PRIORY GROUP OF COMPANIES

POLICY TITLE:	Complaints
Policy Number:	OP03
Version Number:	07
Date of Issue:	20/02/2018
Date of Review:	19/02/2021
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Outcome:	This policy: • aims to ensure that all service users have access to an effective complaints process. • gives details on how to deal with a complaint. • sets out our responsibilities on dealing with complaints and provides information on the third party organisations which service users can contact to pursue complaints further.
Cross Reference:	ECS01 Safeguarding Children H105 Practising Privileges for Independent Self Employed Doctors H105.1 Practising Privileges for Therapists and other Health Professionals HR04.3 Grievance LE03 Data Protection LE03.1 Document and Data Retention LE06 Confidentiality OP03.1 Duty of Candour OP04 Incident Management, Reporting and Investigation OP05 Mental Capacity OP05.2 MCA Deprivation of Liberty Safeguards (England and Wales) OP06 Safeguarding Children (Anyone under the age of 18) OP08 Safeguarding Adults (Anyone aged 18 or over) OP17 Advocacy OP21 Whistleblowing (Protected Disclosure) OP29 Service User and Carer Involvement Priory Group Employee Handbook

EQUALITY AND DIVERSITY STATEMENT

Priory Group is committed to the fair treatment of all in line with the Equality Act 2010. An equality impact assessment has been completed on this policy to ensure that it can be implemented consistently regardless of any protected characteristics and all will be treated with dignity and respect.

In order to ensure that this policy is relevant and up to date, comments and suggestions for additions or amendments are sought from users of this document. To contribute towards the process of review, e-mail RARHelpdesk@priorygroup.com.

COMPLAINTS

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1 INTRODUCTION

1.1 This policy applies to all complaints received by any division within Priory Group and establishes a clear procedure for effective and efficient complaint management.

1.2 However, it does not prejudice the right of a complainant to take legal action and furthermore allows, in certain circumstances, for the making of a gesture of goodwill payment without acceptance of liability, if considered appropriate.

N.B. No statement accepting responsibility or admitting liability should be made by any member of colleagues without prior consultation with the Group Risk Manager or divisional CEO.

1.3 Complaint ownership remains with the site/service manager throughout the process. Complaints should be addressed and resolved at service level whenever possible.

1.4 Local resolution is actively encouraged in all services.

1.5 Colleagues will be provided with the necessary basic training and updates in communications and complaints handling in order to ensure that complaints are communicated and dealt with sensitively and courteously at all levels via the Priory Academy eLearning module; with site/service manager and senior Priory managers invited to attend internally provided Complaint Handling for Managers training.

2 OBJECTIVES

2.1 The objectives of this policy, processes and forms are:
(a) To provide ease of access for service users to the complaints process;
(b) To instil service user confidence in the way in which complaints are managed;
(c) To provide service users with information on how to make a complaint;

(d) To have an honest, open and thorough approach to all investigations;
(e) To address all legitimate concerns raised by the complainant or the authorised representative;
(f) To adopt a fair and consistent approach to the investigation of all complainants;
(g) To separate complaints from disciplinary/grievance procedures, where appropriate;
(h) To effectively record, audit and cross-reference complaint data to other quality and risk management processes;
(i) To extract lessons learned from complaints so as to continually improve the quality of services provided and reduce incidents and risk to the business;
(j) To identify any shortfalls and/or failings in personal or professional conduct;
(k) To initiate a corporate drive towards excellence in complaint management;
(l) To signpost complainants, wherever appropriate, to other organisations that may provide assistance and support in their pursuance of a complaint.

3 DEFINITIONS

3.1 A complaint is defined as 'an expression of dissatisfaction about a service that requires a response'. Any complaint, whether it is of minor concern to the service user or colleagues and can be dealt with immediately, or it is of more major concern to several parties, is an expression of dissatisfaction that requires a satisfactory and efficient resolution.

3.2 A service user, relative, visitor, funder, clinician, local authority, NHS authority, regulatory body or any other interested party or stakeholder acting with the authority of a service user may raise a complaint.

3.3 Complaints may relate to any aspect of care, treatment, professional competencies or to any of the administrative or support services and may be made by telephone, in person, in writing or by email to any member of Priory Group personnel.

3.4 A complaint by a service user's representative will only be accepted in the following circumstances:
(a) Where the service user has consented, either verbally or in writing
OR
(b) Where the service user cannot complain unaided and cannot give consent because they lack capacity within the meaning of the Mental Capacity Act 2005/ Adults with Incapacity (Scotland) Act 2000
AND
(c) The representative is acting in the service user's best interests i.e. where the matter complained about, if found to be true, would be detrimental to the service user. This may also require the service user's lawful representative being informed and asked to approve the proposed further action.

4 KEY PRINCIPLES

4.1 **Accessibility and Simplicity -** The complaints process is well publicised, easily accessible and clearly understood by service users, colleagues and the public. Complaint Notices, explaining how a service user is able to access the complaints process and register comments and compliments are prominently displayed in the reception area of all services. Service users should also be directed to this notice board for details about local advocacy services. (See OP17 Advocacy).

4.1.2 The Complaints Policy is available on the Priory website – www.priorygroup.com. The Priory Group website provides an online email link for registering comments, compliments and complaints regarding services provided – complaints@priorygroup.com together with contact telephone numbers should service users wish to discuss their concerns directly with a member of the Safety (Complaint) Team.

4.1.3 Where care and treatment are provided to children, young and older people or those with

enduring mental health or learning disabilities, colleagues should be aware of the difficulties that such a service user faces in expressing a concern or a complaint and must provide them with assistance in order to help them to make their individual views known. Supplementary and service user friendly complaint literature will also be made available within these services (e.g. **OP Form: 18** (Easy Read) Making a Complaint booklets and the Priory 'Making a Complaint' booklet).

4.1.4 Information on how to make a complaint can be made available upon request in other languages and in other formats e.g. braille transcriptions, large print and voice recordings by RARHelpdesk@Priorygroup.com.

4.1.5 A copy of OP03 Complaints is distributed to Commissioners with all contracts for care.

4.1.6 Priory Group provides a separate process to enable colleagues to communicate any concerns that they may have about any practice or procedure. See HR04.3 Grievance Policy and OP21 Whistleblowing (Protected Disclosure).

4.2 **Communication** - There is early direct contact with the complainant and this continues throughout the complaints process. Effective communication is required within the organisation and with the complainant and all other interested parties, recognising and addressing, as a priority, any perceived difficulty that may be posed by barriers such as language, culture or disability.

4.3 **Record Keeping** - There is an effective complaint recording and feedback system that will enable continual service improvements to be made. All complaints will be recorded on the Complaint Reporting System within 48 hours of receipt and actioned in accordance with the process flowchart outlined in **Appendix 1**. Any action taken in dealing with a service users' complaint must be recorded in the appropriate complaint records (but this must **not** form part of a service users' personal Health, Care or Education record).

