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Scotland

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

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

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Key principles

The Procedure - A Quick Guide

STEP 1: Receiving and assessing the complaint

*Complaints can be made in person, in writing or during a telephone call. An acknowledgement will be sent **within 3 working days**. An assessment of the complaint will be carried out **within 5 working days**.*



STEP 2: Planning for the investigation

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



STEP 3: The investigation

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



STEP 4: Decision making and reporting

We will send a complaint investigation report to the complainant and the service/provider.

We will publish a summary of all upheld complaint investigations on our website.



STEP 5: Follow up (if upheld)

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



STEP 6: Appeals and grievances

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

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Key principles

Overview

The principles for handling complaints are informed by best practice from the Model Complaints Handling Procedure, which is in place across most public services in Scotland. These principles ensure complaints are dealt with fairly and consistently. Services are encouraged to build a culture of respect, openness, and accountability, so that people feel confident to raise concerns. Complaints should be seen as opportunities to learn and improve, helping services deliver better care and support.

A person-centred approach puts people at the heart of the complaints process, ensuring their rights are respected and their individual needs recognised. Complaints should be handled with empathy, dignity, and compassion, while also protecting the rights and wellbeing of staff involved. Everyone should feel safe, supported, listened to, and valued, with services responding fairly, flexibly, and respectfully.

What is a complaint?

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

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

We can investigate complaints that relate to:

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

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We cannot investigate complaints that relate to:

- ✗ services that are not registered with us (that we do not regulate)
- ✗ events that occurred more than 6 months prior to the complaint being made
- ✗ refunds for treatment/care provided
- ✗ refusal to treat (unless there is evidence procedures have not been followed)
- ✗ fees charged for treatment/care
- ✗ clinical decisions (i.e. informed decisions made by a healthcare professional) about treatment/care provided
- ✗ a request for a second opinion relating to treatment/care
- ✗ ethical and professional standards of an individual registered healthcare professional
- ✗ issues about the functions of one service/provider, raised by another
- ✗ matters relating to contracts of employment/volunteer engagement
- ✗ issues that fall under the responsibility of another regulator, professional body, statutory agency or public agency
- ✗ issues that are currently/have already been investigated and responded to by Healthcare Improvement Scotland
- ✗ issues that are currently being investigated by a third party adjudication service (such as the Independent Sector Complaints Adjudication Service [ISCAS])
- ✗ issues that are currently subject to an active police investigation, and
- ✗ issues that are currently subject to legal proceedings (where a solicitor has been engaged and has taken action on behalf of either party).

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What is an independent healthcare service?

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

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

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

Who can make a complaint?

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

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

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

How a complaint can be made

Complaints can be made to:

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

Or by email: his.ihcregulation@nhs.scot

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Complaints are accepted within 6 months from the date the matter of the complaint comes to the person's notice.

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

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

Complainants should ensure that all contact details including their telephone number, postal and email address (if they have one) are included to allow us to easily contact them.

Complaints can also be received anonymously or in confidence. If complainants choose to remain anonymous, we cannot ask for more details of the complaint or provide any updates or investigation findings.

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

If the complainant does not wish to do this or has already done this and was not satisfied with the outcome, then we will assess the complaint to determine whether we could investigate it.

Independent Sector Complaints Adjudication Service (ISCAS)

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

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

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

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Consumer Redress Schemes

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

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

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

Anonymous and confidential complaints

We will treat all complaints seriously, however they are received, and will take action to consider them further wherever this is appropriate. Complaints can be made anonymously or in confidence.

An **anonymous complaint** is where we receive a complaint but no contact details for the complainant. When receiving an anonymous complaint, if there is not enough information to enable us to take further action or to obtain further information, we may decide that we are unable to undertake an investigation. Any decision not to investigate an anonymous complaint will be authorised by a Senior Inspector.

We record all information about anonymous complaints, to the extent that it is available, to allow consideration of any action deemed necessary. If we pursue an anonymous complaint further, we will record the investigation and outcome in line with our normal complaint investigation process. However, we are unable to provide anonymous complainants with any updates or a complaint investigation report.

A **confidential complaint** is where we have the complainant's name and contact details, but they request their name not be used or divulged to the service/provider.

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

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

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Time limits and timescales

⌚ Eligibility time limit

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

⌚ Acknowledgement timescale

We will acknowledge complaints **within 3 working days** of receipt.

⌚ Assessment timescale

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

⌚ Investigation timescale

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

⌚ Investigation visit timescale

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

⌚ Factual accuracy timescale

A written response will be sent to the complainant and the service/provider. They have **3 working days** to provide factual accuracy comments on the complaint investigation report.

⌚ Post-investigation review - request timescale

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

⌚ Post-investigation review - acknowledgement of request timescale

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

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

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

⌚ Post-investigation review – final outcome decision timescale

We will write to the complainant and service/provider **within 20 working days** of receipt of the request explaining the outcome of the post-investigation review and the final decision we have reached. Where we are unable to do so, we will write to explain the reason for the delay and provide a revised timescale for completion. Once the post-investigation review is concluded there will be no further review.

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How we assess a complaint

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

1. Use the information as intelligence

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

2. Referral to another agency

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

3. Arrange frontline investigation

Where we ask the service/provider to engage in a frontline investigation using their own complaints procedure, directly with the complainant to resolve the complaint. We will always agree this course of action with the complainant before making any contact with the service/provider. We will close the complaint at this point and advise the complainant to come back to us, if they remain dissatisfied.

