

Governing Body meeting (held in public)

DATE: 24 March 2016

Title	Annual Complaints Report April 2014 to March 2015
This paper is for Discussion	
Recommended action for the Governing Body	That the Governing Body: Note the attached report.
Potential areas for Conflicts of interest	None.
Executive summary	<p>This report provides the CCG with an overview of complaints management for the year April 2014 to March 2015. It is prepared in accordance with the Local Authority Social Services and NHS Complaints (England) Regulations 2009 which sets out the requirement for each responsible body to prepare an annual complaints report.</p> <p>It aims to provide assurance that patient/carer feedback is encouraged, appropriately gathered and responded to, and shows service improvements to improve the experience of patients.</p> <p>The report highlights that:</p> <ul style="list-style-type: none"> • 33 complaints were received, 4 were withdrawn, making a total of 29 to be investigated • 38% of complaint responses were provided within agreed timescales. 62% were delayed (all provider services) • Eight complaints related to CCG services, seven regarding continuing healthcare funding/retrospective reviews. This is not unexpected as the appeal process is through the CCG's formal complaints procedure • Themes/ trends indicate that poor communication and information, quality of care and manner and attitude of staff were the three main dimensions of care identified in complaints • The outcome of complaint investigations indicates that 66% of the concerns raised were well founded (complaints upheld/partially upheld)

Clinical Commissioning Group

	<ul style="list-style-type: none"> • Actions, learning and improvement are an important part of the complaint process, examples of some changes/improvements implemented as a result of complaints are highlighted on page 8 of the report <p>Planned action to improve the CCG's complaint management during 2015-16 includes:</p> <ol style="list-style-type: none"> 1. Revise communications with complainants to improve equality data collection 2. Upgrade safeguard database to support new reporting requirements of the KO41 complaints data collection (to publish quarterly data) 3. Review and update the CCG policy for management of complaints 4. Incorporate learning from NHS England toolkit to support commissioners working with acute care providers to ensure complaints are well managed and learning identified. 	
How does this paper support the CCGs objectives	Patients:	Improve the health and wellbeing of people in Bexley in partnership with our key stakeholders.
	People:	Empower our staff to make NHS Bexley CCG the most successful CCG in (south) London.
	Pounds:	Delivering on all of our statutory duties and become an effective, efficient and economical organisation.
	Process:	Commission safe, sustainable and equitable services in line with the operating framework and which improves outcomes and patient experience
What are the Organisational implications	Key risks	This report provides assurance that processes and procedures are in place to act upon and learn from complaints. Responding to complaints is a statutory duty. If not handled effectively complaints can be escalated to the Parliamentary Health Service Ombudsman.
	Equality	The CCG seeks to ensure that all patients and service users have appropriate and equitable opportunities to feedback views on our services.
	Financial	
	Data	
	Legal issues	Ensuring compliance with relevant legislation and policies.
	NHS constitution	Ensuring compliance with relevant legislation and policies.
Engagement	This report will be shared with Bexley Patient Council.	

Clinical Commissioning Group

Audit trail	N/A	
Comms plan	Following approval from the Quality & Safety Sub-Committee this paper is presented to the Governing Body and a copy shared with NHS England.	
Author: Annie Gardner Head of Patient Experience and Stakeholder Engagement	Clinical lead: Dr Khanna-Deshmukh Clinical Vice Chair GP Locality Representative	Executive sponsor: Simon Evans-Evans Director of Governance and Quality
Date	29 February 2016	

Complaints Annual Report 2014/15

Author:
Annie Gardner
Head of Patient Experience & Stakeholder Engagement

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1. Introduction

NHS Bexley Clinical Commissioning Group (CCG) recognises complaints to be a rich source of information about how services can improve and as a tool for risk management. We follow the principles of good administration outlined by the Parliamentary and Health Service Ombudsman and remain committed to ensuring that complaints are captured and where appropriate, changes in commissioning are recommended to improve patient experience.

The organisation also has a statutory duty to respond to complaints from users of its services and of the services it commissions and to record and report;

- The number of complaints
- The number that were well founded
- The number referred to the Parliamentary and Health Service Ombudsman
- The subject matter of complaints
- Actions taken, or being taken, to improve services as a result of complaints

This report is prepared in accordance with the Local Authority Social Services and NHS Complaints (England) Regulations 2009 which requires each responsible body to prepare an annual report. It aims to provide an overview of all complaints/concerns received by the CCG for the year 1st April 2014 to 31st March 2015 and provide assurance that the CCG is systematically recording complaints and concerns received, noting trends and taking action to address concerns raised by users of our services.

