

Meeting of Governing Body

Date: Tuesday 6th August 2019

Time: 1.30pm

Location: The Vassall Centre, Gill Avenue, Downend, Bristol, BS16 2QQ

Agenda number: 9.3

Updated CCG Policy on the Management of Compliments, Patient Enquiries and Complaints

Report Author: Lucy Jones, Customer Services Manager

Report Sponsor: Janet Baptiste-Grant, Interim Director of Nursing

1. Purpose

Following the outcome of the internal audit report; Clinical Governance – Complaints (see Appendix 1), the purpose of this paper is to provide the Governing Body with a revised version of the CCG's policy on the Management of Compliments, Patient Enquiries and Complaints. The changes made reflect the feedback given in the recommendations made as a result of the audit.

2. Recommendations

The Governing Body is asked to approve the amended policy.

3. Executive Summary

In May 2019 the CCG Governing Body approved the updated Policy on the Management of Compliments, General Enquiries and Complaints.

Since this time, an internal audit into the management of complaints and patient feedback has been undertaken and some of the recommendations made required some additional clarity to be included in the policy. In addition, further tweaks have been made by the Customer Services Team to improve the readability of the policy. The key changes are summarised below and the updated Management of Compliments, General Enquiries and Complaints Policy can be found at Appendix 2.

- The Customer Services Team section has been brought forward and has moved from section 5 to section 3. This means that the contact details are available immediately and are not embedded in the wider content of the policy.

- Paragraph 7.3.7 has been amended to clearly identify that face to face meetings can only be arranged by the CCG for complaints that are about the CCG directly or are being coordinated by the CCG. This prevents any misunderstanding for patients whose complaints have been made to the CCG but with the complainant's agreement, were passed to the provider to take forward directly.
- Paragraph 7.4.3 this has been amended to provide clarity about the acknowledgment which will be provided within 3 working days.
- Paragraph 7.4.5 is a new paragraph which has been included following the audit recommendations. This confirms an assurance that when a complaint is passed to a provider to take forward directly, the CCG will request a copy of the outcome.
- Paragraphs 7.4.7 and 7.4.8 clarifies that any learning identified as a result of a complaint will be communicated in the response provided by the Chief Executive.

The revised policy was reviewed by the Quality Committee at their meeting on 25 July 2019.

4. Financial resource implications

While there are no direct financial resource implications associated with the handling of patient feedback, there is an increase in the number of contacts being received which may require additional investment in the Customer Services Team in the future.

There is also the potential for the Parliamentary and Health Services Ombudsman to recommend financial remedy as the outcome of a formal complaint where their investigation shows failings and a level of harm to the patient.

5. Legal implications

There are no direct legal implications associated with the handling of patient feedback except for the formal complaints process which the CCG is required to handle in line with the NHS Complaint Regulations 2009.

6. Risk implications

Any risks, or potential risks identified through patient experience are brought to the attention of the relevant commissioning manager so that mitigations can be considered.

7. Implications for health inequalities

The NHS Complaint Regulations 2009 and the CCG Policy on the Management of Compliments, PALS enquiries and Complaints are inclusive and where a patient has a particular need the team will adapt their approach to meet this.

8. Implications for equalities (Black and Other Minority Ethnic/Disability/Age Issues)

The NHS Complaint Regulations 2009 and the CCG Policy on the Management of Compliments, PALS enquiries and Complaints are inclusive and accessible to all and do not discriminate against any of the nine protected characteristics.

9. Implications for Public Involvement

The triangulation of the patient experience information will provide an evidence base from which commissioners can accurately monitor the quality of commissioned services across BNSSG.

A summary of the process for contacting the Customer Services Team with a view to registering a compliment, complaint or making a general enquiry is available in the form a leaflet and a short video, including sub titles and British Sign Language interpretation will also be available from 1st August 2019.

Once approved, the updated policy on the Management of Compliments, General Enquiries and Complaints will also be made available in a child friendly format as well as easy-read.

10. Appendices

Appendix 1 – Internal audit Report: Clinical Governance – Complaints

Appendix 2 – Updated Compliments, General Enquiries and Complaints Policy

Management of Compliments, General Enquiries and Complaints Policy



Policy ref no:	14
Responsible Executive Director:	Director of Nursing and Quality
Author and Job Title:	Lucy Jones, Customer Services Manager
Date Approved:	
Approved by:	<i>Governing Body</i>
Date of next review:	

	Yes/No/NA	Supporting information
Has an Equality Impact Assessment Screening been completed?	Yes	Assessment Screening completed
Has the review taken account of latest Guidance/Legislation?	Yes	Referenced in policy
Has legal advice been sought?	No	Guided by national complaints process
Has HR been consulted?	No	Guided by national complaints process
Have training issues been addressed?	Yes	
Are there other HR related issues that need to be considered?	No	
Has the policy been reviewed by JCC?	NA	Policy does not apply to employment
Are there financial issues and have they been addressed?	NA	
What engagement has there been with patients/members of the public in preparing this policy?	No	Guided by national complaints process
Are there linked policies and procedures?	No	
Has the lead Executive Director approved the policy?	Yes	
Which Committees have assured the policy?	Yes	Quality Committee
Has an implementation plan been provided?	Yes	
How will the policy be shared with: <ul style="list-style-type: none"> • Staff? • Patients? • Public? 		The Hub / Induction Training CCG Website
Will an audit trail demonstrating receipt of policy by staff be required; how will this be done?	No	

Version Control		
Version	Date	Consultation
V1	27 February 2018	Draft policy written
V2	9 March 2018	Comments from Fiona Cummings,
V3	9 March 2018	Complaints Manager included comments from PPI team regarding Equality Impact Assessment
V4	14 March 2018	Job titles and team names updated.
V5	22 May 2018	Minor format changes
V6	12 November 2018	Policy reviewed and updated
V7	16 January 2019	Paragraph on MP enquiries included and comments from Quality Committee addressed.
V8	21 March 2019	Policy rewritten to reflect comments from Corporate Policy Group
V9	27 March 2019	Comments included from Customer Support Manager
V10	27 March 2019	Revised version reflecting comments from Customer Support Manager
V11	9 April 2019	Revised version reflecting comments from Associate Director, Nursing & Quality
V12	14 April 2019	Comments from Julia Ross included
V13	15 April 2019	Comments from Janet Baptist-Grant included
V14	18 April 2019	Further updates following discussion with Julia Ross and Janet Baptist-Grant
V15	24 April 2019	Updated with comments from Graham Wilson and Quality Committee
V16	11 July 2019	

		Updated following outcome of internal audit 2018/19.
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Contents

	Page
1. Introduction	5
2. Purpose	5
3. Duties and Responsibilities	6
4. Definitions of terms used	6
5. BNSSG Customer Services Team	7
6. Maintaining Confidentiality	7
7. Types of feedback and how they are handled	8
8. Support during the complaints process	10
9. Complaints which are outside the scope of this policy	11
10. Parliamentary and Health Services Ombudsman (PHSO)	11
11. Learning from complaints and feedback	12
12. Implementation Plan	12
13. Audit	12
14. Training Requirements	13
15. Equality Impact Assessment	13
16. Monitoring compliance and effectiveness	13
17. References, acknowledgements and associated documents	14
18. Appendices	14

