



Board of Directors - Public

SUMMARY REPORT

Meeting Date: 28 July 2021

Agenda Item: 21

Report Title:	Complaints and Feedback Annual Report 2020-21		
Author(s):	Sarah Matthews, Complaints and Claims Manager		
Accountable Director:	David Walsh, Director of Corporate Governance		
Other Meetings presented to or previously agreed at:	Committee/Group:	N/A	
	Date:	N/A	
Key Points:	<p>The annual report is attached for consideration.</p> <p>Captured within the cover paper is detail of some of the discussion undertaken at Quality Assurance Committee.</p>		

Summary of key points in report

The management have complaints has undergone significant change in the last 12 months. New arrangements were introduced in October 2021, and these have been adapted over the last few months to learn and improve. Complaints responsiveness was very poor 12 months ago. The initial changes introduced from October resulted in a vast improvement during Q3. However, the ironing out of issues in Q4 resulted in a drop since then. New monitoring arrangements were introduced in June 2021 as we continue to seek to improve how we manage complaints.

Recommendation for the Board/Committee to consider:

Consider for Action		Approval		Assurance	X	Information	
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1. To note the significant changes, both to process and personnel, that we have seen in the management of complaints during 2020-21;
2. To note the improved capture of data that we have been able to bring together during Q3 and Q4 arising from the process changes made;
3. To take assurance from the additional monitoring processes introduced recently;
4. To take assurance from the capacity issues which are currently being addressed.

Please identify which strategic priorities will be impacted by this report:

Covid-19 Getting through safely

Yes

No

CQC Getting Back to Good					Yes	X	No	
Transformation – Changing things that will make a difference					Yes		No	
Partnerships – working together to make a bigger impact					Yes		No	
Is this report relevant to compliance with any key standards ?		State specific standard						
Care Quality Commission	Yes	X	No		“Complaints must be appropriately investigated and appropriate action taken in response”			
IG Governance Toolkit	Yes		No	X				
Have these areas been considered ? YES/NO					If Yes, what are the implications or the impact? If no, please explain why			
Patient Safety and Experience	Yes	X	No		Improving the patient experience is key to the changes we have sought to make			
Financial (revenue &capital)	Yes		No	X				
OD/Workforce	Yes		No	X				
Equality, Diversity & Inclusion	Yes	X	No		<i>Please complete section 4.2 in the content of your report</i>			
Legal	Yes	X	No		Complaints management processes are guided by the NHS Complaints Regulations			

Section 1: Analysis and supporting detail

Background

- 1.1 As detailed in the Annual Report, attached.

Discussion at Quality Assurance Committee

- 1.2 Some of the points raised and discussed at the committee are described in the following paragraphs.
- 1.3 Although there are no direct Equality, Diversity and Inclusion implications relating to the consideration of this report, the importance of capturing this data moving forward was discussed. The Complaints and Claims Manager advised the committee that the team is exploring how it may be possible to capture this data moving forwards. One option being worked through between the Corporate Affairs team and Communications team is the development of a survey that can be linked to all complaint responses to capture information on their experience generally, and including data collation on EDI matters and other demographics is included in the planning.
- 1.4 The team is also working closely with the Communications team on the development of easy-read leaflets to improve accessibility. Initial enquiries have also been made with advocacy services to utilise these, as well as signposting potential complainants to interpreter services.
- 1.5 The reduction in the number of overall complaints was noted. A number of possible reasons for this was discussed. One potential positive reason was the change in process which had put a focus on responsiveness of services, designed to tackle complaints at source rather than allowing them to escalate. On the other hand, a negative potential reason arose from the lack of confidence in some of the historic data, as discussed in the report. An ‘unknown’ factor was the impact of Covid-19, and it had not been possible to compare this with any national trends due to the timing of data release by NHS Digital. It was suggested that the committee may wish to delay consideration of the report next year to allow for this national data to be collated for context.
- 1.6 Some general areas for future improvement were discussed. These included consistency in use of colours within charts, and the inclusion of more detailed timescales within action plans to ensure something measurable was presented. These suggestions were taken on board by the Complaints and Claims Manager for future reporting.
- 1.7 There was some discussion around the proportion of wholly upheld complaints. National comparators were not available on this specifically. It was noted that upheld complaints would often be ‘partially upheld’ due to the quantity of items included.
- 1.8 There was some discussion around learning from complaints and how this was captured. It was reported that the new Complaints Plan pro forms included a specific section around this and more work was being undertaken to ensure services completed these forms in full. The intention was that this would inform other reports more frequently seen by the Quality Assurance Committee, such as the Service User Experience report.

