



**REPORT TO: PERFORMANCE & AUDIT COMMITTEE – 25 SEPTEMBER 2018**  
**REPORT ON: ANNUAL COMPLAINTS PERFORMANCE**  
**REPORT BY: CHIEF FINANCE OFFICER**  
**REPORT NO: PAC54-2018**

**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 past financial year 2017/2018. 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 Performance & Audit Committee (PAC):

- 2.1 Note the analysis of 2017/18 Social Work complaint performance as set out in section 5 of this report
- 2.2 Note the analysis of 2017/18 NHS complaint performance as set out in section 6 of this report

**3.0 FINANCIAL IMPLICATIONS**

None.

**4.0 BACKGROUND INFORMATION**

- 4.1 From the 1<sup>st</sup> 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.

**5.0 SOCIAL WORK COMPLAINTS**

- 5.1 In 2017/18 a total of 46 complaints (50 in 2016/17) were received about social work or social care services in the Dundee Health and Social Care Partnership.

This is comparable to the numbers in previous years.

	2013/14	2014/15	2015/16	2016/17	2017/18
Number of complaints received	38	48	26	50	46

## 5.2 Complaints by Reason for Concern

The top 5 complaint category reasons for Social Work and Social Care complaints were:

Failure to meet our service standards	18 (39%)
Treatment by, or attitude of, a member of staff	18 (39%)
Delay in responding to enquiries and requests	4 (9%)
Dissatisfaction with policy	5 (11%)
Failure to follow the proper administrative process	1 (2%)

For 18 of the total complaints received, (39%) we agreed that the complainant had reason to complain, so the complaints were resolved as upheld or partially upheld.

The two highest complaint categories were:

- failure to meet our service standards
- treatment by, or attitude of, a member of staff

For the failure to meet our service standards complaints we agreed that the complainant had reason to complain in 11 out of these 18 complaints.

In comparison, for the treatment by, or attitude of, a member of staff complaints, only 2 out of these 18 complaints were upheld.

## 5.3 Complaint Stages

25 complaints were handled at a Frontline Resolution stage with 21 handled at an Investigation stage.

Stage 1 : Frontline Resolution	25
Stage 2: Investigation	21

Only one complaint was referred to the Scottish Public Services Ombudsman. However this figure may change as complainants can refer to the SPSO up to a year after the time of the complaint reason.

## 5.4 Complaints resolved within timescales

65% 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. This is an improvement in the previous year's performance where only 46% of complaints were resolved within target dates.

Within timescales	30
Outwith timescales	16

It is recognised that resolving complaints within timescales is a priority area for improvement. Weekly reports on open complaints will be provided to the Locality Managers for action.

## 5.5 Planned Service Improvements following complaints

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
- review of communication between teams

## **6.0 NHS COMPLAINTS**

### **6.1 Complaint Reasons**

In 2017-18 a total of 114 complaints about Dundee Health and Social Care Partnership health services were received.

In future annual reports we will provide previous years' figures as a comparison. Please note further detailed information on the reasons for complaints is not currently readily accessible.

### **6.2 Complaints by Reason for Concern**

The top 5 complaint category reasons for Health complaints were:

Staff attitude
Disagreement with treatment/care plan
Problem with medication
Unacceptable time to wait for appointment
Lack of support

For 28 complaints (25%) we agreed that the complainant had reason to complain, resulting in these complaints being upheld.

### **6.3 Complaint Stages**

50 complaints were handled as a Frontline resolution, and 64 were handled as an Investigation.

Frontline Resolution	50
Escalated to Stage 2 Complaint	20
Non escalated Stage 2 complaints	44

It has not been possible to report on health complaints forwarded to the Scottish Public Service Ombudsman for this annual report. It is planned to gather this information for future reports.

### **6.4 Complaints resolved within timescales**

82% of stage 1 complaints were responded to within the timescales of 14 days.

In comparison only 35% of stage 2 complaints were responded to within timescales. Measures are put in place to improve the performance of complaint resolution timescales, including active monitoring of open complaints by the NHS Tayside Complaint and Feedback Team.

## **7.0 COMPLAINTS ABOUT THE INTEGRATION JOINT BOARD**

7.1 No complaints were received about the functions of the Integration Joint Board in 2017/18.

## **8.0 QUALITY ASSURANCE MEASURES**

8.1 Monthly meetings are undertaken as a wider part of quality assurance measures, where a selection of NHS and Social Work complaints are analysed to look at the quality of the complaint response and whether timescales are met.

8.2 For situations where responses to complaints have been outwith the required timescales and / or the quality of the complaint response is not sufficient, actions will be taken to alert Senior Managers and complaint management materials and training will be made available to complaint handlers where appropriate.

## 9.0 COMPLIMENTS

9.1 The Partnership also regularly receives compliments from the people who use our services, their families and carers.

This compliment was received about the blue badge service:

*"Thank you for your quick response the service has been great"*

This compliment was received about a Care Management Team for Older People:

*"I wanted to let you know that the work and empathy of my mum's Care Manager was second to none. Although he was only involved for a short time prior to her passing, he showed the care and commitment that made those last weeks for her as comfortable and the best they could be by way of ensuring that her care was met by those she knew and trusted. So often we only hear the negatives but I wanted you to know that on behalf of her family and friends that her care was superb"*

These compliments were received about the Equipment Store at the Dundee and Angus Independent Living Centre:

*"Thank you. I am delighted at the speed of the refurbishment for the shower chair so I just wanted to pass on my thanks to all involved for this."*

*"Would you please convey my appreciation and thanks you to each and every one of you who are making my life so much easier. It is absolutely fantastic to be able to get equipment in before I've even turned around, the patients really like the telephone calls beforehand and my patient... is absolutely tickled pink at now being able to go home instead of long term care."*

This compliment was received about Ward 4, Victoria Hospital:

*"Please note I must take time to compliment all nursing staff & doctors at ward 4 for all the attention and care I received during my stay which was second to none..."*

This compliment was received about staff at a Partnership care home:

*"My mother-in-law was a resident for eight months until she died. Staff at the care home welcomed her into the home and respected her and valued her uniqueness. The staff provided excellent care and support for her from day 1, they encouraged us as a family to make it as homely as possible so that she would feel more comfortable. They had shown her and the family compassion - dignity and were always respectfully present without being intrusive during her last days, they made a very difficult situation so much easier not only for my mother-in-law but for all her family."*

## 10.0 RISK ASSESSMENT

<b>Risk 1 Description</b>	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.
<b>Risk Category</b>	Governance
<b>Inherent Risk Level</b>	Likelihood 4 x Impact 3= 12 High risk
<b>Mitigating Actions</b> (including timescales and resources )	<ul style="list-style-type: none"> <li>- Weekly reporting on open complaints to Locality Managers, and Head of Service</li> <li>- Regular Quality Assurance meetings</li> <li>- Exception reporting of complaints outwith timescales to the Chief Officer</li> <li>- Increased staff awareness of the complaint procedures.</li> <li>- Recruitment of staff member with focus on complaint administration by the DHSCP</li> </ul>

<b>Residual Risk Level</b>	Likelihood 3 x Impact 3 = 9 High Risk
<b>Planned Risk Level</b>	Likelihood 2 x Impact 3 = 6 Moderate Risk
<b>Approval recommendation</b>	The risk should be accepted with the expectation that the mitigating actions make the impacts which are necessary to improve the complaint resolution timescales.

### 11.0 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.

### 12.0 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: 5<sup>th</sup> September 2018

Clare Lewis Robertson  
Senior Officer, Business Planning and Information Governance

