
Report To: Health & Social Care Committee **Date:** 29th August 2013

Report By: Brian Moore
Corporate Director
Inverclyde Community Health &
Care Partnership **Report No:**
SW/02/2013/HW

Contact Officer: Helen Watson **Contact No:** 01475 714015
Head of Planning, Health
Improvement & Commissioning

Subject: Community Health and Care Partnership Complaints
Procedures Annual Report 2012- 2013

1.0 PURPOSE

- 1.1 The purpose of this report is to inform Committee of the annual performance of the Community Health and Care Partnership (CHCP) with regard to the statutory Procedures as determined by the Scottish Government Guidance and Directions on the operation of complaints procedures in respect of Social Work functions (SWSG5/1996) and NHS Greater Glasgow and Clyde functions.
- 1.2 This Integrated Annual Report provides the analysis of complaints received by Inverclyde CHCP for the period 2012 – 2013.

2.0 SUMMARY

- 2.1 The annual report provides the following information:
- i. Performance Information
 - ii. Analysis of complaints activity
 - iii. Update of developments linking complaints to quality assurance and service development.

3.0 RECOMMENDATION

- 3.1 The Committee is requested to note the annual performance of the CHCP in respect of the statutory complaints procedures.

Brian Moore
Corporate Director
Inverclyde Community Health & Care
Partnership

4.0 BACKGROUND

- 4.1 The purpose of this report is to inform the Council's Health and Social Care Committee of the annual performance of the Statutory Social Work and CHCP complaints procedures.
- 4.2 All formal complaints are investigated in accordance with the Statutory complaints Procedures laid down by the Scottish Government Guidance (SWSG5/1996) and NHS Greater Glasgow & Clyde Complaints Procedure. These set out response times and reporting requirements including performance in handling and responding to complaints. The responsibility for the statutory Social Work function lies with the Chief Social Work Officer, and in Health, the Clinical Director of the CHCP.
- 4.3 The Contract Monitoring and Complaints Team and Head of Administration currently jointly hold the reporting responsibility for managing, co-ordinating and developing the complaints function in the CHCP. Contracted Social Care Services are included in the statutory framework.
- 4.4 The appendix to this report includes details of the following:
- Annual Performance of informal & formal complaints
 - Analysis of complaints in respect of:
 - Health and Community Care
 - Children's Services and Criminal Justice
 - Mental Health, Addictions and Homelessness
 - Planning, Health Improvement and Commissioning
 - Summary of the Inverclyde Council's INFORM process
 - Compliments, Comments or Suggestions made from Service Users, Families or other representatives
 - Outcomes and Service Improvement

5.0 PROPOSALS

5.1 Complaints Procedures

Since the establishment of Inverclyde Community Health & Care Partnership (CHCP) in October 2010, work continues to progress the standardisation of complaints processes and procedures across the organisation where possible, whilst taking account of the different requirements of the two parent organisations.

We are currently exploring the development of a single integrated complaints handling procedure for local CHCP complaints which also meets the requirements of both parent organisations. This will include the introduction of Service Improvement Action Plans to ensure demonstrable evidence of organisational learning and development is identified from complaint activity.

5.2 Public Sector scrutiny and complaints handling

As previously reported to Committee, following the 2007 and 2008 independent reviews of Public Sector Scrutiny bodies in Scotland, the Scottish Government endorsed the recommendations made to the streamlining of public service complaints handling. The Public Services Reform (Scotland) Act 2010 gives additional Governance responsibility to the Scottish Public Services Ombudsman (SPSO) to develop a streamlined, consistent and standardised complaint process for Public Services. To this end the SPSO created a complaint Standards Authority (CSA) to work with and monitor consistency in Public Sector complaint Handling. The CSA has worked in line with the Government's recommendations that a three stage complaint process should be implemented across all public services.

This process is currently in place under the NHS system. This standardisation has now rolled out to Local Authorities with the introduction of the model complaints handling procedure which Inverclyde Council is required to implement. This brings Local Authorities in line with the NHS 3 stage system of informal (frontline) resolution, Formal Investigation and Appeal of formal complaints will be the remit of the SPSO. Social Work Services however were unaffected by these changes and are subject to a stand alone review by the Scottish Government and SPSO.

