

Board of Directors - Public

SUMMARY REPORT	Meeting Date:	24 July 2024
	Agenda Item:	11

Report Title:	Annual Complaints Report 2023/24		
Author(s):	David Sullivan, Head of Complaints		
Accountable Director:	Salli Midgley, Executive Director of Nursing, Professions and Quality		
Other meetings this paper has been presented to or previously agreed at:	Committee/Tier 2 Group/Tier 3 Group	Quality Assurance Committee	
	Date:	12 June 2024	
Key points/recommendations from those meetings	Requested further work to fill demographic data gaps (age) to be completed and graphs to be updated. Recommended for Board approval.		

Summary of key points in report							
<p>The Trust is meeting its statutory obligations for complaints handling.</p> <p>Performance has improved from 74% of complaint responses completed within timescales in 2022/23 to 77% in 2023/24. The team's focus during the year has been on introducing quality assurance controls to improve processes and procedures. The Trust's internal complaints training for investigators continues to be rolled out across the organisation and online sessions have been introduced this year. This seeks to embed effective and engaged investigations, empathetic responses, and appropriate and effective learning within the Trust's handling of complaints.</p> <p>Priorities for 2024/25 includes a focus on better learning from complaints, identifying accessibility improvements, seeking co-production/engagement opportunities and streamlining processes for greater efficiency.</p>							
Recommendation for the Board/Committee to consider:							
Consider for Action		Approval	✓	Assurance	✓	Information	
The Board of Directors is asked to approve this annual report.							

Please identify which strategic priorities will be impacted by this report:							
	Effective Use of Resources	Yes	✓	No			
	Deliver Outstanding Care	Yes	✓	No			
	Great Place to Work	Yes	✓	No			
	Ensuring our services are inclusive	Yes	✓	No			

Is this report relevant to compliance with any key standards ?				State specific standard
Care Quality Commission Fundamental Standards	Yes	✓	No	Regulation 16: Receiving and Acting on Complaints
Data Security and Protection Toolkit	Yes		No	✓
Any other specific standard?		✓		Local Authority Social Services and National Health Service Complaints (England) Regulations 2009
Have these areas been considered? YES/NO				If Yes, what are the implications or the impact? If no, please explain why
Service User and Carer Safety, Engagement and Experience	Yes	✓	No	Patient and carer and experience should be positively impacted through the complaints process.
Financial (revenue & capital)	Yes	✓	No	Considered but no current impact identified.
Organisational Development /Workforce	Yes	✓	No	Continuous quality improvement, learning and reflection.
Equality, Diversity & Inclusion	Yes	✓	No	See section 4.3 in this report.
Legal	Yes	✓	No	It is a legal requirement for NHS Trusts to produce an annual complaints report.
Environmental sustainability	Yes	✓	No	Considered but no current impact identified.

Section 1: Analysis and supporting detail

Background

Complaints processes within the NHS are governed by statute as set out in the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 and through the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 16 – Receiving and Acting on Complaints.

Sheffield Health and Social Care NHS Foundation Trust (SHSC) is committed to ensuring that concerns raised by service users, or by friends or family members of those using its services, are acknowledged, investigated, and responded to. The Trust is intent on fostering a learning culture for complaints where the response to any failings identified will be consistently robust, meaningful, and compassionate.

The attached is the annual report for 2023/24 covering complaints and compliments and where available includes comparison with previous years' performance.

Section 2: Risks

There are risks relating to not identifying and learning from complaints effectively. This can perpetuate service user dissatisfaction and may fail to uncover or adequately address potential clinical risks or other service lapses.

Section 3: Assurance

Triangulation

The statistical elements of the annual complaints report have been shared with the Quality Assurance Committee and other committees through the Integrated Performance and Quality Report (IPQR) on a monthly basis. The learning elements have been shared with the Quality Assurance Committee as part of the learning lessons report, incorporated into the Clinical Quality and Safety Group 'AAA' report.

Benchmarking

There is limited benchmarking data for complaints due to the absence of standardised national performance targets for complaint responses (e.g. all response times are determined by the specific local organisation).

