

Agenda Item 8

HSCP Complaints and Feedback Performance Report: Quarter 3, 2020-21



Falkirk IJB Clinical and Care Governance Committee

26 February 2021

HSCP Complaints and Feedback Performance Report: Quarter 3, 2020-21

For Noting

1. Executive Summary

- 1.1 The report provides an overview of complaints activity across the Falkirk Health and Social Care Partnership (HSCP) during the period of October to December 2020. The report takes into account the number of complaints received, local resolution, compliance with the 20 day national target and SPSO referrals.
- 1.2 In response to a request from the CCGC at its August meeting more detailed information on any SPSO complaints are included in each report however there were no SPSO complaints within Quarter three of 2020-21 to report.
- 1.3 The report also provides an update on feedback received through Care Opinion and other mechanisms about HSCP services.
- 1.4 The report details a reduction in the overall number of complaints received however responses within timescale remain fairly static. Actions to address this are in progress and will be monitored, or adjusted where necessary, to improve performance.

2. Recommendations

The Clinical and Care Governance Committee is asked to:

- 2.1 note the content of the report and actions being taken.

3. Background

- 3.1 The report sets out complaints received that relate to the functions and services provided by the HSCP. In line with the current Complaints Handling Procedures (CHP), HSCP staff responding to complaints about social work services use the Social Work Adult Services CHP. HSCP staff responding to complaints about health use the NHS CHP. Where complaints cut across services, we have an agreed process that ensures there is clarity and a consistent approach as to which service will take the lead on investigating and responding to these types of complaints.
- 3.2 For complaints relating to the actions and processes of the IJB itself, the IJB CHP is used.

4. Complaints Performance

4.1 Social Work Adult Services

During the reporting period, October - December 2020, there were 17 complaints received about Social Work Adult Services, detail is provided in Table 1 below. As a result of the small numbers involved, there can be quite significant percentage changes in the performance data, quarter on quarter, but when viewed over a longer timeframe (see Table 2), the data shows there is little change in performance over a 3 year period.

This lack of progress is the focus of a number of actions currently being taken which, it is anticipated, will begin to show improvement over the next and subsequent quarters.

The most common categories of complaints were staff conduct (5), and care at home (4).

4.2 Performance of complaints completed within timescale

Performance against timescale reduced overall from 64% during the first half of 2020/21, to 53% in Quarter 3.

- Stage 1 performance reduced from 65% to 47%
- Stage 2 performance improved from 60% to 100%

Table 1 shows data for the three quarters of 2020-21 to date, with table 2 showing longer range data over the past three years.

Table 1 – SWAS Complaints: Number and response performance 2020 – 2021

Measure	Stage 1				Stage 2			
	Q1	Q2	Q3	Direction of travel	Q1	Q2	Q3	Direction of travel
a. The number of SWAS complaints	4	18	15	▼	2	5	2	▼
b. Number of SWAS complaints completed within timescales *	2	11	7	-	1	2	2	-
c. Percentage completed within timescales	50%	65%	47%	▼	50%	40%	100%	▲

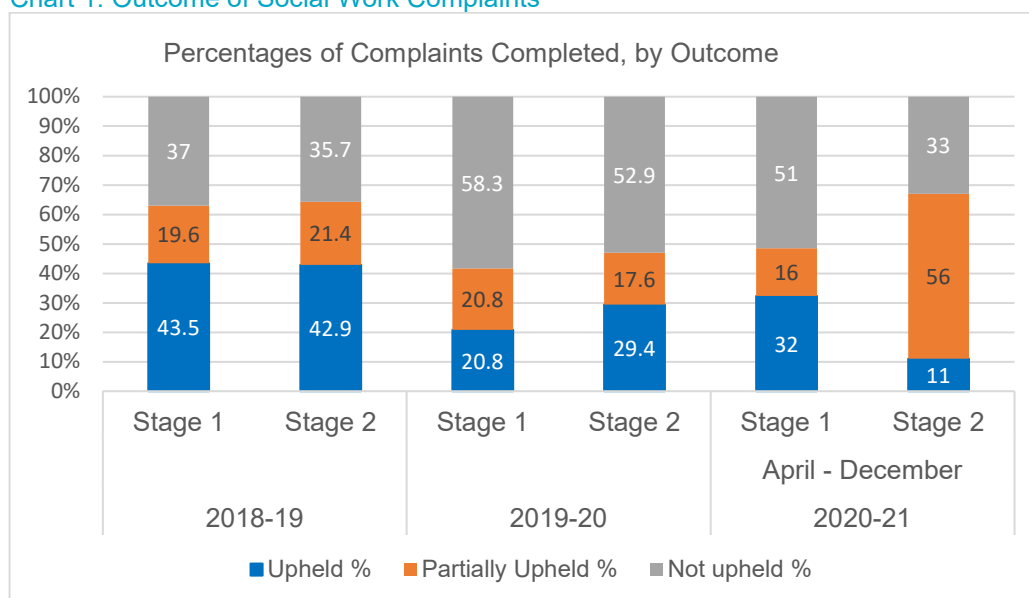
* The current complaints process target for completion is 100% within timescales
 Stage 1 = 5 working days from receipt; Stage 2 = 20 working days.

