

Review of CCG complaints policies

Introduction

We examined CCG Complaints policies and procedures to provide benchmarking information and an outline of what good practice might look like.

This summary report addresses the following:

- Content of a complaints policy
- Complaints management process
- Suggested process¹
- Complaints monitoring and reporting

During 2019-20 we undertook a piece of benchmarking work across our client base examining policies in three areas. One of these was complaints and the work covered five CCGs

(<https://www.360assurance.co.uk/wp-content/uploads/2020/02/Policy-Monitoring-sharing-best-practice-Final.pdf>). We built on this to identify key features of the complaints policies and procedures across the 17 CCGs examined. The 17 CCGs included our 12 client CCGs as well as 5 CCGs whose complaints policies are publicly available. A list of the 17 CCGs can be found at Appendix A.

It should be noted that this work only considered 'complaints' (including informal complaints made verbally and/or resolved locally within one working day). Many CCG policies also cover comments, concerns and compliments but these have not been explicitly considered (NB: we struggled to find a clear and consistently articulated distinction between 'concerns' and 'informal complaints' made verbally and/or resolved locally within one working day).

Contents of a complaints policy

At Appendix B we have identified some of the common policy headings and selected good examples of content.

Overall we noted that policies varied considerably in length and contained a variety of different headings and level of detail.

Of interest was the difference in the inclusion and exclusion criteria CCGs applied (or at least documented within the policy).

Note that this only covers what we consider to be the 'policy' elements, not the procedure/guidance which is covered by Appendices C and D.

¹ Including the requirements of national guidance, in particular: Local Authority and Social Services and NHS Complaints (England) Regulations 2009; Parliamentary and Health Service Ombudsman (PHSO) Principles for Good Complaints Handling and Principles for Remedy (2009); PHSO, Healthwatch and Local Government Ombudsman My expectations for raising concerns and complaints (2014) and the NHS Constitution (2015).



Complaints management process

We examined the 17 CCG policies and procedures against the criteria used for our 2019-20 policy monitoring benchmarking. This demonstrated that there are a number of key areas excluded from some of the policies and therefore CCGs may find it useful to assess their policy against these review criteria.

There were several national guidance documents that several policies hadn't made specific reference to. One document that we looked for reference to (*Saying Sorry*, NHS Resolution, 2018) was not mentioned by any of the policies (this is based on the Duty of Candour requirements following an incident but as an NHS national guidance document is a useful reference point).

There were also some differences in the processes that were described in the policies, such as whether staff throughout the organisation were empowered to deal with complaints or whether they all had to be immediately referred to the 'complaints team'.

A summary of findings can be found at Appendix C.



Suggested process

Flowcharts are generally considered an accessible method for presenting information for both staff and members of the public. These can be supported by narrative guidance and this guidance can be linked to the relevant flowchart steps, thus enabling individuals to people to focus on the relevant steps.

The flowcharts at Appendix D, when accompanied by appropriate guidance notes, identify what we believe to be a workable, compliant and common complaints process. There are four flowcharts as follows:

- Initial steps to be taken in respect of any dissatisfaction raised
- Procedure to be followed in relation to a complaint about CCG staff attitude or behaviour/ processes/ commissioning decisions
- Procedure to be followed in relation to a complaint about provider services
- Procedure to be followed in relation to a complaint about multiple agencies (of which the CCG is one)

In addition, we have provided some pointers on what the accompanying guidance notes need to include.



Complaints monitoring and reporting

It is worth noting that across CCGs, formal complaints numbers are small. Of the 193 CCGs submitting a KO41a return (to NHS Digital) for quarter 3 2019-20, the maximum number of complaints any CCG had received in the quarter was 34, with an average of 6.7 per CCG (13 CCGs had received 0 complaints in the quarter and 114 CCGs had received 5 or less).

We obtained complaints reports (patient experience reports/quality reports etc) from several CCGs (either quarterly reports and/or annual report) to identify what outcome and process measures were being routinely reported.

This identified that there are multiple metrics in use above and beyond the KO41a requirements and CCGs need to establish reporting that meets their assurance needs.

The table of findings is at Appendix E.

List of CCG Complaints policies compared:

Barnsley CCG

Bassetlaw CCG

Derby and Derbyshire CCG

Doncaster CCG

Dorset CCG

East Leicestershire and Rutland CCG

Hastings and Rother & Eastbourne, Hailsham and Seaford CCGs

Leicester City CCG

Nene & Corby CCGs

Newark and Sherwood & Mansfield and Ashfield CCGs

Nottingham City CCG

Nottingham North and East, Nottingham West & Rushcliffe CCGs

Rotherham CCG

Sheffield CCG

South, Central and West CSU (on behalf of East Berkshire CCG + others)

Wakefield CCG

West Leicestershire CCG

We examined the content of the 17 policies under some of the common policy headings and selected good examples of content.