Management of General Enquiries, Complaints and Compliments

1. Introduction

- 1.1 Bristol, North Somerset and South Gloucestershire (BNSSG) CCG (from now on referred to as the CCG) is committed to ensuring that patient experience is at the heart of everything we do and that services in the local area meet and exceed the expectations of our local population. The feedback we receive from our patients is invaluable in both shaping and improving the services we commission for our local population.
- 1.2 The Policy on the Management of Compliments, General Enquiries and Complaints is compliant with the Local Authority Social Services and National Health Services Complaints (England) Regulations which came into effect on 1 April 2009, and the principles of the complaints process are based on those of the Parliamentary and Health Services Ombudsman (PHSO) which are:
1. Getting it Right
 2. Being Customer Focused
 3. Being Open and Accountable
 4. Acting Fairly and Proportionately
 5. Putting things Right
 6. Seeking Continuous Improvement
- 1.3 Patients and their families or carers have the right to be listened to and for their enquiries or complaints to be addressed promptly, efficiently and courteously. Confidentiality will always be maintained and we are committed to ensuring nobody is treated any differently as a result of sharing their experience.

2. Purpose

- 2.1 The purpose of this policy is to:
- Provide assurance that a robust system is in place to manage compliments, general enquiries and complaints made to the CCG.
 - Outline how the CCG will handle general enquiries, complaints and compliments in an open and unbiased way.
 - Document how the CCG and where appropriate, the wider local healthcare system, will learn from the feedback received.
 - Summarise how feedback is used to inform quality contract monitoring and future commissioning intentions.
 - Set out how confidentiality will be maintained throughout the processes.
 - Ensure there is accountability within the CCG for improving the quality of services
- 2.2 The management of compliments, general enquiries and complaints is led by the CCG Customer Services Team. The team is committed to listening to feedback and ensuring that patient enquiries, complaints and compliments are addressed by the CCG and in line with this policy.

3. Customer Services Team

3.1 The Customer Services Team is the central point of contact for patients and/or their carers or families who have a healthcare related enquiry, and who do not wish to contact the service provider directly. The team will:

- Assist with navigating the NHS system to ensure enquiries are either addressed by the CCG or are directed to the organisation that is the subject of the enquiry.
- Ensure that where a patient enquiry or complaint is relating to services purchased by the CCG it is addressed in line with this policy. This may include the coordination of complex complaints where appropriate.
- Ensure the CCG and the wider system learns from patient feedback and implements the learning identified as a result of a patient enquiry, complaint or compliment.
- Ensure patient feedback is used to inform future CCG commissioning intentions.
- Report regularly to the Quality Committee, PPI Forum and Governing Body for assurances purposed. These reports will include a summary of the contacts received and the actions that have been taken as a result.

Customer Services is available Monday to Friday and can be contacted as follows:

Telephone: 0800 073 0907

(Answerphone facilities are in place when the office is closed or the team are assisting another patient).

In writing: 5th Floor, South Plaza, Marlborough Street, Bristol, BS1 3NX

Email: bnssg.customerservice@nhs.net

Website: <https://bnssgccg.nhs.uk/contact-us/>

4 Duties and responsibilities

- 4.1 **The Chief Executive** is accountable for ensuring compliance with this policy and the NHS Complaint Regulations 2009, and for ensuring that actions identified as a result of feedback are implemented.
- 4.2 **The Director of Nursing and Quality** has responsibility for overseeing the management and effective implementation of this policy on behalf of the Chief Executive, and provides day to day senior leadership in the management of patient feedback including patient enquiries, complaints and compliments.
- 4.3 **The Customer Services Manager** leads the Customer Services Team who is the first point of contact for patient enquiries, complaints and compliments. This post also works with the senior management team to ensure that learning, including systemic changes identified as a result of patient feedback is implemented.

5. Definitions of terms used

5.1 Compliment

A compliment is an expression of praise or admiration made in recognition of a staff member, team or service.

5.2 Patient Enquiry

A patient enquiry is a healthcare related enquiry which can either be dealt with at the time or within a couple of days and does not require formal investigation.

5.3 Complaint

A complaint is an expression of dissatisfaction which requires investigation and a written response from the Chief Executive or their nominated deputy.

5.4 Healthwatch

Healthwatch is an advisory and signposting service commissioned by the Local Authorities in Bristol, North Somerset and South Gloucestershire. Healthwatch provides the opportunity for service users to have a say and influence the design and delivery of local health and social care services.

5.5 Support, Empower, Advocate and Promote (SEAP)

SEAP is a complaints advocacy service for Bristol and North Somerset residents.

5.6 Swan Advocacy

Swan Complaints advocacy service is a local service available for South Gloucestershire residents.

5.7 The Regulations

Local Authority Social Services and National Health Service Complaints (England) Regulations 2009.

5.8 Parliamentary and Health Service Ombudsman (PHSO)

An independent body established to provide a service to the public by undertaking independent investigations into complaints regarding public bodies, including the NHS in England, who have not acted properly or fairly in relation to the management of a complaint or have provided a poor service.

6 Maintaining Confidentiality

6.1 Where a patient enquiry or complaint raises serious concerns which affect people's safety, for example threats of self-harm or harming others, physical abuse, sexual abuse, child abuse or financial abuse, the Customer Services Team has a duty to breach confidentiality by seeking advice from others to ensure people are protected. In such circumstances the minimal amount of information will be shared in the strictest of confidence.

6.2 Where a person makes an enquiry or a complaint on behalf of a third party, or where there is a need to share the details outside of the CCG, consent from the patient will be required in the first instance, unless Lasting Power of Attorney (LPoA) for the patient's welfare or Court Appointed Deputy (CAD) with the relevant decision making power is held by the

person raising the concern or complaint. In such instances proof will be required before the concern or complaint can be taken forward.

- 6.3 Where a person is making an enquiry or complaint on behalf of a deceased patient, consent from the next of kin or person who holds LPoA for the patient's welfare will be required before the investigation can be progressed.
- 6.4 Without consent, LPoA or CAD with the relevant decision making power, the CCG is unable to provide a personal response. However the CCG will consider the information provided and aims to provide a generic response if this is appropriate.
- 6.5 The CCG will only consider a complaint or enquiry made by a third party on behalf of a child or young person under 18 years of age where it is satisfied that there are reasonable grounds for the complaint not being made by the child or young person themselves. Where appropriate, consent from the child or young person will be requested.
- 6.6 If the patient is under the age of 18 or lacks capacity within the meaning of the Mental Capacity Act 2005 the complaint or enquiry will only be considered where the CCG believes that the complaint is being made in the individual's best interest. This will be determined through discussion with the CCG's Director of Nursing and Quality. Where the CCG does not believe the complaint is being made in the patient's best interest, an explanation of the reasons will be provided in writing and the complainant will be advised to contact the PHSO for further advice.
- 6.7 Any information relating to a patient who lacks capacity to provide consent will only be shared on the basis that it is in the patient's best interests. A clear record of the best interests determination process will be made, including details of how the views of the patient and relevant others have been taken into consideration.

