

Report To: Health and Social Care Committee **Date:** 22nd October 2015

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Inverclyde Health and Social Care
Partnership (HSCP) **Report No:**
SW/25/2015/HW

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Subject: HSCP COMPLAINTS ANNUAL REPORT

1.0 PURPOSE

- 1.1 The purpose of this report is to inform the Health and Social Care Committee of the annual performance of the Health & Social Care Partnership (HSCP) with regard to the operation of complaints procedures in respect of Social Work functions. The statutory procedures are determined by the Scottish Government Guidance and Directions (SWSG5/1996).
- 1.2 This Annual Report provides the analysis of complaints relating to Social Work Services, received by Inverclyde HSCP for the period 2014 – 2015.

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.

3.0 RECOMMENDATIONS

- 3.1 It is recommended that the Health and Social Care Committee note the annual performance of the HSCP in respect of statutory complaints procedures.

Brian Moore
Chief Officer
Inverclyde HSCP

4.0 BACKGROUND

- 4.1 The purpose of this report is to inform the Health & Social Care Committee of the annual performance of the Statutory Social Work complaints procedures.
- 4.2 The Complaints Procedure is issued by the Chief Officer of the Inverclyde HSCP, and meets the requirements of the Statutory Social Work (Representation and Procedures) (Scotland) Directions 1996 (SI 1990/2519) hereafter referred to as Social Work Complaints.
- 4.3 The Quality & Development Service has the lead responsibility for managing, co-ordinating and recording complaints across the HSCP. The contracted Social Care Services also fall under this function.
- 4.4 The appendix to this report includes details of the following:
- Annual Performance of Frontline Resolution & Investigated Complaints
 - Analysis of complaints in respect of:
 - Adult Community Care
 - Children's Services and Criminal Justice
 - Mental Health, Addictions and Homelessness
 - Planning, Health Improvement and Commissioning
 - Learning from Complaints, Compliments, Comments and Thanks

5.0 PROPOSALS

5.1 Public Sector scrutiny and complaints handling

The Scottish Government endorsed the recommendations made in The Fit-for-Purpose Complaints System Action Group and The 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 Scottish Government and SPSO to streamline the Social Work Complaint Procedure into a simplified three stage process as is currently the case for complaints in other parts of the public sector. Inverclyde Social Work Services previously operated a 5 stage complaint process. The proposed removal of stages 3 and 4 are set out below.

5.1.1 Stage 3 - Review by the Chief Social Work Officer (CSWO)

The Chief Social Work Officer Review was incorporated into Inverclyde social work complaint procedure process in late 1996. This additional stage gave a further opportunity to scrutinise Social Work practice and resolve complaints prior to an appeal by the complainant to the Complaint Review Committee (CRC). This 3rd stage in the procedure is a non-statutory requirement of the process and does not comply with the principles of the streamlining of complaint as set out in the Fit-For-Purpose Crerar and Sinclair reviews. Committee members are asked to note that from 1st April 2015 this interim stage has been removed from the HSCP complaint procedure.

5.1.2 Stage 4 – Social Work Complaint Review Committee (CRC)

The Fit for Purpose review of complaint handling identified that a barrier to achieving the streamlining of Social Work Complaints, was 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 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. It is envisaged that to implement such change requires repeal of the Social Work (Scotland) Act 1968. The timeframe for this reform to be complete is estimated as within 18 months to 2 years.

5.2 Integrated / Aligned Complaints Procedures

In line with the aforementioned legislative reforms and principles, the HSCP has developed a single integrated/aligned complaints handling procedure which has streamlined the stages in the process across all services.

This new procedure incorporates a three stage process with the caveat of the statutory inclusion of CRC for Social Work related complaints. This has included an alignment of procedural guidance and response timescales. The Quality & Development Service liaised with the SPSO Complaints Standards Authority (CSA) in developing the process to ensure compliance with the current legislative framework and anticipated changes to complaint handling procedures.

5.3 Complaint Handling Training

5.3.1 Frontline Resolution

The Quality & Development Service developed and delivered 4 half-day training session events in June 2015 for administration and frontline HSCP staff. This training incorporated the overview of the complaint landscape, understanding of the complaint procedure, first contact skills, frontline resolution process, de-escalation techniques and unacceptable behaviour.

