

Complaints, MP Enquiries and Patient Feedback Report Quarter 2 2020/2021

Item 20i

Governing Body meeting

14 January 2021

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Purpose of Paper	
To provide the Governing Body with an overview of complaints and MP enquiries comparative data, information about themes and trends and patient feedback for quarter 2 2020-2021	
Key Issues	
<ul style="list-style-type: none"> • The number of complaints remains low. The CCG handled two formal complaints during quarter two. • The CCG handled 11 MP enquiries during quarter 2. • The Parliamentary and Health Service Ombudsman partially upheld one CCG complaint during quarter 2. 	
Is your report for Approval / Consideration / Noting	
For noting only	
Recommendations / Action Required by Governing Body	
The Governing Body is asked to note the overview of complaints and MP enquiries for quarter 2 2020-2021	
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 2: Lead the improvement of quality of care and standards</p> <p>Description of Assurances for Governing Body Principle Risk 2.1: There is a risk that organisations fail to meet quality standards, resulting in reduced quality of services, increased patient safety risks and a lack of satisfaction in commissioned services.</p> <p>The report provides assurance that there is a process in place to manage complaints.</p>	

Are there any Resource Implications (including Financial, Staffing etc.)?
No
Have you carried out an Equality Impact Assessment and is it attached?
Not necessary as this is not a new policy, process or strategy
Have you involved patients, carers and the public in the preparation of the report?
Not directly

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1. Introduction

A complaint is an oral or written expression of dissatisfaction that requires a response. The CCG handles complaints and MP enquiries about:

- the conduct of NHS Sheffield CCG staff
- services that the CCG provides, including commissioning decisions

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.

National 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.

For the last part of quarter for 2019-20 and the whole of quarter 1 2020-21, the NHS complaints process was 'paused' nationally due to the Covid-19 pandemic. The pause was not mandatory and, where possible and appropriate, the CCG continued to handle complaints during this period. The NHS Complaints Process restarted on 1 July 2020.

2. Complaints

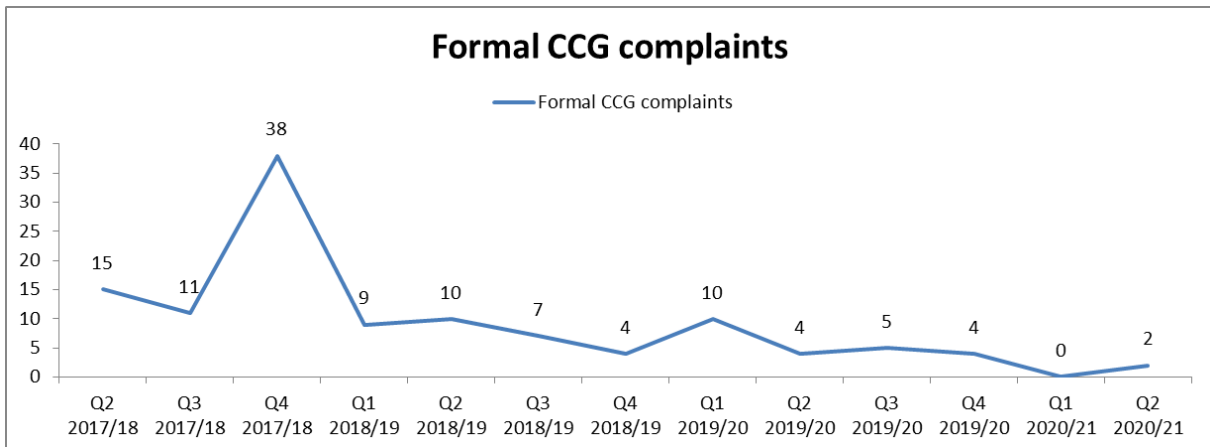
2.1. Number of complaints received

During quarter 2 2020-21 the CCG:

- handled two complaints and six concerns about CCG services and decisions

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.

- contributed to two multiagency complaints led by another organisation
- re-directed 34 complaints to another organisation to handle.



