

Compliments, Complaints and MP Enquiries Quarter 1 Report 2013/2014

Governing Body meeting

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3 October 2013

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	On Behalf of Kevin Clifford, Chief Nurse
Key messages	
<ul style="list-style-type: none"> • In Quarter 1, NHS Sheffield CCG received 16 formal complaints, five informal complaints and 11 MP enquiries. • There is an increase in the number of complaints about Continuing Healthcare and Funded Nursing Care. • As a result of complaints received, Continuing Healthcare are making changes to improve communication with relatives. 	
Assurance Framework (AF)	
<p>Risk Reference (RR) Number N/A</p> <p>How does this paper provide assurance to the Governing Body that the risk is being addressed?</p> <p>AF reference 2.1</p> <p>Is this an existing or additional control</p> <p>Existing</p>	
Equality/Diversity Impact	
<p>Has an equality impact assessment been undertaken? NO</p> <p>Which of the 9 Protected Characteristics does it have an impact on?</p> <p>Complaints could potentially impact on all characteristics.</p>	
Public and Patient Engagement	
N/A	
Recommendations	
The Governing Body is asked to note the Compliments, Complaints and MP Enquiries Quarter 1 Report 2013/2014.	

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1. Introduction

NHS Sheffield Clinical Commissioning Group (CCG) receives compliments, complaints and MP enquiries about the services that it commissions and about services provided by the West and South Yorkshire and Bassetlaw Commissioning Support Unit on behalf of the CCG. Those relating to Sheffield Teaching Hospitals NHS Foundation Trust, Sheffield Children's NHS Foundation Trust and Sheffield Health and Social Care NHS Foundation Trust are redirected to the Trusts to handle. The remainder are handled by NHS Sheffield CCG. Since 1 April 2013, complaints about GPs, dentists, opticians and pharmacies are handled by NHS England.

2. Compliments

No compliments were received during Quarter 1.

3. Number of complaints and MP enquiries

During Quarter 1 we received 16 formal complaints, five informal complaints and 11 MP enquiries.

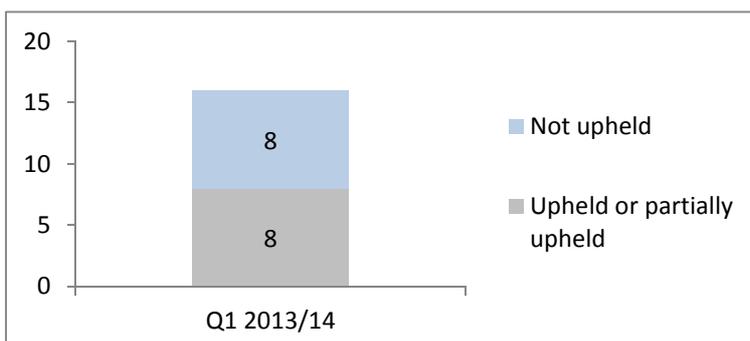
When a complaint involves more than one NHS or Local Authority body, the organisations work together to provide a joint response, with one organisation taking the lead on co-ordinating the investigation. Of the 16 formal complaints received, one was a multi-agency complaint for which the CCG was the lead organisation. In addition, we contributed to four multi-agency complaints for which another organisation was taking the lead.

4. Response times

85% of formal complaints and MP enquiries were acknowledged within two working days.
91% of MP enquiries were responded to within 25 working days.
50% of formal complaints were responded to within 25 working days and a further 19% were responded to within 35 working days.

These statistics include multiagency complaints for which the CCG was the lead organisation. Multi-agency complaints with a different lead organisation are excluded.

