

Agenda Item: 2.5
Paper No: 9

Committee:	Governing Body
Venue:	Godalming Masonic Hall, Godalming
Date:	26 July 2016
Status:	FOR REVIEW AND NOTE

Title of Report	Annual Complaints Report April 2015 to March 2016		
Presented by	Elaine Newton, Director of Governance and Compliance		
Author	Liz Patroe, Head of Partnership & Engagement		
Relevant Legislation and Source Documents	The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 No 309 Health & Social Care Act 2012 Section 14R: Duty as to improvement of quality of services NHS Guildford and Waverley CCG Complaints and Compliments Policy		
Freedom of Information	<table border="1"> <tr> <td>Author considers that no exemption applies:</td> <td><input checked="" type="checkbox"/></td> </tr> </table>	Author considers that no exemption applies:	<input checked="" type="checkbox"/>
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Executive Summary:

The Local Authority Social Services and NHS Complaints (England) Regulations 2009 states that each responsible body for handling complaints must prepare an annual report in accordance with its stipulations. This report meets all requirements of these regulations.

The number of complaints submitted to the CCG by various means have reduced in 2015/16 compared to 2014/15 (55 compared to 73). The number of complaints related to the CCG’s commissioning responsibilities also reduced from 15 to 8.

Just under half of the complaints received by the CCG in 2015/16 (20 out of 55) were about the provision or commissioning of mental health care, with waiting times and CCG commissioning (gaps or perceived gaps) being the main reason. There was a rise in complaints regarding paediatric speech and language therapy towards the end of the year, a pattern that is continuing into 2016/17.

Overall, poor communication was the most prevalent reason for lodging a complaint (17) followed closely by long waiting times (13).

A complaint against the CCG that was submitted to the PHSO was not upheld although findings were made against organisations that the CCG commissions services from.

The Quality and Clinical Governance Committee approved the revised Complaints and Compliments Policy in June, which reflected experiential learning from complaints handling.

Implications:

Health/ CCG strategic objectives	We will improve the health of our local population We will involve local people in deciding what we do, respecting and valuing patient and carer experience
Financial/Resource	No implication
Legal/compliance	Managing 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 an important part of the CCG's engagement with patients and the public.
Risk (including reputational) and rating	Not handling complaints effectively increases the risk of referral to the Parliamentary Health Services Ombudsman and reputational damage.

Recommendation(s):

The Governing Body is asked **to note** the findings of the Annual Complaints Report 2015/16, with particular attention to the proportion of complaints received that relate to mental health care.

Next Steps:

This report will be published on the CCG's website.



