MY SKIN DOCTOR LIMITED

Complaints Policy

Listening fairly, putting things right and learning from experience

Company	My Skin Doctor Limited — Company No. 11137124
Policy	Complaints Policy
Applies to	Patient, service-user, representative and carer complaints about MSD services
Status	Final for approval
Version	2.0
Issue date	11 August 2026
Next review	11 August 2027, or sooner following material legal, regulatory or service change
Policy owner	Andrew Catlin, Chief People, Quality & Compliance Officer
Responsible Person	Robert Fielding, Chief Executive Officer
Registered Manager	Dr Bhavneet Singh Shergill
Approval body	QIPP Committee

Document control

This policy supersedes version 1.4 on approval. The date inconsistency in the version 1.4 source control table has been reconciled to its recorded ratification date of 10 February 2026.

Version	Release	Author	Approved by	Summary
1.0	13 Oct 2022	A. Harding	QIPP	Initial release.
1.1	11 Oct 2023	A. Harding	QIPP	Annual review.
1.2	10 Oct 2024	A. Catlin	QIPP	Annual review.
1.3	24 Feb 2025	A. Catlin	Exec Board	HR reporting change.
1.4	10 Feb 2026	A. Catlin	QIPP	Annual review; NHS and private routes.
2.0	11 Aug 2026	A. Catlin	QIPP	Major rewrite: current NHS, CQC, PHSO and ISCAS standards; accessibility, candour, parallel processes, records and learning.

At a glance

Our promise

People may complain without fear that their present or future care will be affected. We will listen, make reasonable adjustments, investigate fairly, explain our findings, apologise and remedy matters where appropriate, and use learning to improve services.

Step	MSD service standard	Important qualification
Immediate safety issue	Escalate the same working day	Urgent clinical, safeguarding, information-governance or regulatory action takes priority.
Acknowledgement	Within 3 working days	Statutory maximum for NHS complaints; applies as MSD's standard to all formal complaints.
Early resolution	By the end of the next working day where possible	Only close informally when the complainant confirms that the concern has been resolved.
Stage 1 response	Aim: within 20 working days	The actual response period must be realistic and discussed with the complainant; complex cases may need longer.
Private Stage 2 review	Written response within 20 working days	Explain any delay and aim to complete the review within 3 months.
Updates	At the agreed frequency	If the deadline changes, explain why and provide a revised date before the existing deadline passes.

1. Purpose and principles

MySkinDoctor (MSD) welcomes complaints as an important source of information about safety, quality and experience. This policy establishes one fair and accessible approach while preserving the different external rights that apply to NHS-funded and privately funded care.

MSD will handle complaints openly, promptly and proportionately. Complaint handling will be independent of the matters complained about, will focus on the person's experience and desired outcome, and will seek both individual remedy and organisational learning.

- **Accessible —** accept concerns in the person's own words and through reasonable channels and adjustments.
- **Person-centred —** understand what happened, what impact it had and what would help put matters right.
- **Fair and impartial —** consider relevant evidence, explain reasons and avoid defensiveness or blame.
- **Timely —** acknowledge promptly, agree a realistic plan and keep the complainant informed.
- **Open and candid —** be honest, apologise where appropriate and meet the statutory duty of candour when it applies.
- **Safe —** escalate urgent clinical, safeguarding, information-governance or regulatory concerns immediately.

- **Learning-focused —** record outcomes, deliver actions and test whether improvements are sustained.
- **Non-retaliatory —** ensure that nobody is disadvantaged in their care or treatment because they complained or supported a complaint.

2. Scope and complaint routes

This policy applies to complaints by patients, service users, carers and representatives about MSD services, clinical care, access, communication, administration, staff conduct in connection with care, or an act, omission, decision or service standard. It applies whether the complaint is made verbally, in writing, by telephone, email, an online route, social media or with support from an advocate.

A complaint is an expression of dissatisfaction that requires a response. The person does not have to use the word ‘complaint’. A request, feedback or concern should be treated as a complaint when the person wants an answer or remedy and the substance meets this definition.

