

**NHS DORSET CLINICAL COMMISSIONING GROUP
GOVERNING BODY
COMPLAINTS ANNUAL REPORT**

Date of the meeting	15/07/2015
Author	J Green - Head of Information Governance and Customer Care
Sponsoring Clinician	Dr P French – Locality Chair for East Bournemouth
Purpose of Report	To document the management of complaints from 1 April 2014 to 31 March 2015
Recommendation	The Governing Body is asked to note the report
Stakeholder Engagement	Summarise engagement with members, clinicians, staff, patients and public
Previous GB / Committee/s, Dates	N/A

Monitoring and Assurance Summary

This report links to the following Assurance Domains	<ul style="list-style-type: none"> • Services designed around people • Preventing ill health and reducing inequalities • Sustainable healthcare services • Care closer to home 		
I confirm that I have considered the implications of this report on each of the matters below, as indicated:	Yes [e.g. ✓]	Any action required?	
		Yes Detail in report	No
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	✓		✓
I confirm that I have considered the implications of this report on each of the matters above, as indicated	✓		

Initials JG

1. Introduction

- 1.1 The following report outlines the complaints, comments, concerns and compliments received by Dorset Clinical Commissioning Group during the period 1 April 2014 – 31 March 2015. It also documents enquires raised by MP letters and through the Dorset Clinical Commissioning Group (CCG) Feedback Mailbox.
- 1.2 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.
- 1.3 Complaints pertaining to Dorset CCG include issues relating to commissioning decisions about services, service providers, individual patient funding and NHS funded continuing care processes and decisions.
- 1.4 The CCG also receives complaints that have been sent directly to a provider and copied to the CCG. Other complainants raise concerns about a service provider directly with the CCG.
- 1.5 The CCG does not have a role in managing complaints pertaining to independent contractors. However it is apparent that, although CCGs have been in existence for two years, complainants are still sometimes unaware with whom they should raise a complaint. The CCG Customer Care Team advises them accordingly and provides contact details ensuring that the quality and contract monitoring team are aware of the complaint.
- 1.6 This report has been produced in line with the “*Local Authority Social Services and National Health Service Complaints (England) Regulations 2009*” to review the total number of complaints received by the CCG, identifying key themes and learning points to improve quality of care and treatments commissioned.

2. Statutory Requirements

- 2.1 NHS organisations are required to acknowledge complaints within three working days of receipt.
- 2.2 Seven complaints (3%) received were not acknowledged within three working days. This reflects the percentage of complaints which were received into the

CCG but not received by the Customer Care Team in time to acknowledge within the three days. The Team is working to achieve 100% compliance next year by training in order to improve knowledge of complaints handling.

3. Accountability and Monitoring of Complaints

- 3.1 The CCG quality and contract monitoring team monitor and review all complaints about service providers. Copies of complaints and the responses are provided to inform the discussion at monitoring meetings.
- 3.2 The Professional Practice Lead conducts “deep dive” reviews of complaints within the main service providers. Individual reports have been shared with the Director and Deputy Director of Nursing, including recommendations for consideration.
- 3.3 The Parliamentary and Health Service Ombudsman, with Healthwatch and the Local Government Ombudsman have recently published their vision for complaints handling called ‘My Expectations’. In December 2014 the CQC published a report on complaints, ‘Complaints Matter’, which included key findings from the first round of inspections where complaints feature prominently. Complaints management has received recent attention from Government Ministers, the media and the public, and major reports (e.g. Clwyd-Hart, Berwick and Francis) have shaped policy across government and the health sector. These reports have collectively and consistently raised concerns about the quality, accessibility and outcome of the complaints process.
- 3.4 In response to the various national guidance and reports, as set out above, the Customer Care Team has set up a Concerns, Resolution and Learning Group which meets on a quarterly basis.
- 3.5 The Group Members consist of staff from each Directorate and reports via the Quality Group. The purpose of the group is to:
 - put the patient at the centre of the complaint process;
 - improve communication both with complainants and within the CCG;
 - review complaints;
 - consider learning for the CCG;
 - monitor themes and trends;
 - ensure quality standards in responses;
 - ensure the NHS Complaints procedures and the CCG Customer Care Policy is followed;
 - ensure draft responses are complete, grammatically correct and answer the complainants’ concerns;

- facilitate draft response letters which are open, honest and transparent, and individually tailored to the complainant;
- provide support and advice to the designated members of staff responding to complaints;
- monitor and ensure that complaints investigations and draft response are conducted within a reasonable timeframe, as requested by the Customer Care Officer.

3.6 The review of draft responses represents a significant workload for the Customer Care Team; anecdotal evidence suggests that those writing responses need more coaching, support and training to improve response writing skills.

3.7 The team has undertaken a series of Complaint Response Letter Writing training sessions which have been well attended and appreciated. Following these sessions the standard of responses has improved markedly. They are more open, clear and empathetic with the use of plain English and less jargon.

4. Number of Complaints Received

4.1 During the period 01 April 2014 to 31 March 2015 Dorset CCG received a total of 216 complaints, although it should be noted that some complaints relate to more than one issue. 123 of these related to the CCG; the remaining 93 were provider led and responded to directly by the organisations. Two compliments were also received.