Graph 1: Number of complaints about CCG services and decisions

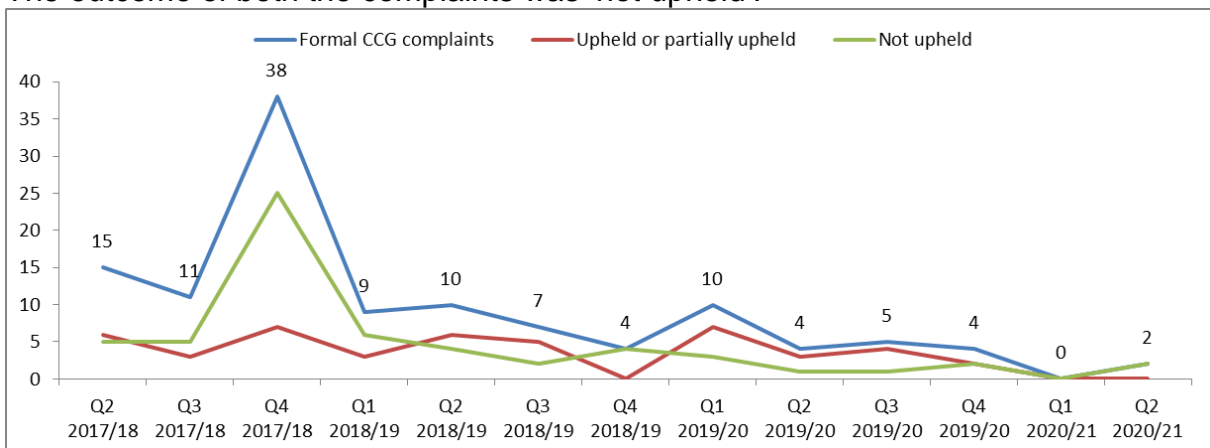
2.2. Timeliness of response

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

- Two (100%) were acknowledged within two working days
- Two (100%) were responded to within 25 working days

2.3. Complaints by outcome

The outcome of both the complaints was 'not upheld'.



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

Complaint outcomes									
	2018-19			2019-20				2020-21	
	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2
Upheld: ²	4	1	0	2	1	3	1	0	0
Partially upheld: ³	2	4	0	5	2	1	1	0	0
Not upheld: ⁴	4	2	4	3	1	1	2	0	2
Unknown (complaint open or on hold).									

Table 2: Complaint outcomes and open cases

2.4. Complaints and concerns by service area

		2018-19			2019-20				2020-21	
		Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2
Commissioning and CCG policies decisions (inc POL)	Formal complaints	3	1	3	4	2	2	1	0	1
	Informal complaints and concerns	10	4	5	2	4	5	3	2	3
Continuing Healthcare, Funded Nursing Care and Personal Health Budgets	Formal complaints	7	6	0	5	2	3	3	0	1
	Informal complaints and concerns	7	5	4	2	3	2	0	0	1
Continuing Healthcare Previously Unassessed Periods of Care	Formal complaints	0	1	1	1	0	0	0	0	0
	Informal complaints and concerns	0	0	0	0	0	0	0	0	0

Table 3: Complaints and concerns by service area

² Primary concerns were found to be correct.

³ Primary concerns were not found to be correct, but our investigation identified some problems with the service provided.

⁴ 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.

In addition the CCG handled one concern about care home visiting restrictions and one concern about patient registration at a GP practice.

2.5. Parliamentary and Health Service Ombudsman (PHSO)

The Parliamentary and Health Service Ombudsman partially upheld one CCG complaint during quarter 2. The Ombudsman recommended that the CCG acknowledge the failings in the care it commissioned, apologise for the distress caused, and develop an action plan to show how we will learn from the complaint.

2.6. Commissioning and CCG policies and decisions

We handled one complaint, relating to the commissioning of services for people with dissociative disorders. The complaint was that the CCG does not commission a specific service for people with dissociative disorders. Our response explained that, as these disorders can originate from a range of different conditions, people are seen in existing service pathways that the CCG commissions. The complaint was not upheld.

