Review of compliance

Sheffield Teaching Hospitals NHS Foundation Trust (Provider)	
Region:	Yorkshire and the Humber
Location address:	Sheffield Teaching Hospitals NHS Foundation Trust Northern General Hospital Herries Road Sheffield South Yorkshire S5 7AU
Type of service:	Acute service
Regulated activities provided:	Treatment of disease, disorder or injury Assessment or medical treatment of persons detained under the Mental Health Act 1983 Surgical procedures Diagnostic or screening procedures Management of supply of blood and blood derived products etc Maternity and midwifery services

Review of compliance

	Termination of pregnancies Family planning
Type of review:	Responsive review
Date of site visit (where applicable):	Not applicable
Name of site(s) visited (where applicable):	Not applicable
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Information for the reader

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Care Quality Commission

Internet address	www.cqc.org.uk
Telephone	03000 616161
Email address	enquiries@cqc.org.uk
Postal address	Care Quality Commission Citygate Gallowgate Newcastle upon Tyne NE1 4PA

Introduction to our review of compliance

By law, providers of certain adult social care and health care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards that everyone should be able to expect when they receive care.

The Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards. This is called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and we will constantly monitor whether they continue to do so. We formally review a service when we receive information that is of concern and, as a result, decide we need to check whether it is still meeting one or more of the essential standards. We also formally review services at least every two years to check whether they are meeting all of the essential standards in each of their locations. Our reviews include checking all the available information and intelligence we hold about a provider. We may seek more information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for more information from the provider, and carry out a site visit with direct observations of care.

When we make our judgements about whether services are meeting essential standards, we will decide whether we need to take further regulatory action. This might include discussions with the provider about how they could improve. We only use this approach where issues can be resolved quickly, easily and where there is no immediate risk of serious harm to people.

Where we have concerns that providers are not meeting essential standards, or where we judge that they are not going to keep meeting them, we may also set improvement actions, compliance actions or take enforcement action:

Improvement actions	These are actions a provider should take so that they **maintain** continuous compliance with essential standards. Where a provider is complying with essential standards, but we are concerned that they will not be able to maintain this, we ask them to send us a report describing the improvements they will make to enable them to do so.
Compliance actions	These are actions a provider must take so that they **achieve** compliance with the essential standards. Where a provider is not meeting the essential standards, but people are not at immediate risk of serious harm, we ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.
Enforcement actions	These are actions we take using the criminal and/or civil procedures in the Health and Adult Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

How this report is presented

On page 5 below, there is a summary that shows whether the essential standards about quality and safety that were checked during this review of compliance are being met. The section on each outcome is set out in this way:

Outcome	Judgement
XX: The outcome number and title	**Whether the service provider is compliant, or whether we have minor, moderate or major concerns about their compliance**

Following the summary, there is a detailed section on the outcomes for each of the essential standards that we looked at. The evidence that we used when making our judgements for each one is set out in the following way:

Outcome XX (number): Outcome title

Details of the outcome, taken from our *Guidance about compliance: Essential standards of quality and safety*.

What we found for the Outcome

Our judgement

Our judgement about whether the <service/provider> meets the outcome described in the *Guidance about compliance: Essential standards of quality and safety*, or whether there are minor, moderate, or major concerns in relation to compliance.

Our findings

A summary of the evidence and findings used to reach our judgement, related to regulated activities as appropriate.

At the end of the report you will find details of:

- Any improvement and/or compliance action(s) that the service provider should make to maintain or achieve compliance with the essential standards of quality and safety.
- Any formal enforcement action that we are taking against the service provider.

Summary of findings for the essential standards of quality and safety

The table below shows the judgement that we reached for each of the essential standard outcomes that we reviewed.

Outcome	Judgement
17: Complaints	**Compliant**

Summary of key findings:

- Sheffield Teaching Hospitals NHS Foundation Trust has policies, procedures and various supporting processes to effectively lead and manage complaints.
- Evidence demonstrated effective complaints monitoring processes, which also continually evaluate effectiveness of policy and procedure.
- The current processes have a clear focus on understanding the individual person's concerns and evidence showed lessons are learned and service improvement delivered as a result of comments, complaints and suggestions.