4.2 **Table 1**, below, demonstrates the number of complaints received during each quarter broken down between CCG and provider responsibility.

Table 1: Complaints received by the CCG during 2014/15					
	Q1	Q2	Q3	Q4	2014/15 Total
Total no. of complaints received by the CCG	60	65	32	62	216
Total no. of compliments received by the CCG	1	1	0	0	2
No. of complaints responded to by the CCG	29	31	20	43	123
No. of complaints forwarded to providers for direct response	28	34	13	18	93

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

Table 2: Performance data relating to final complaints responses being sent out within target timescales (25 working days)					
	Q1	Q2	Q3	Q4	2014/15 Total
No. of complaints responded to by the CCG	29	31	20	43	123
No. of CCG complaints where the CCG's final response was sent within agreed timescales (25 working days)	24	21	15	37	97
% of CCG complaints where the CCG's final response was sent within agreed timescales (25 working days)	83%	68%	75%	86%	79%

- 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 21% of cases.
- 4.5 Those not attained were in the main due to late responses to complaints in relation to Continuing Healthcare (CHC). It can be seen from table 2 that in Q2 and Q3 responses within the required timescale fell significantly. This has been addressed by CHC and Q4 shows a significant improvement.
- 4.6 When it is anticipated that a response to a complaint will not be able to be provided within the 25 day time frame the complainant is contacted and an agreed time frame is reached. This is mainly due to the length of time it will take to investigate a complaint, usually requiring input from a number of departments/organisations.
- 4.7 The timely investigation and response to complaints is vital therefore timescales are being closely monitored and the Customer Care Team will aim to ensure that the performance is improved in the future.
- 4.8 **Fig 1**, below, shows a breakdown by issues of the complaints received by the CCG.

Topic	Number
Commissioning decisions – provision of services	23
Choose and Book	7
NHS Funded Continuing Health Care - current	55
NHS Funded Continuing Health Care - retrospective	18
Individual Patient Treatment funding	9
Personal Health Budgets withdrawal	11
Total	123

Fig.1

4.9 Within the past 12 months the majority of complaints received by the CCG have related to Continuing Healthcare. Themes which have emerged from complaints relating to CHC are:

- Timescales to complete both retrospective reviews and appeals;
- Unclear/lack of communication to patients regarding the process or delays;
- Non-eligible decisions;
- Time to put fast track packages in place.

4.10 A number of complaints relating to the withdrawal of Personal Health Budgets (PHB) have been received. All complainants have been written to and advised that Dorset CCG had been part of a Pilot Scheme, funded by the Department of Health, which has now come to an end. The funding stream has ceased, and patients now need to be eligible for Continuing Health Care funding in order to qualify for a PHB. All those who have complained have been offered an assessment and assurance that the funding will not be withdrawn until the assessment has taken place.

5. Upheld Complaints

5.1 Table 3, below, demonstrates the number of complaints upheld.

	Q1	Q2	Q3	Q4	2014/15 Total
Total no. of CCG complaints	29	31	20	43	123
No. of CCG complaints upheld	11	14	6	20	51
% of CCG complaints upheld	38%	45%	30%	47%	41%
No. of CCG complaints not upheld	18	17	14	23	72

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

6. Complaints about Service Providers

6.1 Dorset CCG either received or was copied into 93 complaints about service providers.

6.2 Complaints about providers or any emerging themes are discussed at contract management and quality meetings with the individual provider.

6.3 In addition, the Professional Practice Lead conducts deep dive reviews quarterly in the main providers in Dorset. The purpose is to provide the CCG with assurance as to how complaints are handled, outcomes and dissemination of learning through the organisation.

Compliments

6.4 2 compliments were received relating to providers.

7. Parliamentary and Health Service Ombudsman (PHSO)

7.1 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 8 referrals to the Ombudsman during 2014/15. The PHSO reversed the outcome of one complaint to partially upheld.

8. Number of MP Letters and Feedback Queries Received

8.1 Dorset CCG received 78 letters from MPs during 2014/15 which have been responded to. The enquiries concerned a range of issues, including:

- Continuing Care assessments;
- Retrospective Continuing Healthcare claims;

- Individual Patient Treatment funding;
- Personal Health Budgets;
- lack of female acute psychiatric beds in Dorset;
- Template Biopsies for Prostate Cancer;
- other enquiries related to individual concerns of constituents.

8.2 427 enquiries from the CCG Feedback inbox were dealt with during the year. The enquiries cover a large number of issues, including

- contact details;
- raising complaints;
- information relating to medicines management;
- research queries; and
- comments on the Clinical Service Review.

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

9. Conclusion

- 9.1 Generally there would appear to be a slight increase in the number of complaints received by both the CCG and Providers. The area with the largest number of complaints is within Continuing Healthcare.
- 9.2 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.
- 9.3 The Trusts within Dorset are looking to improve the quality of the patient/carer experience in the formal complaints process over the next year, and to use the learning from complaints to ensure better standards of care and service.
- 9.4 The Professional Practice Lead will continue to work with providers to review the quality of complaints handling in the providers to ensure a person centred approach and to ensure lessons learned are appropriately shared and embedded in practice.

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