

## **Report to the Nottingham Health Scrutiny Panel: March 26th 2014**

**From: Nottingham CityCare Partnership**

### **Complaints**

#### **1. Introduction**

Nottingham CityCare Partnership (NCCP) provides community health services within Nottingham City and, for some services, in parts of the county. Over 60 services are provided by approximately 1500 staff. Examples of services are health visiting for young families, school nursing for children and young people, community nursing for people with conditions such as respiratory problems or heart failure, podiatry and diabetes service and support following a stroke or a fall.

NCCP has been in existence since April 2011. The data provided within this report therefore covers the period April 2011-December 2013.

NCCP aims to improve patient experience and deliver the highest quality of care across all services. We aim to embed the 'six C's' of nursing practice (care, compassion, courage, communication, competence and commitment) into all our interventions. We accept, however, that at times we get things wrong and that people are dissatisfied with the service they have received. It is therefore essential that we have a clear complaints process in place, enabling us to respond to issues raised, address concerns, learn from our mistakes and channel this into service improvement.

NCCP has developed a complaints policy in line with the Ombudsman's 'Principles of Good Complaint Handling'. We are currently reviewing our policy and practice to incorporate findings and recommendations from the Francis and Clwyd-Hart reports. An action plan mapped against Francis recommendations has been developed.

#### **2 Summary of complaints data from April 2011-December 2013**

From 1st April 2011 to 31st December 2013, NCCP received a total of 132 complaints. The number of complaints per year in relation to specific services is reflected in Appendix 1 (Table 1 and Table 1.1).

Monitoring data is gathered when possible in relation to age, ethnicity, gender and disability. The data gathered and recorded over the time period in relation to age and

gender is reflected in Table 2. There is very little data currently recorded in relation to ethnic origin and disability. This has been recognised as an area for improvement and will be addressed within a CQUIN (Commissioning for Quality and Innovation) target requested by commissioners in 2014-15 (see paragraph 8)

Tables 3 and 3.1 show the length of time taken to resolve complaints. 113 of the total 132 complaints have been resolved, with 19 remaining open. NCCP aims to resolve complaints as quickly as possible whilst also ensuring a thorough and proportionate response. Complaints often involve a number of different services which can result in a lengthier process.

Complaints are categorised in relation to the main issue arising for the complainant, for example difficulty in accessing a service, communication issues or problems with treatment and/or care. This information is shown in table 4. Treatment and care is the main category for complaints in relation to NCCP services.

To date, 2 complaints have been taken up by the Ombudsman. We are currently awaiting the outcome of these investigations.

### **3 Information to the public**

In line with recommendations within the Clwyd-Hart report, NCCP promotes a culture of openness and honesty, ensuring that patients have opportunities to feedback comments and concerns at every possible opportunity. Boxes for comments and concerns are visible in all health centres offering NCCP services, and reception staff have been briefed in terms of responding to complaints and ensuring that people are given a leaflet including a contact number for our Customer Service Team.

Concerns/issues that can be dealt with within the same or next day may be dealt with immediately by the health centre manager or other relevant staff. All NCCP service information leaflets provide a contact number for our Customer Service Team, and people are able to log complaints, concerns or compliments by either e-mail or telephone contact. Initial e-mail contact is always followed up with a telephone call from the Customer Service Team.

### **4 Staff training**

Training for staff was also raised in the Clwyd-Hart report. NCCP provides regular training workshops for staff that are likely to be involved in investigating complaints (primarily team managers and senior staff). The communication and Customer Care skills of all staff within the organisation are of paramount importance and are reviewed regularly by managers within supervision and appraisal processes. NCCP is reviewing its Customer Care training and will implement a training programme for 2014-15. This will incorporate initial responses to concerns and complaints raised by patients.

## **5 The Complaints Process**

NCCP has a dedicated complaints officer managed by the Head of Patient and Public Engagement. The team reports directly to the Interim Director of Quality and Safety and Nursing. All response letters to complainants are reviewed and signed by the Director of Operations and Nursing.

NCCP adheres to timescales within the complaints policy. These are:

- Initial response within 3 working days
- Low/moderate risk complaints completed within 5 weeks (from receipt of agreed consent to first response)
- High risk complaints within 10 weeks
- Extreme risk complaints within 20 weeks.

All complaints must be resolved within a 6 month period.

