

Complaints Policy and Procedure

Introduction

Harrow Health CIC Complaints Policy and Procedure outlines, for patients and patients' representatives, the most fair and efficient method through which they may record a complaint against the care and or treatment they have received from Harrow Health.

All Harrow Health staff are to be fully conversant with this policy and are to understand that all patients have a right to have their complaint acknowledged and investigated properly. Harrow Health takes all complaints seriously and ensures that they are investigated in an unbiased, transparent, non-judgmental and timely manner. We maintain communication with the complainant (or a representative) throughout, ensuring they know the complaint is being taken seriously.

Harrow Health believes that if a patient or their relatives are unhappy about any element of the care or treatment we provide; or if they feel that we can improve in some way, that the patient or their relatives are fully entitled to complain.

We welcome feedback in any form and believe that feedback provides the opportunity to learn, improve and develop the service we are providing. Any complaints, comments or feedback will be taken seriously and dealt with appropriately.

We will always investigate complaints; and appropriate action will be taken in response to issues that are identified.

Harrow Health aims to design and implement policies and procedures that meet the diverse needs of our service and workforce, ensuring that none are placed at a disadvantage over others, in accordance with the Equality Act 2010. Consideration has been given to the impact this policy might have in regard to the individual protected characteristics of those to whom it applies.

Policy Statement

The complaints process provides a framework through which organisational and individual learnings are captured, understood, and reflected upon. This policy also details the duties incumbent on Harrow Health staff members throughout the complaints procedure and provides an operational strategy to facilitate the management of complaints to fulfil the statutory requirements of the Care Quality Commission (CQC). The Governance department will monitor the implementation of the complaints policy. The Governance team will conduct a review of complaints once they have been acknowledged.

Definitions Of a Complaint

A complaint or concern is an expression of dissatisfaction about an act, omission or decision of Harrow Health, either verbal or written, and whether justified or not, which requires a response. There is no difference between a 'formal' and an 'informal' complaint. Both are expressions of dissatisfaction.

Right To Complain

Individuals have the right to make a complaint about any aspect of care, treatment or service received from Harrow Health. Existing or former patients of Harrow Health, including patient representatives. Any individual who is affected by or likely to be affected by the action, omission, or decision of Harrow Health staff has the right to complain.

Complaints Procedure Promulgation

Harrow Health has prominently displayed notices in the waiting room, detailing the complaints process. In addition, the process is included on the practice website, and in the practice handbook. The information provided is written in conjunction with this policy and refers to the legislation detailed in paragraph one.

How To Make a Complaint

If individuals wish to make a complaint, this can be done by telephone, in person, in writing, by email or by using our complaint form, shown at the end of this document.

Telephone number: 02088664100

Email address: harhl.feedback@nhs.net

Address: Unit A Metro House, 203 Pinner Road, Northwood, London HA6 1BX

Individuals may wish to raise their complaint with the Governance department of Harrow Health.

The Governance department are responsible for investigating complaints, and for ensuring that all complaints are dealt with.

If a complaint is made by telephone or in person, we will make a written record of the complaint and will provide the complainant with an acknowledgement letter within 3 working days. Individuals are fully entitled to make their complaint in writing. Our acknowledgment letter will contain the name of the person who will investigate the complaint.

How the complaint will be investigated

Harrow Health aim to deal with complaints promptly and sensitively and be courteous and helpful at all times. We would hope, too, that individuals will be courteous and fair in their dealings with our staff at all times. All complaints received will be dealt with confidentially and in accordance with the requirements of the UK General Data Protection Regulation.

It is important that Harrow Health ensure that all investigations are undertaken in an appropriate and impartial manner giving patients the knowledge that all complaints are taken seriously and are used to practice continuous improvement.

We will keep full and accurate records of all complaints we receive so that we can monitor the types of problems reported to us, the best way to resolve them and how long we are taking to deal with complaints. This also helps us to take a closer look at how we can improve in the future.

If an individual makes a complaint, we will investigate it thoroughly and impartially, without discrimination or prejudice. We aim to resolve matters as promptly as we can, but if a complaint gives rise to serious issues, we may need to take extra time in order to investigate it fully and properly so that, wherever we can, we resolve the issue first time and learn from it and make improvements.

Stage One

Individual complaint will be thoroughly investigated. If individuals have supplied their contact details, we will send an acknowledgment of the complaint within 3 working days. The investigation itself will normally be completed within 20 working days, and we will provide the complainant with a written response detailing the outcome of the investigation and any action that has been taken.

During the investigation, the Governance department will need to collect and examine evidence in a variety of ways. This may include carrying out interviews, looking at records and documentation, and they may wish to visit the complainant or speak to the complainant over the phone.

