

## Governing Body (public) meeting

DATE: 27 November 2014

<b>Title</b>	<b>Complaints Annual Report - 2013/14</b>	
Recommended action for the Governing Body	That the Governing Body:  <b>Approve:</b> Complaints Annual Report – 2013/14	
Executive summary	<p>The purpose of this report is to outline patient and public feedback received by the CCG in the form of formal complaints between 1<sup>st</sup> April 2013 and 31<sup>st</sup> March 2014.</p> <p>This report is prepared in accordance with the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009, which sets out the requirement for each responsible body to prepare an annual complaint report.</p>	
Which objective does this paper support?	<b>Patients:</b> Improve the health and wellbeing of people in Bexley in partnership with our key stakeholders	✓
	<b>People:</b> Empower our staff to make NHS Bexley CCG the most successful CCG in (south) London	✓
	<b>Pounds:</b> Delivering on all of our statutory duties and become an effective, efficient and economical organisation	✓
	<b>Process:</b> Commission safe, sustainable and equitable services in line with the operating framework and which improves outcomes and patient experience	✓
Organisational implications	Key risks (corporate and/or clinical)	This report provides assurance that processes and procedures are in place to act upon and learn from patient experience/intelligence. It also informs the CCG of the quality and safety of services.
	Equality and diversity	The CCG seeks to ensure that all patients and service users have appropriate and equitable opportunities to feedback views on our services and those we commission.
	Patient impact	Lessons learned from complaints can lead to service change and improve the patient experience.



**Clinical Commissioning Group**

	Financial	N/A
	Legal issues	N/A
	NHS constitution	Ensuring compliance with relevant legislation and policies.
Consultation (public, member or other)	N/A	
Audit (considered/approved by other committees/groups)	Approved by Quality and Safety Sub-Committee.	
Communications plan	Once approved by Governing Body this report will be placed on NHS Bexley CCG website.	
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Date	10 November 2014	

# **Complaints Annual Report 2013/14**

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## Contents:

1. Introduction
2. Complaints Management
3. Complaints received
4. Themes
5. Well-founded /upheld complaints
6. Action, learning and improvement
7. Response performance
8. Parliamentary and Health Service Ombudsman
9. Conclusion

## 1. Introduction

Complaints in the NHS are ruled by the Statutory Instrument introduced in April 2009. This is the “Local Authority Social Services and NHS Complaints (England) Regulations”. These Regulations and subsequent amendments aim to put the patient at the heart of the complaints system.

In addition the Parliamentary and Health Service Ombudsman (PHSO) published three sets of ‘Principles’. These outline the approach the PHSO believes public bodies, including the NHS, should adopt to ensure it delivers good administration and customer service and how to respond when things go wrong. These Principles are:

- Principles of Good Administration
- Principles of Good Complaint Handling
- Principles for Remedy

Based on regulation and guidance Bexley CCG has written and adopted a Complaints Policy which sets out how all complaints will be managed.

People wishing to complain about the NHS can either complain directly to the provider, i.e. a hospital, or to the commissioner of the service. Bexley CCG is responsible for any complaints about its own services or actions and can investigate a complaint against any organisation it commissions that provides care for a Bexley GP registered patient. It cannot investigate complaints about GPs, local dentists, opticians, high street pharmacists or some specialised services. These are commissioned by NHS England who operates its own complaints system.

In addition, members of the public contact the CCG to seek advice or assistance with an issue they need help resolving. The former Bexley Care Trust (previous statutory NHS body) operated a Patient Advice and Liaison Service (PALS); a system that is still operated in many hospitals. The CCG is not required to offer this service but does provide a Patient Experience service which provides advice and information as required.

The key areas covered in this Annual Report are the number of complaints received; the subject of complaints; outcome and actions.

## 2. Complaints Management

A patient, or someone acting on their behalf, can complain within twelve months of the date on which the subject of the complaint occurred or within twelve months of the date on which the matter came to their attention. This deadline can be extended by the CCG if we consider there is still the opportunity to fairly investigate the complaint.

Complaints are acknowledged within three working days of receipt. Communication then begins to ascertain which issues are the subject of the complaint; what permission is needed; the pathway the complaint will take and ensuring information is given on local advocacy services.

Once this is completed an investigation will begin which often includes assessing clinical and administration records, consideration of national and local guidelines/policies as well as interviewing staff.

