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NHS
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MERTON CLINICAL COMMISSIONING GROUP GOVERNING BODY

Date of Meeting: 21st July 2016

Agenda No: 7.3

Attachment: 11

<p>Title of Document: Complaints and PALS Annual Report 2015-2016</p>	<p>Purpose of Report: Approval</p>
<p>Report Author: Sue Holland – Senior Associate, South East Commissioning Support Unit</p>	<p>Lead Director: Lynn Street</p>
<p>Executive Summary: This is the year-end report for NHS Merton CCG complaints and PALS service, covering the time period of 1 April 2015 to 31 March 2016. The complaints and PALS service is managed on behalf of NHS Merton Clinical Commissioning Group by NHS South East Commissioning Support Unit (South East CSU).</p> <p>The report details the information from complaints received which are directly related to Merton CCG, and gives a broad overview of those which are not directly related to the CCG.</p> <p>The report details the numbers of complaints, alongside performance and assurances for the future of the service. The aim is to enable Merton CCG to consider further developments in the PALS and complaints process, recognise trends, its own processes and information to develop plans and recommendations to be met in the next financial year.</p>	
<p>Key sections for particular note (paragraph/page), areas of concern etc: KPI and Performance – pages 4 and 5, paragraphs 3.2 and 3.3. Lessons Learnt – page 8, paragraph 11.</p>	
<p>Recommendation(s): The Governing Body are asked to Agree the report</p>	
<p>Committees which have previously discussed/agreed the report: Executive Management Team – 5.7.16 MCCG Clinical Quality Committee – 6.7.16</p>	
<p>Financial Implications: None.</p>	

Implications for CCG Governing Body: None.
How has the Patient voice been considered in development of this paper: The views of patients are voiced through the complaints and PALS service.
Other Implications: (including patient and public involvement/Legal/Governance/Risk/Diversity/ Staffing) Risk register number 1000: Significant poor performance of the continuing care service 4 x 5 = 20
Equality Assessment: In accordance with Equality Act 2010 Merton CCG is required to identify, remove or minimise discriminatory practice in the nine named protected characteristics of age, disability, sex, gender reassignment, pregnancy and maternity, race, sexual orientation, religion or belief, and marriage and civil partnership. It is also intended to use the Human Rights Act 1998 and to promote positive practice and value the diversity of all individuals and communities.
Information Privacy Issues: None identified.
Communication Plan: (including any implications under the Freedom of Information Act or NHS Constitution) Not required for this report.



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Complaints and PALS Annual Report

1 April 2015 – 31 March 2016

Author: Sue Holland, Senior Associate – Complaints.
South East Commissioning Support Unit.