Following consultation on the review of Social Work complaints in December 2012, the Scottish Government proposes to remove the statutory requirement for Social Work Complaint Review Committees (CRC) appeals process. It is proposed that complaint appeals are to be undertaken by the SPSO in line with their model complaint handling procedures. This will align Social Work complaint procedures with other public sector services. A further recommendation is to standardise investigation timescales to reflect those of other public bodies. Discussions are ongoing, however, it is recognised that to implement such changes will require repeal of the Social Work (Scotland) Act 1968. Existing Social Work procedural and reporting requirements will remain in place until such times as the required legislative changes have been made.

Committee will continue to be updated on progress as necessary.

5.3 Governance

The CHCP has established formal governance processes for the reporting of complaints activity as follows:

- Weekly Senior Management Team meetings (SMT)
- Bimonthly Clinical & Care Governance meeting
- Quarterly Performance Service Reviews (QPSR)
- Biannual Organisational Performance Reviews (OPR)

5.4 Care Inspectorate

Complaint information sharing continues to be progressed for registered services with the Care Inspectorate for the private & voluntary social care sector under the Memorandum of Understanding between the former Care Commission and Inverclyde Council.

6.0 FUTURE PLANNING 2012-2013

6.1 Integration of Complaint Process

The CHCP will continue to explore the development of a local integrated Complaint Procedure. An integrated information system will be explored to manage all of CHCP complaints, and one single integrated complaint leaflet will be designed.

6.2 Quality Assurance Strategy

We have a commitment within our Directorate Improvement Plan that Development work will take place overseen by the CHCP Clinical & Care Governance Group on introducing an integrated Service Improvement Quality Assurance System.

As with established practice in social care for private and voluntary sector providers, the CHCP has commenced and will develop the gathering and monitoring of complaint activity from all local NHS Contracted Health providers such as GP, Dental, Pharmacy and Ophthalmic Services. This will be incorporated into the Clinical and Care Governance process.

7.0 IMPLICATIONS

7.1 Legal:

None at the time of this report

7.2 Finance:

There are no financial implications in respect of this report.

Cost Centre	Budget Heading	Budget Year	Proposed Spend this Report	Virement From	Other Comments

7.3 Personnel:

None at the time of this report.

7.4 Equalities:

Equal Opportunities processes and procedures are embedded within the operational practices of CHCP Complaints Procedures. Governance processes to measure performance on the delivery of equal opportunities and equalities are implemented by the parent organisations of Inverclyde Council's Corporate Services and NHS Greater Glasgow and Clyde. An equality impact assessment will be undertaken when a draft single local complaint procedure has been developed.

7.5 Repopulation:

There are no repopulation implications in respect of this report.

8.0 CONSULTATION

8.1 We consult with all relevant stakeholders through existing mechanisms.

9.0 LIST OF BACKGROUND PAPERS

9.1 The Report of the independent review of regulation, audit and Inspection and complaints handling of Public Services in Scotland, Crerar Review (September 2007).

9.2 Government Response to Crerar Review, The Report of the Independent Review of Regulation, Audit, Inspection and Complaints Handling of Public Services in Scotland. The Scottish Government, (January 2009).

9.3 NHS Greater Glasgow & Clyde Complaint Procedure.

9.4 Scottish Executive Circular – SWS56/1996.

9.5 Scottish Government Complaint Consultation Questionnaire 0124512 (December 2011).

9.6 The Fit-for-purpose Complaints System Action Group, The Scottish Government, Sinclair Report, (November 2008).

9.7 The Public Services Reform (Scotland) Act 2010.

Appendix 1

**Inverclyde Community Health & Care
Partnership
Annual Complaints Report
2012 – 2013**

DRAFT

Contents

1.	Introduction	3
2.	Summary of Performance	4
2.1	• Number of Complaints	4
2.2	• Timescales in Responding	4
2.3	• Complaint Outcomes	5
2.4	• Appeals	5
2.5	• Service Improvement Action Plans	6
3	Summary of INFORM	7
4	Summary of Private/ Voluntary Social Care & NHS contracted Health services Complaints	8
4.1	• Number of Private & Voluntary Social Care Complaints	8
4.2	• Private & Voluntary Social Care Complaint Outcomes	8
4.3	• NHS GG&C Contracted Health Services	8
5	Compliments and “Tell Us Your Story”	9
6	Conclusion	11

DRAFT

1. Introduction

- 1.1 Inverclyde CHCP regards complaints as an important dimension of service improvement and as such, complaints are given a high profile across all CHCP services and by both parent organisations (Inverclyde Council and NHS Greater Glasgow & Clyde). This is to ensure we have a consistent and quality-assured approach and continue to improve our performance in dealing with both formal and informal complaints and that complaints are used to improve our services.
- 1.2 CHCP governance processes require us to provide integrated reports on complaint activity on weekly, bi-monthly, quarterly and six monthly bases to the Senior Management Team within the CHCP as well as to the parent organisations.
- 1.3 We continue to work towards an integrated complaint handling system that also meets the reporting requirements of both parent organisations. We are developing a single Service Improvement Action Plan process across the CHCP to identify and learn from complaints.
- 1.4 This document contains performance information in respect of CHCP services during the 2012 – 2013 reporting period.

