

The Institute of Trichologists

Complaints Handling Policy and Procedure

COMPLAINTS HANDLING POLICY AND PROCEDURE

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Summary of the policy

This Complaints document lays out the Institute's Policy and Procedure for the Handling of Complaints including the definition of a complaint, who may complain, the process for the handling of complaints and clear guidance on who is responsible for investigating and responding to the complaint and subsequent follow up actions.

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1. INTRODUCTION

The Institute of Trichologists (IOT) endeavours to provide the best service it can to its patients. Sometimes patients, carers, families and/or their representatives may have concerns about services provided by our Members and it is important that there should be a clear and effective Complaints Handling Policy and Procedure for such matters.

Key descriptors: Members – refers to registered trichology members with the IOT.
The complainant may or may not be a patient.

2. PURPOSE

The IOT aims to investigate and respond to all complaints within 30 working days of receipt, unless an alternative time frame is agreed with the complainant and /or the issues presented are more complex and require additional information such as reports.

The purpose of the complaints process will be for complainants to :

- Have their complaint dealt with efficiently, and be properly investigated
- Know the outcome of any investigation into their complaint
- Have the complaint heard by an independent panel if they are dissatisfied with the outcome.
- Have evidence when required to support legal claims

The IOT will aim to ensure –

- The process is easily accessible for all persons who wish to formally complain and that they are provided with advice or assistance to understand the Complaints Handling Policy and Procedure
- The approach to manage complaints is effective and through with the prime aim of resolving concerns of the complaint.
- Identify whether the complaint is upheld, not upheld or partially upheld.
- Complainants receive a timely and appropriate response.
- There is fairness for trichologists and patients alike.
- There is a separation of complaints from the disciplinary procedures
- Patients are treated with respect and courtesy and they do not face discrimination because of making a complaint.

3. DEFINITIONS

3.1. Formal Complaint

The term complaint can be defined as a statement that something is unsatisfactory or unacceptable that requires a response.

The Chair of Ethics will seek to distinguish between requests for assistance in resolving a perceived problem which can be dealt with immediately by the Admin Manager and a formal complaint. All issues will be dealt with in a flexible manner, which is appropriate in their nature and the latter will be dealt with in accordance with the complaints procedure.

For the avoidance of doubt, whenever there is a specific statement of intent on the part of the caller or correspondent that they wish their concerns to be dealt with a formal complaint, the complaint will be treated as such.

3.2. Informal Complaint

An informal complaint is one in which an issue is raised as a complaint but it is possible to resolve it at the time and to the complainant's satisfaction, without going through the formal process outlined below.

Immediate Resolution

The most satisfactory outcome to complaints often comes when complaints are dealt with fully and effectively at local level – between the patient and the Member. This seeks to provide prompt investigation and resolution of the complaint at a local level, aiming to satisfy the complainant whilst being fair to the Member.

3.3. Independent advisory committee (IAC)

The IAC will consist of 3 non-members, to offer independent expert advice. Sharon Aldridge-Bent is the Independent Chair of Ethics and the lead member of the IAC. She is the Director of Nursing Programmes (Leadership) for the Queens Nursing Institute and a former Trustee for St Lukes Hospice. Beverley Regis is Independent Vice Chair. She works as a Therapeutic Counsellor and Supervisor and is a registered member of the British Association of Counselling and Psychotherapy (BACP). If the Chair is unavailable the Vice Chair will lead alongside two other non-members with relevant expertise according to the complaint.

4. RESPONSILITIES

The Chair of Ethics, The Ethics Committee, Board Directors and Admin Manager are required to assist and co-operate in the complaints process and wherever possible try to deal with issues of concern before it becomes a formal complaint.

4.1. THE CHAIR OF ETHICS

The Chair of Ethics is the 'responsible person', as defined in the Regulations, with the responsibility for ensuring compliance with this policy and ensuring that action is taken if necessary in light of the outcome of complaints.