5.3.2 Complaint Investigation

The HSCP developed the procedure in consultation with the Scottish Public Services Ombudsman (SPSO) and jointly developed and produced a bespoke package of training for employees who will investigate complaints on behalf of the HSCP.

The focus of this training was on the

- ✓ Procedures, timescales and Processes,
- ✓ Early resolution,
- ✓ Investigation,
- ✓ Analysing information,
- ✓ Providing a written response,
- ✓ Learning and Service Improvement and,
- ✓ Managing unacceptable behaviours

80 training places were offered over 4 full day sessions during April and May 2015. The overall feedback from participants was positive and the relevance and support to their operational roles were recognised and well received. Further training sessions will take place as identified and delivered by the Quality & Development Complaint Team Leader.

6.0 GOVERNANCE

6.1 The HSCP has a Corporate Governance process for complaint handling and reporting of complaints activity as follows:

- Participation in the Inverclyde Council Corporate Complaints Steering Group

- Weekly Senior Management Team meetings (SMT)
- Bimonthly Clinical & Care Governance meetings
- Quarterly Performance Service Reviews (QPSR)
- Biannual Organisational Performance Review (OPR)
- Parent Organisational Corporate Complaint Reporting

7.0 FUTURE PLANNING 2015-2016

7.1 Integration of Complaint Process

The HSCP will use the next reporting period to embed the new complaint handling procedure across service. The Quality & Development Service will continue to offer guidance and support to the services as the new process develops. Once the national position is clarified with regard to the future role of the SPSO and the CRC, we will aim to fully align our procedures for all complaints, regardless of whether they are in respect of Social Work, NHS or a combination of the two.

7.2 Learning From Complaints / Quality Assurance

HSCP will fully implement the Learning and Service Improvement Action Planning process as part of the new Integrated Complaints Procedure. This essential part of the complaint process will be shared and monitored through the Clinical & Care Governance Group to ensure learning is shared across the organisation.

Contracted Health & Social Care Provider complaints will also continue to submit quarterly complaint performance information. Further they will now be required to demonstrate to the HSCP how they are learning from such activity.

8.0 IMPLICATIONS

FINANCE

8.1 Financial Implications:

Any costs associated with this report will be met from existing budgets.

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

8.2 There are no legal issues within this report.

HUMAN RESOURCES

8.3 There are no human resources issues within this report.

EQUALITIES

8.4 There are no equality issues within this report.

Has an Equality Impact Assessment been carried out?

	YES (see attached appendix)
X	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.

REPOPULATION

8.5 There are no repopulation issues within this report.

9.0 CONSULTATIONS

9.1 N/A

10.0 BACKGROUND PAPERS

- 10.1 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).
- 10.2 Inverclyde Community Health and Care Partnership Aligned Complaint Procedure.
- 10.3 Scottish Executive Circular – SWS56/1996.
- 10.4 The Report of the independent review of regulation, audit and Inspection and complaints handling of Public Services in Scotland, Crerar Review (September 2007).
- 10.5 The Fit-for-purpose Complaints System Action Group, The Scottish Government, Sinclair Report, (November 2008).
- 10.6 The Public Services Reform (Scotland) Act 2010.



Appendix 1

Inverclyde Health & Social Care Partnership Annual Complaints Report 2014 – 2015

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1. Introduction

1.1 Inverclyde Health & Social Care Partnership (HSCP) has 1666 members of staff and serves a population of 79,860. We aim to deliver high quality health and social care services and to use the views and experiences of the people who use our services as part of the process of continuous improvement.

1.2 The HSCP values complaints, comments and complements as a vital part of gaining feedback from the people who use our services. The Quality & Development Service captures complaint activity and coordinates those which can be dealt with quickly or those which require further investigation. As a learning organisation, the HSCP takes every opportunity to learn from the feedback received from the people who use our services. As part of the Quality Assurance Framework, this information provides opportunities to identify gaps in systems, performance or processes which may require review or improvement. Such continuous learning ensures we have a consistent, accountable and transparent approach in the delivery of health and social care to the residents of Inverclyde.

1.3 Governance arrangements are in place to facilitate reporting and analysis of complaints within the HSCP as well as feeding into the partner organisations NHS Greater Glasgow & Clyde (NHSGG&C) and Inverclyde Council reporting systems and processes.

