



REPORT TO: PERFORMANCE AND AUDIT COMMITTEE – 26 NOVEMBER 2019
REPORT ON: QUARTERLY COMPLAINTS PERFORMANCE – 2ND QUARTER 2019/20
REPORT BY: CHIEF FINANCE OFFICER
REPORT NO: PAC44-2019

1.0 PURPOSE OF REPORT

The purpose of this report is to summarise the complaints performance for the Health and Social Care Partnership in the second quarter of 2019/20. The complaints include 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 Performance and Audit Committee (PAC):

- 2.1 Notes the complaints handling performance for health and social work complaints set out within this report;
- 2.2 Notes the work which has been undertaken to address outstanding complaints within the HSCP;
- 2.3 Notes the ongoing work taking place to improve complaints handling, monitoring and reporting within the Health and Social Care Partnership.

3.0 FINANCIAL IMPLICATIONS

None.

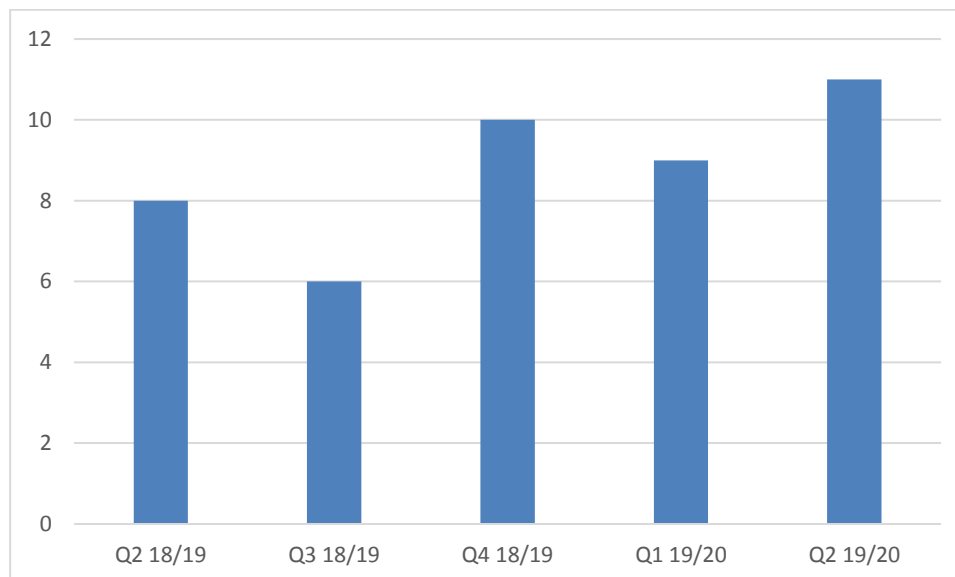
4.0 MAIN TEXT

- 4.1 Since 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. Complaints about the delivery of services are regularly presented to the Clinical, Care and Professional Governance Group to inform service improvement.

4.3 Social Work Complaints

In the second quarter of 2019/20 a total of 11 complaints were received about social work or social care services in the Dundee Health and Social Care Partnership. This compares to 9 complaints received in the previous quarter.

Graph 1 - Number of Social Work Complaints received quarterly



The graph shows that there is a relatively small number of complaints received each quarter.

4.4 Social Work Complaints by Reason for Concern

Four complaints were received about a delay in responding to enquiries and requests. Three complaints were received about attitude, behaviour or treatment by a member of staff. These complaints were from a variety of services.

Attitude, behaviour or treatment by a member of staff	3
Delay in responding to enquiries and requests	4
Dissatisfaction with our policy	1
Failure to provide a service	2
Failure to follow the proper administrative process	0
Failure to meet our service standards	1

The numbers of social work complaints are relatively small. The complaints received were regarding several services and suggest no themes or patterns of dissatisfaction with services at this time.

4.5 Social Work Complaints Stages and Outcomes

Six complaints were handled at a frontline resolution stage. Four of these complaints were partially upheld.

Four complaints were handled as an investigation from the start due to their complexities, one of these complaints was partially upheld.

