

Title/Subject: Complaints Report
Meeting: Clinical and Care Governance Committee
Date: 2 October 2018
Submitted By: Sara Lacey, Chief Social Work Officer, Falkirk Council
Action: For Decision/Noting

1. BACKGROUND

The Council's Complaints Handling Procedure (CHP) follows the model developed by the Scottish Public Services Ombudsman (SPSO). The model CHP applies to all local authorities and all local authority services, including Social Work which implemented it from 1 April 2017.

The Council's CHP is based on a two stage process, the first being frontline resolution and the second being investigation. The term "frontline" is used to mean the first stage of the complaints procedure.

Frontline resolution are issues that are straightforward and easily resolved, requiring little or no investigation. This means "on the spot" apology, explanation or other action to resolve the complaint within five working days or less. Complaints are addressed by staff or referred to the appropriate point for resolution. Complaint details, outcome and action taken are recorded and used for service improvement.

Issues that have not been resolved at the first stage or that are complex, serious or "high risk" are formally investigated. This means a definitive response is provided within 20 working days following a thorough investigation of the points raised.

Responses are signed off by senior management. Senior management are actively interested in complaints to ensure the information gathered is used to improve services.

The second stage investigation is the Council's final opportunity to address a complaint before it is considered by the SPSO. Investigations are carried out by Service Managers, with the final complaints responses signed off at Head of Service level or above. Following investigation, if service users are still dissatisfied with the decision or the way we dealt with their complaint, they can ask the SPSO to look at it.

At a national level, a Local Authority Complaints Handlers network has been established in conjunction with the SPSO and a Knowledge Hub forum has been set up so that Councils can share good practice and common queries. Falkirk Council is part of this group which meets on a quarterly basis.

2. DUTY OF CANDOUR

We have prepared for the implementation of the Duty of Candour, which came into effect on 1 April 2018.

The overall purpose of the new duty is to ensure that organisations are open, honest and supportive when there has been an unexpected event or incident that has resulted in death or harm that is not related to the course of the condition for which the person is receiving care. This requires organisations to follow a procedure which will include notifying the person affected, apologising and offering a meeting to give an account of what happened. The procedure requires the organisation to review each incident and offer support to those affected (people who deliver and receive care).

3. SOCIAL WORK ADULT SERVICES

Our Complaints Handling Procedure reflects Falkirk Council's Social Work service's commitment to valuing complaints and providing high quality services to service users, unpaid carers and the wider community. There are occasions when things go wrong and, when this occurs, it is important that we act quickly to resolve the situation. Complaints show us where we are not achieving what people expect of us, and where we are failing to meet agreed standards.

An effective complaints process offers us the opportunity to take actions to improve our services. Listening to service users and unpaid carers helps us to put things right and to learn from our mistakes. This helps us identify areas for further development and to understand where there may be particular operational pressures.

Our service seeks to resolve customer dissatisfaction as close as possible to the point of service delivery and to conduct thorough, impartial and fair investigations of service user complaints so that, where appropriate, we can make evidence-based decisions on the facts of the case.

Resolving complaints early means we can resolve them locally and quickly whilst enabling us to better understand how to improve our services by learning from complaints. This provides a positive and prompt resolution for the individual. While the service aims to resolve issues where possible without recourse to the formal process, we recognise that the nature of the service can inhibit complaint, perhaps especially where people are in receipt of a service on a compulsory basis. It is important to ensure that those receiving services have an understanding of how to complain about Social Services. Complaints leaflets are available to support this, together with information on the website.

4. LEARNING FROM COMPLAINTS

Last year a complaint was made to Social Work Adult Services about their investigation of an adult support and protection case. This included the steps taken and the communication around the case.

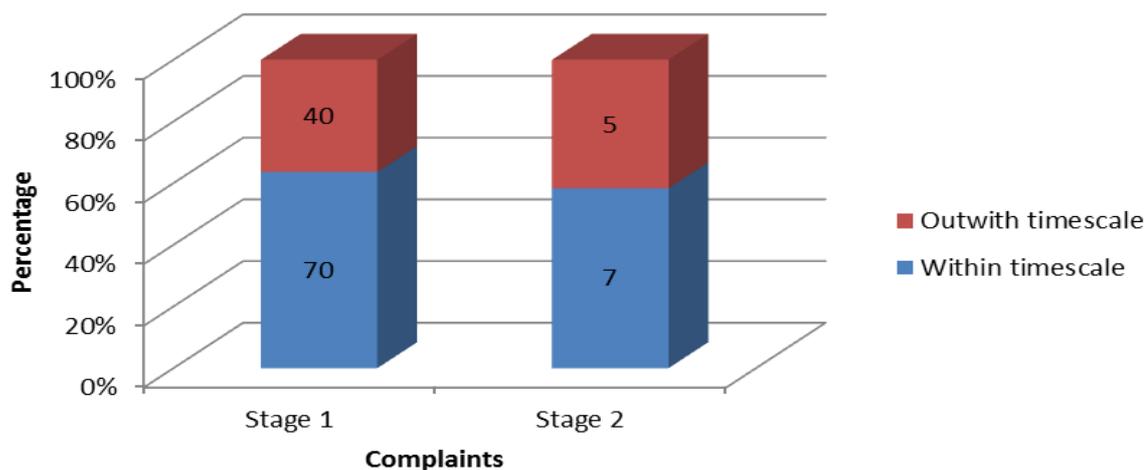
Following on from this, guidance has been provided to all appropriate staff in the form of a learning review and briefings to make sure that the investigation procedure is understood, followed and is carried out in a timely fashion. The issues raised by this complaint have also informed the routine auditing.

