

REPORT TO MERTON CLINICAL COMMISSIONING GROUP GOVERNING BODY

Date of Meeting: 26 November 2015

Agenda No: 6.1

Attachment: 05

<p>Title of Document: Complaints and PALS Annual Report 2014/15</p>	<p>Purpose of Report: To Approve</p>
<p>Report Author: Sue Holland, Senior Associate complaints</p>	<p>Lead Director: Lynn Street, Director of Quality</p>
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<p>Executive Summary: This is the year-end report for NHS Merton CCG complaints and PALS service, covering the time period of 1 April 2014 to 31 March 2015.</p> <p>The complaints and PALS service is managed on behalf of NHS Merton CCG by the NHS South East Commissioning Support Unit (SECSU).</p> <p>The report details the information from complaints received which are directly related to the CCG, and gives a broad overview of those received 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 the 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: Section 2: Complaints and PALS performance; page 2 Section 3: Learning from Complaints; page 5 Section 8: Conclusions and recommendations; page 9</p>	
<p>Recommendation(s): The committee is asked to approve the report</p>	
<p>Committees which have previously discussed/agreed the report: Merton Clinical Quality Committee agreed the report on 14 August 2015</p>	
<p>Financial Implications: None</p>	
<p>Implications for CCG Governing Body: The report provides assurance that complaints are managed appropriately and learning is captured to improve the quality and safety of commissioned services.</p>	

How has the Patient voice been considered in development of this paper:

The views of patients are voiced and captured through the complaints and PALS service.

Other Implications: (including patient and public involvement/Legal/Governance/Risk/Diversity/Staffing)

Links to risk register number 457:

If patients and the public are not engaged appropriately, then there will be a lack of patient and public trust to commission appropriate services to meet Merton population needs 2 x 3 = 6

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)

The report will be available to the public through Governing Body papers.



Merton

Clinical Commissioning Group



South East

Commissioning Support Unit

NHS Merton Clinical Commissioning Group

Complaints and PALS Annual Report

2014/15

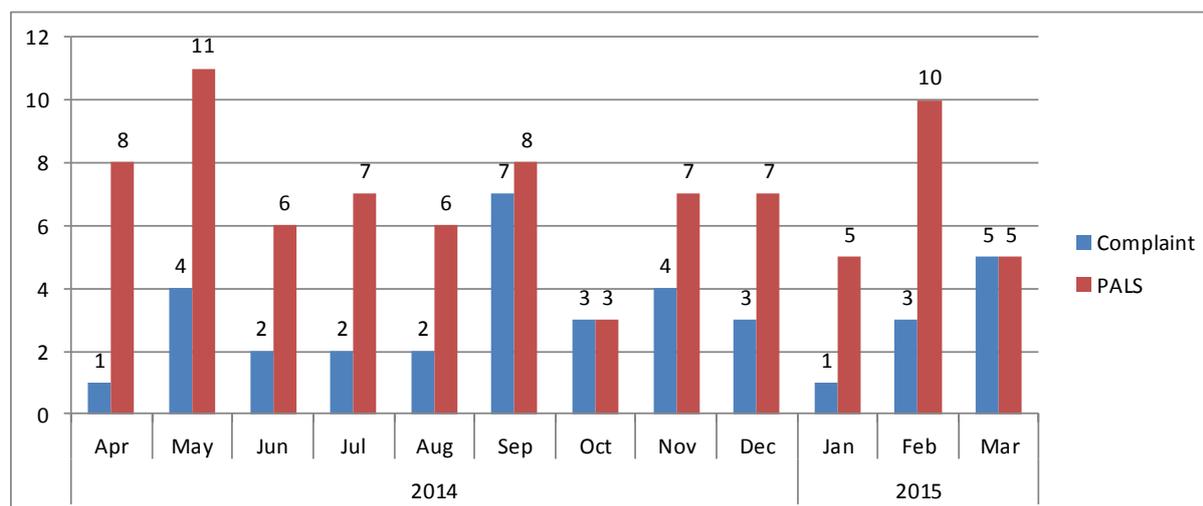
1. Introduction

- 1.1 This is the year-end report for NHS Merton CCG complaints and PALS service, covering the time period of 1 April 2014 to 31 March 2015. The complaints and PALS service is managed on behalf of NHS Merton CCG by the NHS South East Commissioning Support Unit (SECSU).
- 1.2 The report details the information from complaints 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, 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, its own processes and information to develop plans and recommendations to be met in the next financial year. It will also look at the joint working between SECSU and the CCG.

2. Complaints and PALS Performance

- 2.1 From 1 April 2014 to 31 March 2015, there were a total of 37 complaints and 83 PALS enquiries received on behalf of NHS Merton CCG. Not all the enquiries were directed to SECSU; some may have been received directly by the CCG and these calls are not included in the report.

