

**Annual Complaints Report  
for  
Fareham and Gosport  
and  
South Eastern Hampshire Clinical  
Commissioning Groups**

**From  
01 April 2016  
to  
31 March 2017**

## Executive Summary

The table below provides an overall summary of all the contacts made to the complaints team.

	Complaints	Concerns	Enquiries	Overall total
<b>F&amp;G CCG</b>	18	73	142	233
<b>SEH CCG</b>	15	32	132	179
<b>Other CCG areas</b>			23	23
	33	105	274	435

The following table provides an overview of the complaints where learning has been identified and action undertaken to improve processes.

Summary of complaint	We did/Service did?
A client informed the CCG that the GP practice information detailed on the website was incorrect.	The website was amended to reflect the correct address of the GP practice.
A client disputed the lack of disclosure regarding draft set of notes which did not belong to the CCG.	In future consent will be sought from the originator of the notes to gain the final copy. If not forthcoming then draft notes from meetings will be released.
A patient was requested to make a decision whether to push their bed or cot.	Patient's complaint has been shared with the team to highlight the inappropriate request of the patient.
A client informed the CCG that the patient was declined for an assessment with CAMHS.	Following review of the complaint and the information provided by the family an appointment for assessment was offered to the patient.
A client contacted the CCG as they had moved onto a new housing estate and had contacted the 111 service on three occasions and the address recorded on the records was incorrect which resulted in the Out Of Hours service (OOHs) doctor and ambulance unable to find the address.	Patient's records have been manually updated to reflect the patients address. It has also been highlighted to the Ordinance survey that the incorrect postcode has been allocated to the address. The complaints lead also contacted the service and requested that the postcode be entered into the system to ensure that the correct address is identified.
A client's family raised a concern about the lack of communication between providers.	The service has highlighted the need to check to see where the patient is located if a carer is contacting the service on their behalf.
Two complaints have been received in regards to the lack of return calls from a clinician from the OOHs.	A new procedure has been introduced to the OOHs so that second calls are not closed if one is already open. Also highlighted to clinicians the need to advice patients and their family that they should contact 111 again if the patient's condition deteriorates.
A patient and their family highlighted a delay in an ambulance being sent to a patient suspected of having a stroke.	The investigation has highlighted that there was a delay in dispatching an ambulance to the patient's home. The member of staff has undertaken reflective practice and a reminder has been sent out to all members of the team to highlight the importance of sending an ambulance when a patient or family member are advising of a suspected stroke.

<p>A client advised of a delay in the reporting of an MRI scan. Patient advised that they would be referred to specialist consultant. When the patient contacted the secretary the referral had not been undertaken and the secretary agreed to speak to the consultant and would contact the patient the next day. No contact was made with the patient until a week later.</p>	<p>Staff has been reminded to keep patients fully informed if there are going to be any delays in speaking to the consultant. Apology offered to the patient for the report not being available for the clinic appointment.</p>
<p>A family member highlighted to the CCG that the care provided to the patient was substandard in that they did not commence fluid intake charts in a timely manner and the patient had fallen from a hoist.</p>	<p>The service acknowledged that fluid charts should have been initiated as soon as they suspected a urinary tract infection (UTI). Additional training has been given to staff for manual handling and the use of hoists. The service has also appointed a full-time member of staff who is responsible for manual handling training and on-going practical supervision of staff using equipment.</p>
<p>A family member highlighted concerns that incorrect advice had been communicated to the GP by the individual funding request team about patients being unable to access a private provider which was available on NHS Choices and held an NHS contract with another provider.</p>	<p>Information has been communicated to the GP practice and Individual Funding Request team advising that patients can access services which are available on NHS Choices.</p>
<p>Patients informed the CCG about their inability to contact a GP surgery and access appointments.</p>	<p>The service has shortened the message on the telephone system and at peak times calls are directed to other sites. The service has also employed more staff.</p>

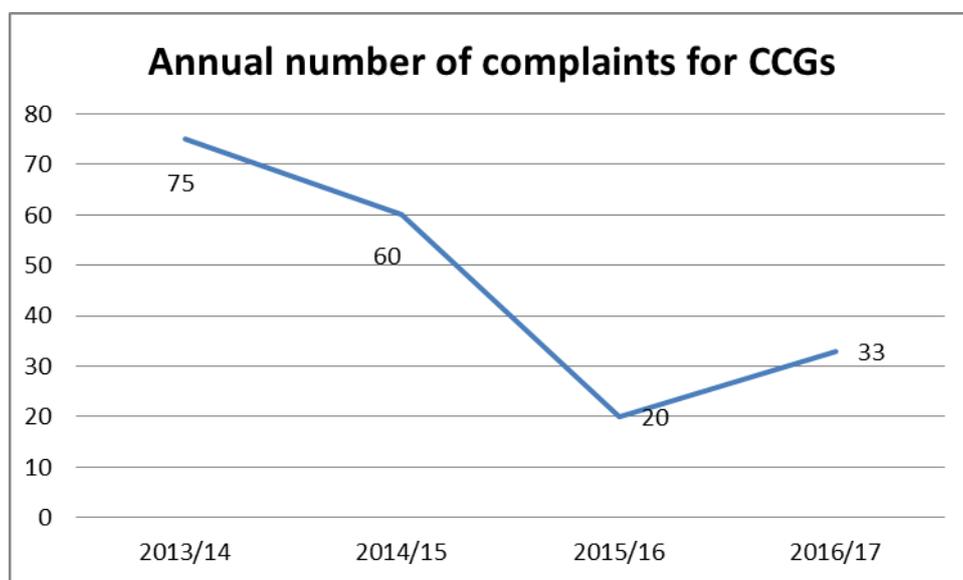
## Introduction

- 1.1 The National Health Service Complaints (England) Regulations 2009 requires that all NHS Trusts and Clinical Commissioning Groups (CCGs) to provide an annual report on the handling and consideration of complaints. The required inclusions to meet this statutory requirement are detailed in this report. CCG activity is monitored and reported through the monthly Quality Operational Group, quarterly Quality Assurance Committee and the respective governing bodies.
- 1.2 The complaints function is covered by substantive complaints and patient experience quality officer and the head of quality and patient experience.
- 1.3 An integrated patient experience service model has been implemented and manages complaints, concerns, comments and compliments. This approach ensures a person centred approach and supports early resolution of concerns and complaints, improved utilisation of patient feedback and linked into quality intelligence database providing triangulation with healthcare professional feedback and incidents.

