



NHS
Calderdale
Clinical Commissioning Group

ANNUAL COMPLAINTS REPORT
1 APRIL 2013 – 31 MARCH 2014

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1.0 Purpose of Report

- 1.1 The Local Authority Social Services and National Health Service Complaints (*England*) Regulations 2009 (the Regulations) require all Clinical Commissioning Groups (CCGs) to provide an annual report regarding complaint activity information. This should include the number and nature of complaints and identify the lessons learned.
- 1.2. CCGs are also required to submit a copy of the Complaints Annual Report to NHS England.

2.0 Complaints Handling in Calderdale CCG

- 2.1 The Regulations set out an outcomes based approach to complaints handling and cover both NHS services and adult social care.
- 2.2 The Regulations encourage organisations to ask people what they think of their care, to sort out problems effectively and use complaints information as an opportunity to learn.
- 2.3 Calderdale CCG aims to commission high quality services, but occasionally things go wrong. When they do, it seeks to put them right and learn from the experience to improve services.
- 2.4 Complaints are one way of identifying people's perspective of the service provided and Calderdale CCG values the views, comments and suggestions of patients, carers, staff and the general public in accordance with the Regulations.
- 2.5 A robust process is in place for receiving and handling complaints appropriately and makes positive use of the information gained to avoid similar occurrences and to improve the services it commissions.
- 2.6 The arrangements allow for individuals to complain in a variety of ways including by telephone, in writing, email and the CCG's website) and be able to expect a detailed, considered and prompt response in languages and formats that reflect the people and communities served by the organisation.
- 2.7 Since 1 April 2013, the West and South Yorkshire and Bassetlaw Commissioning Support Unit (CSU) has provided a complaints handling service for Calderdale CCG. A named complaints lead has been identified to ensure that Calderdale CCG provides a high quality complaints service which includes the identification of the learning from complaints.

2.8 Complaints handling process

- 2.8.1 In April 2013, the Complaints Lead worked with Corporate Governance Manager to develop a robust complaints handling process for Calderdale CCG.
- 2.8.2 The Complaints Lead also worked with the Corporate Governance Manager to develop a system to help CCG deal with complaints appropriately when received in the CCG.
- 2.8.3 The administration team acknowledge receipt of the complaint and ask for consent to pass the complaint to the relevant organisation to action.
- 2.8.4 Consent is needed because the CSU is not a legal body in its own right and are hosted by NHS England. The CSU might need to look at parts of clinical records that relate to the complaint as part of the handling of the complaint.
- 2.8.5 The process also ensures that the Chief Officer is made aware of all complaints being received in Calderdale CCG.
- 2.8.6 This action helped to ensure that all enquiries made to the CCG were closely assessed to identify:
- whether they were a complaint about a commissioned service or a primary care practice to ensure it was passed onto the appropriate organisation
 - if they were feedback issues for the CCG to deal with directly.
- 2.8.7 The Complaints Lead and Corporate Governance Manager regularly meet to review the complaint assessment process.
- 2.8.8 The Complaints Lead ensures that NHS England's principles "Getting the Initial Contact Right" are applied when initial contact is made with the complainant. These are fully explained in the CCG's Complaints Framework.
- 2.8.9 All complaints that fall within the remit of Calderdale CCG are handled by the Complaints Lead and investigated by the relevant commissioned service provider.
- 2.8.10 Complaints are managed in line with the standards provided following the Patients' Associations Peer Review into complaints at the Mid Staffordshire NHS Foundation Trust (for example, the investigation is impartial and fair and learning lessons from complaints occurs throughout the organisation).

- 2.8.11 The Complaints Lead ensures that responses to the complainant are structured in accordance with the Parliamentary and Health Service Ombudsman's principles for Good Complaints Handling (for example, the investigation of the complaint is thorough and that any lessons learned will help prevent the experience from happening again).

2.9 Process for assessment of complaints

- 2.9.1 Timescales for responding to the complaint are agreed with the complainant, taking into account the complexity of their issues, detail and the agreed outcomes. The internal service standards were agreed in the report to the Quality Committee in July 2013 as:

- 2.9.2 **Level 1** - simple queries (mainly PALS queries)

For example:

“how do I make a complaint about my local hospital”
“can you explain what a CCG does”.

Response timescale:
Dealt with the same day.

- 2.9.3 **Level 2** - Low (simple non complex issues)

For example:

Delayed or cancelled appointments
Event resulting in minor harm (e.g. cut, strain)
Loss of property
Lack of cleanliness
Transport problems
Single failure to meet care needs (e.g. missed call-back bell)
Medical records missing

Response timescale:
Acknowledgement within three working days
Response within 3 – 5 working days.

