



Falkirk IJB Clinical and Care Governance Committee

26 November 2021

HSCP Complaints and Feedback Performance Reports

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 July to September 2021 (Quarter 2). The report takes into account the number of complaints received, local resolution, compliance with the 20-day national target and SPSO referrals.
- 1.2 The report also provides an annual report of complaints activity for 2020 – 21 in line with SPSO requirements and this is attached at appendix 1.
- 1.3 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 Two of 2021-22 to report.
- 1.4 The report also provides an update on feedback received through Care Opinion and other mechanisms about HSCP services.
- 1.5 The report details a reduction in the number of complaints received via NHS Complaints Handling Procedure (CHP) and in those received via the Council CHP.

2. Recommendations

The Clinical and Care Governance Committee is asked to consider and comment:

- 2.1 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 Falkirk Council 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, July – September 2021, there were 12 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 3 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 75% in Quarter 1 to 83% in Quarter 2.

- Stage 1 performance improved from 78% to 82%
- Stage 2 performance improved from 50% to 100%

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				
	Q3 20-21	Q4	Q1 21-22	Q2	Direction of travel	Q3 20-21	Q4	Q1 21-22	Q2	Direction of travel
a. The number of SWAS complaints	15	8	18	11	▼	2	3	2	1	▼
b. Number of SWAS complaints completed within timescales *	7	5	14	9	-	2	2	1	1	-
c. Percentage completed within timescales	47%	73%	78%	82%	▲	100%	67%	50%	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 2019 – 2021 (Half year)

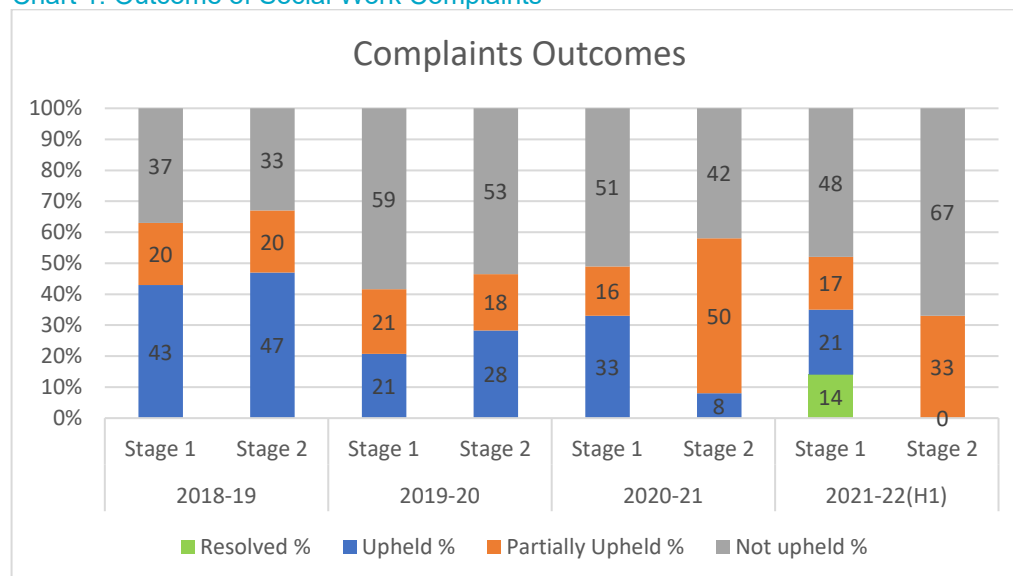
Measure	Stage 1				Stage 2			
	Apr 19 – Mar 2020	Apr 20 – Mar 2021	Apr 21 – Sept 21 (H1)	Direction of travel	Apr 19 – Mar 2020	Apr 20 – Mar 2021	Apr 21 – Sept 21 (H1)	Direction of travel
a. The number of SWAS complaints	97	45	29	-	17	12	3	-
b. Number of SWAS complaints completed within timescales *	52	25	23	-	7	7	2	-
c. Proportion of SWAS complaints completed within timescales	54%	56%	79%	▲	41%	58%	67%	▲

4.3 Complaints Outcomes

In April 2021, the SPSO introduced a new response for Stage 1 and Stage 2 complaints. If, following discussion, the complainant and organisation can agree what action will be taken to resolve the complaint an outcome of resolved is recorded. Where a complaint is resolved, it is not usually necessary that the organisation continues investigating, although it may choose to do so, for example to identify learning. In the first half of 2021-22, four Stage 1 complaints were agreed as resolved.

