

Complaints and MP Enquiries Annual Report 2016/2017

Governing Body meeting

Item 18j

25 May 2017

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Purpose of Paper	
To provide the Governing Body with complaints and MP enquiries comparative data and information about themes and trends for quarter 4 2016/2017 and also provide a summary of complaints and MP responses that were received during the year.	
Key Issues	
<ol style="list-style-type: none"> Over the last four years there has been a consistent decline in complaints. 67% of complaints for the year 2016/17 relate to the Continuing Healthcare service. 	
Is your report for Approval / Consideration / Noting	
Noting.	
Recommendations / Action Required by Governing Body	
The Governing Body is asked to note the Complaints and MP Enquiries Annual Report 2016/2017.	
Governing Body Assurance Framework	
<p><i>This paper supports the following CCG objectives:</i></p> <ul style="list-style-type: none"> To improve patient experience and access to care To improve the quality and equality of healthcare in Sheffield 	
Are there any Resource Implications (including Financial, Staffing etc)?	
No.	
Have you carried out an Equality Impact Assessment and is it attached?	
<p><i>Please attach if completed. Please explain if not, why not</i></p> <p>No. An Equality Impact Assessment is not required because a new policy, process or strategy is not being considered or proposed.</p>	

Have you involved patients, carers and the public in the preparation of the report?

No.

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1. CCG complaints

The CCG handles complaints and MP enquiries about:

- The conduct of NHS Sheffield CCG staff
- Services that NHS Sheffield CCG provides (including commissioning decisions)
- Services commissioned by NHS Sheffield CCG (see 2 below).

2. Provider complaints

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 complaint¹. 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.

Information about provider complaints handled by the CCG has been included in previous CCG complaints reports. However, guidance from the Department of Health has indicated that these complaints should be included in provider rather than CCG reports. Therefore, detailed information about provider complaints has not been included in CCG complaints reports from quarter 2 2015/16 onwards.

3. Annual Review

This report provides an overview of the complaints and MP enquiries received during 2016/17 with detailed information about those received during quarter 4. Information about quarters 1 - 3 can be found in reports submitted to Governing Body in October and December 2016 and April 2017.

During 2016/17 the CCG handled 63 formal complaints. This was three less than the 67 formal complaints that were handled in 2015/16. The complaints team also processed 36 concerns, 33 MP enquiries and redirected 129 complaints to other organisations.

¹ 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 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.

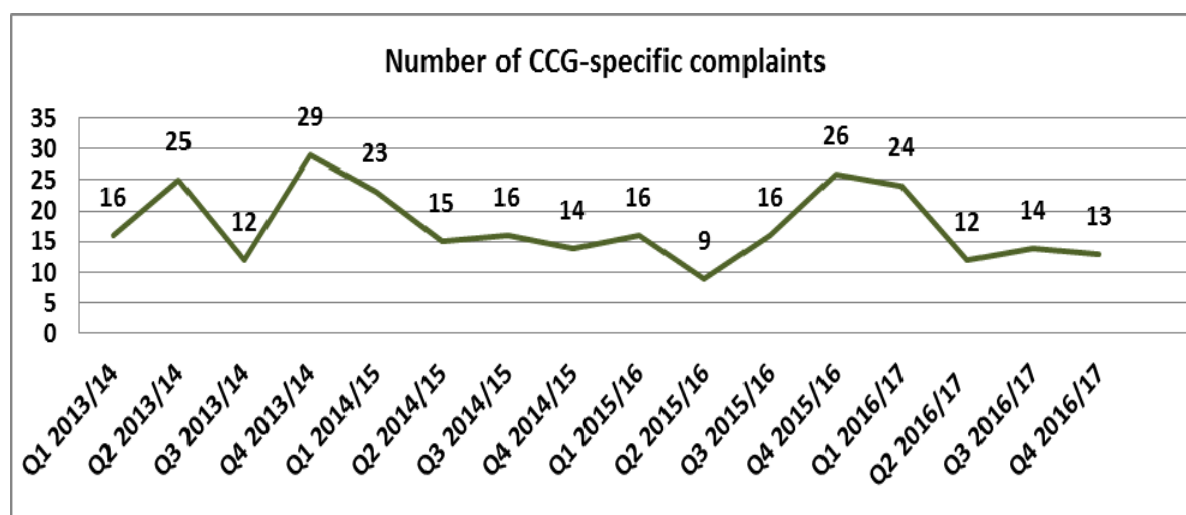
During 2016/2017 76% of complaints were acknowledged within the CCG's internal two day target. 81% of MP enquiries were acknowledged within the two day target; this reflects an improvement in acknowledgment times compared to 2015/2016 when 69% of complaints and 78% of MP enquiries were within two days.

