Annex: Corporate Feedback and Complaints Annual Report 1 April 2020 – 31 March 2021

Agenda Item 6 Paper Ref 03c

1. Summary

This report covers corporate feedback and complaints received between 1 April 2020 to 31 March 2021. The executive leadership team are provided with a quarterly report which includes more detail regarding the nature of the complaints and feedback received, as well as the actions taken in response to them.

2. Background

The internal quality and improvement team are responsible for three key areas of work:

1. **Quality Assurance of regulatory functions**
   A programme of quality assurance activities, including detailed process reviews and audits across each of our regulatory functions. Their work provides the executive with assurance that our regulatory functions are operating in a way that ensures good quality outcomes.

2. **Professional Standards Authority (PSA)**
   The team oversee the provision of performance data to the PSA and coordinates our responses to questions, comments or feedback from the PSA.

3. **Corporate Feedback and Complaints**
   The team coordinate our corporate feedback and complaints process that covers:

   - The actions of our people, partners, and suppliers.
   - A service we have provided which was unsatisfactory.
   - The way we have communicated with those outside of the organisation.

This report focuses on the third area of responsibility.

The corporate feedback and complaints process has two stages.

Stage 1 – investigation completed, and response provided by an appropriate business owner. If an individual is unhappy with the response provided at stage 1, they can request a review (stage 2).

Stage 2 – review of stage 1 investigation and response, and response provided by the relevant executive director.

3. Commentary

As a new regulator, we did not have figures to compare against, therefore 2020-21 is our baseline year. We have considered benchmarking complaints and feedback with other regulators, but this is problematic for several reasons including:

i. Not all regulators publish this information in a comparable format

ii. Comparison to other Social Work regulators is difficult because of differences in size and remit

iii. The triaging of complaints that some other organisations do and how they define corporate complaints

However, we have been able to make some comparisons based on the limited information provided by the HCPC regarding the number of corporate complaints they received. Compared to this, the volume of feedback and complaints we have received has been at a level roughly in line with expectations.

We have ensured that our approach is flexible and people-centred by adapting our processes to accommodate the needs of our stakeholders, such as taking complaints over the phone, summarising complaint responses and providing these verbally for those who were vulnerable or had additional support needs, meeting with networks in person to discuss their feedback. This approach has been recognised by those who have had cause to complain (including where complaints were not upheld in full), who have then come back to thank us for the time and care taken over their complaint, for taking their concerns seriously and apologising when we had got something wrong, and for our supportive nature.

The quality of the complaint investigations and responses provided is reflected in the relatively small percentage of complaints which are escalated to stage 2 of the complaints process (9%).

As can be seen by the volume of complaints upheld/upheld in part, and the number of corrective actions that have been identified and implemented, the organisation is open to feedback from our stakeholders and are taking action to address areas where improvements can be made.

