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NHS DORSET CLINICAL COMMISSIONING GROUP

GOVERNING BODY MEETING

COMPLAINTS ANNUAL REPORT

Date of the meeting	16/07/2014
Authors	J Green, Head of Information Governance and Customer Care J Swarbrick, Professional Practice Lead
Sponsoring Board Member	T Goodson, Chief Officer
Purpose of Report	To document the management of complaints from 1 April 2013 to 31 March 2014
Recommendation	The Governing Body is asked to **Note** the report.
Stakeholder Engagement	Summarise engagement with members, clinicians, staff, patients & public.
Previous GB / Committee/s, Dates	Audit & Quality Committee 09/07/2014

Monitoring and Assurance Summary

This report links to the following Assurance Domains	• Quality • Engagement • Outcomes • Governance • Partnership-Working • Leadership

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	✓		✓
Freedom of Information	✓		✓

Initials : JG / JS

1. Introduction

1.1 The following report outlines the complaints, comments, concerns and compliments received by Dorset Clinical Commissioning Group (CCG) during the period 1 April 2013 – 31 March 2014. It also documents enquires raised by MP letters.

1.2 Complaints pertaining to Dorset CCG responsibilities include issues in relation to commissioning decisions about services, service providers, individual patient funding and NHS funded continuing care processes and decisions.

1.3 The CCG sometimes receives complaints that have been sent directly to a provider with a copy to the CCG. Other complainants raise concerns about a service provider directly with the CCG.

1.4 The CCG do not have a role in managing complaints pertaining to independent contractors although it is apparent that complainants are sometimes unaware with whom they should raise a complaint. The CCG Customer Care Team advises accordingly and provides contact details.

1.5 In response to the Francis Report, which contains recommendations for dealing with complaints, the complaints handling process of the CCG has been reviewed during the year.

2. Number of Complaints Received

2.1 This report has been produced in line with the "*Local Authority Social Services and National Health Service Complaints (England) Regulations 2009*". The purpose is to review the total number of complaints received by the CCG, identify key themes and learning points. The outcome of learning points will be directed to improving the quality of care and treatments commission

2.2 Throughout 2013/14 the CCG received a total of 200 complaints. It should be noted that some of the complaints relate to more than one issue.

NHS organisations are required to acknowledge complaints within three working days of receipt. All complaints received by the Customer Care Team were acknowledged within the statutory three working days.

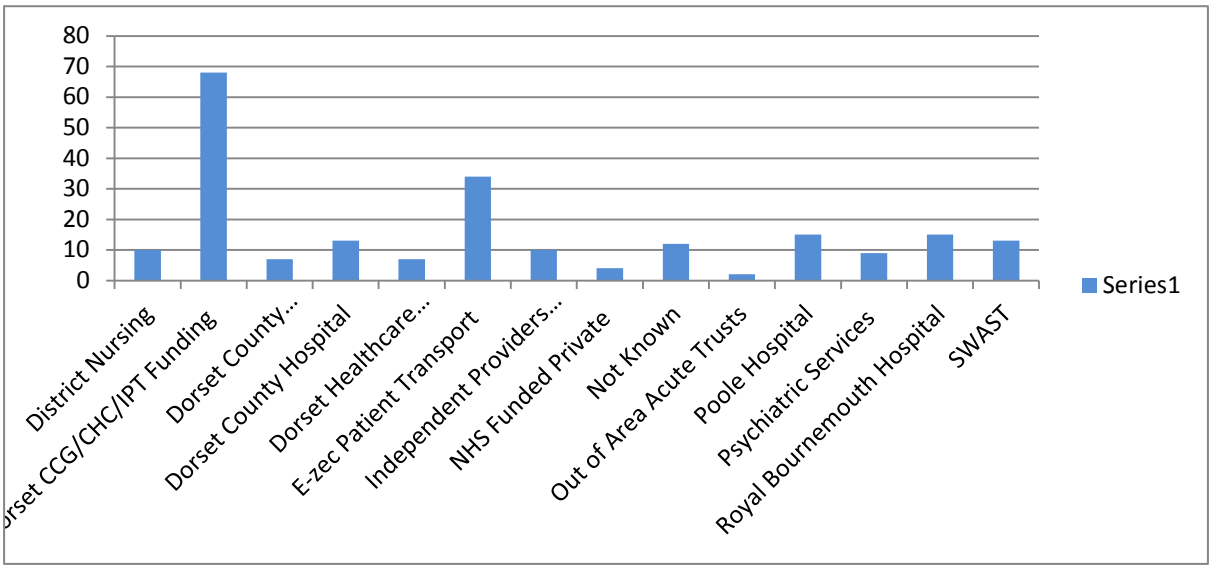

Fig. 1.