7 Types of Feedback and how these are handled

7.1 Compliments

- 7.1.1 Compliments received by the CCG will be acknowledged where contact details are provided. The compliment will be shared with the staff member, their manager and where necessary, the service to which it relates.
- 7.1.2 Compliments can be made directly to the team or staff involved, or can also be directed to the Customer Services Team using the contact details in section 5.1.
- 7.1.3 An overview of the compliments received is shared with the CCG's Quality Committee, PPI Forum and Governing Body as part of the reporting processes in place.

7.2 General Enquiries

- 7.2.1 General healthcare related enquiries that can be dealt with at the time or within a couple of days and do not require formal investigation fall into this category. Examples include:
- I want to make a complaint but I'm not sure who to contact.
 - I can't get an appointment.

- I need to contact a particular individual or service but don't have the details.
- I am unhappy with a service I have received but am not sure how to take this forward.

7.2.2 The Customer Services Team will discuss the most appropriate way to assist based on the nature of the enquiry.

7.2.3 All information will be treated confidentially and details will be retained on file for monitoring and reporting purposes.

7.2.4 Any themes and learning identified through general enquiries will be reported on a regular basis to the Quality Committee, PPI Forum and Governing Body.

7.2.5 The CCG's Customer Services Team can be contacted either in writing or by telephone using the information detailed in Section 5.1.

7.3 Complaints

7.3.1 These are matters which require investigation and a formal written response.

7.3.2 Complaints will be investigated in an unbiased, open and transparent manner and responses will be provided within an agreed timescale, including any action being taken as a result.

7.3.3 A complaint must be made no later than 12 months after:

- The date on which the matter, which is the subject of the complaint, occurred or
- The date on which the matter came to the notice of the complainant.

7.3.4 The CCG may still be able to consider complaints made outside of 12 months:

- Where there was good reason for the complaint not being made at the time, and,
- It is still possible to investigate the complaint efficiently and effectively.

7.3.5 Where the CCG declines to undertake an investigation, the complainant will be informed in writing and can ask the Parliamentary and Health Service Ombudsman (PHSO) to consider the case.

7.3.6 Where a complaint has already been investigated and responded to either by the CCG or another healthcare organisation it cannot be reinvestigated. The next step if the complainant remains unhappy is to contact the PHSO.

7.3.7 Where a complaint is about the CCG, or involves multiple organisations so is being coordinated by the CCG, face to face meetings can be arranged at any point during an investigation at the complainant's request. This will need to be requested through the Customer Services Team who will then make the necessary arrangements.

7.4 Complaints Process

- 7.4.1 A complaint about the CCG or a service the CCG pays for can be made in writing, including by email, over the phone or in person.
- 7.4.2 To make a complaint in person, an appointment with the Customer Services Team will need to be made in advance. Please refer to section 5.1 for contact details.
- 7.4.3 All complaints are acknowledged within 3 working days. Where a telephone number is provided this will be used to acknowledge the complaint and to discuss:
- How the complaint will be handled, including whether this will be led by the CCG or passed to the provider involved for investigation and direct response,
 - The anticipated timescale for a response to be sent from the Chief Executive, where the complaint relates to the CCG or is being coordinated by the CCG,
 - The desired outcome(s).
- This will also include the offer of a face to face meeting at any point during the complaints process.
- 7.4.4 Where a telephone number is not provided a written acknowledgement will be sent to the patient and the offer to discuss the matter with the Customer Services Team will be included.
- 7.4.5 Where a complaint is to be passed to the provider for response directly, this will be actioned within 3 working days following receipt of consent and confirmation that this has been completed will be given. The provider will then take the complaint forward in line with national regulations and a copy of the outcome will be requested by the CCG.
- 7.4.6 Where the complaint can be investigated and responded to directly by the CCG, it will be forwarded to an appropriate investigation lead who will conduct a thorough investigation and where appropriate, will identify any learning to be implemented as a result.
- 7.4.7 The investigating lead will then provide a detailed response to the complaint back to the Customer Services Team including any identified learning as a result of the feedback.
- 7.4.8 Where other organisations are involved in the complaint, the details will be shared as necessary for investigation and response back to the Customer Services Team. This information will then be reviewed and collated into an overall response from the CCG and any learning identified will be included.
- 7.4.9 All aspects of the complaint response, whether this is a direct CCG complaint or involves other organisations, will be reviewed by the Customer Services Team and Director of Nursing & Quality to ensure all concerns have been addressed, before final sign off by the Chief Executive and issuing.
- 7.4.10 Where a face to face meeting is offered as part of the resolution process it will be led by an appropriate senior manager from the CCG and any other partners involved in the complaint will be invited to attend.

8 Support during the complaints process

- 8.1 Support and advice for complainants is available from the Customer Services Team at any stage. This service is confidential and no information will be shared without the required consent. For a patient who lacks mental capacity to consent, a determination of whether sharing of this information is in the persons best interest is considered. The outcome of this determination will be shared with the originator of the complaint.
- 8.2 Where independent complaints advice is preferred, this can be obtained from SEAP or Swan Advocacy depending on the complainant's location. Contact details are below:

Support Empower Advocate Promote (*For Bristol and North Somerset residents*)

Telephone: 0330 440 9000

Email: info@seap.org.uk

Swan Advocacy (*For South Gloucestershire residents*)

Telephone: 0333 344 7928

Email: southglos@swanadvocacy.org.uk

9 Complaints which are outside the scope of this policy

- 9.1 There are some complaints which are outside the scope of this policy. These include but are not limited to:
- Complaints regarding the alleged failure to comply with a request under the Freedom of Information Act 2000 or a complaint following a Subject Access Request disclosure. These will need to be made to the Information Commissioners Office and they can be contacted at:

The Information Commissioner's Office
Wycliffe House
Water Lane
Wilmslow
Cheshire
SK9 5AF
 - Complaints relating to a GP's clinical practice, dental practice, pharmacist services or opticians, these should be directed to NHS England using the following details:

In Writing: NHS England, PO Box 16738, Redditch, B97 9PT

Telephone: 0300 311 22 33

Email: england.contactus@nhs.net

- 9.2 If a complaint falls outside the scope of this policy, or within the wider categories described in the Local Authority Social Services and National Health Service Complaints (England)

Regulations 2009, the Customer Services Team will explain this and will provide advice on where the enquiry should be directed.

- 9.3 A copy of the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 is available online or can be requested from the CCG Customer Services Team.

10 Parliamentary and Health Service Ombudsman (PHSO)

- 10.1 Whilst every effort is made to resolve complaints locally, we recognise that there may be times when a person remains unhappy with the outcome. Where all reasonable steps to resolve the issue locally have been exhausted, the next step will be for the PHSO to be contacted.
- 10.2 The PHSO is able to undertake independent investigations into complaints where government departments, a range of other public bodies in the UK and the NHS in England have not acted properly or fairly or have provided a poor service.
- 10.3 Details for contacting the PHSO are included in the Chief Executive's response letter but are also included overleaf for ease:

Parliamentary and Health Service Ombudsman

Millbank Tower
Millbank
London
SW1P 4QP

Telephone: 0345 015 4033

Email: phso.enquiries@ombudsman.org.uk

- 10.4 The CCG complies with requests for information from the PHSO. Once the PHSO has considered the case, they will notify us of their findings and of recommended actions for implementation.