Extract from June 2018 IJB Performance Report

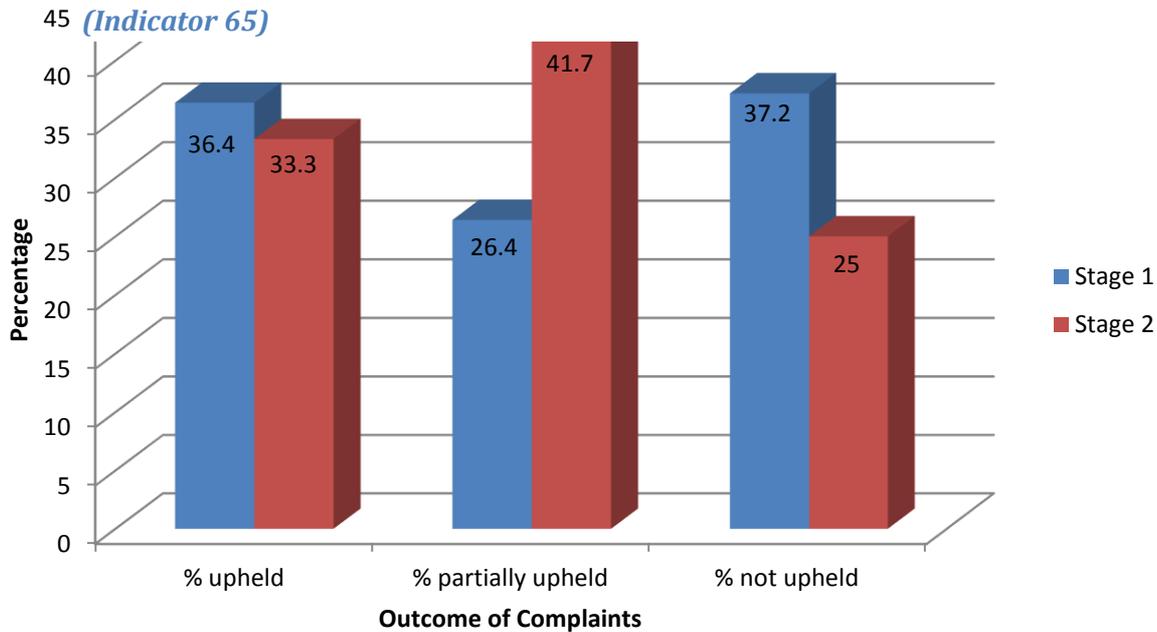
3.8. Service User Experience – Complaints to Social Work Adult Services; Indicators 64 & 65

Table 11 - Indicators 64 & 65					
		Baseline 2015/16	2017/18 All	2017/18 Stage 1	2017/18 Stage 2
64.	The number of Social Work Adult Services (Stage 1 & 2) complaints completed within timescales.	113/156	77/122	70/110	7/12
	The proportion of Social Work Adult Services (Stage 1 & 2) complaints completed within timescales.	73.4%*	63.1%	63.6%	58.3%
65.	Proportion of Social Work Adult Services complaints upheld *NB. 2015/16 & 2016/17 were reported under the old complaints system (with 70% target). The target for 2017-18 is now 100%.	% upheld		36.4	33.3
		% partially upheld		26.4	41.7
		% not upheld		37.2	25.0

Figure 14 - Number of Social Work Adult Services (Stage 1&2) complaints completed (Indicator 64)



*Figure 15 - Proportion of Social Work Adult Services complaints upheld (2017-18)
(Indicator 65)*



Performance

In April 2017 the social work complaints handling procedure changed as to comply with SPSO requirements. Prior to this a series of training sessions were delivered to raise staff awareness of the new procedure. Support with logging and closing off complaints is now handled centrally. Weekly reports of complaints outstanding are provided to the Head of Service and Service Managers. Since April 2018 these are a standing item at the Adult Services managers' meetings. Performance has improved since 2016/17, but it is still below the target of 100%. However, the number of complaints is low (under 2%) given the large number of service user contacts during the year, with over 9,200 people receiving an assessment/review.

Conclusion

We intend to continue to develop more robust auditing processes to provide richer analysis of:

- the outcomes and recommendations made following complaints
- the experience of the process and following up with complainants to improve the overall quality
- the delivery of health and social care services which enhance the overall customer experience.

Learning from Complaints

To assist the Directorates in learning from complaints, the Patient Relations Team have developed a system within Safeguard to record all learning from complaints and to enable NHS Forth Valley to share its learning with the Information Statistics Division (ISD), Scottish Government fields have been entered into the system following their guidelines.

Learning Points Identified Following Complaints

On analysis of the learning from the Directorate's complaints from June - July 2018, detailed below are some examples of the learning:

Directorate	Background	Actions
Surgical Directorate Orthopaedics	<p>Complainant raised concerns regarding the length of wait for a hernia operation.</p> <p>On investigation, the Surgical Directorate advised that due to the complainant being on the orthopaedic waiting list it was noted that this operation had to be undertaken first. The policy does not allow a patient to be on 2 waiting lists at the same time. This procedure was undertaken in December 2017 and the hernia operation was scheduled for April 2018. Due to difficulties that occurred in theatre the operation was cancelled. An alternative date was proved in June and this was cancelled due to an urgent cancer operation</p>	<ol style="list-style-type: none"> 1. Sincere apology offered to the complainant for their experience. 2. An alternative date was provided in June but complainant was unable to accept it. 3. Arrangements had been made for surgery to be undertaken in July at the Golden Jubilee National Hospital.
Medical Directorate Out of Hours	<p>Complainant raised issues regarding the manner and attitude of GP whilst attending Out of Hours.</p> <p>On investigation, the Directorate advised that the GP acknowledges that he will be more mindful and reflect on how his actions impact patients who attend the Out of hours Service to ensure that he addresses all of their concerns in an appropriate manner. The GP has a differing recollection of the consultation and this is supported and documented in the clinical record of the advice and care provided.</p>	<ol style="list-style-type: none"> 1. Sincere apology offered to the complainant for their experience. 2. Reassurance provided to the Complainant that the GP will reflect on the consultation and ensure that he addresses all concerns in an appropriate manner.