2.3 Fig. 1 demonstrates the percentage of complaints received by Provider. The highest proportion of complaints received related to CCG commissioning decisions, including Choose and Book, Continuing Healthcare (CHC), Funded Nursing Care and Individual Patient Treatment (IPT) funding. 33 formal complaints relating to E-zec Patient Transport were received during Quarters 3 and 4.

3. Number of MP Letters Received

3.1 Dorset CCG received 56 letters from MPs during 2013 /14 which have been responded to. The enquiries concerned a range of issues, including CHC assessments, retrospective CHC claims, IPT funding, the Mental Health Services Review, E-zec Patient Transport and the Pain Service.

4. Complaints about Dorset CCG

4.1 A breakdown of complaints is listed in Fig. 2 below.

Topic	Number
Commissioning decisions – provision of services	5
Choose and Book	7
NHS Funded Continuing Health Care - current	36
NHS Funded Continuing Health Care - retrospective	16
Individual Patient Treatment funding	6
Safeguarding Children	2

Safeguarding Adults	2
Total	**74**

Fig.2

Continuing Health Care

4.2 52 complaints were handled in relation to Continuing Health Care. A representative selection is shown in Fig. 3.

Complaint	Outcome of Investigation and action taken
16 complaints relating to retrospective CHC claims	CHC have procured a partner organisation, Capita Medical Reporting Ltd, to commence handling the retrospective claims for CHC funding. Claimants are kept up to date with regular letters of progress. It is hoped that the new team will start the process in July 2014.
33 complaints relating to various issues, including poor care of patients in CHC funded nursing homes, sending assessment invitations on or after the date of the assessment, failure to adhere to the process for assessing patients and the length of time assessments are taking.	All complaints have been investigated and responded to. Learning from the complaints has included a change of procedure to ensure letters informing family of assessment meetings, are sent out well in advance of the meeting date. The majority of the complaints were not upheld.
1 relating to delays undertaking the assessment for four residents in a nursing home.	The assessments were overdue, appointments were expedited and the complaint upheld.
1 relating to loss of original documents supplied by an applicant	As a result an investigation was undertaken which resulted in changes to processes for handling original documents, with built-in checks and safeguards. Monthly audits are undertaken to provide assurance that all Information Governance (IG) procedures are correctly followed; any breaches are reported using an AIRs form. The incident was reported to the Information Commissioners Office (ICO). No action was taken by the ICO as the incident was not

	considered to be a breach of the Data Protection Act 1998. Complaint was upheld.
1 relating to a missed appointment by an assessor plus being kept on hold during a telephone call to ask whether the assessor would be attending.	The complaint resulted in refresher training for diary management and telephone etiquette for the CHC admin team.
1 relating to a terminally ill patient experiencing a delay of discharge from hospital with a Fast Track package of funding.	Response explained that due to the complexity of care required, the team had been unable to commission sufficient care from care providers. An apology was made for not keeping the patient's family informed.

Fig. 3

Individual Patient Treatment (IPT)

4.3 6 complaints related to IPT funding were received. A representative selection is listed in Fig. 4.

Complaint	Outcome of Investigation and action taken
1 relating to an application for funding for treatment has been referred to the Parliamentary and Health Ombudsman (PHSO)	A meeting was held with the complainant. The IPT Panel reviewed the application including further evidence from a clinician. The original decision was upheld. The PHSO is investigating the complaint. The outcome is awaited
3 relating to decisions to refuse funding of fertility treatment.	These were responded to, and a copy of the Fertility Policy was included. The complaints were not upheld.
1 relating to an application for breast asymmetry correction that was not approved.	The complainant has asked the PHSO to investigate. A decision is awaited.

Fig. 4

Choose and Book

4.4 7 complaints relating to Choose and Book were received. A representative selection is listed in Fig. 5.

Complaint	Outcome of Investigation and action taken
1 complainant considered that too much paper is used in the letters to patients.	Contents of letters are decided nationally, local teams cannot alter national process.
1 complainant considered that the wording in the Choose and Book letter about 'being fit to attend your appointment' could be misconstrued.	Explanation given that wording has been approved by the national team. Local team to pass on comments.
4 complaints received about the on-line booking system, too few appointments available.	Explanation given to complainants of system process.

