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2.0	03/03/2023	Minor amendments, organisation name updated in letters
2.1	27/02/2024	Added information if complaint being made on behalf of patient

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## **Contents:**

### **1. Introduction**

From 1 April 2009, The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 came into force. The Regulations provide a single complaints procedure across Health and Social Care which promotes a person-centred approach to handling complaints.

The complaints regulations focus on early resolution and provide greater flexibility in how complaints can be dealt with. The complainant is involved in their complaint every step of the way. The complaints regulations remove the distinction between formal and informal complaints. All complaints should be recorded regardless of who responds to the complaint, unless the complaint is received orally and is responded to orally by the end of the next working day.

The NHS Constitution states that any individual has the right to:

- Have their complaints acknowledged within three working days and to have it properly investigated.
- Discuss how their complaint is handled and to know how long it will take to investigate and respond to their complaint.
- Know the outcome of the investigation into a complaint including an explanation of the conclusions and action needed as a consequence; and
- Request an independent review of a complaint by the Parliamentary and Health Service Ombudsman, if dissatisfied with the NHS organisation response to the complaint.

The constitution commits the NHS to ensure that individuals making a complaint will:

- Be treated with courtesy, receive appropriate support throughout complaint investigation, and know the complaint will not adversely affect their treatment; and
- Receive an appropriate explanation and apology if harmed while receiving health care. With recognition of the trauma experienced, and know that lessons will be learned to help avoid a similar incident occurring again and
- the organisation learns lessons from complaints and claims and uses these to improve.

Quay Primary Healthcare CIC welcomes comments, suggestions, complaints, and constructive criticism relating to the services that it provides on behalf of the registered population it serves. These are important elements in enhancing the quality of work done by Quay Primary Healthcare CIC.

The focus of the policy and procedure is on early detection, prevention of recurrence and shared learning rather than apportionment of blame.

It is important that no one should be inhibited or disadvantaged when making complaints and that there is confidence that complaints will be given proper and speedy consideration.

Quay Primary Healthcare CIC will ensure that patients, their carers and/or families are not discriminated against when complaints are made.

## 2. Purpose

The purpose of this policy and procedure is to have an easily identifiable and recognisable process (Appendix 1) for dealing with complaints from any area of Quay Primary Healthcare CIC's services and will be shared with and made known to the partner agencies with whom our staff work. The process must be efficient, effective, and accessible.

## 3. Scope

The policy applies to all groups of staff and anyone using the services provided by Quay Primary Healthcare CIC. Anyone who uses the Quay Primary Healthcare CIC's services may complain, including:

- The patient
- Someone acting on behalf of the patient, and with their written consent. (e.g. an advocate, relative, Member of Parliament); If the complaint is being made by someone other than the patient or person affected, you should satisfy yourself that that person has the authority to make the complaint on the patient's (or other affected person's) behalf. Your duty to protect your patient's confidentiality is not removed when dealing with a complaint.
- Parents or legal guardians of children;
- Someone acting on behalf of a patient who is unable to represent his or her own interests, provided this does not conflict with the patient's right to confidentiality or a previously expressed wish of the patient.

## 4. Definitions

A **complaint** is any expression of dissatisfaction, which requires a response.

A **complainant** is the person making the complaint, whether on behalf of themselves or another.

The person about whom the complaint is made is referred to as **the subject**.

A **compliment** is any expression of appreciation or comments that can be recorded but do not require corrective action.

## 5. Duties and responsibilities

The Quay Primary Healthcare CIC medical director (the "responsible person") is ultimately accountable for the quality of care within Quay Primary Healthcare CIC.

The Service Manager / Clinical Lead is authorised by Quay Primary Healthcare CIC to act on behalf of the responsible person and is accountable for responding in writing to all complaints whether they have been made verbally, electronically or in writing.

Complaints may be raised directly to Quay Primary Healthcare CIC or could be made to the General Practice or care home where the Quay Primary Healthcare CIC service is delivered – irrespective of the source of the complaint Quay Primary Healthcare CIC will manage the complaint process if a member of its staff is the subject of the complaint.

The **Service Manager's role** is to:

- act as designated Complaints Manager for Quay Primary Healthcare CIC
- be readily accessible to the public, and General Practice or Care home staff and members of staff providing advice on any aspect of complaints resolution
- provide advice to staff on complaints handling
- act to resolve the complaint at practice level
- ensure all complaints are recorded on Quay Primary Healthcare CIC log and a written complaints file is established and held securely
- ensure the complaints file is accessible to the complainant under the Access to Health Records Policy
- ensure records management is in line with the Data Protection Act (DPA) 1988 and new DPA 2018.

