

Agenda Item 7

HSCP Complaints and Feedback Performance Report: Quarter 4, 2020-21



Falkirk IJB Clinical and Care Governance Committee

21 May 2021

HSCP Complaints and Feedback Performance Report: Quarter 4, 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 January to March 2021. 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 2020 meeting more detailed information on any SPSO complaints are included in each report however there were no SPSO complaints within Quarter four 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. While responses to Stage 1 Adults Social Care complaints has improved from the previous quarter, when considered over a longer period of time, responses within timescale remain fairly static. Actions to address this are ongoing. These actions are being reviewed on an ongoing basis and will be amended where necessary, to drive improvement in 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, January – March 2021, there were 11 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. While there has been an improvement in Stage 1 performance in the most recent quarter, 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 will be reviewed for effectiveness and adjusted where necessary to raise performance over the longer term.

The most common categories of complaints were staff conduct (4), care at home (2) and “disabled people - home adaptations and aids” (2).

4.2 Performance of complaints completed within timescale

Performance against timescale improved overall from 53% in Quarter 3 to 64% in Quarter 4.

- Stage 1 performance improved from 47% to 73%
- Stage 2 performance reduced from 100% to 67%

Table 1 shows quarterly data for 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	Q4	Direction of travel	Q1	Q2	Q3	Q4	Direction of travel
a. The number of SWAS complaints	4	18	15	8	▼	2	5	2	3	▲
b. Number of SWAS complaints completed within timescales *	2	11	7	5	-	1	2	2	2	-
c. Percentage completed within timescales	50%	65%	47%	73%	▲	50%	40%	100%	67%	▼

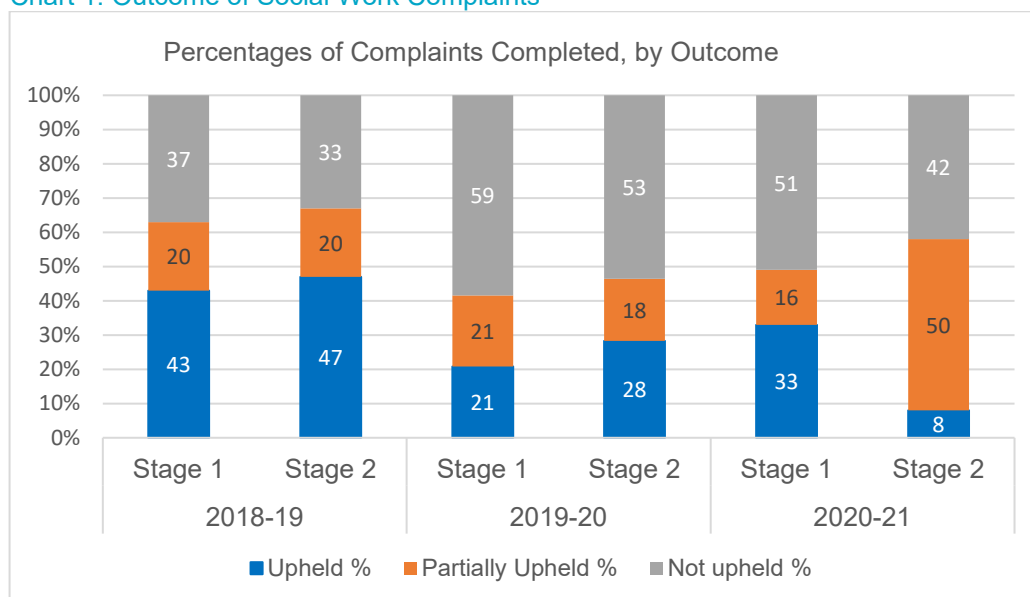
* The current complaints process target for completion is 100% within timescales
 Stage 1 = 5 working days from receipt; Stage 2 = 20 working days.

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

Measure	Stage 1				Stage 2			
	Apr 18 – Mar 2019	Apr 19 – Mar 2020	Apr 20 – Mar 2021	Direction of travel	Apr 18 – Mar 2019	Apr 19 – Mar 2020	Apr 20 – Mar 2021	Direction of travel
a. The number of SWAS complaints	92	97	45	▼	15	17	12	▼
b. The number of SWAS complaints completed within timescales *	53	52	25	-	6	7	7	-
c. The proportion of SWAS complaints completed within timescales	58%	54%	56%	▲	40%	41%	58%	▲

- 4.3 Outcomes of complaints show significant variation year on year. Given the small numbers involved the variation is perhaps unsurprising but as stated above, is the subject of ongoing analysis.

