

<b>POLICY TITLE:</b>	<b>Complaints and concerns</b>
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<b>Responsible Signatory:</b>	Colin Quick, Chief Quality Officer
<b>Outcome:</b>	<p>This policy:</p> <ul style="list-style-type: none"> <li>• Aims to ensure that all service users have access to an effective complaints process.</li> <li>• Gives details on how to deal with a complaint.</li> <li>• 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.</li> </ul>
<b>Cross Reference:</b>	<p>HR01.3 <a href="#">Practising Privileges for Independent Self Employed Doctors</a>  HR01.4 <a href="#">Practising Privileges for Therapists and Other Health Professionals</a>  HR04.3 <a href="#">Grievance</a>  LE03 <a href="#">Data Protection</a>  LE03.1 <a href="#">Document and Data Retention</a>  LE06 <a href="#">Confidentiality</a>  OP03.1 <a href="#">Duty of Candour</a>  OP04 <a href="#">Incident Management, Reporting and Investigation</a>  OP05 <a href="#">Mental Capacity</a>  OP05.2 <a href="#">MCA Deprivation of Liberty Safeguards (England and Wales)</a>  OP06 <a href="#">Safeguarding Children</a>  OP06.1 <a href="#">Child Protection (Scotland)</a>  OP08 <a href="#">Safeguarding Adults</a>  OP08.3 <a href="#">Adult Support and Protection (Scotland)</a>  OP17 <a href="#">Advocacy</a>  OP21 <a href="#">Whistleblowing (Protected Disclosure)</a>  OP29 <a href="#">Service User and Carer Involvement</a>  H08 <a href="#">Clinical Governance</a>  <a href="#">Priory Employee Handbook</a></p>

#### EQUALITY AND DIVERSITY STATEMENT

Priory 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 (age, disability, gender identity and expression, marriage or civil partnership, pregnancy or maternity, race, religion or beliefs, sex,

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, email [LegalandComplianceHelpdesk@priorygroup.com](mailto:LegalandComplianceHelpdesk@priorygroup.com)

# COMPLAINTS AND CONCERNS POLICY

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## 1 SCOPE

- 1.1 This policy applies to all complaints and concerns that are received verbally or in writing by any sites or services across England, Scotland, Northern Ireland and Wales. Differences between service types or nations, are highlighted throughout this policy.
- 1.2 The complaint procedures apply irrespective of any concurrent complaint processes. For example, complainants may contact the Mental Health Act team in the Care Quality Commission or Health Care Improvement Scotland at any time in the process. In doing so, our complaints process requirements will not change, but it may mean dual reporting to the complainant and the relevant body.
- 1.3 If a complaint is received and legal action is being taken or the police or coroners are involved, this will not affect the response or process to be followed. The only exception to this is if the complainant requests or agrees to a delay, where all elements of the complaint would be resolved through a claim process or if we have received a formal request to pause the complaint process from the police, coroner or a judge.

## 2 INTRODUCTION

- 2.1 All individuals have a right to express their views about the way they have experienced our services. It is important that all colleagues feel confident in receiving information and feedback on our services, acting upon any concerns and understanding when this needs to be recognised as a complaint. The standards set out in this policy are intended to help colleagues to listen, act and deal with any concerns or complaints fairly and efficiently. If mistakes have been made, then the processes in this document allow us to act quickly to put things right and make sure we learn from what has happened.

- 2.2 The procedures in this policy follow the statutory, regulatory and good practice requirements. They also make sure we uphold our values and can use concerns and complaints as an opportunity to learn from people's experience and improve our quality of care and support.
- 2.3 The policy includes processes to follow when we cannot resolve the issue raised, and how we offer support to people in accessing other resolution processes that may be available to them. This includes the role of independent bodies, ombudsmen or legal action that the person raising the complaint may wish to pursue. The policy and procedures will never prejudice the right of any complainant to take legal action, irrespective of remedy or action that has been made or taken by Priory services.

### 3 ACCOUNTABILITY, ROLES AND RESPONSIBILITIES

- 3.1 **Chief Quality Officer:** This role is the Executive Lead for Complaints and Concerns, acting as the organisational link to external bodies as required.
- 3.2 **Managing Directors and Director of Wellbeing Strategy and Services:** Responsible for ensuring that learning and change is taken from the outcome of complaints for their areas. The roles also have responsibility for approvals (as set out within this policy) and oversight of the management of complaints and concerns in their regions and teams.
- 3.3 **Responsible Person:** For individual concerns and complaints, the preferred outcome will always be early resolution with the site team. This means ownership remains with the site throughout the process and Registered Managers (Hospital Directors, Wellbeing Centre Managers or Service Managers) are the Responsible Person and manage procedures and oversee the handling and consideration of any complaints received. In practice, tasks may be delegated to other colleagues within each service, subject to suitable training and support being in place, but throughout this policy we refer only to the 'Responsible Person'.
- 3.4 **Associate Director of Patient Safety and Experience:** Leads our governance, oversight and reporting on the organisational complaints process. Ensuring regular review of the insight from complaints received and robust systems to share learning and take action to improve across all services.
- 3.5 **Associate Directors of Quality:** Responsible for working with senior leadership teams and supporting Managing Directors to effectively embed learning and change from complaints and concerns across our services.
- 3.6 **Private Complaints Co-ordinator:** Responsible for effective administration support to the Private Healthcare services in the management of complaints. Working closely with operational sites to ensure adherence to policy and ISCAS guidance. They act as a point of contact for initial advice and guidance and support the oversight of any cases referred for external adjudication linking in with senior leaders as needed. Working closely with the management leads for this function to help develop guidance, protocols and training materials. The role also coordinates with the Learning and Development team to develop and deliver training, standards, tools and information on our complaints management. With responsibility for monitoring and maintaining reporting systems, including keeping a central register of the Gesture of Goodwill Payments.
- 3.7 **Site Complaint Lead:** Each site must have an identified complaint lead. Responsible persons must ensure there are cover arrangements in place for complaint leads, either with other staff on site or in other sites as appropriate. The site complaint leads will be responsible for managing the complaints process at site level, ensuring timescales are adhered to and providing advice and guidance on the complaints process to staff involved in an investigation. They will also be responsible for checking and finalising draft responses before these are sent to the Responsible Person for signature

Site complaint leads will make sure Datix feedback module is used to provide the primary complaint reporting functionality (with all complaints to be recorded on Datix within 48 hours of receipt),

3.8 **Learning and Development Team:** Training for managers on complaints and concerns will be provided by the Learning and Development Team. This will include working with subject matter experts, specific roles and across teams and services to develop, monitor and report on our training and support for staff.

