HSU Clinical & Rehabilitation Complaints and Concerns Policy and Procedure

1. Patient and Service User Rights

1.1 HSU Clinical & Rehabilitation Services (C&RS) are committed to providing the very best in clinical care. Our patients and service users have a 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 policy has been produced to set out what will happen if a complaint or concern is raised.

2. GUIDING PRINCIPLES

2.1 The HSU C&RS aim to provide a high quality of care and if any patient or service user makes a complaint, comment or raises a 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 or service users 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 all of clinical reception

areas, in all clinical spaces and on the HSU website. Further information is also available to patients in the form of a leaflet which is available at reception areas.

- **SPEEDY** – Every effort will be made to acknowledge concerns and complaints within five working days and to respond fully within 20 working days, with the aim of bringing the matter to a satisfactory resolution as quickly as possible.
- **CONFIDENTIAL** – All postal correspondence from HSU 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 required. 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 most appropriate possible outcome for both parties involved.
- **POSITIVE** – Feedback about the C&RS will be used as an indicator of its performance and form part of the quality assurance process. Where possible, issues will be addressed to prevent reoccurrence and to improve patient experience.
- **FULLY DOCUMENTED** – Any complaints will be recorded fully using our central complaint log.
- **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/ 0207 0895360
- By email cliniccomments@hsu.ac.uk;
- By post
    - HSU Clinic Bournemouth, Parkwood Campus, Bournemouth, Dorset, BH5 2DF.
    - HSU Clinic London 98-118 Southwark Bridge Road, London SE1 0BQ

3.2 Information about how to make a complaint is available at C&RS reception and waiting areas and on the HSU websites.

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

3.4 **Step 1 – Resolution at First Point of Contact**

3.41 When a patient or service user raises a concern or problem verbally staff must make all reasonable efforts to resolve the issue at the first point of contact. This should be logged through the complaints log process.

3.42 If the issue cannot be resolved at this stage, it will proceed to **Step 2.**

3.43 **Step 2 – Resolution Through Investigation**

3.44 Problems escalated from **Step 1,** or complaints received via email or in writing, must be formally acknowledged within five (5) working days of receipt.

3.45 The complaint will be forwarded to the Director of Clinical and Rehabilitation services (DoCRS) and relevant clinical lead or appropriate other in their absence, who will allocate an Investigating Officer (IO).

3.46 The IO will:
a) Review and log the complaint and relevant documentation.
b) Contact the complainant to discuss their concerns and clarify what outcome they are seeking.
c) Attempt to agree a resolution with the complainant.
d) Provide an explanation and an apology if HSU C&RS is found to be at fault or explain clearly if the complaint is not upheld.

3.47 Complaints involving the clinical practice of the DoCRS:
a) Where a complaint concerns the clinical practice of the DoCRS, the investigation must be conducted by an individual outside the service (but within HSU).
b) The investigator will report their findings directly to the Vice-Chancellor's Office for review.
c) The Vice-Chancellor will sign off the response to the investigation and its outcome.
d) Any actions arising from the investigation will be reported through the same channels as other complaints and concerns, with the agreement of the Vice-Chancellor and the CGG.
e) The matter will ultimately be reported to the Audit Risk Assurance Committee in line with standard processes.

3.48 Where compensation is considered:
a) The IO will present the outcomes of the investigation via a report to the DoCRS

where compensation may be required.
b) This may result in an offer to the complainant of a refund or other appropriate compensatory action or goodwill gesture.

3.49 Timescale:
Resolution at this stage should normally be reached within twenty (20) working days of the complaint first being raised to the DoCRS. If we are unable to provide a resolution with this timeframe, for example because an investigation has not been fully completed, we will send an update to the complainant and keep them informed of when a full reply will be given.

3.50 The Clinical Leads, Deputy DoCRS , or DoCRS will implement remedial actions, where appropriate, to prevent recurrence of similar issues.

4 **Step 3** – **Further Investigation**

4.1 If the complaint has not been resolved to the complainant's satisfaction following **Step 2**, the matter will be subject to a further review of the investigation by the DoCRS (or an alternate if required).

4.2 This further review will typically be completed within an additional twenty (20) working days.

4.3 The DoCRS will:
a) Contact the complainant to confirm the outstanding concerns.
b) Review the original investigation and any new information.
c) Provide a final report to the Clinical Governance Group (CGG) with options for resolution.
d) Agree the final outcome and any actions at a CGG meeting.

4.4 The final outcome will be communicated to the complainant via email after the CGG has concluded its findings.

The Steps of Investigation and IO are:

4.5 **Contact and Clarification**

The IO (or relevant investigator) must contact the complainant to:
a) Obtain full details of the complaint.
b) Establish what the complainant wishes to achieve.
The method of contact should respect the complainant's stated preference (e.g. telephone, face to face, video call, email, or letter).

4.6 **Fact-Finding**

Establish the relevant facts surrounding the complaint.
Investigate the matter fully with the appropriate staff member(s) and review relevant records.

4.7 **Discussion of Outcome**

Arrange to discuss the outcome of the investigation with the complainant.
This could if requested occur in person at a meeting, but may be conducted via telephone, video call, email, and/or in writing in line with the complainant's preference.

