

# Board of Directors

## SUMMARY REPORT

Meeting Date:

26 July 2023

Agenda Item:

15

<b>Report Title:</b>	<b>Annual Complaints Report 2022/23</b>	
<b>Author(s):</b>	Tania Baxter, Head of Clinical Governance and Risk Luke Billings, Head of Complaints	
<b>Accountable Director:</b>	Salli Midgley, Executive Director of Nursing, Professions & Quality	
<b>Other meetings this paper has been presented to or previously agreed at:</b>	<b>Committee/Tier 2 Group/Tier 3 Group</b>	Quality Assurance Committee
	<b>Date:</b>	14/06/2023
<b>Key points/recommendations from those meetings</b>	Quality Assurance Committee noted the ongoing improvement in the work of the Complaints department and assurance from internal audit of the process, however requested that the delays in ensuring timely responses to complaints was addressed in 2023.	

### Summary of key points in report

During 2022/23, despite some challenging workforce issues, the performance in handling complaints has significantly improved from achieving 26% of all complaints responded to within agreed deadlines in 2021/22 to 76% in 2022/23.

Following an audit review undertaken by 360 Assurance, SHSC have achieved a 'significant assurance' rating, from the previous 'limited assurance' review in 2020. This reflects the hard work and effort SHSC has put into the complaints journey over the past year.

We have refreshed our Complaints Policy, clearly setting out the different types of complaints we manage and introducing a new complaint management principle to help us improve the quality of our written responses. We have procured external training through the Patients Association to help kick-start our internal training programme delivery, which is now underway following an extremely successful pilot.

Access to treatment or drugs remains the highest reason for a complaint being raised with communication being the second highest. It is also notable that the teams where the most complaints are raised with respect to these areas of concern are South Recovery and Single Point of Access. Both teams with waiting lists however whilst other services have waiting lists they have not seen the same rise in complaints. Maple ward also experienced double the number of complaints from the previous year and a current deep dive is underway to consider cultural improvement.

Focus for the year ahead includes strengthening our learning from complaints, offering involvement opportunities to complainants and ensuring our complaints processes are equitable, inclusive and used by all who require them.

### Recommendation for the Board/Committee to consider:

<b>Consider for Action</b>		<b>Approval</b>	✓	<b>Assurance</b>	✓	<b>Information</b>	
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The Board is asked to receive the Annual Complaints Report 2022/23 for assurance and approval.

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

### 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 people using its services, carers and relatives of those using its services, and members of the public are acknowledged, investigated and responded to, and that the organisation learns from any failings identified. SHSC aims to promote a culture in which all forms of feedback are listened to and acted upon.

The attached is the annual report for 2022/23 covering complaints and compliments and where available includes comparison with previous years performance and benchmarking data.

### Section 2: Risks

There is a specific risks section included within the annual report. This is shown at section 5 (page 15).

This highlights risks relating to not identifying and learning from complaints effectively, the potential for further dissatisfaction due to staff not following policy, staff feeling overwhelmed and not confident in speaking with complainants and being able to respond to large-scale, repeated issues with compassion and empathy.

### Section 3: Assurance

#### Triangulation

The statistical elements of the annual complaints report have been shared with the Board 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 Alert, Advise and Assure 'AAA' report.

Benchmarking information has been obtained through the Model Hospital.

#### Engagement

Complaints often have many facets which requires 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. Recover services and improve efficiency
2. Continuous quality improvement
3. Transformation - Changing things that will make a difference
4. Partnerships – Working together to have a bigger impact

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 things that will make a difference to others who use our services.

### Equalities, diversity and inclusion

Although the ethnicity of services users affected by the complaints is captured through SHSC's electronic patient records system (Insight), we do not currently collect any further protected characteristics from either the service user or the complainant, if acting on their behalf. This is currently a gap that we will work on as we move through 2023/24, to ensure that our complaints processes are inclusive and open and accessible to all.

### Culture and People

The annual complaints report 2022/23 should amplify the culture of SHSC and enable us to celebrate the opportunities complaints provide to both make quality improvements to our care provision and to acknowledge the excellent work that our staff do in trying to resolve difficulties before they become concerns.



### 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. Our Joint Complaints Handling Protocol provides the framework within which we all operate in these situations.

### Financial

There are no identified financial implications relating to the development of the annual complaints report 2022/23.

### 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 Account 2022/23.

## Section 5: List of Appendices

1. Annual Complaints Report 2022/23



# Annual Complaints Report 2022/23





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# 1. Introduction

Sheffield Health and Social Care NHS Foundation Trust (SHSC) is committed to ensuring that concerns raised by people using its services, carers and relatives of those using its services, and members of the public are acknowledged, investigated and responded to, and that the organisation learns from any failings identified. SHSC aims to promote a culture in which all forms of feedback are listened to and acted upon. 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.