DRAFT

2. Summary of Performance

- 2.1 Number of Complaints: The CHCP received 42 formal and 33 informal complaints during the reporting period. There were 63 relating to Social Work services and 12 in respect of health services. Table 1 below gives a breakdown of these:

	Number of Formal Complaints	Number of Informal Complaints
Social Work Service	35	28*
Community Health Service	7	5*
Total	42	33*

Table 1 – Number of Complaints 2012-2013

* The collection of this information commenced in October 2012. This is included in the weekly reporting data to the Senior Management Team.

As can be seen from table 1, there appear to be more formal and informal complaints coming through the social work system than through the health system.

- 2.2 Timescales in Responding: Currently the NHS and Social Work have different timescales in which formal complaints should be investigated and concluded. These are outlined in Table 2 below:

Service Procedure	Timescale	Number and % Met		Number and % Not Met	
		Number	%	Number	%
Social Work	Acknowledged within 5 calendar day period.	35	100%	0	0%
	Completed within 28 days or agreed timescale.	30**	91%	3	9%
Community Health	Acknowledged within 3 working day period.	7	100%	0	0
	Received and responded to within 20 working days.	2	40%	3	60%

Table 2 – Complaint Timescale Reporting

**Two Social Work complaints were carried forward to 2013/14 reporting period.

Table 2 shows that while responses to complaints through the Social Work process were largely dealt with within the agreed timescales, on the NHS process only two out of a total of five formal complaints were responded to within 20 working days.

2.3 Complaint Outcomes: Table 3 details the outcome of complaints:

Outcome	Social Work		Community Health	
Upheld	6	17%	0	0
Partially Upheld	12	34%	3	43%
Not Upheld	11	31%	2	29%
Withdrawn	4	12%	0	0
Ongoing	2	6%	2	28%

Table 3 – Outcome of Complaints

Table 3 provides a breakdown of the extent to which complaints were upheld or otherwise. Out of the 42 formal complaints, 21 (50%) were either upheld or partially upheld; 13 (31%) were not upheld; 4 (9.5%) were withdrawn, and 4 (9.5%) were still ongoing at the end of the reporting period.

2.4 Appeals: If complainants are dissatisfied with the outcome of their complaint, they have a right to appeal this decision. Ultimately complainants have recourse to the Scottish Public Services Ombudsman (SPSO) to review the outcome of complaints made to the CHCP. However, under the Statutory Complaints Procedure for Social Work Services, there are a further two interim stages of appeal prior to the Ombudsman review. These are:

- Review by Chief Social Work Officer
- An Independent Review by the Complaints Review Committee

Complainants are provided with a leaflet at each stage of the process to assist them to navigate through the system. Table 4 below sets out the number of complaints progressed to the complaint appeal stages.

The NHS complaint system has a two stage formal complaint process. These stages are:

- Formal investigation and written response.
- Appeal to the Scottish Public Services Ombudsman.

Appeal Stage	No. Social Work	No. NHSGG&C
Chief Social Work Officer Review	3	N/A
Complaint Review Committee	0	N/A
SPSO	0	1***

Table 4 – Number of appeals 2012-2013

***Appeal to the Scottish Public Services Ombudsman (SPSO)

One complaint regarding the CHCP health provision was escalated to the SPSO for external review. There were eight points which the Ombudsman reviewed in relation to this complaint. Four of the elements were upheld and four were not upheld.

The four upheld complaints were in relation to:

- Appropriate personal care
- Patient transfer procedure and policy
- Maintenance of dignity
- Inadequate response to the initial complaint

The four not upheld elements were:

- Failure to monitor the patient's fluid levels
- Personal Care
- Inadequate communication
- Failure to pass relevant information to the Social Work team

The Ombudsman made five recommendations as redress to the complainant:

1. Provide an apology to the complainant
2. Ensure measures are taken for staff to gain learning from the issues raised to avoid reoccurrence.
3. Ensure communication with relatives is appropriately recorded.
4. Ensure complaint handlers are provided with learning from this case by providing appropriate written outcomes to all elements of complaints.
5. Provide updates on progress to the Ombudsman.

