

# Complaints Handling Policy

## Cosmetic Surgery of The Royal Liver Building

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Version	5.0
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Approved	Chief Executive Officer, Registered Manager, Medical Lead
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Version	Reviewer	Ammendments
5	Will Dixon Dennis Harthern	Introduction further defined
5	Will Dixon Dennis Harthern	Scope further defined
5	Will Dixon Dennis Harthern	Complaints investigation further clarified with roles and responsibilities
5	Will Dixon Dennis Harthern	Flow chart developed as a per Appendix B

## 1. Introduction

The Cosmetic Surgery of the Royal Liver Building aims to provide high-quality services that are safe, effective, caring, responsive to people's needs, and well-led. If we fall short, we are committed to resolving concerns promptly, fairly, and with compassion.

At Cosmetic Surgery of the Royal Liver Building, we are committed to delivering safe, high-quality, and patient-centred care. We value all feedback as an essential part of our clinical governance and continuous improvement framework

If patients are unhappy with any aspect of their care, experience, or service, we want to know. Raising a concern will never affect patient care in any way. It allows us to investigate, learn, and improve.

## 2. Policy purpose

This policy explains how patients and others can raise concerns and complaints, how we investigate and respond, and how we use these opportunities to learn, develop, and improve.

This policy sets out roles, timelines, escalation routes, and record-keeping standards to ensure complaints are managed in a consistent, non-judgmental, and timely manner.

## 3. Regulatory and governance alignment

This policy supports compliance with Regulation 16 (receiving and acting on complaints) and Regulation 20 (duty of candour), and is designed to provide evidence of effective governance under Regulation 17.

It also supports the Accessible Information Standard and equality, privacy, and data protection obligations.

The policy is mapped to the CQC Single Assessment Framework domains and quality statements, particularly those relating to listening to people, responsiveness, openness, learning, and leadership oversight.

## 4. Scope

This policy applies to all complaints and concerns about services, staff, contractors, and clinicians working within our facilities, including practitioners with practising privileges.

It applies to complaints relating to clinical care, patient experience, communication, billing, premises, and aspects of the services we deliver.

## 5. Principles of complaint management

1. We promote a just and learning culture, complaints are used to improve systems, processes and practice.
2. We welcome complaints, we encourage early resolution and support patients in Raise concerns they may have.
3. We are thorough and fair; investigations are objective, proportionate, and evidence-based.
4. We provide accountable responses, we explain our outcomes, learning, and actions to be taken.
5. We respect confidentiality, privacy, and dignity at all times.

## **6. Who can complain**

A complaint can be made by a person who is directly affected by an action or omission.

A complaint can also be made by someone acting on the person's behalf, where appropriate consent and authority are confirmed.

## **7. How to make a complaint and how we support complainants**

### **7.1 How to contact us**

Complaints can be raised in person, by telephone, or in writing by email or letter.

We encourage written complaints where possible to ensure accuracy, but we will accept verbal complaints and record them clearly.

If a complaint is raised verbally, we will document it and share the written summary with the complainant for confirmation.

We are committed to making our complaints process accessible to all patients. Information can be provided in alternative formats or languages where required.

Where required, patients and others can be supported in raising a concern.

### Contact details

Clinic Manager,  
Cosmetic Surgery of the Royal Liver Building,  
The Royal Liver Building,  
Pier Head, '  
Liverpool, L3 1HU.

Telephone 0151 203 0020.

Email: [complaints@cosmeticsurgeryoftheroyalliverbuilding.com](mailto:complaints@cosmeticsurgeryoftheroyalliverbuilding.com)

### **7.2 Accessible Information Standard and reasonable adjustments**

We will support patients who have information or communication needs

We can provide alternative formats and communication support where requested.

We will make reasonable adjustments so that everyone can raise a complaint fairly and without disadvantage.

### **7.3 Consent and confidentiality**

Where a complaint is raised by a relative, friend, advocate, or representative, we will confirm their authority and obtain the patient's consent before discussing confidential clinical information, unless there is a lawful basis to proceed without consent.

## **8. Roles and responsibilities**

### **8.1 Registered Manager**

The Registered Manager is responsible for ensuring an effective complaints system is in place, overseeing investigations, ensuring learning is captured, and producing an annual complaints review report for governance oversight.

### **8.2 Clinic Manager**

The Clinic Manager is the primary point of contact for receiving, logging, acknowledging, and coordinating complaints, and for maintaining the complaints record and action log.