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.

To meet these regulations, Sheffield Health and Social Care NHS Foundation Trust (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. These regulations make sure that people can make a complaint about their care and treatment and ensure that all complaints are investigated thoroughly, and any necessary action taken where failures have been identified.

Within SHSC, complaints are managed in line with an approved Complaints Policy, which aims to ensure that service users, their representatives and carers/relatives who are dissatisfied with the care or services provided by SHSC can raise their concerns and have them thoroughly and effectively investigated. The policy also includes process maps, which set out the timeframes for responding to complaints, individual roles in the process and capturing learnings from complaints.

It is important that complainants have an explicit means to challenge the outcome of their complaint, and all complainants are informed of their right to seek the intervention of the Parliamentary and Health Service Ombudsman, or Local Government Ombudsman, as appropriate.

## Historical Overview – Complaint Classification

Throughout this report we compare and contrast, where appropriate, to previous years' performance, as well as providing benchmarking information, where possible. The table below shows the top 4 classification themes of complaints received over the last 3 years. For the year 2022/23 these themes accounted for 71% of all complaints received.

Complaint Theme	2022/23	2021/22	2020/21
Access to Treatment or Drugs	33%	27%	13%
Patient Care	-	22%	-
Clinical Treatment	12%	10%	12%
Values and Behaviours	10%	10%	-
Communication	16%	-	31%
Admissions and Discharges	-	-	12%

## **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.

**Informal Complaints** – An informal complaint or concern is one which can be resolved promptly to the complainant's satisfaction, without the need for a full investigation. These are not reported as complaints but are recorded on the complaints database. Where appropriate, we ask the service to respond directly to the complainant to provide a satisfactory outcome, where possible, within 10 working days.

**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. Concerns are issues which are raised directly with the ward, team or service and are generally resolved within 48 hours.





## 2. Our Improvement Journey 2022/23



During the year the Complaints Team has had two new managers. Despite the uncertainty and inconsistencies that this can bring, the team has continued on its improvement journey to reduce the backlog of outstanding/unresolved complaints and to improve the quality of our complaint responses.

We have experienced a significant backlog of unanswered complaints during the year, with responses being 'stuck' in the complaints processes; either due to delays in investigating officers being assigned, investigations taking longer than expected or delays in the Complaints Team quality checking the responses for onward review.

We have strengthened our utilisation of the Ulysses system (risk management database) to help us manage the complaints processes and moved administrative resources across the wider quality team to assist with some of the simpler administrative complaints processes. This enables our complaints experts to focus their time on responding to complainants efficiently and effectively.

Our complaints policy has been refreshed and revised this year and now contains flowcharts for both formal and informal complaints to help simplify the processes involved in complaint handling. We have also updated our website to ensure members of the public can easily navigate the complaints processes and know how to make a complaint. This was an issue the Care Quality Commission had previously identified as a gap.

We commissioned the Patients Association, which is an independent patient charity campaigning for improvements in health and social care for patients, to work with us to help improve our investigation and letter writing skills. We wanted to improve the culture and process of complaints handling, making it more compassionate and empathetic in the way the service is delivered for patients and their families. This included providing training for over 50 staff over five sessions.

Our Head of Complaints was recruited in February 2023 and has continued developing our 'in-house' training for complaint investigators. This training covers the basics of how to approach a complaint, through to successful engagement with complainants and empathetic response writing. A new complaint management principle (LEARN) has also been introduced through these training sessions. We still have more to do in this area and further training sessions are planned.

### **Internal Audit Opinion**

360 Assurance (our internal auditors) undertook a consultancy review of complaints during the last quarter of 2023. The overall objective of this review was to provide an independent assurance opinion for the systems and processes that support the complaints process and how learning is derived. Our auditors reported that improvements and progress had been made since their previous complaints audit in January 2020 and SHSC was given a 'significant assurance' rating to reflect this.

The key areas for improvement highlighted within their review include:

- Strengthening learning from complaints.
- Resolving complaints within our internal timeframes, reducing the need to seek extensions from complainants.
- Updating the complaints policy with the proposed changes (which were already underway).

### **Team Capacity**

The Complaints Team consists of our Head of Complaints and Complaints Officer. This does afford us challenges in accommodating annual leave, training and sickness absence. Whilst we are making great progress with continuous improvement, workload and capacity is impacted at times. Where we are able, we utilise colleagues across the wider team to help ensure 'business as usual' continues.

## 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<sup>st</sup> April 2022 to 31<sup>st</sup> March 2023, SHSC received a total of 148 complaints, 1 less compared to 2021-2022. This equates to an average of approximately 3 complaints per week. It is still significantly more compared to 2020-2021 (55 complaints), which averaged approximately 1 complaint per week. We know that there were issues with previous systems such as fast-track complaints and the monitoring of complaints, that means this figure is likely to be inaccurate.

