

Report To: Inverclyde Integration Joint Board **Date:** 12 September 2017

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Inverclyde Health and Social Care
Partnership (HSCP) **Report No:**
IJB/55/2017/HW

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Subject: HSCP COMPLAINT HANDLING PROCEDURES

1.0 PURPOSE

- 1.1 The purpose of this report is to advise the Integration Joint Board members of the suite of complaint handling procedures required to manage health and social work complaints and the procedure required specifically for the delegated functions of the Integration Joint Board.

2.0 SUMMARY

- 2.1 The Inverclyde Health and Social Care Partnership Integration Scheme identified that for delegated functions, Greater Glasgow and Clyde Health Board and Inverclyde Council retain separate complaints procedures to reflect the statutory requirements for health and social work complaints. Recent legislative changes align health and social work complaints procedures more closely.
- 2.2 As a legal entity, complaints can also be raised against the Integration Joint Board (IJB) itself in how it exercises the delegated functions it has responsibility for, as laid down in the Public Bodies (Joint Working) (Scotland) Act 2014 and the Inverclyde HSCP Integration Scheme.
- 2.3 The IJB needs to establish a model complaints handling procedure, compliant with the guidance laid down by the SPSO.
- 2.4 The Scottish Public Service Ombudsman (SPSO) has issued model complaints handling procedures for Social Work, Health and Integration Joint Boards to support compliance.

3.0 RECOMMENDATIONS

- 3.1 The Integration Joint Board is asked to review and approve the HSCP Complaints Handling Procedure 2017.
- 3.2 The Integration Joint Board is asked to review and approve the Inverclyde Integration Joint Board Complaint Handling Procedure 2017.
- 3.3 The Integration Joint Board is asked to note the new NHS Greater Glasgow & Clyde Complaints Policy approved by the Health Board on 21st February 2017.
- 3.4 The Integration Joint Board is asked to note the requirement to report and publish

complaint information quarterly, and approve that this is done on the HSCP section of "Inverclyde Performs".

- 3.5 The Integration Joint Board is asked to note the abolition of the Independent Social Work Complaint Review Committee (SWCRC) for complaints registered on or before 31 March 2017.
- 3.6 The Integration Joint Board is asked to note our appreciation to members of the Independent Social Work Complaint Review Committee for their ongoing commitment and professional expertise in reviewing social work complaints.

Louise Long
Corporate Director, (Chief Officer)
Inverclyde HSCP

4.0 BACKGROUND

- 4.1 The Public Services Reform (Social Work Complaints Procedure) (Scotland) Order 2016 (the Order) brings social work complaint handling into line with other local authority (LA) complaints handling under the remit of the Public Services Reform (Scotland) Act 2010. New Social Work guidance and procedure templates have been developed by the Scottish Public Service Ombudsman (SPSO) in conjunction with a wide range of stakeholders from relevant bodies and social work professionals across Scotland. This has included representation from Inverclyde HSCP.
- 4.2 The NHS Complaints Handling Procedure supports the requirements of the Patient Rights (Scotland) Act 2011. New NHS guidance and procedures have been developed by the Scottish Government, SPSO and relevant NHS bodies and professionals across Scotland.
- 4.3 Despite the requirement to maintain separate health and social work procedures, both are relatively similar. Key differences are the specific examples, information and guidance for staff in relation to scenarios commonly encountered or distinctive within each area and differences in discretionary extensions to timelines for Stage 1 early/frontline resolutions.
- 4.4 The Public Services Reform (Scotland) Act 2010 Act gives the SPSO authority to lead the development of model complaints handling procedures across the public sector. There is a statutory requirement to apply a model Complaints Handling Procedure specifically in relation to the delegated functions of the Integration Joint Board.
- 4.5 Inverclyde HSCP had previously developed an Integrated Model Complaints Handling Procedure. In practice the new procedures will not change the current methodology in handling complaints.
- 4.6 There is recognition that more than one organisation or service may be required to respond to a particular complaint. Good complaints handling supports a joint response. All of the procedures correspond to give staff information and guidance on how and when to do this, in order to support a combined response to a complaint when it is appropriate to do so. Internal processes across the local authority, NHS and other HSCPs support this.
- 4.7 A summary complaints handling process document has been updated to provide staff with additional guidance and associated documentation for patients/service has been updated to reflect the procedure.
- 4.8 The SPSO requires complaint information to be publicised on a quarterly basis. It is proposed that this is published on "Inverclyde Performs".

5.0 IMPLICATIONS

FINANCE

There are no financial implications from this report.

5.1 Financial Implications:

One off costs.

Cost Centre	Budget Heading	Budget Years	Proposed Spend this Report £000	Virement From	Other Comments

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Annually Recurring Costs/ (Savings)

Cost Centre	Budget Heading	With Effect from	Annual Net Impact £000	Virement From (If Applicable)	Other Comments

LEGAL

- 5.2 There is an overlap of the two Social Work procedures whereby the Independent Social Complaint Review Committee can still be convened for some time to review complaints received on or before 31 March 2017.

Bringing Social Work under the remit of the Public Services Reform (Scotland) Act 2010 establishes the SPSO's role in independently reviewing Social Work complaints including professional decision making. The SPSO's extended role will only apply to Social work complaints made on or after 01 April 2017.

HUMAN RESOURCES

- 5.3 There are no human resources issues within this report.

EQUALITIES

- 5.4 There are no equality issues within this report.

Has an Equality Impact Assessment been carried out?

	YES (see attached appendix)
X	NO – As the basis of the complaint procedures are developed and produced by the Scottish Government as a statutory requirement, no additional equality impact assessment is necessary.

- 5.4.1 How does this report address our Equality Outcomes.

- 5.4.1.1 **People, including individuals from the above protected characteristic groups, can access HSCP services.**

The Inverclyde HSCP joint complaint procedures will be made available on the Inverclyde HSCP website. This procedure will be made available in alternative formats on request and will be circulated and cascaded to service users and carer groups and localities via social media, advisory networks and partner organisations.

- 5.4.1.2 **Discrimination faced by people covered by the protected characteristics across HSCP services is reduced if not eliminated.**

Any complaints relating to this outcome will be recorded and reviewed as part of our reporting and governance regime.

- 5.4.1.3 **People with protected characteristics feel safe within their communities.**

Any complaints relating to this outcome will be recorded and reviewed as part of our reporting and governance regime.

5.4.1.4 People with protected characteristics feel included in the planning and developing of services.

Any complaints relating to this outcome will be recorded and reviewed as part of our reporting and governance regime.

5.4.1.5 HSCP staff understand the needs of people with different protected characteristic and promote diversity in the work that they do.

Any complaints relating to this outcome will be recorded and reviewed as part of our reporting and governance regime, and any learning identified by the Clinical and Care Governance Executive Group will be disseminated across services and staff groups.

5.4.1.6 Opportunities to support Learning Disability service users experiencing gender based violence are maximised.

Any complaints relating to this outcome will be recorded and reviewed as part of our reporting and governance regime.

5.4.1.7 Positive attitudes towards the resettled refugee community in Inverclyde are promoted.

Any complaints relating to this outcome will be recorded and reviewed as part of our reporting and governance regime.

5.5 CLINICAL OR CARE GOVERNANCE IMPLICATIONS

The Clinical and Care Governance Executive Group will review complaints and the learning from them, at each of its meetings.

5.6 NATIONAL WELLBEING OUTCOMES

How does this report support delivery of the National Wellbeing Outcomes.

5.6.1 People are able to look after and improve their own health and wellbeing and live in good health for longer.

Not applicable.

5.6.2 People, including those with disabilities or long term conditions or who are frail are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.

Not applicable.

5.6.3 People who use health and social care services have positive experiences of those services, and have their dignity respected.

The implementation of the complaints procedure provides service users, carers and members of the public with a clear and robust mechanism to express their views and dissatisfaction if they are unhappy with the service they receive.

5.6.4 Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.

Not applicable.

5.6.5 Health and social care services contribute to reducing health inequalities.

Not applicable.

- 5.6.6 **People who provide unpaid care are supported to look after their own health and wellbeing, including reducing any negative impact of their caring role on their own health and wellbeing.**

Not applicable.

- 5.6.7 **People using health and social care services are safe from harm.**

Not applicable.

- 5.6.8 **People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.**

Learning from complaints will be used as a positive development tool, and compliments will also be reported.

6.0 CONSULTATION

- 6.1 This report has been prepared by the Chief Officer, Inverclyde Health and Social Care Partnership (HSCP). There has been no local consultation as this procedure has been informed by legislation and a framework set out by the SPSO.

7.0 LIST OF BACKGROUND PAPERS

- 7.1 None.

The Social Work Model Complaints Handling Procedure

The Social Work Complaints Handling Procedure

Foreword from Louise Long, Chief Officer of Inverclyde Health and Social Care Partnership

Our Social Work complaints handling procedure reflects Inverclyde Health and Social Care Partnership's commitment to valuing complaints. It seeks to resolve customer dissatisfaction as close as possible to the point of service delivery and to conduct thorough, impartial and fair investigations of customer complaints so that, where appropriate, we can make evidence-based decisions on the facts of the case.

The procedure has been developed by social work experts and third sector organisations working closely with the Scottish Public Services Ombudsman (SPSO). This procedure has been developed specifically for our social work services, so that staff have all the information they need to handle social work complaints effectively. The procedural elements tie in very closely with those of Inverclyde Council, NHS Greater Glasgow and Clyde Health Board and Inverclyde Integration Joint Board so where complaints cut across services, they can still be handled in much the same way as other complaints.

As far as is possible we have produced a standard approach to handling complaints which complies with the SPSO's guidance on a model complaints handling procedure. This procedure aims to help us 'get it right first time'. We want quicker, simpler and more streamlined complaints handling with local, early resolution by capable, well-trained staff.

Good complaints handling includes providing joint responses to complaints whenever they relate to more than one service. This procedure gives our staff information and guidance on how and when to do this, to ensure that our customers get a comprehensive response to their complaints whenever this is possible.

Complaints give us valuable information we can use to improve service provision and customer satisfaction. Our complaints handling procedure will enable us to address a customer's dissatisfaction and may help us prevent the same problem from happening again. For our staff, complaints provide a first-hand account of the customers' views and experience, and can highlight problems we may otherwise miss. Handled well, complaints can give our customers a form of redress when things go wrong, and can also help us continuously improve our services.

Resolving complaints early creates better customer relations. Handling complaints close to the point of service delivery means we can resolve them locally and quickly, so they are less likely to escalate to the next stage of the procedure. Complaints that we do not resolve swiftly can greatly add to our workload and are more costly to administer.

The complaints handling procedure will help us do our job better, improve relationships with our customers and enhance public perception of Inverclyde HSCP. It will help us keep the user at the heart of the process, while enabling us to better understand how to improve our services by learning from complaints.

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What is a complaint?

Inverclyde Health and Social Care Partnership's definition of a complaint is:

'An expression of dissatisfaction by one or more members of the public about the social work service's action or lack of action, or about the standard of service provided through the Health and Care Partnership (HSCP).'

Any complaints about other services will be handled under the NHS Greater Glasgow and Clyde Health Board, Inverclyde Council standard complaints handling procedure (CHP) or Inverclyde Integration Joint Board complaints handling procedure.

Third parties providing social work services on our behalf are required to operate their own complaints procedure, taking cognisance of the model Complaint Handling Procedure.

A complaint may relate to the following, but is not restricted to this list:

- failure or refusal to provide a service
- inadequate quality or standard of service
- dissatisfaction with one of our policies or its impact on the individual
- failure to properly apply law, procedure or guidance when delivering services
- failure of administrative processes
- delays in service provision
- treatment by or attitude of a member of staff
- disagreement with a decision made in relation to social work services.

Appendix 1 provides a range of examples of complaints we may receive, and how these may be handled.

A complaint is not:

- a routine first-time request for a service
- a claim for compensation only
- a disagreement with decisions or conditions that are based upon social work recommendations, but determined by a court or other statutory body, for example decisions made by a children's panel, parole board or mental health tribunal
- an attempt to reopen a previously concluded complaint or to have a complaint reconsidered where we have already given our final decision.

These issues must not be treated as complaints, instead customers should be directed to use the appropriate procedures.

Appendix 2 gives examples of more complex complaints, some of which are not appropriate for this CHP. The section on **Complaints relevant to other agencies** provides information about some of the other agencies that may be able to assist customers if their complaint is not appropriate for this CHP.

Who can make a complaint?

Anyone who receives, requests, or is affected by our social work services can make a complaint. This is not restricted to 'service users' and their relatives or representatives, but may also include people who come into contact with or are affected by these services, for example people who live in close proximity to a social work service provision, such as a care home or day centre. In this procedure these people are termed 'customers', regardless of whether they are or were using a service.

Sometimes a customer may be unable or reluctant to make a complaint on their own. We will accept complaints from third parties, which may include relatives, friends and advocates. The third party should normally obtain the customer's consent. This can include complaints brought by parents on behalf of their child, if the child is considered to have capacity to make decisions for themselves. However, in certain circumstances, the third party may raise a complaint without receiving consent, such as when there are concerns over someone's wellbeing. The complaint should still be investigated, but the response may be limited by considerations of confidentiality. Inverclyde HSCP policies on gaining consent and information sharing must be adhered to.

Independent advocates may bring complaints on behalf of social work service users or other customers, if they are unable to raise an issue themselves, or if they are unable to identify when something is wrong. More information about using advocates to support customers is available in the section on **Supporting the customer**.

If there are concerns that a complaint has been submitted by a third party without appropriate authority from the customer, advice should be sought from a senior member of staff. The provision of a signed mandate from the customer will normally be sufficient for us to investigate a complaint. However, the timing of when we require this mandate may vary depending on the circumstances. If the complaint raises concerns that require immediate investigation, this should not be delayed while a mandate is sought. It will, however, be required before the provision of a full response to the third party. Third parties acting in the capacity of Welfare Power of Attorney or Welfare Guardian are required to submit a written certificate of authorisation.

Handling anonymous complaints

We value all complaints. This means we treat all complaints, including anonymous complaints, seriously and will take action to consider them further, wherever this is appropriate. Generally, we will consider anonymous complaints if there is enough information in the complaint to enable us to make further enquiries. If, however, an anonymous complaint does not provide enough information to enable us to take further action, we may decide not to pursue it further. Any decision not to pursue an anonymous complaint must be authorised by a senior manager.

If an anonymous complaint makes serious allegations, these should be dealt with in a timely manner under relevant procedures. This may not be the complaints procedure and could instead be relevant child protection, adult protection or disciplinary procedures.

If we pursue an anonymous complaint further, we will record the issues as an anonymous complaint on the complaints system. This will help to ensure the completeness of the complaints data we record and allow us to take corrective action where appropriate.

What if the customer does not want to complain?

If a customer has expressed dissatisfaction in line with our definition of a complaint but does not want to complain, tell them that we do consider all expressions of dissatisfaction, and that complaints offer us the opportunity to improve services where things have gone wrong. Staff should encourage the customer to submit their complaint and allow us to handle it through the CHP. This will ensure that the customer is updated on the action taken and gets a response to their complaint.

If, however, the customer insists they do not wish to complain, the complaint should be recorded as an anonymous complaint. This will ensure that the customer's details are not recorded on the complaints database and that they receive no further contact about the matter. It will also help to ensure the completeness of the complaints data recorded and will still allow us to fully consider the matter and take corrective action where appropriate.

Supporting the customer

All members of the community have the right to equal access to our complaints procedure. It is important to recognise the barriers that some customers may face complaining. These may be physical, sensory, communication or language barriers, but can also include their anxieties and concerns. Customers may need independent support to overcome these barriers in accessing the complaints system.

Customers who do not have English as a first language, including British Sign Language users, may need help with interpretation and translation services. Other customers may need other forms of communication support, including documents written in accessible language such as easy read format. Some may need support workers or advocates to help them understand their rights, and help them to communicate their complaints.

We must always take into account our commitment and responsibilities to equality. This includes making reasonable adjustments to ensure that all customers can access our services.

The Mental Health (Care and Treatment) (Scotland) Act 2003 gives anyone with a 'mental disorder' (including mental health issues, learning difficulties, dementia and autism) a right to access independent advocacy. This legislation says that independent advocacy must be delivered by independent organisations that only provide advocacy. They help people to know and understand their rights, make informed decisions and have a voice.

Wherever possible we will identify what additional needs a customer may have and help them find appropriate support or refer them to the local independent advocacy organisation to help them in pursuing a complaint. The local Advocacy Service is:

Circles Network Advocacy
Services Inverclyde
21 Grey Place
Greenock, Inverclyde PA15 1YF
Telephone: 01475 730797

Complaints and appeals

While some social work decisions may be reviewed under alternative arrangements at a local level (for example through appeal or peer review), the SPSO has the power to consider professional social work decisions. The customer should not be required to seek further reconsideration of a decision under both appeal and complaint processes, nor should they be required to make further complaint if dissatisfied with the outcome of an appeal.

Therefore, whilst we have discretion to operate appeals procedures, these must be regarded as a special form of complaint investigation (stage 2 of this CHP). Such appeals processes must be compliant with this procedure in terms of the rigour and documentation of the process, must be concluded within 20 working days with a written response to the customer, and must be recorded as a stage 2 complaint on the relevant complaints database. If the customer raises additional issues of dissatisfaction as well as challenging a professional decision, then the process must consider and respond to every element of the customer's dissatisfaction so that no additional complaint process is required.

The final response letter must provide relevant text advising the customer of their right to refer the matter to the SPSO for independent consideration. The SPSO will then investigate matters in full, in line with their standard procedures.

Complaints involving social work services and another service or organisation

In accordance with the Public Bodies (Joint Working) Act, Inverclyde Integration Joint Board is responsible for the strategic planning of health and social care services delegated by NHS Greater Glasgow & Clyde Health Board and Inverclyde Council through Inverclyde HSCP. This includes all adult, children and criminal justice social work functions. It is important for staff investigating stage 2 complaints to be aware of the delegation arrangements in their area, so they can take appropriate account of these, even if they are not themselves working within a delegated service.

A complaint may relate to a social work function and NHS function delivered by the HSCP; or a responsibility of the Health & Social Care Partnership Board; or a service provided by another part of the Council, another NHS organisation, or by another organisation (such as a housing association). Initially, these complaints will all be handled in the same way. They will be logged as a complaint, and the content of the complaint must be considered, to identify which services are involved, which parts of the complaint we can respond to and which parts are appropriate for another organisation. How complaints are handled depends on delegation arrangements and on the other organisation involved as follows:

Complaints involving social work services and another service within Inverclyde HSCP

A complaint may relate to our social work service and another service provided by Inverclyde HSCP the services must work together to resolve the complaint. A decision will be taken by the Head of Service as to which service will lead on the response. It is important that the lead service provides a combined response and that all services have contributed to this.

Complaints relating to a social work service and another service provided by another organisation

The aim is still to provide a joint response where possible (particularly where the organisations are linked, eg. Council services or NHS providers), though this may not always be possible. Contact must be made with the customer to explain that their complaint partly relates to services which are delivered by another organisation, and that to resolve their complaint, we will need to share information with this organisation. We will check whether specific consent is required from the customer before sharing their information with the other services, and take appropriate action where necessary, bearing in mind any data protection requirements.

If it is possible to give a joint response, a decision will be taken as to which service will lead the process. We must ensure that all parties are clear about this decision. The response must cover all parts of the complaint, explain the role of both services, and (for investigation stage complaints) confirm that it is the final response from both services.

If a joint response is not possible, we will explain to the person making the complaint the reasons why they will receive two separate responses, and who they can get in contact with about the other aspects of their complaint. You must also write to both the customer and the other services involved, setting out which parts of the complaint we will be able to respond to.

If we need to make enquiries to another organisation in relation to a complaint, always take account of data protection legislation and our guidance on handling our customers' personal information. The Information Commissioner has detailed guidance on data sharing and has issued a data sharing code of practice.

Complaints about services commissioned by us

As part of the service provider's contractual obligations, they must provide a robust complaints process which complies with this CHP, and this obligation must be set out in their contract. This applies to all contracted services, including care services. The expectations around complaints handling by the provider should also be explained to service users in their service agreement with the provider. At the end of the investigation stage of any such complaints the provider must ensure that the customer is signposted to the SPSO, as with any other complaint made to Inverclyde HSCP.

It is important that a complaint is resolved as quickly as possible and as close as possible to the time when the event being complained about occurred. The contracted service provider should be given the opportunity to respond to a complaint first, even if the customer has initially approached Inverclyde HSCP, unless there is good reason why this would not be appropriate. However,

Inverclyde HSCP will have discretion to investigate complaints about providers contracted to deliver services on its behalf.

These services may also be registered as a care service with the Care Inspectorate to deliver a care or support service. If this is the case, customers have the right to complain directly to the Care Inspectorate or to make use of the provider's CHP and thereafter make a complaint to the Care Inspectorate, regardless of any investigations undertaken by Inverclyde HSCP.

Where services are commissioned on behalf of Inverclyde HSCP, customers can make complaints under this CHP in relation to the assessment of need, the commissioning or recommendation process, and any element of the service that has been publicly funded. Complaints about any part of service that has been privately funded cannot be considered through this CHP.

Service providers who are not registered with the Care Inspectorate as a care or support service but who are contracted to deliver other services on behalf of Inverclyde HSCP must still comply with this CHP.

Complaints for the Care Inspectorate

Local authorities and any contractors that provide care services must be registered with the Care Inspectorate. This is the independent scrutiny and improvement body for care and social work across Scotland, which regulates, inspects and supports improvement of care services.

The Care Inspectorate has a procedure for receiving information, concerns and investigating complaints, from members of the public or their representatives, about the care services they use. The Care Inspectorate's complaints procedure is available even when the service provider has an alternative complaints procedure in place.

The Care Inspectorate encourages people to complain directly to the organisation they receive a service from. However, some people are not comfortable doing this and to support them, the Care Inspectorate will take complaints about care services directly.

When complaints are brought to us about registered care services, we have the right to share complaint information about the registered care provider with the Care Inspectorate, to decide who is best placed to investigate the complaint. We can also share the outcome of complaints about contracted and registered services with the Care Inspectorate.

Contact details for the Care Inspectorate can be found on their website:

www.careinspectorate.com/

Or:

telephone 0845 600 9527

fax 01382 207 289

complete an online complaints form at www.careinspectorate.com/ or

Complaints about Personal Assistants

Where an individual directly employs a Personal Assistant to provide their support, using a Direct Payment (as part of a Self-directed Support package), they are not subject to registration with the Care Inspectorate under the Public Services Reform (Scotland) Act 2011, its regulations and amendments. The employer remains responsible for the management of their employee, including their performance management. The Care Inspectorate would only be able to take complaints about such support workers if they work for a registered care agency.

Complaints relevant to other agencies

Customers may raise concerns about issues which cannot be handled through this CHP, but which other agencies may be able to provide assistance with or may have an interest in. This may include:

The Mental Welfare Commission:

Email: enquiries@mwscot.org.uk

Tel: 0800 389 6809 (service users and carers only)

Website: www.mwscot.org.uk

The Children's Commissioner:

Email: inbox@cycps.org.uk

Tel: 0800 019 1179

Website: www.cycps.org.uk

The Scottish Social Services Council:

Email: via their website

Tel: 0345 60 30 891

Website: www.sssc.uk.com

Customers may also raise concerns that information has not been provided in line with information sharing and data protection legislation, in which case they should be signposted to Information Governance Officer. Any correspondence they have received from Inverclyde HSCP will also specify the next steps to take if there are ongoing concerns, including signposting to the Information Commissioner:

Email: scotland@ico.org.uk

Tel: 0131 244 9001

Website: www.ico.org.uk

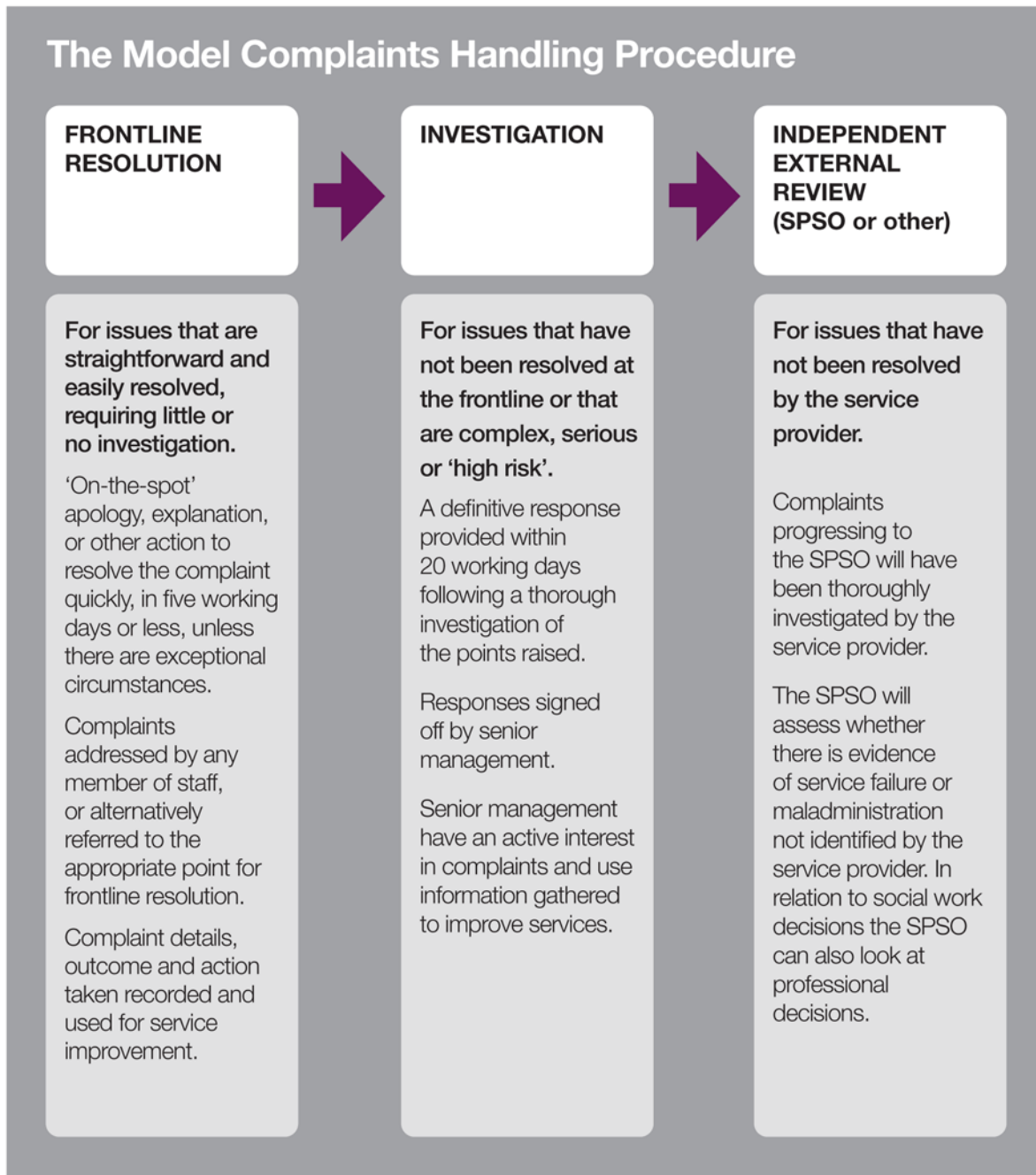
This list is not exhaustive, and it is important to consider the circumstances of each case, and whether another organisation may also have a role to play.

