



LONDON HAIR TRANSPLANT CLINIC

POLICY: LHTCP00.13

TITLE: COMPLAINTS POLICY

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1. INTRODUCTION

- 1.1 London Hair Transplant Clinic (LHTC) views any complaint as an opportunity to improve care and service delivery and is committed to resolving complaints in a timely manner wherever possible as well as continually learning from issues raised by complainants.
- 1.2 According to ISCAS Code of Practice (the 'ISCAS Code'), in all businesses good complaint management is a key aspect of the organisational leadership commitment to customer focus and should be part of the wider quality management system. The focus on enhancing customer satisfaction should be maintained and the opportunity for continual quality improvement should be applied when receiving customer feedback, including from complainants.
- 1.3 Good complaints management is an integral component of good governance and quality management. It is LHTC's aim to provide a prompt response and appropriate reassurance to patients, their families and carers, in line with the policy below.
- 1.4 This document sets out the expected standardised approach to managing comments and complaints from patients, their families and carers (the complainant) by providing a consistent framework against which facilities will establish local processes to investigate, identify, share, and embed lessons in a timely manner, and analyse complaint trends and themes.
- 1.5 It applies equally to all LHTC employees and any workers on LHTC premises, including Consultants (those with practising privileges), bank staff members, agency workers and contractors. For ease of reference, the term "staff" will be used in this document to describe this group of individuals.

2. PURPOSE

- 2.1 The aims of this policy are to provide a framework to handle complaints in a consistent manner and in accordance with best practice and:
 - a) To describe the procedures for managing complaints made by patients, and all other members of the public who have been in direct or indirect contact with the Company.
 - b) To resolve concerns at a local level wherever possible to help prevent complaints escalating.
 - c) Where a complaint is escalated to the formal stage, this policy will provide the framework for managing the complaint.
 - d) To ensure that all serious complaints are reported up through the various levels and eventually, the Chief Executive Officer.

- e) To ensure that each stage is exhausted before the complainant turns to external adjudication.
- f) To ensure that all complaints received are managed courteously and constructively and staff at each stage go above and beyond the call of duty to ensure adequate resolution of the complaint. At each stage, the complainant should be assured that their concerns will be taken seriously and treated professionally.

3. ABBREVIATIONS & DEFINITIONS

CQC – Care Quality Commission

GMC – General Medical Council

GQC – Governance and Quality Committee

MAC – Medical Advisory Committee

Moderate harm – is defined as non-permanent serious injury or prolonged psychological harm.

QA – Quality Assurance

RM – Registered Manager

4. ROLES & RESPONSIBILITIES

4.1 Operations Manager

- 4.1.1 Responsible for managing informal complaints in the first instance.
- 4.1.2 Responsible for investigating and responding to patients' complaints that are stage 1.
- 4.1.3 Responsible for ensuring that this policy is implemented in their area and all staff are kept up to date with policy and procedure changes.
- 4.1.4 Must ensure that all staff are aware of this policy and their responsibilities concerning the receipt, handling and communication of complaints and must ensure this policy is adhered to.
- 4.1.5 Responsible for the local management and resolution of informal concerns or complaints raised by patients in their respective department.
- 4.1.6 Ensure that all complaints for their respective areas are logged on internal systems.

4.1.7 Assist on the investigation and implement any lessons learnt relevant to their department.

4.2 Registered Manager

4.2.1 Responsible for investigating and responding to patients' complaints that are escalated to stage 2.

4.2.2 Provide support and training for the overall patient experience for all staff when deemed appropriate.

4.2.3 Support managers drafting the response letters to ensure consistency.

4.2.4 Preparation of reports as required on complaints and patient feedback which will be provided to the Governance Committee, as appropriate.

4.3 Administrations Officer

4.3.1 Responsible alongside the relevant managers for the day-to-day management of complaints and patients concerns.

4.3.2 Co-ordination of the complaints process in liaison with the Operations manager and Registered Manager (RM).

4.3.3 Ensure all complaints are appropriately logged on internal systems and maintain up to date documentation on progress, outcomes and actions taken.