The key duties of the Chair of Ethics will be to:

- Manage the Complaints Procedure within the IOT
- Support the board of directors in the implementation of this Policy
- Ensure regular information is given to the Ethics Committee and IOT Board Directors on complaints matters
- Co-ordinate and oversee the investigation of complaints on behalf of the IOT
- Advise, help or guide other Members upon complaints matters
- To provide support in preparing response letters to complainants
- Ensure that each complaint has been reviewed by the Member concerned to ensure that appropriate lessons are learnt.
- Advise the Ethics Committee and the IOT Board of any potential claims.
- Advise the IOT Board Directors of any complaint that meets the reporting criteria as a serious incident.
- Ensure that lessons learnt that are applicable in other areas of the IOT are communicated to relevant leads for action and implementation.

4.2. The Ethics Committee

The Ethics Committee will be jointly responsible for ensuring that any complaint referred for investigation is thoroughly read. The progress of the investigation and the appropriateness of the response will be overseen by the Chair of Ethics. The Chair of Ethics will also maintain overall responsibility for ensuring that the complaint is handled according to the IOT's policy and procedures.

4.3. Independent Chair of Ethics

The Independent Chair of Ethics has delegated executive responsibility to support the complaint's process through attendance at meetings and/or to aid local resolution after initial attempts to resolve the complaint has not been successful. The Independent Chair of Ethics will re-examine the complainant's concerns and provide an independent assessment of the issues.

4.4. The Board of Directors

The Board of Directors is accountable for ensuring that the IOT and the Educational Trust has in place appropriate policies and processes to ensure that the organisation is compliant with the regulations for the management and handling of complaints.

5. COMMUNICATION FALLING OUTSIDE THIS POLICY

5.1. Informal Complaints

It should be noted that this policy and procedure sets out a formal process for a written complaint. However, some patients may wish to express concerns or dissatisfaction but not wish to make a complaint.

Accordingly, if issues are raised with the IOT Admin Manager and/or Ethics Chair in an 'informal' manner and can be quickly resolved (in real time), they should not fall under the restrictions of this policy.

If it then becomes apparent that in fact the person wishes to make a complaint, as the matter cannot be resolved within three working day, the matter should be processed under this policy and procedure in the usual way.

What constitutes a 'complaint' in these circumstances is a matter of 'common sense' to be determined by the professional judgement of the Chair of Ethics dealing with the matter and guided by the approach and wishes of the patient.

5.2. Complaints to individual Board Directors

Some patients may prefer to raise their concerns (orally or in writing) to individual Members. In such circumstances, it may be reasonable to assume that unless otherwise indicated, the patient would prefer a direct response from the individual rather than via formal process through the Chair of Ethics.

In difficult or complex cases, however, the matter should be referred to the Chair of Ethics and Ethics Committee for advice, support or other assistance, which may include entering the matter into the Complaints Procedure.

6. WHO MAY COMPLAIN?

The Code of Ethics specify that complaints may be made by:

- (i) A person who receives or has received services from a registered member of the IOT; or
- (ii) Any person who is affected by or likely to be affected by an action, omission or decision of the member about which they complain.

A complaint may also be made by a representative of the complainant falling into one of the above categories.

Complainants may therefore include existing or former patients using the Members' services, their families or carers as well as visitors.

6.1. Deceased Patient

Where a complaint is made on behalf of a patient who has deceased, it is important to check that the person making the complaint is the deceased patient's next of kin or is acting with their authority. Where this is not the case, the consent of the next of kin should be sought in writing and they will be asked by the Chair of Ethics to provide proof.

7. HOW – MAY COMPLAINTS BE MADE?

7.1. In writing

Complaints may be made in writing or electronically, to the Chair of Ethics of the IOT.

7.2. By telephone or in person

Complaints received by telephone or in person will be confirmed in writing to the complainant, as required, by the Chair of Ethics who receives the complaint or by the Admin Manager and a copy will be provided to the complainant to approve.

If complainants face difficulty making their complaint due to a disability, the Chair of Ethics will arrange for all reasonable necessary assistance to be provided.