- 2.9.4 **Level 3** – Moderate (complex, several issues relating to a short period of care) requiring a written response and investigation by provider

For example:

Event resulting in moderate harm (e.g. fracture)
Failure to meet care needs
Miscommunication or misinformation
Staff attitude or communication

Response timescale:
Acknowledgement within three working days
Response time will be agreed with the complainant following

receipt of consent.

- 2.9.5 **Level 4** – High (complex, multiple, issues relating to a longer period of care, often involving more than one organisation or individual) requiring a written response and investigation by provider

For example:

As moderate category, including:

Event may have resulted in serious harm (e.g. neglect)

Response timescale:

Acknowledgement within three working days

Response time will be with the agreement of the complainant following receipt of consent (depending on severity and number of providers).

2.10 Complaints Handling Key Performance Indicators (KPIs)

- 2.10.1 The Complaints Lead and Corporate Governance Manager agreed a set of KPIs at the start of the year to ensure complaints are handled in a timely manner in accordance with the internal service standards.
- 2.10.2 Table 6, page 11, shows the KPI information for the CCG during 2013/14.

3.0 Independent Practitioner Complaints

- 3.1 Since 1 April 2013, complaints against an independent primary care practitioner, (that is, a general medical practitioner, dentist, pharmacist or optician) should be directed to the practice directly or to NHS England.
- 3.2 All practices have their own procedures for dealing with problems and complaints. These have to meet the standards set out in the Regulations and should provide information on making a complaint. Information reflecting the procedure must be available from the practice.
- 3.3 If, however, the complainant does not wish to raise their problem or complaint directly with the practice concerned, they are able to approach NHS England to have their complaint investigated.

4.0 Supporting Complaints Handling Across the Local NHS

- 4.1 The Regulations ensure a seamless experience for the public to tell health and social care organisations about their experiences of services. As a result, people can choose to put their complaint to one organisation and reasonably expect that all organisations involved in the care will work together to provide a response to the complainant.

- 4.2 The Complaints Lead works on behalf of patients to investigate complaints received in the CCG about the provision of services which involve other NHS providers as well as concerns about the services it commissions.
- 4.3 Throughout the year, the Complaints Lead has spent time with CCG managers and provider managers to improve their quality of complaints investigation and handling. This has been well received.

5.0 Statutory Requirements

- 5.1 The majority of complaints are resolved at a local level. If a client remains dissatisfied with a response, clients are offered the opportunity to be involved either in a conciliation meeting or in a mediation process. Calderdale CCG offers to arrange and act as intermediary in either of these two options.
- 5.2 If the complaint remains unresolved at this point, they have the right to contact the Health Service Ombudsman and ask her to investigate both the initial complaint and the handling of the complaint.

6.0 Performance

- 6.1 Work has been undertaken during the year to improve information on Calderdale CCG's website about how to make a complaint. This has been regularly tested by the Complaints Lead to ensure it is working correctly and to identify any issues.
- 6.2 Two complaints had been sent incorrectly to the CCG's website during the year as they should have been referred to NHS England. This was because the clients' concerns were about a GP surgery. The Complaints Lead has worked with the Communications Lead to try and make this information more clearly identifiable.
- 6.3 The Complaints Lead will continue to monitor the ease of use of the complaints information on the website by asking for feedback from those clients who choose this method of contact. She has agreed to raise any further issues with the Communications Lead.
- 6.4 The quality of complaint responses has been consistently high during the year.
- 6.5 There has been no requirement for conciliation or mediation.
- 6.6 One request was received from complaint case information by the Parliamentary and Health Service Ombudsman. However, she did not carry out any investigation.
- 6.7 A complaints update is provided for Calderdale CCG in a quarterly patient experience report which is reported to the Quality Committee.

- 6.8 An anonymous summary of complaints and learning has been included in Calderdale CCG's annual report.
- 6.9 An anonymous summary of complaints data for between 1 April 2013 and 31 March 2014 has also been provided to the Health and Social Care Information Centre for their Omnibus survey.

7.0 Complaint Activity for Calderdale CCG between 1 April 2013 and 31 March 2014

- 7.1 Between 1 April 2013 and 31 March 2014, Calderdale CCG directly received 26 complaints about services it commissions. These are presented by provider in Table 2 below:

Table 2

Provider	Number of Complaints	Number of Complaints	Number of Complaints	Number of Complaints
	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Calderdale CCG Commissioning – Individual Funding of Care and Treatment	0	4	0	0
Calderdale & Huddersfield NHS Foundation Trust	2	4	0	1
Multiple organisations	3	0	0	1
Nursing Homes	1	0	0	1
Calderdale CCG Care Home Funding	3	4	0	N/A
South West Yorkshire Partnership Foundation Trust	0	1	0	1
Total	9	13	0	4

7.2 Complaints by category are presented in table 3 below. These categories are widely used across the NHS to ensure consistency in reporting.