*Guildford and Waverley
Clinical Commissioning Group*

Annual Complaints Report 2015/16

Liz Patroe

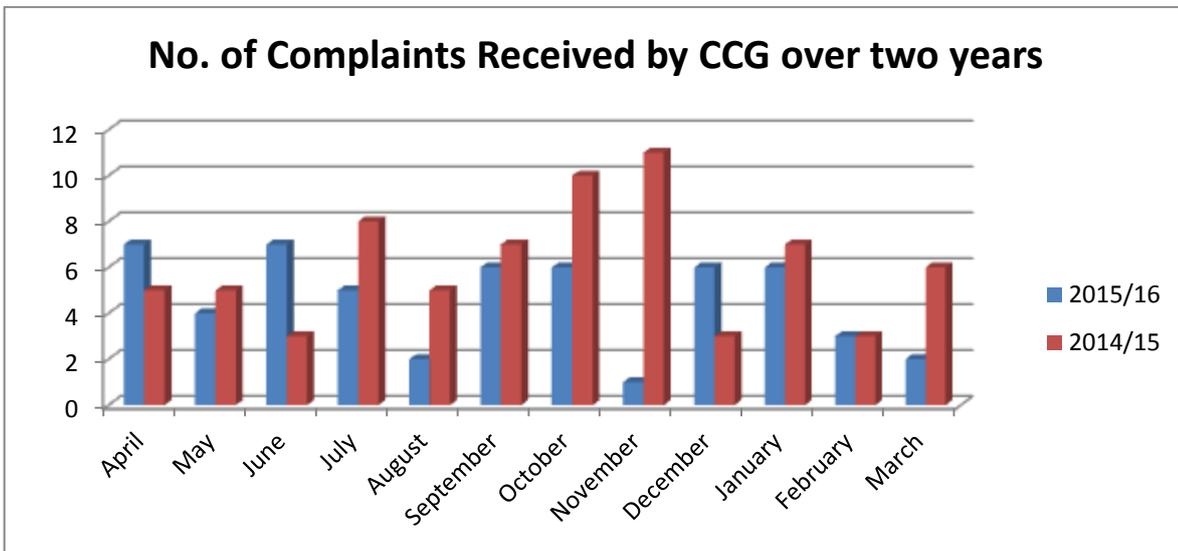
Head of Partnership & Engagement

1. Numbers and Responsible Organisation

This paper reports on complaints received by the CCG in Quarter 4, between 1st April 2015 and the 31st March 2016.

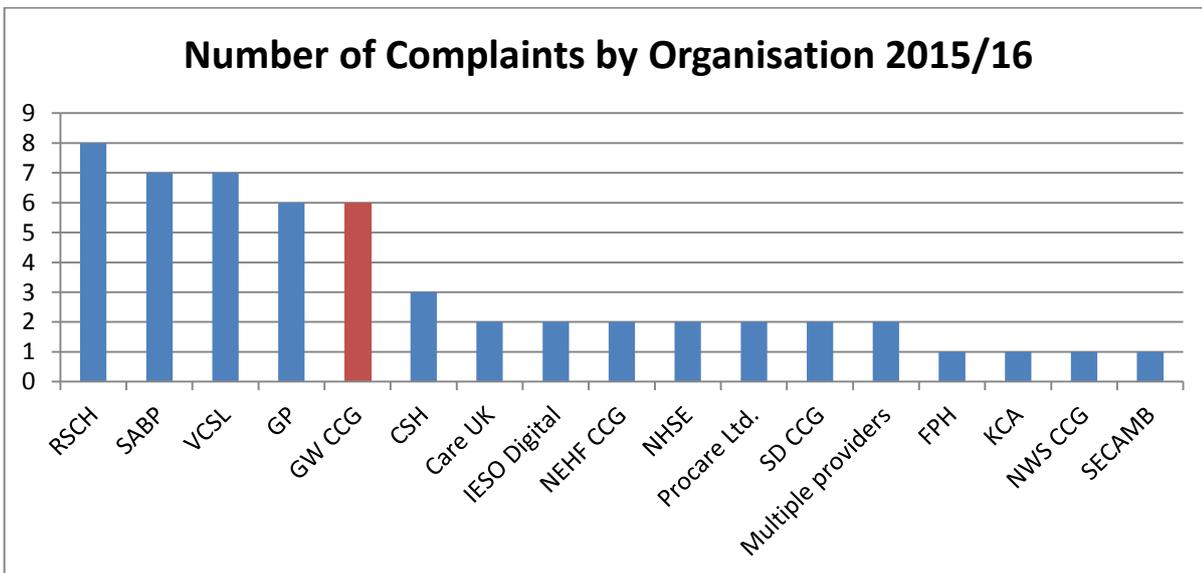
55 complaints have been received by the CCG this year compared to 73 the previous year, a reduction of 25%. There is no discernible pattern to complaint submissions in terms of numbers submitted at certain times of the year. It is noticeable that almost half of the complaints for this year were submitted in just two months, October and November, although bearing no similarity to 2014/15.

Chart 1



6 out of the 55 complaints (11%) related to the work of the CCG with 6 concerning other commissioners e.g. NHS England and the remaining 41 (78%) concerning providers.