7.3. Information on how to make a complaint

The Chair of Ethics will ensure that an information regarding how to make a complaint is made available to the patient by email, on the IOT website or posted.

8. WHEN? – TIME LIMITS FOR MAKING A COMPLAINT

The Regulations require that a complaint must be made within 12 months of:

- (i) The date on which the matter which is the subject of the complaint occurred; or
- (ii) If later, the date on which the complainant become aware of the matter, which is the subject of the complaint.

Complaints made outside the established time limits can prove difficult to investigate and extremely problematic to resolve, not least because of the inevitable doubts over memories of events that took place sometime ago. This is a relevant factor to be considered in determining whether it will be possible to investigate a 'late' complaint effectively.

Where a complaint is made outside this time limit the Chair of Ethics may exercise discretion to admit the complaint to the procedure if they are satisfied that:

- (i) The complainant had a good reason for not making the complaint within the time limit; and
- (ii) Notwithstanding the delay, it is still possible to investigate the complaint effectively and fairly although it is outside of the IOT Complaints Regulations.

If it is not possible to waive the time limit and the complaint is not accepted, an explanation of this will be provided to the complainant.

9. CONFIDENTIALITY – PATIENTS AND MEMBERS

9.1. Patient Health Records

Patients will be advised from the outset, that investigation of their complaint may require examination of case history cards and associated documents. Correspondence about complaints must be kept separate from health records, subject to the need to record in the health records any information which is relevant to the patient's clinical management.

9.2. When a complaint is made on behalf of another

If the person complaining is not a patient, but is complaining on behalf of a patient, it is important to check that the patient knows about the complaint and is in agreement with its content.

If the person complaining is not a patient, but is complaining on behalf of a patient, it is important to check that the patient knows about the complaint and is in agreement with its content.

The complainant must be told that in order to avoid breach of patient confidentiality, any questions relating to the patient's care and treatment can only be answered with the patient's consent.

This does not mean that the matters raised cannot be investigated, but it does require that the reply to the complainant may not be in detail if the patient does not agree to information being shared.

Relatives or others complaining on behalf of patients will be sent a Form of Authority and asked to return it to the Chair of Ethics. The patient will be asked to sign to confirm their agreement to a reply being sent to the person who made the complaint.

The complainant must be told that in order to avoid breach of patient confidentiality, any questions relating to the patient's care and treatment can only be answered with the patient's consent.

This does not mean that the matters raised cannot be investigated, but it does require that the reply to the complainant may not be in detail if the patient does not agree to information being shared.

Relatives or others complaining on behalf of patients will be sent a Form of Authority and asked to return it to the Chair of Ethics. The patient will be asked to sign to confirm their agreement to a reply being sent to the person who made the complaint.

9.3. When a Patient lacks Mental Capacity

In cases where the individual is not mentally capable of giving such authorisation then the Chair of Ethics will need to be satisfied that their representative is conducting the complaint in the best interests of the person on whose behalf the complaint is made.

9.4. Young People aged 16 and 17

If a complaint is made on behalf of a 16 or 17 year old, unless there is clear medical evidence that they lack mental capacity, then their express authority should be obtained before responding to the complaint if it will involve disclosing confidential patient information.

9.5. Children under the age of 16

If the complaint is made by a child who is 'Gillick competent' (i.e. of sufficient intelligence and maturity to consent to treatment), then their agreement will be obtained before responding to the complaint if doing so will involve disclosing confidential patient information.

If however a complaint is made on behalf of a child under the age of 16, who is not Gillick competent, then no authority from the child will be needed prior to responding to those with parental responsibility.

9.6. Member of Parliament (MP)

If an MP makes an enquiry to the IOT on behalf of an individual patient, or a person authorised to act on their behalf, the IOT may assume that the MP has obtained sufficient consent in writing which the IOT can and should request a copy of to permit release of confidential information only pertinent to the exact subject of the MP's enquiry. No additional incidental confidential information should be disclosed.

