



Complaints Handling Policy

Aesthetics of the Royal Liver Building

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Version	3
Policy owner	Registered Manager
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1 Introduction

Aesthetics of the Royal Liver Building aims to provide high-quality services that are safe, effective, caring, responsive to people's needs and well-led. We welcome feedback and are committed to resolving concerns promptly, fairly and with compassion.

Raising a concern or complaint will never adversely affect a patient's care or treatment. Complaints help us identify failures, put matters right and improve our services.

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.

2 Policy purpose

This policy explains how patients and others can raise concerns, how complaints are investigated and answered, and how learning is used to improve care. It sets out responsibilities, timescales, review arrangements and record-keeping standards.

3 Regulatory and governance alignment

This policy sets out the clinics commitment to fair, accessible and effective complaint handling, supported by clear governance, confidentiality and data protection arrangements.

We adopt the principles of NHS England's Accessible Information Standard to make the complaints process accessible. The standard's mandatory scope is NHS and publicly funded adult social care; our commitment to its principles supports accessibility for privately funded patients and our reasonable adjustment duties under the Equality Act 2010.

4 Scope

This policy applies to concerns and complaints about services, staff, contractors and practitioners working within Aesthetics of the Royal Liver Building, including those with practising privileges. It covers clinical care, treatment outcomes, patient experience, communication, billing, premises and complaint handling.

Where another organisation is involved, we will agree responsibilities, seek any necessary consent and coordinate the response. We will explain who is dealing with each issue and will not transfer a complaint without explaining the arrangements to the complainant.

5 Principles of complaint management

We promote a just and learning culture. We acknowledge mistakes, investigate fairly and use complaints to improve systems, processes and practice.

We welcome complaints and support early resolution. Patients can raise concerns without fear of discrimination, victimisation or disadvantage.

Investigations are objective, proportionate and evidence-based. Relevant staff and practitioners are given an opportunity to contribute, and complainants are kept informed.

Responses explain the findings, reasons, remedies and learning. We respect confidentiality, privacy and dignity throughout the process.

6 Who can complain

A complaint can be made by a person directly affected by an action or omission, or by someone acting on their behalf with appropriate authority. Relatives, friends, carers and advocates can support a complainant.

Before disclosing confidential information to a representative, we will confirm their authority and obtain the patient's consent, unless another lawful basis permits disclosure. Where a patient lacks capacity, is a child or has died, the Registered Manager will confirm the appropriate representative and lawful basis for sharing information.

Anonymous concerns will be recorded and considered as far as the available information allows. We may be unable to acknowledge or provide an individual response where no contact details are available.

7 How to make a complaint and support available

7.1 Making a complaint

Complaints can be made to any member of staff in person, by telephone, by email or by letter, or using another accessible communication method agreed with the complainant. This applies to both Stage 1 complaints and requests for Stage 2 review.

A complaint does not have to be submitted in writing. Patients are not required to complete or sign a form before a complaint can be accepted, acknowledged or investigated. Staff will help people explain their concerns where needed.

For a verbal complaint, staff will record the issues, the outcome sought and any immediate action. We will offer the complainant a copy or explanation of the record in an accessible format and invite corrections. Receipt of the complaint starts the response timescale; we will not delay handling while waiting for written confirmation or a signature.

Complaints contact: Clinic Manager, Aesthetics of the Royal Liver Building, The Royal Liver Building, Pier Head, Liverpool, L3 1HU.

Email: complaints@aestheticsoftheroyalliverbuilding.co.uk.

Patients may also speak to staff during a visit or telephone the clinic using the number on their appointment correspondence or the clinic website.

7.2 Accessible information and reasonable adjustments

Staff will ask about information and communication needs and preferred contact arrangements. We will identify, record, flag, appropriately share, meet and review these needs throughout the complaints process, including acknowledgement, updates, meetings, responses and review requests.

Support may include large print, easy read, audio information, accessible electronic documents, British Sign Language interpretation, communication aids, extra time or assistance from an advocate. Language interpretation or translation will also be considered where needed to make the process accessible.

Reasonable adjustments will be provided without charge to the complainant. We will agree suitable arrangements with the person, record them and check that they remain effective. A written response will be explained or supplied in another accessible format where needed.

7.3 Confidentiality

We will explain how information will be used and shared during the investigation. Relevant information will only be shared where necessary and lawful, including with treating practitioners, reviewers and other organisations involved in the complaint.

8 Roles and responsibilities

8.1 Registered Manager

The Registered Manager is accountable for an effective complaints system, appropriate allocation and oversight of investigations, immediate escalation of safety concerns, action completion and the annual complaints review.

8.2 Clinic Manager and complaints team

The Clinic Manager or delegated complaints team receives, logs, acknowledges and coordinates complaints; maintains the complaint record and action log; agrees accessible communication arrangements; and monitors response deadlines.