Chart 2



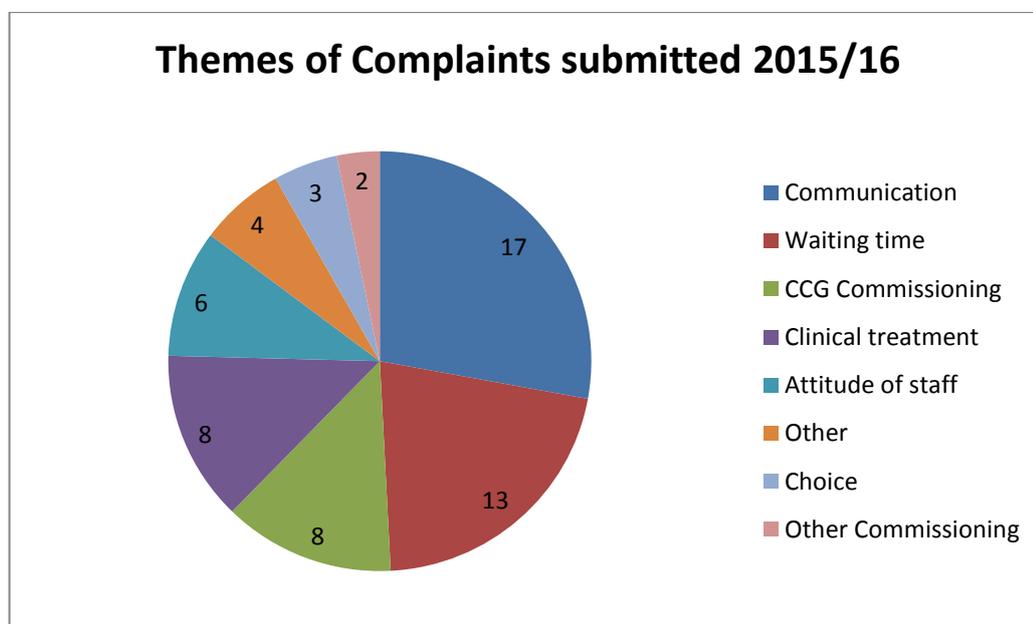
2. Themes and Subject Areas

The reasons to make a complaint were many and varied. In accordance with The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009, for those complaints regarding Providers or commissioning where other Commissioners are the lead, complainants are asked whether they consent to details of their complaint being sent on. If they do and the complaint is so redirected, the complainant is deemed to have made the complaint to the provider. In this case, the CCG may not find out the outcome although this is always requested.

2.1 Overall Themes

The 55 complaints that were *received* by the CCG covered the following broad themes:

Chart 3



Poor communication was the most prevalent reason for lodging a complaint with the CCG. This could be related to poor written or oral communication, covering quality and availability, related to a variety of interactions all of which impacted on the experience of care. There needs to be a focus on getting it right first time, for both providers and commissioners.

After that, complaints regarding waiting times and then perceived or actual CCG commissioning gaps and clinical treatment were second and third (tied) most common reasons to complain.