10. RECORDING OF A COMPLAINT

On receipt of all complaints, the Administration Manager will cross check the IOT's Complaints database to ascertain whether there have been any previous complaints relating to the patient or whether the events complained of have previously been the subject of a reported incident, enquiry or claim. The complaint will then be recorded and linked if appropriate.

10.1. Grading complaints

On receipt of the complaint it will be risk assessed. Firstly the consequence / outcome will be rated using the IOT's Risk Grading Matrix (see appendices A-C). If the outcome is serious, this will be reported to the Ethics Committee and Board Directors before starting the investigation as a potential Serious Incident.

Secondly the complaint will then be risk rated by the Ethics Chair together with the Ethics Committee using the guidance set out in the Department of Health's 'Listening, Responding, Improving – A Guide to Better Customer Care' (the Code of Practice) dated February 2009.

11. PROCESS FOR LISTENING TO, INVESTIGATING AND RESPONDING TO COMPLAINTS/ CONCERNS – STEPS 1 – 5

STEP 1: INITIAL ACTION ON RECEIPT OF COMPLAINT

- Log complaint and add reference number (ADMIN manager)
- Pass to complaints to Ethics Chair.
- Check whether there is any immediate action that needs to be taken in relation to the patient's care. E.g. Advised to seek medical care
- Check whether there are any consent issues.
- Consider whether it would be helpful to seek advice from medical professional and/or ethics team.
- Do initial risk assessment - RISK ASSESSMENT LOW MEDIUM HIGH e.g. low – e.g. misleading advertising, medium – e.g. consultation process, high - injury /allergic reaction

STEP 2: ACTION TO BE TAKEN WITHIN THREE WORKING DAYS OF RECEIPT OF THE COMPLAINT

- Acknowledge the complaint
- The acknowledgement can be oral or written, but should include:
- An apology for the difficulties the patient has experienced.
- an invitation to discuss the way forward including expected outcome/result from the patient
- Copy of complaint from the patient to Member
- A copy of the complaints procedures to both the patient and member.
- If you cannot contact the complainant by phone within the three working days required, you should acknowledge the complaint in writing.

OUTCOME

- Matter resolved / concluded. Complaint details logged with reference and any further action taken.

If not resolved then the process continues:

STEP 3: FINALISE A PLAN OF ACTION FOR INVESTIGATING A COMPLAINT

The plan should include:

- Complaint reference number.
- Patient name and contact details.
- Patient preferred means of contact (if it is email make it clear that this may not be a secure means of corresponding).
- Patient's name and details if different from complainant.
- Has consent been sought/obtained, if appropriate?
- Name of person who contacted the Patient.
- Date of contact.
- Summary of complaint with dates of incidents.
- List of issues to be investigated.
- Outcome the complainant is seeking.
- Agreed investigation plan (e.g. internal investigation by whom, external investigation by whom).
- Consent to share information with those involved in the investigation.
- Agreed timescale for a response - depending on severity -risk assessment and
- How the Ethics Chair will provide the response.
- Send a copy of the plan to the patient and the member.
- Pending investigations to be added to the website for public information. The complaint will be anonymized during the investigation and only where the outcome has resulted in the Member's removal from the IOT membership will the Member be named.

STEP 4: THE INVESTIGATION

The essential aim of resolving a complaint does not suggest the need for complex, rigid or bureaucratic procedures but rather the application of flexibility, honesty and effective communication operated at all times with a commitment to openness and candour.

An investigation could include:

- Reviewing the response from Trichologist/s concerned.

- Reviewing records/policies/procedures.
- Obtaining information from other sources if necessary.
- Drawing conclusions from the findings.
- Discussing the conclusions with the Ethics Committee and deciding on the actions to be taken.
- Drawing up an action plan.
- Details of all documentation, notes of interviews and Member's statements are kept on the complaint file.
- Depending on risk, the investigation will include either the Ethics Chair and/ or the Ethics Committee along with independent advisor/s (expert/s).