3.9 **All Colleagues:** It is the responsibility of all colleagues to encourage people to give feedback and help them to identify any concerns that may need to be managed as a complaint. Colleagues must take all complaints seriously, offer immediate support and take action to resolve any issues raised. If it is not possible to resolve immediately, then colleagues must report complaints to the Responsible Person and complete accurate records of any actions or information to support site investigations. All colleagues are required to keep up to date with training and communications to support complaints handling. This includes Priory Academy eLearning modules.

## 4 DEFINITIONS

4.1 **Complaint:** Priory defines a complaint as 'any expression of dissatisfaction – spoken or written - about an act, omission or decision made, or the standard of a service provided'

Complaints may relate to any aspect of care, treatment, professional competencies, standards, 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 personnel.

4.2 **Concern:** Across our services, we expect colleagues to seek feedback from people in our service and stakeholders to understand their opinions, questions, worries and perspectives on care, the service or wider issues. This can include positive, negative and/or neutral information that helps to support people in our care or to improve our service. All concerns must still be recorded on Datix by colleagues. A concern is an issue that can also be raised in a number of ways, however unlike a complaint these may not need to be investigated but should be resolved locally and within one working day. Concerns have the potential to escalate to formal complaints, however dealing with these effectively and quickly can reduce the likelihood of this happening. Responding to concerns is more informal than a complaint, and can be done verbally or via email, but the preference of the person raising the concern and the outcome that they expect should be taken into account.

4.3 **Compliment:** A compliment is an expression of praise towards one or more people, and can be in relation to the services provided or about the site. It is a positive statement about the care or service provided to our service users and their families. It's important to record compliments so that we can identify services that are making good progress and excelling either generally or in specific areas. We can then understand more about this good practice and share this learning with other services.

4.4 **Complainant:** This can be a service user, relative, visitor, funder, clinician, local authority, NHS authority, regulatory body or any other interested party or stakeholder. If the complaint relates to a service user, then the person raising the complaint must have the authority of a service user to raise a complaint. For some circumstances, other routes may be more appropriate for resolution e.g. where the complaint is raised by a funder or NHS authority it may be more appropriately managed through engagement and contracting discussions. However, if the person states they would like to make a complaint then this policy should be followed until it becomes clear there is another route that would offer a better outcome and resolution which should then be communicated to and discussed with the individual.

4.5 **Representative:** If the person does not wish to deal with the complaint themselves, they can appoint a representative to raise the complaint on their behalf. There are no restrictions on who may represent a person to make a complaint. However, they will need to provide consent for their representative to raise and discuss the complaint and to see their personal information (including any relevant medical records). A complaint by someone we believe is acting as a service user's representative will only be accepted in the following circumstances:

a) If we have the service users written consent

**OR**

b) Where the service user cannot complain and they cannot give consent because they lack capacity for that decision (within the meaning of the relevant statute for that nation), then we must believe the person has authority to complain on their behalf e.g. they have been given a legal role such as an attorney or deputy. This would include a complaint relating to a child (of any age) who lacks competence to consent and a person with parental authority is raising a complaint on their behalf

**AND**

c) We must reasonably believe the representative is acting in the service user's best interests. This must be assessed against the relevant statute for that nation. If we have any concerns, then we should stop processing the complaint and share our reasons in writing with the person. In some cases, this may need to be escalated in accordance with other policies or advice sought e.g. safeguarding, notification to Court of Protection or Attorney General

**Consent** – Across Priory, service users' personal information is protected in line with the requirements of the EU General Data Protection Regulation 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 needed. 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.

4.6 Consent may not be needed in situations where the service user is unable to consent. For example, children who do not have the competence needed to understand the complaints process or if the person is too ill or they 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 in electronic records using the mental capacity assessment and best interest decision record.

4.7 **Confidentiality** - Service user confidentiality must be maintained at all times. See LE06 Confidentiality.

## 5 CONCERNS AND COMPLAINT PROCESS STANDARDS

5.1 Terminology for concerns and complaints management and processes (reviews, resolution, investigations) differs across health and care in all nations. To help support people in accessing and working within the different frameworks, Priory management and processes for resolution are:

<b>Early resolution</b>	<b>Site investigation</b>	<b>Regional response</b>
<p>This allows immediate action to be taken to resolve the issues raised by the complainant.</p> <p>Records will still need to be made to reflect the issue and action, but there will typically be no reason to formally write to the person raising the concern unless required by the complainant or other representative e.g. CQC may ask for evidence if they are supporting a complaint about the MHA.</p> <p>Services should still capture the information in Datix and local governance processes</p> <p><b>As quickly as possible and within 48 hours</b></p>	<p>This offers a more detailed review of the issues raised and will require a formal response to the complainant.</p> <p>This will always include an offer to meet with them, an acknowledgement letter and a written response.</p> <p><b>Our final response must be issued within 20 working days. If extended then this can be for no more than 3 (private healthcare) or 6 months (all other services)</b></p>	<p>This may be used at any time and may consider any or all aspects of a complaint or look at the complaints process applied during the site investigation.</p> <p>This can be used for complaints from Private Healthcare when the complainant is not satisfied with the site response, where an issue is identified in the site completing the investigation or if there are complaints relating to issues outside of the control of the site or service.</p> <p>This requires an independent (from the service or from the region) senior lead to ensure a review or investigation takes place.</p> <p><b>Within 20 working days and no more than 3 (private) or 6 months (all other services)</b></p>

5.2 The different processes and timeframes used within Priory are compliant with the external requirements. The table below shows how they align and map to the terminology used by the external bodies in each division and nation.

	<b>Early Resolution</b>	<b>Site Investigation</b>	<b>Regional Response</b>	<b>External Body</b>
<b>Healthcare services</b>				
Private	Stage 1 local resolution at site level	Stage 1 local resolution at site level	Stage 2 Independent review by senior officer at Regional or Corporate level	Stage 3 Independent Sector Complaints Adjudication Service (ISCAS)
NHS England	First stage local resolution	First stage taking a closer look	Not required	Second stage Referral to Parliamentary and Health Service Ombudsman (PHSO)
NHS Wales	First stage local resolution	First stage local resolution	Not required	Second stage Referral to Public Services Ombudsman for Wales
NHS Scotland	First stage early resolution	First stage investigation	Not required	Second stage Referral to Scottish Public Services Ombudsman
<b>Adult Care services</b>				
England	Local procedure	Local procedure	Local procedure	Referral to Local Government and Social Care Ombudsman if not resolved through local procedure

Wales	Stage 1 Informal Resolution	Stage 2 Formal Internal Investigation	Not required	Public Services Ombudsman for Wales
Scotland	No specific requirements except for services to have a clear and easily available complaints procedure			Though encouraged, no requirement for complaints to go through local procedures before being raised with the Care Inspectorate
Northern Ireland	Stage 1 Frontline response	Stage 2 Investigation	Not required	Referral to Northern Ireland Public Services Ombudsman

5.3 **External body review:** Following our internal processes, an external review may be convened by others, such as the Ombudsman, Parliamentary Health Service Ombudsman (PHSO) or Adjudication by the Independent Sector Complaints Adjudication Service (ISCAS) for privately funded Healthcare service users. In some cases, complainants may go directly to an external body with their complaint and this can begin a concurrent process. This would not stop or replace our internal process e.g. for people complaining about the Mental Health Act (MHA) in England, they can raise with the Care Quality Commission (CQC) at any time.