1.4. This report contains performance information in respect of social work complaints, comments & complements from **1st April 2014 to 31st March 2015**. An HSCP complaints report will also be submitted to a future Integration Joint Board, and that will also include information about complaints in respect of NHS services.

2. Summary of Performance

2.1 Number of Complaints

2.1.1 For the purposes of this report, complaints are subdivided into Frontline Resolutions or Investigations.

2.1.2 **Frontline Resolution:** relates to complaints which are not regarded as complex, and can be resolved immediately or relatively quickly by those individuals directly involved in delivering the service.

2.1.3 **Investigation:** relates to complaints which are required to have a more detailed review or regarded as complex.

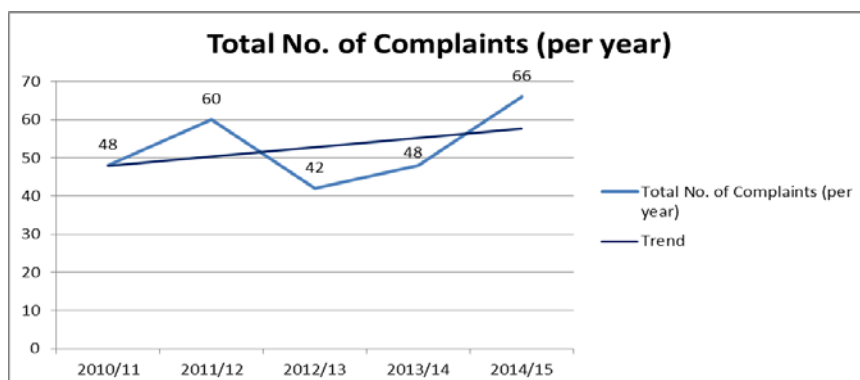
2.1.4 The HSCP received a total of **64** social work complaints during the reporting period. Of these, 51 were investigated and 13 were resolved at source.

Table 1 – Number of Complaints 2014-2015

	Number of Investigated Complaints	Number of Front Line Resolutions
Social Work Service Complaints	51	13

2.1.5 Complaints received and investigated since the formulation of the Community Health & Care Partnership (CHCP) from April 2010, indicate an average of 52 complaints per year are received and investigated.

2.1.6 There is a higher than average level of complaint activity in this reporting period than in previous years. Analysis indicates that this is due to multiple complaints from a small number of complainants. Chart 1 below illustrates this trend.



2.2 Timescales for Investigated Complaints

2.2.1 Complaints about Social Care should be acknowledged within 5 calendar days and investigations should be completed within 28 days. In the case of very complex complaints, the timescale can be renegotiated with the complainant. This would however be very exceptional as we recognise that most complainants prefer quicker resolution, and can get concerned that their complaint has been forgotten about if we take too long to complete the investigation.

Table 2 – Complaint Timescale Reporting

		2014/15		2013/14	
		Timescale Met	Timescale Not Met	Timescale Met	Timescale Not Met
Social Work	Acknowledged within 5 calendar days	48	3	35	1
	Completed in 28 days or agreed timescale.	34	17	35	1

