



4Cs Policy & Procedure – Complaints, Concerns, Comments & Compliments

1.3

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1. INTRODUCTION

Southern Hampshire Primary Care Alliance is committed to providing opportunities for feedback from patients, the public and staff, including compliments, comments, concerns and complaints about any services it provides.

The purpose of the procedure is to ensure that all patients (or their representatives) who report concerns or have the cause to complain about their care or treatment can have freely available access to the process and can expect a truthful, full and complete response and an apology where appropriate. This Procedure should be read in conjunction with the 4Cs Policy.

Complainants have the right not to be discriminated against as the result of making a complaint and to have the outcome fully explained to them. SHPCA is committed to the principles of Equality and Diversity and will strive to eliminate unlawful discrimination in all of its forms. We will strive towards demonstrating fairness and Equal Opportunities for users of services, carers, the wider community and our staff. The process adopted in the practice is fully compliant with the relevant NHS Regulations (2009) and guidance available from defence organisations, doctors' representative bodies and the Care Quality Commission.

Everyone in SHPCA expected to be aware of the process and to remember that everything they do and say may present a poor impression of the service and may prompt a complaint or even legal action.

All staff are responsible for co-operating and complying with the requirements of the 4Cs Policy and this procedure.

The general principle of SHPCA in respect of all complaints will be to regard it first and foremost as a learning process, however in appropriate cases and after full and proper investigation the issue may form the basis of a separate disciplinary action. In the case of any complaint with implications for professional negligence or legal action, the appropriate defence organisation must be informed immediately.

This procedure does not cover management of Incidents/Significant Events which are outlined in the **Managing Incidents Guidance**.

2. DEFINITIONS

The 4Cs are defined as follows for the purposes of this procedure:

Compliments	Positive feedback about any services or staff/teams that can come from any source, patients, carers, staff, other providers etc.
Comments	Any feedback that is neither a complain, concern or enquiry is regarded as a comment.
Concerns and enquiries	A concern or enquiry is a problem raised that can be resolved / responded to straight away, (by the end of the next working day). These are not reported as complaints and fall outside the complaints arrangements.

Complaint	For the purposes of this procedure a complaint is an expression of dissatisfaction requiring a response, communicated verbally, electronically, or in writing. Complaints may be made by any users of our service.
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A complaint can be considered as a particular type of ‘incident’ under the broad definition below. The process for Managing Incidents such as significant events, never events, serious incident and patient safety incidents is covered by the Managing Incidents Policy are defined below are not covered in this procedure.

This is ‘any episode of care, incident, occurrence or accident, related to clinical or ‘non-clinical care, which has or could have resulted in a positive or negative outcome, or an injury, or near miss to a patient, visitor or member of staff. A significant incident may also be a complaint or piece of patient feedback; it may be related to clinical or non-clinical care or an event resulting from non-compliance with the routine procedures of the practice. The significant event may also result in property or equipment damage, equipment failure, and can include physical aggression or verbal threats to other patients or staff.

(Wessex Wide Guidance for Managing Incidents in General Practice 2017)

3. PROCEDURE

Availability of information:

SHPCA will ensure that there are notices advising on the feedback and complaints/concerns process will be conspicuously displayed in all reception/waiting areas and that leaflets containing sufficient details for anyone to make a complaint are available without the need to ask. This includes links and information on SHPCA website.

Who can a formal complaint be made to?

The complaint should be made to:

shpca.complaintsincidents@nhs.net

or to

4Cs Manager, Southern Hampshire Primary Care Alliance

Pure Offices, One Port Way, Port Solent, PO6 4TY

Who can make a complaint?

A complaint may be made by the person who is affected by the action, or it may be made by a person acting on behalf of a patient in any case where that person:

- **is a child;** (an individual who has not attained the age of 18).

In the case of a child, we must be satisfied that there are reasonable grounds for the complaint being made by a representative of the child, and furthermore that the representative is making the complaint in the best interests of the child.

When the complainant is the parent, or guardian, of a child under 16 years. If a person with parental responsibility complains about the care of a young person aged 16 or 17, the young person's consent will normally be required in order to disclose confidential information about them. In the case of children under 16 and over 13 who are considered 'Fraser competent', their written consent will also be required. Fraser competence will be assessed on a case by case basis.

- **has died;**

In the case of a person who has died, the complainant must be the personal representative of the deceased. The CCG needs to be satisfied that the complainant is the personal representative. Where appropriate we may request evidence to substantiate the complainant's claim to have a right to the information.