**HEALTHCARE ONLY - Mental Health Act Complaints in England:** In some cases, CQC may ask for a follow up from a healthcare site within 24 hours of them being in touch with us regarding a concern or complaint for a person currently detained in our service. The Responsible Person should explain any action taken or planned and continue with our complaints processes set out within this document

5.4 **Timescales for raising concerns or making a complaint**

In most cases, the concern or complaint will need to be made within 12 months of the date of the event or issue occurring, or the date when the person complaining found out about it (whichever is later). We do not automatically refuse to consider anything issue that is 'out of time' and each must be considered on a case-by-case basis. The exceptions to timescales are:

Service types

- Private Healthcare, Adult Care Scotland, Wales and Northern Ireland: Complaints must be within 6 months unless exceptional circumstances (see below) apply, or where there are other circumstances which lead us to believe that an investigation would be beneficial

Exceptional circumstances

- In some cases, there may be a very good reason for not making the complaint before the deadline and we need to consider if it is still possible to respond to the complaint. This may be due to the person's individual circumstances e.g. they were too unwell or still in services and didn't feel able to raise within timeframes.
- If this applies, then the Responsible Person will need to carefully consider the reasons and if they feel able to agree to accept the complaint. If needed, further advice should be requested from an appropriate lead or team e.g. legal, quality teams in central services

**6 MAKING SURE PEOPLE KNOW HOW TO COMPLAIN AND WHERE TO GET SUPPORT**

6.1 Our approach to supporting people to access and understand our complaints process is user-led, with the aim being to ensure people can;

- Feel confident that they can speak up about any concerns they have and know they have a right to complain and this will not affect any service they are currently receiving
- Have access to information that will support them in raising a complaint and communicating this in a way that works for them
- Be confident they will be listened to, respected and understood, with support offered to help them to be as involved as they choose and to remain informed throughout the process

- Receive outcomes that are relevant and individual to them, directly addressing the issues in a way that demonstrates their views have been understood and taken into account
- Experience the complaints process fairly, justly and in a way that would make them feel confident in raising any future concerns with Priory or others

6.2 To meet these aims, it is important that we make sure that everybody who uses (or may be impacted by) our services know how to make a complaint and where to find information about our complaints procedure. We provide a range of ways to do this, including;

- **Website:** The complaints policy is available on the Priory website.
- **Sites:** Complaint information in posters and 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. For services where patients may be subject to the Mental Health Act, this must include guidance on how to access the independent complaints services e.g. Care Quality Commission for Mental Health Act (MHA) in England.

Service users should also be directed to the notice boards for details about local advocacy services (see OP17 Advocacy).

- **Information:** Supplementary and service user friendly complaint literature will also be made available within services (e.g. **OP Form: 18** (Easy Read) complaint literature, the Priory 'Making a Complaint' booklet and the 'Mumbles and Grumbles' - a guide for young people, families and carers).

6.3 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 [legalandcompliancehelpdesk@Priorygroup.com](mailto:legalandcompliancehelpdesk@Priorygroup.com)

## 7 COMPLAINTS AND OTHER PROCEDURES

7.1 Matters raised through complaints may need other procedures to be applied. This can happen at any point in the complaints process and colleagues should identify and raise any potential issues with the Responsible Person to make sure the most appropriate process is applied. The Responsible Person will also need to identify if the circumstances mean the complainant must be informed that this will be managed solely or concurrently via another process and make sure they are offered help to understand the process or outcomes that may follow.

7.2 This would include issues that may require;

- Investigation as a patient safety incident
- Safeguarding procedures
- Relevant regulatory process, such as fitness to practice investigations or referrals
- Specialist advice or guidance including from internal or external legal advice
- Coroner investigation or inquest
- Investigation or action under disciplinary procedures

7.3 If legal advice may be helpful in responding to the complaint or if there may be a potential litigation claim then the details of the complaint should be shared with the [LegalMailbox@priorygroup.com](mailto:LegalMailbox@priorygroup.com) and advice requested.

7.3 In all cases, our priority is to support the complainant to receive the most complete and holistic response to the issues they have raised. Raising complaints can be complex and difficult to navigate for people, which is why the complainant may need the support of our colleagues to understand the differences and help in deciding whether an alternative process may be result in a better



outcome for resolving or responding to their issues. If they choose to continue with their complaint, this will not affect the investigation or complaints process set out within this policy.

- 7.4 If at any point in managing the complaint, there may be a need to consider remedial or disciplinary procedures, or referral to a professional regulator for staff, the complainant should be advised of this. Information may be shared with them but this will still need to comply with data protection legislation. If the complainant chooses to refer the matter to a professional regulator themselves. It will not affect the way that their complaint is investigated and responded to.

## 8 RECEIVING A CONCERN OR COMPLAINT

- 8.1 All colleagues who have contact with service users (or those that support them) will handle any concerns or complaints in a respectful, sensitive and empathetic way. Colleagues will make sure people are listened to, get an answer to the issues quickly wherever possible, and any learning is captured and acted on.

This means our colleagues will:

- listen to the person raising the concern and ask questions to make sure they can understand the issue(s)
- ask how they have been affected and to understand the impact this has had
- offer a genuine apology for what has happened or for the distress it has caused
- ask what they would like to happen to put things right
- carry out these actions themselves if they can (or with the support of others)
- If they cannot resolve the complaint immediately, explain why and explain the complaints process
- capture any learning to share with colleagues and improve services for others.

Complaints may be received directly within the service or via other teams in Priory. It is essential that the complaint is passed to the relevant service as quickly as possible, avoiding any delay to the complaint process, resolution for the complainant or learning for the services involved or more widely.

- 8.2 **Record Keeping** - There is an effective complaint recording and feedback system that will enable continual service improvements to be made. All complaints must be recorded on the Datix feedback module within 48 hours of receipt and actioned. Any action taken in dealing with a complaint and copies of all correspondence must be recorded in the Datix record (but this must **not** form part of a service users' personal Health, Care or Education record).

## 9 EARLY RESOLUTION

- 9.1 In most cases, people raising a complaint will want our service to work proactively, be accountable and take action. To support this, colleagues must feel able to quickly and effectively resolve the issue that has been raised if it is possible to do so. If a solution can be offered within two working days, then the 'early resolution' process should be applied.
- 9.2 In line with our values, colleagues must always offer an immediate explanation to the person and apologise that they have needed to raise a concern. If the colleagues member thinks there may be someone else who is more informed about the issues raised they should immediately contact that person and arrange for them to speak to the complainant. This may be in person or by telephone, depending on the circumstances or preference of the complainant.
- 9.3 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.