What we found for each essential standard of quality and safety

The section below details the findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

Further detail about each of the outcomes described below can be found in the *Guidance about compliance: Essential standards of quality and safety*

Outcome 17:
Complaints

People who use services:

- Are sure that their comments and complaints are listened to and acted on effectively.
- Know that they will not be discriminated against for making a complaint.

This is because providers who comply with the regulations will:

- Have systems in place to deal with comments and complaints, including providing people who use services with information about that system.
- Support people who use services or others acting on their behalf to make comments and complaints.
- Consider fully, respond appropriately and resolve, where possible, any comments and complaints.

What we found for Outcome 17

Our judgement

The provider is compliant with Outcome 17: Complaints

Our findings

Background

This responsive review has been initiated at the request of CQC Yorkshire & the Humber regional management team in response to a concern relating to the handling of a long standing complex complaint by Sheffield Teaching Hospitals NHS Foundation Trust ('the trust'). This is not a retrospective review but focused to assess the trust's current compliance with outcome 17 (regulation 19) to ensure people who use services or others acting on their behalf are sure that their comments, complaints or concerns are listened to and acted on effectively.

The assessment has been conducted via a desk top exercise and it was not considered necessary to conduct a site visit to any of the trusts five hospital locations. The trust voluntarily agreed to complete our NHS provider self assessment tool for outcome 17. In agreement with the trust an opportunity was also taken via a local engagement meeting held 5 May 2010 to discuss the complaints processes with trust representatives where a range of supporting evidence was reviewed to further inform the assessment.

The trust was registered under the Health and Social Care Act 2008 on 1 April 2010 with eight regulated activities carried on at five locations with no compliance conditions imposed. The trust is required to maintain compliance with the essential standards of quality and safety outcomes along with the underpinning regulations. CQC has no statutory remit to investigate individual complaints nor provide a mediation service but does have a statutory obligation to ensure registered providers have effective systems to manage complaints and may use concerning information arising out of complaints to assess whether any of the regulations are not being complied with.

Outcome 17 Review

A thorough overhaul of the complaints processes and systems were undertaken by the trust in the latter part of 2009 as a result, in part, from learning that arose out of handling long standing complex complaints and to ensure approaches reflected current guidance. The trust has a complaints policy approved 25 January 2010, which is supported by a number of appendices. The policy is clearly worded and follows a logical format. It captures all our key expectations for outcome 17 which are set out as 'prompts' in the essential standards of quality and safety. The policy sets out clear responsibilities and actions for all staff members who may handle a complaint including, chief executive, medical director, chief nurse and deputy, designated patient partnership coordinators, clinical/nurse

directors, complaints coordinators, investigating officers (matron, consultant, lead health professional) and all other staff. The policy also incorporates guidance matters such as the definition of a complaint and confidentiality, and provides the trust's expectations via advice to staff in relation to complaints against members of staff and emphasises the importance of the continued care and treatment of complainants.

Care Quality Commission NHS provider self assessment tool Outcome 17 (Regulation 19): Complaints

STH Complaints policy (version 5), (25 January 2010)

STH complaints policy appendix 1 - Complaint risk matrix (undated)

STH complaints policy appendix 2 – Investigating a complaint (undated)

STH complaints policy appendix 3 – Preparing a statement/report: Checklist (undated)

STH complaints policy appendix 4 - Support for Staff During a Complaint (undated)

STH complaints policy appendix 5 - Process for Raising and Managing Concerns (flowchart), (undated)

STH complaints policy appendix 6 – Process for management of complaints from 1 April 2009. 2. Complaints triaged and risk graded by Patient Partnership Coordinator, (December 2009)

STH complaints policy appendix 7 – Offering Financial Recompense Under the Complaints Procedure (undated)

Initial Equality Impact Assessment for STH Complaints policy (December 2009)

Procedure for handling habitual and vexatious complaints (undated)

Protocol for handling NHS/Social services inter-agency complaints (April 2010)

The complaints policy incorporates the complaints procedure. Complaints are also identified as concerns in trust documents. Local on the spot resolution is promoted within the policy; either by staff or via involvement of the patient services team. All complaints documentation highlights the importance of a personalised approach to complaints handling. For example, within 3 days of receipt a trust representative will telephone the complainant where possible to discuss how the complaint will be handled rather than relying on communication by letter. The complainant receives a single point of entry and contact, which is usually the complaints coordinator for a particular department, directorate or speciality group. The policy emphasises the value of arranging face to face meetings where possible to encourage resolution of the complaint. In relation to rights and choice, the policy also allows for mediation services where necessary along with consideration of utilising independent second clinical opinions if required. All final response letters or communications outline the complainant's right to take any unresolved concerns to the health service ombudsman.