Engagement

Complaints often have many aspects requiring engagement with external agencies to work jointly to achieve satisfactory resolution for the complainant. Sheffield Integrated Care Board (ICB), Sheffield Healthwatch and Sheffield MPs regularly engage with SHSC regarding our complaints handling and management.

Section 4: Implications

Strategic Priorities and Board Assurance Framework

1. Effective use of resources
2. Deliver outstanding care
3. Great place to work
4. Ensuring our services are inclusive

If dealt with effectively, complaints have the potential to impact on all SHSC's strategic priorities as the desired outcome from any complaint is to learn, improve and change aspects of care that will make a difference to others who use our services.

Equalities, diversity and inclusion

A key priority for 2024/25 will be to provide greater assurance that the complaints process is accessible for all, recognising that the current data available is limited in this respect.

Culture and People

The complaints training highlighted in the report incorporates important Trust values, such as working together, respect and kindness, a commitment to quality, and improving lives. The training seeks to embed this approach across all the investigating teams.

Integration and system thinking

Sheffield Integrated Care Board and other providers collaborate where appropriate on providing complaint responses to ensure a seamless process for complainants and their carers/families.

Financial

There are no identified financial implications relating to the development of the annual complaints report 2023/24.

Compliance - Legal/Regulatory

It is a legal requirement to produce an annual complaints report as set out in the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009.

Environmental sustainability

There are no identified environmental sustainability outcomes identified through the development of the annual complaints report.

Section 5: List of Appendices

1. Annual Complaints Report 2023/24



Annual Complaints Report 2023/24



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1. Introduction

Sheffield Health and Social Care NHS Foundation Trust (SHSC) is committed to ensuring that concerns raised by service users, or by friends or family members of those using its services, are acknowledged, investigated and responded to. SHSC is intent on fostering a learning culture for complaints where the response to any failings identified will be consistently robust, meaningful and compassionate. Complainants can be confident there will be no barriers to them receiving fair treatment and clear information during the complaint process, irrespective of social and cultural background. Complaints, compliments, general comments, and suggestions are welcomed.

Complaint processes within the NHS are governed by statute as set out in the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 and through the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 16 – Receiving and Acting on Complaints.

To meet these regulations, SHSC must have an effective and accessible system for identifying, receiving, handling and responding to complaints from people using services, people acting on their behalf, or other stakeholders.

Within SHSC, complaints are managed in line with an approved Complaints Policy, which aims to ensure that service users, or their representatives, can raise their concerns and have them thoroughly and effectively investigated. The policy also includes process maps. These set out the timeframes for responding to complaints, a description of the individual roles in the process and information on how we capture learnings from complaints.

It is important that complainants have an explicit means to challenge the outcome of their complaint. All complainants, upon conclusion of their complaint, are informed of their right to seek the intervention of the Parliamentary and Health Service Ombudsman for an independent review of the handling of their complaint.

Historical Overview – Complaint Classification

Throughout this report, we compare and contrast data to previous years' performance, where possible. The table below shows the top classification themes of complaints received over the last three years. For the year 2023/24, these six themes accounted for 91% of all complaints received.

Complaint Theme	2023/24	2022/23	2021/22
Access to Treatment or Drugs	36%	33%	25%
Patient Care	10%	7%	20%
Clinical Treatment	9%	12%	10%
Values and Behaviours	16%	10%	14%
Communication	15%	16%	7%
Admissions and Discharges	5%	8%	4%
(Total complaints received)	(129)	(142)	(145)

Complaint Definitions

Complaint - A complaint is an expression of dissatisfaction communicated verbally, electronically or in writing which requires a response. Complaints may be about the activities of SHSC and/or its staff.

Formal Complaints – A formal complaint or concern is one which requires a full investigation and response. These are reported as complaints and are recorded on the complaints database. We aim to acknowledge formal complaints within two working days and investigate and respond to all complaints within either 30 or 40 working days, depending on the complexity of the complaint. Where appropriate, these deadlines may be extended with the permission of the complainant. This is in line with national guidance where there are no formal timescale targets and organisations are expected to engage meaningfully with complainants regarding the investigation process.