Scottish Public Services Ombudsman

If a complainant remains unhappy with the response received from NHS Forth Valley, they have the right to contact the Scottish Public Services Ombudsman (SPSO) to request an investigation into their complaint. The SPSO is the final opportunity for the complainant in the NHS complaint process and offers an independent view on whether the NHS have reasonably responded to a complaint.

The SPSO has received 10 cases relating to NHS Forth Valley complaints during April – July 2018. The table below provides detail of the outcomes from the investigations. A review of the SPSO detailed section is currently being undertaken.

2017/18 SPSO Outcomes	Total Number
Fully Upheld	0
Partly Upheld	0
Not Upheld	1
No Investigation Conducted	5
Withdrawn	0

The Ombudsman issues a Decision Letter if:

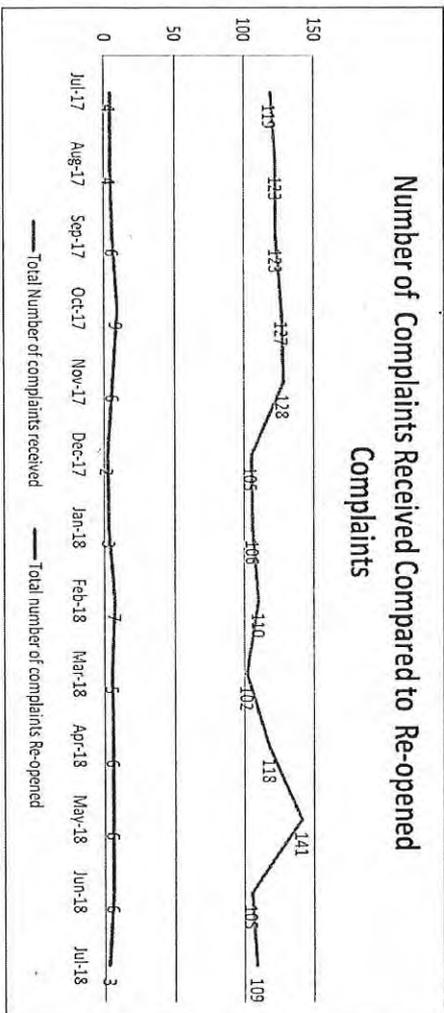
- The organisation accepted there were failings, has apologised and taken action to prevent the problem from happening again;
- From the evidence, it appears that the organisation did not do anything wrong (where there is no evidence of maladministration or service failure);
- The Ombudsman has decided that the substance of the complaint and their decision on it do not raise public interest considerations.

Re-opened Complaints

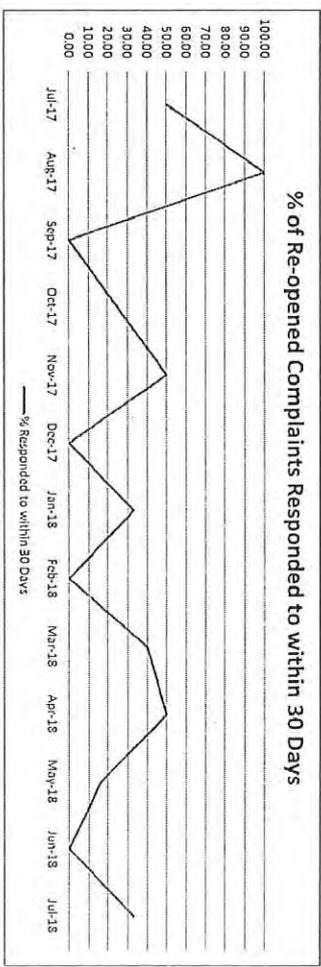
The proportion of complaints which are re-opened is a useful indicator of how satisfied complainants are with the response they received from NHS Forth Valley to concerns that they raised.

Re-opened complaints are used as a key indicator with regard to the quality of the response. Reasons for re-opening a complaint indicate that the complainant remains unhappy with the outcome of the complaint investigation, or further clarification was required on the information provided in the final response letter.

The graph below shows the number of complaints received each month that were subsequently re-opened from April 2017 – July 2018.



Within NHS Forth Valley a local target of 30 working days for re-opened complaints has been implemented. The table to the right demonstrates that 33.33% of re-opened complaints for July 2018 have been responded to within the 30 day response target to date.



To measure the re-opened performance, it should be noted that a complainant can approach the Patient Relations Team within any reasonable amount of time and request that their complaint be re-investigated. For example in July 2018, the Patient Relations Team received 109 complaints and 3 complainants requested that their complaint be re-opened. One case have been responded to within the 30 day target. Work continues to investigate the remaining re-opened cases in a timely manner.

The Patient Relations Team continue to receive an unexpectedly high number of complaints and steps have been taken to ensure that the 30 day target is monitored as part of the daily meetings with the Directorates to raise awareness of timescales with staff and to provide support ensuring timescales are adhered to in the future.

Prison Complaint Themes

On analysing NHS Forth Valley Prison complaints it should be recognised that NHS Forth Valley is the only Health Board responsible for 3 prison establishments within NHS Scotland - HMP Glenochil, HMP & YOI Cornton Vale and HMP & YOI Polmont. The overall capacity and diversity of these three prisons equates to a complex mix of prisoners due to an ageing population and associated health problems, and accounts for 23% of the total Scottish prison population.

