

## Complaints and MP Enquiries Quarter 1 Report 2017/2018

Governing Body meeting

Item 20k

7 September 2017

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<b>Sponsor Director</b>	Penny Brooks, Chief Nurse
<b>Purpose of Paper</b>	
To provide the Governing Body with complaints and MP enquiries comparative data and information about themes and trends for quarter 1 2017/2018.	
<b>Key Issues</b>	
<p>The number of formal complaints handled by the CCG has declined. Seven complaints about CCG services were received during quarter 1 2017/18, less than a third of the number (24) that were received during the same period in 2016/17.</p> <p>43% of complaints received during quarter 1 were responded to within the CCG's target of 25 working days.</p> <p>100% of MP enquiries received during quarter 1 were responded to within the CCG's target of 25 working days.</p>	
<b>Is your report for Approval / Consideration / Noting</b>	
Noting	
<b>Recommendations / Action Required by Governing Body</b>	
The Governing Body is asked to note the Complaints and MP Enquiries Quarter 1 Report 2017/2018.	
<b>Governing Body Assurance Framework</b>	
<p><b><i>Which of the CCG's objectives does this paper support?</i></b></p> <ul style="list-style-type: none"> <li>To improve patient experience and access to care</li> <li>To improve the quality and equality of healthcare in Sheffield</li> </ul>	
<b>Are there any Resource Implications (including Financial, Staffing etc)?</b>	
No.	

<b>Have you carried out an Equality Impact Assessment and is it attached?</b>
<b><i>Please attach if completed. Please explain if not, why not</i></b> No. An Equality Impact Assessment is not required because a new policy, process or strategy is not being considered or proposed.
<b><i>Have you involved patients, carers and the public in the preparation of the report?</i></b>
No.

## **Complaints and MP Enquiries Quarter 1 Report 2017/2018**

### **Governing Body meeting**

**7 September 2017**

#### **1. Introduction**

The CCG handles compliments, complaints and MP enquiries about:

- the conduct of NHS Sheffield CCG staff
- services that NHS Sheffield CCG provides, including commission decisions.

When the CCG receives a complaint relating to services commissioned by the CCG and provided by another organisation, the CCG decides whether it is appropriate for the provider to handle the complaint directly or whether the CCG should handle the complaint<sup>1</sup>. Where the CCG decides to handle the complaint the provider is asked to investigate and provide the CCG with the outcome of their investigation. The CCG then responds to the complainant.

Department of Health guidance indicates that these complaints should be included in provider rather than CCG complaints statistics. Therefore, detailed information about provider complaints is not included in this report.

#### **2. Compliments**

We record compliments to help us to share areas of good practice. During quarter one, we received eight compliments. Seven of these related to continuing healthcare and one related to individual funding requests.

A patient wrote to the CCG to say thank you for treatment funded by an individual funding request. She said “it is no exaggeration to say it has transformed my life....I feel extremely fortunate...Please let those involved in the decision know how grateful I am.”

Of the seven compliments for the continuing healthcare team, five were from members of staff at partner organisations. These compliments praised the professionalism of the staff and their work building good relationships. Two compliments were from relatives of patients. Comments included “[we] were treated with patience and respect” and “...a very supportive, informative and helpful meeting. At a very difficult time, this was a positive experience.”

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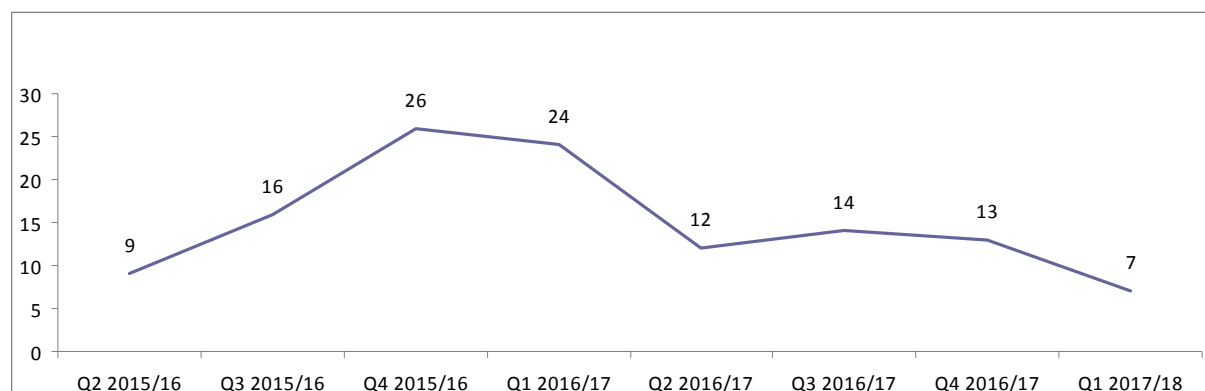
<sup>1</sup> Factors that are taken into account include the subject and severity of the complaint, contractual breaches, pre-existing concerns relating to the provider, and the extent to which feedback from the complaint might inform commissioning decisions. The complainant must consent to their complaint being redirected to the provider to handle. The CCG considers it appropriate that, except in very exceptional circumstances, complaints relating to Sheffield Teaching Hospitals NHS Foundation Trust, Sheffield Health and Social Care NHS Foundation Trust and Sheffield Children's NHS Foundation Trust should be handled directly by the Trusts. The Trusts have a statutory responsibility to investigate complaints effectively, and the CCG has robust processes in place for monitoring the Trusts' compliance with complaints regulations.

