

## Compliments & Complaints Governance

The Healthcare Collection is a values-led organisation, and all colleagues, partners and contractors are expected to live by its values in every aspect of their day to day activity.

### Our Values

- Kindness - As one team, we work in a selfless, caring, and compassionate way to achieve our shared goals. We celebrate difference.
- People first - We put people at the centre of all we do. Our duty is to empower patient choice, and our people are empowered to deliver on that commitment.
- Excellence - We lead in our chosen markets through clinical, technology and informatics excellence. We hire outstanding talent and expect high performance.
- Trust - We act with integrity, transparency, and honesty. We are authentic.
- Delivering results - We are accountable, dynamic, and innovative. We prioritise our impact on people first, then planet, before profit.

### Aims & Scope

- Aim - The policy will provide colleagues with an understanding of their roles and responsibilities in relation to receiving and resolving patient compliments and complaints.

All colleagues are empowered to resolve minor dissatisfactions and complaints, and ensure that remedial action is taken to prevent further complaints of a similar nature.

The procedures described within this policy aim to ensure that there is continuous learning and improvement to our service delivery. Our overall aim is to deliver excellence through every aspect of our service.

- Scope - This policy applies to all employed colleagues, partners and contractors including independent clinicians.

### Responsibilities

- The Partnership Board has principal responsibility for monitoring the implementation of this policy and delegates operational responsibility to the Managing Partners and Partners.
- The Managing Partner Responsible for Clinical Operations is responsible for ensuring that this policy is updated in line with any changes in legislation. The Executive Associate – Governance & Clinical Services will act as a resource of information and

- support to all colleagues and partners.
- Partners and Heads of Department are key in empowering all colleagues to live by the values of the organisation, and for developing a culture of safety and learning in which all colleagues feel safe to raise a concern, They will ensure all colleagues within their area are aware of this policy, and that they handle all such concerns effectively and in line with the process.
  - All colleagues are responsible for familiarising themselves with this policy and ensuring they understand the principles set out within.

### Committee Responsibility

The Partnership Board has principal responsibility for monitoring the implementation of this policy and procedure. It delegates operational responsibility to the Managing Partner and Partners.

### Review

This policy will be reviewed every 3 years, or earlier in the light of changing circumstances or changes in legislation.

### Monitoring

This policy will be monitored in conjunction with the organisation governance reporting policy and procedure and audit programme.

### Patient Engagement & Feedback

The aim of obtaining feedback from patients for the purposes of monitoring and improving services delivered is generally deemed to be acceptable and ethical. However, care should be taken to ensure that the way in which such activity is carried out reflects a manner which would be deemed, by patients and the general public, as proper and appropriate.

All activities will be conducted within the General Data Protection regulations and, although Patient Identifiable (PI) data will be collected as part of the process for obtaining feedback from patients, patients should not be identified in any report or other publication without their specific written consent.

Obtaining feedback from patients, partners and colleagues will be an integral part of service delivery, business development and the governance framework. Therefore, colleagues and clinicians should actively seek feedback from patients at every interaction and, whenever appropriate, they should act upon the feedback without delay.

Patient, partner, and colleague feedback may be collected via any or all of the following methods:

- Verbal – direct to colleague or clinician
- Verbal – via a third-party partner or regulator
- Written – direct to the business.
- Written – via a third-party partner or regulator.
- Trustpilot
- Social media
- Friends & Family score

#### **Local Level procedure for compliments and positive feedback:**

- Following every patient contact, all colleagues and partners will encourage the patient to leave a review on Trustpilot.
- The Executive Associate – Governance & Clinical Services will monitor and respond to any Trustpilot feedback.
- The company's Marketing Associates will monitor and respond to feedback left on social media.
- Following any surgical episode, The Healthcare Collection will send the patient a feedback questionnaire which will include the key Friends and Family questions.
- The response to these questionnaires will be reviewed by the Executive Associate – Governance & Clinical Services, and actions arising will be referred to the relevant colleague.
- Positive feedback from all mediums will be collated and shared on a weekly basis with all colleagues. A monthly report will be presented to the Partner and Shareholder meeting.

