
Report To: Inverclyde Integration Joint Board **Date:** 26th January 2016

Report By: Brian Moore
Corporate Director (Chief Officer)
Inverclyde Health and Social Care
Partnership (HSCP) **Report No:**
IJB/01/2016/HW

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Subject: HSCP COMPLAINTS ANNUAL REPORT

1.0 PURPOSE

- 1.1 The purpose of this report is to inform the Inverclyde Integration Joint Board (IJB) of the annual performance of the Health & Social Care Partnership (HSCP) with regard to the operation of complaints procedures in respect of health and social work functions in Inverclyde. The 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.
- 1.2 This Integrated Annual Report provides the analysis of complaints 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 IJB note the annual performance of the HSCP statutory and integrated complaints procedures.
- 3.2 It is recommended that the IJB approve the revised integrated complaints procedures for Inverclyde HSCP (as per appendix 2)

Brian Moore
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.
- 4.2 The Integrated Complaints Procedure is issued by the Chief Officer of the Inverclyde HSCP and 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 brings alignment with 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. The Contracted Health & 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:
 - Health and 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, 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 Scottish Government and SPSO to streamline the Social Work Complaint Procedure into a simplified three stage process as set out in NHS Complaints Procedures. Inverclyde Social Work Services previously operated a 5 stage complaint process.

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 complaints as set out in the Fit-For-Purpose Crerar and Sinclair reviews. IJB members are asked to note that from 1st April 2015 this interim stage has been removed from the Integrated /aligned 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 it 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. Discussions are ongoing and the Scottish Government proposal is currently out for public consultation, with a closing date of 14th December 2015. We await the results of this process.

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 Complaint Standards Authority (CSA) in developing the process to ensure compliance with the current legislative framework and anticipated changes to existing NHS model 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 was 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:

- Inclusion in the Inverclyde Council Corporate Complaints Steering Group
- Weekly Senior Management Team meetings (SMT)
- Bimonthly Clinical & Care Governance meeting
- Quarterly Performance Service Reviews (QPSR)
- Biannual Organisational Performance Report (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 services. The Quality & Development Service will continue to offer guidance and support to the services as the new process develops.

7.2 Learning From Complaints/Quality Assurance

The 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 and Care Governance Group to ensure learning is shared across the organisation.

Contracted Health & Social Care providers 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.

9.0 BACKGROUND PAPERS

- 9.1 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).
- 9.2 Inverclyde Community Health and Care Partnership Aligned Complaint Procedure.
- 9.3 Scottish Executive Circular – SWS56/1996.
- 9.4 The report of the independent review of regulation, audit and Inspection and complaints handling of Public Services in Scotland, Crerar Review (September 2007).
- 9.5 The Fit-for-purpose Complaints System Action Group, The Scottish Government, Sinclair Report, (November 2008).
- 9.6 The Public Services Reform (Scotland) Act 2010.

10.0 CONSULTATION

- 10.1 Consultation on Draft Order to revise the procedures for complaints about social work (September – December 2015).



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 1,666 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 compliments 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 complaints, comments and compliments across our services from **1st April 2014 to 31st March 2015**.

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.

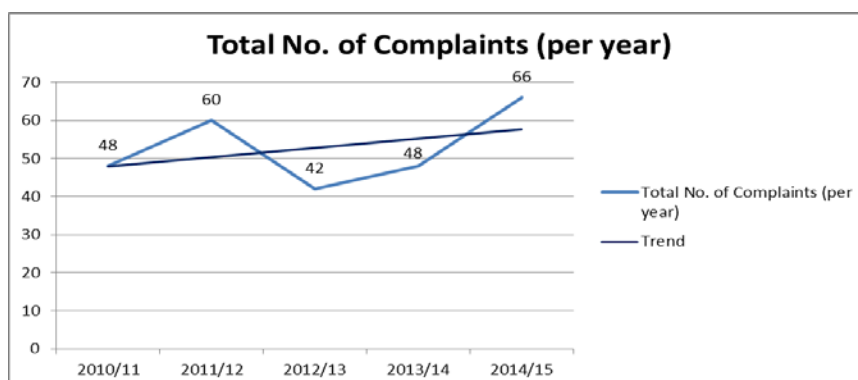
2.1.4 The HSCP received a total of **82** complaints during the reporting period. **64** related to Social Care and **18** in respect of health services. Of these, 66 were investigated and 16 were resolved at source. Comparison with the previous year's figures show that there has been a slight decrease in the overall number of complaints (from 85 in 2013/14 to 82 in 2014/15), but a higher proportion have required formal investigation (going from 48 to 66). This is disappointing given that we always try to resolve any issue at the front line if at all possible.