The Governance team will keep the complainant informed about the progress of the investigation, either by telephone or in writing.

If the matter of the complaint is particularly complex it may take longer than 20 working days to investigate. We will let the complainant know about the delay, and a new date for the conclusion of the investigation will be agreed.

We will ensure that all decisions we make are proportionate, appropriate and fair given the circumstances of each individual complaint.

When we provide the complainant with a final response, we will clearly set out the steps we took in investigating the complaint along with our views and reasons for this. Where we identify mistakes in our approach we will acknowledge those mistakes, set out details of remedial steps or changes we think are appropriate in the circumstances, and explain what we will do to prevent the problem from reoccurring. We will also indicate their right to request a review of their complaint if they are not satisfied with our response.

Stage Two

We expect most complaints to be resolved at stage one. However, if individuals consider the response they have received is not fair or appropriate, they may contact us to request a review of their complaint ordinarily by the director. Complainants should do this within 20 working days of receiving a stage one response unless there is special reason for doing so later.

We will acknowledge your request to review the complaint within 3 working days of receipt. Again, we may need to contact you to ask for more information or clarity before making a final decision. We will aim to respond within 20 working days of receipt.

There are some circumstances in which Harrow Health will decide it not appropriate to review the complaint further and, in these circumstances, patients will receive a response providing them with reasons as to why this is the case.

Harrow Health has an open, reflective, evolving and continuous learning culture driven by our commitment to quality and improvement. The objective of redress is to rectify any mistakes or problems at the earliest opportunity. Harrow Health will acknowledge faults when they occur and take

responsibility for putting things right and avoiding a reoccurrence. Following an investigation into a complaint, if it is recognised that the service did not meet the required standards, Harrow Health will:

- Apologise where appropriate
- Rectify the mistake or problem within an agreed time frame and provide you with the service you should have received
- Make a decision that should have been made earlier
- Review practice, policy or procedure as appropriate and cascade the learning to all staff.

Any communication about the complaint, and the outcome of the complaint, will always be conveyed to the complainant in writing. All investigations regarding complaints must be submitted 12 months of the incident.

If You Are Dissatisfied with The Outcome of Your Complaint

Once a complaint has been fully dealt with by Harrow Health, if the complainant remains unsatisfied with the outcome of the internal appeal, they can refer the complaint to the:

Harrow Health is registered with and regulated by the Care Quality Commission (CQC). The CQC is happy to receive information about our service at any time. The Care Quality Commission can be contacted as follows:

National Customer Service Centre

Citygate

Gallowgate

Newcastle upon Tyne

NE1 4PA

Tel: 03000 616161

Email: enquiries@cqc.org.uk

Parliamentary and Health Service Ombudsman (For patients who are NHS funded) Individuals have the right to raise a concern about a service that is NHS funded. This is a free service, and individuals can contact via:

Telephone: 0345 0154033

Email: phso.enquiries@ombudsman.org.uk

Website: www.ombudsman.org.uk

Address Parliamentary and Health Service Ombudsman, Millbank Tower, Millbank, London, SW1P 4QP.

Individuals can make a complaint about a health service they are receiving or have received and can discuss this with the commissioner of the service. Local contact details can be located via: <https://www.england.nhs.uk/integratedcare/what-is-integrated-care/#ccg-e>

If a complaint involves the serious misconduct of a healthcare professional, their relevant professional body can be informed, and this is determined on an individual case basis in discussion with the Governance department.

Complaints From Representatives

We will only accept complaints from a patient's representative if they have the consent of the patient, or appropriate lasting power of attorney, or when the patient cannot complain unaided. The representative must always be acting in the patient's best interests.

Compliments And Suggestions

Receiving compliments is an opportunity to celebrate and recognise success. Compliments can help us share good practice and improve services, it builds relationships, improves communication, motivate people, and boost one's self-esteem and self-confidence. Harrow Health will ensure that:

- All compliments are shared with staff
- Compliments are anonymised or permission is sought before communicating them
- Numbers of compliments received are logged as part of a quality assurance programme.

Anonymous Complaints

Anonymous complaints regardless of how vague they may seem, can reveal key information about any wrongdoings. Resolving just a single complaint will prevent the same issue from repeating in the future. Any complaints that are made anonymously will be taken seriously and the details of the complaint documented. If individuals make an anonymous complaint, it will be investigated but we will not be able to provide individuals with details of the outcome. However, the outcome, findings, changes as relevant will be discussed in appropriate fora (incidents and complaints meeting, governance meeting), documented and cascaded for learning within the organisation.

