be managed in a coordinated way so that the patient or complainant receives a clear response and the organisation captures all learning.

2. Purpose and Scope

The purpose of this policy is to ensure that Six Physio has a consistent approach for managing complaints, concerns, incidents and near misses. It supports prompt reporting, proportionate investigation, timely response, fair treatment of everyone involved and clear escalation of higher-risk matters.

- The policy applies to all complaints, concerns, incidents and near misses involving Six Physio services, staff, patients, visitors, contractors, information, systems, premises or equipment.
- It applies to clinical and non-clinical matters, including patient safety, health and safety, safeguarding, information governance/data protection, facilities, infection prevention and control, conduct, operational process failures and events that may require external notification.
- This policy does not replace employee grievance, disciplinary, capability, whistleblowing, safeguarding, data rights or business continuity processes. Where applicable, those processes may run alongside this policy.

Policy principles

Six Physio will manage complaints and incidents with openness, fairness, proportionality and a learning-focused approach. The process is not designed to apportion blame; it is designed to understand what happened, respond appropriately, and reduce the likelihood of recurrence.

3. Roles and responsibilities

Role / Group	Key responsibilities
Managing Director / Senior Operational Lead	Ensures Six Physio implements this policy effectively and that appropriate resources, ownership and escalation routes are in place.
Head of Group Risk & Compliance	Maintains the governance framework for consistent complaint and incident handling; supports high-risk matters, regulatory/insurer/legal issues, data protection complaints and significant organisational risk.
Clinical Director / Clinical Governance Lead	Provides clinical oversight for clinical complaints and incidents, patient safety concerns, clinical quality issues, duty of candour considerations and clinical learning.
Local Managers / Case Handlers	Ensure complaints and incidents are recorded, risk assessed, investigated proportionately, responded to where appropriate, and followed through to completion. Support staff and patients involved in investigations.
People Team	Supports matters involving staff conduct, capability, disciplinary considerations, wellbeing or employee relations, ensuring alignment with People policies.
Data Protection Officer	Supports data protection complaints, personal data breaches, confidentiality concerns and decisions about ICO notification or communication to affected individuals. Support provided via the Head of Group Risk and Compliance
Health & Safety	Supports incidents involving H&S (premises, equipment), RIDDOR considerations and environmental safety.
All Staff	Take immediate action where required to protect safety, report complaints/incidents/near misses promptly, provide factual information, cooperate with investigations, maintain confidentiality and implement agreed learning/actions.

4. Process

The process below applies across complaints, concerns, incidents and near misses. It should be applied proportionately according to the nature of the matter, the level of actual or potential harm, recurrence risk, contractual or regulatory implications, and the support needs of those involved.

4.1 Complaint and concern management

A complaint or concern may be made by the person affected, parent or legal guardian, a person with delegated authority, a regulatory body or another person/entity with appropriate authority. Consent and authority to act must be considered before disclosing personal information to a representative.

Complaints may be received in any form both written and verbally. Any member of staff receiving a complaint or concern must ensure that it is recorded and escalated through the agreed Six Physio process.

- Concerns and informal complaints should be resolved locally where possible, with a record of the concern and any action taken.
- Formal complaints should be acknowledged within 3 working days unless a contractual requirement specifies otherwise.
- The response should explain how the complaint was considered, the conclusions reached, any apology where appropriate, remedial action or learning, and escalation options if the complainant remains dissatisfied.
- Response timeframes should be proportionate to the risk grading and complexity of the complaint.

Data protection complaints

A data protection complaint is any complaint about how personal data has been collected, used, stored, shared, retained, secured or otherwise handled, or about how a data rights request has been managed. Data protection complaints should be escalated to Risk & Compliance and/or the Data Protection Officer where specialist review is required.

Data protection complaints must be tracked separately from service complaints so that they can be monitored, reviewed and reported. Outcome responses should address the issue raised, explain the findings, set out any corrective action and explain the right to complain to the Information Commissioner's Office where applicable.

4.2 Incident management

An incident is any untoward event, near miss, deviation from expected process, breach of policy/procedure/legal or regulatory requirement, or event that causes or has the potential to cause harm, loss, damage, service disruption, data compromise, reputational impact or legal/regulatory consequence.