Table 1 – Number of Complaints 2014-2015

	Number of Investigated Complaints 2014/15	Number of Front Line Resolutions 2014/15	Number of Investigated Complaints 2013/14	Number of Front Line Resolutions 2013/14
Social Work	51	13	36	32
NHS	15	3	12	5
Total	66	16	48	37

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 Targets for Investigated Complaints

2.2.1 Health and Social Care have different statutory target timescales in responding to investigated complaints. These are outlined in Table 2 below along with our performance in meeting these targets.

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
NHS	Acknowledged within 5 calendar days	15	0	12	0
	Completed in 28 days or agreed timescale.	11	4	10	2

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.

Community Health Services

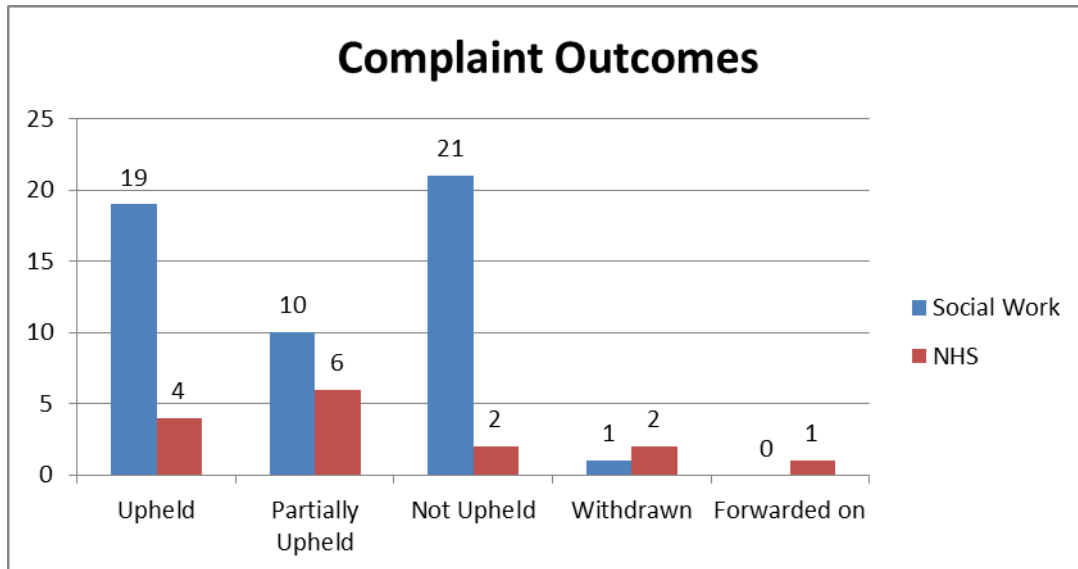
2.2.3 In comparison to the previous reporting period (2013/14), in which a total of **12** complaints were investigated, 100% of were acknowledged within the 3 day timescale. However, there is a decrease in performance of **10%** for complaints completed within the 20 working day target.

2.2.4 The analysis of these trends identified that the decrease in performance of complaints falling outwith the target response dates is primarily as a direct consequence of individual complainants submitting multiple complaints during the period of investigation. Due to the volume and frequency of the complaints, it had taken time to screen for any duplicated issues which had previously been investigated and responded to.

2.3 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 complaints.

