

## **Agenda Item 9**

# **HSCP Complaints and Feedback October – December 2022 Performance Report**



## Falkirk IJB Clinical and Care Governance Committee

24 March 2023

### HSCP Complaints and Feedback October – December 2022 Performance Report For Consideration and 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 October to December 2022 (Quarter 3). Complaints received through NHS Forth Valley are for the period April – December 2022. The report details the number of complaints received, local resolution, compliance with the 5-day and 20-day national targets and Scottish Public Services Ombudsman (SPSO) referrals.
- 1.2 The report details 21 complaints received via the Council CHP and 17 complaints received via NHS Complaints Handling Procedure (CHP) during the reporting period.
- 1.3 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.

#### 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, October to December 2022, there were 21 complaints received about Social Work Adult Services, detail is provided in Table 1 below.

### 4.2 Performance of complaints completed within timescale

Performance overall reduced from 58% of complaints answered within timescale in Quarter 2 to 52% in Quarter 3.

- Stage 1 performance improved from 48% to 53%
- Stage 2 performance reduced from 100% to 50%

4.3 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				
	Q4 21- 22	Q1 22- 23	Q2 22- 23	Q3 22- 23	Direction of travel	Q4 21- 22	Q1 22- 23	Q2 22- 23	Q3 22- 23	Direction of travel
a. The number of SWAS complaints	15	28	21	19	▼	2	3	5	2	▼
b. Number of SWAS complaints completed within timescales *	10	18	10	10	-	2	3	5	1	-
c. Number of b (above) to which extensions were applied	0	0	1	1	-	0	0	0	0	-
d. Percentage completed within timescales	67%	64%	48%	53%	▲	100%	100%	100%	50%	▼

\* 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 2020–2022 (3/4 year)

Measure	Stage 1				Stage 2			
	Apr 20 – Mar 2021	Apr 21– Mar 2022	Apr- Dec 22 3/4 Yr	Direction of travel	Apr 20 – Mar 2021	Apr 22 – Mar 2022	Apr- Dec 22 3/4 Yr	Direction of travel
a. The number of SWAS complaints	45	60	69	-	12	8	10	-
b. Number of SWAS complaints completed within timescales *	25	46	39	-	7	5	9	-
c. Number of b (above) to which extensions were applied	-	2	0	-	-	1	0	-
d. Proportion of SWAS complaints completed within timescales	56%	77%	57%	▼	58%	63%	90%	▲

