

Name of meeting	Governing Body
Date of meeting	26 May 2015
Title of paper	Annual Complaints Report April 2014 to March 2015
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Summary

This is the first annual report of complaints to come before the Governing Body. It covers the 2014/2015 financial year and offers an overview of the quarterly reports.

Complaints are managed by the Policy & Engagement Manager, linking in where necessary with external organisations and liaising with internal colleagues to produce timely, sensitive responses and recommendations.

The aim over the year has been to continually meet the guidance regarding good complaints handling, published by NHS England in May 2013. The quarterly reports now feature the following over and above the quantitative reporting:

- The subject areas of complaints are now detailed and themed for analysis and actions;
- Identification of organisations that are the subject of complaints;
- Actions taken as a result of complaints are detailed under a 'You Said We Did' format;
- Recommendations to address themes identified.

Developments over the year include:

- The Complaints and Compliments Policy was updated in July 2014;
- The CCG's website was amended to clarify how complaints should be directed, given the complexity of the NHS landscape e.g. complaints regarding primary care to NHS England;
- A Complaints Inbox has been set up for members of the public to send complaints in via the website;
- A quarterly 'deep-dive' complaints report from its main acute provider, the Royal Surrey County NHS Foundation Trust, has now been set up for the Clinical Quality Review Meeting.

Guidance from NHS England, Healthwatch England and Healthwatch Surrey over 2014/15 has highlighted key improvements that health and social care organisations need to make to ensure complaints that highlight poor practice and contribute to continual service improvements come forward from members of the public. This is welcome and the CCG will seek to implement the recommendations from these reports in order to encourage the public to feedback their experience of health services, whether positive or negative.

Supporting papers

The first step into the Complaints Maze – Healthwatch Surrey – December 2014
Suffering in Silence - Healthwatch England, October 2014
Complaints and Compliments Policy July 2014
Complaints Compliance Audit, June 2014

Recommended actions

The Governing Body is asked **to note** the attached report.

Strategic objectives/commissioning intentions

We will improve the health of our local population
We will improve and continually check the quality and safety of patient services
We will involve local people in deciding what we do, respecting and valuing patient and carer experience

Audit trail

Annual Complaints Report 2014/15 – recommended by the Quality & Clinical Governance Committee on 5th May 2015
Complaints Summary Reports presented to Quality & Clinical Governance (QCG) Committee June 2014, September 2014 and November 2014.
Highlight report to QCG February 2015
The updated Complaints & Compliments Policy was approved in July 2014.
The Complaints Compliance Audit presented to Quality and Governance Committee in June 2014

Legal and compliance issues

Responding to complaints is a statutory duty. If the complaints received by the CCG are not dealt with in a timely and quality assured manner, there could be intervention by the PHSO and/or escalation through a legal route for redress.

Equality Analysis

This paper can be made available in a variety of formats (languages and Braille) on request.

This report reflects EDS2 outcome 2.4, which requires complaints to be handled respectfully and efficiently and EDS2 Outcome 1.1, which requires individual's health needs to be assessed and met in appropriate ways.

Patient and public engagement

Complaints are considered an important part of the CCG's engagement with patients and the public in terms of feedback of patient experience whether positive or negative.

Risk

There are no identified risks associated with the complaints handling process on the BAF or Corporate Risk Register. If not handled effectively, complaints can be escalated to the Parliamentary Health Services Ombudsman (PHSO) or claims for redress.

Financial and resource implications

If complaints are escalated to PHSO or claims for redress there may be financial and resource implications.

Next Steps

Publish the summary outcomes from this report on the CCG website on the Complaints page (transparent reporting).
Implement recommendations.