4.3.4 Perform analysis of complaints data and, in liaison with RM, seek ways of continually improving services and customer care.

4.3.5 Provide daily feedback to RM with reference to any current complaints or concerns raised by patients and family members at LHTC.

4.4 All staff

4.4.1 Adhere to this policy and escalate any patient concerns and complaints timely and appropriately if unable to reach resolution.

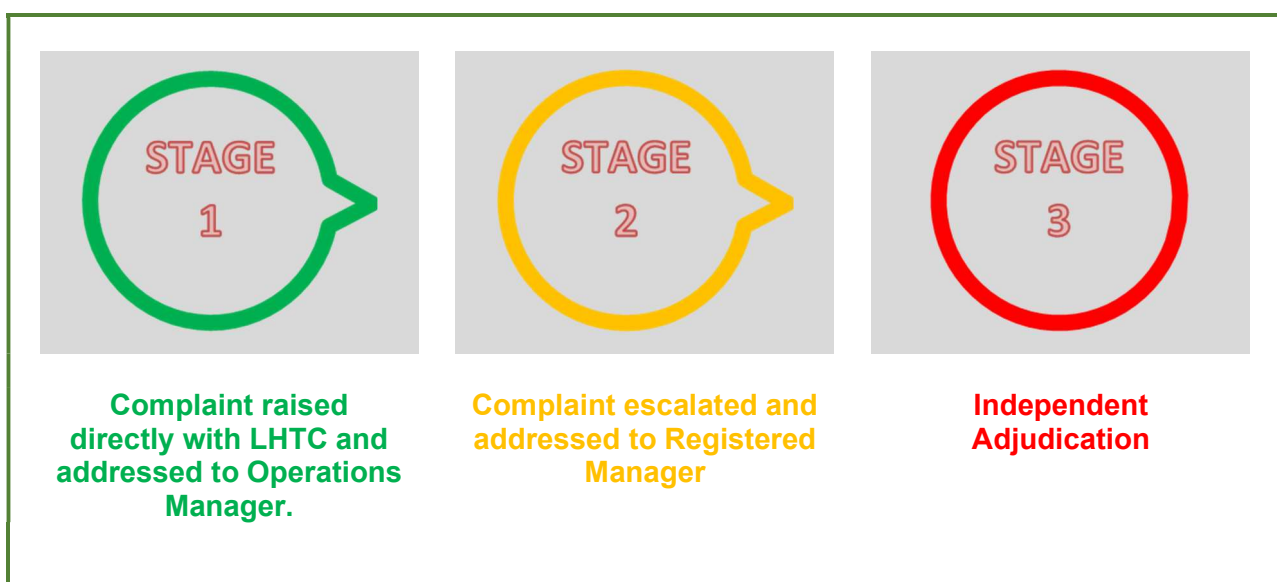
4.4.2 Log any complaints with administration officer and document all relevant information.

- 4.4.3 Professional regulators (e.g., the GMC and the NMC) require regulated healthcare professionals to assist with reviews and investigations when requested, and the system regulators require compliance with the complaints procedure.

5. THE POLICY

5.1 Complaints Procedure

- 5.1.1 The ISCAS Code sets out a three-stage process. Each stage is underpinned with the standards in the ISCAS seven steps to good complaints handling.
- 5.1.2 Emphasis should be given to getting stage 1 right. If complaints are responded to effectively when they are first raised, then there should be less need for subsequent stages of the process.
- 5.1.3 LHTC has an internal two stage process in order to come to a resolution for the complainant. Only after this, should the complainant be directed to external adjudication.



5.2 Informal Complaints/Concerns

- 5.2.1 LHTC will try as far as possible to resolve any complaints or concerns during a patient's visit to the hospital helping to ensure patients feel listened to and

appropriately responded to during their stay. This is described as an informal complaint.