2. Summary of NHS Complaints Procedures

Complaints in the NHS are ruled by the Statutory Instrument introduced in April 2009. This is the “Local Authority Social Services and NHS Complaints (England) Regulations”. These Regulations and subsequent amendments set out a two stage complaint process which aims to put the patient at the heart of the system.

Stage 1. Local resolution

Working with the complainant to understand and resolve their concerns appropriately and in a time manner.

Stage 2. Parliamentary and Health Service Ombudsman (PHSO)

If local resolution is not successful, the complainant can refer their case to the PHSO for review.

Complaints legislation requires that concerns raised by the public are responded to personally and positively and that lessons are learnt to improve the experience of care.

NHS Constitution

The NHS Constitution also sets out the rights of patients when making a complaint, this includes;

- To have a complaint made about NHS services dealt with efficiently and to have it properly investigated
- To know the outcome of any investigation into a complaint
- To take a complaint to the PHSO if they are not satisfied with the way it was dealt with by the NHS

The NHS Constitution also makes the following pledges which the NHS commits to achieve;

- To ensure patients are treated with courtesy and receive appropriate support throughout the handling of a complaint
- To acknowledge mistakes which happen, apologise, explain what went wrong and put things right
- To ensure that the organisation learns lessons from complaints and uses these to improve NHS services

Based on the above regulation and guidance the CCG adopted a Complaints Policy which sets out how all complaints will be managed.

People wishing to complain about the NHS can either complain directly to the provider, i.e. a hospital, or to the commissioner of the service. The CCG is responsible for any complaints about its own services or actions and can investigate a complaint against any organisation it commissions that provides care for a Bexley GP registered patient. It cannot investigate complaints about GPs, local dentists, opticians, high street pharmacists or some specialised services. These are commissioned by NHS England who operates its own complaints system.

The key areas covered in this Annual Report are the number of complaints received; the subject of complaints; outcome and actions/ learning.

3. Complaints Management

A patient, or someone acting on their behalf, can complain within 12 months of the date on which the subject of the complaint occurred or within 12 months of the date on which the matter came to their attention. This deadline can be extended by the CCG if we consider there is still the opportunity to fairly investigate the complaint.

Complaints are acknowledged within three working days of receipt. Communication then begins to ascertain which issues are the subject of the complaint; what permission is needed; the pathway the complaint will take and ensuring information is given on local advocacy services.

Once this is completed an investigation will begin which can include accessing clinical and administration records, consideration of national and local guidelines/policies as well as interviewing staff.

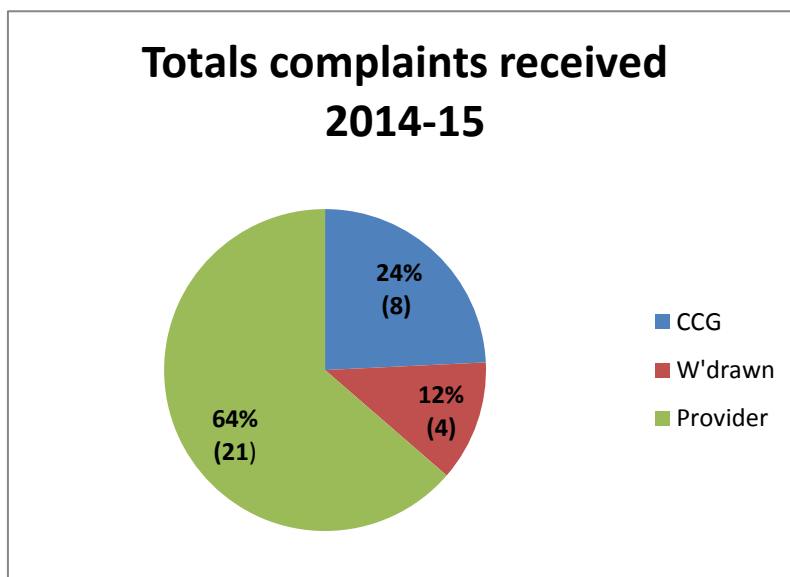
The CCG's target response timescale is 25 working days. However, in some cases where multi-agencies are involved, or concerns raised are complex, a longer timescale is agreed with the complainant. During 2014/15 the CCG experienced numerous delays in obtaining complaint reports and response from provider organisations. There were also occasions when provider reports did not address all the issues raised. In cases where the initial timescale could not be met a revised response date was discussed with the complainant. The timely investigation of complaints is important, particularly as positive outcomes can be undermined if the investigation has been lengthy and protracted. Response timescales are therefore closely monitored and we will look to improve performance of provider responses in the future.

