



REPORT TO: PERFORMANCE & AUDIT COMMITTEE – 31 JULY 2018
REPORT ON: PERFORMANCE REPORT – QUARTERLY COMPLAINTS 2018/2019 – QUARTER 1
REPORT BY: CHIEF FINANCE OFFICER
REPORT NO: PAC27-2018

1.0 PURPOSE OF REPORT

The purpose of this report is to provide an analysis of complaints received by the Dundee Health and Social Care Partnership over the first quarter of 2018/19.

2.0 RECOMMENDATIONS

It is recommended that the Performance & Audit Committee (PAC):

2.1 Notes the contents of this report in relation to the performance of Dundee Health and Social Care Partnership's Complaints process.

3.0 FINANCIAL IMPLICATIONS

None.

4.0 MAIN TEXT

4.1 Background

4.1.1 Complaints received are handled using either the Dundee Health and Social Care Partnership Social Work Complaint Procedure, the NHS Tayside Complaint Procedure or the Dundee City Integration Joint Board Complaint Handling Procedure.

4.2 Social Work Complaints

4.2.1 In the first quarter of 2018/19 a total of 10 complaints were received about social work or social care services in the Dundee Health and Social Care Partnership. This compares to 12 complaints received in the previous quarter, the 4th quarter of 2017/18.

4.3 Complaints by Reason for Concern

4.3.1 Four complaints were received about the attitude, behaviour or treatment by a member of staff. It is worth noting that none of these complaints were upheld. Four complaints were received about the failure to meet our service standards. One of these complaints was upheld, two were not upheld, and one complaint is still ongoing.

Attitude, behaviour or treatment by a member of staff	4
Delay in responding to enquiries and requests	0
Dissatisfaction with our policy	0
Failure to provide a service	0
Failure to follow the proper administrative process	2
Failure to meet our service standards	4

4.4 Complaints Stages

4.4.1 Five complaints were handled at a frontline resolution stage. One was handled as Investigation, having been escalated from a frontline resolution, and four were handled as an investigation from the start due to their complexities.

Frontline Resolution	5
Investigation (Escalated from Frontline)	1
Investigation	4

4.5 Complaints Resolved Within Timescales

4.5.1 Six of the Social Work complaints received by the Partnership were able to be resolved within the target dates. Two were resolved after the target date. Two complaints are still ongoing.

4.6 NHS Complaints

4.6.1 In the first quarter of 2018/19 a total of 21 complaints were received about Dundee Health and Social Care Partnership health services. This compares to an average of 28 complaints received quarterly in 2017-18.

4.7 Complaint Themes

4.7.1 Top themes of NHS complaints were:

- Staff attitude
- Unacceptable time to wait for an appointment
- Lack of clear explanation
- Lack of support
- Poor nursing care
- Disagreement with treatment/care plan.

4.8 Complaints Stages

4.8.1 Nine complaints were handled at a frontline resolution stage. 12 were handled as Investigation, having been escalated from a frontline resolution, and 10 were handled as an investigation from the start due to their complexities.

Frontline Resolution	9
Investigation (Escalated from Frontline)	2
Investigation	10

4.9 Complaints Resolved Within Timescales

4.9.1 Fifteen of the Health complaints received by the Partnership were able to be resolved within the target dates. Three were resolved after the target date. Three complaints are still ongoing.

4.10 Complaints About the Integration Joint Board

4.10.1 No complaints were received about the functions of the Integration Joint Board in the first quarter of 2018/19.

4.11 Clinical, Care and Professional Governance

4.11.1 Complaints regarding care and professional standards are also considered by the Clinical, Care and Professional Governance group in order to act on concerns raised and to inform good practice. Any issues arising from such complaints are raised within the Clinical, Care and Professional Governance performance report and exception reporting to the Performance and Audit Committee as appropriate. Given the majority of complaints are in relation to the provision of services, future reporting of complaints will be presented through this route with an Annual Complaints Review provided to PAC to cover complaints performance.

4.12 Complaint Quality Assurance

4.12.1 Quality assurance processes are being undertaken to ensure that the quality of complaint outcome letters are of the required standard. These are undertaken through NHS Clinical Governance Huddles and regular review of complaint outcome letters.

4.12.2 Regular monitoring of complaints target dates is ongoing. The Health and Social Care Partnership's Customer Care Governance Officer post will shortly be recruited to after being vacant for a period and this post will focus on actively monitoring ongoing complaints to ensure that target dates are met.

5.0 POLICY IMPLICATIONS

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 Scottish Public Services Ombudsman (SPSO).
Risk Category	Governance
Inherent Risk Level	Likelihood 4 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 Dundee Health & Social Care Partnership
Residual Risk Level	Likelihood 3 x Impact 3 = 9 (High Risk)
Planned Risk Level	Likelihood 2 x Impact 3 = 6 (Moderate Risk)
Approval recommendation	Given the moderate level of planned risk and the expectation that the mitigating actions will make the impacts which are necessary to improve the complaint resolution timescales, the risk should be accepted.

7.0 CONSULTATIONS

The Chief Officer, the Clerk, Head of Service - Health and Community Care and Chief Social Work Officer were consulted in the preparation of this report.

8.0 BACKGROUND PAPERS

None.

Dave Berry
Chief Finance Officer

DATE: 4 July 2018

Clare Lewis-Robertson
Senior Officer