Policy Heading	Good examples from policies reviewed
Introduction	<p>NHS XXX Clinical Commissioning Group (the CCG) is committed to achieving excellence in all services they commission. We understand the importance of complaints, comments, concerns, and compliments as a means of reviewing quality and as an avenue by which patient experience can be improved.</p> <p>The CCG is responsible for the local NHS budget and commissioning healthcare for the residents of XXX. Our objective is to listen, respond, and improve services for the local population. We are committed to providing all service users, their relatives and carers with the opportunity to seek advice, raise concerns, make a formal complaint or provide a compliment about any of the services we commission on their behalf.</p>
Purpose	<p>This policy outlines the approach that the CCG takes to compliments and complaints handling, the value that the CCG attaches to investigating and responding to complaints in a transparent, open and constructive manner and our commitment to learning from complaints and making improvements.</p> <p>The policy sets out the CCG's expectations of providers in relation to complaints handling, and explains how the CCG meets its responsibilities for governance, quality and performance management of providers' complaints handling.</p> <p>The procedure (appendix 1) sets out the framework that all staff must adhere to for managing comments, concerns, complaints and compliments received by the CCG, to ensure that appropriate learning and actions are identified, taken and shared.</p> <p>The following risks may arise if this policy is not in place:</p> <ul style="list-style-type: none"> • The CCG may not achieve its statutory obligations. • There is a lack of clarity about what measures staff should take when they receive patient experience feedback, which may lead to inconsistent levels of feedback management in the CCG. This, in turn, may adversely affect the reputation of XXX CCG and the confidence of the public in the organisation. • The CCG cannot effectively demonstrate that patient experience feedback is appropriately investigated, and responded to and learning from this is appropriately actioned to avoid a reoccurrence of events that gave rise to any negative feedback received.
Scope & Exclusions	<p>This policy and procedure applies to those members of staff that are directly employed by NHS XXX CCG and for whom the CCG has legal responsibility. The policy also sets out the CCG's expectations of providers who have a contractual arrangement with the CCG.</p> <p>The CCG handles complaints about:</p>

Policy Heading	Good examples from policies reviewed
	<ul style="list-style-type: none"> the conduct of NHS XXX CCG staff services that NHS XXX CCG provides services provided by a CSU on behalf of NHS XXX CCG services commissioned by NHS XXX CCG <hr/> <p>The policy does not apply to:</p> <ul style="list-style-type: none"> Complaints about decisions made about eligibility for NHS Continuing Health Care (CHC) funding. An Independent Case Review Panel appointed by NHS England is available for this process and applicants have the right to complain direct to the Health Service Ombudsman if they remain dissatisfied Complaints and grievances by members of staff relating to their contract of employment. Employees should raise such issues with their Line Manager or with the Director of Workforce and Corporate Services in accordance with The CCG Collective Grievance and Disputes Procedure Complaints by practitioners that relate either to the exercise of the CCGs functions or to the contract or arrangement under which the practitioner provides primary care services Complaints about primary care contractors will be dealt with by NHS England. However, CCGs will receive details of GP complaints to support quality monitoring in primary care. Non-NHS services Complaints about the non-disclosure of information requested under the Freedom of Information Act 2000 or the failure to comply with a Data Subject Access request made under the Data Protection Act 1998. Applicants have the right to request an internal review if they are not satisfied with the outcome of their Freedom of Information request. If the complainant is not satisfied with the outcome of the internal review, the complainant can contact the Information Commissioners Office to investigate further Complaints which are subject to an ongoing police investigation or legal action, where a complaints investigation could compromise the police investigation or legal action Allegations of a criminal nature, including allegations of fraud Complaints that have already been investigated and the complainant has already received a written response Complaints that are already in investigation Complaints that are already in progress or have been investigated by the Parliamentary and Health Service Ombudsman's (PHSO)
Policy Statement/ Guiding Principles	Our policy has been developed to ensure that a consistent approach is undertaken with all complaints irrelevant of the issues raised. When a complaint is made the complainant can expect:

Policy Heading	Good examples from policies reviewed
	<ul style="list-style-type: none"> • An acknowledgement by letter, phone call or email within three working days • Their complaint to be handled in line with the principles of confidentiality • The member of staff dealing with the complaint to understand the complaints procedures • An explanation of options relevant to the content of the complaint in order to ensure resolution which will take into account the complainant's views and wishes. • The timescales for completing the investigation and providing a written response • Information about advocacy services • To be kept informed of the reasons for any delay in the investigation • To receive a written explanation of how the complaint has been resolved and what appropriate action has been taken. This will also include information on their right to take the matter to the Parliamentary and Health Service Ombudsman's (PHSO) • The CCG to uphold the rights set out in the NHS Constitution • To receive information on where additional support can be accessed • The offer of a conciliation meeting where there are difficult issues to be resolved • A single response letter, where the content of the complaint covers both health and social care issues and/or a number of different NHS organisations <p>NB: A much longer section here takes the principles from the PHSO documents, the NHS England/NHS Resolution documents and the NHS Constitution.</p>
Expectations of and management of Providers	<p>The CCG expects providers to promote a culture which listens to and learns from patients, and proactively encourages patient feedback. The CCG will seek assurance that providers:</p> <ul style="list-style-type: none"> • have accessible complaints systems in place making it easy for all patients, carers and other representatives to give feedback and raise complaints • have robust complaints handling procedures that are compliant with The Local Authority Social Services and National Health Service Complaint (England) Regulations 2009 and that take account of relevant complaints handling guidance that is issued, including that listed in section 5, below. • take responsibility for complaints at the highest level • have robust processes in place for ensuring that lessons are learned from complaints, resulting in service improvements <p>...</p> <p>Through its assurance and governance processes the Governing Body is responsible for ensuring that providers have appropriate complaints handling</p>