8.3 Governance Team and Director of Service

The Governance Team supports proportionate investigations, reviews evidence and clinical input, identifies learning and tracks improvement actions. The Director of Service supports escalation of matters that cannot be resolved locally and ensures a suitable Stage 2 reviewer is appointed.

8.4 Clinical Governance Committee

The Clinical Governance Committee reviews complaints, themes, trends and improvement actions at monthly governance meetings. High-risk concerns are escalated promptly. Complaints learning is included in quarterly governance reporting and the annual clinical governance review.

8.5 Practitioners and all staff

Practitioners must cooperate openly with investigations, provide timely records and statements, attend meetings where required and act on relevant learning. They must notify the service of relevant concerns investigated elsewhere that may affect their practice within the clinic.

All staff must know how to receive a complaint, support accessible communication, preserve relevant evidence and escalate immediate clinical or safeguarding risks without delay.

8.6 Complaints about managers and senior staff

Where a complaint concerns the Clinic Manager, the Registered Manager will appoint an alternative investigating lead. Where it concerns the Registered Manager or senior management, the Chief Executive Officer will appoint an uninvolved senior reviewer.

Clinical complaints will be supported by the Governance Team and an appropriate clinical lead. Where a complaint concerns the Chief Executive Officer, the Medical Lead or an appointed independent reviewer will oversee it. No person who is the subject of a complaint will determine its outcome. Stage 2 reviewers must not have been involved in Stage 1.

9 Complaints process and timelines

9.1 Receipt and acknowledgement

All complaints are logged on receipt, allocated a reference number and screened for risk. The reference number will be shared with the complainant and a brief administrative note recorded in Pabau, with detailed investigation records held separately.

We will acknowledge complaints within 3 working days of receipt, using the complainant's agreed accessible method. Working days are Monday to Friday, excluding bank holidays in England. We will offer to discuss the issues, the desired outcome, how the complaint will be handled and expected timescales.

Immediate safety concerns, safeguarding risks or incidents will be escalated promptly through the relevant clinical, safeguarding and incident-reporting routes. Complaint handling must not delay necessary care or protective action. External reporting and duty of candour requirements will be assessed against the applicable criteria, rather than assumed from a complaint's severity alone.

9.2 Stage 1 local resolution

Stage 1 aims to resolve concerns promptly and fairly. Non-clinical complaints are led by the Registered Manager or a delegated senior manager. Clinical complaints are investigated with appropriate input from the treating practitioner and clinical lead, with an independent clinical opinion where needed.

A clinical review or consultation may be offered where appropriate. The complainant's ability or willingness to attend will be considered fairly, and reasonable alternatives explored. Attendance is not a condition of accepting a complaint.

We aim to provide the full response on or before the date falling 28 working days after receipt. If this cannot be achieved, we will explain the reason before the due date, provide a revised response date and keep the complainant updated at least every 7 working days until the final response is issued.

The Stage 1 response will address each concern, the evidence reviewed, the findings and reasons, any remedy, and the learning and improvement actions. It will explain whether each concern is upheld, partly upheld or not upheld, or whether there is insufficient evidence to reach a finding. It will explain how to request Stage 2 review.

A written record of the response will be retained. The response will be provided and explained in the complainant's agreed accessible format or communication method.

9.3 Stage 2 internal review

If dissatisfied after Stage 1, the complainant can request an internal review by contacting the complaints team verbally, in writing or through another agreed accessible method. We will help clarify the remaining concerns and the outcome sought; a written request is not required.

We ask that requests are made within 8 weeks of the Stage 1 final response. This is a request window, not the response deadline. Later requests will be considered fairly by the Registered Manager, taking account of the reasons for delay, accessibility needs and whether a meaningful review remains possible. A late request will not be rejected automatically.

We will acknowledge a Stage 2 request within 3 working days. A senior person who was not involved in Stage 1 will review the fairness, completeness and outcome of the investigation, the remaining concerns and any relevant additional evidence. Appropriate clinical advice or an independent reviewer will be obtained where necessary to avoid a conflict of interest.

We aim to provide the Stage 2 response within 20 working days of receipt of the review request. If more time is needed, we will explain why before the due date, agree a revised response date where possible and provide updates at least every 20 working days, or more often where agreed or required by risk.

The final response will explain the review findings, reasons, any revised outcome or further action, and appropriate options for raising concerns with relevant external bodies. Stage 2 concludes the clinic's internal complaints process. Relevant new evidence or continuing safety concerns will still be considered after closure.

9.4 Contacting external bodies

Stage 2 concludes the clinic's internal complaints process.