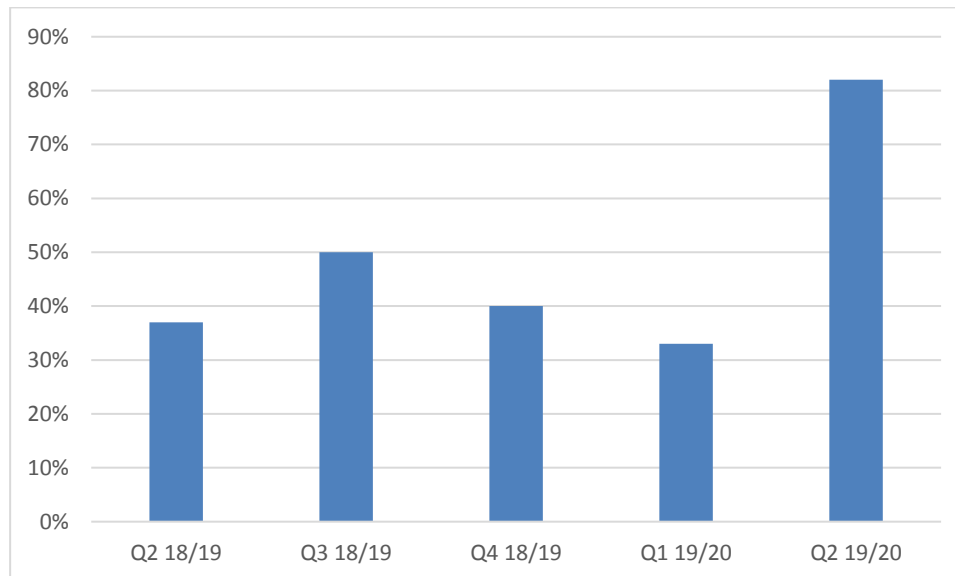
Three complaints were logged with Social Work but were handled jointly and responded to by NHS.

Frontline Resolution	6
Investigation (Escalated from Frontline)	1
Investigation	4
Joint with NHS	3

4.6 Social Work Complaints Resolved Within Timescales

Nine of the Social Work complaints received by the Partnership were able to be resolved within the target dates. The other two missed their target date, one was three days late and the other was due to communication issues within the service and the letter not being sent.

Graph 2 - % of Social Work Complaints resolved within timescales



The graph shows that there has been a significant increase in the number of complaints that are resolved within timescales. The Customer Care and Governance Officer is ensuring that delays are kept to a minimum and processes are correctly followed. Meetings with Investigating Officers have begun to reiterate the importance of staying within the timescales and offer support and guidance where required.

4.7 Planned Service Improvements

Three out of the five partially upheld complaints have identified a cause and have service improvements planned to address these.

One Planned Service Improvement was around ensuring that staff take care when parking near building works.

Another planned service improvement is to ensure that case recording notes is undertaken with sensitivity.

Lastly, staff have been reminded of the importance of a proper handover of care staff, not only for the staff member but for the Service User.

4.8 SPSO Complaints

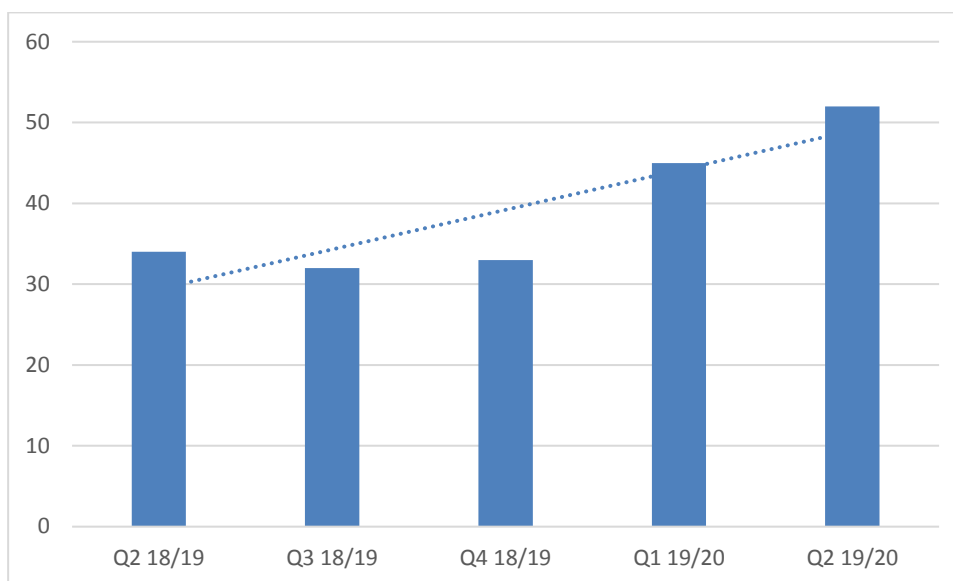
One complaint was referred to the SPSO this quarter and was not taken forward by the SPSO.

4.9 NHS Complaints

In the second quarter of 2019/20 a total of 52 complaints were received about Dundee Health and Social Care Partnership health services. These are complaints which have been coded against DHSCP, there may be other complaints where DHSCP have contributed to a joint response:

This compares to 45 complaints received in the first quarter in 2019-20 and represents a 15% increase in complaints received.

