

<b>Agenda item: 2.3</b>
<b>Paper No: 7</b>

<b>Committee:</b>	Governing Body
<b>Venue:</b>	Dominion House, Guildford
<b>Date:</b>	25 July 2017
<b>Status:</b>	<b>FOR APPROVAL</b>

<b>Title of Report</b>	Annual Complaints Report 2016/2017	
<b>Presented by</b>	Elaine Newton, Director of Governance & Compliance	
<b>Author</b>	Liz Patroe, Head of Partnership & Engagement	
<b>Finance Lead sign off</b>	N/A	
<b>Conflict of Interest</b>	None	
<b>Governance and reporting-</b> at which other meeting has this paper been discussed	Quality and Clinical Governance Committee; 02/05/17	Noted the report
<b>Freedom of Information</b>	Author considers that no exemption applies:	<input checked="" type="checkbox"/>

**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.

Quarterly complaints summaries have been presented to the Quality and Clinical Governance Committee. This report summarises the themes and learning from complaints that the CCG has handled throughout the year.

The number of complaints received in 2016/17 (n=75) was markedly higher than last year, with the number received in quarter 4 exceeding all other quarters previously reported.

**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	<p>The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 No 309. Health &amp; Social Care Act 2012 Section 14R: Duty as to improvement of quality of services. 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.</p>
Equality Analysis	<p>Not indicated. 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.</p>
Patient and Public Engagement	<p>Complaints are an important part of the CCG's engagement with patients and the public.</p>
Risk (including reputational) and rating	<p>No existing risk Not handling complaints effectively increases the risk of referral to the Parliamentary Health Services Ombudsman and reputational damage.</p>

**Recommendation(s):**

The Committee is asked to note the findings of the Annual Complaints Report 2016/17, with particular attention to the number of complaints arising from the transfer of services to a different provider.