The complaints handling process

Our CHP aims to provide a quick, simple and streamlined process for resolving complaints early and locally by capable, well-trained staff.

Our complaints process provides two opportunities to resolve complaints internally:

- **frontline resolution**, and
- **investigation**.



For clarity, the term 'frontline resolution' refers to the first stage of the complaints process. It does not reflect any job description within Inverclyde HSCP but means seeking to resolve complaints at the initial point of contact where possible.

Stage one: frontline resolution

Frontline resolution aims to quickly resolve straightforward customer complaints that require little or no investigation. Any member of staff may deal with complaints at this stage.

The main principle is to seek early resolution, resolving complaints at the earliest opportunity and as close to the point of service delivery as possible. This may mean a face-to-face discussion with the customer, or asking an appropriate member of staff to handle the complaint.

[Appendix 1](#) gives examples of the types of complaint we may consider at this stage, with suggestions on how to resolve them, as well as those that may be more appropriate to escalate immediately to the investigation stage.

In practice, frontline resolution means resolving the complaint at the first point of contact, wherever possible, or within five working days of this contact. This may be taken forward by the member of staff receiving the complaint or, where appropriate, another member of staff.

In either case, you may resolve the complaint by providing an on-the-spot apology where appropriate, or explaining why the issue occurred and, where possible, what will be done to stop this happening again. You may also explain that, as an organisation that values complaints, we may use the information given when we review service standards in the future.

A customer can make a complaint in writing, in person, by telephone, by email or online, or by having someone complain on their behalf. You must always consider if it is appropriate to attempt frontline resolution, regardless of how you have received the customer's complaint.

What to do when a complaint is received

- 1 On receiving a complaint, the member of staff must first decide whether the issue can be defined as a complaint. The customer may express dissatisfaction about more than one issue. This may mean that one part is a complaint, while directing the customer to pursue another part through an alternative route (see [Appendix 2](#)).
- 2 If a member of staff has received and identified a complaint, the details should be recorded on our complaints system at the earliest opportunity. The date of receipt of the complaint is always 'day 1', regardless of when the complaint is recorded.
- 3 Decide whether or not the complaint is suitable for frontline resolution. Some complaints will need more extensive investigation before the customer is given a suitable response. These must be immediately escalated to the investigation stage.
- 4 Where a frontline resolution is appropriate, staff should consider four key questions:
 - what exactly is the customer's complaint (or complaints)?
 - what does the customer want to achieve by complaining?
 - can I achieve this, or explain why not? and
 - if I cannot resolve this, who can help with frontline resolution?

What exactly is the customer's complaint (or complaints)?

It is important to be clear about exactly what the customer is complaining about. You may need to ask the customer for more information and probe further to get a full understanding.

What does the customer want to achieve by complaining?

At the outset, clarify the outcome the customer wants. Of course, the customer may not be clear about this, and you may need to probe further to find out what they expect, and whether they can be satisfied.

Can I achieve this, or explain why not?

If you can achieve the expected outcome, for example by providing an on-the-spot apology or explain why you cannot achieve it, you should do so. If you consider an apology is appropriate, you may wish to follow the SPSO's guidance on the subject:

[SPSO guidance on apology](#)

The customer may expect more than we can provide. If so, you must tell them as soon as possible. An example would be where the customer is very dissatisfied that their child has not been assigned to the social worker they were expecting, when this worker is no longer available.

You are likely to have to convey the decision face-to-face or on the telephone. If you do so face-to-face or by telephone, you are not required to write to the customer as well, although you may choose to do so. It is important, however, to keep a full and accurate record of the decision reached and given to the customer.

If I cannot resolve this, who can help with frontline resolution?

If you cannot deal with the complaint because, for example, you are unfamiliar with the issues or area of service involved, pass the complaint to someone who can attempt to resolve it.

Timelines

Frontline resolution must be completed within **five working days**, although in practice we would often expect to resolve the complaint much sooner.

Staff may need to get more information to resolve the complaint at this stage. However, it is important to respond to the customer within five working days, either resolving the matter or explaining that their complaint is to be investigated.

Extension to the timeline

In exceptional circumstances, where there are clear and justifiable reasons for doing so, it is permissible to agree an extension of up to ten working days with the customer. This must only happen when an extension will make it more likely that the complaint will be resolved at the frontline resolution stage.

When considering an extension, authorisation must be given by the appropriate manager, who will decide whether an extension will effectively resolve the complaint. Examples of when this may be appropriate include staff or contractors being temporarily unavailable, or when awaiting responses from third parties or commissioned services. If it is clear from the outset that the complaint is so complex that it clearly cannot be resolved as a frontline complaint (in five working days), it should be handled directly at the investigation stage. Where an extension is authorised, the customer must be given the reasons for the extension, and when they can expect a response.

All attempts to resolve the complaint at this stage must take no longer than **15 working days** from the date the complaint is received. The proportion of complaints that exceed the five working day timeline will be evident from reported statistics, and should be kept to a minimum. These exceptions reports will be reported on a quarterly basis.

[Appendix 3](#) provides further information on timelines.

Closing the complaint at the frontline resolution stage

When the customer has been informed of the outcome, there is no obligation to provide a written response, although it is good practice to do so. Our response to the complaint must address all areas that we are responsible for, explain the reasons for our decision and explain what the customer should do if they remain dissatisfied. It is also important to keep a full and accurate record of the decision reached and given to the customer. The complaint should then be closed and the complaints system updated accordingly.

When to escalate to the investigation stage

A complaint **must** be escalated to the investigation stage when:

- frontline resolution was tried but the customer remains dissatisfied and requests an investigation into the complaint. This may be immediately on communicating the decision at the frontline stage or could be some time later
- the customer refuses to take part in the frontline resolution process
- the issues raised are complex and require detailed investigation, or
- the complaint relates to serious, high-risk or high-profile issues.

When a previously closed complaint is escalated from the frontline resolution stage, the complaint should be reopened on the complaints system.

Staff should take particular care to identify complaints that might be considered serious, high risk or high profile, as these may require particular action or raise critical issues that need direct input from the Head of Service. The SPSO defines potential high-risk or high-profile complaints as those that may:

- involve a death or terminal illness
- involve serious service failure, for example major delays or repeated failures to provide a service
- generate significant and ongoing press interest

- pose a serious risk to our operations
- present issues of a highly sensitive nature, for example concerning:
 - immediate homelessness
 - a particularly vulnerable person
 - child protection
 - adult protection.

Stage two: investigation

Not all complaints are suitable for frontline resolution and not all complaints will be satisfactorily resolved at that stage. Complaints handled at the investigation stage of the complaints handling procedure are typically complex or require a detailed examination before we can state our position. These complaints may already have been considered at the frontline resolution stage, or they may have been identified from the start as needing immediate investigation.

An investigation aims to establish all the facts relevant to the points made in the complaint and to give the customer a full, objective and proportionate response that represents our final position.

What to do when a complaint is received for investigation

It is important to be clear from the start of the investigation stage exactly what is being investigated and to ensure that both the customer and the service understand the investigation's scope.

It is often necessary to discuss and confirm these points with the customer at the outset, to establish why they are dissatisfied and whether the outcome they are looking for sounds realistic. In discussing the complaint with the customer, consider three key questions:

1. What specifically is the customer's complaint or complaints?
2. What does the customer want to achieve by complaining?
3. Are the customer's expectations realistic and achievable?

It may be that the customer expects more than we can provide. If so, this must be made clear to the customer as soon as possible.

Where possible there needs to be clarity on what additional information required to investigate the complaint. The customer may need to provide more information to help us reach a decision.

It is important to establish the person's preferred method of communication, and communicate by this means where reasonably practicable.

Details of the complaint must be recorded on the complaints system. Where appropriate, this will be done as a continuation of frontline resolution. The details must be updated when the investigation ends.

If the investigation stage follows attempted frontline resolution, the officer responsible for the investigation must have full access to all case notes and associated information, with a record that this has been done.

Timelines

The following deadlines are appropriate to cases at the investigation stage:

- complaints must be acknowledged within **three working days**
- you should provide a full response to the complaint as soon as possible but not later than **20 working days** from the time you received the complaint for investigation.

Extension to the timeline

It is important that every effort is made to meet the timeline, as failure to do so may have a detrimental effect on the customer. Not all investigations will be able to meet this deadline. For example, some complaints are so complex that they require careful consideration and detailed investigation beyond the 20 working day timeline. However, these would be the exception and you must always try to deliver a final response to a complaint within 20 working days.

If there are clear and justifiable reasons for extending the timeline, senior management will agree an extension and set time limits on any extended investigation. You must keep the customer updated on the reason for the delay and give them a revised timescale for completion. The reasons for an extension might include the following:

- essential accounts or statements, crucial to establishing the circumstances of the case, are needed from staff, customers or others but the person you must contact cannot help because of long-term sickness or leave
- you cannot obtain further essential information within normal timescales, or
- the customer has agreed to mediation as a potential route for resolution.

These are only a few examples, and you must judge the matter in relation to each complaint. However, an extension would be the exception and you must always try to deliver a final response to the complaint within 20 working days.

If a joint response is being prepared to a complaint that covers more than one service, the lead service must inform the customer of the reasons for any delay and when they can expect a response, even if the delay relates to input from the other service.

As with complaints considered at the frontline stage, the proportion of complaints that exceed the 20 working day timeline will be evident from reported statistics, which are provided to senior management on a quarterly basis.

[Appendix 3](#) provides further information on timelines.

Alternative resolution and mediation

Some complex complaints, or complaints where customers and other interested parties have become entrenched in their position, may require a different approach to resolving the matter.

Where appropriate, you may consider using services such as mediation or conciliation, using suitably trained and qualified mediators to try to resolve the matter.

Mediation will help both parties to understand what has caused the complaint, and so is more likely to lead to mutually satisfactory solutions.

If you and the customer agree to mediation, an extension to the timeline will need to be agreed.

Closing the complaint at the investigation stage

You must let the customer know the outcome of the investigation, in writing or by their preferred method of contact. Our response to the complaint must address all areas that we are responsible for and explain the reasons for our decision, taking an appropriate approach to any confidential information. You must record the decision, and details of how it was communicated to the customer, on the complaints system. You must also make clear to the customer:

- their right to ask the SPSO to consider the complaint
- the time limit for doing so, and
- how to contact the SPSO.

Signposting to the SPSO

Once the investigation stage has been completed, the customer has the right to approach the SPSO if they remain dissatisfied.

The SPSO considers complaints from people who remain dissatisfied at the conclusion of our complaints procedure. The SPSO looks at issues such as service failure and maladministration (administrative fault), and the way we have handled the complaint. In relation to social work decisions, they can also look at professional judgement.

The SPSO recommends that you use the wording below to inform customers of their right to ask SPSO to consider the complaint.

Information about the SPSO

The Scottish Public Services Ombudsman (SPSO) is the final stage for complaints about public services in Scotland. This includes complaints about local councils and the NHS in Scotland. If you remain dissatisfied when you have had a final response from [*the organisation*], you can ask the SPSO to look at your complaint. The SPSO cannot normally look at complaints:

- where you have not gone all the way through the council's complaints handling procedure
- more than 12 months after you became aware of the matter you want to complain about, or
- that have been or are being considered in court.

The SPSO's contact details are:

SPSO
4 Melville Street

Edinburgh

EH3 7NS

Their freepost address is:

FREEPOST SPSO

Freephone: 0800 377 7330

Online contact: www.spsso.org.uk/contact-us

Website: www.spsso.org.uk

Governance of the complaints handling procedure

Roles and responsibilities

Overall responsibility and accountability for the management of complaints lies with the Chief Officer of Inverclyde Health and Social Care Partnership.

Our final position on the complaint must be signed off by an appropriate senior officer and we will confirm that this is our final response. This ensures that our senior management own and are accountable for the decision. It also reassures the customer that their concerns have been taken seriously.

Chief Officer: The Chief Officer provides leadership and direction in ways that guide and enable us to perform effectively across all services. This includes ensuring that there is an effective complaints handling procedure, with a robust investigation process that demonstrates how we learn from the complaints we receive. The Chief Officer may take a personal interest in all or some complaints, or may delegate responsibility for the CHP to senior staff. Regular management reports assure the Chief Officer of the quality of complaints performance.

Chief Social Work Officer (CSWO): The CSWO has an important role in the consideration of complaints information and, on occasion, the content of individual complaints. Their role in overseeing the effective governance of social work services and monitoring these arrangements includes complaints about social work services. The CSWO should also take appropriate account of complaints information in fulfilling their obligations to promote continuous improvement and best practice. Furthermore, the CSWO or their delegated officers may have specific interest in complaints relating to individuals for whom they have decision-making responsibilities.

Heads of Service: Heads of Service, on behalf of the Chief Officer, are responsible for determining the operational investigation and management of complaints handling. They are responsible for preparing and signing outcome letters to customers so should be satisfied that the investigation is complete and the response addresses all aspects of the actual complaint.

Although Heads of Service can delegate some elements of complaints handling (such as investigations and the drafting of response letters) to other senior staff, they should retain ownership and accountability for the management and reporting of complaints.

Investigating Officer: The IO is responsible and accountable for the management of the investigation. These officers are designated within each service delivery team and are involved in the investigation and in co-ordinating all aspects of the response to the customer. This may include preparing a comprehensive written report, including details of any procedural changes in service delivery and identifying wider opportunities for learning across the organisation.

All of the organisation's staff: A complaint may be made to any member of staff in the organisation. All staff must therefore be aware of the complaints handling procedure and how to handle and record complaints at the frontline stage. They should also be aware of who to refer a complaint to, in case they are not able to handle the matter. We encourage all staff to try to resolve complaints early, as close to the point of service delivery as possible, to prevent escalation.

The organisation's SPSO liaison officer: The SPSO liaison officer's role and may include providing complaints information in an orderly, structured way within requested timescales, providing comments on factual accuracy on our behalf in response to SPSO reports, and confirming and verifying that recommendations have been implemented.

Complaints about senior staff

Complaints about senior staff can be difficult to handle, as there may be a conflict of interest for the staff investigating the complaint. When serious complaints are raised against senior staff, it is particularly important that the investigation is conducted by an individual who is independent of the situation. We must ensure we have strong governance arrangements in place that set out clear procedures for handling such complaints.

Recording, reporting, learning from and publicising complaints

Complaints provide valuable customer feedback. One of the aims of the CHP is to identify opportunities to improve services across Inverclyde HSCP. We must record all complaints in a systematic way so that we can use the complaints data for analysis and management reporting. By recording and using complaints information in this way, we can identify and address the causes of complaints and, where appropriate, identify training opportunities and introduce service improvements.

Recording complaints

To collect suitable data it is essential to record all complaints in line with SPSO minimum requirements, as follows:

- the customer's name and address
- the date the complaint was received
- the nature of the complaint
- how the complaint was received
- the service the complaint refers to
- the date the complaint was closed at the frontline resolution stage (where appropriate)
- the date the complaint was escalated to the investigation stage (where appropriate)
- action taken at the investigation stage (where appropriate)
- the date the complaint was closed at the investigation stage (where appropriate)
- the outcome of the complaint at each stage, and
- the underlying cause of the complaint and any remedial action taken.

We have structured systems for recording complaints, their outcomes and any resulting action. These provide a detailed record of services that have failed to satisfy customers.

Reporting of complaints

Details of complaints are analysed for trend information to ensure we identify service failures and take appropriate action. Regularly reporting the analysis of complaints information helps to inform management of where services need to improve.

We publicise on a quarterly basis complaints outcomes, trends and actions taken as a response. This demonstrates transparency in our complaint handling, shows that we value complaints and evidences service improvements and learning resulting from the complaints we receive. We must also use case studies and examples to demonstrate how complaints have helped improve services.

The HSCP information will be reported quarterly to our senior management team with each Head of Service receiving a monthly complaints register.

Learning from complaints

At the earliest opportunity after the closure of the complaint, the complaint handler should always make sure that the customer and staff of the department involved understand the findings of the investigation and any recommendations made.

Senior management will review the information gathered from complaints regularly and consider whether our services could be improved or internal policies and procedures updated.

As a minimum, we must:

- use complaints data to identify the root cause of complaints
- take action to reduce the risk of recurrence where possible
- record the details of corrective action in the complaints file, and
- systematically review complaints performance reports to improve service delivery.

Where we have identified the need for service improvement:

- the action needed to improve services must be authorised
- an officer (or team) should be designated the 'owner' of the issue, with responsibility for ensuring the action is taken
- a target date must be set for the action to be completed
- the designated individual must follow up to ensure that the action is taken within the agreed timescale
- where appropriate, performance in the service area should be monitored to ensure that the issue has been resolved
- we must ensure that Inverclyde HSCP staff learn from complaints.

Publicising complaints performance information

We also report on our performance in handling complaints annually in line with SPSO requirements. This includes performance statistics showing the volumes and types of complaint

and key performance details, for example on the time taken and the stage at which complaints were resolved.

Maintaining confidentiality

Confidentiality is important in complaints handling. This includes maintaining the customer's confidentiality and explaining to them the importance of confidentiality generally. We must always bear in mind legal requirements, for example data protection legislation, as well as internal policies on confidentiality and the use of customer information.

Managing unacceptable behaviour

People may act out of character in times of trouble or distress. The circumstances leading to a complaint may result in the customer acting in an unacceptable way. Customers who have a history of challenging or inappropriate behaviour, or have difficulty expressing themselves, may still have a legitimate grievance.

A customer's reasons for complaining may contribute to the way in which they present their complaint. Regardless of this, we must treat all complaints seriously and properly assess them. However, we also recognise that the actions of customers who are angry, demanding or persistent may result in unreasonable demands on time and resources or unacceptable behaviour towards our staff.

We will, therefore, apply our policies and procedures to protect staff from unacceptable behaviour such as unreasonable persistence, threats or offensive behaviour from customers. Where we decide to restrict access to a customer under the terms of an unacceptable actions policy, we have a procedure in place to communicate that decision, notify the customer of their right of appeal, and review any decision to restrict contact with us. This will allow the customer to demonstrate a more reasonable approach later.

Time limit for making complaints

This CHP sets a time limit of six months from when the customer first knew of the problem, within which time they may ask us to consider the complaint, unless there are special circumstances for considering complaints beyond this time.

We will apply this time limit with discretion. In making decisions we will take account of the Scottish Public Services Ombudsman Act 2002 (Section 10(1)), which sets out the time limit within which a member of the public can normally ask the SPSO to consider complaints. The limit is one year from when the person first knew of the problem they are complaining about, unless there are special circumstances for considering complaints beyond this time.

If it is clear that a decision not to investigate a customer's complaint will lead to a request for external consideration of the matter, we may decide that this satisfies the special circumstances criteria. This would enable us to consider the complaint and try to resolve it, without the complaint going straight to the SPSO.

Appendix 1 – Frontline resolution complaints

The following tables give examples of complaints that may be considered at the frontline stage, and suggest possible actions to achieve resolution.

Complaint	Possible actions to achieve resolution
<p>A service user complains that a social worker did not turn up for a planned visit.</p>	<ul style="list-style-type: none"> • Apologise to the service user • explain that the matter will be addressed • contact the social worker/manager to find out the reason for the missed appointment, then • explain the reasons and offer a new appointment.
<p>A member of the public complains that a home carer parked in a private resident's car parking place.</p>	<ul style="list-style-type: none"> • Take the customer's details and explain that the matter will be looked into • contact the home care service to find out if this is the case • if so, request that this does not happen again, and • contact the customer, apologise and advise that the worker has been asked to find alternative parking.
<p>A member of public complains that his neighbours (residents of a children's house) have been playing football in the street where they live and are being abusive to passers-by.</p>	<ul style="list-style-type: none"> • Explain to the customer that the matter will be looked into and that they will be called back • contact the manager of the children's house to verify the facts • request that the manager meet with the neighbour to apologise and engender good relations, then • call back the customer to update them.
<p>A complaint about a service provider commissioned by social work services.</p>	<ul style="list-style-type: none"> • Discuss with the customer the different ways for this complaint to be handled, ie by a complaint to the Care Inspectorate or through the provider's own CHP, and • ensure, whatever process is agreed, that the customer is clear how they can progress their complaint to the next stage, should they remain dissatisfied. This may be within the provider's CHP, to Inverclyde HSCP or to the Care Inspectorate. The customer should be advised that they can come back to Inverclyde HSCP for further advice if they need to at any stage.

<p>A service user complains that their care needs assessment does not accurately reflect their needs, or that the care package proposed would not meet the needs identified in their assessment.</p>	<ul style="list-style-type: none"> • Clarify with the customer whether the complaint relates to an assessment of needs or a proposed care package. Establish specifically what the customer is complaining about and what has happened so far. Ask them what they are seeking from their complaint, and explain that you will look into the matter • make internal enquiries to establish what stage the assessment and care planning processes are at • while considering the complaint, if the team indicate that a new assessment or care planning meeting may be offered, pass this offer onto the customer, and ask the team to contact the customer to take this forward, and • if the team are not prepared to look at the matter again, explain why the assessment or care package decision is considered to be adequate, and signpost to the next stage of the CHP.
<p>A customer complains about social work services impacting on their discharge from hospital.</p>	<ul style="list-style-type: none"> • Check with the hospital social work team about the customer's care planning in relation to discharge from hospital, and the timing of medical decisions and social work input • it may become apparent at that stage that the discharge process was complicated by a range of issues, in which case it may be appropriate to escalate the complaint to investigation • it may also become apparent that the customer is still in hospital, and may or may not be considered ready for discharge. If they are ready, then pass the complaint onto the team directly involved to respond to as quickly as possible • if the situation is not current, and there were delays from social work services, find out why these happened, and • respond to the customer by their preferred method, to inform them of the outcome of their complaint. Offer an apology if appropriate, and outline what steps have been put in place to prevent a recurrence of the situation.

Appendix 2 - Complex social work scenarios

A concern may not necessarily be a complaint. In some cases a measure of discretion or further clarification is required in determining whether something is a complaint that should be handled through this procedure or another matter which should be handled through another process. There are also some specific circumstances when complaints should be handled in a particular manner. Issues that commonly arise include:

1. Child or adult protection concerns

Customers may express concerns that a child or adult is at risk, but frame their concern in terms of dissatisfaction that 'nothing has been done about this'. The member of staff will need to consider whether the person is authorised to make complaints on behalf of the child or adult in question, whether they expect the matter to be handled as a complaint and whether the professional view is that these matters are best addressed through initiating the applicable protection procedures. Where the need to initiate protection procedures and investigate concerns within those procedures is identified, this will usually represent Inverclyde HSCP's final response to the complaint, and the complaint should be closed. The person making the complaint should be advised that this is the outcome of the complaint and signposted to the SPSO.

Where a complaint is received about some aspect of protection processes that have already been initiated, for example in relation to the way the processes was applied, this should be considered a complaint, and progressed within the complaints handling procedure.

2. Complaints about professional decisions

A customer may wish to complain about or appeal against a social work decision. Such decisions must be considered in line with the timescales for complaints as specified in the CHP.

Some decisions may be considered through an internal appeal procedure. However, any such appeal route must be considered as constituting a special form of stage 2 of this procedure, in that it will result in a thorough response **to all concerns** and onward referral to the SPSO.

3. Legal action

Legal action takes several forms and each must be handled in a distinctive way:

- (a) **Judicial Review:** If a person wishes to seek judicial review of a social work decision then they should be encouraged to seek legal advice.
- (b) **Litigation:** Where a customer says that they are seeking compensation and that legal action is being actively pursued, this is not a complaint. Where a customer indicates that they intend to litigate but have not yet commenced legal action, they should be informed that if they take such action, they should notify the complaints team and that the complaints process will be closed. If it becomes apparent that legal action is being pursued, the complaints team must clarify with the customer if all the issues they have raised will be

considered through legal action; any outstanding issues must still be addressed through the CHP.

- (c) Legal tribunals, etc: Sometimes the matter complained of may be the subject of ongoing consideration by a relevant legal body, for example where a customer complains of lack of contact with their child who is being looked after by Inverclyde HSCP, when that matter falls to be determined by the Children's Panel. In such cases the customer should be directed to raise the matter either directly or through their legal representatives within that other defined process and the matter should not be accepted as a complaint.

This is distinct from a complaint that Inverclyde HSCP and its staff have failed to properly carry out their roles and responsibilities. In the example above, a Children's Panel may have set contact frequency but it is not being properly facilitated by social work staff due to staffing shortages or some other factor. That is a matter of legitimate complaint under this procedure.

4. Complaints about the content of reports submitted to legal bodies

Inverclyde HSCP may receive complaints about the accuracy of reports by professional social work staff submitted to Courts or other bodies such as Children's Panels, Parole Boards or Mental Health Tribunals. In such circumstances, the report is provided as a service to the court or tribunal, not as a service to the customer. The customer has no right to veto such reports or insist that content is subject to their approval but they can complain about the content of the report.

Inverclyde HSCP should consider each complaint and it will usually be necessary to undertake a short screening process to establish whether the issue is appropriate for the CHP. This will depend on the nature and seriousness of alleged inaccuracy, and the status of the report in relation to the progress of court or other proceedings. In particular Inverclyde HSCP should consider whether the complaint relates to accuracy of facts, to opinion or to the standard and quality of the work carried out by the professional concerned, and should take one of three actions accordingly:

1. advise the customer that, due to the timescales involved, the issue should be raised when the report is presented in court/to the relevant body, as that is the appropriate forum for deciding on the matter
2. advise the customer that the complaint raises issues that will be considered under the CHP (such as issues of fact), and progress accordingly, or
3. advise the customer that the complaint raises a mixture of issues that will be considered under the CHP and other issues that should be raised within the relevant forum when the report is submitted.

If we refuse to consider some or all issues as per 1 or 3 above and direct the customer to raise the matter within the legal process, then we need to provide clear information about the reason for this decision and signpost the customer to the SPSO for access to a review of this decision.

Inverclyde HSCP should also consider whether the complaint relates to a breach of data protection legislation, in which case it must be processed accordingly, with a potential referral to the Information Commissioner.

5. Campaigns

The introduction of a new policy or changes in service, such as the closure of a facility, may lead to a high volume of complaints being received. These should be handled under this procedure on an individual basis on their merits, addressing the issue of how that particular customer is affected by the change. It may be appropriate to provide information about the process that led to the changes, or when the policy may next be reviewed.

Occasionally, however, such complaints are evidently part of an organised campaign. Indicators may be that all complaints have identical content or are on a 'form' letter or that all complainers are known to be members of a pressure group that has made separate representations through Inverclyde Council, Greater Glasgow and Clyde Heath Board petitions or elected and Board members.

Inverclyde HSCP should not accept an unreasonable burden on its complaints processes produced by an organised campaign. Instead, Inverclyde HSCP may either issue a single 'form' response or may ask the organisers to nominate a single person to make a single complaint on behalf of the group. In such circumstances it would be important to be clear that all the complaints being brought to Inverclyde HSCP are identical, and setting out clearly what issues are being considered under the complaint. Any other additional concerns that individuals may have would need to be handled as new complaints.