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:

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

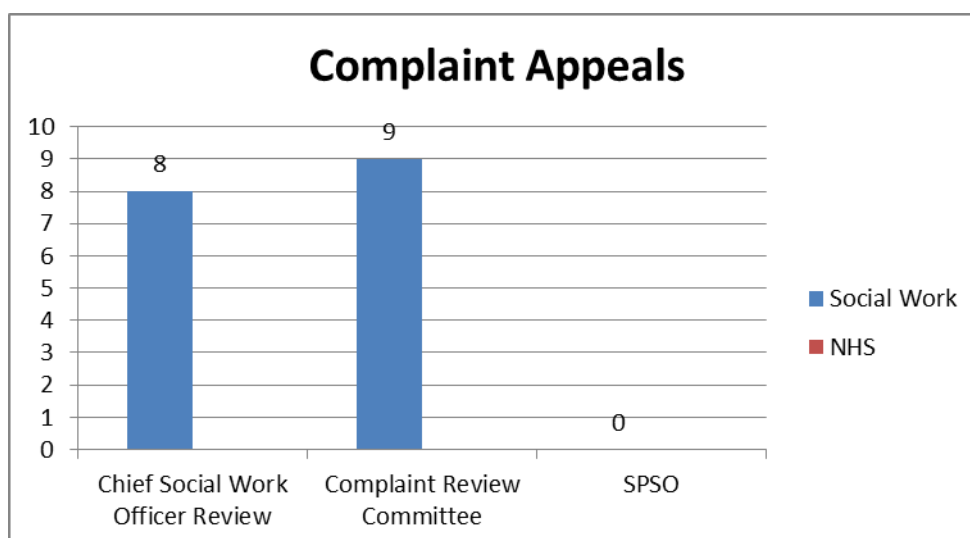
2.4.3 However, under the Statutory Complaint Procedure for Social Work Services, there are a further two interim stages of appeal prior to the Ombudsman review. These are:

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

It should be noted that the Scottish Government is currently consulting on the future of the Social Work Complaints Review Committee through the “Consultation on Draft Order to revise the procedures for complaints about social work”, which runs until 14th December 2015.

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 make 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 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. This process will be extended to include Health Service complaints.

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 and Voluntary Sector Complaints

3.1 Number of Private and Voluntary Sector Social Care Complaints

3.1.1 The HSCP Quality & Development Service gathers and monitors complaint activity relating to private and voluntary sector 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. Comparison with 2013/14 shows that there has been a notable reduction in the overall number of complaints, going from 74 to 48. Proportionately the outcomes have been similar so there is still much learning to be gleaned from this sector.

Table 4 – Private & Voluntary Sector Social Care Outcomes

Outcome	Number 2014/15	%	Number 2013/14	%
Upheld	22	46%	64	45%
Partially Upheld	6	13%	22	16%
Not Upheld	15	31%	47	33%
Withdrawn	4	8%	1	1%
Ongoing	1	2%	8	5%
Total	48	100%	74	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 NHS GG&C Contracted Health Services

3.3.1 NHS private providers such as GPs, Pharmacists, Optometrists and Dental Practitioners are contracted to deliver NHS community health services.

3.3.2 The level of complaint activity is monitored and reported through the Clinical and Care Governance process.

3.3.3 There were **46** complaints received by GP practices during the 2014/15 reporting period (Quarters 1 to 3). **44** (96%) were responded to within timescales. There were no complaints received from Pharmacy, Dental or Optometry.

3.3.4 The themes of the GP complaints were:

Prescription Issue	2
Communication Issue	10
Clinical Care	9
Access / Appointment Issue	9
Results Handling	2
Attitude of Staff	4
Medical Records	1
Administration	3
Lab Results	3
Complaint Sent to Other Service	1
No Descriptor	2
Total	46

3.3.5 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 Group will make recommendations as and when required.

3.4 Learning from Complaints - A Case Study

Background

3.4.1 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.

3.4.2 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

3.4.3 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.

3.4.4 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.

3.4.5 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.

3.4.6 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.

3.4.7 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.

3.4.8 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.

3.4.9 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.

3.4.10 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 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.

3.4.11 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 as she remained dissatisfied with the overall outcome.

3.4.12 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.

3.4.13 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.

Inverclyde Health and Social Care Partnership (HSCP)

Integrated Complaints Procedure 2016

Appendix 2



Date complaints procedure approved by Integration Joint Board:	January 2016
Date complaints procedure to be reviewed:	January 2019
Responsible Officer	Helen Watson Head of Service: Planning, Health Improvement and Commissioning

Inverclyde Health and Social Care Partnership (HSCP)

Integrated Complaints Procedure 2016

Introduction

The Inverclyde Health and Social Care Partnership (HSCP) is a Partnership between Inverclyde Council and NHS Greater Glasgow and Clyde (NHSGG&C) bringing together both NHS and Local Authority responsibilities for community-based health and social care services within a single, integrated structure. The HSCP is committed to providing quality, effective and efficient services.