Any staff member who becomes aware of an incident or near miss must take immediate action to reduce harm where it is safe to do so, inform their manager or relevant lead, and ensure the matter is

reported through the agreed Six Physio incident reporting route. Where an incident is serious or high-risk, escalation must occur immediately.

Incident type	Examples / considerations
Clinical / patient safety	Treatment error, missed red flag, unexpected deterioration, harm following treatment, consent or chaperone concerns.
Information governance / data security	Personal data breach, confidentiality breach, wrong recipient, lost device, cyber incident, phishing, unauthorised access.
Health & safety	Accidents, slips/trips/falls, unsafe equipment, clinic environment concerns, fire, flood, electrical or evacuation issues.
Operational / administrative	Process delay, booking error, appointment management issue, service disruption, record keeping issue.
Conduct / behaviour	Patient-reported staff conduct, aggressive or unsafe behaviour by patients/visitors, professional standards concerns.
Safeguarding	Adults or children at risk, domestic abuse, modern slavery, mental health risk, exploitation, neglect or unsafe disclosure.

4.3 Risk grading and escalation

Complaints and incidents must be risk assessed. The grading should consider actual harm, potential harm, likelihood of recurrence, complexity, regulatory implications, reputational risk, legal/claims risk, safeguarding concerns and contractual obligations.

Grade	Risk	Management expectation	Escalation
Low	<3	Local management review; proportionate action and learning.	Escalate locally if themes or recurrence are identified.
Moderate	4-6	Supported investigation; action plan and monitored completion.	Escalate to relevant clinical/operational lead.
High / Extreme	8+	Formal senior oversight; urgent containment, investigation and action plan.	Escalate same day to senior leadership, Clinical Director and Group Risk & Compliance as applicable.

High-risk escalation considerations

For high-risk or serious matters, consider immediate safety actions, safeguarding, duty of candour, external reporting, legal/claims risk, media/reputational risk, data protection reporting, People Team involvement, insurer notification and whether a business continuity response is required.

4.4 Investigation, response and action

Investigations must be fair, proportionate and focused on understanding what happened, why it happened, whether any standards or requirements were not met, and what actions are required to reduce recurrence. The depth of investigation should reflect the risk grading, complexity and potential learning.

- Gather relevant clinical, factual, operational, data, or documentary evidence.
- Involve appropriate subject matter experts, such as clinical, data protection, health and safety, safeguarding, operational or People Team support.
- Provide individuals involved with a reasonable opportunity to contribute factual information.
- Maintain confidentiality and only share information on a need-to-know basis.
- Record findings, decisions, actions, owners and deadlines in the relevant local system or case record.
- Ensure all correspondence is professional, factual and capable of external review if later requested by regulators, commissioners, insurers or legal advisers.

Corrective, preventative or remedial action should be taken as early as possible. Actions must be assigned to an owner and monitored to completion. Where an issue has implications beyond a single case, learning should be shared through appropriate governance, team briefings, training updates, policy/process amendments or risk registers.

Legal, criminal and regulatory proceedings

Where a complainant or injured/affected party states that they are commencing legal proceedings, or where criminal proceedings, police involvement, professional referral or regulatory investigation is possible, the matter must be escalated to Group Risk & Compliance and relevant senior leadership. The complaint or incident process may continue where appropriate, but care must be taken not to prejudice legal, regulatory or criminal proceedings. Findings may be subject to legal privilege where legal advice is involved.

Duty of Candour and openness

Staff must consider openness and Duty of Candour when managing complaints and incidents. Where an incident has resulted in harm, or may have resulted in harm, the patient or relevant person should receive a clear explanation, an apology where appropriate, and information about actions being taken or planned.

4.5 Learning and continuous improvement

Six Physio will use complaints, concerns, incidents and near misses to improve patient experience, clinical quality, safety, operational processes and staff support. Learning must be documented and shared proportionately. Trends and themes should be monitored through local and organisational governance routes, and risks should be added to the relevant risk register where ongoing risk remains.

Learning may include changes to systems, standard operating procedures, staff training, supervision, communication, equipment, clinic environment, audit activity, or external reporting arrangements. Where actions are agreed, they must be tracked through to completion and reviewed for effectiveness.