*Guildford and Waverley
Clinical Commissioning Group*

Annual Complaints Report 2014/15

Liz Patroe

Policy & Engagement Manager

1.0 Explanation of acronyms

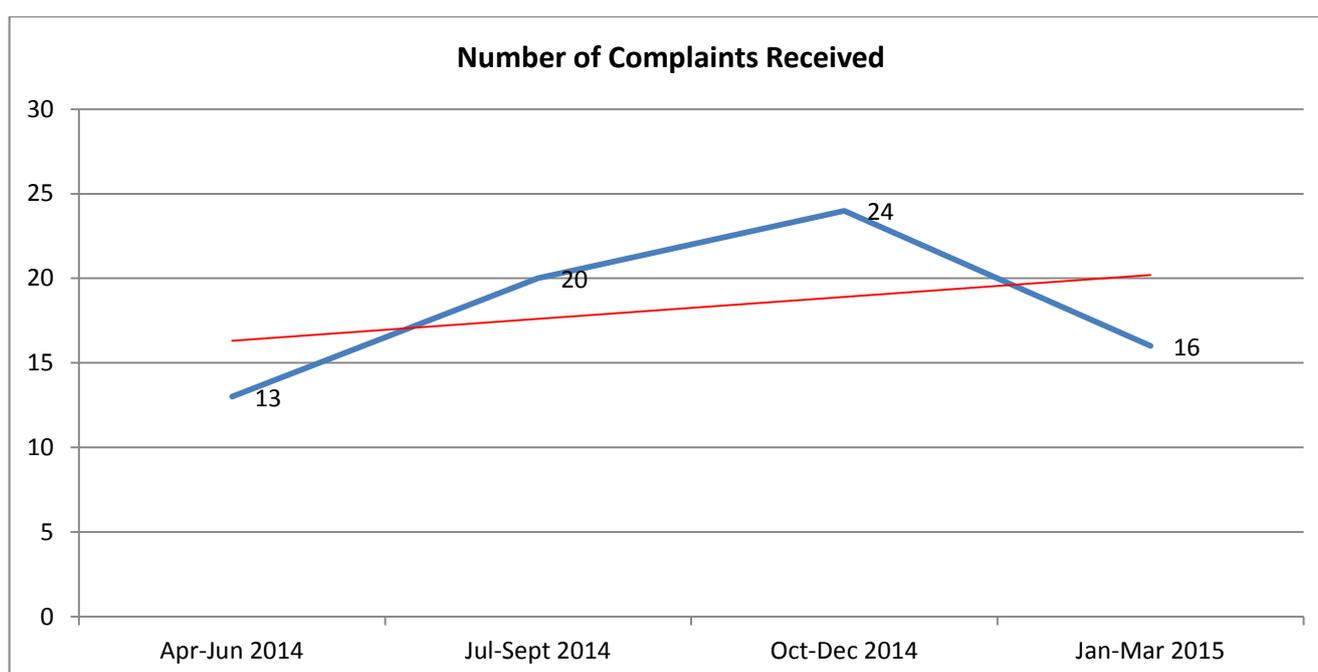
Acronym	Definition
ASPH	Ashford & St. Peter's Hospital NHS Foundation Trust
BPAS	British Pregnancy Advisory Service
CAMHS	Child & Adolescent Mental Health Services
CCG	Clinical Commissioning Group
IFR	Individual Funding Request
NHSE	NHS England
OCD	Obsessive Compulsive Disorder
PTSD	Post-Traumatic Stress Disorder
RSCH	Royal Surrey County Hospital NHS Foundation Trust
SABP	Surrey & Borders Partnership NHS Foundation Trust
SDCCG	NHS Surrey Downs CCG
SECAMB	South East Coast Ambulance Service NHS Foundation Trust
VC	Virgin Care Ltd

2.0 Analysis

This paper reports on complaints received by the CCG between 1st April 2014 and 31st March 2015.