Inverclyde Community Health & Care Partnership is committed to addressing the recommendations made by the SPSO and welcomes their feedback. The main focus of the recommendations is on how complaints are handled and the cascading of the learning to complaint handlers. As stated in the introduction the CHCP will use an integrated Service Improvement Action plan to facilitate this.

- 2.5 Service Improvement Action Plans: Following a Social Work investigation of a complaint, where the complaint is upheld or elements are partially upheld, recommendations may be made in a Service Improvement Action Plan.

Of the 18 social work complaints that were upheld or partially upheld, in most cases the service itself had taken immediate action to address the issue so a service improvement action plan was not required. There were seven Service Improvement Action Plans issued during the period 2012 / 2013, where seventeen recommendations were made. Table 5 below outlines the common themes.

Theme of Recommendation	Number	Percentage
Line Management Action****	4	25%
Procedures / Protocols	1	5%
Staff Training	1	5%
Communication*****	10	60%
Allocation	1	5%

Table 5 – Theme of Improvements

**** This may involve actions being followed-up and monitored in staff supervision and staff appraisal.

*****Communication includes with service users, as well as in CHCP services.

Service Improvement Action Plans are monitored to ensure all recommendations have been addressed appropriately and that learning has been used to improve the quality of service delivery.

3. Summary of INFORM:

- 3.1 Inverclyde Council's INFORM electronic Complaints, Compliments and Comments feedback system has been established to allow members of the public to make representations, enquiries or make their views or opinions known via the Councils website. The Contract Monitoring & Complaints Team process such received correspondence during the reporting period. Table 6 provides a summary of the types of comments submitted, and table 7 shows a breakdown of this activity by service. The INFORM system provides an additional electronic route of communication thereby improving choice for the people who use our services and wish to comment on them.

Type	Number
Complaint	3
Concern	3
Information	4
Query	2
Requests	23
Training	33
Total	68

Table 6: Summary of INFORM Correspondence

Service	Number
General CHCP	6
Children Services	21
Contract Monitoring & Complaints	3
Homeless Service	3
Learning Disability Services	8
Mental Health Services	1
NHSGG&C	3
Older People Services	4
Physical Disability Services	1
Training Events /Opportunities	17
Visual Impairment Services	1
Total	68

Table 7: Summary of INFORM by service

All complaints made via INFORM have been progressed to a resolution either formally or informally in line with the statutory complaint procedure and in agreement with the complainant.

All enquiries have been forwarded to the respective service to provide a direct response, and where appropriate, have been used to inform service improvement.

4. Summary of Private/Voluntary Sector & NHS GG& C Contracted Services Complaints

4.1 Number of Private & Voluntary Social Care Complaints: The CHCP gathers and monitors complaint activity relating to private and voluntary social care organisations contracted by the CHCP to provide care and / or support on its behalf to service users. This equates to approximately 120 different organisations providing a broad range of services.

During 2012 / 2013 there were a total of 74 complaints received by private and voluntary sector providers, which equates to a reduction of 36% for the same reporting period last year.

Of these complaints, 59 (80%) were formal and 15 (20%) were on an informal basis.

- 46 (62%) of these complaints related to Older People’s services;
- 24 (32%) of these complaints related to Adult services
- 4 (6%) of these complaints related to Children’s services.

4.2 Private & Voluntary Social Care Complaint Outcomes: Table 8 details the outcomes of Independent Sector complaint outcomes:

Outcome	Number	Percentage
Upheld	38	51%
Partially Upheld	12	16%
Not Upheld	20	27%
Withdrawn	1	1%
Ongoing	3	5%
Total	74	100%

Table 8 – Private & Voluntary Social Care Outcomes

The overall themes from these complaints focused on:

- Staff Practice (23)
- Care Practice (15)
- Policy and Procedure (3)
- Service Standards (33)

4.3 NHS GG&C Contracted Health Services: As part of our Clinical and Care Governance process the CHCP will commence the reporting of complaint activity for all NHS contracted services in Inverclyde. This is in its initial phase and will be developed to gather data on local

NHS services as GP surgeries, Dental practices, Pharmacy & Ophthalmic services.