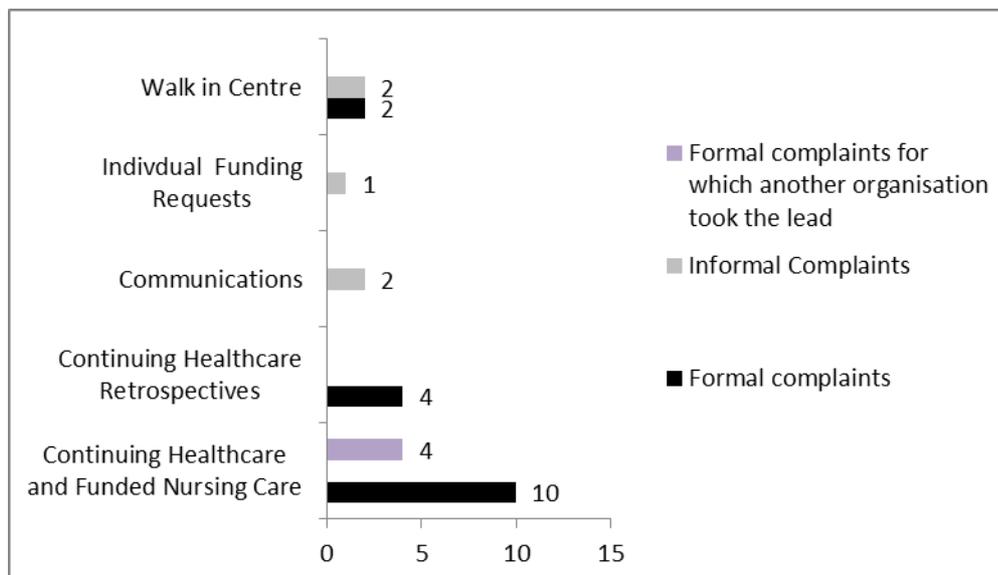
5. Complaints by outcome



6. Complaints referred to the Ombudsman in 2013/14

Complaint	Status
2865.12 Treatment provided by dentist (complaint handled prior to 1 April 2013).	Not upheld
2713.12 Continuing healthcare process and outcome of eligibility decision.	The Ombudsman chose not to investigate the complaint at this time because the local CHC appeals process was not exhausted.
2585.12 Care provided by a GP (complaint handled prior to 1 April 2013).	The Ombudsman has decided not to investigate the complaint further.
2561.12 Treatment provided by dentist (complaint handled prior to 1 April 2013).	Copy of file has been provided to the Ombudsman.
3183.13 Multiagency complaint which Sheffield City Council is leading on. Complaint includes concerns about the continuing healthcare process.	Copy of file has been provided to the Ombudsman.

7. Complaints by service area



7.1 Communications

We received two informal complaints relating to out of date information on our website. Changes were made as a result of the feedback.

7.2 Continuing Healthcare (CHC) – retrospective assessments

7.2 (i) CHC retrospective assessments - response times

Four formal complaints were received. Three received a response within 25 working days and one received a response within 35 working days.

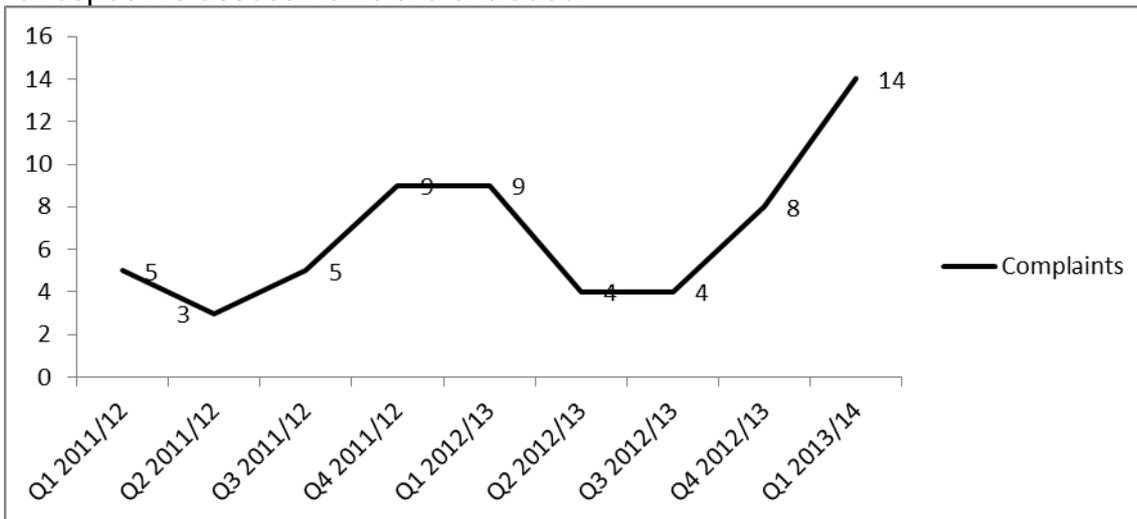
7.2 (ii) CHC retrospective assessments - Summary of complaints