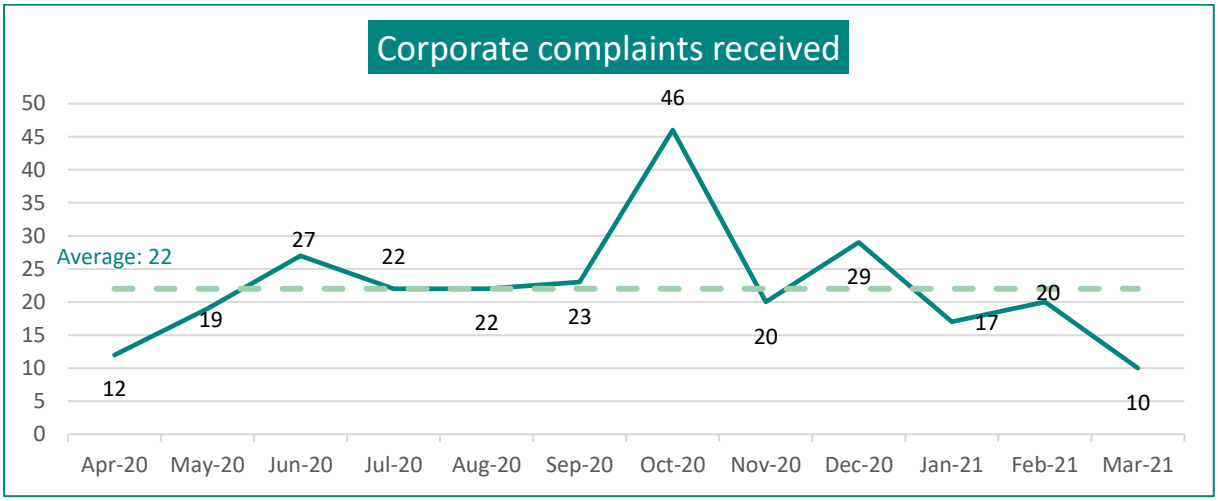
There have been several improvements to online account functionality and the support available to users (save functionality for CPD, greater visibility and control of fee payments, online guides and videos) as well as improvements to the automation of payment reminder emails, and guidance on voluntary removals which have been identified through the corporate feedback and complaints received. The impact of these should result in a reduction the number of complaints, but more importantly provide a more positive experience for registered social workers as they manage their registration.

4. Figures

Between 1 April 2020 and 31 March 2021, we received an average of **22 corporate complaints and 8 pieces of feedback a month.**

- 267 corporate complaints
- 101 pieces of feedback[1]
- 14 enquiries from Members of Parliamen

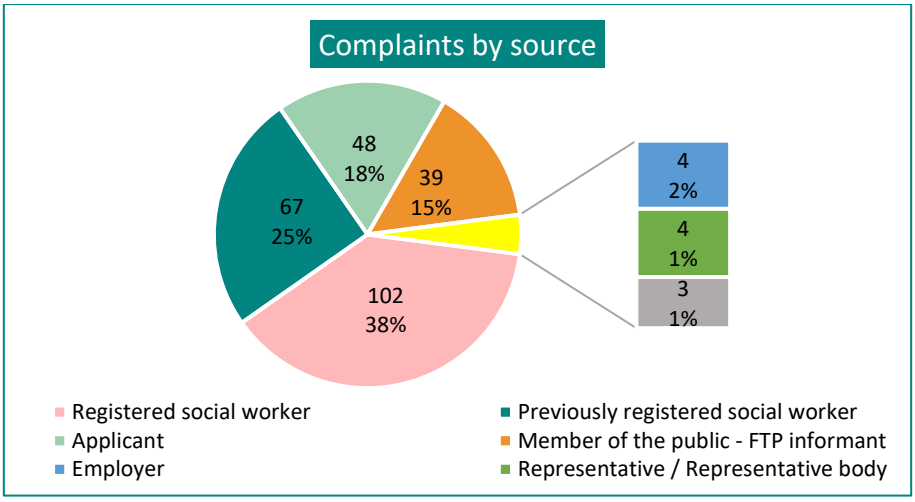
As of 31 March 2021, 12 of the corporate complaints received in this period remained open and 1 was on hold at the request of the complainant.



We observed an increase in complaints during and shortly after mass interactions with registered social workers such as when the first direct debit payments were taken, and the registration renewals period. These increases were anticipated, as social workers navigated these processes with us for the first time. We will use the data from our first year to benchmark our performance in the coming year, with the expectation that although a similar pattern of complaint/feedback activity would be expected, we would hope to see a reduction in the volume of complaints submitted.

