

Agenda Item 10

HSCP Complaints Annual Report 2021-22



Falkirk IJB Clinical and Care Governance Committee

24 March 2023

HSCP Complaints Annual Report 2021-22

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 1st April 2021 to 31st March 2022. The report is prepared in line with Scottish Public Services Ombudsman (SPSO) requirements and considers the 9 Key Performance Indicators (KPIs) in line with the Complaints Handling Procedure.
- 1.2 For Social Work Adult Services (SWAS), the report shows an increase in the number of complaints received, when compared with 2020-21. However, the number of complaints remains below pre-pandemic levels. The report also shows an improvement in the percentage of complaint responses completed within timescales.
- 1.3 For services covered by the NHS Complaints Handling Procedure (CHP), the report indicates the number of complaints received remains low and performance in relation to responding within timescales is at a high level.

2. Recommendations

The Clinical and Care Governance Committee is asked to:

- 2.1 consider and comment on the contents 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, HSCP staff responding to complaints about Social Work services use the Council CHP. HSCP staff responding to complaints about health use the NHS CHP. Where complaints cross both services, there is an agreed process which ensures clarity, and a consistent approach is taken. The lead service is identified and will undertake an investigation and respond to these complaints.
- 3.2 For complaints relating to the actions and processes of the IJB itself, the IJB CHP is used. There were no complaints relating to the actions and processes of the IJB.

4. Complaints Performance

- 4.1 The report sets out the individual Key Performance Indicators (KPIs) and the associated information requirements for each indicator, in order, below.

Key Performance Indicator One: Learning from Complaints

- 4.2 The indicator requires the demonstration of any changes or improvements to services or procedures as a result of a complaint investigation. This includes matters arising under the Duty of Candour. Committee receive respective Duty of Candour reports from the Chief Social Work Officer and Medical Director, with the most recent reports presented in November 2022.

4.3 **Identified Learning**

The undernoted categories of complaints received have been identified during April 2021 to March 2022 and a synopsis of learning is detailed below:

4.4 **Social Work Adult Services**

The report identifies the most common complaint categories for SWAS complaints. Detailed analysis of the complaints has proven difficult because of information system constraints. The service has implemented changes to the complaints categories in order to improve analysis for next year's Annual report.

- 4.5 The most utilised complaint categories were:

- Staff Conduct
- Care at Home
- Care Needs Assessment.

4.6 **Staff Conduct (31 complaints)**

These included motoring complaints (driving, parking, littering from a vehicle) (5) and disagreement with a decision (11 – of which 1 was partially upheld following review by a manager). Where the circumstances of the complaint related to the performance or behaviour of an employee and were upheld / partially upheld, these were dealt with by the employee's manager on an individual basis. Where there was wider learning, this was also shared with the team/service as appropriate.

4.7 **Care at Home (12 complaints)**

This includes complaints due to the lack of availability of Care at Home packages. The Partnership has progressed a range of actions to reduce care delays, including increasing the number of care providers and increasing the hourly rate for additional packages of care. There are also complaints about changes in individual packages of care and the attitude of individual carers (both in-house and external) which have been addressed according to the specific circumstances.

4.8 Care Needs Assessment (6 complaints)

There is some overlap between this category and 'staff conduct' for complaints where the service user and/or informal carer were unhappy with the outcome of a worker's assessment. In general terms, the complaints reflect the complex nature of the individual's circumstances.

4.9 NHS

The undernoted top 3 themes of complaints received have been identified during April 2021 - March 2022 and a brief synopsis of learning from the complaint themes are detailed below:

4.10 Clinical Treatment

It is noted that clinical treatment has been identified as one of the top 3 themes and after investigation; the complaints raised were not upheld therefore there was not an opportunity to identify any learning.

4.11 Staff Attitude and Behaviour

Awareness raised with staff to consider alternative arrangements regarding visiting patients and take into account family's preferences and views.

4.12 Waiting Time/Date of Appointment

It is noted that waiting time/date of appointment has been identified as one of the top 3 themes and after investigation; the complaints raised were not upheld therefore there was not an opportunity to identify any learning.

4.13 Scottish Public Services Ombudsman (SPSO)

If a complainant remains unhappy with the response received, they have the right to contact the Scottish Public Services Ombudsman (SPSO) to request an investigation into their complaint. The SPSO is the final opportunity for the complainant in the complaints process and offers an independent view on whether a complaint has been reasonably responded to.