**Next Steps:**

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

# **Annual Complaints Report**

## **2016/17**

**Liz Patroe**

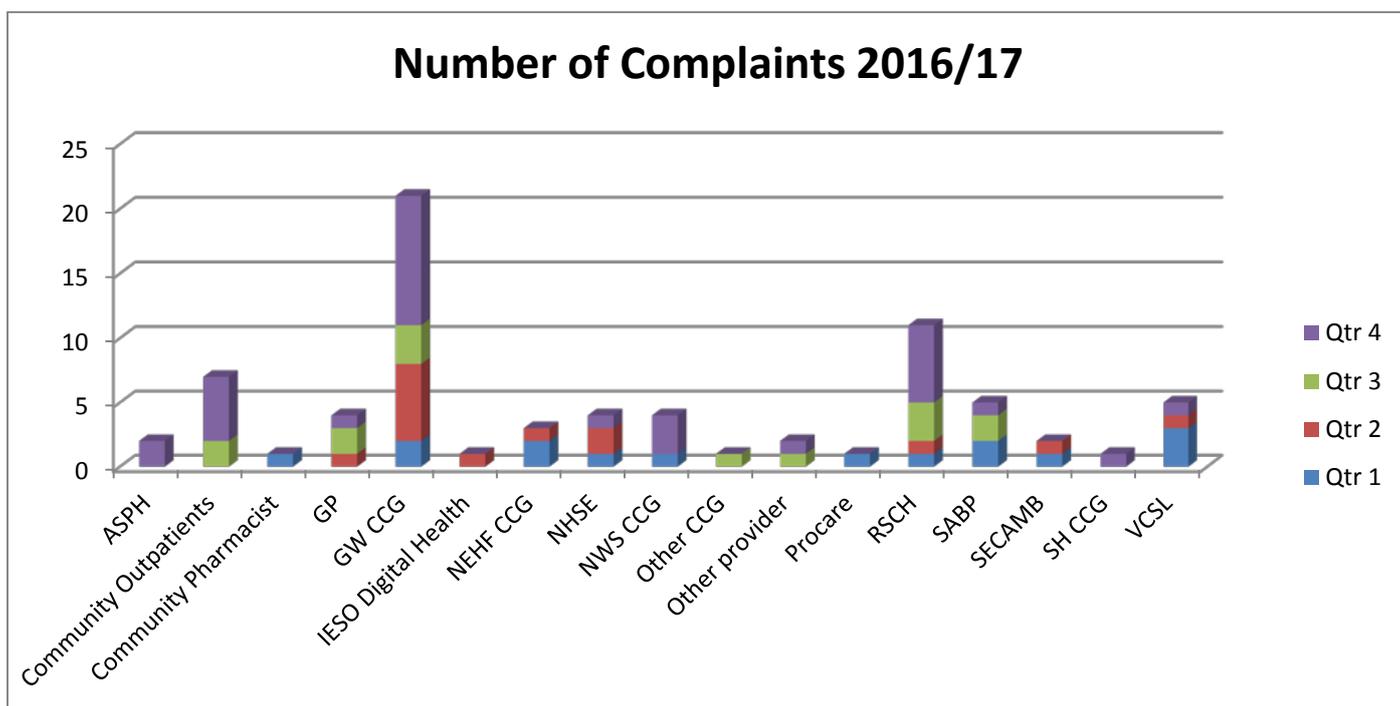
**Head of Partnership & Engagement**

## 1. Numbers and Responsible Organisations

This paper reports on complaints received by the CCG between 1<sup>st</sup> April 2016 and the 31<sup>st</sup> March 2017.

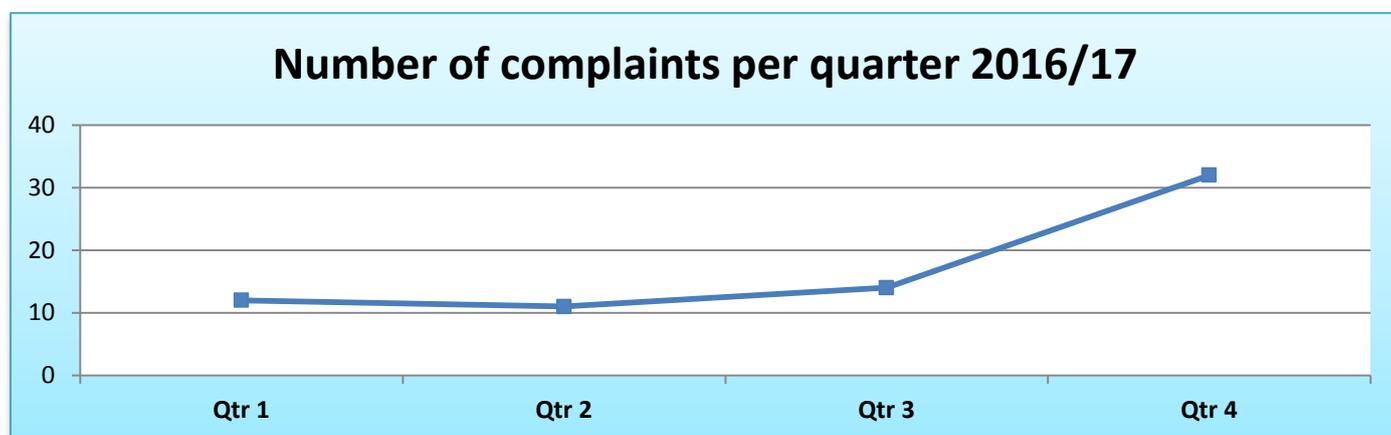
75 complaints were received by the CCG in 2016/17 compared to 55 in 2015/16, an increase of 36%, mostly attributable to an increase in complaints related to the CCG's commissioning function, as can be seen in chart 1 below: 21 complaints (28%) related to the work of the CCG, noticeably more than in 2015/6 when 11% related to the CCG's work. Taking on the lead collaborative commissioning role for mental health and children's community health services can be partly linked to this increase.

**Chart 1**



There was a significant increase in the number of complaints received between January and March 2017.

