



## **Skin Health Aesthetics Complaints Policy**

### **Policy Statement**

Everyone has the right to expect a positive experience and a good treatment outcome. In the event of concern or complaint, patients have a right to be listened to and to be treated with respect. Service providers should manage complaints properly, so customers' concerns are dealt with appropriately. Good complaint handling matters because it is an important way of ensuring customers receive the service they are entitled to expect.

Complaints are a valuable source of feedback; they provide an audit trail and can be an early warning of failures in service delivery. When handled well, complaints provide an opportunity to improve service and reputation.

### **Aims & Objectives**

- We aim to provide a service that meets the needs of our patients, and we strive for a high standard of care.
- We welcome suggestions from patients and from our clinicians and staff about the safety and quality of service, treatment and care we provide.
- We are committed to an effective and fair complaints system; and we support a culture of openness and willingness to learn from incidents, including complaints.

### **Complaints Policy**

- Patients are encouraged to provide suggestions, compliments, concerns and complaints and we offer a range of ways to do it.
- Patients are encouraged to discuss any concerns about treatment and service with their treating clinician, or they can complete our customer feedback form.
- Clinicians and staff can also use the feedback form to record any concerns and complaints about the quality of service or care to customers.
- All complainants are treated with respect, sensitivity, and confidentiality.
- All complaints are handled without prejudice or assumptions about how minor or serious they are. The emphasis is on resolving the problem.
- Patients and staff can make complaints on a confidential basis or anonymously if they wish and be assured that their identity will be protected.
- Patients, clinicians, and staff will not be discriminated against or suffer any unjust adverse consequences because of making a complaint about standards of care and service.

### **Managing Complaints**

- All clinicians and staff are expected to encourage patients to provide feedback about the service, including complaints, concerns, suggestions, and compliments.
- Clinicians and staff are expected to attempt resolution of complaints and concerns at the point of service, wherever possible and within the scope of their role and responsibility.

### **Resolution**



The process of resolving the problem will include:

- an expression of regret to the consumer for any harm or distress suffered; an explanation or information about what is known, without speculating or blaming others.
- considering the problem and the outcome the consumer is seeking and proposing a solution; and confirming that the patient is satisfied with the proposed solution.

If the problem is resolved, clinicians and staff are expected to complete the Suggestion for Improvement form to record feedback from patients.

Our clinicians and staff will consult with their manager if addressing the problem is beyond their responsibilities.

If the Complaint is Not Resolved

Complaints that are not resolved at the point of service, or that are received in writing and require follow up, are regarded as formal complaints.

Our clinicians and staff refer complaints to the clinical director if:

- After attempting to resolve the complaint, they do not feel confident in dealing with the complainant. • The outcome the complainant is seeking is beyond the scope of their responsibilities Or;
- They or the complainant believe the matter should be brought to the attention of someone with more authority.

If the complaint is not resolved at the point of service, clinicians and staff are expected to provide the complainant with the formal complaints policy.

Clinicians and staff then complete the Complaint Record/Follow Up Form and forward it to Gillian Armstrong RGN MSC NMP

The complaints manager coordinates resolution of formal complaints in close liaison with the treating clinician and other staff who are directly involved.

### **Responsibilities**

- Gillian Armstrong RGN MSC NMP is responsible for coordinating investigation and resolution of formal complaints, conducting risk assessments (in consultation with clinicians), liaising with complainants, maintaining a register of complaints and other feedback, providing regular reports on informal and formal complaints, and monitoring the performance of the complaints policy and procedure.
- Gillian Armstrong RGN MSC NMP is responsible for a proactive approach to receiving feedback from patients and staff, risk management in consultation with Gillian Armstrong RGN MSC NMP
- Investigation and review of complaints and follow up action for serious complaints, or where complaints result in recommendations for change in policy of procedures.

Gillian Armstrong RGN MSC NMP is responsible for.

- Ensuring appropriate action is taken to resolve individual complaints.
- Acting on recommendations for improvement arising from complaints.



- Ensuring there is meaningful reporting on trends in complaints.
- Ensuring compliance and review of the complaints management policy.
- Notifications to insurers; and Consultation with professional registration boards, and others where necessary.

## **Clinician and Staff Training**

All clinicians and staff need to have been appropriately trained to manage complaints competently.

The service provides training in dispute management, customer service and our complaints management procedures as part of induction and through regular updates.

Regular reviews are conducted by Gillian Armstrong RGN MSC NMP to check understanding of the complaints process among clinicians and staff.

## **Promoting Feedback**

Information is provided about the complaints policy and external complaints bodies that patients can go to with a complaint, such as BACN in a variety of ways, including;

- On our website.
- Through our patient feedback brochure.
- Publicity about the service.
- Posters in reception.
- Discretely located suggestion boxes; and by clinicians and staff inviting feedback and comments.

## **Risk Assessment**

After receiving a formal complaint, Gillian Armstrong RGN MSC NMP reviews the issues in consultation with relevant clinicians to decide what action should be taken, consistent with the risk management procedure.

## **Assessing Resolution Options**

Formal complaints are normally resolved by direct negotiation with the complainant, but some complaints are better resolved with the assistance of an alternative dispute's resolution provider.