Table 2 - SWAS Complaints: Number and response performance – Annual data 2018 – 2020

Measure	Stage 1				Stage 2			
	Jan – Dec 2018	Jan – Dec 2019	Jan – Dec 2020	Direction of travel	Jan – Dec 2018	Jan – Dec 2019	Jan – Dec 2020	Direction of travel
a. The number of SWAS complaints	94	109	53	▼	17	15	13	▼
b. The number of SWAS complaints completed within timescales *	53	58	29	-	8	7	6	-
c. The proportion of SWAS complaints completed within timescales	56%	53%	55%	▲	47%	47%	46%	▼

- 4.3 Outcomes of complaints show significant variation year on year. Given the small numbers involved the variation is perhaps unsurprising but will be the subject of further analysis with managers over coming months.

Chart 1: Outcome of Social Work Complaints



- 4.4 Table 3 lists the categories of all complaints for the period. Common themes within the designated categories were (a) disagreement with the assessment conclusion and (b) breakdown in communication between service users / families and those providing care or their managers.

Table 3 – Complaints Categories Q3 2020-21

Stage 1 – Complaint Category	Number
Staff Conduct	5
Care at Home	4
Community Alarms and Telecare	3
Adult Residential Care	1
Alternative Care Providers	1
Care Needs assessment	1

Stage 2 – Complaint Category	
Adult Hospice Care	1
Community Alarms and Telecare	1

- 4.5 The number of complaints remains low given the large number of service user contacts. Around 9,000 people receive an assessment/review each year. As a result of the low number of complaints, relatively small changes to those that meet/do not meet timescales or are upheld/ partially upheld, can generate significant variations in performance percentages.
- 4.6 However performance in respect of timescales has been below target within Social Work Adult Services. Monitoring of complaint performance will continue to be overseen by a senior manager and feedback on complaint performance will be highlighted to managers across service areas as well as an individual basis where appropriate.
- 4.7 The report to the November CCGC meeting noted that monitoring mechanisms were to be strengthened, in order to pick up potential delays earlier in the process and reinforce adherence to timescales. It is anticipated that the impact of this will become more evident during Quarter 1 of 2021-22, as those mechanisms are embedded.
- 4.8 As part of these operational developments the service will model our approach to improvement on the SPSO Complaints Improvement Framework.
- 4.9 Future reports to the CCGC will include sections giving members a more detailed insight into what is being commented on, or complained about and the outcomes.
- 4.10 [NHS Forth Valley](#)
During the reporting period October - December 2020, a total of 8 complaints were received by the Patient Relations Team relating to the delegated functions for the HSCP. This excludes complaints transferred, withdrawn or where consent was not received. The overall year end performance for responding to complaints with the Stage 1 and Stage 2 is 61.9%.
- 4.11 On analysis of Stage 1 complaints, it is noted that the HSCP received 3 Stage 1 complaints during the period and achieved a 66.6% performance and for the same period 5 Stage 2 complaints were received and a 40% performance target was achieved in responding to complaints within 20 working days. It is worth noting that due to the low number of complaints, a single breach of the 20 day target will cause performance to drop significantly.
- 4.12 A breakdown of the overall figure into stage 1 and Stage 2 complaints for October - December 2020 indicate:
- 2 complaints were responded to within 5 working days (Stage 1)
 - 2 complaints were responded to within 20 working days (Stage 2)

- the top themes for October - December 2020 are:
 - Staff Attitude & Behaviour 7
 - Clinical Treatment 6
 - Staff Communication (Oral) 1
 - Staff Communication (Written) 1

4.13 Complaint Type and Category

In total there are approximately 17 departments listed against the delegated functions. During the period October - December 2020, 7 departments have received complaints. The department and complaint type and category are detailed in the table below.