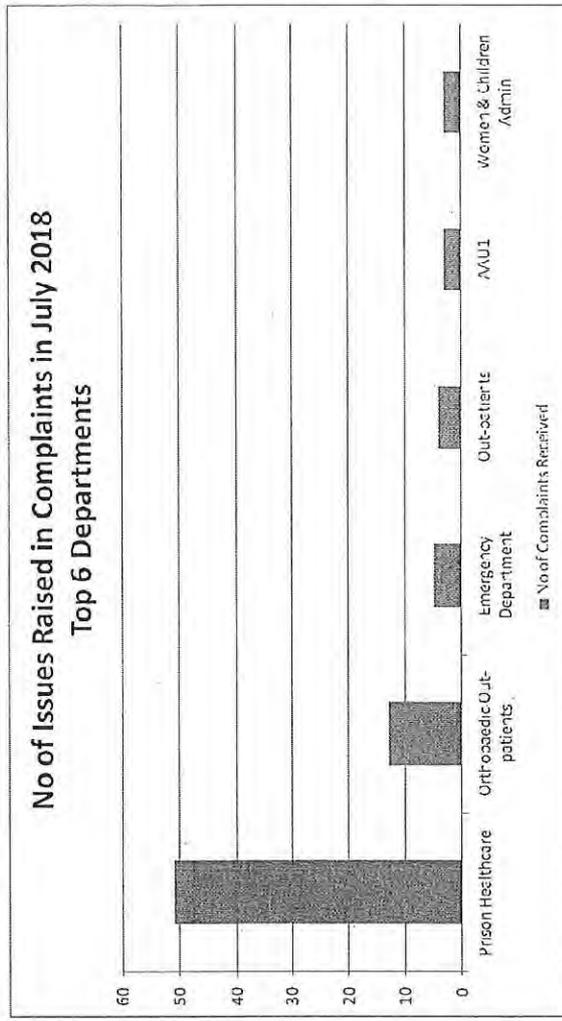
We received in total 47 complaints from the Prison Service in July 2018 of which there were 49 issues raised and 34 of these issues related to clinical treatment.

To provide an understanding of the issues raised by the prison population, a breakdown of the clinical treatment category for July is provided in the table below. This category would encompass issues involving patient requests for prescribed medication; staff not fulfilling these prescriptions due to clinical reasons; patients not receiving their prescriptions and disagreeing with prescriptions. With the support of the Patient Relations Team, the Prison Healthcare Centre staff continue to work with this patient group to resolve issues locally through Patient Relations Forums, drop-in clinics and feedback forms.

Issue Type	No. of Issues
Problems with Medication	17
Clinical Treatment - Other	7
Disagreement with Treatment/Care	7
Lack of Pain Management	1
Waiting for Medication	1
Treatment Postponed	1

Departments

In total there are 263 departments listed within the Safeguard database. During July 2018, 34 departments have received complaints. The top 6 departments are detailed in the graph below for July 2018. The graph does not represent the number of issues raised within a complaint, it should be noted that a single complaint can raise multiple issues and can cover multiple departments.



NB

The above graph identifies complaints raised against the outpatient department, however it must be noted that complaints in this area are on majority directly related to specific directorates and not the outpatient department itself.

Breakdown by Directorate of Themes

A breakdown of the complaint themes is provided in the table detailing the number of issues raised against each theme by Directorate and the Prison Healthcare Service. The table provides a clearer understanding of the issues raised by complainants and the main areas for the Directorates to focus any key learning required or improvements to be made to services provided.

Improvements made to services following the investigation of complaints will be presented within the report in the future.