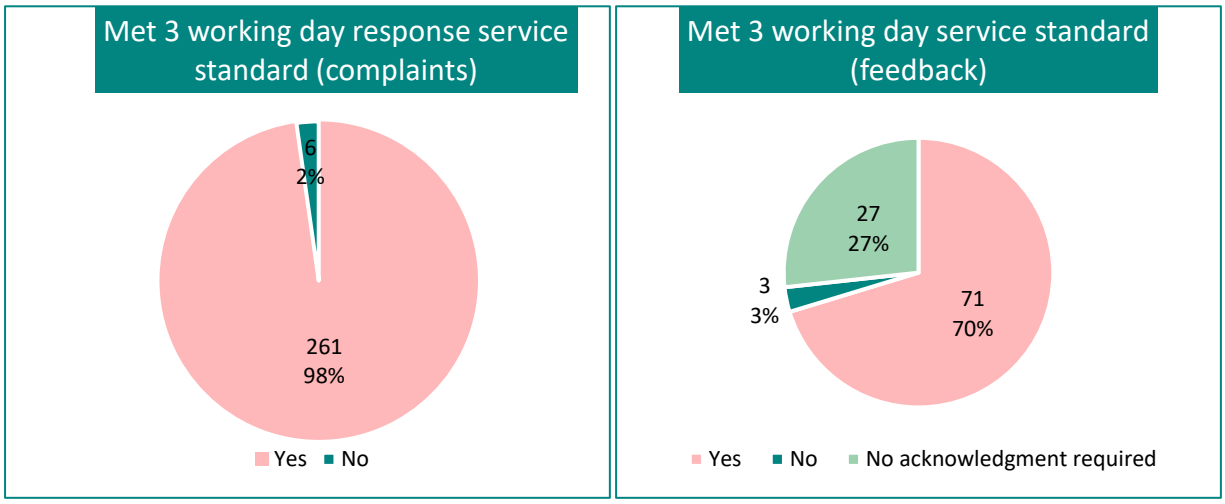
Most corporate complaints received this year were submitted by registered social workers or those who were previously registered, either with us or with one of the previous regulators. These accounted for 63% of all corporate complaints followed by applicants (18%) and members of the public who had raised concerns about a social worker which was being progressed through our fitness to practise process (15%).

[1] Feedback includes constructive/positive feedback or suggestions about our policies, processes, or systems as well as positive feedback about members of staff.

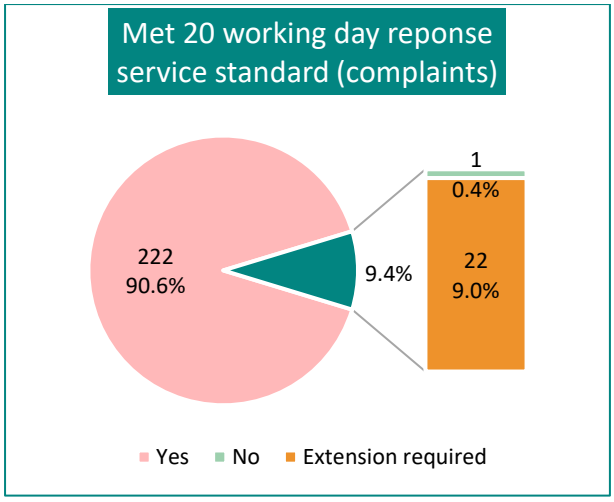


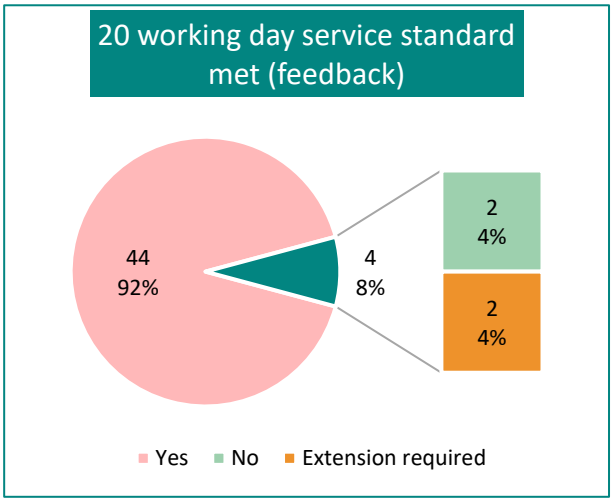
Service standards

98% of complaints and 96% of feedback were acknowledged by the internal quality and improvement team in line with our 3 working day service standard. Where the service standard was not met, this was due to internal delays in the feedback/complaint being passed to the internal quality and improvement team in instances where it had been received by another team.