If an allegation signals employee misconduct, harassment, illegal harassment, and other forms of noncompliance, Harrow Health will investigate.

Vexatious Complaints

Occasionally, we may receive complaints that are vexatious in that they cause considerable disruption yet disproportionate cost and time to handle and impact the wellbeing of staff (because of the way the complaint is made or because of its repetitive nature). Harrow Health will ensure that it meets the requirements of the Equality Act 2010 to make 'reasonable adjustments' for disabled patients. In some circumstances, patients may have a disability that makes it difficult for them to either express themselves or communicate clearly and/or appropriately. Where there is an indication that this may be the case, we will consider the needs and circumstances of the complainant in the first instance and use this information to inform any decisions that are made.

Where appropriate, Harrow Health will consider complaints to be vexatious but will not label an individual complainant as vexatious. Even if Harrow Health decides that an individual's complaint about the service is vexatious, that does not preclude that person from making a formal complaint. Harrow Health would still consider any such complaints in line with the usual procedures. To help decide whether a complaint is vexatious, we will consider the full history and context of interactions with the individual making the complaint and will look at both the nature of the complaint and the manner in which it is made. The particular issues that will inform a decision will include whether:

- The primary purpose and/or effect of the complaint is to disturb, disrupt and or pressurise Harrow Health, its staff or an individual member of staff
- The primary purpose and/or effect of the manner in which the complaint is made is to disturb, disrupt and or pressurise Harrow Health's its staff or an individual member of staff
- The complaint is otherwise clearly unreasonable.

If at any point in the handling of a complaint, a member of staff believes it meets the criteria to be deemed vexatious, it must be referred to the Governance department with a summary of why it is thought to be vexatious. The Governance department will consider the complaint, seek external advice if appropriate, and will either declare the complaint as being vexatious, or not. Where a complaint is not deemed to be vexatious, it will be returned to the appropriate point in the complaints handling process. If a complaint is deemed to be vexatious, the Governance department will respond directly to the complainant explaining why it is thought to be so and explain that the complaint will be closed with no further action.

The Governance department will also consider if the making of a vexatious complaint also requires the application of a restriction on communication following unreasonable behaviour. The decision to declare a complaint as vexatious will be recorded in the complaints register for future reference. Any declaration that refers to the specific complaint being vexatious and any further complaints from the same individual will still be considered. If any individual wishes to challenge a decision made in relation to this policy, and all attempts to resolve the complaint locally have been unsuccessful, details of the Independent Sector Complaints Adjudication Service (ISCAS) will be shared with the complainant.

Recording Of Complaints

Finalised complaints are kept on our secure shared drive; and the details of all individual complaints are logged in our Complaints Control Spreadsheet on our SharePoint.

Complaints Log

A record will be held of all complaints raised and contain the following information:

- Each complaint received
- Subject matter and outcome
- Details of any reason for delay where investigations took longer than the agreed response period
- The date the report of outcome was sent to the complainant.

Where complaints relate to a patient, a copy of the complaint will be held in their patient records so that the patient can reflect on the recommendations. Where complaints are raised by telephone, the log will include the date and time of the call, and this should be followed up with written confirmation of the areas discussed. Where a complaint indicates the potential abuse of patients, safeguarding policies will be followed as per our policy and procedure and necessary notifications made to the Care Quality Commission. Where complaints are to be shared as part of learning, the complaint should be anonymised so that there is no identifiable patient information.

Advocacy

If complainants require assistance in understanding this procedure or support in making their complaint, we can provide complainants with details of local advocacy services. Please contact the Governance department for further information.

Equality And Diversity

At Harrow Health, it is crucial for us to uphold and adhere to the provisions outlined in the Equality Act 2010. This means that we must be prepared to make necessary adjustments to our regular policies, procedures or processes in order to accommodate the unique needs of individuals. Harrow Health would either be informed or identify a need which would highlight the requirement for us to consider adaptation of our normal processes. All requests will be considered on a case-by-case basis with the intention of ensuring all individuals have the same rights of access to the complaints system, have their voice heard and for our communication to be in a style which meets their needs.

Annual Development Plan

Harrow Health completes an Annual Development Plan. This Plan is completed so that we can assess our historic performance and improve on it during the following year. It is only through this on-going review of what we are doing that we can develop and improve on what we provide for our patients. Complaints are one of the areas that we review as part of the Annual Plan. We specifically consider the following:

- The type and number of complaints received
- The subject matter of the complaints
- The outcomes of the complaints
- Thereafter, we issue recommendations.

This report will be shared with the management team within the organisation and will be used to review the service.