#### **Local Level procedure for negative feedback:**

- Negative comments will not automatically be recorded as a complaint. However, if after further investigation the comments relate to an incident or serious issues that cannot be dealt with at local level, the comments will be recorded as a complaint.
- Where local level action is indicated to resolve negative issues, the Executive Associate – Governance & Clinical Services will request the patient's details and refer them to the most appropriate colleague to manage.
- Negative comments left on public-facing platforms will be investigated, and an appropriate response will be posted where indicated.

#### **Procedure for Managing Complaints**

Being true to our values and always being authentic means that our colleagues and the services that we deliver are of an excellent standard. We communicate openly and honestly with our patients and we address concerns as they arise.

However, where there is an issue or complaint which cannot be resolved through our usual practices and at a local level, this policy will provide a framework for the appropriate process.

Good complaint handling is described as:

1. Getting it right: Quickly acknowledging and putting right cases of poor service.
2. Being customer focused: Apologising and explaining, managing expectations, dealing with people professionally and sensitively and remedies that take into account individual circumstances.
3. Being open and accountable: Applying the principles of duty of candor, being clear about how decisions are made, ensuring full accountability and keeping clear records.
4. Acting fairly and proportionately: Implementing fair and proportionate remedies, without bias and discrimination.
5. Putting things right: Considering all forms of remedies such as apology, explanation, remedial action, or financial offer.
6. Seeking continuous improvement: Using lessons learned to avoid repeating poor service and recording outcomes to improve services.

### **Time Limit of Initiating Complaints**

In order that an effective and meaningful investigation can take place, a complaint should be made as soon as possible and within 6 months of the date of the event that the complaint references, or as soon as the matter first came to the attention of the complainant.

### **Written Complaints Stage 1**

- All patients who wish to complain formally should either write to The Healthcare Collection, Suite 139, Central Chambers, 93 Hope Street, Glasgow, G2 6LD, or email to [welcome@klinikal.co.uk](mailto:welcome@klinikal.co.uk) with Complaint entered into the subject bar.
- The complaint should include:
- Patient name; date of birth; date of treatment/incident; detail of the complaint/incident; and the name of any persons involved in the complaint.
- Patients will also be signposted to Healthcare Improvement Scotland, who will accept complaints about any provider at any time.

Healthcare Improvement Scotland  
Gyle Square  
1 South Gyle Crescent  
Edinburgh  
EH12 9EB

Tel: 0131 623 4342

Email: [hcis.ihcregulation@nhs.net](mailto:hcis.ihcregulation@nhs.net)

- Complaints from a third party made on behalf of the patient will only be accepted with the written consent of the patient concerned.
- All complaints will be logged on to the complaints log.
- A written acknowledgement will be sent within 3 working days (unless a full reply can be sent within 5 working days). This will include:
  - A named contact who will be dealing with the complaint;
  - The offer to meet with the complainant, either face to face or virtually;
  - The heads of complaint that have been identified;
  - How the complaint will be investigated, the time scale for the response, and any remedial actions taken following receipt of the complaint.
- Straightforward complaints will usually be resolved within 20 working days. More complex complaints may take longer, and a letter will be sent explaining the reason for the delay to the complainant, at a minimum, every 20 working days.
- Where the complaint relates solely to the clinical facility, The Healthcare Collection will forward the complaint to the Registered Manager for that facility. The complaint will be managed collaboratively, and a determination as to who will provide the response to the patient will be agreed at the outset and prior to the acknowledgment letter to the patient.
- Where the complaint relates to clinical care or any aspect of the patient journey with The Healthcare Collection, a copy of the complaint will be sent to colleagues and/or practitioners involved in the care of the patient, with a request to provide a factual written statement within 14 days. Relevant patient records will also be requested from the clinical facility
- where services were provided. Where indicated, a clinical review by an impartial clinician will be undertaken to support the investigation and response.
- Once all relevant medical records and reports have been received the Associate Partner – Executive Support will provide a summary to the Managing Partner – Clinical Services, who will determine whether the complaint is to be upheld or not.
- The Stage 1 response will provide a clear summary of the investigation and determination (upheld/not upheld) to each head of complaint. The response will also include an apology, where indicated.
- Copies of all correspondence will be uploaded to the CRM/patient
- electronic file. Any shortfalls identified will be highlighted to the Partners and presented at the next Shareholder meeting. As part of the ongoing process of monitoring quality and the governance framework, the implementation of action plans will be audited by the Senior Associate – Executive Support and reported to the Partners and Shareholders.

