

Governing Body meeting (held in public)

DATE: 29 September 2016

Title	Annual Complaints Report 1st April 2015 to 31st March 2016
This paper is for Information	
Recommended action for the Governing Body	That the Governing Body: Note the attached report
Potential areas for Conflicts of interest	
Executive summary	<p>This report provides the CCG with an overview of complaints management for the year April 2015 to March 2016. 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"> • 28 complaints were received, 4 were withdrawn, making a total of 24 to be investigated (or referred to provider for investigation). • Eleven complaints related to CCG services, nine regarding continuing healthcare funding/retrospective reviews. This is not unexpected as the appeal process is through the CCG's formal complaints procedure. The remaining 2 CCG complaints related to treatment access policy and communication/ information • Themes/ trends from provider complaints indicate that poor communication and information and overall quality of care and treatment were the main dimensions of concern identified in complaints

Clinical Commissioning Group

	<ul style="list-style-type: none"> The outcome of complaint investigations indicates that 71% of the concerns raised were well founded (complaints upheld/partially upheld) 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 within the report <p>Planned action to improve the CCG's complaint management during 2016-17 includes:</p> <ul style="list-style-type: none"> Implementation of updated complaints policy and process across CCG and introduce satisfaction patient experience survey of complaint management Review complaint recording and communication templates, update as appropriate Review communication methods with service users in light of Accessible Information Standards. This will ensure the CCG is able to address any potential disadvantages faced by people with disability and ensure the complaints process is accessible to everyone Continue to monitor complaints management in provider units and contracted organisations Develop service improvement logs to monitor actions identified in complaints Encourage complainants to complete and return equality monitoring forms 	
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.

Clinical Commissioning Group

	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	Data/ statistics identified in complaints is shared with the Health and Social Care Information Centre on a quarterly basis (not PID). All PID data is stored on a confidential complaints management database and only accessed by authorised staff	
	Legal issues	Ensuring compliance with relevant legislation and policies.	
	NHS constitution	Ensuring compliance with relevant legislation and policies.	
Engagement	This report will be shared Bexley Patient Council		
Audit trail	This report has been presented to the Quality and Safety Sub Committee and approved to share with the Governing Body		
Comms plan	In line with statutory requirements this report will be shared with NHS England		
Author:	Clinical lead:	Executive sponsor:	
	Dr Khana Deshmukh Clinical Chair	Anne Douse Interim Director of Governance and Quality	
Date			



Complaints Annual Report

2015 / 2016

Annie Gardner

Head of Patient Experience



Excellent healthcare – locally delivered

Executive summary

NHS Bexley Clinical Commissioning Group is pleased to present our Annual Report on management of Complaints for the period 1st April 2015 – 31st March 2016. 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.

Since the CCG's authorisation in 2013 we have managed complaints through an in-house service. The CCG's complaints policy was reviewed and amended in 2016 and gives emphasis to offering complainants the opportunity to be directed to providers for management and investigation of their complaints. This is principally in an effort to ensure providers have the opportunity to offer more immediate resolution, critical for complainants undergoing treatment; and to help provide a speedier response. We continue to manage complaints for those who do not wish to go through this route and complaints against our own organisation.

The service we provide combines both a complaints and patient advice service through a single point of contact either by post, email or telephone. The service

- Operates an enquiry service by answering, resolving or re-directing enquiries and concerns. This service offers information and help to patients, their families, carers and friends by listening to concerns and feedback about their experience of NHS services
- Investigates complaints received from the CCG registered population which relate to the CCG's commissioning responsibilities. This includes hospitals, community services, mental health services, continuing healthcare and individual funding requests
- Uses patient experience data collated from this service along with data gathered from other sources to improve the quality of care. We are committed to continually reviewing and improving our commissioned services and the information obtained from this service provides intelligence on areas and issues of concern

A complaint report along with other patient experience information is regularly presented to the Quality and Safety Sub Committee, which is a sub committee of the CCG Governing Body.

The CCG aims to be open, transparent and honest in our complaint responses. As part of the complaints process there is the opportunity to meet with staff to discuss concerns at any stage. We strive very hard to be a learning organisation and information from complaints provides direct data about services we commission. We use this information along with other sources to drive service improvements and change.