**All staff have a role** to play in reducing the numbers of complaints received by ensuring that:-

- as far as possible, their attitude, approach or behaviour do not give patients and or their carers cause for complaint,
- they deal with any issues courteously and efficiently,
- they keep good quality records,
- they refer on to the practice manager if the limits of their authority or experience are exceeded.

## **6. Timescales for Making a Complaint**

A complaint must be made not later than 12 months after the date on which the matter occurred or not longer than 12 months after the incident came to the notice of the complainant. There is discretion to waive the time limit if the complainant can provide the exceptional circumstances why the complaint was not raised sooner. The Complaints Manager must be satisfied that it is still possible and practical to investigate the complaint and whether the reason for the delay is acceptable. If the Complaints Manager decides that the reasons are not acceptable or if it is clear that the complaint cannot be investigated, the complainant will be informed in writing of the reason why and their right to approach the Health Service Ombudsman to consider this decision.

## **7. Principles**

Complaints made verbally but not successfully resolved within 24 hours, and those made in writing or electronically, such as by email, **will be acknowledged within 3 working days (Appendix 2).**

Quay Primary Healthcare CIC will investigate the complaint in a manner appropriate to the nature of the issues it raises, complaints will be investigated in the first instance by the Service Manager. The Medical Director will be informed of all complaints and will review the

complaints log at Senior Management Team meetings.

The person investigating the complaint should gather the information or evidence necessary to fully understand the complainant's concerns. This may include reviewing additional records or speaking to any witnesses.

Quay Primary Healthcare CIC will aim to resolve all complaints speedily and efficiently and, during the investigation, keep the complainant informed, as far as reasonably practicable, as to the progress of the investigation and any delays. The facility to agree a timeframe with the complainant will not be seen as a means of unduly extending the process of responding to complaints, but rather as a means of setting a realistic timescale given all the circumstances which may arise – Quay Primary Healthcare CIC will aim to resolve the majority of non-complex complaints in 25 working days though for complex cases this may be 45 working days if investigation or Root Cause Analysis is required. Should this take longer or if information is needed from external third parties, longer timescales may need communicating to the complainant. The focus will be on quality, open candid investigations and responses which sometimes may necessitate a longer time period and a negotiated timescale agreed with the complainant.

Investigations and outcomes will be recorded on the complaints form (Appendix 3), adding additional sheets as required. Outcomes will be shared with the General Practice / Care Home where the complaint was raised.

The completed complaints form will be stored securely in the Quay Primary Healthcare CIC office. The complaint log (Appendix 4) will be reviewed by the Medical Director.

The complaint log should include all actions to be taken to resolve any requirements or recommendations made following any investigation and resultant learning.

The Senior Management Team Meeting will review all complaints in order to identify trends and monitor risk rating (Appendix 6). Risk rating is determined by assessing both the consequence and the likelihood of recurrence. Risk is then determined by balancing the consequence to the likelihood of recurrence.

The records are kept and provided to CQC if requested.

Following investigation, the complainant will be sent a written response signed by the “responsible person” (Appendix 5).

Event	Time Allowed	Who is responsible for action
Oral, comment, concern or complaint	Dealt with and resolved to the person’s satisfaction within 24 hours	Any member of staff with whom the issue is raised
Oral, electronic or written complaint requiring an organisational response	Acknowledged within three working days, offering the complainant an opportunity to discuss the issues. Oral concerns or complaints will be noted and a copy sent to the complainant	Service Manager / Clinical Lead

	for their agreement	
Full Organisational Investigation	Timescales to be agreed with the complainant. Aim to resolve Non-complex complaints within 25 days and Complex cases within 45 days.	Service Manager / Clinical Lead
Organisational written response	On completion of investigation.	Responsible Person (Medical Director)
Feedback to General Practice / Care Home	On completion of investigation.	Service Manager / Clinical Lead

Should the complainant be dissatisfied with the response to the complaint they should be offered a meeting with clinical lead and /or medical director who to address the further issues. The meeting will be organised, and meeting notes taken to carefully list the concerns raised at the meeting and ensuring that a satisfactory response is given; following the meeting the notes should be shared with the complainant. Quay Primary Healthcare CIC will ensure that explanations offered during the meeting have been understood by the complainant and/or their representatives and that the complainant has had the opportunity to put all questions to the meeting. If all issues have been resolved a letter of closure to the complaint should be offered to the complainant.

