



NHS
Calderdale
Clinical Commissioning Group

ANNUAL COMPLAINTS REPORT
1 APRIL 2015 – 31 MARCH 2016

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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 clients can expect to receive a detailed, considered and prompt response in languages and formats that reflect the people and communities served by the organisation.
- 2.7 At the end of 2015, the complaints management service, previously provided by Yorkshire and Humber Commissioning Support Unit (CSU), transferred to the CCG.

2.8 Complaints handling process

- 2.8.1 The CCG has developed a robust process for receiving and handling complaints which is set out in the CCG's complaints policy and is summarised below.
- 2.8.2 The Complaints Manager acknowledges receipt of the complaint and asks for consent to pass the complaint to the relevant organisation to action.
- 2.8.3 The Complaints Manager ensures that NHS England's principles "Getting the Initial Contact Right" are applied when initial contact is made with the complainant.
- 2.8.4 All complaints that fall within the remit of Calderdale CCG are handled by the Complaints Manager and investigated by the relevant commissioned service provider.
- 2.8.5 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).
- 2.8.6 The Complaints Manager 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.

- 2.9.2 **Level 1 - simple queries (mainly PALS queries), e.g.**

"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), e.g.**

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, e.g.

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, e.g.

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).*

3.0 Independent Practitioner Complaints

- 3.1 Complaints against an independent primary care practitioner, (i.e. 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 require 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 Manager 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 Manager has helped 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, they 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, the client has 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 Manager to ensure it is working correctly and to identify any issues.
- 6.2 The quality of complaint responses has been consistently high during the year.
- 6.3 There has been no requirement for conciliation or mediation.
- 6.4 One complaint responded to by Calderdale CCG during the year was reviewed by the Parliamentary and Health Service Ombudsman (PHSO). The complaint was not upheld by the PHSO and complimentary comments were received about the complaints handling of the case.
- 6.5 A complaints update report is provided twice a year to the Quality Committee.
- 6.6 Themes and trends resulting from complaints are identified in a quarterly patient experience report which is reported to the Quality Committee.
- 6.7 An anonymous summary of complaints data for between 1 April 2015 and 31 March 2016 has also been provided to the Health and Social Care Information Centre for their Hospital and Community Health Service Complaints Collection (KO41a).

7.0 Complaint Activity for Calderdale CCG between 1 April 2015 and 31 March 2016

7.1 Between 1 April 2015 and 31 March 2016, Calderdale CCG directly received 54 complaints. These are presented by provider, in table 1 below.

Provider	Number of Complaints			
	Q.1	Q.2	Q.3	Q.4
Calderdale CCG Continuing Healthcare	2	1	1	1
Calderdale CCG Commissioning	2	2	2	6
Calderdale & Huddersfield NHS Foundation Trust	1	2	1	4
South West Yorkshire Partnership Foundation Trust	2	0	0	13
NHS 111	0	1	0	2
Multiple organisations	1	2	0	0
NHS England	3	1	1	0
Calderdale Metropolitan Borough Council	0	1	2	0
Total	11	10	7	26

7.2 Complaints by category received between 1 April 2015 and 31 March 2016 are presented in table 2 below.

Category for services commissioned by Calderdale CCG	Number of Complaints			
	Q.1	Q.2	Q.3	Q.4
Access to Premises	0	0	0	1
Attitude of Staff	0	0	0	1
Care and Treatment	1	2	1	4
Clinical Psychology	1	0	0	0
Closure Art Therapy Service (SWYPFT)	0	0	0	12
Continuing Care (including Care Home Funding Requests)	2	1	1	1
Delay in Referral	1	1	0	0
Gynaecological care and treatment	0	0	0	1
Hospital Appointments	1	1	0	0
Individual Funding Requests	1	0	1	2
Information Given	0	0	0	1
Information Governance	0	0	0	1
Insight Counselling	1	0	0	0
Length of time NHS 111 phone call	0	0	0	1
Paediatric Care and Treatment	0	1	0	0
Patient Transport	0	1	0	0
Unprofessional Conduct	0	1	0	0
Right Care Right Time Right Place	0	0	1	0