After an investigation is finished and the CCG is satisfied it answers the complaint, all questions asked and meets the outcomes sought a final letter is written which is quality checked by the CCG's Head of Patient Experience and Director of Governance and Quality before being considered by the Chief Officer. The final letter sets out what issues were agreed to be considered; what investigations were undertaken; the results; actions and any further remedy.

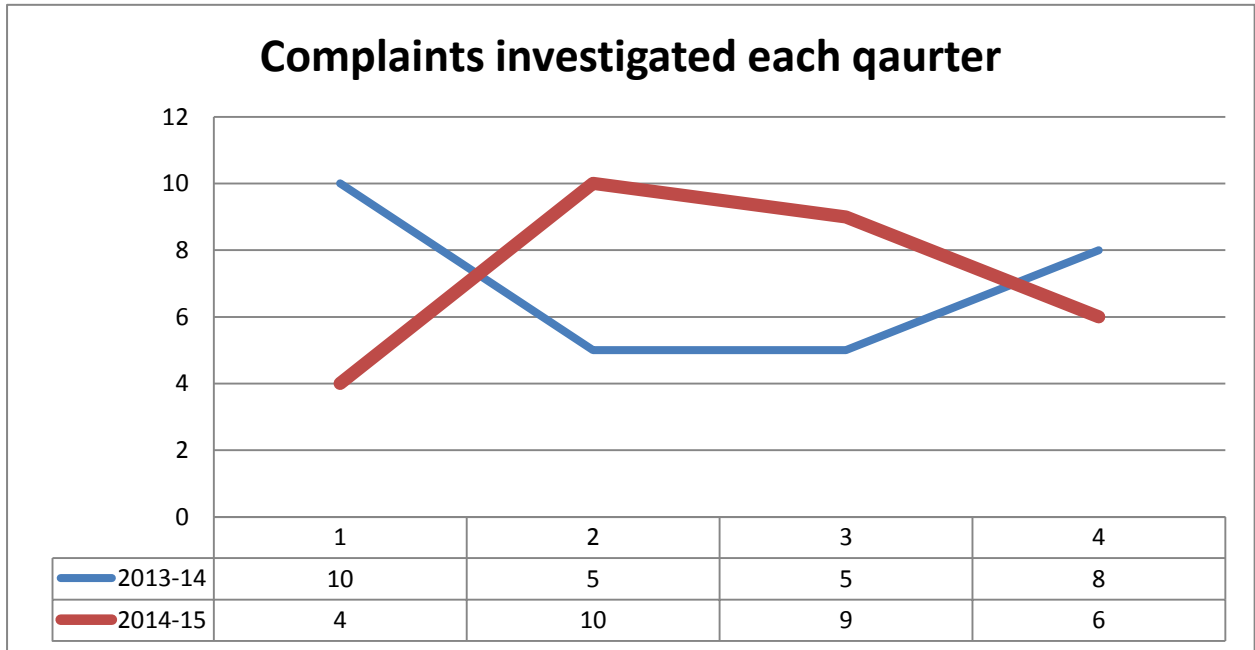
Complaints received

During the period 1st April 2014 to 31st March 2015 the CCG received a total of 33 complaints. Of these 4 were withdrawn making a total of 29 to be investigated. The remaining complaints related to CCG services and commissioned services.