STH Complaints policy (version 5), (25 January 2010)

STH complaints policy appendix 5 - Process for Raising and Managing Concerns (flowchart), (undated)

STH complaints policy appendix 6 – Process for management of complaints from 1 April 2009. 2. Complaints triaged and risk graded by Patient Partnership Coordinator, (December 2009)

Formal verbal or written complaints undergo a formal risk assessment and are graded utilising a dedicated complaint risk matrix. The risk matrix utilises a standard approach to risk assessment by determining a consequence and likelihood score except that the matrix is specifically developed to assess complaints. This approach allows the trust to consider at an early stage how the complaint is managed, for example, whether escalation is

required to senior management at the outset, whether a complaint requires reporting through the incident reporting system and if an investigation panel requires setting up. All complaints are reviewed and investigated, carrying a resolution time of 25 days. All response letters are checked and approved by the patient partnership coordinator to ensure a consistent approach and adherence to policy. Re-opened complaints are escalated to undergo review by an appropriate clinical/nurse director and second stage complaints that have gone to the health service ombudsman are managed by the chief nurse or medical director or their deputies.

STH Complaints policy (version 5), (25 January 2010)

STH complaints policy appendix 6 – Process for management of complaints from 1 April 2009. 2. Complaints triaged and risk graded by Patient Partnership Coordinator, (December 2009)

STH complaints policy appendix 1 - Complaint risk matrix (undated)

STH complaints policy appendix 2 – Investigating a complaint (undated)

An audit trail of the complaint is ensured by maintaining a complaint file with a unique identifier for confidentiality purposes and capturing the handling of the complaint on the trusts 'Datix' system (commercial software used for risk management). The policy includes a section setting out the importance of learning lessons and improving services as a result of feedback from complaints. For example, the directorate complaints coordinator ensures all actions are being undertaken by completing a standard action plan complaints proforma and ensures actions are clearly explained in the response letter. The patient partnership coordinator further checks identified issues have been addressed and undertakes quarterly audits of action planning. Actions taken as a result of complaints are recorded in patient experience reports to the patient experience committee. The complaints coordinators hold their own meetings to focus shared discussion around the effectiveness of the complaints handling processes.

STH Complaints policy (version 5), (25 January 2010)

STH complaints policy appendix 6 – Process for management of complaints from 1 April 2009. 2. Complaints triaged and risk graded by Patient Partnership Coordinator, (December 2009)

Complaint Coordinators Meeting minutes (15 May 2009)

Complaint Coordinators Meeting minutes (30 September 2009)

Complaints Coordinators Group meeting minutes (9 February 2010)

Project brief to review the processes and categories used within the Datix system for handling complaints (10 January 2010)

Datix Handbook (undated)

The patient experience committee (formerly the complaints management group) carries a key role in overseeing the management of complaints, concerns, patient feedback and patient involvement, and reports to the Healthcare Governance Committee. Other than various trust representation membership also includes public/patient representation from Sheffield LiNK, foundation trust public governors and a patient representative, along with representation from NHS Sheffield. A sample of meeting minutes demonstrated active monitoring of complaints trends and reviews of improvements made arising out of complaints. The healthcare governance committee receives quarterly and annual executive reports relating to complaints. Any issues arising out of the healthcare governance committee are in turn reported to the trust board. These reports highlight service improvements made as a result of complaints review and action. In addition, samples of complaints action plans were reviewed to demonstrate lessons are learned and acted

upon.