#### **8. Complaints and Duty of Candour**

The regulations for Duty of Candour require all providers registered with CQC to be open and transparent with patients about avoidable harm and for safety concerns to be reported openly and truthfully.

If the complaint is a notifiable incident, as per the Duty of Candour Policy and Procedure, we shall follow that procedure as indicated. The Duty of Candour Policy and Procedure is located in the Administration section GAB29.

#### **9. Learning from Complaints**

Quay Primary Healthcare CIC is strongly committed to the concept of organisational learning, and recognises that whatever the circumstances, and however regrettable these may be, each complaint provides opportunities for organisational learning to occur. The learning from complaints will be incorporated on the agenda and discussed within practice based clinical meetings, Quay Primary Healthcare CIC SMT meetings and at Quay Primary Healthcare CIC Board meetings.

#### **10. Staff Training**

Quay Primary Healthcare CIC will ensure that every team member is familiar with the complaints procedure.

#### **11. Monitoring Compliance**

A log will be held to record and monitor all complaints. Information gathered for the purposes of Annual Reporting will be anonymised.

### 12. Key Contacts

Care Quality Commission  
 National Correspondence  
 Citygate, Gallowgate  
 Newcastle upon Tyne NE1 4PA  
 Tel: 03000 616161  
 Fax: 03000 616171

NHS Cheshire & Merseyside ICB  
 Halton, St Helens & Warrington  
 Email: [mlcsu.cmpatientexperience@nhs.net](mailto:mlcsu.cmpatientexperience@nhs.net)

If the complainant remains dissatisfied after the local resolution process has been completed, a request can be made to the Parliamentary and Health Service Ombudsman for an independent investigation into any outstanding issues.

### The Health Service Ombudsman for England

Millbank Tower Millbank  
 London SW1P 4QP  
 Telephone helpline: 0345 015 4033  
 Website: [www.ombudsman.org.uk](http://www.ombudsman.org.uk)  
 Email: [phso.enquiries@ombudsman.org.uk](mailto:phso.enquiries@ombudsman.org.uk)

### 13. Equality Impact Assessment

		YES/NO	COMMENTS
1	Does the policy/guidance affect one group less or more favourably than another on the basis of;	No	
	<ul style="list-style-type: none"> <li>Race/ethnic or national origin/colour/nationality</li> </ul>	No	
	<ul style="list-style-type: none"> <li>Disability</li> </ul>	No	
	<ul style="list-style-type: none"> <li>Gender</li> </ul>	No	
	<ul style="list-style-type: none"> <li>Religion / belief culture</li> </ul>	No	
	<ul style="list-style-type: none"> <li>Sexual orientation</li> </ul>	No	
	<ul style="list-style-type: none"> <li>Age</li> </ul>	No	
	<ul style="list-style-type: none"> <li>Marital status</li> </ul>	No	
	<ul style="list-style-type: none"> <li>Pregnancy or maternity</li> </ul>	No	