4.4 **Credibility** - The complaint process is closely managed and regularly reviewed in order to ensure that improvements and changes are identified and implemented for the benefit of all service users and there is an effective quality assurance system in place to ensure that the complaints system and continual learning from it have a high profile across the Group.

4.5 **Accountability** - Complaint information is provided in a clear, concise and open way and is properly managed with regular follow-up to complaint investigation and resolution in order to ensure decisions are properly and promptly implemented. There is regular monitoring of the complaint process to ensure that timescales and service user expectations are met. The complaint process is periodically reviewed, updated and any changes communicated to service users, Priory Group colleagues and all interested parties.

4.6 **Timeliness** - Clear timeframes are set and effectively communicated to all interested parties in relation to all aspects of the complaint investigation process.

4.7 **Fairness and Impartiality** - Roles and responsibilities are clearly defined. All complaints are dealt with in an open-minded and impartial way, with responses being proportionate to the concerns because 'one size' does not fit all.

4.8 **Confidentiality** - Service user confidentiality will be maintained at all times. See LE06 Confidentiality.

4.9 **Improvement in quality** – Complaints provide an opportunity to closely review our services, care and clinical practices and to ensure promotion of a culture of continual quality improvement and risk reduction. The outcome of complaint investigations enables improvement opportunities to be identified and changes implemented across the service line or group through lessons learnt. Though not used to apportion blame, investigations may uncover information about serious matters that may indicate a need for disciplinary action.

4.10 **Consent** – Across Priory Group, service users' personal information is protected in line with the requirements of the Data Protection Act and Caldicott principles. The service user to whom a complaint relates must give their consent before any information relating to their own care and/or treatment is shared with a third party and whilst this should be in a written form (by completion of **OP Form: 18D** Statement of Authority to Access Service User Records), verbal consent is permitted so long as it is recorded and logged. The complainant and/or service user are entitled to a full explanation as to why consent is being sought. If the complaint is not being made by the service user, **OP Form: 18C** Statement of Authority to take up a Complaint on behalf of a Service User must be completed by the service user prior to the disclosure of any service user confidential information.

4.10.1 Consent may not be needed in situations where the service user is unable to consent, for example if they are too young (assuming the complainant has parental responsibility), too ill or have died. In the case of any service user who has capacity at times and not at others (fluctuating capacity), no confidential information will be given to a third party unless deemed to be in the 'best interest' of the service user at the time and fully documented using **OP Form: 65** Mental Capacity Assessment and **OP Form: 65A** Best Interests Decision.

4.11 In addition, refer to OP03.1 Duty of Candour.

5 COMPLAINT PROCESS

5.1 The Priory Group process for resolution of all complaints consists of 3 stages:
(a) **Stage 1** – Local resolution at service/site level
(b) **Stage 2** – Internal Review via the Group Complaints Manager
(c) **Stage 3** – External Review by the Ombudsman, Parliamentary Health Service Ombudsman (PHSO) or Adjudication by the Independent Sector Complaints Adjudication Service (ISCAS) for privately funded Healthcare service users or by the Independent Complaint Panel convened in respect of the Education & Children's Services Division.

5.2 The three stages of resolution are described further in sections 6 – 10 respectively.

6 STAGE 1 - LOCAL RESOLUTION AT SERVICE/SITE LEVEL (EXCLUDING WELSH REGULATED SERVICES – SEE SECTION 18)

6.1 Some complaints represent a minor concern for the complainant and these may include general comments, suggestions or criticisms about a service. Complaints falling into this category will normally be made verbally to 'front line colleagues' and will be seen as issues that can be 'fixed' either immediately or relatively quickly. Colleagues receiving such complaints should note the details on **OP Form: 18G** Complaint Record and whilst ensuring that the service user's immediate health and care needs are being met attempt to address and resolve the concern.

6.2 If the colleague to whom the complaint is made is unable to resolve the problem immediately or feels unable to give the assurances that the complainant is looking for, then the site/service manager (or their deputy) will take responsibility to resolve the complaint, by the next working day, in an informal and conciliatory manner ('next working day' excludes weekends and bank holidays).

6.3 Should a site/service manager be unable to resolve the matter quickly and to the complainants' satisfaction, they must advise the complainant that their concerns will require further time to investigate fully prior to responding to the issues raised.

6.4 In such circumstances, colleagues should assist the complainant in putting their concerns in writing, if previously verbal, and advise them further on the complaint process. It should be noted, however, that failure to put a verbal complaint in writing, will not prevent a complaint from being investigated.

6.5 In those cases in which colleagues are able to satisfactorily address and resolve a minor concern

by the next working day, the complainant should receive a full and positive response with the aim of assuring them that their concerns have been addressed and this should include an expression of regret and/or explanation for the earlier problem. The site/service manager will then 'sign off' the complaint, record brief details on the Complaint Reporting System (including details of resolution and any lessons learnt). If an **OP Form: 18G** Complaint Record was completed, this should be signed by the complainant and retained as part of the complaint record in order to confirm that they are satisfied with the way in which the complaint was addressed and resolved. A copy of the completed form may be provided to the service user if requested.

6.6 Some concerns, be they verbal or written, will be viewed as more serious or complex and it will not be possible to address and resolve these by the next working day.

6.7 Colleagues receiving such a complaint either verbally or in writing (including email) must ensure that the date of receipt by the site/service is recorded and that it is passed **immediately** to the site/service manager for recording and investigation purposes.

6.8 Once the site/service manager is assured that the complaint can be investigated i.e. it is not deemed 'out of time' (refer to section 6.20), full details of the complaint must be recorded on the Complaint Reporting System and a note made of the system generated Complaint Reference Number which will be unique to that service/site complaint. An investigating officer must also be assigned.

6.9 Any complaints from MP's and Officers of the Crown, complaints that may result in litigation, involve accidents and injury or that may involve a gesture of goodwill payment being made must be emailed to the Group Complaints Manager and Group Risk Manager **immediately.**

6.10 Letters from solicitors should be faxed to the Group Risk Manager, on the day of receipt, who will then liaise with the company loss adjusters regarding the response.

6.11 A case file should be created in which copies of all complaint investigation related documentation will be held throughout the investigation. **OP Form: 18A -** Complaints Process Checklist is designed to assist in this matter.

6.12 A letter of acknowledgment **MUST** be sent to the complainant, by the site/service manager or delegated colleague **within two working days** of the date on which the complaint was received. A copy of the **signed** letter must be kept in the case file. **OP Letter: 18A** – Complaint Acknowledgement Letter Template, published on the Intranet, is to be completed and used for this purpose. This letter **MUST** offer the complainant the opportunity to meet with the Investigating Officer to clarify their specific concerns and will state that we aim to respond fully to all complaints within 20 working days of the date of receipt.

6.13 Any meeting with the complainant should clarify the purpose and the desired outcome, be fully minuted and a copy of the minutes provided to the complainant as an accurate record of the discussions and making clear the agreed areas for investigation.