11 Learning from Complaints and Feedback

- 11.1 The CCG seeks and welcomes patient feedback, and will use the lessons learnt from this to inform our commissioning decisions, improve the services that we purchase for patients and improve the wider local healthcare system where appropriate.
- 11.2 As part of the investigation process, to the CCG will seek to ensure that where something has gone wrong, appropriate actions are identified and implemented to address the issue. These actions may be related to the CCG or the wider local healthcare system and will be included in the overall complaint response sent from the Chief Executive.
- 11.3 Progress on the implementation of these actions will be monitored by the Customer Services Team against the agreed timeframes. Where actions are not being implemented as agreed the matter will be escalated to the Director of Nursing and Quality and included as part of our assurance reporting to the Quality Committee.

- 11.4 Where a recurring issue, trend or theme is identified this will initially be shared with the relevant Executive Director so that appropriate action can be considered within the directorate or more widely across the CCG. It will also be brought to the attention of the Quality Team for consideration of how any learning can be addressed on a wider level.
- 11.5 Patient feedback, including any actions taken, is analysed quarterly on an anonymised basis to protect confidentiality. The information is cross-referenced for themes or trends and reported to the CCG's Quality Committee, PPI Forum and Governing Body. This report includes details of any actions taken during the reporting period and information received from organisations such as Healthwatch.

12 Implementation Plan (Including training, resources)

- 12.1 The complaint regulations have been effective since 1 April 2009 and this policy provides a formal description of the process now in place.
- 12.2 This policy is publically available on the CCG website and copies can be posted to an individual or made available in alternative formats and languages upon request.
- 12.3 CCG Staff are made aware of the policy during the induction process and through regular internal communications.
- 12.4 Our healthcare partners are also made aware of the policy in place and how they should bring any patient feedback to our attention.

13 Audit

- 13.1 One month after an enquiry or complaint has been responded to, a feedback survey is sent to canvass feedback on the service received. This information is included in the quarterly report submitted to the Quality Committee, PPI Forum and Governing Body and is used to inform how the Customer Services Team can improve the handling of patient feedback.
- 13.2 The learning identified from complaints will be reviewed on a six monthly basis to ensure that the same issues are not repeated.

14 Training Requirements

- 14.1 The Customer Services Team is trained in the handling of patient feedback upon their appointment.
- 14.2 All staff are made aware of their responsibilities in relation to this policy through regular updates, induction training and bespoke training when required.
- 14.3 A procedural document will also be developed to complement this policy and ensure all CCG colleagues are aware of their role in ensuring that patient feedback is handled appropriately.

15 Equality Impact Assessment

- 15.1 This policy is based on the requirements of the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009.
- 15.2 An Equality Impact Screening Assessment has been undertaken which identified that a full assessment is not required.
- 15.3 In recognition of the diverse culture of the BNSSG area, and to meet our obligations under the Accessible Information Standard, this policy can be made available in a larger font or alternative colour and in recognition that PDF documents are not generally compatible with screen readers used by people with sight impairments; it can also be made available using an alternative software package for example Microsoft Word.
- 15.4 A leaflet containing the key information can also be provided in braille or an alternative spoken language if required.
- 15.5 A video which describes how to make an enquiry or complaint will be available on the CCG website by 1st July 2019 and will include British Sign Language interpretation alongside the spoken word. Sub titles will also be included.
- 15.6 An easy read and child friendly version of this policy will be available on request.

16 Monitoring compliance and effectiveness

- 16.1 Compliance with the requirements of this policy will be included in the assurance reports produced for the Quality Committee, PPI Forum and Governing Body.
- 16.2 Quarterly returns (KO41a) are also submitted to the Health and Social Care Information Centre (HSCIC) regarding complaints performance.
- 16.3 To ensure the continued effectiveness of the CCG's process for handling complaints, every formal complaint responded to by the CCG will be followed up with a feedback form one month later. Where necessary, action will be taken to address any shortfalls in service.

17 References, Acknowledgements and associated documents

- 17.1 Local Authority Social Services and National Health Services Complaints (England) Regulations.
- 17.2 CCG Freedom of Information and Subject Access Request Policy
<https://bnssgccg.nhs.uk/library/freedom-information-and-subject-access-request-policy/>
- 17.3 Parliamentary and Health Service Ombudsman
<https://www.ombudsman.org.uk/>
- 17.4 Support, Empower, Advocate, Promote (SEAP)
<https://www.seap.org.uk/>

- 17.5 Swan Advocacy
<https://swanadvocacy.org.uk/>
- 17.6 Information Commissioners Office
<https://ico.org.uk/>
- 17.7 NHS England
<https://www.england.nhs.uk/>
- 17.8 Healthwatch
<https://healthwatchbristol.co.uk/>
<https://www.healthwatchnorthsomerset.co.uk/>
<https://healthwatchesouthglos.co.uk/>

18 Appendices

Appendix 1 Contact Details

APPENDIX 1 – Contact Details

CCG Customer Services Team

5th Floor, south Plaza
Marlborough Street
Bristol
BS1 3NX

Telephone: 0117 900 2655 or 0800 073 0907

Email: BNSSG.customerservice@nhs.net

Support Empower Advocate Promote
(For Bristol and North Somerset residents)

Telephone: 0330 440 9000

Email: info@seap.org.uk

Swan Advocacy
(For South Gloucestershire residents)

Telephone: 0333 344 7928

Email: southglos@swanadvocacy.org.uk

Parliamentary and Health Service Ombudsman

Millbank Tower
Millbank
London
SW1P 4QP

Telephone: 0345 015 4033

Email: phso.enquiries@ombudsman.org.uk

NHS England

NHS England
PO Box 16738
Redditch
B97 9PT

Telephone: 0300 311 22 33

Email: england.contactus@nhs.net

Bristol, North Somerset and South Gloucestershire CCG

Final Internal Audit Report: Clinical Governance - Complaints

Report Reference: BNSSG CCG 07/19

June 2019

Distribution List (for action)

Lucy Jones, Customer Service Manager
Marie Davies, Associate Director of Quality (Patient Experience)

Additional Copies (final report, for information)

Janet Baptiste-Grant, Interim Director of Nursing and Quality

Assurance Level	Audit Rating
Significant	
Satisfactory	
Limited	
No	

AUDIT BACKGROUND, SCOPE AND OBJECTIVES

Background

As part of the 2018/19 Audit and Assurance Plan, as approved by the Audit, Governance & Risk Committee, we have undertaken a review of the processes in place around the handling of complaints made against providers or against the CCG in its role as commissioner.

The Customer Services Team (CST) of the CCG combines the Patient Advice and Liaison Service (PALS) and Complaints functions and is responsible for the processing and handling of all compliments, PALS contacts, MP enquiries and complaints and ensuring that any learning identified is implemented by the appropriate manager. The CST is required to comply with the National Health Services Complaints (England) Regulations (2009) and training is provided to each team member to facilitate this.

A robust complaints process should have the following elements:

- The service is accessible to everyone.
- Concerns and complaints procedures are easy to understand and simple to use.
- Policies and procedures are effectively communicated and promoted throughout the community in which the CCG commissions services.
- The service responds positively, and in a timely manner, to complaints and endeavours to resolve issues promptly.
- Investigations are thorough, fair, responsive, open and honest.
- There is learning from complaints and patient services improve as a result.
- An individual's right to confidentiality is respected and protected.

