

**Complaints, MP Enquiries and Patient Feedback Report
 Quarter 1 2019/2020**

Item 20g

Governing Body meeting

5 September 2019

Author(s)	Liz Waterfall, Complaints Manager
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Purpose of Paper	
To provide Governing Body with complaints and MP enquiries comparative data, information about themes and trends and patient feedback for quarter 1 2019/2020	
Key Issues	
<ul style="list-style-type: none"> • 10 formal complaints received • Received 8 MP enquiries • 90% complaints responded to within 25 working days 	
Is your report for Approval / Consideration / Noting	
Noting	
Recommendations / Action Required by Governing Body	
The Governing Body is asked to: to note the Complaints, MP Enquiries and Patient Feedback Quarter 1 Report 2019/2020	
What assurance does this report provide to the Governing Body in relation to Governing Body Assurance Framework (GBAF) objectives?	
<p>Which of the CCG's Objectives does this paper support? Principle Objective 1.1: To improve patient experience and access to care Principle Objective 2.1: To improve the quality and equality of healthcare in Sheffield Description of Assurances for Governing Body Assurance Framework Number: GBAF nos 1 & 2 Insufficient communication and engagement with patients and the public on CCG priorities and service developments, leading to loss of confidence in CCG decisions Providers delivering poor quality care and not meeting quality targets particularly in a period of system wide organisational changes.</p>	
Are there any Resource Implications (including Financial, Staffing etc)?	
No	

Have you carried out an Equality Impact Assessment and is it attached?

Not relevant as this is not a new policy, process or strategy

Have you involved patients, carers and the public in the preparation of the report?

No

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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.

A complaint is an oral or written expression of dissatisfaction that requires a response. 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.

Department of Health guidance indicates that these complaints should be included in provider rather than CCG complaints statistics. Therefore, detailed information about provider complaints is not included in this report.

2. Complaints

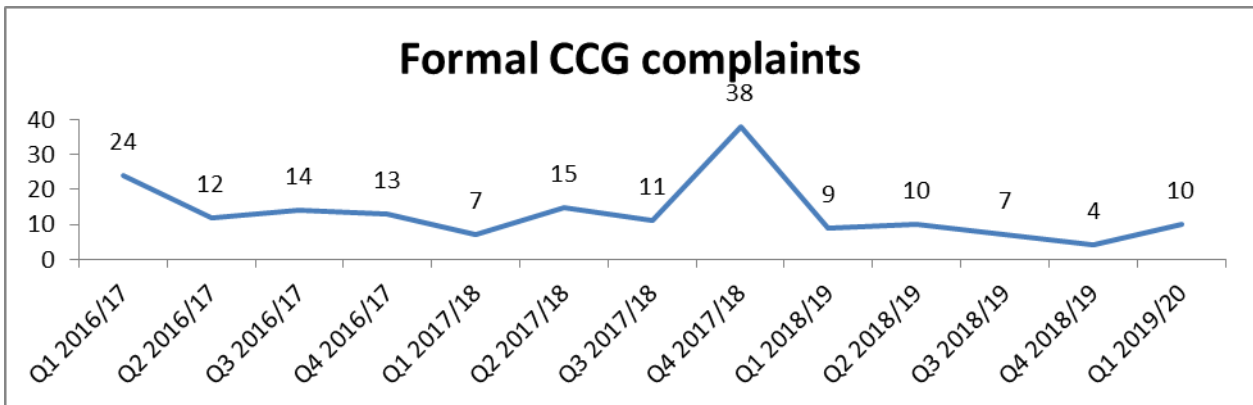
2.1. Number of complaints received

During quarter 1 the CCG:

- Handled 10 complaints about CCG services and decisions
- Dealt with 6 concerns that related to CCG services and decisions
- Contributed to 4 joint complaints where other organisations were leading

While this is an increase on the number of complaints in quarter 4 2018/19, it is in line with the average number of complaints received per quarter in the CCG over the last year.

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 NHS Foundation 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.