Route	MSD process	External review after local process
NHS-funded care	Local resolution under the NHS Complaints Regulations and PHSO Complaint Standards.	Parliamentary and Health Service Ombudsman (PHSO).
Private / PMI care	Stage 1 local response, then Stage 2 independent internal review if requested.	Stage 3 independent adjudication through ISCAS where MSD's subscription and eligibility rules apply.
Not a patient complaint	Route to the correct policy or organisation, with an explanation and practical help where possible.	The applicable HR, safeguarding, data protection, commissioning, professional or other route.

Employment grievances, whistleblowing concerns and complaints about recruitment or employment are handled under the relevant people policy. Requests to exercise data-protection rights are referred to MSD’s information-governance process, although any dissatisfaction about how a request was handled may also be a complaint. Safeguarding, patient-safety, professional, contractual or criminal matters may require additional processes alongside the complaint.

3. Governance and responsibilities

- **Board and QIPP Committee —** provide oversight, approve this policy and receive assurance on themes, timeliness, remedies, risks and learning.
- **Responsible Person (CEO) —** retains accountability for compliance with the NHS Complaints Regulations and authorises final governance decisions where required.
- **Registered Manager —** ensures regulated-service, clinical-safety, duty-of-candour and CQC implications are identified and addressed.
- **Complaints Manager (Chief People, Quality & Compliance Officer or trained deputy) —** oversees receipt, triage, consent, complaint plans, allocation, quality assurance, communication, records, escalation and reporting.
- **Investigator —** is sufficiently independent, trained and competent; gathers relevant evidence, speaks to those involved, identifies findings and recommends remedy and learning.
- **Clinical adviser —** provides an appropriately qualified clinical view and, wherever practicable, has not been directly involved in the care complained about.
- **All colleagues —** recognise and record complaints, respond respectfully, preserve evidence, co-operate with investigations, maintain confidentiality and complete agreed actions.

A person whose conduct or decision is complained about must not determine the outcome. A conflict of interest must be declared and managed, including by appointing an external or independent reviewer where necessary.

4. How to complain and the help available

A complaint may be made through any reasonable channel. MSD will not insist on a form, handwritten letter, signature or particular terminology. If a complaint is made verbally, the recipient will make an accurate record, check the main issues and desired outcomes with the complainant, and provide a copy where useful. Lack of a signature does not prevent investigation.

Post	Complaints Manager MySkinDoctor Sussex Innovation Centre Science Park Square Brighton BN1 9SB
Email	info@myskindoctor.co.uk
Telephone	+44 (0)1903 896 625
Online / in person	Through the contact route on www.myskindoctor.co.uk or to any MSD team member

MSD will ask whether the complainant needs a reasonable adjustment, interpreter, translated or alternative-format material, additional time, a preferred communication channel or support from a representative or advocate. NHS complainants may obtain free, independent NHS complaints advocacy through their local service; MSD will help identify the relevant service when asked.

Immediate risk

Any complaint suggesting current danger, clinical deterioration, abuse or neglect, self-harm, serious information loss, a notifiable safety incident or continuing unsafe practice must be escalated on the same working day. Emergency action does not replace the complaint response.

5. Who may complain, representation and consent

A complaint may be made by a person who receives, has received or is affected by an MSD service. A representative may complain for a child, a person who lacks capacity, a person who has died, or someone who has asked the representative to act for them.

Before disclosing confidential information, MSD will verify identity, authority and consent proportionately. Consent should specify what may be shared and with whom. Where a person lacks capacity, MSD will act in accordance with the Mental Capacity Act 2005 and best-interests principles. Where a child is competent to decide, their views and confidentiality must be respected. Complaints concerning a deceased person will be handled sensitively, taking account of the personal representative's authority and the continuing duty of confidence.

If MSD considers that a representative is not acting in the person's interests or is otherwise unsuitable, the Responsible Person may decline to deal with that representative and must explain the decision in writing. The underlying concern will still be assessed for safety and learning.

Anonymous complaints and general concerns will be reviewed and acted upon where there is sufficient information, particularly where safety, safeguarding or systemic learning is involved, even if an individual response cannot be provided.

6. Time limits

6.1 NHS-funded care

An NHS complaint should normally be made within 12 months of the event or within 12 months of the complainant becoming aware of the matter, whichever is later. MSD may accept a later complaint where

there is a good reason for delay and it remains possible to investigate fairly. A decision not to accept a late complaint must be explained in writing and must signpost the complainant to PHSO.