4.14 The SPSO issues a Decision Letter if:

- The organisation accepted there were failings, has apologised and taken action to prevent the problem from happening again;
- From the evidence, it appears that the organisation did not do anything wrong (where there is no evidence of maladministration or service failure), and;
- The SPSO has decided that the substance of the complaint and their decision on it do not raise public interest considerations.

4.15 Social Work Adult Services

One complaint was received by the SPSO relating to SWAS during the reporting period. The SPSO decided not to take the complaint forward.

4.16 There have not been any complaints upheld by the SPSO in this period, in respect of SWAS.

4.17 **NHS**

During the period April 2021 - March 2022, it is noted that 3 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 3 complainants.

Key Performance Indicator Two: Complaint Process Experience

4.18 The Complaints Handling Procedure requires feedback to be gathered from the person making the complaint regarding their experience of the process.

4.19 **Social Work Adult Services**

As set out in the NHS response below, there is ongoing dialogue with the SPSO regarding this KPI. A feedback questionnaire is currently under development. However, one of the objectives the service set for Complaints Handling Procedure last year was to improve the percentage of complaints which were responded to within timescale. Compared to the previous year, SWAS improved performance, by this measure, from 56% to 75%.

4.20 **NHS**

To adhere to the guidance as set out in the procedure, a simple questionnaire has been designed to enable data to be collated. The questionnaire is forwarded to all complaints managed under the Stage 2 process and complainants are requested to tick a box against a list of predetermined questions agreed by all NHS Boards in Scotland.

4.21 The team are developing a process in which complainants will be offered a variety of formats to enable feedback to be gathered. Currently the questionnaires are sent to complainants with the complaints response and any returns will be reported on in future reports.

4.22 It is noted in the recent Annual Letter from Rosemary Agnew, Scottish Public Services Ombudsman that on review of the Model Complaints Handling Procedure not all performance indicators are helpful. In particular, feedback from Health Boards have indicated that there is a need for clarity around the Complaint Process Experience Questionnaires and the requirement to test customer satisfaction. NHS Boards await a decision from the Ombudsman with regard to a revision of KPI's.

Key Performance Indicator Three: Self Awareness and Training

4.23 The Complaints Handling Procedure requires the reporting on levels of staff awareness and training undertaken.

4.24 **Social Work Adult Services**

As highlighted above, SWAS sought to improve the percentage of complaint responses completed within timescale over the period of this report. To that end, the service targeted communications with managers, to raise their awareness of the CHP requirements and identify supports which would

assist them to improve performance. Complaint performance was also embedded in the agenda for management meetings with frontline and senior managers within the organisation, to raise awareness and improve focus. This appears to have been a successful strategy. More recent performance data evidenced this approach needed to be refreshed and actions have commenced.

4.25 **NHS**

Moving forward, our aim is to provide a report in this section that provides quantitative data relating to performance indicator 3.

4.26 Self-awareness and training are a key priority within the complaints handling process and it should be noted that training has now recommenced with sessions being carried out for staff and future training is planned with a variety of staff.

Key Performance Indicator Four: Total number of Complaints Received

4.27 **Social Work Adult Services**

A total of 68 complaints, relating to Social Work Adult Services, were received during the reporting period. This represents an increase in the number of complaints, year on year. However, the previous year recorded a significant fall in complaints, most likely an effect of Covid. The figures for the last 4 years are detailed below:

Apr 18 – Mar 19	107
Apr 19 – Mar 20	114
Apr 20 – Mar 21	57
Apr 21 – Mar 22	68

4.28 **NHS**

During the reporting period April 2021 - 31 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. It is noted that there has been a 4.2% decrease in the number of complaints received compared to the same period for 2020/21

Key Performance Indicator Five: Complaint Closed at Each Stage

4.29 **Social Work Adult Services**

The following table details the number of complaints closed at each stage and a comparison against the total number of complaints received during April 2021 to March 2022.

Complaint Stage	Number of complaints closed at each stage	Complaints closed at each stage as a % of all complaints
Stage 1	60	88%
Stage 2	8	12%

4.30 **NHS**

The table below details the number of complaints closed at each stage and a comparison against the total number of complaints received during April 2021 to March 2022.