- 9.4 If a complaint is made verbally and is resolved within two working days by the colleague who received the complaint or any others person, then the site team must confirm with the complainant that they are satisfied the issue has been resolved. If they agree, then we do not need to follow any further steps in this policy.
- 9.5 The Responsible Person must make sure complaints that have been resolved through early resolution are still recorded including brief details of action taken and lessons learned on the Datix feedback module. If an **OP Form: 18G** Complaint Record was completed, the complainant should be asked if they will sign this (they can refuse and this can just be added to the document) and this will be kept as part of the complaint record. A copy of the completed form may be provided to the service user if requested.
- 9.6 Some complaints, verbal or written, will be viewed as more serious or complex and it will not be possible, or appropriate, to address and resolve these through the early resolution process. In these situations, teams should ensure the complainant is supported in understanding that a site investigation will be arranged and be given a single point of contact for any additional information they need while this is being coordinated (this should be the appointed investigator if known).

## 10 SITE INVESTIGATION

- 10.1 In circumstances where early resolution is not possible or appropriate (serious or complex issues), the complainant has requested an investigation or the complaint is from an MP or Officer of the Crown, then a site investigation will be required.
- 10.2 Notification in Priory
- Notification should be sent to the [LegalMailbox@priorygroup.com](mailto:LegalMailbox@priorygroup.com), in cases where there the complaint;
- Involves an MP or Officer of the Crown
  - May result in litigation
  - Involves accidents or injuries
  - Involves a solicitor or states that legal proceedings (civil or criminal) are or will be pursued
- 10.3 As soon as possible, a review by the Responsible Person should be completed to ensure the matter can be dealt with as a complaint. This will include consideration of the timeframes (see section 5), if the person is able to complain (if not the person themselves) and if it appears a complaint is the correct procedure to follow. .
- 10.4 If not already in writing, then the complainant should be offered assistance to set out their concerns in writing. If they choose not to do so, then colleagues must continue the process and record their understanding of the complaint, ensuring this is double checked with the complainant before the investigation is started. The Responsible Person must ensure advice is offered on the complaint process, what will happen next and any support available e.g. access to advocacy should be explained.
- 10.5 Full details of the complaint must be recorded on the Datix feedback module and a note made of the system generated Complaint Reference Number which will be unique to that service/site complaint.
- 10.6 **Appoint an Investigating Officer**  
An investigating officer must also be assigned by the Responsible Person and a Datix record created in which copies of all complaint investigation related documentation will be held throughout the investigation and following conclusion. **OP Form: 18A** - Complaints Process Checklist is designed to assist in this matter.

- 10.7 It is important that the investigating officer has the appropriate level of authority, completed complaints handling training and has sufficient autonomy to carry out a fair investigation. Where possible, this should be someone not directly involved in the matters complained about. If this is not possible or there are reasons why the outcome may be improved by their involvement, this should be explained to the person making the complaint. This should address any perceived or possible conflict of interest and should be carefully considered for people who remain in the service which they are raising the complaint about.
- 10.8 The complaint investigation should be assigned to the investigating officer for their action, which requires production of an investigation report (**OP Form: 18P**) and subsequent preparation of a draft response to the complainant. **OP Form: 18B** Complaint Investigation Log is also available to assist in recording details of the investigation
- 10.9 **Letter of acknowledgment within two working days**
- A letter of acknowledgment must be sent to the complainant, by the Responsible Person or delegated colleague. This should be within **two working days** from the date on which the complaint was received.
- 10.10 A PDF copy of the signed letter must be kept on the Datix record. **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 engage directly with the appointed Investigating Officer to help them to understand their concerns and will state that we aim to resolve their complaint as quickly as possible and within 20 working days of the date of receipt.
- 10.11 **Engaging with the complainant**
- The investigating officer should consider any preferences stated or known to the service for supporting the person to engage with the complaint process. The person should be offered a meeting – in person or by telephone or video conference – and identify if they would like any support during this e.g. from a family member or advocate, so they have the opportunity to explain and agree:
- The key issues to be looked at
  - How the person has been affected
  - The outcome they are seeking
- 10.12 Meetings should be fully documented/minuted and a copy of the record/minutes provided to the complainant as an accurate record of the discussions and making clear the agreed areas for investigation. They should be informed of a realistic timescale for how long the investigation will take and the reason for this e.g. content, complexity, any work that is likely to be involved. These minutes must also be uploaded to the Datix record.
- 10.13 The complainant should be offered options for ongoing engagement and the investigating officer will need to establish how they will be kept informed and what format this should be in. The complainant should be informed that we will contact them again within 20 working days with a final response or to inform them of any delays. They should be encouraged to share any new information with us during this time if they feel it may be relevant to their complaint or if they feel they need any further details about the complaints process.
- 10.14 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.

- 10.15 Once a site investigation has commenced, all efforts must be made to complete the site investigation within 20 working days. If it becomes clear this will not be possible then a further letter must 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.
- 10.16 Throughout the process of site investigation, it is the responsibility of the investigating officer to ensure all documentation is uploaded to the Datix record. This may be completed by others e.g. the complaints lead for the site, but the investigating officer (and Responsible Person) are accountable for ensuring all relevant documentation has been uploaded.

## 11 REGIONAL RESPONSE

- 11.1 In all cases, the site investigation should seek to answer the complaint in full. However, there may be a need for a review or investigation to be completed independently of the site or by another region but still within Priory services. This will typically occur when:
- There are circumstances that would make it difficult or inappropriate for the site or region to lead the investigation. This would require a decision by the Managing Director or Director of Wellbeing Strategy & Services and reasons to be clearly recorded
  - When the complaint involves a private health care patient and the complainant is not satisfied with the outcome of a site investigation, a regional response will be needed to meet the ISCAS requirements before the patient can seek external adjudication. Typically this would be a review of the investigation only, unless there is a reason to believe any further investigation is necessary
- 11.2 Regional responses may follow similar processes to a site investigation. If a site investigation has already been completed then the complainant must be informed of any difference between the processes, whether any part of the complaint will be investigated again – or if this is a review of the complaint process only - and what this may mean for their complaint.
- 11.3 Where this follows a site investigation, all copies of investigation documentation and access to health/care records (subject to appropriate consent being provided) will be passed to the Managing Director or Director of Wellbeing Strategy & Services who will arrange for a review of all information. This will result in a decision being made on whether the complaint should be referred back to site for further investigation and response at site level or if the case should be managed at regional level.
- 11.4 If there are grounds for a regional response to be completed, a regional lead will be assigned by the Managing Director or Director of Wellbeing Strategy & Services. They will have appropriate authority and training to complete the review or investigation in full and work with the complainant to resolve to their satisfaction.
- 11.5 The regional response timelines remain as 20 working days from the receipt of the complaint or the request for a regional response to be completed.