6.14 Should a complainant make subsequent contact (including via email or by telephone) following receipt of their original complaint, the site/service manager or delegated colleague **MUST** acknowledge this contact in writing **within two working days** of receipt. This will provide an assurance that we have received and noted any additional comments made or the issues raised and that these will be fully taken into account as part of the ongoing investigation.

6.15 If at working day 15, it is clear that the investigation and response will not be complete within the agreed 20 working day timeframe a further letter will be issued informing the complainant of the reason for the delay and advising on a revised timeframe. **OP Letter: 18B** Holding Letter Template, published on the Intranet, is completed and used for this purpose.

6.16 The complaint investigation should be assigned to the investigating officer for their action, which

requires production of an investigation report and subsequent preparation of a draft response to the complainant. **OP Form: 18B** Complaint Investigation Log is available to assist in recording details of the investigation.

6.17 All investigation documentation should be placed in the complaint case file and copies uploaded to the Complaint Reporting System when updating the case record.

6.18 A formal and detailed response should be sent to the complainant within the agreed timescale. **OP Letter: 18C** Complaint Final Response/Decision Letter Template and Guidance, published on the Intranet, is to be completed and used for this purpose. This letter **must** issue from the site/service manager (but may be signed in their absence) and signpost the complainant as to the course of action available to them should they remain dissatisfied with the outcome of the Stage 1 investigation.

6.19 In the event that a complainant remains dissatisfied with the outcome of the Stage 1 investigation, they have the right to request that their case be considered at Stage 2 – Internal Review by the Group Complaints Manager. It should be noted, however, that an expression of dissatisfaction will in itself not automatically warrant a review at Stage 2, since it may be more appropriate for the site/service manager to be offered a further opportunity for a discussion/meeting in order to attempt to reach satisfactory resolution.

6.20 We do take all complaints very seriously and will always thoroughly investigate any service users' concerns in those circumstances in which it remains right and possible to do so despite the lapse of a period of time. However, it is generally felt that a complaint should be made as soon as possible after the matter that a service user is complaining about happened; with the time limit usually being:

(a) Six months from the date something happened, or
(b) Six months from the date that a service user first becomes aware of it.

6.20.1 We can and do extend the time limit in circumstances where it would be unreasonable to expect a service user to have complained within time so long as it remains possible for us to investigate the service users' concerns. **OP Letter: 18** Out of Time Complaint Template, published on the Intranet, is to be completed and used for the purpose of responding to those concerns deemed out of time.

7 STAGE 2 - INTERNAL REVIEW

7.1 If a complainant remains dissatisfied after **all** attempts to resolve a complaint locally have failed, then they may, within six months of the date of the Stage 1 formal response, request that their case be reviewed at Stage 2 of the Priory process. The request must be in writing and forwarded to:

Group Complaints Manager
Priory Northern Office
Middleton St George
Darlington
Co. Durham DL2 1TS

7.2 The Group Complaints Manager if satisfied that there is **NO** further potential for the complaint to be resolved at Stage 1 will, within two working days, formally acknowledge the complainants' request to refer the case to Stage 2 and will advise them of the review process. **N.B. See section 7.8 for special arrangements in relation to Stage 2 requests that involve the Education & Children's Services Division.**

7.3 Upon receipt of copies of all Stage 1 investigation documentation and access to Health/Care records (subject to appropriate consent being provided for access to records), the Group Complaints Manager will arrange for a detailed review of the Stage 1 investigation, including a decision on whether or not there are grounds for any re-investigation of the earlier complaint.

7.4 The Group Complaints Manager will arrange for an Independent Review Manager to be appointed and tasked to undertake the review of the earlier complaint.

7.5 The Group Risk Manager will if necessary be consulted if there are areas of concern that relate to risk and potential litigation.

7.6 Based upon the outcome of the review or following advice from the Independent Review Manager, the Group Complaints Manager will formally respond to the complainant, within **20 working days** of the original receipt of the Stage 2 request (or further extended period if agreed), by either confirming the findings and actions as taken by the site/service manager at Stage 1 or, alternatively, by advising on a revised outcome.

7.7 Should a complainant remain dissatisfied with the Stage 2 decision, they will be advised in the formal response regarding recourse to Stage 3 of the Priory Complaints process; referral to the Ombudsman, PHSO, ISCAS (if relating to privately funded healthcare) or Independent Complaint Panel (for Education & Children's Services Division complaints).

7.8 Requests for a Stage 2 review in relation to the Education & Children's Services Division will likewise be received, acknowledged and managed by the Group Complaints Manager however the review will be undertaken by an Executive Director who has had no direct involvement in the handling of the complaint at Stage 1 of the complaint investigation process. The Executive Director will liaise with the Group Complaints Manager on the review findings and both will jointly agree the terms of response; this process fulfilling the requirements of The Education (Independent School Standards) Regulations 2014 (S.I. 2014/3283) – with regards to the manner in which complaints are handled.

8 STAGE 3 - OMBUDSMAN

8.1 If a complainant remains dissatisfied with the outcome following a Stage 2 complaint investigation, they may refer their complaint to either the Ombudsman or Parliamentary Health Service Ombudsman (PHSO) and request that their case be reviewed.

8.1.1 The Ombudsman provides a free and independent service, available to those service users who self fund their care, have arranged it themselves with a personalised budget, as well as to those funded through a local authority.

8.1.2 The PHSO provides a similarly free and independent service for those receiving NHS continuing healthcare - the name given to a package of care that is arranged and funded solely by the NHS for those individuals whom, whilst not in hospital, nonetheless have complex ongoing healthcare needs.

8.2 Before investigating any complaint, the Ombudsman will ensure that the care provider knows about the complaint and has had a reasonable opportunity to investigate and respond to it. If the Ombudsman's investigator believes that this has not happened, they will refer the complaint back to Priory Group to complete our own investigation.

8.3 If the complainant still remains dissatisfied after all avenues of complaint resolution have been followed and exhausted, the Ombudsman may undertake their own independent review of the case and may request copies of all Priory Group investigation documentation and may also visit the site to interview colleagues involved in the case before reaching a decision as to whether or not there are grounds for further action.

8.4 Priory Group sites will afford the Ombudsman full and courteous co-operation with any investigation. Site/service manager will immediately inform the Group Complaints Manager when any correspondence is received from the Ombudsman.

9 STAGE 3 – INDEPENDENT SECTOR COMPLAINTS ADJUDICATION SERVICE (ISCAS)

9.1 As Priory Group is a member of the Independent Sector Complaints Adjudication Service (ISCAS) we have a responsibility to provide access to an independent external adjudication of complaints in respect of privately funded healthcare service users.

9.2 The Independent Sector Complaints Adjudication Service (ISCAS) process is available for use by complainants who are not satisfied with the results of the Stage 1 investigation and Stage 2 review but only once the internal process has been thoroughly exhausted.