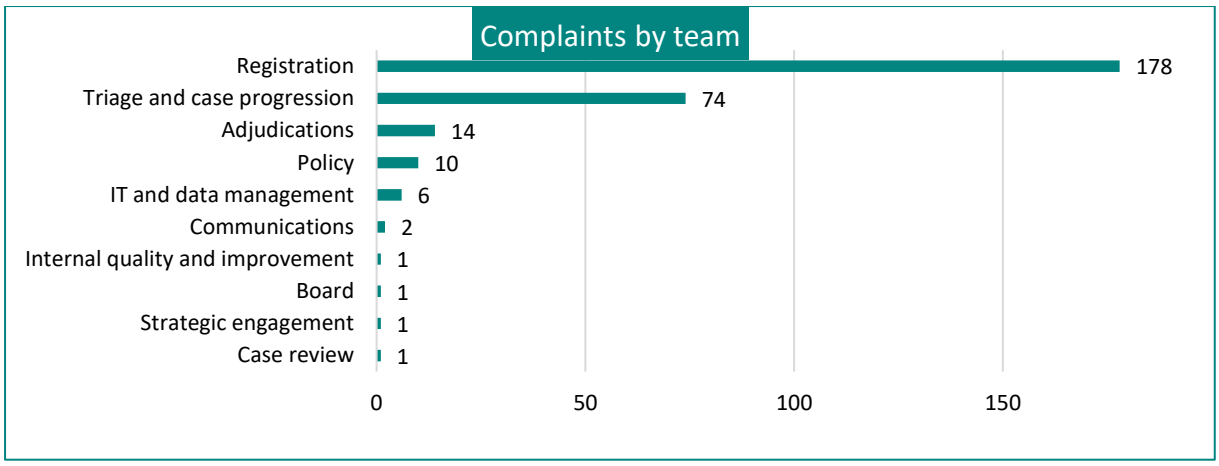
Substantive responses were sent within our 20-working day service standard in 91% of complaints and 92% of feedback (where required). Extensions were agreed and communicated with the relevant parties in 9% of complaints and 2% of feedback.

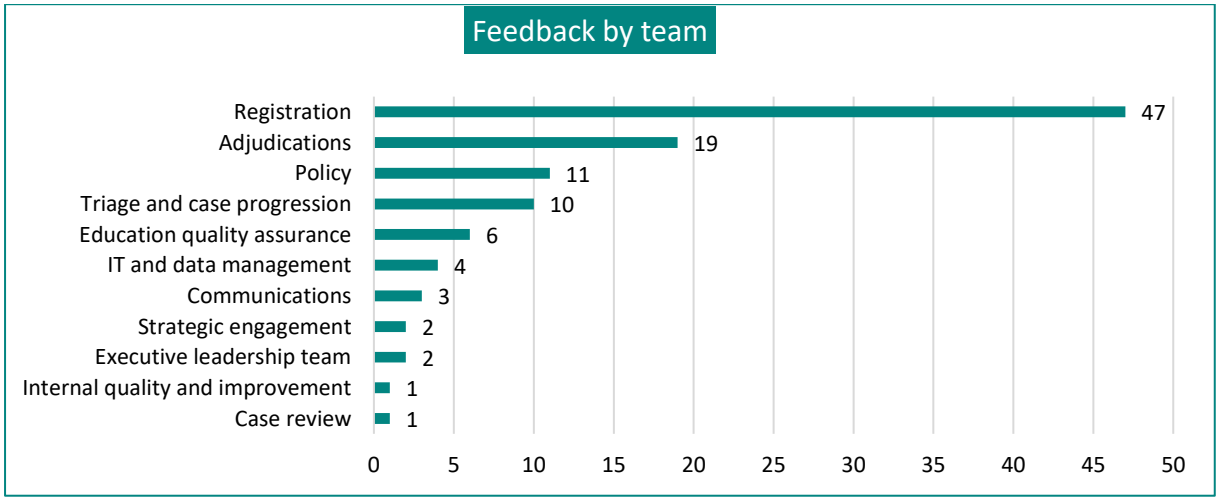




Themes

90% of all feedback and complaints relate to the registration and fitness to practise teams (59% and 31% respectively).