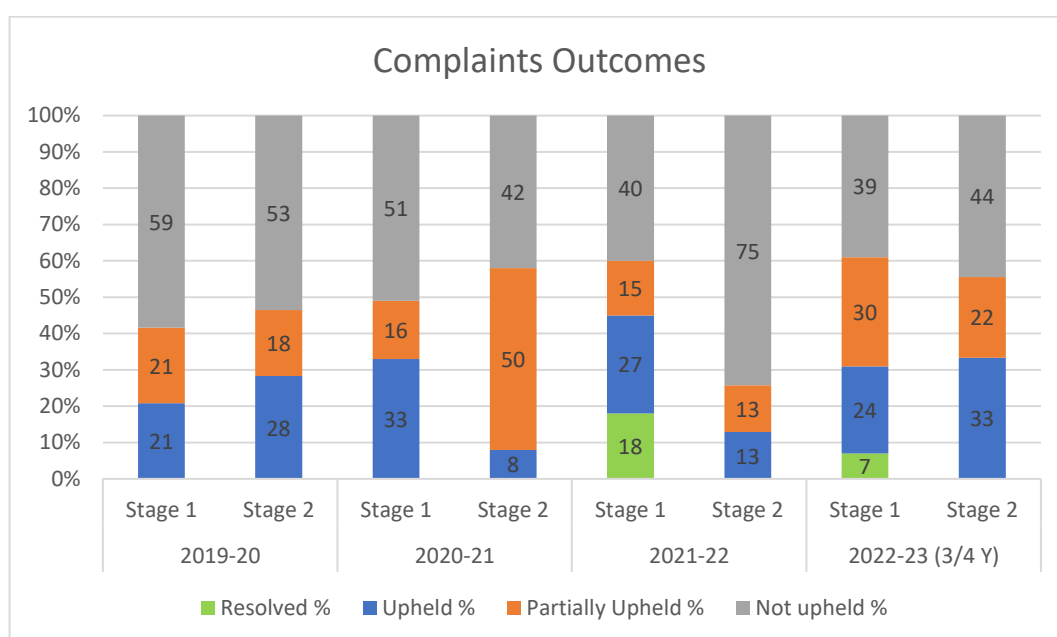
#### 4.4 Complaints Outcomes

The SPSO require organisations to determine the outcome of complaints, based on four possible outcome categories. These are:

- Upheld (where the organisation is at fault)
- Not upheld (where the organisation is not at fault)
- Partially upheld (where some complaints are upheld and others are not), and
- Resolved (where, following discussion, the complainant and organisation can agree what action will be taken to resolve the complaint. It is not usually necessary that the organisation continues investigating a resolved complaint although it may choose to do so, for example to identify learning.)

4.5 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 2019. The resolved category was introduced by the SPSO in April 2021, so will appear in data only after that date.

Chart 1: Outcome of Social Work Complaints



4.6 Updates to the complaint categories within Falkirk Council's recording system were implemented in April 2022 to reflect the most common complaint themes identified by the SPSO.

4.7 Table 3 shows the categories of complaints received during each quarter of 2022-23.

Table 3 - SWAS Complaints Categories

Complaint category	Q1 2022-23		Q2 2022-23		Q3 2022-23	
	Stage 1	Stage 2	Stage 1	Stage 2	Stage 1	Stage 2
Conduct, treatment, or attitude of a member of staff or contractor	9	1	4	1	5	-
Delay or perceived delay in providing a service	11	-	7	1	6	-
Disagreement with a decision	2	-	1	-	2	-
Dissatisfaction with one of our policies or its impact on the individual	-	1	-	-	-	-
Failure or refusal to provide a service	1	1	3	-	1	-
Failure to follow the appropriate administrative process	-	-	1	-	-	-
Inadequate quality or standard of service	3	-	6	3	3	1
Miscommunication between member of staff and service user or family	-	-	-	-	2	1
Other complaint not covered by agreed themes/descriptors	2	-	-	-	-	-

4.8 The number of complaints remains low given the large number of service user contacts. Around 9,000 people receive an assessment/review each year.

#### 4.9 **SWAS Customer Feedback**

Twenty people took the time to provide positive feedback to Social Work Adult Services (SWAS) during Quarter 3. Table 4 shows some sample quotes from these, with the area of the service they relate to.

**Table 4 – SWAS Positive Customer Feedback, examples**

Service area/Team	Customer quote
Assessment and Care Management Teams	“Thank you so much for getting my respite and Mum’s care at home put in place at such short notice”
Care at Home	“Thank you for all the help you were ... arranging extra care for my Mum”
Joint Loan Equipment Service	“...thank you for the loan of the equipment it was invaluable at a time that it was needed”

#### 4.10 **NHS Forth Valley**

During the reporting period April – December 2022, a total of 17 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 82.4%.

4.11 On analysis of Stage 1 complaints, it is noted that the HSCP received 4 Stage 1 complaints during the period and achieved a 75% performance and for the same period, 13 Stage 2 complaints were received, and a 76.9% performance target was achieved in responding to complaints within 20 working days.

4.12 A breakdown of the overall figure into Stage 1 and Stage 2 complaints for April – December 2022 indicates:

- 3 complaints were responded to within 5 working days (Stage 1)
- 10 complaint was responded to within 20 working days (Stage 2)
- The top themes for April – December 2022 are:
  - Staff Attitude & Behaviour 6
  - Communication: not given full information 3
  - Patient Privacy Dignity/Patient Status/Discrimination 3
  - Treatment/Poor Nursing Care 3