9.3 A complainant's request for external adjudication must be initiated by the complainant in writing and be sent to the Independent Sector Complaints Adjudication Service (ISCAS) **within 6 months of the date of the Stage 2 Review decision letter.**

9.4 The request must contain adequate details of the complaint and must be accompanied by copies of any documents the complainant wishes to rely on. (See the ISCAS Code of Practice for the Management of Complaints 2017 (available on the Intranet) for further details).

9.5 To initiate Stage 3, the complainant must write to ISCAS at the address below within 6 months of the Stage 2 decision letter:

The Independent Sector Complaints Adjudication Service
70 Fleet Street
EC4Y 1EU
Tel No: 020 7536 6091
Email: info@iscas.org.uk www.iscas.org.uk

9.6 ISCAS will formally notify the Group Complaints Manager of a complainant's request and its own intention to consider adjudication in the case. The Hospital Director and Group Complaints Manager will then be asked to provide ISCAS, within 15 working days, with a full set of medical records and a detailed investigation timeline together with copies of all documentation relating to all stages of its earlier investigation. The process will be closely managed by the Group Complaints Manager, by liaising with the Hospital Director in arranging the submission of ISCAS requested documentation.

9.7 ISCAS will acknowledge the complainant's request for independent external adjudication within 3 working days of receipt and upon establishing that the hospital's processes for local resolution and Stage 2 review have been exhausted, will ask the complainant to clarify in writing those aspects of their complaint that they wish to refer for adjudication and to provide consent to the ISCAS process and the release of relevant case records from the hospital.

9.7.1 An Independent Adjudicator will be appointed to consider the complaint, being entirely independent of Priory Group, and will ensure that the complainant fully understands the binding nature of the independent external adjudication and that in proceeding, the complainant accepts:

(a) The finality of the decision by the Independent External Adjudicator;
(b) That any decision and/or goodwill payment awarded by the Independent External Adjudicator brings the complaint process to a close;
(c) That the Independent Adjudicator's decision is binding on Priory Group, as an ISCAS member, however, for the avoidance of any doubt any award of a goodwill payment recommended by the adjudicator does not preclude a complainant from seeking any additional legal remedy; monetary or otherwise.

9.7.2 The complainant will be reminded of their right to seek independent legal advice where any aspects of their complaint might give rise to a clinical negligence claim. Even if independent legal advice is being sought about clinical negligence or might be sought in the future pending

the outcome of the adjudication process, the ISCAS Code recommends that the complaint can be considered under the complaints procedure and ultimately Stage 3 adjudication.

9.8 A full adjudication decision will be provided within 20 working days or a letter will be issued explaining the reason for the delay to the complainant, at a minimum of every 20 working days.

9.9 If the Adjudicator rejects or upholds a complaint, they will also consider what further remedy (if any) is appropriate including asking Priory Group:
(a) To provide an explanation and apology, where appropriate
(b) To take action to put things right
(c) To share details of how the organisation has learnt from the complaint and any changes made as a result
(d) To offer a goodwill payment in recognition of shortfalls in the complaint handling, inconvenience, distress, or any combination of these, up to a limit of £5,000. Any goodwill payment awarded by the Independent External Adjudicator should take account of any claim that Priory Group has against the complainant (e.g. for unpaid hospital fees); with acceptance of the goodwill payment by the complainant bringing all matters that are subject to the complaint to a close.

10 STAGE 3 – INDEPENDENT COMPLAINT PANEL (EDUCATION & CHILDREN'S SERVICES)

10.1 Should a parent, carer or funding authority be dissatisfied with the outcome of the investigation at Stage 1 by the site/service manager and at Stage 2 following review at Executive Director level, the complainant can make a written request for the complaint to be heard by a panel; thereby fulfilling the requirements of Schedule 1 (Part 7) of The Education (Independent School Standards) Regulations 2014 (S.I. 2014/3283) – with regards to the arrangements made in the event that a parent, carer or funding authority remains dissatisfied with the outcome of the school's earlier investigation and Executive Director review.

10.2 The Panel membership will comprise the following independent experts, all of whom are wholly independent of the management of the school:
(a) Director of Quality (Education & Children's Services)
(b) Director of Risk & Safety or other nominated specialist
(c) Operations Director/ Manager (out of area)
(d) Group Complaints Manager
(e) A suitably qualified and experienced Independent Person.

10.3 Arrangements will be made for the Panel to meet at a place, time and date that is mutually convenient to both the complainant and Panel members, with details being communicated in writing and with the parents/carers being invited to attend with a representative should they wish.

10.4 The Panel will make findings and recommendations, with copies of the findings being sent or given to the complainant and, where relevant, the person complained about and will also be made available for inspection on the college/school premises by a representative of Priory Group as Proprietor.

11 CLAIMS ARISING FROM COMPLAINTS

11.1 Any claim arising from a complaint will be coordinated by the Group Risk Manager in consultation with Priory Group's loss adjustors and Insurers. The Group Risk Manager will be responsible for collating information already available, coordinating further investigation, if required, and for liaising with the company lawyer.

12 COMPLAINTS RECEIVED OTHER THAN BY SERVICE/SITE

12.1 As complaints are regularly received in the complaints@priorygroup.com mailbox or via Priory Registered Office, these are initially addressed by the Group Complaints Manager who will arrange for details of the complaint to be added to a central complaint register.

12.2 If it is clear that the complaint requires investigation at Stage 1, the correspondence will be immediately passed to the relevant site/service manager (or in complex or more serious cases, to the Regional Manager/Operations Director) requesting that:
(a) Details to be added to the Priory Complaint Reporting system;
(b) An acknowledgement letter be issued within two working days of receipt;
(c) A meeting be offered with the complainant;
(d) A full investigation be undertaken;
(e) A formal response be issued.

12.3 The site/service manager may be asked to seek the approval of the OD/SQIL prior to issuing a response and may also, if required, forward the investigation findings report and draft response to the Group Complaints Manager for final consideration prior to issue. If doing so, they must allow **AT LEAST five working days** for consideration and a holding letter (**OP Letter: 18B**) must be issued if the timeframe for response is in any danger of being missed due to referral.

12.3.1 The site/service manager should also consider whether the case might benefit from discussion at the Group Complaint Manager's weekly Complaint Surgery held every Wednesday - perhaps facilitating a speedier decision/response.

12.3.2 Upon completion of **ALL** cases, a scanned copy of the signed letter of response must be forwarded to the Group Complaints Manager for recording purposes.

13 DEALING WITH UNACCEPTABLE BEHAVIOUR BY COMPLAINANTS

13.1 Services will, from time to time, come into contact with a small number of complainants who absorb a disproportionate amount of staffing resource in dealing with their complaints. It is important to identify those situations in which a complainant's behaviour might be considered to be unacceptable and to suggest ways of responding to those situations which are fair to both colleagues and complainant.