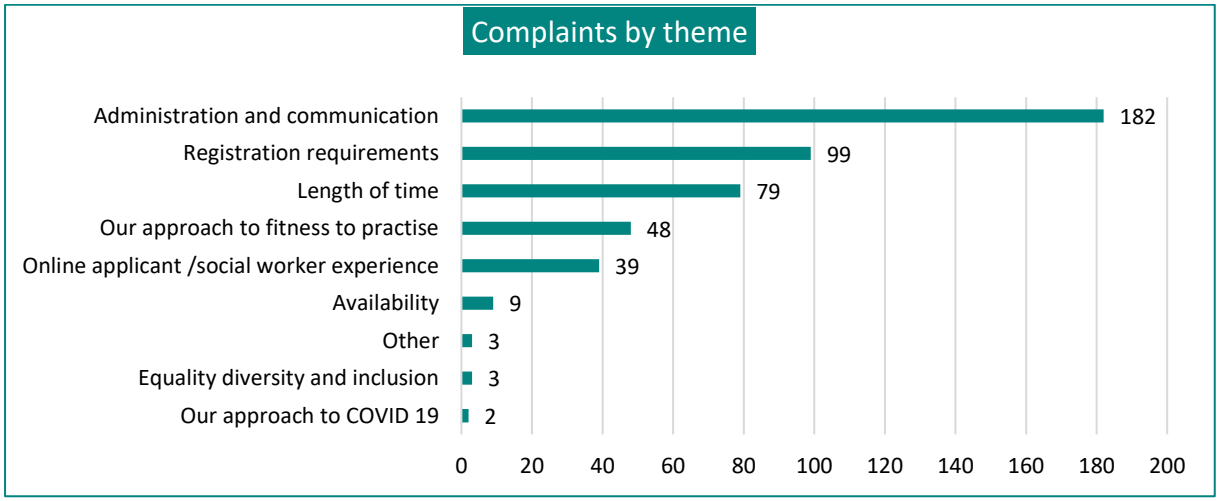
'Administration and communication' were the most common theme emerging from complaints. Complaints under this theme include concerns about how we have applied our policies and/or procedures, and how we have communicated (or failed to communicate) with our stakeholders. Learning from these complaints has been used to improve guidance

for our people as well as developing workshops for the registration and fitness to practise teams as part of their ongoing customer service training. These workshops are due to be delivered in Q1 of 2021/22.

'Registration requirements' (fees, continuing professional development, English language requirements, the renewals process), and 'Length of time' were the next most prevalent themes in the complaints received this year.