All complainants are offered a face-to-face interview with the team manager or other relevant staff involved in the complaint. Complainants are also provided with information in relation to independent advocacy support.

In cases where there is a significant risk identified an independent investigator is appointed to conduct the investigation. This was also a recommendation within the Clwyd-Hart report. In these circumstances the complaint and investigation would be anonymised and the investigation and action plan presented to the Patient Safety and Infection Prevention and Control Group.

Complaints are closely monitored alongside incidents data, so that an overall picture can be gained of particular risk factors/concerns.

## **6 Identifying trends/themes**

Reports including complaints data are submitted to the Governance and Risk Committee, contract meetings with commissioners and the NCCP Board on a quarterly basis. This enables themes and trends from complaints data to be viewed and analysed, for example the severity (grading) of the issue, the number of complaints in relation to particular services and the outcomes/learning from complaints.

Table 1 (Appendix 1) shows the number of complaints in relation to particular services. This should be put into context with the size of the service, so, for example, community nursing, health visiting, phlebotomy and the Walk in Centre are all extensive services seeing a large number of patients. Proportionately, a higher number of complaints would therefore be expected.

## **7 Outcomes and Learning**

Outcomes from complaints are reported to senior managers and the Board (see above) on a regular basis. Action is taken in relation to individual staff if necessary, but also within teams and services at a broader level, to share the learning and to prevent similar issues from arising. Recent examples of outcomes from complaints are:

- A review of the appointment process following confusion over an appointment for phlebotomy within a health centre.
- Additional training planned for the Walk in Centre team regarding responding to patients and ensuring their care in a timely manner, especially at busy times where people are faced with long waits.
- Using an example relating to a disagreement regarding treatment as a case study to ensure that staff communicate effectively with people and involve them in decisions about their care (continence services).
- The re-iteration of policy at a team meeting following a phlebotomy complaint, and relevant training arranged for the member of staff involved.
- A complainant in relation to health visiting speaking to a staff training day where around 100 health visitors were able to listen to her experience of the service.

## **8 Improvement Plans**

NCCP embraces a culture of continued development. We have recognised that there are particular areas in which the complaints process needs to improve and are working to embed learning into practice. Several key developments are planned for 2014-15. These are:

The implementation of a web based system for complaints management, enabling managers to complete and review complaints data more effectively and ensure a more timely and efficient process for complainants.

The recruitment of a Patient Safety and Quality Manager to analyse the learning from complaints and incidents and embed learning into practice more fully.

The introduction of CQUIN targets and quarterly performance management in relation to complaints by commissioners. This will:

- 1) Ensure that all complainants are sent a survey, designed by the Patients Association, when their complaint is closed, measuring their satisfaction with the process. This will be used to inform on-going review and improvement of the complaints process.
- 2) Ensure that demographic data in relation to complaints is recorded and collated more fully and used to improve practice
- 3) Introduce external (by the Patient's Association) and internal audit of individual complaint files to monitor quality.

- 4) Ensure the development of an action plan addressing areas of improvement.
- 5) Ensure that the learning from complaints and incidents is embedded into action, for example the increased use of case scenarios in training

Complaints will be recognised as a priority in the NCCP Annual Quality Account to be published in June 2014.