Patient Experience Committee Terms of Reference (March 2010)

Minutes of the Patients Experience Committee Meeting (18 January 2010)

Minutes of the Patients Experience Committee Meeting (15 February 2010)

Minutes of the Patients Experience Committee Meeting (22 March 2010)

Executive Summary: Healthcare Governance Committee – 20.10.08 Complaint Report (2009)

Executive Summary: Report to the Trust Healthcare Governance Committee: Incidents, Claims, Complaints & Inquests Quarterly Report (Oct – Dec 2009) – containing: Report to complaints management group concerns October –(December 2009)

A range of ongoing monitoring is undertaken by the trust to identify analytical trends relating to complaints, which also provides methods to monitor the effectiveness of the complaints policy and supporting processes. Monthly statistical reports are prepared for the Patient Experience Committee. In outline, these include numbers of new concerns received (and risk grading), response times, themed issues raised in concerns, actions taken as a result of concerns, re-opened complaints and concerns progressing to the health service ombudsman (and any decisions reached by that body). The report contains graphs that break down the numbers of concerns received per each ward and out-patient speciality. In a three month period between January – March 2010 the trust received between 134 – 153 concerns per month, with an average of 1 complaint per month progressing to the ombudsman. These figures compare well in comparison with average monthly patient episodes of 94, 303 (In-patient spells 15, 893; out-patient attendances 78, 410). Other audits are undertaken to test the effectiveness of the complaints handling processes. For example, sample audits to review the quality of final responses to complaints and audits to review how lessons learned from complaints are actioned.

Report to complaints management group concerns – January 2010 (January 2010)

Report to complaints management group concerns – February 2010 (February 2010)

Report to complaints management group concerns – March 2010 (March 2010)

Report to the Complaints Management Group – Results of the final response Audit (undated)

Report to the Complaints Management Group – Results of the final response Audit (undated)

Complaint action audit (undated)

Email confirming average patient episodes for 2009 (9 June 2010)

The complaints policy sets out all staff members' responsibilities for advising patients and visitors on how to make a complaint by making use of the trusts literature. The patient services team are available to ensure patients and their representatives fully understand the complaints procedures. The trust has available clearly worded leaflets and posters titled "Tell us what you think" to publicise the process for making a comment, complaint or suggestion. The leaflets outline the process and timescales and provide contact details for the trusts own patient services team, the trusts chief executive, Yorkshire and Humberside Independent Complaints Advocacy Services (ICAS), Sheffield LiNK and the Parliamentary and Health Service Ombudsman. The complaints process is also available via the internet.

Sheffield Teaching Hospitals NHS Foundation Trust "Tell us what you think" patient information leaflet (undated)

Sheffield Teaching Hospitals NHS Foundation Trust "Tell us what you think" patient

information leaflet (January 2010)

Sheffield Teaching Hospitals NHS Foundation Trust "Tell us what you think" patient information wall poster (January 2010)

'How to make a complaint or give feedback' Internet screen snapshot (June 2010)

As stated previously the trust made a number of amendments to its complaints policies and processes at the end of 2009. The Patient Advice Liaison Service (PALS) was completely restructured and strengthened into the Patient Services Team. The Complaints Management Group was strengthened and its remit widened to become the Patient Experience Committee. Other key amendments to the policy included:

1. A single complaints handling process for all complaints and concerns
2. A single risk assessment process for all concerns
3. An emphasis on understanding the outcome required by complainants from the start
4. Thorough investigations and appropriate responses
5. An emphasis on learning from the outcomes of complaints investigation

As a result a staff training needs assessment was undertaken followed by the development of a detailed complaints training plan. The plan requires that all existing staff will receive a policy awareness update highlighting changes to the policy and the trusts expectations. All new members of staff will receive customer service training via induction. The plan also expects to deliver additional training for complaints investigators and handlers. As the plan is in progress we did not assess actual delivery of training.

STH Complaints policy (version 5), (25 January 2010)

Complaints policy – Training needs assessment (January 2010)

Draft STH Complaints Training plan 2010/11 (April 2010)

Focus on Patient Experience and responding to Complaints powerpoint presentation (undated)

As the assessment was conducted remotely we were unable to seek the individual views of patients and relatives. The chairperson of Sheffield LiNK was approached specifically in relation to this outcome and it was confirmed that the network has not attempted to look specifically at complaints or seek the views of service users.

Conclusion

In conclusion, we consider that Sheffield Teaching Hospitals NHS Foundation Trust, is compliant with outcome 17 (complaints) at provider level. We did not assess specific locations. The trust has policies, procedures and various supporting processes to effectively lead and manage complaints. Evidence demonstrated effective complaints monitoring processes, which also continually evaluate the effectiveness of policy and procedure. The current processes have a clear focus on understanding the complainants concerns and evidence showed lessons are learned and service improvement delivered as a result of comments, complaints and suggestions.