Harrow Health CIC NHS Complaints Policy

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Approved By: Harrow Health CIC Board

1. Purpose

This policy outlines the procedure by which Harrow Health CIC (the "Organisation") addresses complaints regarding services provided under the NHS Right to Choose pathway and other NHS-funded activities. It ensures compliance with relevant legislation and regulations, including but not limited to: The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009, Regulation 20 (Duty of Candour) of the Health and Social Care Act 2008, The Parliamentary and Health Service Ombudsman NHS Complaint Standards (2024), and the UK General Data Protection Regulation (GDPR) and Data Protection Act 2018. The Organisation values feedback and views complaints as an opportunity to enhance service quality.

2. Scope

This policy applies to all Harrow Health CIC employees, contractors, agency staff, volunteers, NHS patients, and relevant stakeholders including family members, advocates, commissioners, external health professionals, and regulatory bodies.

3. Definitions

Complaint: An expression of dissatisfaction requiring a formal response.
Concern: An issue that can be resolved promptly, typically within 24 hours, without invoking this policy.
Right to Choose: The NHS entitlement allowing patients to select any provider capable of accepting a referral, provided the provider holds an NHS Standard Contract.

4. Principles

The Organisation is committed to the following principles:
• Openness and Candour – maintaining honesty when errors occur.
• Fairness – ensuring no discrimination against individuals who raise complaints.
• Accessibility – providing information in formats that meet complainants' needs.

• Efficiency – managing complaints within established timeframes.
• Learning Culture – recording, analysing, and acting upon themes arising from complaints.

5. Roles and Responsibilities

Chief Executive Officer (CEO): Overall accountability for compliance with this policy.
Quality & Governance Lead: Policy ownership, including training oversight, reporting, and audit functions.
Complaints Manager / Investigating Officer: Responsible for the day-to-day management of complaints, maintaining the complaints log, liaising with external bodies, conducting investigations, and drafting response letters.
Clinical Leads and Heads of Service: Provide clinical expertise and support as required.
All Staff: Responsible for signposting service users and escalating concerns promptly.

6. Complaints Process

Please submit your Complaint, Concern or Feedback by scanning the QR code or via the link:

https://forms.office.com/e/Z9P7F2GGUR

To ensure we can give all complaints and concerns the attention they need we cannot respond to the same query reported in several instances.

6.1 Stage 1 – Local Resolution

Complaints should be submitted within 12 months of the incident or from when the complainant became aware of the issue. Exceptions may be considered in exceptional circumstances.

Acknowledgment of complaints will occur automatically. The complaints team will aim to contact you by phone where possible to outline the anticipated timeframe for response. Investigations will be proportionate to the complexity of the complaint, with staff involved in the care being investigated wherever possible.
We aim to provide a formal written response, reviewed by the CEO or their deputy within 30 working days. Where additional time is necessary, an alternative deadline will be agreed. Learning from complaints will be shared appropriately to inform service improvements.

6.2 Stage 2 – External Review

If resolution is not achieved locally, complainants have the right to escalate to external bodies, such as the Parliamentary and Health Service Ombudsman or the Information Commissioner's Office (for data protection matters).

6.3 Alternative Bodies

Complainants may also liaise with their local Patient Choice Right to Choose Integrated Care Board for further support.

7. Support and Advocacy

Independent advocacy services are available to assist complainants, including POhWER and VoiceAbility. Reasonable adjustments such as language interpretation, British Sign Language, and accessible formats are provided on request.

8. Confidentiality and Data Protection

The Organisation ensures the confidentiality, integrity, and security of personal data in line with GDPR and the Data Protection Act 2018. Complaint records are maintained separately from clinical records, retained for ten years, and securely destroyed thereafter. Information is shared strictly on a need-to-know basis.

9. Equality and Diversity

Harrow Health CIC complies with the Equality Act 2010 and will make reasonable adjustments to ensure equitable access to the complaints process.

10. Learning and Improvement

The Quality & Governance Committee reviews complaints monthly. Themes and actions are reported annually in the Quality Account, with completion of actions monitored.

11. Training

All staff receive training in the complaints process and patient support to ensure effective handling of concerns.

12. Monitoring and Audit

Key performance indicators such as acknowledgment and response times are monitored. Random audits of complaint files are conducted biannually, with findings informing quality improvement plans.

13. Technical Measures to Protect Personal Data

Staff undertake regular GDPR training. Procedures are in place for consent tracking, data subject access requests, incident detection, and response. Data minimisation and pseudonymisation techniques are employed.

14. Violence Prevention and Reduction Programme

Harrow Health CIC operates a zero-tolerance policy towards violence or abuse against staff, including discriminatory, threatening, or harassing behaviour. Individuals found in breach may be removed from services and reported to the police. This approach aligns with NHS England's commitment to creating a safe and supportive work environment.