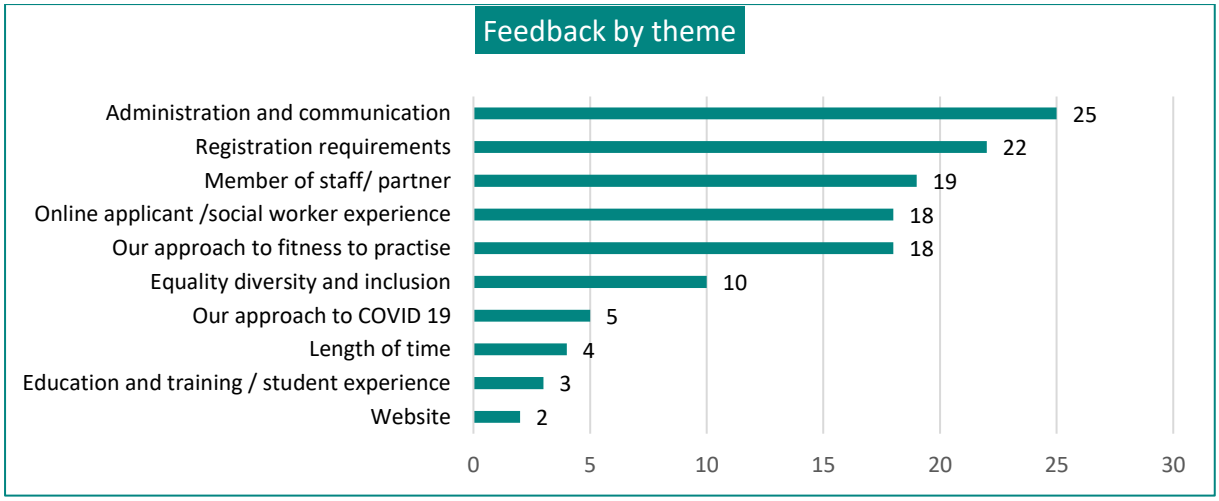
Where concerns were raised about length of time this was most often in relation to the length of time to conclude fitness to practise investigations in line with our published 'aim' of concluding investigations within 6 months.

40 complaints included concerns about the length of time to progress investigations. Of these 32 were in relation to legacy cases transferred from the Health and Care Professions Council (HCPC). The concerns about the length of time were upheld in 27 complaints (of which 21 were legacy cases). Where these complaints were upheld, this was generally as a result of the cases being lower priority cases and therefore were impacted by high number of cases transferred by from the HCPC and the decision we took to only progress higher risk investigations with frontline services at the onset of the coronavirus emergency.



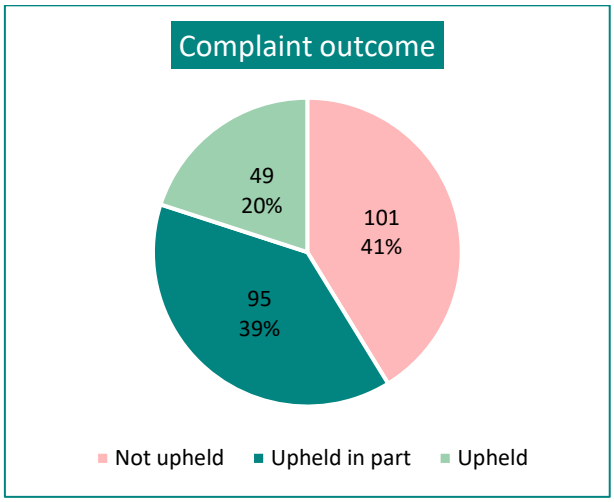
Of the feedback received this year, 'Administration and communication' and 'Registration requirements' were (as with complaints) the most common themes. These included feedback and suggestions about our standardised emails/letters, bulk emailing, the application process, communication and support provided to those undergoing fitness to practise investigations, as well as fees/payment options.

Of the 101 pieces of feedback received this year, we received **28 pieces of positive feedback** including 19 specifically about individual members of staff. This feedback was shared with the individuals concerned, their manager and the relevant head of department and executive director.



Outcomes and actions

59% of complaints were either upheld in full (20%) or upheld in part (39%).



21 complaints were escalated to stage 2 of the complaints process. This represents 9% of complaints closed in this period. Of these only one resulted in a change in outcome, with a complaint being upheld in part where it had not where it had not been upheld at stage 1.

As a result of the complaints and the feedback received, **51 corrective or improvement actions were identified**. These have included:

- Improvements to published guidance
- Individual coaching and development for our people to address personal development needs such as communication skills, customer service, case management
- Improvements to online account functionality and CPD forms
- Suggested amendments to rules and regulations to address potential gaps in relation to closure of registration applications, including applications for restoration

All corrective or improvement actions are monitored by the internal quality and improvement team. As of 31 March 2021:

- 35 complete
- 10 in progress
- 6 in progress (overdue) - see appendix 1 for further details

5. Future developments and improvements

Based on the intelligence gathered in our first year, we have now introduced a more specific categorisation framework for feedback and complaints. The aim of this is to help provide the organisation with greater insight into the nature of the concerns and compliments that our stakeholders are raising with us.

