

Complaints and MP Enquiries Report Quarter 1 2016/2017

Item 22f

Governing Body meeting

6 October 2016

Author(s)	Michelle Johnson, Complaints Manager
Sponsor	Penny Brooks, Chief Nurse
Is your report for Approval / Consideration / Noting	
Noting	
Are there any Resource Implications (including Financial, Staffing etc.)?	
No	
Audit Requirement	
<p><u>CCG Objectives</u></p> <p><i>Which of the CCG's objectives does this paper support?</i> Assurance Framework Number: AF reference 2.1 The report provides assurance that complaints that the CCG receives relating to providers are handled appropriately.</p>	
<p><u>Equality impact assessment</u></p> <p><i>Have you carried out an Equality Impact Assessment and is it attached? No If not, why not?</i> Not relevant as this is not a new policy, process or strategy.</p>	
<p><u>PPE Activity</u></p> <p><i>How does your paper support involving patients, carers and the public?</i> Provides assurance that feedback through complaints is acted upon.</p>	
Recommendations (
<p>The Governing Body is asked to note the Complaints and MP Enquiries Report Quarter 1 2016/2017.</p>	

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1.1 Introduction

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 1.2, below).

This report provides detailed information about the complaints and MP enquiries received during quarter one.

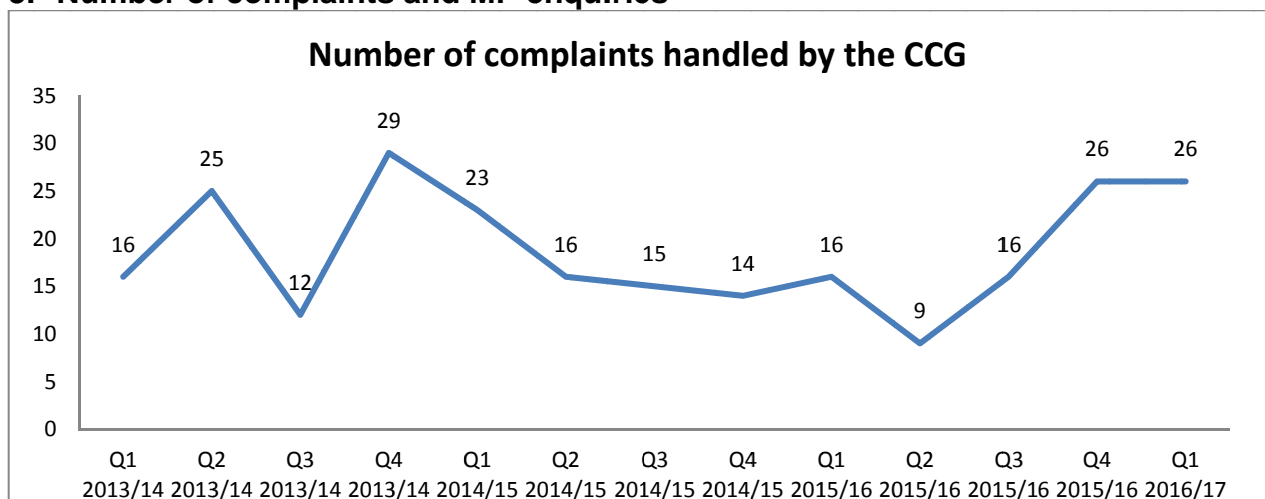
1.2 Provider complaints

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. The Department of Health guidance no longer requires the CCG to report on provider complaints, therefore this report only relates to CCG complaints.

2. Compliments

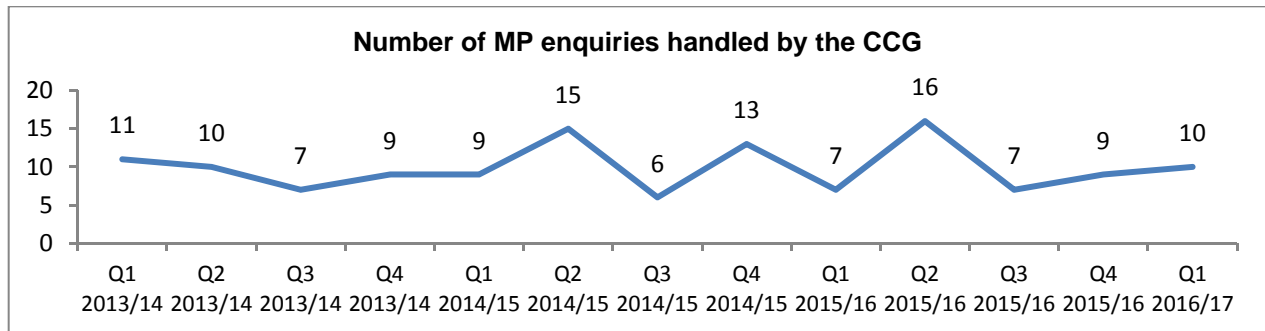
The CCG received three compliments in quarter one. Two compliments related to the continuing healthcare service and the other praised staff in the individual funding request team for their support.

