

Title of Report	Complaints Performance – annual update for period 01/04/2023 to 31/03/2024
Public/Confidential	Public
Summary/purpose of report	This report presents annual complaints performance information for 2023/24.
Recommendations	The Council is asked to: <ul style="list-style-type: none"> • note our performance in responding to complaints in 2023/24 • approve the annual complaints performance report to be published on our website.
Author	Anna Fairweather Quality and Improvement Officer
Responsible Officer	Laura Shepherd, Director, Strategy and Performance
Link to Strategic Plan	The information in this report links to: <p>Outcome 1: Trusted People who use services are protected by a workforce that is fit to practise.</p> <p>Outcome 2: Skilled Our work supports the workforce to deliver high standards of professional practice.</p> <p>Outcome 3: Confident Our work enhances the confidence, competence and wellbeing of the workforce.</p> <p>Outcome 4: Valued The social work, social care and children and young people workforce is valued for the difference it makes to people’s lives.</p>
Link to Risk Register	Risk 3: We fail to meet corporate governance, external scrutiny and legal obligations.
Impact Assessment	An Impact Assessment (IA) was not required.
Documents attached	Appendix 1: Complaints performance – 01/04/2023 to 31/03/2024
Background papers	None

EXECUTIVE SUMMARY

1. We follow the model complaints handling procedure (CHP) as defined by the Scottish Public Sector Ombudsman (SPSO).
2. This report forms part of our wider reporting commitment which includes quarterly reporting (discussed at OMT and thereafter published online).
3. We adopted the SPSO's revised model for complaints handling in April 2021 and have reviewed and updated our Complaints Handling Procedure in April 2024. In practice there are few material changes to the model and our reporting commitment remains the same as at present.
4. This annual report summarises our performance in 2023/24 in responding to complaints at each stage of the procedure.
5. We are currently working to improve the level of data we can provide about our complaints to allow us to better analyse complaints received. A high-level breakdown of complaints will be created to show the number of complaints received by department and over time to allow a year-on-year comparison.
6. This work will also include providing breakdowns of complaints for each department in correlation to other department metrics, which will provide further context about why we might see increases or decreases in complaints in specific areas. For example, we will be able to identify if we are seeing an increase in complaints about specific processes where there has been a process change and provide further information about the volume of complaints about the Fitness to Practise investigation process in comparison to the number of Fitness to Practise referrals received.
7. We will also use new tools such as text mining to provide further analysis that will provide more specific insights into the reasons for complaints in certain areas. This will also allow departments to further analyse their own complaints and identify areas for improvement and lessons learned.

PERFORMANCE HIGHLIGHTS

8. Areas of performance of note this year include the following:
 - We responded to 99% of stage one complaints within five working days.
 - We responded to 95% of stage two complaints within 20 working days.
 - We have remained consistent with time to respond to a stage one complaint.
 - Our average time to respond to a stage two complaint has increased from 14 to 16 working days.
 - The number of stage one complaints upheld, not upheld and partially upheld has mostly been in line with the previous year's performance.

- Of the stage one complaints closed, most (221 complaints) were about one of our processes.

CONSULTATION

9. Operational Management Team and Executive Management Team were involved in the development of the report.

RISKS

10. We are required to publicly report on our complaints handling performance. Failure to produce this quarterly report and publicise it to members of the public, including our stakeholders, may put the SSSC at risk of breaching SPSO guidance. Additionally, failure to report may have a negative impact on the SSSC's reputation as a public body.
11. We have a cautious risk appetite towards sustaining appropriate operational processes, systems and controls. As we have a statutory responsibility to manage complaints, we apply this cautious approach to the systems of managing complaints. Our complaints handling procedure allows us to maintain the approach to managing risks around complaints and timescales.

IMPLICATIONS

Resourcing

12. There are no resourcing requirements identified as part of this report.

Compliance

13. There are no compliance issues identified as part of this report. Production of this report forms part of our responsibilities in complying with the SPSO's model.

IMPACT ASSESSMENT

14. An Impact Assessment was not required because this report is for noting our performance under existing procedures.

CONCLUSION

15. The Council is asked to note our performance as described in Appendix 1 and approve the report for publication on our website.