2.7. Continuing healthcare

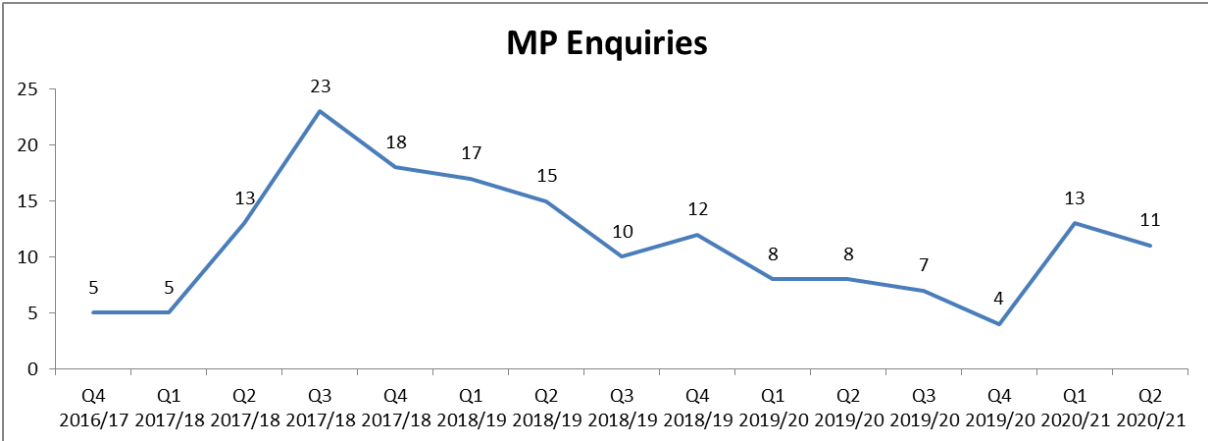
We handled one complaint relating to continuing healthcare. The complainant was concerned that a checklist (the first stage of the continuing healthcare assessment process) had been inappropriately rejected. We explained why the checklist had been rejected. The complaint was not upheld.

3. MP enquiries

When an MP raises a complaint on behalf of a constituent, this may be 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.

3.1. Number of MP enquiries received

During quarter 2 we handled 11 MP enquiries, and contributed to one multi-agency response that another organisation was leading on.



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

3.2. Timeliness of response

We aim to acknowledge MP enquiries within two working days and respond within 25 working days. Three cases missed the 25 day target. This was due to increased workload pressure in the continuing healthcare team and understaffing in the patient experience team (vacant complaints manager post).

Of the 11 MP enquiries handled during quarter two of 2020/21

- Eleven (100%) were acknowledged within two working days
- Eight (73%) were responded to within 25 working days.

3.3. Subject of MP enquiries

MP enquires included the following issues:

- Concerns about continuing healthcare and care homes (three enquiries)
- Concerns about changes to antenatal and maternity care as a result of covid-19 (two enquiries).
- Concerns about the impact of virtual appointments, particularly in relation to identifying domestic abuse.
- Concerns about care and treatment provided to individual constituents (four enquiries).
- Enquiry regarding tendering process.

4. Patient Experience Surveys

4.1. Prescription Order Line (POL)

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

	Q2 19/20	Q3 19/20	Q4 19/20	Q1 20/21	Q2 20/21
No. completing the survey	3	8	5	5	5
No. recommend:					
likely/ extremely likely	1	2	0	3	1
unlikely/ extremely unlikely	1	5	3	2	3
neither likely or unlikely/ don't know	1	1	2	0	1
No. received by Complaints Team:					
Compliments	0	0	1	3	2
Concerns	0	0	1	0	2
Complaints	0	0	1	2	0
No. on the spot complaints received	2	3	-	-	-

4.1.1. Feedback for quarter two

For those who were unlikely to recommend the service reasons included: hard to get through; lengthy messages/ recording and; long process.

Of the five respondents, four left comments and contact details. The POL Senior Medicines Optimisation Assistant has contacted the respondents to offer opportunity to discuss their comments further.

One of the concerns raised one was around the length of time waiting to get through (up to five hours) and having 15/16 callers ahead of you in the queue. The POL Senior Medicines Optimisation Assistant has advised that the team monitor wait times and at busiest times this can be up to 20 minutes, for August the average wait was just over six minutes. In terms of the number of callers waiting, queues normally have 15 plus waiting but there are eight or more operators working at once and would always advise that callers stay on the line rather than ringing back repeatedly to get a lower number in the queue.

Due to the sheer volume of calls in quarter 2 (45,792 in quarter 2 2019/20 vs 65,751 quarter 2 20/21), opportunistic feedback during calls was not collected.

4.2. Continuing healthcare (CHC)

There is currently nothing to report, following a hold on CHC assessments during quarter one and two. CHC assessments have now restarted and so patient experience data will be reported in quarter three.

5. Recommendation

The Governing Body is asked to note the Complaints, MP Enquiries and Patient Feedback Report Quarter 2 2020-21.

Paper prepared by: Sonya Friend, Complaints Manager

On behalf of Brian Hughes, Deputy Accountable Officer.

December 2020