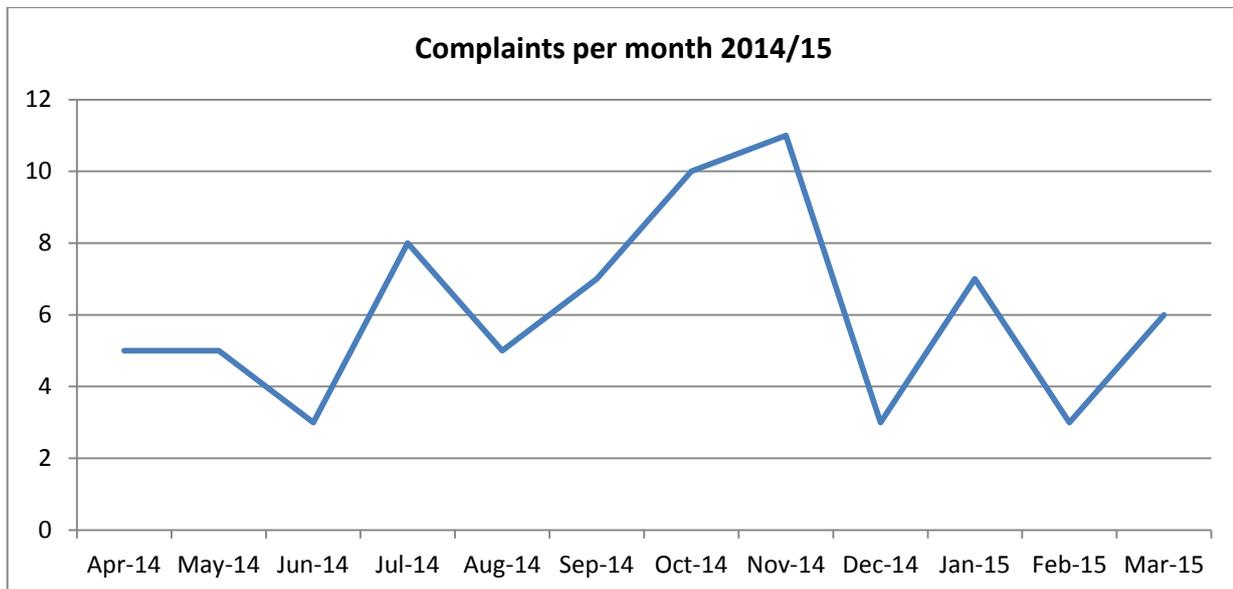
73 complaints were received by the CCG 2014/15 concerning our population in Guildford and Waverley which represents a slight overall upward trend (Chart 1).

Chart 1



The number of complaints received per month is unpredictable and fluctuates considerably:

Chart 2



15 of these complaints (21%) related to the work of the CCG whilst the remaining 58 (79%) related to the work of other, usually provider, and organisations:

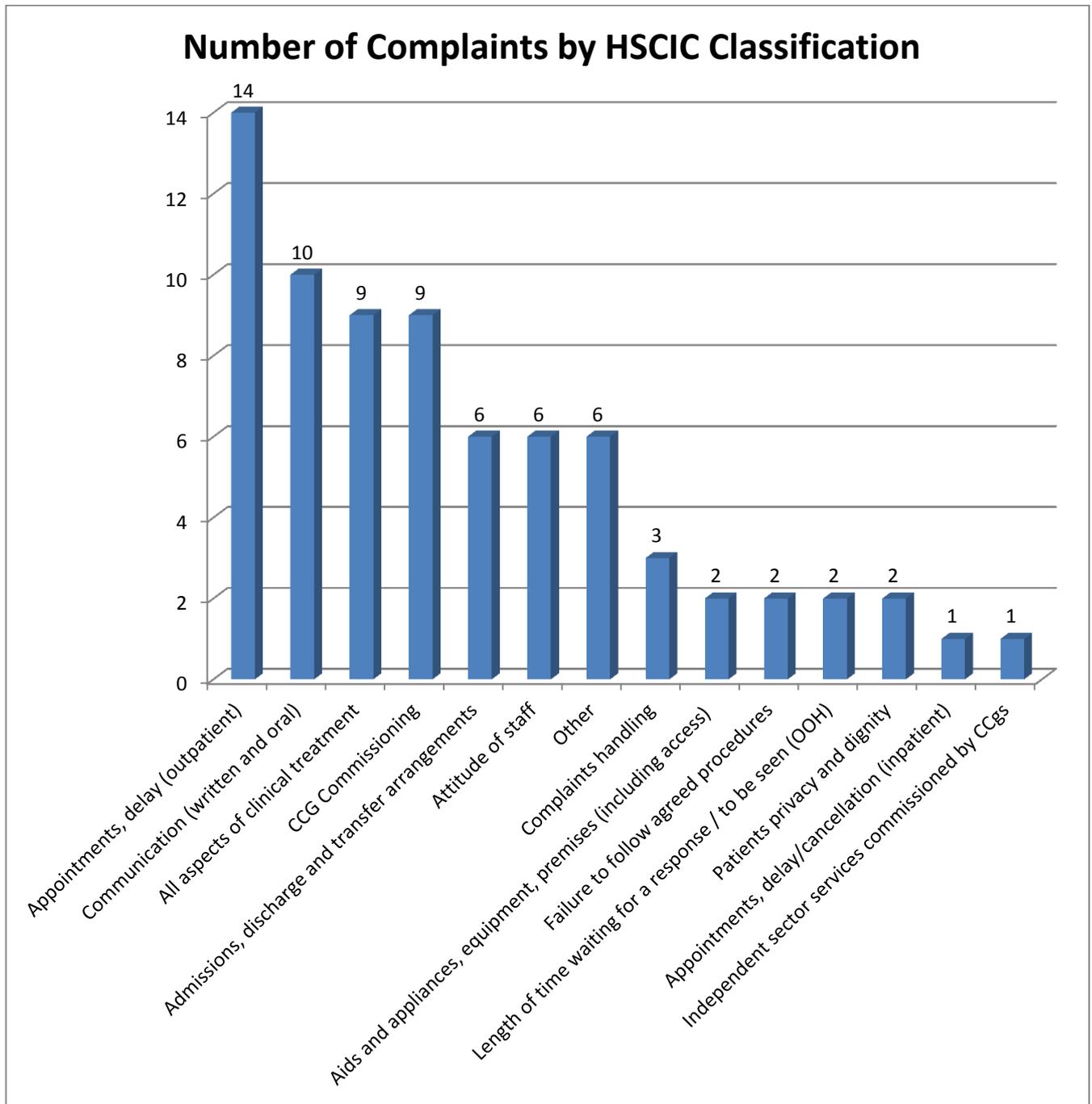
Chart 3



The Health & Social Care Information Centre utilises a classification system for complaints to enable organisations to analyse trends and address issues. This system of classification is changing in 2015/16 in response to the Francis Report and subsequent reports that encourage organisations to learn proactively from complaints.

The following chart details the 2014/15 classification of complaints received by the CCG and highlights outpatient appointment delays being the most common reason for patients complaining:

Chart 4



However, it should be noted that communication (written and oral) is the second main reason for complaints, causing frustration and distress amongst patients and their carers. Taken with 'attitude of staff', these would be the main reasons for complaining to the CCG; both relate the personal experience of patients and carers. It is important that the CCG

continues to highlight the importance of the 6Cs¹ throughout its commissioning functions: dignity and respect for patients and carers needs to be uppermost in the minds of health care staff on the 'frontline' with our providers and managers in all organisations. The CCG should be seeking evidence and assurance of this through interaction with relevant providers.

CCG commissioning generated nine complaints, these mainly highlighting potential commissioning gaps or dissatisfaction amongst complainants with threshold criteria for access to clinical services. How the CCG utilises its limited resources to improve the health and outcomes of its population will be the subject of public conversation and dialogue over 2015/16.

One complaint received in March 2014 i.e. previous financial year, involved multiple agencies, namely SECAMB, Care UK and RSCH and involved the advocacy service SEAP. A serious incident was recorded on STEIS on the 18th August 2014 as a result of the complaint and a Serious Incident Root Cause Analysis Investigation began. The investigation concluded on the 20th December 2014, reporting that there was no root cause identified, but a number of problems that had greater or lesser significance to obtaining a full and comprehensive picture of the patient's deterioration. Each of these was converted into an action to address where improvements might be indicated.

This illustrates the importance of complaints in highlighting major clinical and organisational issues. It also illustrates the importance of robust advocacy services for patients and the public to enable people to come forward and for such complaints to be made. From 1st April 2015 the advocacy service for Surrey will be provided by Healthwatch Surrey and the CCG's website has been updated to reflect this. The CCG already has strong links with Healthwatch Surrey's representative for Guildford and Waverley through its Patient and Public Engagement Group.

3.0 Responsibility & Timeliness

In line with the CCG's updated Complaints and Compliments Policy, complaints relating to Providers are re-directed, with consent, to the relevant Provider(s) to progress through their own complaints handling procedures. Where possible, we seek confirmation of receipt and acceptance of responsibility and log this with our records.

The CCG sets a target of 20 working days to respond to complaints within the remit of its own responsibilities. However, at the outset it is important to agree with the complainant how s/he wishes to resolve the complaint and to achieve a satisfactory outcome. The time it takes to resolve complaints will depend upon the complexity of issues presented and the number of parties involved – the CCG may provide a co-ordinating role in this scenario.