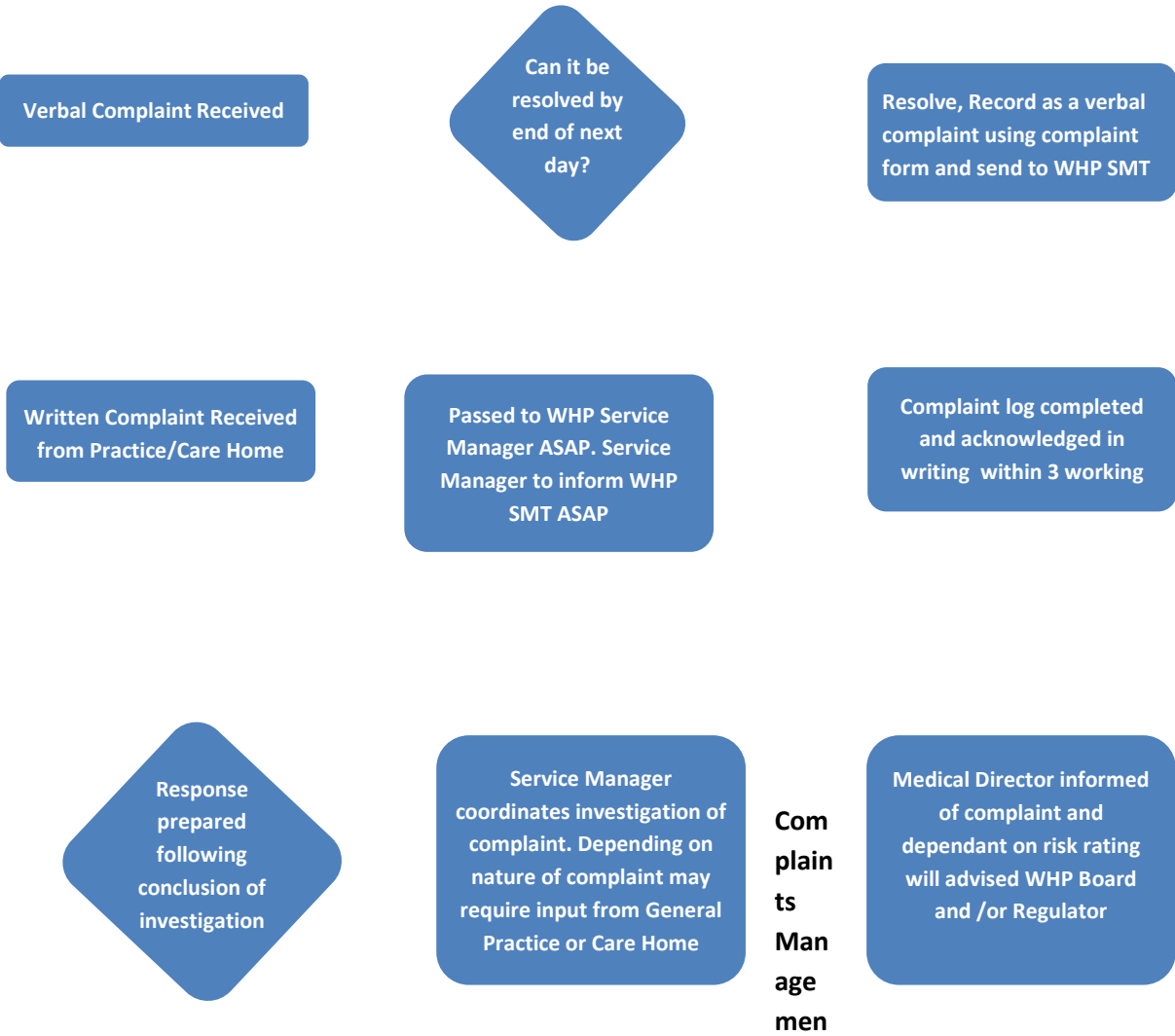
2	Is there any evidence that some groups are affected differently?	No	
3	If you have identified potential discrimination, are any exceptions valid, legal and/ or justifiable?	No	
4	Is the impact of the policy/ guidance likely to be negative?	No	
5	If so can the impact be avoided?	Yes	
6	What alternatives are there to achieving the policy/ guidance without the impact?	N/A	
7	Can we reduce the impact by taking different action?	N/A	

#### 14. References

NHS Constitution 2015 Department of Health

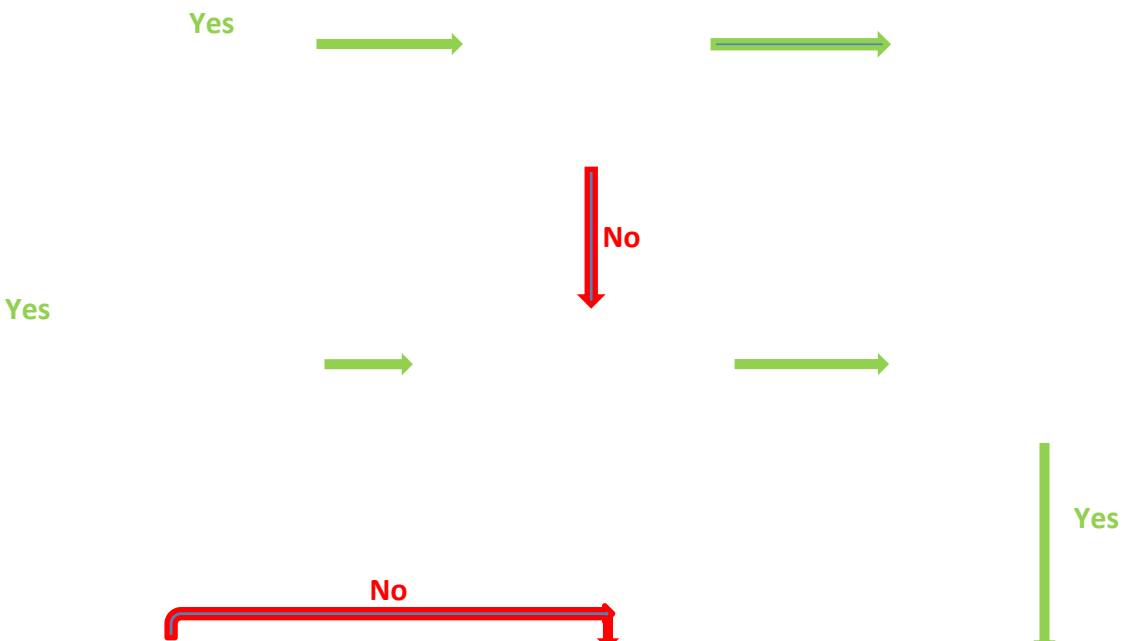
Principles of Good Complaints Handling 2009 Parliamentary & Health Service Ombudsman