- **has physical or mental incapacity;**

In the case of a person who is unable, by reason of physical capacity/capability, or lacks capacity/capability within the meaning of the Mental Capacity Act 2005, to make the complaint themselves, the CCG needs to be satisfied that the complaint is being made in the best interests of the person on whose behalf the complaint is made.

- **has given consent to a third party** acting on their behalf;

In the case of a third party pursuing a complaint on behalf of the person affected we will request the following information:

- Name and address of the person making the complaint;
- Name and either date of birth or address of the affected person; and
- Contact details of the affected person so that we can contact them for confirmation that they consent to the third party acting on their behalf.

This will be documented in the complaint file and confirmation will be issued to both the person making the complaint and the person affected.

- **has delegated authority** to act on their behalf, for example in the form of a registered Power of Attorney which must cover health well-being.
- **is an MP**, acting on behalf of and by instruction from a constituent. It will be considered that the MP has obtained consent from the patient prior to contacting SHPCA (in line with the Data Protection Act (Processing of Sensitive Personal Data) – (Elective Representatives) Order 2002. Constituents raising concerns regarding a third party will require the consent of the third party.

In all cases where a representative makes a complaint in the absence of patient consent, SHPCA will consider whether they are acting in the best interests of the patient and, in the case of a child, whether there are reasonable grounds for the child not making the complaint on their own behalf. In the event a complaint from a representative is not accepted, the grounds upon which this decision was based must be advised to them in writing.

SHPCA will give assistance to complainants in accessing the complaints procedure. This includes ensuring an appropriate and acceptable response to complainants who are unable to read English or have visual or hearing difficulties.

For the procedure for Managing Concerns, Comments and Compliments – Please see ANNEX A for guidelines & Process

4. CONSENT & CONFIDENTIALITY

If the complainant is not the patient and consent is required, this will be sought by the Investigating Officer. A consent request form (see Appendix B) will be sent to the complainant, requesting the written consent of the patient involved in the complaint. The investigation of concerns raised will not commence until the signed consent form has been received by SHPCA team.

SHPCA clinical activity is now recorded using EMIS Clinical module,. This makes SHPCA the Data Controller. Due to the nature of the majority of SHPCA care activity prior to roll out where SHPCA is not the , consent is required TWICE to investigate complaints involving the IPCAS service:

Alliance Consent: SHPCA must gain consent from the patient to request access to the relevant part of their health record related to the complaint (this can be the EMIS Community record held by SHPCA and also relevant parts of the patient's fuller GP Practice primary care record).

Registered GP Practice: If the care record for SHPCA care predates the transfer to EMIS Community and was recorded using EMIS Remote Consultation (Enterprise module) SHPCA is NOT the Data Controller. In these situations, the complainants OWN registered GP practice is required to also gain their consent to share their care record with SHPCA to investigate that complete. When this is the case, it is usually not possible to commence the investigation until this is obtained and the relevant record extract is supplied to SHPCA. Therefore, in such cases the date that information is received will act as the date the investigation commences.

If information is required to be shared with other organisations, then a further consent form will need to be completed. In transferring complaints between agencies (including the Parliamentary and Health Service Ombudsman) confidentiality will be maintained at all times. Every effort will be made to obtain the patient/user's (or their representative's) consent before sharing confidential information with another body or organisation. This includes consent regarding complaints raised by the MP on behalf of their constituent.

Consent will be obtained in writing or where this is not possible staff will seek guidance from the Caldicott Guardian.

Care will always be taken throughout the complaints procedure, to ensure that any information disclosed about the patient/service user, is confined to that which is relevant to the investigation of the complaint.

Information will only be disclosed to people who have a demonstrable need to know it, for the purpose of investigating the complaint, or ensuring that the complaints process is followed.

Situations where **consent would not be required** include:

When the complainant is acting on behalf of a relative who has died or is unable to make the complaint themselves due to physical incapacity or lack of capacity within the meaning of the Mental Capacity Act 2005

In the case of a patient who has died or who lacks capacity, the representative must be a relative or other person who is considered to have sufficient interest in the welfare of the deceased and is a suitable person to act.

5. RESPONSIBILITIES

SHPCA "Responsible Person" is Dr Dean Hatfull. They are charged with ensuring complaints are handled in accordance with the regulations, that lessons learned are fully implemented, and that no Complainant is discriminated against for making a complaint.

The SHPCA "4Cs (Complaints) Manager" is the Head of Governance, Quality & Safety, and they have been delegated responsibility for ensuring complaints are managed in SHPCA managing complaints and ensuring adequate investigations are carried out. With support from the SHPCA administration team/governance support they will ensure complaints are triaged effectively.