Introduction

Complaints management within the NHS must follow the Statutory Instrument (and amendments) introduced in April 2009, this is called the “Local Authority Social Services and NHS Complaints (England) Regulations”. These regulations were written with the aim of putting the patient at the heart of the complaints system.

The Parliamentary and Health Service Ombudsman (PHSO) regularly publishes information and guidance to aid the NHS and set out three sets of ‘Principles’ some years ago. The ‘Principles’ outlined the approach the PHSO believed the NHS should adopt to ensure it delivered good administration and customer service and how to respond when things went wrong. Those Principles were called:

- Principles of Good Administration
- Principles of Good Complaint Handling
- Principles for Remedy

The CCG’s Complaints Policy reflects the PHSO Principles and especially the six Principles for Remedy which is:

- Getting it right
- Being customer focused
- Being open and accountable
- Acting fairly and proportionately
- Putting things right
- Seeking continuous improvement

The Regulations allow for anyone wishing to complain about the NHS to either directly approach the provider or the commissioner of a service. A provider could be a hospital or community service provider, the commissioner is the organisation who pays for the care.

NHS Bexley CCG is responsible for any complaints about its own services (i.e. continuing healthcare), policies or actions. It can also investigate a complaint against any organisation it commissions that provides care for a Bexley GP registered patient. The CCG cannot investigate complaints about GPs, local dentists, opticians, pharmacies or some specialised services. These are commissioned by NHS England who operates its own complaints system.

This report provides details on the number of complaints received, the subject of complaints, the outcomes and actions.

Provider complaints

When the CCG receives a complaint relating to commissioned services we decide whether is it appropriate for the provider to handle the complaint directly or whether the CCG should handle the complaint. Where the CCG decides to manage the complaint the provider is asked to investigate and share with the CCG the outcome of their investigation. The CCG then responds to the complainant.

Information about provider complaints handled by the CCG has been included in previous CCG annual complaints reports. However, recent guidance from the Department of Health has indicated that these complaints should be included in provider rather than CCG reports. Therefore detailed information about provider complaints is not included in this annual report, although summary statistics are included.

Complaints management

The Regulations state that complaints must be acknowledged within three days of receipt and this was met in 100% of cases. It is at that stage complainants are offered the opportunity to have their complaint transferred to the provider. If they wish the CCG to investigate (and if the CCG considers this to be appropriate) then work begins with the complainant to identify which issues are the subject of the complaint; what outcome the complainant is seeking; what consent documentation is needed; the pathway the complaint will take and ensuring information is given about local advocacy services. An assessment is also made to ensure any immediately necessary action is taken i.e. help with obtaining urgent clinical care. The investigation will then begin which includes close liaison with the provider; assessing clinical and administration records and consideration of national and local guidelines/policies.

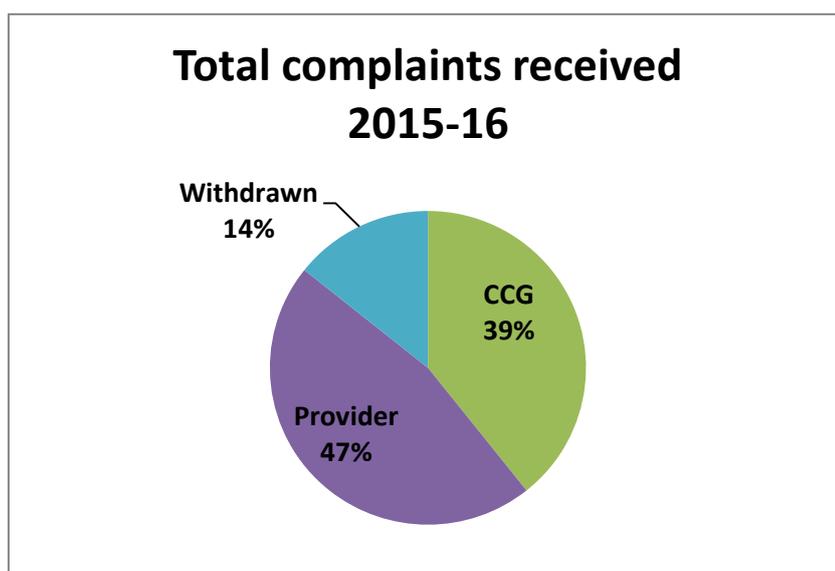
When the investigation is completed to a standard that means the complaint can be responded to, answering all questions that were asked and responding the outcomes sought, a final letter/ response is drafted. This is quality checked by the Head of Patient Experience and Director of Quality and Governance 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 remedy that is proposed. The management of the final response is in line with Regulations, the complainant is given details of how to contact the PHSO if they wish to escalate the matter and are provided with the option to return to the CCG.

