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How we deal with complaints about independent healthcare (IHC) services

*Independent healthcare (IHC) complaints procedure
(for Providers and Complainants)*

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Foreword

Our independent healthcare services complaints handling procedure reflects Healthcare Improvement Scotland's commitment to addressing complaints made about a registered independent healthcare service in a person-centred way and to respect the rights of everyone involved. It will support our staff to respond thoroughly, impartially and fairly by providing evidence-based decisions based on the facts of the case.

The procedure has been developed using the model complaints handling procedure developed by the Scottish Public Services Ombudsman (SPSO). We have a standard approach to handling complaints across independent healthcare services in Scotland, which follows the principles of the SPSO's model complaints handling procedure. This procedure aims to help us 'get it right first time'. We want quicker, simpler and more streamlined complaints handling with early resolution by capable, well-trained staff.

By implementing this procedure, we are providing clarity and ensuring consistency in the way we handle complaints about the services we regulate. We will address complaints effectively, resolve them as early as we can, and ensure that our investigations lead to improvement where needed.



Lynsey Cleland, Director of Quality Assurance

Key principles

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The Procedure - A Quick Guide

STEP 1: Receiving and assessing the complaint

Complaints can be made in person, in writing or during a telephone call. An acknowledgement will be sent **within 1 working day**. An assessment will be carried out

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STEP 2: Planning for the investigation

Inspectors will plan how the investigation will be carried out and contact the complainant to agree the complaint areas to be investigated.



STEP 3: The investigation

Eligible complaints will be investigated and a written response provided **within 20 working days** of receipt of complaint, unless there is clearly a good reason for needing more time, which the complainant will be notified of.



STEP 4: Decision making and reporting

We will send a complaint investigation outcome report to the complainant and the provider. We will publish a summary of all upheld complaint investigations on our website.



STEP 5: Follow-up (if upheld)

Provider's action plans will be followed up 16 weeks after the date of the complaint investigation outcome report, unless action is required immediately.



STEP 6: Appeals and grievances

If a complainant or provider believes we have made a mistake in our investigation findings, they can ask us to carry out a post-investigation review **within 10 working days** of the complaint investigation outcome report.

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Key principles

What is a complaint?

A complaint, in this case, is an expression of dissatisfaction about an independent healthcare service. The complaint may relate to the quality of care and treatment experienced by a service user, actions a service/provider took that the service user deemed inadequate, or a service/provider's failure to take action when necessary.

The complaints procedure offers a person-centred and effective way of ensuring complaints are investigated, and any areas for learning and improvement are identified and actioned.

We can investigate complaints that relate to:

- ✓ the quality of care and/or treatment experienced
- ✓ care environment or equipment issues
- ✓ poor treatment by a member of staff
- ✓ operational and procedural issues
- ✓ inadequate standard of service
- ✓ delays to treatment
- ✓ failure to provide an agreed service, without good cause
- ✓ dissatisfaction with an organisation's policy
- ✓ environmental or domestic issues
- ✓ communication issues with a service or provider
- ✓ the service/provider's failure to follow the appropriate process, and
- ✓ lack of information provision by the service/provider.

We cannot investigate complaints that relate to:

- ✗ services that are not registered with us (that we do not regulate)
- ✗ events that occurred more than 6 months prior to the complaint being made
- ✗ refunds for treatment/care received
- ✗ fees charged for treatment/care

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- × clinical decisions (ie informed decisions made by a healthcare professional) about treatment/care received
- × a request for a second opinion relating to treatment/care
- × ethical standards of an individual registered healthcare professional
- × issues about the functions of one service/provider, raised by another
- × matters relating to contracts of employment
- × issues that fall under the responsibility of another regulator, professional body or public agency
- × issues that are currently/have already been investigated and responded to by Healthcare Improvement Scotland
- × issues that are currently being investigated by a third party adjudication service (such as the Independent Sector Complaints Adjudication Service (ISCAS)), and
- × issues that are currently subject to legal proceedings.

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What is an independent healthcare service?