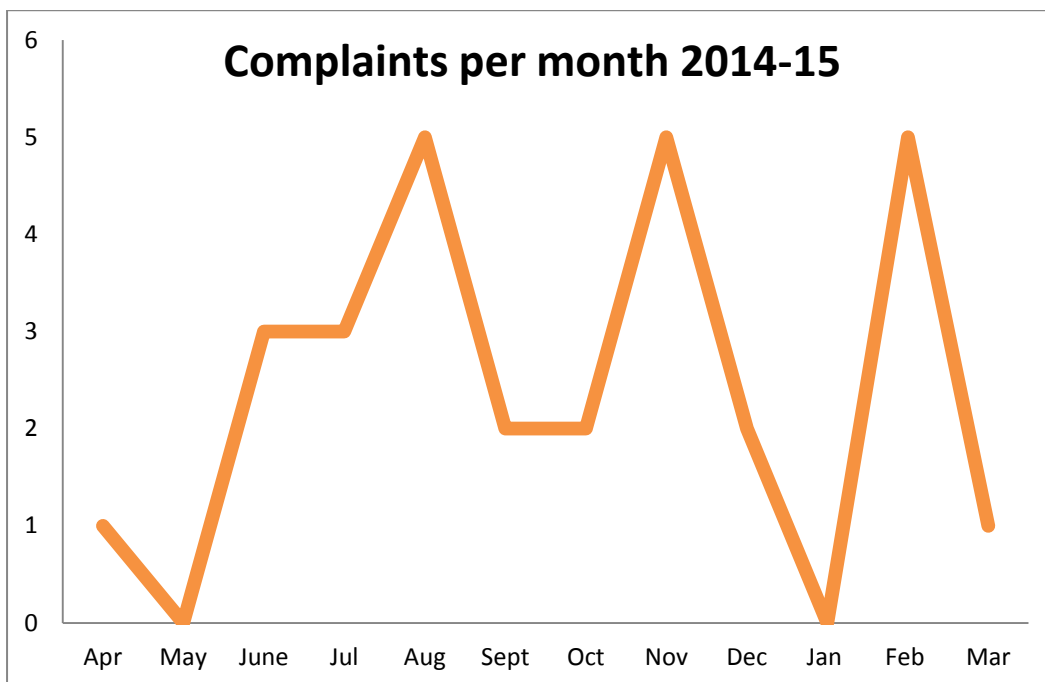
Eight complaints were received regarding CCG services, of which seven related to continuing healthcare funding/retrospective reviews. This is not unexpected due to the Department of Health announcement regarding retrospective continuing healthcare reviews. The CCG expected to receive a number of complaints relating to this subject as the appeal process is through the CCG's formal complaints procedure.



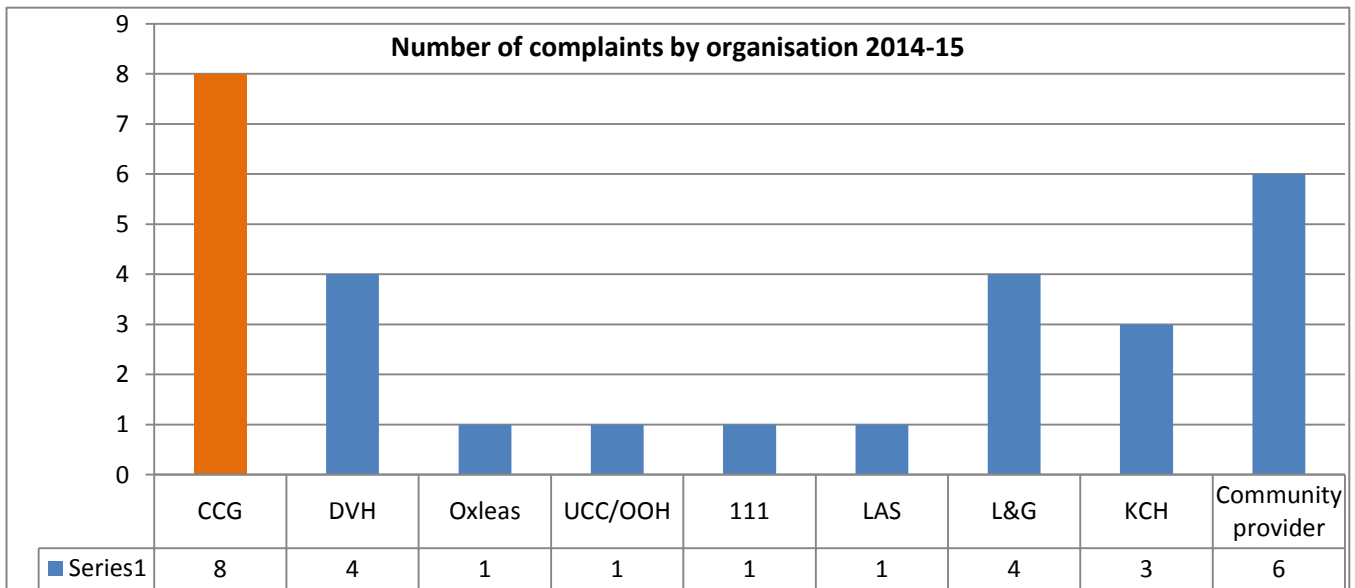
The chart below provides a year on trend comparison in the number of complaints investigated by/via the CCG. A total of 29 complaints were investigated during 2014-15, compared to 28 during 2013-14.