Policy Heading	Good examples from policies reviewed
	<p>practices.</p> <p>Provider's performance in relation to complaints handling will be managed primarily through existing contract monitoring arrangements.</p> <p>Quality managers negotiate appropriate contractual quality indicators for complaints handling and will monitor compliance against these indicators.</p> <p>Where providers are non-compliant contract and quality managers will take necessary action. If an issue is unable to be resolved it can be escalated to the providers Quality Review Meeting and if necessary to the contract account managers and raised at the provider's contract review meetings.</p> <p>Providers will report to the CCG on a monthly, quarterly or annual basis. Providers will be advised in advance of when this information is required if it is out of their existing internal reporting schedules.</p> <p>The CCG may receive and use information from other agencies and organisations, such as Healthwatch, where this is relevant to the performance management of the provider in relation to complaints handling. The chief nurse meets with Healthwatch on a frequent basis.</p> <p>Aggregated data on provider complaints and complaints handling, drawing attention to any exceptions, is reported quarterly to the CCG's Quality Assurance Committee and monthly to Governing Body.</p> <p>The Parliamentary and Health Service Ombudsman notifies the CCG of any recommendations it makes to providers. The CCG monitors compliance with any such recommendations through Quality Review Meetings.</p>
Responsibilities	<p>In order to fulfil our responsibilities the CCG's Governing Body has nominated the following personnel to deliver the policy.</p> <p>Chief Officer</p> <p>Responsible for reviewing and signing Final Response Letters.</p> <p>Director of Nursing and Quality</p> <p>Responsible for strategic overview of complaints handling within the CCG.</p> <p>Head of Quality, Patient Safety and Experience</p> <p>Responsible for ensuring the implementation and delivery of the complaints process.</p> <p>Complaints & Patient Experience Manager</p> <p>Operational responsibility for the case management of each complaint in line with the NHS Complaints Regulations 2009.</p> <p>All CCG Staff</p> <p>Responsibility for responding to a complaint in a positive manner and complying with the policy and procedure on complaints handling.</p> <p>Responsibility for identifying and referring complaints to the Complaints</p>

Policy Heading	Good examples from policies reviewed
	<p>Department in a timely manner</p> <p>Further duties, roles and responsibilities can be highlighted in the procedures and associated guidance.</p>
Monitoring	<p>The complaints manager will maintain accurate records of complaints and will provide quarterly and annual reports to Governing Body detailing:</p> <ul style="list-style-type: none"> • Performance against complaints handling targets of acknowledging complaints within two working days and responding within 25 working days • Proportion of complaints upheld and partially upheld • Themes and trend • Actions taken as a result of complaints, and updates on any actions that have not been completed in the timeframe specified in the action plan. • The number of complaints referred to the Ombudsman and the outcome of Ombudsman investigations <p>The complaints manager will prepare the annual return for the Department of Health.</p> <hr/> <p>A quarterly audit of a random sample of complaints will be undertaken to ensure that they have been processed in line with this policy and that it is operating effectively.</p> <p>The results of the quarterly audit will be reported to the Quality Operational Group.</p> <hr/> <p>We will undertake an annual audit of complainants' satisfaction with our handling of complaints and ensure that lessons learned from this are used to review this policy and associated procedure.</p> <p>NB: Whilst these may be the best examples (in combination) in the policies we looked at, our opinion is that this section should be more explicit on the actual standards/objectives/targets that will be monitored and how.</p>
Training	<p>All CCG staff will be offered relevant training commensurate with their duties and responsibilities. New starters will be provided with training on complaints handling as part of the induction programme. Staff requiring support should speak to their line manager in the first instance. Managers should contact the complaints manager if there are specific training needs.</p> <hr/> <p>Relevant staff must be trained to deal with complaints as they occur. Appropriately trained staff will recognise the value of the complaints process and, as a result, will welcome complaints as a source of learning.</p> <p>Staff have a responsibility to highlight training needs to their Line Managers.</p> <p>Line Managers, in turn, have a responsibility to ensure that training needs are met to enable the individual to function effectively in their role and the CCG</p>