Complaint	Outcome of our investigation and action taken
2 complaints about the length of time taken for a decision to be reached.	The process is lengthy and the service has taken steps to improve efficiency.
A request for review was not accepted as it was received after the deadline.	The deadlines had been widely publicised. There were no exceptional circumstances in this case.
The team refused to share confidential information with a solicitor.	The correct process had been followed.

7.3 Continuing Healthcare and Funded Nursing Care (CHC and FNC)

7.3 (i) CHC and FNC - number of complaints

The number of complaints relating to CHC and FNC has increased. In Quarter 1 NHS Sheffield CCG was the lead organisation for 10 complaints and contributed to the responses to an additional four multi-agency complaints. The following graph shows the number of formal complaints received, including multi-agency complaints for which NHS Sheffield CCG / Sheffield PCT was not the lead organisation. Complaints about CHC retrospective assessments are excluded.



7.3 (ii) CHC and FNC - response times for the 10 complaints for which the CCG was the lead organisation.

For complaints that are solely about CHC and FNC we aim to respond to 75% within 25 working days and the remainder within 35 working days. For multi-agency complaints that NHS Sheffield CCG is leading on we aim to respond to 50% within 12 weeks. For Quarter 1 this target was not met.

There were nine complaints solely about CHC and FNC. Three were responded to within 25 working days and two within 35 working days. Four exceeded 35 working days.

The CCG was the lead organisation for one multi-agency complaint. The investigation exceeded 12 weeks.

Response times – exceptions

Two complaints were from solicitors and the responses were delayed whilst we sought legal advice. In three cases, delays were due to capacity problems in the Continuing Healthcare Team.

7.3 (iii) CHC and FNC appeals – summary of complaints

Complaint	Outcome of investigation and action taken
Length of time that the appeals process had taken.	The appeals process took longer than we would expect.
Length of time that the appeals process had taken and the standard of communication with the patient's representative.	The appeals process took longer than we would expect and communication was not as good as it should have been.
Information about the appeals process was sent to a patient but not to their relative who was representing them.	The team had followed the correct process, but improvements could be made to the information given to relatives.

As a result of this feedback, the team is making changes to some of the letters that are sent to representatives to ensure that they receive information about the appeals process and an opportunity to request a copy of the decision support tool. Information about the appeals process will also be put on the website (see 7.3 (vii) Actions 1, 2 and 3).

7.3 (iv) CHC and FNC eligibility decisions – summary of complaints

Complaint	Outcome of our investigation and action taken
A CHC eligibility decision was not made when patient was discharged from hospital.	The CHC team did not receive a referral from the hospital or from the nursing home. Both organisations have been reminded about the referral processes.
The standard of the decision support tool was poor and therefore should be set aside.	The decision support tool contained some spelling mistakes and errors. These had been noted by the CHC Quality Assurance Committee but the Committee felt that the overall evidence supported the recommendation and therefore the decision support tool was not returned for further work.
The length of time taken, exacerbated by requesting an excessive amount of extra evidence.	It was appropriate to request further evidence but there were avoidable delays in the process. The team has identified a need to separate reviews and new assessments that require CHC Quality Assurance Committee meetings to ensure that all new referrals are considered within the nationally agreed timeframe (see 7.3. (vii) Action 4).
The length of time taken to make a decision and poor communication.	The standard of the decision support tool was poor, there were delays and poor communication. These issues have been addressed with the staff concerned.
The length of time taken to make a decision and guidance has not been implemented correctly.	There had been delays but the guidance had been correctly followed, although there was an error in the wording of some minutes which may have given the impression that this was not the case.
Decision unlawful because the Framework had been misapplied.	The processes followed were lawful and appropriate.

