



ACMEDICALSERVICES

The Corner House, Rectory Road
Colwick, Nottingham
NG4 2DU

Clinical Governance Control

Document Control

A. Confidentiality Notice

This document and the information contained therein is the property of AC Medical Services Ltd.

This document contains information that is privileged, confidential or otherwise protected from disclosure. It must not be used by, or its contents reproduced or otherwise copied or disclosed without the prior consent in writing from AC Medical Services Ltd.

B. Document Details

Classification:	
Author and Role:	
Organisation:	AC Medical Services Ltd.
Document Reference:	
Current Version Number:	1
Current Document Approved By:	Adam Connor
Date Approved:	14/11/2022



ACMEDICALSERVICES

The Corner House, Rectory Road
 Colwick, Nottingham
 NG4 2DU

C. Document Revision and Approval History

Version	Date	Version Created By:	Version Approved By:	Comments
1.0	14/11/2022	Adam Connor		Review Due 14/11/2023

Policy/Service Content:

- For each of the following checks, is this policy sensitive to people of different age, ethnicity, gender, disability, religion, belief, sexual orientation and transgender?
- The checklists below will help you to see any strength and/or highlight improvements required to ensure that the policy/procedure/guideline is compliant with equality legislation.

1. Check for DIRECT or INDIRECT discrimination against any minority group of SERVICE USERS.

Question: Does your policy/service contain any issues which may adversely impact people from using the services who otherwise meet the criteria under the grounds of:		Response		Action Required		Resource Implication	
		Yes	No	Yes	No	Yes	No
1.0	Age		√				
1.1	Gender (male, female, non-binary etc)		√				
1.2	Learning difficulties/disability or cognitive impairment		√				
1.3	Mental health need		√				
1.4	Sensory impairment		√				
1.5	Physical disability		√				
1.6	Race or ethnicity		√				



ACMEDICALSERVICES

The Corner House, Rectory Road
Colwick, Nottingham
NG4 2DU

1.7	Religion or belief (including other belief)		√				
1.8	Sexual orientation		√				
1.9	Pregnancy and Maternity		√				
1.10	Marriage and Civil Partnership		√				
1.11	Gender Reassignment		√				

If yes is answered to any of the above items the policy may be considered discriminatory and requires review and further work to ensure compliance with legislation.

1. Check for DIRECT or INDIRECT discrimination against any minority group relating to EMPLOYEES

Question: Does your policy/service contain any issues which may adversely impact employees from operating under the grounds of:		Response		Action Required		Resource Implication	
		Yes	No	Yes	No	Yes	No
1.0	Age		√				
1.1	Gender (male, female and transsexual)		√				
1.2	Learning difficulties/disability or cognitive impairment		√				
1.3	Mental health need		√				
1.4	Sensory impairment		√				
1.5	Physical disability		√				
1.6	Race or ethnicity		√				
1.7	Religion or belief (including other belief)		√				
1.8	Sexual orientation		√				
1.9	Pregnancy and Maternity		√				
1.10	Marriage and Civil Partnership		√				
1.11	Gender Reassignment		√				



ACMEDICALSERVICES

The Corner House, Rectory Road
Colwick, Nottingham
NG4 2DU

If yes is answered to any of the above items the policy may be considered discriminatory and requires review and further work to ensure compliance with legislation.

Total number of items answered "YES" indicating DIRECT or INDIRECT discrimination = 0

Number of "Yes" answers for service users		0		
Number of "Yes" answers for employees		0		
		Yes	No	Comments
1.1	Is there any evidence that some groups are affected differently?		√	
1.2	Is there a need for external or user consultation?		√	
1.3	If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable?		√	
1.4	Is the impact of the policy/guidance likely to be negative?		√	
1.5	If so, can the impact be avoided?		√	
1.6	What alternatives are there to achieving the policy/guidance without the impact?		√	
1.7	Can we reduce the impact by taking different action?		√	



ACMEDICALSERVICES

The Corner House, Rectory Road
Colwick, Nottingham
NG4 2DU

IMPACT (Please Tick)		HIGH		MEDIUM		LOW	√
---------------------------------------	--	-------------	--	---------------	--	------------	---

To be completed and attached to any procedural document when submitted for consideration and approval at the Clinical Governance Committee (Clinical) or Management Meetings (Non Clinical)

If you have answered “yes” to any of the above questions, it is likely the policy will need a full EIA. Please complete a full impact assessment. If you have identified a potential discriminatory impact of this procedural document, please refer it to the Business Manager; together with any suggestions as to the action required to avoid/reduce adverse impact.