Operational/Service Managers are responsible for ensuring any complaints not received via the routes outlined at 3.2. are logged on QUASAR and any correspondence is uploaded. If this is hard copy, it should be scanned, uploaded to Quasar and the hard copy stored securely in the HQ PID Filing cabinet which is only accessible by the minimal number of staff required.

Investigating Managers are allocated dependent on the nature of the complaint. Their responsibilities and those of all staff are noted in the table:

<p>Investigating officers</p>	<p>Investigating complaints in timely manner in accordance with this policy and the 4Cs Procedure.</p> <p>Using QUASAR to log and record all complaints (and 4Cs) activity.</p> <p>Liaising with and supporting complainants, ensuring consent. Liaison may include telephone calls for an initial discussion of the complaint as this can resolve issues and conclude these rapidly.</p> <p>Drafting formal response letters to complainants.</p> <p>Identifying and implementing actions as a result of complaints</p>
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	Advising the complaints manager of any conflicts of interest.
All staff	<p>Forwarding all complaints and compliments to the complaints manager in a timely manner</p> <p>Logging HCP feedback on QUASAR accurately and in a timely manner.</p> <p>Cooperating with and responding appropriately to any complaints investigations in line with this policy and procedure</p>

6. TIME LIMITS FOR MAKING COMPLAINTS

The period for making a complaint is normally:

- (a) 12 months from the date on which the event which is the subject of the complaint occurred; or
- (b) 12 months from the date on which the event which is the subject of the complaint comes to the complainant's notice

SHPCA has discretion to extend these limits if there is good reason to do so and it is still possible to carry out a proper investigation. The collection or recollection of evidence, clinical guidelines or other resources relating to the time when the complaint event arose may also be difficult to establish or obtain. These factors may be considered as suitable reasons for declining a time limit extension, however that decision should be able to stand up to scrutiny.

In the case of any ambiguity, the 4Cs Manager or a deputy will liaise with the CCG Complaints Officer for guidance.

7. SERIOUS COMPLAINTS

If an allegation or suspicion of any of the following areas is received:

- any form of abuse or neglect related to a child or adult
- financial misconduct
- criminal offence
- safeguarding issues

it should immediately be reported to the Responsible Person, 4Cs Manager or Chief Operating Officer and appropriate Safeguarding Lead (in all cases of safeguarding or suspected safeguarding) and investigated as a formal complaint or referred to the appropriate agency.

If the complaint is referred to an appropriate agency for more serious investigation (i.e. police, safeguarding, serious incident, etc.), then the complaints process may not necessarily be the most

appropriate route of investigation and a decision will be made as to whether the complaint should be investigated.

Where the allegation or suspicion is in relation to a professional in a position of trust who is working with the general public, the designated safeguarding lead must be informed at the earliest opportunity and a referral needs to be made to the Local Authority Designated Officer

It should also be reported as a Serious Incident (SI) on Quasar and the CCG informed at the earliest opportunity.

All complaints should be considered in relation to the SHPCA's responsibility to safeguard children and vulnerable adults. Should any complaint raise concerns, a referral should be made in accordance with either the Safeguarding Children Policy or the Safeguarding Vulnerable Adults Policy. If there is any doubt, the issue should be discussed with the CCG Designated Leads for Safeguarding Adults and Children.

8. ACTION UPON RECEIPT OF A COMPLAINT (SEE ANNEX A)

ALL complaints whether verbal or written must be logged on Quasar and any pertinent details sent or forwarded to the shpca.complaintsincidents@nhs.net email address.

Verbal Complaints:

It is always better to try and deal with the complaint at the earliest opportunity and often it can be concluded at that point. A simple explanation and apology by staff at the time may be all that is required. On receiving a complaint, consideration should be first made to the value of requesting the COO to call the complainant.

A verbal complaint need not be responded to in writing for the purposes of the Regulations if it is dealt with to the satisfaction of the complainant by the end of the next working day, neither does it need to be included in any annual Complaints Returns. The member of staff dealing directly with the verbal complaint will record the details on Quasar for the purposes of monitoring trends or for Clinical Governance and that record will be kept and monitored by the Responsible Person. Verbal complaints not formally recorded will be discussed when trends or issues need to be addressed and at least annually by the Combined Assurance Group, with minutes of those discussions kept.

If resolution is not possible, the staff member who has discussed the complaint will set down the details of the verbal complaint in writing and provide a copy to the complainant within three working days. This ensures that each side is well aware of the issues for resolution. All correspondence will be recorded on Quasar. The process then followed will be the same as for written complaints.