6. Persons under investigation

Inverclyde HSCP is likely to have a role in investigating the actions of individuals towards other, more vulnerable people, for example those suspected of child or adult abuse or Guardians and Powers of Attorney who are allegedly misusing their powers.

Those individuals are still customers as defined within this procedure and any complaint from them must be considered on its individual merits. For example, a complaint about an improper exercise of investigative procedures should be looked into as a complaint. Any response should take into account any confidentiality issues, and this should be explained to the customer.

However, if it is evident that the person is not complaining about the process or the actions of staff, but is complaining that they are under investigation, this should not be accepted as a complaint. Instead it should be explained to the customer that Inverclyde HSCP has a statutory obligation to investigate such matters, and this is not conditional upon their agreement or approval. Their objection to the process is not considered to be a complaint, though they may be directed to seek appropriate legal advice to protect their rights.

7. Looked after and accommodated children/adults under local authority guardianship

Inverclyde HSCP has a special duty of care to children in its care or adults for whom it exercises decision-making powers. Special care should be taken when investigating complaints made by or on behalf of those individuals.

Artificial barriers of confidentiality should not be imposed to prevent people with a relevant interest in the affairs of an incapacitated adult from complaining on their behalf.

Children who are looked after by the Local Authority may complain. They may have little in the way of a support network and may be estranged from their family. It may also be inappropriate for the family to represent the child's interests. Particular care, therefore, should be taken to ensure that the child's complaint is understood and, particularly for younger children, that the response is understood by them.

In both cases, the need for personal contact with the customer, and the possible involvement of advocacy services, should be actively considered.

8. Grievances/Staff complaints

This procedure is for external customers of Inverclyde HSCP to complain about services received by them or affecting them or to complain on behalf of others. It is not an appropriate procedure for the handling of complaints by staff, which should be routed through the usual HR processes.

9. Allegations of fraud/criminality/professional malpractice or incompetence

Discretion is required where the complaint is so serious as to immediately merit investigation under disciplinary processes or referral to another agency.

If it is determined that the complaint falls into this category, we should try to respond to the complaint within the CHP timescales. Even where the outcome of the complaint leads to further internal procedures being followed, the customer can still be advised of this as an outcome, and the complaint closed, with signposting to the SPSO.

However, in some cases, particularly where the police are involved, awaiting the outcome of another process may be required before deciding on the outcome of the complaint. Where such a decision is made the customer must be informed and advise them of their right to appeal to the SPSO if they are dissatisfied with this approach.

10. Complaints brought by foster carers

Complaints brought by foster carers can relate to the support services they receive from Inverclyde HSC, the way our staff engage with them, or services a child in their care is or was receiving or has requested from us.

Any complaint brought by a foster carer on behalf of a foster child in the care, or formerly in their care, should be considered under this CHP. A foster carer has sufficient interest in the wellbeing

of a child to complain on their behalf. Where possible, the views of the child should also be taken into account and if they are different from the views of the foster carer, this should be referred to in the response.

Foster carers who are recruited and supported by Inverclyde Social Work Services may bring complaints about these services. However, approval and de-registration of the carer by Inverclyde HSCP may be considered through alternative appeal mechanisms. As noted under the section 'Complaints and appeals', these appeals must be handled in line with the CHP timescales and end with signposting to the SPSO.

Complaints from foster carers supported by private agencies will not be addressed within this CHP if the complaint is wholly about their own circumstances and support rather than those of the child. Such complaints should be directed to the complaints process of the relevant agency.

An agency foster carer may still complain about the way our staff have interacted with them or about any element of service that they might reasonably expect to be provided by Inverclyde HSCP, for example invitations to meetings, provision of information about the child in their care or the manner and content of communications with Inverclyde HSCP. This list is not exhaustive and such complaints should be carefully considered in terms of the role of Inverclyde HSCP staff, before directing them to pursue their complaint with their fostering agency.

Where a complaint cannot be considered in part or in whole by Inverclyde HSCP the customer must be given a clear explanation as to why this is, what (if any) parts of their complaint will be investigated and how they may refer the matter to the SPSO.

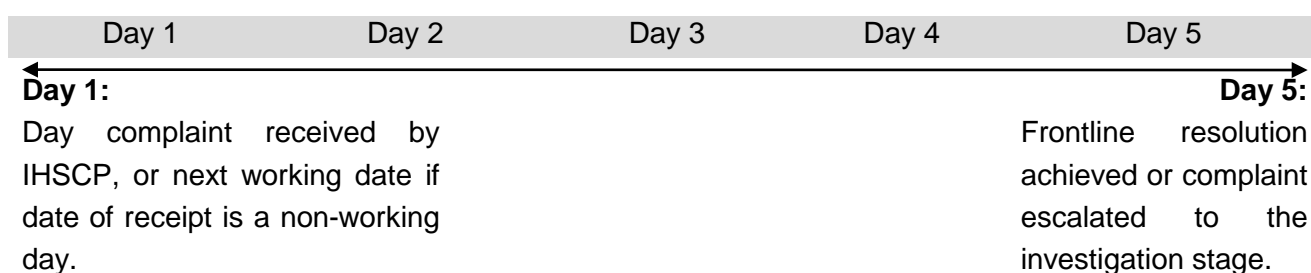
Appendix 3 - Timelines

General

References to timelines throughout the CHP relate to working days. When measuring performance against the required timelines, we do not count non-working days, for example weekends, public holidays and days of industrial action where our service has been interrupted.

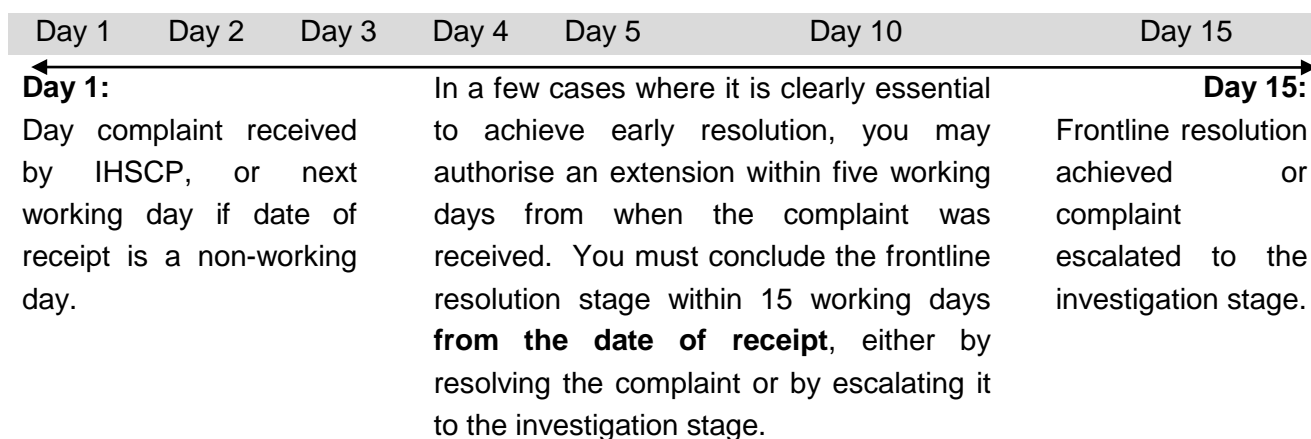
Timelines at frontline resolution

You must aim to achieve frontline resolution within five working days. The day you receive the complaint is day 1. Where you receive it on a non-working day, for example at the weekend or on a public holiday, day 1 will be the next working day.



Extension to the five-day timeline

If you have extended the timeline at the frontline resolution stage in line with the CHP, the revised timetable for the response must take no longer than 15 working days from the date of receiving the complaint.



Transferring cases from frontline resolution to investigation

If it is clear that frontline resolution has not resolved the matter, and the customer wants to escalate the complaint to the investigation stage, the case must be passed for investigation without delay. In practice this will mean on the same day that the customer is told this will happen.

Timelines at investigation

We may consider a complaint at the investigation stage either:

- after attempted frontline resolution, or
- immediately on receipt if you believe the matter to be sufficiently complex, serious or meriting a full investigation from the outset.

Acknowledgement

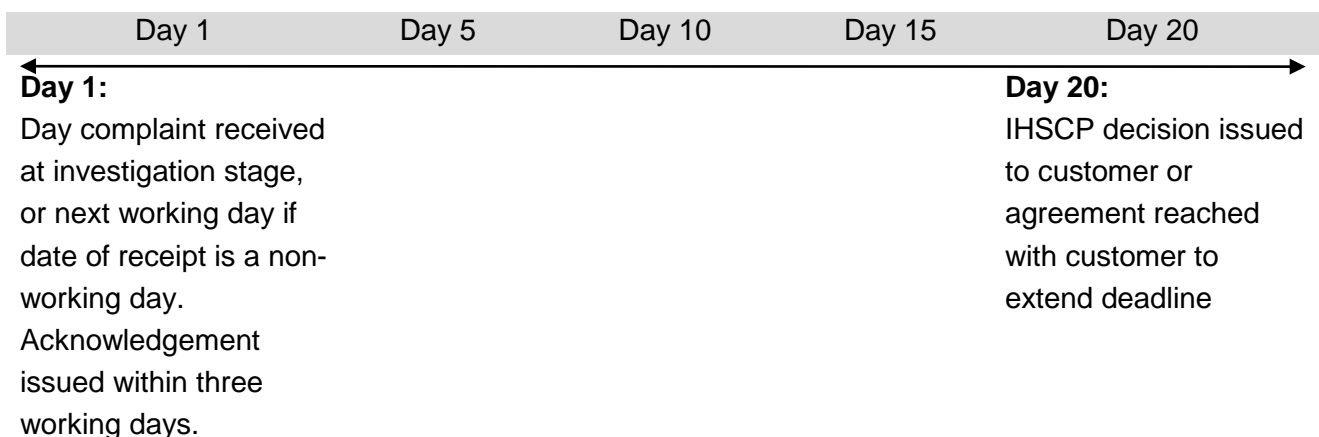
All complaints considered at the investigation stage must be acknowledged within **three working days** of receipt. The date of receipt is:

- the day the case is transferred from the frontline stage to the investigation stage, where it is clear that the case requires investigation,
- the day the customer asks for an investigation after a decision at the frontline resolution stage. It should be noted that a customer may not ask for an investigation immediately after attempts at frontline resolution, or
- the date the complaint is received, if sufficiently complex, serious or meriting a full investigation from the outset.

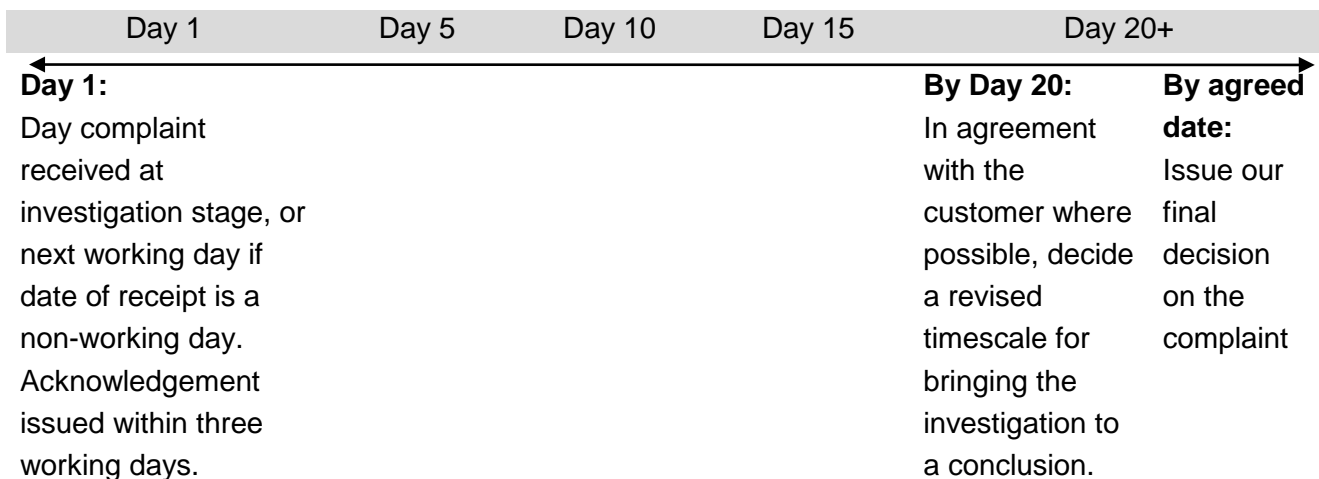
Investigation

The written response in full to the complaint should be made within **20 working days** of receiving it at the investigation stage.

The 20 working day limit allows time for a thorough, proportionate and consistent investigation to arrive at a decision that is objective, evidence-based and fair. This means there are 20 working days to investigate the complaint, regardless of any time taken to consider it at the frontline resolution stage.

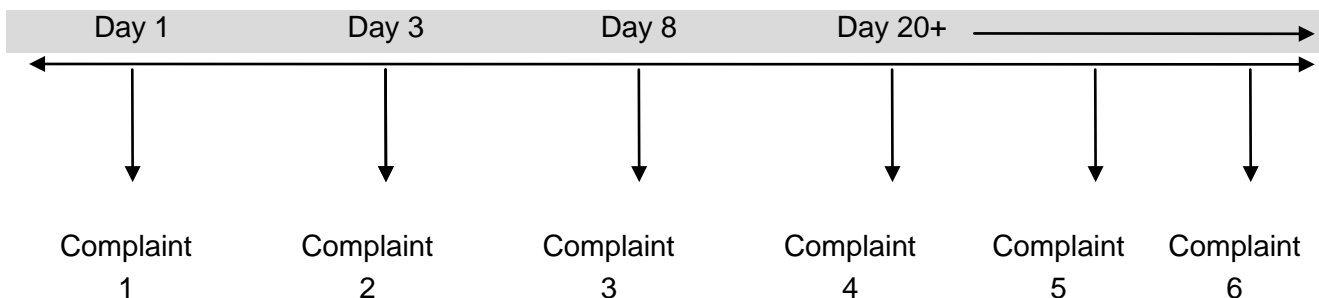


Exceptionally there may be situations which need longer than the 20-day limit for a full response. If so, you must explain the reasons to the customer, and agree with them a revised timescale.



Timeline examples

The following illustration provides examples of the point at which we conclude our consideration of a complaint. It is intended to show the different stages and times at which a complaint may be resolved.



The circumstances of each complaint are explained below:

Complaint 1

Complaint 1 is a straightforward issue that may be resolved by an on-the-spot explanation and, where appropriate, an apology. Such a complaint can be resolved on day 1.

Complaint 2

Complaint 2 is also a straightforward matter requiring little or no investigation. In this example, resolution is reached at day three of the frontline resolution stage.

Complaint 3

Complaint 3 refers to a complaint that we considered appropriate for frontline resolution. We did not resolve it in the required timeline of five working days. However, we authorised an extension on a clear and demonstrable expectation that the complaint would be satisfactorily resolved within a further ten working days. We resolved the complaint at the frontline resolution stage in a total of eight days.

Complaint 4

Complaint 4 was suitably complex or serious enough to pass to the investigation stage from the outset. We did not try frontline resolution; rather we investigated the case immediately. We issued a final decision to the customer within the 20-day limit.

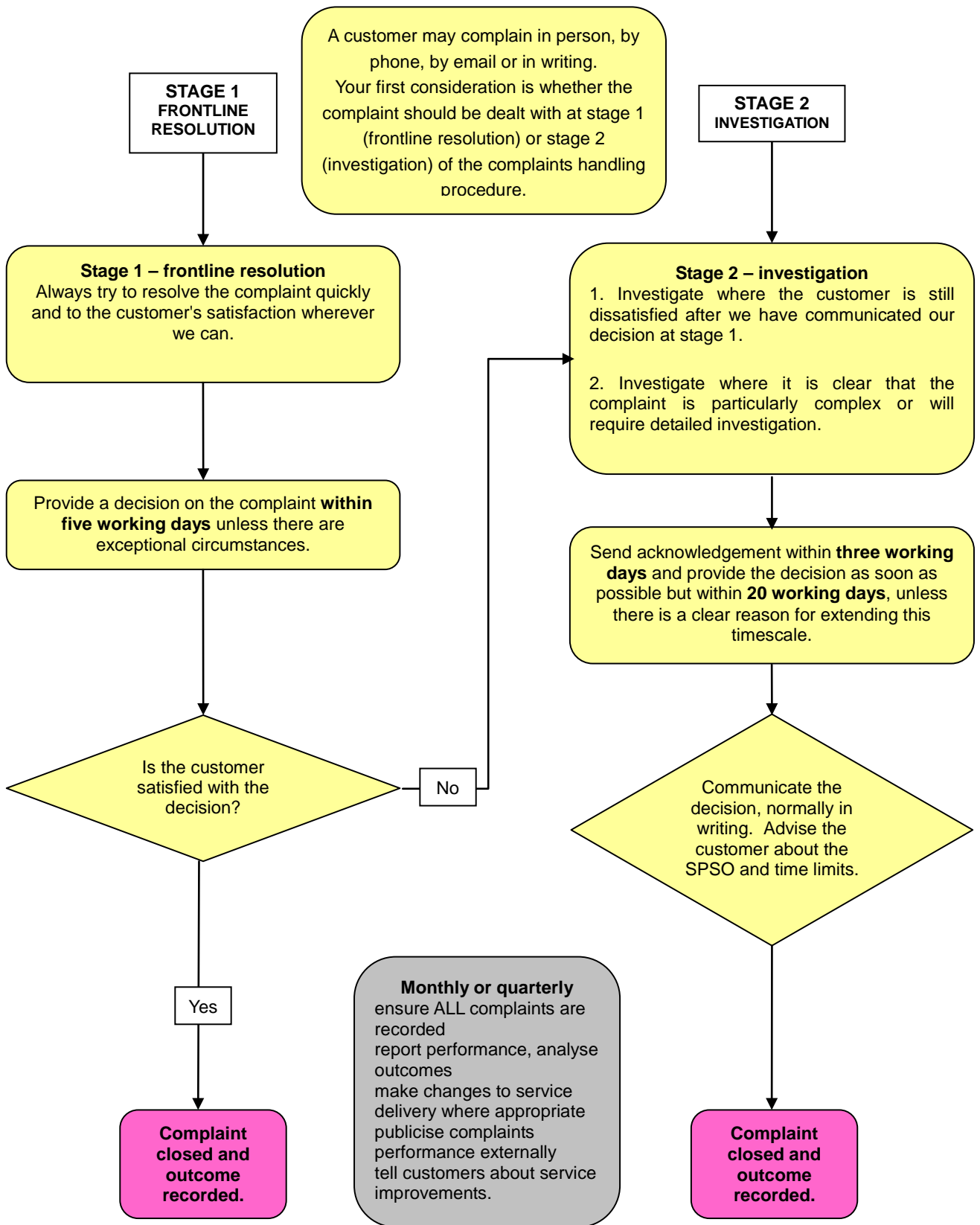
Complaint 5

We considered complaint 5 at the frontline resolution stage, where an extension of ten working days was authorised. At the end of the frontline stage the customer was still dissatisfied. At their request, we conducted an investigation and issued our final response within 20 working days. Although the end-to-end timeline was 30 working days, we still met the combined time targets for frontline resolution and investigation.

Complaint 6

Complaint 6 was considered at both the frontline resolution stage and the investigation stage. We did not complete the investigation within the 20-day limit, so we agreed a revised timescale with the customer for concluding the investigation beyond the 20-day limit.

Appendix 4 - The complaints handling procedure





Inverclyde Health and Social Care Partnership
Complaint Handling Procedure

Inverclyde Health and Social Care Partnership is committed to providing high quality health and social care to the people in our local community. We understand, however, that sometimes things go wrong. If something goes wrong or if you are dissatisfied with something we have done, or have not done, please tell us and we will do our best to put things right. If we cannot resolve matters in the way you want, we will explain why it is not possible to do as you suggest.

This leaflet tells you summary information about our complaints procedure and how to make a complaint. It includes information about what you can expect from us when we are dealing with your complaint.

For further advice on how to make a complaint, or for further information, please contact us:

Telephone: **01475 715280**

Email: pccsp.swork@inverclyde.gov.uk

Website: <http://www.inverclyde.gov.uk/health-and-social-care/information-advice/complaints-procedure>

What is a complaint?

We regard a complaint as:

'An expression of dissatisfaction by one or more members of the public about the service's action or lack of action, or about the standard of service provided'.

Who can complain?

Anyone can make a complaint to us. You can complain directly to us, or if you would rather have someone make the complaint on your behalf, we can deal with your representative; this could be a relative, a carer, a friend or any other person that you choose.

We can also give you information about independent support services that can help you to make your complaint. If you agree to someone making the complaint on your behalf, it is important for you to know that we will need to ask for your written permission for us to deal with that person.

What can I complain about?

You can complain about :

- your care and/or treatment;
- delays;
- a failure to provide a service;
- inadequate quality or standard of service;

- lack of information and clarity about appointments or a service;
- difficulty in making contact with us for appointment or queries;
- operational and procedural issues;
- our failure to follow the appropriate procedures, guidance or law in delivering our services;
- disagreement in the decision making of social work services;
- dissatisfaction with our policy.

It is not possible to list everything that you can complain about. If you want to complain about something that we have not listed above, we encourage you to do so. We also understand that your complaint may involve more than one service within the NHS, Social Work or Council Service or may be about someone working on our behalf. Our complaint procedure covers all of these possibilities.

What can't I complain about?

There are some things we cannot deal with through our complaints handling procedure. These include:

- a routine first-time request for a service, for example a request for an appointment or a request for a specific course of treatment;
- a request for a second opinion in respect of care or treatment;
- matters relating to private healthcare or treatment;
- matters relating to services not provided by or funded by the NHS or Social Work;
- a previously concluded complaint or a request to have a complaint reconsidered where we have already given our final decision;
- a complaint that is being or has been investigated by the Scottish Public Services Ombudsman (SPSO);
- a complaint about which you have commenced legal proceedings, or have clearly stated that you intend to do so, rather than pursue the matter using the HSCP complaints procedure;
- A disagreement with decisions or conditions that are based upon Social Work recommendations, but determined by a court or other statutory body, for example decisions made by a Parole Board or Mental Health tribunal.

It is not possible to list everything that you cannot complain about. If other procedures can help you resolve your concerns, we will give you the relevant information and advice.

How do I complain?

You can make your complaint by e-mail to pccsp.swork@inverclyde.gov.uk , by telephone **01475 715280** or in person to any Social Work office or NHS establishment. You can also use the complaints form attached to this leaflet.

It is easier for us to resolve complaints if you make them quickly and directly to the service concerned. So please talk to a member of our staff at the service you are complaining about. They will always try to resolve any problems on the spot if it is possible to do so.

When complaining, please tell us:

- your full name and address, and your email address if this is your preferred method of contact;
- the full name, address and date of birth of the person affected if you are complaining on behalf of somebody else;
- as much as you can about the complaint;
- what has gone wrong;
- when and where this happened;
- how you want us to resolve the matter.

How long do I have to make a complaint?

Normally you must make your complaint within six months of:

- the event you want to complain about; or
- finding out that you have a reason to complain, but no longer than 12 months after the event itself.

In exceptional circumstances, we may be able to accept a complaint after the time limit. If you feel that the time limit should not apply to your complaint, please tell us why. If we decide that, because of the time that has passed since the incident occurred, we cannot consider your complaint, you can ask the Scottish Public Services Ombudsman (SPSO) to review our decision.

What happens when I have complained?

We will always tell you who is dealing with your complaint. Our complaints procedure has two stages:

Stage one – frontline resolution

We aim to resolve complaints quickly and close to where we provided the service. Where appropriate, this could mean an on-the-spot apology and explanation if something has clearly gone wrong and immediate action to resolve the problem.

Sometimes we will have to make some enquiries before we can respond to your complaint. We will give you our decision at Stage one in five working days or less, unless there are exceptional circumstances.

If we cannot resolve your complaint at this stage, we will explain why and tell you what you can do next. We might suggest that you take your complaint to Stage two. You may choose to do this after you get our initial decision.

Stage two – investigation

Stage two deals with two types of complaint: those that have not been resolved at Stage one and those that are complex and require detailed investigation.

When using Stage two we will:

- acknowledge receipt of your complaint within three working days;
- where appropriate, discuss your complaint with you to understand why you remain dissatisfied and what outcome you are looking for; and
- give you a full response to the complaint as soon as possible and within 20 working days.

If our investigation is likely to take longer than 20 working days, we will agree revised time limits with you and keep you updated on progress.

What if I'm still dissatisfied?

If you are still dissatisfied with our decision or the way in which we have dealt with your complaint when we have sent you our full response, you can ask the SPSO to look at it.

The SPSO cannot normally look at:

- a complaint that has not completed our complaints procedure, so please make sure it has done so before contacting the SPSO;
- events that happened, or that you became aware of, more than a year ago; or
- a matter that has been to or is being considered in court.

You can contact the SPSO:

In Person:

SPSO

4 Melville Street

Edinburgh

EH3 7NS

By Post:

Freepost SPSO (this is all you need to write on the envelope, and you don't need to use a stamp)

Freephone: 0800 377 7330

Online contact: www.spsso.org.uk/contact-us

Website: www.spsso.org.uk

Mobile site: <http://m.spsso.org.uk>

Getting help to make your complaint

We understand that you may be unable, or reluctant, to make a complaint yourself. We accept complaints from the representative of a person who is dissatisfied with our service as long as the person has given their permission for us to deal with that person. We can take complaints from a friend, relative, or an advocate, if you have given them your consent to complain for you.

If you would like support to make a complaint you can contact:

Circles Network Advocacy Services Inverclyde

21 Grey Place

Greenock, Inverclyde PA15 1YF

Phone: 01475 730797

The Patient Advice and Support Service (PASS) is an organisation that provides free and confidential advice and support to patients and other members of the public in relation to NHS Scotland. The service promotes an awareness and understanding of the rights and responsibilities of patients and can advise and support people who wish to make a complaint to the NHS.

Patient Advice and Support Service

Citizens Advice Bureau

Phone: 0845 231 1010

Web: www.cab.org.uk

www.patientadvicescotland.org.uk

We are committed to making health and social care services easy to use for all members of the community. In line with our statutory equalities duties, we will always ensure that reasonable adjustments are made to help you to access and use our services.

If you would like support to make your complaint, or want this information in another language or format please tell us in person or contact us by telephone or e-mail.

Complaints Procedure

Inverclyde
Health and Social Care Partnership

Let us know about your complaint

Your complaint

Please continue on a separate sheet if required

Which of these best describes your complaint? (please tick)

- A service that should have been provided was not provided
- A service was not provided to an appropriate standard
- A request for a service has not been answered or actioned
- Staff attitude/ professional practice
- Policy/ assessment and reports
- Other

Please specify...

