

**NHS DORSET CLINICAL COMMISSIONING GROUP  
GOVERNING BODY MEETING  
CUSTOMER CARE ANNUAL REPORT**

<b>Date of the meeting</b>	19/07/2017
<b>Author</b>	J Green, Head of Information Governance and Customer Care
<b>Sponsoring Board member</b>	Dr S Yule, Locality Chair for North Dorset
<b>Purpose of Report</b>	To document the management of complaints from 1 April 2016 to 31 March 2017
<b>Recommendation</b>	The Governing Body is asked to <b>note</b> the report.
<b>Stakeholder Engagement</b>	Patients/members of the public are involved in the management of complaints
<b>Previous GB / Committee/s, Dates</b>	Audit and Quality Committee, 05 July 2017

**Monitoring and Assurance Summary**

<b>This report links to the following Strategic Principles</b>	<ul style="list-style-type: none"> <li>• Services designed around people</li> <li>• Preventing ill health and reducing inequalities</li> <li>• Sustainable healthcare services</li> <li>• Care closer to home</li> </ul>		
	<b>Yes</b> [e.g. ✓]	<b>Any action required?</b>	
		<b>Yes</b> Detail in report	<b>No</b>
All three Domains of Quality (Safety, Quality, Patient Experience)	✓		✓
Board Assurance Framework Risk Register	✓		✓
Budgetary Impact	✓		✓
Legal/Regulatory	✓		✓
People/Staff	✓		✓
Financial/Value for Money/Sustainability	✓		✓
Information Management & Technology	✓		✓
Equality Impact Assessment	✓		✓
Freedom of Information	✓		✓
<b>I confirm that I have considered the implications of this report on each of the matters above, as indicated</b>	✓		✓

Initials JG

## 1. Introduction

- 1.1 This report has been developed in accordance with the National Health Service Complaints (England) Regulations 2009 which states that there is a requirement for all NHS organisations to prepare an Annual Complaints Report.
- 1.2 The report outlines the complaints, comments, concerns and compliments received by Dorset Clinical Commissioning Group (CCG) during 2016/17. It also documents enquires raised by MP letters and through the CCG Feedback and Involve Mailboxes.
- 1.3 The CCG also receives a number of complaints that have been sent:
  - directly to a provider, copied to the CCG;
  - about a service provider to the CCG.
- 1.4 The report aims to provide assurance that complaints are appropriately responded to, trends are monitored and, for complaints about the CCG, improvements are made. Provider complaints are monitored by the Professional Practice Lead.
- 1.5 The service provided by the CCG combines both a complaints and advice service to those contacting Dorset CCG via the:
  - complaints telephone number, email address and postal address;
  - feedback email inbox and/or the Involve email inbox.
- 1.6 The CCG aims to be open, transparent and honest in the complaint responses.

## 2. Statutory Requirements

- 2.1 Under the NHS Constitution every person has the right to:
  - make a complaint about NHS Services;
  - have that complaint acknowledged within three working days  
;
  - have it properly investigated;
  - discuss the manner in which the complaint is to be handled and to know the period within which the investigation is likely to be completed and the response sent. This should include an explanation of the conclusions and confirmation of any actions identified in consequence of the complaint;
  - take their complaint to the Parliamentary and Health Ombudsman if they are not satisfied with the way the complaint has been dealt with.
- 2.2 Two complaints received were not acknowledged within three working days. This translates to 3.5% of the complaints received into the CCG, but not received by the Customer Care Team in time to acknowledge within the three

day period. The Team is working to achieve 100% compliance next year, through training for Directorates, in order to improve knowledge of complaints handling.

## 3. Accountability and Monitoring of Complaints

### Dorset Clinical Commissioning Group

- 3.1 Quarterly complaints reports are provided to the Audit and Quality Committee and the Quality Group, with a short summary provided to the Governing Body, also on a quarterly basis.
- 3.2 The Concerns, Resolution and Learning Group meet on a quarterly basis to discuss complaints and identify actions to improve the outcome of complaints for complainants.
- 3.3 The Customer Care Team continually identify ways to improve the complaints process. An area that has been identified recently is, when a complainant is unhappy with a response received, an independent member of staff will investigate the complaint process, handling of the same by the Directorate involved and consider whether anything further could have been done, or could it have been handled better. For example, in a recent case the investigation demonstrated that the complaint had been dealt with correctly but the tone and language of communication with the complainant could have been improved.