Written Complaints:

On receipt, an acknowledgement will be sent **within three working days** which offers the opportunity for a discussion (face-to-face or by telephone) on the matter. This is the opportunity to gain an indication of the outcome the complainant expects and also for the details of the complaint to be clarified. If this is not practical or appropriate, the initial response should give some indication of the

anticipated timescale for investigations to be concluded and an indication of when the outcome can be expected. Send a copy of the 4Cs leaflet:



SHants PCA 4Cs
Leaflet Apr19.pdf

It may be that other bodies (e.g. patient's registered practice, secondary care/ Community Services) will need to be contacted to provide evidence. If that is the case, then consent should be sought in line with Section 4. above.

If it is not possible to conclude any investigations within the advised timescale, then the complainant must be updated with progress and revised time scales on a regular basis. In most cases these should be completed within six months unless all parties agree to an extension.

9. COMPLAINT INVESTIGATION & WRITTEN RESPONSE

SHPCA will ensure that the complaint is investigated in a manner that is appropriate to resolve it speedily and effectively and proportionate to the degree of seriousness that is involved.

The investigations will be recorded in a Quasar complaints file created specifically for each incident and where appropriate should include evidence collected as individual explanations or accounts taken in writing.

The purpose of investigation is not only "resolution" but also to establish the facts, to learn to detect poor practice and to improve services. The investigation into a complaint should:

- be undertaken by a suitable person and the Complaints Officer should ensure an appropriate level of investigation
- be conducted in a manner that is supportive to all those involved, without bias and in an impartial and objective manner;
- not be adversarial and must uphold the principles of fairness and consistency;
- have a risk assessment approach applied to all complaints to allow serious complaints, such as those involving unsafe practice, to be identified
- use methods of investigation that follow the National Patient Safety Association (NPSA) principles of root cause analysis, accessible via:

<http://www.nrls.npsa.nhs.uk/resources/collections/root-cause-analysis/>

Draft & Final Response

As soon as reasonably practicable after completing the investigation, and in line with national guidance, SHPCA will send a formal response in writing to the complainant which will be signed by the Lead Director (Responsible Person Dr Dean Hatfull) or their nominated person (Head of Quality & Governance/COO).

Format of Response Letters: The letter will be on headed notepaper and it is good practice for letters to be as conciliatory as possible and include apologies as appropriate. (The Compensation Act 2006,

Section 2 expressly allows an apology to be made without any admission of negligence or breach of a statutory duty). (See *Letter Templates*)

Response letters should:

- Offer an explanation of how the complaint has been investigated, address the concerns expressed by the complainant and show that each element has been fully and fairly investigated;
- Report the conclusion reached, including any matters where it is considered remedial action is needed;
- Include an apology where things have gone wrong, report the action taken or proposed action to prevent recurrence;
- Indicate that a named member of staff is available to clarify any aspect of the letter;
- Advise the complainant of their right to take their complaint to the Ombudsman if they remain dissatisfied with the outcome of the complaints procedure

The response should be clear, accurate, balanced, simple and easy to understand. It should avoid technical terms, but where these must be used (e.g. to describe a situation, events or condition) an explanation of the term should be provided. Where there are issues of a confidential nature, the letter will provide a statement to state why the information cannot be shared (i.e. criminal investigation, legal process).

The final letter should not include:

- Any discussion or offer of compensation without the express involvement and agreement of the relevant defence organisation(s)
- Detailed or complex discussions of medical issues with the patient's representative unless the patient has given informed consent for this to be done where appropriate.

The investigating officer will forward the formatted, draft written response, including an investigation report, for finalisation by:

- The 4Cs Manager and Chief Operating Officer (COO).

The response will then be finalised by the 4Cs Manager or COO and sent for final approval to the Lead Director (Dr Dean Hatfull) or nominated deputy. The 4Cs Manager will liaise with the COO as required and appropriate to finalise the response.

The finalised response will be provided to the complainant in writing (or email by mutual consent) and the letter will be signed by the Lead Director or COO under delegated authority. ***The Quasar record will be closed at this point.***

If the complainant is satisfied with the response the case will then be considered closed. The issues giving rise to the complaint, and any changes made to practice or procedures as a result of the investigation, will be subject to on-going review through the Combined Assurance Group, escalating to the Board or CCG Quality Team/CQRM as appropriate.

If a complainant is dissatisfied with the response, every effort will be made to achieve a satisfactory outcome at local level by:

- Identifying outstanding issues
- Arranging local resolution meetings
- Providing a further written response
- Involving a conciliator, where appropriate and
- Considering redress where appropriate (see Appendix D).

