

## Complaints and MP Enquiries Quarter 2 2016/2017 Report

Governing Body meeting

Item 15g

1 December 2016

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Sponsor	Penny Brooks, Chief Nurse
Is your report for Approval / Consideration / Noting?	
Noting	
Are there any Resource Implications (including Financial, Staffing, etc) ?	
No	
Audit Requirements	
<p><b><u>CCG Objectives</u></b></p> <p><i>Which of the CCG objectives does this paper support?</i>  Assurance Framework Number: AF reference 2.1  The report provides assurance that complaints that the CCG receives are handled appropriately.</p>	
<p><b><u>Equality Impact Assessment</u></b></p> <p><i>Have you carried out an Equality Impact Assessment and is it attached?</i> No</p> <p><i>If not, why not?</i> Not relevant as this is not a new policy, process or strategy.</p>	
<p><b><u>PPE Activity</u></b></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	
The Governing Body is asked to note the Complaints and MP Enquiries Quarter 2 2016/2017 Report	

## **Complaints and MP Enquiries Quarter 2 2016/2017 Report**

### **Governing Body meeting**

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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 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.

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 are not included in CCG complaints reports from quarter two 2015/16 onwards.

#### **3 Number of complaints and MP enquiries**

13 formal complaints were received during quarter two 2016/17. In addition, we contributed to three multiagency complaints for which another organisation was taking the lead.

12 informal complaints, concerns and enquiries regarding CCG services were handled by the complaints team during quarter two.

Three MP enquiries were received during quarter two. In addition we contributed to two multiagency MP enquiries for which another organisation was taking the lead.

In addition, the CCG redirected a further 40 complaints, concerns and MP enquiries to another organisation to respond to, sometimes after an initial investigation had been conducted.

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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 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.

#### 4 Timeliness of response

69% of formal complaints were acknowledged within two working days.

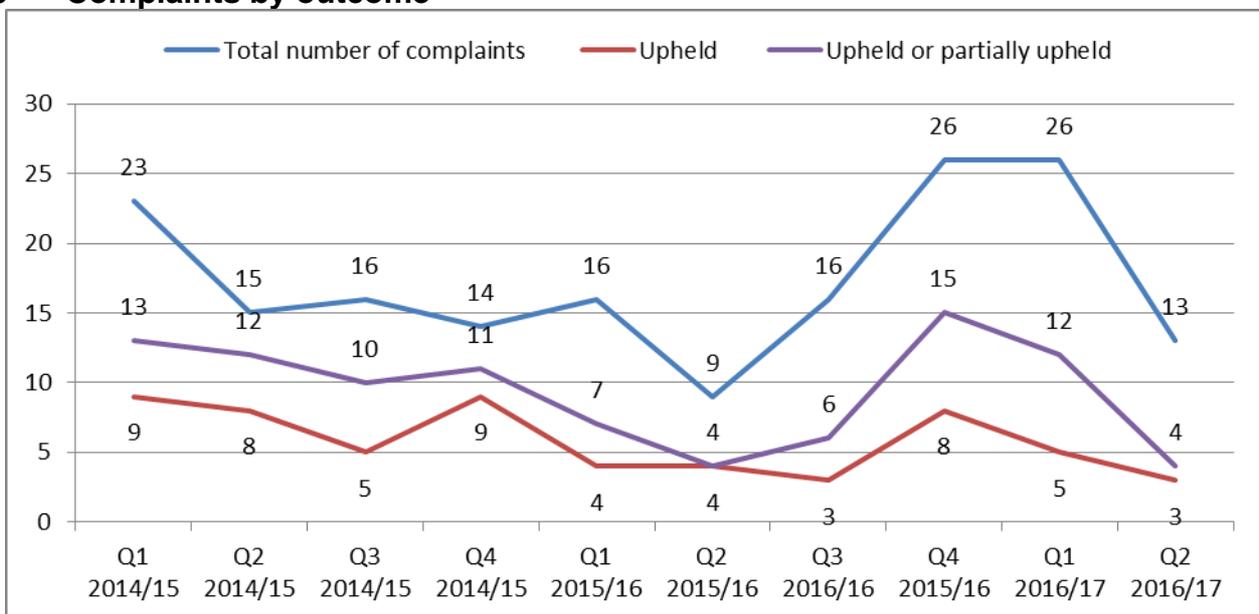
67% of MP enquiries were acknowledged within two working days.

We aim to respond to complaints and MP enquiries within 25 working days.<sup>2</sup> This is not always possible, for example where a complaint requires a complex investigation involving several departments or organisations.

During quarter two 46% of complaints met the 25 day target. None of the MP enquiries were responded to within 25 working days.

Action has been taken to improve the timeliness of response to complaints and a recovery plan was implemented at the beginning of September. Six of the 13 complaints were received in September. Whilst the proportion of complaints meeting the response target was low for the quarter as a whole, performance improved significantly in September, with 83% of complaints meeting both the two day acknowledgement and the 25 day response targets.

#### 5 Complaints by outcome



The chart above shows the number of formal complaints received, the number which were upheld and the number which were either upheld or partially upheld (combined).

Quarter 2	
Upheld: The complainant's primary concerns were found to be correct.	3
Partially upheld: The complainant's primary concerns were not found to be correct, but our investigation identified some problems with the service provided.	1
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.	7
Complaint is still open.	2

<sup>2</sup> 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 (PHSO) 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.
173. 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.
105. Complainant seeking financial remedy for costs incurred and distress experienced, following an Independent Review Panel decision of a continuing healthcare appeal.	Outcome pending

### 7.1 Complaints by service area

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

## **7.2 Commissioning and CCG policies and decisions**

During quarter two 2016/17 we received four complaints about

- the Individual Funding Request process
- staffing levels at a care home
- the impact of commissioning of services from an independent provider on local residents (parking).
- commissioning of IVF (Sheffield CCG commissions one cycle of IVF) and staff attitude.

In response we

- explained the rationale behind our commissioning decisions
- offered apologies where appropriate
- will ensure that parking is discussed at contract visits with the independent provider to ensure that a focus is kept on the issue
- will provide staff training in response to concerns raised about staff attitude.

## **7.3 Continuing Healthcare, Funded Nursing Care and Personal Health Budgets**

We dealt with six formal complaints about continuing healthcare and personal health budgets in quarter two. Although this is a significant reduction of formal complaints from the previous quarter, we also received eight concerns that were dealt with informally.

The issues raised included

- concerns about whether the packages of care that we had offered were suitable for the patients concerned
- delays in making funding decisions for a patient who transferred to Sheffield from a different area, resulting in a gap in funding
- personal health budgets overpayment
- inconsistent and confusing information in relation to direct payments
- request for financial remedy for the costs incurred and inconvenience experienced in pursuing an appeal
- poor communication
- copies of documentation not provided to patients and their representatives in line with our policies.

In response we apologised and took action to put things right. We reviewed the packages of care that we had offered and made changes where appropriate. We explained our decisions and where things had gone wrong we provided staff with training.

## **8 Recommendations**

The Governing Body is asked to note the Complaints and MP Enquiries Quarter 2 2016/17 Report.

Paper prepared by Sarah Neil, Quality Manager Patient Experience

On behalf of Penny Brooks, Chief Nurse

21 November 2016