STEP 5: RESPONSE

The Ethics Chair should

- Consider including the following elements in a response letter, but also be mindful of the plan you agreed with the complainant.
- Check the draft response with the Ethics Committee if you consider this to be appropriate.
- An apology and some acknowledgement of distress (condolences where appropriate).
- A summary of the main issues they have raised in their letter (this will also help you focus your response).
- What action you have taken to investigate the complaint (eg, spoken to the trichologist concerned, reviewed records/policies).
- A clear explanation in response to each of the issues raised. If this relates to a consultation, refer to the history you took; any examination and findings (including negative findings); treatment provided; advice given and any follow up.
- What action is being taken, as a result of the complaint, to reduce the risk of a similar occurrence.
- An invitation to meet or contact you again if they have any further questions.
- Details of their redress, through the complaints procedure to the Ethics Committee and/ or the Board of Directors.
- A reiteration of your apology for what occurred.

11.1. Action when a complaint remains unresolved

If the patient is unhappy with the outcome then they can contact the Citizen Advice Bureau, Trading Standards, or any other relevant national body for advice.

- If the complaint is not resolved at this stage and there are outstanding issues following the IOT's response, further efforts to find a resolution will take place. These may include further correspondence, meetings or independent consultation, which is at the discretion of the Ethics Chair.
- Complainants should be made aware that they may refer their complaint to the Citizens Advice Bureau, and/or trading standards for further advice.

- This information is usually given to complainants at the time their complaint is acknowledged and they receive an information leaflet about the process that will be followed. It should also be repeated at the point at which efforts to achieve Local Resolution have been exhausted.

11.2. Complaint record

- Copies of the IOT's response to the complaint may be sent to any other person to whom the complaint was originally sent, as appropriate.
- Members should be aware that external organisations representing the complainant may request to see any information that is gathered as part of the complaint investigation. Equally, it may be necessary to disclose such correspondence to a complainant or their representative in any subsequent legal proceedings.

12. PROCESS FOR HANDLING JOINT COMPLAINTS

In some circumstances, a complaint may concern matters both within and outside of the IOT's area of responsibility.

The IOT's approach to such 'joint complaints' will be in accordance with each organisations' own complaints policy. Depending upon the substance of the complaint, it may be considered appropriate for there to be one co-ordinated response to the complaint. In such circumstances the relevant Chair of Ethics will ensure that:

It is clear between all the parties who is to take the lead in co-ordinating the investigation of the complaint and preparing a response.

The complainant is informed of the procedure that has been adopted and from whom a response may be expected

Any final response to the complaint is a matter of agreement between the relevant parties

Any actions identified to the complainant as those that are to be taken consequent upon the complaint are a matter of agreement between the parties

Throughout the process there is a high level of communication between the relevant parties with copying of all communication from any party with the complainant to each of the other parties

Lessons learnt are shared between organisations to aid improvement in the quality of services provided.

13. SUPPORT FOR A MEMBER

The purpose of the Complaints Handling Policy and Procedure is to investigate complaints with the aim of satisfying the complainant whilst being scrupulously fair to the Member. It is however inevitable that in some cases information will be identified which indicates the need for disciplinary investigation.

If a complaint results in disciplinary action, then the outcome will be shared with the complainant, and if of a serious nature and/or a risk to the public publicised on the IOT website.

It **will not** be a function of the Complaints Procedure to investigate disciplinary matters, if a complaint indicates a prima case for referral to:

- Investigation under the disciplinary procedure
- A professional regulatory body; or
- An independent enquiry into a serious incident; or
- Investigation of a criminal offence

The Chair of Ethics will:

- Ensure the relevant information is passed to the appropriate person to determine if such action is to proceed.
- Inform the complainant if an investigation is to be initiated under the above alternative arrangements. Investigation under the Complaints Procedure will be suspended.
- Proceed with the arrangement of a complete investigation and management of aspects of the complaint, which are not the subject of an alternative procedure.
- Ensure that upon completion of any alternative procedure any outstanding aspect of the Complaints Procedure is addressed. This may include informing the complainant in general terms of any disciplinary sanction, which might be imposed.