Section 2: Risks

- 2.1 Following improvement in complaints responsiveness, a previous Corporate Risk in relation to compliance with contractual obligations was closed.
- 2.2 However, Corporate Affairs continue to manage a local risk in relation to this area (Risk Ref 4649). This is managed in the directorate risk register, reviewed fortnightly by the Corporate Governance leadership and most recently reported to the Executive-led Performance Review on 5 July 2021. The current risk score is 9 (medium risk).

Section 3: Assurance

- 3.1 This is detailed generally within the Annual Report.
- 3.2 The committee is also asked to note specific changes that have been introduced in June 2021 in terms of complaints monitoring, detailed below.
- 3.3 A weekly tracker is maintained for all complaints. On a weekly basis, the full tracker is shared with the Chief Executive, Executive Director of Nursing, Professions and Operations, and the Director of Corporate Governance. The tracker details which complaints are 'active', what stage in the process they are at, which service they relate to, and how they are being managed.
- 3.4 The tracker helps to identify any bottlenecks or themes which may be resulting in delays in the management of complaints.
- 3.5 A filtered version of the tracker is also circulated on a weekly basis to each of the clinical directorate triumvirates (Head of Service, Head of Nursing, Clinical Director) to provide oversight to that group for the same purpose.
- 3.6 This process was introduced in June and has already assisted in ensuring appropriate senior level focus is given to specific complaints as required.

Section 4: Implications

Strategic Aims and Board Assurance Framework

- 4.1 Strategic Aim 2: CQC – Getting Back to Good. The complaints improvements were monitored as part of the Well-Led Development Plan during 2020-21, and the Well-Led workstream within the Back to Good Programme.

Equalities, diversity and inclusion

- 4.2 None directly arising from this report. The implications in relation to our complaint management were assessed in preparation for the Complaints Policy which was approved by Policy Governance Group last year, ratified by this

committee, and became active in October 2020.

Culture and People

4.3 None directly arising.

Integration and system thinking

4.4 None directly arising.

Financial

4.5 None directly arising.

Compliance - Legal/Regulatory

4.6 None directly arising, save for the CQC fundamental standard identified earlier.

Section 5: List of Appendices

1. Complaints and Feedback Annual Report 2020-21
2. Complaints Process Chart

Annual Complaints and Feedback Report

April 2020 to March 2021

Sarah Matthews
Complaints and Claims Manager

1. Introduction

Sheffield Health & Social Care NHS Foundation Trust (SHSC) provides a range of mental health services within Sheffield (both within the community and as an in-patient) as well as learning disability and substance misuse services. In addition, some of the specialist services we provide not only supports people across the region, but across the country.

This report summarises the activity in relation to informal concerns and formal complaints for SHSC during 2020/2021.

2. Definitions

Informal concerns are issues which are raised directly with the ward or service and are resolved within 48 hours.

