

**NHS DORSET CLINICAL COMMISSIONING GROUP
GOVERNING BODY**

CUSTOMER CARE ANNUAL REPORT INCLUDING COMPLAINTS

| | |
|-----------------------------------------|------------------------------------------------------------------------------|
| Date of the meeting | 20/07/2015 |
| Author | J Green, Head of Information Governance and Customer Care |
| Sponsoring Clinician | Dr S Yule, Locality Chair for North Dorset |
| Purpose of Report | To document the management of complaints from 1 April 2015 to 31 March 2016. |
| Recommendation | The Governing Body is asked to note the report |
| Stakeholder Engagement | Patients are involved in the management of complaints |
| 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 2015 – 31 March 2016. It also documents enquires raised by MP letters and through the Dorset Clinical Commissioning Group (CCG) Feedback and Involve Mailboxes.
- 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, Individual Patient Funding and NHS funded Continuing Care processes and decisions.
- 1.4 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.
- 1.5 The CCG does not have a role in managing complaints pertaining to independent contractors unless requested by the complainant to facilitate. However it is apparent that, although CCGs have been in existence for three years, complainants are still sometimes unaware with whom they should raise a complaint. The CCG Customer Care Team advises them accordingly 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 (9.73%) 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 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

- 3.1 All complaints relating to service providers that 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 the discussion at monitoring meetings.
- 3.2 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.
- 3.3 A number of national reports relating to complaints handling in the NHS continue to shape 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 within the NHS.
- 3.4 A working group was established within the CCG in response to the findings of the above reports, the Concerns, Resolution and Learning Group. They meet on a quarterly basis.
- 3.5 The Group Members consist of staff from each Directorate and reports via the Quality Group. The Group initiated a Patient Forum meeting, attended by previous complainants, in order to establish areas in which improvements could be made. Improvements implemented by the Group include:
- ensuring the patient continues to be the central focus of the complaint process;
 - the complainant is offered the option of discussing their concerns with the allocated investigating officer in the first instance, with a view to resolving the concerns before following the formal complaints process;
 - complainant has a named point of contact;
 - implementation of an action plan tracker to record learning outcomes identified as a result of the complaint;
 - monitoring of action plans, to ensure learning is embedded and processes are improved, and so prevent reoccurrence;

- ensure high quality responses individually tailored to the complainant which are grammatically correct, concise, with clear outcomes and not containing medical jargon and acronyms;
- improved communication as the allocated investigation officer is required to maintain regular telephone contact with the complainant;
- improved monitoring and support to ensure that complaint investigations, and draft responses, are conducted within a reasonable timeframe, as requested by the Customer Care Officer.

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.

4. Number of Complaints Received

4.1 During the period 1 April 2015 to 31 March 2016 Dorset CCG received a total of 248 complaints, although it should be noted that some complaints relate to more than one issue. 139 of these related to the CCG; the remaining 109 were provider led and responded to directly by the individual organisation.

7 compliments were also received.

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

| Table 1: Complaints received by the CCG during 2015/16 | | | | | |
|---------------------------------------------------------------|-----------|-----------|-----------|-----------|----------------------|
| | Q1 | Q2 | Q3 | Q4 | 2015/16 Total |
| Total no. of complaints received | 60 | 61 | 32 | 68 | 248 |
| No. of complaints responded to | 35 | 36 | 36 | 32 | 139 |
| No. of complaints forwarded to providers for direct response | 25 | 25 | 23 | 36 | 109 |

- 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 | 2015/16 Total |
| No. of complaints responded to | 35 | 36 | 36 | 32 | 139 |
| No. of complaints where the CCG's final response was sent within agreed timescales (25 working days) | 27 | 30 | 26 | 27 | 110 |

- 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 Q3 responses within the required timescale fell significantly. This has been addressed by reviewing roles within the CHC team and having designated staff to respond to complaints.
- 4.6 Responses outside of the time frame are largely due to the length of time required to investigate a complaint, usually requiring input from a number of departments/organisations.
- 4.7 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 a revised time frame is agreed.
- 4.8 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 in the future.
- 4.9 Trends from complaints received, which relate only to the CCG, are demonstrated in **Fig 1**, below.

| Trends | Number |
|---------------------------------------------------|---------------|
| Commissioning decisions – provision of services | 11 |
| Choose and Book | 3 |
| NHS Funded Continuing Health Care - current | 89 |
| NHS Funded Continuing Health Care - retrospective | 27 |
| Individual Patient Treatment funding | 2 |
| General | 7 |

Fig.1

4.10 Within the past 12 months the majority of complaints received by the CCG have related to Continuing Healthcare.

4.11 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;
- decisions relating to back payment of FNC;
- time taken to put fast track packages in place.

5. Upheld Complaints

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

| Table 3: Well Founded/Upheld Complaints | | | | | |
|---------------------------------------------------------|-----------|-----------|-----------|-----------|----------------------|
| | Q1 | Q2 | Q3 | Q4 | 2015/16 Total |
| Total no. of CCG complaints | 35 | 36 | 36 | 32 | 139 |
| No. of CCG complaints upheld or partially upheld | 24 | 21 | 21 | 18 | 84 |
| % of CCG complaints upheld or partially upheld | 69 | 58 | 58 | 56 | 60 |
| | | | | | |
| No. of CCG complaints not upheld | 11 | 15 | 15 | 14 | 55 |

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, 109 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 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.

Compliments

6.4 Four 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 5 referrals to the Ombudsman during 2015/16. The PHSO has upheld 1 complaint, partially upheld 2 complaints and not upheld 2 complaints.

8. Number of MP Letters and Feedback Queries Received

8.1 Dorset CCG received **65** letters from MPs during 2015/16 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;
- the lack of female acute psychiatric beds in Dorset;
- Mental Health Service provision;
- commissioned services, including the Pain Service;
- the Clinical Services Review;
- other enquiries related to individual concerns of constituents.

8.2 710 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.

In addition Customer Care also received, and responded to, **60** miscellaneous enquiries relating to 18-week referral to treatment, medicines management, and commissioned services.

9. Conclusion

9.1 Generally there is a slight increase in the number of complaints received by the CCG. The area with the largest number of complaints is within Continuing Healthcare. Key themes in complaints to providers are in regards to clinical treatment and care, staff attitude and access to treatment/waiting times.

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 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.

9.4 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.

Author's name and Title : Joyce Green, Head of Information Governance and Customer Care

Date : 04 July 2016

Telephone Number : 01305 361252