We are in the process of developing the existing system used to manage complaints to introduce automation to assist those tasked with investigating complaints to keep to our internal deadlines. This will also reduce the administrative burden on the internal quality and improvement team.

We are planning to introduce a satisfaction survey for those who have been through the corporate feedback and complaints process to better understand the perception of our stakeholders and identify any opportunities to improve to our process.

Building on a recommendation from our internal auditors to implement a single audit corrective action tracker we are in the process of aligning the recording of corrective actions from feedback and complaints with those from audit activity. Automation of the reminders sent to the owner of corrective actions to provide updates on progress is due to be implemented in Q1. This will help to facilitate the provision of up-to-date progress updates to the executive leadership team, Board and ARAC.

Following the appointment of the head of equality, diversity and inclusion we will be working with them to review how we capture EDI data relevant to feedback and complaints.

Appendix 1: Overdue corrective actions as of 31 March 2021

Identifier	Corrective action	Primary team	Target date	Status	Position as of 1 April 2021	Revised target date
CAI2020037	Improvements to online application form to allow users to input GSCC registration numbers, and to complete an online updating skills and knowledge form.	Registration	Dec-20	In progress (overdue)	Improvements are on the list with the development team, but the Programme Board have not prioritised improvements to the application form – due to other organisation priorities – we do not have a target completion date – it is unlikely to be worked on during this year.	Not before end of 2021/22
CAI2020072	Updates to empanelment guidance to address the need for 'mixed' panels	Adjudications	Dec-20	In progress (overdue)	Work has yet to be progressed due to workloads in first half of 2021. As per update for CAI20073, Tracks objectives for team members are being set which will allow members of the team to assist on this work in order to progress.	30 July 2021

Identifier	Corrective action	Primary team	Target date	Status	Position as of 1 April 2021	Revised target date
CAI2020073	Guidance to be updated to ensure accessible language is used and cases are to be risk assess to identify any additional support that might be necessary. Also, the team will try to engage with social workers as early as possible.	Adjudications	Dec-20	In progress (overdue)	Work has yet to be progressed on updating guidance due to increased workloads in hearings over February and March. Adjudications manager to agree tracks objectives with members of the hearings team to assist in progressing this work. New Case management process has been signed off, allowing HCM's to write to social workers on receipt of case from the case examiners with timelines for hearing progression. Cases are risk assessed on an ongoing basis by the HCM's.	30 July 2021

Identifier	Corrective action	Primary team	Target date	Status	Position as of 1 April 2021	Revised target date
CAI2020079	Regarding the complainants' feedback, we would like to share an anonymised version of the feedback with the investigations team so they can reflect on the individual's experience and we can improve our approach going forward.	Investigations	Dec-20	In progress (overdue)	Feedback scheduled for May investigations team meeting to include: • Sharing the complainant's experience of the investigations process • Reminding the team of providing complainants with reasonable opportunity to provide information and evidence in connection with the investigation Reminding the team of the importance of ensuring the complainant understands the purpose of the FTP process, their role and the range of possible outcomes	31 May 2021

Identifier	Corrective action	Primary team	Target date	Status	Position as of 1 April 2021	Revised target date
CAI2020082	We will remind the investigations team of our guidance on seeking a further response from the complainant where there is a conflict of evidence	Investigations	Dec-20	In progress (overdue)	Feedback from this complaint review and associated advice from the legal team scheduled to be included in May investigations team meeting. Advice provided by legal team to be included in guidance document update project which is currently being scoped.	31 May 2021
CAI2020086	Registration letter templates to be reviewed to ensure consistency in timeframes (working vs calendar days)	Registration	Dec-20	In progress (overdue)	updates to templates in progress but not yet completed.	Completed on 6 April 2021. IQI team to review evidence to confirm action can be closed.