Complaints received

In 2015/16 the CCG received a total of 28 complaints. Complaints can follow several pathways,

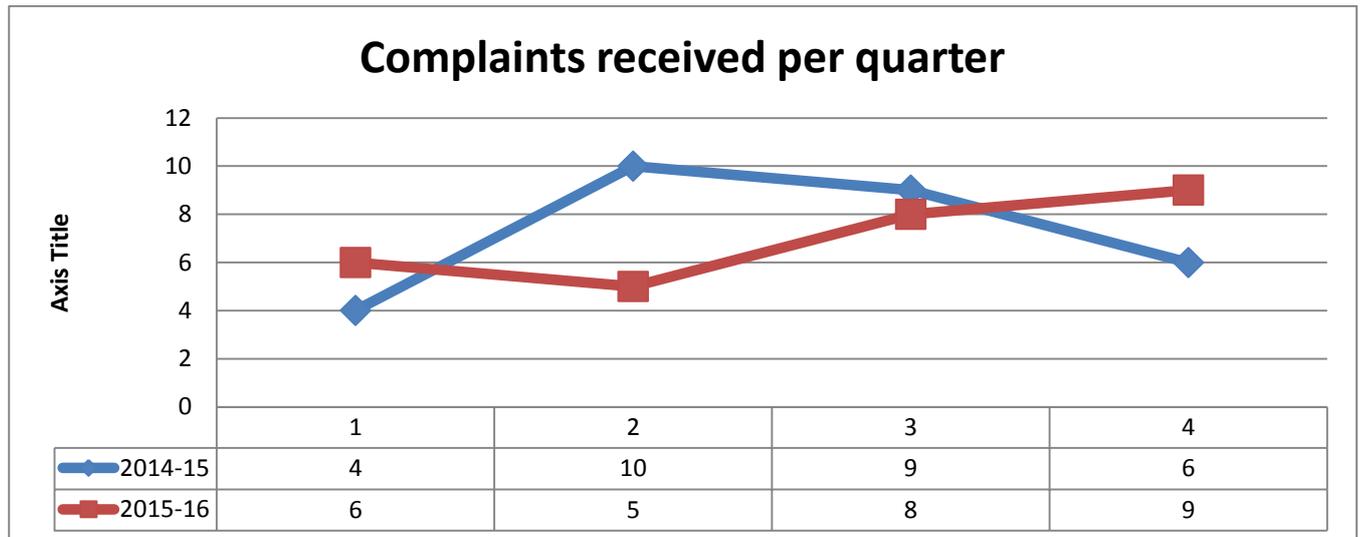
- Investigation by the CCG
- Transfer to another organisation that holds the contract (service provider)
- Withdrawal/ not pursued as the complainant may change their mind, consent is not provided or an immediate solution has been found

The chart below sets out the pathway taken in respect of the 28 complaints received