### **Contact Details**

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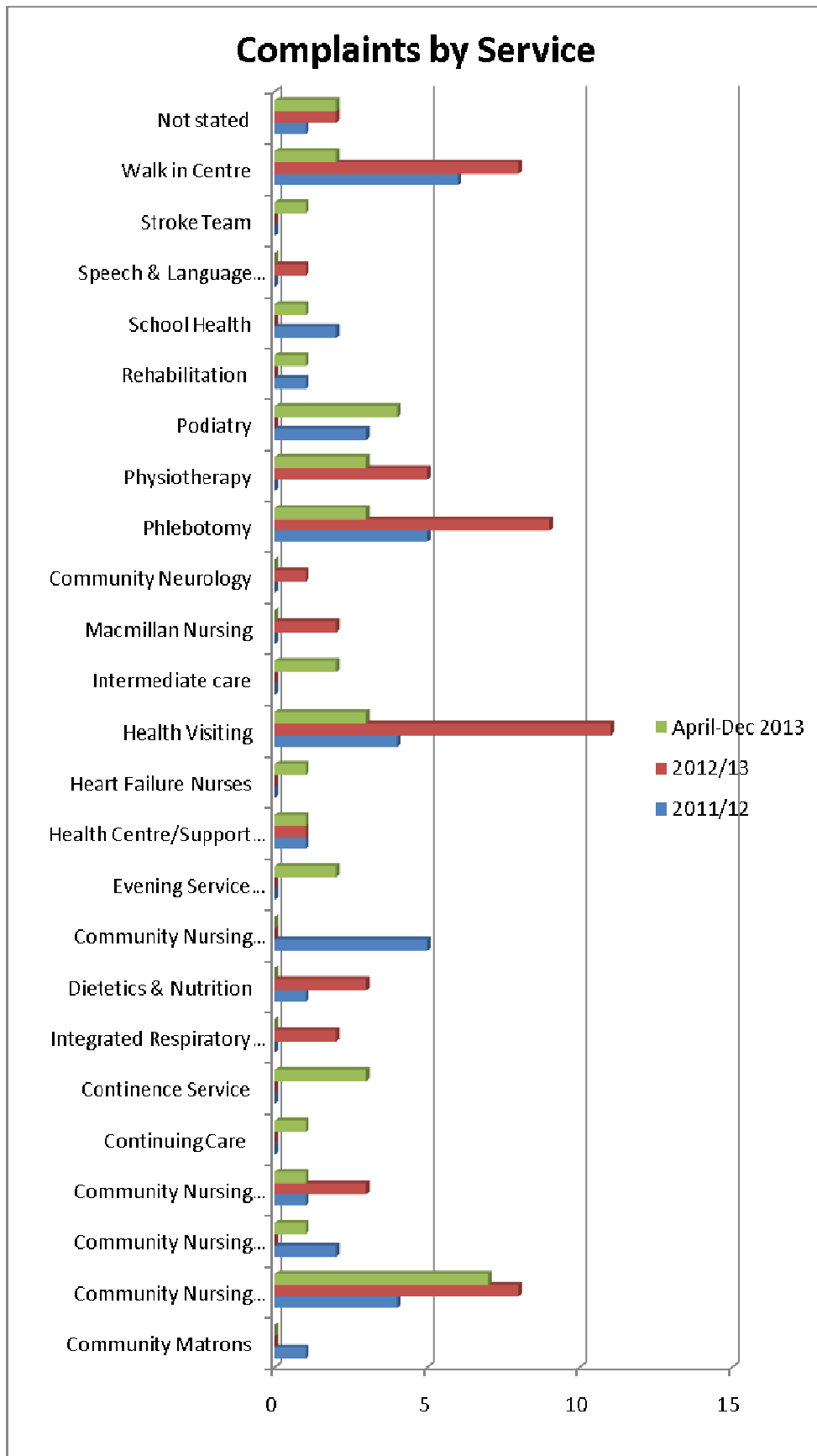
[lucinda.cumpston@nottinghamcitycare.nhs.uk](mailto:lucinda.cumpston@nottinghamcitycare.nhs.uk)

## Appendix 1

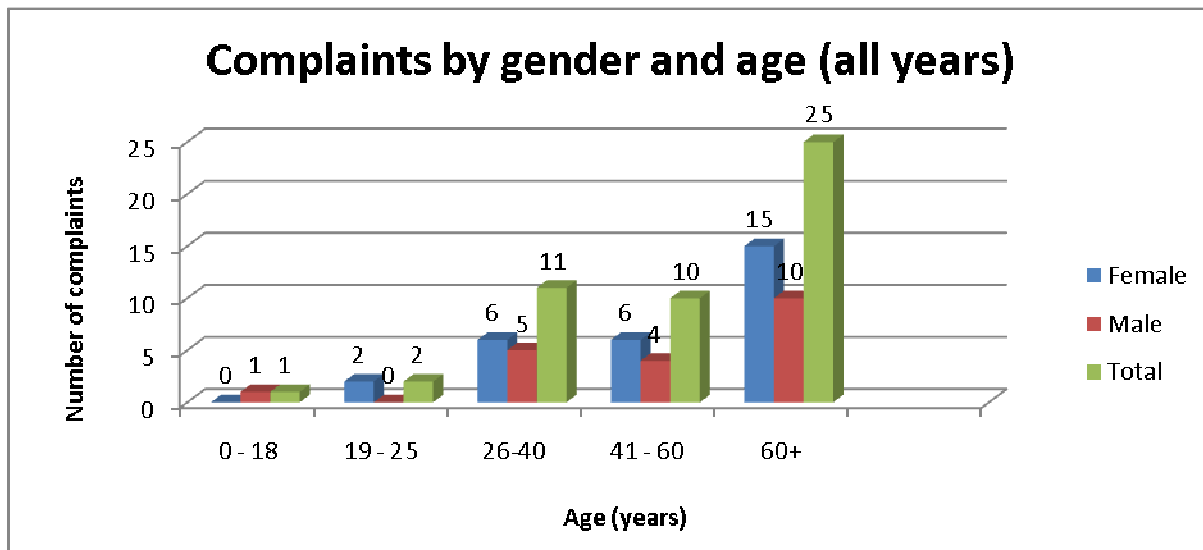
### Number of complaints in relation to specific services: April 2011-December 2013