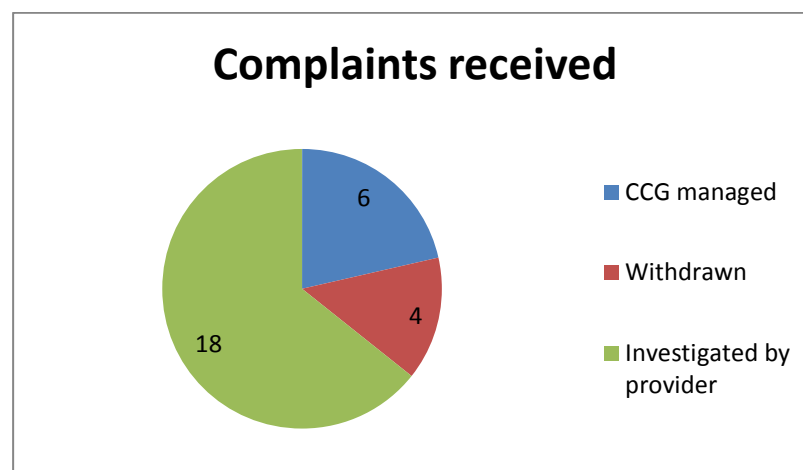
The CCGs target response timescale is 25 working days. However, in some cases where multi-agencies are involved, or concerns raised are complex, a longer timescale is agreed with the complainant. Throughout 2013/14 the CCG experienced numerous delays in obtaining complaint reports and response from provider organisations. There were also occasions when provider reports did not address all the issues raised. In cases where the initial timescale could not be met a revised response date was discussed and agreed with the complainant. The timely investigation of complaints is important, particularly as positive outcomes can be undermined if the investigation has been lengthy and protracted. Response timescales are therefore closely monitored and we will look to improve performance of provider responses in the future.

After an investigation is finished and the CCG is satisfied it answers the complaint, all questions asked and meets the outcomes sought a final letter is written which is quality checked by the CCG's Head of Patient Experience and Director of Governance and Quality before being considered by the Chief Officer. The final letter sets out what issues were agreed to be considered; what investigations were undertaken; the results; actions and any further remedy. The complainant is always provided with the option to contact the CCG again and given details of how to contact the NHS Ombudsman.

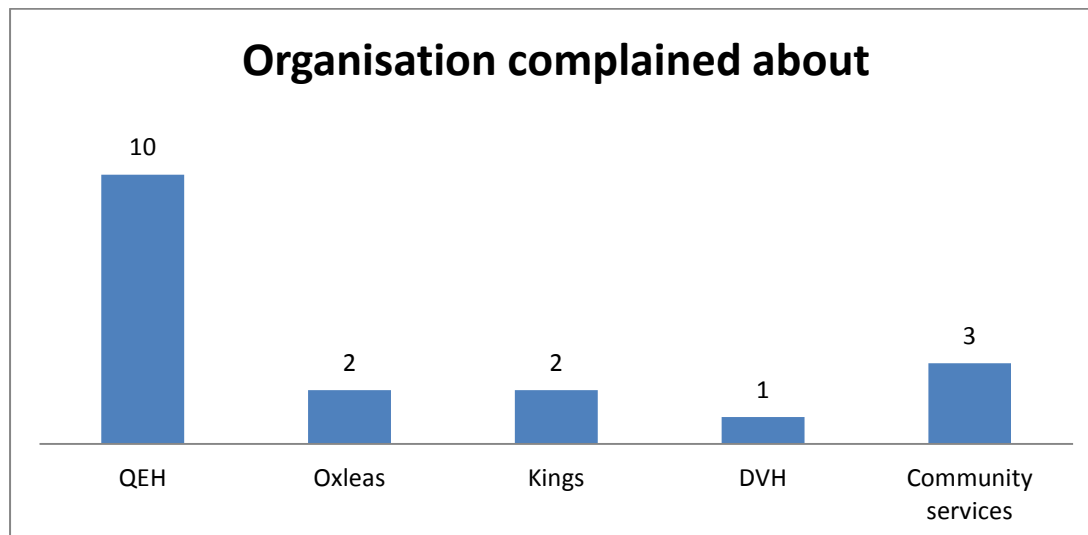
### 3. Complaints received

During the period 1<sup>st</sup> April 2013 to 31<sup>st</sup> March 2014 the CCG received a total of 28 complaints, of these 4 were withdrawn making a total of 24 to be investigated. The remaining complaints related to CCG services and commissioned services.