## 2. Complaints

- 2.1 Over the last year the number of complaints received by the CCGs has risen from 20 to 33. Complaints that related to provider organisations were previously included in the annual report figures for CCGs. All complaints which are about the provider services are now registered as a concern so that no double counting is submitted on the national return.

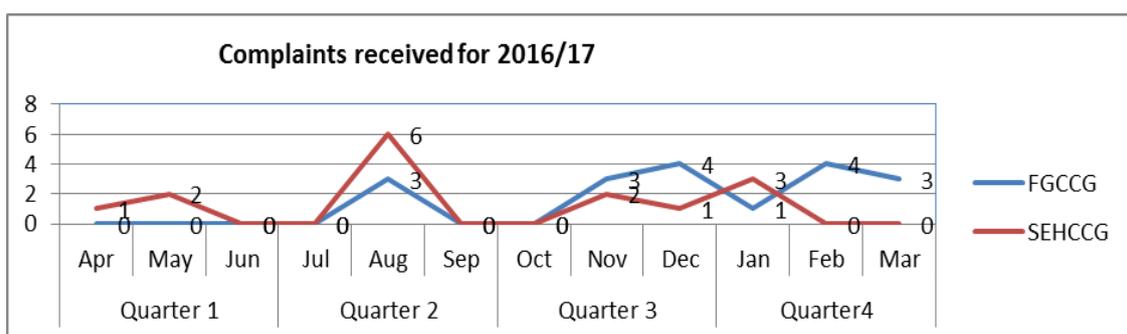
### Total number of complaints received in year, for F&G and SEH CCGs, 2016/17



- 2.2 Fareham and Gosport CCG received 18 complaints and South Eastern Hampshire CCG received 15 complaints within the year. The number of complaints received each month shows an expected level of variation, with one observable trend in August with a higher volume of complaints received.

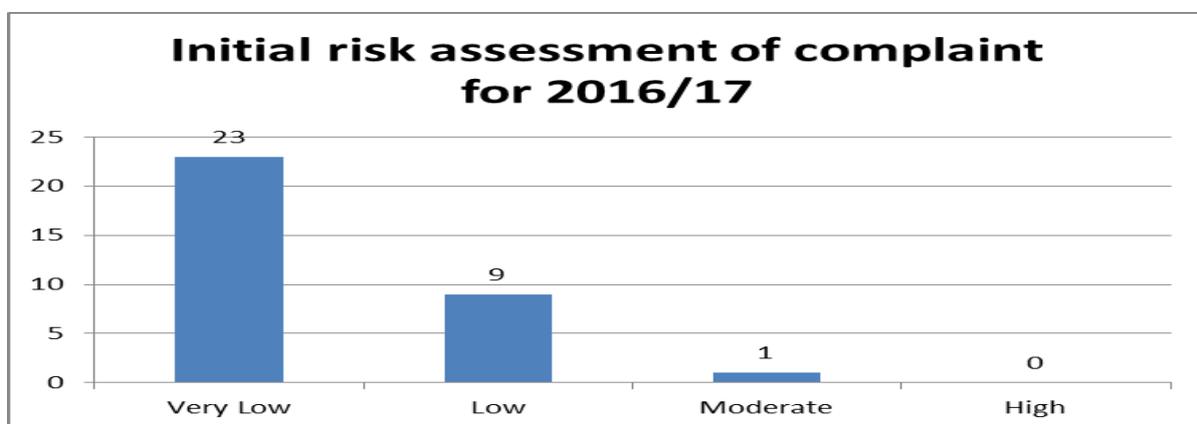
- 2.3 The Complaints and Patient Experience Quality Officer ensures that all complaints are dealt with in compliance with the NHS Complaints Regulations 2009, and acknowledged within 3 days of receipt, achieving 100% compliance in 2016/17. The complainant is then contacted to agree a timeframe for the response and 85% of complaints were responded to within the agreed timescale. This can be extended, with the complainant's agreement, where necessary. The delays in responding were due to waiting for response from other Trusts.
- 2.4 Following review of Koerner 41a return made by all 211 CCGs South Eastern Hampshire are at 79 and Fareham and Gosport at 92 in the listings.