Concerns – A concern is an expression of worry or doubt over an issue considered to be important, for which reassurances are sought. This can be in the form of a question, especially one expressing doubt or requesting information. This is typically related to an active care issue. Concerns are responded to directly by the ward, team or service and are typically resolved within 48 hours.



2. Our Improvement Journey 2023/24



Leadership

During 2023/24 we had a change in leadership of the complaints function following the resignation of the former Head of Complaints in February 2023. Our new permanent Head of Complaints joined SHSC in October 2023, following a successful recruitment campaign.

Developments

The team's focus has been on introducing quality assurance controls to improve processes and procedures. For example, a new complaint quality assurance form was developed and introduced to ensure that all key issues arising from a complaint are fully considered, from the initial receipt of the complaint contact. The checklist on the form alerts the initial reviewer of the complaint to look out for issues such as, for example, safeguarding concerns, potential language barriers, information governance issues, or active care problems.

An additional focus has been on resolving issues at an early stage before they reach the formal complaints process. This involves the complaints team liaising with key contacts in our services to ensure points of concerns are listened to and resolved to a service user's or family's satisfaction, without them needing to raise a formal complaint. From April 2024, information about these concerns will be logged onto a central database, so this source of feedback can be further explored and disseminated across the organisation. This will enable SHSC to have a more complete picture of the issues being raised by service users and their families.

The Trust's internal complaints training continues to be rolled out across the organisation. Some staff members reported difficulty in attending the training in person, therefore online teams-based training sessions have been introduced this year. The training has been refined and further developed to focus on providing an effective and engaged investigation; drafting an empathetic response and ensuring appropriate and effective learning. Further training sessions are planned throughout 2024/24.

Team Capacity

The complaints team consists of our head of complaints (30 hours a week) and a complaints officer (full time). In January 2024, a part-time patient advice and liaison service (PALS) officer was appointed to provide additional support to the team three days a week.

There are challenges with such a small team in accommodating annual leave, training, and sickness absence. Where possible, the team utilises colleagues across the wider clinical governance team to help ensure that 'business as usual' continues.

It is important to stress that an effective complaints process requires a strong partnership between the corporate complaints team and managers and clinicians from the service areas. For the process to work well, an investigator needs to be allocated quickly by the service leadership team. An investigator must also have the capacity to spend time, both on the investigation itself and on engaging with the complainant. Workforce issues do at times, impact on this process.

Future plans

The key priorities we are working on as we move into 2024/25 are:

- Focus on learning - Identifying a more robust process for ensuring actions generated as a result of the complaints process are implemented and evidenced and that they address service users' experiences.
- Accessibility – Additional assurance that service users know how to make a complaint and that the process is accessible for all.
- Co-production/engagement – Seeking to better understand how our service users would prefer to engage with the complaints process.
- Streamlining processes for greater efficiency.
- Continuing to develop the relationship with service areas to identify any problems that might affect the complaints process as quickly as possible.

3. Data, Key Themes and Analysis

The data contained in this report has been obtained from Ulysses, our electronic risk management system. For the year 1 April 2023 to 31 March 2024, SHSC received a total of 129 complaints. This is an 11% decrease, compared to the previous year and suggests efforts to resolve issues at an early stage are helping.

Formal Complaints

The table below provides a breakdown of formal complaints received over the previous three years.

Year	Formal complaints
2021/22	145
2022/23	142
2023/24	129

Complaint Themes

The table below provides a comparison of the complaint categories recorded across this year and last. “Access to treatment or drugs” remains the most common category of the complaints received across both years. The arrows indicate whether the totals have increased or decreased (blank shows the results remain constant).