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1. Introduction

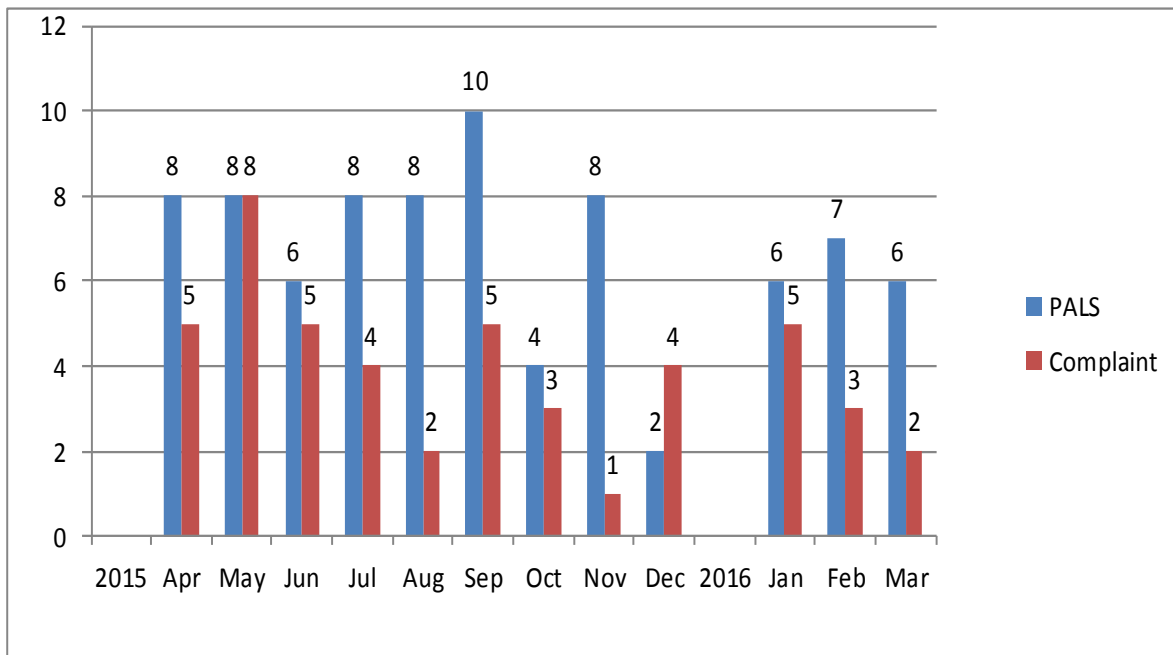
- 1.1 This is the year-end report for NHS Merton CCG complaints and PALS service, covering the time period of 1 April 2015 to 31 March 2016. The report is produced by the Complaints and PALS team (CAPT) at South East Commissioning Support Unit (South East CSU). CAPT provide a complaints and PALS service on behalf of NHS Merton Clinical Commissioning Group (CCG).
- 1.2 The report details the information from complaints and PALS received which are directly related to the CCG, and gives a broad overview of those which are not directly related to the CCG.
- 1.3 This report will detail the numbers of complaints and PALS, alongside performance and assurances for the future of the service. The aim is to enable the CCG to consider further developments in the PALS and complaints process, recognise trends and its own processes. The report will reflect on lessons learnt and how the process has been developed, alongside plans for the current financial year. It will also look at joint working between South East CSU and Merton CCG.

2. Complaints and PALS Received

- 2.1 From 1 April 2015 to 31 March 2016, there were a total of 47 complaints and 81 PALS enquiries received on behalf of Merton CCG. Every complaint and PALS forwarded to or received by CAPT is recorded on the complaints database. This data has formed the basis of the annual report.
- 2.2 Complaints and PALS are generally received by phone, email and letter, either at Merton CCG or directly to CAPT. It should be noted telephone enquiries made to Merton CCG may have been dealt with internally and these calls may not have been recorded and reflected in the report.



2.3 The graph below shows the complaints and PALS received by the South East CSU during 2015-2016:



2.4 The number of complaints and PALS are generally consistent over the year, although there was a spike of complaints in May 2015 and PALS in September 2015. There were no particular trends identifiable from these spikes.

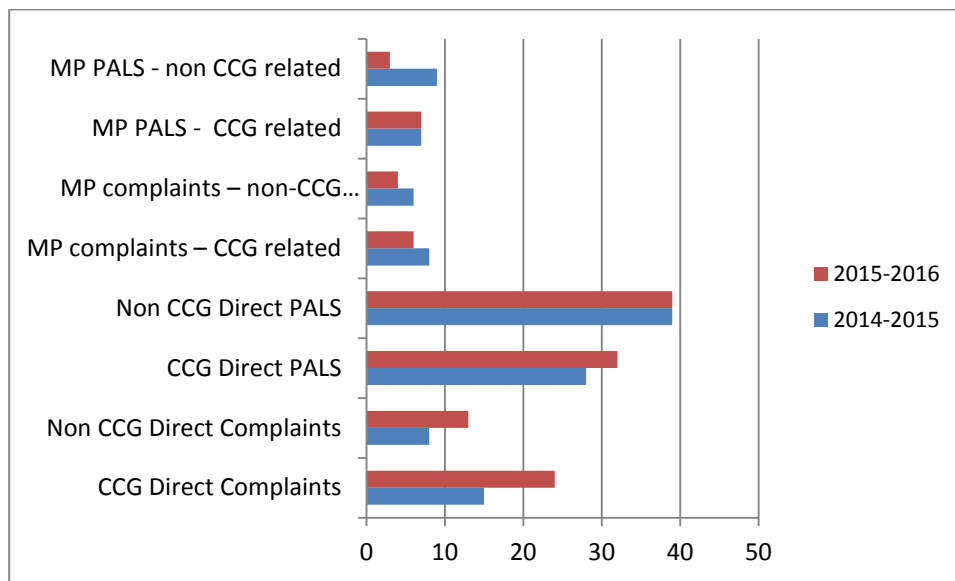
2.5 There has been an increase in complaints during 2015-2016 to 47 from 37 in 2014-2015. There was a slight decrease in PALS during 2015-2016 to 81 from 83 in 2014-2015.

