

## Appendix 2 - A Summary of Issues, Outcomes and Actions Taken, For Complaints By Quality Statement from the Annual Complaints Report 2022 - 2023

### 1 INTRODUCTION

Over the last 12 months Since 1<sup>st</sup> December 2022, we have received 267 complaints.

As almost all complaints received relate to contact with customer-facing teams and therefore when categorised under the CQC themes, most relate to the theme of working with people, as well as providing support and ensuring safety. Very few relate to the theme of leadership:

	Theme	Total complaints received	%
1	Working with People	161	60
2	Providing Support	51	19
3	How the local authority ensures safety within the system	45	17
4	Leadership	10	4

### 2 COMPLAINTS ANALYSIS BY QUALITY STATEMENT

#### 2.1 WORKING WITH PEOPLE

##### 2.1.1 Assessing Needs

Total complaints received 124 (47%). Complaints received fell under the following themes and outcomes:

Theme	Total	Outcome of Complaint	Total
Financial assessment/charging disputes (incl. direct payments)	51	Rejected/ withdrawn/ duplicate	10
Dissatisfaction with assessment outcome	38	Under investigation/ reopened	34
Poor Communication	15	Resolved - problem solving (within 3 days without proceeding to investigation)	31
Dissatisfaction with assessment process/ quality	12	Investigated & resolved	32
Timeliness of Assessment	8		
Total	124		

#### Learning From Complaints

The following actions have been taken at service level after investigation based on complaints feedback under this quality statement:

- Apologies to the concerned party
- Review of procedures to prevent future recurrence.
- (re-)Training for staff to address issues.
- Supporting customers to understanding the decision we have made about eligibility. We now have a new resource in [tri.x](#), which staff can use to refer to national guidance when completing assessments. This can also be used to signpost customers to, referring them to the statutory duties we are working towards such as [the national eligibility criteria](#).
- Financial remedies
- Financial Assessment - Improvement activity is underway and includes:
  - Review of capacity needed to respond to financial / charging disputes and review of complaints processes.
  - Increasing supervision frequency for staff who are dealing with complaints re: financial assessments.
  - Changes to letter templates related to financial assessments.
  - Review and changes to processes, e.g. invoicing/ Care Package Line Item's (CPLI's) which impact on payments between customers and providers
- Practice - Focus on workforce development and embedding of practice standards aligned to our new operating model. Report to Committee Jan 24 providing an update.

##### 2.1.2 Supporting People to Live Healthier Lives.

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Total complaints received 35 (13%). Complaints received fell under the following themes and outcomes:

Theme	Total	Outcome of Complaint	Total
Dissatisfaction with Equipment & Adaptations provision	17	Rejected/ withdrawn/ duplicate	3
lack of support/ response from Adult Care & Wellbeing	18	Under investigation/ reopened	4
Total	35	Resolved - problem solving (within 3 days without proceeding to investigation)	9
		Investigated & resolved	11

### Learning from Complaints

The following actions have been taken at service level after investigation based on complaints feedback under this quality statement:

- Apologies to the concerned party and financial remedies
- Adaptations - Review of the Occupational Therapy Waits and Adaptations Processes – Reported to Committee in November 2023 and review of adaptations process as a partnership with Housing
- Information and advice: developments in Sheffield Directory and First Contact as reported to committee. Planned improvements within commissioning teams to develop communication with bereaved families

### 2.1.3 Equity In Experiences and Outcomes

Total complaints received 2 (1%). Complaints received fell under the following themes and outcomes:

Theme	Total	Outcome of Complaint	Total
Subject to prejudice/ discrimination	1	Investigated & resolved	1
Counter complaint to allegation of racism	1	Rejected/ withdrawn/ duplicate	1
Total	2		

### Learning from Complaints

Action taken based on feedback was development of equality, diversity, inclusion, and social justice action plan was developed and approved at Committee in December 2023.