Complaint Categories (main)	2023/24		2022/23
Access to Treatment or Drugs	46	↑	39
Values And Behaviours	21	↑	14
Communications	19	↓	21
Patient Care	13	↑	10
Clinical Treatment	12	↓	18
Admissions and Discharges	7	↓	11
Other	3	↓	10
Trust Policies	3		3
Prescribing	2	↓	12
Appointments	1		1
Access to Records	1		1
Integrated Care	0	↓	1
Privacy & Dignity (PDW)	1		1
Total	129		142

Analysis of Top 3 Complaint Themes

Access to Treatment or Drugs

In 2023/24, there were 46 complaints recorded where “access to treatment or drugs” was recorded as the subject of the complaint. This was slightly less (-2) than the previous year. This complaint category includes sub-categories, such as access to services, waiting list times and overall service provision. Access remains the biggest overall complaint issue for the Trust. This is a reflection of the pressure on specific services that has arisen from large increases in demand and covid-related backlogs. This also encompasses expressions of service user concern in respect of service re-configurations.

The main areas with ‘access’ complaints in 2023/24 were as follows:

Access – main areas receiving complaints	Complaints
Single Point of Access service	9
Community Mental Health Team (South)	9
Sheffield Adult Autism and Neurodevelopmental Service	6
Eating Disorders Services	5
Community Mental Health Team (North)	3

Values and Behaviours

The “values and behaviours” category has increased in the number of complaints received (+6) since 2022/23. This category has sub-categories relating to staff attitude and perceived professionalism.

No single service received more than 3 complaints in this category and the 21 complaints received related to 17 different services. There were no clear patterns of complaint identified.

Communications

The “communications” category has fallen in the number of complaints received (-4) since 2022/23. This category has sub-categories relating to communication with service users and families, the provision of information and communication between teams.

Communication – areas receiving complaints	Complaints
Early Intervention Service	4
Single Point of Access service	3
Crisis Resolution and Home Treatment Team	2
Liaison Psychiatry	2

There was no clear trend identified. The Early Intervention Service received the most complaints (four) in this category. However, these were shared across four sub-categories with no indication of a more widespread issue.

Complaints Received 1 April 2022 - 31 March 2024 - broken down by Department/Year:

Department	2023/24		2022/23
Autism and Neurodevelopmental Service	6	↓	11
Birch Ave	1	↑	0
Burbage Ward (Stange)	4	↑	1
Central AMHP Team	1	↓	2
CERT	1	-	1
CLDT	3	↑	1
CMHT North	9	↑	6
CMHT South	13	↓	30
Complaints	1	↑	0
CRHTT	4	↑	2
Decisions Unit	3	↑	1
Dovedale 2 Ward (Adult)	4	↑	2
Early Intervention Service	5	↑	4
Eating Disorders Service	6	↑	1
Endcliffe Ward	4	↑	3
Flow Coordinators	2	↓	3
Forest Lodge	3	↑	2
G1 Ward	1	↓	2
Gender Identity Service	6	↓	10
HBPoS (136 Suite)	1	↑	0
IT Operations & Services	1	↑	0
Liaison Psychiatry	7	↑	3
Maple Ward	4	↓	11
Memory Service	6	↑	1
Neuro Enablement Service	1	-	1
OA CMHT North	1	↑	0
OA CMHT Southeast	2	↑	0
OA Home Treatment	1	↑	0
OT Services (Longley)	1	↑	0
Perinatal Mental Health	1	↑	0
Psychotherapy Anxiety, Mood & Related	4	↑	2
Psychotherapy Personality Disorder	1	-	1
Safeguarding	1	↑	0
SPA / EWS (Netherthorpe)	18	↓	20
Sheffield Talking Therapies Southwest	2	↑	1

Complaints generally correlate with services as expected (i.e. the higher volume areas receiving more complaints). As concerns are being logged onto the database from April 2024, it will be easier to identify the broader picture of service user feedback. At present, it is difficult to establish whether the reduction in formal complaints for some services is because of improved immediate resolution of concerns.

Complaints Outcome and Performance

In line with the Parliamentary and Health Service Ombudsman’s (PHSO) definitions, a fully upheld complaint is one where the NHS Trust is found to have made an error or provided a poor service that has had a negative impact on an individual. A partially upheld complaint is one where some failings have been identified, though not regarding all the concerns raised. A complaint not upheld is where there have been no failings identified.