Your details	
Name	
Address	
Address	
Post code	
Phone (home)	
Phone (mobile)	
Email	

Signed		Date	
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Send your complaint by email to: pccsp.swork@inverclyde.gov.uk

Send your complaint by post to

Complaints
 Inverclyde HSCP
 Hector McNeil House
 Clyde Square
 Greenock PA15 1NB



Inverclyde Integration Joint Board Complaints Handling Procedure

Issued July 2017

Foreword

In accordance with the Public Bodies (Joint Working) Act 2014, Inverclyde Health and Social Care Partnership is governed by the Inverclyde Integration Joint Board (IJB), a legal entity in its own right from both NHS Greater Glasgow & Clyde Health Board and Inverclyde Council. The Integration Joint Board's primary responsibilities are to produce a strategic plan, allocate the integrated revenue budget for health and social care and oversee service delivery for the delegated functions. Whilst serving on the Integration Joint Board, members carry out their functions under the Act on behalf of the Integration Joint Board itself, and not as delegates of their respective Health Board or Local Authority.

As a distinct public body, there is a statutory requirement to develop a robust model complaint handling procedure in respect of complaints that may be raised against the IJB itself in relation to its particular functions and duties.

This complaints handling procedure reflects Inverclyde Integration Joint Board's commitment to valuing complaints. It seeks to resolve dissatisfaction as close as possible to the point of service delivery and to conduct thorough, impartial and fair investigations by well trained staff. The procedure introduces a standardised approach to handling complaints which complies with the Scottish Public Service Ombudsman's (SPSO) model complaints handling procedure. This procedure aims to help us 'get it right first time'. We want quicker, simpler and more streamlined complaints handling with local, early resolution. Handled well, complaints can give customers a form of redress when things go wrong, and can also help us to learn and continuously improve.

The SPSO recognises that good complaints handling includes providing a joint response to complaints which relate to more than one service. This procedure gives staff guidance on how and when to do this, to ensure that customers get a comprehensive, single response to their complaint whenever this is possible. This is reflected in the Council, Health Board and Social Work complaints handling procedures which are closely aligned.

Resolving complaints early and close to the point of service delivery means that we are able to deal with issues locally and quickly, so they are less likely to escalate to the next stage of the procedure. Complaints that we do not resolve swiftly can greatly add to our workload.

Having a focus on complaints helps us to keep the public at the heart of the process, while enabling us to better understand how to improve our work by learning from complaints.

Louise Long
Chief Officer
Inverclyde Health and Social Care Partnership

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What is a complaint?

Inverclyde Integration Joint Board (IJB) defines a complaint as:

'An expression of dissatisfaction by one or more members of the public about the Inverclyde Integration Joint Board's action or lack of action, or about the standard of service the Inverclyde IJB has provided in fulfilling its responsibilities as set out in the Integration Scheme'.

Issues that are not covered by this definition are covered by the other model CHPs, either our health or social work services.

A complaint may relate to dissatisfaction with:

- Inverclyde IJB policies
- Inverclyde IJB decisions
- the administrative or decision-making processes followed by the Inverclyde IJB in coming to a decision

This list does not cover everything.

A complaint is **not**:

- a first time request made to Inverclyde Integration Joint Board
- a request for compensation only
- issues that are in court or have already been heard by a court or a tribunal
- disagreement with a decision where a statutory right of appeal exists
- an attempt to reopen a previously concluded complaint or to have a complaint reconsidered where we have already given our final decision.

We will not treat these issues as complaints, but will instead direct the customer raising them to use the appropriate procedures.

Handling anonymous complaints

We value all complaints. This means we treat all complaints including anonymous complaints seriously and will take action to consider them further, wherever this is appropriate. Generally, we will consider anonymous complaints if there is enough information in the complaint to enable us to make further enquiries. If, however, an anonymous complaint does not provide enough information to enable us to take further action, we may decide not to pursue it further. Any decision not to pursue an anonymous complaint must be authorised by a senior manager.

If an anonymous complaint makes serious allegations, it will be considered by a senior officer immediately.

If we pursue an anonymous complaint further, we will record the issues as an anonymous complaint on the complaints system. This will help to ensure the completeness of the complaints data we record and allow us to take corrective action where appropriate.

What if the customer does not want to complain?

If a customer has expressed dissatisfaction in line with our definition of a complaint but does not want to complain, tell them that we do consider all expressions of dissatisfaction, and that complaints offer us the opportunity to improve services where things have gone wrong. Encourage them to submit their complaint and allow us to deal with it through the CHP. This will ensure that they are updated on the action taken and receive a response to their complaint.

If, however, the customer insists they do not wish to complain, we will record the issue as an anonymous complaint. This will ensure that their details are not recorded on the complaints database and that they receive no further contact about the matter. It will also help to ensure the completeness of the complaints data recorded and will still allow us to fully consider the matter and take corrective action where appropriate.

Who can make a complaint?

Anyone who is affected by the decisions made by the Inverclyde IJB can make a complaint. This is not restricted to people who receive services and their relatives or representatives. Sometimes a customer may be unable or reluctant to make a complaint on their own. We will accept complaints brought by third parties as long as the customer has given their personal consent.

Complaints involving the Health & Social Care Partnership or more than one organisation

A complaint may relate to a decision that has been made by the IJB, as well as a service or activity provided by the HSCP. Initially, these complaints should all be handled in the same way. They must be logged as a complaint, and the content of the complaint must be considered, to identify which services are involved, which parts of the complaint we can respond to and which parts are appropriate for the HSCP to respond to. A decision must be taken as to who will be contributing and investigating each element of the complaint, and that all parties are clear about this decision. The final response must be a joint response, taking into account the input of all those involved.

Where a complaint relates to a decision made jointly by the IJB and the Health Board and/or Local Authority, the elements relating to the IJB should be handled through this CHP. Where possible, working together with relevant colleagues, a single response addressing all of the points raised should be issued.

Should a member of staff who represents the HSCP receive a complaint in relation to the IJB, and they have the relevant and appropriate information to resolve it, they should attempt to do so. If the staff member feels unable to offer a response, the complaint should be passed to the IJB team as early as possible for them to resolve.

If a customer complains to Inverclyde IJB about services of another agency or public service provider, but the IJB has no involvement in the issue, they will be advised to contact the appropriate organisation directly.

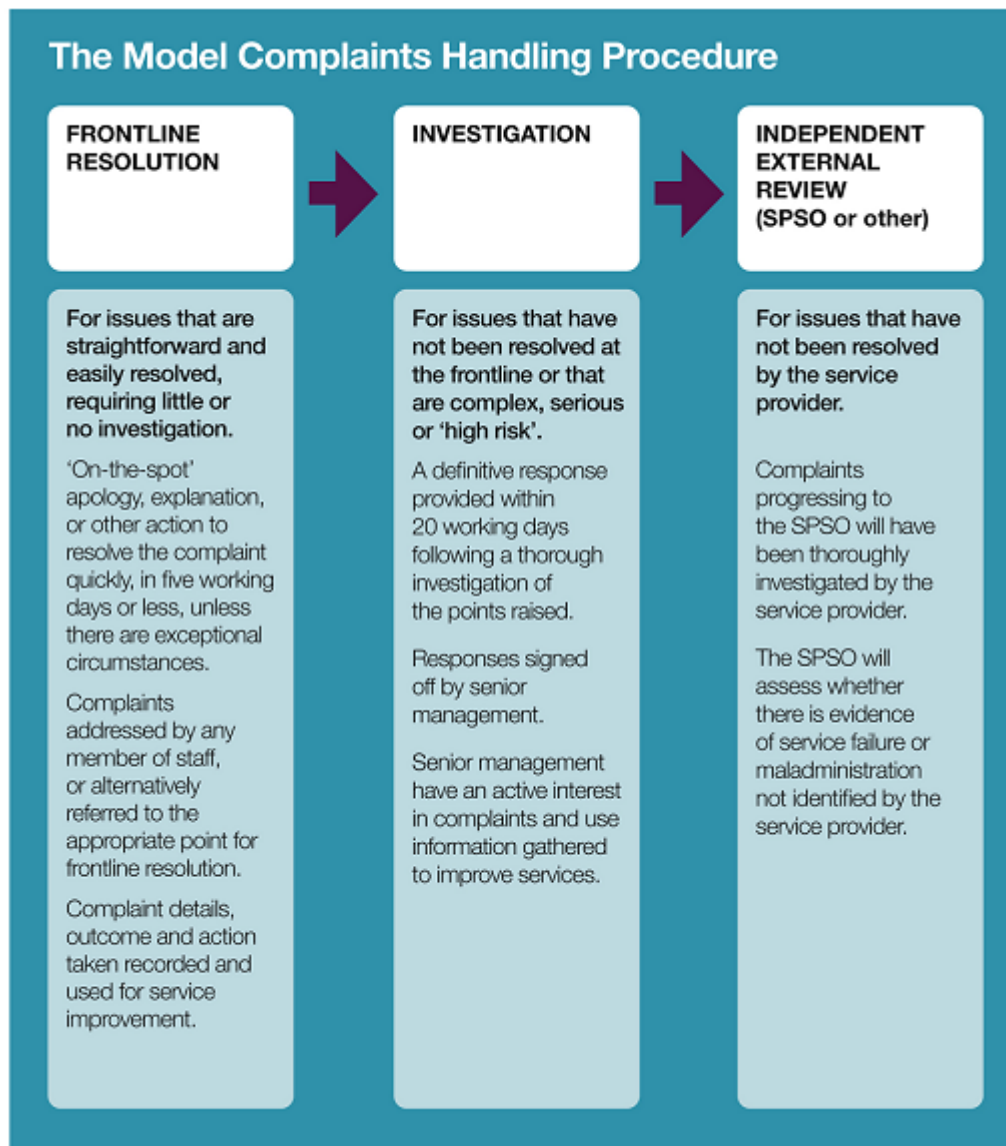
If we need to make enquiries to an outside agency in relation to a complaint we will always take account of data protection legislation and SPSO guidance on handling our customer's personal information. The Information Commissioner has detailed guidance on data sharing and has issued a data sharing code of practice.

The complaints handling process

The CHP aims to provide a quick, simple and streamlined process for resolving complaints early and locally by capable, well-trained staff.

Our complaints process provides two opportunities to resolve complaints internally:

- **frontline resolution**, and
- **investigation**.



For clarity, the term 'frontline resolution' refers to the first stage of the complaints process. It does not reflect any job description within the Inverclyde IJB or HSCP but means seeking to resolve complaints at the initial point of contact where possible.

Stage one: frontline resolution

Frontline resolution aims to quickly resolve straightforward customer complaints that require little or no investigation. Any member of staff may deal with complaints at this stage; if the member of staff receiving the complaint is not able to provide a response, then it should be referred on to a more appropriate member of staff.

The main principle is to seek early resolution, resolving complaints at the earliest opportunity. This may mean a face-to-face discussion.

Whoever responds to the complaint, it may be settled by providing an on-the-spot apology where appropriate, or explaining why the issue occurred and, where possible, what will be done to stop this happening again. They may also explain that, as an organisation that values complaints, we may use the information given when we review policies and processes in the future.

A customer can make a complaint in writing, in person, by telephone, by email or online, or by having someone complain on their behalf. Frontline resolution will always be considered, regardless of how the complaint has been received.

What we will do when we receive a complaint

- 1 On receiving a complaint, we will first decide whether the issue can indeed be defined as a complaint. The customer may express dissatisfaction about more than one issue. This may mean we treat one element as a complaint, while directing them to pursue another element through an alternative route.
- 2 If we have received and identified a complaint, we will record the details on our complaints system.
- 3 Next, we will decide whether or not the complaint is suitable for frontline resolution. Some complaints will need to be fully investigated before we can give the complainant a suitable response. A senior officer will escalate these complaints immediately to the investigation stage.
- 4 Where we consider frontline resolution to be appropriate, we will consider four key questions:
 - What exactly is the complaint (or complaints)?
 - What does the complainant want to achieve by complaining?
 - Can I achieve this, or explain why not?
 - If I cannot resolve this, who can help with frontline resolution?

<p>What exactly is the complaint (or complaints)?</p> <p>It is important to be clear about exactly what the customer is complaining about. Staff may need to ask the supplementary questions to get a full picture.</p>
<p>What does the complainant want to achieve by complaining?</p> <p>At the outset, staff will seek to clarify the outcome the complainant wants. Of course, they may not be clear about this, so there may be a need to probe further to find out what they expect and whether they can be satisfied.</p>
<p>Can I achieve this, or explain why not?</p>

If staff can achieve the expected outcome by providing an on-the-spot apology or explain why they cannot achieve it, they will do so. If they consider an apology is suitable, they may wish to follow the SPSO's guidance on the subject, which can be found on the SPSO website.

The customer may expect more than we can provide. If their expectations appear to exceed what the organisation can reasonably provide, the officer will tell them as soon as possible in order to manage expectations about possible outcomes.

Decisions at this stage may be conveyed face to face or on the telephone or via e-mail. In those instances, you are not required to write to the customer as well, although you may choose to do so. A full and accurate record of the decision reached must be kept, including the information provided to the customer..

If I can't resolve this, who can help with frontline resolution?

If the complaint raises issues which you cannot respond to in full because, for example, it relates to an issue or area of service you are unfamiliar with, pass details of the complaint to more senior staff who will try to resolve it.

Timelines

Frontline resolution must be completed within **five working days** of the Inverclyde IJB or HSCP receiving the complaint, although in practice we would often expect to resolve the complaint much sooner.

Staff may need to get more information or seek advice to resolve the complaint at this stage. However, they will respond to the complainant within five working days, either resolving the matter or explaining that the IJB will investigate their complaint.

Extension to the timeline

In exceptional circumstances, where there are clear and justifiable reasons for doing so, senior management may agree an extension of no more than five working days with the complainant. This must only happen when an extension will make it more likely that the complaint will be resolved at the frontline resolution stage.

If, however, the issues are so complex that they cannot be resolved in five days, it will be appropriate to escalate the complaint straight to the investigation stage.

If the customer does not agree to an extension but it is unavoidable and reasonable, a senior manager can still decide upon an extension. In those circumstances, they will then tell the complainant about the delay and explain the reason for the decision to grant the extension.

Such extensions will not be the norm, though, and the timeline at the frontline resolution stage will be extended only rarely. All attempts to resolve the complaint at this stage will take no longer than **ten working days** from the date the IJB or HSCP received the complaint.

The proportion of complaints that exceed the five-day limit will be evident from reported statistics. These statistics will be presented to the Chief Officer on a quarterly basis.

Appendix 1 provides further information on timelines.

Closing the complaint at the frontline resolution stage

When staff have informed the customer of the outcome, they are not obliged to write to the customer, although they may choose to do so. The response to the complaint must address all areas that we are responsible for and must explain the reasons for our decision. Staff will keep a full and accurate record of the decision reached. The complaint will then be closed and the complaints system updated accordingly. The complaints resolved at the frontline stage will be reported to the Chief Officer on a quarterly basis.

When to escalate to the investigation stage

We will escalate a complaint to the investigation stage when:

- frontline resolution has been attempted but the customer remains dissatisfied and requests an investigation. This may happen immediately when the decision at the frontline stage is communicated, or some time later
- the customer refuses to take part in frontline resolution
- the issues raised are complex and require detailed investigation
- the complaint relates to serious, high-risk or high-profile issues.

When a previously closed complaint is escalated from the frontline resolution stage, the complaint should be reopened on the complaints system.

We will take particular care to identify complaints that might be considered serious, high risk or high profile. The SPSO defines potential high-risk or high-profile complaints as those that may:

- involve a death or terminal illness
- involve serious service failure, for example major delays in providing, or repeated failures to provide, a service
- generate significant and ongoing press interest
- pose a serious risk to an organisation's operations
- present issues of a highly sensitive nature, for example concerning:
 - a particularly vulnerable person
 - child protection.

Stage two: investigation

Not all complaints are suitable for frontline resolution and not all complaints will be satisfactorily resolved at that stage. Complaints handled at the investigation stage of the complaints handling procedure are typically complex or require a detailed examination before we can state our position. These complaints may already have been considered at the frontline resolution stage, or they may have been identified from the start as needing immediate investigation.

An investigation aims to establish all the facts relevant to the points made in the complaint and to give the complainant a full, objective and proportionate response that represents our final position.

What we will do when we receive a complaint for investigation

It is important to be clear from the start of the investigation stage exactly what is being investigated, and to ensure that all involved – including the customer - understand the investigation's scope. It may be helpful for an investigating officer to discuss and confirm these points with the customer at the outset, to establish why they are dissatisfied and whether the outcome they are looking for sounds realistic.

In discussing the complaint with the customer, the investigating officer will consider three key questions:

1. What specifically is the complaint or complaints?
2. What does the complainant want to achieve by complaining?
3. Are the complainant's expectations realistic and achievable?

It may be that the customer expects more than we can provide. If so, our staff will make this clear to them as soon as possible.

Where possible we will also clarify what additional information we will need to investigate the complaint. The customer may need to provide more evidence to help us reach a decision.

Details of the complaint must be recorded on the system for recording complaints. Where appropriate, this will be done as a continuation of frontline resolution. The details must be updated when the investigation ends.

If the investigation stage follows attempted frontline resolution, staff will ensure that all relevant information will be passed to the officer responsible for the investigation, and record that they have done so.

Timelines

The following deadlines are appropriate to cases at the investigation stage:

- complaints must be acknowledged within **three working days**
- the Chief Officer will provide a full response to the complaint as soon as possible but not later than **20 working days** from the time they received the complaint for investigation.

Extension to the timeline

Not all investigations will be able to meet this deadline. For example, some complaints are so complex that they require careful consideration and detailed investigation beyond the 20-day limit. However, these would be the exception and we will always try to deliver a final response to a complaint within 20 working days.

If there are clear and justifiable reasons for extending the timescale, senior management will set time limits on any extended investigation, as long as the complainant agrees. They will keep the

customer updated on the reason for the delay and give them a revised timescale for completion. If the customer does not agree to an extension but it is unavoidable and reasonable, then senior management can consider and confirm the extension. The reasons for an extension might include the following:

- Essential accounts or statements, crucial to establishing the circumstances of the case, are needed from staff, customers or others but they cannot help because of long-term sickness or leave.
- Further essential information cannot be obtained within normal timescales.
- Operations are disrupted by unforeseen or unavoidable operational circumstances, for example industrial action or severe weather conditions.
- The customer has agreed to mediation as a potential route for resolution.

These are only a few examples, and senior management will judge the matter in relation to each complaint. However, an extension would be the exception and we will always try to deliver a final response to the complaint within 20 working days.

As with complaints considered at the frontline stage, the proportion of complaints that exceed the 20-day limit will be evident from reported statistics. These statistics will be presented to the Chief Officer and on a quarterly basis.

Appendix 1 provides further information on timelines.

Mediation

Some complex complaints, or complaints where customers and other interested parties have become entrenched in their position, may require a different approach to resolving the complaint. Where appropriate, we may consider using services such as mediation or conciliation using suitably trained and qualified mediators to try to resolve the matter and to reduce the risk of the complaint escalating further.

Mediation will help both parties to understand what has caused the complaint, and so is more likely to lead to mutually satisfactory solutions.

If the Chief Officer, Inverclyde IJB and the customer agree to mediation, revised timescales will need to be agreed.

Closing the complaint at the investigation stage

We will inform the customer of the outcome of the investigation, in writing or by their preferred method of contact. This response to the complaint will address all areas that we are responsible for and explain the reasons for the decision. We will record the decision, and details of how it was communicated to the customer, on the system for recording complaints. The complaint will then be closed and the complaints system updated accordingly. The complaints resolved at the investigation stage will be reported to the Chief Officer for approval by the Inverclyde IJB on a quarterly basis prior to publication.

In responding to the customer, we will make clear:

-
- their right to ask SPSO to consider the complaint
 - the time limit for doing so, and
 - how to contact the SPSO.

Independent external review

Once the investigation stage has been completed, the customer has the right to approach the SPSO if they remain dissatisfied. The SPSO considers complaints from people who remain dissatisfied at the conclusion of our complaints procedure. The SPSO looks at issues such as service failures and maladministration (administrative fault), as well as the way we have handled the complaint.

We will use the wording below to inform customers of their right to ask SPSO to consider the complaint. The SPSO provides further information for organisations on the [Valuing Complaints](#) website. This includes details about how and when to signpost customers to the SPSO.

Information about the SPSO

The Scottish Public Services Ombudsman (SPSO) is the final stage for complaints about public services in Scotland. This includes complaints about the Scottish Government, NDPBs, agencies and other government sponsored organisations. If you remain dissatisfied with an organisation after its complaints process, you can ask the SPSO to look at your complaint. The SPSO cannot normally look at complaints:

- where you have not gone all the way through the organisation's complaints handling procedure
- more than 12 months after you became aware of the matter you want to complain about, or
- that have been or are being considered in court.

The SPSO's contact details are:

SPSO
4 Melville Street
Edinburgh
EH3 7NS

Freepost SPSO

Freephone: **0800 377 7330**
Online contact www.spsso.org.uk/contact-us
Website: www.spsso.org.uk

Governance of the Complaints Handling Procedure

Roles and responsibilities

As per the Public Bodies (Joint Working) Act and as specified within the Integration Scheme, the Chief Officer's role is to provide a single senior point of overall strategic and operational advice to the integration authority. In line with this, overall responsibility and accountability for the management of Integration Joint Board complaints lies with the Chief Officer.

Our final position on a complaint must be signed off by an appropriate senior officer and we will confirm that this is our final response. This ensures that our senior management own and are accountable for the decision. It also reassures the customer that their concerns have been taken seriously.

Chief Officer:

The Chief Executive provides leadership and direction in ways that guide and enable us to perform effectively across all services. This includes ensuring that there is an effective complaints handling procedure, with a robust investigation process that demonstrates how we learn from the complaints we receive. The Chief Officer may take a personal interest in all or some complaints, or may delegate responsibility for the CHP to appropriate members of the Senior Management Team of the Health & Social Care Partnership. Regular management reports assure the integration authority of the quality of complaints performance.

Members of the Senior Management Team:

On behalf of the Chief Officer, the Senior Management Team of the Health & Social Care Partnership may be responsible for:

- managing complaints and the way we learn from them
- overseeing the implementation of actions required as a result of a complaint
- investigating complaints
- deputising for the Chief Officer on occasion.

Members of the Senior Management Team may decide to delegate some elements of complaints handling (such as investigations and the drafting of response letters) to other senior staff. Where this happens, senior management should retain ownership and accountability for the management and reporting of complaints. They may also be responsible for preparing and signing decision letters to customers, so they should be satisfied that the investigation is complete and their response addresses all aspects of the complaint.

Heads of Service:

May be involved in the operational investigation and management of complaints handling. As senior officers they may be responsible for preparing and signing decision letters to customers, so they should be satisfied that the investigation is complete and their response addresses all aspects of the complaint.

Complaints investigator:

The complaints investigator is responsible and accountable for the management of the investigation. They may work in a service delivery team or as part of a centralised customer service team, and will be involved in the investigation and in co-ordinating all aspects of the response to the customer. This may include preparing a comprehensive written report, including

details of any procedural changes in service delivery that could result in wider opportunities for learning across the organisation.

All staff:

A complaint may be made to any member of staff working within the Inverclyde HSCP. All staff must be aware of this CHP, how to handle and record IJB complaints at the frontline stage. They should also know who to refer a complaint to, should they be unable to personally handle a matter. We encourage all staff to try to resolve complaints early, as close to the point of service delivery as possible, and quickly to prevent escalation.

The SPSO liaison officer:

Our SPSO liaison officer's role may include providing complaints information in an orderly, structured way within requested timescales, providing comments on factual accuracy on our behalf in response to SPSO reports, and confirming and verifying that recommendations have been implemented.

Complaints about senior staff

Complaints about senior staff can be difficult to handle, as there may be a conflict of interest for the staff investigating the complaint. When serious complaints are raised against senior staff, it is particularly important that the investigation is conducted by an individual who is independent of the situation. We must ensure we have strong governance arrangements in place that set out clear procedures for handling such complaints, including the handling of complaints about the Chief Officer.

Recording, reporting, learning and publicising

Complaints provide valuable customer feedback. One of the aims of the complaints handling procedure is to identify opportunities to improve services across Inverclyde IJB. We must record all complaints in a systematic way so that we can use the complaints data for analysis and management reporting. By recording and using complaints information in this way, we can identify and address the causes of complaints and, where appropriate, identify opportunities for improvements.

Recording complaints

To collect suitable data it is essential to record all complaints in line with SPSO minimum requirements, as follows:

- the complainant's name and address
 - the date the complaint was received
 - the nature of the complaint
 - how the complaint was received
 - the date the complaint was closed at the frontline resolution stage (where appropriate)
 - the date the complaint was escalated to the investigation stage (where appropriate)
 - action taken at the investigation stage (where appropriate)
 - the date the complaint was closed at the investigation stage (where appropriate)
 - the outcome of the complaint at each stage
 - the underlying cause of the complaint and any remedial action taken.
-

We have structured systems for recording complaints, their outcomes and any resulting action.

Reporting of complaints

Complaints details are analysed for trend information to ensure we identify procedural failures and take appropriate action. Regularly reporting the analysis of complaints information helps to inform improvement actions.

We publish on a quarterly basis the outcome of complaints and the actions we have taken in response. This demonstrates the improvements resulting from complaints and shows that complaints can influence our processes. It also helps ensure transparency in our complaints handling service and will help the public to see that we value their complaints.

We must:

- publicise on a quarterly basis complaints outcomes, trends and actions taken
- where and when possible, use case studies and examples to demonstrate how complaints have led to improvements.

This information should be reported regularly (and at least quarterly) to the Inverclyde IJB.

Learning from complaints

At the earliest opportunity after the closure of the complaint, officers involved in handling the complaint will make sure that the customer and relevant staff in the integration authority understand the findings of the investigation and any recommendations made.

Senior management will review the information gathered from complaints regularly and consider whether processes could be improved or internal policies and procedures updated.

As a minimum, we must:

- use complaints data to identify the root cause of complaints
- take action to reduce the risk of recurrence
- record the details of corrective action in the complaints file, and
- systematically review complaints performance reports to improve processes.

Where we have identified the need for improvement:

- the action needed to improve services must be agreed by the integration authority
- senior management will designate the 'owner' of the issue, with responsibility for ensuring the action is taken
- a target date must be set for the action to be taken
- the designated individual must follow up to ensure that the action is taken within the agreed timescale
- where appropriate, performance should be monitored to ensure that the issue has been resolved
- we must ensure that the Inverclyde IJB learns from complaints.

Publicising complaints performance information

We also report on our performance in handling complaints annually in line with SPSO requirements. This includes performance statistics showing the volumes and types of complaints and key performance details, for example on the time taken and the stage at which complaints were resolved.

Maintaining confidentiality

Confidentiality is important in complaints handling. It includes maintaining the complainant's confidentiality and explaining to them the importance of confidentiality generally. We must always bear in mind legal requirements, for example, data protection legislation, as well as internal policies on confidentiality and the use of customer's information.

Managing unacceptable behaviour

People may act out of character in times of trouble or distress. The circumstances leading to a complaint may result in the complainant acting in an unacceptable way. Customers who have a history of challenging or inappropriate behaviour, or have difficulty expressing themselves, may still have a legitimate grievance.

A customer's reasons for complaining may contribute to the way in which they present their complaint. Regardless of this, we must treat all complaints seriously and properly assess them. However, we also recognise that the actions of customers who are angry, demanding or persistent may result in unreasonable demands on time and resources or unacceptable behaviour towards our staff. We will, therefore, work with the Health Board and the Council to apply the relevant organisational policies and procedures to protect staff from unacceptable behaviour such as unreasonable persistence, threats or offensive behaviour. Where a decision is made to restrict access to a customer under the terms of an unacceptable actions policy, the relevant procedure will be followed to communicate that decision, notify the customer of a right of appeal, and review any decision to restrict contact with us. This will allow the customer to demonstrate a more reasonable approach later.