We aim to provide a comprehensive breakdown and analysis of these services in future annual committee reports. The information below is data gathered from GP practices in Inverclyde together with a breakdown of themes.

There were 54 complaints received by GP surgeries during the 2012/13 reporting period. The majority of these complaints had multiple components and related to:

- Appointments issues
- Prescriptions
- Reception issues
- Confidentiality
- Communication
- Treatment

-

5. Compliments, Comments and “Tell Us Your Story”

- 5.1 As well as the negative comments or issues from individuals using the CHCP, there are instances when people have expressed their appreciation of the work provided by individual colleagues verbally or with cards or emails. 2012 / 2013 has been no exception. Some of these comments and compliments are noted below:

“We would both like to say how nice it is to get someone who is always very helpful and professional. If she says she will call you back or pass on a message, she does”.

“Can I just thank you both for the exceptional effort you have made”

“I want to thank you for your professionalism in dealing with the matter the way you did for my daughter”

“Thank you for your invaluable help in getting my mother into care”.

A parent who had previously complained about an aspect of the service, called to thank the Senior Social Worker and Social Worker for the support to her and her daughter over the years. She stated that staff were always firm but fair with her family and despite many differences of opinion and views, they were always respectful. Overall, she felt that a very good service had been offered to her daughter.

“Thank you for your service and support in keeping my mother at home, and helping my father obtain home support”.

During the process all the “staff were extraordinary”

“special thanks to[staff] ... for all their care and support ... over the years“

“Thank you for the lovely way you cared for Mum and for making sure she was so comfortable in her last few days. ... Not only were you great with Mum but also gave tremendous support to Dad and me, especially in the time immediately after Mum passed away”

“For all your care and kindness... Thank you for always treating him with respect and dignity... Thank you most of all for allowing him what he wanted ... and that was to die at home. Without your care it would not have been possible”

“Thank you for giving me information on the procedures for referring my mother in law to social work services.... Thank you for taking the time to explain the process clearly”

“I should like to express my sincere and heartfelt thanks for the wonderful care which I have received from the team of nurses over recent months. It may seem strange but I shall miss the friendly contacts that have been made over this time ... Many thanks”

“Thanks to every one of you for your help and kindness to me”

“Thank you for your care and attention provided for our mum on her discharge home from hospital. Your help and support has been much appreciated. “

“... just to say a great big thank you to Joint Stores staff for the fast and efficient delivery of a profiling bed and other equipment to allow us to care for Dad at home in his final days. Your help and compassion was greatly appreciated by all the family. Dad was so happy to come home and was very comfortable ...”

“... very many thanks for your kind assistance”

A family thanked the service for providing equipment to assist their mother to attend her daughter's wedding.

“I wish to take this opportunity to wish all the district nurses and students who attended to my foot problem a very merry xmas... also to thank all for your medical skill and respect shown to me. I will miss you all!

“I would like to thank you so much for all the care you gave to my husband ... and the support you gave me and my family. Thank you”

“To ... the nurses who looked after me; I'm very grateful for all the care you all gave me. Thank you”

“To all the nurses who were all brilliant... much appreciated!. Thank you so much for looking after me so well “

“Thank you for all your help and attention this year”.

- 5.2 Tell Us Your Story: Patients who use NHS services have a web-based facility to provide positive or negative feedback on their experiences of using services. The following comments were made during the reporting period relating to the CHCP.

“Did not have equal access” (patient is deaf)

“Over the last 3-4 years [I] have been looked after by very good caring & supportive nurses”.

“Overall [I was] impressed with treatment from midwives, receptionists, GPs and Consultants”.

“Not impressed with receptionist. Spend too much time gossiping / rude beyond belief...”.

“Podiatry clinic at the Health Centre - just wanted to say that [the worker] was amazing such a nice person and brilliant at her job”.

6. Conclusion

- 6.1 As demonstrated in this report, complaints are valued and are given a high profile by Inverclyde CHCP at all levels. Complaints are used as part of a process as an indicator of our performance and standards of care to the community in which we serve. When it is evident that we have fallen short or there are gaps in performance, these are acknowledged and improvements are made to ensure the highest standard of service is provided. We are committed to further developing an integrated Quality Assurance Strategy within the CHCP to provide consistency within our Health and Social Care services in accordance with statutory legislation good practice and protocols. This will also include reviewing learning from SPSO case studies as well as significant case reviews and inspection reports.