Support for the Member and co-operation in the investigation of complaints is crucial. The rights of those involved in a complaint and its investigation will be preserved through the implementation of the following standards:

- A Member who is the subject of a complaint will be informed by the Chair of Ethics at the earliest appropriate opportunity
- Will be given the opportunity to comment on a complaint

- A member will have the opportunity if they wish to have a friend, colleague or representative at any investigation interview
- The Chair of Ethics and/or Ethics Committee will assist in or advise on the preparation or an appropriate response to a complaint as required and otherwise as appropriate
- The approach adopted to the management of the complaint should accord with the intention of ensuring fairness for Member's and compliments alike
- A Member involved will be kept informed of the progress of the complaint as appropriate and desired
- The Member will be advised of the outcome of the complaint investigation and will receive a copy of the letter of response to the complainant
- A Member may also wish to seek the advice and support of professional representatives

Whilst meetings between a complainant and a Member may prove useful there is also a potential for them to be traumatic. A Member will not be required to attend face-to-face meetings if it is considered that there is a risk they will be confrontational, abusive or unduly distressing.

14. REMEDIES AND CLAIMS FOR COMPENSATION

The Complaints Procedure is not a vehicle for the negotiation and settlement of claims for financial compensation. Complainants would need to seek independent legal advice.

It is clear that open and effective management of a complaint might avoid litigation. A complaint and a claim may however arise out of the same facts and the Complaints Procedure may be used as a prelude or adjunct to litigation. If progressing a complaint may prejudice subsequent legal action, the complaints process may be put on hold and the complainant advised of this fact.

In all cases where the facts of a case suggest that there is a likelihood of legal action then the Member should be informed within 24 hours so they can seek legal representation.

Non-financial remedies that may be provided under the Complaints Procedure include:

- Written explanation or apology
- Invitation to meet
- Reassurance that a review has taken place to identify opportunities to improve.

14.1. Appealing a Decision

A member of the Institute or, in the case of an expulsion, an ex-member of the Institute to whom a disciplinary sanction has been applied by the Ethics Committee shall have the right to appeal against the findings and/or decision of the Ethics Committee.

The grounds of any such appeal shall be that the decision of the Ethics Committee was unreasonable in the circumstances or was manifestly unfair. (The object of the Appeal Panel is not simply to hear the case for a second time in the hope of arriving at different conclusions).

The Appeal Panel will comprise of a senior member status (e.g. Chair or Vice Chair) and two others who are not members of the Institute and who have had no dealings with the earlier investigation or adjudication of the matter of the appeal.

The Ethics Chair shall be a non-voting Chairman of the Appeal Board.

The member or ex-member bringing the appeal (and/or his or her legal representative) will have up to 15 minutes to present the appeal, explaining why the decision of the Board was unreasonable or unfair.

The Chair of the Ethics will outline the details of the member/ex-member on the case presented. (All questions must relate only to what has been presented; nothing new or extraneous to be introduced at this stage).

The Chair of the Ethics/ Committee will have up to 15 minutes to respond to the appeal, stating why the decision of the Board should stand.

The member/ex-member (and/or his or her legal representative) will have up to five minutes to question the Chair of the Ethics Committee on the case presented. (All questions must relate only to what has been presented; nothing new or extraneous to be introduced at this stage).

Members of the Appeal Panel will have up to 15 minutes to question both the member/ex-member (and/or his or her legal representative) and the Chair of the Ethics Committee. (All questions must relate only to what has been presented; nothing new or extraneous to be introduced at this stage).

The member/ex-member and/or his or her legal representative will have up to five minutes to sum up the case for the appeal.

The Chair of the Ethics Committee will have up to five minutes to sum up the case against the appeal.

Both the Chair of the Ethics Committee and the member/ex-member (and his or her legal representative) will leave the room.

The Appeal Panel will consider whether suitable grounds for allowing the appeal have been made out (in that the decision of the Board was either unreasonable in the circumstances or was manifestly unfair). If such grounds are not made out to the satisfaction of the Appeal Panel, the appeal is to be dismissed. If such grounds are made out to the satisfaction of the Appeal Panel, the Appeal Panel may make such appropriate recommendation(s) to the Ethics Committee as the Panel thinks fit.