Supporting the complainant

All members of the community have the right to equal access to our complaints handling procedure. Customers who do not have English as a first language may need help with interpretation and translation services, and other customers may have specific needs that we will seek to address to ensure easy access to the complaints handling procedure.

We must always take into account our commitment and responsibilities to equality. This includes making reasonable adjustments to our processes to help the customer where appropriate.

Several support and advocacy groups are available to support individuals in pursuing a complaint and customers should be signposted to these as appropriate.

Time limit for making complaints

This complaints handling procedure sets a time limit of six months from when the customer first knew of the problem, within which time they may ask us to consider the complaint, unless there are special circumstances for considering complaints beyond this time.

We will apply this time limit with discretion. In decision making we will take account of the Scottish Public Services Ombudsman Act 2002 (Section 10(1)), which sets out the time limit within which a member of the public can normally ask the SPSO to consider complaints. The limit is one year from when the person first knew of the problem they are complaining about, unless there are special circumstances for considering complaints beyond this time.

If it is clear that a decision not to investigate a complaint will lead to a request for external review of the matter, we may decide that this satisfies the special circumstances criteria. This will enable us to consider the complaint and try to resolve it.

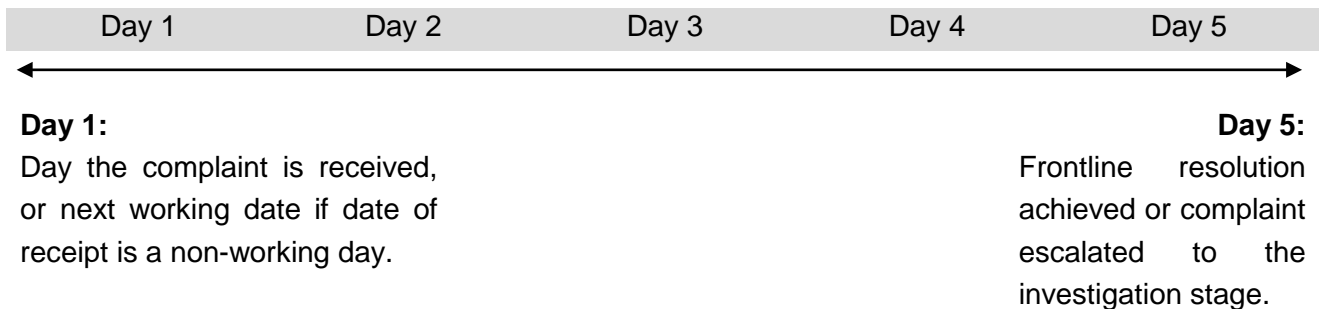
Appendix 1 - Timelines

General

References to timelines throughout the complaints handling procedure relate to working days. When measuring performance against the required timelines, we do not count non-working days, for example weekends, public holidays and days of industrial action where our service has been interrupted.

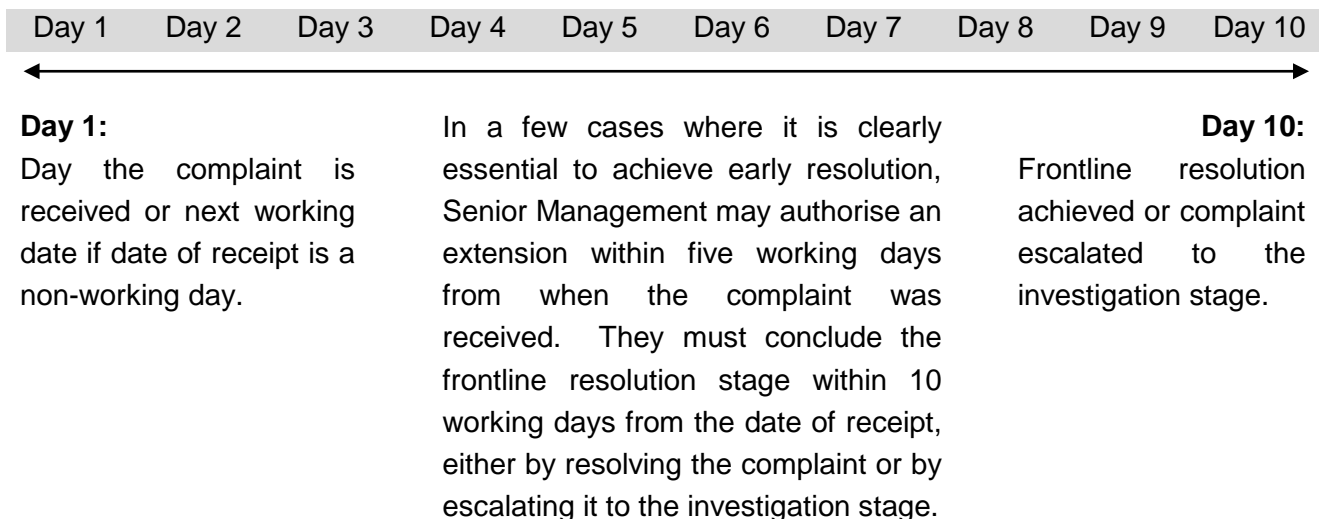
Timelines at frontline resolution

We will aim to achieve frontline resolution within five working days. The day the Chief Officer receives the complaint is day 1. Where they receive it on a non-working day, for example at the weekend or on a public holiday, day 1 will be the next working day.

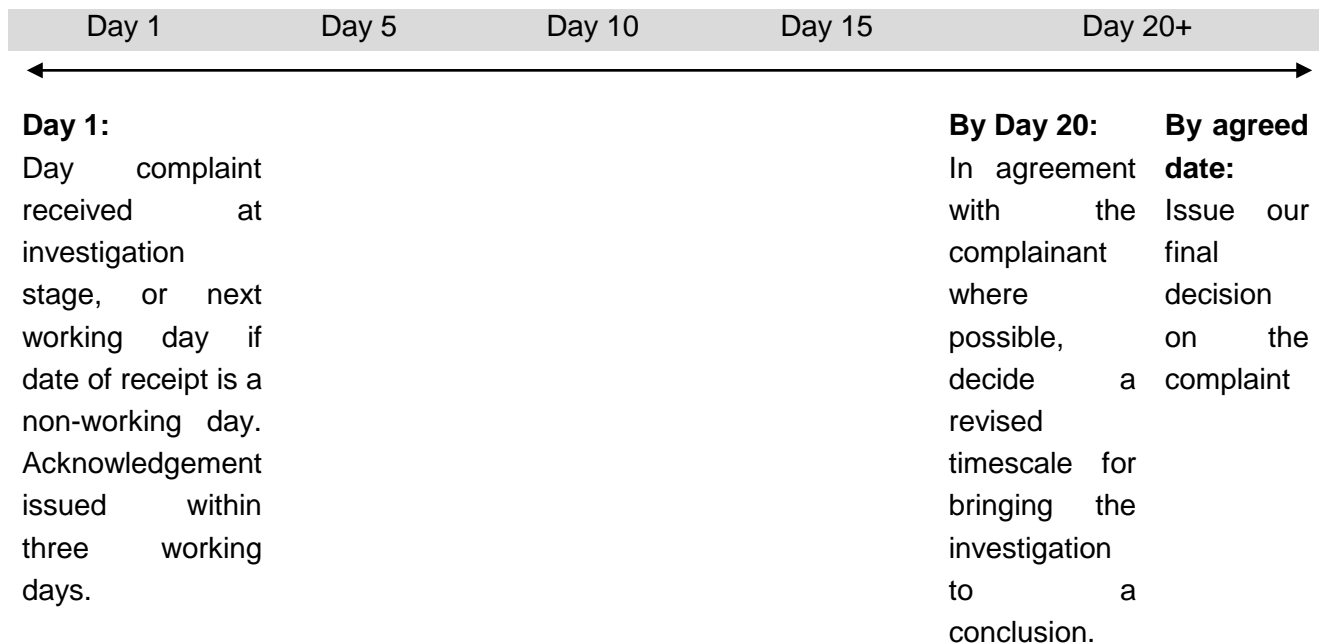


Extension to the five-day timeline

If Inverclyde IJB has extended the timeline at the frontline resolution stage in line with the procedure, the revised timetable for the response will take no longer than 10 working days from the date of receiving the complaint.

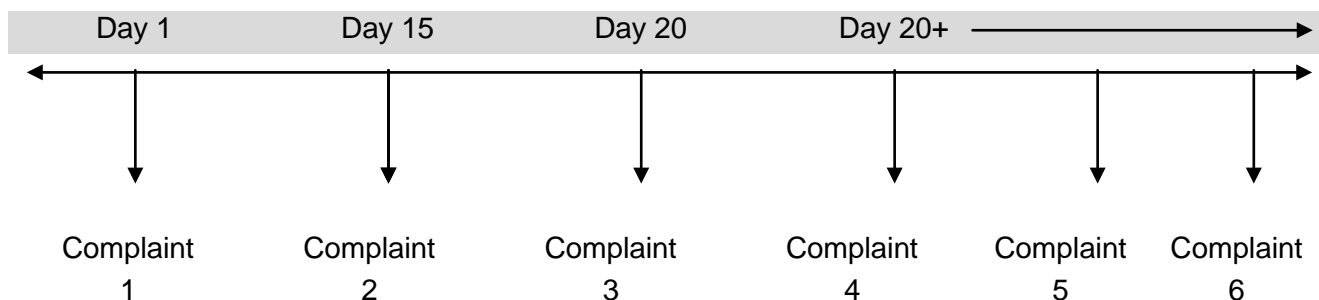


Exceptionally you may need longer than the 20-day limit for a full response. If so, the Chief Officer will explain the reasons to the complainant, and agree with them a revised timescale.



Timeline examples

The following illustration provides examples of the point at which we conclude our consideration of a complaint. It is intended to show the different stages and times at which a complaint may be resolved.



The circumstances of each complaint are explained below:

Complaint 1

Complaint 1 is a straightforward issue that may be resolved by an on-the-spot explanation and, where appropriate, an apology. Such a complaint can be resolved on day 1.

Complaint 2

Complaint 2 is also a straightforward matter requiring little or no investigation. In this example, resolution is reached at day three of the frontline resolution stage.

Complaint 3

Complaint 3 refers to a complaint that we considered appropriate for frontline resolution. We did not resolve it in the required timeline of five working days. However, we authorised an extension on a clear and demonstrable expectation that the complaint would be satisfactorily resolved within a further five days. We resolved the complaint at the frontline resolution stage in a total of eight days.

Complaint 4

Complaint 4 was suitably complex or serious enough to pass to the investigation stage from the outset. We did not try frontline resolution; rather we investigated the case immediately. We issued a final decision to the complainant within the 20-day limit.

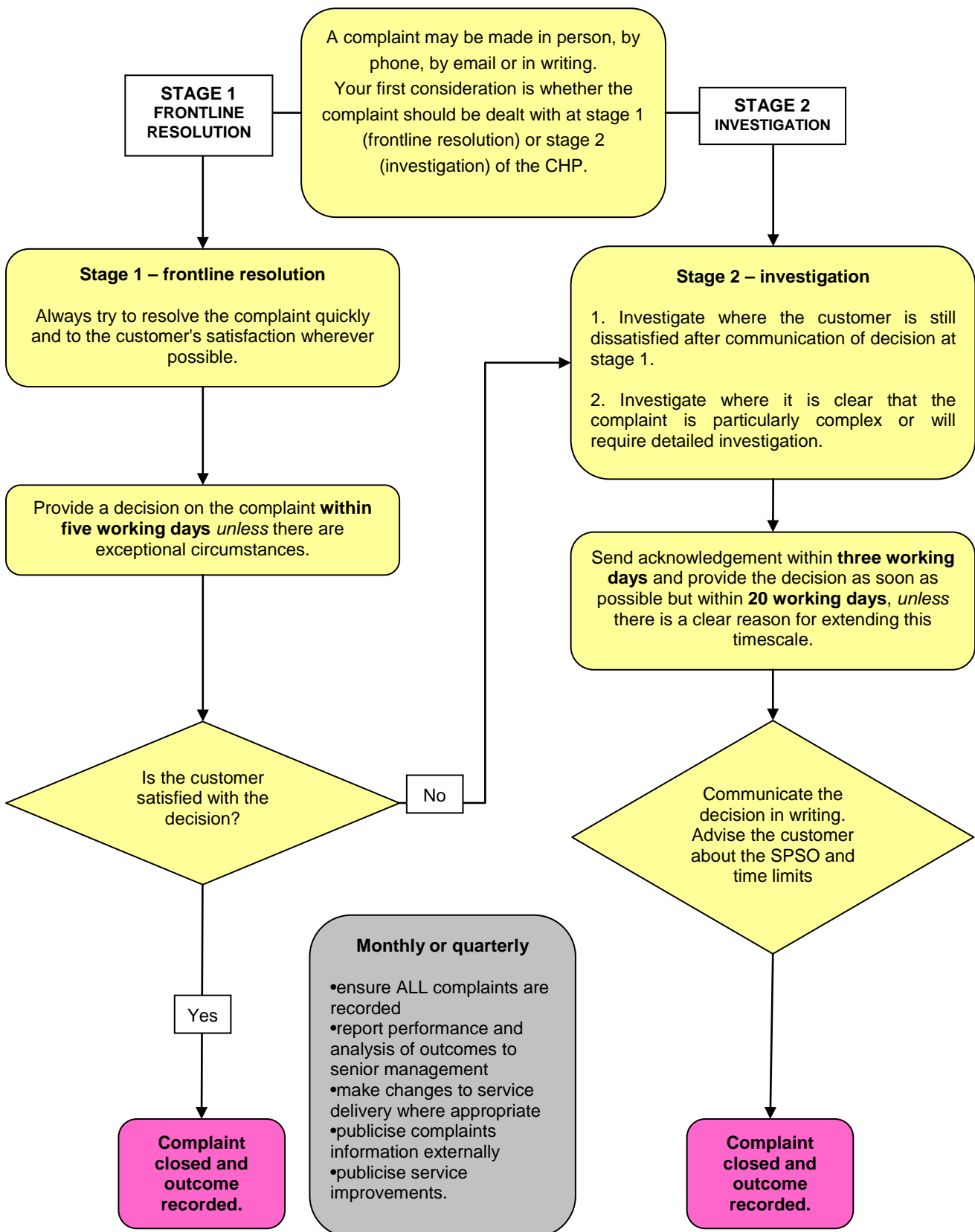
Complaint 5

We considered complaint 5 at the frontline resolution stage, where an extension of five days was authorised. At the end of the frontline stage the complainant was still dissatisfied. At their request, we conducted an investigation and issued our final response within 20 working days. Although the end-to-end timeline was 30 working days we still met the combined time targets for frontline resolution and investigation.

Complaint 6

Complaint 6 was considered at both the frontline resolution stage and the investigation stage. We did not complete the investigation within the 20-day limit , so we agreed a revised timescale with the customer for concluding the investigation beyond the 20-day limit.

Appendix 2 - The complaints handling procedure



Complaints Policy and Procedure

Lead Manager:	Board Complaints Manager
Responsible Director:	Board Nurse Director
Approved by:	Board Nurse Director
Date approved by NHS Board:	21 February 2017
Date for Review:	31 March 2019
Coming into effect	1 April 2017
Replaces previous version: [if applicable]	Complaints Policy July 2015 v2.2

NHS Greater Glasgow and Clyde Complaints Policy and Procedure

Foreword

Our complaints policy and procedure reflects NHS Greater Glasgow and Clyde's commitment to welcoming all forms of feedback, including complaints, and using them to improve services, to address complaints in a person-centred way and to respect the rights of patients, families and staff involved. It will support our staff to resolve complaints and to conduct thorough and fair investigations so that we can make compassionate, yet evidence-based decisions, on the facts of the case.

This policy and procedure has been developed with reference to the national complaints handling procedure, developed in close conjunction with the Scottish Public Services Ombudsman, which aims to bring about consistency in complaints handling across NHS Scotland. It meets the requirements of the Patient Rights (Scotland) Act 2011, and accords with the Healthcare Principles introduced by the Act.

We aim to provide the highest quality services possible through the delivery of safe, effective and person-centred care. Whilst the vast majority of patients have a good experience, we cannot underestimate the emotional, and sometimes physical, impact on patients and families who have a less positive experience, bearing in mind the phrase 'perception is reality'. It is therefore essential that we produce open, honest and empathetic responses to complaints consistently across the organisation. Our complaints policy and procedure helps us to listen effectively to what people are telling us about our services, and to act with purpose on what we hear. It enables us to put things right when things go wrong, and to learn and take action so that the same problems do not happen again.

This policy and procedure also helps us to build positive relationships with people who use our service and rebuild trust. It has the person making the complaint, their families and carers at the heart of the process. We will address complaints effectively, resolve them as early as we can, and learn from them so that we can improve services for everyone.

Whilst NHS Greater Glasgow and Clyde is responsible for the delivery of health services, the six Health and Social Care Partnership in our area have responsibility for the planning and direction of services in their area which have been delegated to them. The integration of health and social care requires staff from the NHS Board, local authority and third sector organisations to work together in order to provide joined up, person-centred services.

Under health and social care integration, there will remain two separate complaints handling procedures for health and for social care.



Mags McGuire
Nurse Director

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Our Complaints Policy and Procedure

The Patient Rights (Scotland) Act 2011, together with supporting legislation, introduced the right to give feedback, make comments, raise concerns and to make complaints about NHS services. It also places a duty on NHS boards to actively encourage, monitor, take action and share learning from the views they receive. The Scottish Health Council's 2014 report *Listening and Learning - How Feedback, Comments, Concerns and Complaints Can Improve NHS Services in Scotland* recommended that a revised, standardised complaints process for NHS Scotland should be developed, building on the requirements of the legislation, and 'Can I Help You?' guidance for handling and learning from feedback, comments, concerns or complaints about NHS health care services. This document delivers on that recommendation by explaining how our staff will handle NHS complaints. Our complaints leaflet provides information for the person making the complaint about our complaints procedure.

This policy and procedure, which is based on the national NHS Model Complaints Handling Procedure, explains the processes that we will follow in responding to complaints. It contains references and links to more details on parts of the procedure, such as how to record complaints, and the criteria for signing off and agreeing time extensions. The procedure also explains how to process, manage and reach decisions on different types of complaints.

The procedure supports us to meet the requirements of the Patient Rights (Scotland) Act 2011 and associated Regulations and Directions. It has been developed to take account of the *Scottish Public Services Ombudsman (SPSO) Statement of Complaints Handling Principles* and best practice guidance on complaints handling from the Complaints Standards Authority at the SPSO. <http://www.valuingcomplaints.org.uk>

In accordance with the legislation, we will take steps to ensure that the people using our services, their families and carers are aware of how they can give feedback or make a complaint, and the support that is available for them to do so. We will ensure that our own staff and service providers are aware of this policy and procedure, and that our staff know how to handle and record complaints at the early resolution stage.

Where apologies are made under the policy, the Apologies (Scotland) Act applies to those apologies. The procedure is intended to operate alongside the duty of candour in the Health (Tobacco, Nicotine etc. and Care) (Scotland) Act 2016 and related Regulations, once this is in force.

This complaint policy and procedure is based on the human rights principles of:

- Participation: everyone has the right to participate in decisions which affect them, including issues of accessibility and the provision of information that people can understand;
- Accountability: service providers have a duty to the public, patients and staff to investigate complaints and seek effective remedies;
- Non-discrimination and equality: the complaints process is available to everyone and vulnerable or marginalised groups are supported to participate in the process;
- Empowerment: everyone should be aware of their rights, the complaints process and be involved in the process to reach an effective remedy; and
- Legality: the complaints process identifies and upholds the human rights of staff, patients and others, and is in accordance with the requirements of all relevant legislation. It aims to provide a quick, simple and streamlined process for resolving complaints early and locally by capable, well-trained staff.

What is a complaint?

NHS Greater Glasgow and Clyde's (GGC) definition of a complaint is:

'An expression of dissatisfaction by one or more members of the public about the organisation's action, or lack of action, or about the standard of service provided by, or on behalf of, the organisation.'

A complaint may relate to:

- care and/or treatment;
- delays;
- failure to provide a service;
- inadequate standard of service;
- dissatisfaction with the organisation's policy;
- treatment by or attitude of a member of staff whilst at work;
- scheduled or unscheduled ambulance care;
- environmental or domestic issues;
- operational and procedural issues;
- NHS transport concerns, either to, from or within the healthcare environment;
- the organisation's failure to follow appropriate process;
- lack of information and clarity about appointments; and
- difficulty in making contact with departments for appointments or queries.

This list does not cover everything.

Examples of complaints we may receive and how these may be handled are available in the accompanying guidance document – see Appendix 1.

Not all issues may be for NHS bodies to resolve. In cases where an individual is dissatisfied with standards of conduct, ethics or performance by an individual health professional, it may be for the respective professional body to investigate. These include, for example, the Nursing and Midwifery Council, the General Medical Council, the General Dental Council, the General Pharmaceutical Council, and the General Optical Society. Where serious concerns about a registered healthcare worker are identified, a referral to the appropriate professional regulator should be made. If you have a query regarding this, please direct it to the Board Complaints Manager, or a nominated person on their behalf, in the first instance.

Members of the public, including patients, the general public and those acting on behalf of patients and others may raise issues with relevant NHS bodies or their health service providers which need to be addressed, but which are not appropriate for an investigation under this policy and procedure. Further guidance is provided in the section covering feedback, comments and concerns below.

This policy does not apply to the following issues, as set out in Regulations:

- a matter raised by one NHS body about the functions of NHSGGC;
- a matter raised by a service provider about any matter connected with the contract or arrangements under which that service provider provides health services;
- a matter raised by an employee of an NHS body about any issue relating to that person's employment;
- a complaint which is being or has already been investigated by the Scottish Public Services Ombudsman (SPSO);
- a matter arising out of an alleged failure to comply with a request for information under the Freedom of Information (Scotland) Act 2002(a);
- a matter about which the person raising the issue has commenced legal proceedings (whether or not these have concluded), or where the feedback and complaints officer considers that legal proceedings are so likely that it would not be appropriate to investigate the complaint under this policy and procedure;
- a matter about which the complainant wishes to receive compensation as an outcome of their complaint;
- a matter about which NHSGGC is considering the issue under the disciplinary policy; and
- a complaint, the subject matter of which has previously been investigated and responded to, to the degree that the local complaints process is exhausted.

In most of these cases, there may be a separate procedure available which is better placed to carry out the investigation; indeed in many cases a separate investigation may already be underway. If a complaint is raised which is within one of these categories, you must write to the individual, explaining the reason that this complaints policy and procedure does not apply, and the procedure the individual should use to raise the matter with the appropriate person or body. You may send this explanation electronically (e.g. via email), provided that the person making the complaint has consented to this in writing, and has not withdrawn their consent.

This complaints policy and procedure offers a person-centred and effective way of ensuring that complaints are thoroughly investigated and that areas for learning and improvement are identified and actioned.

Additionally, this complaints policy and procedure should not be used in the following circumstances:

- to consider a routine first-time request for a service;
- a request for a second opinion in respect of care or treatment;
- matters relating to private health care or treatment;
- matters relating to services not provided by or funded by the NHS;
- a serious incident which is the subject of a formal and independent inquiry under Section 76 of the National Health Service (Scotland) Act 1978;
- matters which are being investigated by a professional regulatory body; and
- where it is believed that a criminal offence may have been committed.

You must not treat these issues as complaints, rather you should explain how the matter may be handled, and, where appropriate, direct the person raising the issue to use the applicable procedure where there is one. You must always consider how best to investigate, respond to and, where appropriate, resolve the issue.

We value all forms of feedback

We encourage all forms of feedback, positive and negative, and use it to continuously improve our services. The Patient Rights (Scotland) Act 2011 introduced a right for people to give feedback or comments to, or raise concerns or complaints with, NHS Boards and service providers. Feedback, comments and concerns are not complaints. They should be handled in line with the Patient Rights (Scotland) Act 2011, and the associated Regulations and Directions. Further guidance on handling and learning from feedback, comments and concerns is available in the 'Can I Help You' good practice guidance document.

It is necessary for staff to be able to distinguish between feedback, comments, concerns and complaints to ensure that any issues raised are handled through the appropriate

procedures. Where an issue raised is clearly not a complaint, staff should make arrangements to have the issue handled through the appropriate process and feed this back to the person raising the issue. The following paragraphs provide more information on feedback, comments and concerns.

Feedback

Feedback may be in the form of views expressed orally or in writing as part of a survey, patient questionnaires, through the Patient Advice and Support Service (PASS), or initiatives such as patient experience surveys or via stakeholder electronic portals. The feedback may describe the person or carer's individual experience of using NHS services and may include suggestions on things that could have been done better or identify areas of good practice.

Comments

Comments may be compliments, feedback or observations offered orally or in writing for example on ward or hospital suggestion cards or through the PASS, which reflect how someone felt about the service.

Concerns

Concerns may be expressed in relation to proposed treatment or about any aspect of the service, from timing of appointments to getting to hospital for the proposed treatment or the actual treatment received. An example may be where someone has been referred to a consultant and is concerned about what this means. Concerns of this nature fall short of a complaint as the person is not expressing dissatisfaction, but wishes to be fully informed about what is to happen.

People may need reassurance or further explanation and information to help them understand why the healthcare provider is suggesting a particular course of action. Staff should be alert to this and ensure that explanations are given and advice on additional support services is available and accessible to everyone.

It is particularly important for staff to use their discretion and judgement in supporting people to decide whether a matter is a concern or a complaint. The best way to do this is by talking to the person raising the issue to explain how concerns and complaints are handled and responded to. There may be circumstances where the nature of the concern is sufficiently serious to warrant full investigation under this complaints policy and procedure. Where the person states that they do not want to complain, if you are satisfied that the matter is clearly a complaint you should encourage them to pursue it via that route and explain the reasons why. If it is not possible to achieve that, we should still do all we can to resolve the issues and learn lessons in a way the person feels comfortable with. If staff members are in any doubt they should seek advice from the Board Complaints Manager, or a nominated person on their behalf.

The manner in which the matter is communicated to us will often help you to decide if it is a concern or a complaint. A matter may be communicated in a matter of fact way, for example 'I am a little surprised at being in a mixed sex ward. I think you should put me in an all-female ward'. This is likely to be recorded as a concern. However, the same matter may be reported as 'I am very angry that you have put me in a ward with all these men. I feel humiliated and I refuse to accept this. Get me into an all-female ward now or I will call my son to come and take me home'. Given the way this matter is reported, you may decide that it is a complaint. Appendix 3 includes a 'Feedback, Comments, Concerns or Complaints Assessment Matrix' which can be used where necessary to help you differentiate between these and decide how to proceed.

A concern should be responded to within five working days. It is important that, where you determine that a matter is a concern (rather than a complaint) and the person raising the issue remains unhappy with your response to that concern, you should handle any subsequent action as a complaint. As you will already have attempted to resolve the person's concern, the early resolution stage of the complaints policy and procedure is not an appropriate stage to consider the matter further. The matter should, therefore, be handled directly at the investigation stage of the complaints policy and procedure.