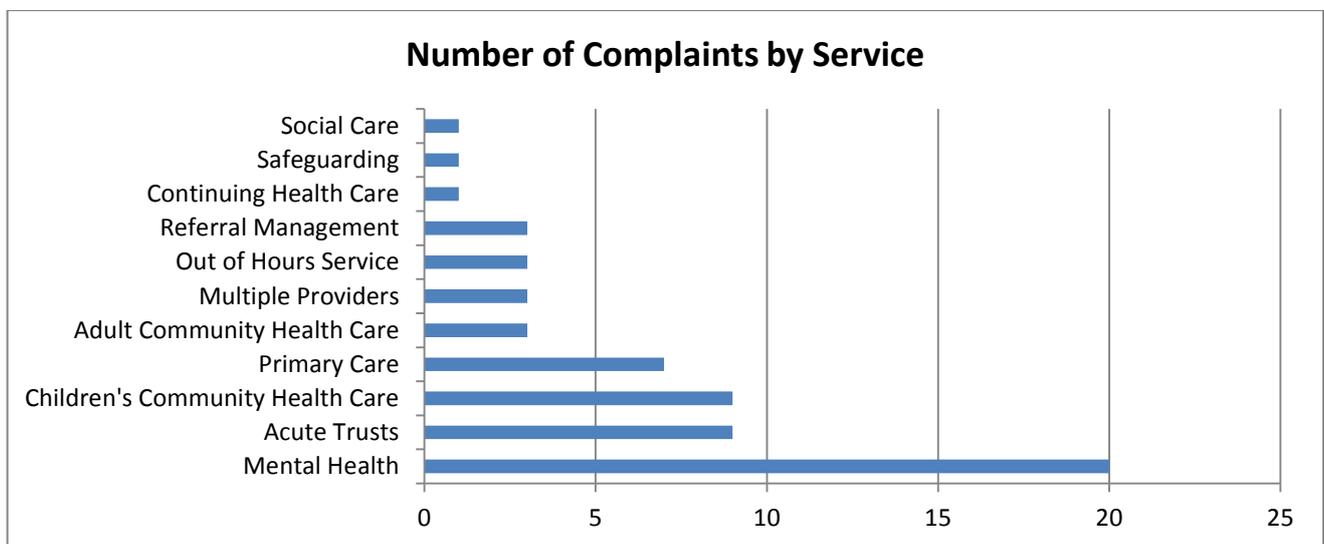
Paediatric speech and language therapy was the most complained service about in terms of delayed appointments. With the Children's Community Health Services procurement taking place in 2016/17, it will be important to review the ability of providers to meet targets and key performance indicators related to paediatric therapies.

Waiting times and communication were the main reasons to complain in 2014/15, in that order, so continued focus on these aspects is required.

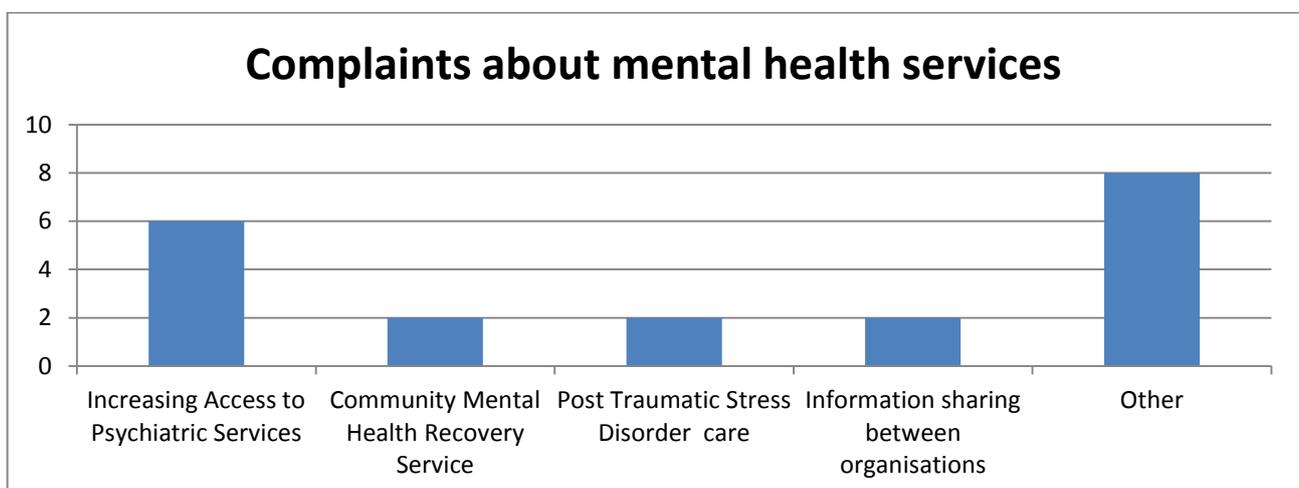
2.2 Subject Areas

Just under half of the complaints received by the CCG were about the provision or commissioning of mental health care