### Action Plan Trackers

- 3.4 Action Plan Trackers have been introduced by the Customer Care Team in order to identify learning outcomes from CCG complaints. Since the implementation of these the majority of learning outcomes have originated from CHC (this is to be expected as they receive the majority of complaints). Examples of actions that have been completed following identification of learning are:
  - to introduce new requirements onto the Post Log regarding type of records received and volume of these records (following a case of not being able to evidence if a full set of records were received);
  - to introduce communication of the local disputes process to families and resulting delays in the decision making process;
  - Previous Unassessed Periods of Care (PUPOC) Team – ensure that whatever submission is made it should be passed to a clinician to review;
  - investigate why care was not available in the market so that the family can be provided with an explanation but to also look for solutions;
  - advising another Trust on training required so that their professional/individual is qualified to undertake the Checklist;

- written guidance produced for reimbursements for deceased and living patients;
  - Funded Nursing Care (FNC) Pack for Care Homes being developed to aid their understanding of the FNC process.
- 3.5 The list in 3.4 demonstrates that a range of actions arise from complaints and how learning is used to improve the service provided.
- 3.6 The Customer Care Team continue to review draft response letters to ensure
- quality and accuracy of content;
  - that they are open, clear and empathetic;
  - use of plain English and less jargon.
- 3.7 The team has held further Complaint Response Letter Writing training sessions for staff which again has been well attended and appreciated. Following these sessions the standard of responses continues to improve.

## **Providers**

- 3.8 When the CCG receives a complaint relating to commissioned services, consent is sought from the complainant to pass their complaint to the provider for investigation. The provider will respond directly to the complainant with a copy to the CCG.
- 3.9 All complaints relating to service providers, which are received by Customer Care, are shared with the Quality and Contract Monitoring Team for review. Copies of complaints, and the responses, are provided to inform discussion at monitoring meetings.
- 3.10 The Professional Practice Lead continues to conduct “deep dive” reviews of complaints within the main service providers. The focus is on how frontline staff deal with concerns as they are raised, ensuring a person-centred process and how the organisation uses learning from complaints in quality improvement of services.
- 3.11 All four foundation trusts have made improvements or maintained their position in relation to complaints performance.

## **National Reports**

### **"Fobbed Off" - experiences of making an NHS complaint Report by Healthwatch**

- 3.12 In July 2016 Healthwatch released the above named report which focused on the experience of patients/persons who had made a complaint to one of three NHS Foundation Trusts within Dorset. These included Dorset County Hospital

NHS Foundation Trust, Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust and Dorset HealthCare University NHS Foundation Trust.

- 3.13 The report is based on the results of a survey sent to patients/persons who had brought a complaint against an NHS Foundation Trust in Dorset in 2015. The purpose was for respondents to the survey to share their experiences of the complaints system and process. The survey went to 764 people in total. One-hundred and fifty eight (158) of them responded (a response rate of 21%).
- 3.14 Based on the findings of the survey Healthwatch have made a number of recommendations to the Trusts which have been accepted and acted upon. A sample of the recommendations relate to training for staff, promoting the role of PALS, meeting with complainants, keeping to timescales or, if not possible, keeping the complainant informed.

#### 4. Number of Complaints Received

- 4.1 During the year 2016/17 Dorset CCG received a total of 183 complaints from its resident population which demonstrates a reduction from 248 received in the previous year. One-hundred and four (104) of these related to the CCG; the remaining 79 were provider-led and responded to directly by the individual organisation.
- 4.2 **Table 1** demonstrates the number of complaints received during each quarter broken down into CCG and Provider responsibility.

	Q1	Q2	Q3	Q4	Total
Total no. of complaints received	63	41	36	43	<b>183</b>
No. of complaints responded to	41	22	20	21	<b>104</b>
No. of complaints forwarded to providers for direct response	22	19	16	22	<b>79</b>

- 4.3 **Table 2** demonstrates the performance (by quarter) in relation to providing final responses within the target timescale.

	Q1	Q2	Q3	Q4	Total
No. of complaints responded to	41	22	20	21	<b>104</b>
No. of complaints where the CCG's final response was sent within agreed timescales (25	39	20	18	19	<b>96</b>

working days)					
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- 4.4 The target for responding to a complaint is 25 working days however, as the above table indicates, the CCG has been unable to meet this target in 1.4% of cases. It should be noted that the timescale is not a statutory requirement and, if the investigation is going to take longer than 25 days, a timescale can be agreed with the complainant.
- 4.5 Those not attained were in the main due to late responses from Directorates. This has been addressed.
- 4.6 The timely investigation and response to complaints is vital. Timescales are being closely monitored and the Customer Care Team will aim to ensure that the performance is improved.
- 4.7 Trends from complaints received relating to the CCG only, are demonstrated in the table below.

