

Compliments, Complaints and MP Enquiries Quarter 2 Report

Governing Body meeting



9 January 2014

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| Author(s)/Presenter and title | Sarah Neil, Complaints Manager and Patient Experience Lead On Behalf of Kevin Clifford, Chief Nurse |
| Sponsor | Kevin Clifford, Chief Nurse |
| Key messages | |
| <p>Formal complaints increased by 56% from 16 (Quarter 1) to 25 (Quarter 2).</p> <p>72% of formal complaints were responded to within 25 working days. Whilst performance remains below target, performance has improved from Quarter 1 (50%).</p> <p>The majority of complaints (18) related to continuing healthcare and NHS-funded nursing care. 10 of these were upheld or partially upheld, in relation to concerns about delays and communication.</p> | |
| Assurance Framework (AF) | |
| <p>Assurance Framework Number: AF reference 2.1</p> <p>How does this paper provide assurance to the Governing Body that the risk is being addressed? The report provides assurance that complaints that the CCG receives relating to providers are handled appropriately.</p> <p>Is this an existing or additional control: 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? Complaints could potentially impact on all characteristics.</p> | |
| Public and Patient Engagement | |
| Please list PPE activity: N/A | |
| Recommendations | |
| The Governing Body is asked to note the Compliments, Complaints and MP Enquiries Quarter 2 report. | |

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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

Two compliments were received during Quarter 2, both regarding the continuing healthcare team. One compliment thanked the NHS for funding the excellent care received by their granddaughter:

"It gives all the family peace of mind knowing that she is well looked after with people who understand her and keep in touch with us".

The other compliment praised an individual member of staff for the support she had provided to the family:

"[The nurse] has offered understanding, compassion and unerring support ... She has kept us informed at all stages even when she has had to give us information which she knows will not be well received.... She has taken the time to really get to know all about us."

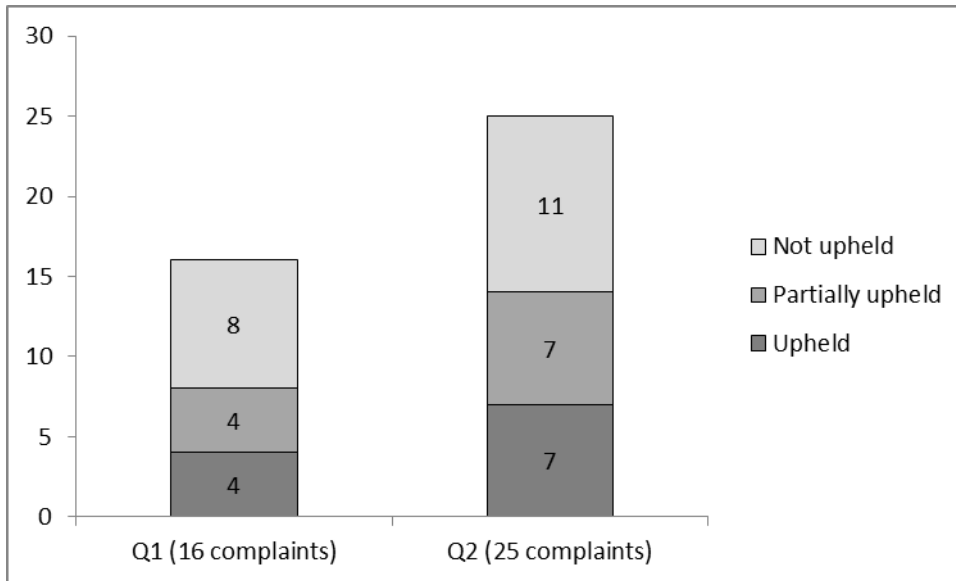
3. Number of complaints and MP enquiries

Formal complaints increased by 56% from 16 (quarter 1) to 25 (quarter 2). The increase was in relation to complaints about continuing healthcare and NHS-funded nursing care. Informal complaints decreased from 5 (quarter 1) to 1 (quarter 2). MP enquiries decreased slightly from 11 (quarter 1) to 10 (quarter 2).

86% of formal complaints and MP enquiries were acknowledged within two working days.
80% of MP enquiries were responded to within 25 working days.
72% of formal complaints were responded to within 25 working days and a further 12% were responded to within 35 working days.