### Total number of complaints logged per month, for F&G and SEH CCGs, 2016/17

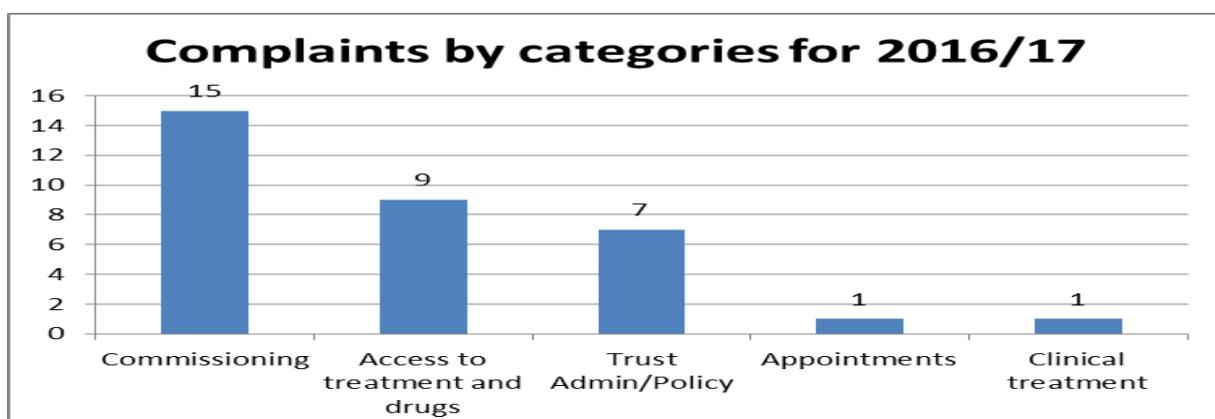


- 2.5 Complaints are sometimes re-directed to another NHS organisation or Local Authority if it is felt more appropriate for them to manage the complaint. These will be registered as an enquiry. Multi-organisational complex complaints are discussed with other complaints managers to agree who will lead on the complaint response. The complainant is then advised of this and provided with a time frame for the handling of their complaint and will be registered as concern unless there is a commissioning element to the complaint then it is registered as a complaint.
- 2.6 Complaints reports are provided for the Joint Quality Assurance Committee (JQAC), Governing Body and Joint Quality Operation Group (JQOG) with case studies and patient stories used to provide insight with regard to specific issues, themes, action taken and service changes made.
- 2.7 The CCG use Quality Surveillance and Reporting (QUASAR) system to log and record all complaints, concerns, comments and compliments so that feedback can be analysed to identify any key themes which act as an early warning system and contribute to a culture of continuous improvement. This will enable us to:-
- Record the regular flow of information received from a variety of sources
  - Identify trends
  - Enable closer working with providers and commissioners
  - Provide a mechanism to flag areas of concern with our provider organisations
  - Identify the priorities for quality improvement and monitor success

- 2.8 From 01 April 2016 the national coding for complaints changed and the CCG amended the recording of complaints to recognise these changes. These are now submitted on a quarterly basis.
- 2.9 Complaints about commissioning equated to 46% (n-15) of the total number of complaints received logged as CCG complaints in 2016/17; the majority of these were in regards to funding. Access to treatment and drugs is the next highest reported complaint at 27% (n – 9) and the other categories are about trust administration/policy at 21% (n- 7), provider appointments and clinical treatment at 6% (n- 2) of all complaints received. This equates to 8 complaints per 100,000 populations. Following review of the national complaints data the number of complaint received by both CCGs is low in comparison to other local CCGs. This data is not broken down by population size.
- 2.10 All complaints are risk assessed for impact on complainant when they arrive into the CCG. The following chart identifies the risk severity applied to the complaint when initially assessed.



**Most frequently-occurring categories from complaints, F&G and SEH CCGs, 2016/17**



The most common category from complaints in 2016/17 for the CCG was commissioning, access to treatment and drugs and Trust admin/policy (handling of requests for information). These complaint categories can be broken down further as follows:

### Commissioning:

- 6 Commissioning services/issue (funding of services e.g. pulmonary rehabilitation service, specialist physiotherapy for patient who have had breast cancer, bi-mechanical services and phlebotomy)
- 2 Commissioning decisions related to funding of medication
- 4 Services – not commissioned (Gluten free and hearing aids)
- 1 Services – change/alteration (funding for skin tags)
- 1 Service not available locally (individual funding request for counselling)
- 1 Other

### Access to treatment and drugs:

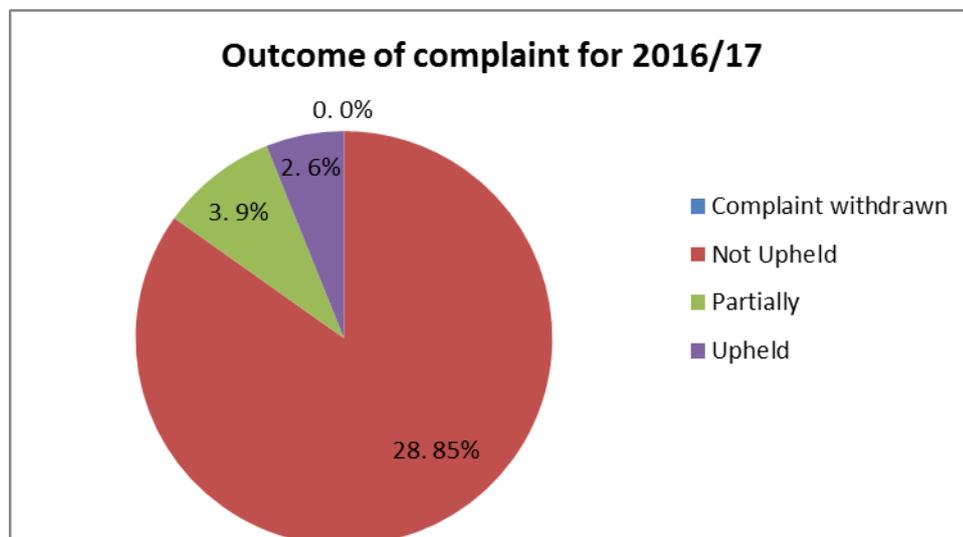
- 7 Funding of treatment (Gluten free, removal of mole, varicose vein, arthroscopy, pulmonary rehabilitation service)
- 2 Access to service (policy change to SMSK and podiatry inclusion criteria and eye clinic)

### Trust admin/policy

- 3 Failure to follow procedures
- 1 Child protection process/policy/procedure
- 1 Handling of requests for information (including Freedom of Information (FOI))
- 2 Policy decision

## 3. Outcome of complaints

3.1 The following chart shows the outcomes of complaint following investigation.



From reviewing the cases that were not upheld it is apparent that the information being provided to complainants is not always clear as to how to appeal a decision. A decision to appeal needs to be undertaken by the providers and not the complainant. The information being communicated by services is not always accurate for example changes made to the criteria to access services or funding of gluten free products.