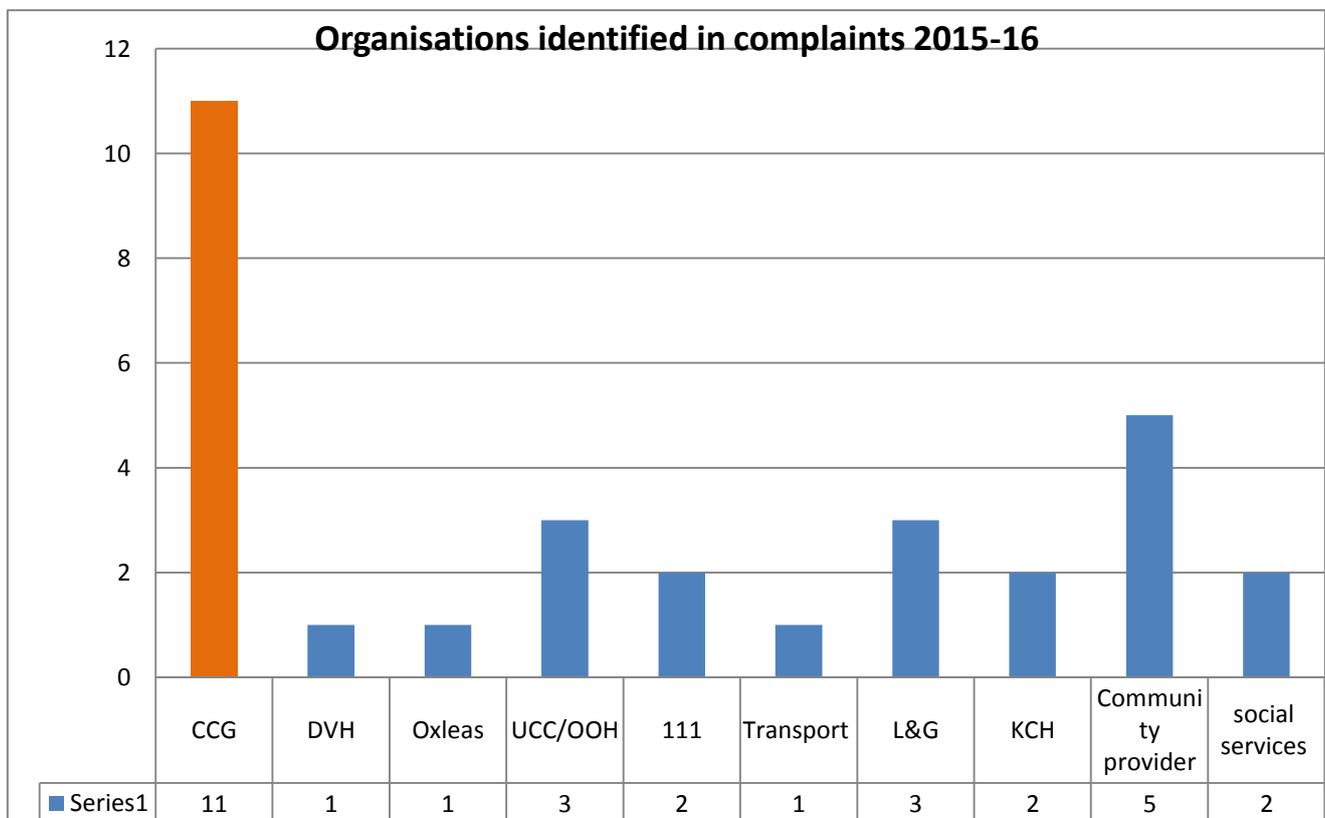
In 2015-16, eleven complaints were received about CCG services, thirteen were received regarding provider/ community services and four complaints were withdrawn.

The chart below provides a year on trend comparison in the number of complaints received per quarter compared with 29 during 2014-15.