If following all attempts to resolve the complaint locally the complainant remains dissatisfied, they will be notified that local resolution has reached conclusion and that they can ask the Parliamentary and Health Service Ombudsman (PHSO) (see section 11) to consider their case. Information on the PHSO will be routinely given to complainants at the completion of local resolution.

All statements, letters, phone calls and actions taken in an investigation must be documented and kept in the complaint file in chronological order. A complete complaint file is required should the complaint be referred to the Parliamentary and Health Service Ombudsman (see Section 11).

Where appropriate, alternative methods of responding to complaints must be considered, this may be through an immediate response from front-line staff, a meeting, or direct action by a senior person.

It may be appropriate to conduct a meeting where requested by the complainant or be considered in:

- complex cases,
- in cases where there is serious harm/death of a patient,
- cases involving those whose first language is not English, or
- cases where the complainant has a learning disability or mental health illness (and other capacity challenges)

A statement of the right, if they are not satisfied with the response, to refer the complaint to the Parliamentary and Health Service Ombudsman, Millbank Tower, Millbank, London, SW1P 4QP or visit the Making a Complaint page

<http://www.ombudsman.org.uk/make-a-complaint>

(to complain online or download a paper form). Alternatively the complainant may call the PHSO Customer Helpline on 0345 015 4033 from 8:30am to 5:30pm, Monday to Friday or send a text to their 'call back' service: 07624 813 005

Parliamentary and Health Service Ombudsman

If a complainant remains dissatisfied at the end of local resolution, they can put their complaint to the health Service Ombudsman. The Ombudsman can carry out independent investigations into complaints about poor treatment or service provided through the NHS in England. The PHSO have published the Principles of Good Complaints Handling which encompasses:

- Getting it right
- Being customer focused
- Being open and accountable
- Acting fairly and proportionally
- Putting things right
- Seeking continuous improvement

In the response, reference can be made to the contact details:

Parliamentary and Health Service Ombudsman,
 Millbank Tower,
 Millbank,
 London,
 SW1P 4QP or visit the 'Making a complaint page' at
<http://www.ombudsman.org.uk/make-a-complaint>

(to complain online or download a paper form).

Alternatively the complainant may call the PHSO Customer Helpline on 0345 015 4033 from 8:30am to 5:30pm, Monday to Friday or send a text to their 'call back' service: 07624 813 00

This is the final stage in the NHS Complaints Procedure.

10. ANNUAL REVIEW OF COMPLAINTS

The service will produce an annual complaints report to be sent to the Board of Directors and will form part of the Freedom of Information Act Publication Scheme.

The report will include:

- Statistics on the number of complaints received
- The number considered to have been upheld
- Known referrals to the Ombudsman
- A summary of the issues giving rise to the complaints
- Learning points that came out of the complaints and the changes to procedure, policies or care which have resulted.

Care must be taken to ensure that the report does not inadvertently disclose any confidential data or lead to the identity of any person becoming known.

11. MONITORING ACTIONS AND LESSON LEARNED

Learning from Complaints and the other 4Cs is fundamental to the approach. Staff who have actions assigned to them as a result of a complaint should advise the 4Cs Lead when actions are completed or, if actions are not completed within the timeframe specified, an update on progress and the reason for the delay.

The 4Cs Lead will ensure records are maintained and track the completion of action plans.

Monitoring of Action Plans and discussion of lessons learnt will be undertaken as a standing agenda item for the Quality Operational Group.

Where actions are not completed within the specified timeframe, the 4Cs manager will escalate to the relevant Director and the Chief Operating Officer who are responsible for ensuring that the action plans are completed.

Non-completion of actions will be reported on quarterly basis to the Board of Directors by the QOG report.

12. CONFIDENTIALITY

All complaints must be treated in the strictest confidence and the practice must ensure that the patient etc. is made aware of any confidential information to be disclosed to a third party (e.g. NHSE).

SHPCA must keep a record of all complaints and copies of all correspondence relating to complaints, but such records must be kept separate from patients' medical records and no reference which might disclose the fact a complaint has been made should be included on the computerised clinical record system.

13. UNREASONABLE OR VEXATIOUS COMPLAINTS

Where a complainant becomes unreasonable or excessively rude or aggressive in their promotion of the complaint, some or all of the following formal provisions will apply and must be communicated to the patient by the Responsible Person in writing:

The complaint will be managed by **one named individual at senior level** who will be the only contact for the patient

- Contact will be limited to one method only (e.g. in writing)
- Place a time limit on each contact
- The number of contacts in a time period will be restricted
- A witness will be present for all contacts
- Repeated complaints about the same issue will be refused unless additional material is being brought forward
- Only acknowledge correspondence regarding a closed matter, not respond to it
- Set behaviour standards
- Return irrelevant documentation
- Detailed records will be kept of each encounter

Further guidance can be sought from the Head of Quality.