## **4. Local Resolution Meetings**

4.1 There have been no local resolution meetings held with complainants.

## 5. Lesson learnt from Complaints

Lessons learnt from complaints provide assurance that the learning and actions arising from upheld complaints are taken forward through organisational learning and sharing. The table below provides a sample of outcomes from complaints that the CCG has managed both commissioning complaints and provider complaints.

Summary of complaint	We did/Service did?	Monitoring of actions by CCG
A client informed the CCG that the GP practice information detailed on the website was incorrect.	The website was amended to reflect the correct address of the GP practice.	No further complaints have been received.
A client disputed the lack of disclosure regarding draft set of notes which did not belong to the CCG.	In future consent will be sought from the originator of the notes to gain the final copy. If not forthcoming then draft notes from meetings will be released.	No further joint complaints have been managed
A patient was requested to make a decision whether to push their bed or cot.	Patient's complaint has been shared with the team to highlight the inappropriate request of the patient.	No further complaints have been received
A client informed the CCG that the patient was declined for an assessment with CAMHS.	Following review of the complaint and the information provided by the family an appointment for assessment was offered to the patient.	No further complaints have been received
A client contacted the CCG as they had moved onto a new housing estate and had contacted the 111 service on three occasions and the address recorded on the records was incorrect which resulted in the Out Of Hours service (OOHs) doctor and ambulance unable to find the address.	Patient's records have been manually updated to reflect the patients address. It has also been highlighted to the Ordinance survey that the incorrect postcode has been allocated to the address. The complaints lead also contacted the service and requested that the postcode be entered into the system to ensure that the correct address is identified.	No further complaints have been received
A client's family raised a concern about the lack of communication between providers.	The service has highlighted the need to check to see where the patient is located if a carer is contacting the service on their behalf.	No further complaints have been received
Two complaints have been received in regards to the lack of return calls from a clinician from	A new procedure has been introduced to the OOHs so that second calls are not closed if one is already	The CCG monitor the staffing levels as part of the contract review meeting with the provider.

<p>the OOHs.</p>	<p>open. Also highlighted to clinicians the need to advice patients and their family that they should contact 111 again if the patient's condition deteriorates.</p>	
<p>A patient and their family highlighted a delay in an ambulance being sent to a patient suspected of having a stroke.</p>	<p>The investigation has highlighted that there was a delay in dispatching an ambulance to the patient's home. The member of staff has undertaken reflective practice and a reminder has been sent out to all members of the team to highlight the importance of sending an ambulance when a patient or family member are advising of a suspected stroke.</p>	<p>The CCG monitor the delays in dispatching an ambulance as part of the contract review meeting.</p>
<p>A client advised of a delay in the reporting of an MRI scan. Patient advised that they would be referred to specialist consultant. When the patient contacted the secretary the referral had not been undertaken and the secretary agreed to speak to the consultant and would contact the patient the next day. No contact was made with the patient until a week later.</p>	<p>Staff has been reminded to keep patients fully informed if there are going to be any delays in speaking to the consultant. Apology offered to the patient for the report not being available for the clinic appointment.</p>	<p>The CCG are monitoring the reporting of x-rays, CT scans and MRI scans as part of the contract review meeting.</p>
<p>A family member highlighted to the CCG that the care provided to the patient was substandard in that they did not commence fluid intake charts in a timely manner and the patient had fallen from a hoist.</p>	<p>The service acknowledged that fluid charts should have been initiated as soon as they suspected a urinary tract infection (UTI). Additional training has been given to staff for manual handling and the use of hoists. The service has also appointed a full-time member of staff who is responsible for manual handling training and on-going practical supervision of staff using equipment.</p>	<p>No further complaints have been received</p>
<p>A family member highlighted concerns that incorrect advice had been communicated to the GP by the individual funding request team about patients being unable to access a private provider which was available on NHS Choices and held an NHS contract with another provider.</p>	<p>Information has been communicated to the GP practice and Individual Funding Request team advising that patients can access services which are available on NHS Choices.</p>	<p>No further complaints have been received</p>

Patients informed the CCG about their inability to contact a GP surgery and access appointments.	The service has shortened the message on the telephone system and at peak times calls are directed to other sites. The service has also employed more staff.	No further complaints have been received
--	--	--

The CCGs now have delegated commissioning of GP services. When a service user highlights an issue to the CCG they are registered as an enquiry. If a service user is wanting to make a complaint about the service provided they are informed that the CCG are unable to investigate or register a complaint and are advised of the options available to them of either taking the complaint up directly with the Practice Manager or NHS England. If a multi organisation complaint is being managed by the CCGs and GP surgery are involved these are managed as a concern and learning would be included in the above table. If the CCG identify a theme emerging then this will be highlighted to the chief quality officer, quality lead for primary care and head of primary care development who will make a decision as to whether a meeting with the GP practice is required to gain assurance of the services being provided.