Where appropriate, we will explain other relevant options, such as contacting the Information Commissioner's Office about data protection concerns, a practitioner's professional regulator about concerns within its remit, or obtaining independent advice about legal rights.

These organisations have their own remit and eligibility criteria. These routes do not form an additional stage of the clinic's complaints process.

10 Time limits

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.

The Registered Manager may extend this period where there is good reason for delay and a fair, proportionate investigation remains possible. Each case will be considered individually, including communication needs, the availability of records and the reliability of evidence.

Where the passage of time limits the investigation, we will explain what can and cannot be established, record the decision and provide reasons and appropriate signposting. Relevant safety concerns and learning will still be considered.

11 Openness, transparency and apologies

Where something has gone wrong, we will be open and honest with the patient, provide an appropriate apology and explain what happened, the findings of any investigation and the actions taken to put matters right and prevent recurrence.

Immediate care, support and action to address safety concerns will not be delayed while a complaint is investigated. Relevant practitioners must also meet any professional duties of candour that apply to their practice.

We will record relevant discussions, explanations, apologies and agreed actions, and communicate in the patient's preferred accessible format.

12 Recording confidentiality and data protection

Complaint records are held securely and separately from clinical records. Access is limited to people with a legitimate need, subject to lawful disclosure. Clinical information needed for continuing care will remain recorded appropriately in the clinical record.

The complaint file will include the original concerns or staff record of a verbal complaint, communication needs, consent or representative authority, risk screening, evidence, statements, communications, decisions, remedies, learning, action owners and due dates, review requests and closure. Records will be dated and timed where possible.

We comply with UK GDPR and the Data Protection Act 2018. Information will be handled under the clinic's confidentiality and retention arrangements, with relevant evidence preserved during an active complaint or related proceedings. A subject access request will be handled under the separate data protection process and will not be delayed by a complaint.

13 Unreasonable or persistent behaviour

We recognise that complainants may be distressed. Disagreement, repeated questions, disability-related communication or dissatisfaction alone will not be treated as unreasonable behaviour. Allegations will be considered fairly even where conduct requires intervention.

Where behaviour is threatening, abusive or places disproportionate demands on the service, a senior manager may apply proportionate contact arrangements. These may include a named contact, agreed frequency or duration of contact, an accessible contact method or a witness at meetings.

Restrictions must take account of disability and communication needs and must not impose writing as the only method where this would exclude the person. We will explain the reasons, scope, duration and review arrangements, record the decision and retain a route for urgent care, material new evidence and relevant safety concerns.

14 Learning from complaints

Complaints are reviewed for themes, trends and opportunities to improve care. Actions will have a named owner, due date and evidence of completion. Significant or recurring risks will be escalated through governance and linked to the risk register where appropriate.

Learning will be shared through governance meetings, staff training, audit and policy updates. The Governance Team will check whether changes have been implemented and whether they reduce recurrence. Relevant learning may be included in the clinic's quality management system.

The Governance Team and Registered Manager will produce an annual complaints review covering volumes, themes, outcomes, response times, escalation, learning and improvement actions. Any version shared outside the governance team will protect confidential information.

15 Monitoring assurance and audit

Complaints will be a standing item at monthly governance meetings, with quarterly reporting of themes and learning. Monitoring will include acknowledgement and response times, stage progression, accessible communication arrangements, overdue cases, action completion and recurring concerns.

Governance oversight will review high-risk complaints individually and aggregated trends. Staff training and audit will test whether patients can access the process and whether agreed improvements have been sustained.

16 References

- Equality Act 2010.
- UK General Data Protection Regulation (UK GDPR) and Data Protection Act 2018.
- NHS England. Accessible Information Standard (DAPB1605) and associated guidance. Adopted voluntarily as good practice to support accessible communication.
- Parliamentary and Health Service Ombudsman. Principles of Good Complaint Handling. Used as a good practice framework.
- General Medical Council. Guidance for doctors who offer cosmetic interventions. Relevant to doctors practising within the service.
- Applicable professional guidance on complaint handling, confidentiality and the professional duty of candour for registered practitioners working within the service.

Appendix A Complaint record

This record can be completed by staff for a verbal complaint or with support from a representative. It is an internal recording aid; completing or signing it is not a condition of accepting a complaint.

Complaint reference and stage: _____

Date received and method received: _____

Patient name and identifier: _____

Complainant name and relationship: _____

Authority or consent confirmed and lawful basis: _____

Preferred contact method and communication support: _____

Concerns raised and outcome sought: _____

Immediate actions risk screening and escalation: _____

Investigation steps and evidence reviewed: _____

Findings and reasons for each concern: _____

Remedy learning and improvement actions: _____

Action owners due dates and completion evidence: _____

Response due date updates and final response date: _____

Reviewer sign off review request and closure date: _____

Appendix B Complaints flow chart