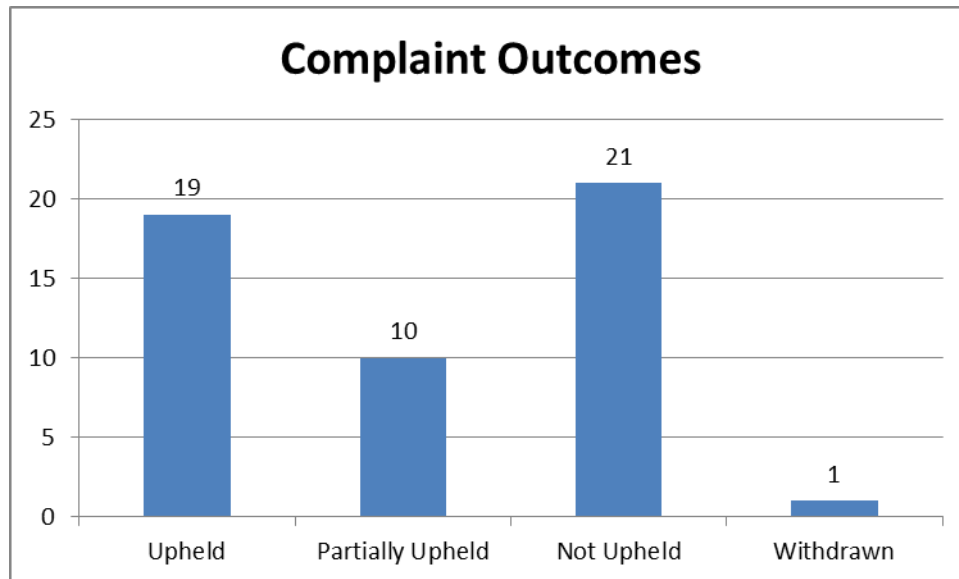
Social Care Services

2.2.2 In comparison to the previous reporting period (2013/14), in which a total of **36** complaints were investigated, there is a decrease in performance of **4%** of complaints acknowledged within the 5 day target and a decrease in performance of **34%** for complaints completed within the statutory 28 day target timescale. It should however be noted that as we move towards more front-line resolution, those complaints requiring investigation are becoming ever more complex. We have also noted an increase in individual complainants submitting multiple complaints during the period of investigation, which builds in delay in completing the investigation.

2.3 Investigated Complaint Outcomes

2.3.1 Within a complaint response, complainants have a right to know the outcome of the findings from the investigation. This is important in the interests of being open and transparent, and to enable the individual to decide whether to progress their complaint to the appeal stage of the complaint procedure. Chart 2 details the outcome of investigated social work complaints. 29 of the 51 investigated complaints (57%) were either upheld or partially upheld, meaning that there is potentially much learning to be gleaned from these complaints. This is explored further at section 2.5 below.

Chart 2 – Outcomes



2.4 Appeals

2.4.1 If complainants are dissatisfied with the outcome of the investigation, 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.

2.4.2 The NHS complaint system has a two stage process for complaint investigation. These stages are:

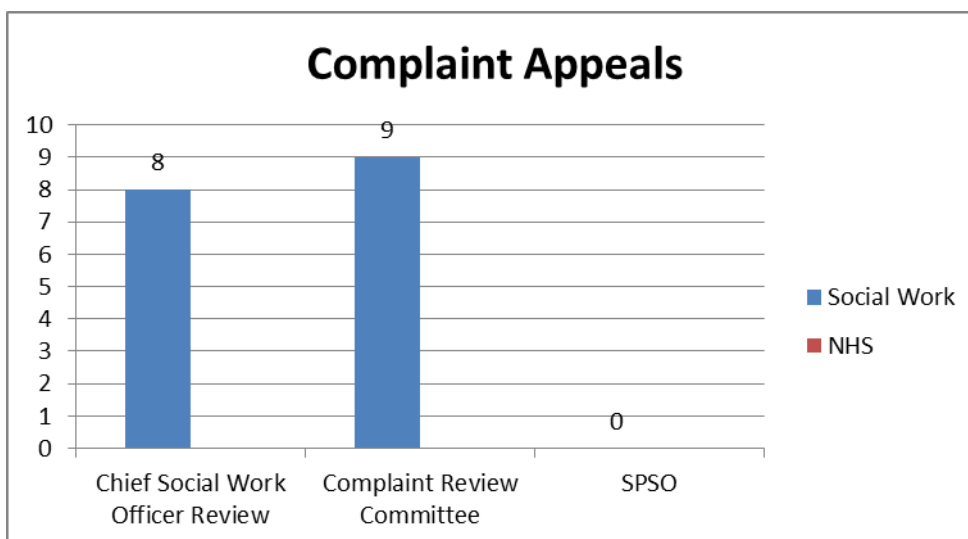
1. Investigation and written response.
2. Appeal to the Scottish Public Services Ombudsman.

2.4.3 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:

1. Review by Chief Social Work Officer
2. An Independent Review by the Social Work Complaints Review Committee

2.4.5 The table below sets out the number of complaints progressed to the complaint appeal stages. HSCP staff are usually unaware if complainants decide to progress their complaint to the SPSO until this scrutiny body makes direct contact with the offices of either the Council or NHS Board's Chief Executive.

Chart 3 – Number of appeals 2014-2015



2.4.6 It should be noted that one complaint which progressed to the Social Work Complaint Review Committee had been carried forward from the previous reporting period. The analysis of 14/15 reporting period demonstrates a **75%** increase of complaints progressed to the Social Work Complaint Review Committee appeal stage (from **2** in 2013/14 to **9** in 2014/15). The majority of these appeals were made by complainants who had made multiple complaints at various times over the year.