¹ NHS England, Our Culture of Compassionate Care, 2012: The 6Cs are the values and behaviours at the heart of the vision of compassionate care for nurses, midwives and care staff. They are care, compassion, competence, communication, courage and commitment. <http://www.england.nhs.uk/wp-content/uploads/2012/12/6c-visual.pdf>

Of the 15 complaints received in 2014/15, one is still open and three exceeded the 'target', one significantly (by 135 working days). The remaining 12 (80%) were all investigated and responded to within 20 working days.

For the one complaint that exceeded this target, communication was maintained between the complainant, the CCG, the GP and with the host commissioner throughout this period of seeking resolution.

The CCG has not been notified of any complaints being forwarded to the PHSO for action during 2014/15. This is a good indicator of the CCG's performance in complaints handling and achieving satisfactory resolution.

4.0 You Said, We Did ...

The most important outcome for the CCG in listening and responding to complaints is to ensure organisational learning is identified and changes made where indicated. To this end, the following actions have been taken as a result of receiving, handling and responding to complaints in 2014/15.

Chart 5

Issue	Action
British Sign Language interpreter not available for appointment (two complaints).	The CCG held two meetings with service users and the charity Sign Health to agree how to improve routine availability of BSL interpreters. An assurance survey was carried out by the CCG of Providers and actions are now being followed up by those Providers, having had the gaps in their services highlighted.
Lack of choice offered by the Referral Support Service	Map of providers visible in RSS Office to prompt consideration of alternative services, plus additional training for RSS team. Stakeholder list compiled by Information Team, including all Providers, can now be accessed by RSS.
Concern regarding accessibility (waiting time) of paediatric speech and language therapists – information not included in acknowledgement letter.	CCG advised Provider to give indicative waiting times when acknowledging receipt of referral whilst Paediatric Therapy Forum develops longer-term commissioning solution.
Plea to improve diagnosis of meningitis	CCG website and Twitter feed have been used to promote this issue.
Lack of visible complaints process for the CAMHS service	SABP (provider of CAMHS) complaints process reviewed – visibility on SABP website assured.
Supply of products by Provider as per the contract was insufficient	Provider reminded of its duty as per the contract.

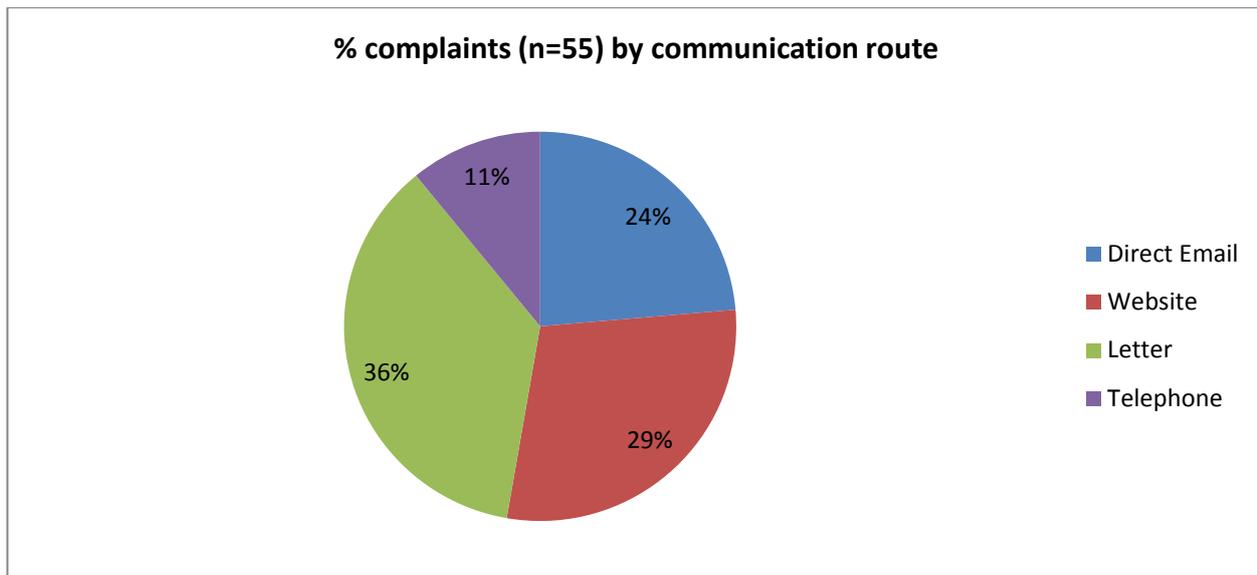
for change in clinical need	
Individual funding request made by Provider for a treatment that is routinely funded, resulting in clinical delay	Arrangements put in place by the CCG to clarify no need for prior approval whilst longer term contractual issues are resolved, to remove potential delay for future patients.
The role of the Referral Support Service in choosing a Provider when unable to contact a patient and the impact this can have on location of future treatment	RSS appointment letter that is sent when unable to contact patient by telephone has been changed. It now clearly highlights that on-going care following initial appointment will be with the same provider with onus on patient to call if wish to change.
Poor quality of discharge summaries received by GP from RSCH	RSCH contacted by CCG and requested to carry out an audit on the quality of discharge summaries (support offered), to establish the scale of this problem, and develop a robust action plan for improvement.
Patient understood that a podiatry service had been withdrawn for patients with no 'medical condition', including the condition that the patient has.	Podiatrists have been reminded to ensure that this condition is taken into account as co-morbidity when setting follow-up appointments.
Out of Hours service information difficult to find	CCG's website has been updated to make it easier to find information regarding out of hours services and walk-in centres.
Commissioning of care for children with ASD and ADHD and treatment thresholds	Issue communicated to CAMHS project team to add to findings from public and patient engagement regarding thresholds for treatment and parental support
Complaints handling processes	The CCG has formalised staff cover arrangements to ensure a timely response to complaints. A Complaints Inbox has been set up to make it easier to distinguish complaints from general feedback.
Waiting time for oncology	Quality alert issued to RSCH
Complaints handling process for complaints that raise concerns regarding safeguarding	The CCG has amended its Complaints & Compliments Policy to include a process for an urgent internal review with the Director of Quality and Safeguarding of any concerns that a complaint may generate regarding safety and welfare of individuals