#### 4.13 **Complaint Type and Category**

In total there are approximately 17 departments listed against the delegated functions. During the period April – December 2022, 5 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-22	Patient Privacy Dignity	Breach of Confidentiality	Woodlands Resource Centre
	Staff Communication (Oral)	Lack of Clear Explanation	Thistle Suite
	Treatment/clinical	Co-ordination of Clinical Treatment	District Nursing (Falkirk)
May-22	Treatment - Investigation carried out poorly	Treatment didn't have expected outcome	Woodlands Resource Centre
Jun-22	Staff /Attitude & Behaviour	Staff Attitude	AHP Outpatients Care Group
	Treatment/Invest Carried out Poorly	Treatment didn't have expected outcome	AHP Outpatients Care Group
Jul-22	Staff/Attitude & Behaviour	Staff Attitude	District Nursing (Falkirk)
	Treatment/Problems with Medication	Problems with Medication Prescribing	Woodlands Resource Centre
	Treatment/Wrong Diagnosis	Wrong Treatment Given	Woodlands Resource Centre
Aug-22	Communication - Not Given Full Information	Patient/Family Not Kept Update	AHP Out-Patients Care Group
	Patient Privacy Dignity/Pt Status/Discrimination	Age Discrimination	AHP Out-Patients Care Group
		Disability Discrimination	AHP Out-Patients Care Group
		Sexual Discrimination	AHP Out-Patients Care Group
		Wrong Diagnosis	AHP Out-Patients Care Group
	Treatment/Wrong Diagnosis/Treatment WT/Date Of Appointment	Cancellation Of Appointment	AHP Out-Patients Care Group
		Unacceptable WT For Appt	AHP Out-Patients Care Group
Sep-22	Communication - Not Given Full Information	Patient/Family Not Kept Update	AHP Out-Patients Care Group
			District Nursing (Falkirk)
	Staff/Attitude And Behaviour	Staff Attitude	AHP Out-Patients Care Group
		Insensitive To Patient Needs	District Nursing (Falkirk)
			Woodlands Resource Centre
		Staff Attitude	Woodlands Resource Centre
	Staff/Complaint Handling	All Points Raised Not Answered	Woodlands Resource Centre
	Treatment/Poor Co-Ordination/Aftercare	Lack Of Continuity	District Nursing (Falkirk)
	Treatment/Poor Nursing Care	Lack Of Support	District Nursing (Falkirk)
			Woodlands Resource Centre
Oct-22	Treatment/Poor Co-ordination/Aftercare	Poor Aftercare	AHP Out-Patients Care Group
Nov-22	Process Issue/Policy NHS Board	Treatment not available	Poor Aftercare
	Staff Attitude & Behaviour	Staff Attitude	AHP Out-Patients Care Group
			Continence Service
Dec-22	Treatment/Delay in Diagnosis Treatment	Treatment Cancelled	Continence Service
			District Nursing (Falkirk)

#### 4.14 NHS Complaint Outcomes

Detailed below is a breakdown of the outcomes following completion of the investigation into the issues raised by complainants during the period April – December 2022.

Outcome	Stage 1	Stage 2
Fully Upheld	2	0
Not upheld	2	13
Partially Upheld	0	0
Unresolved	0	0

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

There were two new complaints relating to Social Work referred to the SPSO for investigation during Quarter 3 of 2022-23. The SPSO decided not to take forward both complaints.

- 4.16 [Scottish Public Services Ombudsman \(SPSO\) – NHS services](#)  
During the April – December 2022 it is noted that no complaints have been referred to the SPSO for investigation.
- 4.17 [IJB Complaints](#)  
There have been no complaints received by the IJB in Quarter 3 of 2022-23.

## 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 October to December 2022.

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](#)

EPIA reference: 00477

An initial EPIA has been completed and a full EPIA is not required. This paper provides an overview of complaints activity across the Falkirk Health and Social Care Partnership (HSCP) for Committee to note. The Committee is not being asked to make a decision which will impact people, therefore a full EPIA is not required.

Should there be any changes to service delivery arising from a complaints, or a change to the complaints handling procedure, an EPIA may be required in that instance.



## **6. Report Author**

- 6.1 Gordon Mackenzie, HSCP Locality Manager (East)  
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## **7. List of Background Papers**

- 7.1 n/a

## **8. Appendices**

- 8.1 n/a