

# Complaints Handling Policy

Aesthetics of The Royal Liver Building  
(AORLB)

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Governance Policy	
Annual Complaints Report	

# Complaints Handling Policy May 2023

## Contents

Policy details .....	1
Introduction .....	3
Purpose .....	3
Roles and Responsibilities .....	3
Who can make a complaint? .....	4
How can a complaint be made? .....	4
Complaints Process.....	4
Recording Complaints .....	5
Learning from Complaints .....	5
Complaint Form. ....	6

# Complaints Handling Policy May 2023

## Introduction

AORLB strive to provide high quality services that are safe, effective, caring ,responsive and well-led. Should we not meet these fundamental standards, we are committed to resolving issues or concerns about the service to ensure the patient is satisfied. We believe that we are able to learn from all complaints and use these to continually improve the quality of the care and service that we deliver.

This policy outlines the commitment to treat all complaints and concerns about the service provided. The policy applies to complaints made against services or staff at AORLB and those against independent health practitioners with practice and privileging rights at the location.

This policy is underpinned by the following key principles of complaint management :

1. Promoting a just and learning culture: Seeing complaints as an opportunity to develop and improve services and people, acknowledging when mistakes occur or things go wrong and being held accountable for them, learning from complaints, and acting on lessons learned.
2. Welcoming complaints in a positive way: Actively seeking and welcoming feedback, acting on concerns and complaints, recognising complaints as a positive way to improve services, encouraging and empowering staff to resolve concerns quickly to the satisfaction of all parties.
3. Being thorough and fair: Conducting a thorough, fair and objective investigation without bias or discrimination, obtaining comments from all staff involved in complaints (including consultants with practising privileges), keeping complainants updated with progress, and giving an open and honest answer to complaints.
4. Giving fair and accountable responses: Explaining what has happened and whether any mistakes occurred, explaining whether complaints have or have not been upheld, giving clear reasons for decisions, identifying any learning from complaints, and explaining actions that have been taken to improve services.

# Complaints Handling Policy May 2023

## Purpose

The purpose of the policy is to:

1. Establish a clear complaints handling process, so that they are managed and properly investigated in a non-judgemental, appropriate and timely manner.
2. To enable staff at AORLB to sympathetically manage complaints at a local level.
3. Ensure that patients know how to complain.
4. Ensure that patients feel confident that their complaint will be dealt with seriously, investigated appropriately and findings will be learned from.

## Roles and Responsibilities

The Registered manager is responsible for investigating complaints, performing an annual complaints review and escalating to the Clinical Governance Committee

The Clinical Governance Committee (CGC) is responsible for oversight and monitoring of complaints via Clinical Governance Framework.

Individual Medical Practitioners are responsible for:

- Being open and sharing any complaints raised about their practice.
- Where complaints are made by patients, to fully participate in the complaints process, including meeting with patients and the provision of statements, if necessary and to always use complaints as an opportunity to learn and improve.
- To notify AORLB if a complaint or any other concerns are being investigated in other settings in which they work that are relevant to their practice.
- To work collaboratively with all staff and support all colleagues (themselves included) in being able to speak up if they have any concerns about patient safety in the setting where they work<sup>68</sup>.

## Who can make a complaint?

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

# Complaints Handling Policy May 2023

A complaint can be made on behalf of a person following them using the service.

## How can a complaint be made?

A complaint can be made by:

1. By telephone or in person and made verbally. In any case a written record of the complaint that describes the issues requiring investigation must be kept. This must be agreed with the complainant and ideally signed.
2. In writing either by email or by letter. This should be addressed to the clinic manager.

## Complaints Process

There is a three-stage process as defined by ISCAS :

### *Stage 1 - Local Resolution:*

Complaints of a non-medical nature will be handled in their entirety by the Registered Manager.