- Substantiated complaints relating to an independent clinician will be shared with the clinician for inclusion into their next appraisal and notification to their Responsible Officer, where necessary.

### Written Complaint Stage 2 (Internal Review)

- If, following receipt of the stage 1 response, the patient remains dissatisfied and wishes to seek a review, they should write to The Healthcare Collection, Suite 139, Central Chambers, 93 Hope Street, Glasgow, G2 6LD or email [welcome@klinikal.co.uk](mailto:welcome@klinikal.co.uk) with Complaint entered into the subject bar. This appeal should be made within 6 months of the Stage 1 final written response, stating the reason why they are not satisfied with the handling of the complaint and/or areas of continued dissatisfaction.
- A written acknowledgement will be provided within 3 working days of receipt of the Stage 2 complaint, unless a full reply can be sent within 5 working days. The acknowledgement will detail the heads of complaint that the patient remains dissatisfied with.
- An impartial review of the investigation, outcome and response to each head of complaint will be carried out by one of the Partners not involved in the initial investigation. The Stage Two 2 response will provide a detailed summary of each head of complaint, an overview of the investigation and outcome of Stage 1, and offer an alternate response or resolution if indicated. The stage 2 response will be provided within 20 working days of receipt of the appeal, unless the review is more complex and there is an anticipated delay; in this situation, the patient will receive an update status a minimum of every 20 working days.
- The Stage 2 response should advise patients that they may request a Stage 3 impartial adjudication; in addition to signposting them to Healthcare Improvement Scotland, who will accept complaints about any provider at any time:

Healthcare Improvement Scotland  
Gyle Square  
1 South Gyle Crescent  
Edinburgh  
EH12 9EB  
Tel: 0131 623 4342  
Email: [hcis.ihcregulation@nhs.net](mailto:hcis.ihcregulation@nhs.net)

### Written Complaint Stage 3 (Internal Adjudication)

- If a patient remains dissatisfied, they may request external adjudication and this request must be made within 6 months of the receipt of the stage 2 decision letter. The decision to proceed with a 3<sup>rd</sup> Stage external review remains at the discretion of the Partners and Shareholders.
- The request for a Stage 3 adjudication should be sent to [welcome@klinikal.co.uk](mailto:welcome@klinikal.co.uk) within 6 months of the stage 2 response being received.

### Review and Monitoring

Trends and themes identified within any feedback – positive or negative – will be captured as part of the monthly governance reporting. Additionally, actions identified as a result of complaints will be monitored and reported as part of the governance monthly reporting to the Partners and Shareholders.

### Vexatious & Persistent Complaints

Handling persistent complainants places a disproportionate level of strain on time and colleague resources. Additionally, it can increase stress for the service user and colleagues. A persistent complainant should be provided with a clear and unambiguous response to all their genuine grievances and be given details of all stages of the complaint's procedure.

Although staff are trained to respond with empathy to the needs of all complainants, there can be times when there is nothing further which can reasonably be done to assist them or to rectify a real or perceived problem.

In determining arrangements for handling such complainants, colleagues are presented with the following key considerations:

- To ensure that the complaints process has been correctly implemented as far as possible, and that no material element of a complaint is overlooked or inadequately addressed;
- To appreciate that habitual complainants believe they have grievances which contain some genuine substance;
- To ensure a fair, reasonable and unbiased approach;
- To be able to identify the stage at which a complainant has become habitual.

It is important to ensure that a complainant meets the minimum criteria to be classified as a habitual complainant. Complainants (or anyone acting on their behalf) may be deemed to be persistent or habitual where previous or current contact with them shows that they meet at least TWO of the following criteria.