- 2.1 The graph below shows the complaints and PALS received by the SECSU during 2014/15:



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

Complaint/PALS	Numbers in 2014/2015	Average time in days to acknowledge a complaint
CCG Direct Commissioner Complaints	15	1.2
CCG Non Direct Complaints	8	1.75
PALS CCG Direct	28	0.5
PALS CCG Non Direct	39	0
MP complaints – CCG related	8	1.3
MP complaints – non-CCG related	6	2.66
MP PALS - CCG related	7	5.40
MP PALS - non CCG related	9	1.3 days

- 2.4 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 day.
- 2.5 The time taken to acknowledge PALS/complaints is measured in the SECSU KPIs. The KPIs were in place from November 2014. The table below details KPI performance since monitoring began.

	Number of complaints acknowledged within 3 days.	Number of PALS acknowledged within 3 days.	Number of reports submitted by agreed timescale.
November 2014	62.5%	100%	100%
December 2014	100%	100%	100%
January 2015	100%	80%	100%
February 2015	100%	100%	100%
March 2015	100%	83.3%	100%

- 2.6 The CCG related MP PALS has exceeded the target of 3 days. There was one case received by SECSU on 15 January 2015, the acknowledgement was drafted and was sent to CCG for sign off 16 January 2015. The acknowledgement was sent to complainant by the CCG on 19 February 2015.
- 2.7 Looking at the target for completing complaint/PALS in 25 days, we can report 80% were within target.

	Average number of days	Percentage of responses meeting target
CCG Direct Commissioner Complaints	39	33%
CCG Non Direct Complaints	7.5	88%
PALS CCG Direct	5	96%
PALS CCG Non Direct	5	72%
MP complaints – CCG related	59	25%
MP complaints – non-CCG related	9	100%
MP PALS - CCG related	28	43%
MP PALS - non CCG related	8.5	100%

- 2.8 From the above table you can see some of the complaints/PALS performance figures are below 50%. This is mainly due to complex complaints, or difficulties obtaining detailed enough information to be able to provide an effective response. In the delayed cases holding letters was sent to the complainant.
- 2.9 The SECSU Complaints team will be working to improve joint working with teams providing details for response. There needs to be an improvement to ensure deadlines are met and the quality of information provided meets the complaint need first time.
- 2.10 The breakdown of each quarter for 2014/2015 shows the number of complaints and PALS received in each quarter are largely consistent over the year.

	Q1	Q2	Q3	Q4	TOTAL
CCG Direct Commissioner Complaints	2	6	3	4	15
CCG Non Direct Complaints	4	2	2	0	8
PALS CCG Direct	6	4	7	11	28
PALS CCG Non Direct	16	7	8	8	39
MP complaints – CCG related	1	2	2	3	8
MP complaints – non-CCG related	0	1	3	2	6
MP PALS - CCG related	1	4	1	1	7
MP PALS - non CCG related	2	6	1	0	9
TOTAL	31	32	27	30	120

2.11 Drilling down further the themes of the CCG direct complaints are:

Theme	Number of Complaints
Access, assessment and eligibility	11
Commissioning Decisions	3
Case Update Request	1

2.12 Further breakdown of the Access, assessment and eligibility category is detailed below:

Type of Commissioning Decision	Number of Complaints
Continuing Healthcare – CHC	9
Continuing Healthcare – Retrospective	1
Individual Funding Request	1

3. Learning from complaints

3.1 The CHC 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.

3.2 As a result of the above, the CHC team have 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.
- Delays caused during the CHC ratification process are being reduced. The Team Leader and Band 7 Nurse Assessors are checking cases before ratification.
- 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.
- CHC Admin Team provide fortnightly reports to the Lead nurse on all open applications for assessments.

3.3 The CCG has implemented a regular contract management meeting with the CHC team where complaints, to include associated action plans, are monitored. It is envisaged that the measures implemented will improve communication to patients and their families with the CHC team.

3.4 In benchmarking the number of CHC complaints across neighbouring CCGs, SECSU note that Croydon CCG received 10 complaints and Sutton received 11 complaints for the same period, indicating a consistent picture across these South West London CCGs.

3.5 The following details the outcome of a complaint investigation which led to an MP enquiry that relating to an IFR decision which resulted in an Ombudsman investigation:

Merton CCG received a complaint following a refusal of an Individual Funding Request (IFR) application in June 2014, made by the consultant responsible for the care. The local MP also contacted the CCG on behalf of the family.

The family were concerned at the length of time the IFR process had taken and also by the outcome of the IFR panel. The situation was further compounded by subsequent confusion about which NHS body (Merton CCG, NHSE London or NHSE Midlands and East) held responsible commissioner status for the procedure being requested.

