

## **Agenda Item 8**

# **HSCP Complaints and Feedback Performance Report: Quarter 1, 2021-22**



## **Falkirk IJB Clinical and Care Governance Committee**

**August 2021**

**HSCP Complaints and Feedback Performance Report: Quarter 1, 2021-22**

**For Consideration & Comments**

### **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 April to June 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 One of 2021-22 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 number of complaints received via NHS Complaints Handling Procedure (CHP) and an increase in those received via the SWAS CHP.

### **2. Recommendations**

The Clinical and Care Governance Committee is asked to:

- 2.1 consider and comment on 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, April – June 2021, there were 20 complaints received about Social Work Adult Services, detail is provided in Table 1 below.

A number of actions were initiated in Q3 of 2020-21 aimed at improving performance in relation to compliance with response timescale requirements. While there has been an overall improvement in the subsequent 2 quarters, the numbers are too small to state that this is evidence of an improving trend, nonetheless it does offer some encouragement.

### 4.2 Performance of complaints completed within timescale

Performance against timescale improved overall from 64% in Quarter 3 to 75% in Quarter 4.

- Stage 1 performance improved from 73% to 78%
- Stage 2 performance reduced from 67% to 50%

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				
	Q2 20-21	Q3	Q4	Q1 21-22	Direction of travel	Q2 20-21	Q3	Q4	Q1 21-22	Direction of travel
a. The number of SWAS complaints	18	15	8	18	▲	5	2	3	2	▼
b. Number of SWAS complaints completed within timescales *	11	7	5	14	-	2	2	2	1	-
c. Percentage completed within timescales	65%	47%	73%	78%	▲	40%	100%	67%	50%	▼

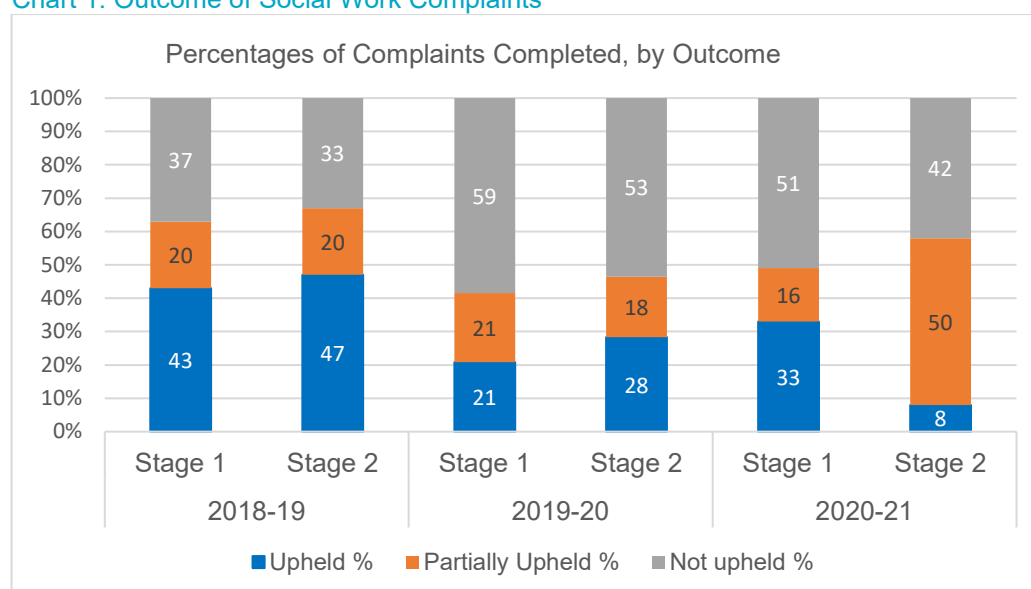
\* The current complaints process target for completion is 100% within timescales  
 Stage 1 = 5 working days from receipt; Stage 2 = 20 working days.

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 The current options for recording complaints within 'Customer First' (Falkirk Council's complaints management system) do not provide a helpful understanding of what the complaints for SWAS are actually about. For example, the most common theme within the designated categories in the last quarter was disagreement with the assessment conclusion (7). However this can be recorded as 'staff conduct' or as the type of service provided e.g. 'care at home' within the Customer First system. Work is ongoing to develop a 'workaround' within Customer First to better reflect what SWAS complaints are about. Details on the breakdown of complaints for Q1, 2021-22, are not yet available and will be provided in the report for next quarter.
- 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 NHS Forth Valley

During the reporting period April – June 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%.

4.7 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 50% 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.

4.8 A breakdown of the overall figure into stage 1 and stage 2 complaints for April – June 2021 indicate:

- 3 complaints were responded to within 5 working days (Stage 1)
- 2 complaints were responded to within 20 working days (Stage 2) and one complaint remains open awaiting a meeting and has breached the 20 day target.
- the top themes for April - June 2021 are:
  - Staff Attitude & Behaviour 5
  - Clinical Treatment 2
  - Staff Communication (Oral) 1
  - Environment 1

#### 4.9 Complaint Type and Category

In total there are approximately 17 departments listed against the delegated functions. During the period April - June 2021, 6 departments have received complaints. The department and complaint type and category are detailed in the table 3 below.

Table 3: NHS department, complaint type and category

Month	Category Type	Category	Department
April	Env/Dom/Patient Property	Lost Property	Ward 1, Bo'ness
	Staff Attitude & Behaviour	Insensitive to Patient Needs	Unit 5, FCH
	Treatment/Clinical	Disagreement with Treatment/Care	District Nursing (Falkirk)
May	Staff Attitude & Behaviour	Insensitive to Patient Needs	Ward 2, Bo'ness
		Staff Attitude	Ward 2, Bo'ness
		Insensitive to Patient Needs	Woodlands Resource Centre
		Insensitive to Patient Needs	Woodlands Resource Centre
	Treatment/Clinical	Disagreement with Treatment/Care	Woodlands Resource Centre
June	Staff/Communication (Oral)	Telephone	Continence Service

#### 4.13 Scottish Public Ombudsman Office (SPSO)

During the April – June 2021 it is noted that no complaints have been referred to the SPSO for investigation.

4.14 Table 4 notes the current open SPSO cases.

Table 4: SPSO Open cases

Issues under investigation & outcome Directorate	SPSO Current Position	Actions from SPSO	Learning
<b>Unit 1, Falkirk Community Hospital – original complaint received on 31/10/2018 &amp; 17/09/2019</b>			
<ul style="list-style-type: none"><li>• Delay reporting incident on 24 &amp; 25 October 2018</li><li>• SAER was unreasonable</li><li>• Delay with SAER</li><li>• Delay dealing with complaint</li></ul>	<p>Requested information sent on 13/01/2020 &amp; 17/03/2020.</p> <p><b>Awaiting decision from SPSO.</b></p>	<p>SPSO requested information relating to 32 further questions due to a change in reviewer – further information provided.</p>	

## 5. Conclusions

5.1 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 April – June 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.

## **6. Report Author**

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## **7. List of Background Papers**

n/a

## **8. Appendices**

n/a