



REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD – 21ST JUNE 2023

REPORT ON: ANNUAL COMPLAINTS PERFORMANCE

REPORT BY: CHIEF OFFICER

REPORT NO: DIJB33-2023

1.0 PURPOSE OF REPORT

1.1 The purpose of this report is to provide an analysis of complaints received by the Dundee Health and Social Care Partnership over the past financial year 2022/2023. This includes complaints handled using the Dundee Health and Social Care Partnership Social Work Complaint Handling Procedure, the NHS Complaint Procedure and the Dundee City Integration Joint Board Complaint Handling Procedure.

2.0 RECOMMENDATIONS

It is recommended that the Integration Joint Board (IJB):

- 2.1 Note the analysis of 2022/23 DHSCP complaint performance as set out in section 4 of this report
- 2.2 Note that this report is submitted in a different format to previous years to comply with the Scottish Public Service Ombudsman (SPSO) request for specific data within the report.

3.0 FINANCIAL IMPLICATIONS

3.1 None

4.0 BACKGROUND INFORMATION

4.1 From the 1st April 2017 both NHS and social work complaints follow the Scottish Public Service Ombudsman (SPSO) Model Complaint Handling Procedure. Both NHS Tayside Complaint Procedure and the Dundee Health and Social Care Partnerships Social Work Complaint Handling Procedures have been assessed as complying with the model complaint handling procedure by the SPSO. The Performance and Audit Committee receives a Quarterly Complaints Report at each meeting. This report provides the IJB with an overview of complaints performance over the full year for 2022/23.

4.2 Complaints are categorised by 2 stages: Stage 1: Frontline Resolution and Stage 2: Investigation. If a complainant remains dissatisfied with the outcome of a Stage 1: Frontline Resolution complaint, it can be escalated to a Stage 2. Complex complaints are handled as a Stage 2: Investigation complaint. If a complainant remains dissatisfied with the outcome of Stage 2: Investigation complaint they can contact the Scottish Public Services Ombudsman who will investigate the complaint, including professional decisions made.

- 4.3 In 2022/23 a total of 202 complaints (217 in 2021/22) were received about health and social care services in the Dundee Health and Social Care Partnership.

This is a decrease from the previous year.

Total number of complaints received by year:

	2018/19	2019/20	2020/21	2021/22	2022/23
Number of complaints received	154	229	157	217	202

5.0 TOTAL NUMBER OF COMPLAINTS RECEIVED PER 1,000 POPULATION

- 5.1 The total number of complaints received per 1,000 population

SW	Health	Total
0.30	1.37	1.67

- 5.2 The total number of complaints closed per 1,000 population

SW	Health	Total
0.35	1.30	1.64

6.0 COMPLAINT THEMES

- 6.1 The highest proportion of complaints for Health continues to be regarding Mental Health Services with more than a third of complaints throughout the year relating to the service (40%). Of the 66 closed complaints for Health almost 44% were either upheld or partially upheld for the service.

The most common themes for Complaints about Mental Health Services are Waiting Times for Appointments; Disagreement with Treatment Plan; and Lack of Support. Complaints about Mental Health Services are by their very nature, very often complex.

For Social Work Complaints the most common complaint theme was Delay in responding to enquiries and requests. The second most common complaint theme was Failure to meet our service standards. This is the same result as 2021/22.

7.0 NUMBER OF COMPLAINTS CLOSED AT STAGES

- 7.1 The number of complaints closed per stage as % all complaints closed

	Stage 1	Stage 2	Escalated
Social Work	48%	48%	5%
Health	39%	41%	19%
Total	41%	43%	16%

8.0 COMPLAINT OUTCOMES AT STAGES

- 8.1 Complaint outcomes at stage 1 as % of all complaints closed in full at stage 1

	Upheld	Not Upheld	Partially Upheld
Social Work	15%	55%	15%
Health	34%	16%	45%
Total	29%	26%	38%

Stage 1 complaints do not total 100% as some complaints were closed as resolved / withdrawn / no consent / transferred / missing

8.2 Complaint outcomes at stage 2 as % of all complaints closed in full at stage 2

	Upheld	Not Upheld	Partially Upheld
Social Work	10%	60%	15%
Health	6%	58%	28%
Total	7%	59%	25%

Stage 2 complaints do not total 100% as some complaints were closed as resolved / withdrawn / no consent / transferred / missing

8.3 Complaint outcomes at stage 2 as % of all escalated complaints closed in full at stage 2

	Upheld	Not Upheld	Partially Upheld
Social Work	0%	50%	50%
Health	3%	63%	23%
Total	3%	63%	25%

Stage 2 escalated complaints do not total 100% as some complaints were closed as resolved / withdrawn / no consent / missing

9.0 AVERAGE TIME FOR FULL RESPONSE

9.1 The average time in working days for a full response to complaints by stage

	Stage 1 Responses	Stage 2 Responses	Escalated Responses
Social Work	12	34	36
Health	19	20	23
Total	16	27	30

This year, health and social care have increased the average time taken to respond to complainants in full to 16 working days from 9 at stage 1.