We aim to respond to complaints and MP enquiries within 25 working days but this is not always possible. In 2016/2017, responses for 59% of complaints and 73% of MP enquiries met the 25 day target. In 2015/2016, responses for 51% of complaints and 77% of MP enquiries met the 25 day target.

Parliamentary and Health Service Ombudsman (PHSO) cases for 2016/2017	
Complaint	Status
Case – 4017.15 (Case relates to a 2015/16 case but the decision was made in Q1 of 2016/17). Decision to close a retrospective review claim because requested documentation had not been provided.	Upheld: The Ombudsman recommended that the claim be reopened. The CCG has implemented this recommendation.
Case - 173.16 Decision not to retrospectively review eligibility for funding on the grounds that the period in question had already been assessed.	Resolved through further intervention. CCG agreed to review on grounds that patient may not have been aware of right to appeal.
Case - 105.16 Complainant seeking financial remedy for costs incurred and distress experienced, following an Independent Review Panel decision of a continuing healthcare (CHC) appeal.	Not upheld.
Case - 94.2016: Case was redirected to Sheffield Health and Social Care Foundation Trust; PHSO investigation of a complaint about the adequacy of the support provided to patient after the termination of a long-term care provider. Information requested from CCG. PHSO has requested CCG to provide an overview of the CCG's involvement in the case.	Awaiting outcome.

Table 1: List of PHSO cases dealt with during 2016/17

4. Quarter 4 2016/2017 report - number of complaints



Graph 1: Number of CCG complaints

In quarter 4 the CCG processed 13 formal complaints. This is consistent with the rise and fall trend of complaints in quarter 4 in previous years.

The CCG contributed to five multiagency complaints; this included leading in the coordination of two cases and contributing to three others.

One complaint was raised by a Member of Parliament on behalf of a constituent.

Two concerns relating to CCG services were dealt with by the complaints team during quarter 4.

The CCG redirected 35 complaints and MP enquiries during this quarter. These included:

- | | |
|---|----|
| • Sheffield Teaching Hospitals Foundation Trust | 13 |
| • Primary Care Provider | 9 |
| • NHS England | 7 |
| • Other | 3 |
| • Sheffield Health and Social Care Foundation Trust | 1 |
| • Sheffield Children's Hospital Foundation Trust | 1 |
| • Independent Provider | 1 |

5. Timeliness of response

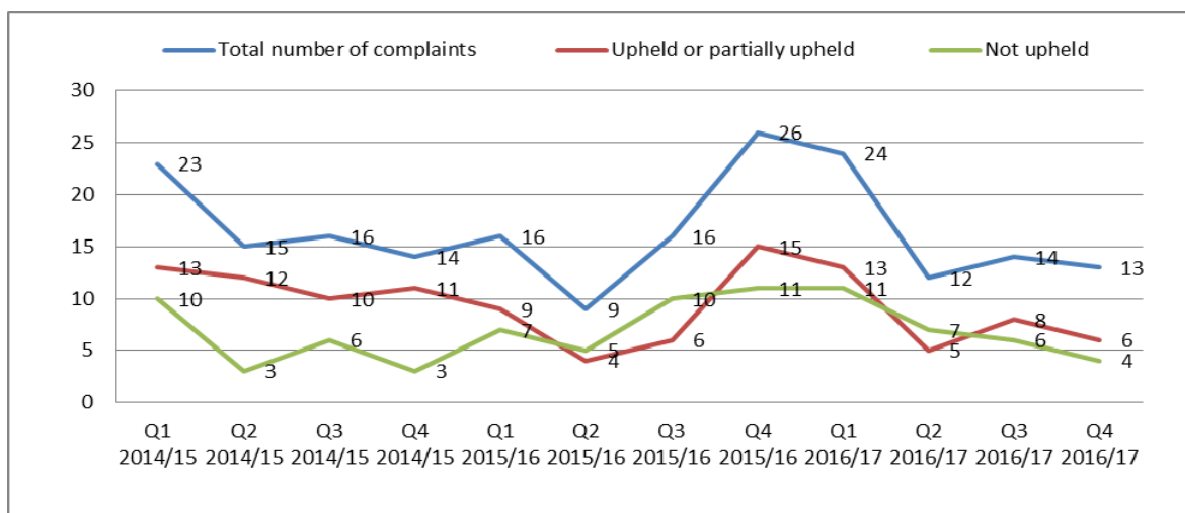
85% of formal complaints were acknowledged within two working days.