In addition, we contributed to one multiagency complaint and one multiagency MP enquiry for which another organisation was taking the lead.

4. Complaints by outcome



Upheld: The complainant’s primary concerns about our service were found to be correct.

Partially upheld: The complainant’s primary concerns were not found to be correct, but our investigation identified some problems with the service provided.

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.

5. 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 because the appeals process was not exhausted. |
| 2585.12 Care provided by a GP (complaint handled prior to 1 April 2013). | The Ombudsman decided not to investigate the complaint further. |
| 2561.12 Treatment provided by dentist (complaint handled prior to 1 April 2013). | Outcome pending |
| 3183.13 Multiagency complaint including concerns about the continuing healthcare process. | Outcome pending |
| 3221.13 and 3000.12 Appropriateness of decision to place patient on Violent Patient Scheme. | Outcome pending |
| 3345.13 Decision not to accept a continuing healthcare appeal submitted after the deadline. | Outcome pending |
| 3186.13 Continuing healthcare process and outcome of eligibility decision. | Outcome pending. |

6. Complaints by service area

| | | Q1 | Q2 |
|---------------------|---|----|----|
| Commissioning (IVF) | Formal complaints | 0 | 1 |
| | Informal Complaints | 0 | 0 |
| | Formal complaints, another organisation took the lead | 0 | 0 |
| | Total number of concerns raised | 0 | 1 |

| | | | |
|---------------------------------|---|---|---|
| Commissioning (pain management) | Formal complaints | 0 | 1 |
| | Informal Complaints | 0 | 0 |
| | Formal complaints, another organisation took the lead | 0 | 0 |
| | Total number of concerns raised | 0 | 1 |

| | | | |
|----------------|---|---|---|
| Communications | Formal complaints | 0 | 0 |
| | Informal Complaints | 2 | 0 |
| | Formal complaints, another organisation took the lead | 0 | 0 |
| | Total number of concerns raised | 2 | 0 |

| | | | |
|---|---|----|----|
| Continuing Healthcare and Funded Nursing Care | Formal complaints | 10 | 18 |
| | Informal Complaints | 0 | 0 |
| | Formal complaints, another organisation took the lead | 4 | 0 |
| | Total number of concerns raised | 14 | 18 |

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|--------------------------------------|---|---|---|
| Continuing Healthcare Retrospectives | Formal complaints | 4 | 0 |
| | Informal Complaints | 0 | 0 |
| | Formal complaints, another organisation took the lead | 0 | 0 |
| | Total number of concerns raised | 4 | 0 |

| | | | |
|-----------------------------|---|---|---|
| Individual funding requests | Formal complaints | 0 | 1 |
| | Informal Complaints | 1 | 0 |
| | Formal complaints, another organisation took the lead | 0 | 0 |
| | Total number of concerns raised | 1 | 1 |

| | | | |
|--------------------------------------|---|---|---|
| Independent providers: physiotherapy | Formal complaints | 0 | 1 |
| | Informal Complaints | 0 | 0 |
| | Formal complaints, another organisation took the lead | 0 | 0 |
| | Total number of concerns raised | 0 | 1 |

| | | | |
|---------------------------------------|---|---|---|
| Independent providers: Walk in Centre | Formal complaints | 2 | 3 |
| | Informal Complaints | 2 | 1 |
| | Formal complaints, another organisation took the lead | 0 | 0 |
| | Total number of concerns raised | 4 | 4 |

6.1 Commissioning (IVF)

We received one complaint during Quarter 2. No complaints were received during Quarter 1. Six complaints were received during 2012/13.

The complainants' concerns related to the eligibility criteria for IVF. The complaint was not upheld. We confirmed that the Yorkshire and the Humber policy prioritises those couples as eligible for access to NHS funding for fertility treatment who have no living children. The complaint was responded to within 25 working days.

