

Patient Complaints and Concerns Policy and Procedure

1. PATIENT'S RIGHTS

1.1 AECC Clinic is committed to providing the very best in clinical care. The AECC Patient's Charter sets out that patients have the right to:

- Be treated with respect and courtesy by all those involved in providing care and information;
- Receive clear and complete information about care and participate in the decisions concerning treatment;
- Privacy during interviews and examinations. All information about care and clinical records generated are treated confidentially and always with this precept in mind;
- Voice grievances or concerns about care or about the manner in which treated by an intern, tutor or clinic staff.

1.2 However, in recognition that things do sometimes go wrong, this Patient Complaint and concerns Policy and Procedure has been produced in order to set out what will happen if a complaint or concern is raised.

2. GUIDING PRINCIPLES

2.1 The AECC Clinic aims to provide a high quality of care and if any patient is dissatisfied or makes a complaint or concern the matter is dealt with seriously. If a complaint or concern is received it will be handled in accordance with the following principles:

- **PROFESSIONAL** – All complainants are treated with courtesy and attempts are made to address their needs on an individual basis;
- **SIMPLE** – Patients may complain in person, over the telephone, in writing or via email.
- **PUBLICISED** – Information for patients on how they may make a complaint or raise a concern is displayed in Clinic, X-ray and Ultrasound receptions, in the treatment rooms, and on the AECC website. Further information is also available to patients in the form of a leaflet which is available at Clinic receptions.
- **SPEEDY** – Every effort will be made to acknowledge complaints within five working days and to respond fully within 10 working days,

with the aim of bringing the matter to a satisfactory resolution as quickly as possible.

- **CONFIDENTIAL** – All postal correspondence from AECC will be marked as confidential. Any interactions with the complainant in person or via the telephone will be conducted privately where possible. If for any reason the complainant is not the patient then appropriate written authority to act on behalf of the patient will be obtained. Patient confidentiality will be maintained at all times.
- **EFFECTIVE** – Where a complaint investigation is necessary, this will be done in a thorough and systematic manner without prejudice or preconceived views, and will result in the best possible outcome for both parties involved.
- **POSITIVE** – Feedback about the Clinic or Special Imaging will be used as an indicator of its performance and will be part of the quality assurance process. Where possible, issues will be addressed to prevent reoccurrence and to improve patient experience.
- **FULLY DOCUMENTED** – Any formal complaints will be recorded fully in writing using a standardised Complaint Record Form
- **HONESTY** – We will be open and honest with patients at all times and admit fault when found.

3. THE COMPLAINTS PROCEDURE

3.1 If a patient is not satisfied with any aspect of the care or service they have received, they can raise their concerns in a number of ways:

- In person – at the time the incident occurs or at a later date;
- By telephone – 01202 436222
- By email – cliniccomments@aecc.ac.uk;
- By post – AECC Clinic, Parkwood Campus, Bournemouth, Dorset, BH5 2DF.

3.2 Information about how to make a complaint is available at Clinic, Ultrasound, MRI and X-ray reception and waiting areas and also on the AECC website.

3.3 The Complaints Procedure set out on three levels as described below and illustrated in Appendix 1.

Step - Resolution at first point of contact.

3.4 When a patient raises a concern or problem in person or via telephone, staff will attempt to resolve the issue at the first point of contact. If appropriate, the patient may be offered a comments card as a way of passing on their

concerns. As part of the resolution, the patient will be offered an explanation and an apology.

3.5 If the issue cannot be resolved in this way it will proceed to Step 2.

Step 2 – resolution by Clinic Operations Manager/ Director of Clinical Services and Rehabilitation/ Clinical Lead

3.6 Problems that have been escalated from Step 1 or complaints received via email or in writing will be acknowledged within 5 working days, and contact details for the staff member looking into the issue will be provided.

3.7 The issue will be addressed by the Clinic Operations Manager, Clinical leads or Director of Clinical Services & Rehabilitation (as appropriate depending on the severity and nature of the issue) who will contact the patient to discuss their concerns, try to agree a resolution and will offer an explanation and an apology if appropriate.