2.6 Included in the complaints and PALS figures were MP enquiries. The breakdown shows:

Complaint/PALS	Numbers in 2015/2016	Average time in days to acknowledge a complaint
CCG Direct Complaints	24	1.0
Non CCG Direct Complaints	13	1.2
CCG Direct PALS	32	0.5
Non CCG Direct PALS	39	0.6
MP complaints – CCG related	6	1.8
MP complaints – non-CCG related	4	2.0
MP PALS - CCG related	7	2.3
MP PALS - non CCG related	3	0.66



2.7 The table below shows the differences between the number of complaints and PALS recorded for 2014-2015 and 2015-2016.



2.8 The main areas of increases on the previous year are CCG direct PALS and complaints.

3. KPIs and Targets

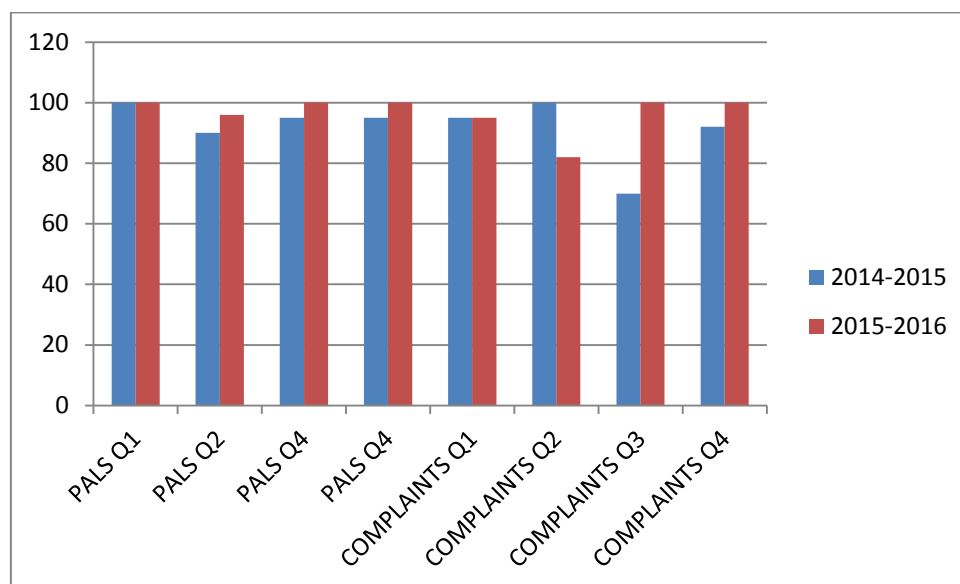
3.1 The target for acknowledging a complaint or PALS enquiry is 3 days. For the collective 120 PALS and complaints the average time to acknowledge the contact was 1.3 days.

3.2 The time taken to acknowledge PALS/complaints is measured in the South East CSU KPIs. The KPI target is 80% each month, there were no breaches of the KPI. The table below details KPI performance for each quarter in this financial year.

	Number of complaints acknowledged within 3 days.	Number of PALS acknowledged within 3 days.	Number of reports submitted by agreed timescale.
Q1. April –June 2015	95%	100%	100%
Q2. July- September 2015	82%	96%	100%
Q3. October-December 2015	100%	100%	100%
Q4. January-March 2016	100%	100%	100%



3.3 A comparison between acknowledgement KPIs for 2014-2015 and 2015-2016, shows there has been an improvement in the performance.