Objectives and Scope of the Audit

The objective of this review was to provide assurance to the Audit, Governance and Risk Committee that the CCG's complaints monitoring arrangements are robust and are operating as intended. We assessed whether:

Objective 1: The Complaints Policy and accompanying procedures reflect the prevailing national guidance and have been disseminated to staff and service users.

Objective 2: Complaint handling procedures are consistently followed by staff and there is a clear audit trail that enables the subsequent monitoring of compliance.

Objective 3: There is an effective process in place to handle complaints at a multi-provider level which entails strong communication and coordination.

Objective 4: A clear and demonstrable process is in place to learn from complaints, share findings and improve services to patients as a result.

Ratings Used in this Report

The following ratings have been used in this report to summarise our evaluation of each area we have reviewed:

<u>Performance Ratings Explained</u>	
<u>Rating</u>	<u>Description</u>
 <p>Each finding has an associated individual rating. This is intended to be an indicator of the outcome of our evaluation of the design or operation of the process that is in place to manage the function or task being reviewed. These are explained below.</p>	<p>The process is appropriately designed to manage the task or function and appears to be operating well. Any issues that were identified are not significant and are unlikely to reoccur.</p>
 <p>These indicators are separate from the audit report's overall "single assurance opinion" or the "rating of audit recommendations," both of which are based on a broader evaluation of the system and are explained within the Audit Report Information section on the final page of this report.</p>	<p>Some action is needed to address a degree of underperformance and this may include a review of the process in place to manage the task or function. We do not have significant concerns regarding this area and any issues that were identified are unlikely to reoccur if properly managed.</p>
	<p>Urgent action is needed to address underperformance or weaknesses in the processes which are in place to manage the task or function. We have significant concerns regarding this area and consider that issues may arise or reoccur.</p>

OVERALL CONCLUSION

The CST is handling all types of complaints/enquiries effectively and according to the policy on the Management of Compliments, PALS Enquiries and Complaints (the *Policy*). We have identified areas where the *Policy* could be improved to clarify these procedures. We have also noted that timescales established in the *Policy* for resolving complaints/enquiries are not always followed.

As of 7th May 2019 an updated version of the *Policy* was approved by the Governing Body with immediate effect; the Management of Compliments, General Enquiries and Complaints Policy – the *new Policy*. The *new Policy* addresses some of our audit findings and we have taken account of this when making recommendations in this report.

The CST should improve the accuracy and timing of the quarterly reports they share within the CCG and submit to NHS Digital. The CST should also consider adopting KPIs to enable their performance to be monitored.

The CST regularly collaborates with providers to resolve matters but we believe that the CCG should also seek assurances from such organisations to ensure that the standards of their complaints handling procedures are at an acceptable level.

Despite the improvements that the *new Policy* will introduce, we have made a number of recommendations at a lower risk level to mainly improve administrative and procedural processes.

A summary of our conclusion for each system objective reviewed can be found below, with more detail set out in the Detailed Findings Section of the report.

Area Reviewed	Assessment	Conclusion
1: Complaints Policy and procedures		The <i>new Policy</i> complies with national regulations and good practice guidance. It should however either contain the details or be accompanied by a document to outline the process to investigate, resolve and learn lessons from complaints and general enquires to ensure a standardised approach. The <i>new Policy</i> is easily accessible on

Area Reviewed	Assessment	Conclusion
		the CCG website. It would be good practice if the acknowledgement letter that is sent to complainants: <ul style="list-style-type: none"> • Highlights the fact that the care that the complainant/patient receives in the future will not be affected by the fact that they have made a complaint; • Provides contact details for Action against Medical Accidents (AvMA) where patients can seek help for complex clinical complaints.

2: Consistency of complaint handling procedures		The process outlined in the <i>Policy</i> for formal complaints was always followed. However, there was not always compliance with setting timeframes for non- formal complaints and resolving informal complaints by the end of the next working day as stated in the <i>Policy</i> . The <i>new Policy</i> removes the classification of informal complaints and states that all complaints will be treated in the same way. Since May 2018 the CCG uses Datix to manage and document the complaints procedure. Despite the fact that patient experience reports are generated directly from it, we identified discrepancies in each of the first 3 quarters of 2018/19 between the 3 types of reports produced. Furthermore, the reports to the Governing Body and the Quality Committee were significantly delayed in all 3 quarters.
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Executive Summary

Area Reviewed	Assessment	Conclusion
		The activity of the CST is not directly monitored and reported against agreed standards. A number of KPIs are provided in the appendices of the quarterly reports but these are intended more as an executive summary rather than to manage the service.
3: Handling complaints at a multi-provider level		<p>The CST regularly engages effectively with providers to resolve complaints.</p> <p>The CST does not receive information from providers regarding the quality of the service they are offering when handling complaints that were made directly to them. Also, the CST does not take into account the performance reports that the CCG receives from the Acute Trusts.</p> <p>The CST does not always follow up the resolution of complaints that they forward to providers to resolve, thus they have no assurances of the quality of the service provided. The <i>new Policy</i> states that this will now change and all final responses will be reviewed and sent to the complainants by the CST even in the event that the complaints are investigated by other organisations. It needs to be clarified in the <i>new Policy</i> that this only refers to the cases where the CCG will act as an intermediate and will not happen when complaints are handed over.</p> <p>The CST should acknowledge the fact that not all community members (such</p>

Area Reviewed	Assessment	Conclusion
		as the elderly) have easy access to the CCG website and advertise their services by distributing leaflets in key areas in the community.
4: Learning from complaints, sharing findings and improving services to patients		<ul style="list-style-type: none"> The CST is committed to start using the “Complaints learning outcome form” to monitor any actions that have been identified to address an issue, whether these relate to the CCG or to providers. It is standard practice for the CST to share any learning outcomes from formal complaints with the complainant as part of the written response. This should be reflected in the <i>new Policy</i> and be extended to include any learning from general enquires. Due to staffing issues the CST was not following the <i>Policy</i> to collect feedback from complainants until April 2019. The CCG’s website can be hard to use for members of the public and other organisations to navigate and it would be good practice to provide easily accessible links to the quarterly reports to the Governing Body and the Quality Committee on the CST’s webpage.

ASSURANCE OPINION RATING

It is our view that the overall assurance opinion on the design and operation of controls is **Satisfactory** as recorded in the table on the face of this report and in accordance with the opinion definitions under the Audit Report Information section of this report.

We would like to acknowledge the help and assistance given by the staff and management at the CCG during the course of this review.