5.0 Route of Complaint

There are various ways that people can make a complaint to the CCG. From mid-July 2014, the route used to make a complaint was recorded for 55 complaints. The following chart shows the methods used:

Annual Complaints Report 2014 to 2015 - Governing Body May 2015

Chart 6



Whether an MP was involved was recorded from the mid- August 2014; 13 complaints out of 50 (26%) were sent via the complainant's MP.

In order to ensure accessibility for making a complaint, it is important to publicise the various routes that people can use to complain to the CCG.

6.0 Summary

The management of complaints within the CCG provides valuable direct contact and engagement with patients and carers. Learning has resulted from many of the concerns raised and actions taken internally and with providers to improve services for future patients and carers.

The complaints database has been expanded in 2014/15 to record route of complaint and whether an MP has sent the complaint in on behalf of their constituent. In addition, updates to complaints as they are being managed are now more frequent and detailed to ensure clarity and improve resilience of business continuity around this function.

The data presented here shows that the complaints workload is unpredictable from month to month in terms of number and complexity. In addition, many of the complaints require sensitive conversations if the CCG is to meet the guidance on handling complaints respectfully and with empathy. It is important that colleagues dealing with complaints are supported to reflect and be debriefed when necessary. It is recommended that avenues for this support should be included in the CCG's programme of organisational development.

Equality and diversity data relating to complainants is a priority for development and from the 1st April 2015, all complainants whose complaint is within the remit of the CCG have been asked to complete a standardised equalities monitoring form.

7.0 Recommendations and Actions

- The CCG should include support for staff responding to and managing complaints in its organisational development plan.
 - The Employee Assistance Programme (EAP) provided by the Robens Centre could offer a route for this support. The Complaints Manager will liaise with the HR lead for organisational development.
- A flow chart highlighting key 'must dos' of the complaints policy should be developed and shared to help promote staff awareness regarding the handling of complaints, however they are brought to the attention of the CCG. This will further support the resilience of our own cover arrangements.
 - This flow chart will be developed by the end of May 2015.
- It is recommended that the CCG benchmarks its performance in handling complaints against other Surrey CCGs.
 - The Complaints Manager has been in contact with colleagues in other CCGs regarding collaborative management of complaints; a paper is intended for the CCG Collaborative detailing roles and responsibilities, and including benchmarking as a recommendation.