Graph 1: Number of complaints about CCG services and decisions

2.2. Timeliness of response

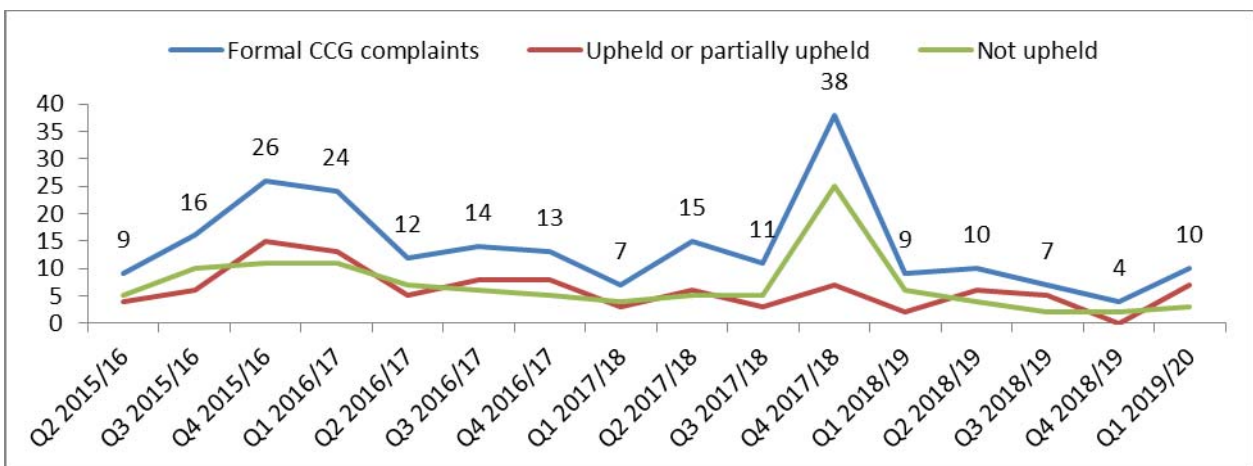
We aim to acknowledge complaints within 2 working days and respond within 25 working days. This timeframe can be negotiated and amended with the agreement of the complainant. Of the 10 complaints about CCG services and decisions:

- 10 (100%) were acknowledged within two working days
- 9 (90%) were responded to within 25 working days
- 1(10%) complaint exceeded the 25 day timescale due to the complexity of issues raised.

The number of complaints received in this quarter has increased from the previous quarter however it is in line with the average figure in previous quarters. While only 1 complaint exceeded the timeframe, actions are being put in place to ensure that all complaints are responded to within the 25 day timeframe.

2.3. Complaints by outcome

Graph 2: Complaints by outcome



Graph two: Number of formal complaints received, number not upheld and number either upheld or partially upheld (combined).

	Q3 17/18	Q4 17/18	Q1 18/19	Q2 18/19	Q3 18/19	Q4 18/19	Q1 19/20
Upheld: The complainant's primary concerns were found to be correct.	0	0	2	4	1	0	2
Partially upheld: The complainant's primary concerns were not found to be correct, but our investigation identified some problems with the service provided.	3	7	0	2	4	0	5
Not upheld: The complainant's concerns were not found to be correct. ²	5	25	6	4	2	4	3
Unknown (complaint open or on hold).							

Table 2: Complaint outcomes and open cases

2.4. Parliamentary and Health Service Ombudsman (PHSO)

There were no PHSO decisions during quarter 1.

2.5. Complaints and concerns by service area

		2017-2018				2018-19				2019 -20
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1
Commissioning and CCG policies decisions (inc POL)	Formal complaints	2	4	3	24	3	3	1	3	4
	Informal complaints and concerns	3	3	6	7	7	10	4	5	2
Continuing Healthcare, Funded Nursing Care and Personal Health Budgets	Formal complaints	3	11	8	14	6	7	6	0	5
	Informal complaints and concerns	1	4	1	3	4	7	5	4	2
Continuing Healthcare Previously Unassessed Periods of Care	Formal complaints	2	0	0	0	0	0	1	1	1
	Informal complaints and concerns		0	0	0	0	0	0	0	0

Table 3: Complaints and concerns by service area

2.6. Commissioning and CCG policies and decisions

We handled 3 complaints in this area, 2 complaints were in relation to the individual funding requests, (1 regarding process and 1 regarding outcome decision) and 1

² 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.

complaint was about how the CCG handled feedback about primary care. The complaints were investigated and an explanation of the policy decisions provided.

Among the concerns, issues related to access to GP appointments and access to orthopaedics through the muscular skeletal (MSK) pathway.

Responses providing information on these issues were sent to individuals.

2.7. Continuing healthcare

We received 6 complaints regarding this area in relation to:

- Delay in retrospective assessment by the Previously Unassessed Period of Care team (PUPoC)
- Dissatisfaction with the CHC assessment process
- Communication during the assessment process
- Data breach regarding error in sending out information
- Unhappy with the outcome of assessment and seeking a retrospective review
- Concerns regarding changes to care package and perceived gaps in care

2.8 Actions from complaints

From the complaint themes above a number of areas were picked up for action:

Changes in care package – CHC team to ensure that relatives are made aware by the provider regarding any changes taking place.

Awareness of discharge pathways – CHC team to liaise with hospital teams to reiterate the 'somewhere to assess' pathway so that individuals and carers understand this process.

Assessment process – work is ongoing to improve to improve the awareness and clarify any misunderstandings around the process especially regarding the role of the nurse assessor and the use of the decision support tool.

Communication – ensure staff keep relatives updated if further information is required in the course of the assessment process

Delays in reviews being carried out – Workforce Plan is underway to address delays regarding outstanding reviews.