Authorising Signature:

Authorising Name: Adam Connor

14/11/2022



ACMEDICALSERVICES

The Corner House, Rectory Road
Colwick, Nottingham
NG4 2DU

Organisation Complaints Policy & Procedure

Complaints Policy

INTRODUCTION

The purpose of the policy is to ensure that all patients (or their representatives) who have the cause to complain about their care or treatment can have freely available access to the process and can expect a truthful, full and complete response and an apology where appropriate. Complainants have the right not to be discriminated against as the result of making a complaint and to have the outcome fully explained to them. The process adopted in the practice/organisation is fully compliant with the relevant NHS Regulations (2009) and guidance available from defence organisations, doctors` representative bodies and the Care Quality Commission. Everyone in the practice/organisation is expected to be aware of the process and to remember that everything they do and say may present a poor impression of the practice/organisation and may prompt a complaint or even legal action.

The general principle of the practice/organisation in respect of all complaints will be to regard it first and foremost as a learning process, however in appropriate cases and after full and proper investigation the issue may form the basis of a separate disciplinary action. In the case of any complaint with implications for professional negligence or legal action, the appropriate defence organisation must be informed immediately.

CQC - KLOE

The Care Quality Commission would expect any primary care organisation to have a policy to support this process and this should be used as evidence of compliance against CQC Key Lines of Enquiry (KLOE).¹

Specifically, AC Medical Ltd will need to answer the CQC key questions on “Safe”, “Responsive” and “Well-Led”.

The following is the CQC definition of Safe:

By safe, we mean people are protected from abuse and avoidable harm.*



ACMEDICALSERVICES

The Corner House, Rectory Road
Colwick, Nottingham
NG4 2DU

**Abuse can be physical, sexual, mental or psychological, financial, neglect, institutional or discriminatory abuse.*

CQC KLOE S6	Are lessons learned and improvements made when things go wrong?
S6.1	Do staff understand their responsibilities to raise concerns, to record safety incidents, concerns and near misses and to report them internally and externally where appropriate?
S6.2	What are the arrangements for reviewing and investigating safety and safeguarding incidents and events when things go wrong? Are all relevant staff, services, partner organisations and people who use services involved in reviews and investigations?
S6.3	How are lessons learned and themes identified and is action taken as a result of investigations when things go wrong?
S6.4	How well is the learning from lessons shared to make sure that action is taken to improve safety? Do staff participate in and learn from reviews and investigations by other services and organisations?
S6.5	How effective are the arrangements to respond to relevant external safety alerts, recalls, inquiries, investigations or reviews?

The following is the CQC definition of Responsive:

By responsive, we mean that services meet people's needs.

CQC KLOE R4	How are people's concerns and complaints listened and responded to and used to improve the quality of care?
--------------------	---



ACMEDICALSERVICES

The Corner House, Rectory Road
Colwick, Nottingham
NG4 2DU

R4.1	How well do people who use the service know how to make a complaint or raise concerns and how comfortable do they feel doing so in their own way? How are people encouraged to make a complaint and how confident are they to speak up?
R4.2	How easy is it for people to use the complaints process or raise a concern? Are people treated compassionately and given help and support, by using accessible information or protection measures, if they need to make a complaint?
R4.3	How effectively are complaints handled, including ensuring openness and transparency, confidentiality, regular updates for the complainant, a timely response and explanation of the outcome and a formal record?
R4.4	How are people who raise concerns or complaints protected from discrimination, harassment or disadvantage?
R4.5	To what extent are concerns and complaints used as an opportunity to learn and drive continuous improvement?

