



REPORT TO: PERFORMANCE & AUDIT COMMITTEE – 12 SEPTEMBER 2017
REPORT ON: ANNUAL COMPLAINTS PERFORMANCE 2016/17
REPORT BY: CHIEF FINANCE OFFICER
REPORT NO: PAC28-2017

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 2016/2017. This includes complaints handled using the previous Dundee City Council Statutory Social Work Complaint Procedure, the previous NHS Tayside Complaint Management Procedure and the Dundee City Integration Joint Board Complaint Handling Procedure.
- 1.2 The report also provides an update on the progress made towards providing a quarterly complaint performances.

2.0 RECOMMENDATIONS

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

- 2.1 Notes the content of this report including the analysis of 2016/17 Social Work & NHS complaint performance (sections 5 & 6) and the associated risk assessment (section 9);
- 2.2 Approves the work being undertaken to ensure that quarterly complaint reporting is carried out (section 7).

3.0 FINANCIAL IMPLICATIONS

None.

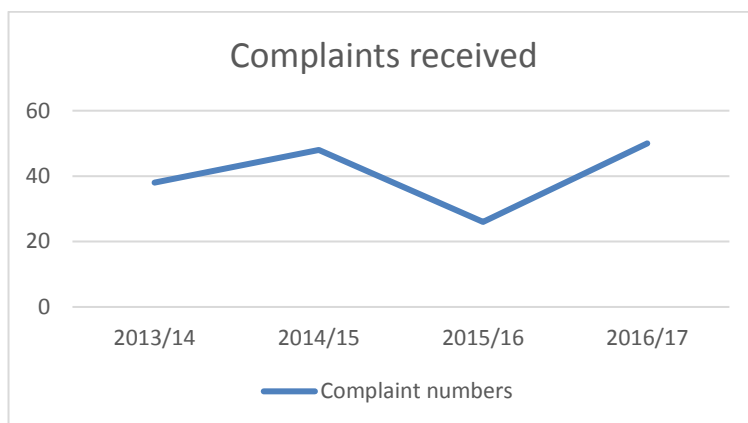
4.0 BACKGROUND INFORMATION

- 4.1 The complaints reported on in this report were handled under the previous complaint procedures followed by the NHS Tayside and Dundee City Council; the NHS Tayside Complaints Management Procedure and the Dundee City Council Statutory Social Work Procedure.
- 4.2 From 1 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.

5.0 SOCIAL WORK COMPLAINTS

- 5.1 In 2016/17 a total of 50 complaints (26 in 2015/16) were received about social work or social care services in the Dundee Health and Social Care Partnership. Five of these complaints were about financial charging for services. Although this was an increase from last year, the trend chart below shows that the number of complaints received in 2015/16 was unusually low.

Year	2013/14	2014/15	2015/16	2016/17
Number of complaints received	38	48	26	50



5.2 One fifth (10) of the complaints received were about external care providers, providing services commissioned by the Partnership, and were investigated by the Partnership. Under the current Social Work complaint procedures, complaints about external care providers may be investigated by the external care providers themselves, and referred to the Care Inspectorate if the complainant remains dissatisfied. However the Partnership has the discretion to investigate these complaints if it considers it appropriate to do so.

5.3 Complaints by Reason for Concern

5.3.1 23 complaints, nearly half (46%) received were about failure to meet our services standards. We agreed that the complainant had reason to complain in 21 of these complaints, and they were resolved as either upheld, or partially upheld.

5.3.2 The second highest complaint (24%) reason category was about the attitude, behaviour or treatment by a staff member. It is worth noting that 11 of those 12 complaints were not upheld. The remaining one being partially upheld.

Attitude, behaviour or treatment by a member of staff	12
Delay in responding to enquiries and requests	3
Dissatisfaction with our policy	6
Failure to provide a service	2
Failure to follow the proper administrative process	4
Failure to meet our service standards	23

5.4 Complaint Stages

5.4.1 36 complaints were handled at a Frontline resolution stage. 11 were handled at an investigation stage. One was completed by a review by a Head of Service. Two complaints progressed to a Complaint Review Committee. The outcome of the Complaint Review Committees have not been made public to date.

Frontline Resolution	36
Investigation	11
Review by Head of Service	1
Complaint Review Committee	2

5.5 Complaints resolved within timescales

5.5.1 46% of the total Social Work complaints received by the Partnership were able to be resolved within target dates set out in our own procedures or agreed directly with the complainant.

Within timescales	23
Outwith timescales	27

5.5.2 Resolving complaints within timescales is a priority area for improvement. Weekly reports on open complaints will be provided to the Locality Managers for action.

5.6 Planned Service Improvements following complaints

5.6.1 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:

- improved communication
- streamlining systems and processes
- implementation of working groups to support services to improve their performance.

6.0 NHS COMPLAINTS

6.1 Complaint Reasons

6.1.1 In 2016-17 a total of 68 complaints about Dundee Health and Social Care Partnership health services were received, with an additional four complaints being reopened.

6.1.2 Data regarding the underlying reasons for complaints is only available from July 2016 to March 2017, during this period 51 complaints were received and these related to a number of different aspects of health service provision:

Lack of clear explanation	18
Disagreement with treatment / care plan	17
Staff attitude	14
Lack of support	10
Unacceptable time to wait for an appointment	9
Problems with medication	8
Wrong diagnosis	6
Patient not being verbally told things	6
Other	78

(Please note that some complaints have multiple complaint reasons)

6.2 Complaints resolved within timescales

Most complaints (74%) were responded to and resolved within the target timescale of 20 days.

7.0 QUARTERLY COMPLAINT REPORTING

7.1 It has not been possible to provide a performance report for complaints received in the first quarter of 2017/18 for this Performance and Audit Committee. This is due to the implementation of QlikView (reporting analytical software that interrogates databases to create reports) which feeds directly from Datix (patient safety software and database for healthcare that is used by NHS Tayside to log complaints).

7.2 Dundee Health and Social Care Partnership (DHSCP) staff are working with the NHS Tayside Complaint and Feedback Team to ensure that we have access to the information to enable this report to be undertaken quarterly.

8.0 COMPLAINTS ABOUT THE INTEGRATION JOINT BOARD

8.1 No complaints were received about the functions of the Integration Joint Board in 2016/17.

9.0 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 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	9 – High Risk
Planned Risk Level	6 – Moderate Risk
Approval recommendation	Given the moderate level of planned risk, this risk is deemed to be manageable.

Risk 2 Description	The risk of not having access to complaint data to enable accurate and regular quarterly complaint reporting, and identify areas which require improvement.
Risk Category	Governance
Inherent Risk Level	16 – Extreme Risk
Mitigating Actions (including timescales and resources)	<ul style="list-style-type: none"> - Ongoing work by DHSCP complaint handling staff with the NHS Tayside Complaint and Feedback team to ensure regular reporting is built into business processes for the DHSCP. - Recruitment of staff member with focus on complaint administration by the DHSCP
Residual Risk Level	9 – High Risk
Planned Risk Level	6 – Moderate Risk
Approval recommendation	Given the moderate level of planned risk, this risk is deemed to be manageable.

10.0 POLICY IMPLICATIONS

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

11.0 CONSULTATIONS

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

Dave Berry
Chief Finance Officer

DATE: 21 August 2017