6.2 Private and PMI care

Under the ISCAS route, a Stage 1 complaint should normally be made within 6 months of the event or awareness of it. MSD may extend this where there is a good reason and a fair investigation remains possible. Requests for Stage 2 and Stage 3 should normally be made within 6 months of the preceding final response.

Where different time limits could apply, MSD will use the route that preserves the complainant's rights and will explain the position. Immediate safety concerns are considered regardless of age.

7. Complaint handling procedure

7.1 Recognition, triage and early resolution

The first recipient will listen, thank the person for raising the matter and record enough information to ensure safe follow-up. The Complaints Manager will identify the funding route, urgent risks, consent, reasonable adjustments, other organisations or procedures, conflicts of interest and any preservation or notification requirements.

A verbal concern resolved to the complainant's satisfaction by the end of the next working day may be recorded as early resolution rather than progressed through the full formal procedure. The person must be told that they may ask for formal consideration if they remain dissatisfied. All other complaints enter the formal process.

7.2 Acknowledgement and complaint plan

MSD will acknowledge every formal complaint within 3 working days of receipt. The acknowledgement will offer a discussion about how the complaint will be handled and will confirm, as far as known:

- the issues to be investigated and the outcomes the complainant is seeking;
- the correct NHS or private route, consent position and any reasonable adjustments;
- the named contact and investigator, including how independence will be protected;
- a realistic response period, update frequency and how delays will be handled;
- any immediate safety, safeguarding, candour or evidence-preservation action; and
- the availability of advocacy or representative support.

MSD aims to respond to Stage 1 complaints within 20 working days, but this is an internal service standard rather than a rigid statutory deadline. The complaint plan must reflect complexity and be discussed with the complainant. If a date changes, MSD will explain why, report progress and provide a revised date before the existing deadline passes.

7.3 Investigation

The investigation will be proportionate to seriousness and complexity. It will identify what should have happened, what did happen, why, the impact on the person and what is needed to put matters right and prevent recurrence. Relevant material may include the complaint, clinical and administrative records, audit trails, communications, policies, contracts, staff and patient accounts, and independent clinical or technical advice.

The investigator will distinguish fact, professional opinion and inference; address conflicting evidence fairly; and use the civil standard of proof—the balance of probabilities—when a finding is required. Each issue will be recorded as upheld, partially upheld, not upheld or unable to determine, with reasons.

Staff will be told the substance of concerns about them and given a fair opportunity to provide a factual account and relevant evidence. They will be treated respectfully and offered appropriate support. Complaint investigation is not a disciplinary determination.

7.4 Response and remedy

The final response will be clear, compassionate and free from unnecessary jargon. It will be approved by an appropriately senior person and will include, as applicable:

- a summary of the complaint, the agreed scope and the evidence considered;
- a response to every material issue, the finding and reasons;
- an explanation of relevant standards, uncertainty or evidence limitations;
- a sincere apology where something went wrong, without defensive or conditional wording;
- the remedy offered and action taken or planned, with owners and timescales;
- any patient-safety, safeguarding or duty-of-candour information that may lawfully be shared;
- how MSD will test and report completion of learning actions; and
- the correct next review route and contact details.

Remedies may include an explanation, apology, correction, practical action, service change, review of care, refund or other proportionate redress within MSD's authority. Financial compensation for alleged negligence is not determined through this policy and should be referred to insurers or legal advisers without stopping appropriate complaint handling.

8. NHS-funded complaints and PHSO

NHS-funded complaints are handled under the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 and the PHSO NHS Complaint Standards. Where MSD and another responsible body are involved, MSD will seek consent to co-operate, agree who will lead and provide a co-ordinated response where practicable. The complainant should not have to navigate organisational boundaries unaided.

After MSD has issued its final response, a complainant who remains dissatisfied may ask the Parliamentary and Health Service Ombudsman to consider the complaint. PHSO is independent and free. The final response will signpost the complaint checker at www.ombudsman.org.uk and the Customer Helpline on 0345 015 4033.

The Care Quality Commission welcomes information about regulated services but does not resolve individual complaints or provide an appeal against MSD's decision. CQC-related safety or regulatory concerns will nevertheless be identified and notified where required.