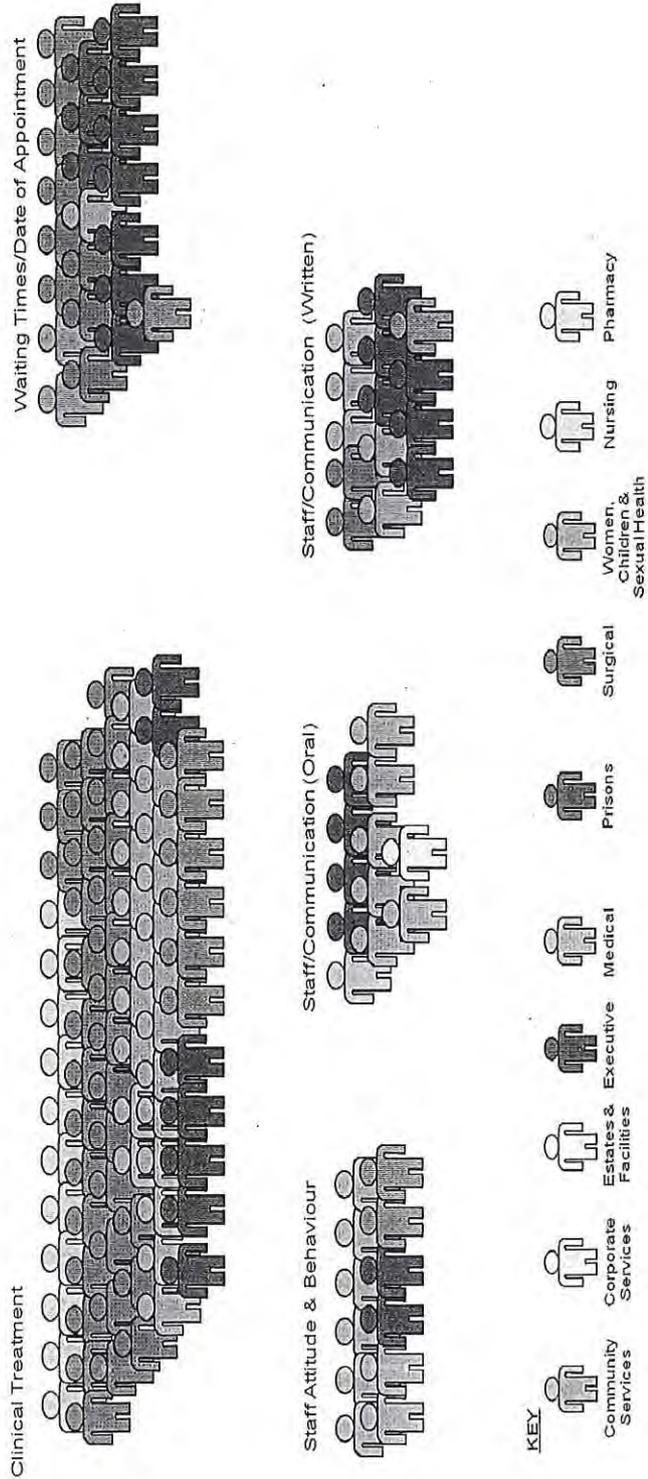
Directorate	Issue Type	Issues	No of Issues	
Community Health Partnership	Staff Communication (Oral)	Lack of Clear Explanation	1	
	Clinical Treatment	Disagreement with Treatment/Care	7	
		Error with Prescription	1	
		Lack of Continuity	1	
		Nursing Care	1	
	Waiting Time Date of Appointment	Too Short notice for Appointment	1	
	Waiting Time/Test Results	Waiting Time/Date of Appointment/Other	1	
		Waiting Time/Test Results/Other	1	
	Corporate Services	Staff Communication (Oral)	Telephone	1
		Staff Attitude and Behaviour	Not Listening	2
Medical	Staff Communication (Oral)	Staff Attitude	6	
		Lack of Clear Explanation	4	
	Staff Communication (Written)	Staff Communication (Oral) Other	2	
		Letter Wording	1	
	Clinical Treatment	No Communication Sent to Patient	2	
		Staff Communication (Written)	2	
		Co-ordination of Clinical Treatment	1	
Waiting Time Date of Appointment	Disagreement with Treatment/Care	Falls	13	
		Nursing Care	2	
	Problems with Medication	3		
	Wait to See Doctor/Nurse once Admitted	2		
	Too Short Notice for Appointment	1		

Prison Healthcare	Other/Other	Other	
Staff Communication (Written)	Letter Wording	1	3
Staff Competence	No Communication Sent to Patient	1	1
Clinical Treatment	Disagreement with Treatment/Care	7	1
	Lack of Pain Management	1	1
	Problems With Medication	17	1
	Treatment Postponed	1	1
	Clinical Treatment Other	7	1
	Waiting for Medication	1	1
	Waiting Time/Date of Appointment	Cancellation of Appointment	1
Surgical	Unacceptable Waiting Time for Appointment	6	2
	Waiting Time for Appointment/Other	2	2
Surgical	Environment/Domestic/Personal Records	Gaining Access to Records	1
		Staff Attitude & Behaviour	2
		Staff Communication (Oral)	2
	Staff Communication (Written)	Lack of Clear Explanation	2
		Misunderstanding	1
		Staff Communication (Oral) Other	1
	Clinical Treatment	Lack of Explanation	1
		Letter Wording	1
		No Communication Sent to Patient	2
	Waiting Time/Date of Appointment	Staff Communication (Written)	2
		Disagreement with Treatment/Care	5
		Nursing Care	2
	Waiting Time/Date of Admission/Attendance	Date of Admission Cannot be Given	1
		Unacceptable Time to Wait for Appointment	3
		Unacceptable Waiting Time for Appointment	1
Waiting Time/Test Results	Unclear Test Results	9	
	Waiting too long for Test Results	1	
	Waiting too long for Test Results	1	
Women, Children and Sexual Health	Environment/Domestic/Personal Records	Accuracy of Records	1
		Lack of Support	1
	Staff Attitude and Behaviour	Staff Attitude	1
	Staff Communication (Written)	Staff Communication (Written)	1
		Staff Competence Other	1
	Clinical Treatment	Disagreement with Treatment/Care	6
Waiting Time Date of Appointment	Unacceptable Waiting Time for Appointment	1	

Complaint Themes by Directorate

The diagram below shows the top 5 themes raised in complaints by Directorate during July 2018. The number of people represents the number of times a theme has been recorded and the different colours indicate which Directorate the complaint was regarding and a breakdown of themes relating to the Directorates is provided.

To support NHS Forth Valley to gain an understanding of the themes/issues raised within complaints, an initiative has been commenced to establish what the key issues are leading to the high volume of complaints currently being received. An in-depth analysis of complaints received during a 3 month period has been undertaken, and to support staff when formal complaints occur it has been recognised that we need a safe and supportive process in place to facilitate learning and reflection. An improvement has been developed and is being progressed with close monitoring.