Importance of data security – importance of adhering to GDPR and responsibility in relation to this incident reiterated to the team. This will feature in ongoing training to emphasise the vital importance of data security.

2.9 Audit of actions from previous complaints

The complaints team has a continual process to follow up with any previous actions that have been identified to ensure that they have been carried out as identified. Future reports will provide updates to the Governing Body regarding the outcome of these audits identifying any theme and trends.

3. Patient Experience Surveys

3.1 Prescription Order Line (POL)

POL conduct a quarterly online survey, the results are shown below:

	Q4 18/19	Q1 19/20
No. completing the survey	8	7
No. recommend:		
likely/ extremely likely	2	4
unlikely/ extremely unlikely	4	2
neither likely or unlikely/ don't know	2	1
No. received by Complaints Team:		
Compliments	2	1
Concerns	1	0
Complaints	0	0
No. on the spot complaints received and dealt with at the time	4	5

3.2 Feedback / Actions for Q1

Three patients left comments, these were mainly positive relating to the helpfulness of staff (long telephone queue also features). Of these three patients, one left contact details to enable a response. The patient has been contacted by email (as at 30/07), no further communication from the patient.

3.3 Continuing Healthcare (CHC)

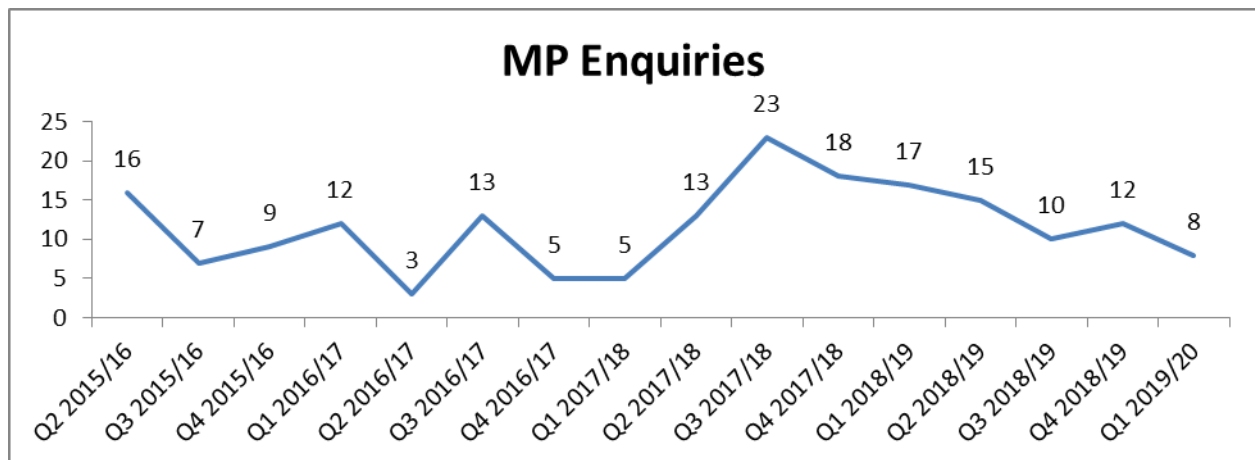
The CHC team have finalised the 'How did we do' questionnaire and a plan is in place for a controlled roll out running September to November (this will be applied to new assessments). During this test phase the team will continue to review to ensure the process is working before full roll out.

4. MP enquiries

When an MP raises a complaint on behalf of a constituent, this is classified as a formal complaint. The CCG also responds to queries from MPs that do not meet the criteria of a formal complaint. These are classified as MP enquiries.

4.1. Number of MP enquiries received

During quarter 1, we handled 8 MP enquiries in comparison to 12 in the previous quarter, showing a slight decrease from the last quarter and shows the lowest point since Q2 2017/18 (see graph below).



Graph 3: Number of MP enquiries about CCG services and decisions

4.2. Timeliness of response

We aim to acknowledge MP enquiries within 2 working days and respond within 25 working days. Of the 8 MP enquiries handled during quarter:

- 8 (100%) were acknowledged within 2 working days
- 7 (88%) were responded to within 25 working days

There was a delay to 1 response due to further information required and the MP and individual were kept updated until this was completed. Alongside complaints, actions will be put in place to ensure that all MP enquiries are responded to within 25 working days.

4.3. Subjects of MP enquiries

The 8 MP enquiries received were wide ranging and included:

- Enquiries regarding potential new treatment for cluster headaches and device for management of diabetes (2)
- Concerns regarding restrictions on prescribing 'over the counter' medicines (2)
- Queries about decisions relating to treatment eg IVF and bariatric surgery (2)
- Supporting individual constituents regarding Continuing Healthcare (CHC) assessment and offer of care (2)

5. Recommendation for Governing Body

The Governing Body is asked to note the Complaints, MP Enquiries and Patient Feedback Quarter 1 2019/20 Report.

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August 2019