Graph 3 – Number of NHS Complaints received



The graph shows that there has been a gradual increase in the number of complaints received over the past year.

4.10 NHS Complaints by Theme

The top three themes were Clinical Treatment; Attitude and Behaviour; and Communication (Oral).

The top three sub themes were Staff attitude; Lack of Support; and Disagreement with treatment/care plan.

4.11 NHS Complaints Stages

Eleven complaints were handled at a frontline resolution stage. Seven of these complaints were upheld, and three were partially upheld.

Fourteen complaints were handled as Stage 2 Escalated complaints. Four were fully upheld and 5 were partially upheld.

Twenty five complaints were handled as a Stage 2 complaints from the start. Seven were fully upheld and ten were partially upheld.

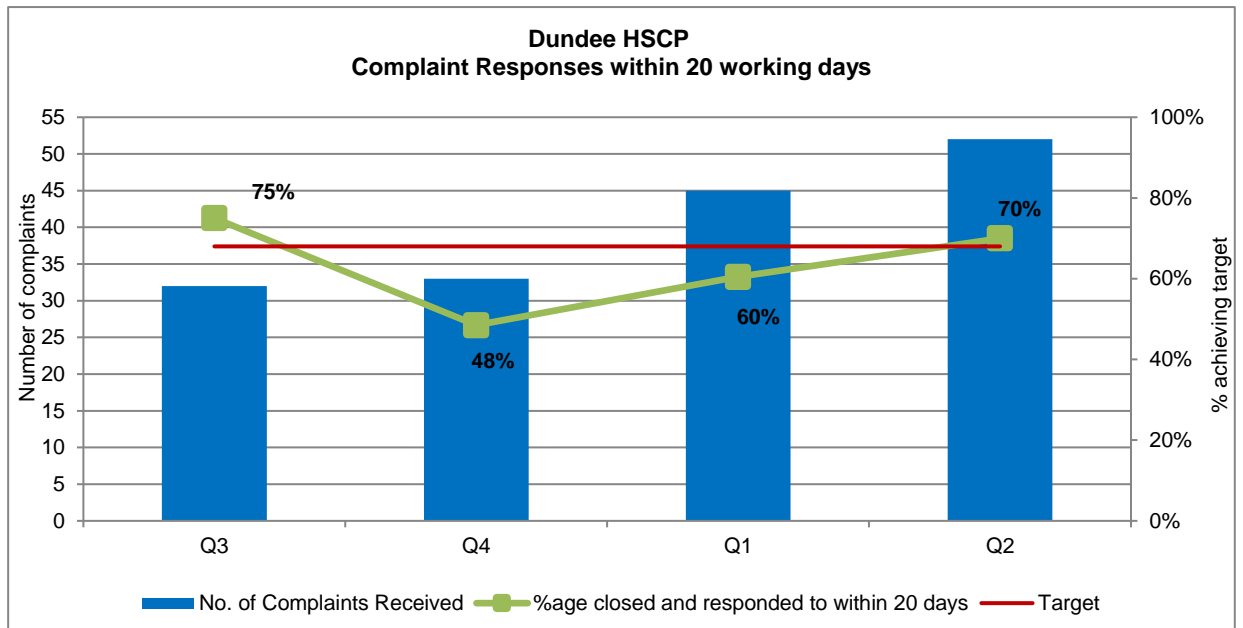
90% of Frontline resolution complaints were either upheld or partially upheld. In contrast 63% of stage 2 complaints were upheld or partially upheld.

Frontline Resolution	11
Investigation (Escalated from Frontline)	14
Investigation	27

4.12 Closed NHS Complaints Resolved within Timescales

40 complaints were closed within the second quarter, and 70% (28) were closed within timescales.