Complaints Stage	Number of complaints closed at each stage	Complaints closed at each stage as a % of all complaints
Stage 1	8	34.8%
Stage 2	14	60.9%
Stage 2 after escalation	1	4.3%

Key Performance Indicator Six: Complaints Upheld and Not Upheld

4.31 **Social Work Adult Services**

The total number of complaints closed at Stage 1 for the period April 21 to March 22 was 60. The table below provides a breakdown of the formal outcome.

Complaint Stage 1	No. Of Complaints Closed	% of Complaints Closed at Stage 1
Resolved (introduced April 21)	11	18%
Upheld Complaints	16	27%
Partially Upheld Complaints	9	15%
Not Upheld Complaints	24	40%

4.32 The total number of complaints closed at Stage 2 for the period April 21 to March 22, was eight.

4.33 The table below provides a breakdown of the formal outcome.

Complaint Stage 2	No. Of Complaints Closed	% of Complaints Closed at Stage 2
Resolved (introduced April 21)	0	0%
Upheld Complaints	1	12.5%
Partially Upheld Complaints	1	12.5%
Not Upheld Complaints	6	75%

4.34 **NHS**

The total number of complaints closed at Stage 1 for the period April 2021 to March 2022 was 8. The table below provides a breakdown of the formal outcome.

Complaint Stage 1	No. Of Complaints Closed	% of Complaints Closed at Stage 1
Upheld Complaints	1	12.5%
Not Upheld Complaints	7	87.5%
Partially Upheld Complaints	0	0%

4.35 The total number of complaints closed at Stage 2 for the period April 2021 – March 2022 was 15. The table below provides a breakdown of the formal outcome.

Complaint Stage 2	No. Of Complaints Closed	% of Complaints Closed at Stage 2
Upheld Complaints	0	0%
Not Upheld Complaints	12	80%
Partially Upheld Complaints	3	20%

Key Performance Indicator Seven: Average Times

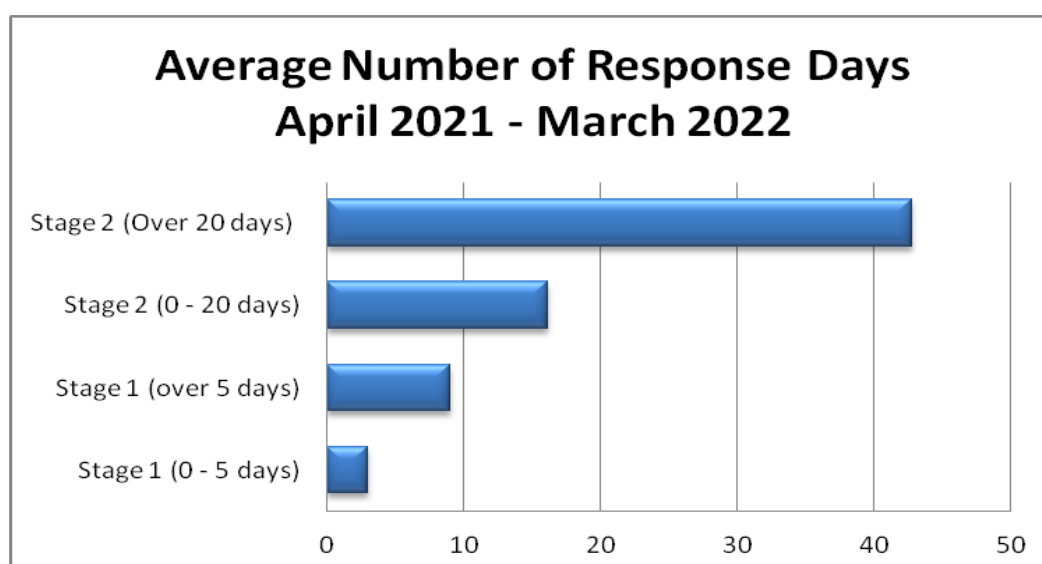
4.36 **Social Work Adult Services**

The average time taken to close complaints during April 2021 to March 2022 was five working days for Stage 1 complaints and 24 working days for Stage 2 complaints.

4.37 The SWAS target times are 5 days, for Stage 1, and 20 days, for Stage 2.

4.38 **NHS**

A reporting requirement of the Complaints Handling Procedure is to report on the average times in working days to close complaints at each stage of the CHP and a detailed breakdown is provided in the table below:



Key Performance Indicator Eight: Closed in Full within the Timescales

4.39 Social Work Adult Services

Details of Social Work complaints closed within timescale during the period is shown in the table below.