The Chair of Ethics shall report the findings and recommendation(s), if any, of the Appeal Panel to the Board of Directors and shall inform the member/ex-member in writing of such findings and recommendations.

15. PROCESS FOR LEARNING AND IMPROVING AS A RESULT OF COMPLAINTS/ CONCERNS

- Many complaints arise from misunderstandings and may be resolved through appropriate explanation and discussion. Other complaints however, will reveal ways in which IOT services may be improved. The IOT recognises the pledge to the Code of Ethics to learn lessons from complaints and use these lessons to improve its services. The Francis Report (February 2013) stated that complaints, their source, their handling and their outcomes provide an insight into the effectiveness of an organisation's ability to uphold fundamental standards and therefore should be valued as a source of accountability and a basis for improvement. Ann Clwyd MP (October 2013) said that patients must have confidence in the in the complaints process. To this end:

16. REPORTING ARRANGEMENTS

- A complaints action tracker will be held by the IOT's Ethics Chair and progress will be required to be reported to the Board of Directors at every board meeting for each complaint. This will track whether actions are 'open' or 'closed'.
- Information concerning complaints will be collected on an on-going basis by the IOT's Admin Manager/ Ethics Chair, analysed and reported to the Board of Directors on three monthly basis via board meetings.
- The analysis will be both qualitative and quantitative in nature and will identify any trends or themes within complaints. Reports will go beyond the purely statistical and document trends, themes, causal factors and any changes to practice.
- All relevant complaints will be reported by the Chair of Ethics
- This wide circulation will allow complaints to assist in providing assurance that the Trust can continue to learn from feedback concerning its services.

- The Ethics Committee will complete an annual report summarising complaints received, key themes, response times and action taken to address identified issues. This will be submitted to the Board Directors.

HABITUAL/REPETITIVE CALLERS OR COMPLAINANTS

Complainants may be deemed to be 'habitual' or 'repetitive callers' where previous or current contact with them shows that they meet two or more of the following criteria:

- Refusing to specify the grounds of a complaint, despite offers of assistance with this from the administration manager or a member of the Ethics Committee.
- Refusing to co-operate with the complaints investigation process while still wishing their complaint to be resolved.
- Refusing to accept that issues are not within the remit of a complaints procedure despite having been provided with information about the procedure's scope.
- Insisting on the complaint being dealt with in ways which are incompatible with the adopted complaints procedure or with good practice.
- Making what appear to be groundless complaints about the Ethics Committee dealing with the complaints, and seeking to have them replaced.
- Changing the basis of the complaint as the investigation proceeds and/or denying statements he or she made at an earlier stage.
- Introducing trivial or irrelevant new information which the complainant expects to be taken into account and commented on, or raising large numbers of detailed but unimportant questions and insisting they are fully answered.
- Electronically recording meetings and conversations without the prior knowledge and consent of the other persons involved.
- Adopting a 'scattergun' approach: pursuing a complaint or complaints with the IOT and, at the same time, with a Member of Parliament/a Councillor, CAB and .
- Making unnecessarily excessive demands on the time and resources of the Ethics Committee whilst a complaint is being looked into, by for example excessive telephoning or sending emails to numerous Members, writing lengthy complex letters every few days and expecting immediate responses.
- Submitting repeat complaints, after complaints processes have been completed, essentially about the same issues, with additions/variations, which the complainant insists make these 'new' complaints which should be put through the full complaints procedure.
- Refusing to accept the decision – repeatedly arguing the point and complaining about the decision.
- Combination, some, or all of these.

The precise nature of the action the IOT decides to take in relation to an unreasonable persistent complainant should be appropriate and proportionate to the nature and frequency of the complainant's contacts with the IOT at that time.

The following list is a 'menu' of possible options for managing a complainant's involvement with the IOT from which one or more might be chosen and applied, **if warranted**. It is not exhaustive and often local factors will be relevant in deciding what might be appropriate action.