4.4 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 shows the outcome of complaints since April 2018. The additional (resolved) outcome has been added from year 2021-22.

Chart 1: Outcome of Social Work Complaints



- 4.5 The current options for recording complaints within 'Customer First' (Falkirk Council's complaints management system) will be updated to support more accurate reporting of complaint categories for SWAS. This will be taken forward by the system developers in Falkirk Council. The updated categories will reflect the most common complaint themes which have been identified by the SPSO. The existing complaints categories remain in use in the meantime. The most common category recorded for complaints received in H1, 2021-22 is "staff conduct", which was recorded for 16 complaints.
- 4.6 The number of complaints remains low given the large number of service user contacts. Around 9,000 people receive an assessment/review each year.
- 4.7 **Customer Feedback**
One customer took the time to provide positive feedback to SWAS during Quarter Two.
- 4.8 **NHS Forth Valley**
During the reporting period April – September 2021, a total of 10 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 80%.
- 4.9 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 7 Stage 2 complaints were received and a 71.4% 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.
- 4.10 A breakdown of the overall figure into stage 1 and stage 2 complaints for April – September 2021 indicates:
- 3 complaints were responded to within 5 working days (Stage 1)
 - 5 complaints were responded to within 20 working days (Stage 2)
 - The top themes for April - September 2021 are:

○ Staff Attitude & Behaviour	7
○ Clinical Treatment	5
○ Staff Communication (Oral)	1
○ Environment (Privacy)	1
○ Environment (Property)	1
○ Waiting time/Date of Appointment	1
- 4.11 **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
Apr-21	Env/Dom/Patient Property/exp	Lost Property	Ward 1, Bo
	Staff/Attitude And Behaviour	Insensitive To Patient Needs	Unit 5, FCH
	Treatment/clinical	Disagreement With Treatment/Ca	District Nursing (Falkirk)
May-21	Staff/Attitude And Behaviour	Insensitive To Patient Needs	Ward 2, Bo
			Woodlands Resource Centre
		Staff Attitude	Ward 2, Bo
	Treatment/clinical	Disagreement With Treatment/Ca	Woodlands Resource Centre
		Waiting For Test To Be Carried	Woodlands Resource Centre
Jun-21	Staff/Communication (Oral)	Telephone	Continence Service
Aug-21	Env/Dom/Patient Privacy	On Ward Activities	Ward 2, Bo
	Staff/Attitude And Behaviour	Inappropriate Comments	Ward 2, Bo
		Insensitive To Patient Needs	CMHT(E) Falkirk
			Ward 2, Bo
	Treatment/clinical	Falls	Ward 2, Bo
		Poor Aftercare	District Nursing (Falkirk)
Sep-21	WT/Date of Appointment	Unacceptable WT for Appointment	AHP Out-Patients Care Group

4.12 Scottish Public Ombudsman Office (SPSO)

During the July – September 2021 it is noted that 2 complaints have been referred to the SPSO for investigation. The SPSO have advised that no investigation will be conducted into the issues raised by the 2 complainants.

4.13 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
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 	<p>Requested information sent on 13/01/2020 & 17/03/2020.</p> <p>Complaint Fully Upheld</p>	<p>SPSO requested information relating to 32 further questions due to a change in reviewer – further information provided.</p> <p>Actions and Recommendations made. Board to respond by 24/12/2021</p>	

4.14 IJB Complaints

There have been no complaints received against the IJB in Quarters 1 and 2.

4.15 HSCP Complaints and Feedback Annual Report 2020 – 21

The annual report is attached at Appendix 1. This is a compilation of the quarterly reports that the CCGC have received and reviewed over the reporting periods. There is an SPSO requirement to prepare an annual report.

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 July – September 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

- 6.1 Mandy Crawford, NHS Forth Valley Patient Relations Lead
Gordon Mackenzie, HSCP Locality Manager (East)

7. List of Background Papers

- 7.1 n/a

8. Appendices

- 8.1 Appendix 1: HSCP Annual Complaints Report 2020 – 21.

Falkirk HSCP Complaints and Feedback Annual Performance Report

Reporting Period
April 2020 – March 2021



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1. Summary

- 1.1. The report provides a comprehensive overview of complaints activity across the Falkirk Health and Social Care Partnership (HSCP) during the period of April 2020 to March 2021. The report considers the number of complaints received, local resolution, compliance with the 20-day national target, SPSO referrals and the themes raised within complaints.
- 1.2. Monitoring and managing complaints is an important aspect of governance and quality management. It also helps ensure that any necessary improvement actions arising from complaints are followed up and implemented.