	Stage 1	Stage 2	Overall
a) Number of complaints completed	60	8	68
b) Number completed within timescales *	46	4	50
c) Number of b (above) to which extensions were applied	2	1	3
d) Proportion of complaints completed within timescales	77%	50%	74%

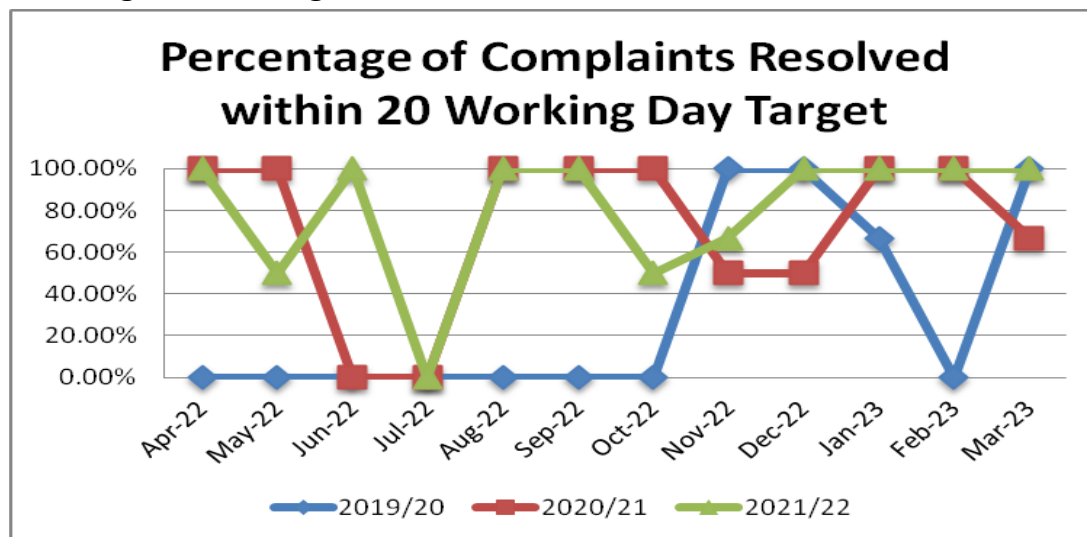
* Stage 1 = 5 working days from receipt (+ extension period up to 5 working)
 Stage 2 = 20 working days (+ extension period as necessary)

4.40 NHS

4.41 Overall Complaints Performance

In the period 1 April 2021 – 31 March 2022, 23 complaints have been investigated of which 82.6% have been responded to within 20 working days. A comparison of performance against 2021/22 is detailed in the graph below.

4.42 Stage 1 and Stage 2 Performance



Stage 1	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Yearly Total
No of Complaints Received	2	0	1	0	0	0	0	1	1	0	1	2	8
No Responded to in 5 days	2	0	1	0	0	0	0	1	1	0	0	2	7
% responded to in 5 days	100.00	0.00	100.00	0.00	0.00	0.00	0.00	100.00	100.00	0.00	0.00	100.00	87.50
Stage 2	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Yearly Total
No of Complaints Received	0	4	0	0	2	1	2	2	0	1	3	0	15
No responded to in 20 days	0	2	0	0	2	1	1	1	0	1	3	0	11
% responded to in 20 days	0.00	50.00	0.00	0.00	100.00	100.00	50.00	50.00	0.00	100.00	100.00	0.00	73.33
Overall No of Complaints Received	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Yearly Total
No of Complaints Received	2	4	1	0	2	1	2	3	1	1	4	2	23
No responded to in 20 days	2	2	1	0	2	1	1	2	1	1	4	2	19
% responded to in 20 days	100.00	50.00	100.00	0.00	100.00	100.00	50.00	66.67	100.00	100.00	100.00	100.00	82.61

Key Performance Indicator Nine: Number of Cases where an Extension is Authorised

- 4.43 It is important to complainants that we respond to their complaints timeously and that every effort is made to ensure that we do not cause a detrimental effect on the person making the complaint. Not all investigations will be able to meet this deadline; however, the CHP allows an extension where it is necessary to complete the investigation.