Chart 1: Outcome of Social Work Complaints



- 4.4 Table 3 lists the categories of all complaints for the period. The most common theme within the designated categories was disagreement with the assessment conclusion (7).

Table 3 – Complaints Categories Q4 2020-21

Stage 1 – Complaint Category	Number
Staff Conduct	3
Disabled People – Home Adaptations and Aids	2
Care at Home	1
Adult Placement	1
Care Needs assessment	1
Stage 2 – Complaint Category	
Staff Conduct	1
Care at Home	1
Adult Residential Care	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.
- 4.6 However performance in respect of complaint response 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 part of a range of measures aimed at improving performance.
- 4.7 As part of these operational developments the service is modelling our approach to improvement on the SPSO Complaints Improvement Framework.
- 4.8 As previously indicated, 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.
- 4.9 **NHS Forth Valley**
During the reporting period January – March 2021, a total of 7 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 71.4%.
- 4.10 On analysis of Stage 1 complaints, it is noted that the HSCP received 3 Stage 1 complaints during the period and achieved a 100% performance and for the same period 4 Stage 2 complaints were received and a 75% 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.
- 4.11 A breakdown of the overall figure into stage 1 and Stage 2 complaints for January – March 2022 indicate:
- 3 complaints were responded to within 5 working days (Stage 1)
 - 3 complaints were responded to within 20 working days (Stage 2) and one complaint remains open under investigation and has breached the 20 day target.
 - the top themes for January - March 2020 are:
 - ❖ Clinical Treatment 5
 - ❖ Staff Attitude & Behaviour 3
 - ❖ Staff Communication (Oral) 2
- 4.12 **Complaint Type and Category**
In total there are approximately 17 departments listed against the delegated functions. During the period January - March 2021, 6 departments have received complaints. The department and complaint type and category are detailed in the table below.

Month	Category Type	Category	Department
January	Clinical Treatment	Disagreement with treatment/care	Ward 1, Bo'ness
		Problems with Medication	Ward 2, Bo'ness
	Staff Attitude & Behaviour	Insensitive to Patient Needs	Unit 2, FCH
	Staff Communication (Oral)	Staff Communication (Oral) other	Ward 1, Bo'ness
		Staff Not Replying to Patient Verbally	Ward 2, Bo'ness
	WT/ Admission/Attendance	Cancellation of Admission	Out-Patients
February	Staff Attitude & Behaviour	Staff Attitude	Woodlands Resource Centre
	WT/Date of Appointment	Unacceptable Waiting Time for Appointment	Woodlands Resource Centre
March	Clinical Treatment	Disagreement with treatment/care	Unit 3, FCH
			Woodlands Resource Centre
			Ward 1, Bo'ness
	Staff Attitude & Behaviour	Insensitive to Patient Needs	Ward 1, Bo'ness

4.13 Scottish Public Ombudsman Office (SPSO)

During the January - March 2021 it is noted that no complaints have been referred to the SPSO for investigation.

4.14 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			
<ul style="list-style-type: none"> Delay reporting incident on 24 & 25 October 2018 SAER was unreasonable Delay with SAER Delay dealing with complaint 	Requested information sent on 13/01/2020 & 17/03/2020. Awaiting decision from SPSO.	SPSO requested information relating to 32 further questions due to a change in reviewer – further information provided.	
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) 	Requested information sent on 02/03/2020. Final decision received – partly upheld.	Recommendation 1: Apologise to patient for stopping his Gabapentin. 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.	Recommendation 1: Apology letter out for approval (due with SPSO on 08/02/2021) 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.

Issues under investigation & outcome Directorate	SPSO Current Position	Actions from SPSO	Learning
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>

4.15 During the reporting period January - March 2021, the SPSO has received no complaints about SWAS.

4.16 **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.

4.17 **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.

4.18 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.

- 4.19 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**

In total, 22 enquiries were received and responded to by the service during the period, two of these were “positive customer feedback”. One was noting the success of the support provided to the individual by the care at home service. The other was from a partner agency, in recognition of positive collaborative working relationships against a backdrop of the demands arising from the COVID response, and limited resources generally.

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 January – March 2021.

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 Authors

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8. List of Background Papers

None

9. Appendices

No appendices