

Report To: Community Health & Care
Partnership Sub Committee

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Report No:
CHCP/34/2014/HW

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Subject: Complaints Annual Report 2013- 2014

1.0 PURPOSE

- 1.1 The purpose of this report is to inform the Sub-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). As we are an integrated CHCP, the report considers our complaints performance across all CHCP services and functions.
- 1.2 This Integrated Annual Report provides the analysis of complaints received by Inverclyde CHCP for the period 2013 – 2014.

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 Sub-Committee is requested to note the annual performance of the CHCP with regard to complaints.

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Partnership

4.0 BACKGROUND

- 4.1 The purpose of this report is to inform the Inverclyde CHCP Sub-Committee of the annual performance in relation to the statutory Social Work and CHCP complaints procedures.
- 4.2 All formal complaints about social work services and functions are investigated in accordance with the Statutory Complaints Procedures laid down by the Scottish Government Guidance (SWSG5/1996), and complaints about health services or functions are considered in line with the NHS Greater Glasgow & Clyde Complaints Procedure. These procedures set out response times and reporting requirements including performance in handling and responding to complaints.
- 4.3 The Quality & Development Service and Head of Administration currently 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 Annual Report includes details of the following:
- Annual Performance in relation to 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
 - Outcomes and Service Improvement

5.0 PROPOSALS

5.1 Complaints Procedures

The Annual Report highlights the differences between the two complaints processes but focuses on where the processes are alike and can be reported together. Changes to the Scottish Public Services Ombudsman (SPSO) procedures, as noted at 5.2 and are due to be implemented within the current financial year, should allow us to begin to fully harmonise the two processes once they come into effect.

Service Improvements will continue to be reinforced with operational services as the basis for learning and development and continuous improvement as a result of complaints investigations and Service Improvement Plans.

5.2 Public Sector scrutiny and complaints handling

As the Sub-Committee will be aware from previous annual reports, the Scottish Government endorsed the recommendations made in The Fit-for-Purpose Complaints System Action Group, The Scottish Government, Sinclair Report, (November 2008). The Public Services Reform (Scotland) Act 2010 was introduced to streamline, simplify and invoke a consistent complaint handling system as good practice in all Public Services in Scotland. Work is ongoing by the Government and SPSO to streamline the Social Work complaint procedure into a simplified three stage process as currently operated by NHS Greater Glasgow & Clyde. The table below outlines the current stages in complaint procedures for Social Work Services and the aim to better match the current NHS model.

Table 1 Complaint Procedure stages

Stage	Current Social Work Model	Current NHS & Future Integrated Model
1	Informal Resolution	Informal Resolution
2	Formal Investigation	Formal Investigation
3	Review by the Chief Social Work Officer	N/A
4	Appeal to the Complaint Review Committee.	N/A
5	Appeal to the SPSO	Appeal to the SPSO

5.2.1 Review by the Chief Social Work Officer (CSWO)

Stage 4 of the current Social Work model (Chief Social Work Officer Review), was incorporated into the Inverclyde Social Work complaint procedure process in late 1996. This additional stage was put in place because a formal Complaint Review Committee (CRC) can be intimidating or stressful for many complainants, so the CSWO Review aimed to give a further opportunity to scrutinise Social Work practice and resolve complaints prior to an appeal by the complainant to the CRC. This 4th stage in the procedure is a non-statutory requirement of the process.

5.2.2 Complaint Review Committee (CRC)

As part of the Fit for Purpose reviews complaint handling identified that a barrier to achieving the streamlining of Social Work complaints is the appeal stage of the process. It is the view of the Scottish Government in consultation with the 32 Local Authorities in Scotland, that the Complaint Review Committee (CRC) function is no longer fit for purpose and recommends its removal from the statutory framework to be replaced by adjudication of the Scottish Public Services Ombudsman (SPSO). However, as this function is set out within the Statutory Complaint Procedure legislative change is required prior to the transfer of this function to the SPSO.