Chart 3

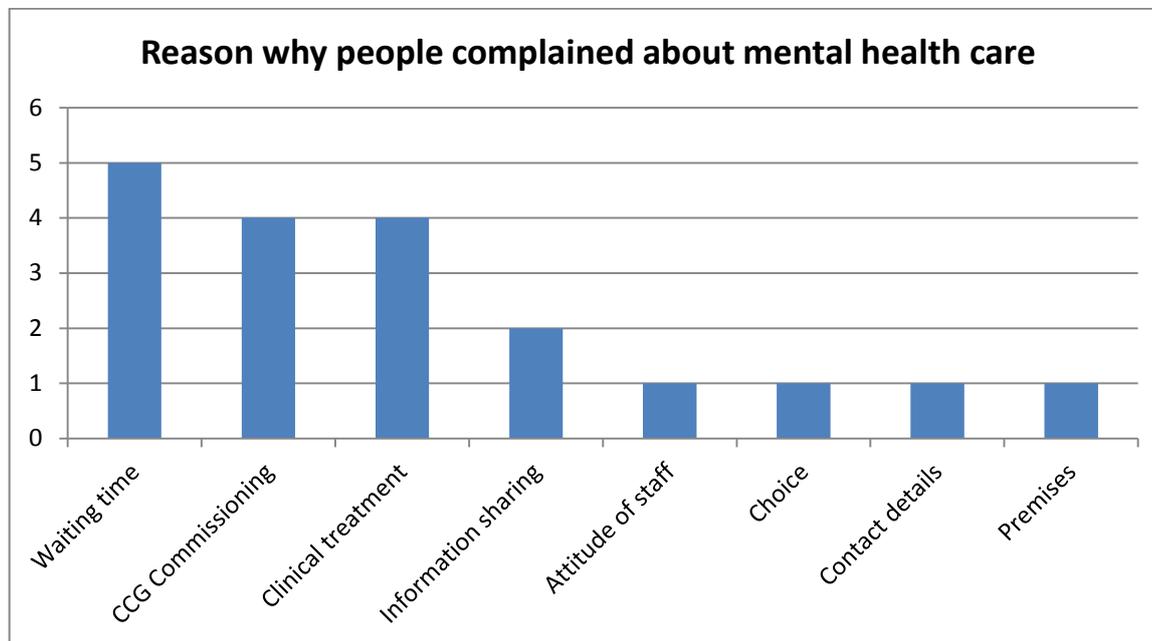


The most common service provision complained about within mental health was the Increasing Access to Psychiatric Services (IAPT). A range of IAPT providers attracted complaints for a variety of reasons, although half of the complaints were about the waiting time for assessment being too long.



The main reason for complaints regarding mental health care was waiting time (for IAPT and CMHRS) followed closely by CCG commissioning (gaps or perceived gaps) and clinical treatment received.

Chart 4



The potential commissioning gaps in mental health care centred on early-onset dementia, post-traumatic stress disorder and mental health care for adults with autistic spectrum disorder.

Services within **acute trusts and children’s community health services** attracted the same number of complaints.

The services within **acute trusts** that were most complained about were maternity and care of the elderly. One complaint regarding the latter service area centred on dignity of care whilst maternity related complaints related to multiple birth procedures and arrangements post-discharge of diagnostic ultrasound (for possible hip dysplasia) – communication problems between different trusts and primary care led to a delay in this being carried out.

Acute Trust Services	Number
Care of the Elderly	2
Maternity	2
Cardiology	1
Cashier Office	1
General Medical	1
Discharge Information	1
Urology	1

Complaints about speech and language therapy were the most prevalent of complaints regarding **Children’s Community Health Care (CCHC)**, all regarding the waiting time for an initial assessment being excessive. In one case, a child has been waiting over 9 months for a speech and language therapy assessment.

CCHC Service	Number
Speech & Language Therapy	3
Children with Complex Needs	1
Health Visiting	1
Podiatry	1
Thresholds	1
Wheelchair services	1

Four of the seven complaints regarding primary care related to the **attitude of staff** (mostly GPs) with the remainder relating to commissioning arrangements for dispensary services, information sharing between GP practices when someone moves practices (incomplete information shared) and recruitment policy for Patient Participation Groups. Primary care attracted the most complaints regarding the attitude of staff compared to all other service areas.