Other factors that may have influenced the current level of complaints include:

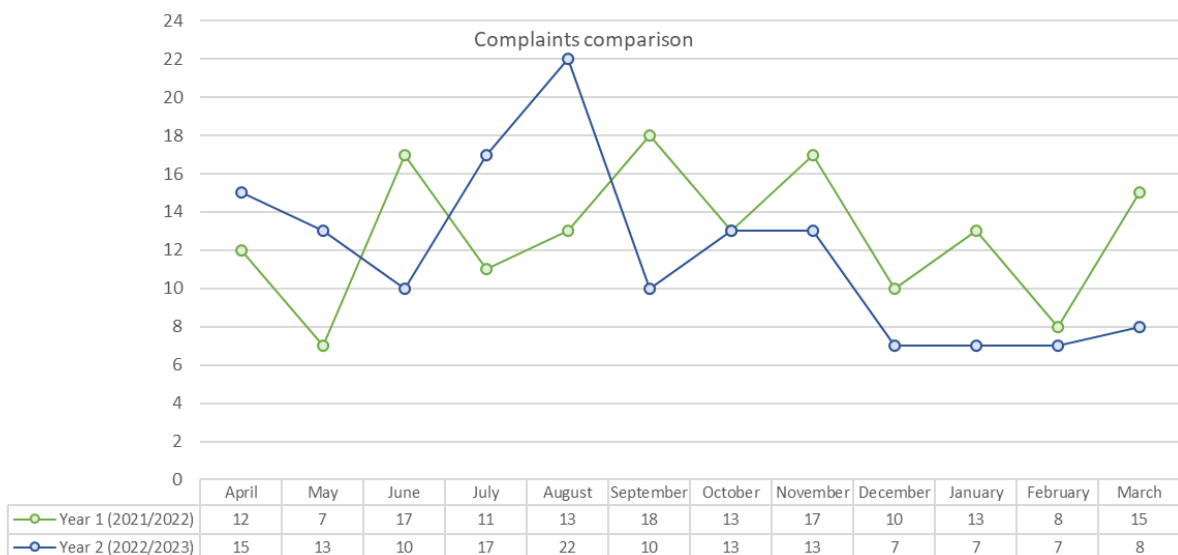
- Between 2021 and 2023, there have been several changes of staff within the Complaints Team, which may have led to changes or inconsistencies in the identification and recording of formal complaints.
- Content about complaints was updated on SHSC’s website, providing clearer signposting and information, to help service users and their families/carers/advocates to make a complaint.

### Informal Complaints

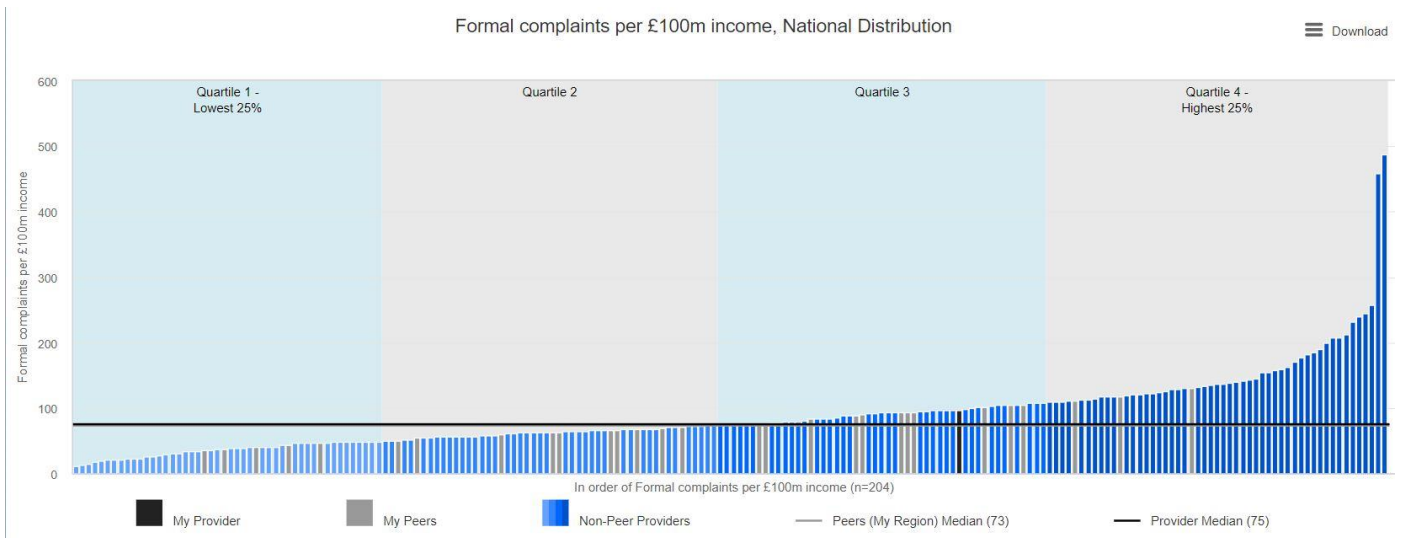
The number of informal complaints has increased from 86 in 2021/22 to 101 in 2022/23. This increase is a similar volume to 2020/21, which was 103.