The average time taken to respond in full for a stage 2 complaint has decreased this year to 27 days from 56 days in 2021/22.

Complaints after escalation have also decreased their average days to respond in full from 75 in 2021/22 to 30 in 2022/23.

10.0 COMPLAINTS CLOSED WITHIN TIMESCALE

10.1 Number of complaints closed within timescales as a % of total complaints by stage

	Stage 1 within 5 working days	Stage 2 within 20 working days	Escalation
Social Work	45%	13%	0%
Health	34%	37%	47%
Total	37%	27%	44%

Complaints closed within timescales this year have decreased from last year.

Complaints about Mental Health Services often take the longest to resolve. The Mental Health Services team will often ensure that complaint resolutions are agreed with by the complainant. This can often mean that these types of complaints take longer to resolve than other service areas. This is because mental health treatments can take longer to be effective than other services. There are also issues around capacity within the team to investigate complaints.

In comparison complaints about Allied Health Profession services are often resolved within timescales. This may be due to the nature of Allied Health Profession services being shorter to carry out with patients and supported people.

11.0 EXTENSION OF COMPLAINT TIMESCALES

11.1 Number of complaints closed at stage 1 where extension was authorised as % of all complaints at stage 1

SW	Health	Total
35%	0%	35%

11.2 Number of complaints closed at stage 2 where extension was authorised as % of all complaints at stage 2

SW	Health	Total
65%	2%	16%

11.3 Number of complaints closed after escalated where extension was authorised as % of all complaints escalated

SW	Health	Total
50%	20%	22%

In 2022/23 health and social care have had an increase of complaints extended across all stages of complaints compared to 2021/22.

12.0 SERVICE IMPROVEMENTS

12.1 Where complaints are upheld or partially upheld we plan service improvements to help prevent similar issues arising again.

12.2 Planned service improvements in the past year have included:

- A complaint was received in relation to the provision of equipment and the policy that supports decision-making. The policy is undergoing a review to ensure it reflects current legislation. This review is ongoing with health and social care staff, Neighbourhood Services (Housing Services) and the local authority legal team.
- A complaint was received in relation to posts made by a staff member on social media. While the staff member was aware of the social media policy they have been asked to reflect on their actions and review the policy.
- A complaint was received in relation to the timely response provided from the Direct Payments Team. A review led to the implementation of different working practices with an enhanced focus on the monitoring of work and the prioritisation and timely nature of responses.
- A number of complaints were received in relation to standards of care and on investigation these related to a failure in communication. Teams have worked hard, in complex and challenging circumstances, to develop systems for clear, concise communication and escalation processes to ensure ongoing communication throughout care provision.

12.3 Planned service improvements can include the development of systems, such as case recording systems development and where appropriate support for staff members to prevent complaint issues recurring. Where staff members have complaints raised about their practice there are appropriate support structures for them to access as necessary.

13.0 POLICY IMPLICATIONS

13.1 This report has been subject to the Pre-IIA Screening Tool and does not make any recommendations for change to strategy, policy, procedures, services or funding and so has not been subject to an Integrated Impact Assessment. An appropriate senior manager has reviewed and agreed with this assessment.

14.0 RISK ASSESSMENT

Risk 1 Description	The risk of not improving our Complaint resolution timescales will result in increased customer dissatisfaction and non-compliance with our complaint procedure which may result in improvement recommendations from the SPSO.
Risk Category	Governance
Inherent Risk Level	Likelihood 4 L x Impact 3 = 12 – High risk
Mitigating Actions (including timescales and resources)	<ul style="list-style-type: none"> - Weekly reporting on open complaints to Locality Managers, and Head of Service - Exception reporting of complaints outwith timescales to the Chief Officer - Increased staff awareness of the complaint procedures. - Recruitment of staff member with focus on complaint administration by the DHSCP
Residual Risk Level	Likelihood 3 x Impact 3 = 9 High Risk
Planned Risk Level	Likelihood 2 x Impact 3 = 6 Moderate Risk
Approval recommendation	The PAC is recommended to accept the risk levels with the expectation that the mitigating actions make the impacts which are necessary to improve the complaint resolution timescales.