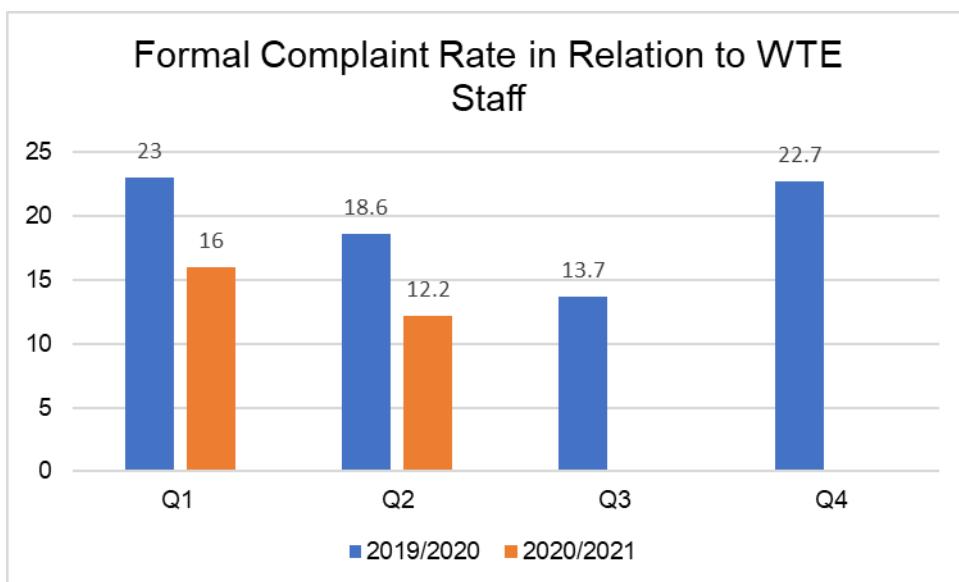
Formal complaints we aim to acknowledge complaints within three working days. We aim to investigate and respond to all complaints within either 30 or 40 working days, dependent on complexity of the complaint.

We strive to give service users and their families excellent customer service, and we endeavour where possible to give an early resolution to complaints. Where appropriate, we request the service to respond directly to the complainant to provide a satisfactory verbal outcome within 10 working days. If this is not possible, then the complaint will be 'stepped up' and will be investigated locally in line with the above timescales.