### Formal Complaints

The chart below provides a breakdown of the formal complaints which were received from 1 April 2021 to 31 March 2023.



Benchmarking data obtained from the NHS Model Hospital website shows that SHSC is in the third quartile for the number of formal complaints reported per £100m income. The chart below also shows complaints reported within other mental health providers, together with other NHS providers (not mental health).



Source: Model Hospital

## Complaint Themes

The table below provides a comparison of the complaint categories recorded for this year, together with a comparison to last year, as reported in our annual report for 2021/22. 'Access to treatment or drugs' remains the most common category of the complaints received across both years. The top 5 subjects are 'access to treatment or drugs', 'communications', 'clinical treatment', 'values and behaviours' and 'prescribing'. 'Patient care' was the second highest recorded category in 2021/22, however this has significantly decreased from 30 to 10 complaints in 2022/23.

Complaint Categories	2022/23	2021/22
Access to Treatment or Drugs	↑ 48	42
Communications	↑ 23	10
Clinical Treatment	↑ 18	15
Values And Behaviours	↓ 15	19
Prescribing	↑ 12	6
Admissions and Discharges	↑ 11	7
Patient Care	↓ 10	30
Other	↑ 4	0
Trust Policies	↑ 3	-
Appointments	↓ 1	5
Access to Records	↑ 1	0
Integrated Care	↑ 1	0
Privacy & Dignity (PDW)	↓ 1	4
<b>Total</b>	<b>148</b>	<b>137</b>

## **Analysis of Top 3 Complaint Themes**

### ***Access to Treatment or Drugs***

In 2022/23, there were 48 complaints (32% overall) received where 'access to treatment or drugs' is recorded as the subject of the complaint, 4 more compared to 2021/22. Given the known waiting lists in specific services, this is not unexpected. The complaints relate to a wide range of departments and specialties. 12 (25%) complaints relate to the Single Point of Access (SPA) and 9 (19%) relate to the South Recovery Team. Where services have significant challenges in relation to waiting lists, robust information and guidance should be available to service users and their carers/families to reduce frustration and ensure regular communication regarding these matters is maintained.

### ***Communications***

In 2022/23, SHSC received 23 complaints (16% overall) relating to 'communications', an increase of 13 compared to 2021/22. The complaints relate to a wide range of departments and specialties, however 8 (33%) of the complaints relate to South Recovery Team and 4 (17%) relate to SPA. We need to improve our communication with our service users, their families and other services/teams. Examples of these some of the communication difficulties outlined in the complaints relate to medication and treatment and on returning call-backs when requested or promised. Feedback has been provided to staff involved in the complaints and bespoke training/support has been provided to help improve our services.

### ***Clinical Treatment***

In 2022/23, 18 complaints (12% overall) were received indicating 'clinical treatment' as the cause for concern, 4 more compared to 2021/22. The 'clinical treatment' areas identified within these complaints range from the following:

- Incorrect diagnosis
- Inappropriate treatment
- Disagree with policies
- Lack of clinical assessment
- Incorrect procedure
- Delay or fail to follow up
- Inappropriate procedures.

The complaints related to a wide range of departments and specialties and there is no obvious trend in terms of numbers received or the departments involved in these.

### **Complaint Themes by Service/Team**

The tables overleaf give a breakdown of the types/themes of complaints received, broken down by the service/team and shows a comparison of 2021/22 to 2022/23.

