

Document Control

Policy Name	Complaints/Feedback/Complements Policy
Policy reference	QG-Com Pol-V3
Version	V3
Created By	Mel Maiden
If required-Approved through Governance (Name)	Mel Maiden
Date Effective From	June 2024
Date of Next Review	June 2027

Document History

Date	Change Description	Name of person making the change	Document control spreadsheet updated (Yes)
June 2026	Removed Procedure. Created SOP Changed the formal or informal complaint type to a complaint Governance oversight for all departmental complaints.	Mel Maiden	Yes
September 2026	Reformatted onto 2026 policy template and aligned with QMS, Clinical Governance & Quality Management Policy, Risk Management Policy and Non-Conformance Management Policy.	Mel Maiden	Yes

Purpose & Scope

This policy sets out COPE Occupational Health Services' approach to managing complaints, feedback and compliments.

It ensures concerns are received, recorded, investigated and responded to in a fair, transparent and timely manner.

The Complaints Process supports COPE's Quality Management System (QMS), Clinical Governance Framework and Continual Improvement arrangements. Where appropriate, complaints may be managed through the Non-Conformance Management Process and linked to organisational risk management processes.

The policy applies to all COPE employees, contractors, Occupational Health and Physiotherapy services, customers, employees using the service, and other stakeholders interacting with COPE.

Policy Statement

COPE is committed to providing a high standard of service and views complaints as an opportunity to learn, improve and strengthen service delivery.

COPE will ensure that complaints, feedback and compliments are managed consistently, fairly, confidentially and within defined timescales.

Lessons learned will be used to support continuous improvement.

COPE recognises that complaints provide valuable feedback regarding service quality and may identify opportunities for improvement. Where complaints identify failures to meet organisational requirements, procedures, contractual obligations or expected standards, they may be managed as non-conformances.

Policy Requirements

Complaint Management

- Complaints, feedback and compliments must be recorded and appropriately managed.
- Complaints will be acknowledged within 3 working days.
- Complaints should normally be investigated and responded to within 20 working days.
- All complaints will be handled fairly, consistently and confidentially.
- Complaints relating to outsourced providers will be managed in line with contractual arrangements and service level agreements.
- Complaints data will be reviewed to identify themes, trends, risks and improvement opportunities.
- Agreed actions and learning outcomes must be documented and monitored.
- Records must be managed in accordance with GDPR and COPE data protection requirements.
- Complainants have the right to appeal the outcome of a complaint where they remain dissatisfied following the conclusion of an investigation.

Complaints, feedback and compliments may be submitted:

- Verbally to any COPE employee.
- By telephone on 0115 925 9222.
- By email to feedbacktcope@copeohs.com.
- In writing to COPE Occupational Health Services Ltd.
- The dedicated complaints mailbox (feedbacktcope@copeohs.com) is monitored regularly and is published on the COPE website and customer-facing materials.

Appeals

- Appeals must be submitted in writing within one month of the outcome being issued.
- Appeals will be independently reviewed by an appropriately senior manager not directly involved in the original investigation where possible.
- Where a complainant remains dissatisfied following the appeal process, COPE may offer an independent review or direct the complainant to the appropriate external body or regulator where applicable.

Complaints and Non-Conformance Management

- All complaints will be reviewed to determine whether they meet the criteria for a non-conformance.
- Not all complaints are non-conformances; however, complaints that identify a failure in service delivery, compliance, processes or expected standards should be considered for inclusion on the Non-Conformance Register.
- Complaints identifying failures in service delivery, policies, procedures, contractual obligations, regulatory requirements or expected standards may be recorded within the Non-Conformance Register.
- Where a complaint is recorded as a non-conformance, investigation findings, root causes, corrective actions and effectiveness reviews will be managed in accordance with the Non-Conformance Management Policy.
- Where appropriate, complaints may result in updates to the Clinical Risk Register or Organisational Risk Register.

- Learning arising from complaints and non-conformances will be reviewed through Clinical Governance and Management Review processes.

Definitions

Term	Definition
Complaint	An expression of dissatisfaction regarding a service, action, decision or outcome.
Feedback	Comments, suggestions or concerns intended to improve services.
Compliment	Positive feedback regarding services or staff.
Non-Conformance (NC)	A failure to meet a policy, procedure, contractual requirement, statutory requirement, regulatory requirement, customer requirement or expected standard.
Corrective	Action taken to prevent recurrence of an identified issue.
Root Cause	The underlying reason the issue occurred, focusing on process, system or control failures rather than individual blame.
Effectiveness Review	Assessment of whether corrective actions have successfully addressed the issue and prevented recurrence.
Clinical Risk Register	Register used to identify, assess, manage and monitor risks relating to patient safety, clinical practice, service delivery, information governance and regulatory compliance.
Organisational Risk Register	Register used to identify, assess, manage and monitor strategic, operational, financial, workforce, quality and corporate risks.