Complaints From Employees

If an employee wishes to make a complaint about Harrow Health or any aspect of our work, this must be raised as a grievance and not via this complaints policy. Individual can speak to the Governance department can provide individuals with a copy of the Grievance Procedure.

Fitness To Practice

Where there is a concern of fitness to practice, this must be reported to the Governance department who may authorise the suspension of the staff pending consideration of a Fitness to Practice case. Normally, a Cause for Concern Meeting will be held first, in order to establish the facts and determine whether there is a case to consider. However, in the most serious cases, the investigating manager may decide to escalate the case straight to the relevant professional body i.e for Doctors, refer to the General Medical Council (GMC) for guidance and for Registered Nurses, refer to the Nursing and Midwifery Council (NMC) and Pharmacist, referring to the General Pharmaceutical Council (GPHC).

Please see Appendix 2 Internal Procedure for Addressing Fitness to Practice Concerns.

Part of a regulatory body's role is to investigate serious complaints about individual professionals to establish whether they are 'fit to practice'. It is important to note that it is not the role of regulatory bodies to investigate complaints, regardless of the severity, but do not call into question a health professional's fitness to practice. These complaints should be dealt with under the complaint's procedures. Issues which may require action by a regulatory body include:

- Serious professional misconduct.
- Criminal offences.
- Repeated poor performance calling into question the professional's competence.
- Health problems such as addictions or mental illness.

Please see Appendix 1 for the contact details of professional regulatory bodies where fitness to practice is concerned.

The complaint will be screened to check whether it is a 'fitness to practice' issue and whether any urgent action is needed pending further investigation.

Staff who raise a complaint about 'fitness to practice' about another employee will be supported and protected under the whistle blowing Policy and Procedure. Harrow Health would encourage staff to feel confident that their complaint will be taken seriously and dealt with accordingly.

If the issue is found to call into question a professional's fitness to practice, referral to a committee dealing with disciplinary matters i.e their professional body, such as the GMC, NMC, and GPHC will be initiated, and a formal hearing may need to be carried out.

Professional bodies are able to impose sanctions where fitness to practice is concerned or even remove the individual from the register.

Learning From Complaints

It is essential that lessons are learned and shared as a consequence of complaints. Following the final sign off of the written response, the service is required to share the actions taken/ learning from the complaint with the wider team who are responsible for collating this information across all service areas and reporting on actions learned. Sharing of lessons will also take place regularly within the Quality Improvement meetings.

Team Training

All persons associated with and third parties working or volunteering with Harrow Health will be required to undertake an induction that includes mandatory training in complaints handling and conflict resolution.

This will then need to be updated annually.

Monitoring

The Governance department will monitor complaints as per Harrow Health Annual Development Plan.

Related Policies and Procedures

Confidentiality Policy and Procedures

Grievance Policy and Procedures

Freedom to Speak Policy and Procedures

Duty of Candour Policy and Procedures

Training and Development Policy and Procedures

Legislation And Guidance

[Regulation 16: Receiving and acting on complaints - Care Quality Commission \(cqc.org.uk\)](https://www.cqc.org.uk)

Complaints matter - Care Quality Commission (cqc.org.uk)

Appendix 1: Professional Regulators

Regulator	Who they regulate	Phone number
<u>General Medical Council (GMC)</u>	Doctors	0845 357 8001
<u>General Dental Council (GDC)</u>	Dentists, dental therapists, dental hygienists, dental nurses, dental technicians, clinical dental technicians and orthodontic therapists	020 7887 3800
<u>Health and Care Professions Council (HCPC)</u>	Arts therapists, biomedical scientists, chiropodists, podiatrists, clinical scientists, dietitians, hearing aid dispensers, occupational therapists, operating department practitioners, orthoptists, paramedics, physiotherapists, prosthetists and orthotists, radiographers and speech and language therapists	020 7582 0866
<u>General Optical Council (GOC)</u>	Opticians	020 7580 3898
<u>General Chiropractic Council (GCC)</u>	Chiropractors	020 7713 5155
<u>General Osteopathic Council (GOsC)</u>	Osteopaths	020 7357 6655
<u>General Pharmaceutical Council (GPC)</u>	Pharmacists, pharmacy technicians (on the voluntary register) and pharmacy premises in Great Britain	020 3365 3400
<u>Care Quality Commission (CQC)</u>	Health and adult social care services in England	03000 616161
<u>Parliamentary and Health Service Ombudsman (PHSO)</u>	Makes final decisions on complaints that have not been resolved by the NHS in England	0345 015 4033
<u>Social Care Wales</u>	Social care workers, qualified social workers, and social work students on approved degree courses in Wales	0845 070 0399
<u>Healthcare Inspectorate Wales</u>	NHS services and independent healthcare services throughout Wales	0300 062 8163
<u>Care Inspectorate Wales</u>	Social care and childcare in Wales	0300 7900 126
<u>Northern Ireland Social Care Council (NISCC)</u>	Social care workers, qualified social workers, and social work students on approved degree courses in Northern Ireland	02890 417600 02890 239340 (Ffôn testun)
<u>Pharmaceutical Society of Northern Ireland (PSNI)</u>	Pharmacists and pharmacy premises in Northern Ireland	02890 326927
<u>Scottish Social Services Council (SSSC)</u>	Social care workers, qualified social workers, and social work students on approved degree courses in Scotland	0845 603 0891
<u>Healthcare Improvement Scotland</u>	Independent hospitals and clinics in Scotland	0141 225 6999
<u>Care Inspectorate (Scotland)</u>	Care services in Scotland	0345 600 9527
<u>Social Work England</u>	Social workers in England	0808 196 2274
<u>The Regulation and Quality Improvement Authority</u>	Health and social care in Northern Ireland	028 9536 1111
<p>Healthcare assistants (HCAs) are not currently regulated in the UK. If a patient or member of the public has a complaint about a healthcare assistant, they should raise their concerns with the organisation that the healthcare assistant works for.</p>		