Service	Access To Treatment Or Drugs		Admissions & Discharges		Appointments		Clinical Treatment		Communications		Facilities		Integrated Care	
	2021/22	2022/23	2021/22	2022/23	2021/22	2022/23	2021/22	2022/23	2021/22	2022/23	2021/22	2022/23	2021/22	2022/23
Autism And Neurodevelopmental Service	4	7	0	0	0	0	2	1	1	1	0	0	0	0
Burbage Ward (Stanage)	0	0	0	0	0	0	0	3	0	0	1	0	0	0
Central AMHP Team	0	0	0	1	0	0	0	0	0	0	0	0	0	0
CERT	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CISS (LDS)	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CLDT	0	1	0	0	0	0	1	0	0	0	0	0	0	0
CRHTT	0	1	0	0	0	0	0	0	0	0	0	0	0	0
Decisions Unit	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Dovedale	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Dovedale 2 Ward (Adult)	0	1	0	0	0	0	1	0	1	0	0	0	0	0
Early Intervention Service	1	0	0	0	0	0	0	1	0	1	0	0	0	0
Eating Disorders Service	1	0	0	0	0	0	0	0	0	0	0	0	0	0
ECT Suite	0	0	0	0	0	0	1	0	0	0	0	0	0	0
Endcliffe Ward	0	0	1	1	0	0	0	1	0	0	0	0	0	0
Flow Coordinators	0	0	5	2	0	0	0	0	0	0	0	0	0	0
Forest Close	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Forest Lodge	0	1	0	0	0	0	1	0	0	1	1	0	0	0
G1 Ward	0	0	0	0	0	0	0	0	0	1	0	0	0	0
Gender Identity Service	6	7	0	0	1	0	1	1	0	1	0	0	0	1
HAST   Homeless & Assess Support Team	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Liaison Psychiatry	0	0	0	2	0	0	0	2	0	0	0	0	0	0
Maple Ward	0	2	0	2	0	0	0	1	0	1	0	0	0	0
Memory Service	0	0	0	0	1	0	0	1	0	0	0	0	0	0
Mental Health Recovery Team (North)	3	3	0	0	2	0	1	0	2	3	0	0	0	0
Mental Health Recovery Team (South)	8	9	1	1	0	1	1	2	1	8	0	0	0	0
Neuro Enablement Service	0	0	0	0	0	0	0	0	0	0	0	0	0	0
OA CMHT South West	0	1	0	0	0	0	0	0	0	0	0	0	0	0
Out Of Hours Team	1	0	0	0	0	0	0	0	0	0	0	0	0	0
Perinatal Mental Health	0	0	0	0	0	0	0	0	1	0	0	0	0	0
Psychotherapy I Anxiety, Mood & Related Disorders	1	1	0	0	0	0	0	1	0	0	0	0	0	0
Psychotherapy I Personality Disorder Team	1	1	0	0	0	0	0	0	0	0	0	0	0	0
SPA / EWS (Longley)	2	1	0	0	0	0	0	0	0	0	0	0	0	0
SPA / EWS (Netherthorpe)	11	10	0	0	0	0	5	3	1	4	0	0	0	0
START Alcohol Service	0	0	0	0	0	0	0	1	1	0	0	0	0	0
START Opiates Service	0	0	0	0	0	0	0	0	1	0	0	0	0	0
STEP	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Home Treatment Team	1	0	0	0	0	0	0	0	2	0	0	0	0	0
IAPT	4	1	0	0	0	0	1	0	0	0	0	0	1	0
Woodland View	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Grand Total</b>	<b>44</b>	<b>47</b>	<b>7</b>	<b>9</b>	<b>4</b>	<b>1</b>	<b>15</b>	<b>18</b>	<b>10</b>	<b>22</b>	<b>2</b>	<b>0</b>	<b>1</b>	<b>1</b>

