

Report To: Inverclyde Integration Joint Board **Date:** 11 September 2018

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Inverclyde Health and Social Care
Partnership (HSCP) **Report No:** IJB/38/2018/HW

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Subject: HSCP ANNUAL COMPLAINT REPORT 2017 – 2018

1.0 PURPOSE

1.1 The purpose of this report is to advise the Integration Joint Board members of the annual performance of health and statutory social work complaints within Inverclyde Health and Social Care Partnership. The current statutory procedures are determined by the Scottish Government Guidance and Directions (SWSG5/1996) and health service procedures are determined by the policies of Greater Glasgow and Clyde NHS Board.

2.0 SUMMARY

2.1 The annual report provides the following information:

- i. Performance Information
- ii. Analysis of complaints activity
- iii. Update of learning from complaints.

The report highlights that there has been an increase in the number of front line resolutions due to the change to the NHS procedure. Complainants have the right or recourse or appeal with the Ombudsman if they are dissatisfied with the outcome from the HSCP. Over the course of the year only one complainant referred their case to the Ombudsman who made recommendations for improvement in this case.

3.0 RECOMMENDATIONS

- 3.1 It is recommended that IJB members note the annual performance of the Inverclyde HSCP Integrated Complaints Procedure and comment as required.
- 3.2 It is recommended that IJB members note this report alongside the new IJB Complaint Handling Procedures Report

Louise Long
Corporate Director, (Chief Officer)
Inverclyde HSCP

4.0 BACKGROUND

- 4.1 The purpose of this report is to inform the Inverclyde Integration Joint Board (the IJB) of the annual performance of the NHS and Statutory Social Work complaints procedures. This procedure is operational until April 2017.
- 4.2 The Inverclyde Integrated Complaints Procedure supports the Scottish Government's Policy of Health and Social Care Integration and its Public Bodies (Joint Working) (Scotland) Regulations 2014 in respect of the integration of Health and Social Care complaint handling processes. This document aligns the requirements of the NHS Patients' Rights (Scotland) Act 2011 (Health Complaints); the NHS Greater Glasgow & Clyde Complaints Policy; and the Statutory Social Work (Representation and Procedures) (Scotland) Directions 1996 (SI 1990/2519) hereafter referred to as Social Work Complaints. It applies to all services managed by the HSCP.
- 4.3 The Quality & Development Service has the lead responsibility for managing, co-ordinating and recording complaints across the HSCP.
- 4.4 Independent Health and Social Care Services have their own complaint procedures but are required to report information to the HSCP.
- 4.5 The report contains:
- Annual Performance of Frontline Resolution & Investigated Complaints
 - Analysis of complaints
 - Learning from Complaints, Compliments, Comments and Thanks.

5.0 IMPLICATIONS

FINANCE

5.1 Financial Implications:

One off Costs

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

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 are no legal issues within this report.

HUMAN RESOURCES

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

EQUALITIES

5.4 Has an Equality Impact Assessment been carried out?

	YES
	NO – This report does not introduce a new policy, function or strategy or recommend a change to an existing policy, function or strategy. Therefore, no Equality Impact Assessment is required.

5.4.1 How does this report address our Equality Outcomes?

Equalities Outcome	Implications
People, including individuals from the above protected characteristic groups, can access HSCP services.	None
Discrimination faced by people covered by the protected characteristics across HSCP services is reduced if not eliminated.	None
People with protected characteristics feel safe within their communities.	None
People with protected characteristics feel included in the planning and developing of services.	None
HSCP staff understand the needs of people with different protected characteristic and promote diversity in the work that they do.	None
Opportunities to support Learning Disability service users experiencing gender based violence are maximised.	None
Positive attitudes towards the resettled refugee community in Inverclyde are promoted.	None

CLINICAL OR CARE GOVERNANCE IMPLICATIONS

5.5 There are no clinical or care governance implications arising from this report.

5.6 NATIONAL WELLBEING OUTCOMES

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

National Wellbeing Outcome	Implications
People are able to look after and improve their own health and wellbeing and live in good health for longer.	None
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	None
People who use health and social care services have positive experiences of those services, and have their dignity respected.	None
Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	None
Health and social care services contribute to reducing health inequalities.	None

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.	None
People using health and social care services are safe from harm.	None
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.	None
Resources are used effectively in the provision of health and social care services.	None

6.0 CONSULTATION

6.1 This report has been prepared by the Chief Officer, Inverclyde Health and Social Care Partnership (HSCP) in conjunction with the Quality and Development Team.