Appendix 2 Procedure for Addressing Fitness to Practice Concerns

Internal Procedures on Referring Clinical Staff Where Fitness to Practice is in Question.

Objective: To outline the procedure for handling concerns regarding the fitness to practice of employees, ensuring fairness, transparency, and the safety of patients and staff.

Scope: This procedure applies to all employees within Harrow Health CIC

Procedure:

- 1. Raising a Concern:**
 - Any concern regarding an employee's fitness to practice must be reported to the Governance department
 - The concern should be documented in writing, detailing the nature of the issue and any evidence supporting it.
- 2. Initial Notification:**
 - The employee in question will be formally notified of the concern raised against them.
 - They will be invited to provide their account and any relevant information that may clarify the situation. This can be done through a written response or an in-person meeting.
- 3. Formal Investigation:**
 - If the concern is not satisfactorily resolved through the initial response, a formal investigation will be initiated.
 - An investigating officer will be appointed to conduct a thorough and impartial inquiry. The investigation will include gathering evidence, interviewing witnesses, and reviewing relevant documentation.
- 4. Opportunity to Respond:**
 - Upon completion of the investigation, the employee will receive a summary of the findings.
 - The employee will be given an opportunity to respond to these findings, either in writing or during a follow-up meeting.
 - During this meeting, the employee may be accompanied by a colleague, a representative from their indemnity organisation, or another individual who can provide support and representation.
- 5. Outcome Communication:**

- The outcome of the investigation will be communicated verbally at the conclusion of the hearing and followed by a written letter/report detailing the findings and decisions made.
- If the employee is found unfit to practice, the following actions will be taken:

a. Reporting to Regulatory Bodies:

- The appropriate regulatory body will be informed, such as the General Medical Council (GMC) for doctors.

b. Notification to Current RO with MPIT:

- In the case of doctors, the current Responsible Officer (RO) with Medical Practice Information Transfer (MPIT) will be notified. For other clinicians working in multiple practices, relevant authorities and employers will be informed.

c. Immediate Response to Imminent Risks:

- Immediate action will be taken if there is an imminent risk to employees or patients, ensuring necessary measures are implemented to mitigate such risks. This could also include police where relevant.

d. Fair and Procedural Response:

- All concerns will be addressed fairly, following the correct procedures to ensure transparency and equity throughout the process.

e. Interim Measures:

- Appropriate interim measures will be implemented during the investigation to minimize any risk to patients.

f. Communication with Relevant Parties:

- Other relevant parties, such as professional regulators, police, safeguarding authorities, and other bodies, will be informed about concerns or findings related to the employee's fitness. Support will be provided for any related inquiries and investigations.

Responsibilities:

- **Investigating Officer:** Conducts a thorough and impartial investigation.
- **Director:** Oversees the process, ensures all steps are followed, and communicates outcomes.
- **Employee:** Provides information and responds to findings.
- **Support Representatives:** Accompany and support the employee during meetings.

Review and Compliance:

- This procedure will be reviewed annually or as required to ensure compliance with regulatory standards and organisational policies.
- All actions taken under this procedure will be documented and retained for future reference.

Conclusion:

This procedure ensures that concerns about an employee's fitness to practice are addressed promptly, fairly, and in a manner that safeguards the well-being of patients, staff, and the integrity of the practice.