Reduction Plan by Directorate - position as at 31 July 2018

Community Services					
18/19	July	Current Month No received in Month	Cumulative total 2018/19	Total number of complaints for 2017/18 with a 20% reduction applied:	Target Direction
			7	44	119 ▼
Corporate Services					
18/19	July	Current Month No received in Month	Cumulative total 2018/19	Total number of complaints for 2017/18 with a 20% reduction applied:	Target Direction
			1	2	3 ▼
Estates & Facilities Directorate					
18/19	July	Current Month No received in Month	Cumulative total 2018/19	Total number of complaints for 2017/18 with a 20% reduction applied:	Target Direction
			0	1	6 ▼
Executive					
18/19	July	Current Month No received in Month	Cumulative total 2018/19	Total number of complaints for 2017/18 with a 20% reduction applied:	Target Direction
			0	1	2 ▼
Finance/IM&T/Procurement					
18/19	July	Current Month No received in Month	Cumulative total 2018/19	Total number of complaints for 2017/18 with a 20% reduction applied:	Target Direction
			0	0	2 ▼
Medical					
18/19	July	Current Month No received in Month	Cumulative total 2018/19	Total number of complaints for 2017/18 with a 20% reduction applied:	Target Direction
			20	91	218 ▼
Nursing					
18/19	July	Current Month No received in Month	Cumulative total 2018/19	Total number of complaints for 2017/18 with a 20% reduction applied:	Target Direction
			0	2	0 ▲

Pharmacy					
18/19	July	Current Month No received in Month	Cumulative total 2018/19	Total number of complaints for 2017/18 with a 20% reduction applied:	Target Direction
			0	0	2 ▼
Prisons					
18/19	July	Current Month No received in Month	Cumulative total 2018/19	Total number of complaints for 2017/18 with a 20% reduction applied:	Target Direction
			47	180	425 ▼
Public Health and Strategic Planning					
18/19	July	Current Month No received in Month	Cumulative total 2018/19	Total number of complaints for 2017/18 with a 20% reduction applied:	Target Direction
			0	1	4 ▼
Surgical					
18/19	July	Current Month No received in Month	Cumulative total 2018/19	Total number of complaints for 2017/18 with a 20% reduction applied:	Target Direction
			25	119	251 ▼
Women, Children & Sexual Health Services					
18/19	July	Current Month No received in Month	Cumulative total 2018/19	Total number of complaints for 2017/18 with a 20% reduction applied:	Target Direction
			9	33	79 ▼
Total (excl prisons)					
18/19	July	Current Month No received in Month	Cumulative total 2018/19	Total number of complaints for 2017/18 with a 20% reduction applied:	Target Direction
			62	298	687 ▼
Overall Total					
18/19	July	Current Month No received in Month	Cumulative total 2018/19	Total number of complaints for 2017/18 with a 20% reduction applied:	Target Direction
			109	473	1111 ▼

Complaints Process Experience Questionnaires

The Complaints Handling Procedure requires NHS Forth Valley to gather feedback from the person making the complaint regarding their experience of the process. To adhere to the guidance as set out in the procedure a simple questionnaire has been designed to enable data to be collated.

The questionnaire is forwarded to all complaints managed under the Stage 2 process and complainants are requested to tick a box against a list of predetermined questions agreed by all NHS Boards in Scotland.

During April 2018 – July 2018, 252 complaints have been managed under the Stage 2 process; to date we have received no replies from complainants. The Team are currently developing a new process in which complainants will be offered a variety of formats to enable feedback to be gathered. A further evaluation will be undertaken once the new process is implemented and reported on in future reports.

On analysis of the feedback received during 2017/18 it indicated that the majority of complainants found submitting a complaint easy and staff were helpful, courteous and professional. Work continues with the Patient Relations Team to ensure that staff offer a meeting to resolve concerns and to explain the complaints process fully in an easy and informative manner.

Complaints Reduction Plan

Work continues within the Directorates to assist with a 20% reduction plan and a breakdown of each of the Directorate's plan is provided. The table provides details of the number of complaints received in the reporting month and provides a comparison of the cumulative total against the organisation's 20% reduction. An overall 20% reduction for the organisation is to achieve less than 1,111 complaints during 2018/19.

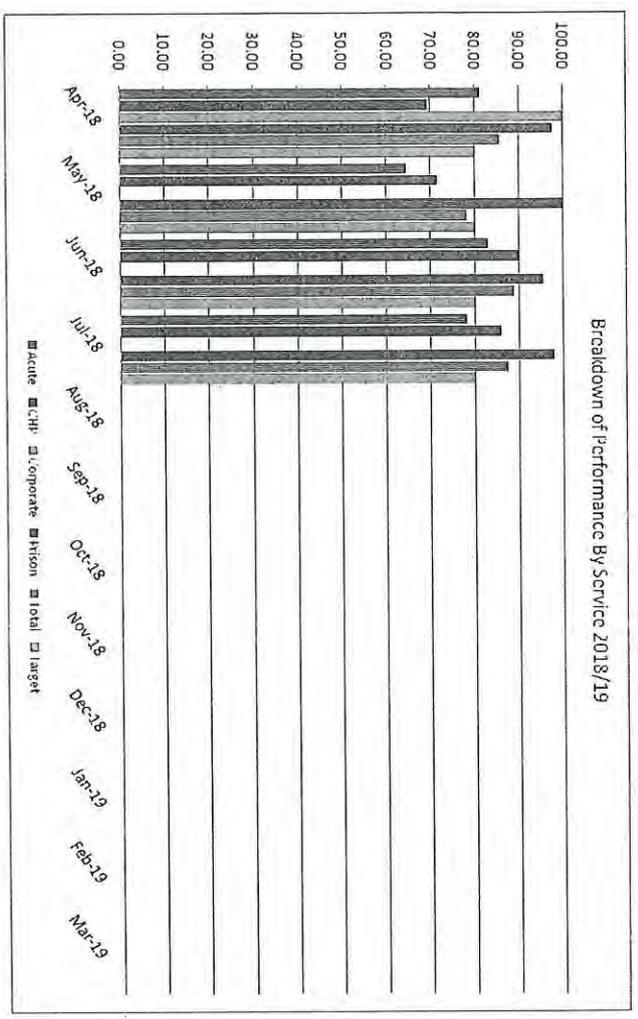
It is noted that NHS Forth Valley did not achieve its 20% reduction figure for 2017/18 and recognises that the main contributing factor in the increase of complaints is due to the implementation of the Complaints Handling Procedure from April 2017. The Patient Relations Team have supported and managed 221 Stage 1 complaints as at 31 July 2018 indicating an increase of 7 complaints being resolved within 5 days compared to the same period in 2017/18.