2. Background

- 2.1. 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.
- 2.2. For complaints relating to the actions and processes of the IJB itself, the IJB CHP is used.

3. Complaints Performance

3.1. Social Work Adult Services

During the reporting year there were 57 complaints received about Social Work Adult Services. These complaints are summarised in the table below.

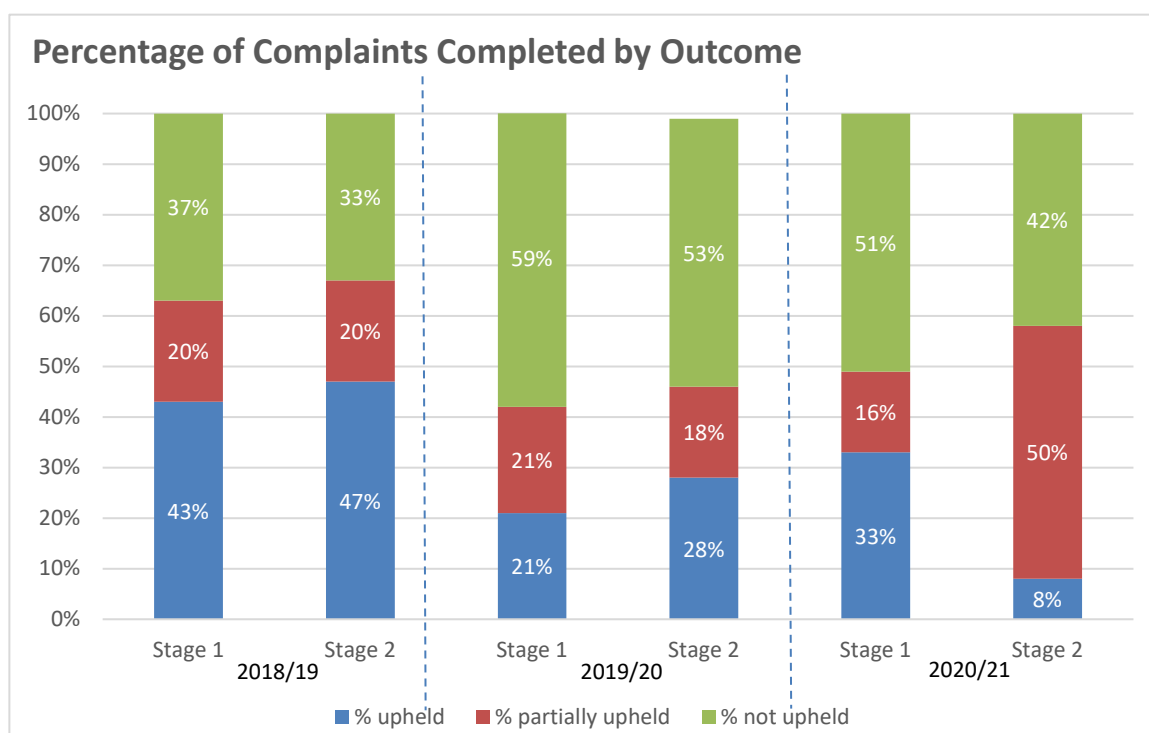
Measure	2019 - 2020	2020 - 2021	2020 - 2021 Stage 1	2020 - 2021 Stage 2	Direction of travel
The number of SWAS (Stage 1 & 2) complaints completed within 20 days	59/114	32/57	25/45	7/12	-
b. The proportion of SWAS (Stage 1 & 2) complaints completed within timescales	52%	56%	56%	58%	▲
c. Proportion of SWAS complaints upheld NB: The 2015/16 Baseline data was reported under the previous complaints system which had a target of 70%. The target for the current complaints process is 100%.	% Upheld		33%	8%	-
	% Partially upheld		16%	50%	-
	% Not upheld		51%	42%	-

- 3.2. Performance of complaints completed within the time scale increased from 52% to 56%. Both Stage 1 and Stage 2 performance increased over the 12-month period. Stage 1 improved from 54% to 56%, whilst Stage 2 improved from 41% to 58%. The number of complaints received has reduced in the reporting period. In 2019/20 there were 114 complaints (97 Stage 1 & 17 Stage 2) compared to 57 complaints (45 Stage 1 & 12 Stage 2) in the reporting period.
- 3.3. The top 10 categories for Stage 1 and 2 complaints across all Social Work Adult Services for 2020/21 are set out in the table below.