Policy Heading	Good examples from policies reviewed
	<p>has a responsibility to create an environment where learning can take place. It is essential that staff recognise that their initial response can be crucial in establishing the confidence of the complainant.</p> <p>NB: We would not anticipate any CCG to make 'complaints' training mandatory but all staff should be given the confidence to address 'concerns' or informal complaints raised with them and may require some supportive training in order to do this (which may fall under a broader umbrella than pure 'complaints' training).</p>
Dissemination	<p>The CCGs are committed to ensuring that the guidance in this policy is accessible to all. This means that, as required, additional support will be provided to help ensure that the information in this policy can be understood and its guidance followed. This support includes (but is not limited to):</p> <ul style="list-style-type: none"> • The provision of the policy and any associated documents in alternative formats. • Enabling individuals to have an advocate or interpreter involved for support with communication. • Making reasonable adjustments to procedures, in discussion with individuals or their representative, to ensure their accessibility. <p>All staff involved in the implementation of this policy must proactively consider the additional actions that might be required to ensure that individual needs can be met as far as is practicably possible. Ensuring accurate and appropriate communication will help to reduce communication errors and the effective and fair handling of complaints.</p> <p>Actions to improve communication could include:</p> <ul style="list-style-type: none"> • Using easy read, Braille, pictures and symbols, or other formats when explaining information. • Providing a translator for people for whom English is not their first language. • Providing information using picture communication symbols. • Supplying correspondence and leaflets in alternative languages and formats, including easy read. • Ensuring the client can access advocacy if needed. • Providing telephone advice and support using alternative languages and formats. • Using an Induction Loop when communicating with clients with hearing loss. • Using Augmented and Alternative Communication aids (AAC) for people with speech or writing difficulties.

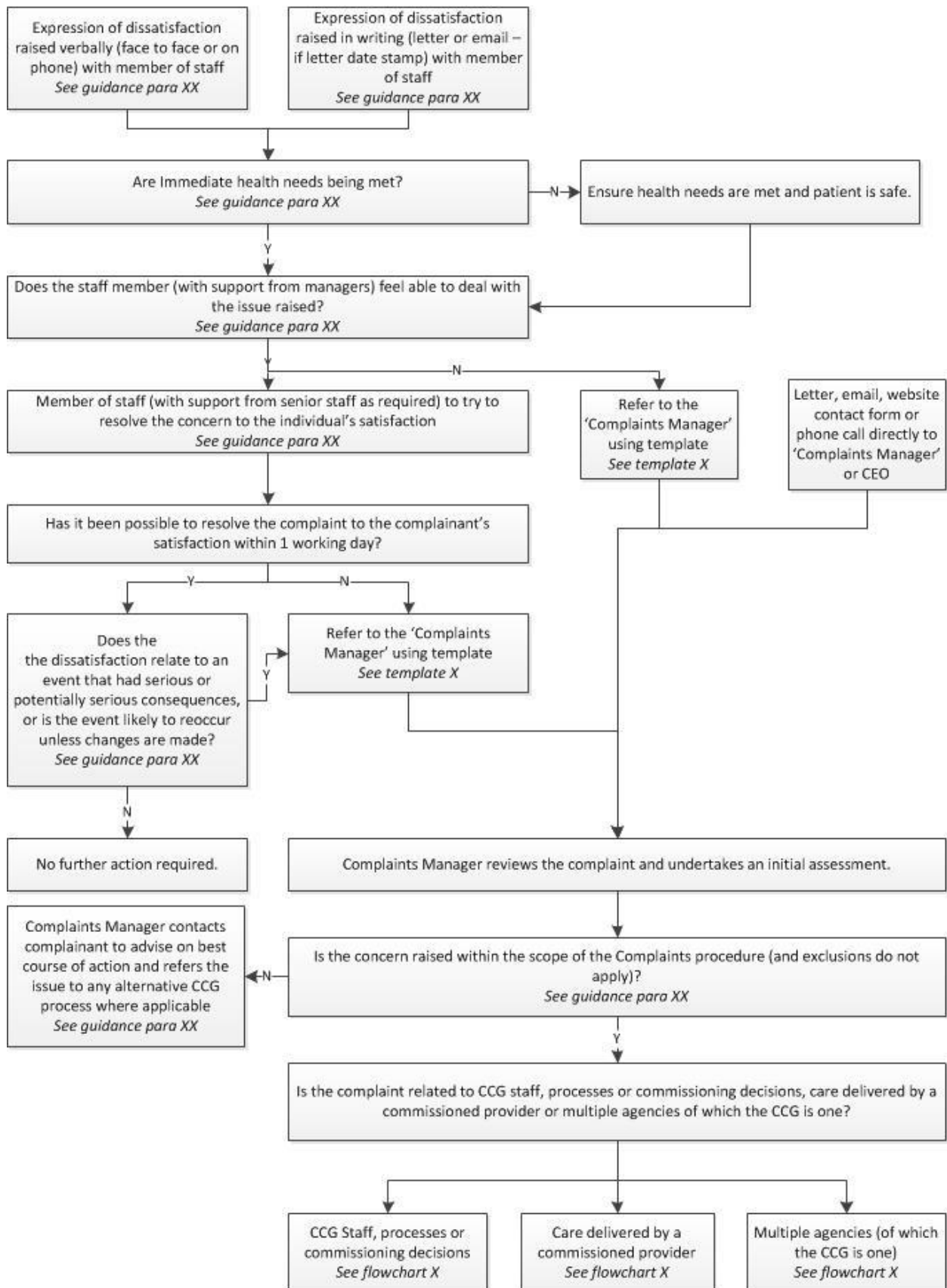
We examined the 17 CCG policies and procedures against the criteria used for our 2019-20 policy monitoring benchmarking. Summary results are below.