Examples of matters that may be considered as concerns will be included in the guidance document to support this policy – see Appendix 2.

Publication

In accordance with the Complaints Directions, relevant NHS bodies must publish annual summaries of the action which has been or is to be taken to improve services as a result of feedback, comments and concerns received in the year. The annual report is published on the NHSGGC website - <http://www.nhsggc.org.uk/about-us/nhs-board/annual-reports-reviews/>

Primary Care service providers

Complaints about services at a GP surgery, NHS dental surgery, NHS optician's practice or a community pharmacy should be made directly to the practice or surgery. Practices are required to have in place and operate a practice based complaints procedure and to publicise this.

Primary Care service providers should take every opportunity to resolve complaints quickly and locally, and at the point of contact wherever possible. Early resolution is the most effective way of resolving the majority of complaints and should be attempted where the issues involved are straightforward and potentially easily resolved, requiring little or no investigation. Resolving complaints early and locally helps to resolve a person's

dissatisfaction as well as minimise costs. The fewer people involved in responding to a complaint, and the quicker a response is given, the lower the cost of that complaint to the Primary Care service provider in terms of resources and potential redress. Where early resolution is not possible, it remains the responsibility of the primary care provider to investigate and respond to formal complaints.

However, where the person making the complaint feels unable to make direct contact with the Primary Care service provider the complaint can, in exceptional circumstances, be made to the appropriate relevant NHS body directly. This will normally be the relevant Health and Social Care Partnership (HSCP). The relevant HSCP should nominate the Feedback and Complaints Officer, or other suitable officer to carefully consider the reasons for asking the body to handle the complaint. Where the relevant HSCP considers it appropriate, the person making the complaint should be encouraged to contact the Primary Care service provider by explaining the value of early and local resolution. Where the relevant HSCP recognises that it would not be appropriate, or possible, for the person making the complaint to complain directly to the Primary Care service provider (for example there has been an irreconcilable breakdown in the relationship between the respective parties), contact should be made with the Primary Care service provider to agree the way in which the complaint will be managed, and the person making the complaint should be advised accordingly. At this point, consideration may be given to mediation, if both parties agree. Where agreement cannot be reached it will be for the relevant HSCP to determine how the complaint should be managed. The person making the complaint must be advised of the arrangements that are made.

Where an individual believes that a Practice does not have a suitable procedure in place (rather than dissatisfaction with the outcome of a complaint), that concern may be raised with the Health Board. If there is evidence that a Practice does not have a suitable procedure in place, we will require that appropriate action is taken to address this failure. Continued failure by a Practice may result in disciplinary action being taken against the practitioners concerned.

In handling complaints we will have regard to the General Medical Council (GMC)'s, and other relevant regulatory bodies, standards to help to protect patients and improve medical education and practice in the UK. Specifically that 'patients who complain about the care or treatment they have received have a right to expect a prompt, open, constructive and honest response including an explanation and, if appropriate, an apology'. Therefore, the person making the complaint can expect an apology to include what happened, what action we will take to resolve the matter and what will be done to prevent a similar occurrence happening in the future. This is true for all complaints, and not just those related to primary care.

Complaints from prisoners

As with all complaints, we aim to resolve prisoner complaints quickly, and close to the point of service delivery. Healthcare teams within prisons will, therefore, be trained and empowered to respond to complaints at each stage of this procedure, wherever possible.

We will ensure that healthcare staff working with their local prisons are fully aware of this complaints policy and procedure, and that appropriate information on how to complain is freely available to ensure that prisoners have the same access to the NHS complaints procedure as other people. When a prisoner expresses dissatisfaction about the service they have or have not received, or about the standard or quality of that service, we will ensure quick and easy access to the complaints policy and procedure is available to them.

Financial compensation

The NHS complaints procedure does not provide for financial compensation. The independent PASS may be able to advise anyone who is seeking compensation where to get information about specialist solicitors who handle medical negligence claims.

It may also be appropriate to advise those who seek financial compensation that they may contact Action against Medical Accidents (AvMA), or the Law Society of Scotland. AvMA provides free independent advice and support to people affected by medical accidents while the Law Society of Scotland can provide contact details of law firms throughout Scotland that may specialise in claims for medical compensation.

Handling anonymous complaints

We value all complaints. This means we treat all complaints including anonymous complaints seriously and will take action to consider them further, wherever this is appropriate. All anonymous complaints are subject to this policy and procedure. The Board Complaints Manager, or nominated person in their absence, should make a decision on appropriate action to take based on the nature of information provided about the anonymous complaint and any other relevant factors. If, however, an anonymous complaint does not provide enough information to enable us to take further action, or to contact the complainant, we may decide that we are unable to complete the investigation.

Any decision not to investigate an anonymous complaint must be authorised by the Board Complaints Manager, or nominated person in their absence. Where appropriate, consideration should also be taken about whether the matter should be considered via the whistleblowing process.

Information about, and decisions made regarding all anonymous complaints will be recorded on the complaints recording system (to the extent that the information is available) to allow consideration of any action necessary. If we pursue an anonymous complaint further, we will record the issues (to the extent that the information is available),

actions taken and outcome. This will help to ensure the completeness of the complaints data we record and allow us to take corrective action where appropriate.

Whistleblowing

The NHS Scotland Staff Governance Standard places a specific obligation upon NHS employers to ensure that it is safe and acceptable for staff to speak up about wrongdoing or malpractice within their organisation, particularly in relation to patient safety. The Implementing & Reviewing Whistleblowing Arrangements in NHS Scotland Partnership Information Network (PIN) Policy, sets out the rights of staff in relation to whistleblowing. NHSGGC has in place a local whistleblowing Policy based on the national PIN and staff should raise any concerns they have about patient safety or malpractice through this and not through the complaints handling procedure.

Alternatively, staff may contact the NHS Scotland Confidential Alert Line. The principal purpose of the Alert Line is to provide an additional level of support to NHS Scotland employees, should they feel unsure about how or whether to report cases of patient safety or malpractice directly to their Board, or, if they feel they have exhausted procedures in place. The Alert Line also provides a safe space where staff who feel they may be victimised as a result of whistleblowing, may, if appropriate, have their concerns passed to a Board or Regulatory Body on their behalf. The Alert Line can be contacted on Freephone 0800 008 6112.

Further information on whistleblowing can be found in Appendix 10 – Helpful Links.

Staff Grievance

Any employee who wishes to raise concerns with regards to an issue concerning their employment should not use this complaints policy and procedure, but instead utilise the NHSGGC's Grievance Policy.

Significant Clinical Incidents

NHSGGC's policy on the Management of Significant Clinical Incidents (SCI) describes SCI's as: *those events that have or, could have significant or catastrophic impact on the patient and may adversely affect the organisation and its staff and have potential for wider learning (i.e. learning that can be gained for future care delivery).*

Complaints we receive may clearly meet the organisation's criteria for managing SCIs. For example, where the complaint is about the safety of care, and the organisation has a duty to proceed with an SCI Review, irrespective of whether a complaint has been made. Where, based on a complaint, it is deemed appropriate to undertake an SCI Review instead of a complaints investigation, we will advise the person making the complaint of this decision.

It is for a senior manager within the clinical service to decide whether an SCI Review should take place, and also to ensure the person raising the complaint is satisfied that the issues related to the SCI Review are clearly agreed. Any remaining issues (for example, those related to attitude and behaviour) should be progressed via the complaints process, parallel, but separate, to the SCI Review.

The person who made the complaint should be advised that the Management of SCI policy operates within different investigation timelines to the complaints process i.e. normally within 12 weeks. We will also tell them they will have the right to ask SPSO to consider their issues further if they remain dissatisfied at the conclusion of the SCI process. The clinical service will take forward the SCI Review, and be the main contact point for the patient or their family (providing there is written consent if required).

For further information on the SCI process, please refer to Appendix 10 – Helpful Links.

Patient Opinion

Patient Opinion, with the linked site Care Opinion, provides an independent online service which allows patients, their families and carers to provide feedback, good or bad, on their experiences of health care provision. The service enables people to post their experience online, and to engage in a dialogue with health care providers that is focussed on service improvement.

Feedback from Patient Opinion will include general feedback, comments, concerns and complaints. Where the feedback clearly meets the organisation's definition of a complaint, and there is sufficient information provided to handle the matter through the complaints procedure, the complaint should be forwarded to the complaints department, and recorded and handled as a complaint.

Other forms of feedback are Universal Feedback (a system whereby every inpatient on a ward is offered a comment card at the point of discharge. It was introduced as one means to assist NHSGGC meet the requirements of the Patient Rights Act) and NHSGGC Online Patient Feedback (this provides a way for service users, carers and the wider public to share their healthcare experiences with NHSGGC, but these experiences are not visible to the wider public).

Who can make a complaint?

Anyone who is, or is likely to be, affected by an act or omission of an NHS body or health service provider can make a complaint. Sometimes a person making the complaint may be unable or reluctant to do so on their own. We will accept complaints brought by third parties as long as the person making the complaint has the consent (in writing) to act on behalf of the person affected.

Where a complaint is made on behalf of another person, in accordance with the common law duty of confidentiality and data protection legislation, we must ensure that, in addition to authorising another person to act on their behalf, the person has also consented to their personal information being shared as part of the complaints handling process. In circumstances where no such consent has been given, we would have to take that into account when handling and responding to the complaint (and is likely to be significantly constrained in what it can do in terms of investigating any such complaint).

What if the person raising the issue does not want to complain?

If a person expresses dissatisfaction in line with our definition of a complaint but does not want to complain, tell them that we do consider all expressions of dissatisfaction and concerns, and these also offer us the opportunity to improve services where things have gone wrong.

Encourage the person raising the issue to submit a complaint and allow us to deal with it through the complaints policy and procedure. This will ensure that they are updated on the action taken and get a response to their complaint.

If, however, the person insists they do not wish to complain, you should record the complaint as being a concern, respond appropriately and record it. Doing so will ensure that the person has the opportunity to pursue a complaint at the investigation stage of the policy and procedure should they subsequently raise the matter again.

Complaints involving more than one NHS service or organisation

If someone complains about the service of another NHS Board or Primary Care service provider, and our organisation has no involvement in the issue, the person should be advised to contact the relevant Board or service provider directly, or, where appropriate, we can pass on their complaint on their behalf, with the complainant's permission.

Where the complaint spans two (or more) NHS bodies, for example one Board using the services of another to provide care and treatment, you must tell the person making the complaint who will take the lead in dealing with the complaint, and explain that they will get only one response covering all issues raised. The NHS bodies involved should be mindful of the timescale within which the response should be issued and work jointly to achieve this.

There may be occasions where a complaint relates to two (or more) NHS bodies, however, each aspect of the complaint relates specifically to one, or other of the organisations. This could be, for example a complaint about pre-hospital care and a complaint about a delay in being seen in the accident and emergency department. Where this occurs it is important to communicate clearly with the person making the complaint to explain, and agree how the complaint will be handled. Where this applies each organisation should record, handle

and respond to the complaint about the service they provided and let the complainant know that they will receive two separate responses.

A complaint may relate to the actions of two or more of the organisation's services. Where this is the case, you must tell the person making the complaint who will take the lead in dealing with the complaint, and explain that they will get only one response from the organisation covering all of the issues they have raised.

Overlap with other duties on NHS bodies

NHS bodies are subject to a range of other duties in respect of honesty and openness about the services and care they provide. The Apologies (Scotland) Act 2016 is intended to encourage apologies being made by making it clear that apologising is not the same as admitting liability. An apology means any statement made indicating that the person is sorry about or regrets an act or omission or outcome. It also covers an undertaking to look into what happened with a view to preventing it happening again. In meeting the requirements of this complaints procedure we will apologise where appropriate and make sure that we are open and honest with people when an unintended or unexpected incident has happened. Most apologies made in the course of provision of NHS services, or in the course of resolving or investigating a complaint about an NHS service, will be subject to the provisions of the Apologies (Scotland Act) 2016.

The Duty of Candour procedure¹ may also be applied in circumstances which give rise to a complaint. This procedure will ensure that people will be told what happened, receive an apology, be told what will be done in response and how actions will be taken to stop a future reoccurrence.

Apologies which are made in accordance with the Duty of Candour procedure will, by virtue of section 23 of the Health (Tobacco, Nicotine etc. and Care) (Scotland) Act 2016, also not amount to an admission of negligence or breach of duty.

Complaints that span health and social care services

From 1 April 2017, the health and social care complaints handling procedures will be aligned and will therefore have the same stages and timescales, with the exception of timescale extensions.

If a person raises a complaint about a health service and a social care service the response will depend on whether these services are being delivered through a single, integrated HSCP.

¹ NB - the duty of candour procedure is not in operation at the date of publication of this model CHP. It will apply once the relevant provisions of the Health (Tobacco, Nicotine etc and Care) (Scotland) Act 2016 are brought into force.

Where these services are integrated, you must work together with the HSCP staff to resolve the complaint. A decision must be taken, by following the procedure that the HSCP has in place, as to whether the NHS or local authority will lead on the response. You must ensure that all parties are clear about this decision. It is important, wherever possible, to give a single response from the lead organisation, though ensure both organisations contribute to this. However, in complex cases where a single response is not feasible, you should explain to the person making the complaint the reasons why they will receive two separate responses, and who they can get in contact with about the social care aspects of their complaint.

Where health and social care services are not integrated, for example the relevant local authority provides a social care service, independent of any health service provision, the person will need to direct their communications about social care separately to the local authority. You must tell the person making the complaint which issues you will respond to, and direct them to the appropriate person to handle those relating to social care.

In either case, it is important to bear in mind that:

- the Care Inspectorate can investigate complaints about social care services provided by registered care providers, even if they have not yet gone through the local complaints handling procedure, and customers should be informed of this option; and
- social care services must handle complaints according to the social work complaints handling procedure, which is largely in line with this complaints policy and procedure.

Integrated Joint Boards must have a separate complaints handling procedure for handling complaints about their functions. This will be broadly in line with this complaints policy and procedure.

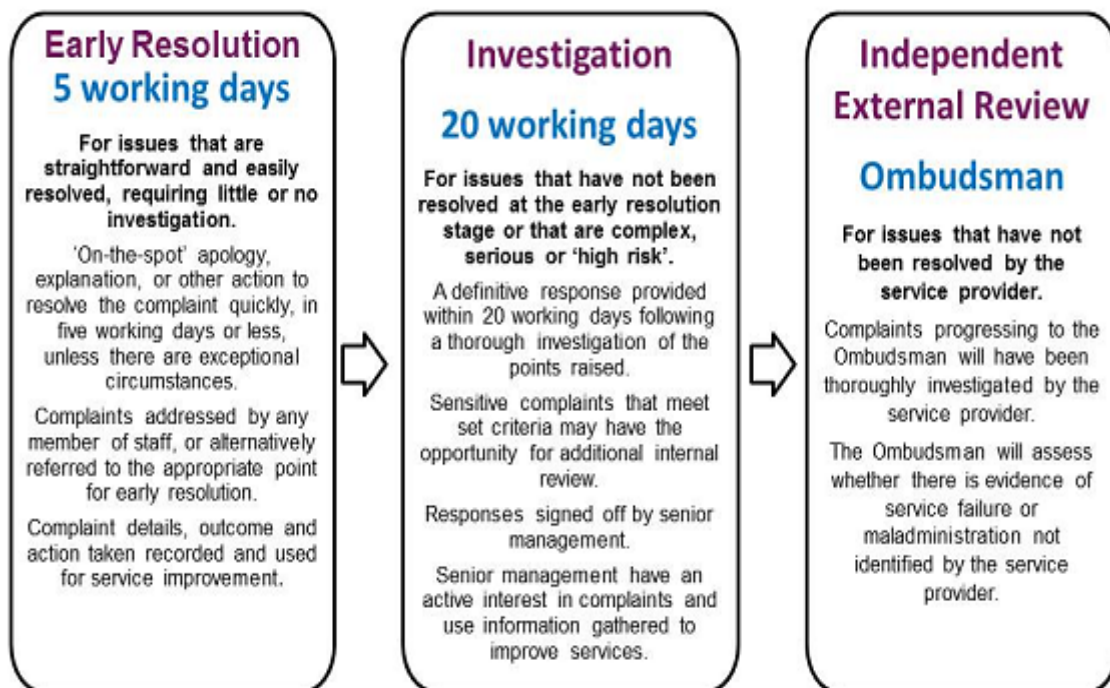
The complaints handling process

Our complaints handling procedure aims to provide a quick, simple and streamlined process for resolving complaints early and locally by capable, well-trained staff.

Our complaints process provides two opportunities to resolve complaints internally:

- early resolution; and
- investigation.

The NHS Model Complaints Handling Procedure



What to do when you receive a complaint

- 1 On receiving a complaint, you must first decide whether the issue can indeed be defined as a complaint. The person making the complaint may express dissatisfaction about more than one issue. This may mean you treat one element as a complaint, while directing the person to pursue another element through an alternative route (see Appendix 2).
- 2 If you have received and identified a complaint, send to the complaints department who will record the details on our complaints system.
- 3 Decide whether or not the complaint is suitable for early resolution. Some complaints will need to be fully investigated before you can give a suitable response. You must handle these complaints immediately at the investigation stage.
- 4 Where you think early resolution is appropriate, you must consider four key questions:
 - what exactly is the person's complaint (or complaints);
 - what do they want to achieve by complaining;
 - can I achieve this, or explain why not; and
 - if I cannot resolve this, who can help with early resolution?

What exactly is the person's complaint (or complaints)?

Find out the facts. It is important to be clear about exactly what the person is complaining of. You may need to ask for more information and probe further to get a full picture.

What do they want to achieve by complaining?

At the outset, clarify the outcome the person wants if this is unclear. You may need to probe further to find out what they want, and whether the expected outcome can be achieved. It may also be helpful to signpost people who complain to the PASS at this point as advisers can often help clients think about their expectations and what is a realistic/reasonable outcome to expect.

Can I achieve this or explain why not?

If you can achieve the expected outcome by providing an on-the-spot apology or explain why you cannot achieve it, you should do so.

The person making the complaint may expect more than we can provide, or a form of resolution that is not at all proportionate to the matter complained about. If so, you must tell them as soon as possible. An example would be where someone is so dissatisfied with their experience that they want the Chief Executive to be sacked.

You are likely to have to convey the decision face to face or on the telephone. If you do this, you are not required to write to the person as well, although you may choose to do so. It is important, however, to record full and accurate details of the decision reached and passed to the person, and to ensure that they understand the outcome. For example, this could be written in a file note and saved on the complaints recording system by complaints staff. You must also advise them of their right to have the complaint escalated to the investigation stage of the complaints policy and procedure if they are not satisfied with the outcome at the early resolution stage.

If I cannot resolve this, who can help with early resolution?

If you cannot deal with the complaint because, for example, you are unfamiliar with the issues or area of service involved, tell the person this and pass details of the complaint to someone who can attempt to resolve it. Keep the person making the complaint informed about what has happened to their complaint and who is responsible for taking it forward.

Stage one: early resolution

Early resolution aims to resolve straightforward complaints that require little or no investigation at the earliest opportunity. This should be as close to the point of service delivery as possible, if reported to us at that time. Any member of staff may deal with complaints at this stage. In practice, early resolution means resolving the complaint at the

first point of contact with the person making the complaint. This could mean a face-to-face discussion with the person, or it could mean asking an appropriate member of staff to deal directly with the complaint. In either case, you may settle the complaint by providing an on-the-spot apology where appropriate, or explaining why the issue occurred and, where possible, what will be done to stop this happening again. You may also explain that, as an organisation that values complaints, we may use the information given when we review service standards in the future.

Anyone can make a complaint. They may do so in writing, in person, by telephone, by email or online, or by having someone complain on their behalf. You must always consider early resolution, regardless of how you have received the complaint. All formal complaints must be sent to the complaints department or relevant HSCP colleague with complaints responsibility for correct recording and processing.

Timelines

Early resolution must usually be completed within **five working days**, although in practice we may resolve the complaint much sooner.

Extension to the timeline

In exceptional circumstances, where there are clear and justifiable reasons for doing so, you may agree an extension of no more than five additional working days with the person making the complaint. This must only happen when an extension will make it more likely that the complaint will be resolved at the early resolution stage.

For example, you may need to get more information from other services to resolve the complaint at this stage. However, it is important to respond within the applicable time to the person making the complaint, either resolving the matter and agreeing with the person that this has been achieved, or explaining that their complaint is to be investigated.

When you ask for an extension, you must get authorisation from the Board Complaints Manager, or nominated person in their absence, who will decide whether you need an extension to effectively resolve the complaint. Examples of when this may be appropriate include staff or contractors being temporarily unavailable. You must tell the person making the complaint about the reasons for the delay, and when they can expect your response.

Where, however, the issues are so complex, and it is clear that they cannot be resolved within an extended five day period, you should escalate the complaint directly to the investigation stage.

It is important that extensions to the timeline do not become the norm. All attempts to resolve the complaint at this stage must take no longer than **ten working days** from the date you receive the complaint.

The proportion of complaints that exceed the five working days timeline at the early resolution stage should be evident from reported statistics. These statistics should go to the Board on a quarterly basis.

Appendix 4 provides further information on timelines.

Closing the complaint at the early resolution stage

When you have informed the person making the complaint of the outcome at early resolution, you are not obliged to write to them, although you may choose to do so. You must ensure that our response to the complaint addresses all areas that we are responsible for and explains the reasons for our decision. It is also important to keep a full and accurate record of the decision reached and given to the person, for example, by taking a file note and a member of complaints staff recording that on the complaints system. The complaint should then be closed and the complaints system updated accordingly. In closing the complaint, the date of closure is the date that the outcome of the complaint at the early resolution stage is communicated to the person making the complaint.

When to escalate to the investigation stage

A complaint must be handled at the investigation stage when:

- early resolution was tried but the person making the complaint remains dissatisfied and requests an investigation into the complaint. This may be immediately on communicating the decision at the early resolution stage or could be some time later; or
- satisfactory early resolution will not be possible as the complainant has clearly insisted that an investigation be conducted.

Complaints should be handled directly at the investigation stage, without first attempting early resolution, when:

- the issues raised are complex and require detailed investigation; or
- the complaint relates to serious, high-risk or high-profile issues.

When a complaint is closed at the early resolution stage, but is subsequently escalated to the investigation stage of the procedure, it is important that the complaint outcome is updated on the complaints system, and the complaint moves to stage two. A new complaint should not be recorded.

It is also important to take account of the time limit for making complaints when a person asks for an investigation after early resolution has been attempted. The timescale for accepting a complaint as set out in the Regulations is within six months from the date on

which the matter of the complaint comes to the person's notice, but no later than 12 months from the date of the issue or issues being complained about.

While attempting early resolution always take particular care to identify complaints that on fuller examination might be considered serious, high risk or high profile, as these may require particular action or raise critical issues that need senior management's direct input. This should be considered at the triage stage when the complaint is first received. If the person triaging the complaint is unsure about whether the complaint is high risk or high profile, they should seek advice from the Board Complaints Manager, or nominated person in their absence.

Stage two: investigation

Not all complaints are suitable for early resolution and not all complaints will be satisfactorily resolved at that stage. Complaints handled at the investigation stage of the complaints policy and procedure are typically serious and/or complex, and require a detailed examination before we can state our position. These complaints may already have been considered at the early resolution stage, or they may have been identified from the start as needing immediate investigation.

An investigation aims to establish all the facts relevant to the points made in the complaint and to give the person making the complaint a full, objective and proportionate response that represents our final position.

What to do when you receive a complaint for investigation

It is important to be clear from the start of the investigation stage exactly what you are investigating, and to ensure that both the person making the complaint and the service understand the investigation's scope.

If this has not been considered at the early resolution stage, you should discuss and confirm these points with the person making the complaint at the outset if their complaint is unclear, to establish why they are dissatisfied and whether the outcome they are looking for sounds realistic. If discussing the complaint with the person, consider three key questions:

1. What specifically is the person's complaint or complaints?
2. What outcome are they looking for by complaining?
3. Are the person's expectations realistic and achievable?

It may be that the person making the complaint expects more than we can provide. If so, you must make this clear to them as soon as possible.

Where possible you should also clarify what additional information you will need to investigate the complaint. The person making the complaint may need to provide more evidence to help us reach a decision.

You should find out what the person's preferred method of communication is, and where reasonably practicable, communicate by this means.

Details of the complaint must be recorded on the system for recording complaints by the complaints department. Where applicable, this will be done as a continuation of the record created at early resolution and not as a new complaint. The details must be updated when the investigation ends.

If the investigation stage follows attempted early resolution, you must ensure you have all relevant information considered at the early resolution stage. You must also record that this information has been obtained.

Contact with the person making the complaint at the start of the investigation

To effectively investigate a complaint, it may be necessary to have a discussion with the person making the complaint to be clear about exactly what the complaint or complaints relate to, understand what outcome the person making the complaint is looking for by complaining, and assess if these expectations are realistic and achievable. This may be by a telephone discussion or it may be appropriate to arrange a meeting between appropriate NHS staff and the person making the complaint. This will provide the opportunity to explain how the investigation will be conducted, and to manage the person's expectations in regard to the outcomes they are looking for.

Timelines

The following deadlines are set out in the Regulations for cases at the investigation stage:

- complaints must be acknowledged within three working days; and
- you should provide a full response to the complaint as soon as possible but not later than 20 working days, unless an extension is required.

Acknowledgements

The Complaints Directions set out what must be included in a written acknowledgement of a complaint, which is as follows:

- contact details of a named member of staff in the complaints department;
- details of the advice and support available including the PASS;
- information on the role and contact details for the SPSO;
- a statement confirming that the complaint will normally be investigated, and the report of the investigation sent to the complainant, within 20 working days or as soon as reasonably practicable;

-
- a statement advising that, should it not be possible to send a report within 20 working days, the person making the complaint will be provided with an explanation as to why there is a delay and, where possible, provided with a revised timetable for the investigation; and
 - information on Data Protection Act requirements.

When advising the person making the complaint about the role and contact details of the SPSO, it should also be explained that if they remain dissatisfied at the end of the complaints process, they can ask the SPSO to look at their complaint, and that further information about this will be provided with the final response to the complaint.

When issuing the acknowledgement letter you should issue it in a format which is accessible to the person making the complaint. You should also consider including the following points, where relevant to the complaint:

- thank the person making the complaint for raising the matter;
- summarise your understanding of the complaint made and what the person making the complaint wants as an outcome if there is any doubt over this in their complaint (this information will be available to you from your actions at 'What to do when you receive a complaint' as documented above);
- where appropriate, the acknowledgement letter should express empathy and acknowledge the distress caused by the circumstances leading to the complaint;
- outline the proposed course of action to be taken or indicate the investigations currently being conducted, stressing the rigour and impartiality of the process;
- offer the opportunity to discuss issues with complaints staff;
- request that a consent form is completed where necessary;
- provide information on alternative dispute resolution services and other support service such as advocacy; and
- provide a copy of our complaints leaflet if this has not already been issued.

You may send the letter electronically, provided that the person making the complaint has consented to this in writing, and has not withdrawn their consent.