The table below provides details on the outcomes of the complaints received during 2023/2024. Of the 129 complaints received, 120 had been closed at the time of writing.

Outcome	Total	%
Closed - Not Upheld	41	32%
Closed - Partially Upheld	63	49%
Closed - Upheld	16	12%
Outstanding	9	7%

The Head of Complaints will assess these results further, as the number of upheld complaints (12%) is lower than might be expected. The national average figure for fully upheld complaints is 27.6%. It is not clear, currently, whether this is a database allocation issue (i.e., the main difference might be the subjective administrator assessment when adding the information into the database) or whether SHSC is upholding fewer complaints than average during our investigations.

From the 120 closed complaints during 2023/24, the following shows our performance in relation to response times.

Complaints Closed	2023/24		2022/23	2021/22
Closed within agreed timescales	77%	↑	74%	26%
Ongoing (in time) cases	7		-	-
Ongoing (late) cases	2		-	-

Response time performance has improved slightly from 2022/23. Efforts are ongoing to improve response times and engagement with complainants. However, it is also important to acknowledge that investigations can take extra time for a variety of reasons. There will be occasions where it is necessary to extend the deadline to ensure the quality of an investigation and potential learning opportunities. In all cases, the complaints team are committed to keeping complainants fully updated about any delays.

Parliamentary and Health Service Ombudsman (PHSO)

Although SHSC makes every effort possible to resolve formal complaints locally, we understand that this is not always possible. Service users have the statutory right to refer their complaint for an independent appeal via the PHSO, if they remain dissatisfied with the outcome to their complaint.

Two requests for the complaint file and clinical records were received from the PHSO in 2023/24. SHSC has ten cases that remain with the PHSO, awaiting a decision by them regarding next steps.

One PHSO outcome was reached in 2023/24. This complaint was not upheld by the PHSO.

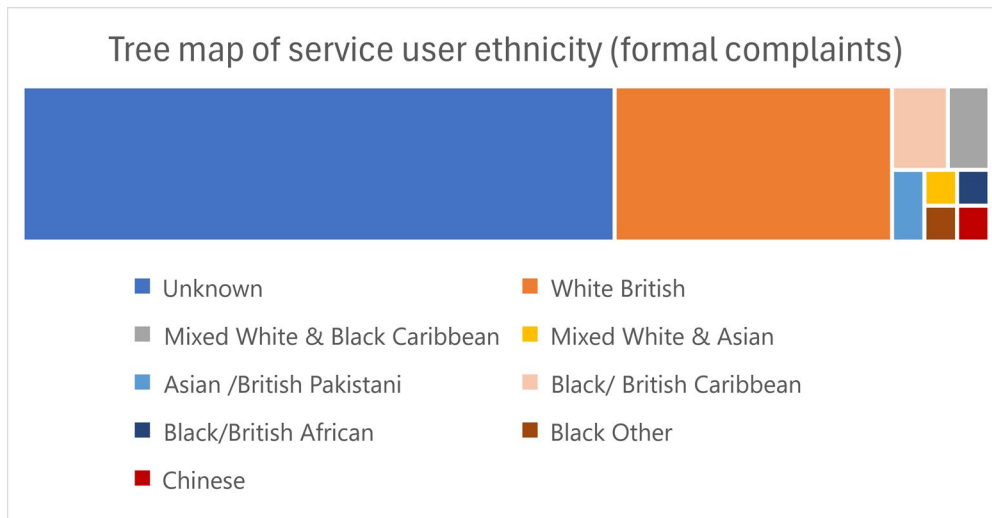
Accessible Complaints Process

One of SHSC's values is 'everyone counts' and we aim to offer a complaints process where everyone feels welcome and able to share their feedback. Ways we do this include:

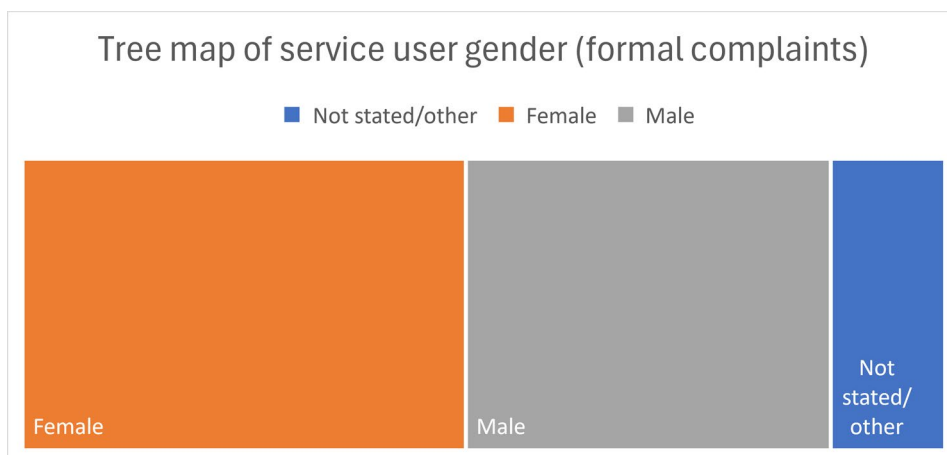
- Utilising interpreting services to translate correspondence, or during direct conversations with complainants.
- Ensuring that we communicate with service users in their preferred way (for example, some people find talking on the telephone difficult and prefer to communicate via e-mail).
- Recognising distress during telephone calls and taking extra care and time to communicate with people.
- Ensuring that facilities for complaint meetings are appropriate for a person's needs.

We recognise that the data currently available to evidence the efficacy of our approach is limited, due to the large number of "unknown" responses in identifying key identity characteristics. We will be seeking to capture additional service users' characteristics through a new questionnaire that has been developed which will be sent out when a complaint is formally acknowledged. Work is also underway within the Trust to improve reporting as a new electronic patient record (EPR) system is implemented. This will help the recording of service user characteristics.

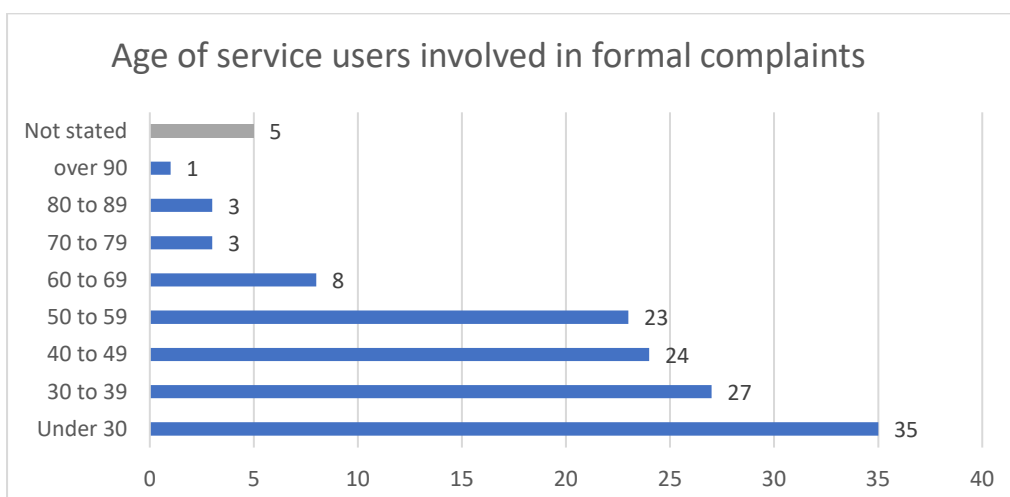
The table below shows that the ethnicity of most service users involved in formal complaints (62%) is unknown. This is mainly due to those service users' demographic information not being recorded on the Trust's patient information system, Insight.



The table below shows the gender of service users involved in formal complaints. This information is extracted from Insight records and there is currently no way to identify whether (for example), transgender service users are disproportionately affected by complaints.