7.3 (v) CHC and FNC care packages – summary of complaints

Complaint	Outcome of our investigation and action taken
Family wants patient to receive care at home rather than in a nursing home.	Good quality, safe care could be provided in both settings. The panel had to consider the difference in cost of each of the care packages that could be offered. Care in nursing home offered.

7.3 (vi) CHC and FNC input into multiagency complaints where NHS Sheffield CCG is not the lead organisation

We have contributed to four multi-agency investigations for which another organisation was leading on the complaint.

Two complaints are ongoing and will be included in future reports.

Two complaints were made after changes in eligibility for funding. Our investigation found that our processes had been correctly followed, but communication about the potential financial implications of a change in eligibility could be better communicated.

The team is amending the letters that are sent to patients following an assessment, where the outcome is that they are eligible for a joint package of care, to explain that the Council may ask for a contribution towards the cost of care it provides (see 7.3 (vii) Action 5).

7.3 (vii) CHC and FNC Quarter 1 Action Plan

As a result of the complaints received in Quarter 1, the following actions have been identified.

	Action to be undertaken by CHC team	Target timescale	Progress
1	Provide new content about CHC appeals to the Communications Team for the website.	30.9.13	
2	Change template letters to relatives/representatives to include information about how to appeal.	1.9.13	Completed
3	Change template letters to relatives/representatives to include information about how to obtain a copy of the DST.	1.9.13	Completed
4	Change to administrative process regarding storage location of new referrals.	12.9.13	Completed
5	Implement use of new template letters where eligibility outcome is joint package of care.	30.9.13	

7.4 Individual Funding Requests

A patient was concerned about a delay in an individual funding request decision. This was handled informally. The team explained that they were waiting for further information from the GP and liaised with the GP to obtain this.

7.5 Walk in Centre

7.5 (i) Walk in Centre - response times

Two formal complaints were received. Both received an initial response within 25 working days. For one complaint the initial response did not resolve the complaint and a further response was sent.

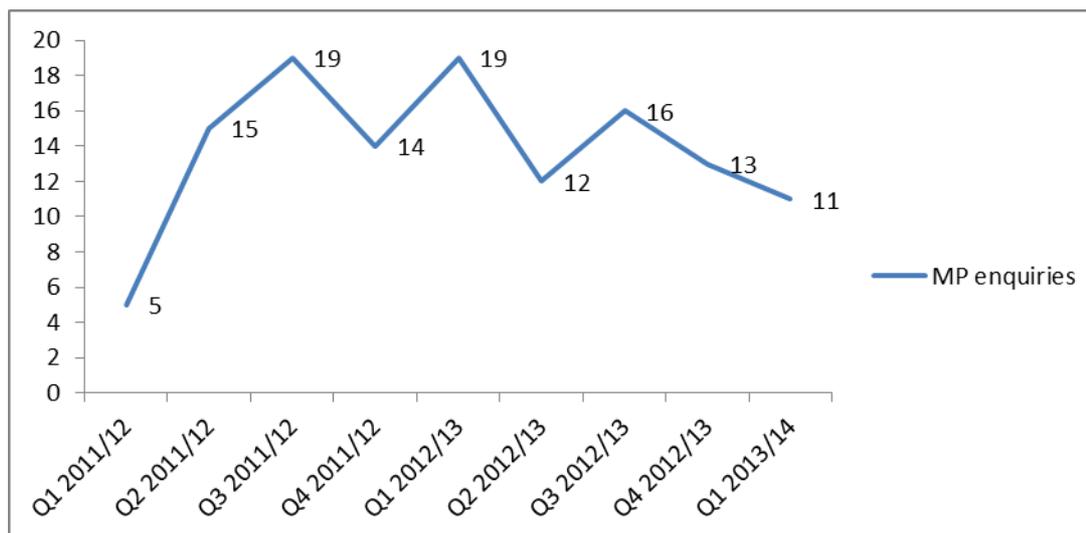
7.5 (ii) Walk in Centre - summary of complaints