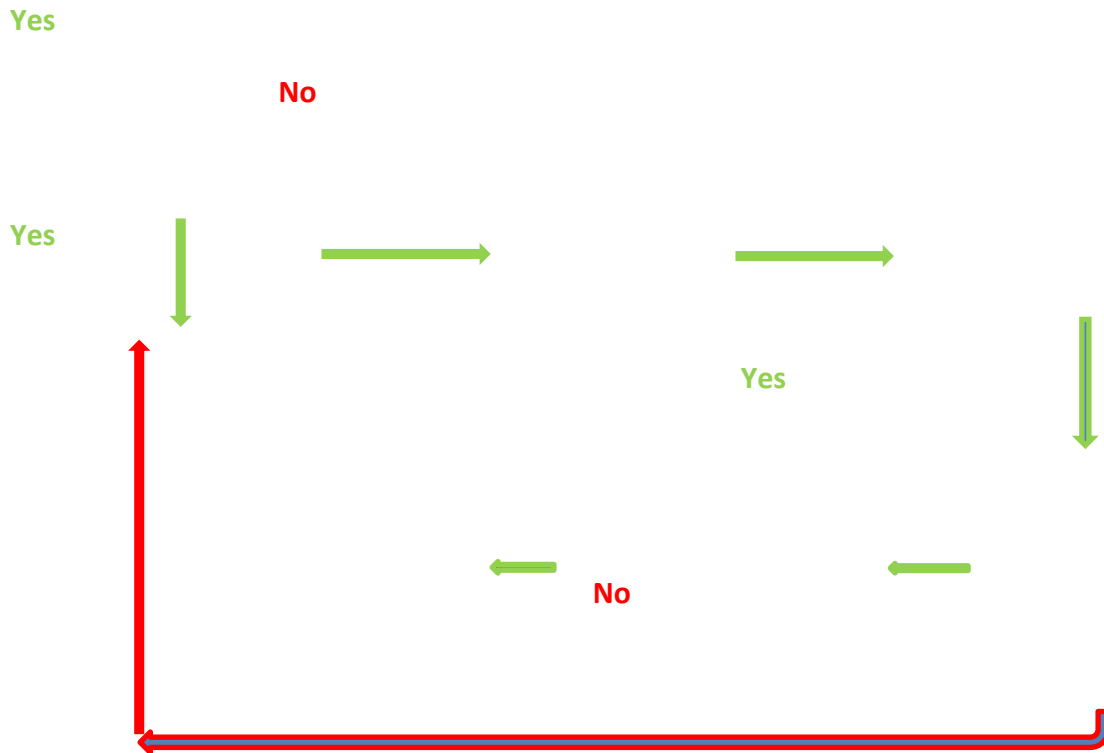
National Health Service Complaints Regulations (England) 2014