2.4.7 It is noted that out of these **9** appeals, **2** were carried forward to the next reporting period **2** were withdrawn and **5** were not up-held.

2.4.8 To comply with the principles of streamlining public sector complaints as outlined in the Scottish Government Complaints Handling of Public Services in Scotland, the Chief Social Work Officer Review stage has been removed from the procedure. From 1st April 2015 complainants who remain dissatisfied with the outcome to their complaint will now make a single appeal to the Complaint Review Committee prior to its escalation to the SPSO.

2.5 Learning from Complaints

2.5.1 Inverclyde HSCP is committed to delivering quality services and strives to ensure continuous improvement and learning from complaints. As such, following investigation of a social work complaint, where it has been upheld or elements are partially upheld, recommendations may be made in a Service Improvement Action Plan.

2.5.2 Of the **twenty nine** 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.

2.5.3 There were **twelve** Service Improvement Action Plans issued during the period 2014/15, where **twenty** recommendations were made. The twelve Service Improvement Action Plans in the reporting year represents a significant increase from the four that were put in place during 2013/14.

2.5.4 This may be an indication of the increasingly complex nature of complaints. Table 3 below outlines the common themes.

Table 3 – Theme of Improvements

Theme of Recommendation	Number	Percentage
Practice Standards	4	20%
Internal Processes*	5	25%
Communication**	6	30%
Quality Assurance***	5	25%

2.5.5 *This included developing a new process; reviewing an existing system or general tightening of procedure.

2.5.6 **Communication includes with service users, as well as between HSCP internal services.

2.5.7 ***This involved developing monitoring systems to ensure certain tasks are being done, for example, service user and carer engagement.

2.5.8 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 Private/Voluntary Sector Contracted Services Complaints

3.1 Number of Private & Voluntary Sector Social Care Complaints

3.1.1 The HSCP Quality & Development Service gathers and monitors complaint activity relating to private and voluntary social care organisations contracted to provide care and / or support on behalf of the HSCP. This equates to approximately **140** services (an increase of 20) from different organisations providing a broad range of services.

3.1.2 During 2014 / 15 there were a total of **48** complaints received by private and voluntary sector providers. Of these:

- 25 (52%) were in relation to Older People's services;
- 23 (48%) related to Adult services.

3.2 Outcomes of Private & Voluntary Sector Complaints

3.2.1 Table 4 details the outcomes of Independent Sector complaint investigations.

Table 4 – Private & Voluntary Social Care Outcomes

Outcome	Number	%
Upheld	22	46%

Partially Upheld	6	13%
Not Upheld	15	31%
Withdrawn	4	8%
Ongoing	1	2%
Total	48	100%

3.2.2 The overall themes from these complaints focused on:

- Staff Conduct – **15** (31%)
- Care Practice – **8** (16%)
- Policy and Procedure – **7** (15%)
- Service Standards – **18** (38%)

3.2.3 The HSCP Quality & Development Service uses this complaint information to analyse themes and inform contract monitoring processes as well as liaison with the Care Inspectorate for regulated services.

3.2.4 This is part of our approach to assist the provider to update practice, improve systems or identify contractual service improvements.

3.2.5 Over the next reporting period, contracted services will be required to provide information on learning from complaints.

3.3 Learning from Complaints - A Case Study

Background

3.3.1 Ms M made a complaint on behalf of her 80 year old father (Mr M) who had a diagnosis of dementia but was assessed as able to live on his own with a package of support provided by a contracted external agency.

3.3.2 The HSCP had arrived at Mr M's home in place of the external agency to support him to bed which caused him agitation and distress. There were two elements to the complaint raised:

- The HSCP service arrived unannounced and at an unreasonable time
- When Ms M was contacted she was unhappy with the communication she had received and the manner in which she was spoken to.

Listening and Learning

3.3.3 It was ascertained that the external agency worker had an accident on their way to Ms M's father. His planned appointment was for 21.45. The HSCP support service was informed by the agency of the accident at 22.16. As this was unexpected the support service were asked to include a home visit to Mr M in place of the agency. By the time the support workers had arrived it was 22.55.