7.0 BACKGROUND PAPERS

7.1 None.



APPENDIX 1

Inverclyde Health and Social Care Partnership Annual Complaints Report 2017 – 2018

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1. Introduction

1.1 Background

Inverclyde Health and Social Care Partnership (IHSCP) is a fully integrated partnership incorporating functions and services from Inverclyde Council and NHS Greater Glasgow and Clyde Health Board, to meet the requirements of the Public Bodies (Joint Working) (Scotland) Act 2014. This brings together community and primary healthcare, social work and social care adult services. Inverclyde HSCP goes beyond the minimum requirements of the Act, in that it includes Children & Families and Criminal Justice Services too.

Our vision '*Improving Lives*' is underpinned by the values that:

- We put people first;
- We work better together;
- We strive to do better;
- We are accountable.

Inverclyde Health and Social Care Partnership has approximately 2,000 members of staff employed by either NHS Greater Glasgow and Clyde Health Board or Inverclyde Council to serve a population of 79,160 people.

Within Inverclyde Health and Social Care Partnership our staff strive to work in partnership with individual service users, carers, patients and the local community to ensure that services are user led and shaped in collaboration with the people who use them. To support this there are a number of involvement opportunities at individual, strategic and service level across Inverclyde to bring about change and continuous improvement.

Complaints form a valuable part of this continuum of engagement with service users, carers and other members of the community affected by the HSCP. They provide a vital source of management information to analyse a situation or service provision to pinpoint any recurring, underlying or potential problems. They can support the organisation and services to identify areas for improvement.

1.2 Current Procedures

The HSCP co-ordinates and records complaints, including any complaints about services that we contract from other providers.

Although there are slight differences between health and social work complaints, the HSCP Integrated Model Complaints Handling Procedure 2017 was updated to provide a quick, simple, streamlined process with a strong focus on local, early resolution. This enables issues or concerns dealt with close to the event which gave rise to making the complaint.

As far as possible the complainant should be actively and positively engaged with the process from the outset.

The procedure incorporates health and social work requirements for model complaint handling.

Frontline Resolution: Frontline resolution should be attempted where there are straightforward issues, potentially easily resolved with little or no investigation. This should be completed within 5 working days.

Investigation Stage: Where complaints cannot be resolved at the frontline stage, or those which are complex, serious or high risk, a thorough investigation will be undertaken. This typically requires more thorough examination in order to establish facts prior to reaching a conclusion. This should be completed within 20 working days.

Scottish Public Service Ombudsman: Appeals of complaints outcomes are reviewed by the SPSO.

1.3 Governance Arrangements

Governance arrangements are in place to report and analyse complaints within the HSCP as follows:

- Heads of Service Meetings;
- HSCP Management Team Meetings;
- Clinical and Care Governance;
- Quarterly Service Reviews.

There are also reporting systems within our partner organisations NHS Greater Glasgow and Clyde Health Board and Inverclyde Council which the Inverclyde HSCP contributes to.

Health and social work complaints are logged in two systems – datix for health complaints and lagan for social work complaints. This is supported by a central point of contact for recording, administering and reporting the process.

2. Summary of Performance

2.1 Number of Complaints

In the reporting period 01 April 2017 – 31 March 2018 Inverclyde HSCP received a total of **80** complaints about NHS and Social Work services. **59** related to social care services and **21** related to NHS services. **4** were logged but later removed from the complaints procedure, and **2** were addressed through other appropriate avenues.

Therefore **74** complaints were investigated in line with the complaints procedure. This is a slight increase from 63 investigated in the previous year.

42 of these complaints were resolved as Stage 1 - frontline resolutions and **32** required Stage 2 - full investigation.

	Number of Frontline Resolution 2017/18	Number of Investigated Complaints 2017/18	Number of Frontline Resolution 2016/17	Number of Investigated Complaints 2016/17
Social Work	30	23	31	25
NHS	15	6	0	7
Total	45	29	31	32

Figure 1: Total number of complaints for 2017/18, compared to 2016/17.

For the first time, the number of NHS complaints resolved as frontline resolution (**15**) exceeds the number of complaints requiring investigation (**6**).