t Flow Chart

APPENDIX 1

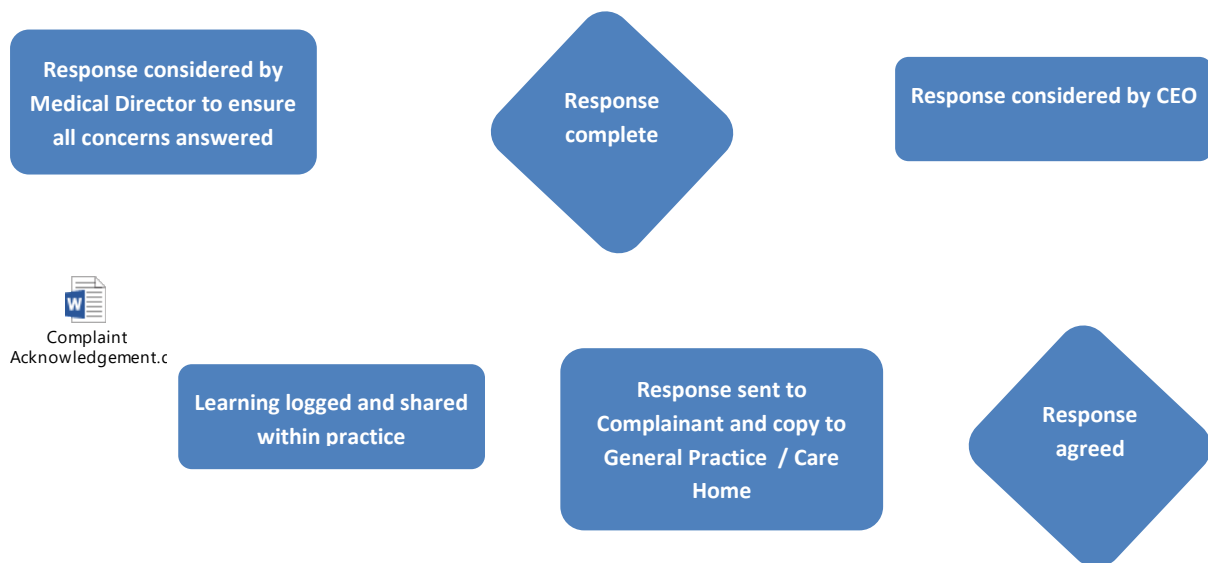




**Complaint acknowledgement letter template**

**APPENDIX 2**

Please use the attached letterheads for all initial letters to be sent.



**Verbal Complaint Form**

**APPENDIX 3**

**Verbal Complaint Record Form**

Date of Complaint: .....

Complaint received by:.....

- Complaint made via:
- Telephone
  - In person

Subject of Complaint:.....



.....  
.....  
.....  
.....  
.....

Action Taken to resolve complaint:

.....  
.....  
.....  
.....  
.....  
.....

Outcome:

.....  
.....  
.....

Signed: ..... Date:.....

If not resolved, referred on to Practice Manager for further investigation:

Name:.....

Date:.....

## Complaint final response letter template

## APPENDIX 5

Please use attached for final response.



Complaint  
Response.docx

## Risk Rating

## APPENDIX 6

Consequences				
1.	2.	3.	4.	5.
<b>Negligible/ not significant</b>	<b>Minor</b>	<b>Moderate</b>	<b>Major</b>	<b>Catastrophic / Extreme</b>
Unsatisfactory experience not affecting immediate patient care. No risk to safety and wellbeing. No injury or harm. Some damage to confidence in service.	Unsatisfactory experience resolvable with no long-term effect on patient care. No immediate harm to patient. No likely media interest. System failures in mainly non-clinical areas.	Service below expectations and/or significant contractual requirements resulting in actual or risk of harm or potential to impact on service provision. Mismanagement of patient care. Risk of local media interest and reputation damage	Significant lapse of standards or professional conduct leading to potential or real harm. Failure to comply with clinical guidance. Failure to adhere to professional standards. Likelihood of media interest	Significant harm or death of patient directly resulting from acts or omissions of provider. Illegal activity. High potential for national media interest
Examples				
Communication issues, attitude of staff error	Appointment systems, payment of fess	Commissioning decisions, failure to assess/examine	Missed diagnosis, failure to refer, prescription	Surgical error

Likelihood				
1.	2.	3.	4.	5.
<b>Rare</b>	<b>Unlikely</b>	<b>Possible</b>	<b>Likely</b>	<b>Almost certain</b>
This will probably never happen/recur	Do not expect it to happen/recur but it is possible it may do so	Might happen or recur occasionally	Will probably happen/recur but it is not a persisting issue	Will undoubtedly happen/recur, possibly frequently

RISK MATRIX						
		Likelihood				
Consequence		1.	2.	3.	4.	5.
		Rare	Unlikely	Possible	Likely	Almost certain
5.	<b>Catastrophic / Extreme</b>	Medium	High	Extreme	Extreme	Extreme
4.	<b>Major</b>	Medium	High	High	Extreme	Extreme
3.	<b>Moderate</b>	Low	Medium	High	High	Extreme
2.	<b>Minor</b>	Low	Medium	Medium	High	High
1.	<b>Negligible/ not significant</b>	Low	Low	Low	Medium	Medium