## 12 OUTCOME OF INVESTIGATION OR RESPONSE

- 12.1 If a site investigation or regional response has identified that something has gone wrong, we will need to establish what impact the failing has had on the individual concerned. Where possible, action will be taken to put things right for the individual (and any other people who have been similarly affected). If it is not possible to put the matter right, the investigating officer or response lead will decide, in discussion with the individual concerned and relevant colleagues, what action can be taken to remedy the impact.
- 12.2 In order to put things right, and depending on the outcome sought by the complainant, the following remedies may be appropriate:

- an acknowledgement, explanation and a meaningful apology for the error
- reconsideration of a previous decision
- expediting an action
- changing policies and procedures to prevent the same mistake(s) happening again and to improve our service for others.
- Issuing a gesture of goodwill payment (see below section 13)

12.3 As soon as practical after the investigation or review is finished, the investigating officer will prepare a first draft response to be finalised by the complaints lead before being passed to the responsible person for signature.

12.4 A formal and detailed response should be sent to the complainant and any other interested parties. This may include the person the complaint relates to if they are not the complainant or others e.g. the CQC if the complaint was raised via the MHA complaints process. **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 be sent from the Responsible Person (but may be PP'd in their absence by another member of the senior management team) and signpost the complainant to any other course of action available to them should they remain dissatisfied with the outcome of the site investigation or regional response.

12.5 In all cases, our complaint response must include;

- a summary of the complaint as initially agreed with the complainant
- the areas of the complaint that had been agreed for investigation
- details of the evidence considered, witnesses interviewed and statements obtained
- details of the findings on each area of the complaint, and whether they are upheld, partially upheld or not upheld
- an explanation of whether or not something went wrong. This should be set out against what should have happened, including references to any relevant legislation, standards, policies, procedures and guidance
- if something went wrong, our understanding of the impact and the offer of an appropriate remedy
- a meaningful apology for any failings
- an explanation of any wider learning that will be, or has been, acted upon to improve our service for others
- confirmation of our procedure – stating if this is the final response that we can offer and signposting to the next stage of the process or other organisations they may wish to raise their complaint with, if they are not satisfied with our final response
- If appropriate, details of where they can obtain independent advice or advocacy should be provided.

## 13 FINANCIAL REMEDY

13.1 Financial remedy for complaints will not always be the correct option but may be appropriate for a number of reasons. The complainant may have been specific that the only resolution they will be satisfied with is a financial one and in responding, the investigating officer will need to explain our position and rationale for refusal or offering financial remedy.

13.2 In some cases, only a gesture of goodwill be appropriate but there may be occasions where the complainant needs to consider if they wish to progress a claim. These are two separate processes and they are managed independently within Priory.

### Process for claim

13.3 A claim exists when there has been an injury that may have been caused by negligence. This can be referred to as a 'public liability claim', 'clinical negligence' or a 'compensation claim'. This is a

recognised legal process that is typically commenced by a person’s legal representative or via the Small Claims court process. Our insurers must be notified immediately of any claims (or potential claims) by the legal and compliance team who manage the claims process.

- 13.4 There are many different types of situations that could lead to a potential claim. This could be physical injuries from a slip, trip or fall that has occurred while in our service or more serious incidents involving fatalities and subsequent claims from families or carers.
- 13.5 In all cases, the legalmailbox@priorygroup.com must be informed if a member of staff becomes aware of a claim or potential claim. The legal and compliance team will also review all Datix incidents that are graded as level 1, 2 or 3 to review any potential claims and contact sites to discuss.
- 13.6 While advice can always be sought from the legal and compliance team, in most cases a complaint which is seeking financial remedy for material items or impacts on emotional wellbeing will not amount to a public liability or clinical negligence claim. If a gesture of goodwill is agreed in the course of an investigation of a complaint, then this would not prejudice any separate or future claim made and complaints and claims can run side by side if the complainant would like both to be progressed.
- 13.7 Once a claim is in progress, this will take precedence over any existing complaints process to ensure a consistent, robust resolution for the complainant. However, there may be multiple elements that have been raised and if there are points that would not form part of the claim then a concurrent complaint process will need to continue. This must be discussed and agreed between the investigator or Responsible Person and the legal and compliance team. Any options and an explanation of the process should be discussed with the complainant and a final position confirmed in writing.

**Process for Gestures of Goodwill Payments**

- 13.8 A gesture of goodwill payment may be agreed to recognise an error or mistake that has impacted the complainant. Unlike a claim, this does not establish any legal liability; but can be decided by our site or regional teams to reflect and acknowledge the impact the situation or issue has had on the complainant.
- 13.9 If there is a specific financial remedy being requested e.g. refund of fees or specific payment for an item then the amount to be considered is clear. For all other complaints, where the investigating officer feels a gesture of goodwill payment is appropriate the amount offered will vary, as it needs to be considered against a range of factors.
- 13.10 Investigating officers may have to consider the impact on; ;
  - Emotional wellbeing e.g. distress, worry, inconvenience
  - Material circumstances e.g. impact on time, delays to transfers of care
  - Financial loss e.g. a loss of travel expenses for a cancelled appointment, item or possession
- 13.11 In considering the above, if the impact appears to be related to anything other than material items (e.g. injury / alleged exacerbation of mental health condition) then further advice should be sought from the legalmailbox@priorygroup.com as we may need to notify our insurers of the complaint and potential for claim.
- 13.12 To ensure this is done fairly and consistently, the starting point for decisions should be the scale outlined below. Each case will need to be considered on individual circumstances and a rationale included. This will be provided by the investigator in their draft response and require approval by the Responsible Person and others, as set out in the box below;

Level	Amount	Approval and Reporting	Examples of considerations and factors
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## Operational

1	£0	Approval by Responsible Person	No impact, single incidence without any evidence of adverse effects to complainant
2	£1 - £999	Approval by Responsible Person  In Wellbeing Centres, approval from Operations Director is also required	Evidence of a moderate impact, situation may have taken place over days or weeks and led to complainant feeling distressed, inconvenienced and frustrated
3	£1,000 - £4,999	Approval by Responsible Person and Managing Director or Director of Wellbeing and Strategy & Services	Moderate to significant impact, may have occurred over several weeks or months
4	£5,000 or more	Approval by Responsible Person and Managing Director or Director of Wellbeing and Strategy & Services  Report to Chief Quality Officer and Commercial Finance Director	The complaint has had a marked or substantial effect on the person and there is evidence of significant material or emotional impact  In these cases, consideration should also be given to whether the complaints process is the correct avenue for resolution. The complainant may need to be directed to independent legal advice and support.