Service	Patient Care		Prescribing		Privacy & Dignity		Staff Numbers		Trust Policies		Values & Behaviours	
	2021/22	2022/23	2021/22	2022/23	2021/22	2022/23	2021/22	2022/23	2021/22	2022/23	2021/22	2022/23
Autism And Neurodevelopmental Service	0	0	1	2	0	0	0	0	0	0	2	1
Burbage Ward (Stanage)	2	0	0	2	0	0	0	0	0	0	1	0
Central AMHP Team	0	0	0	0	2	0	0	0	0	0	0	0
CERT	0	0	0	0	0	0	0	0	0	0	1	0
CISS (LDS)	0	0	0	1	0	0	0	0	0	0	0	0
CLDT	0	0	0	0	0	0	0	0	0	0	0	0
CRHTT	0	0	0	0	0	0	0	0	0	1	0	0
Decisions Unit	1	1	0	0	0	0	0	0	0	0	0	0
Dovedale	1	1	0	0	0	0	0	0	0	0	0	1
Dovedale 2 Ward (Adult)	0	1	0	0	0	0	1	0	0	0	0	0
Early Intervention Service	1	1	0	1	0	0	0	0	0	0	0	0
Eating Disorders Service	2	0	0	0	0	0	0	0	0	0	0	0
ECT Suite	0	0	0	0	0	0	0	0	0	0	0	0
Endcliffe Ward	0	0	0	0	0	1	1	0	0	0	0	0
Flow Coordinators	0	0	0	0	0	0	0	0	0	0	0	0
Forest Close	0	0	0	1	0	0	0	0	0	0	0	0
Forest Lodge	0	0	0	0	1	0	0	0	0	1	2	0
G1 Ward	2	1	0	0	0	0	0	0	0	0	0	0
Gender Identity Service	0	1	0	0	0	0	0	0	0	0	1	0
HAST   Homeless & Assess Support Team	0	0	0	0	0	0	0	0	0	0	0	1
Liaison Psychiatry	2	0	0	0	0	0	0	0	0	0	1	0
Maple Ward	4	2	0	1	1	0	0	0	0	0	1	2
Memory Service	1	0	0	0	0	0	0	0	0	0	0	0
Mental Health Recovery Team (North)	3	0	2	0	0	0	1	0	0	0	3	0
Mental Health Recovery Team (South)	7	1	1	2	0	0	0	0	0	0	3	4
Neuro Enablement Service	0	0	0	0	0	0	0	0	0	0	0	1
OA CMHT South West	0	0	0	0	0	0	0	0	0	0	0	0
Out Of Hours Team	0	0	0	0	0	0	0	0	0	0	0	0
Perinatal Mental Health	0	0	0	0	0	0	0	0	0	0	0	0
Psychotherapy I Anxiety, Mood & Related Disorders	0	0	1	0	0	0	0	0	0	0	0	0
Psychotherapy I Personality Disorder Team	0	0	0	0	0	0	0	0	0	0	0	0
SPA / EWS (Longley)	0	0	0	0	0	0	0	0	0	0	1	0
SPA / EWS (Netherthorpe)	0	1	1	1	0	0	0	0	0	0	1	1
START Alcohol Service	0	0	0	0	0	0	0	0	0	0	1	0
START Opiates Service	0	0	0	1	0	0	0	0	0	0	1	0
STEP	0	0	0	0	0	0	0	0	0	0	0	1
Home Treatment Team	3	0	0	0	0	0	0	0	0	0	0	0
IAPT	0	0	0	0	0	0	0	0	1	1	0	3
Woodland View	1	0	0	0	0	0	0	0	0	0	0	0
<b>Grand Total</b>	<b>30</b>	<b>10</b>	<b>6</b>	<b>12</b>	<b>4</b>	<b>1</b>	<b>3</b>	<b>0</b>	<b>1</b>	<b>3</b>	<b>19</b>	<b>15</b>



**Complaints Received 1 April 2021 - 31 March 2023 - broken down by Department/Year:**

Department	2022/23	2021/22
Mental Health Recovery Team (South)	↑ 30	22
SPA / EWS	↑ 22	9
Autism And Neurodevelopmental Service	↑ 12	10
Maple Ward	↑ 12	6
Gender Identity Service	↑ 11	9
Mental Health Recovery Team (North)	↓ 6	17
Early Intervention Service	↑ 5	2
IAPT	↓ 5	7
Liaison Psychiatry	↑ 4	3
Stanage Ward	↓ 4	7
Endcliffe Ward	3	3
Flow Coordinators	↓ 3	5
Forest Lodge	↓ 3	5
Specialist Psychotherapy Services	↑ 3	1
START Alcohol and Opiates Services	3	3
CRHTT	↑ 2	-
Dovedale	↑ 2	1
Dovedale 2 Ward (Adult)	↓ 2	0
G1 Ward	2	2
Access to Records Team	↑ 1	-
Burbage Ward (Stanage)	↑ 1	3
Central AMHP Team	↑ 1	2
CERT	1	1
CISS (LDS)	↑ 1	-
CLDT	1	1
Decisions Unit	1	1
Eating Disorders Service	↓ 1	3
Forest Close	↑ 1	-
Homeless & Assess Support Team	↑ 1	-
Memory Service	↓ 1	2
Neuro Enablement Service	↑ 1	-
OA CMHT South West	↑ 1	1
STEP	↑ 1	-
AMHP Function	↓ -	2
ECT Suite	↓ -	1
Home Treatment Team	↓ -	9
Out Of Hours Team	↓ -	1
Perinatal Mental Health	↓ -	1
Woodland View	↓ -	1

## Analysis of Top 5 Services/Teams receiving Complaints

The tables above provide the breakdown of the number of complaints received per service/team.

The top 5 are:

- **South Recovery Team** – 30 complaints, 7 more compared to 2021/22
- **SPA** – 22 complaints, 3 more compared to 2021/22
- **Autism And Neurodevelopmental Service** – 12 complaints, 2 more compared to 2021/22
- **Maple Ward** – 12 complaints, 6 more compared to 2021/22
- **Gender Identity Service** – 11 complaints, 2 more compared to 2021/22

A significant decrease can be seen in the number of complaints received by the North Recovery Team, which has decreased from 17 in 2021/22 to 6 in 2022/23 (showing a 65% reduction). There has been an increase in concerns and informal complaints managed by the North Recovery Team, which may help to explain the reason why the number of formal complaints has decreased.