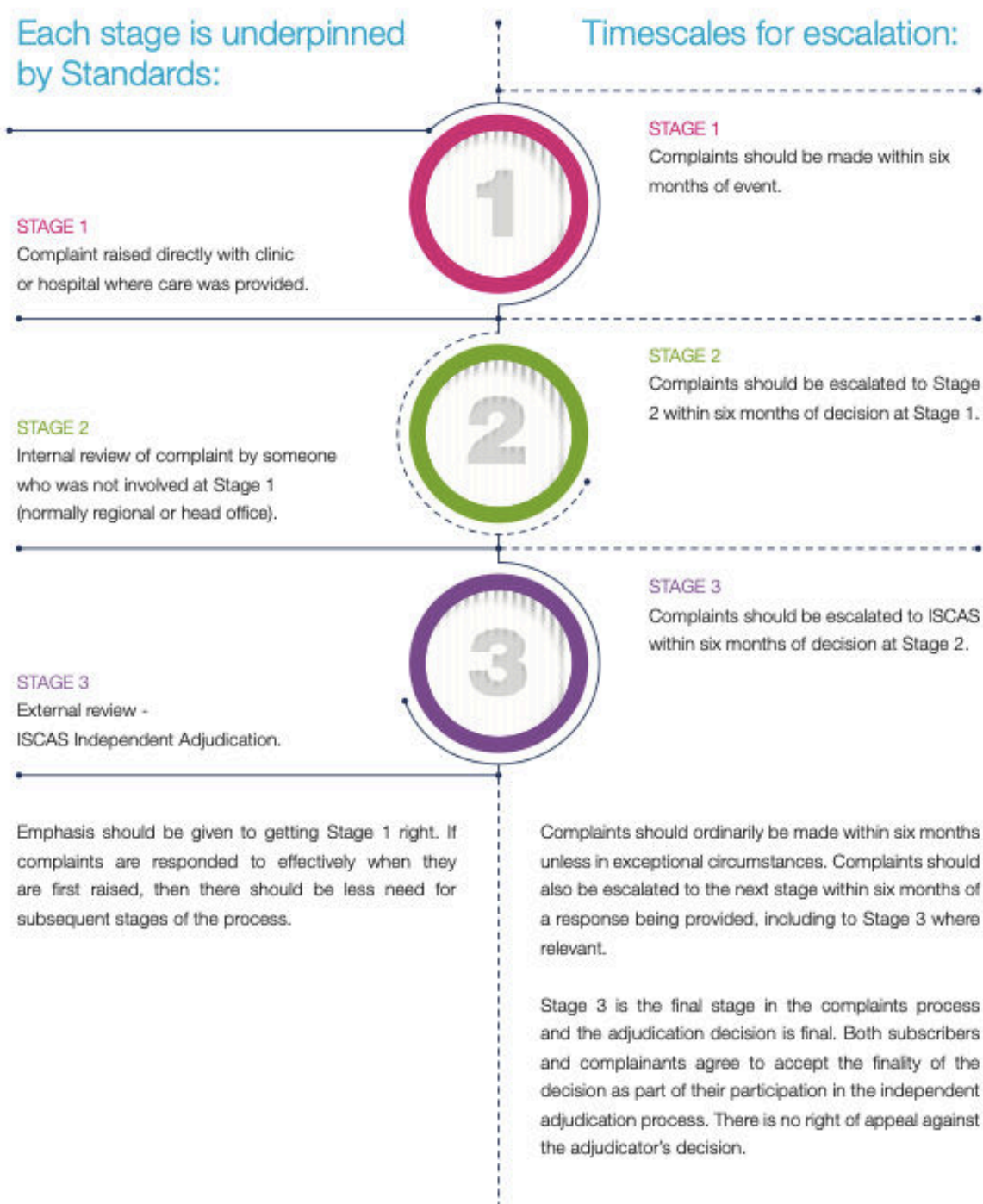
In the case of a treatment-related complaint, the matter will be discussed with the relevant practitioner/s who carried out the treatment and may require you to attend an additional consultation with that practitioner or an external independent practitioner.

The objective of this is to provide an explanation or a solution to your concerns. Our aim is to provide you with a full written response within 28 working days or where this is not possible, an explanation as to the cause of the delay.

### *Written Response:*

If the complainant wishes to receive a written response it should address the matter, acknowledging all points raised by the complainant. The

# Complaints Handling Policy May 2023



response should include an explanation of how the complaint has been considered, the conclusions reached in respect of each specific part of the complaint, details of any necessary remedial action and any actions taken or will be taking as a result of the complaint.

The complainant should be informed at the end of the letter how to access the next stage of the complaints process if the complainant remains unsatisfied.

# Complaints Handling Policy May 2023

## *Stage 2 - Internal Review*

If the complainant is dissatisfied, they should have the option to escalate their complaint to another person internally for further review. This should not be the same person that was involved in Stage 1 and should take place within 6 months of stage 1.

## *Stage 3 - External Review*

If the complainant is dissatisfied, they should have the option to escalate their complaint to the Independent complaints Service this would be ISCAS the independent sector complaints adjudicator.

This service is managed by the Centre for Effective Dispute Resolution (CEDR). Patients can find out more information and complete complaint forms on the ISCAS website. A copy of the patients guide to ISCA's can be found here <https://iscas.cedr.com/wp-content/uploads/2022/08/ISCAS-Patient-Guide.pdf>

Contact details for ISCAS

W: <https://iscas.cedr.com/>

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

T: 02075366091

The Care Quality Commission (CQC) may also take note of a patient complaints and if appropriate use it as part of their inspection process. Information on complaints to the CQC can be found here: <https://www.cqc.org.uk/contact-us/how-complain/complain-about-service-or-provider>

Care Quality Commission  
Citygate  
Gallowgate  
Newcastle upon Tyne  
NE1 4PA  
Tel: 03000 616161  
Email: [enquiries@cqc.org.uk](mailto:enquiries@cqc.org.uk)

Complaints to any independent complaints service ideally should be in writing within 6 months of the final response letter received at stage 1.

# Complaints Handling Policy May 2023

## Recording Complaints

The complaint will be kept on file/ database and maintained to include all details of the investigation and outcome by the clinic manager.