14. COMPLAINTS INVOLVING LOCUMS

It is important that all complaints made to SHPCA regarding or involving a locum (Doctor, Nurse or any other temporary staff) are dealt with by the relevant service and not passed off to a Locum Agency or the individual locum to investigate and respond. The responsibility for handling and investigating all complaints rests with the Service Provider.

Locum staff should however be involved at an early stage and be advised of the complaint in order that they can provide any explanations, preferably in writing. It would not be usually appropriate for any opinions to be expressed by the service on Locum staff. Providing their factual account along with any factual account from the practice is the best way to proceed

The service will ensure that on engaging any Locum, the Locum Agreement will include an assurance that they will participate in any complaint investigation where they are involved or can provide any material evidence.

15. "INFORMAL COMPLAINTS"

The collection of data about informal complaints - often referred to as "grumbles" - is a good tool for identifying trends for low-level dissatisfaction with services or the way they are offered to patients.

Staff are encouraged to raise these issues with the Service Manager or report any feedback via QUASAR.

16. CONCERNS

All concerns should be logged on Quasar to ensure a full record is kept of all concerns. The staff member receiving the concern should log this on QUASAR and inform the 4Cs Manager/support of this.

The 4Cs Manager or Responsible Director will triage any concerns to assess their seriousness and allocation of individual as appropriate to investigate and draft a response to a concern.

17. COMMENTS

All comments received regarding Alliance services should be logged on QUASAR to ensure a full record is kept of all comments.

18. COMPLIMENTS

As well as receiving complaints, SHPCA also receives compliments which highlight areas of good practice and acknowledge the hard work of staff.

Staff who receive compliments should report these to the 4Cs manager and also log these on QUASAR. They will then be formally recorded and acknowledged.

The 4Cs Lead will ensure that staff and their line manager are made aware of any compliments received about them. Where individual staff are named this will be shared with the individual as SHPCA values this highly for revalidation and personal development purposes.

Whilst there is no statutory duty to record compliments, SHPCA the positive feedback it receives about staff and services. Consequently, compliments are reported to the Board.

19. DUTY OF CANDOUR

Within the Francis Inquiry report into Mid Staffordshire NHS Foundation Trust, there was a recommendation that a statutory duty of candour be introduced for health and care providers. The NHS Constitution requires all healthcare commissioners and providers of NHS services (including CCGs) to be open about mistakes and always tell patients if something has gone wrong.

This is further to the contractual requirement for candour for NHS providers in the standard contracts, and professional requirements for candour in the practice of a regulated activity.

Every member of staff working in or for SHPCA has a duty to be open and honest with patients, their families, carers and representatives. This includes when things go wrong; welcoming and listening to feedback and addressing concerns promptly and in a spirit of co-operation (NHS Constitution).

Being open and honest about what happened is not an admission of liability and discussing complaints promptly, fully and compassionately with patients, family, carers or representatives can:

- help patients, family or carers cope with the after effects,
- provide reassurance that everything will be done to ensure the type of incident that resulted in their complaint does not happen again,
- provide an environment where patients, family, carers, healthcare professionals and managers feel supported when things go wrong, and;
- help prevent events becoming litigation claims.

20. SUPPORT FOR STAFF

Members of staff named in the complaint, either personally or by role, should be informed of the complaint by their Operational/Service Manager or by the Lead Director in the case of complaints regarding GPs/Medical colleagues. Where there are allegations of a safeguarding nature, the manager or Lead Director must firstly speak to the relevant lead for the CCG (In case there are allegations regarding network abuse, grooming, etc which would compromise safety/criminal investigation). Staff should be fully supported by their line manager and consulted during the investigation. The investigation should be full, fair and timely, and should not apportion blame.

The management style and culture within the organisation will promote positive attitudes towards dealing with complaints.

The decision on whether disciplinary action is called for is a decision for the line manager in consultation with Human Resources, in accordance with the normal disciplinary procedure. This must be kept separate from the complaints procedure.

21. **COMPLAINANT MEETINGS**

Should a complainant wish to meet with the 4Cs Lead to discuss the contents of their complaint, this will be arranged. The complainant may wish to meet with representatives of SHPCA to discuss their concerns as part of the investigation process and, if so, this will be discussed when the complaint plan is drafted at the beginning of the process.