## 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, however 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 2022/2023. Of the 148 complaints received, 131 have been closed.

Complaint Outcome	Number
Closed	5
Closed - Not Upheld	40
Closed - Partially Upheld	58
Closed - Resolved at Service Level	1
Closed - Upheld	24
Outstanding	16
Withdrawn	4
<b>Total</b>	<b>148</b>

The categorisation on the outcome of the complaint could be seen as subjective. Of the 131 complaints closed during 2022/23, 31% of these were not upheld, 44% were partially upheld and 18% were upheld.

From the 131 closed complaints during 2022/23, the following shows our performance in relation to response times, compared to the 126 closed complaints in 2021/22.

Complaints Closed	2022/23	2021/22
Closed within agreed timescales	↑ 74%	26%
Closed after agreed timescales	↓ 26%	50%
Ongoing (in time)	-	11%
Ongoing (late)	-	5%

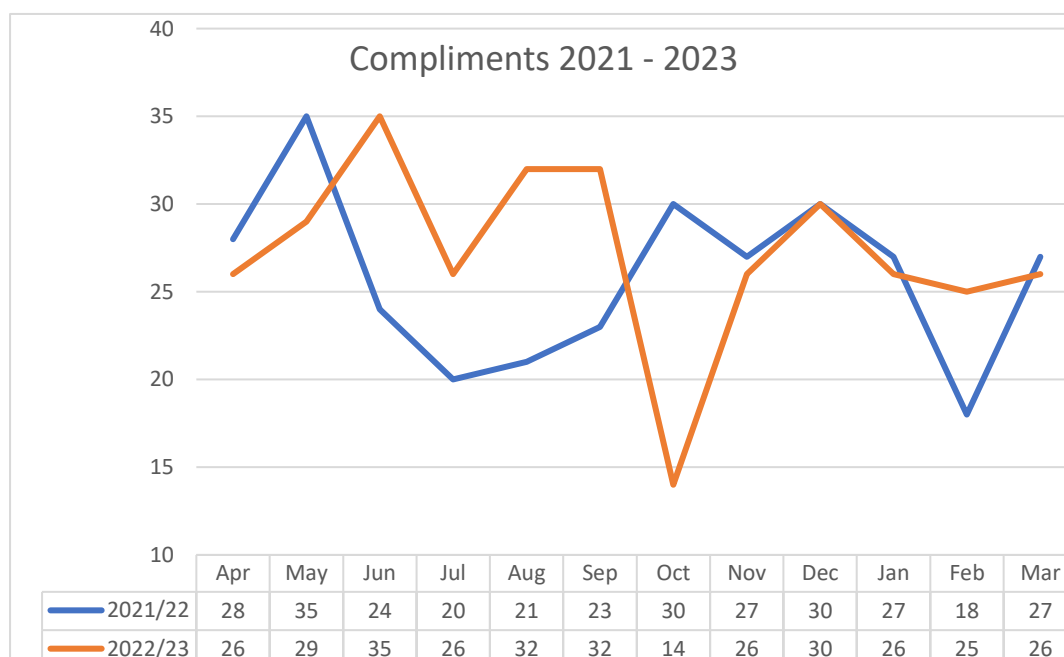
Our performance has greatly improved in this area, from only 26% of complaints closed within agree timescales in 2021/22 to 74% in 2022/23.

### Service User Feedback

343 compliments were received in 2022/23, 48 more compared to 2021/22. Compliments can come in many different forms, from 'thank you' cards, to letters and boxes of chocolates or biscuits and can be made from service users to individual staff members, to teams or from one staff member/team to another. We have produced guidance for services to describe what is considered as a compliment and a template has been created to make it easier for services to report them. We have also introduced a generic 'compliments' mailbox to make it easier for staff to report them.

Compliments generally involve individual staff members, or entire teams, going 'above and beyond' or 'the extra mile' in helping services users in their recovery journeys or simply helping them resolve their queries or problems. Sometimes compliments received thank the staff for 'caring' and 'being fantastic'. We are developing our thinking around attempting to describe compliment themes, as we move forward into 2023/24.

The chart below shows the level of compliments received from 1 April 2021 to 31 March 2023.



## Here are a few examples of compliments received during 2022/2023

Dear Andy,

I want to thank you for arranging a 2nd assessment for me and allowing me to be heard, believed, and appropriately re-diagnosed. In doing so, it has reopened up the possibilities of an ADHD assessment, suitable support and hopefully, further therapy.

I am very happy with this outcome. Many thanks.