6.2 Commissioning (pain management services).

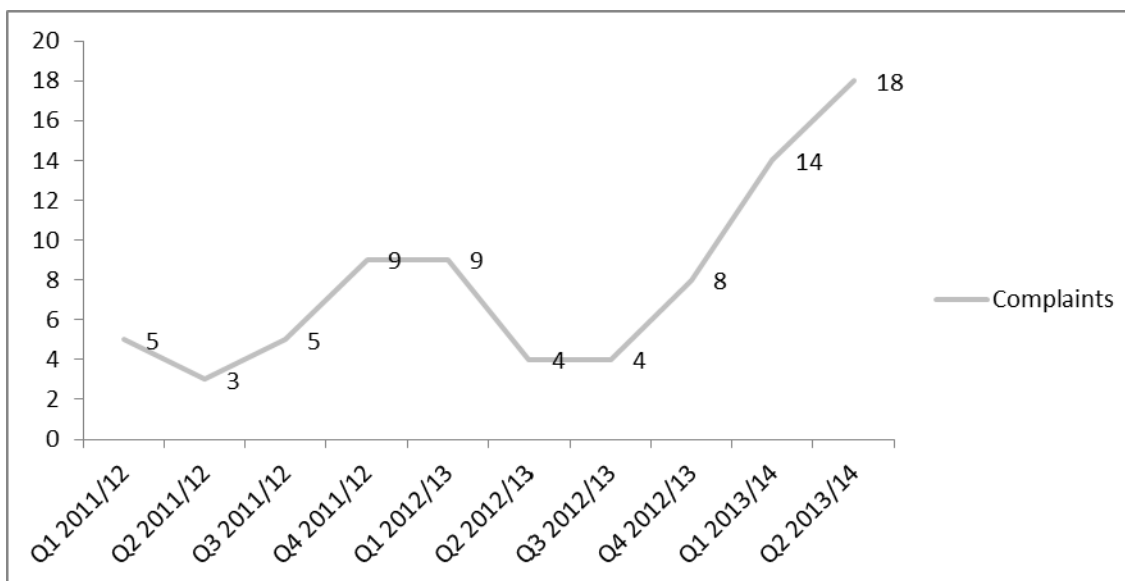
We received one complaint. No complaints were received during Quarter 1.

The complaint related to the changes that were made to the commissioning of pain management services in 2010/11. The complaint was not upheld. We explained that rationale for the changes and reassured the complainant that the change was applied to all patients uniformly and that there is a process in place for clinicians to request funding for patients to receive treatment where appropriate. The complaint was responded to within 25 working days.

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

6.3.1 Number of complaints received and response times

The number of complaints relating to CHC and FNC increased to 18 in Quarter 2. The following graph shows the number of formal complaints received, including multiagency complaints for which NHS Sheffield CCG / Sheffield PCT was not the lead organisation. Complaints about CHC retrospective assessments are excluded.



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 Quarter 2, 72% were responded to within 25 working days and a further 11% were responded to within 35 working days. Whilst performance was below target, there has been a significant improvement from Quarter 1. We will continue to prioritise improving response times to complaints about CHC and FNC.

Two of the responses that exceeded 35 working days were complex enquiries from solicitors. The third response that exceeded 35 working days required a multi-departmental investigation. The complainant was kept informed and at 31 working days had an in-depth telephone conversation with our complaints manager who explained the results of the investigation at that point.

6.3.2 CHC and FNC appeals

We received 10 complaints relating to the appeals process, an increase from Quarter 1 when three complaints were received.

The complaints received related to the following issues:

- Delays
- Poor communication, including lack of information about the appeals process, lack of updates on the status of an appeal, information being sent to the wrong address.
- Concern that the patient remains liable for the cost of care whilst the appeal is ongoing.
- Quality of assessments, including concern that assessments were not completed by a multidisciplinary team, or did not adequately consider the views of patients/families.
- An appeal was not accepted because it was lodged after the deadline.

Of the 10 complaints received, two were upheld and five were partially upheld. The aspects of the complaints that were upheld related to delays and poor communication.

In response to concerns about whether our processes are in line with national guidance, we explained that we have systems in place to check the quality of assessments and to ensure that the Local Authority has the opportunity to give their input when a social worker is not available to attend the assessment.

We took the following action in response to complaints:

- We apologised for delays and poor communication and where possible took action to ensure that individual cases were processed in a timely manner.
- We improved our letters to ensure that patients' representatives receive information about the appeals process and how to obtain a copy of the decision support tool.
- We retrieved information that had been sent to the wrong address and apologised to the individuals concerned.
- The business team reviewed their processes to ensure that staff can retrieve information about appeals so that they can answer enquiries effectively.
- The staffing levels in the team are being addressed.