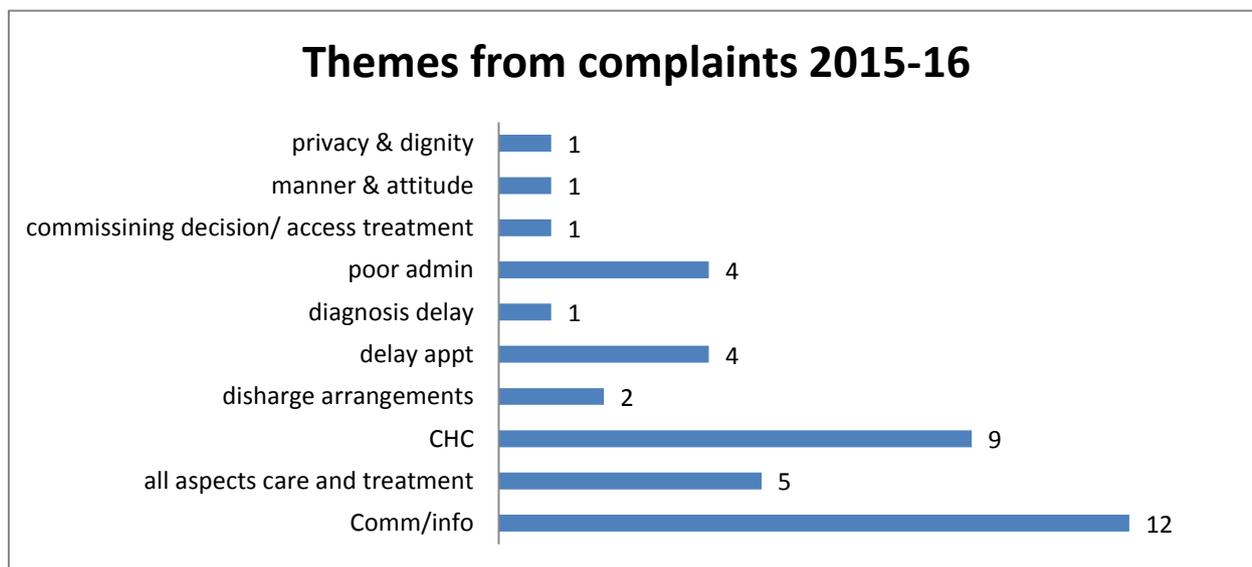
Complaints investigated

Chart below illustrates the organisations identified in complaints received by the CCG. A small number of complaints were against multiple organisations, hence the number of organisations identified are greater than the total number of complaints we received.



Themes of complaints

Complaints can contain several issues of concern; the chart below illustrates the themes identified in complaints raised with the CCG.



The concerns highlight the main dimensions of care as reported by the complainant. The chart above indicates that the main theme from complaints is poor communication/ information.

CCG themes identified in complaints

Of the eleven complaints that relate to CCG services 9 refer to continuing healthcare funding decisions / retrospective reviews. One relates to treatment access policy and one to communication/ information.

The chart below illustrates the outcome of the eleven CCG complaints investigations. It is a Regulatory requirement that the CCG must make a judgement as to the validity of a complaint and it does this by saying a complaint is upheld, partially upheld or not upheld.

	CCG	Provider
Upheld	0	8
Partially upheld	4	5
Not upheld	7	0

Key:

Upheld/partially upheld – all or some of the points of the complaint are upheld

Not upheld – no points of the complaint are upheld

On going – the investigation or the final letter of the complaint is not completed

Response performance

The NHS Regulations do not set a timeframe for responding to complaints; this is to allow a personalised timeline to be agreed with each complainant that takes account of the wishes of the complainant, the complexity of the complaint and the amount of organisations involved. The CCG's complaint policy suggests an upper limit of 40 days, subject to consultation with the patient.

During 2015-16 all complaints received by the CCG were acknowledged within three working days and all CCG complaints were responded to within agreed (or re-negotiated) timescales.

In most cases that involved a commissioned service (provider complaint) the CCG did not receive a response within original target timescales. It has remained a concern that a number of provider complaint reports have been severely delayed or needed to be returned to the provider as the information did not address all aspects of the complaint raised. These concerns have been identified at CCG quality meetings and have subsequently been discussed with Trusts at contract meetings.

Actions and learning from complaints

The compilation of the annual report allows for a further review of cases. The majority of outcomes have involved personal solutions or explanations for the complainant/patient although several outcomes and learning will benefit future patients.

The chart below offers examples of learning, action and improvements identified from complaint investigations during 2015-16.

CCG	Provider organisations
Staff reminded of importance of updating family/ carers to improve communication/ info	Implemented new process for checking dispatch of vitamin drops and disposing of out of date stock
Review of previously un-assessed period of care	Staff reminded to ensure up to date, clear and concise documentation is maintained at all times
Staff reminded to ensure family/ carers aware of right to appeal assessment decisions	Review and streamline process for uploading test results and develop templates to improve timeliness of communication
	Team meeting to highlight positive behaviours with nursing staff
	Review discharge processes to prevent delays of transfer and ensure appropriate transport means are booked and aware of patient needs
	Additional admin staff recruited
	Improved admin process for booking post natal visits
	Reviewed process for transferring calls to out of hours provider, and highlighted requirement to record patient telephone triage
	Information used from investigation to be shared with nursing team at a teaching session to improve communication

NHS Ombudsman

The Parliamentary Health Service Ombudsman (PHSO) is an independent body, established by Parliament to help the public. The final stage of the statutory complaints system is for a complaint to approach this organisation.