Fig. 5

Safeguarding Children

4.5 Two Safeguarding Children complaints were received in Quarter 1 and were referred to the Designated Safeguarding Children Nurse. They were fully investigated and no case found to answer in either case. The complaints were not upheld.

Safeguarding Adults

4.6 Two complaints were made to the CCG by relatives of people living in separate Care Homes whose care is/was funded by Continuing Health Care. Both complainants were alleging poor standards of care. The complaints were referred to the relevant local authority under Safeguarding Vulnerable Adult Procedures. One was closed following initial investigation. The second concern has been fully investigated; an Action Plan has been produced and is awaiting sign off.

5. Complaints about Service Providers

5.1 Dorset CCG either received, or was copied into, 141 complaints about service providers. Fig. 1 on page 3 lists a breakdown by provider.

Royal Bournemouth and Christchurch Hospitals NHS FT (RBCH)

5.2 13 complaints were received regarding care provided by RBCH. A representative selection of complaints is listed in Fig. 6.

Complaint	Outcome of Investigation and action taken
1 relating to a letter from a Consultant suggesting stopping injections and changing medication for pain relief.	A second opinion was offered to the patient.
1 relating to advice and prescription given by A&E doctor to child with swelling and blisters around ankle. Diagnosed as either an infection or shingles. No improvement in condition so child taken to Poole A&E. Was told that the prescription was incorrect, he did not have shingles.	GP concerned wrote a letter in response explaining reasoning behind decisions made and apologising.
1 relating to an elderly visually impaired man left alone in the eye department when staff left for the day and his transport had failed to arrive to take him home.	Response letter explained that patient apologising that he had felt left alone; nursing staff had been around until 6.30pm and had not left him alone.
1 relating to the care of a patient at, and just prior, to discharge. Patient was discharged whilst still unfit following surgery, required re-admission to Poole for blood transfusion due to low blood count. The discharge form from RBH stated bloods were satisfactory.	Investigation still in progress.
1 relating to the issue of the quality of orthotics provided to two children from the same family with cerebral palsy.	There was an issue with the quality of one pair of orthotics supplied. This should have been raised with the supplier at the time. An apology was made to the family.
1 relating to misdiagnosis of fractured ankle	Investigation initiated.
1 relating to lack of response to complaint.	Complaint not upheld. RBH had responded.

Fig. 6

6. Poole Hospital NHS Foundation Trust (PHFT)

6.1 15 complaints were received relating to PHFT. A representative selection of complaints is listed in Fig. 7.

Complaint	Outcome of Investigation and action taken
1 relating to 3 months waiting time for child to see surgeon regarding a toenail infection. Child had toenail surgery privately.	Response was that appointments are triaged according to the letter from the GP.
1 relating to poor standard of medical and nursing care given to mother at end of life.	Full investigation undertaken by PHFT. Action Plan put into place covering oral hygiene, communication with family, nursing assessment and documentation and staff conduct and bell answering, areas where the complaint was upheld. Outcome has been monitored by the Quality Team.
1 relating to young boy discharged from paediatric care at 11pm by taxi whilst still receiving Abx treatment. Child had to return on several occasions for further ongoing treatment.	Investigation undertaken by PHFT. 8 paediatric nurses were recruited to the bank to improve the availability of bank nurses to avoid such situations in future.
1 relating to misdiagnosis of fractures and other injuries following fall.	Investigation undertaken. Complaint was partially upheld.

Fig 7

7. Dorset County Hospital (DCH)

7.1 13 complaints were received relating to DCH. A representative selection of complaints is listed in Fig. 8.

Complaint	Outcome of Investigation and action taken
1 relating to the treatment and care of complainants mother whilst an inpatient.	Full investigation undertaken, complainant was unhappy with initial response. Further investigation and letter written answering and explaining concerns.

1 relating to untimely death of husband.	The complainant had a meeting with the GP to discuss and resolve her concerns. No written response.
1 relating to patient who had received care in Abbotsbury Ward. Treatment had been inadequate. Was admitted to Southampton General Hospital, where he sadly died a month later.	The case was referred to the Coroner's Court where the verdict was death caused by sepsis resulting from neglect of infected leg ulcers whilst he was in DCH. The Head of Patient Safety met with the family and agreed that the CCG would investigate the circumstances. The Patient Safety and Risk Manager and the Professional Practice Lead will lead the investigation.
1 relating to lack of appointments in rheumatology.	Investigation still in progress.
1 relating to lack of treatment to a leg injury in A&E.	Investigation still in progress.
1 relating to cancellation of an appointment due to lack of funding for varicose vein treatment.	Patient does not wish to proceed.