- 5.2.2 To facilitate this, Reception staff will continuously ensure that there is enough patient signage in the reception area regarding complaints so patients are appropriately informed of the process.
- 5.2.3 All staff will demonstrate openness and transparency in all communications in accordance with the professional duty of candour and comply with the requirements of any statutory duty of candour as relevant and in line with the regulatory requirements.
- 5.2.4 When a concern is raised either by a patient, their family or consultant, the member of staff being informed will acknowledge the concern and wherever possible rectify the situation at the time.
- 5.2.5 The member of staff will then communicate the concern to the Operations manager who will visit the complainant in the first instance if the complainant is still on site and call them if not.
- 5.2.6 In the event of a serious complaint the matter must be reported to the Operations manager for their reference and further support if required. All internal complaints are to be documented within the patient's electronic nursing notes.
- 5.2.7 If a written/email response is required at this stage, this will be written by the appropriate person wherever possible within 5 working days of the time the concern has been raised. A complaint leaflet should be provided to the patient and the written formal complaints process explained by the Operations manager. It should be explained to the patient that they will receive a written response within 20 working days from the time the concern has been raised.
- 5.2.8 Should resolution not be achieved at this stage, the patient should be advised that the matter will be address in accordance to this policy.

5.3 Formal Complaints

- 5.3.1 Complaints may be received in the form of a letter, e-mail, telephone call or in person.
- 5.3.2 LHTC will provide a written acknowledgement to complainants within 3 working days of receipt of their complaint.
- 5.3.3 LHTC will provide reasonable assistance to anyone needing help to make a complaint (for example, whose first language is not English or who may have a disability).
- 5.3.4 LHTC will seek consent from the patient where:

- a) a complaint about the care they received is made by someone acting on their behalf; and/or
- b) handling of the complaint requires disclosure of confidential medical information to other relevant parties.

5.3.5 The formal written complaints procedure consists of three stages:

- **Stage 1: Investigated by Operations manager**

- a) The complainant should contact LHTC within six months of the event or six months of discovering there were grounds to complain.
- b) The complaint will be registered on the *LHTC Governance Tracker*.
- c) A letter or email will be sent to the complainant confirming receipt of their complaint within three working days.
- d) The complaint will be fully investigated by the Operations manager.
- e) The complainant will receive a reply in full no later than 21 working days from the date of the letter sent to them confirming receipt of their complaint.
- f) A written record should be made of any face to face or telephone discussions regarding an expression of dissatisfaction with the service by a complainant.
- g) If a response cannot be provided within twenty working days the complainant will be informed in writing for each twenty day period until a written response is provided. The original complaint will be shared with the relevant area and their advice taken into consideration on the contents of the subsequent response.

- **Stage 2: Investigated by the Registered Manager**

- a) If the recipient is not satisfied with the response at Stage 1 of the complaints process they may wish to appeal their concerns at Stage 2 within six months of the letter of response from Stage 1.
- b) The internal appeal is an objective and impartial review carried out by the Registered Manager. The response time frame is 28 working days. The Registered Manager will respond either by confirming the findings and action taken by LHTC or by reaching a separate conclusion as to the appropriate outcome and action to be taken.
- c) Consider whether the review at stage 2 would be resolved with a goodwill gesture of up to 20% of a self-pay procedure.

- **Stage 3: Independent External Adjudication**

- a) If the complainant is dissatisfied with the decision of the Registered Manager, they will be offered the opportunity to refer the matter to stage 3. IDF may be contacted by any of the following means:
Independent Doctors Federation
Lettsom House

11 Chandos Street
London
W1G 9EB
Telephone: 0207 536 6091

- b) IDF independent external adjudication process is available for use by complainants who are dissatisfied with the results of an independent hospital's internal investigation. This process is only available once the internal process has been exhausted.
- c) The complainant must register their request for Independent External Review in writing to IDF within 6 months of the complainant's receipt of the final outcome of the Stage 2 - Internal Appeal. IDF will provide a written acknowledgement to complainants of their request for independent external adjudication within 2 working days of receipt of the request and provide further details of their adjudication process to the complainant.
- d) The complainant can expect an independent external adjudicator to review the case and provide a full adjudication decision within 20 working days or send a letter explaining the reason for the delay to the complainant, at a minimum, every 20 working days.
- e) The adjudicator's decision is final and binding but does not affect a complainant's right to take legal action.