## 6. Ethnicity Summary

6.1 It is a Department of Health requirement that we collect ethnicity data in respect of the complaints received by the organisations and also complies with Equality Act 2010. The ethnicity forms are sent to all complainants, whether they are a provider or commissioning complaint, with the acknowledgement letter. Only a few of these are completed and returned. The following table provides a summary of the data received.

### Complaints by demographic group

Gender		Ethnicity	
Male	4	British	15
Female	11	Asian	0
Not stated	0	Mixed	0
		Other (Latin America)	0
		Not stated	0
Religion		Age Group	
Buddhist	0	Under 18	0
Other	0	18 - 27	1
Christian	6	27 – 50	4
Catholic	3	51 – 65	1
Not stated	1	66 – 75	4
No religion	4	Over 75	3
C of E	1	Not stated	2
Islam	0		
Sexual Orientation		Disability	
Heterosexual	10	No	6
Bisexual	1	Yes	9
Gay woman/Lesbian	0	Not stated	
Prefer not to say	4	<b>Disabilities:</b> Mental health, vision, physical, Long term condition and hearing	
Carer			
Yes	1		
No	14		

## 7. Parliamentary and Health Service Ombudsman (PHSO)

7.1 The CCG received 1 notification from the PHSO regarding a complaint that was investigated during 2015/16 which was not upheld.

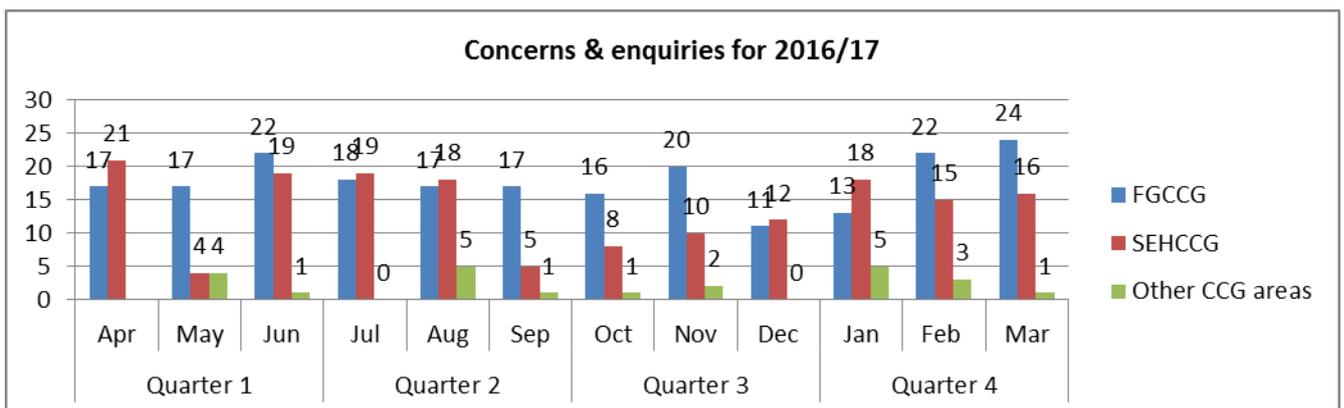
## 8. Concerns

8.1 The complaints team also manages a number of concerns and enquiries which are received in writing, email and by telephone. From 01 April 2016 all complaints that

are about a provider are registered as a concern. This is to ensure that they are only reported once nationally.

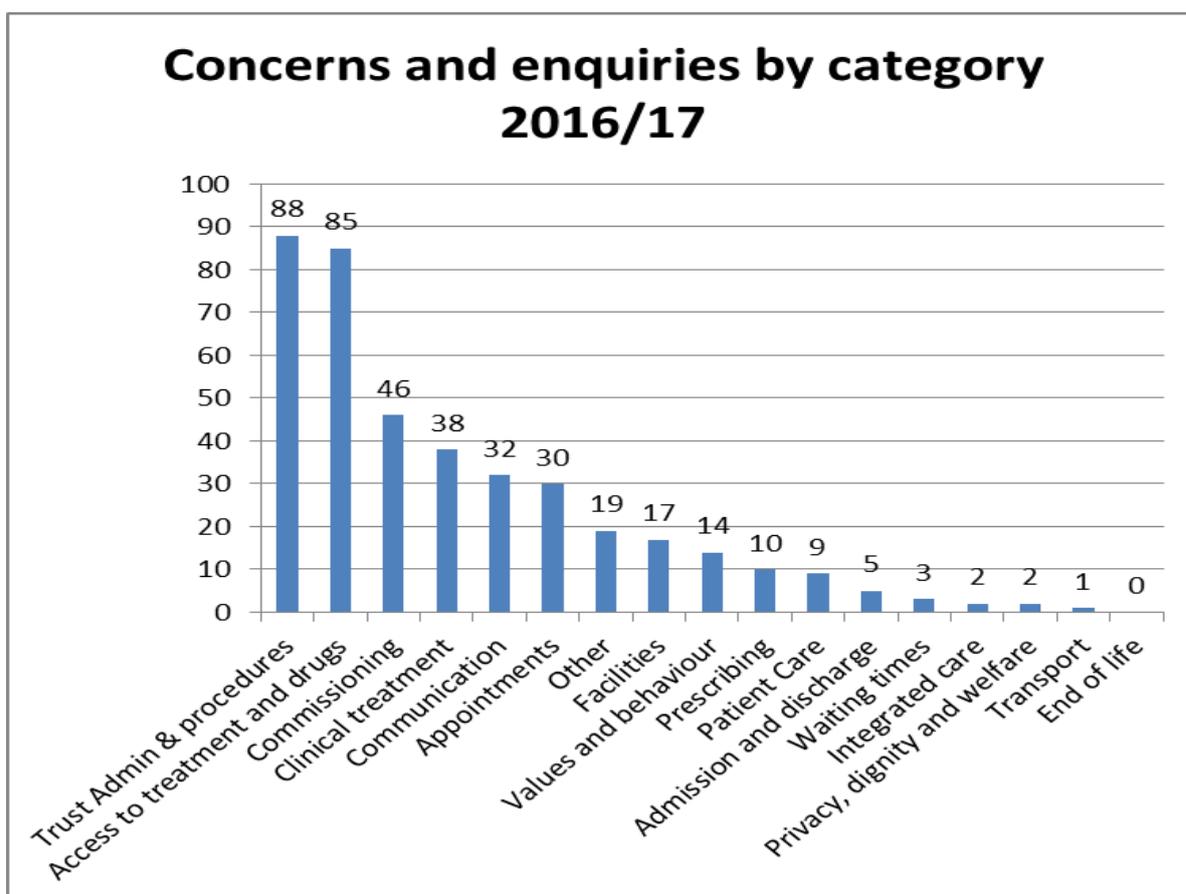
- 8.2 During 2016/17 the complaints team dealt with 73 concerns and 142 enquiries from residents from Fareham & Gosport CCG area. 32 concerns and 132 enquiries were received from residents from South Eastern Hampshire CCG. There were also 23 enquiries relating to other CCG areas. In total the complaints team dealt with 402 enquiries and concerns.
- 8.3 There were 24 provider complaints registered as concerns that were managed by the CCG. 16 related to Fareham and Gosport CCG and 8 to South East Hampshire CCG. Provider complaints are managed as concerns to ensure that they are not double counted when submitting to national return. The learning from these complaints can be found in the learning from complaints table.
- 8.4 All of these concerns were dealt with in compliance with the NHS Complaints Regulations 2009, and acknowledged within 3 days of receipt, achieving 100% compliance in 2016/17. 50% (n-12) of all concerns responded to were within the agreed timeframe negotiated with the complainant. 37.5% (n-9) did not meet the timescale this was due to the Trusts not meeting the timeframe to respond to the CCG. 78% (n – 7) of these had over two organisations involved and were complex cases. There are 12.5% (n-3) are still under investigation.