3.4 Looking at the target for completing complaint/PALS in 25 days, we can report 69% were within target. There has been considerable work between Merton CCG and South East CSU to ensure the majority of complaints are responded to within the target.

	Average number of days	Percentage of responses meeting target
CCG Direct Complaints	39.0	17%
Non CCG Direct Complaints	14.9	69%
CCG Direct PALS	16.1	75%
Non CCG Direct PALS	3.6	97%
MP complaints – CCG related	39.0	33%
MP complaints – non-CCG related	11.0	100%
MP PALS - CCG related	18.0	57%
MP PALS - non CCG related	12.0	100%

3.5 From the above table you can see some of the complaints/PALS performance figures are below 50%. It should be noted the more complex complaints, although well managed by both parties can sometimes fall outside of the 25 days response time. This is mainly due to the complexity, or difficulties obtaining detailed enough information to be able to provide an effective response. In the delayed cases holding letters or emails were sent to the complainant.



4. Complaint Themes

4.1 Drilling down the themes of Merton CCG direct complaints are:

Theme	Number of Complaints
Assessment and Eligibility	18
Commissioning Decisions	7
Treatment	2
Access	2
Staff Attitude	1

4.2 The majority of the Assessment and Eligibility complaints are about Continuing Healthcare funding applications. These stem from patients and or families of patients unhappy they have not been found to be eligible for fully NHS funded health care.

4.3 Further breakdown of the assessment and eligibility category is detailed below:

Type of Commissioning Decision	Number of Complaints
Continuing Healthcare – CHC	16
Continuing Healthcare – Retrospective	2

4.4 Commissioning Decisions represents the next highest theme is generally centred on Individual Funding Requests (IFR) and commissioning of services.

4.5 The majority of the IFR complaints were about access to funding for fertility treatments. The commissioning of services was generally around availability of services such as mental health.

5. Non Merton CCG Complaints Themes

5.1 Of the 47 complaints received during 2015-2016, 17 were not directly related to Merton CCG. The service areas for these complaints are listed below:

Service Type	Number of Complaints
GP	8
Acute Hospital Services	4
Local Authority/Social Services	2
NHS 111 service	2
Community services	1

5.2 All complaints relating to acute and community hospital services were re-directed to the relevant hospital complaints team. Local authority and social services complaints were directed to their local complaints teams. All primary care complaints were signposted to NHS England and NHS 111 complaints sent to the provider Care UK.



6. Merton CCG PALS Themes

- 6.1 Of the 81 PALS enquiries received in 2015-2016, 39 were directly related to Merton CCG. The themes for all the 39 Merton CCG direct PALS enquiries are tabulated below:

Theme	Number of PALS Enquiries
Assessment/Eligibility	11
Commissioning Decisions	11
Contact Information	3
Other	3
Access	3
Referrals	3
Prescribing/Medicines Management	2
Complaint Handling	1
Communication	1
Policy and Process	1

- 6.2 Enquiries relating to Assessment/Eligibility and Commissioning Decisions represent the highest areas of concern. Of these complaints, 11 related to Continuing Healthcare, three to mental health and two to Individual Funding Requests. The other six related to various areas of commissioning, such as mental health.

7. Non CCG PALS Themes

- 7.1 Of the 81 PALS enquiries received in 2015-2016 by NHS Merton CCG, 42 were not directly related to the CCG.

- 7.2 The service areas for these PALS enquiries are tabulated overleaf:

Service Area	Number of PALS Enquiries
Acute Trust	12
GP	9
Community Services	7
Local Authority	4
NHS England	3
Mental Health Trust	3
NHS 111 service	2
NHS Property Services	1
Care Home	1



7.3 The themes for these PALS enquiries are tabulated below:

Themes	Number of PALS Enquiries
Access	11
Treatment	7
Communication	6
Contact Information	5
Other	5
Prescribing/Medicines Management	2
Assessment/Eligibility	2
Complaint Handling	2
Estates/Facilities/Premises	1
Staff Attitude	1

8. Benchmarking Complaints

8.1 In benchmarking the number of Continuing Healthcare complaints across a neighbouring CCG, South East CSU notes that NHS Croydon CCG received 14 Continuing Healthcare complaints for the same period.