GMC Guidance on Referring Doctors Where Fitness to Practice is in Question

The General Medical Council (GMC) provides detailed guidance on the process for referring doctors when there are concerns about their fitness to practice. Below is a summary of the key points from the GMC guidance:

1. Identifying Concerns:

- Concerns about a doctor's fitness to practice can arise from various sources including employers, colleagues, patients, and regulatory bodies.
- Concerns may relate to issues such as misconduct, deficient professional performance, health concerns, or criminal convictions.

2. Initial Assessment:

- When a concern is raised, it should be assessed promptly to determine if it warrants further investigation.
- Minor concerns that do not pose a risk to patient safety may be managed locally without referring to the GMC.

3. Referral Criteria:

- A referral to the GMC should be made if there is a serious concern that a doctor's fitness to practice may be impaired.
- Serious concerns include those involving patient safety, criminal behaviour, or significant breaches of professional standards.

4. Making a Referral:

- Referrals should be made in writing and include all relevant information and evidence related to the concern.
- The GMC requires detailed information to properly assess the referral, including the doctor's personal details, a description of the concern, and any supporting documents.

5. Confidentiality and Anonymity:

- The GMC handles all referrals with strict confidentiality.
- In some cases, the identity of the person making the referral may be kept anonymous if there are valid reasons for doing so.

6. Investigation Process:

- Upon receiving a referral, the GMC will conduct an initial assessment to decide whether to open a full investigation.
- If an investigation is warranted, the doctor will be informed and given the opportunity to respond to the allegations.

7. Interim Measures:

- In cases where there is an immediate risk to patient safety, the GMC may impose interim measures such as suspension or restrictions on the doctor's practice while the investigation is ongoing.

8. Fitness to Practice Panel:

- If the investigation finds sufficient evidence, the case may be referred to a Fitness to Practice panel.
- The panel will hold a hearing where evidence is presented, and both the GMC and the doctor can call witnesses and make representations.

9. Outcomes and Sanctions:

- Based on the findings of the hearing, the panel can impose various sanctions, including conditions on practice, suspension, or erasure from the medical register.
- The doctor has the right to appeal the decision within a specified timeframe.

10. Reporting and Communication:

- The GMC will inform relevant parties about the outcome of the investigation and any sanctions imposed.
- This includes notifying employers, other regulatory bodies, and the doctor's professional indemnity provider.

11. Support for Doctors:

- The GMC provides resources and support for doctors undergoing fitness to practice investigations.
- Doctors are encouraged to seek advice from their professional indemnity organization and can access counselling and support services.

12. Transparency and Fairness:

- The GMC ensures that the process is fair, transparent, and follows due process.
- Decisions are made based on evidence, and doctors are given the opportunity to present their case and respond to allegations.

References

- **General Medical Council (GMC) - Fitness to Practice Guide**
 - GMC Fitness to Practice

This guidance ensures that concerns about a doctor's fitness to practice are handled fairly and in accordance with established protocols, prioritising patient safety and maintaining professional standards.

NMC Guidance on Referring Nurses Where Fitness to Practice is in Question

The Nursing and Midwifery Council (NMC) provides guidance on referring nurses and midwives when there are concerns about their fitness to practice. This guidance ensures that referrals are handled appropriately and that the process maintains public trust and patient safety. Here are the key points of the NMC guidance:

1. Identifying Concerns

- **Types of Concerns:** Concerns that may prompt a referral include clinical incompetence, unethical behaviour, substance abuse, health issues affecting performance, or breaches of professional standards.
- **Evidence:** Gather sufficient evidence to support the concern, including incident reports, witness statements, and relevant documents.

2. Initial Steps

- **Local Resolution:** Before making a referral, consider whether the issue can be resolved locally through performance management, training, or support measures.
- **Employer's Responsibility:** Employers should follow their internal procedures for managing concerns and only refer to the NMC when these processes are insufficient or if the concern is serious enough to warrant regulatory intervention.

3. Making a Referral

- **Who Can Refer:** Any individual or organization, including employers, colleagues, patients, or members of the public, can make a referral to the NMC.
- **How to Refer:** Referrals should be made through the NMC's online referral form, providing all relevant details and supporting evidence.
- **Information to Include:** The referral should include the nurse or midwife's details, a description of the concerns, the evidence supporting the concerns, and any steps already taken to address the issue.

4. Assessment and Investigation

- **Initial Assessment:** The NMC will conduct an initial assessment to determine if the referral raises issues that potentially affect the nurse or midwife's fitness to practice.
- **Investigation:** If necessary, a full investigation will be conducted, including gathering additional evidence, interviewing witnesses, and seeking expert opinions.

