

Complaints and MP Enquiries Annual Report 2015/16

Governing Body meeting

Item 22g

7 July 2016

Author(s)	Sarah Neil, Quality Manager Patient Experience
Sponsor	Kevin Clifford, 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	
The Governing Body is asked to note the Complaints and MP Enquiries Annual Report 2015/16.	

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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 an overview of the complaints and MP enquiries received during 2015/16, 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 2015 and January and March 2016.

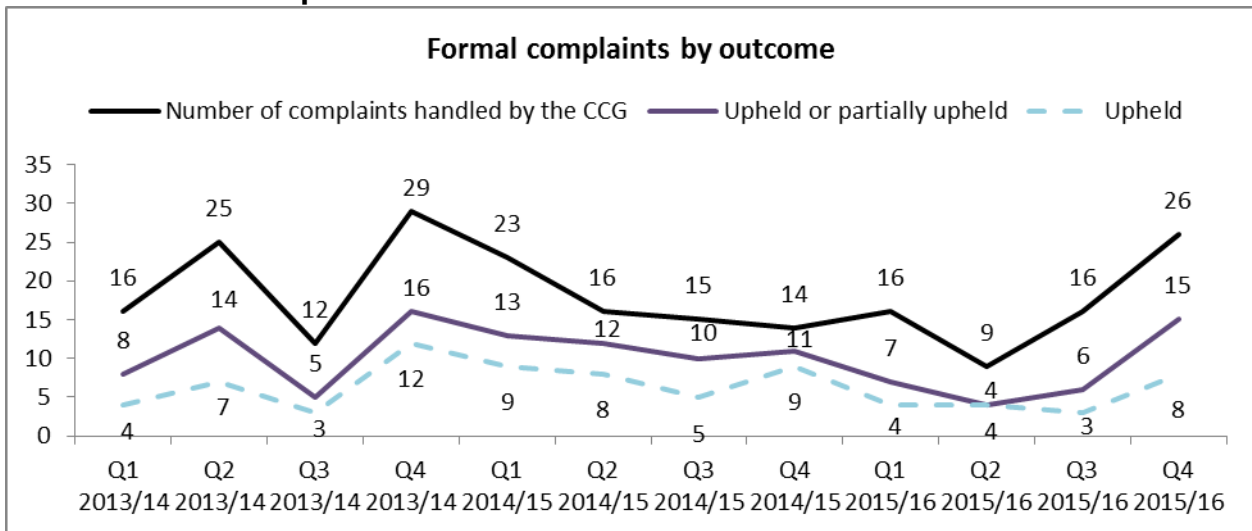
1.2 Provider complaints

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 complaint.¹ 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, recent 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 2 2015/16 onwards.

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.

2. Number of complaints



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.

The chart appears to show a decline in complaints in Quarter 2 2015/16 but this is misleading as the types of complaints included in CCG complaints reports changed in Quarter 2. (See 1.2, above). During Quarter 2 the CCG handled five complaints about providers that would have previously been included in these statistics.

67 formal complaints were received during 2015/16, consistent with the number received in 2014/15 (68), although as explained above this is not a like for like comparison.

26 formal complaints were received during quarter four 2015/16. We also contributed to one multiagency complaint for which another organisation was taking the lead.

22 informal complaints, concerns and enquiries regarding CCG services were dealt with by the complaints team during Quarter 4.

In addition, during Quarter 4 the CCG redirected a further 45 complaints, concerns and MP enquiries to another organisation to respond to, sometimes after an initial investigation had been conducted.

3. Timeliness of response

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

During 2015/16 the target for responding within 25 working days was met in 77% of MP enquiries and 51% of formal complaints.

In Quarters 1 and 2 the target was met for 80% and 78% of complaints but the proportion of cases meeting the target dropped to 50% and 31% in Quarters 3 and 4.

A number of factors contributed to the reduction in complaints meeting the target in the second half of the year. In some cases there was a delay in bringing the concerns into the formal complaints process whilst other options for responding were considered. Other cases took longer to respond to because they were complex multi-agency complaints or because senior staff involved in the investigation were not available. The sharp increase in formal complaints, informal complaints and concerns received during quarter four had an impact, compounded by staffing changes in the patient experience team with staff being on unplanned leave.

In order to address this, the roles and responsibilities of staff within the patient experience team have been reviewed, and an updated version of DATIX (the software used to record and monitor complaints) has been purchased. We are also working to understand the reasons that people direct their complaint to the CCG with the aim of reducing the high number of complaints that we forward to other organisations to handle, as this is time-consuming and is a poor experience for the complainant.

During Quarter 4 100% of formal complaints were acknowledged within the statutory target of three working days. 69% of complaints and 78% of MP enquiries were acknowledged within our internal target of two working days.

4. Parliamentary and Health Service Ombudsman (PHSO) cases 2015/16

Complaint	Status
3548/14 Commissioning of IVF – policy to fund one cycle of IVF.	Not upheld
3775/14 Offer of care made to a continuing healthcare patient does not meet his needs.	Not upheld
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.
3917/15 CCG should pay the top-up fees charged by a nursing home to a patient in receipt of continuing healthcare	Not upheld

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.