Placing time limits on telephone conversations and personal contacts.

Restricting the number of telephone calls that will be taken (for example, one call on one specified morning/afternoon in any week).

Limiting the complainant to one medium of contact (telephone, letter, email etc) and/or requiring the complainant to communicate only with one named member of staff.

Requiring any personal contacts take place in the presence of a witness.

Refusing to register and process further complaints about the same matter.

Where a decision on the complaint has been made, providing the complainant with acknowledgements only of letters, faxes, or emails or ultimately, informing the complainant that future correspondence will be read and placed on the file but not actioned. The Chair of Ethics will read future correspondence.

When a caller has been officially declared a habitual or repetitive caller, the Chair of Ethics, or in her absence by another of the Ethics Committee, may decide that no further telephone communication will be accepted.

Where there is on-going, correspondence or investigation the Chair of Ethics will write to the complainant setting the parameters for a code of behaviour and the lines of communication. These will be communicated to Ethics Committee and Administration Manager to ensure consistency of approach within the IOT.

When an investigation or correspondence is completed, the Chair of Ethics will, at an appropriate stage, write to the complainant informing him/her that the IOT has responded fully to the points raised and that there is nothing further that can be added, therefore correspondence is at an end. The IOT will state that further correspondence will be acknowledged, but not answered.

It should be emphasised that the classification of an individual as habitual or repetitive will not mean that any new issues having no connection with the original complaint or dispute will not be dealt with in the normal way.

17. TRAINING

The IOT will carry out a programme of training and information exchange which will aim to ensure that:

- The Chair of Ethics will oversee an internal training programme.
- A training workbook/ guidance document will also be available to Members.
- Patients are encouraged to express any concerns to a practising Member.

- Members should be encouraged to address and resolve concerns and problems as they arise.
- Members should be able to advise patients as necessary of the means of access to the Complaints Handling Policy and Procedure and alternative means of raising concerns about the services of the Member.
- **Patient Service Training and Complaints Handling** should be delivered on to ensure that all Members are aware how to assist in the process of dealing with issues and concerns before they become a complaint.
- An on-going programme of information exchange and updates will be organised by the Chair of Ethics to inform Members of the complaints process and their responsibilities.

18. DISSEMINATION OF DOCUMENT

Following approval by the Ethics Committee, and the Board, this Policy and Procedures has been sent to the IOT's solicitor. Once approved will be, uploaded onto the IOT's intranet site under Complaints page. Policy notification will be through a broadcast email.

19. MONITORING AND COMPLIANCE

There should be follow up on the action arising from a complaint. For example:

- Would it be beneficial to share lessons learned more widely?
- Check agreed action is taken within set timescale.
- Provide feedback to all concerned and, if appropriate, complainant.

20. EQUALITY IMPACT ASSESSMENT STATEMENT

This policy has been subject to an Equality Impact Assessment and includes measures to ensure that individuals who may be disadvantaged due to disability or communication difficulties are able to raise concerns via the Complaint's process. On-going monitoring will be implemented through use of the questionnaire system as detailed in Appendix F.

21. REFERENCES

21.1. Standards

NHS Surrey and Sussex Healthcare NHS Trust October 2018
NHSLA Risk Management Standards 2012-13

The Local Authority Social Services and NHS Complaints (England) Regulations 2009

Principles of Good Complaint Handling (Health Service Ombudsman Nov 2008)

'Listening, responding and improving' – A guide to better customer care (the Code of Practice): Department of Health 26th February 2009

Department of Health (2009) *Tackling concerns locally*

21.2. Guidance

National Audit Office (2008) *Feeding Back? Learning from complaints handling in Health and social care*

Parliamentary and Health Service Ombudsman (2009) Principles for Remedy

Parliamentary and Health Service Ombudsman (2009) *Principles of Good Complaint handling*

The Francis Report

CQC Inspection – QEH (May 2013)

Ann Clwyd Review of the NHS Complaints System – Putting Patients Back in the Picture (October 2013)

Review of the Complaints and PALS Service (February 2014)