### 3. Complaints

#### 3.1. Number of complaints received

During quarter one the CCG:

- handled seven complaints about CCG services and decisions
- handled two complaints about providers (because the complainant did not consent to their complaint being redirected to the provider to respond to directly)
- handled four concerns or informal complaints relating to CCG services
- contributed to a further three multiagency complaints and concerns that another organisation was leading on
- received 21 complaints and two MP enquiries that were redirected to another organisation to respond to.



Graph 1: Number of complaints about CCG services and decisions

#### 3.2. Timeliness of response

We aim to acknowledge complaints within two working days and respond within 25 working days. This timeframe can be negotiated and amended with the agreement of the complainant.

Of the seven complaints about CCG services and decisions:

- 100% were acknowledged within two working days
- 43% received a response with 25 working days.<sup>2</sup>

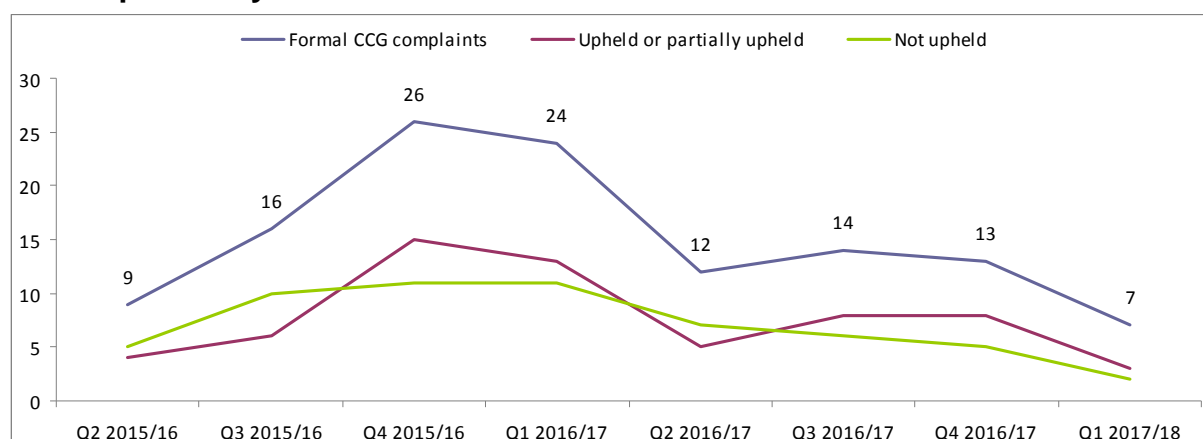
The reasons for late responses were as follows:

Area	Reasons target missed	Mitigating factors	Action
Medicines Management  One late response (out of a total of two complaints).	Length of time taken to investigate complaint.	-Two key members of the team on leave. -Three distinct issues required investigation. -Complaint involved two different NHS bodies. -New investigating officer.	Complaints team to provide training to new investigating officer.
Continuing Healthcare and Previously Unassessed Periods of Care teams  Three late responses (out of a total of five complaints).	Primary reason: Length of time taken to investigate complaint (all three cases).  Other factors: Delay in complaints administration (two cases).	One case is an appeal of an offer of care which is waiting to be heard by the Continuing Healthcare Resource Panel.	A separate appeals process will operate from Sept 2017.  Interim complaints manager has been appointed.

Table 1: Reasons for late responses

<sup>2</sup> In one case the response was given verbally, as requested by the complainant, with a written response summarising the conversation sent later.

### 3.3. Complaints by outcome



Graph 2: Complaints by outcome

Graph two, above shows the number of formal complaints received, the number that were not upheld and the number that were either upheld or partially upheld (combined). At the time of writing this report two of the complaints received during quarter one were unresolved and therefore the outcome was unknown.

	Q1 16/17	Q2 16/17	Q3 16/17	Q4 16/17	Q1 17/18
Upheld: The complainant's primary concerns were correct.	5	3	5	5	1
Partially upheld: The complainant's primary concerns were not found to be correct, but our investigation identified some problems with the service provided.	8	2	3	3	2
Not upheld: The complainant's concerns were not correct. <sup>3</sup>	11	7	6	5	2
Complaint is still open.					2

Table 2: Complaint outcomes and open cases

### 3.4. Parliamentary and Health Service Ombudsman (PHSO)

There were no PHSO decisions during quarter one.