Once the Chief Officer has written to the complainant (final letter) the first stage of the complaint process is complete. At that point if the complainant remains unhappy they may return to the CCG or they can approach the PHSO to request an independent review (second stage). The PHSO's role is to consider complaints and decide whether to re-investigate the concerns raised. The PHSO powers are set out in law and the service is free for everyone.

During 2015-16 no CCG complaints were investigated by the PHSO.

Korner returns

Korner returns consist of statistical information that is provided to the Health and Social Care Information Centre (HSCIC). This is a mandatory return that used to be provided on a yearly basis but following a national review this is now completed quarterly by both commissioners and providers in the NHS. The return provides information on complaints by service area, profession and type.

The CCG has completed and provided quarterly Korner returns throughout 2015-16.

Assuring provider complaints management

NHS Bexley CCG commissions a number of services and regularly reviews information about our providers to ensure they are compliant with legislation around management of complaints. The Quality and Patient Experience Teams regularly review intelligence from our main providers and any issues or concerns are taken to the relevant Clinical Quality Review Group (CQRG). This ensures issues are discussed and addressed quickly and providers are held to account.

Organisation	Information about complaints published annually	Information about complaints presented to governing body
Lewisham & Greenwich NHS Trust	✓	✓
Oxleas NHS Foundation Trust	✓	✓
Dartford & Gravesham NHS Trust	✓	✓
Kings College Hospital NHS Foundation Trust	✓	✓

Equality and diversity

The CCG is committed to promoting equality and preventing unlawful discrimination. Although all complainants are provided with an equality monitoring questionnaire the response rate is extremely low. Although the patient experience team encourages complainants to complete the return it is not mandatory and therefore cannot be enforced.

Patient stories

In 2015-15 the CCG introduced patient stories into quality reports, which is presented to the Governing Body and Bexley Patient Council, thus ensuring that patient experiences remain at the heart of our work.

The patient experience team is keen to promote positive stories as well as stories where issues have been raised to ensure balance.

Update on improvements identified in 2014-15

Improvement / action	Update
To review and update CCG policy for management of complaints and amend as appropriate, reflecting national guidance and patient experience	<p>COMPLETED</p> <p>Updated policy and process for management of complaints and concerns developed in line with National Regulations and guidance.</p> <p>Policy reviewed by CCG staff and Bexley Patient Council before ratification by Governing Body</p>
Upgrade safeguard complaint management database to support the new requirements of the national KO41 (complaints data collection)	<p>COMPLETED</p> <p>Software updated to improve quarterly reporting of complaints and identify themes and trends</p>
NHS England developed a toolkit to assist commissioners working with acute providers to ensure complaints are well managed, learning identified and service is accessible. The Head of Patient Experience and Director of Quality and Governance to work together to identify and incorporate any learning from the toolkit into CCG policies, commissioning process and contract monitoring	<p>COMPLETED</p> <p>Key points highlighted with Director who sought assurance from providers at review meetings.</p>
Develop action plan to monitor improvement in timescales and quality of provider complaint response	<p>OPEN</p> <p>This action has not been fully explored and will therefore be carried over in improvement priorities identified for 2016/17. It is intended that service improvement logs will be developed to monitor actions identified in complaints</p>

Priorities and actions for 2016/17

- The CCG will continue to improve its complaints management. This will be enhanced through successful implementation of an updated complaints policy and process, plus introduction of satisfaction patient experience survey of complaint management in the coming year
- A review will be undertaken of all complaint recording and communication templates and update as appropriate
- Review communication methods with patients/ public in light of Accessible Information Standards. This will enable the CCG to address any potential disadvantages faced by people with a disability who may wish to access our complaints process.
- The CCG will continue to monitor complaints management in provider units and contracted organisations.
- Develop service improvement logs to monitor actions identified in complaints
- Encourage complainants to complete and return equality monitoring forms
- Liaise with OD lead regarding presentation/ communication to staff and teams across the CCG about complaints management and the updated complaints policy and process