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 Report (OPR)

6.0 FUTURE PLANNING 2014-2015

6.1 Integration of Complaint Processes

At present we are working with two very similar but not identical processes. We have mapped the two and highlighted the differences, to support managers responding to complaints. If and when the CRC stage is removed from statute we will move to full alignment of the Complaint Procedures, effectively meaning that we will have a single process and procedure across the whole CHCP.

This will mean that complainants will have greater clarity on what they should expect from us, and it will be easier for them to access a truly independent review of their complaint via the SPSO if they are not satisfied with the outcome of our investigations.

Officers will be able to report complaints in a clearer way, and it will also be possible to properly baseline CHCP complaints activity and then undertake more meaningful trend analysis.

6.2 Quality Assurance

The CHCP Clinical and Care Governance Committee will continue to progress an integrated Service Improvement Quality Assurance System to consistently learn from complaints, including Service Improvement Plans that arise from complaints investigations.

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 Health and Care Governance process.

6.3 Equality Impact Assessment

An equality impact assessment will be undertaken when a single local complaint procedure is being explored and developed.

7.0 IMPLICATIONS

Finance

7.1 There are no financial implications in respect of this report.

Financial Implications:

One Off Costs

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

Annually Recurring Costs/ (Savings)

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

Legal

7.2 There are no implications for the Council's Legal Services.

Human Resources

7.3 There are no implications for Human Resources.

Equalities

7.4 Has an Equality Impact Assessment been carried out?

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YES 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.

NO -

Repopulation

7.5 None

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 Scottish Executive Circular – SWS56/1996.

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

9.5 The Public Services Reform (Scotland) Act 2010.

Appendix 1

**Inverclyde Community Health & Care Partnership
Annual Complaints Report
2013 – 2014**

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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 of 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 weekly, bi-monthly, quarterly and six monthly bases to Senior Management within the CHCP as well as to the parent organisations.

1.3. This document contains performance information in respect of CHCP services during the 2013 – 2014 reporting period.

2. Summary of Performance

2.1 Number of Complaints

The CHCP received 48 formal and 37 informal complaints during the reporting period. There were 68 relating to Social Work services and 17 in respect of health services. The table below gives a breakdown of these:

Table 1 – Number of Complaints 2013-2014

	Number of Formal Complaints	Number of Informal Complaints
Social Work Service	36	32
Community Health Service	12	5
Total	48	37

During the comparable reporting period 2012/13, a total of 75 complaints were received by the CHCP. This indicates a 6.7% increase in the levels of complaints compared with the previous performance period.

2.2 Response Timescales

With regard to formal complaints, currently Health and Social Work have different timescales for complaint investigation and response. These are outlined in Table 2 below together with our performance in meeting them.

Table 2 – Complaint Timescale Reporting

Current & Comparable Year		2013/14				2012/13			
Service Procedure	Timescale	Number and % Met		Number and % Not Met		Number and % Met		Number and % Not Met	
Social Work	Acknowledged within 5 calendar days period.	35	98%	1	2%	35	100%	0	0%
	Completed within 28 days or agreed timescale.	35	98%	1	2%	30	91%	3	9%
Community Health	Acknowledged within 3 working day period.	12	100%	0	0%	7	100%	0	0%
	Received and responded to within 20 working days.	10	83%	2	17%	2	40%	3	60%

Change Since the Previous Report

In comparison to the previous reporting period (2012/13), there has been a very slight increase in the number of social work complaints (from 35 in the last reporting year to 36 in this reporting year). There has been a higher increase in the number of health complaints, from 7 in the last reporting year to 12 in this reporting year.

Of the 48 formal complaints, 47 were acknowledged within the required timescales representing a 98% positive performance rate. This compares to a 100% positive performance rate in the last reporting period.