The following actions are planned:

- Review of the Appeals Policy
- Improvements to the information sent to patients/representatives after an initial appeal meeting, providing a written record of the outcome of the meeting.

6.3.3 CHC and FNC eligibility decisions

We received six complaints relating to the process for deciding eligibility for CHC and FNC. This is consistent with quarter 1 when six complaints were received.

The complaints received related to the following issues:

- Poor communication, including communication with representatives of patients who have dementia, communication about the assessment criteria, and communication about the time and date of a meeting.
- Delays, including a delay in deciding whether a patient met the criteria for a continuing healthcare assessment to be completed, delays in informing patients and their representatives of decisions, and delays in providing information.
- Concerns that national guidance has not been followed/our processes are unlawful.

Our investigations found that our processes are lawful and in line with national guidance, but that there were delays and that in some cases communication could have been better.

Two complaints were upheld and one was partially upheld. The aspects of the complaints that were upheld related to delays and communication.

We have taken the following action in response to complaints:

- The staffing levels in the team are being addressed.
- There was a delay in deciding whether a patient met the criteria for a continuing healthcare assessment because the initial information provided (called a 'checklist') was incomplete. A continuing healthcare nurse completed a new checklist and a full assessment was arranged.

The following actions are planned:

- The team have been asked to consider what improvements can be made to ensure that, when another organisation provides incomplete information with a checklist, patients do not experience unnecessary delays.

6.3.4 CHC and FNC care packages

We received three complaints about care packages, an increase from Quarter 1 when one complaint was received.

The complaints received related to the following issues:

- Patients being offered care in a care home rather than in their own home.
- Inconvenient location of care home.
- Patient's representative did not consider that the care package being offered was sufficient to meet the patient's needs.

These complaints were not upheld. We reviewed the packages of care and found that they were appropriate to the patients' needs. We provided information about the care packages and about the processes that we follow to identify the care that a patient needs.

6.3.5 CHC and FNC input into multiagency complaints where NHS Sheffield CCG is not the lead organisation

During Quarter 2 there were no multiagency investigations relating to CHC and FNC.

During Quarter 1 we contributed to four multiagency investigations for which another organisation was leading on the complaint. At the time of the Quarter 1 report, two of those complaints were ongoing. These complaints have now been responded to. One complaint concerned the provision of care by a provider that was not CQC registered. In response we explained that we have made changes to ensure that we have a more robust system in place to ensure that providers are CQC registered. Another complaint was about a package of care that the patient's family did not feel was appropriate to meet his needs. Our investigation found that the patient's care package had not been reviewed as regularly as it should have been and that communication with the family could have been better, and we took action to rectify this.

6.4 Individual Funding Requests

One formal complaint was received, relating to the IFR Panel's decision to decline funding for a particular treatment. The complaint was partially upheld. Our investigation found that the IFR Panel had acted in line with our policies. We explained that a new service has been commissioned that should be able to meet this patient's needs. However, we recognised the patient's concerns about their care whilst they transferred to the new service and took action to ensure a smooth transition. The complaint was responded to within 25 working days.

6.5 Independent providers: physiotherapy

One formal complaint was received. The complaint was responded to within 25 working days. A patient's condition meant that he needed to see a practitioner with a particular speciality and therefore the appointment times and locations were limited. The provider transferred the patient to a different provider that offered greater flexibility and will ensure that patients are aware of this option in future.

6.6 Independent providers: Walk in Centre

Three formal complaints and one informal complaint were received. Of the formal complaints, one was responded to within 25 working days and one within 35 working days. One response exceeded 35 working days. This complaint was a joint complaint with a GP practice and our response was delayed whilst we waited for the GP response. We advised the complainant at the beginning of the process that there might be a delay and kept in regular contact by phone and email, explaining the progress of the complaint and providing as much information as possible about the investigation.

The complaints related to clinical care provided. The Walk in Centre identified some areas in which the service could be improved and has taken appropriate action as a result.