3. Number of complaints and MP enquiries



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.

26 formal complaints were received during quarter one 2016/17, this was the same number of complaints that was received in quarter four. This was however 63% more than the number of complaints received in quarter one of 2015/16.



Ten MP enquiries were received during quarter one. This was three more than were received in quarter one of 2015/16. These enquiries were quite varied and included:

- Three MP follow-up complaints².
- Three about changes to or ending of health community initiatives.
- One each relating to, reduced gluten-free prescribing, clinical procedure, a patient's prescription and a continuing healthcare care package appeal.

Nine concerns relating to CCG services were dealt with by the complaints team during quarter one. These consisted of:

- Five concerns about continuing healthcare funding and eligibility
- Two relating to individual funding requests
- One about a governance and facilities issue
- One relating to a commissioning decision

The CCG redirected 27 complaints to other organisations in quarter one. Ten complaints were redirected to Sheffield Teaching Hospitals NHS Foundation Trust, nine to GP surgeries and NHS England, three to Yorkshire Ambulance Trust, two to Sheffield Health and Social Care Trust and three to other organisations.

During quarter one, the CCG led on two multi-agency complaints. One related to an individual funding request and the other related to the patient choice computerised system.

The CCG also contributed to three multi-agency complaints that were led by other organisations. Two complaints related mainly to the services provided by the Sheffield Health and Social Care Trust and the other related to a funded nursing care placement that was dealt with by Rotherham CCG.

4. Timeliness of response

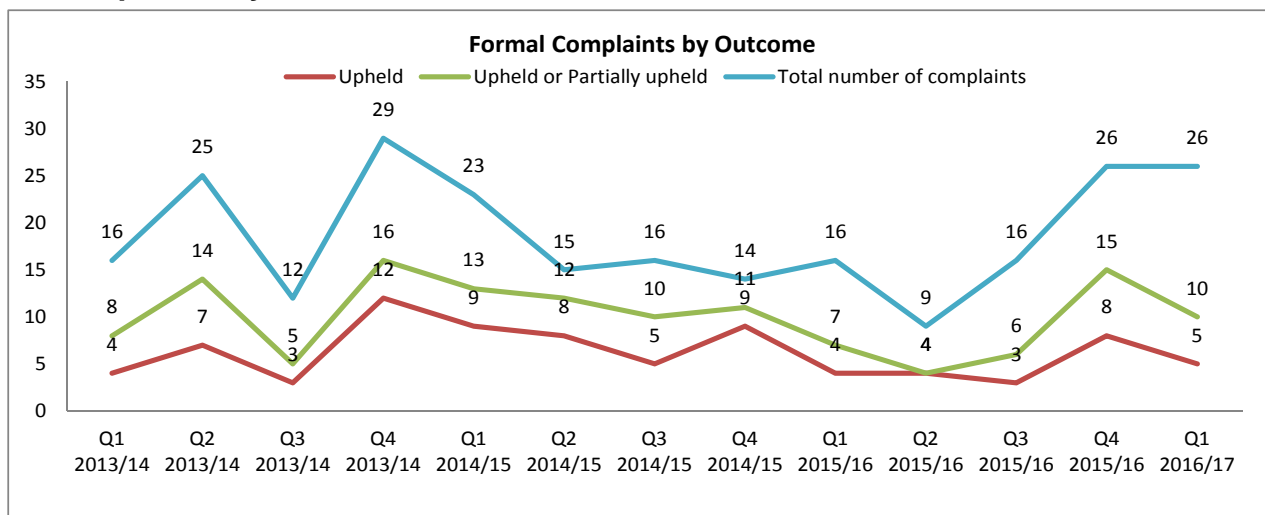
During quarter one 62% of formal complaints and 90% of MP enquiries were acknowledged within our internal target of two working days.