During the course of the investigation, you should, where possible ensure that the person making the complaint, and anyone involved in the matter which is the subject of the complaint, is informed of progress and given the opportunity to comment.

Meeting with the person making the complaint during the investigation

To effectively investigate the complaint, it may be necessary to arrange a meeting with the person making the complaint. Where a meeting takes place, we will always be mindful of the requirement to investigate complaints within 20 working days wherever possible. There is no flexibility within the Patient Rights (Scotland) Act 2011 to 'stop the clock' in the

complaints handling process. This means that where required, we should always aim to hold meetings within 20 working days of receiving the complaint wherever possible.

As a matter of good practice, where meetings between NHS staff and the person making the complaint do take place, a written record of the meeting should be completed and provided to the person making the complaint. Alternatively, and by agreement with the person making the complaint, you may provide a record of the meeting in another format, to suit their communications needs and preferences. You should discuss and agree with the person making the complaint, the timescale within which the record of the meeting will be provided.

Extension to the timeline

It is important that every effort is made to meet the timescales as failure to do so may have a detrimental effect on the person making the complaint. Not all investigations will be able to meet this deadline, however, and the Regulations allow an extension where it is necessary in order to complete the investigation. For example, some complaints are so complex that they require careful consideration and detailed investigation beyond the 20 working day limit. These would be the exception and you must always try to deliver a final response to a complaint within 20 working days.

If there are clear and justifiable reasons for extending the timescale, the relevant complaints manager, in agreement with service colleagues, will set time limits on any extended investigation. You must keep the complainant updated on the reason for the delay and give them a revised timescale for completion where possible. If the person making the complaint does not agree to an extension but it is necessary and unavoidable, then the Board Complaints Manager, or nominated person in their absence, must consider and confirm the extension.

The reasons for an extension might include the following:

- essential accounts or statements, crucial to establishing the circumstances of the case, are needed from staff, patients or others but they cannot help because of long-term sickness or leave;
- you cannot obtain further essential information within normal timescales;
- operations are disrupted by unforeseen or unavoidable operational circumstances, for example industrial action or severe weather conditions; or
- the person making the complaint has agreed to a meeting or mediation as a potential route for resolution.

These are only a few examples, and you must judge the matter in relation to each complaint.

The proportion of complaints that exceed the 20-day limit will be evident from reported statistics. These statistics must go to the Board on a quarterly basis.

If you are handling a complaint spanning health and social care services and the health aspects have been resolved but the social care aspects require an extension to continue investigation, you must tell the person that you are not yet in a position to respond to all aspects of the complaint and tell them when you will do so, or consider issuing two separate responses.

Appendix 4 provides further information on timelines.

Mediation

Some complex complaints, or complaints where the person making the complaint and other interested parties have become entrenched in their position, may require a different approach to resolution. Where appropriate, you may consider using services such as mediation or conciliation, using suitably trained and qualified mediators to try to resolve the matter and to reduce the risk of the complaint escalating further.

Mediation can help both parties to understand what has caused the complaint, and so is more likely to lead to mutually satisfactory solutions. It can be particularly helpful in the context of complaints about primary care providers, and the Directions set out that Boards *must* provide alternative dispute resolution services in these circumstances, if both the person making a complaint about a primary care provider, and the person subject to the complaint, agree that it should be provided.

If you and the person making the complaint agree to mediation an extension to the investigation period is likely to be necessary and, revised timescales should be agreed.

Closing the complaint at the investigation stage

In terms of best practice, for relevant NHS bodies, the complaints process should always be completed by the Feedback and Complaints Manager (or someone authorised to act on his or her behalf) reviewing the case. They must ensure that all necessary investigations and actions have been taken. For other health service providers this will be the Feedback and Complaints Officer or a senior officer nominated to perform this review. Where the complaint involves clinical issues, the draft findings and response should be shared with the relevant clinicians to ensure the factual accuracy of any clinical references. Where this is appropriate the relevant clinicians should always have regard to the timescales within which the decision should be issued.

You should let the person making the complaint know the outcome of the investigation, in writing, and also, if applicable, by their preferred alternative method of contact. Our response to the complaint must address all issues raised on areas that we are responsible

for and explain the reasons for our decision. You must record the decision, and details of how it was communicated to the person making the complaint, on the system for recording complaints. In accordance with the Complaints Directions, the response must include the conclusions of the investigation and information about any remedial action taken or proposed as a consequence of the complaint. The response must be signed by an appropriately senior person such as the Chief Executive or a Director. You may send this response electronically, provided that the person making the complaint has consented to this in writing, and has not withdrawn their consent.

The quality of the response is very important and in terms of best practice should:

- be clear and easy to understand, written in a way that is person-centred, empathetic and non-confrontational;
- avoid technical terms, but where these must be used to describe a situation, events or condition, an explanation of the term should be provided;
- address all the issues raised and demonstrate that each element has been fully and fairly investigated;
- include a meaningful and proportionate apology for where things have gone wrong;
- highlight any area of disagreement and explain why no further action can be taken;
- indicate that a named member of staff is available to clarify any aspect of the letter; and
- indicate that if they are not satisfied with the outcome of the local process, they may seek a review by the SPSO. Details of how to contact the SPSO's office should be included in the response.

Meetings and post decision correspondence with the person making the complaint

As previously noted, it may be appropriate to meet with the person making the complaint at the outset of the investigation in order to fully understand the complaint.

A request for a meeting may also be received once the person making the complaint receives the decision on their complaint. The circumstances in which a meeting may be requested after the decision letter has been received include:

1. The person requests further explanation or clarification of the decision or suggests a misunderstanding of the complaint in terms of the response.
2. The person does not agree with some, or all of the response in terms of the investigation's findings or conclusions or with the decision on the complaint.
3. A combination of points 1 and 2 above, where for example the person suggests the complaint has not been fully understood, and the decision is erroneous even in the aspects that have been properly considered.

It should be made clear that such a meeting is to address any questions about the response or for further explanation, and is not a reinvestigation or reopening of the same issues.

Independent external review

Once the investigation stage has been completed, the person making the complaint has the right to approach the SPSO if they remain dissatisfied.

The SPSO considers complaints from people who remain dissatisfied at the conclusion of our complaints procedure. The SPSO looks at issues such as service failures administrative fault, clinical decisions and the way we have handled the complaint.

The SPSO recommends that you use the wording below to inform people of their right to ask SPSO to consider the complaint.

Information about the SPSO

The Scottish Public Services Ombudsman (SPSO) is the final stage for complaints about public services in Scotland. This includes complaints about the NHS in Scotland. If you remain dissatisfied with an NHS board or service provider after its complaints process has concluded, you can ask the SPSO to look at your complaint. The SPSO cannot normally look at complaints:

- where you have not gone all the way through the complaints handling procedure;
- more than 12 months after you became aware of the matter you want to complain about; or
- that have been or are being considered in court.

The SPSO's contact details are:

SPSO
4 Melville Street
Edinburgh
EH3 7NS

Freepost SPSO
(You don't need to use a stamp)

Freephone: **0800 377 7330**
Online contact www.spsso.org.uk/contact-us
Website: www.spsso.org.uk
Mobile site: <http://m.spsso.org.uk>

Governance of the Complaints Handling Procedure

Roles and responsibilities

Our staff are trained and empowered to make decisions on complaints at the early resolution stage of this procedure. Our response to a complaint, following a stage two investigation, must be signed off by an appropriate senior officer. This ensures that our senior management own, and are accountable, for the decision. It also reassures the person making the complaint that their concerns have been taken seriously.

Overall responsibility and accountability for the management of complaints lies with the organisation's Chief Executive, Executive Directors and appropriate senior management.

Chief Executive

The Chief Executive provides leadership and direction in ways that guide and enable us to perform effectively across all services. This includes ensuring that there is an effective complaints handling procedure, with a robust investigation process that demonstrates how we learn from the complaints we receive. The Chief Executive may take a personal interest in all or some complaints, or may delegate responsibility for the complaint handling procedure to senior staff. Regular management reports assure the Chief Executive of the quality of complaints performance.

Directors

On the Chief Executive's behalf, directors may be responsible for:

- investigating complaints;
- managing complaints and the way we learn from them;
- overseeing the implementation of actions required as a result of a complaint and, or
- deputising for the Chief Executive on occasion.

However, directors may decide to delegate some elements of complaints handling (such as investigations and the drafting of response letters) to other senior staff. Directors should retain ownership and accountability for the management and reporting of complaints. They may also be responsible for signing response letters, so they should be satisfied that the investigation is complete and their response addresses all aspects of the complaint.

Feedback and Complaints Manager:

The Feedback and Complaints Manager is the Board Nurse Director. The Feedback and Complaints Manager is responsible for ensuring compliance with the requirements of this procedure. In particular they are responsible for ensuring that feedback, comments, concerns and complaints are monitored with a view to improving performance, and that

action is taken as necessary following the outcome or any feedback, comment, concern or complaint.

Feedback and Complaints Officer

The Acute Chief Officer and their Directors, and the HSCP Chief Officers, are the Feedback and Complaints Officers responsible for the management and handling of feedback, comments, concerns and complaints operationally. These post holders are of sufficient seniority to be able to deal with any feedback, comments, concerns and complaints quickly and effectively without needing to refer, in all but the most exceptional circumstances, to the feedback and complaints manager. Feedback and complaints officers should be readily accessible to patients, the public and staff.

The functions of the Feedback and Complaints Officers may be performed personally or delegated to an authorised person as defined by the organisation. Although not intended to be prescriptive, the list below outlines the key duties of the Feedback and Complaints Officers:

- work across the organisation to develop mechanisms for encouraging fast, effective and efficient patient feedback including the use of emerging technology as appropriate;
- operationally manage the administration of this guidance and supporting local policies and procedures ensuring that:
 - feedback and complaints recording systems are in place and records kept up to date; and
 - organisational learning from the operation of the feedback and complaints process is captured and reported.
- determine whether a complaint is one which should not be investigated under the procedure because of the likelihood that legal action in respect of the same issue;
- provide specialist advice and support to patients, staff and others on the management of this process, including delivery of local training and awareness raising;
- have access to advice and support on associated issues, for example patient consent, confidentiality, the operation of related legislation such as the Data Protection Act, access to medical records, Freedom of Information, etc; and
- have an understanding of partner organisations and how to work with them on managing feedback, comments, concerns and complaints.

All staff in the organisation

A complaint may be made to any member of staff in the organisation, so all staff must be aware of the complaints policy and how to handle complaints at the early resolution stage. They should also be aware of who to refer a complaint to, in case they are not able to personally handle the matter. We encourage all staff to try to resolve complaints early, as close to the point of service delivery as possible.

The SPSO liaison officer

Our SPSO liaison officer's role will include providing complaints information in an orderly, structured way within requested timescales, providing comments on factual accuracy on our behalf in response to SPSO reports, and confirming and verifying that recommendations have been implemented.

Complaints about senior staff

Complaints about senior staff can be difficult to handle, as there may be a conflict of interest for the staff investigating the complaint. When serious complaints are raised against senior staff, it is particularly important that the investigation is conducted by an individual who is independent of the situation. We must ensure we have strong governance arrangements in place, appropriate to the scheme of delegation, for handling such complaints. If the complaint is about the Chief Executive, the complaint should be handled and investigated on behalf of the Chairman. If there is any concern or query about complaints regarding senior staff, guidance should be sought from the Board Complaints Manager, or nominated person in their absence.

Recording, monitoring, reporting, learning from and publicising complaints

Complaints provide valuable feedback. One of the aims of the complaints handling procedure is to identify opportunities to improve services across NHSGGC. We must record all complaints in a systematic way so that we can use the complaints data for analysis and management reporting. By recording and using complaints information in this way, we can identify and address the causes of complaints and, where appropriate, identify training opportunities and introduce service improvements.

Recording complaints

Certain information must be recorded by virtue of the 2012 Regulations and the Complaints Directions, and to comply with SPSO guidance on minimum requirements. Complaints staff should ensure that all complaints are recorded, including those resolved at the early resolution stage within five working days (although these do not require an acknowledgement or a written report of the investigation to be sent to the person making the complaint). To collect suitable data, it is essential to record all complaints information as follows:

- the person's name, address and email address, where that is their preferred method of communication;
- the patient's name and Community Health Index number where relevant;
- in the event that the complainant is making the complaint on behalf of another person, whether that other person has given written consent for the complaint to be made on his or her behalf;
- the date when the complaint was received;
- the subject matter of the complaint and the date on which it occurred;

-
- how the complaint was received;
 - the service the complaint refers to;
 - the date the complaint was closed at the early resolution stage (where appropriate);
 - the date the complaint was escalated to the investigation stage (where appropriate);
 - action taken at the investigation stage (where appropriate);
 - the date the complaint was closed at the investigation stage (where appropriate);
 - the outcome of the complaint at each stage; and
 - the underlying cause of the complaint and any remedial action taken.

We have structured systems for recording complaints, their outcomes and any resulting action. These provide a detailed record of services that have failed to satisfy people, and the actions we have taken to improve services as a result.

If, subsequently, the complaint is referred to the SPSO, this may result in a request for all relevant papers and other information to be provided, in good time, to the SPSO's office. Complaints records should be kept separate from health records, due to the need to only record information which is strictly relevant to the patient's health in their health record. These documents should be managed with regard to the current Scottish Government Records Management Code of Practice.

Monitoring complaints

We have arrangements in place to monitor how we deal with the complaints we receive.

We recognise that an increase in the number of complaints should not in itself be a reason for thinking a service is deteriorating. It could mean that our arrangements for handling feedback, comments, concerns and complaints are becoming more responsive. The important point is to ensure that complaints (and feedback, comments and concerns) are handled sympathetically, effectively and quickly and that lessons are learned and result in service improvement.

Reporting complaints

NHSGGC has a responsibility to gather and review information from their own services and their service providers on a quarterly basis in relation to complaints. Service providers also have a duty to supply this information to their relevant NHS body as soon as is reasonably practicable after the end of the three month period to which it relates. Data sought for these quarterly reports is outlined in the NHS Complaints Performance Indicators; this includes:

- A statement outlining changes or improvements to services or procedures as a result of consideration of complaints.

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- A statement to report the person making the complaint's experience in relation to the complaints service provided.
 - A statement to report on levels of staff awareness and training.
 - The total number of complaints received (other than complaints to which this procedure does not apply).
 - Complaints closed at stage one and stage two of this procedure as a percentage of all complaints closed.
 - Complaints upheld, partially upheld and not upheld at each stage of this procedure as a percentage of complaints closed in full at each stage
 - The average time in working days for a full response to complaints at each stage of this procedure.
 - The number and percentage of complaints at each stage which were closed in full within the set timescales of 5 and 20 working days.
 - The number of complaints at stage 1 where an extension was authorised as a percentage of all complaints at stage 1.
 - The number of complaints at stage 2 where an extension was authorised as a percentage of all complaints at stage 2.

Appendix 6 provides further information on these Complaints Performance Indicators.

Complaints details are analysed for trend information to ensure we identify service failures and take appropriate action. Regularly reporting the analysis of complaints information helps to inform management of where services need to improve.

Our regular reporting demonstrates the improvements resulting from complaints and shows that complaints can influence our services. It also helps ensure transparency in our complaints handling service and will help show people using our services that we value their complaints.

We should also:

- report on a quarterly basis about the trends that are evident in complaints and the actions taken as a result; and
- use case studies and examples to demonstrate how complaints have helped improve services.

This information should be reported regularly, and at least quarterly, to the Board.

Review by senior management

The Board will review the information gathered from complaints regularly (and at least quarterly), and consider how our services could be improved or internal policies and procedures updated. The Feedback and Complaints Manager or someone senior acting

on their behalf is involved in a review of each of the quarterly reports with a view to identifying areas of concern, agreeing remedial action and improving performance. There must also be arrangements for senior staff to review any recommendations made by the SPSO in relation to the investigation of NHS complaints. The outcomes of these reviews should be reported via the Board's Acute Services Committee or equivalent in the HSCPs.

Learning from complaints

As a minimum, we should:

- use complaints data to identify the contributory factors to complaints;
- take action to reduce the risk of recurrence;
- record the details of corrective action in the complaints file; and
- systematically review complaints performance reports to improve service delivery.

Where we have identified the need for service improvement, a member of the service team where the subject of the complaint has taken place must ensure:

- an action plan has been developed, if appropriate;
- the action needed to improve services is prioritised for implementation;
- they are the designated the 'owner' of the issue, with responsibility for ensuring the action is taken;
- a target date should be set for the action to be taken;
- they follow up to ensure that the action is taken within the timescale;
- where appropriate, performance in the service area is monitored to ensure that the issue has been resolved; and
- that our staff learn from complaints.

The General Medical Council's education standards set out the requirements of NHS bodies and primary care providers, in terms of the organisation and provision of medical education and training. It places a particular emphasis on the need for the learning environment and organisational culture to value and support education and training, so that learners are able to demonstrate the responsibilities, values, behaviours and learning outcomes required. Where appropriate we will ensure appraisers place emphasis on the role of learning from complaints in individual appraisals to identify where we can develop or change our approach to improve patient care.

Publishing complaints performance information

Each year we must publish a report setting out our performance in handling complaints, concerns, comments and feedback. This summarises and builds on the quarterly reports we have produced about our own services and received from service providers in our area. It includes details of the numbers and types of complaints and information about the stage at which complaints were resolved, the time taken to do so, and about the actions

that have been or will be taken to improve services as a result of complaints, concerns, comments and feedback.

These reports must be easily accessible to members of the public and available in alternative formats as requested.

The Complaints Directions require this publication to be sent to Scottish Ministers, the PASS, Healthcare Improvement Scotland, SPSO and where appropriate, the Scottish Prison Service.

This section relates to the duties of NHS Boards, but not Primary Care service providers who provide their performance information to the relevant Board.

National monitoring

In accordance with the Complaints Directions, complaints statistics gathered through the quarterly reporting of complaints must be submitted by relevant NHS bodies to the Information Services Division at National Services Scotland, within three months of the year end. This information should include the performance information of Primary Care providers which has been submitted to the Board. The information must be in an appropriate format to allow collation and publication of national complaints statistics.

Performance reporting by Primary Care service providers

The requirement to record and report on complaints applies equally to all Primary Care service providers. The relevant HSCP should ensure that arrangements are in place for all contractors to comply with this requirement so that they can include this information in their own reporting of complaints handling performance. This reporting should clearly differentiate between the relevant HSCP and its contractors.

Maintaining confidentiality

Confidentiality is important in complaints handling. This includes maintaining the person's confidentiality and explaining to them the importance of confidentiality generally. We must always bear in mind legal requirements, for example, data protection legislation, as well as internal policies on confidentiality and the use of personal information.

Data Protection Act 1998

The NHS complaints procedure may be used for complaints arising from rights given by the Data Protection Act (1998). If this route is chosen, complaints staff should take the matter forward in conjunction with the Information Governance Manager/Caldicott Guardian (or other nominated person) who takes decisions on what information is stored and how it is processed by the NHS body or health service provider. Where a person remains unhappy with the outcome of local resolution they should be advised to contact the UK Information Commissioner.

Dealing with problem behaviour

People may act out of character in times of trouble or distress. The circumstances leading to a complaint may result in the person acting in an unacceptable way. People who have a history of challenging or inappropriate behaviour, or have difficulty expressing themselves, may still have a legitimate complaint. Behaviour should not be viewed as unacceptable just because the person making the complaint is forceful or determined. However, the actions of people who are angry, demanding or persistent may result in unreasonable demands on time and resources and/or unacceptable behaviour towards staff.

NHS Scotland seeks to protect their staff and alongside the national Partnership Information Network (PIN) guidance on Preventing and Dealing with Bullying and Harassment in NHS Scotland, NHS bodies and health service providers should have policies and procedures in place for managing persistent or unreasonably demanding people.

We will apply our policies and procedures to protect staff from unacceptable behaviour such as unreasonable persistence, threats or offensive behaviour from people. Where we decide to restrict access to a person under the terms of an unacceptable actions policy, we have a procedure in place to communicate that decision, notify the person of a right of appeal, and review any decision to restrict contact with us. This will allow the person the opportunity to demonstrate a more reasonable approach later.

Further advice on our policy on handling unacceptable behaviour with regards to complaints can be found in Appendix 11.

Supporting the person making the complaint

All members of the community have the right to equal access to our complaints handling procedure. People who do not have English as a first language may need help with interpretation and translation services, and others may have specific needs that we will seek to address to ensure easy access to the complaints handling procedure.

We must always respect human rights and take into account our commitment and responsibilities to equality as defined within the Equality Act (2010). This includes making reasonable adjustments to our services where appropriate.

Several support and advocacy groups are available to support people to pursue a complaint and they should be signposted to these as appropriate.

Patient Advice and Support Service (PASS)

The Patient Rights Act provided for the establishment of PASS. PASS operates independently of the NHS, and provides free, confidential information, advice and support to anyone who uses the NHS in Scotland. The service promotes an awareness and understanding of the rights and responsibilities of patients and can advise and support people who wish to give feedback, make comments, raise concerns or make complaints about treatment and care provided. Further information can be found on the PASS web site: www.patientadvicescotland.org.uk

Time limit for making complaints

It is recognised that it is not always possible to make a complaint immediately. In clinical complaints, for example, a complication or other issue may not become apparent for some time after the procedure. Similarly, the grief associated with the death of someone may make it difficult for their representatives or family members to deal with a complaint in the period immediately after the death.

Given the difficulties that the passage of time can make to the resolution of a complaint the timescale for accepting a complaint as set out in the regulations is within six months from the date on which the matter of the complaint comes to the person's notice, provided that this is also no later than 12 months after the date on which the matter of the complaint occurred.

The timescale for acceptance of a complaint may be extended if the Feedback and Complaints Officer or someone acting on their behalf considers it would be reasonable in the circumstances. Where a decision is taken not to extend the timescales, a clear explanation of the basis for the decision should be provided to the person making the complaint, and the person should be advised that they may ask the SPSO to consider the decision.

Appendix 1: Complaints

Examples of complaints that may be considered at the early resolution stage, and suggested possible actions to achieve resolution, are available in the accompanying guidance document.

Appendix 2: Concerns

Examples of matters that may be considered as concerns are also available in the accompanying guidance document.

Appendix 3: Feedback, Comments, Concerns or Complaints Assessment Matrix

The person bringing the issue to your attention may be very clear from the outset that they do not want to complain. If however, the matter meets the definition of a complaint, the person should be offered an explanation that complaints provide valuable information that allow organisations to learn and improve services. Where it is not clear, after discussion with the person bringing the matter, whether it should be recorded as feedback, a comment, a complaint, or a concern, the matrix below may help you to arrive at the appropriate decision.

	Insignificant or None	Minor	Moderate	Significant or Certain
Your assessment of the rigour and extent of dissatisfaction expressed	Feedback or Comment	Concern	Concern	Complaint
The way in which the person raising the issue expresses their level of dissatisfaction	Feedback or Comment	Concern	Complaint	Complaint
Your assessment of the likely impact on patient care	Feedback or Comment	Concern or Complaint	Complaint	Complaint
Your assessment of the risks to the patient, patients or others	Feedback or Comment	Concern or Complaint	Complaint	Complaint
Your assessment of the risks to the NHS body	Feedback or Comment	Concern	Complaint	Complaint
The learning opportunities that may arise as a result of looking at the matter raised	Feedback or Comment	Concern	Complaint	Complaint

On receipt of the complaint, it is expected that you will use professional judgement to triage when deciding whether an issue can be looked at as a 'Concern' or whether it is appropriate to handle the matter through the complaints policy and procedure. Where an issue is looked at as a 'Concern' and the person raising the matter remains dissatisfied with your response, you must then investigate the matter as a complaint, at stage 2 of the complaints policy and procedure.

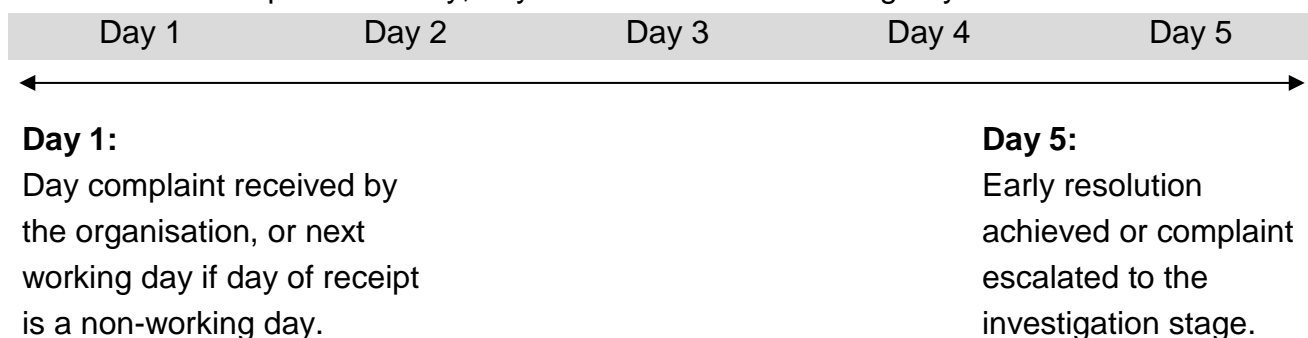
Appendix 4: Timelines

General

References to timelines throughout the complaints handling procedure relate to working days. When measuring performance against the required timelines, we do not count non-working days, for example weekends, public holidays and days of industrial action where our service has been interrupted.

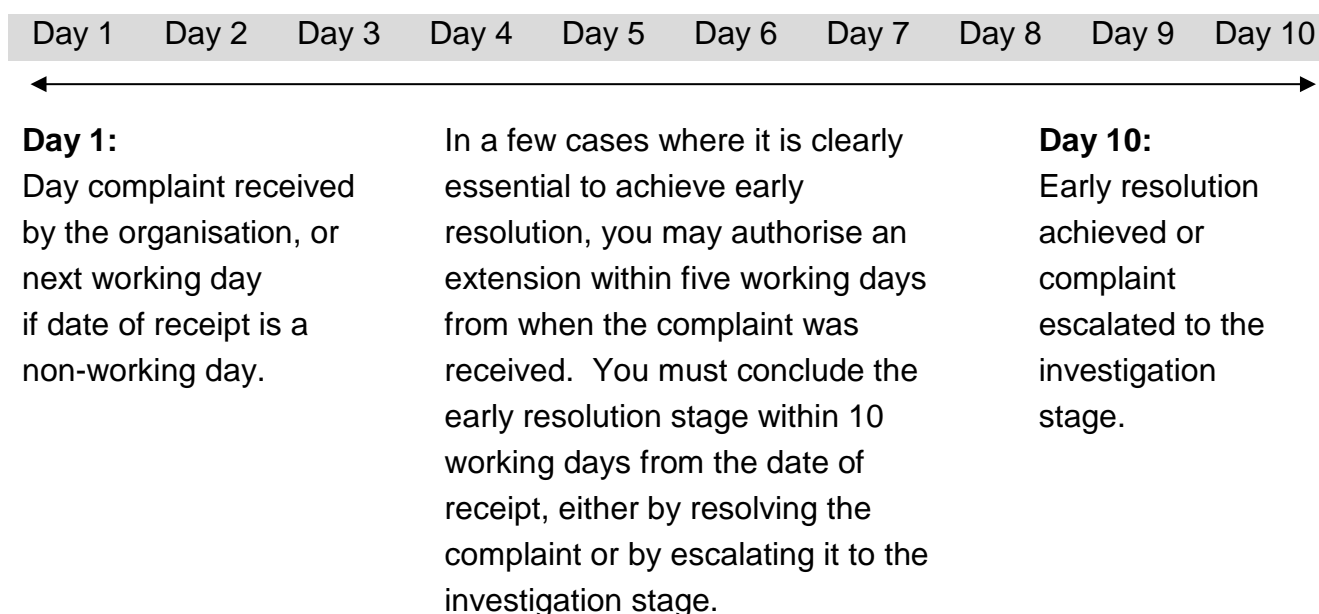
Timelines at the early resolution stage

You must aim to achieve early resolution within five working days. The day you receive the complaint is day 1. Where you receive it on a non-working day, for example at the weekend or on a public holiday, day 1 will be the next working day.