Jenny McCall, Director of Audit and Assurance Services

REPORT DATA

Date Work Undertaken	April – June 2019
Date of Issue of Draft Report	13/05/2019
Date of Return of Draft Report	28/06/2019
Date of Approval of Final Report	28/06/2019
Lead Auditor	Sofia Athanatou, Audit and Assurance Specialist
Client Lead Manager(s)	Lucy Jones, Customer Service Manager
Client Lead Director	Janet Baptiste-Grant, Interim Director of Nursing and Quality

Action Plan

Rec No	Recommendation	Risk Rating	Management Response	Manager Responsible	Action Date
1	The <i>new Policy</i> or accompanying documents should outline the internal procedures followed when handling complaints and general enquires.	2	Accepted. The policy will be supported by an internal procedure which details the responsibilities of staff.	Lucy Jones	December 2019
2	The information on the <i>new Policy</i> should be aligned with the CCG's website and they both should clarify that the CST does not handle general enquiries or complaints about pharmacist services.	4	Accepted. The information will be cross referenced and updated accordingly.	Lucy Jones	1 August 2019
3	The acknowledgement letter that the CCG sends should: <ul style="list-style-type: none"> • Include a reference to the fact that the care that the complainant/patient receives in the future will not be affected by the fact that they have made a complaint and that they should report this if they are concerned in any way. • Provide contact details for Action against Medical Accidents (AvMA) where patients can seek help for complex clinical complaints. 	4	Partially accepted. We will update the CCG acknowledgement letter to confirm that future care will not be affected by the fact a complaint has been made. The AvMA charity is the equivalent of an advocacy service. As we already provide details of our commissioned advocacy services in our acknowledgement letter this would be duplicating information and would be confusing for a patient.	Lucy Jones	1 July 2019
4	The CST should: <ul style="list-style-type: none"> • Monitor their performance against agreed KPIs with specified targets. These should be measurable and useful and reported to the Governing Body and Quality Committee. • Consider replacing the KPI on "Number of complaints responded to within 25 working days" with one that measures the "number of complaints responded within the agreed timeframe". 	4	Accepted This will need to be discussed with the CCG Director of Nursing before any agreement to implement can be reached. The current dashboard has been amended to reflect bullet point 2.	Lucy Jones	31 July 2019
5	The CST should improve their recording practice by: <ul style="list-style-type: none"> • Receiving training on Datix to ensure the accurate documentation of events. • Standardising which information should be captured on Datix and which on the electronic case folder for each case. 	3	Completed Training has already taken place and key information and updates are now being recorded on Datix.	Lucy Jones	30 June 2019
6	The CST should always agree a response timescale with the complainants, or if they're unable to do so at that stage they should provide an explanation for their inability to commit.	6	Completed This is already being done.	Lucy Jones	30 June 2019

Action Plan

Rec No	Recommendation	Risk Rating	Management Response	Manager Responsible	Action Date
7	<p>The CST should improve the accuracy and timeliness of their reports by:</p> <ul style="list-style-type: none"> Reporting data to the KO41a that correspond to the ones reported to the Governing Body, KPIs and Quality Committee. They should all be aligned with the data pulled out from the recording system Datix. Introducing and following consistent deadlines for the reports that they submit to the Governing Body and Quality Committee. Highlighting to the reader any corrections to figures for previous quarters on a report. 	6	Accepted	Lucy Jones	30 June 2019
8	<p>The <i>new Policy</i> should be reworded to clearly explain that when complaints are handed over to other organisations and the CCG does not act as an intermediate the other organisations will investigate the complaints and issue the final responses to complainants.</p>	3	Accepted This will be reflected in the policy at the time of the next update.	Lucy Jones	30 March 2020
9	<p>The CST should be using the regular performance reports that the CCG receives from the Acute Trusts regarding complaints received directly by them and include these in the quarterly reports to the Governing Body and the Quality Committee. Similar reports should be sought from other providers as well. This would strengthen the processes of triangulation and monitoring of complaints information, identification of emerging issues and learning from complaints.</p>	8	Accepted However, it is questionable whether this would be appropriate as the CCG has so many providers. However, a section on triangulated themes from the main CCG providers can be considered for inclusion in the quarterly report for completeness.	Lucy Jones	31 October 2019 (Q2 report)
10	<p>The CST should take actions to advertise their services to elderly and vulnerable members of the public by disseminating their leaflet to the community in care homes, GP practices, pharmacies, libraries and dental surgeries.</p>	8	Accepted	Lucy Jones	30 September 2019
11	<p>If there are any lessons learned and actions taken as a result of a complaint or enquiry made to the CST, details should be part of the final letter to the complainants. That should be documented on the <i>new Policy</i>.</p>	3	Accepted Any actions identified as a result of a complaint are already included in the response letter sent. However, this is not clearly articulated in the policy and will be rectified when the policy is updated.	Lucy Jones	30 March 2020

Action Plan

12	The quarterly reports that the CST sends to the Governing Body and the Quality Committee should be easily available to stakeholders from different organisations and members of the public on the CST webpage of the CCG website.	3	Accepted These are available as part of the Governing Body papers on the public website and we will work with the Communications Team to ensure a link is included on the Customer Services page of the website.	Lucy Jones	31 July 2019
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1: Complaints Policy and procedures



What We Checked

- Whether the CCG has developed a Complaints Handling Policy;
- Whether that policy is compliant with national guidelines;
- Whether that policy has been effectively communicated to staff and other organisations;
- Whether the CCG has a standardised acknowledgement letter and written response that are sent to complainants and whether these contain the required information according to the national guidelines.

What We Found

We reviewed the **new Policy** and checked it against the “Local Authority Social Services and NHS Complaints Regulations 2009”, the “Good Complaints Handling for CCGs NHS May 2013” guideline, the “CQC Complaints Matter Report 2014” and the “NHSE Complaints Policy June 2017”. We noted that it:

- Is under a 2-yearly review cycle, subject to the provision that the regulations do not change;
- Is compliant with the Local Authority Social Services and National Health Services Complaints (England) Regulations 2009;
- Provides information in a way that is easy to understand;
 - Gives clear definitions for all the terms used and useful examples;
 - Refers to NHS Digital using the redundant term “Health and Social Care Information Centre (HSCIC)”;
- Outlines the procedure that complaints will be handled by but it does not contain a detailed procedure that would ensure a standardised approach for handling complaints and general enquiries;
- Gives the contact details of NHS complaints advocacy (which should be available to any person wishing to make a complaint);
- Highlights that concerns or complaints about GP clinical practice, dental practice or opticians should be made to NHS England and provides contact details;
 - However it does not mention that the same applies to pharmacist services as is mentioned on the website;
- Uses only the terms “complaints” and “general enquires” to include what were previously categorised as formal and informal complaints

- and MP and PALS enquires. Attention should be paid to follow the same terminology on the future patient experience reports;
- Does not mention that any lessons learned through the investigation process of any general enquiries and complaints will be communicated with the complainant as advised in the “Good complaints handling for CCGs NHS May 2013” guideline.

At the time of our review both the old and the new versions of the Policy were available on the CCG website without clearly marking the old version as superseded. We were informed by the Customer Service Manager that the *new Policy* will be disseminated to staff via the CCG Hub.

We checked an example of an **acknowledgement letter** that is sent to the complainants and compared it with the recommendations from the “NHSE Complaints Handling Toolkit 2015”. We found that the acknowledgement letter includes the following:

- Details of local NHS Complaints Advocacy services;
- Confirmation of an agreed timeframe for responding;
- A named contact who will provide proactive updates regarding the progress of the complaint;
- A relevant advocacy leaflet.

It would be good practice if the letter also:

- References the fact that the care that the complainant/patient receives in the future will not be affected by the fact that they have made a complaint and that they should report this if they are concerned in any way;
- Provides contact details for AvMA where patients can seek help for complex clinical complaints.