- They persist in pursuing a complaint where the complaints process has been fully and properly implemented and exhausted.
- They seek to prolong contact by changing the substance of a complaint or continually raising new issues and questions whilst the complaint is being addressed. (Care must be taken not to discard new issues which are significantly different from the original complaint. These might need to be addressed as separate complaints).
- They are unwilling to accept documented evidence of treatment given as being factual e.g., drug records, medical records, nursing notes.

- They deny receipt of an adequate response, despite evidence of correspondence specifically answering their questions.
- They do not accept that facts can sometimes be difficult to verify when a long period of time has elapsed.
- They do not clearly identify the precise issues which they wish to be investigated, despite reasonable efforts by staff to help them specify their concerns, or where the concerns identified are not within the remit of the service to investigate.
- They focus on a trivial matter to an extent which is out of proportion to its significance and continue to focus on this point.
- They have, in the course of addressing a registered complaint, had an excessive number of contacts with the service, placing unreasonable demands on staff. (A contact may be in person or by telephone, letter, e-mail or fax. Discretion must be used in determining the precise number of 'excessive contacts' applicable under this section, using judgement based on the specific circumstances of each individual case).
- They are known to have recorded meetings or face to face/telephone conversations without the prior knowledge and consent of the other parties involved.
- They display unreasonable demands or expectations, and fail to accept that these may be unreasonable (e.g., insist on responses to complaints or enquiries being provided more urgently than is reasonable or normal recognised practice).
- They have threatened or used actual physical violence towards staff or their families or associates at any time. This will cause personal contact with the complainant or their representatives to be discontinued and the complaint will, thereafter, only be pursued through written communication.
- They have harassed, or been personally abusive or verbally aggressive on more than one occasion towards staff dealing with their complaint or their families or associates. (Colleagues must recognise that complainants may sometimes act out of character in times of stress, anxiety or distress and should make reasonable allowances for this).
- A note will be made on the electronic patient record system that this patient has been classified as a persistent complainant. It will also be documented in the complaints file and on the complaints database.

Where a complaint investigation is still ongoing, The Healthcare Collection will write to the complainant setting parameters for a code of behaviour and the lines of communication. If these terms are contravened, consideration will then be given to implementing other actions which may ultimately mean that the complaints procedure will be withdrawn from that complainant.

Where a complaint investigation is already complete and the complainant is deemed as persistent, we will write to the complainant and inform them that:

- We have responded fully to the points raised, and
- We have tried to resolve the complaint, and



- There is nothing more that can be added, therefore, all further correspondence will cease.

In extreme cases, the organisation reserves the right to take legal action against the complainant. A vexatious or persistent complainant will be recorded as an incident for audit and monitoring purposes.

The complainant may subsequently demonstrate a more reasonable approach or submit a further complaint for which the normal complaints process is appropriate; in this scenario, the Managing Partner will take a decision to remove the vexatious complainant label and progress the new complaint in accordance to the procedure detailed above.

Even those complaints that appear trivial MUST be managed sympathetically and it will frequently be possible to provide an explanation and acceptable answer at the time. Minor comments and verbal criticisms should be dealt with at a local level. These comments may be made in person, on the phone or via text.

Invariably patient concerns regarding treatment outcome can be dealt with by simply arranging a review appointment with the clinician or aesthetician.

It is important to ensure that, if the patient requires a response, this is delivered in the timeline agreed. This response should be made verbally to the patient, not by any other means of communication. Details should be documented on the electronic patient record system, with the action taken and outcome.

### General Information

- Patient satisfaction and complaints will form part of the standard agenda for the Partner and Shareholder meeting.
- Patient complaints will be logged on the electronic database by the complaints department. This will enable complaint reports to be run and, as incidents and infections are also logged, a full 'picture' of each patient's journey to reviewed by the clinical support team.
- Regular reports of complaints will be generated for review to ensure that any learning outcomes are agreed and cascaded.
- An annual summary of complaints made and outcomes will be prepared for each clinic to be reviewed by the manager and held in the clinic patient satisfaction file.