**Chart 2**

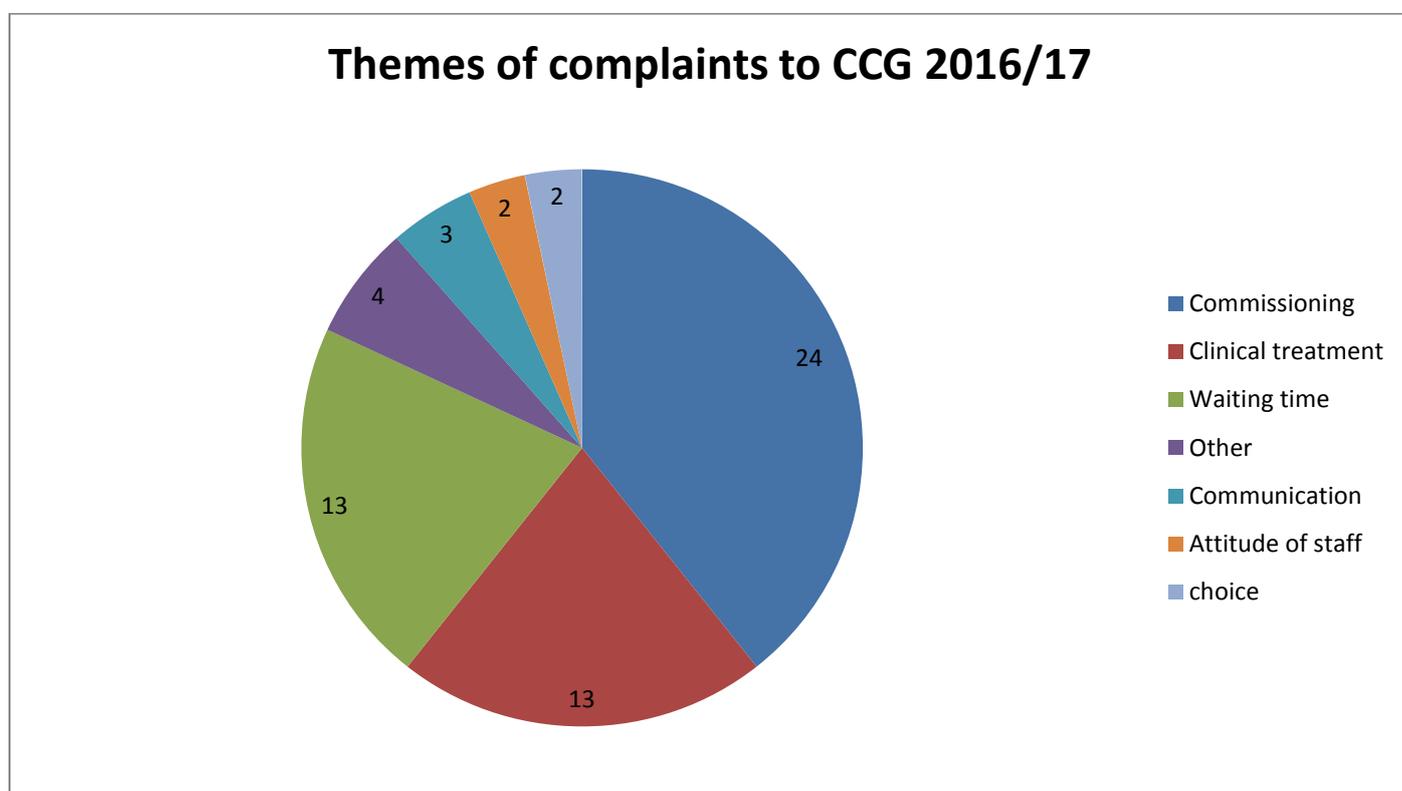


## 2. Themes

In accordance with 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 redirected. If they do, and the complaint is redirected, the complainant is deemed to have made the complaint to the provider. In this case, the CCG may not be advised of the outcome although this is always requested.

The 75 complaints that were *received* by the CCG covered the following broad themes, which are further analysed below.

**Chart 3**



### Commissioning

Dissatisfaction with respect to commissioning covered the following areas:

Reason	Number
Perceived or actual commissioning gap	13
Funding arrangements	7
Decision to change service provider	4

Dissatisfaction with funding arrangements related to application of the assisted conception policy for three complainants with the remaining four covering a range of conditions that were not eligible for funding or, in one case, for which the arrangements to approve funding took longer to arrange than expected..

The majority of complaints relating to a perceived or actual commissioning gap related to the provision of appropriate mental health services for adults and children with autistic spectrum disorder.