The complaints manager will sign post the complainant to an appropriate external body if.

- There is a serious question about the adequacy and safety of a health practitioner.
- The complaint is against a senior clinician or manager who will be responsible for investigating the complaint, resulting in a perception that there is a lack of independence; or
- The complaint raises complex issues that require external expertise.
- The complaint cannot be resolved internally to the patients satisfaction.



Gillian Armstrong RGN MSC NMP undertakes to signpost patients to approved (by the Chartered Trading Standards Institute (<http://www.tradingstandards.uk/advice/ADRApprovedBodies.cfm>))

## **Alternative Disputes**

Resolution Service Provider Skin Health Aesthetics in accordance with The Alternative Disputes Resolution Regulations (2015) and undertakes to co-operate and comply with the recommendations made by Gillian Armstrong RGN MSC NMP

## **Timeframes**

- Formal complaints are acknowledged in writing or in person within 48 hours. The acknowledgment provides contact details for the person who is handling the complaint, how the complaint will be dealt with and how long it is expected to take.
- If a complaint raises issues that require notification or consultation with an external body, the notification or consultation will occur within three days of those issues being identified.
- Formal complaints are investigated and resolved within 10–35 days.
- If the complaint is not resolved within 20 days, the complainant, clinicians and staff who are directly involved in the complaint will be provided with an update.

## **Records and Privacy**

- The complaints manager maintains a complaints and patient feedback register, with records of informal feedback (Suggestions for improvement and patient feedback forms) and formal complaints.
- All interactions with the complainant, including verbal, are documented in the patient record.
- Personal information in individual complaints is kept confidential and is only made available to those who need it to deal with the complaint.
- Complainants are given notice about how their personal information is likely to be used during the investigation of a complaint.
- Individual complaints files are kept in a secure filing cabinet in the Skin Health Aesthetics office and in a restricted access section of the computer system's file server.
- Patients are provided with access to their medical records in accordance with the confidentiality policy. Others requesting access to a patients' medical records as part of resolving a complaint are provided with access only if the patient has provided authorisation in accordance with the confidentiality policy.

## **Open Disclosure and Fairness**

- Complainants are initially provided with an explanation of what happened, based on the known facts.
- At the conclusion of an inquiry or investigation, the complainant and relevant clinicians and staff are provided with all established facts, the causal factors contributing to the incident and any recommendations to improve the service, and the reasons for these decisions.



## **Investigation and Resolution**

The clinical director carries out investigations of complaints to identify what happened, the underlying causes of the complaint and preventative strategies.

Information is gathered from:

- Talking to clinicians and staff directly involved.
- Listening to the complainant's views.
- Reviewing medical records and other records; and Reviewing relevant policies, standards or Guidelines.

### **Complaints about Individuals**

Where an individual clinician or staff member has been nominated by a complainant, the matter will be investigated by the relevant manager or supervisor, who will:

- Inform the clinician or staff member of the complaint made against them;
- Ensure no judgement is made against a clinician or staff member while an investigation is being carried out;
- Ensure fairness and confidentiality is maintained during the investigation; and encourage the clinician or staff member to seek advice from their professional association/body, if desired.

The clinicians and staff members will be asked to provide a factual report of the incident, identify systems issues that may have contributed to the incident and suggest possible preventive measures.

Where the investigation of a complaint results in findings and recommendations about individual clinicians and staff members, the issues are addressed through the service's staff performance and review process.

## **Reporting and Recording Complaints**

The complaints manager prepares monthly reports on the number and type of complaints, the outcomes of complaints, recommendations for change and any subsequent action that has been taken. The reports are provided to staff, clinicians, senior management and if appropriate, uploaded into personal portfolio for audit and appraisal.

Gillian Armstrong RGN MSC NMP periodically prepares case studies using anonymized individual complaints to demonstrate how complaints are resolved and followed up, for the information of staff, and for use in audit and appraisal.

Information about trends in complaints and how individual complaints are resolved is routinely discussed at staff meetings and clinical review meetings as part of reflecting on the performance of the service and opportunities for improvement.

Complaints reports are considered and discussed at monthly clinical review meetings and directors' meetings.

An annual quality improvement report is published that includes information on:



The number and main types of complaints received, common outcomes and how complaints have resulted in changes;

How complaints were managed—how the complaints system was promoted, how long it took to resolve complaints (and whether this is consistent with the policy) and whether complainants and staff were satisfied with the process and outcomes; and

- The results of the annual patient satisfaction survey.
- The service promotes changes it has made as a result of patient complaints and suggestions in its general publicity.

## **Monitoring and Evaluation**

The complaints manager continuously monitors the amount of time taken to resolve complaints, whether recommended changes have been acted on and whether satisfactory outcomes have been achieved.

The complaints manager annually reviews the complaints management system to evaluate if the complaints policy is being complied with and how it measures up against best practice guidelines. As part of the evaluation, consumers, clinicians and staff are asked to comment on their awareness of the policy and how well it works in practice.

## **References and Further Reading**

- Professional standards as per relevant statutory body (GMC, NMC, GDC, GpHC)
- Chartered Institute of Trading Standards  
<http://www.tradingstandards.uk/advice/AlternativeDisputeResolution.cfm>