<b>Trends</b>	<b>Number</b>
Commissioning decisions – provision of services	<b>10</b>
NHS Funded Continuing Health Care - current	<b>27</b>
NHS Funded Continuing Health Care - retrospective	<b>52</b>
Individual Patient Treatment funding	<b>9</b>
General	<b>6</b>

- 4.8 Within the past 12 months the majority of complaints received by the CCG have related to Continuing Healthcare. Themes which have emerged are:
- timescales to complete both retrospective reviews and appeals;
  - unclear/lack of communication to patients regarding the process or delays;
  - non-eligible decisions;
  - decisions relating to back payment of FNC.

## 5. Upheld Complaints

- 5.1 Table 3 demonstrates the number of complaints upheld.

<b>Table 3: Well Founded/Upheld Complaints</b>					
	<b>Q1</b>	<b>Q2</b>	<b>Q3</b>	<b>Q4</b>	<b>Total</b>
<b>Total no. of CCG complaints</b>	41	22	20	21	<b>104</b>

<b>No. of CCG complaints upheld or partially upheld</b>	19	14	7	7	<b>47</b>
<b>% of CCG complaints upheld or partially upheld</b>	46%	64%	35%	33%	<b>45%</b>
<b>No. of CCG complaints not upheld</b>	22	8	13	14	<b>57</b>

5.2 Complaints were upheld mainly due to a mistake(s) made during process.

## **6. Compliments relating to Dorset CCG**

6.1 Twenty-one (21) compliments were received by the CCG in relation to services provided.

## **7. Complaints about Service Providers**

7.1 Dorset CCG either received, or was copied into, 79 complaints about service providers.

7.2 Complaints about providers, or any emerging themes, are discussed at Contract Management and Quality meetings with the individual provider.

7.3 Themes within complaints about providers are in regards to clinical treatment and care, staff attitude and access to treatment/waiting times.

7.4 In addition, the Professional Practice Lead reviews themes and trends, in complaints received by the main providers in Dorset, along with themes from public feedback to the local Healthwatch quarterly. The purpose is to provide the CCG with assurance as to how complaints are handled, outcomes and dissemination of learning through the organisation.

## **8. Compliments relating to Service Providers**

8.1 Nine compliments were received relating to providers.

## **9. Parliamentary and Health Service Ombudsman (PHSO)**

9.1 All complainants are made aware that they have the right to contact the PHSO if they remain unhappy with the response to their complaint. The CCG has been informed of four referrals to the Ombudsman during 2016/17. The PHSO has upheld two complaints and not upheld two complaints.

## **10. Number of MP Letters and Feedback Queries Received**

10.1 Dorset CCG received **65** letters from MPs during 2016/17 which have been responded to. The enquiries concerned a range of issues, including:

- Continuing Care assessments and applications;
- Retrospective Continuing Healthcare claims;
- Individual Patient Treatment funding;
- Personal Health Budgets;
- Mental Health Service provision;
- Commissioned services, including the Pain Service;
- The Clinical Services Review;
- Other enquiries related to individual concerns of constituents.

10.2 1079 enquiries from the CCG Feedback and Involve inboxes were dealt with during the year. The enquiries cover a large number of issues, including

- contact details;
- raising complaints;
- invitations and flyers;
- health involvement network queries; and
- comments on the Clinical Service Review.

All were forwarded to the relevant area to provide a response.

10.3 In addition Customer Care also received, and responded to, **111** miscellaneous enquiries relating to 18-week referral to treatment, medicines management, and commissioned services.

## **11. Priorities and Actions for the 2017/18**

11.1 The Customer Care Team will continue to improve organisational complaints management.

11.2 Introduce a patient satisfaction/experience survey.

11.3 Further training on the complaints report system, Ulysses, in order to improve reporting.

11.4 More direct verbal communication with complainants.

11.5 Continue to provide training for staff as required.

11.6 Look to introduce a regular independent over view of 'difficult' complaints.

## 12. Conclusion

- 12.1 Generally there is a decrease in the number of complaints received by the CCG. The area with the largest number of complaints is within Continuing Healthcare.
- 12.2 The Customer Care Team continue to work with Directorates to improve the quality of complaint handling and the Concerns, Resolution and Handling Group are disseminating learning that has arisen from complaints, especially relating to Continuing Healthcare.
- 12.3 All main providers within Dorset have made improvements to their complaints handling processes in the last year including personal contact by investigating managers. The numbers of formal complaints has decreased over the year and within most providers there is a reciprocal increase in informal concerns managed using the Patient Advice and Liaison Service.
- 12.4 The Professional Practice Lead will continue to work with providers to review the quality of complaints handling with the aim of improving the patient and carer experience of the process.

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