### Clinical treatment

Complaints related to clinical treatment were all redirected to the relevant organisation following receipt of written consent. The majority of complaints related to mental health and secondary health care services:

Clinical area	Number
Mental health care	4
Secondary care	4
Community pharmacy	1
Community services	1
Emergency ambulance	1
End of life care - PACE plan	1
Primary care	1

The four complaints regarding mental health care provision all related to dissatisfaction with the service being provided by various teams in the local provider. All sought alternative care provision from a different provider, out of area.

In 2015/16, almost half of complaints received by the CCG were about the provision or commissioning of mental health care. This proportion has reduced in 2016/17 to slightly fewer than 15% of complaints (11 out of 75) relating to mental health.

### Waiting times

Waiting times for paediatric therapy assessments generated the most complaints in this category:

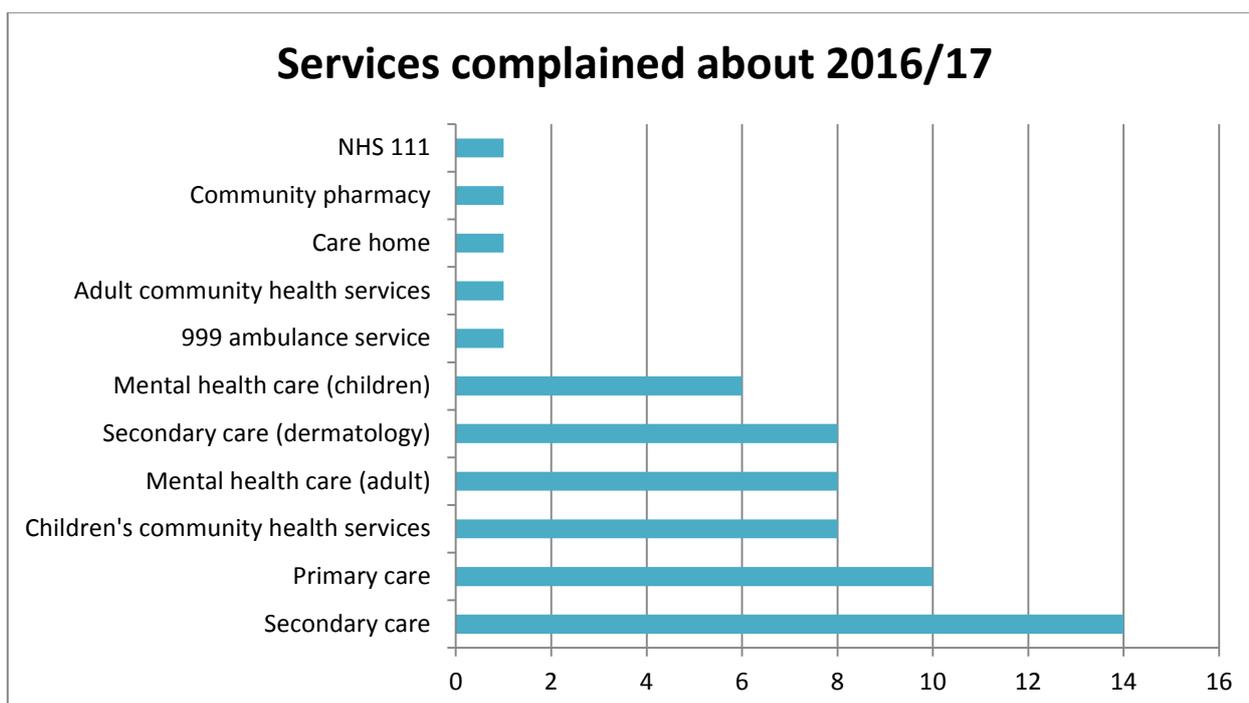
Clinical area	Number
Paediatric therapies	4
Dermatology	2
Paediatrician	2
Surgery	1
Primary care	1
Cardiology	1
ENT	1
Urology	1

This mirrors the situation in 2015/16. The CCG procured a single provider for children's community health services in 2016 /17 on behalf of eight commissioning organisations; this contract started on the 1<sup>st</sup> April 2017. Changes have been made to improve the provision of therapy services with shorter waiting times expected in 2017/18.

Administration issues were the reason for long waiting times with respect to dermatology services and have been addressed by the new provider.

### Services

The most common service provision complained about was secondary care, mainly related to waiting times. There was no particular pattern to the specialities that were highlighted in complaints; subject areas included ENT, cardiology, medical records, social media, information governance, urology and plastic surgery.



