

Meeting of South Ayrshire Health and Social Care Partnership	Performance & Audit Committee
Held on	1 st November 2022
Agenda Item:	7
Title:	Social Work Complaints January-June 2022
Summary:	
services for the period Januar been gathered from the GOS You' customer pathway.	rview of formal complaints received by Social Work by 2022 – June 2022. The information in this report has S complaints system which is linked to the 'Listening to unique reference number for each complaint, and this se times to be tracked.
Author:	Steven Kelly, Quality Assurance Officer
Recommendations:	
It is recommended that the	Performance and Audit Committee
i. Note the volume of c ii. Provide any commen complaints.	omplaints received. t on future process of recording and learning from
Route to meeting:	
Routine progress report to	Performance and Audit Committee of complaints.
Implications:	
Financial	
HR	
Legal	
Equalities	
Sustainability	
Policy	
ICT	



COMPLAINTS PROCESS

1. PURPOSE OF REPORT

1.1 This report provides an overview of formal complaints received by Social Work services for the period January 2022 – June 2022. The information in this report has been gathered from the GOSS complaints system which is linked to the 'Listening to You' customer pathway.

The GOSS system assigns a unique reference number for each complaint, and this enables progress and response time to be tracked.

2. RECOMMENDATION

- 2.1 It is recommended that the Integration Joint Board
 - iii. Note the volume of complaints received.
 - iv. Provide any comment on future process of recording and learning from complaints.

3. BACKGROUND INFORMATION

3.1 In relation to the period covered by this report, January to June 2022, there have been a total of 23 complaints. These are broken down by service area as follows:

Service Area	January-June 2022
Children's Services	18
Older People CC	2
Adult Care- Learning Disability	3
Adult Care-Mental Health	0
Justice Services	0



4. REPORT

The information below provides an overview of the stage each of the complaints reached and includes any extensions and the outcome of each complaint. The identification number to each complaint can be used by managers to explore further details if required.

Chart 1. Social Work Complaints January- June 2022						
	Total Complaints Resolved			Upheld	Partially Upheld	Not Upheld
Stage 1	18	2	4	3	4	9
Stage 2	5	1	1	0	1	3
Total	23	3	5	3	5	12

Community Care Adults

– Stage 1 Complaints

Case Ref	Total Working Days to Resolve	Subject	Reason	Outcome
9851-6596-8738-2931	6	Quality of Service/Service Provision	Day Care	Not Upheld
2877-4882-2973-8901	7	Quality of Service Provision	Arrol Park	Not Upheld

Community Care Adults

- Stage 2 Complaints

Case Ref	Total Working Days to Resolve	Subject	Reason	Outcome
2711-0865-7311-7448	2	Quality of Service/Service Provision	Learning/Physical Disability	Not Upheld



Community Care Older People – Stage 1 Complaints

Case Ref	Total Working Days to Resolve	Subject	Reason	Outcome
1981-3706-1081-5078	4	Quality of Service	Mental Health	Not Upheld
5442-8045-7737-0786	6	Quality of Service	Self-Directed Support	Not Upheld

Community Care Older People – Stage 2 Complaints

Case Ref	Total Working Days to Resolve	Subject	Reason	Outcome
5442-8045-7737-0786	6	Quality of Service Provision	Self-Directed Support	Not Upheld

<u>Children and Families – Stage 1 Complaints</u>

Case Ref	Total Working Days to Resolve	Subject	Reason	Outcome
			Prestwick\/Troon	
8591-2687-4967-5499	3	Quality of Service/Service Provision	Locality Team	Not Upheld



			Ayr North	
0066-7241-3613-9984	8	Employee Behaviour	Locality Team	Not Upheld
4283-2500-3769-2971	6	Quality of Service/Service Provision		Not Upheld
			Ayr North	
6901-6184-2465-7519	8	Quality of Service/Service Provision	Locality Team	Not Upheld
			Family	
			Placement and	Partially
6169-9285-8491-6738	7	Quality of Service/Service Provision	Adoption Team	Upheld
			Ayr South	
3728-8980-5388-1427	3	Lack of Information	Locality Team	Upheld
			Ayr South	
6142-7773-9073-0949	4	Quality of Service/Service Provision	Locality Team	Upheld
			Management	
6674-2726-8609-9085	5	Quality of Service/Service Provision	Team	Not Upheld
			Ayr North	
3909-1454-2447-0374	5	Policy and Procedure	Locality Team	Not Upheld
			Management	
5155-4283-1222-2892	5	Quality of Service/Service Provision	Team	Upheld
			Girvan/Maybole	Partially
7835-5692-2056-2751	8	Quality of Service/Service Provision	Locality Team	Upheld
			Girvan/Maybole	Partially
3845-8133-5668-6963	9	Quality of Service/Service Provision	Locality Team	Upheld
				Partially
3252-5155-3770-6704	12	Other	Children's Homes	Upheld
			Management	
7417-6837-0923-5687	6	Employee Behaviour	Team	Resolved
			Children and	
			Family Disability	
3387-8772-9671-3814	7	Quality of Service/Service Provision	Team	Upheld



<u>Children and Families – Stage 2 Complaints</u>

Case Ref	Total Working Days to Resolve	Subject	Reason	Outcome
			Children and	
			Families	Partially
9735-6100-2490-2645	20	Other	Disability Team	Upheld
			Girvan/Maybole	
4891-8580-9236-7346	21	Quality of Service/Service Provision	Locality Team	Resolved
			Initial Response	
8720-3740-7752-6982	30	Employee Behaviour	Team	Not Upheld

The HSCP has recorded complaints on the GOSS system since it became operational in September 2021. All HSCP complaints from health services are recorded through a separate NHS system.

Reporting from GOSS was initially problematic, but this has now been resolved and we are able to access quarterly reports to identify and learn from any themes.



5. IMPLICATIONS

5.1 Financial Implications

5.1.1There are no specific financial implications arising directly from the consideration of this report.

5.2 Human Resource Implications

5.2.1 There are no specific human resource implications arising directly from the consideration of this report.

5.3 Legal Implications

5.3.1 There are no specific legal implications arising directly from the consideration of this report.

5.4 Equalities implications

5.4.1 The information provided in this report is to allow scrutiny of performance. The report does not involve proposals for policies, strategies, procedures, processes, financial decisions and activities (including service delivery), that affect the Council's communities and employees, therefore an equality impact assessment is not required.

5.5 Sustainability implications

5.5.1 There are no environmental sustainability implications arising directly from the consideration of this report.

5.6 Clinical/professional assessment

5.6.1 There is no requirement for a clinical/professional assessment.

6. CONSULTATION AND PARTNERSHIP WORKING

6.1 This report has been prepared in consultation with relevant officers from across Social Work and wider Council services.

7. RISK ASSESSMENT

7.1. There are no anticipated risks arising from the content and recommendations of the report.

REPORT AUTHOR AND PERSON TO CONTACT

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