9. Private and PMI complaints: ISCAS route

For eligible complaints about privately funded or PMI care, MSD will follow the Independent Sector Complaints Adjudication Service (ISCAS) Code where MSD's subscription applies. The availability of Stage 3 will be confirmed in the Stage 2 response; if a complaint is not eligible, MSD will explain why and identify any available alternative.

Stage	Decision-maker	Request period	Expected outcome
1	MSD investigator and responsible senior manager	Normally within 6 months of the event	Local investigation and written response.
2	Senior reviewer independent of Stage 1 and day-to-day operation	Within 6 months of the final Stage 1 response	Independent internal review; response within 20 working days or delay explanation.
3	Independent ISCAS adjudicator	Within 6 months of the final Stage 2 response	Independent adjudication, normally completed within 3–6 months; free to the complainant.

The Stage 2 reviewer must be senior, independent of the Stage 1 handling and not involved in the daily operation of the area complained about. The reviewer will consider whether the complaint was investigated fairly, the findings were supported, the remedy was appropriate and further action is required. A delay beyond 20 working days will be explained, and most reviews should be completed within 3 months.

Stage 3 adjudication is independent and free to the complainant. ISCAS aims to complete adjudication within 3–6 months and may recommend a goodwill payment within its published limit; it does not award

legal compensation. A person's right to obtain legal advice or pursue legal action is not removed by using the complaints process.

10. Complaints and other procedures

Key rule

A legal claim, inquest, patient-safety investigation, disciplinary process, regulatory referral or safeguarding process does not automatically stop the complaint. The complaint should continue so far as it can be handled fairly and without prejudicing another process.

A complaint may be paused only where the complainant agrees or requests it, or where the police, a coroner or a judge formally asks MSD to delay because complaint handling could prejudice their process. Any pause must be narrow, reviewed regularly and explained in writing, including the issues affected, the reason, the review date and the complainant's escalation rights. For an NHS complaint, an MSD decision to pause against the complainant's wishes requires Responsible Person oversight and PHSO signposting.

Patient-safety, duty-of-candour, safeguarding, disciplinary, capability, professional-regulatory and criminal processes have different purposes and may run in parallel. MSD will co-ordinate them, avoid duplicate interviewing where possible, preserve procedural fairness and share information only on a lawful need-to-know basis. A complainant may be told that another process is underway, but confidential employment or regulatory outcomes will not normally be disclosed.

Where a notifiable safety incident has occurred, MSD will begin the statutory duty-of-candour procedure as soon as reasonably practicable. A candid notification, apology and written follow-up are distinct from and must not be delayed by the complaint investigation.

11. Communications, media and social channels

A complaint received through social media, a review site or the media will be recognised and recorded like any other complaint. MSD will not discuss personal or clinical information publicly. The person will be invited to use a secure private channel, and urgent safety issues will be escalated immediately. Media enquiries will be managed under the relevant communications arrangements without displacing the person's complaint rights.

12. Unreasonable behaviour and contact restrictions

Distress, persistence or disagreement does not by itself make behaviour unreasonable. MSD will remain patient and trauma-informed, consider communication needs and reasonable adjustments, and address the substance of new concerns.

Where behaviour is abusive, threatening, discriminatory, excessively repetitive or places a disproportionate burden on services, MSD may set proportionate and time-limited contact arrangements. Restrictions require Complaints Manager approval, written reasons, a named contact, a review date and an explanation of how new or urgent matters can still be raised. Immediate threats may be referred to the police. Restrictions must never be used to avoid scrutiny or penalise a complainant.

13. Confidentiality, records and evidence

Complaint information will be handled lawfully, confidentially and on a need-to-know basis. The main complaint case file will be kept securely and separately from the clinical record. It will include the complaint, acknowledgement and complaint plan, consent, evidence, investigation notes, advice, decisions, correspondence, response, remedy, actions and closure record.

The fact that a person complained must not be used adversely in clinical decision-making. Relevant factual information about care, risk, candour or a correction may nevertheless need to be recorded in the

clinical record so that it remains accurate, complete and safe; complaint correspondence itself should not be copied there routinely.

Complaint records will be retained for a minimum of 10 years after closure, then reviewed in accordance with the current Records Management Code of Practice and MSD's retention schedule. Records subject to litigation, an inquest, regulatory action, an inquiry, a safeguarding matter or another legal hold must be preserved for as long as required. Staff must not delete, overwrite or destroy drafts, messages, audit trails or other potentially relevant evidence once a complaint or related process is known or reasonably anticipated.