All meetings will be recorded either by a recording device or by a written record. A copy of the written record will be sent to all those involved to confirm the accuracy before being documented in the complaints file.

22. **REVIEW AND MONITORING OF 4CS POLICY & PROCESS**

At approximately six month intervals evaluation of the way in which complaints are handled will be reviewed at the Combined Assurance Group. This will consider timeliness of responses and other factors such as avoidable delays in response and investigation, complaints not resolved following a final response letter etc.

This Procedure will be reviewed at any time by request of staff, CAG or SHPCA Board of Directors. It will be automatically reviewed after 12 months and thereafter a bi-annual basis or sooner if national/CCG complaint guidance changes.

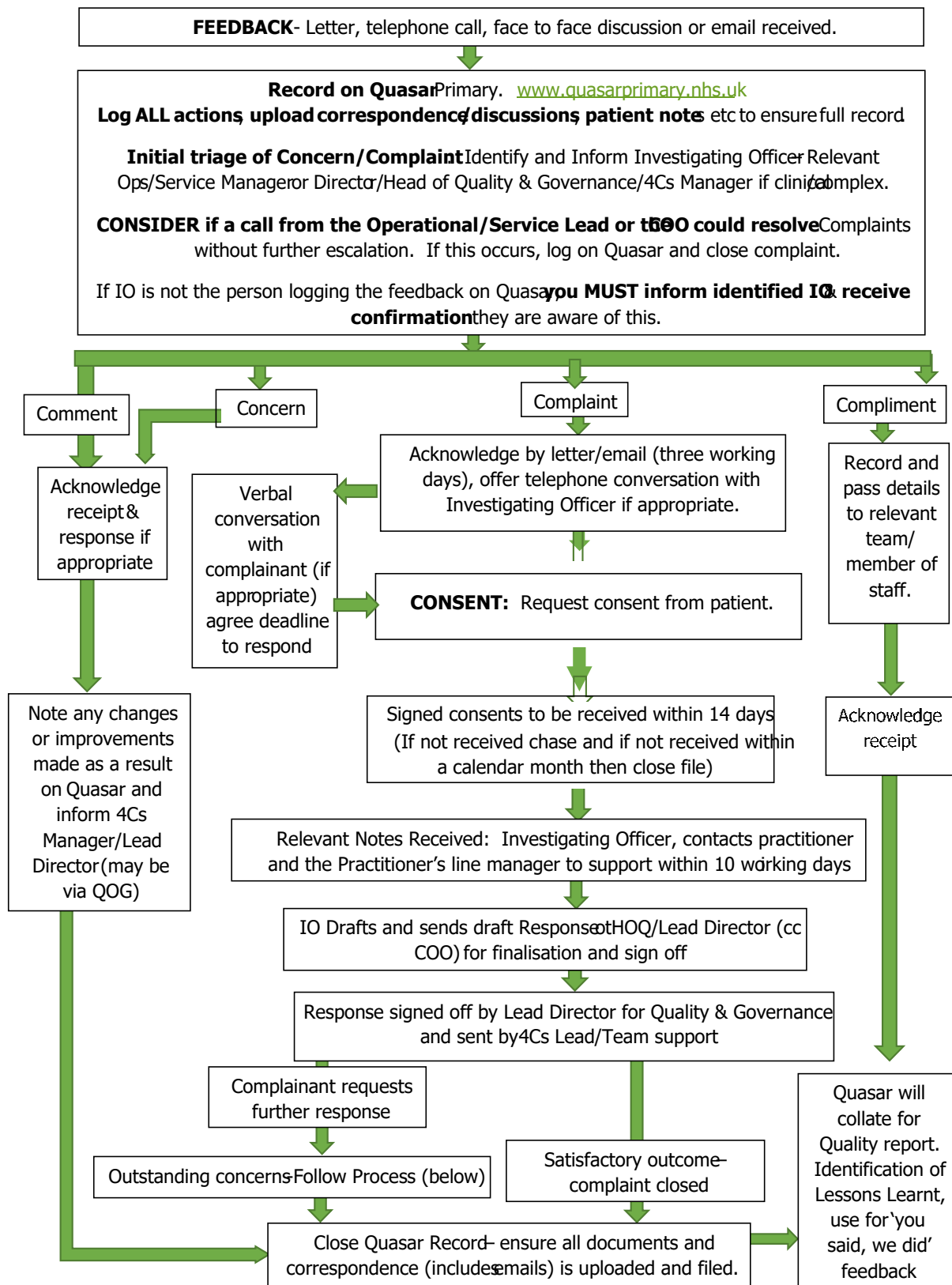
Reference should also be made as required to:

Alliance 4Cs Policy

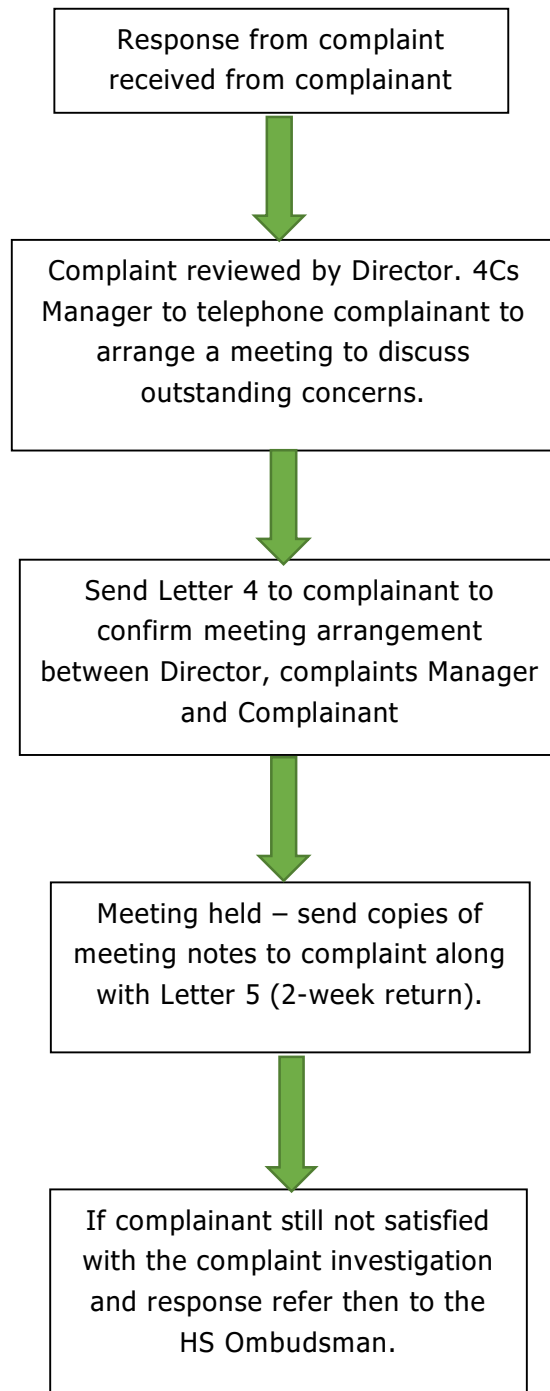
Caldicott Guardian and IG Policy Documents

SHPCA Managing Incidents Guidance (Managing Events).

23. ANNEX A SHPCA COMPLAINTS PROCESS FLOWCHART



Outstanding Concerns Received Regarding Complaint Response – Process



24. ANNEX B: CONSENT FORM (TEXT USE HEADED PAPER)

Southern Hampshire Primary Care Alliance - CONSENT FORM

I confirm that I accept that Southern Hampshire Primary Care Alliance will process my complaint and that Southern Hampshire Primary Care Alliance will only forward a copy of my complaint to organisation(s) for direct investigation after gaining consent from me. I also confirm that I accept that a copy of all correspondence will be held by Southern Hampshire primary Care Alliance.

I consent, to the release of my health records to the Southern Hampshire Primary Care Alliance and understand that the information obtained will be used to assist in the investigation of my complaint. Confidential information can and may be shared with other organisations if necessary if relevant to the complaint.

Complainants name: _____

Your address: _____

Relationship to patient: _____

(if not patient completing this form)

Signature: _____

(Typed is satisfactory)

Date: _____

All personal data you supply is stored on a secure server with limited, authorised access. We will not, under any circumstances (unless required by law), share your details with any other person or organisation except where related to your complaint. Consent can be withdrawn at any time. Please let the us know at the postal address or email address below if you wish to withdraw your consent at any time.

Please check this box if you wish to receive further communications from us not directly concerned with your complaint or any subsequent issues, including follow-up satisfaction surveys.

Any information is retained in accordance with SHPCA's retention schedule and Department of Health guidance.

Please complete and return this form within the next fourteen days to:

4Cs Manager

Southern Hampshire Primary Care Alliance

Office 35, Pure Offices

1 Port Way

Portsmouth, Hampshire, PO6 4TY Email: shpca.complaintsincidents@nhs.net