Fig. 8

8. Dorset Healthcare University NHS Foundation Trust (DHUFT)

8.1 Seven complaints were received relating to DHUFT. A representative selection is listed in Fig. 9.

Complaint	**Outcome of Investigation and action taken**
2 relating to supply problems with continence pads.	Problems were resolved by the continence service.
2 relating to waiting times for appointments at the new community pain service.	Investigation undertaken. Appointments made for patients to discuss concerns and further treatment with Consultant.
8 complaints relating to mental health services.	Copies of response letters have been received. Actions have been taken regarding change of process where complaints have been upheld.
1 relating to a lack of paediatric community nursing cover at weekends. This was a joint complaint involving Poole also.	Investigation still in progress.

1 relating to the treatment provided by the musculo-skeletal service following injuries received in a road traffic accident.	Investigation still in progress.

Fig. 9

9. South Western Ambulance Service Foundation Trust (SWAST)

9.1 Nine complaints have been received relating to Services including NHS 111, the Urgent Care Service and the ambulance service. A representative sample is listed in Fig. 10.

Complaint	Outcome of Investigation and action taken
1 complaint that patient was not happy with consultation with out of hours GP for acute stomach pain, and that a scan was not available out of hours.	Investigation undertaken, response advised that the correct clinical decisions had been taken.
1 relating to advice given by NHS 111 operator which resulted in young man losing a testicle.	Full investigation undertaken and complainant accepted the trust's apology.
3 complaints were either forwarded direct to SWAST by complainant or were withdrawn.	Investigations took place were relevant and the complainant had a telephone discussion and a written response and accepted the trust's apology.

Fig. 10

10. E-zec Medical Transport Service

10.1 Thirty three complaints have been received relating to patient transport. A representative sample has been listed in Fig. 11.

Complaint	Outcome of Investigation and action taken
Complaints related to failure to collect patients on time therefore missing hospital appointments, failure to collect patients to take them home, and collecting patients at the time of the return journey, again missing their appointment.	E-zec responded to complainants, and refunded taxi fares where necessary. Responses and apologies were also provided by the commissioning manager. CQC also received complaints and made an unannounced visit. An action plan has been put in place to improve the service, including response times to

	complaints. The CCG provided further resources for E-zec to employ more drivers and purchase additional vehicles.
Complaints were made by renal patients travelling for dialysis, that they were missing dialysis time, opportunities were being missed for sharing cars, and they were not being collected.	Further work is being undertaken to improve the service, including a renal patient participation group to help put the correct service in place.
Concerns were raised that E-zec were transporting 4 patients in one car following dialysis, prior to treatment, not ideal as they have mobility problems.	E-zec will avoid this where possible.

Fig. 11

11. NHS Funded Private Care

11.1 Six complaints were received relating to NHS funded private care. A representative sample has been listed in Fig. 12.

Complaint	Outcome of Investigation and action taken
3 relating to the cataract service provided by the Nuffield Hospital	Investigations undertaken, complaints were not upheld
1 relating to not being given full information prior to surgery	Copy of response letter requested

Fig. 12

12. Accountability and Monitoring of Complaints

12.1 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.

12.2 A number of national reports have been published relating to complaints handling and patient safety, including the Francis Report into Mid Staffs Hospital, the Berwick Report on Improving the Safety of Patients in England, and the Clwyd-Hart Report on NHS Complaints. A number of recommendations are:

- Chief Executives need to take responsibility for signing off complaints;

- trusts must publish an annual complaints report in plain English which should state complaints made and changes that have taken place;
- staff need adequate support and training in listening to and acting on feedback, with appraisals linked to their communication skills;
- there should be an emphasis on face to face meetings with the complainant and investigative officers;
- complaints should be reported at Board level together with learning from complaints and actions taken;
- staff should be empowered with the responsibility to handle complaints;
- a culture of transparency and openness should be encouraged;
- commissioners should require access to complaints information at the time the complaints are made and should receive complaints and their outcomes on as near to real time basis as possible;
- the NHS should continually and forever reduce patient harm by embracing wholeheartedly an ethic of learning;
- all organisations should seek out the patient and carer voice as an essential asset in monitoring the safety and quality of care;
- recognise that transparency is essential and expect and insist on it at all levels with regard to all types of information.

12.3 Recommendations from the national reports, as listed in 12.2, have been included in the decision to review the complaints handling process in Dorset CCG. The aim of the review is to provide a more person focused response, improve the quality of dealing with, and responding to, complaints and concerns and ensure that a complaint is fully answered and any learning implemented.