The following is the CQC definition of Well-Led:

By well-led, we mean that the leadership, management and governance of the organisation assures the delivery of high-quality and person-centred care, supports learning and innovation and promotes an open and fair culture.

CQC KLOE W3	Is there a culture of high-quality, sustainable care?
E3.5	Does the culture encourage openness and honesty at all levels within the organisation, including with people who use services, in response to incidents?



ACMEDICALSERVICES

The Corner House, Rectory Road
Colwick, Nottingham
NG4 2DU

	Do leaders and staff understand the importance of staff being able to raise concerns without fear of retribution and is appropriate learning and action taken as a result of concerns raised?
CQC KLOE W7	Are the people who use services, the public, staff and external partners engaged and involved to support high-quality sustainable services?
W7.1	Are people's views and experiences gathered and acted on to shape and improve the services and culture? Does this include people in a range of equality groups?
W7.5	Is there transparency and openness with all stakeholders about performance?

TRAINING & SUPPORT

The organisation will provide guidance and support to help those to whom it applies to understand their rights and responsibilities under this policy. Additional support will be provided to managers and supervisors to enable them to deal more effectively with matters arising from this policy.

DEFINITION OF A COMPLAINT

A complaint or concern is an expression of dissatisfaction about an act, omission or decision of NHS England, either verbal or written, and whether justified or not, which requires a response.¹

There is no difference between a "formal" and an "informal" complaint. Both are expressions of dissatisfaction.

¹ [NHS\(E\) Complaints Policy 2017](#)



ACMEDICALSERVICES

The Corner House, Rectory Road
Colwick, Nottingham
NG4 2DU

PROCEDURE

AVAILABILITY OF INFORMATION

The practice/organisation will ensure that there are notices advising on the complaints process conspicuously displayed in all reception/waiting areas and that leaflets containing sufficient details for anyone to make a complaint are available without the need to ask. The practice/organisation website and any other public material (Practice/organisation Leaflet etc.) will similarly provide this information and also signpost the complainant to the help available through the NHS Complaints Advisory Service.

COMPLAINANT OPTIONS

The complainant, or their representative, can complain about any aspect of care or treatment they received at this organisation to:

- a. AC Medical Ltd's Business Manager
- b. NHS England: Telephone 03003 112233, email england.contactus@nhs.net or in writing: NHS England, PO Box 16738, Redditch, B97 9PT. Patients can talk to NHS England in British Sign Language (BSL) via a video call to a BSL interpreter

WHO IS RESPONSIBLE AT THE PRACTICE/ORGANISATION FOR DEALING WITH COMPLAINTS?

The practice/organisation "Responsible Person" is the Business Manager. They are charged with ensuring complaints are handled in accordance with the regulations, that lessons learned are fully implemented, and that no Complainant is discriminated against for making a complaint.

The practice/organisation "Complaints Manager" is the Business Manager. They have been delegated responsibility for managing complaints and ensuring adequate investigations are carried out.

TIME TIMESCALE FOR MAKING COMPLAINTS

The period for making a complaint is normally:

- (a) 12 months from the date on which the event which is the subject of the complaint occurred; or
- (b) 12 months from the date on which the event which is the subject of the complaint comes to the complainant's notice.



ACMEDICALSERVICES

The Corner House, Rectory Road
Colwick, Nottingham
NG4 2DU

The practice/organisation has the discretion to extend these limits if there is good reason to do so and it is still possible to carry out a proper investigation. The collection or recollection of evidence, clinical guidelines or other resources relating to the time when the complaint event arose may also be difficult to establish or obtain. These factors may be considered as suitable reasons for declining a time limit extension, however, that decision should be able to stand up to scrutiny.

RESPONDING TO A CONCERN

Should the complaints manager become aware that a patient, or the patient's representative, wishes to discuss a concern, there is no 'hard and fast' rule as to timescales to discuss the matter with them.