As a result of the complaint investigation it was identified that there were changes that could be made to the local IFR process to allow

direct clinician to clinician conversations during the IFR process to prevent unnecessary delays in obtaining information. These changes were incorporated into the local IFR policy and ratified by the Governing Body.

To facilitate further learning the CCG commissioned a 'round table' review to cover the process from receipt of the application to the final outcome by NHS Midlands and East not to fund the requested procedure. The round table identified recommendations for each organisation.

The family remained dissatisfied with the outcome and referred the complaint to the Ombudsman. The CCG has subsequently received the provisional outcome of the investigation with the conclusion that with the actions taken by the CCG, along with the apology given to the family for the distress caused, the Ombudsman is satisfied the CCG responded appropriately to the complaint.

4. Non CCG Complaints

- 4.1 Of the 37 complaints received during 2014/15, eight complaints were not directly related to the CCG. The service areas for these complaints are listed below:

Service Type	Number of Complaints
Acute and Community Hospital Services	1
Local Authority/Social/Community Services	1
Medical Centre	1
Walk-in Centre	2
GP	2
NHSE	1

- 4.2 All complaints relating to acute and community hospital services were re-directed to the relevant hospital complaints team, local authority and social services complaints to the local complaints teams and primary care complaints to NHS England.
- 4.3 There is no trend noted for the non-CCG complaints.

5. CCG PALS Enquiries

- 5.1 Of the 83 PALS enquiries received in 2014/15, were directly related to the CCG. The vast majority of these enquiries related to communication: contact details for staff working within the CCG, departments within the CCG, or commissioned services.

5.2 The themes for all PALS enquiries (CCG & non CCG) are tabulated below:

Theme	Number of PALS Enquiries
Access	11
Assessment/Eligibility	11
Contact Information	8
Commissioning Decisions	8
Communication	7
Other	6
Policy and Process	6
Treatment	6
Prescribing/Medicines Management	5
Referrals	5
Staff Attitude	4
Estates/Facilities/Premises	3
Complaint Handling	2
Case Update Request	1

5.3 The highest numbers of PALS enquiries related to access and eligibility of services. These were mainly around GP services.

5.4 As with complaints, PALS enquiries relating to commissioning decisions are high, and relate to enquiries about the processes around funding and queries about who would fund various treatments.

6. Non CCG PALS Enquiries

6.1 Of the 83 PALS enquiries received in 2014/15 by NHS Merton CCG, 8 were not directly related to the CCG.

6.2 The service areas for these PALS enquiries are tabulated below:

Service Area	Number of PALS Enquiries
Access and accessibility	7
Communication	6
Commissioning decisions	6
Treatment	5
Policy and process	5
Prescribing/medicines	5
Referrals	3
Staff attitude	1
Estate facilities	1

6.3 The PALS enquiries relating to GP and Primary Care were either appointment related questions or regarding services available to patients.

7. MP Enquiries

- 7.1 There were 30 MP enquiries received during 2014/15, of which 14 were complaints and 16 were PALS enquiries. There were no trends to note in the MP enquiries.

8. Conclusions and Recommendations

- 8.1 The complaints service has meet the target for acknowledging complaints and PALS within three days of contract. The Complaints Team have identified areas of improvement and joint working, which will add value to the service provided.
- i. Lessons learnt should be recorded for each complaint. This can be included in the annual report for 2015/2016. A more formal approach to capturing the lessons learnt will be embedded into the process as part of the discussions moving forward with the CCG. For CCG related complaints any lessons learnt will be included in the response letters, where appropriate.
 - ii. The complaints service is evolving within the SECSU. Staff recruitment and secondments have provided good opportunities within the team. A period of consolidation and reflection of processes will be undertaken with the CCG to ensure a response is provided in a reasonable timeframe. The responses will reflect complete understanding of the complaint and commitment, where appropriate, to undertake improvements to services provided to patients. This will help to build on the assurances the SECSU can deliver a great complaints/PALS service.
 - iii. A review of the process to ensure the needs of the CCG's customers are met and to provide a sustainable service. From the process review a flow chart will be produced, which can be published on the CCG website to underline their commitment to ensuring a fair and transparent complaints process.
 - iv. A decision around software for the SECSU Complaints Team will be made during 2015/2016. This will improve the processing and monitoring of complaints. The aim is to make reporting more flexible and more time efficient.
 - v. Consideration should be 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 should ease frustrated service users not being able to access the service they need first time.
 - vi. Questionnaires will be sent out to all complainants to obtain feedback on the complaints/PALS service. This will also be an opportunity to obtain data regarding equality and diversity.
 - vii. The Complaint team will be working with teams providing responses to ensure information is provided within deadlines and is the quality required.