### 3.5. Complaints and concerns by service area

		2015-2016			2016-2017				17-18
		Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1
Commissioning and CCG policies and decisions	Formal complaints	2	7	5	11	3	5	2	2
	Informal complaints and concerns	7	2	16	3	4	7	2	3
Continuing Healthcare, Funded Nursing Care and Personal Health Budgets	Formal complaints	5	7	17	11	6	7	10	3
	Informal complaints and concerns	6	4	3	5	8	6	0	1
Continuing Healthcare Previously Unassessed Periods of Care	Formal complaints	2	2	4	2	3	2	1	2
	Informal complaints and concerns	2	1	0	0	0	0	0	0

Table 3: Complaints and concerns by service area

<sup>3</sup> Where a complaint is not upheld, we still seek to learn from the complaint, and consider what we could do differently to improve the complainant's experience.

### **3.6. Commissioning and CCG policies and decisions**

We handled two complaints and three concerns. The concerns related to commissioning of mental health services, commissioning of fertility treatment and commissioning of MSK treatment.

Both complaints related to decisions and actions taken by the Medicines Management team. The issues raised included:

- Liothyronine: patient given conflicting advice by a hospital consultant and by a GP following CCG advice about whether liothyronine should be prescribed
- Fortisip and Aymes Complete: patients receiving Fortisip in hospital are switched to Aymes Complete after discharge
- Zeroderm and Aveeno: GP prescribed Zeroderm for child, whereas parent preferred Aveeno
- communication: patient considered that a racist comment had been made
- vitamin D: availability on prescription.

In response we:

- explained our prescribing guidance and the rationale behind it
- fully investigated the allegation of racism. We found that there was no racist intent but that the comment that had been made was open to misinterpretation
- undertook to work with a GP practice to try to improve the process for medication changes
- undertook to provide training for staff who have to explain our prescribing guidance to patients, to ensure that they are equipped to handle difficult conversations.

### **3.7. Continuing healthcare**

We received three formal complaints and one concern. Issues raised included:

- patients concerned that the care package that they had been offered was not appropriate to their needs
- concerns about timeliness of communication.

In response:

- our Resource Panel reconsidered the care packages
- we apologised for delays in communication.

### **3.8. Previously unassessed periods of care**

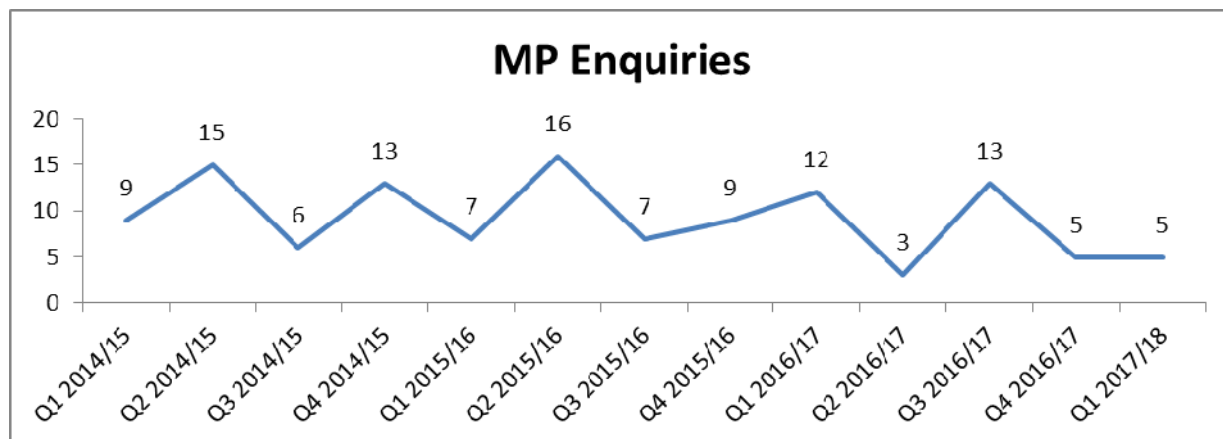
We received two complaints relating to decisions to close cases. In response we explained our decisions in the context of our policies and national guidance.

## **4. MP enquiries**

When an MP raises a complaint on behalf of a constituent, this is classified as a formal complaint. The CCG also responds to queries from MPs that do not meet the criteria of a formal complaint. These are classified as MP enquiries.

#### 4.1. Number of MP enquiries received

During quarter one we handled five MP enquiries.



Graph 3: Number of MP enquiries about CCG services and decisions

#### 4.2. Timeliness of response

We aim to acknowledge MP enquiries within two working days and respond within 25 working days.

Of the five MP enquiries handled during quarter one:

- 100% were acknowledged within two working days
- 100% received a response with 25 working days.

#### 4.3. Subjects of MP enquiries

The MP enquiries included queries about:

- contracting of patient transport services
- progress of continuing healthcare appeals
- back payment of funded nursing care to nursing homes
- the CCG's position on prescribing gluten-free products.

#### 5. Recommendations

The Governing Body is asked to note the Complaints and MP Enquiries Quarter 1 2017/18 report.

Paper prepared by Sarah Neil, Quality Manager Patient Experience

On behalf of Penny Brooks, Chief Nurse

18 August 2017