The chart below shows the number of complaints received per month, this indicates that the number of complaints we receive is unpredictable and fluctuates considerably



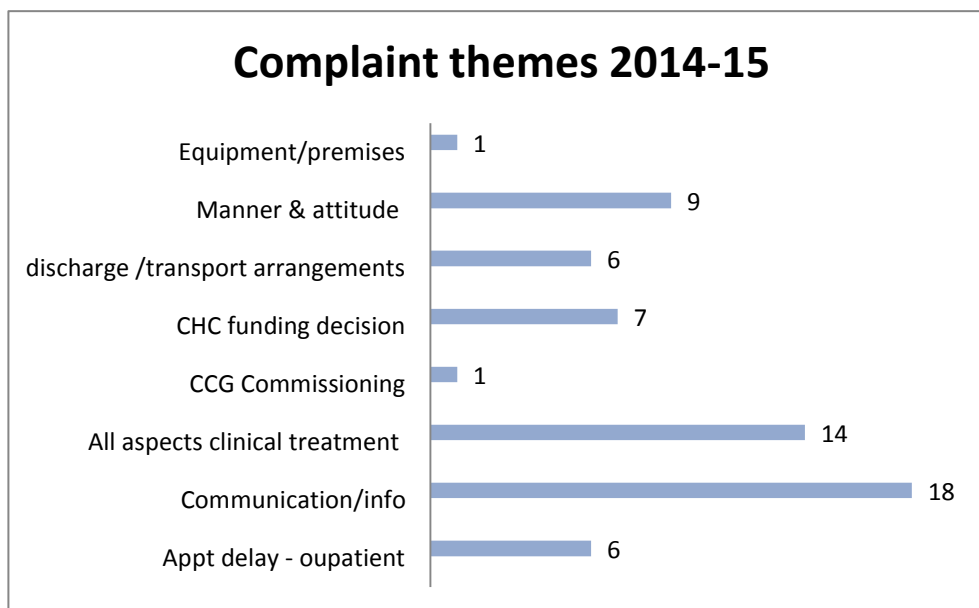
The organisations identified in complaints regarding services commissioned by the CCG are highlighted in the graph below.



Community provider complaints relate to commissioned community clinics/services e.g. community cardiology clinics, minor surgery etc.