4. Investigation by Healthcare Improvement Scotland

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

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

1. Communicate with the complainant, where appropriate, to agree the complaint.
2. Write to the complainant, and where appropriate the service/provider, to agree and confirm the areas we will be investigating.
3. Where there is ongoing discussion with the complainant regarding the areas to be investigated, the complainant should be aware that this will delay the timescales for resolution. In addition, if after discussion with the complainant the areas to be investigated cannot be mutually agreed, Healthcare Improvement Scotland may proceed and investigate the areas where there has been agreement.

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4. Engage with the service/provider to investigate the complaint, where appropriate.
5. Examine and assess evidence and speak to relevant people.
6. Write to the complainant and service/provider with the outcome of the investigation.

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

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

This may include any of the following organisations:

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

How we investigate a complaint

We will acknowledge complaints in writing **within 3 working days** of receipt. Complaints will be assessed **within 5 working days** of receipt.

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

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

We have **20 working days** from receipt of the complaint to carry out the complaint investigation and provide the complainant and service/provider with a conclusion. If we need to extend this timescale, we will discuss with the complainant and service/provider to explain our reasons for this and provide a revised timeline for providing our decision. In exceptional circumstances, where there are clear and justifiable reasons for doing so, we may agree an extension of no more than ten additional working days with the complainant.

Where a service/provider has carried out their own investigation, we will request the service provide this to the complainant directly and provide us with a copy of the findings.

The complaint investigation visit

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

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

Photographs

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

Interviews

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

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Other concerns identified during an investigation

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

- face to face or telephone conversation about the concern
- sending a letter to the service/provider outlining the concerns identified
- following up the concerns at the next inspection of the service, or
- carrying out a separate inspection of the service, related to the specific concerns identified.

Promoting positive behaviours

Our complaints policy reflects our commitment to delivering a high-quality service and ensuring we treat everyone with respect and dignity. We aim to support everyone engaging with our service positively.

We recognise that people who come to us may have experience of trauma or have specific needs and requirements. We will ensure our staff have access to appropriate training and support and they will seek to defuse and de-escalate situations where emotions may be heightened.

The [Respectful Engagement Policy](#) from the Scottish Public Services Ombudsman offers helpful guidance about creating a space to support positive engagement where all parties are respectful. We will ensure our responses are proportionate to the behaviour and impact on our staff, recognising that individuals may be upset and distressed when they contact us.

Creating clear boundaries, de-escalating conflict and taking a proportionate and stepped approach to restrictions may be needed. Further details on this can be found in Appendix 1.

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

Protecting vulnerable adults and children

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

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What happens at the end of an investigation

Feedback

At the end of a complaint investigation visit, we will discuss our findings with the service/provider. We may give the service/provider an opportunity to provide us with additional supporting evidence, if we deem it appropriate. This must be provided within 2 working days.

Complaint investigation report

When we have concluded our investigation, we will send a complaint investigation report to both the complainant and the service/provider. These letters will detail the following:

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

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

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

- upheld, or
- not upheld.

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

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

We will publish a summary of all upheld complaint investigation outcomes on the service's page on our website. These are removed from the service page on the Healthcare Improvement Scotland website 12 months from the date of the complaint investigation report. No individuals will be identifiable.

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Requirements, recommendations and complaint investigation action plans

Complaint investigation action plans will be followed up no later than 16 weeks after the date of the complaint investigation report. If we have made any requirements or recommendations as a result of a complaint investigation, these will also be followed up and reported on as part of the service's next inspection. However, if any urgent requirements were made, these may be followed up separately, before the next inspection.

Quality assurance

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

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

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Appeals, reviews and grievances

General comments and feedback

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

Appeals

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

The post-investigation review

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

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

A complainant can request a post-investigation review if the complaint was not upheld. The service/provider can request a post-investigation review if the complaint was upheld.

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

Timescales and time limits for post-investigation reviews

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

When we receive such a request, we will write to the requestor **within 3 working days** to acknowledge receipt. We will then assess the post-investigation review request and write to the requester **within 5 working days** to confirm if a review is taking place and who will be carrying out the review. Both the complainant and service/provider will be informed if a post-investigation review is taking place.

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How we carry out a post-investigation review

A senior member of the independent healthcare team, who was not part of the initial investigation, will review the request to decide if it meets the criteria for a review. If a review is approved, a senior member of HIS staff, who is not part of the independent healthcare team, will look at the post-investigation review request and assess it along with the evidence we have gathered during the complaint investigation and decide whether to:

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

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

Final decision

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

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

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

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

Please note that Healthcare Improvement Scotland cannot reinvestigate a previously concluded complaint or reconsider a complaint investigation outcome where a final decision has already been issued. It also cannot investigate allegations that have been referred to another statutory or public agency such as the police, or a complaint about which the complainant has commenced legal proceedings or has clearly stated they intend to do so.

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Appendix 1: Managing Behaviours which are Challenging and Promoting Positive Behaviours

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

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

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

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

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

Working with us: respecting each other

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

Remember we are people too

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

Restorative approaches

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

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

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Managing behaviours which are challenging include:

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

Frequent contact

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

Unreasonable demands

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

Examples of unreasonable demands may include:

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

Not co-operating with the process

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

Persistence after the complaint is closed

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

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

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

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

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

Threatening or abusive behaviour

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

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

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



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