5.4 Complaints involving consultants

- 5.4.1 Consultants are granted privileges at LHTC on the condition that they participate in and adhere to LHTC's Complaints Policy. It should be explained to the complainant at the time the concern is raised either verbally or in writing that consultants are not employed by LHTC and therefore a response may come directly from the consultant if the complaint relates solely to the actions of the consultant.
- 5.4.2 The consultant will always be informed of any such complaints.
- 5.4.3 Consultants are obliged to inform the Registered Manager and Medical Director as soon as practicable of any complaints relating to their practice at LHTC.
- 5.4.4 Cases of serious clinical complaints or allegations of professional incompetence or misconduct will be reported to the Medical Director for immediate consideration.
- 5.4.5 If a consultant wishes to raise a complaint or concern regarding LHTC they should be encouraged to contact the Registered Manager in first instance.

5.5 Remedies

- 5.5.1 LHTC primary aim is to manage complaints effectively, respond to complainants compassionately and expedite a resolution. In order to do this, at any stage, the following can be offered:
- a) Goodwill gesture – LHTC has the discretion to offer a goodwill gesture of any amount at any stage. It will be noted, that should a goodwill gesture be rejected by the complainant at stage 1, it will not carry over into stage 2.

5.6 Habitual, vexatious and Intractable complaints

- 5.6.1 LHTC will determine a complainant/complaint to be habitual, vexatious or intractable if it meets two or more of the following criteria:
- 5.6.1.1 The complaints process has been exhausted but the complainant persists in correspondence.
 - 5.6.1.2 The material substance of the complaint changes with each correspondence.
 - 5.6.1.3 The complainant is unwilling to assist in seeking resolution that a reasonable person would be content with.
 - 5.6.1.4 The complainant is unwilling to present a resolution when asked by the service.
 - 5.6.1.5 The complainant refuses a goodwill gesture at, at least one stage.
 - 5.6.1.6 The complainant uses language in correspondence that a reasonable person would deem abusive or vexatious.
 - 5.6.1.7 The complainant uses threats or threatening language.
 - 5.6.1.8 The complainant places unreasonable demands on staff.
 - 5.6.1.9 Complain about a matter that a reasonable person would deem to be out of proportion.
 - 5.6.1.10 The complainant has recorded telephone calls or meetings without prior knowledge or consent.
 - 5.6.1.11 The complainant demands unreasonable expectations or time frames including asking for their complaint to be responded to in a matter not in line with this policy.

5.7 Learning from Complaints

- 5.7.1 The purpose of the complaints procedure is not to apportion blame but to investigate complaints with the aim of addressing the concerns and questions raised by complainants and to learn any lessons for improvements in care and service delivery.
- 5.7.2 If, however, a complaint identifies information about a serious matter which indicates a need for disciplinary action, this will be managed in accordance with LHTC Disciplinary Policy.
- 5.7.3 Recommendations made because of the investigation findings of complaints at all stages should be addressed and actioned accordingly. Staff should be involved in identifying improvements to patient care and service delivery.
- 5.7.4 Complaints and the progress of actions should be monitored through the governance framework and all complaints with a clinical component reviewed at the Governance and Quality Committee (GQC) and/or Medical Advisory Committee (MAC).

5.7.5 The wider sharing of improvements should be an integral part of regional and corporate governance committees.

6. REVIEW

6.1 This policy is reviewed every 3 years from the date of publication or sooner should any relevant changes to practice are required to be included and/or implemented.

7. RELEVANT LEGISLATION, NATIONAL GUIDANCE, ASSOCIATED DOCUMENTS

7.1 Statutory Instruments: 2009 No. 309: The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009.

7.2 Care Quality Commission. Make a complaint. www.cqc.org.uk

7.3 CQC Regulation 20: Duty of candour (March 2015)
<http://www.cqc.org.uk/content/regulation-20-duty-candour>

8. APPENDIX

8.1 NONE

9. DISTRIBUTION LOG

LHTCP00.13 – 'COMPLAINTS POLICY'

I have read and understood this Document			
Date	Name	Signature	Department