There is no template as such for the **written response** to the complainant but there are some subjects that are typically included. We checked an example of a response letter against the recommendations from the complaints toolkit. We found that the written response includes the following:

- An explanation of how the complaint has been considered;
- Conclusions reached in relation to the complaint and any remedial actions that are required as a result of the investigation;
- A contact email and phone number to discuss any further issues;
- Advice on what to do if the complainant is not satisfied with the outcome of the investigation and contact details for the Parliamentary and Health Service Ombudsman;

- Details of lessons learned through the process and actions that have been taken.

Risk Identified

The quality of service the CST provides could potentially be compromised by the fact that they do not follow standardised processes to investigate, resolve and learn lessons from complaints and general enquires; resulting in customer dissatisfaction.

Rare (1) x Minor (2) = (2) Green

Recommendation 1

The *new Policy* or accompanying documents should outline the internal procedures followed when handling complaints and general enquires.

Risk Identified

Members of the public inappropriately contact the CCG to give feedback about pharmacist services as it is not stated in the CCG's *new Policy* that they don't handle feedback about them.

Likely (4) x Insignificant (1) = (4) Yellow

Recommendation 2

The information on the *new Policy* should be aligned with the CCG's website and they both should clarify that the CST does not handle general enquiries or complaints about pharmacist services.

Risk Identified

Members of the public are not sufficiently supported in their attempt to complain about a healthcare service as the acknowledgement letter that the CST sends does not provide clear and sufficient information.

Likely (4) x Insignificant (1) = (4) Yellow

Recommendation 3

The acknowledgement letter that the CCG sends should:

- Include a reference to the fact that the care that the complainant/patient receives in the future will not be affected by the fact that they have made a complaint and that they should report this if they are concerned in any way.
- Provide contact details for AvMA where patients can seek help for complex clinical complaints.

2: Consistency of complaint handling procedures



What We Checked

- Whether the CST has any performance monitoring arrangements;
- Whether the *Policy* and CST Procedures are complied with when complaints and enquiries are handled and especially to establish, if consent was acquired when necessary;
- If the agreed timeframes for handling a complaint were kept or if a reason was provided when they were extended;
- Whether the CST regularly reports its activity to the Governing Body and the Quality Committee;
- Whether the reports are discussed and challenged in the Governing Body and Quality Committee meetings;
- Whether these reports are accurate, timely and aligned with the reports to NHS Digital and the data extracted from the recording system Datix.

What We Found

- The CST does not have formal performance monitoring arrangements. The Customer Service Manager introduced a CST quarterly performance dashboard (KPIs) in the appendices of the report to the Governing Body as a form of an executive summary of their performance;
 - The KPIs are varied depending on the type of contact made to the CST. They are easy to evidence effective monitoring of as the team now uses Datix;
 - There are no details on which regulation standards they reflect;
 - There are no targets mentioned against which the CST's performance is measured against;
 - They are not used within the CST to monitor and improve their performance;
- All the reports were completely anonymised and there was no breach of patient confidentiality;
- We reviewed Datix records and documents stored in the individual complaint folder on the shared drive. Documents are not always uploaded to Datix but are retained for future reference;
- We reviewed 10 formal complaints, 10 informal complaints and 10 MP enquires and can confirm that all 3 types of contact to the CST were

handled in accordance with the *Policy*. However there were a few exceptions:

- Timeframes were agreed only for 6 formal complaints and 1 MP enquiry;
- The informal complaints within our sample that were resolved by the CCG were not resolved by the end of the next working day as stated in the *Policy*. The updated definition of complaints in the *new Policy* that includes both what were known as formal and informal complaints should resolve that issue;
- In 2 cases of formal complaints and for 1 informal complaint the first contact was not within 3 working days.

For the last 12 months the CCG has used Datix to manage and document the complaints procedure. Patient Experience reports are generated directly from it.

Accuracy of reporting

- We identified discrepancies in each of the first three quarters of 2018/19 between the 3 types of reports produced. We noted an improvement in Q3 where the reports to the Governing Body and the Quality Committee were aligned;
- We identified discrepancies in the data between the body of the report to the Governing Body and the KPIs in the same report for Q1 and Q2;
- The number of professional feedback from GPs for Q2 was corrected (49 contacts to 74) on the Q3 report to the Governing Body on the KPIs table but that was not made obvious and there was no explanation provided on the text of the report.

Timeliness of reporting

- The KO41a reports to NHS Digital are timely. There are reminder emails to notify that submission for that quarter is open and provide a deadline for meeting the submission timeframe;
- The reports to the Governing Body were delayed in all 3 quarters by 4 to 5 months;
- The reports to the Quality Committee were delayed in all 3 quarters by 2 to 3 months;

We reviewed the Governing Body and Quality Committee meeting minutes that the reports for Q1 to Q3 were presented to and we can provide assurance that reports were discussed and challenged at Governing Body and Quality Committee meetings and explanation sought for delayed reporting.

Risk Identified

The CST cannot improve their services as they don't monitor their performance.

Unlikely (2) x Minor (2) = (4) Yellow

Recommendation 4

The CST should:

- Monitor their performance against agreed KPIs with specified targets. These should be measurable and useful and reported to the Governing Body and Quality Committee.
- Consider replacing the KPI on "Number of complaints responded to within 25 working days" with one that measures the "number of complaints responded within the agreed timeframe".

Risk Identified

The CST may become less effective and handle feedback inappropriately as the information on Datix regarding a complaint is not accurate and complete.

Possible (3) x Insignificant (1) = (3) Green

Recommendation 5

The CST should improve their recording practice by:

- Receiving training on Datix to ensure the accurate documentation of the events.
- Standardising which information should be captured on Datix and which on the electronic case folder for each case.

Risk Identified

There may be dissatisfaction with the CST as the complainants do not know when they will receive a response.

Possible (3) x Minor (2) = (6) Yellow

Recommendation 6

The CST should always agree a response timescale with the complainants, or if they're unable to do so at that stage they should provide an explanation for their inability to commit.

Risk Identified

The CST does not present a clear picture to the CCG's Governing Body and Quality Committee and to NHSE that would enable them to identify and address any emerging issues with healthcare provided in this area.

Possible (3) x Minor (2) = (6) Yellow

Recommendation 7

The CST should improve the accuracy and timeliness of their reports by:

- Reporting data to the KO41a that correspond to the ones reported to the Governing Body, KPIs and Quality Committee. They should all be aligned with the data pulled from Datix.
- Introducing and following consistent deadlines for the reports that they submit to the Governing Body and Quality Committee.
- Highlighting to the reader any corrections to figures for previous quarters on a report.

3: Handling complaints at a multi-provider level



What We Checked

- Whether complaints that require a multiagency collaboration to be resolved are handled in a satisfactory manner;
- Whether the CST receives any assurance from providers that the complaints that the CST has passed to them are resolved in a satisfactory and timely manner;
- Whether the CCG has any assurance from providers that they have appropriate policies in place to handle complaints;
- Whether the CCG proactively and effectively publicises its customer services to members of the public.