8.3 Director of Service is responsible for bringing complaints which are deemed to be level 2, e.g., those not able to be resolved by the Clinic Manager

8.4 Complaints which require level 2 review will undergo peer review by the Clinic Governance Team, supported by the Clinic Senior Management Team and where required, subject matter experts and or nominated advisors

### **8.5 Clinical Governance Committee**

The Clinical Governance Committee provides oversight of themes, trends, and actions, and reviews them within the monthly clinical governance meeting, during which high-risk issues requiring governance escalation are identified.

An overview of themes, trends, and areas of learning/development will be referenced in a quarterly governance report.

The Clinical Governance Committee will support and review an annual Clinical Governance report, which includes an overview of complaints.

### **8.6 Individual practitioners, including practising privileges**

Practitioners are expected to be open and cooperative and supportive of the process, by providing timely statements and records, attending meetings where required, and using learning from complaints to improve practice.

Practitioners must inform the service if relevant concerns are being investigated in other settings that may affect their ability to practice within our facilities.

### **8.7 Complaints about the Clinic Manager, Registered Manager, Clinicians, Practitioners, Senior Management Team or the Chief Executive Officer**

Where a complaint relates to the Clinic Manager, the Registered Manager will allocate an alternative investigating lead and will ensure appropriate separation from the subject of the complaint.

Where a complaint relates to the Registered Manager or a member of the senior management team, the complaint will be overseen by the Chief Executive Officer, or by another senior leader appointed by the Chief Executive Officer, who has not been involved in the episode of care or matters the complaint refers to

Where the complaint relates to clinical practitioners or clinical care then the complaint review will be led by the Governance Team, supported by the senior management team

Where a complaint relates to the Chief Executive Officer, it will be overseen by the Medical Lead or an appointed independent reviewer, and governance oversight will ensure fairness and independence.

## **9. Complaints process and timelines**

### **9.1 Receipt, triage, and acknowledgement**

All complaints are logged upon receipt and risk screened.

All complaints are acknowledged, logged, and allocated a reference number, which is shared with the patient and updated in Pabau as a file note.

All complaints are acknowledged within 3 working days, except where there may be a public Bank Holiday

The clinic offers the patient the opportunity to discuss how the complaint will be handled in accordance with this SOP, expected timescales, and the outcome desired by the patient, e.g., an apology.

If a complaint raises an immediate safety risk, a safeguarding concern, or a notifiable incident (graded as moderate or above), or has an immediate impact on life or the health and safety of patients and/or staff, the complaint/concern will be escalated immediately through the appropriate clinical governance and safeguarding routes.

### **9.2 Stage 1 local resolution**

Stage 1 aims to resolve concerns quickly and fairly. Non-clinical complaints are led by the Registered Manager or a delegated Senior Manager.

Typically, within 28 working days, but may be extended if the complaint is received outside the 6-month timeframe.

Clinical complaints are reviewed with the treating clinician and may include an offer of a clinical review/consultation with the treating clinician or, where required, with an appropriate independent clinician.

We aim to provide a full written response within 28 working days. If we cannot meet this timeframe, we will explain the reason, confirm the revised timescales, and keep the complainant updated weekly.

Where a response may be delayed due to annual leave, clinical commitments, or similar reasons, we will provide at least one written update every 7 working days until the final response is issued.

The Stage 1 response will address each issue raised, set out the evidence reviewed, provide conclusions and reasons, confirm any remedial actions, confirm learning and improvement actions, and explain escalation routes if the complainant remains dissatisfied.

### 9.3 Stage 2 internal review

If the complainant remains dissatisfied after Stage 1, they can request an internal review. Stage 2 Review: Usually, within 20 working days of the initial response, or if the complaint is not resolved within that period, an update will be sent every 20 working days.

Stage 2 is carried out by a senior person not involved in Stage 1.

Stage 2 will review the fairness, completeness, and outcome of Stage 1 and will provide a written response.

### 9.4 Stage 3 external review via the Independent Sector Complaints Adjudication Service (ISCAS), whereby the complainant remains dissatisfied after Stage 2.

The patient may request an external review of their complaint via ISCAS. This service is managed by the Centre for Effective Dispute Resolution.

The external review should normally be submitted in writing within 6 months of the Stage 1 final response letter.

We will cooperate with any independent review and provide relevant information in accordance with lawful confidentiality and data protection requirements.

ISCAS contact details.

Website; [iscas.cedr.com](http://iscas.cedr.com).

Email: [info@iscas.org.uk](mailto:info@iscas.org.uk)

Telephone 020 7536 6091.

### 9.5 Contacting the Care Quality Commission (CQC)

The Care Quality Commission does not adjudicate individual complaints, However information people share with the CQC may be used as intelligence for monitoring and inspection.