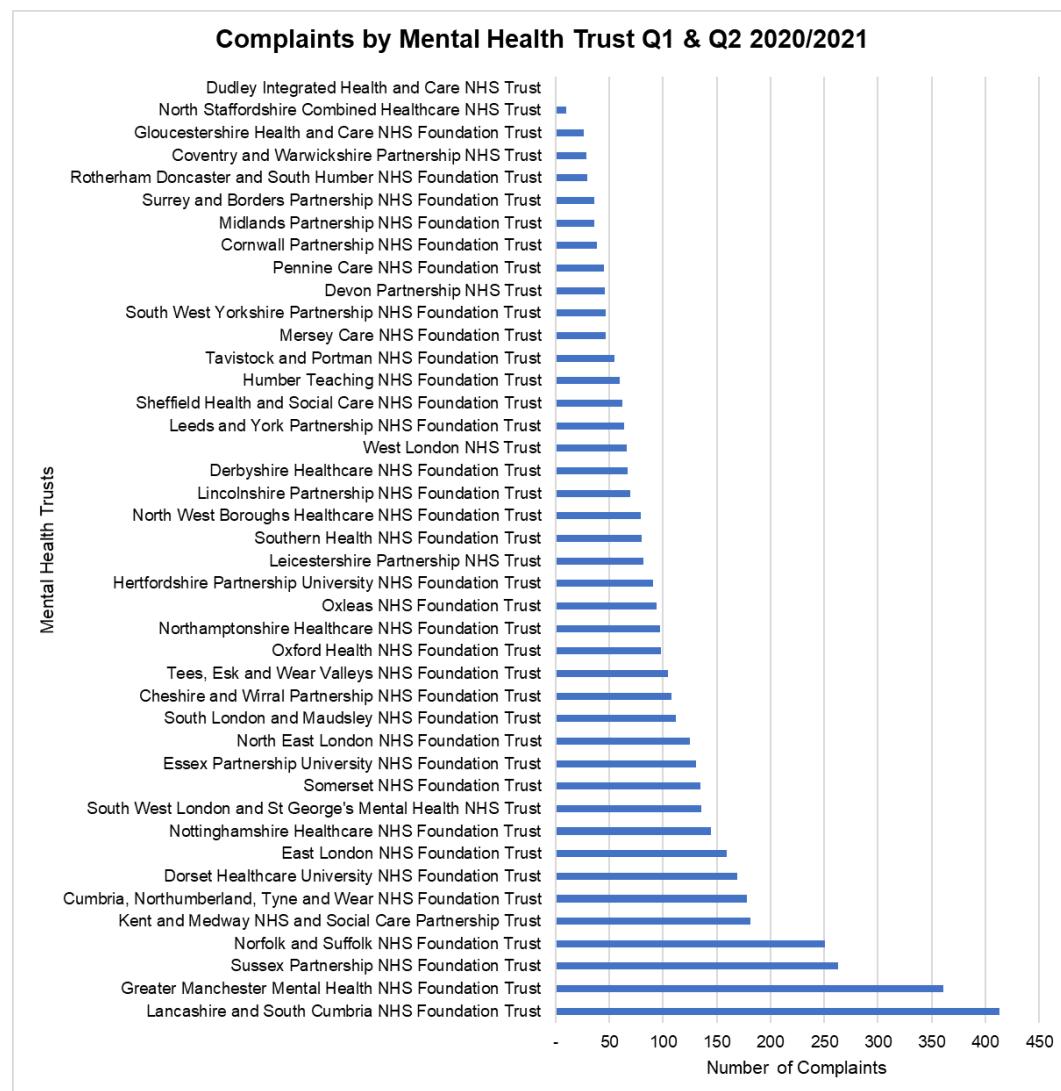
3. Complaints received during 2020/2021

During 2020-2021, the organisation received a total of 108 complaints, which equates to an average of approximately 2 per week. This is a decrease of approximately 49% against the number of complaints received during 2019/2020 (153).

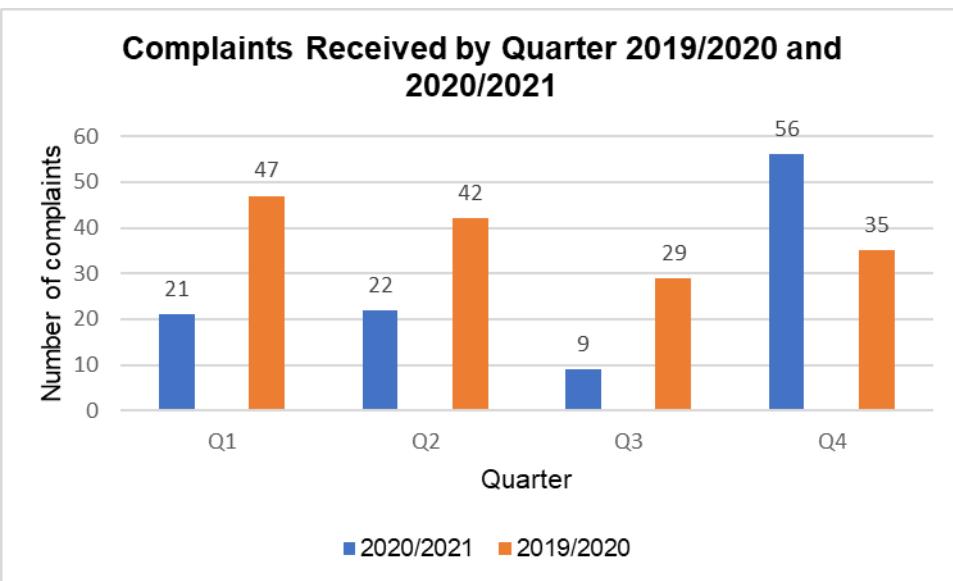
The formal complaint rate is expressed below in relation to the number of whole time equivalent (WTE) staff employed by the organisation. Therefore, the complaint rate = the number of complaints x 1000 / WTE employed, based upon the electronic staff record (ESR). (Data collated from NHS Digital – this is a nationally recognised mechanism for recording complaints received).



Nationally, SHSC has a low complaints rate (data based upon available information from NHS Digital). Our organisation is ranked 15th lowest for number of complaints received out of 42 Mental Health Trusts in the country.