Table 3

Category	Number of Complaints	Number of Complaints	Number of Complaints	Number of Complaints
	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Attitude of Staff	1	1	0	1
Multiple Aspects of Care and Treatment	3	0	0	0
Hospital Care and Treatment	1	5	0	1
Continuing Care - Care Home Funding Requests	3	3	0	N/A
Older Peoples Care and Treatment	1	0	0	1
Individual Funding Requests	0	4	0	1
Total	9	13	0	4

7.3 The level of complaints received in Quarter 1, Quarter 2, Quarter 3 and Quarter 4 are presented in table 4 below:

Table 4

Complaints received and responded to by level	Number of Complaints	Number of Complaints	Number of Complaints	Number of Complaints
	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Level 1	0	0	0	0
Level 2	0	4	0	2
Level 3	8	9	0	2
Level 4	1	0	0	0
Total	9	13	0	4

7.4 Response information for the complaints received in Quarter 1, Quarter 2, Quarter 3 and Quarter 4 are presented in table 5 below:

Table 5

Response Information	Number of Complaints	Number of Complaints	Number of Complaints	Number of Complaints
	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Number of complaints received	9	15	0	4
<i>PLUS:</i> Number of complaints carried over from previous Quarter	N/A	7	6	2
Total	9	22	6	6
<i>LESS:</i> Number of complaints responded to by Calderdale CCG	1	16	6	2
<i>LESS:</i> Number of complaints not pursued	1	0	0	0
<i>LESS:</i> Number of complaints directly dealt with by provider due to urgent nature care needs/nature of concerns raised	0	0	0	3
Total number of complaints carried over for response by Calderdale CCG in next Quarter	7	6	0	1
<i>(this total includes the number of complaints which the response timescale was re-agreed)</i>	1	0	1	1

7.5 Key Performance Indicator information for the complaints received during the year is presented in table 6 below:

Table 6

Complaints received and responded to by level	95% of complaints acknowledged within 3 working days	Level 1 95% (respond within 3 working days) Level 2 95% (respond within 3 – 5 days) Levels 3 & 4 (response agreed with client)	95% of final responses to be prepared, signed off by Chief Officer or nominated representative and sent to complainant within 5 working days after receipt of final information from provider	95% of requests to facilitate conciliation or mediation within 3 working days of receipt of request	98% of complaints file and associated documents provided on receipt of request from the PHSO to agreed deadline	85% of complainants reporting satisfaction with the complaints handling service	Identify top 3 trends/themes where appropriate including service improvements identified in complaint responses
Level 1	N/A	N/A	N/A	N/A	N/A	This will be completed for all Levels of complaints by the end of the first quarter of 2014/15	A complaints update including this KPI requirement is provided in a quarterly patient experience report to the CCG's Quality Committee
Level 2	100%	100%	N/A	N/A	N/A		
Level 3	98%	98%	100%	N/A	100%		
Level 4	100%	100%	100%	N/A	N/A		

8.0 Benchmarking Data

- 8.1 Calderdale CCG's Quality Committee, during its consideration of the quarterly complaints information, receives benchmarking information from their local CCGs.
- 8.2 The Committee is satisfied that the benchmarking information has not raised any cause for concern during the year.

9.0 Action Taken and Learning from Complaints

- 9.1 The most important part of complaints handling is ensuring that lessons are learned wherever possible. The majority of responses to the client include a section which highlights the learning from their complaint and how this will be shared, or used in the future.
- 9.2 Lessons learned from the findings of complaint investigations are reported to the Quality Committee on an anonymised basis.
- 9.3 Some of the action taken and lessons learned in the complaint cases handled by the CCG during the year are outlined below.
 - action taken to improve communication in care homes and in hospitals
 - explanations provided regarding maternity and gynaecology care pathways
 - action taken to ensure correct provider information is reflected on Choose and Book system

10.0 Development of the Complaints Framework

- 10.1 During the year, the CCG's internal auditors carried out a statutory review of the Complaints Framework. The purpose of the review was to ensure the CCG provides sufficient assurance about the effective management of the handling of complaints.
- 10.2 The Complaints Lead will revise the complaints framework to incorporate the recommendations made by the internal auditors. This will be presented to the Quality Committee in July 2014.