Within the past 12 months all complaints received in relation to the CCG have related to Continuing Healthcare. This is not unexpected due to the Department of Health announcement regarding retrospective continuing healthcare reviews. The CCG expected to receive a number of complaints relating to this subject as the appeal process is through the CCG's formal complaints procedure.

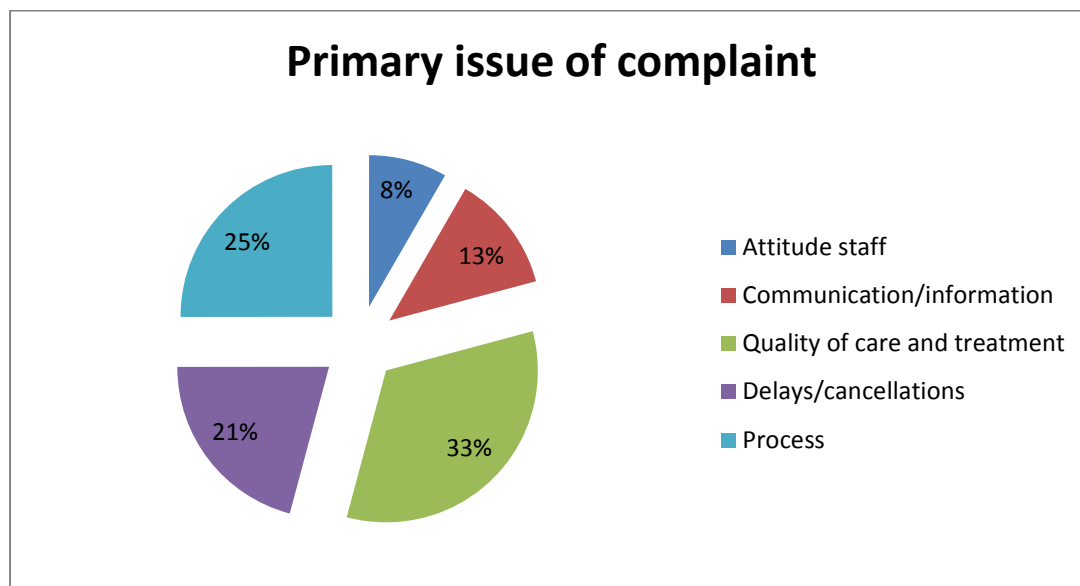


The organisations identified in complaints regarding services commissioned by the CCG are highlighted in the graph below. This shows that Lewisham & Greenwich NHS Trust/ Queen Elizabeth Hospital were noted in the majority of complaints received.



#### 4. Themes of complaints (primary issue):

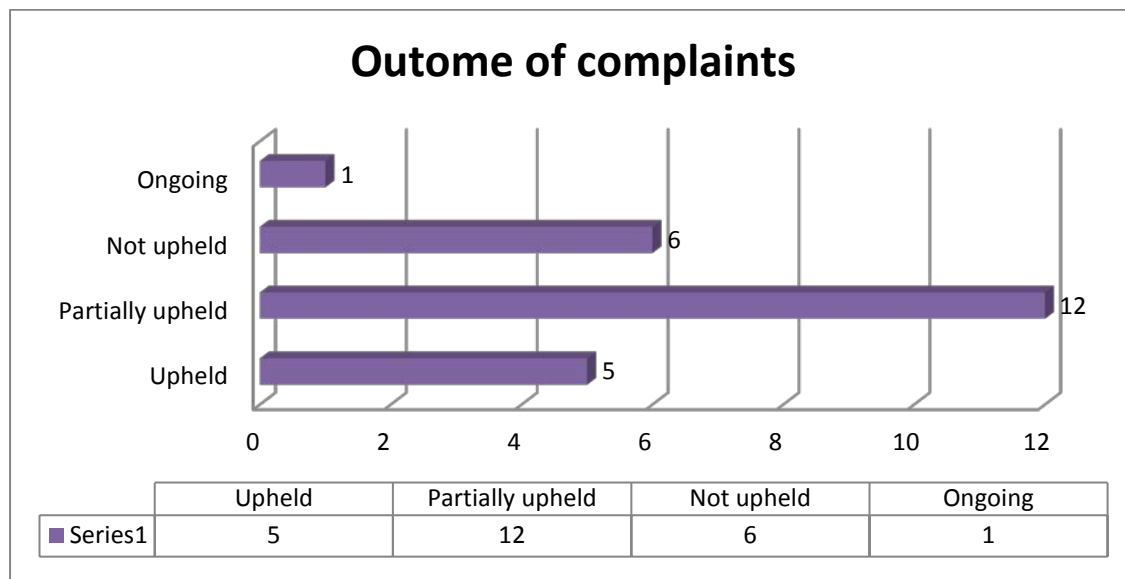
All concerns raised highlight a primary issue. The graph below highlights the main dimensions of care as reported by the complainant.