With regard to complaints fully responded to within timescales, 45 (94%) met the target compared to last year's performance of 84%. This indicates that although there has been a small increase in the number of formal complaints, our performance in responding has improved.

2.3 Formal Complaint Outcomes

Table 3 details the outcome of formal complaints.

Table 3 – Outcome of Complaints

Outcome	Social Work	Community Health
Upheld	7	1
Partially Upheld	12	4
Not Upheld	16	5
Withdrawn	1	1
Forwarded on	0	1

Of the 48 formal complaints, 24 (50%) were either upheld or partially upheld. When complaints are upheld, we work to identify where things went wrong and what can be done to improve what we do for the future.

2.4 Appeals

If complainants are dissatisfied with the outcome of their complaint, they have a right to appeal this decision. All complainants have ultimate recourse to the Scottish Public Services Ombudsman (SPSO) when appealing the outcome of their complaints. However, under the Statutory Complaint 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.

To inform and assist complainants, they are provided with guidance leaflets at each stage of the process giving timescales within which they can request that the complaint is progressed to the next level of the complaint procedure.

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.

We are currently reviewing the two processes we have in operation, with a view to harmonising them in line with the principles of streamlining public sector complaints as outlined in the Scottish Government Response to the Crerar Review and the

Report of the Independent Review of Regulation Audit, Inspection and Complaints Handling of Public Services in Scotland. We await the reform of the SPSO systems and processes that will enable them to treat social work complaints by the same process that they currently treat other public sector complaints, and once their reforms are in place we will be able to implement full harmonisation.

The table below sets out the number of complaints progressed to the complaint appeal stages.

Table 4 – Number of appeals 2013-2014

Appeal Stage	No. Social Work	No. NHSGG&C
Chief Social Work Officer Review	9	0
Complaint Review Committee	2	0
SPSO	0	1

2.5 Service Improvement Action Plans

Inverclyde CHCP is committed to delivering quality services and strives to ensure continuous improvement and learning from complaints. As such, following 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 **twenty-four** 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 **four** Service Improvement Action Plans issued during the period 2013 / 2014, where **thirteen** recommendations were made. Table 5 below outlines the common themes.

Table 5 – Theme of Improvements

Theme of Recommendation	Number	Percentage
Line Management Action*	2	15.38%
Internal Processes**	9	69.24%

Communication***	2	15.38%
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*This may involve actions being followed-up and monitored in staff supervision and staff appraisal.

**This included developing a new process; reviewing an existing process and general tightening of processes.

***Communication includes with service users, as well as within and between 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. It is our intention to reinforce this learning over the coming year and to also replicate the Service Improvement Action Plan process across CHCP Health Services.

3. Summary of Private/Voluntary Sector & NHSGG&C Contracted Services Complaints

3.1 Number of Private & Voluntary Social Care Complaints

The CHCP gathers and monitors complaint activity relating to private and voluntary social care organisations contracted to provide care and / or support on behalf of CHCP service users. This equates to approximately **140** (an increase of 20) different organisations providing a broad range of services.

During 2013 / 14 there were a total of 142 complaints received by private and voluntary sector providers.

Of these complaints, 79 (56%) were formal and 63 (44%) were informal.

- 78 (55%) of the 142 complaints related to Older People's services;
- 57 (40%) of the 142 complaints related to Adult services.
- 7 (5%) of the 142 complaints related to Children's services.

3.2 Private & Voluntary Social Care Complaint Outcomes

Table 6 details the outcomes of Independent Sector complaint investigations.

Table 8 – Private & Voluntary Social Care Outcomes

Outcome	Number	Percentage
Upheld	64	45%
Partially Upheld	22	16%
Not Upheld	47	33%
Withdrawn	1	1%
Ongoing	8	5%
Total	74	100%

The overall themes from these complaints focused on:

- Staff Practice - 34
- Care Practice - 37
- Policy and Procedure - 7
- Service Standards - 64

When such complaints are notified to the CHCP, the Commissioning Officers discuss issues and potential improvements at the regular governance meetings. The CHCP Quality & Development Service also uses complaint activity information to analyse themes and inform contract monitoring processes as well as liaison with the Care Inspectorate. This is part of our approach in relational contracting in assisting the provider to update practice improve operating systems or identify contractual service improvements. .