4.8 Where HSU C&RS is Found to be at Fault then the service will:

Provide the complainant with a clear explanation and an appropriate apology.
Detail any agreed remedial actions, including:
a) Specific actions to be taken.
b) Responsible individuals.
c) Timescales for completion.
Reassure the complainant that these actions will be implemented.

4.9 Where HSU C&RS is Not Found to be at Fault

Clearly explain the reasons for this conclusion to the complainant, including reference to relevant evidence, policies, and standards considered.

4.91 Overall Timescale

Subject to complexity and in line with applicable regulations, the aim is that resolution should normally be achieved within 20 working days of the complaint first being raised or escalated. If Step 3 occurs, then a further 20 working days may be required before a report is concluded. Any deviation from this timescale should be communicated to the complainant with an explanation and a revised expected timeframe.

4.92 Responsibilities

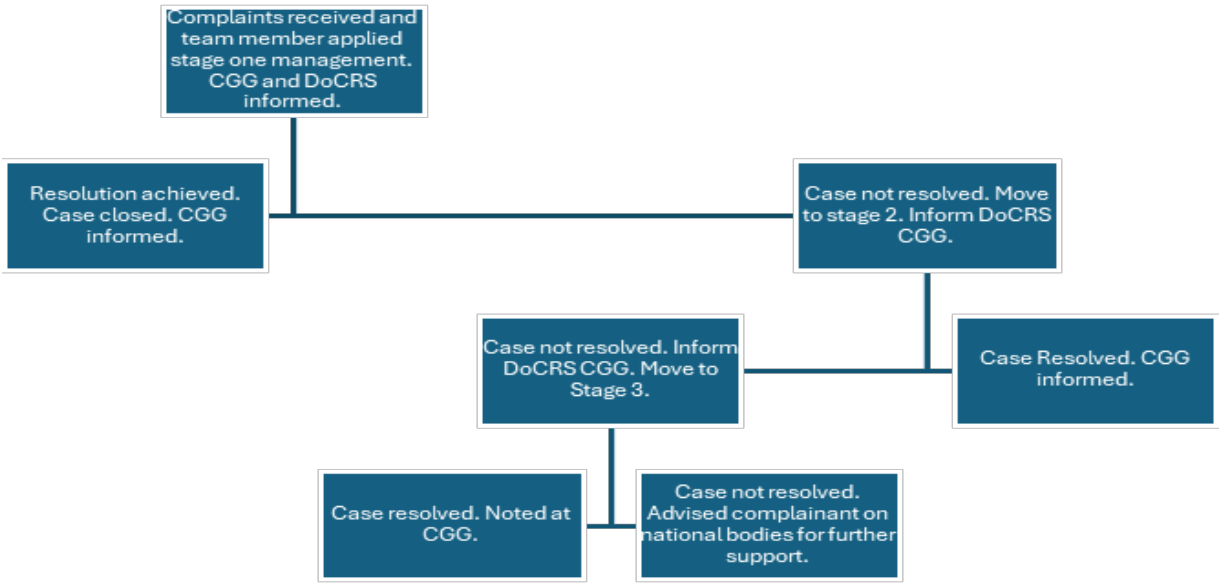
- All Staff: Attempt to resolve concerns at first contact and escalate where necessary.
- Investigating Officer: Conduct investigations in accordance with this policy.
- DoCRS: Allocate IOs, oversee investigations, review unresolved complaints, and ensure implementation of remedial actions.

- Vice-Chancellor: Review and sign off investigations relating to the clinical practice of the DoCRS.
- Clinical Governance Group: Review final reports, agree outcomes and actions, and provide governance oversight.
- Audit Risk Assurance Committee: Receive reports in line with standard governance processes

5. If the complainant is not satisfied

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;
• Care Quality Commission;
• General Osteopathic Council

Appendix 1: Process Flow Chart



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: ❑ post ❑ email ❑ 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 ❑		
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? ❑ **yes** ❑ **no**	**If so, name of senior member of staff notified:**

4. Steps taken to resolve complaint

Acknowledgement of receipt of complaint sent to complainant? ❑	**Date sent:**
Complainant contacted to discuss issue? ❑	**Date contacted:**

Details of discussion:

Resolution agreed? ❑ **yes** ❑ **no**

Referred for Further Investigation? ❑ **Yes (please attach)** ❑ **No**

If so, to whom?

Outcome of investigation:

Date outcome communicated to complainant:

Complainant satisfied matter is resolved? ❑ **Yes** ❑ **No**

Patient provided with details of regulatory bodies? ❑ **Yes** ❑ **No**

5. Actions to be taken by HSU

Action	By whom	By when

Appendix 3: Organisation Process

1. **Any received concern or complaint should be issued to the relevant clinical lead and copied DoCRS.**
2. **The relevant clinical lead will ensure that this is registered on the complaints file and shared with relevant colleagues**
3. **If this is at stage 1 then this will be closed with learning at CGG.**
4. **If stage 2 is initiated, then DoCRS will allocate as per process. This will remain within the CGG agenda for review and learning.**
5. **If stage 3 then the DoCRS will add to the CGG agenda for learning and closing.**

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