

Agenda Item 9

HSCP Complaints and Feedback Performance Report



Falkirk IJB Clinical and Care Governance Committee

20 May 2022

HSCP Complaints and Feedback Performance Report

For Consideration and Comment

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 2022 (Quarter 4). The report takes into account the number of complaints received, local resolution, compliance with the 20-day national target and Scottish Public Services Ombudsman (SPSO) referrals.
- 1.2 The report details 2 complaints received in March 2022 and 17 received via the Council CHP.
- 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. There were 3 complaints referred to SPSO during 2021-22 to report, details are provided at 4.15 – 4.17.
- 1.4 The report also provides an update on feedback received through Care Opinion and other mechanisms about HSCP services.

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 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, January to March 2022, there were 17 complaints received about Social Work Adult Services, detail is provided in Table 1 below.

4.2 As Committee will be aware, a number of actions were initiated in Q3 of 2020-21 aimed at improving performance in relation to compliance with response timescale requirements. There has been a significant improvement over the subsequent 12 month period.

4.3 Performance of complaints completed within timescale

While performance over the past 12 months has improved from 56% to 77%, performance reduced from 74% in Quarter 3 to 71% in Quarter 4. A refresh of complaints management will be progressed over the next quarter to address this decline and identify further improvement.

- Stage 1 performance declined from 76% to 67%
- Stage 2 performance improved from 50% to 100%

4.4 Table 1 shows quarterly data for 2021-22 to date, with table 2 showing longer range data over the past three years.

Table 1 – SWAS Complaints: Number and response performance 2021 – 2022

Measure	Stage 1					Stage 2				
	Q1 21-22	Q2	Q3	Q4	Direction of travel	Q1 21-22	Q2	Q3	Q4	Direction of travel
a. The number of SWAS complaints	18	11	17	15	▼	2	1	2	2	-
b. Number of SWAS complaints completed within timescales *	14	9	13	10	-	1	1	1	2	-
c. Number of b (above) to which extensions were applied	-	-	2	0	-	-	-	1	0	-
d. Percentage completed within timescales	78%	82%	76%	67%	▼	50%	100%	50%	100%	▲

* The current complaints process target for completion is 100% within timescales
 Stage 1 = 5 working days from receipt, + 5 working days if extension applied
 Stage 2 = 20 working days, + necessary time if extension applied

Table 2 - SWAS Complaints: Number and response performance – Annual data 2019 – 2022 (3 yr)

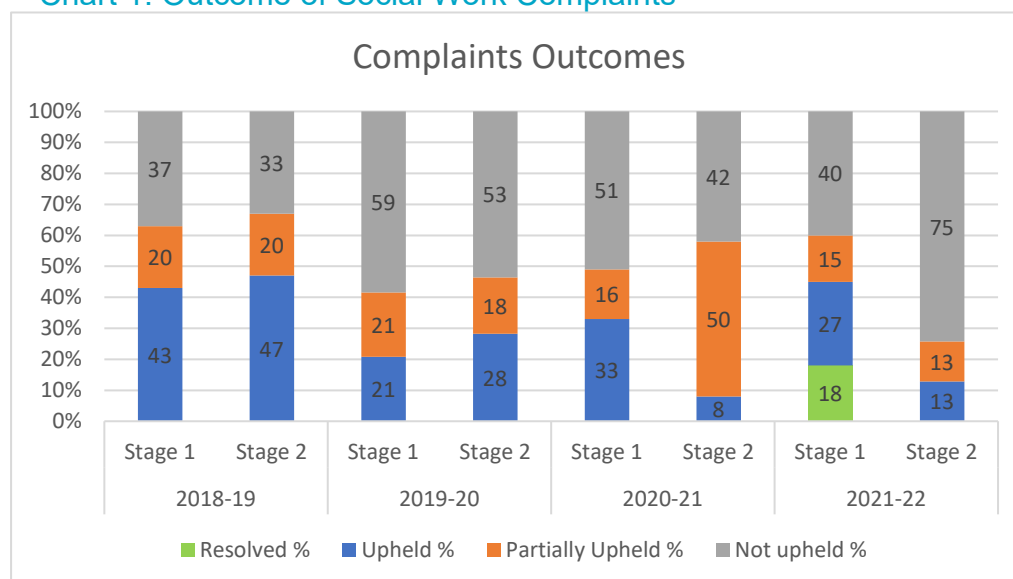
Measure	Stage 1				Stage 2			
	Apr 19– Mar 2020	Apr 20– Mar 2021	Apr 21– Mar 22	Direction of travel	Apr 19– Mar 2020	Apr 20– Mar 2021	Apr 21– Mar 22	Direction of travel
a. The number of SWAS complaints	97	45	60	-	17	12	8	-
b. Number of SWAS complaints completed within timescales *	52	25	46	-	7	7	5	-
c. Number of b (above) to which extensions were applied	-	-	2	-	-	-	1	-
d. Proportion of SWAS complaints completed within timescales	54%	56%	77%	▲	41%	58%	63%	▲

4.5 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. During the period from April to December 2021, seven Stage 1 complaints were agreed as resolved.

4.6 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 2021-22.