CSRB will hold a comprehensive record of any investigations including correspondence such as emails, letters and telephone discussions with time and date stamps where possible.

Any actions implemented to improve the service as a consequence of a complaint should be recorded.

### **Period within which complaints can be made.**

The period for making a complaint as defined by ISCAS is :

(a) 6 months from the date on which the event which is the subject of the complaint occurred; or

(b) 6 months from the date on which the event which is the subject of the complaint comes to the complainant's notice.

All complaints will be acknowledged no later than three working days after the day the complaint is received (the acknowledgement will usually be in writing but can be verbally in some circumstances although this should be the exception.

An offer should be made to discuss with the complainant the following:

- The handling of the complaint
- Timescales for responding
- Expectations and desired outcome if unclear

If the complaint has been made verbally, the complainant should be given a copy of their verbal statement which is considered the formal complaint and asked to confirm that it represents the issues they wish to raise

The Registered Manager has the discretion to extend the time limits if the complainant has good reason for not making the complaint sooner, or where



# Complaints Handling Policy May 2023

it is still possible to properly investigate the complaint despite extended delay.

When considering an extension to the time limit it is important that the Registered Manager takes into consideration that the passage of time may prevent an accurate recollection of events by the clinician concerned or by the person bringing the complaint.

The collection of evidence 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 reason for declining a time limit extension.

## Unreasonable Complaints

Where a complainant becomes aggressive or, despite effective complaint handling, unreasonable in their promotion of the complaint, some or all the following formal provisions will apply and will be communicated to the patient:

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
- Repeated complaints about the same issue will be refused
- Only acknowledge correspondence regarding a closed matter, not respond to it
- Return irrelevant documentation
- Keep detailed records
- Define clear behaviour standards.

## Confidentiality

Complaints will be handled in the strictest of confidence and will be kept separately from patients' clinical records.

Care will be taken that information should only be disclosed to those who have a demonstrable need to have access to it.

Suitable arrangements are in place for the handling of patient identifiable data to meet the compliance of GDPR & Data Protection Act 2018 and other

# Complaints Handling Policy May 2023

legal obligations such as the Human Rights Act 1998 and the common law duty of confidentiality

The Caldicott Report sets out a number of general principles that health care private practices should use when reviewing its use of patient or patient information.

The designated Caldicott Guardians are responsible for ensuring that confidentiality is maintained. Confidentiality will be maintained in such a way that only managers and staff who are leading the investigation know the contents of the case. Anyone disclosing information to others who are not directly involved in this may be dealt with under disciplinary procedures.

The service must keep a record of all complaints and copies of all correspondence relating to complaints, but such records must be kept separate from patients' clinical records.

## Learning from Complaints

The objective of the complaint's procedure is not to apportion blame but to investigate the complaint with the aim to satisfy the complainant and learn from lessons for improvements in delivering a safe and responsive service.

Recommendations made as a result of the investigation or any findings made by the manager should be addressed accordingly.

## Monitoring & Compliance

To complement our Clinical Governance Framework for monitoring complaints AORLB will establish an annual complaints review and report, incorporating a review of complaints received, along with any learning issues or changes to procedures which have arisen.

This report is to be made available to any person who requests it, and may form part of the Freedom of Information Act Publication Scheme.

This will include:

- Statistics on the number of complaints received
- Justified / unjustified analysis
- Known referrals to the Ombudsman/ISCA
- Subject matter / categorisation / clinical care

# Complaints Handling Policy May 2023

- Learning points
- Methods of complaints management
- Any changes to procedure, policies or care which have resulted.

## References

Medical Practitioners Assurance Framework (MPAF) (2022) [online pdf], accessed May 2023.

Code of Practice for Complaints Management (ISCAS) (2022)[online pdf], accessed May 2023.

ISCAS Patients' Guide (2022) [online pdf], accessed May 2023.

Care Quality Commission :Complain about a service or provider[online], accessed May 2023.

NHS Complaints Regulations (2009) (Regulations).[online], accessed May 2023.

Parliamentary and Health Service Ombudsman's Principles of Good Complaints Handling (2009) [online pdf], accessed May 2023.

Guidance for doctors who offer cosmetic interventions(2016) [online pdf], accessed May 2023.

# Complaints Handling Policy May 2023

## Complaint Form.

Ref: \_\_\_\_\_

### When, Where and Your Details

Further Descriptor For complaint	
Date of complaint:	Reporter Name:
Time of complaint	Reporter Job Title/Role:
Location of complaint	Reporter Tel No:
Date Incident Identified:	Reporter Email:

### What Happened?

Description of What Happened:
Immediate Action Taken:
Any Further Information:

# Complaints Handling Policy May 2023

Details of Any Police Involvement:

## Learning Outcomes:

What Lessons Might Be Learned?

<u>ACTION POINT</u>	<u>WHO</u>	<u>BY WHEN</u>

# Complaints Handling Policy May 2023