- 13.13 In any circumstances where there may be reason for a recommendation for the goodwill gesture to exceed £5,000, the Chief Quality Officer and Commercial Finance Director must be involved. This involvement will ensure Priory can identify any wider implications for finance and quality, including any UK Board action or improvement plans needed based on the feedback and experience of complainants.

### 14 WITHDRAWING A COMPLAINT

- 14.1 If at any time during the complaint process, the complainant informs – verbally or in writing - the investigating officer or another member of staff they wish to withdraw the complaint then this must be recorded in the Datix record including confirmation in writing to the complainant.
- 14.2 The letter to confirm the withdrawal of the complaint should confirm any details known e.g. reason for withdrawal, if this has been disclosed, and how the complainant may contact Priory to raise any further concerns in future. This should be done within 2 working days of being informed of the withdrawal and signed by the Responsible Person (or pp'd on their behalf). A copy should be shared with others as appropriate e.g. the CQC if the complaint was raised via the MHA complaints process.

### 15 EXTERNAL INVESTIGATION, REVIEW OR ADJUDICATION

- 15.1 If complainants remain dissatisfied with Priory investigations and outcomes, they will have the option to seek further review, adjudication or investigation from other agencies. This will depend on the service and nation, and details of how to instigate the external stage of the process, and any relevant time periods, should be clearly set out in our final investigation response.
- 15.2 The external bodies will have different processes and services which may include independent advice, information regarding this will be available on the websites and support should be offered to help the complainant access this if needed.
- 15.3 In almost all cases, the external organisation responsible for investigation and adjudication will need to know that Priory services are aware of the complaint and have been given a reasonable opportunity to investigate and respond. The exceptions to this are:

- Where the complaint involves the operation or application of the Mental Health Act in England, there is no requirement for the complainant to speak to Priory before contacting CQC for their support
  - In Scotland adult care services, the complainant can go directly to the Care Inspectorate at any time
- 15.4 The role of the external organisation in supporting any complainant to reach an outcome that helps resolve the complaint to their satisfaction is an important one. All Priory colleagues should support the process and ensure that any requests for documentation are handled, by senior management, and produced without delays. There may also be a need to arrange visits or interviews with sites and colleagues before reaching a decision on whether there are grounds for further action or to inform their investigation. These should be fully supported and advice sought from the Managing Directors, Director of Wellbeing Strategy & Services or Group Complaints Manager if needed.
- 15.5 If the complaint involved private healthcare services in England, then the process for external adjudication is via the Independent Sector Complaints Adjudication Service (ISCAS). As Priory are an ISCAS subscriber, we must provide access to the independent external adjudication of complaints and the full details of this are set out in **Appendix 2**

## **16 DEALING WITH UNREASONABLE AND/OR PERSISTENT COMPLAINANTS**

- 16.1 Complaints are often the result of complex and very difficult circumstances for people. The process of navigating a complaint can be challenging, cause frustration, and result in highly emotional responses. Colleagues must seek to understand the reasons for this, responding fairly and with empathy or asking for additional support and advice from managers and other teams.
- 16.2 In some situations, this may extend to unreasonable behaviour and there are no further options to assist the complainant or to offer any additional remedy. In determining how to respond, the Responsible Person and Investigating Officer must consider;
- If the complaints process has been correctly implemented as far as possible and that no material element of a complaint is overlooked or inadequately addressed;
  - If they are able to identify the point at which a complainant's behaviour became unreasonable and if there was any other possible cause or support that may have helped avoid this;
  - If there is a way to offer an alternative forum for the complainant to engage with or communicate their concerns. This may include consideration of;
    - Are there other colleagues who could act as the point of contact and who may know the complainant well?
    - Can we offer them a different format to share any concerns?
    - Are there other ways we can offer reassurance that we are taking their concerns seriously and keep them updated with the process.
- 16.3 Complainant's behaviour (or anyone acting on their behalf) may be considered unreasonable where previous or current contact with them shows that they meet at least **TWO** of the following criteria;
- Persist in pursuing a complaint where the complaints process has been fully and properly implemented and exhausted;
  - 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);
  - Unwilling to accept documented evidence as being factual or deny receipt of an adequate response despite correspondence specifically answering their questions/concerns. This could also extend to complainants who do not accept that facts can sometimes be difficult to verify after a long period of time has elapsed;



- Deny receipt of an adequate response despite evidence of correspondence specifically answering their questions;
- Do not identify the 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;
- Focus on a trivial matter to an extent which appears 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);
- 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);
- Are known to have recorded face-to-face meetings or telephone conversations without the prior agreement of the other parties involved;
- 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);
- 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;
- 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 pursuing a formal complaint can be a stressful experience, and should make reasonable allowances for any resulting frustration, anxiety or distress which may cause complainants to sometimes act out of character.

16.4 **Where a complaint investigation is ongoing** - The Responsible Person, Managing Director or Director of Wellbeing Strategy & Services should speak to the complainant to try to resolve matters and identify any reasons for the perceived unreasonable behaviour. This should include an explanation of the standards and process we are following and what the complainant can reasonably expect from the investigation.

This should be set out in writing (email or letter) and specify the engagement and communication process agreed with the complainant for the remainder of the investigation. Details should be given on how they can raise any concerns, access other support such as advocacy or ask for this approach to be reviewed.

If this is not accepted by the complainant and the unreasonable behaviour continues, then the Responsible Person, Managing Director or Director of Wellbeing Strategy & Services can decline further contact with the complainant either in person, by telephone, email or letter – or any combination of these – provided that we offer one form of contact to be maintained. In some cases, this may be further restricted by seeking liaison only through a third party such as an advocacy service.

16.5 **Where a complaint investigation is complete** - At an appropriate stage, the site/service manager, Managing Director or Director of Wellbeing Strategy & Services 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 unless they raise new issues that merit further investigation..

In extreme cases, the Responsible Person, Managing Director or Director of Wellbeing Strategy & Services may need to consider taking legal action against the complainant. This would be an

absolute last resort and further advice should be sought on this via the [LegalMailbox@priorygroup.com](mailto:LegalMailbox@priorygroup.com)

- 16.6 **Withdrawing 'unreasonable, persistent' status** - Once complainants have been viewed as unreasonable, 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.

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.