**Single point of Access/Emotional Wellbeing Service**



My experience working with Dawn,

When we first started, I wouldn't talk or show my face on camera which she was very understanding about and didn't push me to do anything I didn't want. She was always genuinely interested in how I was doing and cared about what was happening in my life. She helped me with understanding myself better and telling me I'm doing good, reminding me of everything I've achieved. She is a very lovely person and makes it easy to trust her. She has been the best and only help I've ever had and I'm grateful for her.

**Autism And Neurodevelopmental Service**

Dear Rowena

Now I know who Txxx's manager is, I wanted to drop you a line to commend Txxx, having known her for many years. I have never received anything less than excellent reception of calls, a welcome on arrival at Argyll and Eastglade and always she is so helpful. Over and above the call of duty in an urgent situation. I can also say the same of all your other reception staff at Eastglade, although it's only in the past few years I've known them.

What a great team. As consultants and nurses have come and gone in my sons care Txxx had remained throughout. I do feel how important the reception is in any business. Especially in mental health care so wanted to share my thoughts and experience with you as they deserve it.

**Recovery Service South**

*Thank you!*

## 4. Implementing Learning from Complaints

SHSC is continuing its journey to get 'back to good' in relation to its management of complaints and has made positive progress to implement and progress the associated complaints improvement plan over the last 12 months. SHSC is committed to minimising the opportunity for harm to patients and staff. In keeping with our open and honest culture, staff are encouraged to report adverse events in a timely manner, so that they can be investigated to identify opportunities for future learning and improvement.

We are committed to continually improving our services and acknowledge that whilst we do not always get it right, we believe that this report demonstrates some of the learning and changes we make, as a direct result of feedback from our service users, their carers and loved ones. SHSC would like to apologise to all those people who have had cause to raise concerns. We thank our staff for their openness when undertaking investigations.

SHSC is always striving to learn from complaints, and we are in the process of implementing changes, as outlined in our improvement journey. Some of the key lessons learnt in 2022/23 are as follows:

- Long waiting times for some of our highly specialist services have had a negative impact on some of our service users and their families. These services are undergoing large-scale transformation to drive quality improvements and reduce waiting times. Staff recruitment is needed to provide support to the increased referrals that services are receiving. An example of this is Sheffield Adult Autism and Neurodevelopmental Service, which has been flagged to the Chief Executive, who is working closely with them to transform the services for people with a diagnosis of ADHD. Another example is SPA undertaking a transformation programme with Primary Care. This is to ensure the integration of SPA, our short-term psychoeducational programmes, and the new Primary and Community Mental Health Teams. We aim to remove the steps and delays people can experience, as they move between different levels of mental health service provision.
- Clear communication is needed to support the challenges experienced by service users and their families, both verbally and in writing. This theme varies from lack of communication with families to incorrect spelling of names on letters. It is important for us to communicate effectively with service users and their families, to ensure that they are up to date with the care provided. Service departments have been actively providing feedback and requesting staff in question to reflect on their actions, to help improve the level of service provided in the future.

## 5. Risks



There is a risk that if we do not improve how we identify and act upon learning from complaints, this information might not be realised leading to services not improving within SHSC.

There is a risk that if staff are not following the complaint policy timescales, then this may lead to delays in responding to the complainant, potentially leading to further dissatisfaction.

There is a risk that we do not demonstrate to complainants that we have listened and that we are willing to make changes where it is appropriate to do so. This may result in people feeling SHSC is not a place they are able to receive safe and appropriate care.

There is a risk that staff feel overwhelmed with complaints and that they are not allocated to appropriate staff who are trained and confident in speaking with complainants.

There are risks in relation to specific types of complaints and services, which result in a small number of staff responding to similar themes in large quantities, for example our specialist services receiving complaints about waiting times. These waiting times are outside of the service's control in many cases and an alternative approach is required to manage these complaints without depersonalising the experience of those people who are waiting.



## 6. Conclusion

360 Assurance has given us a 'significant assurance' rating, which reinforces the improvements we have made and put us back on the right track. This rating reflects the work and effort everyone has put into the complaints journey over the past year.

A similar volume of complaints was received and closed this year. We have significantly improved our performance in getting response letters to complainants within agreed deadlines. Early resolution remains a focus and we have resolved an increased level of complaints this year through the informal complaints process, which is beneficial for the complainant and SHSC. Learning from complaints requires strengthening and remains our top priority for 2023/24. This is currently being addressed in line with 360 Assurance internal audit feedback.

We have introduced a new complaint management principle (LEARN) and have commenced delivering complaints training, which we intend to continue doing throughout the year. This will help us improve the quality of our complaint response letters.

In summary, we have significantly improved our processes and working practices, however, the quality of our letter writing, identifying the learning and workload capacity remain issues to be addressed in 2023/24.