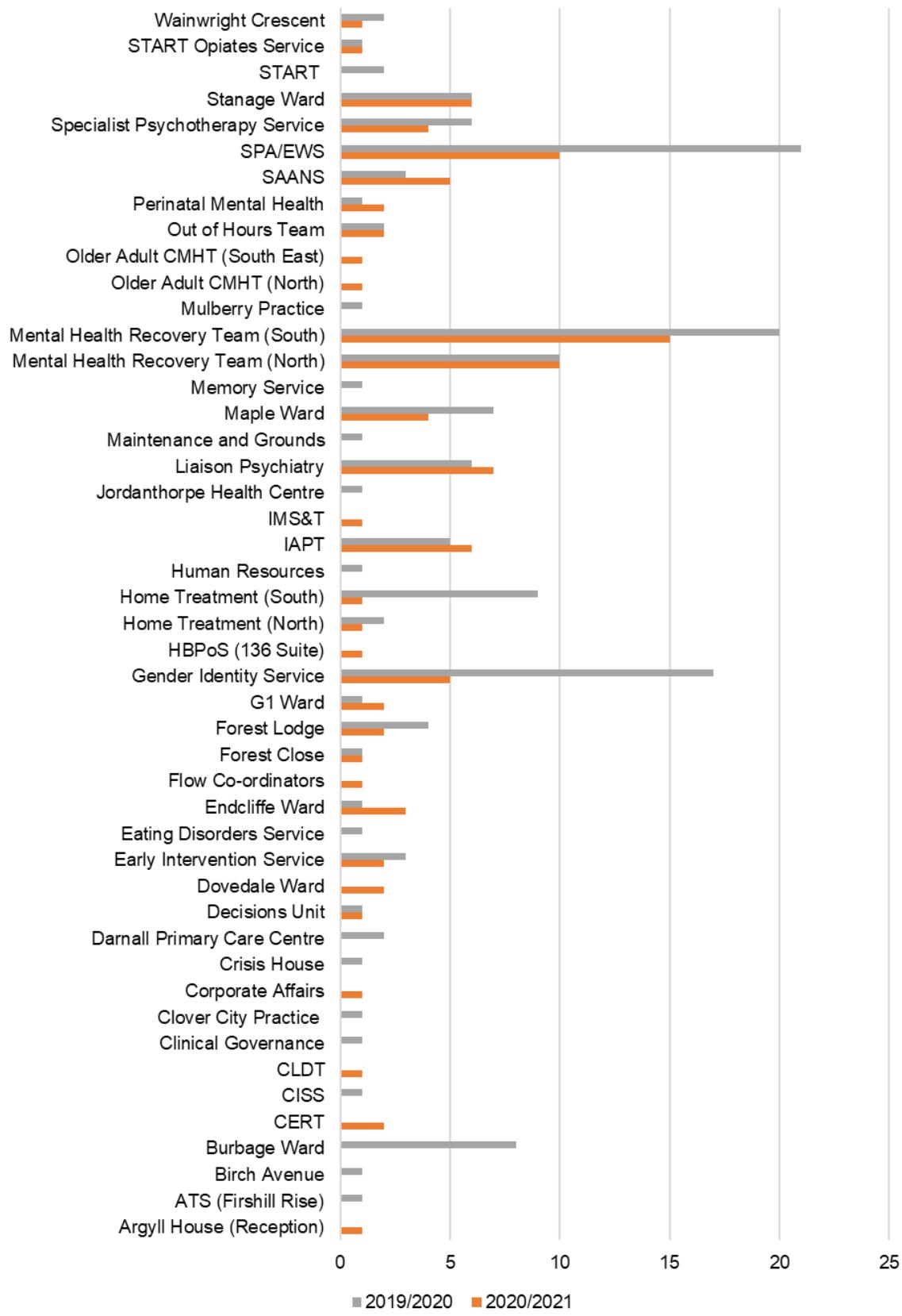
The following graph provides an overview of the number of complaints received in each quarter during 2020/2021, compared to the previous year.



In October 2020, a new complaints policy was introduced and the way in which this data has been recorded by the previous incumbent reflects this change (Q3 2020/2021). This shows a significant drop in complaints. However, frailties in the capturing of the data during this period resulted in a downturn during Q4. From Q1 2021/2022, more robust procedures for capturing data have been put in place which will provide more meaningful and accurate analysis in the future.

Due to organisational changes and reconfiguration, it is not possible to compare service lines by directorate as per previous years. The data below highlights the number of complaints recorded by service for this year, compared to last. (Please note: the number of complaints by site may not list the total number of complaints, as complaints recorded were re-directed or rejected).

Number of Complaints Recorded Against Site/Service 2020/2021 and 2019/2020



Data has not been collected to establish complaints relating to specific staff group (i.e., managerial staff, nursing, administration, etc.). This is something that Corporate Affairs will establish from Q1 2021-2022.