## 5. Well founded/upheld complaints

Complaints are frequently identified as ‘well founded’ and ‘upheld’. However, no formal definition of these measures is provided in the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009. Therefore in this report a complaint is deemed to have been ‘well founded’ or ‘upheld’ where it is demonstrated that the service provided fell below an acceptable standard.

The table below shows the number of complaints that were upheld/partially upheld during 2013/14.



## 6. Action, learning and improvements

Actions following complaints can take place at several points in time. There are occasions when the organisation complained about was aware of problems and made changes at the time. Other changes/action can be made following a complaint investigation.

The bullet points below represent an example of changes, learning and improvement identified as a result of investigations completed during 2013/14:

- Improved access arrangements to community clinic
- New pathway commissioned for community cardiology service
- Changes to call handling and responding to answerphone messages
- Review staffing levels, leading to increased staffing in clinics
- Acknowledgement of shortfalls and apologies offered
- Meetings/interviews arranged with staff to ensure learning from patient experience/journey and improve for the future
- Improvements to discharge procedure/processes
- Changes in working practice to improve communication & information sharing



## 7. Response performance

The table below shows performance in relation to providing a final response within the target timescale. As the CCG was not formed until 1<sup>st</sup> April 2013 there is no previous year data for performance comparison.

Performance data relating to final response being sent out within target/agreed timescale	Q.1	Q.2	Q.3	Q.4	Total
No of complaints received to relating to CCG services of decision	0	2	1	3	6
% CCG complaints where response sent within agreed timescale	n/a	100%	100%	100%	100%
No of complaints received relating to commissioned services	9	2	2	4	17
% Commissioned service response within timescale	0%	0%	0%	0%	0%

All CCG service complaints were responded to within the agreed timescale. However, as the table above indicates the CCG were unable to meet target timescale in all 17 cases that involved commissioned services. In cases where the initial timescale cannot be met a revised timescale is discussed and agreed with the complainant.

The table below shows complaints by provider who failed to respond within timescale

Provider	No complaints	%
Queen Elizabeth Hospital (Lewisham & Greenwich NHS Trust)	8	53%
Community Cardiology Services	3	17.5%
Oxleas NHS Foundation Trust	3	17.5%
Princess Royal (Kings College Hospital)	1	6%
Grabadoc	1	6%

It has remained a concern throughout the year that a significant number of investigation reports have been severely delayed or needed to be returned to the provider as the information did not address all aspects of complaint raised. This has impacted greatly on the CCG ability to complete and close 75% of our total investigated complaints during 2013/14.

## 8. Parliamentary and Health Service Ombudsman

The Parliamentary and Health Service Ombudsman (PHSO) provides a service to the public by undertaking independent investigations into complaints, it is the final stage of the NHS complaints process. The PHSO will normally only take on a complaint after the NHS organisation complained about has first tried to resolve the issues and has responded to the complaint. Any complainant who remains dissatisfied at the end of the local complaints procedure has the right to contact the PHSO who will decide if they will re-investigate. In 2013/14 no cases managed by the CCG were investigated by the PHSO.

## 9. Conclusion

A number of national reports have been published relating to complaints handling and patient safety, including the Francis and Berwick Reports. Francis particularly identified the need to create an NHS which includes patients and relatives, is open to criticism, is considerate of patient needs, is outward looking, open and transparent, challenges poor standards, promotes organisation understanding and ensures learning from complaints is effectively identified, implemented and puts the patient first in everything.

To meet this challenge Bexley CCG recognises that complaints are a valuable aspect of the patient experience which frequently offers the opportunity to learn, improve and make changes. Going forward we will focus on what steps can be taken to improve how we manage, learn from and respond to complaints, ensuring the changes highlighted in the Francis Report become a reality.