## 17 ADDITIONAL REQUIREMENTS FOR HEALTHCARE DIVISION

- 17.1 Hospital and Wellbeing Centre 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.
- 17.2 **Complaints Involving Independent Practitioners** - Many practising doctors and therapists are independent practitioners and are not Priory employees. Their practising privileges are conditional on participation in and adherence to the Priory Complaint policy. If a therapist or doctor fails to adhere to the policy, practising privileges may ultimately be suspended or withdrawn. The Hospital Director or Wellbeing Centre Manager shall not withdraw the practising privileges of any clinician without first consulting the Clinical Lead (Wellbeing Centres), Therapy Services Manager (hospital based therapists) or Medical Director (doctors). Complainants should be informed of their right to complain directly to the relevant professional body.
- 17.3 The Hospital Director or Wellbeing Centre Manager must always inform a clinician of a serious or clinical complaint made by a service user for whom the therapist or doctor is responsible.
- 17.4 The therapist or doctor will likewise always inform the Hospital Director or Wellbeing Centre Manager 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.
- 17.5 Any response sent out by a Hospital Director or Wellbeing Centre Manager 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.
- 17.6 Cases involving serious clinical complaints or allegations of professional incompetence against a doctor must also be brought to the attention of the Chief Medical Officer and passed to the Hospital Director or Wellbeing Centre Manager for acknowledgment; liaising as appropriate with the GMC as professional body.
- 17.7 **General Medical Council (GMC) Complaints and Complaints against Doctors** – All Consultants and Doctors are requested to notify the Hospital Director or Wellbeing Centre Manager if there are any complaints made against them. If the complaint has been made directly to the GMC, the Chief Medical Officer must be informed immediately with appropriate details. If this involves a visiting consultant who practices elsewhere, then the notification would extend to any complaints made against them for services they have provided to any other organisation.

## 18 MONITORING, LEARNING AND DATA

- 18.1 To support learning from all complaints, information will be shared via Quality and Clinical Governance Processes. This will include, as a minimum, quarterly reports being discussed in site, regional and Priory governance forums.
- 18.2 Key performance indicator information will be monitored and include:
- Timeliness, in line with this policy and service or nation specific standards
  - The number of complaints received and resolved by the early resolution process
  - The number of site investigations completed and how many were closed within 20 working days
  - The average time for a full response to complaints
  - The outcome of complaints following early resolution or investigation
  - The number and type of regional responses completed with the length of time to complete and the outcomes
  - Details of complaints that have been escalated for external review (e.g. to ISCAS or an Ombudsman)
- 18.3 Key performance indicators and statistics are important to understand where any improvements need to be made to process. However, we also expect Responsible Persons to work with their teams to share real examples from complaints about their service. This should include outcomes, impact and any learning from the people involved – complainant, colleagues or others – that can help increase awareness and support continued improvement. Depending on the example, this may be anonymised or complainants and colleagues may be offered an opportunity to share their experience and support learning.
- 18.4 Datix will be used to extract data for complaints management and monitoring purposes. All Responsible Persons are accountable for ensuring regular checks and audits of information are completed by their site teams and complaints leads to support accurate, robust and effective records of complaints are maintained.

## 19 REFERENCES AND USEFUL GUIDANCE DOCUMENTS

### 19.1 Legislation

Care Standards Act 2000  
Care Act 2014  
Health and Social Care Act 2008  
Mental Health Act 1983  
Mental Capacity Act 2005  
Mental Capacity Act 2016 [Northern Ireland]  
Mental Health (Care and Treatment) Scotland Act 2003  
Adults with Incapacity (Scotland) Act 2000  
Children Act 2004  
Data Protection Act 2018  
Freedom of Information Act 2000  
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  
The Care Standards Act 2000 and the Children Act 1989 (Regulatory Reform and Complaints) (Wales) Regulations 2006 (S.I. 2006/3251 (W.295))

### 19.2 Guidance

Guidance on good practice in Complaint handling is available for each nation and service. This is extensive and all colleagues must keep up to date with complaints training to ensure they have access to the latest best practice and standards development. A selection of guidance is available

below but this is not an exhaustive list and further research may need to be completed to tailor our complaint response to individual people or concerns and situations.

[Health and Social Care Act 2008 \(Regulated Activities\) Regulations 2014: Regulation 16](#)

[Parliamentary and Health Service Ombudsman: NHS Complaint Standards](#)

[Local Government and Social Care Ombudsman: Factsheets](#)

[Independent Sector Complaints Adjudication Service: Code of Practice for the Management of Complaints \[link to Patient Guide\]](#)

[Northern Ireland Public Service Ombudsman: Complaint Standards](#)

[Healthcare Improvement Scotland: complaints about independent healthcare services](#)

[Ombudsman Wales: Complaints Standards Authority](#)

## 20 EQUALITY IMPACT ASSESSMENT

20.1

<b>How is the policy likely to affect the promotion of equality and the elimination of discrimination in each of the groups?</b>			
<b>Protected Characteristic</b> (Equality Act 2010)	<b>Impact</b> Positive/ Negative/ None	<b>Reason/ Evidence of Impact</b>	<b>Actions Taken</b> (if impact assessed as Negative)
Age	Positive	See 'other' below	
Disability	Positive	See 'other' below	
Gender identity and expression	None	No impact identified	
Marriage or civil partnership	None	No impact identified	
Pregnancy or maternity	None	No impact identified	
Race	Positive	See 'other' below	
Religion or beliefs	None	No impact identified	
Sex	None	No impact identified	
Sexual orientation	None	No impact identified	
Other, please state:	<p>The policy is accessible to all and offers support for all service users and stakeholders. The procedures within are applied with equality and follow the national guidance for the nation and sector they are relevant within.</p> <p>The policy signposts to resources to help provide additional support for needs, including those related to physical or mental health needs.</p> <p>We accept any complaint or concerns in a range of formats (online, phone, in person) to suit the needs of the person. T</p> <p>Other languages and formats are available on request.</p>		
<b>EIA completed by:</b>			
<b>Name:</b>	Kim Forrester		
<b>Role/Job Title:</b>	Head of Mental Health Act and Mental Capacity Act Operations		
<b>Date completed:</b>	05.01.2023		

## 21 FORMS: (Printable from the Intranet)

**OP Form: 18 (Easy Read)** - [Making a Complaint \(England\)](#)

**OP Form: 18A** - [Complaint Process Checklist: Stage 1](#)

**OP Form: 18B** - [Complaint Investigation Log](#)

**OP Form: 18C** - [Statement of Authority - Taking Up Complaint on behalf of a Complainant](#)

**OP Form: 18D** - [Statement of Authority to Access Service User Records](#)

**OP Form: 18E** - [Complaint Procedure Notice - Northern Ireland](#)

**OP Form: 18F** - [Complaint Procedure Notice - England and 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** - [Colleagues Information Flashcards - Complaints](#)  
**OP Form: 18M** - [Complaint Procedure Notice – Scotland](#)  
**OP Form: 18N (Easy Read)** - [Making a Complaint \(England – Education & Children’s Services\)](#)  
**OP Form: 18P** - [Complaint Investigation Report](#)  
**OP Form: 18Q** - [Practising Privileges/Visiting Consultants – Guidance](#)  
**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 Offer - Letter Template and Guidance](#)  
**OP Letter 18E (Easy Read)** - [Complaint Acknowledgement Letter Template](#)  
**OP Letter 18F (Easy Read)** - [Complaint Holding Letter Template](#)  
**OP-SOP03** – [Complaints Handling](#)  
**PoP-OP03** – [Complaints and Concerns](#)