4. Complaint Themes

The organisation categorises complaints using the criteria set by the Department of Health. A complaint may involve more than one issue and/or service, however, the main issue of the complaint will determine the subject it is logged under.

The table below identifies the themes and trends from complaints and shows whether there has been an increase or decrease compared to the previous year. Due to the way in which data has previously been recorded, there may be complaints that should have been recorded against categories below that have not been accounted for, making analysis difficult.

Complaint Theme	Total Complaints (2020-2021)	Total Complaints (2019-2020)
Access to Treatment or Drugs	15 ↓	16
Admissions and Discharges	13 ↑	10
Appointments	3 ↓	8
Clinical Treatment	13 ↓	15
Communications	33 ↑	30
Consent	0	0
End of Life Care	0	0
Facilities	0	2
Integrated Care	0	1
Patient Care	7 ↓	24
Prescribing	5	5
Privacy and Dignity	4 ↓	6
Restraint	0	0
Staff Numbers	3 ↑	1
Transport (Ambulances)	0	0
Trust Admin/Procedures/Policies	1 ↓	4
Values and Behaviours	7 ↓	22
Waiting Times	1 ↓	6
Other	0	3

There has been a 71% decrease in the number of ‘Patient Care’ complaints during the past year, and complaints regarding ‘Values and Behaviours’ have also decreased by 68%.

Complaints about ‘Waiting Times’ have also decreased by 83%, however many complaints that have come through regarding this issue Corporate Affairs have worked directly with services to resolve these issues as quickly as possible. There will need to be consideration on the impact of Covid-19 on waiting times, and I would anticipate that complaints regarding this will rise over the course of the next financial year.

There has been an increase of 67% in complaints regarding ‘Staff Numbers’ – there have been numerous vacancies across the organisation as we move towards our ‘Back to Good’ status, and the Trust is continuing to address the issue of staffing through recruitment.

There has been a slight increase of 9% in complaints about ‘Communication’ – these complaints include the timeliness of communication, standard of written communication, an overall lack of communication, and can also include communication between staff and/or patients and their representatives (this can overlap with the ‘Values and Behaviours’ category and may account for the previous category’s decrease).

5. Performance in Responding to Complaints

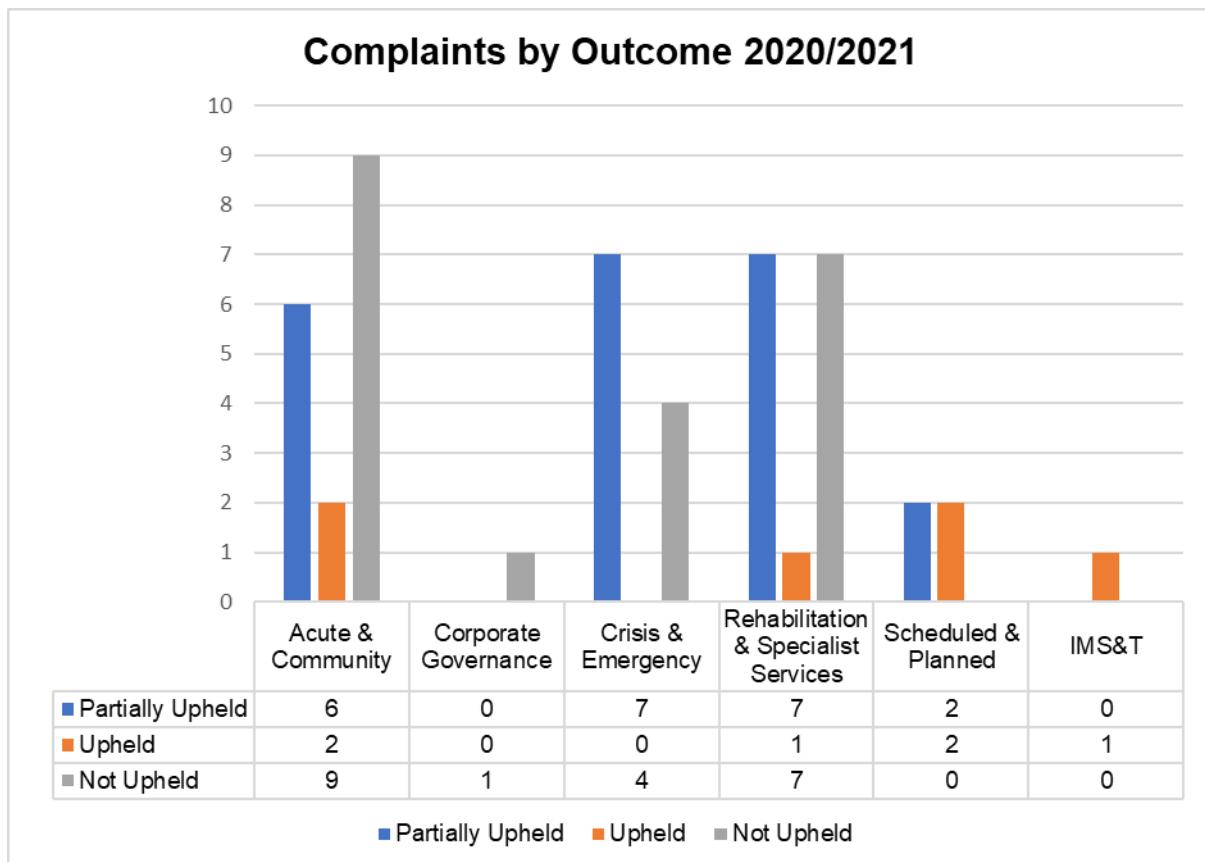
In addition to monitoring the number of complaints received within the organisation, we also monitor our performance against our locally set timescales. This is to ensure that we acknowledge complaints in a timely manner (within three working days) and we aim to respond to complaints within our set timescales in line with the Complaints Policy.