Graph 4 - % of closed NHS complaints closed within timescales

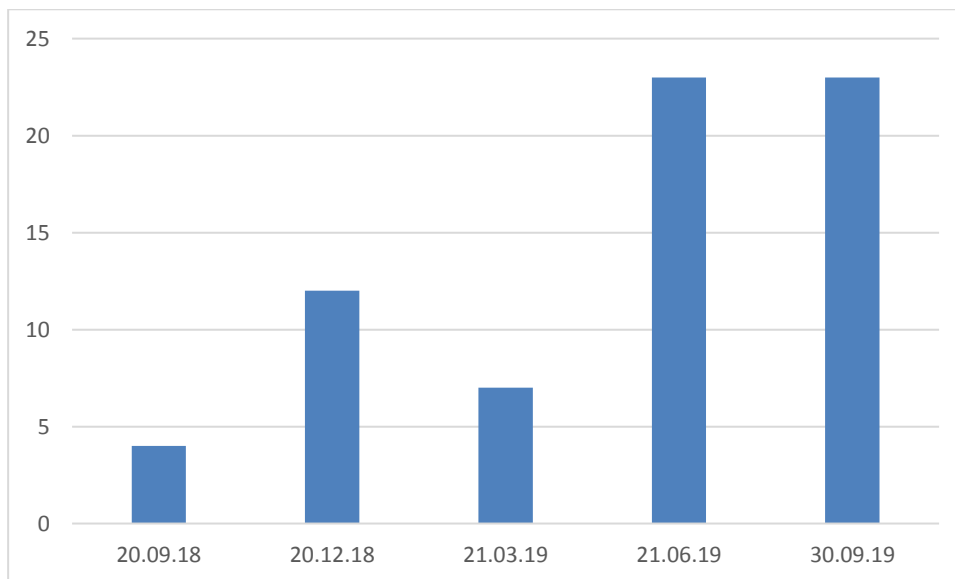


The graph shows that there has been an increase in the number of closed complaints resolved within their target date across the last three quarters. While the volume of complaints being received has increased each quarter, the majority of these are being responded to quickly.

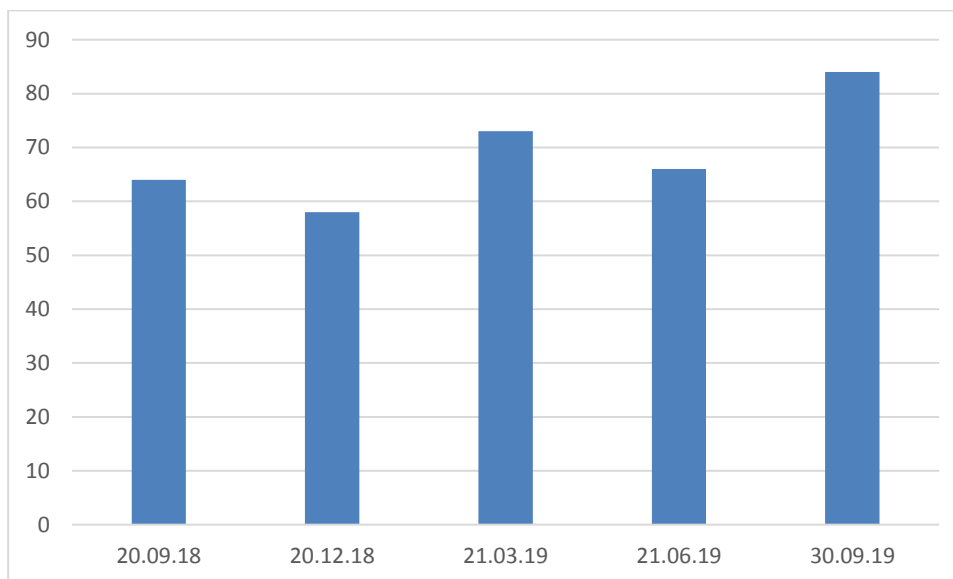
4.13 Outstanding NHS Complaints

The graph below shows that there has been a significant increase in the amount of NHS complaints that are overdue in the past year and this has remained for the second quarter in a row.

Graph 5 - Snapshot of number of open overdue NHS complaints at a given date



Graph 6 - Snapshot of average length in working days of overdue NHS complaints at a given date



The above graph shows that the average length of overdue complaints has remained relatively static over the past year. However work has been ongoing to complete the backlog of overdue complaints and it is anticipated that the average length will reduce in the next quarter.

In the second quarter 59 complaints were closed and the average time taken to close those complaints was 67 days.

A number of discussions have taken place with NHS Tayside to identify how we can improve our complaint response times. A patient feedback workshop is planned as part of Clinical and Care Governance work.

However, it has become clear that one of the main factors leading to long response times (in some service areas) is our approach to formal complaint responses. In particular some Complaint Investigation Officers believe that a patient centred response requires the complaint issues not only to be investigated, but for a solution to be put in place, before we formally respond to the patient. Whilst this approach often provides a more meaningful response, this can lead to very long response times. It has been suggested that we need to review our approach and should be formally responding to the complainant at an earlier stage. Work will be undertaken with Investigation Officers to support them to provide complaint responses timeously whilst retaining the quality of the outcome response.

5.0 IJB Complaints

No complaints about the Integration Joint Board have been received.

6.0 POLICY IMPLICATIONS

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

7.0 RISK ASSESSMENT

This report has not been subject to a risk assessment as it is provided for information and does not require a policy decisions from the PAC.

8.0 CONSULTATIONS

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

9.0 BACKGROUND PAPERS

None

Dave Berry
Chief Finance Officer

DATE: 15 November 2019