² 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. There were three cases in which MPs made follow-up enquiries on behalf of constituents who had themselves lodged complaints and seven cases whereby the enquiries were not formal complaints.

We aim to respond to complaints and MP enquiries within 25 working days³. This is not always possible, for example where a complaint requires a complex investigation involving several departments or organisations.

During quarter one 70% of MP enquiries were responded to within the 25 day target. 50% of complaints were responded to within 25 working days. This is an improvement on quarter four 2015/16 when only 31% of complaints met the 25 day target, but further improvement is needed. Action is being taken to improve the timeliness of response to complaints, including training staff on Datix (our complaints management system) and developing better systems for monitoring complaints progress.

5. Complaints by outcome



The chart above shows the number of formal complaints received, the proportion of those complaints which were upheld or partially upheld, and the proportion which were upheld.

- Upheld: The complainant’s primary concerns 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.

For the first quarter, 38% of complaints were upheld or partially upheld. This reflects a trend that has seen a gradual reduction in the percentage of complaints that have been upheld or partially upheld in the first quarter over the last three years. In quarter one of 2013/14, 50% of complaints were upheld or partially upheld. There was a slight rise to 57% in 2014/15, falling to 44% in 2015/16.

³ 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. Parliamentary and Health Service Ombudsman update 2016/17

Complaint	Status
4017/15 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.

7.1 Complaints 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	12			
	Concerns	1	0	0	2	2	7	2	16	3			
	Other Organisation Lead	0	0	1	1	0	1	1	0	1			
	Total	11	3	4	4	9	10	10	21	16			
Continuing Healthcare, Funded Nursing Care and Personal Health Budgets	Formal complaints	8	7	9	13	5	5	7	17	12			
	Concerns	0	0	3	4	2	6	4	3	5			
	Other Organisation Lead	0	0	0	1	2	2	1	1	2			
	Total	8	7	9	18	9	13	12	21	19			
Continuing Healthcare Previously Unassessed Periods of Care (PUPoC)	Formal complaints	5	5	2	0	0	2	2	4	2			
	Concerns	0	0	0	0	0	2	1	0	0			
	Other Organisation Lead	0	0	0	0	0	0	0	0	0			
	Total	5	5	3	0	0	4	3	4	2			

7.2 Commissioning and CCG policies and decisions

During quarter four 2015/16 we received one complaint and two MP enquiries about changes to prescribing guidance, particularly in relation to a reduction in gluten-free products for adults. During quarter one 2016/17 we received a further eight complaints and an MP enquiry in relation to this. In response we explained why the changes to guidance had been made.

7.3 Continuing Healthcare, Funded Nursing Care and Personal Health Budgets

We received 12 complaints about continuing healthcare and personal health budgets. Complaints in relation to continuing healthcare have increased significantly during the last two quarters. The complaints were as follows:

- Two about the length of time to process continuing healthcare funding applications.
- Two about funding related care package changes. Assurances were provided to the families that the appropriate quality of care would be provided despite the changes being made.
- Four complaints related to the decision support tool (DST). Three related to the length of time taken to obtain DST meetings and one related to the behaviour of staff during the DST meeting. The team have since implemented measures to address these issues within their practice including, (a) a dedicated lead nurse to conduct quality assurance reviews of all submitted DSTs on a daily basis and (b) provision of extended training sessions for all nurse assessors around the DST process.
- Two about the personal health budgets and direct payments system. In one instance a funding discrepancy was resolved at a resource panel meeting and in the other case the continuing healthcare team appointed a dedicated personal health budget advisor to improve the personal health budget application process.
- One complaint related to the offer of care. This matter is still to be resolved.
- One related to the continuing healthcare administrative process – the continuing healthcare team advised the GP surgery to amend the records.

7.4 Continuing Healthcare Previously Unassessed Periods of Care (PUPoC)

Both complaints were about requests to review periods of unassessed care.

8. Recommendations

The Governance Committee is asked to note the Complaints and MP Enquiries Report Quarter 1 2016/17.

Paper prepared by Michelle Johnson, Complaints Manager

On behalf of Penny Brooks, Chief Nurse

21 September 2016