13.2 Dealing with unacceptable complainant behaviour places a great strain on time and resources and causes undue stress for the service user and colleagues who may need extra support. Such a complainant should be provided with a response to all their genuine grievances and be given details of independent advocacy.

13.3 Although colleagues are trained to respond with patience and empathy to the needs of all complainants, there can be times when there is nothing further which can reasonably be done to assist them or to rectify a real or perceived problem.

13.4 In determining arrangements for handling such complainants, colleagues are presented with the following key considerations:
(a) To ensure that the complaints process has been correctly implemented as far as possible and that no material element of a complaint is overlooked or inadequately addressed;
(b) To appreciate that complainants believe they have grievances which contain some genuine substance;
(c) To ensure a fair, reasonable and unbiased approach;
(d) To be able to identify the stage at which a complainant's behaviour has become unacceptable;
(e) To give very early consideration to implementing a management care plan for the handling of the service users' concerns thereby affording the service user the opportunity to discuss their concerns in an agreed forum and at predetermined times; with colleagues better able to manage and address/resolve the issues without the associated problems posed by, for example, numerous emails/letters and with the service user being suitably and further reassured that we are taking their concerns seriously.

13.5 Complainant's behaviour (or anyone acting on their behalf) may be deemed to be unacceptable where previous or current contact with them shows that they meet at least **TWO** of the following criteria. Where complainants:

(a) Persist in pursuing a complaint where the complaints process has been fully and properly implemented and exhausted;
(b) Seek to prolong contact by changing the substance of a complaint or continually raising new issues and questions whilst the complaint is being addressed. (Care must be taken not to discard new issues which are significantly different from the original complaint. These might need to be addressed as separate complaints);
(c) Are unwilling to accept documented evidence of treatment given as being factual e.g. drug records, medical records, nursing notes;
(d) Deny receipt of an adequate response despite evidence of correspondence specifically answering their questions;
(e) Do not accept that facts can sometimes be difficult to verify when a long period of time has elapsed;
(f) Do not clearly identify the precise issues which they wish to be investigated, despite reasonable efforts by colleagues or independent advocacy, to help them specify their concerns, or where the concerns identified are not within the remit of the service to investigate;
(g) Focus on a trivial matter to an extent which is out of proportion to its significance and continue to focus on this point. (Determining what a 'trivial' matter is can be subjective and careful judgement must be used in applying this criteria);
(h) Have, in the course of addressing a registered complaint, had an excessive number of contacts with the service placing unreasonable demands on colleagues. (A contact may be in person or by telephone, letter, e-mail or fax. Discretion must be used in determining the precise number of "excessive contacts" applicable under this section using judgement based on the specific circumstances of each individual case);
(i) Are known to have recorded meetings or face to face/telephone conversations without the prior knowledge and consent of the other parties involved;
(j) Display unreasonable demands or expectations and fail to accept that these may be unreasonable (e.g. insist on responses to complaints or enquiries being provided more urgently than is reasonable or normal recognised practice);
(k) Have threatened or used actual physical violence towards colleagues or their families or associates at any time - this will in itself cause personal contact with the complainant or their representatives to be discontinued and the complaint will, thereafter, only be pursued through written communication;
(l) Have harassed or been personally abusive or verbally aggressive on more than one occasion towards colleagues dealing with their complaint or their families or associates. (Colleagues must recognise that complainants may sometimes act out of character at times of stress, anxiety or distress and should make reasonable allowances for this).

13.6 **Where a complaint investigation is ongoing -** The nominated site/service manager or Regional Manager/Operations Director should firstly consider writing to the complainant setting parameters for a code of behaviour and the lines of communication. If these terms are contravened, consideration may then be given to implementing other action.

13.7 **Where a complaint investigation is complete -** At an appropriate stage, the site/service manager or Regional Manager/Operations Director should write a letter informing the complainant that:

(a) They have responded fully to the points raised;
(b) Have tried to resolve the complaint;
(c) There is nothing more that can be added and therefore, the correspondence is now at an end;
(d) (optional) state that future letters will be acknowledged but not answered.

13.8 In extreme cases, the site/service manager or Regional Manager/Operations Director should reserve the right to take legal action against the complainant; liaising in the first instance with

the Group Complaints Manager and Group Risk Manager for advice and guidance.

13.9 **Withdrawing 'Unacceptable Behaviour' Status -** Once complainants have been viewed as behaving in an unacceptable manner, there needs to be a mechanism for withdrawing this status at a later date if, for example, a complainant subsequently demonstrates a more reasonable approach or if they submit a further complaint for which the normal complaints process would appear appropriate.

13.10 As colleagues used discretion in recommending that a complainant's unacceptable behaviour be treated in a particular way, discretion should similarly be used when recommending that this status be withdrawn.

14 ADDITIONAL INFORMATION FOR EDUCATION & CHILDREN'S SERVICES DIVISION

14.1 All students will receive information advising them how to raise a concern in a format that they can easily understand.

14.2 If a student feels unable to speak to any colleague, due perhaps to the nature of the complaint etc., he/she has the opportunity to register the complaint with parents/carers, the funding authority or an independent visitor, either by telephone or by requesting a visit.

14.3 Throughout the complaint process, the complainant (i.e. child and/or parent/carer) has the right to be accompanied by a supporter.

14.4 A register of complaints will be kept readily available for inspection as required. The Priory Group Complaints Log is available for this purpose from the On-line Print shop.

14.5 This record will include all complaints made including those where parents are not satisfied with the outcome. The record will also detail whether they are resolved following a formal procedure, or proceed to a panel hearing; and action taken by the school as a result of those complaints (regardless of whether they are upheld). Statements and records relating to individual complaints will be kept confidential except where the Secretary of State or a body conducting an inspection under section 109 of the 2008 Act requests access to them

14.6 The site/service manager will review the register on a quarterly basis and sign and date the register to confirm that this has been done.

14.7 The site/service manager will immediately notify the appropriate registration and inspection authority of any allegations or complaints involving police investigations or any allegations of service user abuse.

14.8 If the complainant continues to hold the view that Priory Education & Children's Services has not satisfactorily resolved the problem, the option is for the complainant to contact the registration and inspection authority.

15 ADDITIONAL REQUIREMENTS FOR HEALTHCARE DIVISION

15.1 Healthcare Improvement Scotland (HIS) are the regulator for independent healthcare services across Scotland and can accept complaints from patients at any time during the complaints process. Contact details are provided at Appendix 3.

15.2 Hospital Clinical Governance Committees will review all complaints and advise on practice issues arising and improvements to be made. These will be recorded in the minutes at local Clinical Governance meetings. Dissemination of lessons learnt needs to be clearly articulated in the minutes.