Comparison Criteria	Comments
Did the policy make reference to the Local Authority and Social Services and NHS Complaints (England) Regulations 2009?	17/17 referenced the Regulations
Did the policy make reference to the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (and/or CQC Standards/KLOEs)?	5/17 referenced the Regulations and a further 2 referenced the CQC KLOEs only
Did the policy make reference to <i>Principles for Good Complaints Handling</i> (PHSO) (2009)?	12/17 referenced the document
Did the policy make reference to <i>Principles for Remedy</i> (PHSO) (2009)?	7/17 referenced the document
Did the policy make reference to <i>My Expectations for raising concerns and complaints</i> (PHSO, Healthwatch and Local Government Ombudsman) (2014)?	7/17 referenced the document
Did the policy make reference to <i>Saying sorry</i> (NHS Resolution) (2018)?	0/17 referenced the document
Did the policy make reference to <i>Assurance of Good Complaints Handling for Acute and Community Care - A toolkit for commissioners & Assurance of Good Complaints Handling for Primary Care - A toolkit for commissioners</i> (NHS England) (2015)?	5/17 referenced the document
Did the policy make reference to the NHS Constitution (2015)?	10/17 referenced the Constitution
Are staff empowered to deal with complaints received themselves if they feel able?	7/17 policies encourage all staff to deal with complaints received directly (although 4 of these verbal complaints only). 6/17 identify that the central team can try to resolve and manage as an informal complaint. 2 are not clear who deals with it but clearly there is a speedy resolution option and 2 do not cover this possibility at all.
If yes, do they still need to inform 'complaints' department if all resolved locally?	5/7 CCGs where staff were empowered to respond directly still had to log the complaint

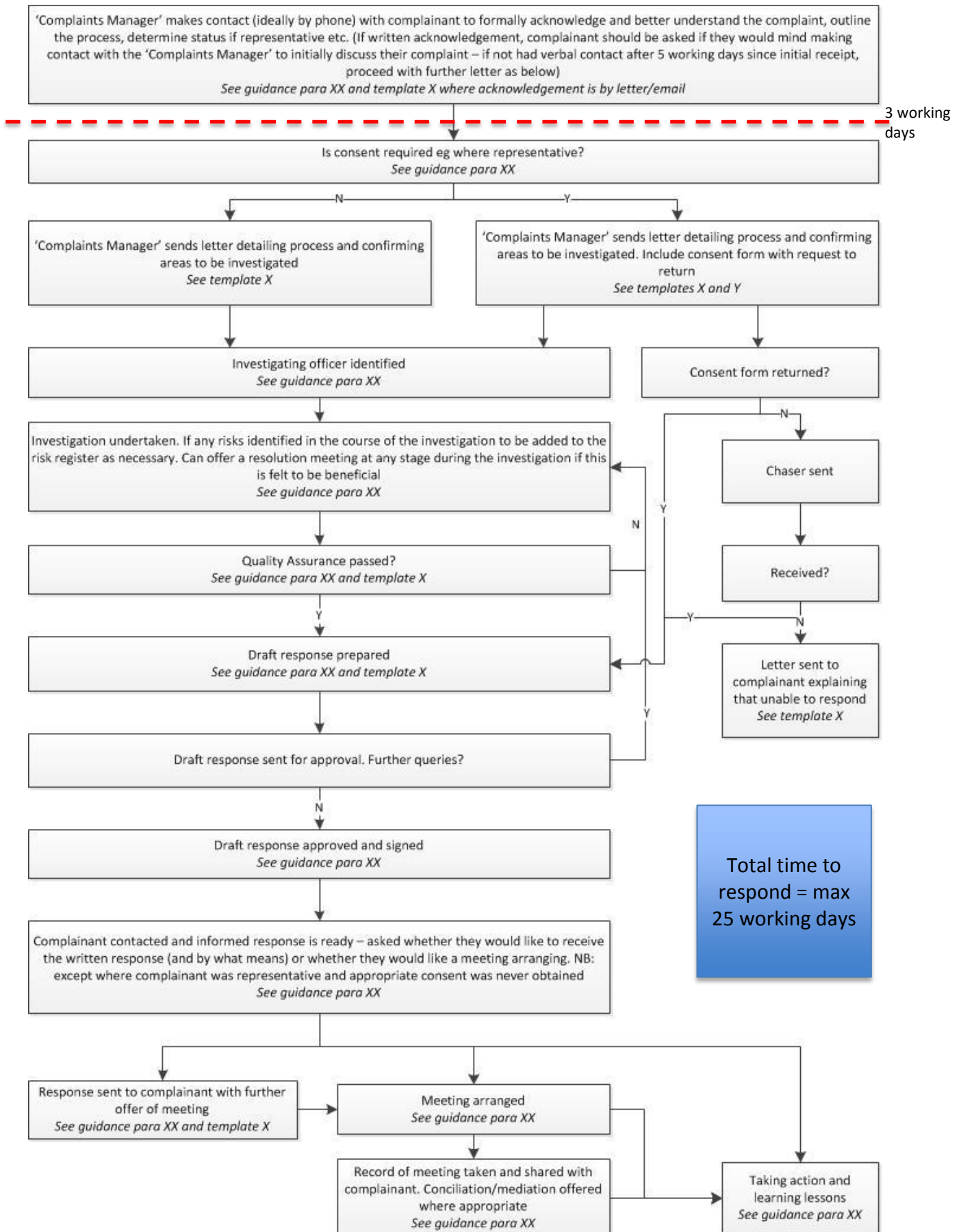
Comparison Criteria	Comments
	centrally.
If yes, what is the timeframe for resolving locally?	Where this is clearly stated the most common is 1 working day (range 1-5 working days).
Can a complaint resolved to complainant's satisfaction as an informal complaint still be more formally investigated if high risk?	Only 3 policies reference that an informal complaint can still be more formally investigated if high risk.
Which department are complaints directed/forwarded to?	Variety of names for the Team/ Lead operational manager.
Time between complaint receipt and initial contact with complainant? <i>NB: There was no distinction in any of the policies between a timeframe for initial contact (which ideally may be verbal) and formal written acknowledgement</i>	15/17 state 3 working days. 2/17 state 2 working days (although one of these two has different time frames in main body and flowchart).
Is a meeting to discuss the complaint routinely offered (if only for CCG only complaints)?	Explicit reference to discussion with complainant in early stages in 7/17 policies.
Is the complaint 'categorised'/themed?	Categorisation of complaints for the purposes of reporting themes is not mentioned in any policy and yet must happen for themed reports to be produced, including reporting in the mandatory KO41 returns.
Are complaints risk assessed/graded?	11/17 CCGs grade the complaint. Although some policies refer to this as a 'risk' grading it is perhaps more appropriately a complexity grading, most prominently used to establish default response time.
What training are lead investigators required to have undertaken?	There were no specific requirements identified for lead investigators in the way of training, although some CCGs identified specific posts that would be routinely used.
Timeframe given to lead investigator	4/17 identified timeframes given to the lead investigator (range 7 - 30 working days).
Are complaints about CCG investigated even where consent form is not returned?	No CCG states that where a complaint is made by a representative about the CCG and/or a service user makes a complaint about multiple agencies including the CCG, that the investigation into the CCG elements will