The inadequate **sharing of information** between different services preventing seamless care from being experienced resulted in nine separate complaints. Complainants expressed frustration and a fear of important details being lost. Healthwatch Surrey published a report ‘*If I’ve told you once ...*’ this year concerning people’s views on record sharing between the health and care professionals involved in their care in Surrey. They found the following:

If the parameters of medical and care record sharing are kept within the confines of the medical and care professions, and there are procedures in place to ensure security, confidentiality and accuracy, there is strong support from survey respondents for sharing all or part of their health and care record with all or some of the health and care professionals involved in their care.

This is a challenge for the CCG to address in its commissioning of integrated care.

3. Learning

The CCG is committed to learning from complaints, where possible involving its own commissioning responsibilities. When complaints are due to the CCG applying policies regarding what it does and does not commission, this can be difficult. In these cases however, the importance of clear and respectful communication is paramount.

Throughout the year, complaints generate conversations internal to the CCG and with co-commissioners centred on how to change things for the better for patients and their carers.

When complaints are redirected to the responsible organisations learning must also take place in that organisation. This is followed up through Clinical Quality Review Meetings and Commissioner Forum Meetings. In addition, reports from providers that summarise themes from all complaints submitted to them are reviewed at CQRMs.

Subject Area	Learning
Individual Funding Request decision not to fund an out of area treatment	Currently subject to investigation by the Ombudsman – record-keeping and audit trail
Wheelchair replacement for child not suitable	Clarification of the service specification and commissioning responsibilities for wheelchair services
Allocation of CCG funding for mental health services (inadequate)	Included in overall review of commissioning intentions
Parkinson's Disease service not sufficient to meet clinical needs of patients	Discussed at Commissioner Forum and commissioned service is now being provided. Included in development of Adult Community Health Services procurement for 2016/17
Post-Traumatic Stress Disorder care pathway not suitable.	Taken forward for discussion with NHS NE Hants and Farnham CCG
Commissioning gap for young early onset dementia	
Lack of appropriate treatment for mental health problems.	

Parliamentary and Health Services Ombudsman (PHSO) Intervention

The PHSO investigated a complaint this year that involved the CCG, the RSCH, a GP practice and VCSL. The recommendation for the CCG was to explain how it handles complaints with respect to the duty to gain consent before sharing information and duty to handle complaints that involve multiple providers. The complaint against the CCG was not upheld whereas aspects of it were upheld against RSCH and VCSL regarding catheter care and duty to provide choice when transferring care to another provider.

4. Summary

The number of complaints received by the CCG has reduced in 2015/16 which may be due to patients and carers having greater understanding of where to complain. This will have been supported by a detailed revision on the CCG's website last year, to make this clearer.

Mental health provision and commissioning have been the subject of the majority of complaints this year. Commissioning of mental health care is hosted by NHS North East Hants & Farnham CCG, on behalf of all CCGs in Surrey, hence the complaints made to this CCG are only part of the overall picture with respect to patient and carer experience of mental health care services. It is clear that waiting times and availability of suitable services to meet the range of clinical needs requires more in-depth consideration for this service area. The CCG's Patient & Public Engagement Group now has a permanent member representing the Mental Health Stakeholder Group, a range of voluntary and statutory organisations in Guildford and Waverley that are focused on improving mental health. In addition the CCG held a PPE Forum in July with mental health (dementia) as the focus, with input from Surrey County Council.

CCG staff awareness and training is also crucial to the prompt, effective and compliant handling of complaints, A staff briefing session was delivered earlier this year to clarify expectations, roles and responsibilities and to share learning outcomes, in order to promote staff awareness of the CCG's policy and NHS Complaints Regulations; this was well received. The Complaints and Compliments Policy was also updated in the first quarter of 2016/17 and approved by the Quality and Clinical Governance Committee in June. Learning from complaints handling informed the revision of this policy.