4. Themes/ trends highlighted in complaints

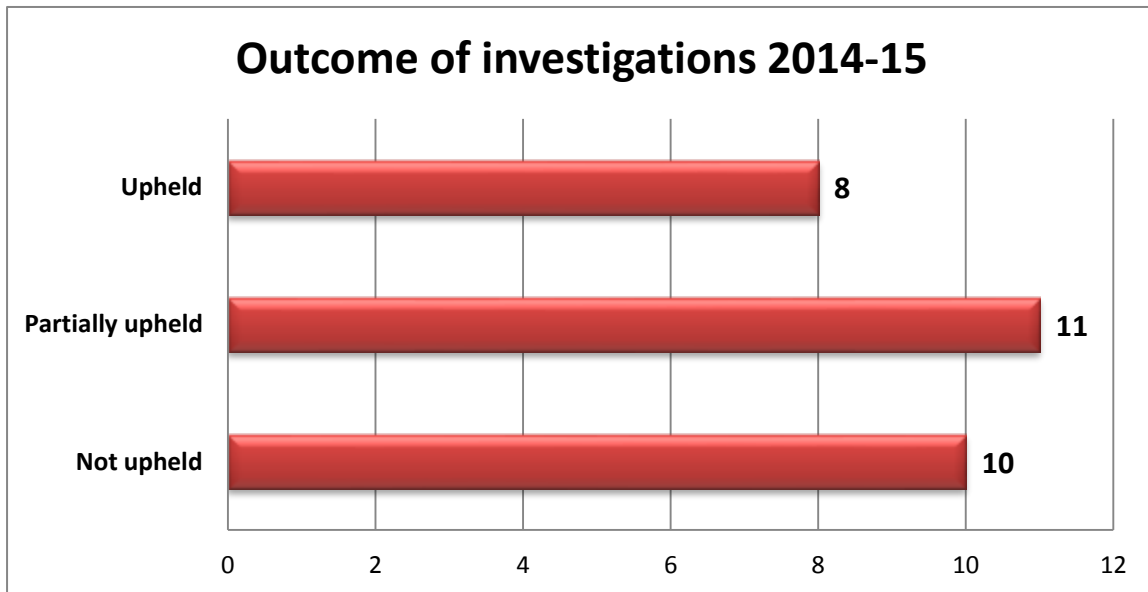
The concerns raised with the CCG highlight the main dimensions of care as reported by the complainant. The following chart details the 2014/15 classification of complaints and indicates that poor communication/information is the most common reason for patient's complaints. However, it should also be noted that quality of clinical treatment is the second main reason for complaints, then manner and attitude of staff.



5. Well founded/upheld complaints

Complaints are frequently identified as 'well founded' and 'upheld'. However, no formal definition of these measures is provided in the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009. Therefore in this report a complaint is deemed to have been 'well founded' or 'upheld' where it is demonstrated that the service provided fell below an acceptable standard.

The table below shows the number of complaints that were upheld/partially upheld during 2014/15.



The information above indicates that 66% of the complaints received and investigated via the CCG were well founded (34% - not upheld).

6. Action, learning and improvements

Actions following complaints can take place at several points in time. There are occasions when the organisation complained about was aware of problems and made changes at the time. Other changes/action can be made following a complaint investigation.

The bullet points below represent an example of changes, learning and improvement identified as a result of investigations completed during 2014-15:

- Improved access arrangements to a community clinic
- Review of administration processes, including improvements to written communication, changes to call handling and responding to answerphone messages
- Acknowledgement of shortfalls and apologies offered
- Review and improvement to record keeping standards
- Meetings/interviews arranged with staff to ensure learning from patient experience/journey and improve for the future

- Processes reviewed for discharge, including transport arrangements for transfer to hospice
- New patient information leaflet for rectal surgery procedures
- Changes in working practice to improve communication & information sharing

7. Response performance

All complaints received by the CCG were acknowledged within the legislated three working days and all CCG service complaints were responded to within agreed (or re-negotiated) timescale.

However, as the table below indicates the CCG were unable to meet original target timescale in most cases that involved a commissioned service. It has remained a concern throughout the year that a significant number of investigation reports have been severely delayed or needed to be returned to the provider as the information did not address all aspects of complaint raised.

The table below shows complaints by provider who failed to respond within initial timescale or whose response did not address all aspects of complaint raised.

Provider	No complaints
Queen Elizabeth Hospital (Lewisham & Greenwich NHS Trust)	4
Community Provider Services	4
Oxleas NHS Foundation Trust	1
Princess Royal (Kings College Hospital)	3
Hurley Group (UCC/OOH)	1
LAS	1
Darent Valley Hospital	4

8. Parliamentary and Health Service Ombudsman


The Parliamentary and Health Service Ombudsman (PHSO) provides a service to the public by undertaking independent investigations into complaints, it is the final stage of the NHS complaints process. The PHSO will normally only take on a complaint after the NHS organisation complained about has first tried to resolve the issues and has responded to the complaint. Any complainant who remains dissatisfied at the end of the local complaints procedure has the right to contact the PHSO who will decide if they will re-investigate. In 2014/15 no cases managed by the CCG were investigated by the PHSO.

9. Using complaints to improve quality of services commissioned by the CCG

As part of ensuring the quality and clinical effectiveness of the services we commission, we have endeavoured to put in place a process for monitoring and learning from complaints. Monitoring complaints against providers also helps identify possible themes, issues or risk in order that appropriate action can be taken. The information requirements for monitoring complaints are detailed as part of the provider contract and the providers share reports with the CCG on a regular basis.