15.3 **Complaints Involving Independent Practitioners -** Many practising clinicians are independent practitioners and are not Priory group employees. Their practising privileges are

conditional on participation in and adherence to the Priory Group Complaint policy. If a clinician fails to adhere to the policy, practising privileges may ultimately be suspended or withdrawn. The Hospital Director shall not withdraw the practising privileges of any clinician without first consulting the Medical Director. Complainants should be informed of their right to complain direct to the professional body.

15.4 The Hospital Director must always inform a clinician of a serious or clinical complaint made by a service user for whom the clinician is responsible.

15.5 The clinician will likewise always inform the Hospital Director of any complaints received by him or her, in the first instance. If the complaint relates to clinical care, the Hospital and clinician may both be involved in investigating the complaint at Stage 1. The scope of the service user's consent as to the release of information and his/her preferences as to the manner in which the complaint is dealt with will be respected in this process.

15.6 Any response sent out by a Hospital Director or independent practitioner must be factually accurate. It is good practice for all complaint responses to be checked for factual accuracy by both parties prior to issue, particularly where observations on the conduct or performance of one professional are made by another.

15.7 Cases involving serious clinical complaints or allegations of professional incompetence must be brought to the attention of the Group Medical Director and passed to the Hospital Director for acknowledgment; liaising as appropriate with the GMC as professional body.

15.8 **General Medical Council (GMC) Complaints and Complaints against Doctors –** All Consultants and Doctors are requested to notify the Hospital Director if there are any complaints made against them. If the complaint has been made directly to the GMC, the Group Medical Director must be informed immediately with appropriate details.

16 ADDITIONAL REQUIREMENTS FOR PRIORY ADULT CARE SERVICES

16.1 **Complaints Notices –** Residents are to be advised on how to register a complaint with Priory Group's older people's services. The appropriate Complaint Procedure Notice must be prominently displayed in the Care Home Reception area.

16.2 Notices for display for Older People Services are available from the Intranet. Use **OP Form: 18E** for Northern Ireland and **OP Form: 18F** for England, Wales and Scotland.

16.3 Complaint investigation findings and draft response must first be approved by the relevant Operations Director and SQIL prior to response issue.

17 REQUIREMENTS IN RESPECT OF ALL PRIORY SITES THAT PROVIDE A SERVICE IN ACCORDANCE WITH THE REQUIREMENTS OF THE CARE STANDARDS ACT 2000 AND THE CHILDREN ACT 1989 (REGULATORY REFORM AND COMPLAINTS) (WALES) REGULATIONS 2006 (2006; No.3251; (W.295)

17.1 Handling Complaints 23A

(1) The complaints procedure prepared under regulation 23 must be operated in accordance with the principle that the welfare of the service user is safeguarded and promoted and account must be taken of the ascertainable wishes and feelings of the service user.

(2) When a complaint is made, the registered person must advise the complainant of their right to at any time complain to the National Assembly or, where relevant, to the authority which has arranged for the accommodation of the service user at the care home.

(3) The registered person must inform the complainant of the availability of any advocacy services which the registered person believes may be of assistance to the complainant.

Where relevant and the complainant is a child, the registered person must advise the complainant that a local authority receiving a complaint must provide information and assistance for complainants, and must in particular offer help in obtaining an advocate.

(4) The registered person can in any case where it is appropriate to do so, and with the agreement of the complainant, make arrangements for conciliation, mediation or other assistance for the purposes of resolving the complaint.

(5) The registered person must keep a written record of any complaint, the outcome of the investigation and any action taken in response.

(6) The registered person must supply to the appropriate office of the National Assembly at its request a statement containing a summary of the complaints made during the preceding twelve months and the action taken in response to each complaint.

17.2 **Local Resolution 23B**

(1) Complaints that are dealt with locally must be resolved by the registered person as soon as reasonably practicable and in any event within 14 days.

(2) Where the complaint is resolved under paragraph (1), the registered person must confirm in writing to the complainant the agreed resolution.

(3) The registered person must, at the request of the National Assembly or any authority who has arranged for the accommodation of a service user at the care home, confirm the local resolution of a complaint.

(4) The time limit in paragraph (1) may be extended for up to a further 14 days with the agreement of the complainant.

17.3 **Formal Consideration 23C**

(1) Complaints that are dealt with by way of formal consideration must be resolved as soon as reasonably practicable and in any event within 35 days of the request for formal consideration.

(2) The outcome of a formal consideration must be confirmed in writing by the registered person to the complainant and must summarise the nature and substance of the complaint, the conclusions and the action to be taken as a result.

(3) The registered person must send a copy of the written response to a complaint to the appropriate office of the National Assembly and any authority which has arranged for the accommodation of the service user at the care home.

(4) If the complaint has not been resolved within 35 days of the request for formal consideration, the registered person must notify the appropriate office of the National Assembly of the complaint and the reasons for the delay in resolution.

(5) The time limit in paragraph (1) may be extended with the agreement of the complainant.

(6) Where the complainant is a child the registered person must appoint an independent person who shall take part in any consideration of the complaint by the registered person.

17.4 **Complaints subject to concurrent consideration 23D**

(1) Where a complaint relates to any matter-
   (a) About which the complainant has stated in writing that he or she intends to take proceedings in any court or tribunal, or

(b) About which the registered person is taking or is proposing to take disciplinary proceedings, or
(c) About which the registered person has been notified that an investigation is being conducted by any person or body in contemplation of criminal proceedings, or
(d) About which a meeting involving other bodies including the police has been convened to discuss issues relating to the protection of children or vulnerable adults, or
(e) About which the registered person has been notified that there are current investigations in contemplation of proceedings under section 59 of the Care Standards Act 2000, the registered person must consider, in consultation with the complainant and any other person or body which they consider appropriate to consult, how the complaint should be handled. Such complaints shall be referred to for the purposes of this regulation as "complaints subject to concurrent consideration".

(2) The consideration of complaints subject to concurrent consideration may be discontinued if at any time it appears to the registered person that to continue would compromise or prejudice the other consideration.

(3) Where the registered person decides to discontinue the consideration of a complaint under paragraph (2) the registered person must give notice of that decision to the complainant.

(4) Where the registered person discontinues the consideration of any complaint under paragraph (2), consideration can be resumed at any time.

(5) Where the consideration of a complaint has been discontinued under paragraph (2) the registered person must ascertain the progress of the concurrent consideration and notify the complainant when it has been concluded.

(6) The registered person must resume consideration of any complaint where the concurrent consideration is discontinued or completed and the complainant requests that the complaint be considered under these Regulations."