5. Decision-Making Process

- **Interim Orders:** In cases where there is an immediate risk to patient safety, the NMC may impose interim suspension or conditions of practice orders while the investigation is ongoing.
- **Fitness to Practice Panel:** The case may be referred to a Fitness to Practice Panel, which will conduct a hearing to determine whether the nurse or midwife's fitness to practice is impaired.
- **Outcomes:** Possible outcomes include no further action, conditions of practice, suspension, or removal from the NMC register.

6. Support for All Parties

- **Support for the Referred Nurse or Midwife:** Ensure the referred nurse or midwife is informed of the referral and provided with appropriate support, including access to legal advice and counselling services.
- **Support for Referrers and Witnesses:** Referrers and witnesses should also receive support throughout the process, ensuring their involvement is managed sensitively and professionally.

7. Confidentiality and Transparency

- **Confidentiality:** Maintain confidentiality for all parties involved in the referral process, sharing information only with those who need to know.
- **Transparency:** The NMC aims to conduct the process transparently, providing regular updates to the referred nurse or midwife and other relevant parties.

8. Learning and Improvement

- **Feedback and Learning:** The NMC encourages feedback on the referral process to improve future practice and enhance regulatory procedures.
- **Promoting Good Practice:** Use the outcomes of referrals and investigations to promote good practice, prevent future issues, and enhance the overall quality of nursing and midwifery care.

By following this guidance, the NMC ensures that concerns about a nurse or midwife's fitness to practice are handled fairly, transparently, and effectively, prioritizing patient safety and professional integrity.

Appendix 3 Step By Step Process of Complaints Handling.

Step 1: When a complaint is raised the staff member will try to resolve it immediately to the satisfaction of the complainant.

Step 2: The staff member will apologise for the fact that there was the need to complain in the first instance and explain the complaints process as described in the procedure steps.

Step 3: The staff member will email the Governance department and / or the Manager with the details of the complaint and any subsequent discussion. The complaint will be logged

Step 4: Formal acknowledgement of the complaint will be sent within 3 days of receipt to the complainant, via letter or email. We will ensure that the out-of-hours and weekend complaints received are managed effectively, if applicable.

The acknowledgement will include:

- An invitation to meet and discuss the complaint
- Details of who will be investigating the complaint
- How the investigation will be handled - the response should state what the investigation will be focused on
- A time limit for the investigation to be concluded. This should be 20 days; however, some cases may take longer, and the complainant will be made aware of this, if appropriate.
- The complaints procedure and contact details of bodies that can be accessed in the event of dissatisfaction with the outcome of the investigation

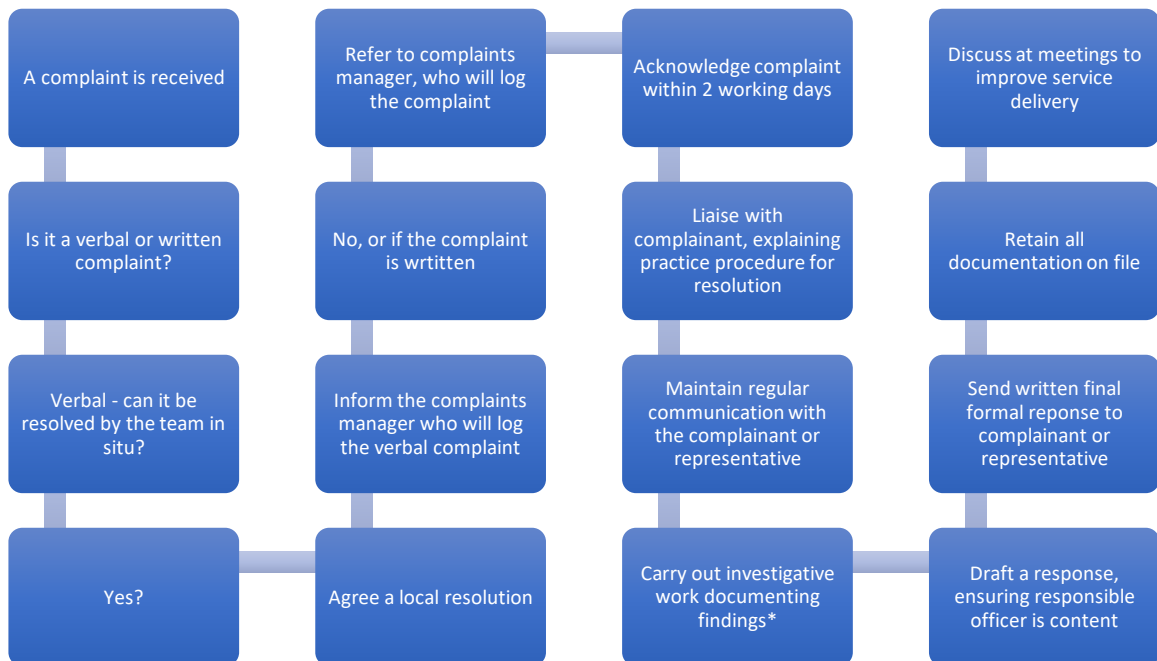
Step 5: Following a full investigation, a response letter will be sent, and this will include the following:

- A summary of the issue from the complainant's point of view

- Details of the evidence and sources consulted to investigate the issue fully and fairly
- A presentation of the findings for each issue clearly and concisely described
- A conclusion, stating clearly whether the issue is “upheld”, “partially upheld” or “not upheld”, unless it is ineligible, in which case the reason for this will be given, e.g., out of time or out of jurisdiction
- an explanation of the outcome and whether any remedial action or learning points arise from the investigation of that issue
- An apology where the issue is upheld, and shortcomings or failings have been found
- The complainant's rights if not satisfied with the outcome to refer to the medical complaints service or the general medical council or other relevant professional body
- a signature from the Governance department or sent by email in their name

Step 6: The complaint will be closed once confirmation has been received that there is satisfaction with the outcome. In the event of dissatisfaction, Harrow Health will support the complainant to access further support.

Appendix 4 Complaint Handling Desktop Aide-Memoire



** It may be necessary to liaise with external third parties in order to gather additional information or to formulate a joint response. Where this is the case the patient or their representative must be advised accordingly.*

Your Details: **You do not have to give your details, but we are unable to update you on the outcome of your complaint if you do not**

Full Name:

Date of Birth:

Address:

Contact Number:

Email Address:

Preferred Method of Contact: Phone Email Letter

Details of Complaint:

Date of Incident:

Time of Incident:

Location (if applicable):

Name(s) of Staff Involved (if known):

Please describe your complaint in as much detail as possible (including any relevant dates, times, and other information):

How would you like us to resolve your complaint?

Have you already raised this issue with anyone at Harrow Health?

- Yes No

- If yes, who did you speak to?

Supporting Documents:

If you have any supporting documents or information related to your complaint, please attach them below.

Declaration:

I confirm that the information provided in this form is accurate and true to the best of my knowledge. I understand that my complaint will be handled confidentially and that I will be kept informed of its progress.

Signature: _____

Date: _____

Next Steps

Once you submit this form, we will:

1. Acknowledge your complaint within 3 working days.
2. Investigate the matter thoroughly and provide a response within 20 working days. If we require more time to complete the investigation, we will keep you informed.

3. Offer a review of your complaint if you are not satisfied with the outcome.

If you remain dissatisfied after the review, you can escalate your complaint to the Independent Sector Complaints Adjudication Service (ISCAS) or the Care Quality Commission (CQC), depending on the nature of your complaint.

Submit your completed form to:

Email address:

Address:

Thank you for taking the time to share your concerns. We are committed to resolving your complaint and improving our services for all patients.

Appendix 6 Complaint Review Form

INTRODUCTION

The purpose of the complaint review form is to enable Harrow Health to conduct a detailed analysis of every complaint received with a view to making recommendations for improvements to services and enhancing patient experience within the practice.

Any key points will be used to populate the Annual Complaints Review, identifying trends and learning points for further development in the handling of complaints and routines within the practice.

USAGE

This form can be used by the Complaints Manager and Responsible Officer and any other parties involved in the management of complaints at Harrow Health. Where the complaint involves more than one organisation, discussions will take place between the bodies concerned about the most appropriate body to take the lead in coordinating the complaint and communicating with the complainant.

COMPLAINT REVIEW FORM is shown overleaf.

COMPLAINT REVIEW FORM HARROW HEALTH CIC

Complaint reference number	Patient identifying number	Date of review

Summary of complaint:

Summary of learning points (explain how this will be communicated to the team):

Action points:	By whom:
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.
6.	6.
7.	7.
8.	8.

Complaint category (please delete as appropriate):

- Treatment
- Staff attitude
- Access
- Referral process
- Facilities
- Medication
- Waiting times

Complaint staff group (please delete as appropriate):

- Consultant
- Receptionists
- Admin
- Locum staff

Date team meeting held to discuss complaint (detail those present):

Review date (detail when the complaint was reviewed to ensure actions completed):

Governance Officer / Manager	
Date:	