9. MP Enquiries

9.1 There were 20 MP enquiries received during 2015-2016, of which 10 were complaints and 10 were PALS enquiries. There were no trends to note in the MP enquiries.

10. PHSO Complaints

10.1 There was only one complaint which went to the Parliamentary Health Services Ombudsman (PHSO) in 2015-2016. The investigation was into a complaint initiated by an adolescent patient and her mother in 2012, during the tenure of Sutton and Merton Primary Care Trust (PCT). The complaint centred on the patient's experience of services and from South West London and St George's Mental Health Trust. The PCT were involved with funding part of the patient's treatment.

10.2 The PHSO felt the lack of information regarding the funding decisions and appeals process caused the patient undue distress. The Ombudsman made a number of recommendations, some of which related to the CCG, these concluded that a payment of £250 be made to reflect the funding difficulties the patient experienced and £375 for the distress caused by the PCTs contribution to the complaints process.

10.3 Merton CCG advised the patient a clear and transparent funding process, along with a well-defined appeals process, is now in place.

11. Lessons learnt from complaints

11.1 The highest number of complaints centred on Continuing Healthcare (CHC). It should be noted by its very nature of providing eligible patients with funding, this can cause complaints. CAPT have worked closely with the CHC to ensure complaints are resolved and information provided in a timely fashion. It can be noted that the areas of improvements, identified from complaints were:



- Poor communication between the CHC team and families.
- Delays in acknowledging and receiving correspondence.
- Complaints around the CHC Retrospective Claims process. In particular receiving responses from CHC team.

11.2 As a result of the number and themes identified in the complaints process, the CHC team implemented or carried out the following:

- In cases where the patient or family were particularly distressed by the process or outcome of a CHC assessment, the senior management would arrange a meeting. The aim of the meeting was to ensure an understanding by the complainant of the process and what options were open to them.
- The CHC team continues to work closely with Social Services to support the Fast Track CHC process and patients who require care at home. This is improving communication between Social Services, the CHC team and families.
- Delays caused during the CHC ratification process are being reduced. The Team Leader and Band 7 Nurse Assessors are checking cases before ratification.
- CAPT provide a monthly report to the Head of CHC detailing open complaints and barriers preventing a full response being provided.
- CAPT arranged complaint training for the CHC team in September 2015. This included looking at previous complaints and the standard of information provided.

11.3 From responses sent out a snapshot of particular lessons learnt have been provided:

Concern raised	Improvement/Action	Team concerned
Delay as a referral from a GP for a CHC assessment was not picked up by CHC team.	A member of staff now monitors the CHC inbox to ensure referrals are picked up as quickly as possible.	Continuing Healthcare (CHC)
CHC team did not effectively liaise with Social Services to ensure the assessment timescales were maintained.	The Nurse Assessors have been reminded to ensure full communication and follow up is carried out to prevent any delays to assessments.	Continuing Healthcare (CHC)
A parent complained she was unable to find out about occupational therapy provision.	NHS Merton CCG is working with Sutton and Merton Community Services and the London Borough of Merton to ensure that the Local	Commissioning for Children and Maternity Services



	Offer for children and young people is clearly advertised. This has been advertised on the CCG website. This service provider is now Central London Community Health.	
Concerns raised about the changing of scores decided in a CHC assessment which had been agreed with the patient/family.	The CHC team acknowledge any professional opinion, which may change the scores of an assessment, should be fully communicated to the patient/family before being presented to the ratification panel.	Continuing Healthcare (CHC)
Concerns were raised about a care agency providing services in patient's homes.	On investigation the CHC team felt the care agency's policies and procedures in place were not robust enough to support patient. No case workers or managers were assigned to patients to ensure consistency. CHC no longer use this company. More thorough checks are carried out to ensure robustness and consistency.	Continuing Healthcare (CHC)
Concerns raised about the lack of communication when the retrospective CHC assessments were transferred to North East London Commissioning Support Unit.	This has highlighted the need to communicate with patients and families affected when a service is recommissioned.	Continuing Healthcare (CHC)

11.4 In 2014/15 the lessons learnt mainly centred around CHC. The CHC team were asked to provide an analysis of the complaints received and actions taken to address themes identified. Themes were noted to be:

- Poor communication between the CHC team and families.
- Delays in acknowledging and receiving correspondence.
- Complaints around the CHC Retrospective Claims process. In particular receiving responses from CHC team.