Healthcare Improvement Scotland regulates registered independent healthcare services in Scotland to ensure they comply with standards and regulations. Services include:

- independent hospitals
- private psychiatric hospitals
- independent hospices (a subset of independent hospitals), and
- independent clinics.

Independent clinics are defined in the National Health Service (Scotland) Act 1978 as clinics that are not part of a hospital and from which a medical practitioner, dental practitioner, registered nurse, registered midwife or dental care professional (clinical dental technician, dental hygienist, dental nurse, dental technician, dental therapist, orthodontic therapist) provides a service, which is not part of the National Health Service. The term 'service' includes consultations, investigations and treatments.

Who can make a complaint?

Anyone who is, or is likely to be, affected by a service/provider can make a complaint. Sometimes a complainant may be unable or reluctant to do so on their own. In these circumstances, we will accept complaints brought by third parties as long as the complainant has authorised the person to act on their behalf. This can include independent advocacy and support agencies. To find an advocate, you can visit [Advocacy – someone to speak on your behalf - mygov.scot](https://www.mygov.scot/advocacy)

Where a complaint is brought by a third party, we will ensure that the complainant has also consented to their personal information being shared as part of the complaints handling process, in line with current legal requirements.

In circumstances where no such consent has been given, we will take this into account when handling and responding to the complaint, but are likely to be constrained in terms of any investigation.

How a complaint can be made

Complaints can be made to:

Programme Manager
Independent Healthcare Services Team
Healthcare Improvement Scotland
Gyle Square
1 South Gyle Crescent Edinburgh
EH12 9EB

Or by email: his.ihsregulation@nhs.scot

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Complaints are normally accepted within 6 months from the date the matter of the complaint comes to the person's notice. However, we recognise there may be circumstances where a complication or other issue may not become apparent for some time after a procedure. For such reasons, the timescale for acceptance of a complaint may be extended if the Senior Inspector/Reviewer and Programme Manager (Complaints) considers it would be reasonable in the circumstance after the date on which the matter of the complaint occurred.

Where a decision is not taken to extend the timescales, a clear explanation of the basis of the decision will be provided to the person making the complaint.

Complaints can be received in any format, through any of the following methods:

- in writing (email or letter)
- during a telephone call, or
- in person (during an inspection).

Complainants should ensure that all contact details including their telephone number and/or email address are included to allow us to easily contact them.

Complaints can also be received anonymously or in confidence.

Complainants will be encouraged in the first instance to resolve the relevant issue(s) by using the service/provider's own complaints procedure, following their timescales. We also encourage complainants to use the Independent Sector Complaints Adjudication Service (ISCAS) complaints processes or the Consumer Redress Scheme, where the service/provider is a member of such a scheme(s).

If the complainant does not wish to do this, or has already done this and was not satisfied with the outcome, then we will assess the complaint for investigation.

Independent Sector Complaints Adjudication Service (ISCAS)

This is the recognised complaints management framework in the independent healthcare sector. It is a voluntary subscription scheme for independent healthcare providers across the UK. It operates a Complaints Code of Practice that sets out the standards which subscribers agree to meet when handling complaints about their services.

ISCAS can only deal with complaints about ISCAS subscribers, as they are not a regulatory body. Providers who are subscribers of ISCAS can signpost their service users to this independent facility. Further information can be found on the ISCAS website at <http://www.iscas.org.uk/> or at the postal address below:

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Independent Sector Complaints Adjudication Service
CEDR, 3rd Floor
100 St. Paul's Churchyard
London
EC4M 8BU

Consumer Redress Schemes

Consumer Redress Schemes (CRSs) are government authorised ombudsman schemes that offer an escalated complaints process to the consumers of their subscribing members. All types of industries will have an appropriate CRS. For example, the Cosmetic Redress Scheme is the most appropriate CRS for independent clinics that provide cosmetic treatments.

If a service/provider subscribes to the Cosmetic Redress Scheme (or equivalent CRS), the users of that service can ask the scheme for help to resolve their complaint, including financial reimbursement should that be the desired outcome. This is worth noting as Healthcare Improvement Scotland cannot provide assistance with financial reimbursement.