### Concerns and enquiries raised from 01 April 2016 – 31 March 2017



- 8.5 The number of concerns and enquiries has increase by 90 during 2016/17 in comparison to the previous year. The number of provider complaints remains static. From reviewing the previous year's contacts there is an increase in April, June, July, August, February and March.

## 8.6 Most frequently-occurring categories from concerns and enquiries, F&G and SEH CCGs, 2016/17



8.7 The most common category from concerns and enquiries in 2016/17 was trust admin and procedures, access to treatment and drugs, commissioning, clinical treatment and communication. The majority of these concerns and enquiries are from members of the public or clinical staff requesting advice or signposting to the most appropriate provider or CCG to manage.

Trust admin & procedures can be broken down further:

- 38 Handling of requests for information (including FOI) (24 information governance breaches, 6 subject access requests, 4 invoices/reimbursements, 4 signposting on how to access information from a complaint)
- 20 Failure to follow procedures
- 8 Other
- 7 Complaints handling – all aspects
- 5 Adults Protection process/policy/procedure
- 2 Trust administration issue
- 2 Accuracy of health records (e.g. errors, omissions, other patient's records in file)
- 2 Child protection process/policy/procedure
- 1 Availability /non availability of records (e.g. lost, mis-filed)

- 1 Issue with death certificate or Medical certificates of cause of death (MCCD) documentation
- 1 Policy decision
- 1 Traveling expensed

Access to treatment can be broke down further:

- 51 Access to service (GP services, wheelchair services, podiatry services, 111 service, Portsmouth Hospitals NHS Trust, Out of Hours GP service. Children and Adolescent Mental Health Service (CAMHS), Counselling services, Community Mental Health team (CMHT), Physiotherapy services, weight watchers, dentist, eating disorder service, Community beds, Chronic fatigue service, phlebotomy service, older peoples mental health (OPMH) and sensory processing services)
- 21 Funding of treatment
- 4 Funding of medication
- 2 Other
- 2 service not available
- 2 Length of waiting list
- 1 Service provision
- 1 Treatment delayed
- 1 Cancellation of operation/procedure

Commissioning concerns and enquiries were in regards to

- 20 Commissioning services/issues (access to GP practices, specialist physiotherapy services for patients following breast cancer, Continuing health care funding, individual funding request (IFR)for hydrotherapy, private provider request for IFR, new policy/criteria for service - podiatry, new developments and impact on services, closure of pharmacy, enuresis service and continence services)
- 11 Other
- 5 Commissioning decision related to funding of medication
- 3 services – change/alteration to provision
- 3 Services – not commissioned
- 2 Commissioning decisions related to medication
- 2 service – not available locally

8.8 Trust policies and procedures, access to treatment and drugs and commissioning are the most common complaint and concern categories.

## 9 Local resolution meetings

9.1 Four local resolution meetings were held with four complainants in order to resolve their complaint as part of the local resolution process. The complaints manager or a senior member of the quality team attended all of the meetings to ensure that there is adequate support for the complainant in this process.

9.2 The meetings had a positive outcome which related to provider concerns and the complainants advised at the end of the meeting that they were satisfied with the outcome following the meetings.

## 10 Compliments

10.1 Complainants will often comment positively about certain aspects of their care at the same time as making a complaint. Positive feedback is always passed on to the provider who shared with the team or department responsible or relevant CCG member of staff.

10.2 The CCGs have not actively sought out compliments and to date have only received 22 direct compliments over the past year. However, it is recognised that compliments should be recorded and can provide us with a balanced view on patient experience. It is hoped that the new website feedback form will encourage positive feedback. In this way the CCGs will have a greater insight into where and when services are working well and for the standards and good practice evident in this to be shared widely across the CCGs and our service providers.

