

# Brigstock Skin and Laser Centre



## 11. Complaints and Staff Concerns

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## 11.1 COMPLAINTS PROCEDURE

### 11.1.1 Introduction

Brigstock Skin and Laser Centre aims to ensure that all the services it provides are of the highest quality. Good patient care is at the heart of the organisation's ethos and this will never be intentionally compromised.

The Brigstock Skin & Laser (BSL) aims to provide all Patients with the highest standards of care and customer service. If we fail to achieve this, we listen carefully and respond to complaints swiftly acknowledging any mistakes and rectifying them so that we can make improvements to our service. The complaint's full policy is made available to Patients when they first raise concerns about any aspect of the service they have received.

There will be 3 stages to BSL complaint's process: -

Stage 1 – Local resolution

Stage 2 – Internal appeal

Stage 3 – Independent external review – Independent Healthcare Sector Complaints Adjudication Service (ISCAS)

### 11.1.2 Roles

The majority of complaints can be dealt with immediately by staff. Training and support is provided for staff to help them fulfil their responsibilities in this area.

Whatever the outcome, the relevant member of staff is responsible for ensuring that a complaints reporting form is completed and sent to the Clinic Manager within twenty four hours of the incident.

The Clinic Manager is responsible for the operation of the complaints policy on a day to day basis and is the point of contact for members of the public, contractors and staff seeking assistance with complaints.

### 11.1.3 Staff Who Are The Subject Of A Complaint

Brigstock Skin and Laser Centre, as an employer, will support staffs who are involved in the complaints procedure.

The complaints procedure's priority is to provide an opportunity to investigate fully and resolve a complaint as quickly as is reasonably possible. The aim is to address the complainant's concerns whilst also being fair to staff.

Staff who are asked to provide information and/or written statements in order to respond to a complaint are entitled to seek support from their Manager, professional organisation etc., providing this does not radically affect laid down time limits.

Clinicians whose clinical judgement is being questioned are advised to seek appropriate professional support. Again, laid down time limits must be adhered to where possible.

In any event, the Manager must be informed immediately if time limits are likely to be breached.

### **11.1.4 Training**

Training is an integral part of running a successful complaints system.

Ownership of the complaints policy, a good understanding of procedures and confidence in the system are the basis upon which this policy will be successfully implemented.

Relevant staff will receive basic complaints training on an annual basis. See Human Resources Policy: Section 8.10 Training Policy.

### **11.1.5 Right to Complaint & Time Limits**

The right to complain extends to all patients, former patients, anyone who has the patient's consent, i.e., MPs, patient's forum, carers, family members and friends. Complaint is to be made as soon as possible or within 6 months of the date of the event complained about.

### **11.1.6 Stages of the Complaints Procedure**

#### **11.1.7 Front Line: Local Resolution- Stage 1**

All Complaints are to be reported to the Clinic Manager within 24 hours of a complaint being received. Brigstock Skin and laser Centre however, aims to resolve, where possible, as many complaints as it can at the front line. The majority of complaints can be solved by front line staff dealing with the matter on the spot. This approach is encouraged.

1. All complaints should be raised directly with the Clinic Manager in the first instance and should normally be made as soon as possible or within 6 months of the date of the event complained about.
2. The Patient will be given a copy of our complaints procedure and invited to attend a face to face meeting with the Clinical Technician and/or Clinic Manager and to talk through their concerns and to try and resolve the issue at an early stage.
3. The Clinic Manager will go through a thorough process of investigation to include reviewing the case in detail and taking statements from all staff members / doctors concerned. The Clinic Manager responds directly to the person who has made the complaint, whether the complaint was made verbally, by letter, text or email.
4. To make a formal complaint the complainant should write or e-mail to Provider clearly stating the nature of their complaint and as much detail concerning dates, times and if known names of staff members. This will enable the clinic to acknowledge and address the issues raised promptly and effectively.

5. The Clinic Manager will acknowledge receipt of a written complaint, to the complainant's postal address provided (or via email) within 2 working days of receipt (unless a full reply can be sent within 5 days).
6. The Clinic Manager or their designated person will investigate all complaints. Where BSL is unclear on any point or issue regarding the complaint, it will contact the complainant to seek clarification.
7. A full response to the complaint will usually be made within 20 working days or, where the investigation is still in progress, send a letter explaining the reason for the delay to the complainant, at a minimum, every 20 working days. The aim should be to complete stage 1 in most cases within three months.
8. In the event that the complainant is dissatisfied with the response to their complaint they can escalate their complaint to Stage 2, and must do so in writing, within 6 months of the final response to their complaint at Stage 1.

A degree of care must be taken to ensure that complaints of a 'serious' nature are not "swept under the carpet" by utilising this method. For this reason in order to monitor the levels of satisfaction and lead to service improvement, the seriousness of all complaints should be assessed.

By correctly assessing the seriousness of a complaint about a service, the right course of action can be taken. A three-step process to gauge the impact of complaints on the people involved is used by the organisation to gauge the potential risks to the organisation and the response required including whether the complaint should be considered a significant event.

It is useful to categorise a complaint when you first receive it, and then review that category based on the results of any investigation. It is also important to remember that a complaint can have a very different effect on an organisation compared with an individual. This is especially important if someone is vulnerable for any reason, such as poor health, communication difficulties or recent bereavement.

The following process can help you assess the seriousness of an issue and take the relevant action.

### 11.1.8 Risk Assessment

The following risk assessment process can help you assess the seriousness of an issue and take the relevant action.