15.0 CONSULTATIONS

15.1 The Chief (Finance) Officer and the Clerk were consulted in the preparation of this report.

16.0 DIRECTIONS

16.1 The Integration Joint Board requires a mechanism to action its strategic commissioning plans and this is provided for in sections 26 to 28 of the Public Bodies (Joint Working)(Scotland) Act 2014. This mechanism takes the form of binding directions from the Integration Joint Board to one or both of Dundee City Council and NHS Tayside.

Direction Required to Dundee City Council, NHS Tayside or Both	Direction to:	
	1. No Direction Required	X
	2. Dundee City Council	
	3. NHS Tayside	
	4. Dundee City Council and NHS Tayside	

17.0 BACKGROUND PAPERS

17.1 None

Vicky Irons
Chief Officer

DATE: 25 May 2023

Cheryl Russell, Customer Care & Governance Officer

SPSO Categories

	Social Work					Annual	Health				
	Q1	Q2	Q3	Q4	Q1		Q2	Q3	Q4	Annual	
1a: the total number of complaints received per 1,000 population	0.06	0.04	0.06	0.10	0.30	0.30	0.34	0.30	0.34	1.37	
1b: the total number of complaints closed per 1,000 population	0.10	0.05	0.07	0.13	0.35	0.40	0.34	0.37	0.42	1.30	
2a: the number of complaints closed at stage 1 as % all complaints closed	25%	67%	88%	38%	48%	33%	29%	27%	45%	39%	
2b: the number of complaints closed at stage 2 as % all complaints closed	75%	33%	13%	50%	48%	31%	52%	69%	39%	41%	
2c: the number of complaints closed after escalation as % all complaints closed	0%	0%	0%	13%	5%	33%	19%	24%	16%	19%	
3a: the number of complaints upheld at stage 1 as % of all complaints closed in full at stage 1	33%	25%	0%	17%	15%	44%	25%	33%	30%	34%	
3b: the number of complaints not upheld at stage 1 as % of all complaints closed in full at stage 1	33%	50%	43%	83%	55%	13%	8%	25%	17%	16%	
3c: the number of complaints partially upheld at stage 1 as % of all complaints closed in full at stage 1	0%	25%	29%	0%	15%	44%	67%	33%	43%	45%	
3d: the number of complaints upheld at stage 2 as % of all complaints closed in full at stage 2	11%	50%	0%	0%	10%	20%	0%	3%	0%	6%	
3e: the number of complaints not upheld at stage 2 as % of all complaints closed in full at stage 2	56%	0%	100%	75%	60%	47%	59%	45%	65%	58%	
3f: the number of complaints partially upheld at stage 2 as % of all complaints closed in full at stage 2	33%	0%	0%	0%	15%	33%	41%	13%	15%	28%	
3g: the number of escalated complaints upheld at stage 2 as % of all escalated complaints closed in full at stage 2	0%	0%	0%	0%	0%	6%	0%	0%	13%	3%	
3h: the number of escalated complaints not upheld at stage 2 as % of all escalated complaints closed in full at stage 2	0%	0%	0%	50%	50%	56%	63%	100%	13%	63%	
3i: the number of escalated complaints partially upheld at stage 2 as % of all escalated complaints closed in full at stage 2	0%	0%	0%	50%	50%	31%	25%	0%	63%	23%	
4a: the average time in working days for a full response to complaints at stage 1	31	19	15	35	12	10	19	13	9	19	

4b: the average time in working days for a full response to complaints at stage 2	50	28	69	45	34	31	26	41	15	20
4c: the average time in working days for a full respond to complaints after escalation	0	0	0	57	36	39	35	36	15	23
5a: the number of complaints closed at stage 1 within 5 working days as % of total number of stage 1 complaints	0%	50%	57%	50%	45%	6%	83%	83%	83%	34%
5b: the number of complaints closed at stage 2 within 20 working days as % of total number of stage 2 complaints	22%	0%	100%	50%	13%	33%	36%	24%	35%	37%
5c: the number of complaints closed after escalation within 20 working days as % of total number of escalated complaints	0%	0%	0%	0%	0%	25%	25%	45%	63%	47%
6a: number of complaints closed at stage 1 where extension was authorised as % of all complaints at stage 1	33%	50%	29%	33%	35%	6%	8%	0%	0%	0%
6b: number of complaints closed at stage 2 where extension was authorised as % of all complaints at stage 2	78%	100%	100%	38%	65%	0%	9%	5%	0%	2%
6c: number of complaints closed after escalated where extension was authorised as % of all complaints escalated	0%	0%	0%	50%	50%	19%	25%	27%	0%	20%

**Please note all categories add up to 100% due to missing data, the use of resolved outcomes and other categories to close complaints.