Our standard is to respond to complaints within 25 working days.²

69% of complaint responses were completed within the 25 working day target.

² In some cases we ask the MP or complainant to provide further information or consent and the investigation cannot proceed until this is received. The time taken to receive this information is not included within the 25 working days.

6. Complaints by outcome



Graph 2: Complaints outcomes

Graph two, above, shows the number of formal complaints received, the numbers which were not upheld and the numbers which were either upheld or partially upheld (combined). At the time of writing the report three cases were unresolved for quarter 4.

From quarter 4 2015/16 to quarter 2 2016/17 there has been a gradual decrease in the number of complaints that have been upheld or partially upheld; however quarter 3 of 2016/17 saw a slight increase in the number of upheld or partially upheld cases. Six of the ten resolved cases were upheld or partially upheld for quarter 4.

The table below shows outcomes for the last four quarters.

	2016-2017			
	Q1	Q2	Q3	Q4
Upheld: The complainant's primary concerns were found to be correct.	5	3	5	4
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	2
Not upheld: The complainant's concerns were not found to be correct. 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.	11	7	6	4
Complaint is still open.	0	0	0	3

Table 2: Complaint outcomes and open cases

7. Complaints and concerns by service area

		2014-2015				2015-2016				2016-2017			
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Commissioning and CCG policies and decisions	Formal complaints	10	3	3	1	7	2	7	5	11	3	5	2
	Informal complaints and concerns	1	0	0	2	2	7	2	16	3	4	7	2
	Multiagency formal complaints, another organisation took the lead	0	0	1	1	0	1	1	0	1	0	1	0
	Total number of concerns raised	11	3	4	4	9	10	10	21	16	7	13	4
Continuing Healthcare, (CHC) Funded Nursing Care (FNC) and Personal Health Budgets (PHB)	Formal complaints	8	7	9	13	5	5	7	17	11	6	7	10
	Informal complaints and concerns	0	0	3	4	2	6	4	3	5	8	6	0
	Multiagency formal complaints, another organisation took the lead	0	0	0	1	2	2	1	1	2	3	1	3
	Total number of concerns raised	8	7	12	18	9	13	12	21	19	17	14	13
Continuing Healthcare Previously Unassessed Periods of Care (PUPoC)	Formal complaints	5	5	2	0	0	2	2	4	2	3	2	1
	Informal complaints and concerns	0	0	0	0	0	2	1	0	0	0	0	0
	Multiagency formal complaints, another organisation took the lead	0	0	0	0	0	0	0	0	0	0	0	0
	Total number of concerns raised	5	5	2	0	0	4	3	4	2	3	2	1

Table 4: Complaints and concerns by service area

7.1. Commissioning and CCG policies and decisions

During quarter 4 2016/17 we received two complaints, one relating to a refused request for funding a proposed operation that was deemed 'cosmetic' and the other from a patient who is unhappy that Individual Funding Requests (IFR) funding is only available to partially resolve her breast implant problem.

Two concerns were raised relating to commissioning and CCG decisions. These included:

- A care home manager's complaint about a payment made by finance to a wrong account. This was not dealt with as a formal complaint because complaints emanating from other NHS responsible bodies are exempt from the Health and Social Care Complaints Regulations 2009. The finance department apologised and resolved the matter.
- Request for information to challenge the rejection of funding for a patient to go to Clifton House following a brain aneurysm and stroke. The IFR team responded directly.