3.8 The Clinic Operations Manager, and Clinical leads or Director of Clinical Services & Rehabilitation may offer the complainant a Clinic voucher or refund if this is considered an appropriate compensatory action or goodwill gesture.

3.9 Resolution at this stage should be reached within 10 working days of the complaint first being raised. The Clinic Operations Manager, Clinical leads or Director of Clinical Services & Rehabilitation will also take remedial action where appropriate in order to prevent the issue reoccurring.

Step 3 – formal investigation

3.10 If the complaint has not been resolved to the patient's satisfaction, the matter will be subject to a formal investigation. This will be conducted The Clinic Operations Manager, Clinical leads or Director of Clinical Services & Rehabilitation, as deemed appropriate.

3.11 The investigator will then:

- Contact the complainant to obtain full details and establish what the complainant wishes to achieve. The method of contact should be as per complainant's preference e.g. via telephone or face to face;
- Establish the facts;
- Investigate the matter fully with the appropriate practice personnel;
- Arrange to discuss the outcome of the investigation with the complainant. Ideally this would be done in person at a meeting with the complainant but may also be done via telephone and/or in writing if that is the complainant's preference.

3.12 If AECC Clinic is found to be at fault the complainant will be offered an explanation and an apology. Any agreed remedial action for AECC should be detailed with responsible individuals and timescales identified and the complainant should also be reassured of this.

3.13 If it is found that AECC Clinic have not been at fault, the reasons for this will be explained fully to the complainant.

3.14 Resolution at this stage should be reached within 20 working days of the

complaint first being raised.

If the complainant is not satisfied

3.15 If the complainant is not satisfied with the outcome of a formal investigation, they will be informed that they can contact the appropriate regulatory body e.g.:

- General Chiropractic Council;
- Health Care Professions Council.

Record keeping

3.15 Issues resolved at Step 1 may be recorded on a patient's comment form (available in reception areas) but this is not essential.

3.16 Complaints processed at Step 2 onwards are recorded on a Complaint Record Form (see Appendix 2) allowing full details of the incident to be recorded. The form also records details of subsequent correspondence or discussions with the complainant, how the situation was resolved and any identified actions to be taken by AECC.

3.17 Any complaints which reach Step 3 will also mean the completion of an investigation report which should be attached to the Complaint Record Form.

Complaining on behalf of someone else

3.18 AECC observes strict rules of confidentiality. If someone wants to complain on the behalf of another patient, written authority from the patient will be requested in order for that person to act on their behalf.

Liability

3.19 If at any point following a patient raising a concern or complaint a member of staff considers there to be a risk of liability for AECC, they will raise the issue and notify the Director of Clinical Services & Rehabilitation or other appropriate person in authority.

4. OVERVIEW AND ANALYSIS OF COMPLAINTS

4.1 Information and data concerning patient comments and complaints will be kept by the Clinic Operations Manager, Clinical leads or Director of Clinical Services & Rehabilitation for review and auditing purposes.

4.2 An overview and analysis of complaints will be reported at Senior Management Group meetings by the Clinic Operations Manager and / or Director of Clinical Services & Rehabilitation and will appear as a standing agenda item at the Clinical Governance Committee. This will include reporting on implementation of identified actions in order to improve services and/or prevent reoccurrence as appropriate.

Appendix 1: Flow diagram illustrating Complaints Procedure



Appendix 2: Complaint Record Form

Form completed by (staff member):		Date:
1. Complainant details		
Title: Mr/Mrs/Ms/Miss	First name:	Surname:
Address:		Postcode:
Contact telephone:	Email:	
Preferred method of contact: <input type="checkbox"/> post <input type="checkbox"/> email <input type="checkbox"/> telephone		
2. Patient details (please only complete this section if the complainant is not the patient)		
Title:	First name:	Surname:
Address:		Postcode:
Complainant's relationship to patient:		
Patient's written authorisation for complainant to act on their behalf received and attached to this form <input type="checkbox"/>		
3. Details of complaint		
Summary of the issue:	Date incident took place:	
Full details of the incident (continue on a separate sheet if necessary):		
Any risk of liability identified? <input type="checkbox"/> yes <input type="checkbox"/> no		If so, name of senior member of staff notified:

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