Points that should be considered are that:

- Should the patient be on the premises, then there will need to be a degree of interaction sooner than if it was a telephone call or email
- Many of the concerns raised are not a true complaint, simply a point to note or a 'grumble'. Although there is no official guidance on this matter, by discussing the concern with the complainant soonest, there is a potential that this could reduce any escalation to a more formalised complaint
- All facts need to be ascertained prior to any conversation
- Should an angry complainant be contacted too soon, this may inflame the situation further if they not receive the outcome that they desire
- Consider any potential precedence that may be established and will any future concern be expected to always be dealt with immediately should any response be given too soon
- Time management always needs to be considered

Whilst each concern will warrant its own response, generally at AC Medical Ltd. our procedure is below and ensures that the best response is always provided.



ACMEDICALSERVICES

The Corner House, Rectory Road
Colwick, Nottingham
NG4 2DU

ACTION UPON RECEIPT OF A COMPLAINT

A) Verbal Complaints: It is always better to try and deal with the complaint at the earliest opportunity and often it can be concluded at that point. A simple explanation and apology by staff at the time may be all that is required.

A verbal complaint need not be responded to in writing for the purposes of the Regulations if it is dealt with to the satisfaction of the complainant by the end of the next working day, neither does it need to be included in the annual Complaints Return. The practice/organisation will however record them for the purposes of monitoring trends or for Clinical Governance and that record will be kept and monitored by the Business Manager. Verbal complaints are to be logged on a verbal complaints form to assist in identifying trends or issues that need to be addressed and at least annually, with minutes of those discussions kept.

[Verbal & Informal Complaints Response Document.docx](#)

If resolution is not possible, the Business Manager will set down the details of the verbal complaint in writing and provide a copy to the complainant within three working days. This ensures that each side is well aware of the issues for resolution. The process followed will be the same as for written complaints.

B) Written Complaints: On receipt, acknowledgement will be sent within three working days which offers the opportunity for a discussion (face-to-face or by telephone) on the matter. The complaint will be added to the complaints Register. This is the opportunity to gain an indication of the outcome the complainant expects and also for the details of the complaint to be clarified. In the event that this is not practical or appropriate, the initial response should give some indication of the anticipated timescale for investigations to be concluded and an indication of when the outcome can be expected.

[Complaints Investigation Letter.docx](#)

It may be that other bodies may need to be contacted to provide evidence. If that is the case, then a patient consent form will need to be obtained at the start of the process and a pro-forma consent form included with the initial acknowledgement for return.

If it is not possible to conclude any investigations within the advised timescale (40 working days), then the complainant must be updated with progress and revised time scales on a regular basis (Every 10 working days). In most cases these should be completed within six months unless all parties agree to an extension.

[Complaints Form.doc](#)



ACMEDICALSERVICES

The Corner House, Rectory Road
Colwick, Nottingham
NG4 2DU

WHO CAN MAKE A COMPLAINT?

A complaint can be made by or, with consent, on behalf of a patient (i.e. as a representative); a former patient, who is receiving or has received treatment at the Practice/organisation; or someone who may be affected by any decision, act or omission of the practice/organisation.

A Representative may also be

- by either parent or, in the absence of both parents, the guardian or other adult who has care of the child; by a person duly authorised by a local authority to whose care the child has been committed under the provisions of the Children Act 1989; or by a person duly authorised by a voluntary organisation by which the child is being accommodated
- someone acting on behalf of a patient/ former patient who lacks capacity under the Mental Capacity Act 2005 (i.e. who has Power of Attorney etc.) or physical capacity to make a complaint and they are acting in the interests of their welfare
- someone acting for the relatives of a deceased patient/former patient

In all cases where a representative makes a complaint in the absence of patient consent, the practice/organisation will consider whether they are acting in the best interests of the patient and, in the case of a child, whether there are reasonable grounds for the child not making the complaint on their own behalf. In the event a complaint from a representative is not accepted, the grounds upon which this decision was based must be advised to them in writing.