## 22 APPENDICES

Appendix 1: Other organisations that complainants may contact or seek support from

**APPENDIX 1: Other organisations complainants may contact or seek support from**

<b>ENGLAND</b>	
The Parliamentary Health Service Ombudsman (PHSO) Millbank Tower, Millbank, London SW1P 4QP	Tel: 0345 015 4033 <a href="http://www.ombudsman.org.uk/making-complaint">www.ombudsman.org.uk/making-complaint</a>
Local Government and Social Care Ombudsman PO Box 4771, Coventry CV4 0EH	Tel: 0300 0610 614 <a href="http://www.lgo.org.uk">www.lgo.org.uk</a>
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: <a href="mailto:enquiries@cqc.org.uk">enquiries@cqc.org.uk</a> <a href="http://www.cqc.org.uk">www.cqc.org.uk</a>
<b>WALES</b>	
Healthcare Inspectorate Wales (HIW) Welsh Government Rhydycar Business Park Merthyr Tydfil CF48 1UZ	Tel: 0300 062 8163 Email: <a href="mailto:hiw@gov.wales">hiw@gov.wales</a> <a href="http://www.hiw.org.uk">www.hiw.org.uk</a>
Estyn (Her Majesty's Inspectorate for Education and Training in Wales) Anchor Court Keen Road Cardiff CF24 5JW	Tel: 029 2044 6446 Email: <a href="mailto:enquiries@estyn.gov.wales">enquiries@estyn.gov.wales</a> <a href="http://www.estyn.gov.uk">www.estyn.gov.uk</a>
Public Services Ombudsman for Wales (PSOW) 1 Ffordd yr Hen Gae Pencoed. CF35 5LJ	Tel: 0300 790 0203 Email: <a href="mailto:ask@ombudsman-wales.org.uk">ask@ombudsman-wales.org.uk</a> <a href="http://www.ombudsman.wales">www.ombudsman.wales</a>
The National Assembly for Wales Cardiff Bay Cardiff CF99 1NA	Tel: 0300 200 6565 Email: <a href="mailto:contact@assembly.wales">contact@assembly.wales</a> <a href="http://www.assembly.wales">www.assembly.wales</a>
Care Inspectorate Wales Welsh Government Office Rhydycar Business Park, Methyr Tydfil, CF48 1UZ	Tel: 0300 7900 126 Email: <a href="mailto:ciw@gov.wales">ciw@gov.wales</a> <a href="http://www.careinspectorate.wales">www.careinspectorate.wales</a>
<b>SCOTLAND</b>	
Care Inspectorate Compass House 11 Riverside Drive, Dundee DD1 4NY	Tel: 0345 600 9527 Email: <a href="mailto:enquiries@careinspectorate.com">enquiries@careinspectorate.com</a> <a href="http://www.careinspectorate.com">www.careinspectorate.com</a>
Programme Manager Independent Healthcare Services Team Healthcare Improvement Scotland Gyle Square, 1 South Gyle Crescent Edinburgh. EH12 9EB	Call: 0131 623 4342 Email: <a href="mailto:his.ihcregulation@nhs.scot">his.ihcregulation@nhs.scot</a>

<b>NORTHERN IRELAND</b>	
Northern Ireland Public Services Ombudsman Progressive House, 33 Wellington Place Belfast BT1 6HN	Tel: 0800 343 424 Email: <a href="mailto:nipso@nipso.org.uk">nipso@nipso.org.uk</a> <a href="http://www.nipso.org.uk/nipso">www.nipso.org.uk/nipso</a>
The Regulation and Quality Improvement Authority (RQIA) 9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT	Tel: 028 9051 7500 Email: <a href="mailto:info@rqia.org.uk">info@rqia.org.uk</a> <a href="http://www.rqia.org.uk">www.rqia.org.uk</a>
Patient and Client Council (PCC) FREEPOST PATIENT AND CLIENT COUNCIL 1st Floor, Ormeau Baths, 18 Ormeau Avenue, Belfast, BT2 8HS	Tel: 0800 917 0222 Email: <a href="mailto:info.pcc@hscni.net">info.pcc@hscni.net</a> <a href="http://www.patientclientcouncil.hscni.net">www.patientclientcouncil.hscni.net</a>

**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	Tel: 020 7637 7181 Email: <a href="mailto:fitness.to.practise@nmc-uk.org">fitness.to.practise@nmc-uk.org</a> <a href="http://www.nmc.org.uk">www.nmc.org.uk</a>
General Medical Council (GMC) Fitness to Practice Directorate 3 Hardman Street Manchester, M3 3AW	Tel: 0161 923 6602 Email: <a href="mailto:gmc@gmc-uk.org">gmc@gmc-uk.org</a> <a href="http://www.gmc-uk.org">www.gmc-uk.org</a>
Health & Care Professions Council (HCPC) Park House 184 Kennington Park Road, London, SE11 4BU	Tel: 0845 500 6184 <a href="http://www.hcpc-uk.org.uk">www.hcpc-uk.org.uk</a>

**OTHER ORGANISATIONS**

Ofsted (England and Wales) Piccadilly Gate, Store Street Manchester, M1 2WD	Tel: 0300 123 1231 <a href="http://www.gov.uk/government/organisations/ofsted">www.gov.uk/government/organisations/ofsted</a>
POhWER Independent Complaints Advocacy Services PO Box 14043 Birmingham, B6 9BL	Tel: 0300 456 2370 Email: <a href="mailto:pohwer@pohwer.net">pohwer@pohwer.net</a> <a href="http://www.pohwer.net">www.pohwer.net</a>
Action Against Medical Accidents (AvMA) Freedman House, Christopher Wren Yard 117 High Street Croydon, CR0 1QG	Tel: 0845 123 2352 <a href="http://www.avma.org.uk">www.avma.org.uk</a>
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 <a href="http://www.citizensadvice.org.uk">www.citizensadvice.org.uk</a>
The Patients' Association PO Box 935 Harrow Middlesex, HA1 3YJ	Tel: 020 8423 8999 Email: <a href="mailto:mailbox@patients-association.com">mailbox@patients-association.com</a> <a href="http://www.patients-association.org.uk">www.patients-association.org.uk</a>
Age UK Tavis House 1-6 Tavistock Square London, WC1H 9NA	Tel: 0800 055 6112 Email: <a href="mailto:contact@ageuk.org.uk">contact@ageuk.org.uk</a> <a href="http://www.ageuk.org.uk">www.ageuk.org.uk</a>
Independent Age 18 Avonmore Road London, W14 8RR	Tel: 020 7605 4200 Email: <a href="mailto:charity@independentage.org">charity@independentage.org</a> <a href="http://www.independentage.org">www.independentage.org</a>