12.4 As part of this review the acknowledgement letters will include an invitation to meet with the investigating officer, and a member of the Customer Care Team, to discuss the complaint and agree a response time. To aid this, an external in-house training course for Handling Complaints has been arranged to take place on 22 July 2014. The Customer Care Team and the Professional Practice Lead will attend. Directors have been asked to nominate relevant Programme Leads and managers to attend.

13. Professional Practice Deep Dive Complaints reviews

13.1 Deep dive reviews have been conducted quarterly. These commenced in quarter 2, 2013/14, in 3 out of 4 of the main providers in Dorset; Dorset Healthcare, Poole Hospital and Royal Bournemouth Hospital. Dorset County Hospital did not agree to the reviews taking place in the contractual year.

13.2 The methodology of the reviews varied slightly according to provider meeting structures and reporting. Five complete closed complaint files were provided from the previous quarter for detailed examination by the Professional Practice Lead. Information provided to the CCG, and available via the trust websites, also informed the review. The objective was to evidence how staff deal with the initial concerns of service users, whether the investigation and final response remained service user focussed and were the lessons learned identified and shared.

13.3 Dorset Healthcare scrutinise a sample of their complaint responses at a quarterly complaints panel attended by a non-executive director, complaints managers, the CCG Professional Practice Lead and a patient representative. There have been considerable improvements in the quality of complaint responses, acknowledgement times and there was significant evidence that learning from complaints is shared across the organisation and with the public via the website.

13.4 Poole Hospital review the complaints, claims and adverse incidents at an internal quarterly meeting to identify themes, trends and ensure learning is disseminated appropriately and actions taken are evidenced. The complaints handling process at Poole has remained service user focussed and there has been improvement in the sharing of the learning openly via the trust website.

13.5 Royal Bournemouth hospital continues to review its complaint handling processes using feedback of those experiencing the service at the hospital. There has been an improvement in acknowledgement and investigation times and some evidence of improvement in the quality of responses. The process has become more service user focussed with each complainant given the name of the investigator and an invitation to meet or discuss their issues with them directly. There is no formal evidence of the learning from complaints being shared with the Trust Board as currently takes place in the closed session, or on the trust website.

13.6 An overall theme was identified in all providers regarding the initial handling of concerns by staff. There were many formal complaints where an opportunity to ‘get it right first time’ was lost either due to lack of knowledge of the process for dealing with concerns or poor attitude. Customer care and complaints management training is provided in each trust. Each of the trusts is planning work around staff values and being open with policies to address this.

13.7 It has also been identified that each trust uses different categories for the issues raised in complaints making it difficult to compare the reasons for service users’ dissatisfaction. The top four themes are broadly similar being communication, clinical care, access and staff attitude and are consistent with national reporting.

13.8 The deep dive complaint reviews will continue as agreed in the Complaints monitoring schedules, including at Dorset County Hospital, for 2014/15 to provide assurance that the patient and carer voice is heard and that trusts have a positive and open process for complaints handling.

14. Joint working on complaints handling

14.1 The Customer Care team and Professional Practice Lead have worked with Healthwatch and Dorset Advocacy in 2013/14 to share information regarding service user experience and improve complaints handling processes.

14.2 Support has also been provided to E-zec medical transport services since October 2013 with regards to handling complaints due to the number of concerns raised and to ensure quality improvement in services.

15. Conclusion

15.1 In what he describes as "*a common culture made real throughout the system"* Francis identifies the need to create an NHS which includes patients and relatives, is open to criticism, is considerate of patients' needs, is outward looking, open and transparent, challenges poor standards, promotes organisation understanding based on evidence, ensures learning from complaints is effectively identified, disseminated and implemented, and puts the patient first in everything.

15.2 To meet this challenge Dorset CCG has changed from having separate PALS and complaints functions to having one Customer Care Team plus the Professional Practice Lead closely monitoring providers. The team provides signposting and guidance to the public and colleagues, and maintain the responsibility to respond to commissioning and some provider complaints.

15.3 Improvement in complaints management continues, and is regarded by Dorset CCG as a valuable aspect of the patient experience. Complaint responses frequently identify opportunities for directorates, and the organisation, to learn from complaints. Further improvements to the quality of complaint responses have been identified and a training event has been arranged for July 2014.

15.4 Going forward, we will focus on what steps can be taken to further improve how we manage, learn from and respond to complaints. The Customer Care Team is committed to making a real contribution to ensuring the changes highlighted in the Francis Inquiry Report become a reality.

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