



REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD – 27th October 2021

REPORT ON: ANNUAL COMPLAINTS PERFORMANCE

REPORT BY: CHIEF FINANCE OFFICER

REPORT NO: DIJB53-2021

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 2020/2021. 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 2020/21 DHSCP complaint performance (section 5 onwards)
- 2.2 This report is submitted in a different format to previous years to comply with the SPSO request for specific data within the report.
- 2.3 Note the associated risk assessment (section 6)

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 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.
- 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 Complaint reports are provided to the Clinical Care and Professional Governance forum.

5.0 Total number of complaints

5.1 In 2020/21 a total of 157 complaints (229 in 2019/20) were received about health and social care services in the Dundee Health and Social Care Partnership.

5.2 This is a decrease from the previous year. The decrease in complaints received could be due to the Covid 19 pandemic and less people accessing services or understanding that the services may be different during this time.

Table 1 – Total number of complaints received by year

	2017/18	2018/19	2019/20	2020/21
Number of complaints received	160	154	229	157

6.0 Total Number of Complaints received per 1,000 population

6.1 The total number of complaints received per 1,000 population was 1.16.

6.2 The total number of complaints closed per 1,000 population was 1.41.

6.3 This is a new category of complaint reporting specified by the SPSO. This new reporting measure will allow us to compare our complaint handling with other Health and Social Care Partnerships in the future.

7.0 Complaint Themes

7.1 The top three themes for NHS complaints were, for the sixth quarter running, Attitude and Behaviour; and then Clinical Treatment and Competence.

7.2 For Social Work Complaints the most common complaint theme was Failure to meet our service standards. The second most common complaint theme was Attitude, behaviour or treatment by a member of staff.

8.0 Number of Complaints closed at Stages

8.1 The number of complaints closed at stage 1 as % all complaints closed was 25%.

8.2 The number of complaints closed at stage 2 as % all complaints closed was 74%.

8.3 The number of complaints closed after escalation as % all complaints closed was 1%.

9.0 Complaints Upheld

9.1 The number of complaints upheld at stages as % of all complaints closed in full at that stage.

Table 2 – Number of complaints upheld at stages as % of all complaints closed in full by stage

	Complaints Upheld %	Complaints not upheld %	Complaints partially upheld %
Stage 1	34%	27%	20%
Stage 2	13%	28%	51%
Stage 2 (Escalated)	Information not available at this time	Information not available at this time	Information not available at this time.

9.2 The percentages do not necessarily total 100% as some complaints were closed as duplicates or enquiries.

10.0 Average time for full response

10.1 The average time in working days for a full response to complaints at stage 1 was 12 days.

10.2 The average time in working days for a full response to complaints at stage 2 was 42 days.

10.3 The average time in working days for a full respond to complaints after escalation was 73 days.

10.4 Resolving complaints within timescales is a priority area for improvement. Weekly reports on open complaints are provided to the Managers for action.

11.0 Complaints closed within timescales

11.1 The number of complaints closed at stage 1 within 5 working days as % of total number of stage 1 complaints was 65%.

11.2 The number of complaints closed at stage 2 within 20 working days as % of total number of stage 2 complaints was 35%.

11.3 The number of complaints closed after escalation within 20 working days as % of total number of escalated complaints was not available.

Table 3 – 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
Number of complaints closed as a % of total number of complaints by stage	65%	35%	Information not available

12.0 Extension of complaint timescales

- 12.1 The number of complaints closed at stage 1 where extension was authorised as % of all complaints at stage 1 was 0%.
- 12.2 The number of complaints closed at stage 2 where extension was authorised as % of all complaints at stage 2 was 0%
- 12.3 The number of complaints closed after escalated where extension was authorised as % of all complaints escalated was 100%

13.0 Complaints referred to SPSO

- 13.1 Several complaints have been referred to the SPSO during the year 2020/21. Some of these complaints have not been upheld, and some partially upheld.

14.0 Planned Service Improvements

- 14.1 Where a complaint is upheld or partially upheld, the officer responsible for investigating the complaint explores with the managers involved, the reasons that led to the complaint and identifies any necessary planned service improvements. Some of the planned service improvements that have been implemented include:
- Planned remobilisation plans
 - Discussion with family for respite placements
 - Protocols for supporting people with money matters

15.0 IJB Complaints

- 15.1 No complaints were received about the IJB.

5.0 POLICY IMPLICATIONS

- 5.1 This report has been screened for any policy implications in respect of Equality Impact Assessment. There are no major issues.

6.0 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	12 – High risk
Mitigating Actions (including timescales and resources)	<ul style="list-style-type: none">- Weekly reporting on open complaints to Managers- Increased staff awareness of the complaint procedures.
Residual Risk Level	9 – High Risk
Planned Risk Level	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.

7.0 CONSULTATIONS

7.1 The Chief Officer and the Clerk were consulted in the preparation of this report.

8.0 DIRECTIONS

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	

9.0 BACKGROUND PAPERS

9.1 None

Vicky Irons
Chief Officer

DATE: 15/10/2021

Cheryl Russell, Customer Care Governance Officer
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