Membership of the Cosmetic Redress Scheme directory can be checked online [here](#).

Anonymous and confidential complaints

We will treat all complaints seriously, however they are received, and will take action to consider them further wherever this is appropriate. Complaints can be made anonymously or in confidence. An **anonymous complaint** is where we receive a complaint but no contact details for the complainant. A **confidential complaint** is where we have the complainant's name and contact details but they request their name not be used or divulged to the service/provider.

Where confidentiality is requested, we request contact information from the complainant. This will only be for communication purposes and to provide a complaint investigation outcome report. We keep the complainant's identity confidential. However, we advise complainants that it is possible the service/provider may guess a complainant's identity from the allegations being investigated. Nonetheless, we will not confirm or deny if this circumstance arises.

There may also be some circumstances where confidentiality will not be possible, such as Police investigations. We will notify the complainant if we feel it necessary to refer a complaint to the Police.

When receiving an anonymous complaint, if there is not enough information to enable us to take further action or to obtain further information, we may decide that we are unable to undertake an investigation. Any decision not to investigate an anonymous complaint will be authorised by a Senior Inspector/Reviewer.

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We record all information about anonymous complaints, to the extent that it is available, to allow consideration of any action deemed necessary. If we pursue an anonymous complaint further, we will record the investigation and outcome in line with our normal complaint investigation process. However, we are unable to provide anonymous complainants with an investigation outcome report as we will not have any contact information.

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Time limits and timescales

🕒 Eligibility time limit

The time limit for making complaints about independent healthcare services is 6 months*. Any complaint about issues that occurred **within 6 months or less** will be eligible for assessment. Issues that occurred more than 6 months ago will not be investigated. **unless there are special circumstances for considering complaints beyond this time.*

🕒 Acknowledgement timescale

We will acknowledge complaints **within 1 working day** of receipt.

🕒 Assessment timescale

Complaints will be assessed **within 5 working days** of receipt.

🕒 Investigation timescale

Complaints will be investigated and a written response provided **within 20 working days** of receipt of the complaint, *unless* there is clearly a good reason for needing more time. If further time is needed, we will write to the complainant and service/provider as appropriate to explain the reason for the delay and provide a revised timescale for completion.

🕒 Investigation visit timescale

Services/providers will normally be given **at least 1 working day's** notice of an announced complaint investigation visit. No notice will be given for unannounced investigation visits.

🕒 Factual accuracy timescale

A written response will be sent to the provider. They have **3 working days** to provide factual accuracy comments on the report.

🕒 Post-investigation review - request timescale

If a complainant or service/provider disagrees with an outcome decision in a complaint investigation outcome report, they have **10 working days** following receipt of the investigation outcome report to request a post-investigation review.

🕒 Post-investigation review - acknowledgement of request timescale

When we receive a request for a post-investigation review, we will write to the requestor **within 1 working day** to confirm receipt of the request.

🕒 Post-investigation review - decision to carry out review timescale

We will decide whether to carry out a post-investigation review within **5 working days** of receiving the request.

🕒 Post-investigation review – final outcome decision timescale

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We will write to the complainant and service/provider **within 20 working days** of receipt of the request explaining the outcome of the post-investigation review and the final decision we have reached. Where we are unable to do so, we will write to explain the reason for the delay and provide a revised timescale for completion.

How we assess a complaint

Once we have received a complaint we will assess it. The aim of the assessment is to establish whether the issues being raised **can/should** be investigated and to focus on the specific issues that **will** be investigated. Following assessment, we will choose one of the following four options:

1. Use the information as intelligence

Where we pass the information the complainant gives us to the inspector/s responsible for regulating the service. They will use the information to help inform future inspections.

2. Referral to another agency

Where a complaint would fall under our remit to investigate but would be better investigated by another agency such as ISCAS. We will always agree this course of action with the complainant before making any contact with the other agency.

3. Arrange frontline investigation

Where we ask the service/provider to engage in frontline investigation directly with the complainant to resolve the complaint. We will always agree this course of action with the complainant before making any contact with the service/provider.