Month and Year	Category Type	Case Number	Complaint Type	Category	Department
Oct-20	Staff/Attitude And Behaviour	F0026706	Stage Two	Inappropriate Comments	Unit 2, FCH
Oct-20	Staff/Attitude And Behaviour	F0026706	Stage Two	Insensitive To Patient Needs	Unit 2, FCH
Oct-20	Staff/Attitude And Behaviour	F0026819	Stage Two	Lack Of Support	CMHT(E) Falkirk
Oct-20	Staff/Attitude And Behaviour	F0026819	Stage Two	Inappropriate Comments	CMHT(E) Falkirk
Oct-20	Treatment/clinical	F0026819	Stage Two	Disagreement With Treatment	CMHT(E) Falkirk
Nov-20	Staff/Attitude And Behaviour	F0026886	Stage One	Insensitive To Patient Needs	Ward 1, Bo
Nov-20	Staff/Attitude And Behaviour	F0027105	Stage Two	Insensitive To Patient Needs	Unit 3, FCH
Nov-20	Staff/Communication (Oral)	F0026957	Stage One	Lack Of Clear Explanation	Unit 3, FCH
Nov-20	Staff/Communication (Written)	F0026961	Stage Two	Letter Wording	CMHT(E) Falkirk
Nov-20	Treatment/clinical	F0027006	Stage Two	Disagreement With Treatment	Woodlands Resource Centre
Nov-20	Treatment/clinical	F0027006	Stage Two	Treatment Cancelled	Woodlands Resource Centre
Nov-20	Treatment/clinical	F0026965	Stage One	Co-Ordination Of Clinical Treatment	Woodlands Resource Centre
Nov-20	Treatment/clinical	F0027105	Stage Two	Length Of Time To Be Seen In Dept	Unit 3, FCH
Dec-20	Staff/Attitude And Behaviour	F0027241	Stage Two	Insensitive To Patient Needs	Woodlands Resource Centre
Dec-20	Treatment/clinical	F0027215	Stage One	Co-Ordination Of Clinical Treatment	District Nursing (Falkirk)

4.14 Scottish Public Ombudsman Office (SPSO)

During the October - December 2020 it is noted that 0 complaints have been referred to the SPSO for investigation.

- 4.15 The Committee previously requested two more detailed reports and overviews. One focussing on a more detailed overview on SPSO cases with a focus on learning and actions. Below are all the SPSO cases received.

Issues under investigation & outcome Directorate	SPSO Current Position	Actions from SPSO	Learning
Unit 1, Falkirk Community Hospital – original complaint received on 31/10/2018 & 17/09/2019			
• Delay reporting incident on 24 & 25 October 2018	Requested information sent on 13/01/2020 & 17/03/2020.	SPSO requested information relating to 32 further questions due to a change in reviewer – further information provided.	