To support staff in locally resolving complaints NHS Forth Valley have raised awareness of Care Opinion an on-line, independent website which enables patients, families, carers etc., to leave feedback about their healthcare experience. This allows NHS Forth Valley to gather feedback, resolve issues and to enable improvements to services quickly and timeously. It should be noted that Acute Assessment Unit, Clinical Assessment Unit and Endoscopy have requested more support for raising awareness with Care Opinion and training. In addition a Care Opinion event inviting Clinicians across NHS Forth Valley to attend and learn about Care Opinion was held to support and enable staff to engage with the process. This includes Consultants.

In order to improve and maintain the response times and sustain the 80% target daily meeting with representatives from the Surgical and Medical Directorates monitors the progress of all complaints. Daily contact is made with all Directorates who have active complaints.

Daily monitoring of the complaints caseload and the status of overdue complaints will continue to be undertaken to ensure any overdue complaints is managed effectively and allow for early intervention. The Patient Relations Lead is currently conducting an in-depth analysis into the factors resulting in breached complaints. This will then allow for an improvement plan to be developed.

The graph below provides a breakdown by service of the response times achieved from April – July 2018.



Complaints Average Response Times

A reporting requirement of the new Complaints Handling Procedure is to report on the average times in working days to close complaints at each stage of the CHP and a detailed breakdown is provided in the table below:

	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
Average No. of days to respond at Stage 1	275	228	256	261								
Average No. of days to respond at Stage 2	19.4	22.82	21.36	19.24								
Average No. of days to respond over 20 days	27.1	29.8	31.67	25.6								

Extension to Complaints

It is important to Complainants that we respond to their complaints timeously and that every effort is made to ensure that we do not cause a detrimental effect on the person making the complaint. Not all investigations will be able to meet this deadline; however the new CHP allows an extension where it is necessary to complete the investigation. If there are clear and justifiable reasons for extending the timescale, the Patient Relations Officer in discussion with the Directorate will set time limits on any extended investigation, as long as the person making the complaint agrees.

The table below details the number of complaints whereby an extension has been authorised against the total number of complaints received at each stage:

Stage 1	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
Total No of Stage 1 Complaints	51	57	58	55								
No of complaints - authorised extension	5	2	4	4								
% of Stage 1 authorised extension	9.80	3.51	6.90	7.27								
Stage 2	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
Total No of Stage 2 complaints	67	84	47	54								
No of complaints - authorised extension	17	30	12	12								
% of Stage 2 authorised extension	25.37	35.71	25.53	22.22								

Complaints Activity – July 2018

During July 2018, a total of 109 complaints have been investigated of which 87.2% have been responded to within 20 working days.

The new Complaints Handling Procedure offers 2 opportunities to resolve complaints with the aim of providing a quick, simple and streamlined process for resolving complaints early and locally. An explanation of each of the 2 stages is provided.

- **Early resolution referred to as Stage 1** (complaints resolved within 5 working days)

Early resolution aims to resolve straightforward complaints that require little or no investigation at the earliest opportunity.

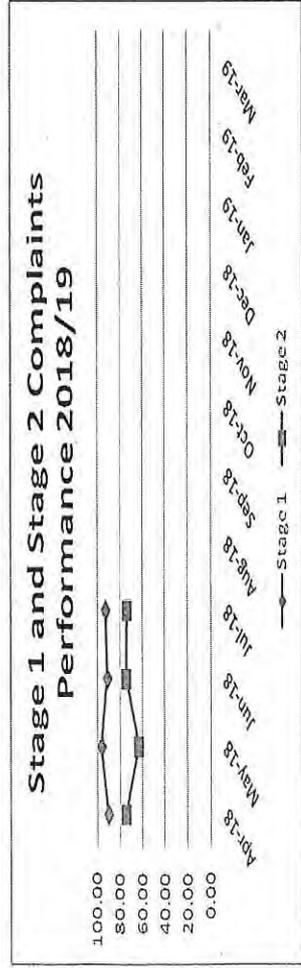
- **Investigation referred to as Stage 2** (complaints resolved within 20 working days)

Complaints handled at the investigation stage of the Complaints Handling Procedure are typically serious or complex and require a detailed examination before a response is prepared.

Through the new Complaints Handling Procedure, Stage 1 complaints are being managed and captured proactively resulting in a high performance rate within the organisation and staff are receiving positive feedback from complainants regarding this. Staff aim to resolve issues as efficiently and satisfactorily as possible resulting in a more seamless experience for all concerned.

A breakdown of the numbers of complaints received and investigated at each Stage is detailed in the table and graph below, and further analysis of the complaints activity during July 2018 is provided.

Stage 1	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Yearly Total
No of Complaints Received	51	57	58	55									221
No Responded to in 5 days	46	55	53	51									205
% responded to in 5 days	90.20	96.49	91.38	92.73									92.76
Stage 2	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Yearly Total
No of Complaints Received	67	84	47	54									252
No Responded to in 20 days	50	53	35	40									178
% responded to in 20 days	74.63	63.10	74.47	74.07									70.63