5. Monitoring and Review

Compliance with this policy will be monitored by Six Physio leadership with oversight from Group Risk & Compliance and relevant governance forums. Monitoring may include review of complaint and incident themes, timeliness of acknowledgement and response, quality of investigations, completion of actions, external reporting decisions and audit activity.

This policy will be reviewed annually, or sooner if there are significant changes in legislation, regulation, contractual requirements, organisational structure, systems, material incidents, complaints or lessons learned.

6. References / Legislation

- Parliamentary and Health Service Ombudsman Principles of Good Complaint Handling
- Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, including Duty of Candour where applicable
- UK GDPR and Data Protection Act 2018
- Data (Use and Access) Act 2025
- Information Commissioner's Office guidance on personal data breaches and data protection complaints
- Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR)
- Equality Act 2010

7. Additional Reading / Linked documents

- Ascenti Group Risk Management Framework
- Safeguarding Policy
- Data Subject Access Request Procedure
- Data Protection Policy / Information Governance procedures
- Health and Safety Policy
- People Team policies, including grievance, disciplinary, capability and wellbeing processes

8. Glossary of Terms

Term	Definition
Complaint	An expression of dissatisfaction, whether oral or written and whether justified or not, about the provision of a service, where a formal response or further investigation is required.
Concern / informal complaint	An expression of dissatisfaction that can usually be resolved locally and does not require a formal complaint investigation.
Incident	An untoward event, near miss, deviation from expected process, breach or event that causes or could cause harm, loss, damage, service disruption, legal/regulatory consequence or reputational impact.
Near miss	An event or omission that did not cause harm but had the realistic potential to do so.
Serious incident	An incident involving serious injury, major or permanent harm, unexpected death, significant public concern, major data/security impact, significant legal/media/contractual interest or another matter requiring senior oversight.
Data protection complaint	A complaint about how personal data has been handled or how a data rights request has been managed.
Duty of Candour	The duty to be open, honest and transparent with patients or relevant persons when things go wrong in care, including explanation, apology and learning where applicable.

Appendix 1 - Integrated complaints and incident pathway

Step	Complaint / concern route	Incident / near miss route	Shared governance outcome
1. Identify	Complaint/concern received through any channel.	Incident/near miss identified by staff, manager or service user.	Immediate safety action and initial record created.
2. Record	Record through local complaints route.	Record through local incident route.	Link complaint and incident records where both apply.
3. Risk assess	Assess seriousness, impact, complexity and escalation needs.	Assess actual/potential harm, likelihood, recurrence and external reporting.	Assign low, moderate or high/extreme pathway.
4. Investigate	Gather evidence, statements and relevant records.	Investigate proportionately using systems/human factors approach.	Identify facts, contributory factors, findings and learning.
5. Respond / act	Issue response explaining outcome and escalation options.	Complete actions, notifications and communication to affected people.	Track actions and share learning.
6. Review	Monitor themes and complainant satisfaction/escalation.	Monitor recurrence, action completion and risk register updates.	Report through local and group governance as appropriate.

Appendix 2 - External reporting considerations

External route	When to consider	Lead / support
ICO	Personal data breaches likely to risk individuals' rights and freedoms; high-risk breaches may also require informing affected individuals.	DPO / Risk & Compliance.
RIDDOR / HSE	Work-related death, specified injury, over-seven-day incapacitation, dangerous occurrence or occupational disease meeting reporting criteria.	Health & Safety / Risk & Compliance.
Safeguarding authorities	Adult or child safeguarding concerns, abuse, neglect, exploitation or serious welfare concerns requiring external referral.	Designated Safeguarding Lead / Clinical leadership.
Professional regulator	Potential professional misconduct, fitness to practise or serious clinical standards concerns.	Clinical leadership / People Team / Risk & Compliance.
NHS commissioner / PSIRF route	Patient safety events requiring NHS oversight, assurance, coordinated response or contractual reporting.	Clinical leadership / Risk & Compliance.
Police	Criminal activity, serious violence, theft/fraud or other matters requiring police involvement.	Senior leadership / Risk & Compliance / People Team as appropriate.