5.1 Complaints by service area

		2013-2014				2014-2015				2015-2016			
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Commissioning and CCG policies and decisions	Formal complaints	0	3	4	5	10	3	3	1	7	2	7	5
	Informal complaints and concerns	1	0	0	0	1	0	0	2	2	7	2	16
	Formal complaints, another organisation took the lead	0	0	0	0	0	0	1	1	0	1	1	0
	Total number of concerns raised	1	3	4	5	11	3	4	4	9	10	10	21
Continuing Healthcare, Funded Nursing Care and Personal Health Budgets	Formal complaints	10	18	5	14	8	7	9	13	5	5	7	17
	Informal complaints and concerns	0	0	0	1	0	0	3	4	2	6	4	3
	Formal complaints, another organisation took the lead	4	0	0	2	0	0	0	1	2	2	1	1
	Total number of concerns raised	14	18	5	17	8	7	12	18	9	13	12	21
Continuing Healthcare Previously Unassessed Periods of Care (PUPoC)	Formal complaints	4	0	1	6	5	5	2	0	0	2	2	4
	Informal complaints and concerns	0	0	0	0	0	0	0	0	0	2	1	0
	Formal complaints, another organisation took the lead	0	0	0	0	0	0	0	0	0	0	0	0
	Total number of concerns raised	4	0	1	6	5	5	2	0	0	4	3	4
Independent providers	Formal complaints	2	4	2	4	0	1	1	0	3	n/a	n/a	n/a
	Informal complaints and concerns	2	1	0	0	0	1	0	0	1	n/a	n/a	n/a
	Formal complaints, another organisation took the lead	0	1	0	0	0	0	0	0	0	n/a	n/a	n/a
	Total number of concerns raised	4	6	2	4	0	2	1	0	4			

5.2 Commissioning and CCG policies and decisions

- During Quarter 4 one complaint and two MP enquiries were received about changes to prescribing guidance, particularly in relation to a reduction in gluten-free products for adults. In addition concerns were raised which we dealt with outside of the formal complaints regulations.
- During Quarter 4 we received a complaint about the commissioning of wheelchairs. This was the third patient to raise concerns about the commissioning of wheelchairs in 2015/16.

We provided explanations of our commissioning decisions and processes and gave advice about the individual funding request process, when appropriate.

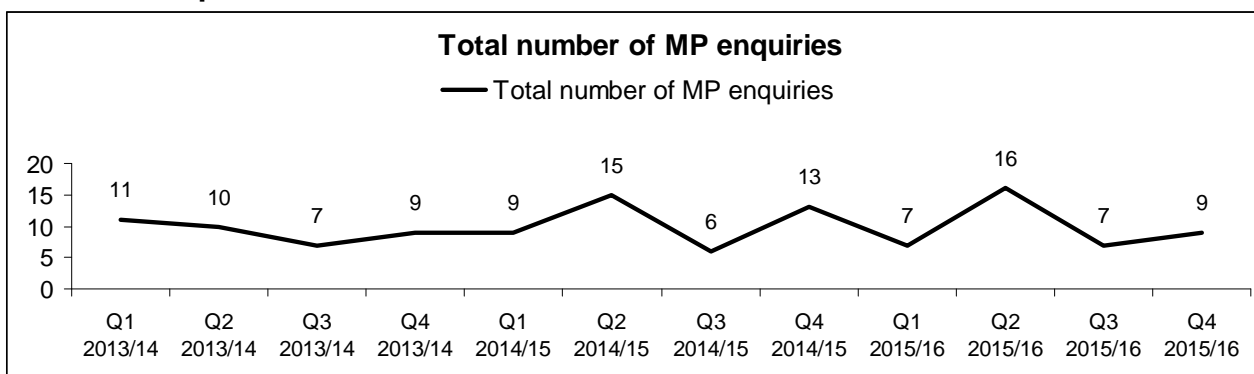
5.3 Continuing Healthcare, Funded Nursing Care and Personal Health Budgets

There was a sharp increase in the number of complaints received about continuing healthcare and personal health budgets in Quarter 4. 17 complaints were received, the highest number since Quarter 2, 2013/14.

The major themes were:

- Three complaints related to the package of care that the CCG was offering the patient. Where appropriate we reviewed the offer of care through our Resource Panel.
- Three complaints related to delays in setting up personal health budgets for children. The CCG's commissioning staff have worked with Sheffield City Council and Sheffield Children's Hospital to identify the cause of the problems and to improve the system for administering personal health budgets.
- Upon transfer of the PUPoC Service to NHS Doncaster CCG on 1 December 2015, new principles were agreed in relation to processing PUPoC claims. These have been developed with advice from NHS England and agreed through the CHC Joint Delivery Board chaired by NHS Doncaster CCG's Accountable Officer. One of the new principles indicates that the PUPoC Team will not consider any period of time subsequent to the identification of a registered nursing care, funded nursing care or continuing healthcare assessment. Two complaints related to this.
- Perceived failure to follow due process.
- Communication
- Delays

6. MP enquiries



Nine MP enquiries were received during Quarter 4. Five related to a complaint that a constituent had already raised directly with NHS Sheffield CCG.³ Other issues included changes to prescribing guidance and commissioning of mental health services.

7. Audit

During Quarter 3 an audit was conducted by 360 Assurance. The audit found that “significant assurance can be provided that there is a generally sound system of control designed to meet the objectives of the system for handling multi-agency complaints, and that the CCG is using provider complaints information to influence Provider Quality Monitoring Arrangements”.

³ 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. Two formal complaints were lodged by MPs on behalf of their constituents during quarter four, and there were an additional five cases in which an MP made a follow up enquiry on behalf of a constituent who had themselves lodged a complaint.

8. Recommendations

The Governing Body is asked to note the Complaints and MP Enquiries 2015/16 Annual Report.

Paper prepared by Sarah Neil, Quality Manager Patient Experience

On behalf of Kevin Clifford, Chief Nurse

23 June 2016