Of the ten complaints related to primary care, four focussed on a change in prescribing practice whereby prescriptions were issued to cover 28 days as opposed to 56 days. Patients complained to the CCG about the inconvenience of additional travel to collect prescriptions. The CCG responded to these complaints as they related to guidance that had been issued to practices recommending consideration of 28-day prescriptions for their patients. All complainants were advised that such guidance is for each practice to interpret and tailor for each patient; that it is not 'blanket' guidance for all practices to implement for all patients. There was no common theme to the remaining six complaints; all were redirected, with consent, to the responsible practice.

16 complaints related to the experience of patients cared for by mental health services. The perception that services were not meeting their needs was the most common reason for these complaints. Although feedback is always requested, the CCG does not always receive the outcome for complaints that are redirected to service providers for investigation and resolution. Monitoring of provider handling of complaints is however part of our quality monitoring arrangements.

All but one of the eight complaints relating to children's community health services were about protracted waiting times for paediatric therapy appointments, as referred above.

The new dermatology service, which was procured in 2016/17, generated a relatively large number of complaints for a single speciality. The decision of the CCG to contract with a new provider attracted four complaints, the subject of which was continuity of care under a different provider and establishing new

relationships with clinical staff. The remaining four complaints centred on administration problems such as unanswered telephone calls or letters not arriving.

All issues have been raised in contract quality review meetings with the provider and towards the end of 2016/17, the number of complaints received by the CCG had reduced. Ensuring that new providers of services are given sufficient time to mobilise, including communications with both service users and staff and establishment of robust administration procedures, is an important learning point from these complaints that needs to be applied to future procurements.

### **Parliamentary and Health Services Ombudsman (PHSO) Intervention**

The PHSO decided in March 2017 to partly uphold a complaint against the CCG, following a review of how the complaint had been handled. The original complaint was handled between 2013 and 2015. The CCG has adhered in full to the PHSO's recommendation.

## **3. Learning**

The CCG is committed to learning from complaints and appreciates the feedback given in order to improve patient experience. When complaints arise from the application of CCG policies, for example, in terms of defining access criteria and what is in and out of scope, this can present challenge. However, it is right that commissioning policy is regularly revisited and the outcome of any review communicated in a clear and respectful manner.

Throughout the year, complaints generate dialogue, both within the CCG and with co-commissioners, focussed on how to change things for the better for patients and carers.

When complaints are redirected to the responsible organisations, learning must also take place in that organisation. Reports from providers that summarise themes from all complaints received are reviewed at Clinical Quality Review Meetings.

Key learning points from complaints this year include:

- With respect to the outcome of procurements and new providers coming on board, ensure sufficient time to mobilise new services and prioritise communications to reduce uncertainties for both patients and staff;
- Continue to explore, in partnership with commissioner partners, patients, carers and providers, different ways to meet the needs of adults and children with autistic spectrum disorder (ASD).

## **4. Summary**

The number of complaints received by the CCG increased in 2016/17, by 36%.

The main reasons for complaints related to the CCG's commissioner role, as summarised below:

- procurement decisions (dermatology)
- commissioned services not fully meeting clinical needs (mental health services, children's community health services (therapies), adult community health services and patient transport services);

The CCG has assumed the lead commissioner role for children's community health care services across Surrey since April 2017. This is a single contract with a partnership of three providers working to the same remit which, it is anticipated, should lead to a more coherent overview of waiting times for paediatric therapies and actions to address differing needs, reducing waiting times to more reasonable level for patients and carers. For example, the provider (Children & Family Health Surrey) is contracted to provide timely and high quality occupational therapy (OT) assessment for children and young people eligible for Education Health Care Plans within six weeks of referral and to deliver OT interventions in line with a child/young person's Education Health Care Plans within six weeks of the plan agreed for 0-19 year olds, which they will be monitored against.

Waiting times and clinical treatment, predominantly mental health care, attracted the most complaints after CCG commissioning issues. The CCG became the lead commissioner of adult mental health care services in 2016/17, enhancing its existing responsibility for commissioning children and adolescent mental health care and learning disabilities services across Surrey. Being the lead commissioner for all mental health care across Surrey will enable the CCG to address concerns more directly with providers and shape care through its commissioning intentions to meet needs.