The table below represents the ages of service users involved in formal complaints. Please note some ages are not listed due to some complaints being raised anonymously or without patient details (e.g. regarding generic service provision).



The majority of service users complaints during 2023/24 were by people under 60 years of age. We will undertake additional work to explore whether the complaints service is appropriately accessible to older adults.

We do not currently record any information relating to the other protected characteristics of service users within the complaints process.

Service User Feedback

407 compliments were received in 2023/24, 64 more than in 2022/23. Compliments are received in many different forms, from thank you cards to e-mails and letters, or even boxes of chocolates. Compliments generally involve staff going the extra mile in helping service users in their recovery journeys or simply helping them resolve their queries or problems.

The chart below shows the areas receiving the most compliments from 1 April 2023 to 31 March 2024. While we recognise the contribution made by these teams, we should also add our appreciation to the smaller teams and units who also work extremely hard for their service users but who do not feature on this list.

Top 10 departments receiving compliments	2023/24	2022/23
Dovedale	47	35
Older Adults (OA) CMHT West	36	30
OA Home Treatment	33	15
Community Mental Health Team (North)	26	16
OA CMHT South West	25	46
Specialist Community Forensic Team	20	9
Perinatal Mental Health	19	10
Community Learning Disability Team	17	18
OA CMHT North	17	31
Decisions Unit	16	-

4. Learning from Complaints

We are committed to continually improving the services we offer our community. It is, therefore, so important for us to hear from service users or their loved ones about instances where we have not got it right in the care we have provided. If we do not receive a concern or complaint about this, the issue may remain hidden. If a person has been discharged or does not have an appointment due, the clinical and managerial teams may not otherwise hear that things have not gone well for that person. This is a missed opportunity to receive feedback which may inform future service delivery and the delivery of care for individuals.

We know how much anxiety and upset can be created for service users and their families by these difficult situations. The first element of the complaint team's active response is engaging with the complainant and making sure that the care of the person involved gets back on track. This might mean, for example, liaising with the service to book in a medication review, undertaking some administrative changes, or arranging for the service user's care to be transferred to a more appropriate venue. It is important to note, though, that interventions such as these are to ensure that a person has not been disadvantaged by errors or service lapses. To be fair to all service users, we do not prioritise the care of complainants in respect of individual waiting times.

The second element is making sure that a robust investigation is undertaken and that we learn from what has happened and develop our services accordingly.

All complaints are fed back to the service(s) involved for sharing within the team(s). Learning from complaints is also included within a quarterly bulletin that brings together themed learning from complaints and from other governance areas. The bulletin is monitored through the Trust's governance processes and is published on our intranet for all staff to access.

Examples of recent learning in response to formal complaints includes:

- Recognising that first time mental health inpatients should remain in Sheffield and not be transferred to out-of-area facilities, as this can be traumatic for the service user and their families and result in disconnection from their families, friends and local community.
- Working with partners in Sheffield Teaching Hospitals NHS Foundation Trust to review the transition pathway between children's and adult services in line with the latest NICE guidance.
- Internal process changes within the perinatal mental health team to better manage incoming e-mails.
- Re-designing patient information leaflets.
- Providing feedback to staff on complaints via the supervision process.

Identifying a more robust process to ensure learning from complaints is implemented and evidenced is one of our key priorities as we move into 2024/25, as set out earlier in this report.

5. Conclusion

The Trust continued to develop its complaints handling procedures within 2023/24 to positive effect. Early resolution of concerns remains a key focus and we are collecting additional data on this area of feedback from April 2024.

We have improved our formal complaint performance so that we respond to complainants within agreed deadlines and we are seeking to improve this further. We remain committed to doing this without sacrificing our key aim to provide a quality, compassionate, robust investigation and response to every complainant.

We have introduced a number of quality assurance systems during this year. The focus for 2024/25 will be on further strengthening our response to service user and family feedback. We will focus on streamlining internal procedures to ensure each aspect of our work delivers value to our service users and that our processes are inclusive for all.