COMPLAINTS ADVOCATES

Additionally, the patient should be advised that Healthwatch Nottingham can help to find an independent NHS complaints advocacy services in the area.

Independent advocacy services include:

1. [POhWER](#) – a charity that helps people to be involved in decisions being made about their care. POhWER's support centre can be contacted via 0300 456 2370
2. [Advocacy People](#) – gives advocacy support. Call 0330 440 9000 for advice or text 80800 starting message with PEOPLE
3. [Age UK](#) – may have advocates in the area. Visit their website or call 0800 055 6112



ACMEDICALSERVICES

The Corner House, Rectory Road
Colwick, Nottingham
NG4 2DU

Local councils can offer support in helping the complainant to find an advocacy service. Visit <https://www.gov.uk/find-your-local-council>

THE INVESTIGATION

The practice/organisation will ensure that the complaint is investigated in a manner that is appropriate to resolve it speedily and effectively and proportionate to the degree of seriousness that is involved.

This organisation will adhere to the following standards when addressing complaints:

1. The complainant has a single point of contact in the organisation and is placed at the centre of the process. The nature of their complaint and the outcome they are seeking are established at the outset.
2. The complaint undergoes initial assessment and any necessary immediate action is taken. A lead investigator is identified.
3. Investigations are thorough, where appropriate obtain independent evidence and opinion, and are carried out in accordance with local procedures, national guidance and within legal frameworks.
4. The investigator reviews, organises and evaluates the investigative findings.
5. The judgement reached by the decision maker is transparent, reasonable and based on the evidence available.
6. The complaint documentation is accurate and complete. The investigation is formally recorded with the level of detail appropriate to the nature and seriousness of the complaint.
7. Both the complainant and those complained about are responded to adequately.
8. The investigation of the complaint is complete, impartial and fair.
9. The complainant should receive a full response or decision within six months following the initial complaint being made. If the complaint is still being investigated, then this would be deemed to be a reasonable explanation for a delay.



ACMEDICALSERVICES

The Corner House, Rectory Road
Colwick, Nottingham
NG4 2DU

FINAL RESPONSE

This will be provided to the complainant in writing (or email by mutual consent) and the letter will be signed by the Business Manager under delegated authority. The letter will be on headed notepaper and include:

- An apology if appropriate, or sentiment of regret (The Compensation Act 2006, Section 2 expressly allows an apology to be made without any admission of negligence or breach of a statutory duty)
- A clear statement of the issues raised in their letter, details of the investigations and the findings,
- A clear explanation in response to each of the issues raised. What happened and why
- Draw conclusions which should be evidence-based
- Consider the matter with hindsight and, where appropriate, identify any failings.
- Details of any changes that have been made to put these right or prevent repetition. Clinical matters must be explained in accessible language. This should include what actions are being taken by whom and within what timescale. Also when you can provide feedback to the patient on progress of this action plan if appropriate.
- A clear statement that the response is the final one and the practice/organisation is satisfied it has done all it can to resolve the matter at local level
- An Invitation to meet or contact you again if they have any further questions
- A statement of the right, if they are not satisfied with the response, to refer the complaint to the Parliamentary and Health Service Ombudsman, Citygate, Mosley Street, Manchester, M2 3HQ or visit the 'Making a complaint page' at <http://www.ombudsman.org.uk/make-a-complaint> (to complain online or download a paper form). Alternatively the complainant may call the PHSO Customer Helpline on 0345 015 4033 from 8:30am to 5:30pm, Monday to Friday or send a text to their 'call back' service: 07624 813 005

[Complaints Response Letter.docx](#)

The final letter should not include:

- Any discussion or offer of compensation without the express involvement and agreement of the relevant defence organisation(s)
- Detailed or complex discussions of medical issues with the patient's representative unless the patient has given informed consent for this to be done where appropriate.