Comparison Criteria	Comments
	commence and continue even where consent is never received to share information (for the purposes of learning and improving).
Who is responsible for preparing a draft response?	There is a split (where stated) between it being the responsibility of the investigating officer or the complaints manager to prepare a draft response.
What is the Quality Assurance process before response letter is signed?	One policy included a quality assurance checklist as an appendix. The others contained very little information (if any) about the process.
Who signs the final response letter?	This was predominantly the Chief Executive Officer/Accountable Officer, but delegated to an Exec 'or deputy' in a few.
Is a meeting routinely offered?	In only two policies is a meeting routinely offered to the complainant in addition to/instead of a formal response letter. In a further CCG this is routinely offered to high/extreme risk complaints. Others indicate could be arranged at the request of the complainant.
Is the 'clock stopped' on timings where consent is required for provider/multi-agency complaints?	Only two policies explicitly articulate that their response timeframe will only commence when they have received any relevant consent.
Overall maximum timeframe from complaint receipt to final resolution?	The most common is 25 working days (10/17) but the range is 20 – 35. Most CCGs didn't stipulate a difference for different types/complexities of complaint, but where they did the most common was 40 working days for the next 'complexity' and 60 working days for the most complex.
Did the policy contain a flowchart?	10/17 contained a flowchart (although 2 only covered multi-agency complaints).