4.44 Social Work Adult Services

The table below details the number of complaints whereby an extension has been authorised against the total number of complaints received at each stage compared to the previous year

Complaint Stage	Total No of Complaints Closed at each stage		No of Authorised Extensions		% of Authorised Extensions		Direction of travel
	2020/21	2021/22	2020/21	2021/22	2020/21	2021/22	
Stage 1	45	60	5	3	11%	5%	▼
Stage 2	12	8	0	1	0%	13%	▲

N.B. One of the Stage 1 complaints, to which an extension had been applied was not then completed within the additional 5 working days permitted by the extension.

4.45 NHS

The table below details the number of complaints whereby an extension has been authorised against the total number of complaints received at each stage compared to the previous year.

Complaint Stage	Total No of Complaints at each stage		No of Authorised Extensions		% of Authorised Extensions	
	2020/21	2021/22	2020/21	2021/22	2020/21	2021/22
Stage 1	9	8	1	1	11.1%	12.5%
Stage 2	15	15	6	4	40%	26.7%

5. Complaints Analysis

5.1 A high-level analysis of complaints is detailed within this section of the paper providing details of:

- Breakdown of the top 5 complaint Category by Service
- Breakdown of the top theme by Category and Department.
- Breakdown of the complaints received by Department

5.2 Social Work Adult Services

Prior to April 2022, the Council CHP complaints recording system had in excess of 40 themes (categories) which Social Work Adult Services complaints could be recorded under.

5.3 It was identified that some complaint themes related to services (such as 'Care at Home'), while some related to the issue being complained about or an action by staff (such as 'Staff Conduct'). This resulted in overlap, where the same complaint could be recorded under either reason, dependent only on how the staff member who added it to the system categorised the theme. As a result, the data around complaint themes is not as robust as we would want it to be, and actions are underway to address this.

5.4 The top complaint Category recorded for Social Work Adult Services for April 2021 to March 2022 are shown below.

Complaint Category	Number received
1. Staff Conduct	27
2. Care at Home	12
3. Care Needs Assessment	5
4. Respite Care for Adults	3
= 5. Conduct or Attitude of a Member of Staff / Contractor	2
= 5. Disabled People-Home Adaptations and Aids	2
= 5. Safeguarding Vulnerable Adults	2

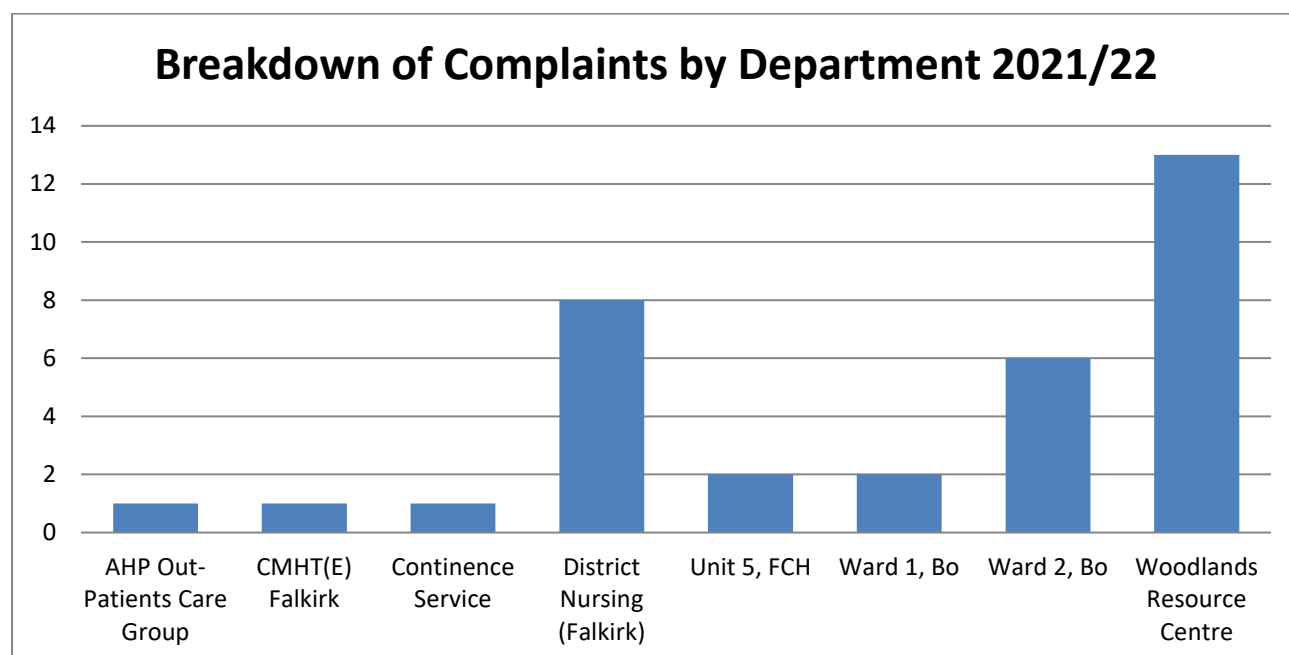
5.5 Themes for Social Work Adult Services were updated in the Council CHP recording system from April 2022 to reflect the most common complaint themes identified by the SPSO. This will provide more robust data in future.