This reflects a more responsive approach to customer service, with early resolution being the preferred position of most complainants. Most customers were satisfied with the way their complaint was dealt with at first point of contact, which did not result in any further investigation or appeal.

2.2 Complaint Trends

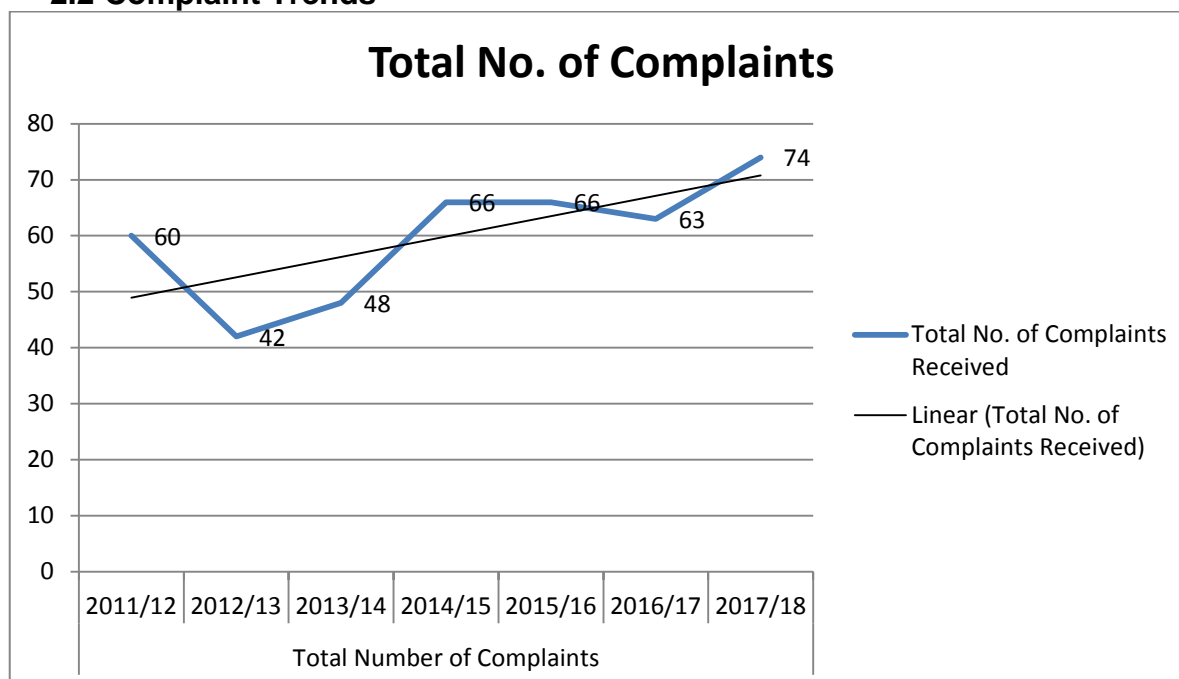


Figure 2: Total number of complaints for 2017/18, compared to 2016/17.

Figure 2 shows the number of complaints for each year, going back to 2011/12. Although the trend is upwards, we believe this is due to better recording practice and customers being actively encouraged to submit a complaint if they are not satisfied with the service they have received. We are also encouraged that the overall number of complaints is low, in the context of the hundreds of thousands transactions that take place between HSCP staff and the people that we serve.

2.3 Timescales

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 complaints. If we cannot resolve the complaint at this stage, we will explain why and move to stage two.

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.

Whilst it is to be commended that services are proactive in receiving and dealing with complaints at source, this has on occasion resulted in missed timescales for acknowledgement (see figure 3 below).