#### Decide how serious the issue is

Seriousness	Description
Low	Unsatisfactory service or experience not directly related to care. No impact or risk to provision of care. <b>OR</b> Unsatisfactory service or experience related to care, usually a single resolvable issue. Minimal impact and relative minimal

	risk to the provision of care or the service. No real risk of litigation.
Medium	Service or experience below reasonable expectations in several ways, but not causing lasting problems. Has potential to impact on service provision. Some potential for litigation.
High – Significant Event	Significant issues regarding standards, quality of care and safeguarding of or denial of rights. Complaints with clear quality assurance or risk management issues that may cause lasting problems for the organisation, and so require investigation. Possibility of litigation and adverse local publicity. <b>OR</b> Serious issues that may cause long-term damage, such as grossly substandard care, professional misconduct or death. Will require immediate and in-depth investigation. May involve serious safety issues. A high probability of litigation and strong possibility of adverse national publicity.

**Step 2: Decide how likely the issue is to recur**

Likelihood	Description
Rare	Isolated or 'one off' – slight or vague connection to service provision.
Unlikely	Rare – unusual but may have happened before.
Possible	Happens from time to time – not frequently or regularly.
Likely	Will probably occur several times a year.
Almost certain	Recurring and frequent, predictable.

**Step 3: Categorise the risk**

Seriousness	Likelihood of Recurrence				
	Rare	Unlikely	Possible	Likely	Almost Certain
Low	Low	Low	Low	Moderate	Moderate
	Low	Moderate	Moderate	High	High
Medium	Low	Moderate	High	High	Extreme
	Moderate	Moderate	High	High	Extreme
High	Moderate	High	High	Extreme	Extreme
	Moderate	High	Extreme	Extreme	Extreme

### **11.1.9 Response**

Moderate to high and extreme seriousness require written response and a formal internal investigation.

### **11.1.10 Team Review**

Complaints are seen by the Clinic as an opportunity to learn how to improve the service offered. As such, regular review of all complaints to identify trends, training and development needs or procedural improvements is a vital element of the process, and will involve all members of the team.

Staff can be supported in this process by not attributing blame and being objective by planning actions to prevent re-occurrence, imparting knowledge and skills.

Any progress may then be communicated to patients as applicable to demonstrate commitment to improving care.

### **11.1.11 Stage 2 - Internal Appeal - Complaint Review**

1. If the complainant escalates their complaint to Stage 2, the Clinic Manager will provide a written acknowledgement to complainants within 2 working days of receipt of their complaint at stage 2, unless a full reply can be sent within 5 working days.
2. The Clinic Manager will have arrangements in place by which to conduct an objective review of the complaint. Normally this will involve a senior member of BSL staff, who has not been involved in handling of the complaint at stage 1.
3. Stage 2 shall involve a review of all the documentation and may include interviews with relevant staff. The records made as part of the stage 2 review should be complete and retained since these may be required for a stage 3 process.
4. Provide a review of the investigation and the response made at stage 1.
5. Invite the clinic that responded at stage 1 to make a further response, where there is an opportunity to resolve the complaint by taking a further look at a specific matter. The complainant should be kept informed where this happens.
6. Consider whether the review at stage 2 would be supported by facilitating a face-to-face meeting (or teleconference, where acceptable) between the complainant and those who responded to the complaint at stage 1.
7. Provide a full response on the outcome of the review within 20 working days or, where the investigation is still in progress, send a letter explaining the reason for the delay to the complainant, at a minimum, every 20 working days.
8. The aim should be to complete the review at stage 2 in most cases within three months.
9. In the event that the complainant is dissatisfied with the response to their complaint they may escalate their complaint to Stage 3.

### **11.1.12 Stage 3 - Independent External Review – Independent Healthcare Sector Complaints Adjudication Service (ISCAS)**

At Stage 3 complainants have the right to an independent external adjudication of their complaint. Requests for independent external adjudication should be made to The Independent Sector Complaints Adjudication Service (ISCAS), in writing, within 6 months of receipt of the Stage 2 decision letter.

Complainants cannot access Stage 3 until they have gone through Stages 1 and 2 and ISCAS will direct complainants back to BSL where appropriate. To access Stage 3, complainants are asked to sign a 'Statement of Understanding and Consent', thereby agreeing to the parameters of Stage 3.

Complainants will need to set out in writing for the Adjudicator:

- (a) The reasons for the complaint
- (b) What aspects of the complaint remain unresolved after Stages 1 and 2
- (c) What outcome the complainant is seeking from Stage 3.

ISCAS contact details are as follows:

By Post:  
ISCAS  
70 Fleet Street  
London  
EC4Y 1EU  
Email: [info@iscas.org.uk](mailto:info@iscas.org.uk)  
Telephone: 020 7536 6091

### **11.1.13 Learning From Complaints**

At the conclusion of every complaint, a review of the complaint will take place.

Key issues will be identified and, if required, an action plan will be formulated, possible training needs addressed and milestones for improvement in the relevant service area identified.

The organisation will use all complaints as tools to seek improvement in the services that it provides.

### **11.1.14 Improving Services**

Complaints are seen by the Clinic as an opportunity to learn how to improve the service offered. As such, regular review of all complaints to identify trends, training and development needs or procedural improvements is a vital element of the process, and will involve all members of the team.

Staff can be supported in this process by not attributing blame and being objective by planning actions to prevent re-occurrence, imparting knowledge and skills.

Any progress may then be communicated to patients as applicable to demonstrate commitment to improving care.

It is the Clinic's policy to constantly monitor and review its Services and Patient Feedback. In addition to the review policy detailed in the Complaints Procedure, Patient Feedback Questionnaires are issued at the end of each course of treatment to monitor both staff performance and the Clinic's performance as a whole. These are reviewed in weekly staff meetings.