3.3 NHS GG&C Contracted Health Services

NHS private providers such as GPs, pharmacists, optometrists and Dental Practices are contracted to deliver NHS community health services. As part of the Clinical and Care Governance process, the level of complaint activity is monitored and reported.

There were 18 complaints received by GP practices during the 2013/14 reporting period, 17 of which were responded to within the NHS Complaint Procedure timescales.

The themes of the complaints were regarding:

- Non- description - 3
- Administrative Errors - 1
- Poor Clinical Care -3
- Attitude of staff/Communication - 6
- Confidentiality - 2

- Prescribing Errors -1
- Access - 2

The Independent Contractors respond to their own complaints and have their own arrangements for service improvement in response to complaints. However the Clinical and Care Governance Committee will make recommendations as and when required.

3.4 Turning Complaints into Service Improvements

The following case study is an example of how received complaints are transformed into service improvements under current CHCP complaint process following investigation.

Case Study

Background

A relative (complainant) of a Service User (C) submitted a written complaint to the CHCP Complaints Officer within the Quality & Development Service. The complainant stated that C had been left without support during a planned activity.

Basis of complaint

There were two elements to the complaint which were:

1. C was not provided with support as expected. On contacting the coordinators for the service, the relative was advised that the support had been withdrawn despite it being agreed that this would take place following a planned review.
2. The organiser advised that as there was no confirmation of resources by the specified date, the service came to a natural end. However, this had not been communicated to the complainant either by the service or the care manager.

The relative was left feeling unsupported and C vulnerable and felt there was a lack of consideration shown by the CHCP of the impact this had on their situation because of the breakdown in communication between two internal services.

Findings

Further to investigation the complaint was upheld. It was evident that the two departments failed to co-ordinate the service adequately in this instance. The Investigating Officer found that there were contributing factors which led to this situation.

Minutes of the previous review meeting had not been recorded accurately to enable all participants to be clear on future actions.

It was evident there was a lack of adequate communication between the two departments as the deadline for resources approached.

C or the complainant were not informed of the discontinuation of the service after the deadline for resource allocation had passed

Outcome

C and the complainant were provided with a formal written apology with the recognition that the CHCP had failed to provide the anticipated and required service. They were also provided with the information to allow them to escalate the complaint to the next level if they were dissatisfied with the complaint outcome.

Learning and Service Improvement

From the findings, it was recognised by the Investigating Officer that this issue could potentially reoccur and impact on other Service Users and their families, relatives or representatives. Therefore a service improvement action plan was issued making recommendations as follows:

- The Service Managers of the departments were required to meet with the departments involved to determine and reflect on why the issues had occurred and what action should be taken as a contingency if there was uncertainty about resource allocation decisions to the future.
- The services were required to ensure all review meetings were recorded in a minute capturing any subsequent action points and issued to participants to ensure clarity in decisions.
- The designated Service Manager was required to attend a meeting with the Service User and their relative to apologise

and discuss why the event had taken place and the lessons learned from the situation.

Quality Assurance

The Quality Assurance lead officer from the Quality & Development Service made follow-up checks for quality assurance purposes to ensure that the service improvement requirements had been implemented and the learning cascaded to colleagues in the respective departments.

4. Conclusion

This report highlights the performance of the CHCP in undertaking its commitment to providing the highest possible care and services to the local community. The information contained therein demonstrates that complaints and feedback are welcomed as well as valued as a vital service improvement tool. It further demonstrates that the CHCP recognises when we have failed to deliver our services or meet the expectations of Service Users, their representatives or members of the public and are given a high profile within our senior management team.

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