Roles& Responsibilities

COPE Clinical Practitioners

- Escalate complaints, feedback and compliments to management.
- Cooperate with investigations.
- Participate in improvement activities and learning outcomes.
- Support implementation of agreed actions where required.

COPE Management

- Ensure compliance with this policy.
- Investigate complaints within agreed timescales.
- Review complaints to determine whether escalation to the Non-Conformance Register is required.
- Escalate serious concerns to the Head of Clinical and Quality Governance and/or Clinical Director.
- Monitor themes, trends and improvement actions.
- Ensure corrective actions are implemented where appropriate.
- Escalate significant risks through governance arrangements where necessary.

COPE DPO Responsibilities

- Ensure employees receive appropriate data protection and information governance training.
- Investigate data protection complaints as assigned.
- Escalate significant data protection breaches in accordance with organisational procedures.
- Report appropriate breaches to the ICO where required.

- Data protection, confidentiality and information governance complaints must be escalated to the Data Protection Officer (DPO) for review and investigation.
- The DPO can be contacted via data.protection@copeohs.com.
- Where appropriate, data protection incidents and breaches will be managed in accordance with COPE's Data Protection procedures and reported to the Information Commissioner's Office (ICO) where required.

COPE Customers / Service Users

- Raise concerns promptly.
- Provide relevant information.
- Allow COPE a reasonable opportunity to investigate and respond.

Complaint Response Timescales

The following timescales will apply:

Timescales Working days	Actions
Date received	Complaint received, registered and allocated a reference number
Days 1-3	Acknowledge the complaint.
Days 1 – 10	Investigation undertaken
Days 11 - 14	Response prepared and outcome reviewed
Days 11 - 20	Final response issued, including any actions identified and information on escalation options if required

Audit & Monitoring

Compliance with this policy will be monitored through:

- Complaint reviews.
- Complaint trend analysis.
- Customer feedback reviews.
- Non-Conformance Register reviews.
- Clinical Governance Meetings.
- Management Review Meetings.
- Internal audits.
- Governance reporting.

Complaints data will be reviewed regularly to identify recurring themes, service improvements, risks, opportunities and potential non-conformances.

All complaints and feedback will be categorised and analysed under the following headings:

- Failure to meet expected service standards.
- Failure to meet agreed timelines.
- Failure to protect privacy and confidentiality.
- Poor treatment by a member of staff.
- Discriminatory or unfair treatment.
- Other service quality concerns.

Complaint and feedback information will be reviewed through governance structures to identify trends, risks and opportunities for improvement.

This policy will be reviewed annually.

Data Protection & Confidentiality

All complaints shall be managed in accordance with COPE's GDPR and Data Protection requirements. The complainant and the person complained about shall be assured that confidentiality will be maintained throughout the process wherever possible.

Information relating to complaints will be retained in line with the Data Retention Policy.

Information will be recorded on the Complaints Register and, where applicable, the Non-Conformance Register.

Complaints that meet the criteria for a non-conformance will also be recorded within the Non-Conformance Register and managed in accordance with the Non-Conformance Management Policy.

Associated Policy/Procedures/SOPS.

Policies

- Quality Policy (QG-Q-Pol-001)
- Clinical Governance & Quality Management Policy (QG-CG & QM-001)
- Quality Management System Manual (QG-QMS-001)
- Risk Management Policy (QG-RM-001)
- Non-Conformance Management Policy (QG-NC-001)
- Audit Policy
- Data Protection Policy
- Privacy Policy
- Data Retention Policy

Procedures / SOPs

- Complaint Investigation SOP
- Complaint Logging and Reporting SOP
- Non-Conformance Management Procedure and SOP
- Internal Audit Procedure
- Clinical Audit Procedure

Registers

- Complaints Register
- Non-Conformance Register
- Clinical Risk Register
- Company Risk Register

References

- UK GDPR
- Data Protection Act 2018
- Equality Act 2010
- ISO 9001:2015
- Relevant SEQOHS Standards

Complete impact assessment if required-delete if not required.

Impact Assessment	
Data Protection Impact	
Does this policy involve personal or sensitive data?	No
If Yes , is there any new or increased risk?	N/A
If Yes , is this mitigated by any of the following policies or an existing DPIA?	• Privacy Policy • IT Code of Practice • Data Protection Policy • Data Retention Policy • Data Classification Policy
If NO - not covered by an existing policy or DPIA, contact the DPO and discuss if a DPIA is required.	N/A
Equality Impact	
Could this policy impact any protected group? <i>(Protected characteristics are those defined under the Equality Act 2010 (age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation)).</i>	No
Impact is justified and proportionate	N/A
Mitigation measures are in place	N/A
Further Comments:	