4. Investigation by Healthcare Improvement Scotland

Not all complaints are suitable for frontline investigation and we may decide we need to carry out an investigation.

Depending on the nature of the complaint, Healthcare Improvement Scotland will ensure appropriate expertise is included in the members of the investigation team, for example doctor, pharmacist or other relevant healthcare professional as required. Our investigations will aim to establish all the relevant facts and give the complainant and service/provider a full, objective, proportionate and evidence based response. This will include whether we uphold their complaint. Our complaint investigations will always include the following five elements:

1. communicate with the complainant, where appropriate, to agree the complaint
2. writing to the complainant, and where appropriate the service/provider, to agree and confirm the areas we will be investigating
3. engage with the service to investigate the complaint, where appropriate
4. examining and assessing evidence and speaking to relevant people, and
5. writing to the complainant and service/provider with the outcome of the investigation.

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Complaints will be distinguished from feedback, comments and concerns to ensure that issues raised are handled through the appropriate procedures. Where an issue raised is clearly not a complaint, advice will be given on the appropriate body to raise the matter with.

If the service/provider is not registered with Healthcare Improvement Scotland, we have no regulatory powers to investigate. In these circumstances, we will advise the complainant of the most appropriate body to direct their concerns to.

This may include any of the following organisations:

- General Medical Council
- General Pharmaceutical Council
- Nursing and Midwifery Council
- Care Inspectorate
- General Dental Council
- Mental Welfare Commission
- Police Scotland
- Health & Safety Executive
- Care Quality Commission
- Health Inspectorate Wales
- Regulation and Quality Improvement Authority
- National Health Service Scotland
- Local Authority Social Services Department/Environmental Health Department

How we investigate a complaint

We will acknowledge complaints in writing **within 1 working day** of receipt. Complaints will be assessed **within 5 working days** of receipt.

We will contact the complainant at the earliest opportunity to agree the complaint. A telephone call or discussion can help to agree the elements of the complaint and we will follow up the agreed complaint areas in writing.

Once the proposed complaint areas for investigation have been agreed with the complainant, we will plan our investigation.

We have **20 working days** from receipt of the complaint to carry out the complaint investigation and provide the complainant and service/provider with a conclusion. If we need to extend this

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timescale, we will communicate with the complainant and service/provider to explain our reasons for this and provide a revised timeline for providing our decision.

Where a service/provider has carried out their own internal investigation, we will request a copy of the findings.

The complaint investigation visit

If an investigation visit is planned, we will decide if this should be announced or unannounced. If announced, we will give the service/provider **at least 1 working day's** notice before the visit taking place. At this time, we will inform the service/provider that the reason for our visit relates to a complaint. It will depend on the nature of the complaint whether or not we share details about the complaint in advance. On arrival, we will give the provider a letter outlining the complaint areas to be investigated. We will ask the provider to sign to verify receipt of this letter.

If we decide to carry out an unannounced investigation visit, no notice will be given to the service/provider beforehand. Services/providers must co-operate fully with us in terms of entry and assisting with our investigation enquiries. If we think a service or provider is being deliberately obstructive, we may seek Police assistance to enable us to continue the investigation without obstruction. However, this will depend on the nature and seriousness of the complaint circumstances.

Photographs

We may take photographs during complaint investigations. We will follow our internal procedures when taking photographs and will never take photographs of staff or service users.

Interviews

As part of the investigation process, we may decide to interview staff and/or service users. Interviews can help provide context to an event, corroborate what someone else has said or provide valuable focused detail, in a structured and fair way.

Other concerns identified during an investigation

A complaint investigation may highlight other concerns about a service, which do not relate to the complaint areas being investigated. Such concerns must be raised separately with the service/provider, through one of the following methods:

- if on site, a face-to-face dialogue about the concern or otherwise a telephone call
- sending a letter to the provider outlining the concerns identified
- following up the concerns at the next programmed inspection of the service, or
- carrying out a separate inspection of the service, relating to the specific concerns identified.