	2011/12	2012/13	April- Dec 2013	Total
Community Matrons	1	0	0	1
Community Nursing and Rehab (North) (Locality 2)	4	8	7	19
Community Nursing and Rehab (South) (Locality 3)	2	0	1	3
Community Nursing and Rehab (central) (Locality 1)	1	3	1	5
Continuing Care	0	0	1	1
Continence Service	0	0	3	3
Integrated Respiratory Team	0	2	0	2
Dietetics & Nutrition	1	3	0	4
Community Nursing (District Nursing)	5	0	0	5
Evening Service (District Nursing)	0	0	2	2
Health Centre/Support Services	1	1	1	3
Heart Failure Nurses	0	0	1	1
Health Visiting	4	11	3	18
Intermediate care	0	0	2	2
Macmillan Nursing	0	2	0	2
Community Neurology	0	1	0	1
Phlebotomy	5	9	3	17
Physiotherapy	0	5	3	8
Podiatry	3	0	4	7
Rehabilitation	1	0	1	2
School Health	2	0	1	3
Speech & Language Therapy	0	1	0	1
Stroke Team	0	0	1	1
Walk in Centre	6	8	2	16
Not stated	1	2	2	5
<b>Totals:</b>	<b>37</b>	<b>56</b>	<b>39</b>	<b>132</b>