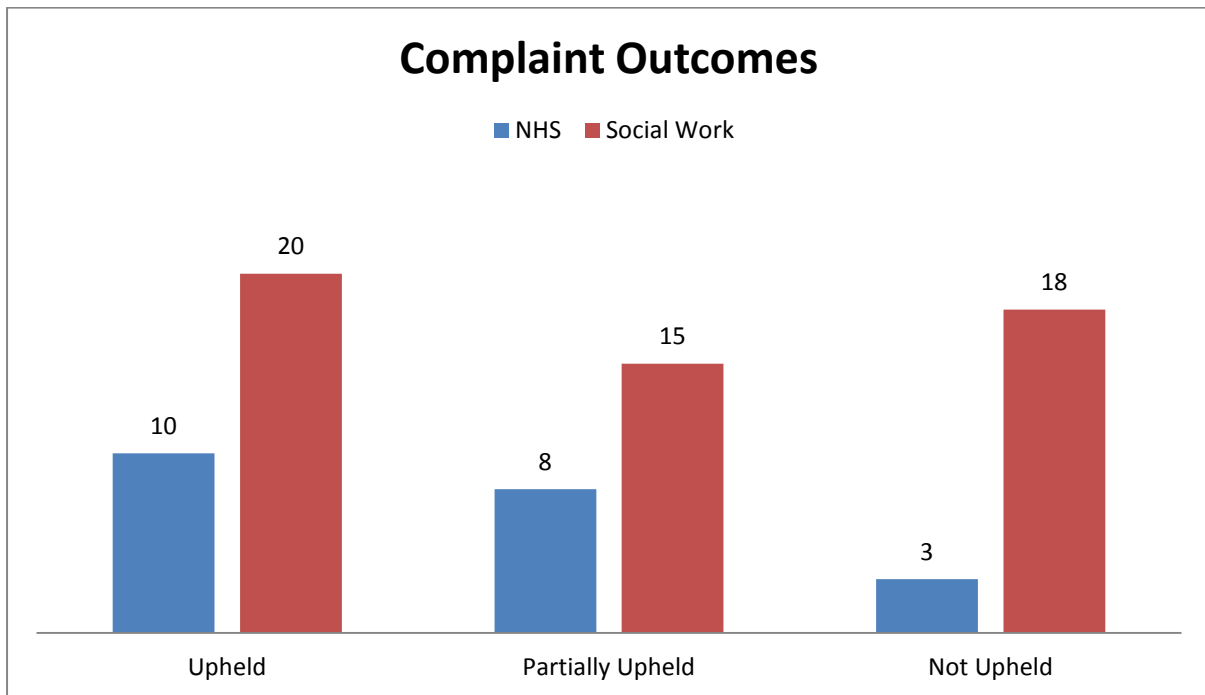
From the outset, when a complaint is logged centrally, Investigating Officers are advised of the required date for completion. Additional reminders are in place to support timely completion.

		2017/18		2016/17	
		Timescale Met	Timescale Not Met	Timescale Met	Timescale Not Met
Social Work	Stage 2 - Investigated Complaints Acknowledged within Timescale	25	0	23	1
	Stage 2 - Investigated Complaints Completed within Timescale	20	5	15	10
	Stage 1 - FLR Complaints Acknowledged within Timescale	22	0	31	0
	Stage 1 - FLR Complaints Completed within Timescale	19	3	30	1
NHS	Stage 2 - Investigated Complaints Acknowledged within Timescale	6	0	6	1

Stage 2 - Investigated Complaints Completed within Timescale	5	1	7	0
Stage 1 - FLR Complaints Acknowledged within Timescale	15	0	0	0
Stage 1 - FLR Complaints Completed within Timescale	15	0	0	0

2.4 Complaint Outcomes

Of the **74** complaints, **30** (38%) were fully upheld, **23** (29%) were partially upheld and **21** (26%) were not upheld.