10.3 The following quotation is a sample of the compliment received.

### Quality team

- Safeguarding team - Thanks again for all your help you have made the process nice and simple.
- Clinical Quality Practice Nurse Facilitator - Just wanted to thank you on behalf of myself and nursing team at Jubilee. We have had a lot of support and training since you took over which has helped us with clinical issues, and enabled us to maintain all required re validation. We are most grateful and realise this is an ongoing mountain to climb, for you and all your team.
- Complaints team, Fareham and Gosport CCG and Millbrook Healthcare - Thanking the CCG and service for replacing the wheelchair for the patient which had broken down 12 weeks prior to contact with CCG.
- Complaints team, South Eastern Hampshire CCG – thank you for your persistence and compassion, when dealing with my concerns.
- Complaints team, Fareham and Gosport CCG - Thank you for your e mail and continued support. I am happy with the response, from the trust, and would therefore like to express my sincere thanks to you and all of your staff involved with resolving my concerns.

### PHT

- Emergency department - Staff in the Accident and Emergency service at PHT were brilliant and very attentive.
- Ward D1 - I would like to express my gratitude and appreciation of my treatment at QA hospital from admission to discharge. All staff were professional and attentive, supporting my needs to a very high standard. My consultant was very helpful, all the staff on D1 worked hard to care for me and the physiotherapist who I saw on 24th and 25th December offered some very useful advice.

- I wish to say a huge thank you to the surgeons who removed my appendix on Sunday 5th at 2pm. They were charming, honest and proficient. I also sent praise for all levels of staff on E3 room 24. Day and night shift worked tirelessly. They showed superb working relationships.

#### **Same Day Access Service, GP service – 1 Compliment**

- I just wanted to commend the nurse on the same day access team at War Memorial this morning. I'm 39 weeks pregnant and really suffering, her humanity and compassion went above and beyond, times are hard for our NHS and its individual's genuine care and compassion that keep our struggling services looking after people.

#### **South Central Ambulance Service**

- 111 Call handler - Thank you to the 111 call handler who stayed on the telephone with parent when their child had a severe reaction to nuts on 29 January 2017.
- The parent said that the call handler stayed on the telephone to them all the way to the hospital which helped the parent to stay calm, ensure that the driver also stayed calm whilst driving to the hospital and also ensured that no further stress was passed on to the child. The parent also said that the call handler informed them to be brave when they entered the ED in that they needed to go straight up to the reception desk and ask for help immediately. If they had not been told to do this they would have waited their turn. The parent said that the call handler did an incredible job and help save their child's life.
- 999 - All the people involved in the patients care including doctors nursing staff, paramedics and ambulance service were a credit to the NHS and we thank you.

#### **Fareham Community Hospital hearing aid service**

- However I really want to ensure that Fareham NHS is aware and to firstly compliment Fareham Community Hospital on its service and to see if this is of importance for you to be made aware of.'

#### **Millbrook Healthcare Limited**

- Thanking the CCG and service for replacing the wheelchair for the patient which had broken down 12 weeks prior to contact with CCG.

#### **Brockhurst Surgery**

- I would like to say how impressed I am with the staff and the new Doctors at the Brockhurst surgery, and I would like to thank Dr S for his help and support that he has given to Me on my last 2 visits, this Doctor is totally dedicated to this practice and his patients, Thank you all

#### **Elms practice**

- I have been a patient at the Elms Practice, over the past 30 years been fortunate to have had excellent GPs throughout the whole period.

### **Bridgemary Medical Centre**

- At a time when the NHS is under constant criticism I would like to stress how much I appreciate the excellent services provided by Bridgemary Medical Centre. Your practice nurses are extremely kind and helpful.

## **11 Training**

- 10.1 There have been 15 face to face induction meetings with new members of staff and two level 1 complaints training session delivered over the last year.
- 10.2 Training is currently provided to all new members of staff as part of their induction. The complaints team has developed training for those members of staff who have been employed and require a refresher on the complaints process and also training for staff who investigate complaints.

## **11 Wessex Complaints Network**

- 11.1 The network brings together the designated complaints professionals from both the commissioner and provider organisations across the Wessex area. The group aims to strengthen working relationships and improve collaborative working for the resolution of complaints requiring a multi-agency response.
- 11.2 The sharing of good practice and discussions regarding complex complaints and difficult complainants.
- 11.3 The network will also provide appropriate advice and support to the designated complaints managers using the widest possible expertise to support improving practice.
- 11.4 Close co-operation between complaints managers will be required to ensure that confidential information is shared appropriately.