14. Learning, reporting and assurance

Every upheld or partially upheld complaint, and any other complaint revealing a credible risk or improvement opportunity, will have a proportionate action plan. Actions must have an owner, due date, evidence of completion and an effectiveness check. Closure of the correspondence does not close outstanding safety or learning work.

The Complaints Manager will maintain a complaints register and report at least quarterly through QIPP governance. Reporting will be anonymised and will include:

- number, source, funding route, subject, service and severity of complaints;
- acknowledgement and response timeliness, delays and open-case age;
- findings, remedies, apologies, Stage 2 or Stage 3 activity and external referrals;
- safety, safeguarding, candour, equality, accessibility and information-governance themes;
- repeat themes, trends, staff or system factors and lessons from compliments or feedback; and
- action completion, effectiveness, overdue risk and evidence of service improvement.

The Board and QIPP Committee will challenge overdue actions, repeated failures and unexplained disparity. Learning will be shared with colleagues and partner organisations where appropriate and lawful, without identifying complainants unnecessarily.

15. Training, review and policy contact

Colleagues will receive complaint-awareness training appropriate to their role. Complaints Managers, investigators, response approvers and reviewers will receive more detailed training on legal duties, accessibility, consent, investigation, evidence, remedy, candour and difficult conversations. Competence and training needs will be reviewed through quality governance.

This policy will be reviewed at least annually and sooner after material legal, regulatory, contractual or service change, a serious complaint, a PHSO or ISCAS decision, or evidence that the process is not accessible or effective. Questions may be sent to info@myskindoctor.co.uk.

Appendix A — Complaint workflow

1. Listen and record	Thank the person; capture issues, impact, desired outcomes and safe contact details.
2. Triage	Check immediate safety, safeguarding, candour, data, consent, route, conflicts and other organisations.
3. Acknowledge	Within 3 working days; offer discussion, adjustments and advocacy; agree scope, date and updates.
4. Investigate	Appoint an independent, competent investigator; preserve and test evidence; obtain clinical advice where needed.
5. Decide and respond	Make reasoned findings; apologise and remedy; explain action and the correct escalation route.
6. Learn and assure	Record action owners and dates; check completion and effectiveness; report themes through QIPP.

Appendix B — Staff factual account checklist

A staff account should help the investigator understand events; it is not an argument against the complainant. Staff should:

- state their role and involvement, the date of the account and the records used;
- set out events chronologically and distinguish personal recollection from information taken from records;
- use the patient's and complainant's preferred names and respectful, plain language;
- address each relevant issue and explain applicable practice or standards without speculation;
- identify uncertainty, missing information, conflicting evidence or a memory gap honestly;
- describe any immediate action, apology, learning or improvement already undertaken;
- avoid altering the original clinical record; any late entry or correction must follow the records policy; and
- preserve drafts, messages and evidence once the complaint or related process is known or anticipated.

Support

A colleague may ask the Complaints Manager for help understanding the questions, locating records or accessing wellbeing support. The account must remain the colleague's own honest evidence.

Appendix C — Equality impact assessment

Assessment date	11 August 2026
Assessor	Andrew Catlin, Chief People, Quality & Compliance Officer
Overall impact	Positive: the policy widens access and supports fair, proportionate complaint handling.
Principal risks	Digital exclusion; disability, sensory or communication barriers; language; literacy; fear of detriment; lack of advocacy; representative or consent issues.
Controls	Multiple complaint channels; reasonable adjustments; interpreters and accessible formats; advocacy signposting; representative support; no adverse effect on care; equality monitoring.
Residual action	Monitor complaints data and feedback for unequal access, delay or outcome; address any identified disparity through QIPP governance.

Appendix D — Key legal and guidance references

- NHS Complaints Regulations 2009
- CQC Regulation 16 — receiving and acting on complaints
- CQC Regulation 20 — duty of candour
- PHSO — NHS Complaint Standards
- PHSO — Model Complaint Handling Procedure for NHS services
- PHSO — complaints and other procedures
- PHSO — representation and consent
- ISCAS — complaints process
- ISCAS — Code of Practice for Complaints Management
- NHS England — Records Management Code of Practice
- Mental Capacity Act 2005
- Equality Act 2010