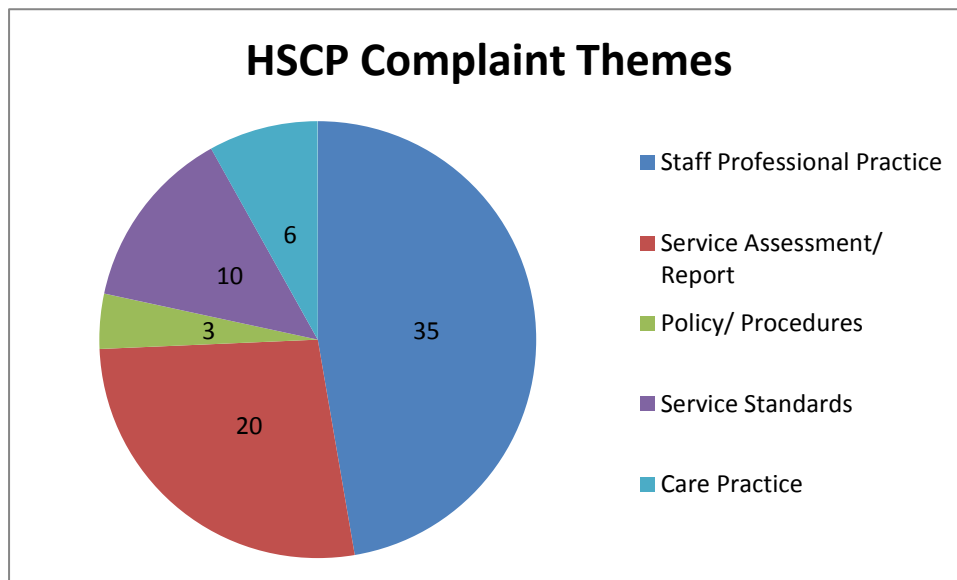


2.5 Complaint Themes

The 53 complaints which were upheld or partially upheld were examined for key themes. The complexity of some situations results in a number of complaints which are multifaceted in their presentation. Below are the number of complaints by theme.

HSCP Complaint Themes

Staff Professional Practice	35
Service Assessment/ Report	20
Policy/ Procedures	3
Service Standards	10
Care Practice	6



2.6 Learning from Complaints

Inverclyde HSCP is committed to reflecting on occasions when we may not get it right in order to highlight opportunities for improvement. As such where a complaint has been upheld or partially upheld, the service determines what actions are required to support continuous improvement and prevent a repeat of the circumstances that led to the complaint. Areas for improvement have been highlighted in the final outcome letter. Some recommendations were made immediately and it is reassuring that services have identified their own areas for improvement.

2.7 Appeals

Following a stage 2 investigation and written response, if a complainant remains dissatisfied with the outcome they have the right to appeal that decision with the SPSO.

2.7.1 SPSO Review

The ombudsman reviewed one case relating to Inverclyde HSCP.

The complaint related to NHS services for the period 2015/16, and resulted in a Serious Clinical Incident review which in turn informed the complaint outcome in relation to the points raised. Following review, in February 2018 the SPSO upheld the complaint and highlighted 4 improvement recommendations for the HSCP.

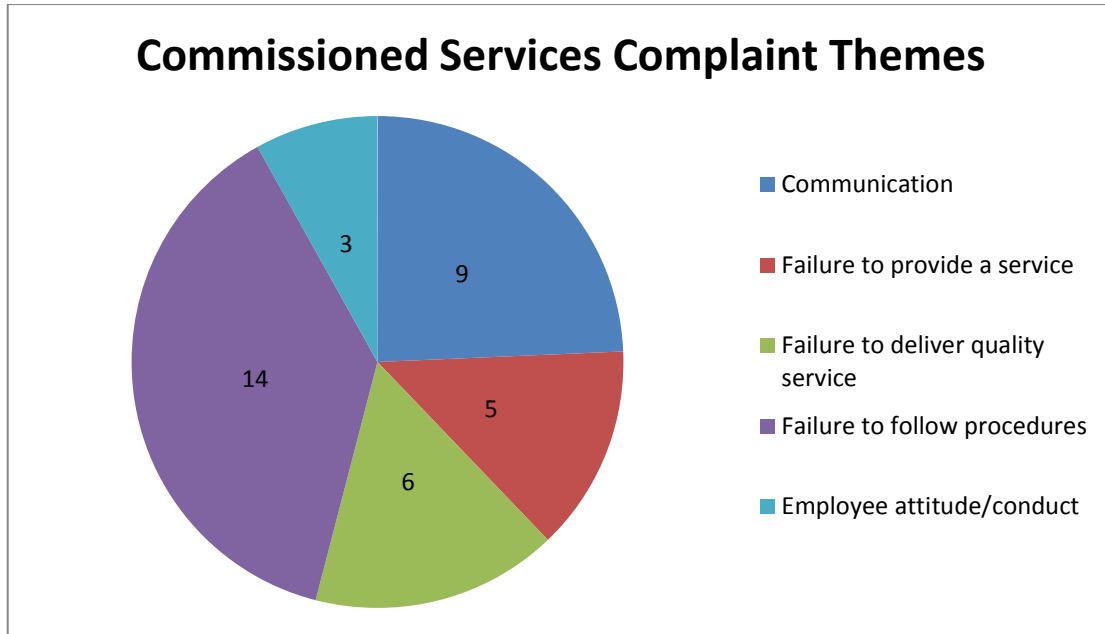
3 Contracted and Commissioned Services Complaints

3.1 Commissioned Services Complaints

The HSCP contracts with **130** external care providers who deliver services ranging from Care and Support at Home to Care Homes that meet a range of needs (including Older People; Learning Disability); Supported Accommodation (such as Sheltered Housing and group living accommodation), and some therapeutic services. **20** different services reported receiving complaints which were upheld or partially upheld in the reporting period.