Issues under investigation & outcome Directorate	SPSO Current Position	Actions from SPSO	Learning
<ul style="list-style-type: none"> SAER was unreasonable Delay with SAER Delay dealing with complaint 	Awaiting decision from SPSO.		
CMHT (E) & Kersiebank Medical Practice - original complaint received on 02/08/2019			
<ul style="list-style-type: none"> Failed to provide appropriate psychiatric care (not upheld) Unreasonably stopped Gabapentin prescription (upheld) 	<p>Requested information sent on 02/03/2020.</p> <p>Final decision received – partly upheld.</p>	<p>Recommendation 1: Apologise to patient for stopping his Gabapentin.</p> <p>Recommendation 2: The Board should ensure the Practice GPs familiarise themselves with Gabapentin reduction regimes and the indications for the same. Evidence of the Practice GPs reflection and learning.</p>	<p>Recommendation 1: Apology letter out for approval (due with SPSO on 08/02/2021)</p> <p>Recommendation 2: Recommendation letter & evidence out for approval (due with SPSO on 08/03/2021) – Practice Manager has confirmed Forth Medical Group have a training programme and Gabapentin reduction regimes and the indications for the same will be taken forward as part of this programme.</p>
Ward 1, Bo'ness Community Hospital – original complaint received on 18/06/2019			
<ul style="list-style-type: none"> Inadequate falls procedure (Fully Upheld) Inadequate care following fall (Fully Upheld) 	<p>Final report received on 17/09/2020 with 5 recommendations.</p> <p>Recommendations completed, awaiting closure from SPSO</p>	<p>Recommendation 1: Apologise for the failings identified in the SPSO's report</p> <p>Recommendation 2: Evidence that education and training has been provided to community hospital staff around NEWS</p> <p>Recommendation 3: Evidence that education and training has been provided to Bo'ness Community Hospital staff around delirium identification</p> <p>Recommendation 4: Evidence that education and training has been provided to Bo'ness Community Hospital staff regarding deteriorating patient.</p> <p>Recommendation 5: Evidence that education and training has been provided to Bo'ness Community Hospital staff regarding assessing pain in patients with cognitive impairment.</p>	<p>Recommendation 1 & 2: Apology letter sent on the 18 November 2020</p> <p>Recommendation 3: Clinical Nurse Manager and Interim Service Manager for Bo'ness Community Hospital have arranged that staff training will take place in January 2021 with the Lead Resuscitation Officer for NHS Forth Valley.</p> <p>Recommendations 4, 5, & 6: Clinical Nurse Manager and Interim Service Manager for Bo'ness Community Hospital confirmed training programme already underway to cover these recommendations.</p> <p>Also confirmed the Clinical Nurse Manager and Interim Service Manager for Bo'ness Community Hospital have produced an improvement plan following the SPSO's recommendations, and are systematically working their way through the actions now to evidence improvement and change.</p>

4.16 During the reporting period October - December 2020, the SPSO has received no complaints about SWAS.

4.17 IJB

There have been no complaints received over the reporting period that relate to the IJB as a public body in relation to the IJB's action or lack of action, or about the standard of service the IJB has provided in fulfilling its statutory responsibilities.

4.18 Lessons Learned

The Partnership Management Team is keen to learn from complaints and ensure that all complaints are responded to within appropriate timescales. Complaint compliance now forms part of the standing agenda for their meeting, and complaints will be reviewed on a monthly basis with any action being taken forward by senior managers.

4.19 In order to draw conclusions and inform how we learn lessons we will complete analysis as part of the ongoing improvement in how we manage and learn from complaints in Social Work Adult Services. This has been delayed during prioritisation of work arising from the COVID pandemic.

4.20 Analysis will be based on the themes contained within the SPSO Complaints Improvement Framework.

5. Care Opinion and Feedback

5.1 In response to feedback from the Committee at the last meeting, the report will detail some examples of service user and patient feedback received through NHS Care Opinion, Your Health Service Website and Falkirk Council Customer First where this is available for the reporting period. There are no updates for the NHS Care Opinion site.

5.2 Customer First

Four "positive customer feedback" contacts were recorded in the period. Three were from the families of individuals whose families felt they had been well supported by SWAS staff and agency care staff to support their wish to die at home rather than in hospital or other care resource. One was from another professional complimenting the JLES team for the pace of deliveries, particularly large equipment, to support people to be cared for at home.

6. Conclusions

6.1 The report provides assurance to the Committee that complaints are managed and responded to effectively, and to provide an up-to-date performance report on activity during the period October – December 2020.

Information on feedback is also included in the report for information.

Resource Implications

There are no resource implications arising from the report.

Impact on IJB Outcomes and Priorities

There is no direct impact resulting from the recommendations of this report.

Directions

There is no new Direction or amendment required.

Legal & Risk Implications

There are no legal or risk implications arising from the report and data presented.

Consultation

No consultation was required to develop the report.

Equalities Assessment

There are no equalities impacts arising from the report.

7. Report Author

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8. List Of Background Papers

None

9. Appendices

No appendices