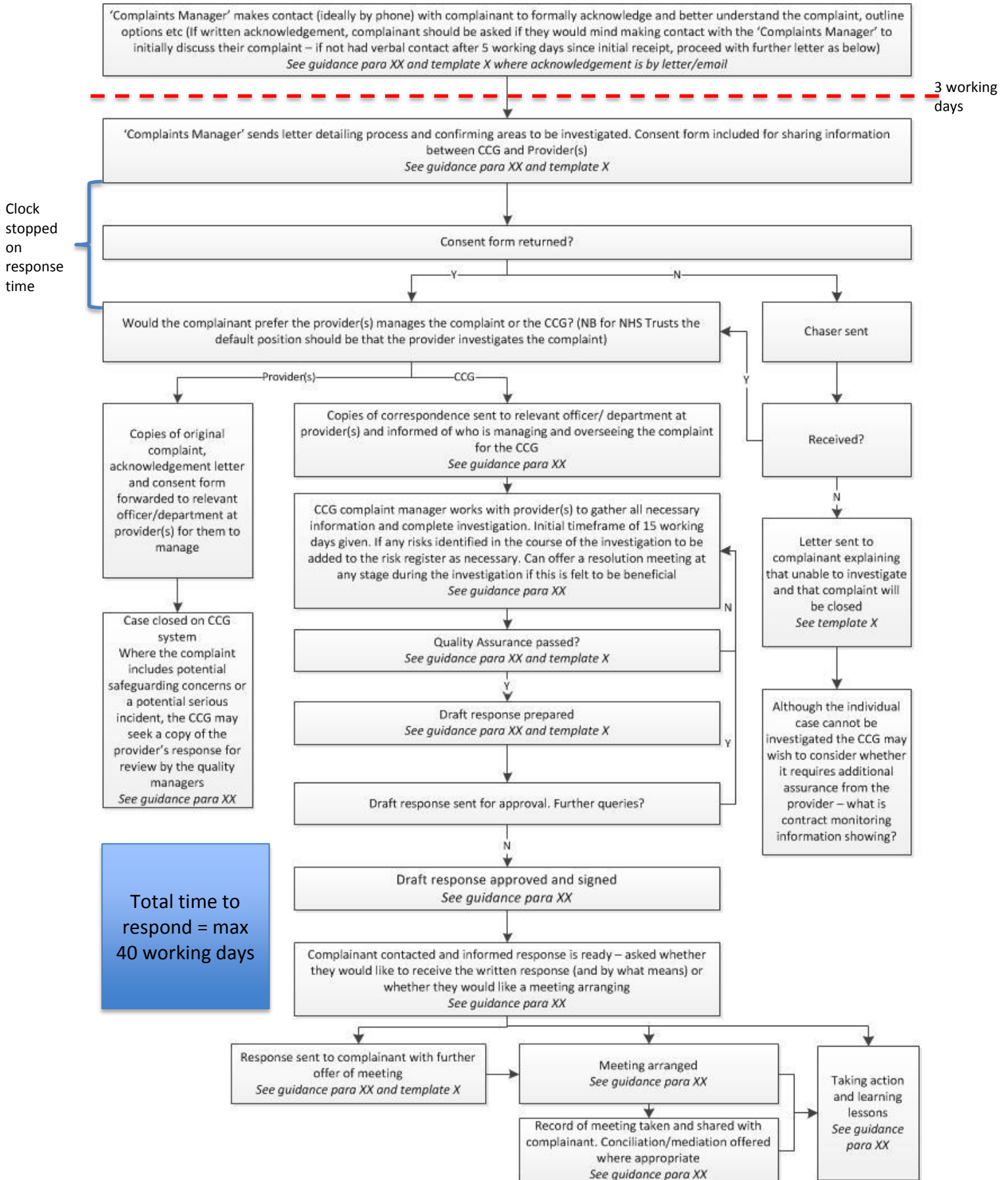
Initial Steps – to be followed in all cases



