

WEST DUNBARTONSHIRE COUNCIL

Report by Director of Community Health and Care Partnership

Community Health and Care Partnership Committee: 21st September 2011

Subject: Annual Complaints Overview – 2010/11

1. Purpose

- 1.1 The purpose of this Report is to provide the CHCP Committee of a high-level summary of the complaints received for the period 1st April 2010 to 31st March 2011; and provide assurance of CHCP complaints management processes.

2. Background

- 2.1 NHSGGC and West Dunbartonshire Council have separate statutory complaints policies, procedures and governance arrangements, in recognition of the of their separate accountabilities for the delivery of particular services and function.
- 2.2 The CHCP Committee has set out its commitment to streamlining and succinct reporting arrangements as far as possible in a manner that enables the CHCP to satisfy the core procedural requirements of both its parent organisations
- 2.3 To that end this first consolidated annual overview report on complaints has been prepared. It straddles the period immediately preceding and then succeeding the establishment of the CHCP in October 2010. However, in relation to complaints management, that issue of timing does not impact upon the substance of this report as at a senior management level the CHCP is still obliged to satisfy the slightly different processes (including distinct routine corporate reporting) of West Dunbartonshire Council and NHS Greater Glasgow & Clyde depending on the nature of the complaint received. It is important to note though that the essence and intent of both organisations' systems for dealing with and responding to complaints is the same, including with the Scottish Public Sector Ombudsmen (SPSO) being the final recourse for complainants.

3. Main Issues

- 3.1 For this 12 month period, the former Social Work and Health Department and Community Health Partnership followed by the newly established CHCP received a total of 51 complaints.

3.2 Many of these touch-upon more than one area of provision, the primary services involved where:

- Adult Services (NHSGGC) - 5
- Children's Services (NHSGGC) – 3
- Mental Health Services (NHSGGC) – 11
- Diabetic Retinal Screening (NHSGGC – hosted service) – 1
- Charging Policy – Older People (WDC) - 1
- Children's Services (WDC) - 15
- Community Care (WDC) -7
- Homecare (WDC) - 2
- Mental Health Services (WDC) - 3
- Older People Services (WDC) - 2
- Sheltered housing (WDC) – 1

3.3 While many of the complaints had more than one dimension, the main themes/concerns expressed concerned:

- Administration.
- Appointment arrangements.
- Attitude / behaviour of staff.
- Bias or discrimination.
- Car parking.
- Clinical treatment.
- Communication.
- Service provision.
- Quality of service.
- Policy implementation.

3.4 Of the 51 complaints received:

- 10 were justified / upheld.
- 14 were part justified / part upheld.
- 24 were unjustified / not upheld.
- Two were unsubstantiated.
- One had to no consent received to proceed.

3.5 West Dunbartonshire Council applies reporting standards for responding to social work complaints (rather than specific numerical targets).

3.6 Of the 20 NHS complaints within this total received during this period, 17 of which responded to within 20 days (i.e. 85% local performance against the nationally set NHS target of 70%).

3.7 During this period, two submissions were made to the SPSO (following the completion in both these case of the internal NHSGGC processes). It should be noted that since submissions to the SPSO often occur some months after the initial submission to either WDC or to NHSGGC, complaints being considered by the SPSO may relate to an earlier period that detailed in this report.

4. People Implications

4.1 There are no specific personnel issues associated with this report.

5. Financial Implications

5.1 There are no specific financial implications associated with this report.

6. Risk Analysis

6.1 No risk assessment was necessary to accompany this report.

6.2 However, the systematic and routine adherence to the complaints policies of both NHSGGC and West Dunbartonshire Council are important components of CHCP's quality assurance arrangements. In addition, if the CHCP was unable to clearly demonstrate this adherence in practice there would be the issue of reputational risk, amongst both scrutinising organisations and local communities. The presentation of this overview report (and the internal governance systems that generate it) is an important element of mitigating such risk.

7. Equalities, Health & Human Rights Impact Assessment (EIA)

7.1 No significant issues were identified in a screening for potential equality impact of this report.

8. Strategic Assessment

8.1 Given the nature of the paper, this is not applicable.

9. Conclusions and Recommendations

9.1 The CHCP Senior Management are committed to efficient, rigorous and sensitive complaints management as a routine element of any effective service. A key aspect of the CHCP's internal governance arrangements is that complaints management is a standing item on the Senior Management Team monthly meeting, which provides an opportunity for both scrutiny and sharing of learning (in keeping with its commitment to continuous quality improvement).

9.2 Within the integrated context of an CHCP, the Senior Management team is also conscious of the importance of taking steps to avoid inadvertent confusion at an operational level about the process to follow, not least to ensure that complainants are responded to appropriately and timeously. In keeping then with the CHCP Committee's direction for streamlined and joined-up systems wherever possible (a requirement echoed as robust practice by the recent Audit Scotland National Evaluation of CHPs that was previously reported to Committee), the Senior Management Team has also established an integrated complaints protocol for CHCP services. The principle behind this best-practice protocol is to provide a clear, single, cohesive response to

complex issues where possible thus reflecting and demonstrating an integrated approach to managing service complaints.

- 9.3 It is important to place the overview of complaints provided within this report within the context of the considerably larger of interactions that CHCP services and staff have with patients, clients and members of the public across West Dunbartonshire; and with appropriate cognisance of the complexity and sensitivity of the types of services the CHCP provides, and the very nature of the work that CHCP staff undertake on a daily basis.
- 9.4 The CHCP take all complaints received seriously and place a premium in ensuring that they are considered and responded to in a considered and balanced manner with due respect to all those who may be involved. It should be recognised though that as far as is possible (and as per both organisation's policies) the comments, suggestions and concerns raised by clients, patients, their families/representatives or members of the public are dealt with directly by CHCP staff as soon as they arise in the expectation that they can be reasonably resolved swiftly without the individual(s) concerned feeling that they have to recourse to making a formal complaint.
- 9.5 The CHCP Committee is asked to note the contents of this report.

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Date: 1 September 2011

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Appendix: None

Background Papers: None

Wards Affected: All