Chart 1: Outcome of Social Work Complaints



- 4.7 Updates to the complaint categories to reflect the most common complaint themes identified by the SPSO were implemented in April 2022. Complaint themes will be reported on under themes from Q1 of 2022-23.
- 4.8 Quarter 4 complaints were recorded using the original complaint categories. The most common category recorded for complaints received in 2021-22 is “staff conduct”, which was recorded for 29 stage 1 complaints and three stage 2 complaints. The next most common category recorded was “care at home” for 12 stage 1 complaints.
- 4.9 The number of complaints remains low given the large number of service user contacts. Around 9,000 people receive an assessment/review each year.
- 4.10 **SWAS Customer Feedback**
Four customers took the time to provide positive feedback to SWAS during Quarter 4.
- 4.11 **NHS Forth Valley**
During the reporting period April – March 2022, a total of 23 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 82.6%.
- 4.12 On analysis of Stage 1 complaints, it is noted that the HSCP received 8 Stage 1 complaints during the period and achieved a 87.5% performance and for the same period 15 Stage 2 complaints were received and a 73.3% performance target was achieved in responding to complaints within 20 working days.
- 4.13 A breakdown of the overall figure into stage 1 and stage 2 complaints for April – March 2022 indicates:
- 7 complaints were responded to within 5 working days (Stage 1)
 - 11 complaints were responded to within 20 working days (Stage 2)
 - The top themes for April – March 2022 are:
 - Staff Attitude & Behaviour 11
 - Clinical Treatment 13
 - Staff Communication (Oral) 1
 - Staff Communication (Written) 2
 - Environment (Privacy) 2
 - Environment (Property) 1
 - Waiting time/Date of Appointment 4
- 4.14 **Complaint Type and Category**
In total there are approximately 17 departments listed against the delegated functions. During the period April – March 2022, 8 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
Oct-21	Staff Communication (Written)	Letter Wording	Woodlands Resource Centre
	Treatment/clinical	Disagreement With Treatment/Ca	Woodlands Resource Centre
		Wrong Diagnosis x 2	Woodlands Resource Centre
Nov-21	Treatment/clinical	Nursing Care	District Nursing (Falkirk)
		Disagreement With Treatment/Ca	Woodlands Resource Centre
	WT/Date of Appointment	Cancellation of Appointment	Woodlands Resource Centre
		Unacceptable WT for Appointment	Woodlands Resource Centre
Dec-21	Staff/Attitude And Behaviour	Insensitive To Patient Needs	Woodlands Resource Centre
Jan-22	Staff/Attitude and Behaviour	Staff Attitude	District Nursing (Falkirk)
		Staff Disposition	District Nursing (Falkirk)
Feb-22	Staff/Attitude and Behaviour	Staff Attitude	District Nursing (Falkirk)
	Treatment/clinical	Disagreement With Treatment/Ca	Ward 1, Bo'ness
			Woodlands Resource Centre
Mar-22		Wrong Diagnosis	Woodlands Resource Centre
	Patient Privacy and Dignity	Other Patients Behaviour	Unit 5, FCH
	Staff Communication (Written)	No Communication sent to Patient	District Nursing (Falkirk)
	WT/Date of Appointment	Unacceptable WT for Appt	District Nursing (Falkirk)

4.15 **Scottish Public Services Ombudsman (SPSO) – Social Work Adult Services**

There were no new complaints relating to Social Work referred to the SPSO for investigation during the quarter 4, January – March 2022.

4.16 Table 4 provides an update on outcome of the SPSO determination on the Social Work Adult Services complaint that was referred in quarter 3.

Table 4: Outcome of SWAS complaints referred to SPSO

Issues under investigation & outcome Directorate	SPSO Current Position	Actions from SPSO	Learning
Self Directed Support, Direct Payments Team, Social Work Adult Services – original complaint received on 08/01/2020, responded to on 11/03/2020.			
<ul style="list-style-type: none"> Acted unreasonably by asking for return of SDS payments & recovering monies by suspending SDS payments Acted unreasonably by reducing SDS payments without undertaking assessment of needs & without consultation Failed to adequately investigate complaint 	<p>Requested information on 24/11/2021, sent on 24/12/2021.</p> <p>SPSO obtained independent advice.</p>	<p>1/2/22 – SPSO informed the complainant of their decision not to take the complaint forward. 1/2/22 Copy of decision letter provided by SPSO to SWAS</p> <p>CASE CLOSED</p>	<p>SPSO concluded that no significant issues were overlooked by the Council in responding to the complaint, that conclusions reached by the Council appeared reasonable and were supported by documentary evidence.</p>

4.17 Scottish Public Services Ombudsman (SPSO) – NHS services

During the April - March 2022 it is noted that 3 complaints (F0027948, F26481 and F0025586) have been referred to the SPSO for investigation. The SPSO have advised that no investigation will be conducted into the issues raised by the 3 complainants.

4.18 IJB Complaints

There have been no complaints received by the IJB to date in year 2021-22.

5. Conclusions

- 5.1 The report provides assurance to the Committee that complaints are managed and responded to effectively and provides an up-to-date performance report on activity during the period January – March 2022.

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 n/a