Regrettably, this data has not been accurately recorded by the previous historically to make direct comparisons over previous years; however, steps have now been taken to document this data, and it will be monitored on a monthly and quarterly basis from Q1 2021 onwards.

Owing to the current lack of resourcing within the Corporate Affairs Team and the impact of Covid-19, this is having a significant effect on our ability to respond to complaints. Further delays have also occurred due to a lack of suitably trained staff to undertake complaints investigations.

Corporate Affairs are currently recruiting a Band 3 Administrator (job advert has recently closed and interviews will soon commence), and an advert will be out by the end of July 2021 for a Band 5 Officer. The Director of Corporate Governance will also be arranging for complaints investigation training to upskill as many Band 7+ staff as possible to support with the complaints’ process. Once permanent staffing has been established within the team, we are confident that our acknowledgement and response rates will begin to improve.

Of the 108 complaints, 101 have been completed at the time of writing this report. The chart below shows the outcome of each of these complaints, where an outcome has been recorded. Following reconfiguration of services, the below data has been collated based upon the available data on Ulysses.



6. Parliamentary and Health Service Ombudsman (PHSO)

In 2020-2021, one complaint was referred to the PHSO regarding the Specialist Psychotherapy Service. The PHSO proposed an investigation, however, after reviewing the chronology of the file, the Corporate Affairs team highlighted that it fell outside of the statutory timescale. The Ombudsman agreed not to investigate the matter further.

We were notified of another case that is currently being investigated by the PHSO regarding Birch Avenue, but there is no confirmed outcome.

We also received the outcome of an historic complaint investigation by the PHSO. The complaint was in relation to an NHS Pension (Finance Directorate). The complaint was partially upheld, and SHSC notified the complainant, apologised and took appropriate steps as recommended by the PHSO.