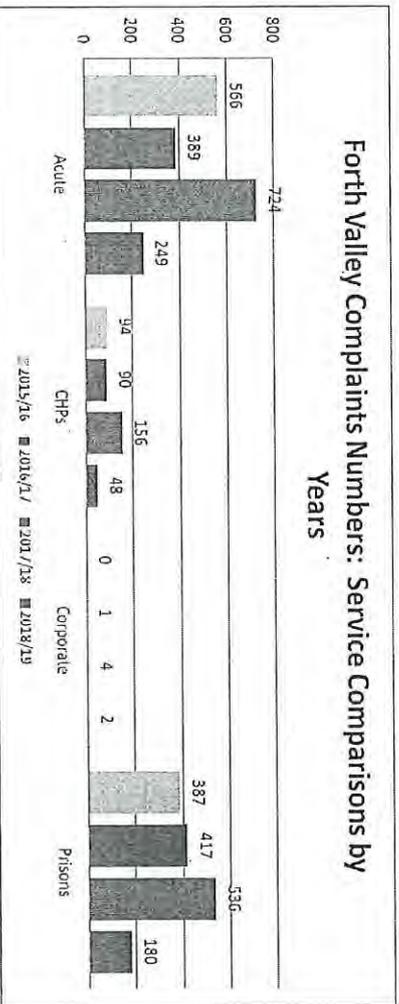


Complaints Activity April 2018 – July 2018

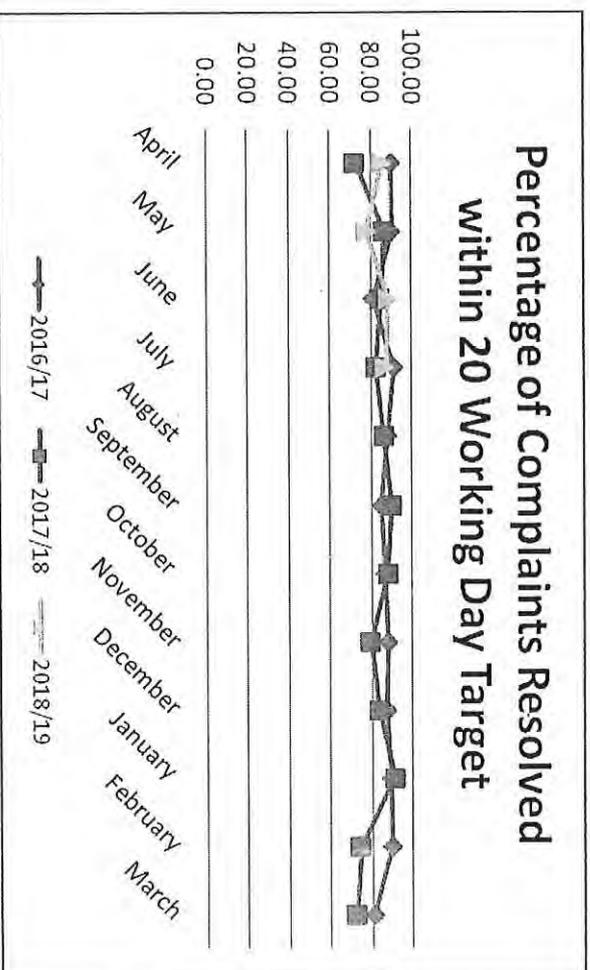
During the period April to July 2018, a total of 479 complaints (including complaints transferred/withdrawn/consent not received) were received by the Patient Relations Team.

On analysis of the numbers received it is noted that due to the implementation of the new Complaints Handling Procedure it has had an impact on the number of complaints being managed within the Stage 2 process (0 – 20 Days). There has been a decrease of 0.4% (1) complaints investigated under Stage 2 during April – July 2018 compared to the same period in 2017. The Patient Relations Team have raised awareness of how to manage complaints under the Stage 1 process (0-5 days, local resolution) which has seen a rise in the number of complaints being managed under Stage 1 resulting in the overall rise in the number of complaints being received.

For note we have seen a 4.3% decrease in the number of prison complaints investigated during April 2018 – July 2018. The graph below provides a year on year comparison of the number of complaints received.



In the period 1 April 2018 – 31 July 2018 complaints have been investigated of which 84.4% have been responded to within 20 working days. A comparison of performance against 2017/18 is detailed in the graph below.



Complaints

The aim of this report is to provide a comprehensive review of complaints activity across NHS Forth Valley. This takes into account the number of complaints received, local resolution, compliance with the 20 day national target and reopened cases. An analysis against other comparable periods is presented to indicate any trends or variation in activity.

If a complainant remains dissatisfied with the response from the organisation they have the right to contact the Scottish Public Services Ombudsman (SPSO) to request an investigation. An example of a SPSO request and decision is outlined within this report.

Across NHS Forth Valley we take all complaints very seriously and ensure wherever possible we use them to learn from and to make changes and improvements to our services. An example of actions that have been implemented over this period is highlighted within this report.

Patients may offer their feedback and comments and often raise issues of concern without wishing to make a complaint. In many instances they may simply wish to provide their views on the service provided and this can be positive and complimentary identifying areas of good practice.

A separate report is available within the NHS Forth Valley Balanced Scorecard and Quality Report capturing patient experience as a result of feedback.

NHS Scotland Model Complaints Handling Procedure (CHP)

The NHS CHP is intended to support NHS Boards and their service providers to take a consistently person centred approach to managing complaints in the NHS, which is aligned to the complaints procedures adopted across the wider public sector in Scotland. In particular, the aim is to implement a standard process, which ensures that NHS staff and people using NHS services can have confidence in complaints handling, and encourages NHS organisations to learn from complaints in order to continuously improve services.

NHS Forth Valley has implemented the Complaints Handling Procedure (CHP) across the organisation and work is continuing to support staff to implement the procedure and to meet the requirements of the 9 Key Performance Indicators.

The changes implemented by the CHP will be reflected throughout the report including:

- Performance of Stage 1 and Stage 2 complaints
- The average response times to complaints
- The number of complaints whereby an extension has been authorised
- Details of the Complaints Process Experience Questionnaire

NHS Forth Valley Complaints Performance Report July 2018

This report relates to on the agenda