## 2.2 PROVIDING SUPPORT

### 2.2.1 Care Provision, Integration and Continuity

Total complaints received 50 (19%). Complaints received fell under the following themes and outcomes:

Theme	Total	Outcome of Complaint	Total
Poor Provider care	29	Rejected/ withdrawn/ duplicate	8
Provider misconduct	11	Under investigation/ reopened	10
Poor support from Adult Care & Wellbeing for providers	10	Resolved - problem solving (within 3 days without proceeding to investigation)	13
Total	50	Investigated & resolved	10

### Learning from Complaints

The following actions have been taken at service level after investigation based on complaints feedback under this quality statement:

- Apologies to the concerned party
- (re-)Training to address issues.
- Review of Commissioned Provision and recommissioning of Homecare, Supported Living, Care Homes as reported to committee and engagement with providers to support collaboration and support to providers.
- Development of quality assurance framework and market stabilisation plan as reported to Committee.
- Ongoing interventions by the quality monitoring team in communication with CQC where risks with providers are identified.
- Targeted action with providers to improve the level of information recorded and communicated re: care delivered.
- The invoicing system, as well as CPLI processes are being reviewed to address issues, which impact on payments between customers and providers.

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### 2.3 ENSURING SAFETY

#### 2.3.1 Safeguarding

Total complaints received 30 (11%). Complaints received fell under the following themes and outcomes:

Theme	Total	Outcome of Complaint	Total
neglect/abuse/ failure to protect (including allegations against commissioned providers)	18	Rejected/ withdrawn/ duplicate	8
Safeguarding process	5	Under investigation/ reopened	2
Safeguarding outcome	7	Resolved - problem solving (within 3 days without proceeding to investigation)	4
Total	30	Investigated & resolved	11

#### Learning from Complaint

Where appropriate safeguarding alerts received as complaints will have been referred to the Safeguarding Teams to address. The following actions have been taken at service level after investigation based on complaints feedback under this quality statement:

- Apologies to the concerned party
- Training (Including recording process)
- A Safeguarding Delivery Plan, Assessment and Internal Audit commissioned. The Delivery Plan has been reported to Committee in September 2023 with update due in March 2023.
- Healthwatch contract updated to include a model of enabling safeguarding complaints

#### 2.3.2 Safe systems, Pathways and Transitions

Total complaints received 15 (6%). Complaints received fell under the following themes and outcomes:

Theme	Number	Outcome of Complaint	Total
Poor experience of hospital discharge	8	Rejected/ withdrawn/ duplicate	1
Poor experience of transition	1	Under investigation/ reopened	4
Transfer of care Poor experience	4	Resolved - problem solving (within 3 days without proceeding to investigation)	3
Lack of support at hospital admission	2	Investigated & resolved	7
Total	15		

#### Learning from Complaints

The following actions have been taken at service level after investigation based on complaints feedback under this quality statement:

- (Re-)training of staff
- Service review / improvements
- Development of a new model of hospital discharge, including a focus on making discharge personal. This was reported to committee in June 2023
- Development of a new transitions model and team as reported to Committee in September 2023.

### 2.4 Leadership

#### 2.4.1 Governance

Total complaints received 10 (4%). Complaints received fell under the following themes and outcomes:

Theme	Number	Outcome of Complaint	Total
Complaints mishandling	7	Rejected/ withdrawn/ duplicate	4
Data management	2	Under investigation/ reopened	5
Co-production & involvement	1	Resolved - problem solving (within 3 days without proceeding to investigation)	
Total	10	Investigated & resolved	1

#### Learning from Complaints

The following actions have been taken at service level after investigation based on complaints feedback under this quality statement:

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- Service review / improvements
- Review of complaints timescales for completion and processes as a partnership with complaints team.
- Embedding of a dedicated adult care complaints officer

### 3 SUMMARY OF LEARNING THEMES

On reviewing the analysis by quality statement, the following learning themes have been identified:

- Assessing Needs - Complaints about assessing needs relate more often to decisions and outcomes than the assessment process or poor communication by staff.
- Provision of Support - Just under 10% of complaints related to lack of support/ response from services or lack of timely assessment.
- Delivery of Care -15% of complaints related to poor care by providers or safeguarding complaints against providers. Whilst this is a significant proportion, it is also worth noting that care provider staff are likely to spend the greatest amount of time in contact with our customers.
- Safe Systems Pathways and Transitions - Of complaints relating to safe pathways, the largest number related to poor experience on discharge from hospital. In several cases these were joint complaints and related to hospital action at the time of discharge.

Very few complaints were received in relation to the following priority areas: Equity in Experience and Outcomes; Experience of Transition

Outcomes and learning from each complaint were not always recorded within the OST (Complaints) reporting system, which led to gaps in data. Since November 2023 these are now mandatory fields, so we will be able to capture trends and themes more reliably.