18 REFERENCES AND USEFUL GUIDANCE DOCUMENTS

18.1 Care Standards Act 2000
Care Act 2014
Children Act 2004
Children's Homes Regulations 2015
Data Protection Act 1998
Freedom of Information Act 2000
Education (Independent School Standards) Regulations 2014 (S.I. 2014/3283)
Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011
Independent Health Care (Wales) Regulations 2011
Independent Health Care Regulations (Northern Ireland) 2005
Local Authority Social Services and National Health Service Complaints (England) Regulations 2009
CQC (2015) Specialist Mental Health Services: Provider handbook
CQC (2015) Residential Adult Social Care Services: Provider handbook
CQC (2015) Community Adult Social Care Services: Provider handbook
DfE (2014) Guide to the Children's Homes Regulations including Quality Standards
DfE (2015) Residential Special Schools: National minimum standards
DHSSPSNI –
Care Standards for Nursing Homes (2015)
Residential Care Homes Minimum Standards (2011)
Scottish Executive –
National Care Standards, Care Homes for Children and Young People (2005)
National Care Standards, Independent Hospitals (2005)
National Care Standards, School Care Accommodation Services (2005)

National Care Standards, Care Homes for Older People (2007)
National Care Standards, Care Homes for People with Learning Disabilities (2007)
National Care Standards, Care Homes for People with Mental Health Problems (2007)
Welsh Assembly Government –
The Care Standards Act 2000 and the Children Act 1989 (Regulatory Reform and Complaints) (Wales) Regulations 2006 (2006; No. 3251; (W.295)
Parliamentary Health Service Ombudsman (2009) Principles of Good Complaint Handling
ISCAS (2017) A Code of Practice for the Management of Complaints in the Independent Healthcare Sector - for Subscribing Members of the Independent Sector Complaints Adjudication Service (ISCAS)
NHS Litigation Authority guidance

Appendix 1 - Complaints Process Flowchart
Appendix 2 - Complaint Surgery
Appendix 3 - Other Organisations that Service Users may wish to Contact

Associated Forms:

PRINTED DOCUMENTS: (available from the On-line Print Shop)
Making a Complaint (PG00979) - Priory hospitals, clinics, care homes and schools booklet
Mumbles and Grumbles (PG00985) – A guide for young people, families and carers
Complaints Log (PG04006) - for Education & Children's Services Division

FORMS: (Printable from the Intranet)
OP Form: 18 (Easy Read) - Making a Complaint (England)
OP Form: 18A - Complaint Process Checklist
OP Form: 18B - Complaint Investigation Log
OP Form: 18C - Statement of Authority to take up a Complaint on behalf of a Service User
OP Form: 18D - Statement of Authority to access Service User Records
OP Form: 18E - Complaint Procedure Notice (Older People) – Northern Ireland
OP Form: 18F - Complaint Procedure Notice (Older People) – Eng, Scot, Wales
OP Form: 18G - Complaint Record
OP Form: 18H (Easy Read) - Making a Complaint (Northern Ireland)
OP Form: 18J (Easy Read) - Making a Complaint (Scotland)
OP Form: 18K (Easy Read) - Making a Complaint (Wales)
OP Form: 18L - Staff Information Flashcards - Complaints

LETTERS: (Templates copied from the Intranet, to be printed on headed paper)

OP Letter 18 - Out of Time Complaint Letter Template
OP Letter 18A - Complaint Acknowledgement Letter Template
OP Letter 18B - Complaint Holding Letter Template
OP Letter 18C - Complaint Final Response/Decision Letter Template and Guidance
OP Letter 18D - Gesture of Goodwill Letter Template and Guidance

Appendix 1 – COMPLAINT PROCESS FLOWCHART – STAGE 1 (EXCLUDING WELSH ASSEMBLY GOVERNED SERVICES)

Complaint received from a service user or other stakeholder

Complaint that can be resolved immediately or by next working day

Colleague to immediately address and resolve where possible and upon completion, add record to Complaint Reporting System, noting all actions

If colleagues unable to resolve immediately, pass to Manager for action. Manager to address and resolve to service user satisfaction by next working day or, if service user wishes, escalate the complaint for a more detailed investigation and response

If resolved, record complaint and resolution details on Complaint Reporting System, add copies of any supporting documentation and set case status to **CLOSED. If not, note case as referred to detailed investigation and response process.**

N.B. Any complaint that infers injury, possible litigation or potential risk to the business must be immediately copied to the Group Risk Manager for information and loss adjuster notification; with draft final response being forwarded for comment /approval

If a complaint originates from a Regulatory body, Commissioners or legal representative or raises a serious issue such as a safeguarding concern, please consult Group Complaints Manager

At working day 15, issue a holding letter **(OP Letter: 18B)** if the investigation will not be complete within the agreed 20 working day timeframe (adding an extra 20 working days to the original deadline)

Complaint requiring a more detailed investigation

Upon receipt, and once satisfied that complaint is not 'out of time' (see section 6.20) administrator must enter full details on the Complaint Reporting System and set up a case file comprising the Complaint Process Checklist **(OP Form: 18A)** and Investigation Log **(OP Form: 18B)** and ensure that records are regularly updated as the investigation progresses.

Administrator, in consultation with site/service manager, to agree who will be lead the investigation, note details on Complaint Reporting System and other records and assign case to the investigator

Acknowledgement to be issued within two working days of receipt of complaint and any subsequent correspondence informing complainant that concerns are being fully investigated, briefly explaining the Priory complaint process, offering the opportunity to meet and confirming that we will aim to respond **within 20 working days** or will advise them in the event of a delay. **The Acknowledgement letter template (OP Letter: 18A) must be used in all cases.**

Full investigation of concerns will follow and this will include an invitation to meet with the complainant to discuss concerns in more detail. All meetings must be fully minuted with **ALL** investigation actions being recorded by the investigator on the system and on **OP Form: 18B** as they occur; with all investigation evidence being collated.

Within 20 working days (or agreed extended period) – to complete investigation report and prepare a draft response **(OP Letter: 18C)** based upon all findings and recommendations. If a case/response review is required other than by OD/SQIL, please forward to the Group Complaints Manager allowing at least five working days for feedback prior to letter issue. Alternatively, make use of the 'Complaint Surgery' – see Appendix 2

Once complete, ensure that the Complaint Reporting System record is fully updated with investigation findings, outcome and any recommendations; with **all** case investigation documentation being uploaded to the system.

Service Manager to ensure that **ALL** recommendations are subsequently action planned and fully implemented; with on-going monitoring at site/service level

Complaints to complaints@priorygroup.com mailbox and those received by Priory "Central" Office

Group Complaints Manager to arrange for noting on Central complaint register and assign for investigation at Stage 1 by appropriate site/service manager or for an independent investigation by an RM/OD if appropriate.

N.B Any complaint that infers injury, possible litigation or potential risk to the business must be immediately copied to the Group Risk Manager for information and loss adjuster notification; with draft final response being forwarded for comment /approval

Acknowledgement **(OP Letter: 18A)** to be issued by site/service manager within two working days of complaint receipt, informing the complainant that their concerns are being investigated, offering an invitation to meet with the complainant to discuss concerns in more detail, explaining the complaint process and confirming that Priory will aim to respond **within 20 working days** or advise them in the event of a delay. Full details of complaint to be added to the Complaint Reporting System; with investigation progress being monitored centrally.