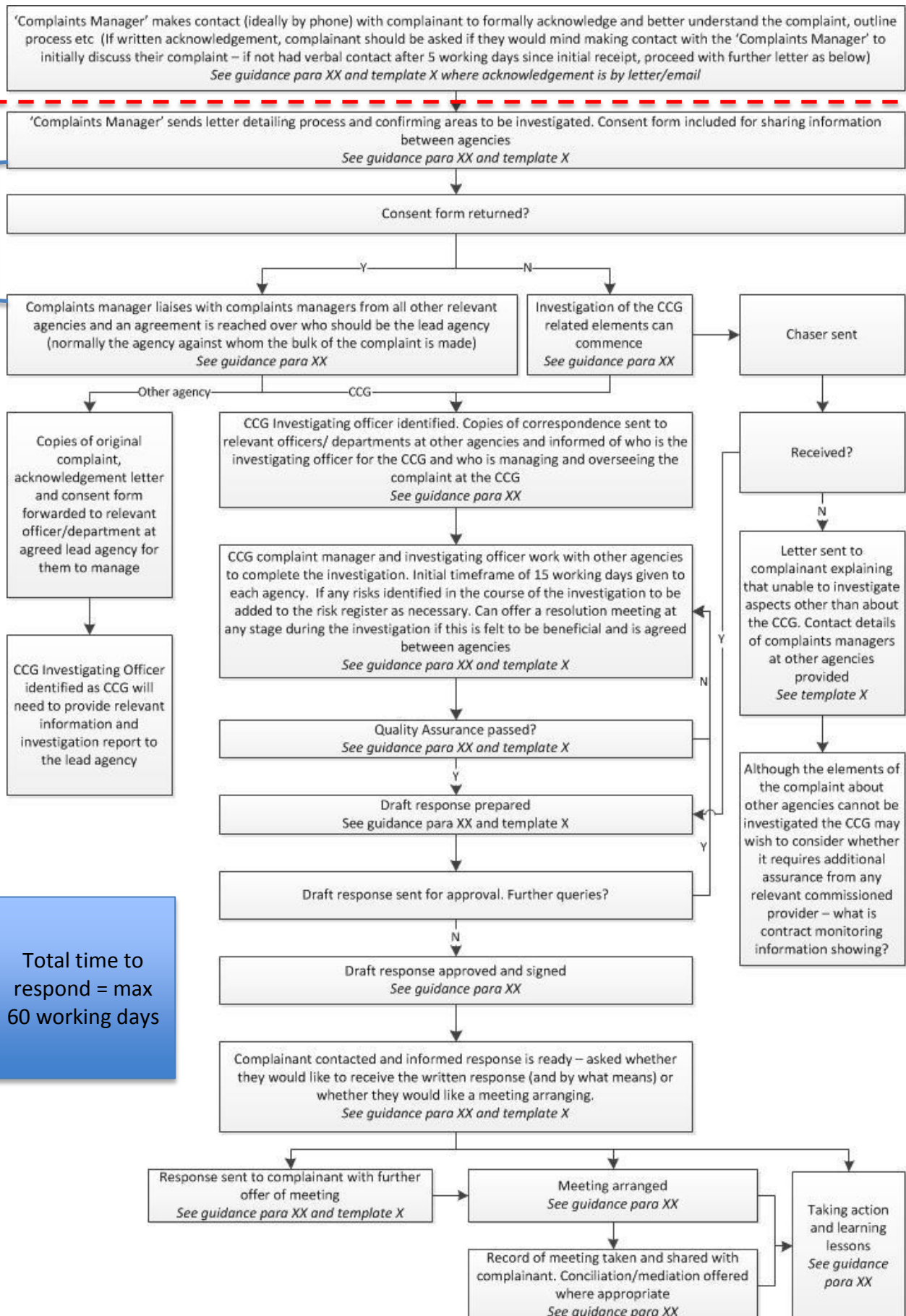
Complaints about CCG only



Complaint about CCG commissioned provider(s)



Complaints about multiple agencies (including CCG)



As per the 'see guidance para XX' at various boxes in the flowchart, the procedure should be supported with further guidance for staff on:

- Who can make a complaint, including:
 - Service users
 - Representatives (where authorised by service user, where service user lacks capacity, where service user has died)
 - Parents
 - MPs
 - Anonymous complaints
- Support for complainants, including
 - Independent complaint advocacy
 - PALS
 - HealthWatch
 - Interpreter services
 - Details of the PHSO
- The complaints the CCG will/won't investigate and where it can use discretion (with a bit more detail for each exclusion category of the route that could be taken instead, including persistent/vexatious complainants)
- Obtaining consent – when it is necessary (eg when complaint is made by a representative and/or sharing of information with another agency is required).
- Meetings held at the start of the process to clarify the complaint
- Risk rating and reasons for this (if used – in the flowcharted example this isn't used but instead any associated risks are entered onto the risk register as 'identified'. Instead of being determined by 'risk rating', the timeframe for response in the flowcharts is simply on the basis of the complexity of the complaint co-ordination ie CCG internal matter, provider(s) only or multi-agency)
- Complaint theming/categorising and reasons for this (normally done by the Complaints Manager after speaking to the complainant. There would normally be pre-determined categories/themes so that numbers in each category can be reported, including in the mandatory KO41 returns)
- Who can/should be the investigating officer, including conflicts of interest
- What investigation tools should be used/templates completed
- Supporting staff involved in a complaint investigation
- Meetings held with the complainant during the investigation/before formal response
- Quality Assurance methodology
- Final response content, style and tone
- Meetings held with the complainant once formal response prepared
- Conciliation/Mediation available and circumstances in which it should be offered
- Financial redress
- Learning
- Retention and storage/confidentiality of records

KO41a returns have to be made to NHS Digital which classify (formal written) complaints according to:

- Status (upheld/partially upheld/not upheld)
- Age of complainant
- Status of complainant (Patient/Parent/Guardian/Carer/Other)
- Service (Ambulance/Inpatient/Outpatient/Emergency/Other Community Healthcare/Commissioning/ Mental Health/ Maternity/ Other)
- Clinical treatment/Subject type
- Profession

This may not all be reported internally and other metrics may be considered important at a local level. We found examples of the following:

Metric

Total complaints received

- Broken down by quarter
- + last 3 years
- Broken down by how they were managed (investigated by CCG/transferred to another agency/withdrawn/closed as consent not received)
- Broken down by received from (service user/representative/MP/Advocate)
- Versus number formally acknowledged within 3 working days
- + rationale where not 100%
- Average number of days from receipt to formal acknowledgement (by quarter)

Total complaints investigated by CCG

- Number about the CCG v number about providers
- By subject
- + previous year
- By outcome status (Upheld/partially upheld/not upheld)
- By quarter + previous year
- % responded to within timeframe agreed with complainant at outset
- + last 3 years
- Average time taken to respond
- + last 3 years
- Number subsequently referred to PHSO
- + previous year

Total complaints transferred to another agency/provider

- By which agency/provider

Total complaints investigated not meeting original timeframe

- Number/% where extension agreed with complainant prior to original deadline

Total complaints subsequently referred to PHSO

Metric
<ul style="list-style-type: none"> PHSO outcomes and congruence with CCG outcome
<p>Number of complaints which were from MPs</p> <ul style="list-style-type: none"> + last 3 years By subject
<p>Actions taken as a result of complaints</p>

One area we would note from reviewing these reports is the consistency of figures in terms of the inclusion/exclusion of:

- complaints which were resolved to the complainant's satisfaction speedily without recourse to the formal procedure
- MP contacts which didn't contain a specific service user complaint.