Patients can contact CQC through its published channels.

## **10. Time limits and complaints received after 6 months**

Normally, a complaint should be made within 6 months of the event, or within 6 months of the matter coming to the complainant's notice.

Where a complaint is received outside this timeframe, the Registered Manager may extend the time limit where there is a good reason, and it is still possible to investigate fairly and proportionately.

When considering an extension, we consider the availability of records, the reliability of evidence, and whether a fair investigation remains possible.

Where we cannot investigate due to the passage of time, we will explain this clearly and signpost the complainant to appropriate options.

### **11. Duty of candour and apologies**

Where an investigation identifies that something went wrong, we will be open and transparent, provide an appropriate apology, and explain what we have learned and changed.

An apology is not an admission of liability; it is part of honest and compassionate communication and a commitment to improvement.

### **12. Recording, confidentiality, and data protection**

Complaint records are kept separate from clinical records and stored securely. Access is restricted to those with a legitimate need.

We comply with the UK GDPR and the Data Protection Act 2018, and we respect confidentiality obligations, human rights, and privacy requirements.

We keep a comprehensive record of the complaint, investigation steps, evidence reviewed, communications, decisions, actions, and closure. Where possible, communications are time and date-stamped.

### **13. Unreasonable or persistent complainant behaviour**

We recognise that during the complaints process, people may be distressed and may feel they have received substandard service or care provision. However, where behaviour from complainants, their representatives, or family becomes aggressive, abusive, or unreasonable, we may apply proportionate contact controls to protect staff and maintain a fair process.

Measures may include

- Nominating a single senior point of contact
- Limiting contact to one method, e.g. email, telephone
- Limiting frequency and duration of contact or meetings
- Requiring meetings to include a witness or to be recorded
- Declining to respond to repeated correspondence about a matter that is closed unless new and material information is provided.

Any restrictions will be explained to the complainant and recorded.

### **14. Learning from complaints and continuous improvement**

Complaints and feedback are reviewed for themes, trends, and learning. Actions are logged, owned, and tracked to completion.

Learning is shared through governance meetings, training, audit updates, and updates to policies and procedures.

Where appropriate, learning is integrated into SentriQ (quality management system), quality management monitoring, and assurance.

The Governance Team and Registered Manager produce an annual complaints review report, including volume, themes, outcomes, timescales, learning, and improvement actions.

### **15. Monitoring, assurance, and audit**

We monitor complaint acknowledgement times, response times, stage progression, action completion, and theme recurrence.

Governance oversight reviews both individual high-risk complaints and aggregated themes to ensure sustained improvement.

Complaints are a standing agenda item for the monthly Governance Committee

### **16. References**

- Care Quality Commission, Complaints policy requirements for providers.
- Care Quality Commission, Regulation 16, receiving and acting on complaints guidance.
- Care Quality Commission, Assessment framework and Single Assessment Framework domains and quality statements.
- ISCAS, Code of Practice for Complaints Management.
- NHS England, Accessible Information Standard DAPB1605.
- UK GDPR and Data Protection Act 2018.
- Equality Act 2010.

## Appendix A: Complaint Form

- Complaint reference number
- Date complaint received
- Complainant name and relationship to the patient
- Patient name and date of birth
- Preferred contact method and accessibility needs
- Summary of complaint
- Immediate actions taken
- Risk screening outcome and escalation if required
- Investigation steps and evidence reviewed • Findings and conclusions
- Learning and actions, owner and due date
- Stage outcome and sign off
- Date closed

**SQ Solution 2.0**

A complaint is an expression of dissatisfaction where the patient has confirmed they wish to make a formal complaint following an initial outcome or resolution. This form should only be completed if the patient is unhappy and wishes to proceed. The complaint can then be formally logged. Before completing this form, staff must ensure the patient has clearly stated they wish to raise a formal complaint and has been informed that a response may take up to 21 days. Logging this form constitutes formal acknowledgement of the complaint, however this must also be followed up with a written acknowledgement via email.

**Date of complaint** **Time of complaint** **Complaint category** **Location of complaint**

**Patient ID** **Patient contact no** **Patient name** **Patient email**

**Preferred method of contact**

Please enter short summary of complaint below (E.g. Patient unhappy with results of upper blepharoplasty procedure)

**Complaint summary**

Please document the complaint from the patient's perspective using their own words wherever possible. Include a clear and factual account of what the patient...

Log Stage 1 Stage 2 Dashboard

## Appendix B Complaints Flow Chart



### Complaints flow chart