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Promoting positive behaviours

Both complainants and services/providers may have strong views about complaints and both parties may be angry, upset or frustrated. The [Engagement Policy](#) from the Scottish Public Services Ombudsman offers helpful guidance about creating a space to reduce conflict and ensure staff and service users can engage positively with kindness and respect.

Creating clear boundaries, de-escalating conflict and taking a proportionate and stepped approach to restrictions may be needed. Further details on this can be found in Appendix 2.

Complainants or service/providers who use verbal abuse, harassment or threaten physical violence towards staff will be informed that this may result in their behaviour being reported to the Police.

Protecting vulnerable adults and children

If a complaint involves allegations or suspicions about a child or vulnerable adult's safety or protection, we will follow our internal procedures in respect of reporting the issues to the relevant body. Even if a complainant withdraws allegations relating to adult or child protection, we may still follow these up, as a separate intervention, if we deem there to be a significant risk to the health and welfare of service users.

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What happens at the end of an investigation

Feedback

At the end of a complaint investigation visit, we will discuss our findings with the service/provider. We may give the service/provider an opportunity to provide us with additional supporting evidence, if we deem appropriate. This must be provided within 5 working days.

Complaint investigation outcome report

When we have concluded our investigation, we will send an investigation outcome report to both the complainant and the service/provider at the same time. These reports will detail the following:

- a list of the complaint areas that we investigated
- the action we took to investigate, demonstrating that each complaint area has been fully and fairly investigated
- the evidence we have considered
- our outcome decisions
- areas for improvement that we have identified, and
- action the service/provider must take.

We will make our decisions taking into account all the evidence we find during our investigation.

The complaint investigation outcome report will state whether or not a complaint area has been:

- upheld, or
- not upheld.

Where requirements have been identified or recommendations have been made, we will expect the service/provider to return a complaint investigation action plan.

We will allow the service/provider to raise any factual errors in our complaint investigation outcome report **within 3 working days of receipt**. Any changes will be discussed and agreed with the Senior Inspector/Reviewer responsible for the complaint and an amended complaint investigation outcome report issued if necessary.

We will publish a summary of all upheld complaint investigation outcomes on the service's page on our website, along with the service/provider's complaint investigation action plans. No individuals will be able to be identified.

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Requirements, recommendations and action plans

Complaint investigation action plans will be followed up no later than 16 weeks after the date of the complaint investigation outcome report. If we have made any requirements or recommendations as a result of a complaint investigation, these will also be followed up and reported on as part of the service's next programmed inspection. However, if any urgent requirements were made, these may be followed up separately, before the next inspection. The original complaint investigation action plan will be removed from the website at this point and enquiries for progress against the action plan referred to the service.

Quality assurance

We will analyse the information gathered from complaints regularly and consider how our performance or processes could be improved.

An increase in the number of complaints about a service/provider will not, in itself, be a reason for assuming there is concern about a service/provider. It could mean that arrangements for handling complaints have become more responsive. However, it is important we understand the reason for such an increase and ensure that, where appropriate, lessons are learned that result in service improvement.

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Appeals, reviews and grievances

General comments and feedback

We welcome any feedback or comments about our work, as they are an important way of identifying the perspective of those we serve and improving satisfaction with the services we provide. Please send any general feedback on your experience with Healthcare Improvement Scotland to his.ihcregulation@nhs.scot or his.comments@nhs.scot.

Appeals

As Healthcare Improvement Scotland is the regulator for independent healthcare services in Scotland, complainants **do not** have a pathway to the Scottish Public Services Ombudsman (SPSO) if unsatisfied with a complaint investigation outcome decision we make about an independent healthcare service. The SPSO is the final stage for complaints about public bodies only, such as the National Health Service. However, we do have a final stage in our procedure for complainants who disagree with a complaint investigation outcome decision we make. This is called a *post-investigation review*.

The post-investigation review

If a complainant or service/provider believes we have made a mistake in our investigation findings and have come to the wrong outcome decision, they can ask us to carry out a post-investigation review. A complainant can request a post-investigation review if the complaint was not upheld. The complained about can request a post-investigation review if the complaint was upheld.