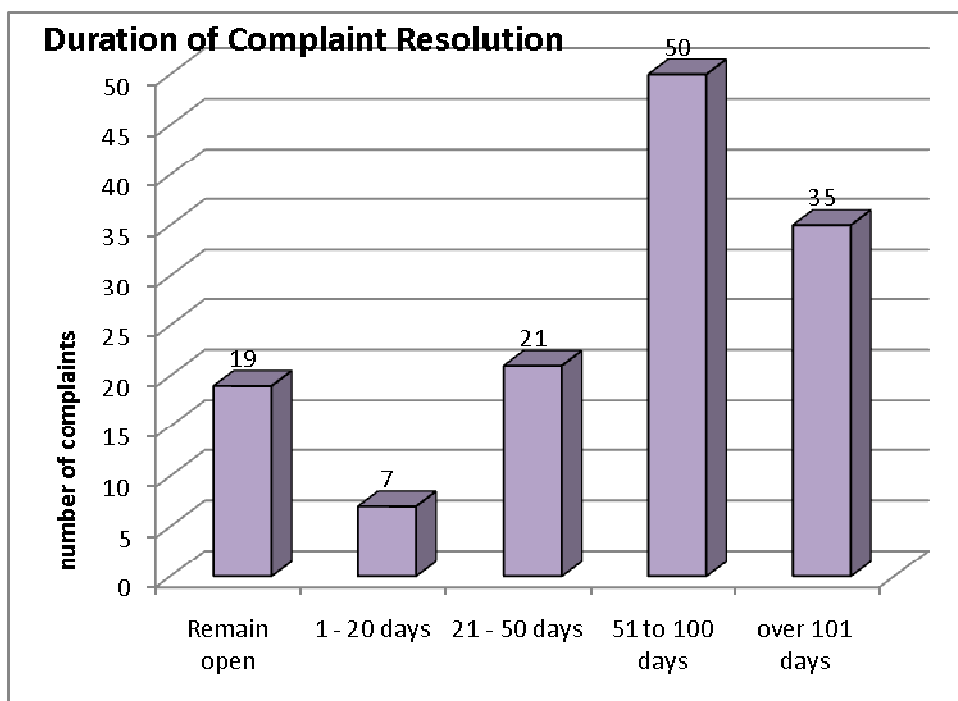
Table 1



**Table 1.1**

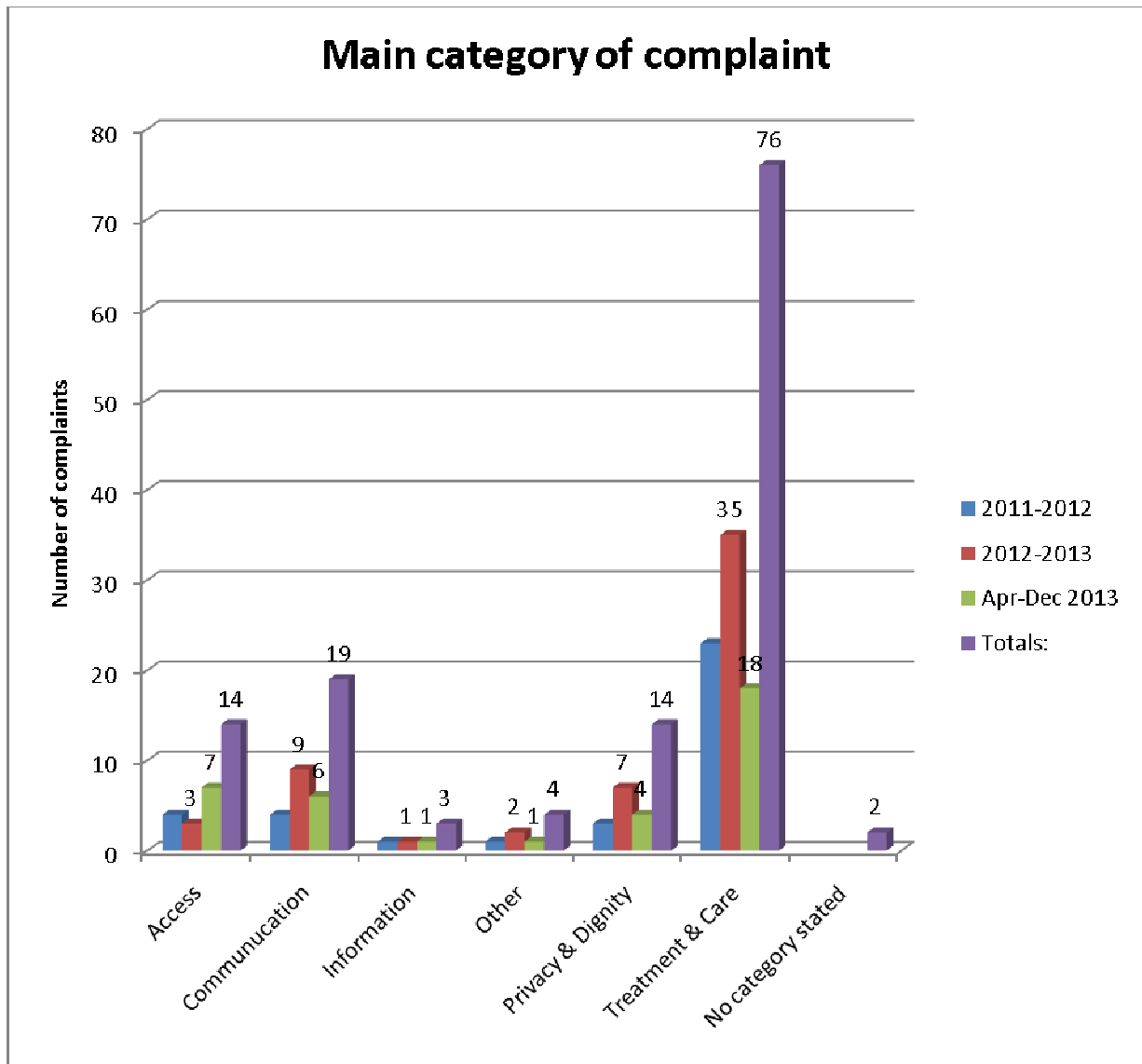


**Table 2**



**Table 3**





**Table 4**