Outcome	2017/18		2016/17	
	Number	%	Number	%
Upheld	18	49%	32	55%
Partially Upheld	9	24%	6	10%
Not Upheld	10	27%	20	35%
Withdrawn	0	0%	0	0%
Ongoing	0	0%	0	0%
Total	37	100%	58	100%

Of the **37** complaints, a number identify multiple themes around services failure to correctly follow their own procedures and lack of communication involving staff.



4. Contracted and Commissioned Services Complaints

4.1 NHS GG&C Contracted Health Services

Independent providers such as Pharmacists, Optometrists and Dental Practitioners are contracted to deliver community health services on behalf of the NHS.

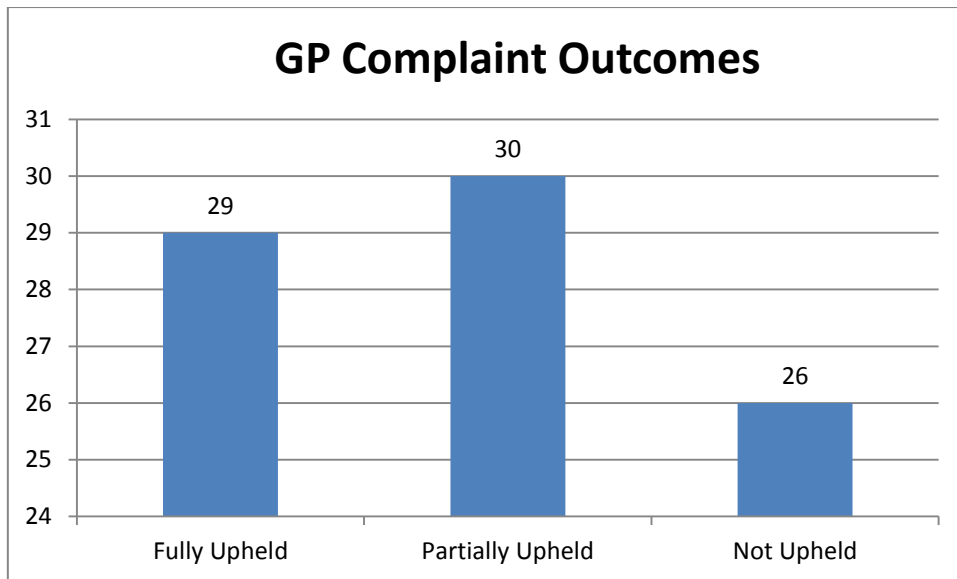
Independent Contractors have their own processes for responding to complaints and undertaking service improvements in response.

There were no complaints on record from Dental Practitioners.

1 complaint was made about Optometry which was partially upheld.

4.2 GP Practices

There were 85 complaints received by the 16 GP practices within Inverclyde during the reporting period April 2018 to December 2018.



5. Positive Feedback

Compliments

I had a lovely telephone conversation with a Mrs A who rang the dept to give me feedback on our nursing service on behalf of herself and her son

Mrs A is recently bereaved of her husband.

Mr A was cared for at home predominantly by Gourock DN team but also had input from OOH colleagues and weekend DN Team

She has asked me to pass on, by virtue of an e mail, her heartfelt gratitude to the visiting District Nurses

The lady feels she can't praise staff enough for the care and compassion shown not only to her late husband but to both herself and her son

She believes the care and commitment of staff was way beyond the call of duty and can't commend you all highly enough

She was very keen that her feedback should be included in any HSCP management reports.

6. Conclusion

Inverclyde HSCP is committed to investigating, learning from, and taking action as a result of individual complaints where it is found that standards have fallen below the level we expect and where services could be improved. By listening to the views of service users and carers who make a complaint, we can improve our services.

Going forward, additional reporting requirements from the SPSO will require complaint information to be published on a quarterly basis which will support the focus on learning across the HSCP.

Equally, we can be confident that the increased levels of frontline resolution and the positive feedback received regarding the care and support is reassuring as we seek to deliver positive outcomes to the people of Inverclyde.