Formal Complaints	Outcome of investigation and action taken
A patient with a long term condition found a GP's questioning insensitive.	The GP was asked to reflect on the consultation and to consider how the questions might appear from the point of view of the patient.
A patient reported that her confidentiality had been breached in the information that had been given in a phone message to a family member. The patient also had concerns about whether she had received the appropriate treatment.	Changes made to the way in which patients' contact details are processed. A member of staff has been given further training and steps have been taken to remind and reinforce the confidentiality code for all clinicians. Clinicians who request a second opinion will be present during the second consultation so that the patient receives clear and unified advice.

Informal Complaints	Action taken
Location of centre is not easily accessible to complainant.	We provided information about why and how the location was chosen.
Ear syringing service not available, contrary to advice given by GP practice.	Information circulated to practices explaining that the centre does not offer ear syringing, (as per guidelines from the CCG) .

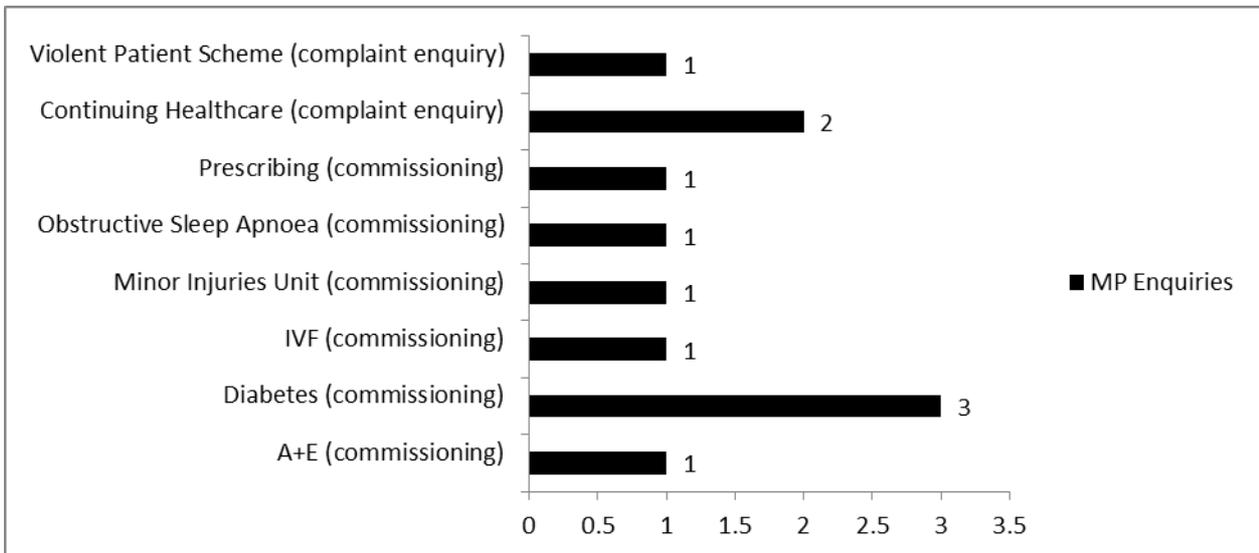
8. MP enquiries

The number of MP enquiries received has decreased from the previous 2 quarters.



8.1 MP enquiries by subject

11 MP enquiries were received in Quarter 1. Three were enquiries relating to complaints that constituents had already raised directly with NHS Sheffield CCG. Eight related to commissioning.



In addition, we received one enquiry from the Elected Member for Health for the Learning Disabilities Peoples Parliament in Sheffield (MPP) regarding Hospital Passports.

9. Recommendations

The Governing Body is asked to note the Compliments, Complaints and MP Enquiries Quarter 1 Report 2013/2014.

Paper prepared by Sarah Neil, Complaints Manager and Patient Experience Lead

On behalf of Kevin Clifford, Chief Nurse

19 September 2013