Within 20 working days (or agreed extended period) – site/service manager or RM/OD to complete investigation report and draft response **(OP Letter: 18C)** based upon findings ready for issue. If required, forward to Group Complaints Manager for case/response approval prior to issue (allowing at least 5 working days for feedback prior to letter issue).

At working day 15, issue a holding letter **(OP Letter: 18B)** if the investigation and response will not be complete within the agreed 20 working day timeframe (adding an extra 20 working days maximum); remembering to clearly state the reason for delay.

PLEASE REFER TO THE PRIORY COMPLAINTS POLICY OP03 FOR A MORE DETAILED EXPLANATION OF THE COMPLAINTS PROCESS

Upon letter issue by site/service manager or RM/OD update resolution details on Priory Complaint reporting system and ensure that all case documentation is uploaded to the reporting system.

Ensure that all recommendations are action planned and fully implemented; with ongoing monitoring at site/service level

Appendix 2

COMPLAINT SURGERY

The Complaint Surgery is offered every Wednesday from 10:00 – 16:00 and is facilitated by the Group Complaints Manager.

The initiative is aimed at providing an advice and guidance service to all site/service managers or other delegated colleagues who may wish to discuss the handling of particular complaint investigations whether they be complex in nature or simply require a different approach to that normally followed.

It is hoped that the Surgery will amongst other things:

(a) Reduce the need for often lengthy exchanges of emails with the Complaints team when seeking advice/guidance on a case

(b) Provide an improved turnaround time on earlier requests for advice and guidance

(c) Lead to continuing improvement in the handling of Priory complaint policy and process

(d) Facilitate the effective and improved sharing of experience and the transfer of knowledge across the service

(e) Lead to better reporting and awareness on complaint trends and help identify any education/training needs.

Colleagues are asked to contact the Group Complaints Manager on **07920 041525** should they wish to arrange an 'appointment' or to simply request further information. Alternatively, please contact the complaints@priorygroup.com mailbox or speak with another member of the Complaints team on 01325 331266 x5767 or 5773.

Appendix 3

OTHER ORGANISATIONS THAT SERVICE USERS MAY WISH TO CONTACT

ENGLAND		
The Parliamentary Health Service Ombudsman (PHSO) Millbank Tower, Millbank, London SW1P 4QP		Tel: 0345 015 4033 https://www.ombudsman.org.uk/making-complaint
Local Government Ombudsman (LGO) PO Box 4771, Coventry CV4 0EH		Tel: 0300 0610 614 www.lgo.org.uk
NORTHERN IRELAND		
Northern Ireland Public Services Ombudsman Progressive House 33 Wellington Place Belfast BT1 6HN		Tel: 0800 343 424 Email: nipso@nipso.org.uk www.nipso.org.uk
The Regulation and Quality Improvement Authority (RQIA) 9th Floor Riverside Tower 5 Lanyon Place, Belfast, BT1 3BT		Tel: 028 9051 7500 Email: info@rqia.org.uk www.rqia.org.uk
Patient and Client Council (PCC) FREEPOST 1st Floor, Ormeau Baths 18 Ormeau Avenue, Belfast, BT2 8HS		Tel: 0800 917 0222 Email: info.pcc@hscni.net www.patientclientcouncil.hscni.net
SCOTLAND		
Social Care and Social Work Improvement Scotland (SCSWIS) Compass House 11 Riverside Drive, Dundee, DD1 4NY		Tel: 0345 600 9527 Email: enquiries@careinspectorate.com www.careinspectorate.com
Healthcare Improvement Scotland (HIS) Independent Healthcare Team Gyle Square 1 South Gyle Crescent Edinburgh EH12 9EB		Tel: 0131 623 4342 Email: hcis.clinicregulation@nhs.net www.healthcareimprovementscotland.org
WALES		
Healthcare Inspectorate Wales (HIW) Welsh Government Rhydycar Business Park Merthyr Tydfil, CF48 1UZ		Tel: 0300 062 8163 Email: hiw@wales.gsi.gov.uk www.hiw.org.uk
Public Services Ombudsman for Wales (PSOW) 1 Ffordd yr Hen Gae Pencoed, CF35 5LJ		Tel: 0300 790 0203 www.ombudsman-wales.org.uk
The National Assembly for Wales Cardiff Bay Cardiff CF99 1NA		Tel: 0300 200 6565 Email: contact@assembly.wales www.assembly.wales
Care Inspectorate Wales Welsh Government Office Rhydycar Business Park, Methyr Tydfil, CF48 1UZ		Tel: 0300 7900 126 Email: ciw@gov.wales www.careinspectorate.wales
If a complaint involves a serious allegation of professional misconduct, a complainant may wish to contact the following regulatory authorities:		
Nursing & Midwifery Council (NMC) 23 Portland Place London W1B 1PZ		Fitness to Practice Tel: 020 7637 7181 Email: fitness.to.practise@nmc-uk.org www.nmc-uk.org

General Medical Council (GMC) Fitness to Practice Directorate 3 Hardman Street Manchester, M3 3AW		Tel: 0161 923 6602 Email: gmc@gmc-uk.org www.gmc-uk.org
Health & Care Professions Council (HCPC) Park House 184 Kennington Park Road, London, SE11 4BU		Tel: 0845 500 6184 www.hcpc-uk.org.uk
If the complainant is or has been a patient detained under the Mental Health Act and their complaint relates to the performance of a duty, they may approach the Care Quality Commission at:		
Care Quality Commission National Customer Service Centre Citygate, Gallowgate Newcastle upon Tyne, NE1 4PA		Tel: 03000 61 61 61 Email: enquiries@cqc.org.uk www.cqc.org.uk
OTHER ORGANISATIONS		
Ofsted (England and Wales) Piccadilly Gate Store Street Manchester, M1 2WD		Tel: 0300 123 1231 www.gov.uk/government/organisations/ofsted
POhWER Independent Complaints Advocacy Services PO Box 14043 Birmingham, B6 9BL		Tel: 0300 456 2370 Email: pohwer@pohwer.net www.pohwer.net
Action Against Medical Accidents (AvMA) Freedman House Christopher Wren Yard 117 High Street Croydon, CR0 1QG		Tel: 0845 123 2352 www.avma.org.uk
Citizens Advice Bureau (CAB) Post Point 24 Town Hall Walliscote Grove Road Weston super Mare North Somerset, BS23 1UJ		Tel: 03454 04 05 06 or check your local bureau's contact details www.citizensadvice.org.uk
The Patients' Association PO Box 935 Harrow Middlesex, HA1 3YJ		Tel: 0208 423 9111 Email: mailbox@patients-association.com www.patients-association.org.uk
Age UK Tavis House 1-6 Tavistock Square London, WC1H 9NA		Tel: 0800 055 6112 www.ageuk.org.uk
Independent Age 18 Avonmore Road London, W14 8RR		Tel: 020 7605 4200 Email: charity@independentage.org www.independentage.org