Extension to the five-day timeline

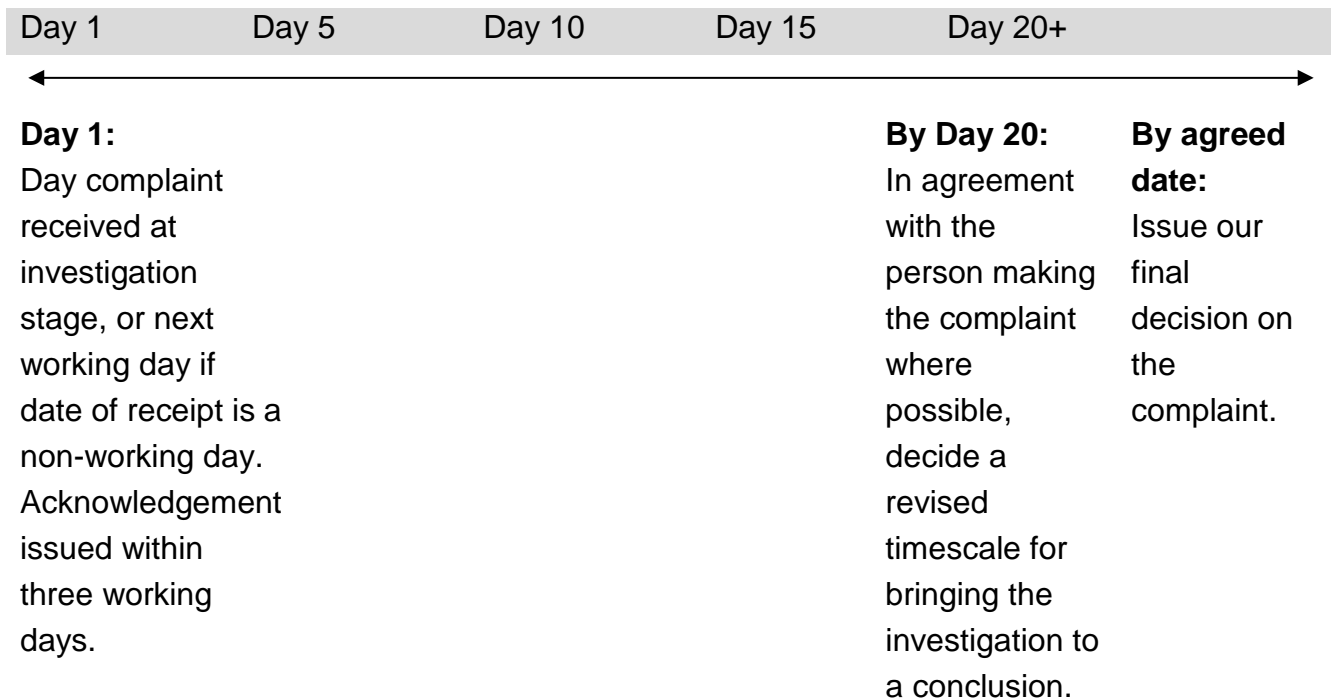
If you have extended the timeline at the early resolution stage in line with the procedure, the revised timetable for the response must take no longer than 10 working days from the date of receiving the complaint.



Acknowledgement issued within three working days.

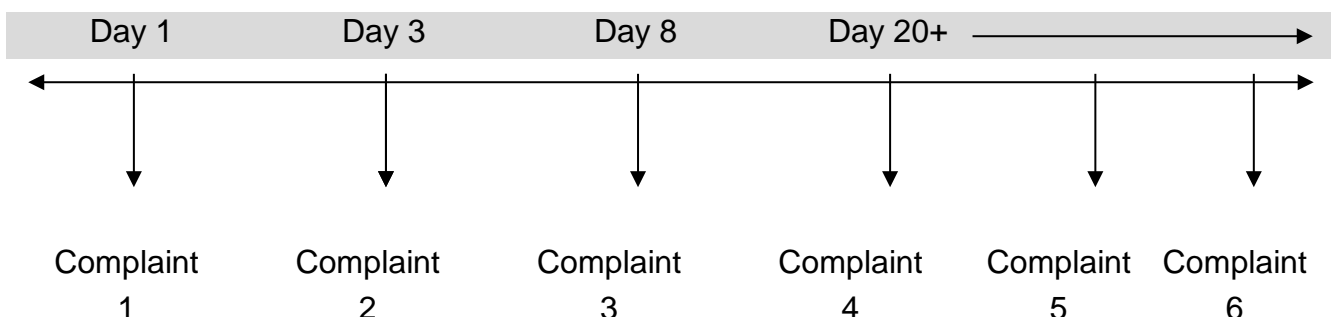
deadline.

Exceptionally you may need longer than the 20-day limit for a full response. If so, you must explain the reasons to the person, and agree with them a revised timescale whenever possible.



Timeline examples

The following illustration provides examples of the point at which we conclude our consideration of a complaint. It is intended to show the different stages and times at which a complaint may be resolved.



The circumstances of each complaint are explained below:

Complaint 1

Complaint 1 is a straightforward issue that may be resolved by an on-the-spot explanation and, where appropriate, an apology. Such a complaint can be resolved on day one.

Complaint 2

Complaint 2 is also a straightforward matter requiring little or no investigation. In this example, resolution is reached at day three of the early resolution stage.

Complaint 3

Complaint 3 refers to a complaint that we considered appropriate for early resolution. We did not resolve it in the required timeline of five working days. However, we authorised an extension on a clear and demonstrable expectation that the complaint would be satisfactorily resolved within a further five days. We resolved the complaint at the early resolution stage in a total of eight days.

Complaint 4

Complaint 4 was suitably complex or serious enough to pass to the investigation stage from the outset. We did not try early resolution; rather we investigated the case immediately. We issued a final decision to the person within the 20-day limit.

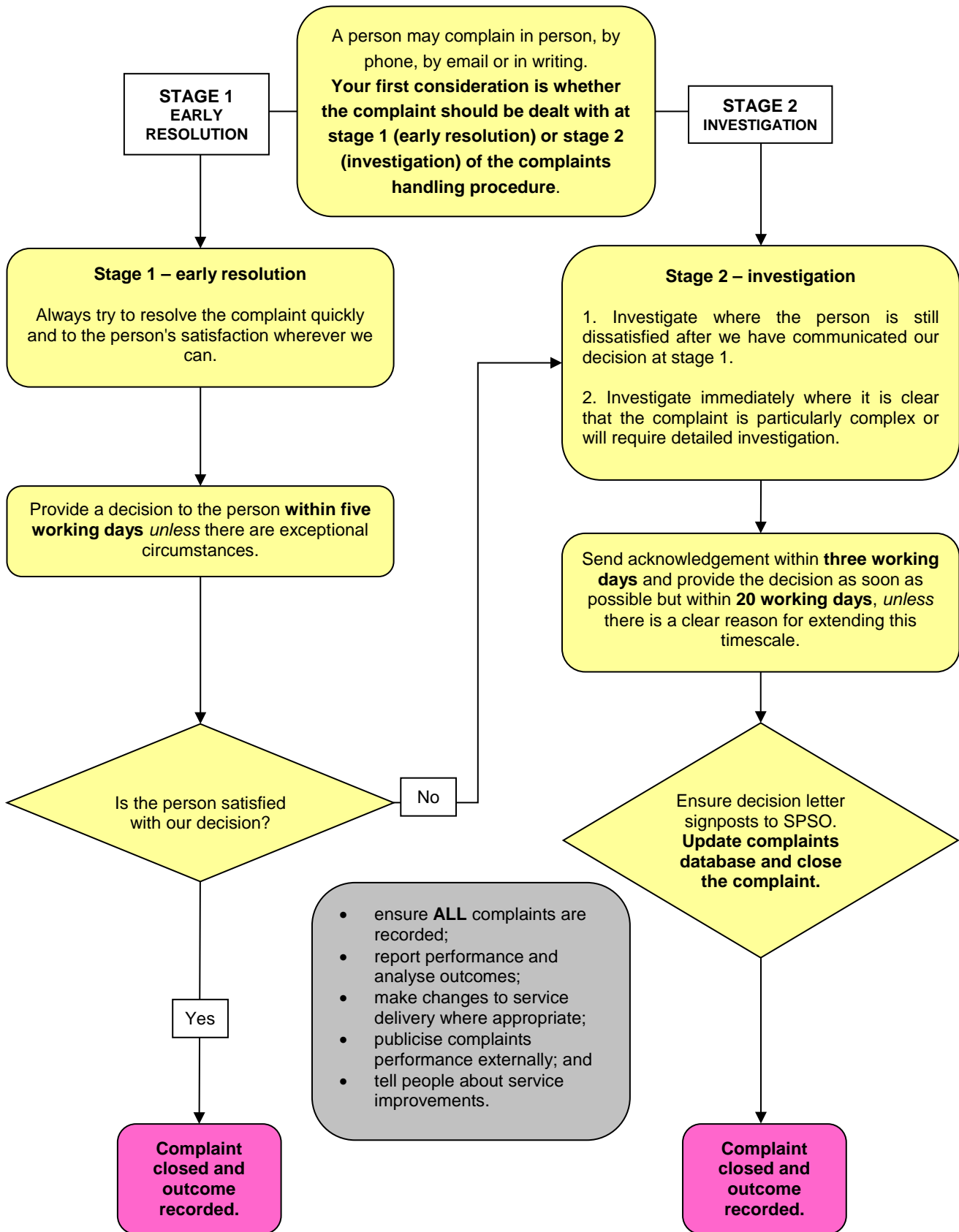
Complaint 5

We considered complaint 5 at the early resolution stage, where an extension of five days was authorised. At the end of the early resolution stage the person was still dissatisfied. At their request, we conducted an investigation and issued our final response within 20 working days. Although the end-to-end timeline was 30 working days we still met the time targets for investigation.

Complaint 6

Complaint 6 was considered at both the early resolution stage and the investigation stage. We did not complete the investigation within the 20-day limit, so we agreed a revised timescale with the person for concluding the investigation beyond the 20-day limit.

Appendix 5: The NHS complaints handling procedure



Stage 3: SPSO

If complainant remains unhappy after local complaints process is exhausted, they have the option of referring their case to the SPSO.

Appendix 6: Complaints Performance Indicators

Indicator One: Learning from complaints

A statement outlining changes or improvements to services or procedures as a result of consideration of complaints including matters arising under the duty of candour. This should be reported on quarterly to senior management and the appropriate sub-committees, and include:

- Trends and actions should be published externally quarterly together with a summary of information communicated to patients/customers/service users and signposting to Patient Opinion. Further to this, reporting can consider the complaints where an explanatory meeting was offered, and if this was accepted, the outcome of such meetings in terms of lessons learned, as well as the percentage of persons making the complaints who wished to have an explanatory meeting after the complaint was resolved.
- Qualitative data on complaints should be reported internally quarterly and externally annually. Trends should be highlighted and explained.
- Any services changed, improved or withdrawn should be highlighted with an explanation of any change.
- Actions taken to reduce the risk of reoccurrence should also be highlighted, as well as details of how this has been communicated across the Board.
- A section on feedback, concerns and comments (including compliments) should be included.

Indicator Two: Complaint Process Experience

A statement to report the person making the complaint's experience in relation to the complaints service provided.

NHSGGC should try to seek feedback from the person making the complaint of their experience of the process. Understandably, sometimes the person making the complaint will not wish to engage in such a process of feedback. However a brief survey delivered in easy response formats, which take account of any reasonable adjustments, may elicit some response. Information should be sought on:

- Ease of access to the process, including how easy it is to find on websites and via search engines.
- How the person making the complaint was treated by staff (for example were they professional, friendly, polite, courteous etc).
- Whether empathy was shown or an apology offered.
- Timescale in terms of responses being issued or updates as the case may be.
- Clarity of decision and clarity of reasoning.

Indicator Three: Staff Awareness and Training

A statement to report on levels of staff awareness and training. This may also cover those staff who have been trained in mediation (for example) and how many times mediation is used across the organisation in any given year. Training on adverse events and duty of candour may also be included under this heading, as well as training on root cause analysis and human factors. Suggested headings for providing information under this indicator are:

- How often internal communications are issued on complaints and training and the take up of training after such communications.
- The number of staff, including managers, senior managers and Board members to complete mandatory or bespoke training.
- The number of staff who are undertaking or have completed training in this field.
- NHS bodies should consider adding complaints and specifically, learning from complaints, into senior manager objectives.

Indicator Four: The total number of complaints received

The key point is to get a consistent benchmark and therefore it is suggested that a core measure is used which would measure complaints against the number of staff employed by the NHS Body. For example:

- Acute Hospital Services – per episode of patient care
- Prisons – per average population
- GPs – percentage of patients registered with practice
- Pharmacy – per script dispensed per annum
- Dental – percentage patients registered with the practice
- Ophthalmic – per episode of care
- Mental Health – per episode of care
- NHS24 – per call demand in 000s

Indicator Five: Complaints closed at each stage

The term “closed” refers to a complaint that has had a response sent to the complainant and at the time no further action is required (regardless at which stage it is processed and whether any further escalation takes place). This indicator will report:

- the number of complaints closed at stage one as % all complaints
- the number of complaints closed at stage two as % all complaints
- the number of complaints closed at stage two after escalation as % all complaints.

Indicator Six: Complaints upheld, partially upheld and not upheld

There is a requirement for a formal outcome (upheld, partially upheld or not upheld) to be recorded for each complaint. This indicator should report:

-
- the number of complaints upheld at stage one as % of all complaints closed at stage one
 - the number of complaints not upheld at stage one as % of all complaints closed at stage one
 - the number of complaints partially upheld at stage one as % of all complaints closed at stage one
 - the number of complaints upheld at stage two as % of all complaints closed at stage two
 - the number of complaints not upheld at stage two as % of all complaints closed at stage two
 - the number of complaints partially upheld at stage two as % of all complaints closed at stage two
 - the number of escalated complaints upheld at stage two as % of all escalated complaints closed at stage two
 - the number of escalated complaints not upheld at stage two as % of all escalated complaints closed at stage two
 - the number of escalated complaints partially upheld at stage two as % of all escalated complaints closed at stage two.

Indicator Seven: Average times

This indicator represents the average time in working days to close complaints at stage one and complaints stage two of the model CHP. This indicator will report:

- the average time in working days to respond to complaints at stage one
- the average time in working days to respond to complaints at stage two
- the average time in working days to respond to complaints after escalation

Indicator Eight: Complaints closed in full within the timescales

The model CHP requires complaints to be closed within 5 working days at stage one and 20 working days at stage two. This indicator will report:

- the number of complaints closed at stage one within 5 working days as % of total number of stage one complaints
- the number of complaints closed at stage two within 20 working days as % of total number of stage two complaints
- the number of escalated complaints closed within 20 working days as a % of total number of escalated stage two complaints

Indicator Nine: Number of cases where an extension is authorised

The model CHP requires allows for an extension to the timescales to be authorised in certain circumstances. This indicator will report:

-
- the number of complaints closed at stage one where extension was authorised, as % all complaints at stage one.
 - number of complaints closed at stage two where extension was authorised, as % all complaints at stage two.

Appendix 7: Who submitted the complaint?

The table below shows the definition of who may submit a complaint as developed by Information Services Division.

Code	Description
Patient	Patient or former patient
Kin	Next of Kin
Partner	Partner
Parent	Parent
Child	Child
Sibling	Sibling
Relative	Other relative
Carer	Carer
Friend	Friend
Neighbour	Neighbour
Minister	Minister
GDP	General Dental Practitioner
GP	General Practitioner (GP)
Media	Media
Councillor	Local Councillor
Parliament	MP / MSP
Solicitor	Solicitor
Cab	Member of CAB (PASS worker)
Advocate	Advocate
Visitor	Visitor to the NHS
Public	Member of the public
Veteran	Person who has worked in the Armed Forces
Other	Other

Appendix 8: Consent

Where someone other than the person to whom the complaint relates, or their authorised agent, (including MPs, MSPs and local Councillors), wishes to make a complaint on behalf of a person, we will ensure that any such complaint is handled in accordance with the common law duty of confidentiality and data protection legislation.

In such circumstances we will, for example, check whether written consent has been received from the person for the complaint to be made on their behalf. In the event that consent has not been received, we will take this into account when handling and responding to the complaint. In such circumstances we are likely to be constrained as to what we can do in terms of investigating a complaint in terms of the information which can be included in the report of such an investigation, or may not be able to respond. Where this is the case, we will ensure that the person making the complaint is made aware of this.

In circumstances where the person does not have the capacity to consent to the complaint being made on their behalf, it is likely to be relevant (for example) to make a judgement call on whether the person making the complaint on the person's behalf has a legitimate interest in the person's welfare and that there is no conflict of interest. It would also be good practice to keep the patient on whose behalf the complaint is being made, informed of the progress of any investigation into the complaint, in so far as that is possible and appropriate.

The Scottish Government's guidance *Handling Requests for Access to Personal Health Data* provides information to assist NHS organisations (Boards, GP practices, etc) through the process of handling data access requests to personal health data in accordance with the relevant law and subsequent considerations. It also details, for example, helpful guidance in relation to parental responsibilities and rights. It can be accessed here: <http://www.ehealth.nhs.scot/wp-content/uploads/sites/7/documents/Access-to-Health-Data-Guidance-Note-November-2011.pdf>

Children and Young People

All NHS bodies and their health service providers should have and operate clear policies in relation to obtaining consent. These should include where the person who is the subject of a complaint is a child. These procedures should reflect any guidance or advice that may be issued by the Commissioner for Children and Young People in Scotland. The principles in that guidance will be equally relevant to the local operation of the NHS complaints procedure. A number of information leaflets for young people are available on NHS inform including *Confidentiality – Your Rights*.

Generally, a person with parental responsibility can pursue a complaint on behalf of a child where the NHS body or health service provider judges that the child does not have

sufficient understanding of what is involved. While in these circumstances, the child's consent is not required (nor is the consent of the other parent), it is considered good practice to explain the process to the child and inform them that information from their health records may need to be disclosed to those investigating the complaint.

The law generally recognises through the Children Scotland Act (2000) that children aged 12 and over have the required maturity and understanding to have a say in decisions that affect them (unless there any additional factors arguing against such competence). It is a commonly held presumption in law that children of this age have maturity and understanding.

Whilst there is no specific legislation detailing how complaints from children should be handled, it is reasonable that we use the Children Scotland Act as our guidance and should therefore request the consent of children aged 12 and over.

In this case, the child can either pursue the complaint themselves or consent to it being pursued on their behalf by a parent or third party of their choice.

Adults who cannot give consent

Where a person is unable to give consent we can agree to investigate a complaint made on their behalf by a third party. However, before doing we should satisfy ourselves that the third party has:

- no conflict of interest; and
- a legitimate interest in the person's welfare, for example if they are a welfare attorney acting on behalf of an individual covered by the Adults with Incapacity Act (2000).

Appendix 9: Consent forms

Consent form (able to consent)

Consent to release patient information to a third party

I hereby authorise NHS Greater Glasgow and Clyde to disclose personal information relating to my healthcare to the person named below for the purposes of replying to a complaint.

Name and address of person to whom disclosure is to be made:

Name	
Address	
Relationship to patient	

Patient's details:

Name	
Address	
Date of Birth	

I understand that to ensure a comprehensive response to my complaint, staff who are bound by a code of confidentiality, may have to refer to my medical record, and I have no objection to this.

Signature	
Date	

Please return to:

Complaints Department [insert address]

Consent form (unable to consent)

Consent to release patient information to a third party

I hereby authorise NHS Greater Glasgow and Clyde to disclose personal information relating to my healthcare to the person named below for the purposes of replying to a complaint.

Name and address of person to whom disclosure is to be made:

Name	
Address	
The below noted patient is unable to give their consent and I confirm that I am authorised to act on their behalf because I am their:	

Patient's details:

Name	
Address	
Date of Birth	
Reason patient cannot give consent	

I understand that to ensure a comprehensive response to my complaint, staff who are bound by a code of confidentiality, may have to refer to the patient's medical record, and I have no objection to this.

Signature	
Date	

Please return to:

Complaints Department [insert address]

Appendix 10 – Helpful links

NHSGGC – Complaint Internet Pages

<http://www.nhsggc.org.uk/get-in-touch-get-involved/complaints/>

NHSGGC – Complaints Intranet Pages

<http://www.staffnet.ggc.scot.nhs.uk/Corporate%20Services/Complaints/Pages/NHSComplaints.aspx>

NHSGGC – Significant Clinical Incident Toolkit

<http://www.staffnet.ggc.scot.nhs.uk/Corporate%20Services/Complaints/Pages/NHSComplaints.aspx>

NHSGGC – Whistleblowing Information

<http://www.nhsggc.org.uk/working-with-us/hr-connect/policies-and-staff-governance/policies/whistleblowing-policy/>

Patient Advice and Support Service

<http://www.patientadvicescotland.org.uk/>

Scottish Mediation Network

<https://www.scottishmediation.org.uk/>

Scottish Public Services Ombudsman

www.spsso.org.uk

General Medical Council

www.gmc-uk.org

General Dental Council

www.gdc-uk.org

Nursing and Midwifery Council

www.nmc.org.uk

General Optical Council

www.optical.org

Royal Pharmaceutical Council

www.pharmacyregulation.org

Appendix 11 – Unacceptable Behaviour and Vexatious Complainants

Definition of unacceptable behaviour

Complainants (and/or anyone acting on their behalf) may be deemed to be displaying unacceptable behaviour where previous or current contact with them shows that they meet **TWO OR MORE** of the following criteria or meet criterion number 10 alone:

1. Persist in pursuing a complaint where the NHSGGC Complaints Policy and Procedure has been fully and properly implemented and exhausted.
2. Persistently change the substance of a complaint or continually raise new issues or seek to prolong contact by continually raising further concerns or questions upon receipt of a response whilst the complaint is being addressed. We will, where reasonable, aim not to disregard new issues which are significantly different from the original complaint as they need to be addressed as separate complaints.
3. Repeatedly unwilling to accept documented evidence of treatment given as being factual, for example, drug records, nursing records or deny receipt of an adequate response in spite of correspondence specifically answering their questions, or do not accept that facts can sometimes be difficult to verify when a long period of time has elapsed.
4. Repeatedly do not clearly identify the precise issues which they wish to be investigated, despite reasonable efforts of NHSGGC to help them specify their concerns and/or where the concerns identified are not within the remit of NHSGGC to investigate.
5. Regularly focus on trivial matters to an extent which is out of proportion to the significance, and continue to focus on this point or points. We recognise that determining what a trivial matter is subjective and careful judgement will be used in applying this criteria.
6. Have, in the course of addressing a registered complaint, an excessive number of contacts with NHSGGC, placing unreasonable demands on staff. For the purposes of determining an excessive number, a contact would be made in person, by telephone, letter or email. Discretion will be used in determining the precise number of excessive contacts applicable under this paragraph, using judgement based on specific circumstances of an individual case.
7. Have harassed or demonstrated abusive behaviour (whether in person or in writing about an individual) or been verbally aggressive on more than one occasion towards staff. We recognise that complainants may act out of character in times of stress, anxiety or distress and we will make reasonable allowances for this. We will document all instances of harassment, abusive or verbally aggressive behaviour. This includes behaviour or language (whether oral or written) that may cause staff to feel afraid, threatened or abused.

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8. Are known to have tape recorded meetings or face to face/telephone conversations without the prior knowledge and consent of other parties involved.
 9. Make unreasonable demands on the patient/complainant relationship with NHSGGC staff and fail to accept that these may be unreasonable, for example, insist on responses to complaints or enquiries being provided more urgently than is reasonable or within the NHS Complaints Policy or normal recognised practice.
 10. Have threatened or used physical violence towards staff at any time. This will, in itself, cause personal contact with the complainant and/or their representatives to be discontinued. All such instances will be documented. NHSGGC has determined that any complainant who threatens or uses actual physical violence towards staff will be regarded as an demonstrating unacceptable behaviour and will receive such written confirmation from the Board Chief Executive / Acute Chief Officer / HSCP Chief Officer. This will also inform the complainant of what action may be taken with regard to any further communications received.

Dealing with Unacceptable Behaviour by Complainants

Before classifying a complainant's behaviour as unacceptable we will consider how best to deal with future correspondence in one or more of the following ways:

- By drawing up a signed "agreement" with the complainant (and if appropriate, involving any relevant Practitioner in a two-way agreement) which sets out a code of behaviour for the parties involved if the complaint is to continue being processed. If these terms are contravened, consideration would then be given to implementing other action.
- Declining contact with the complainant either in person, by telephone, by email, by letter or any combination of these, provided that one form of contact is maintained.
- Temporarily suspending all contact with the complainant (or investigation of the complaint) whilst seeking legal advice or guidance from other relevant agencies.
- Threatening or using physical violence towards NHSGGC staff, at any time, will be grounds for invoking the Protocol and terminating future contact. Such incidents will be reported to the Police.

Where a decision is taken that an individual's behaviour is unacceptable the Board Chief Executive / Acute Chief Officer / HSCP Chief Officer will notify the person in writing of the reasons why they have been so classified and the actions which will be taken with future correspondence or calls. This letter will provide a summary of the Board's position on their complaint, including where appropriate:

- We are dealing with (or have fully responded) to the points raised and, as there may be nothing more to add, continuing contact on the matter will serve no useful purpose.
- Further correspondence will simply be acknowledged unless it raises a new matter of substance.

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- In extreme cases, the complainant may also be advised that we reserve the right to pass future correspondence to our solicitors.

This letter may be copied **in confidence** for the information of others involved in the process (for example, a conciliator, MSP, MP, MEP, local councillor, Citizens Advice Bureau, SPSO) and a record will be kept of the reasons why a complainant's behaviour is considered unacceptable.

Change of Status

NHSGGC may also review or withdraw from classifying a person's behaviour as unacceptable where, for example, the complainant subsequently demonstrates a more reasonable approach. Once again, the Board Chief Executive / Acute Chief Officer / HSCP Chief Officer will make such a decision. Subject to their approval, the normal contact arrangements under the NHS Complaints Policy will be resumed. This change of status will be copied to anyone who previously was informed of the decision to classify the correspondent as unreasonably demanding or persistent.

Monitoring Arrangements

NHSGGC receives quarterly a report with statistical information on complaints. That report will include data on the number of complainants whose behaviour has been classified as unacceptable or vexatious.