7.2. Continuing Healthcare (CHC), Funded Nursing Care (FNC) and Personal Health Budgets (PHB)

The CCG dealt with 11 formal complaints relating to CHC and PHBs in quarter 4. Some of the issues raised included:

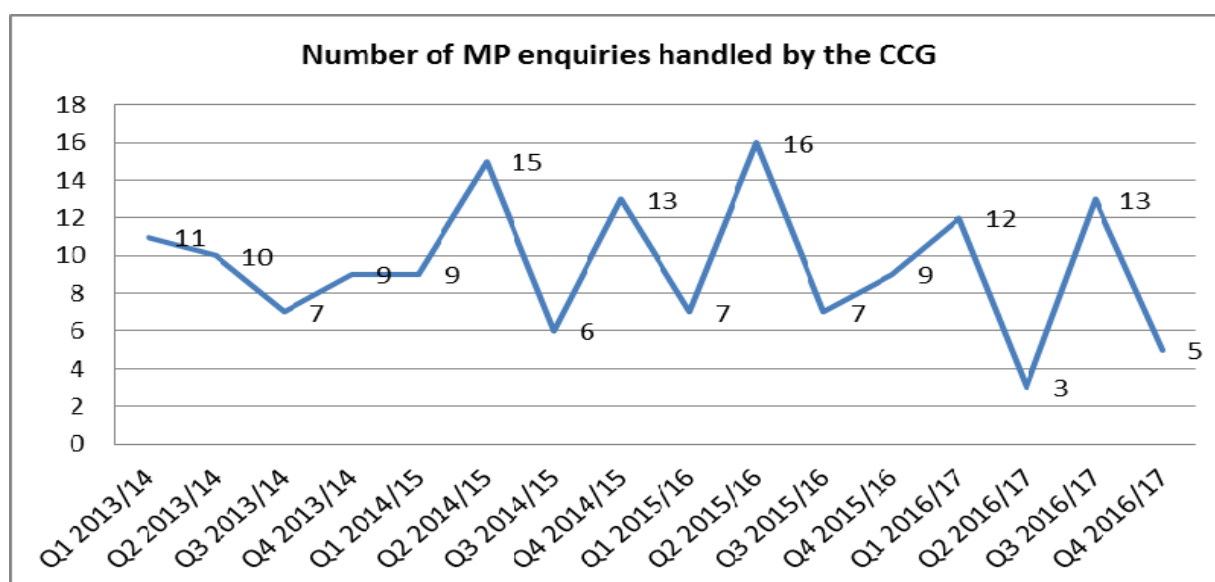
- Complaint regarding changes to offer of care.
- Complaint regarding claim for refund of care home fees.
- Complaint regarding CHC care package and possible fraudulent use of funding.

- Complaint regarding PHB access to transport in order for patient to attend day care centre.
- Complaint about CHC process that continues to deny a Deputy the opportunity to represent a client.
- Complaint about the amount of time taken for an application for CHC funding to be ratified.
- Complaint about the CCG's decision that a client was not eligible to be considered for review under the retrospective scheme.
- Complaint regarding the decision that a client is not eligible for NHS CHC following the submission of a NHS CHC fast track form.

In response we:

- Apologised and took actions to rectify errors.
- Reviewed packages of care that had been offered and made changes where appropriate.
- Explained our decisions in the context of NHS policies and guidelines.

8. Number of MP enquiries³



Graph 3: Number of MP enquiries

Five MP enquiries were received during quarter 4, a significant decrease from the previous quarter when thirteen enquiries were received. This is in keeping with the fluctuating trend for MP enquiries over the years.

100% of MP enquiries were acknowledged within our internal target of two working days.

80% of responses to MP enquiries were completed within our internal target of 25 working days.

The MP enquiries related to the following service areas:

- Two enquiries about Lyme disease – one expressed concern that many clinicians do not understand the symptoms of Lyme disease and requested that clinicians

³ An MP enquiry is classified as one whereby a MP raises an issue that is not a complaint on behalf of an individual or group of constituents.

take a holistic view of symptoms and the other requested assistance for a patient to approach GP surgeries to spread awareness of how Lyme disease is contracted.

- Enquiry asking for reconsideration after a previous refusal for IFR funding for abdominoplasty.
- MP enquiry into funding of Birch Avenue Nursing Home.
- MP writing on behalf of a number of constituents who have expressed their concerns about NHS CHC.

9. Recommendations

The Governing Body is asked to note the Complaints and MP Enquiries 2016/2017 Annual report.

Paper prepared by: Michelle Johnson, Complaints Manager

On behalf of: Penny Brooks, Chief Nurse

15 May 2017