A post-investigation review can only be requested if the complainant or service/provider can demonstrate that:

- a) we made our decision based on evidence that was inaccurate and the complainant can demonstrate this, using readily available information, or
- b) we have incorrectly interpreted the evidence before us.

If a complainant or service/provider has new information that changes the focus of the complaint we investigated or introduces a new part to the complaint, we may need to start a new investigation.

Timescales and time limits for post-investigation reviews

If a complainant or service/provider disagrees with a complaint outcome decision, they have **10 working days** from receiving the final complaint investigation outcome report to ask us to carry out a post-investigation review.

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When we receive such a request, we will write to the requestor **within 1 working day** to acknowledge receipt. If the request meets the requirements for a post-investigation review, we will then write to the complainant and service **within 5 working days** to confirm that a review is taking place and who will be carrying out the review. If the request does not meet the requirements for post-investigation review, we will confirm this with the requestor.

How we carry out a post-investigation review

A senior member of staff, who is not part of the independent healthcare team, will look at the postinvestigation review request and assess it along with the evidence we have gathered and decide whether to:

- update the complaint investigation outcome report to reflect the comments received
- update the complaint investigation outcome decision, or
- make no changes to the complaint investigation outcome report/decision.

We will write to the complainant and service provider **within 20 working days** from receipt of the request explaining the outcome of the post-investigation review and the final decision we have reached. If the investigation outcome decision has changed, we will issue an amended complaint investigation outcome report to both complainant and service/provider. If there is no change to the investigation outcome decision, we will confirm that the original report is final.

Final decision

Once we have concluded a post-investigation review and informed the complainant and service provider of our final investigation outcome decision, **there is no appeal or review of that decision.**

If a complainant or service/provider wishes to raise an issue about the way we carried out the complaint investigation, they are entitled to raise a separate complaint about Healthcare Improvement Scotland, under the [Healthcare Improvement Scotland Complaints Handling Procedure](#).

However, please note that only issues related to the following circumstances can be investigated:

✓ an inadequate standard of service provided by Healthcare Improvement Scotland ✓ poor treatment by, or attitude of, a member of Healthcare Improvement Scotland staff, or ✓ Healthcare Improvement Scotland's failure to follow the appropriate process.

Please note that Healthcare Improvement Scotland cannot reinvestigate a previously concluded complaint or reconsider a complaint investigation outcome where a final decision has already been issued. It also cannot investigate allegations that have been referred to another statutory agency

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such as the Police, or a complaint about which the complainant has commenced legal proceedings, or has clearly stated they intend to do so.

Appendix 1: Responsibilities

Chief Executive

Has overall responsibility for the way Healthcare Improvement Scotland carries out its duties.

Director of Quality Assurance

Has high-level oversight, on behalf of the Chief Executive, of performance in terms of complaint handling, investigation and reporting. However, the responsibility for the day-to-day operation is delegated to the Head of Service Review.

Head of Service Review

Accountable for the management and reporting of complaints, and providing leadership and direction to guide and enable staff involved in complaint handling, investigation and reporting to perform effectively. This includes ensuring there is an effective complaints handling procedure, with a robust investigation process, that demonstrates how we perform our statutory duties and improve outcomes for service users.

Senior Inspectors/Reviewers

Responsible for determining whether a complaint should be investigated or not and ensuring that complaints and investigations are monitored with a view to improving performance. They are also responsible for providing leadership and guidance to inspectors in day-to-day complaint handling and carrying out investigations, where appropriate. Regular management reports are provided to the Head of Service Review to provide assurance on the quality of performance.

Inspectors

Responsible for day-to-day complaint handling, carrying out investigations, accurately reporting on outcomes, ensuring that action is taken as necessary following the outcome of investigations and taking enforcement action where necessary. They are also responsible for providing advice and support to complainants, service users, staff and others who may be involved in a complaint investigation. Once a complaint is allocated for investigation, the inspector becomes the main point of contact.