7. Informal concerns and Fastracks

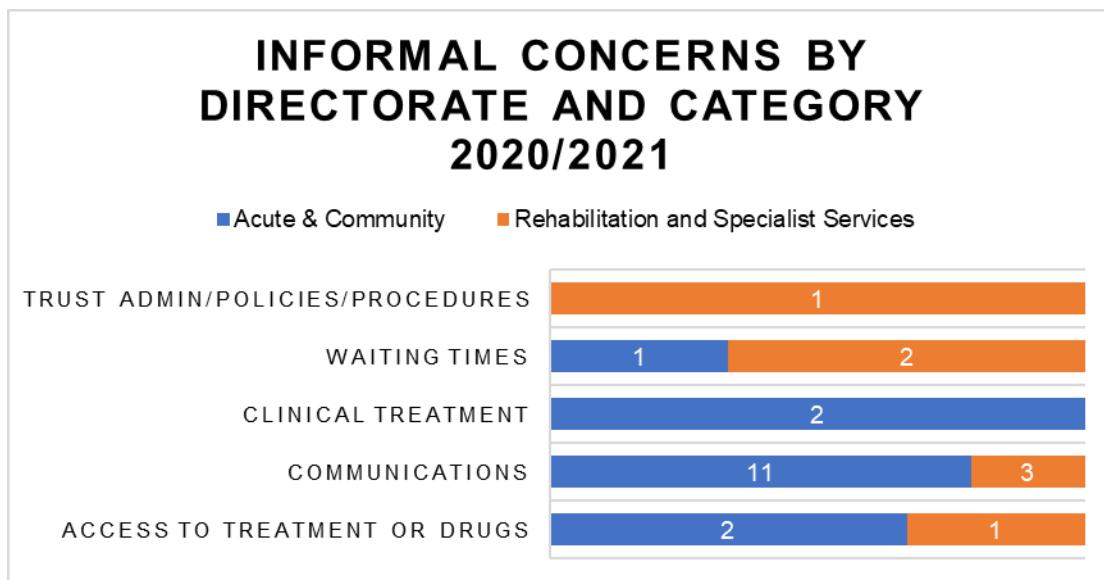
During 2020-2021, the Corporate Affairs Team managed 23 informal concerns. This figure does not include any concerns raised at service level that were immediately resolved. On scrutinising the data, it is possible that the informal concerns documented were, in fact, formal complaints (this relates to the potential data errors highlighted earlier which have resulted in difficulty comparing like-for-like data).

Prior to 2020-2021, there are no recorded informal concerns, as all concerns received within Corporate Affairs were managed as formal complaints. Fastrack forms were used as a way in raising concerns informally and were managed by the Patient Safety Team.

Following review and changes in policy, in October 2020, the Fastrack forms were removed from all sites and services and are no longer used by the organisation.

At present, we do not have a Patient Advice and Liaison Service (PALS), and the Corporate Affairs Team manage many calls (which are not referenced) which could be described as PALS enquiries. These are namely in relation to appointments and waiting times, which the Corporate Affairs Team work to resolve directly with the relevant services to provide a quick and satisfactory outcome.

The chart below shows the category of informal concern against the registered Directorate.



8. Compliments

The Corporate Affairs team logged a total of 152 compliments during the 2020-2021, a decrease of 59% from 370 the previous year. The data has been extracted from the available information recorded on Ulysses. The following chart provides a breakdown of compliments received against the recorded Directorates, where this has been documented:



Services are encouraged to share the compliments they receive with the Corporate Affairs Team to ensure they are formally logged, however there is a lack of clarity over what constitutes a compliment. There is further work to be done in defining this for future reporting, and we will be documenting who has provided the compliment (i.e., service user, carer) to provide further analysis.

Any compliments received directly to Corporate Affairs are shared with the service(s) and named individual(s). Compliments that go 'above and beyond' are also shared with the Chief Executive.

9. Looking Forward

Owing to the impact of Covid-19, changes in policy, organisational structure and management, as well as recording and resourcing issues, the Corporate Affairs team acknowledges that there is still work to be done to improve complaints performance within the Trust, however steps are being taken in putting this into action. Over the next 12 months we shall:

- Recruit a full-time band 3 Corporate Affairs Administrator
- Recruit a full-time band 5 Corporate Affairs Officer
- Continue to review systems and processes, ensuring that learning from complaints is not only captured, but monitored and implemented
- Work towards achieving a complaints response rate of 80%
- Work towards achieving a complaints acknowledgement rate (within three working days) of 90%
- Begin capturing complainant demographic data to review accessibility for making complaints, (age, location, race)
- Integrate surveys into complaint response letters to gage complainant satisfaction with complaints process

Additional improvements to the monitoring of 'live' complaints have been recently introduced, involving weekly circulation of data to clinical directorate leadership triumvirates, to ensure appropriate leadership focus and to help highlight areas of concern or procedural blockages.