## **12 National Complaints Network**

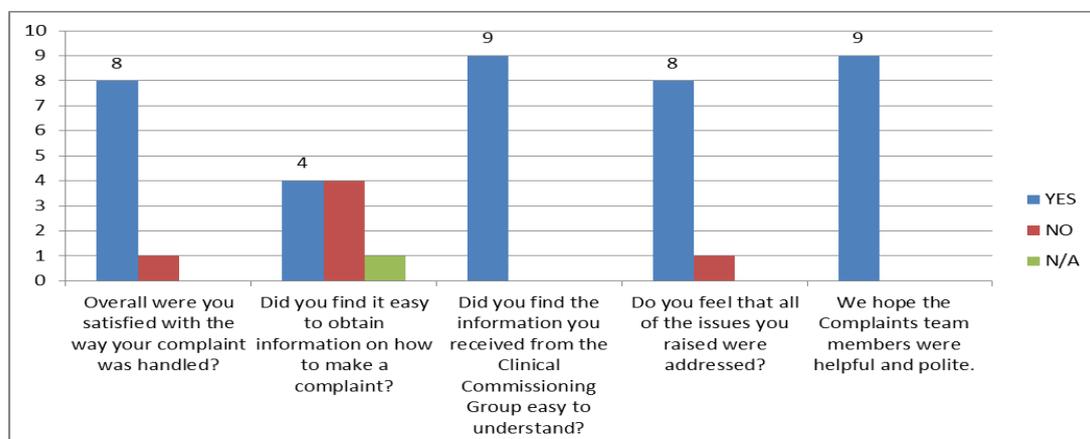
- 12.1 The national network brings together designated complaints professionals from commissioner, provider organisation and Parliamentary and Health Service Ombudsman (PHSO) which is arranged twice a year.
- 12.2 In March 2017 the complaints officer attended this session which covered how delegated commissioning affect complaints, remarkable client care, general data protection regulation consent guidance, a different complaints software, a presentation from an acute Trust regarding how they have configured Datix to improve complaints monitoring, investigation recording and sharing learning across the organisation, Access Ambassador – helping people with hearing difficulties, and an update from PHSO regarding their customer experience and financial redress.

## 13 Complaints Policy

- 13.1 The CCG Complaints Policy provides the organisational structure to ensure that we listen to feedback on our commissioning decisions and provider organisations and have the opportunity to learn from this.
- 13.2 The CCGs are currently developing a leaflet to complement the Policy and video for the website.
- 13.3 The complaints policy is due for review in 2018.

## 14 Satisfaction Survey

- 14.1 The CCGs have recently completed a satisfaction survey for complaints that were closed in from 01 April 2016 to 31 March 2017. A questionnaire was sent to all complainants seeking their views through a number of standard questions in respect of the process used to handle their complaint, with space provided for any additional comments or feedback.



- 14.2 The surveys will be repeated throughout the year at the end of each quarter, for the complaints closed in the previous quarter and will be reported on a twice yearly basis.
- 14.3 Following review of the satisfaction surveys the responses were split between complaints relating to provider complaints which were handled by the CCG and commissioning complaints.
- 14.4 Eight of the nine feedback returns were satisfied with way in which their complaint was handled.
- 14.5 Four out of the nine clients who completed the feedback were able to find the information via the CCGs websites. One had to ask their GP who searched the internet but gave the service user the incorrect CCG information and three became aware from a friend.
- 14.6 All of the clients confirmed that their response was easy to understand and that all of their concerns had been addressed. Although two clients identified that learning

had been shared but they did not feel confident that the learning had been implemented.

- 14.7 Three of the nine returns stated that the complaints team were understanding, honest and clear in moving things forward. “The people I spoke to were really supportive and helpful”. “Letters received and phone calls made were dealt with a very polite manner”.
- 14.8 As a result of these findings the complaints team will:
- Highlight to Trust that clients find it difficult to find information on how to make a complaint
  - The CCG is currently working on updating the website to include a video on how to make a complaint and easy read complaints leaflet
  - The leaflets will also be available for staff to take out to events
  - The complaints team are currently exploring the option of placing the Parliamentary and Health Service Ombudsman’s video on the website to explain the next steps in the process if they are dissatisfied with a response
  - Continue to contact with the complainant to clarify the issues to be addressed and provide the providers with a list of questions that the complainant would like addressed

## **15 Conclusion**

- 15.1 The CCGs continue to make significant progress to ensure that there is a robust complaints handling process in place and that it has a cohesive team accountable for the complaints function.
- 15.2 Feedback from the patient satisfaction survey for complaints will ensure that the CCGs respond to service user experience to continuously improve the complaints function.
- 15.3 Feedback can now be submitted via the CCG websites which enables patients to raise a complaint, concern or provide feedback quickly and easily.
- 15.4 Complaints’ training is ongoing for all members of staff within the CCG on the complaint process. Further lunch and learn training sessions to be arranged throughout the year on a twice yearly basis for members of staff who investigate and provide a response to commissioning issues.
- 15.5 The CCGs are committed to improving patient experience through listening to our patients and ensuring that we work in partnership with our provider organisations to address any complaints and concerns appropriately, and ensuring that improvements are made as a result of their feedback.

## **16 Actions for 2017/18**

The CCG has developed a quality strategy and the actions below will demonstrate compliance to deliver the strategy.

- To continue to monitor the number of complaints who return dissatisfied with the initial CCG response
- Review and improve the report to the Joint Quality Assurance Committee in respect of the actions agreed as part of the complaint resolution and improve the recording or organisational learning
- Use feedback from the complaint satisfaction survey to improve the complaints processes within the CCG
- To develop a policy for those complainant who are requesting financial remedy
- Develop an escalation process, to be used with internal and external stakeholders, where complaint response deadlines are not met
- Develop twice yearly workshop for multi organisation complaints to ensure learning is embedded from complaints
- To continue to review the complaints policy to ensure compliance with national reports from CQC and Ombudsman
- To provide information for 'you said we did' in relation to complaints on the website and other appropriate routes
- Deliver complaints training to all CCG staff
- Continue to expand our partnership working within the Wessex Area team by attendance at the patient experience forums and complaints management forum
- Continue our national networking via the National Complaints Forum
- Review our approach to patient experience monitoring
- Explore the possible development of an app to raise public awareness of where to raise compliments, complaints, concerns and comments with local providers and commissioners
- Developing interactive leaflets which are easy read, eye catching to improve methods of access
- Develop a video for the website
- Reviewing our process in line with the Accessible Information standard.

Author:  
Yvonne Fisher  
Complaints & Patient Experience Quality Officer