Programme Manager

Responsible for the triage, assessment (in conjunction with Senior Inspectors/Reviewers) and oversight of complaints. Programme Managers are responsible for allocating the complaint to an appropriate inspector.

All staff in the organisation

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A complaint may be made to any member of staff in the organisation. Therefore, all staff must be aware of the complaint investigation procedure and who to pass the complaint details to, if they are the first point of contact for the complainant.

Appendix 2: Managing Behaviours which are Challenging and Promoting Positive Behaviours

We believe that complainants have a right to be heard, understood and respected. We work hard to be open and accessible to everyone.

Occasionally, the behaviour or actions of individuals complaining to us makes it very difficult for us to deal with their complaint. While this is challenging, we should be aware of making judgments, unconscious bias and that not all disabilities can be seen.

Often people behave in a challenging manner because they are vulnerable, afraid or anxious. Responding in a specific way can be helpful and we also recognise managing challenging behaviour can be exhausting and take up a disproportionate amount of time and resource.

In a small number of cases, the actions of individuals become unacceptable because they involve abuse of staff.

When this happens we have to take action to protect our staff. We also consider the impact of the behaviour on our ability to do our work and provide a service to others.

Working with us: respecting each other

- We believe that everyone who contacts us has the right to be treated with respect and dignity.
- We will listen with empathy and kindness.
- We will treat everyone fairly and justly.

Remember we are people too

- We know people complaining to us may be frustrated, distressed or angry because of something that has happened.
- Our staff have the same rights to be treated with respect and dignity as our users, and we must provide a safe working environment for them.
- We must also provide a service to *everyone*.

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Restorative approaches

Where possible, we aim to defuse or de-escalate conversations that become heated. We will also make reasonable adjustments to enable all complainants to remain actively involved in the complaints process.

When restorative approaches are not possible, we will consider how best we can continue to manage the complaint while minimising any negative impact to our service or our staff.

Managing behaviours which are challenging include:

- frequent contact
- unreasonable demands
- not co-operating with the process
- unreasonable use of the complaints process, and - persistence after the complaint has been closed.

Frequent contact

We will take action at the earliest opportunity to agree boundaries and state clearly the impact the frequent contact is having on our service.

Unreasonable demands

It is helpful to consider what is unreasonable and what exceptions can be made or considered.

Examples of unreasonable demands may include:

- request to immediately escalate to a manager
- demanding responses within an unreasonable timeframe
- insisting on speaking to a particular member of staff, and
- changing/repeating the same complaint or unrelated concerns.

Not co-operating with the process

We ask individuals to co-operate with any requests about their complaint. This includes agreeing the complaint that is being investigated, providing further information or comments and completing documents. If a person repeatedly does not comply, it is difficult to proceed with the complaint.

Persistence after the complaint is closed

Once the complaint is closed, the complainant may seek a review as detailed above. Behaviours which are unreasonable are:

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- repeated correspondence about the same point
- raising the same issue using new documents, or
- using several routes to the raise the same issue.

When responding to the above situations, we will be proportionate and person centred. This may include:

- restricting contact by a specific route such as email or phone or with a named person
- restricting names and staff details (when there is a risk of harm or harassment)
- directing phone calls to an automated line (if phone line use is blocking access from others), or
 - restricting time or volume of contact.

To ensure a consistent approach, all decisions about restrictions to access will be made by a Head of Service Review. Restrictions should be subject to review at regular intervals and the rationale of decision making shared with the complainant.

Threatening or abusive behaviour

When behaviour becomes threatening or the use of physical or verbal abuse is present, we will terminate direct contact and we may report the matter to the Police.

Where a decision is taken that an individual’s access should be restricted, the Chief Executive will notify the person in writing of the reasons for the decision. The letter will provide a review date of the decision and include relevant information about the restrictions and any further actions that may be considered.

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The Healthcare Environment Inspectorate, the Scottish Health Council, the Scottish Health Technologies Group, the Scottish Intercollegiate Guidelines Network (SIGN) and Scottish Medicines Consortium are part of our organisation.



UNDER REVIEW

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