3.3.4 On receipt of the complaint, the Team Leader from the support service visited Ms M and her father at home to listen to the concerns and distress they had experienced. The Team Leader also used this time to provide them with feedback on the findings of the investigation.

3.3.5 The Team Leader listened and agreed with Ms M's concerns and gave an explanation of the events surrounding the home visit. It was explained that visit was allocated to two support workers as Ms M's father could not be left to take his medication and get himself into bed. However due to their planned rota and distance from the house, the support workers did not arrive at the house until almost 11pm.

3.3.6 Ms M advised that her father was distressed when the two workers arrived because the agency worker had not arrived and the workers were unfamiliar to him. The staff had contacted Ms M to advise of what had happened and her father's reaction.

3.3.7 Ms M felt that there should have been better communication with her and the support service could have contacted her to advise of the situation and she might have been able to attend to help. When Ms M tried to express this to the support worker who had called her, she felt they were abrupt in their manner toward her.

3.3.8 It was accepted and agreed that better communication could have prevented the situation from occurring. Ms M was advised that there would be a review of the communication process with the agency and the HSCP support service in reporting issues in good time to provide an alternative. But it was also agreed that the support service could have contacted Ms M as soon as they were aware of the incident as unfamiliar people arriving at her father's home would have caused him worry and distress. It was agreed that Mr M's support plan would be updated to clearly reflect this.

3.3.9 The Team Leader also advised that the way Ms M had been spoken to was unacceptable and this had been addressed. The support worker would be asked to reflect on their handling of the situation and identify ways they could have handled the events differently.

3.3.10 Ms M and her father were given an apology by the Team Leader for the anxiety and distress this situation had caused to both of them. Ms M was also advised that the complaint was upheld. Ms M was happy that the Team Leader had dealt with the issues quickly and met with her to discuss the matter.

3.3.11 Ms M was provided with a written apology and confirmation of the outcome of the investigation together with a summary of the events, the discussion and lessons learned from the situation. As with all complaints, Ms M was provided with information about how she could take her complaint to the next stage of the complaint procedure if she remained dissatisfied with the overall outcome.

3.3.12 Action planning and service improvement

- A meeting took place between the agency and the support service to look at the events and to agree a more appropriate communication strategy based on this incident.
- A meeting took place with the support worker to reflect and learn from the incident and consider any further training which would support their learning from the incident to avoid similar issues in the future.

3.3.13 This situation occurred because of a breakdown in communication which resulted in Mr M being distressed and disappointment by his daughter Ms M. There was great value in meeting with Ms M and her father to listen to their experience and

feedback how they felt we had performed as an organisation. This information is vital to help us evaluate the standard or quality of our service. However, this feedback is less useful if the information gained is not shared as a reflective and learning opportunity on our practice and approach across the service and to minimise the chance of a similar incident happening in the future.

4. Feedback, Compliments and Thanks

4.1 Some brief examples of feedback, compliments and thanks we have had in the reporting period are as follows. These examples do not include the vast array of examples of feedback we receive via the People Involvement Network, which is in place to deliver our responsibilities in respect of involving people in the business of the HSCP.

4.1.1 'Thanks for being there for me and thanks for listening to me'

4.1.2 'Thanks for your kindness and support'

4.1.3 'Just a wee thanks for all your hard work'

4.1.4 'Just wanted to say thanks for all the help and support I received during a difficult time'

4.1.5 'I have found the Team to be very helpful and efficient in regards advice and direct input into complaints'

4.1.6 'you have been Very helpful and informative'

4.1.7 'Very sad news, I am sorry to say, my brother passed away at around 3am on Sunday morning. As you know he had been fighting cancer for nearly a year, I know he wished to thank you both for your help. Also for your efforts to change procedures which would ensure that what happened would be prevented in the future from occurring again. Unfortunately due to his health he was unable to do this himself. So on his behalf I wish to pass on his thanks. The very best regards'

5. Conclusion

5.1 This report highlights the performance of the HSCP in undertaking its commitment to providing the highest possible quality of care and services within its financial resources.

5.2 The information contained demonstrates that feedback from complaints is welcomed and used as a vital service quality improvement tool. It further demonstrates that the HSCP takes responsibility when we fail to deliver best quality services or meet the expectations of patients, service users, their representatives or other members of the public in delivering its duties, responsibilities and services.

Martin McGarrity
Team Leader Quality and Development
October 2015