10. Monitoring providers

The CCG reviews information about our provider organisations to ensure they are compliant with legislation around complaint management. The Quality and Patient Experience Team regularly reviews intelligence from our main providers and any issues or concerns are taken to the relevant Clinical Quality Review Group (CQRG). This ensures any issues are discussed and addressed quickly and providers are held to account to improve patient experience.

Organisation	Complaint annual report published	Quarterly reports presented to Board
Lewisham & Greenwich NHS Trust		
Oxleas NHS Foundation Trust		
Dartford & Gravesham NHS Trust		
Kings College Hospital, NHS Foundation Trust		

(see **appendix A** for more information about provider complaints)

11. Improvements planned

- NHS England has produced a toolkit to assist commissioners, working in conjunction with their acute care providers, to ensure that complaints are well managed, learning identified and that a service is accessible, open and transparent. The Head of Patient Experience and Stakeholder Engagement will work with the Director of Quality and Governance to incorporate any learning from this toolkit into CCG policies and processes.
- The CCG policy for the management of complaints is to be reviewed during 2015/16 and amended as appropriate, reflecting national guidance and patient experience and complaints processes.
- An improvement action plan will also be developed during 2015/16 to monitor improvements in the timescales and quality of provider complaint responses.

- Upgrade Safeguard database to support the new requirements of the national KO41 complaints data collection to publish quarterly complaints data and improve reporting to identify themes and trends.

12. Equality and diversity monitoring

The CCG is committed to promoting equality and preventing unlawful discrimination. During 2015/16 the Patient Experience Team will revise communications with complainants to improve equality data collection. This will allow us to improve our service by ensuring better access and fair treatment for all.

Appendix A: Provider complaints

Organisation	Summary headlines
Lewisham & Greenwich NHS Trust	<ul style="list-style-type: none"> • The Trust received 1073 complaints. • 557 (52%) upheld • 100% acknowledged within 3 days / response rate 62% • 23 requests were made to the PHSO - 5 upheld, 9 not upheld and 9 resolved • Action plans and learning evidenced in report • Main subject of complaints - ' all aspects of clinical care (796) • Service area receiving highest number of complaints – Outpatients (605) <p>The report does not evidence equality monitoring of complaints</p>
Oxleas NHS Foundation Trust	<ul style="list-style-type: none"> • The Trust received 148 complaints • Of the 148 complaints received a total of 389 separate concerns were raised. Of these 172 were upheld/partly upheld (44%) • 100% acknowledged within 3 days / response rate 92% • 12 requests were made to the PHSO – 4 were not upheld and 8 are pending enquiries • Action plans and learning evidenced in report • Main subject of complaints – clinical care and attitude of staff • Service area receiving highest number of complaints – Adult Mental Health and LD (64) <p>The report evidences equality monitoring and user satisfaction of the complaint handling process</p>
Dartford & Gravesham	<ul style="list-style-type: none"> • The Trust received 373 complaints • 98% were acknowledged within 3 days / response rate 42% • 5 requests were made to the PHSO – 2 were not upheld and 3 are pending

	<p>enquiries</p> <ul style="list-style-type: none"> • Reference to action/learning from complaints is included • Main subject of complaints – Clinical treatment and Nursing and Medical care • Service area receiving highest number of complaints – Surgery and ED <p>The report does not evidence equality monitoring of complaints or satisfaction with the complaint handling process – although it notes that 46 complaints were re-opened for further investigation (compared with 21 the previous year)</p> <p>The provider identifies two risks:</p> <ul style="list-style-type: none"> • Failure to achieve 25 day response target • Lack of action plans as a result of complaints <p>In actions it identifies that the DoN will monitor these areas and feedback to the Quality Sub Committee on developments</p>
<p>Kings College NHS Foundation Trust</p>	<ul style="list-style-type: none"> • The Trust received 974 complaints, (395 @ Bromley site) • Response rate 37% / acknowledgement rates not provided • 61% Upheld (Bromley site) • 22 complaints were referred to the Ombudsman. 10 upheld, 5 not upheld and 7 are pending enquiries • Action and learning from complaints is evidenced • Main subject of complaints - All aspects of clinical treatment • Service areas receiving highest number of complaints – Surgical inpatient (44%) <p>The report demonstrates equality monitoring and use of action plans</p>