5.6 NHS

During 2021/2022, 34 themes were raised by complainants through the 23 complaints investigated by the Patient Relations Team. Detailed below is a breakdown of the top 5 themes by Category and by Department.

Category Type	Department	Category	Total
Patient Privacy Dignity/Patient Privacy & Dignity	Unit 5, FCH	Other Patients Behaviour	1
	Ward 2, Bo	On Ward Activities	1
Staff/Attitude And Behaviour	CMHT(E) Falkirk	Insensitive To Patient Needs	1
	District Nursing (Falkirk)	Staff Attitude	2
		Staff Disposition	1
		Insensitive To Patient Needs	1
	Unit 5, FCH	Insensitive To Patient Needs	1
	Ward 2, Bo	Inappropriate Comments	1
	Ward 2, Bo	Insensitive To Patient Needs	2
		Staff Attitude	1
	Woodlands Resource Centre	Insensitive To Patient Needs	2
Staff/Communication (Written)	District Nursing (Falkirk)	No Comm. Sent To Patient	1
	Woodlands Resource Centre	Letter Wording	1
Treatment/clinical	District Nursing (Falkirk)	Disagreement With Treatment/Ca	1
		Nursing Care	1
		Poor Aftercare	1
	Ward 1, Bo	Disagreement With Treatment/Ca	1
	Ward 2, Bo	Falls	1
	Woodlands Resource Centre	Disagreement With Treatment/Ca	4
		Waiting For Test To Be Carried	1
		Wrong Diagnosis	3
WT/Date Of Appointment	AHP Out-Patients Care Group	Unacceptable WT For Appt	1
	District Nursing (Falkirk)	Unacceptable WT For Appt	1
	Woodlands Resource Centre	Cancellation Of Appointment	1
		Unacceptable WT For Appt	1

- 5.7 The graph below demonstrates the number of complaints received by Department during 2021/22, indicating that the Woodlands Resource Centre received 13 complaints. On analysis of the complaints raised regarding the Woodlands Resource Centre, the main theme raised was regarding patients disagreeing with their treatment or care.



6. Conclusions

- 6.1 The report evidences a number of positives in the way complaints were processed while outlining areas of the process and underlying practice where further improvement is required.
- 6.2 For SWAS complaints, performance in relation to responding to complaints within timescale improved. However, the process by which SWAS complaints were recorded made meaningful analysis of complaint themes difficult and has been revised.
- 6.3 It is noted that the NHS Patient Relations Team achieved an overall performance of 82.81% in response to complaints received which is above the local 20-day response rate target of 80%. Complaints received by the Partnership decreased during 2021/22 compared to the previous year.
- 6.4 For both areas of the Partnership, the most common learning outcome was to raise awareness with the staff concerned, individually and/or on a wider service basis.

Resource Implications

There are no new resource implications arising from this report.

Impact on IJB Outcomes and Priorities

There is no direct impact resulting from the recommendations of this report.

Legal & Risk Implications

There are no new legal issues or risk that may arise, relating to the integration authority or the constituent partners, identified in this report.

Consultation

There is no consultation requirement.

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 complaint, or a change to the complaints handling procedure, an EPIA may be required in that instance.

7. Report Author

- 7.1 Caroline Logan, Person Centred Co-ordinator
Gordon Mackenzie, Locality Manager (East)

8. List of Background Papers

- 8.1 Quarterly reports on Complaints are provided to Clinical and Care Governance Committee.

9. Appendices

- 9.1 none