Stage 1 Top 10 Categories	
	Totals
Staff Conduct	15
Care at home	7
Disabled people - home adaptations and aids	7
Adult carers	3
Care needs assessment	3
Community alarms and Telecare	3
Adult placement	2
Adult hospice care	1
Adult residential care	1
Alternative care providers	1
Stage 2 Top 10 Categories	
	Totals
Staff Conduct	4
Care at home	3
Adult residential care	2
Adult hospice care	1
Advocacy for social care clients	1
Community alarms and Telecare	1

- 3.4. Outcomes of complaints show significant variation year on year. Given the small numbers involved the variation is perhaps unsurprising but is the subject of ongoing analysis. Chart 1 shows the outcome of complaints since April 2018.

Chart 1: Outcome of Social Work Complaints



3.5. It is important to note that the number of complaints remains low given the large number of service user contacts during the year, with around 9,000 people receiving an assessment/review. Because of the low numbers, relatively small changes to meeting the timescales can seem significant.

3.6. **NHS Forth Valley**

During the period between April 2020 to March 2021, a total of 24 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 response targets is 80%.

3.7. When analysing Stage 1 complaints, it is noted that the HSCP received 9 Stage 1 complaints during 2020/21 and an 89% year end performance was achieved for responding to complaints within 20 working days. For the same period, 15 Stage 2 complaints were received, and a 60% performance target was achieved in responding to complaints within 20 working days.

3.8. A breakdown of the overall figure into stage 1 and Stage 2 complaints for April 2020 - March 2021 indicate:

- 8 complaint was responded to within 5 working days (Stage 1)
- 9 complaint was responded to within 20 working days (Stage 2)

3.9. The top themes for April 2020 - March 2021 are:

- Clinical Care and Treatment – 21 issues
- Staff Attitude & Behaviour – 11 issues
- Staff Communication (Oral) – 8 issues

3.10. In total are approximately 17 departments listed against the delegated functions. During the period April 2020 – March 2021, 12 departments have received complaints, detailed in table 1 below.

TABLE 1: COMPLAINT THEMES

April	Clinical Treatment	Disagreement with treatment/care	Ward 1, Bo'ness
			Unit 3, FCH
		Nursing Care	Unit 3, FCH
	Staff Communication (Oral)	Face to Face	Ward 1, Bo'ness
		Lack of Clear Explanation	Unit 3, FCH
May	WT/Date of Appointment	Unacceptable Waiting Time for Appointment	AHP Out-patient Care Group
June	Clinical Treatment	Poor Aftercare	District Nursing (Falkirk) x2
		Co-ordination of Clinical Treatment	Woodlands Resource Centre
August	Clinical Treatment	Nursing Care	District Nursing (Falkirk)
	Staff Attitude & Behaviour	Insensitive to Patient Needs	Unit 1, FCH
September	Clinical Treatment	Disagreement with treatment/care	Continence Service
			Woodlands Resource Centre x3
	Staff Communication (oral)	Lack of Clear Explanation	Woodlands Resource Centre
		Telephone	Woodlands Resource Centre
	WT/Date of Appointment	Cancellation of Appointment	Woodlands Resource Centre
October	Clinical Treatment	Disagreement with treatment/care	CMHT (E) Falkirk
	Staff Attitude & Behaviour	Inappropriate Comments	Unit 2, FCH
		Insensitive to Patient Needs	Unit 2, FCH
		Lack of Support	CMHT (E) Falkirk
November	Clinical Treatment	Disagreement with treatment/care	Woodlands Resource Centre
		Length of Time to be Seen in Department	Unit 3, FCH
		Treatment Cancelled	Woodlands Resource Centre
	Staff Attitude & Behaviour	Insensitive to Patient Needs	Ward 1, Bo'ness
			Unit 3, FCH
	Staff Communication (Oral)	Lack of Clear Explanation	Unit 3, FCH
December	Clinical Treatment	Co-ordination of Clinical Treatment	District Nursing (Falkirk)
	Staff Attitude & Behaviour	Insensitive to Patient Needs	Woodlands Resource Centre
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

3.11. **Scottish Public Ombudsman Office (SPSO)**

The SPSO has received 1 case relating to Falkirk HSCP complaints April 2020 to March 2021. This is set out in the table below:

Case Number	Directorate	Issues under investigation	Position
23980 SPSO10165	SW Adult Services Community care	Home care services for mum	Not investigated

3.12. **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.

- 3.13. 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 each month with any action being taken forward by senior managers.

4. **Conclusions**

- 4.1. 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 2020 to March 2021.