Voluntary Action Calderdale	0	0	0	1
Category for services commissioned by NHS England				
GP Appointments	1	0	1	0
GP Care and Treatment	1	0	0	0
GP Practice Management	1	0	0	0
GP Referral	0	1	0	0
GP Attitude of Staff	0	0	1	0
Category for service commissioned by Calderdale MBC				
Substance Misuse	0	1	0	0
Care Home care and treatment	0	0	1	0
Total	11	10	7	26

7.3 The level of complaints received between 1 April 2015 and 31 March 2016 are presented in table 3 below.

Number of Complaints received and responded to by level	Number of Complaints			
	Q.1	Q.2	Q.3	Q.4
Level 1	1	0	0	7
Level 2	3	3	2	9
Level 3	6	7	4	9
Level 4	1	0	1	1
Total	11	10	7	26

7.4 Response information for the complaints received between 1 April 2015 and 31 March 2016 are presented in table 4 below.

Response Information	Number of Complaints			
	Q.1	Q.2	Q.3	Q.4
Number of complaints received	11	10	7	26
<i>PLUS:</i> Number of complaints carried over from previous Quarter	4	6	6	1
Total	15	16	13	27
<i>LESS:</i> Number of complaints responded to by Calderdale CCG	4	7	9	6
<i>LESS:</i> Number of complaints passed on to other commissioner/provider (due to urgent care needs/ nature of concerns raised)	5	3	3	8
<i>LESS:</i> Number of complaints withdrawn	0	0	0	1
<i>LESS:</i> Number of complaints consent not received	0	0	0	7
Total number of complaints carried over for response by Calderdale CCG in next Quarter	6	6	1	5
<i>(this total includes the number of complaints for which needed the response timescale to be re-agreed)</i>	2	3	1	4

8.0 Complainant Satisfaction Survey

8.1 A satisfaction survey was carried out with complainants who had complained during the year. Of the complainants that responded 90% were satisfied with the complaints handling service. This is reflected in table 5 below.

9.0 Complaints Handling Key Performance Indicators (KPIs)

9.1 Table 5 below sets out performance against the KPIs for the complaints handling service during 2015/16.

9.2 Key Performance Indicator information for the complaints received during the year is presented in table 5 below:

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	100%	N/A	N/A	N/A	N/A	90%	This is identified in the Complaints Update Report and in the Patient Experience Report to the CCG's Quality Committee
Level 2	100%	99%	99%	N/A	N/A		
Level 3	98%	98%	99%	N/A	N/A		
Level 4	100%	N/A	100%	N/A	100%		

10.0 Benchmarking Data

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

11.0 Action Taken and Learning from Complaints

- 11.1 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.
- 11.2 Lessons learned from the findings of complaint investigations are reported to the Quality Committee on an anonymised basis.
- 11.3 Some of the action taken and lessons learned in the complaint cases handled by the CCG during the year are outlined below.
 - Staff employed by Calderdale and Huddersfield NHS Foundation Trust and Calderdale Clinical Commissioning Group were reminded of the importance of exercising discretion and sensitivity when discussing a patient's care if they are not able to participate in the discussion, or if the subject may be distressing.
 - Action taken by South West Yorkshire Partnership NHS Foundation Trust's to provide training for their Improving Access to Psychological Therapies (IAPT) staff so that they are better able to understand and respond to people with autism appropriately.
 - Insight Counselling Service was requested to review their communication policy to ensure people are contacted regularly if there is a delay in receiving an appointment.
 - Action taken by Calderdale and Huddersfield NHS Foundation Trust to appoint additional clinical staff to help reduce the waiting list for Children's ENT surgery.

12.0 NEXT STEPS IN 2016/2017

- 12.1 The Complaints Handling Policy will be revised during 2016/17. This will reflect the transition of the complaints management service to the CCG.
- 12.2 Work will continue to ensure that lessons which are identified from complaints are implemented to improve services commissioned by the CCG.