11.5 As a result of the above, the CHC team implemented the following:

- The CHC team continues to work closer with the Hospital teams supporting the discharge process. A CHC nurse is currently based at the acute site to facilitate CHC assessments and timely discharges. This is improving communication between the hospitals, the CHC team and families.
- A receptionist is now in post to ensure telephones are answered in a timely manner.
- The Team has weekly peer review meeting where learning from complaints is shared. Complaints are a standing agenda item during team meetings and individual staff meetings.
- CHC team now include in the response letters the opportunity for the patient/family to contact the lead Nurse to discuss the contents of the letter.

11.6 As a result of the learning in 2014/2015 the CCG implemented a regular contract management meeting with the CHC team, which included looking at complaints and associated action plans.

11.7 In 2014/2015 benchmarking the number of CHC complaints across neighbouring CCGs, South East CSU noted Croydon CCG received 10 complaints and Sutton received 11 complaints for the same period, indicating a consistent picture across the South West London CCGs.

11.8 Progress against the above detailed actions has been monitored by the CCG during regular quality and performance meetings with South East CSU, who are contracted to provide the CHC service on behalf of Merton CCG. Merton Clinical Quality Committee received regular reports during the year, culminating in a monthly exception report.

11.9 There were ongoing concerns raised about the quality of service and experience patients were receiving. This was reflected in the number of complaints, received about the Continuing Healthcare service. Merton CCG Governing Body approved the option to commission this service from an alternative provider. Merton CCG has decommissioned the current service from the incumbent provider. A revised Service Level Agreement has been developed and Central London Community Healthcare will provide a full CHC service for the CCG from 1 July 2016.

11.10 In order to maintain a greater oversight of the CHC function, including the experience of individuals accessing the service the CCG have created a joint post with Richmond CCG to monitor and oversee qualitative aspects of service.



12. Conclusions and Recommendations

12.1 Concluded here are some of the areas of improvement and recommendations which will continue in to 2016-2017.

- The CAPT team has been permanently recruited to since September 2015 and the team are fully trained. This has helped to build on the assurances South East CSU can deliver a great complaints/PALS service.
- There is a dedicated complaints lead at both the CCG and South East CSU. Both parties work well together to ensure a consistent service.
- There is a weekly telephone conference between the two leads to constantly monitor the performance of complaints and unblock any issues.
- New bespoke software for CAPT has been developed by the team in partnership with programming experts and activated from 1 April 2016. This software will ensure more information is captured about complaints. It will improve the processing time and quality of information provided in the quarterly CCG reports. It will also improve the time taken to produce the mandatory KO41a reports.
- As a result of the introduction of the new software the Kent CAPT will be able to deputise for the London CAPT in peak times, for holiday and sickness cover.
- Lessons learnt are recorded for each complaint. For CCG related complaints and PALS any lessons learnt will be included in the response letters, where appropriate. Further work will be developed with the CCG complaint lead to capture this information from complaints.
- Consideration is given to strengthening links with NHS England complaints and PALS team. To ensure there are clear lines of communication and a clear pathway for complainants and enquirers. This will ease frustrated service users not being able to access the service they need first time.
- CAPT have and will continue to work with the CCG and other South East CSU teams who are providing information ensuring this is supplied within deadlines.
- Two members of the CAPT team have become Dementia Friends. This is to be better able to understand frustrations of patients and families affected by Dementia.

12.2 There has been considerable joint work by Merton CCG and South East CSU to improve the experience of complainants.