What We Found

- Where the CCG coordinates a multi-agency response to a complaint, face-to-face meetings are taking place that include providers, commissioners and where possible patients and/or their families to discuss the findings and agree the learning outcomes. These meetings are led by the CCG;
- When complaints are forwarded to providers to investigate the CST is not always copied in the final letter to the complainant to ensure that issues have been resolved satisfactory and in a timely fashion;
- The *new Policy* states that this practice will change and the communication to the complainants will be solely via the CST that will review, approve and issue all final written responses. It is not clear that this practice will only apply when the complainants choose to have the CCG as an intermediate. In all cases that the complaints will be handed

over to other organisations to resolve, the final response will come from them;

- Going forward, the CST will always request and follow up a copy of the final response as part of their standard process although this is not documented in the *new Policy*;
- The CCG has contractual agreements with a number of providers and receives performance reports as assurance of the quality of the service they provide. We checked the performance reports of 3 Acute Trusts and we can confirm that complaints handling is mentioned very briefly in these reports. However:
 - The CST does not receive these reports to use the information;
 - More detailed information should be provided to the CST;
 - There are no actions mentioned in the event of underperforming;
 - We have not reviewed reports from other providers.
- The CCG relies mainly on its website to promote to the public that they can complain about provider services through the CCG;
 - There were proactive actions of the CST to raise awareness and promote their services by attending a number of events that are open to the public;
 - There is a CST leaflet that outlines the available services and provides key contacts details. These are only used when the CST attends events.

Risk identified

The CCG might suffer reputational damage as the *new Policy* is misleading the complainants to believe that their complaints will always be responded by the CCG.

Possible (3) x Insignificant (1) = (3) Green

Recommendation 8

The *new Policy* should be reworded to clearly explain that when complaints are handed over to other organisations and the CCG does not act as an intermediate the other organisations will investigate the complaints and issue the final responses to complainants.

Risk identified

Patients might not receive good quality healthcare as any issues that could be resolved are not because the CCG does not have a clear picture of the complaints received directly by providers to validate that information and identify and address emerging issues.

Likely (4) x Minor (2) = (8) Amber

Recommendation 9

The CST should be using the regular performance reports that the CCG receives from the Acute Trusts regarding complaints received directly by them and include these in the quarterly reports to the Governing Body and the Quality Committee. Similar reports should be sought from other providers as well. This would strengthen the processes of triangulation and monitoring of complaints information, identification of emerging issues and learning from complaints.

Risk identified

Healthcare issues that could potentially improve are not addressed as members of the public are not aware of their right to complain or the process to use to communicate their concerns via the CCG, as the CST services are not fully publicised and communicated within all relevant/available settings e.g. care homes.

Likely (4) x Minor (2) = (8) Amber

Recommendation 10

The CST should take actions to advertise their services to elderly and vulnerable members of the public by disseminating their leaflet to the community in care homes, GP practices, pharmacies, libraries and dental surgeries.

4: Learning from complaints, sharing findings and improving services to patients



What We Checked

- Whether the CST has a clear process to learn from the complaints/enquiries or any other form of contact they receive to inform their commissioning decisions and improve healthcare services;
- Whether the CST collects feedback from complainants regarding their experience with the CST;
- Whether the CCG adequately communicates to the public and the providers any lessons learned to support triangulation and monitoring of complaints information, identification of emerging issues and learning from complaints.

What We Found

- The CST is committed through the *new Policy* to start using the “Complaints learning outcome form” to monitor any actions that have

been identified to address an issue, whether these relate to the CCG or to providers. This practice had not started at the time of this review;

- The CST will communicate with the lead person for each action on the completion date and ask for implementation evidence;
- It is standard practice for the CST to share any learning outcomes from formal complaints with the complainant as part of the written response, although this was not mentioned on the old *Policy*. The *new Policy* does not mention that any learning from general enquiries and complaints will be shared with the complainant;
- The CST has very recently (April 2019) started collecting feedback from customers one month after their issue was resolved. At the time of this review there was no feedback received for us to review;
- The CST publicises its quarterly reports on the CCG website as part of the Governing Body papers for the meeting that they were discussed.

Risk identified

The CCG may suffer reputational damage as it doesn't clearly demonstrate that it listens and learns from complaints as this is not communicated to the complainants in all cases.

Rare (1) x Moderate (3) = (3) Green

Recommendation 11

If there are any lessons learned and actions taken as a result of a complaint or general enquiry made to the CST, details should be part of the final letter to the complainants. That should be documented in the *new Policy*.

Risk identified

The processes for triangulation and monitoring of complaints information might be ineffective as the CCG does not sufficiently support the identification of emerging issues and learning from complaints.

Rare (1) x Moderate (3) = (3) Green

Recommendation 12

The quarterly reports that the CST sends to the Governing Body and the Quality Committee should be easily available to stakeholders from different organisations and members of the public on the CST webpage of the CCG website.

ASW ASSURANCE – ABOUT US

ASW Assurance is the largest provider of internal audit, counter fraud and consultancy services in the South West. We maintain a local presence and close engagement within each health community, with audit teams based in Bristol, Exeter, North Devon, Plymouth, Torquay and Cornwall, linked by shared networks and systems. More information about us, including the services we offer, our client base, our office locations and key people can be found on our website at www.aswassurance.co.uk.

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All audit reports are conducted in conformance with the International Standards for the Professional Practice of Internal Auditing.

CONFIDENTIALITY

This report is issued under strict confidentiality and, whilst it is accepted that issues raised may need to be discussed with officers not shown on the distribution list, the report itself must not be copied/circulated/disclosed to anyone outside of the organisation without prior approval from the Director of Audit and Assurance Services.

INHERENT LIMITATIONS OF THE AUDIT

There are inherent limitations as to what can be achieved by systems of internal control and consequently limitations to the conclusions that can be drawn from this review. These limitations include the possibility of faulty judgment in decision-making, of breakdowns because of human error, of control activities being circumvented by the collusion of two or more people and of management overriding controls. Also there is no certainty that controls will continue to operate effectively in future periods or that the controls will mitigate all significant risks which may arise in future. Accordingly, unless specifically stated, we express no opinion about the adequacy of the systems of internal control to mitigate unidentified future risk.

RATING OF AUDIT RECOMMENDATIONS

The recommendations in this report are rated according to the organisation's risk-scoring matrix. The recommendations have been arrived at by assessing the risk in relation to the organisation as a whole. This should enable recommendations made in different reports to be compared when deciding the priority and level of risk faced by the organisation.

ASSURANCE LEVEL	DESCRIPTION
Significant	Controls are well designed and are applied consistently. Any weaknesses are minor and are considered unlikely to impair the effectiveness of controls to eliminate or mitigate any risk to the achievement of key objectives. Examples of innovation and best practice may be in evidence.
Satisfactory	Controls are generally sound and operating effectively. However, there are weaknesses in design or inconsistency of application which may impact on the effectiveness of some controls to eliminate or mitigate risks to the achievement of some objectives.
Limited	There are material weaknesses in the design or inconsistent application of some controls that impair their effectiveness to eliminate or mitigate risks to the achievement of key objectives.
No	There are serious, fundamental weaknesses due to an absence of controls, flaws in their design or the inconsistency of their application. Urgent corrective action is required if controls are to effectively address the risks to the achievement of key objectives.