ACMEDICALSERVICES

The Corner House, Rectory Road
Colwick, Nottingham
NG4 2DU

ANNUAL REVIEW OF COMPLAINTS

AC Medical Services will produce an annual complaints report to be sent to the local Commissioning Body (NHSE) and will form part of the Freedom of Information Act Publication Scheme.

The report will include:

- Statistics on the number of complaints received
- The number considered to have been upheld
- Known referrals to the Ombudsman
- A summary of the issues giving rise to the complaints
- Learning points that came out of the complaints and the changes to procedure, policies or care which have resulted

Care must be taken to ensure that the report does not inadvertently disclose any confidential data or lead to the identity of any person becoming known.

CONFIDENTIALITY

All complaints must be treated in the strictest confidence and the practice/organisation must ensure that the patient etc. is made aware of any confidential information to be disclosed to a third party (e.g. NHSE).

The practice/organisation must keep a record of all complaints and copies of all correspondence relating to complaints, but such records must be kept separate from patients' medical records and no reference which might disclose the fact a complaint has been made should be included on the computerised clinical record system.

UNREASONABLE OR UNREASONABLY PERSISTENT COMPLAINTS

Where a complainant becomes unreasonable or excessively rude or aggressive in their promotion of the complaint, some or all of the following formal provisions will apply and must be communicated to the patient by the Responsible Person in writing:

- The complaint will be managed by one named individual at senior level who will be the only contact for the patient
- Contact will be limited to one method only (e.g. in writing)
- Place a time limit on each contact
- The number of contacts in a time period will be restricted
- A witness will be present for all contacts



ACMEDICALSERVICES

The Corner House, Rectory Road
Colwick, Nottingham
NG4 2DU

- Repeated complaints about the same issue will be refused unless additional material is being brought forward
- Only acknowledge correspondence regarding a closed matter, not respond to it
- Set behaviour standards
- Return irrelevant documentation
- Detailed records will be kept of each encounter

COMPLAINTS INVOLVING LOCUMS

It is important that all complaints made to AC Medical Services regarding, or involving a locum (Doctor, Nurse or any other temporary staff) are dealt with by the organisation and not passed off to a Locum Agency or the individual locum to investigate and respond. The responsibility for handling and investigating all complaints rests with the Practice/organisation.

Locum staff should however be involved at an early stage and be advised of the complaint in order that they can provide any explanations, preferably in writing. It would not be usually appropriate for any opinions to be expressed by the Practice/organisation on Locum staff. Providing their factual account along with any factual account from the practice/organisation is the best way to proceed.

The practice/organisation will ensure that on engaging any Locum, the Locum Agreement will include an assurance that they will participate in any complaint investigation where they are involved or can provide any material evidence. The practice/organisation will ensure that there is no discrepancy in the way it investigates or handles complaints between any Locum staff and either practice/organisation Partners, salaried staff, students or trainees or any other employees.

"Informal complaints" (*Documented on a Verbal complaints form*)

The collection of data about informal complaints - often referred to as "grumbles" - is a good tool for identifying trends for low-level dissatisfaction with services or the way they are offered to patients.

Staff are encouraged to raise these issues at practice/organisation meetings and in addition a folder will be kept in the Complaints/Practice Managers Office for everyone to note when a negative comment or feedback is made to them by a patient.

The folder will be checked periodically (at least monthly) by the Complaints Manager to identify trends for discussion and possible amendment of procedures or targeted training needs.



ACMEDICALSERVICES

The Corner House, Rectory Road
Colwick, Nottingham
NG4 2DU

PRACTICE / ORGANISATION RESOURCES

[Complaints Response Letter.docx](#)

References

Local Authority Social Services & National Health Service Complaints (England)

Regulations 2009 - S.I. 209, No.309

NHS Complaints Procedure (England only): Guidance for Primary Care, BMA August 2015

Medico-legal guide to the NHS Complaints Procedure, M.D.U. 2012

NHS Complaints in England - Regulations & Principals, M.P.S 2013

NHS England Complaints policy;

<http://www.england.nhs.uk/wp-content/uploads/2015/01/nhse-complaints-policy.pdf>