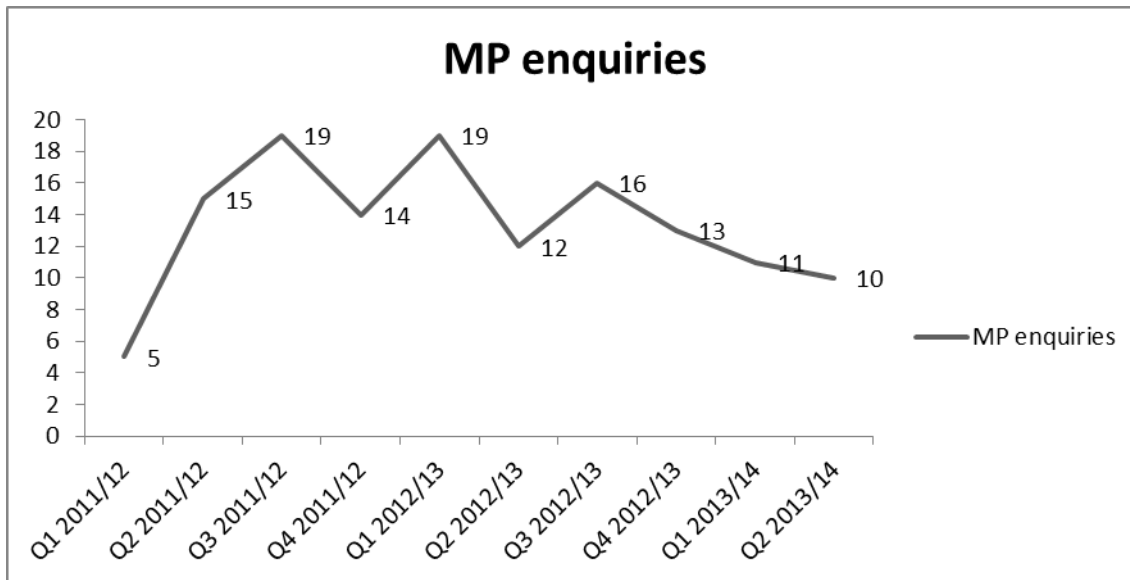
7. Action Plan

The following table provides information on actions that are planned in response to complaints received during Quarter 2, as well as an update on actions that had not been completed at the time of the Quarter 1 report.

| | Target | Progress |
|---|---------|--|
| Actions: CHC and FNC | | |
| Add information about appeals to the website. | 30.9.13 | New content under review by Head of Clinical Services. |
| Change letters to explain that the Council may ask for a contribution towards the cost of care it provides. | 30.9.13 | This action is now complete. |
| In relation to respite care, make clearer which homes are standard rate contract homes and which are more expensive requiring approval from our Resource Panel. Remind nurses of the importance of explaining the process for approval of more expensive homes. | 10.1.14 | |
| Send written confirmation of the outcome of appeal meetings. (The appeals nurse meets with the patient/representative to explain more about the continuing healthcare criteria.) | 10.1.14 | . |
| Consider what we can do to ensure that, when we receive an incomplete checklist, delays are minimised. | 31.1.14 | |
| Review the CHC and FNC template letters. | 28.2.14 | |
| Staff to complete the E-Learning package from NHS England which incorporates benchmarking. | 31.3.14 | |
| Produce a leaflet explaining our commissioning of care principles. | 31.3.14 | |
| Review of Appeals Policy | 31.3.14 | |
| Actions: information governance | | |
| Reminder to GP Practices about appropriate methods of transfer of person identifiable data/safe haven processes. | 17.1.14 | |

8. MP enquiries

The number of MP enquiries received continued to decrease, to 10 in Quarter 2. Three enquiries related to complaints that constituents had already raised directly with NHS Sheffield CCG.¹ Five related to commissioning (including commissioning of IVF and services for Autism and Asperger's Syndrome and mental health) and two were general enquiries. Eight MP enquiries were responded to within 25 working days. The two responses that exceeded 25 working days involved obtaining information from outside organisations. The MPs were kept informed of progress.



9. Recommendations

The Governing Body is asked to note the Compliments, Complaints and MP Enquiries Quarter 2 Report 2013/2014.

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

On behalf of Kevin Clifford, Chief Nurse

24 December 2013

¹ When an MP raises concerns on behalf of a constituent who has complained to their MP but has not already lodged a complaint with NHS Sheffield CCG, the case is categorised as a complaint rather than an MP enquiry. Four of the formal complaints described above under section 6 were raised by MPs on behalf of their constituents.