This Guidance is issued by the Chief Officer of the Inverclyde HSCP and supports the Scottish Government's Policy of Health and Social Care Integration and the Public Bodies (Joint Working) (Scotland) Act 2014, and its associated Regulations, in respect of the integration of Health and Social Care complaint handling processes. This document brings alignment with the requirements of the NHS Patients Right (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). It applies to all services managed by the Inverclyde Health and Social Care Partnership.

Our aim is to reduce barriers to making complaints as part of a streamlined approach to delivering sensitive care and support and promoting equality of opportunity for the residents of Inverclyde.

Application of these operational procedures must ensure the organisation complies with the duties placed on it by equalities legislation to treat all individuals on an equitable basis, with an understanding of issues relating to age, disability, gender, race, religion, sexual orientation, or socio-economic status in accordance with the equality legislation. In practice, this will include:

- Making all information accessible in appropriate formats.
- Identifying any additional individual support that the complainant or their representative may need to assist them to progress a complaint.
- Whenever possible, the HSCP should resolve any complaints immediately without the necessity to enter into the complaints investigation process.
- Being open and transparent subject only to the appropriate preservation of confidentiality and data protection.

This procedure and guidance seeks to support these key aims.

Health and Social Care Integration

The Patient's Rights (Scotland) Act 2011 supports the Scottish Government's vision for a high quality, person-centred NHS. The Act gives patients a legal right to give feedback on their experience of healthcare and treatment and to provide comments, or raise concerns or complaints. The 1968 Social Work (Scotland) Act places duties on Local Authorities with regard to Social Work complaint procedures. The act is supported through guidance and directions which can be found in SWSG5/1996 circular. NHS GG&C revised its complaints policy and processes to reflect the requirements of the Patient's Rights (Scotland) Act 2011 and launched this during 2012. The HSCP procedure and guidance for staff aligns these requirements. Complaints can be made by patients, service users and customers or their nominated representatives using a range of methods including an online form, face to face contact, in writing and by telephone.

Inverclyde Health and Social Care Partnership (HSCP)

Integrated Complaints Procedure 2016

The Scottish Government is currently reviewing the Social Work complaints process at national level. Once recommendations have been made regarding this, the procedures will be amended if required.

Definition of a complaint

A “complaint” is defined as an expression of dissatisfaction about an action or lack of action or standard of care provided or commissioned by the Health and Social Care Partnership that requires a response.

Who can make a complaint?

A complaint can be made by:

- Anyone who has had or is receiving a service provided directly or commissioned on behalf of the HSCP for care, treatment or intervention has a right to make a complaint if they are dissatisfied with any aspect of the service provision.
- In some cases a third party might make a complaint on behalf of the service recipient, but this must be with the explicit and recorded consent of the service recipient.
- Anyone likely to be affected by a decision taken by the HSCP.
- In the case of a deceased person, the right to pursue a complaint might rest with the executor.

Who is not entitled to make a complaint?

- Individuals who are not in receipt of HSCP services or are not likely to be affected by our decisions.
- Individuals who are raising a complaint on behalf of a patient or service user without consent and are not in possession of Power of Attorney or Guardianship or a written certificate of authorisation.
- Those using the process for political purposes.
- Those wishing to use the process as part of a legal action or compensation claim.

If a concern is identified as one of the following it should be dealt with through other channels:

- as a review of a service decision i.e. re financial assessment/service charges;
- an investigation of a criminal offence;
- a possible claim for negligence;
- Freedom of Information Request;
- Subject Access Request;

Response timescales

Inverclyde HSCP has combined the requirements of the NHS response targets and those of Social Work and has agreed the following formal process:

- Acknowledgement in 3 working days.
- An outcome letter should be issued within 20 working days from receipt of the complaint. Further extension to the target response date can be negotiated and agreed with the complainant where the issue is complex and a response is not going to be achievable within the 20 days.

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- Social Work only – if the complainant is dissatisfied with the outcome of the investigation findings s/he can appeal the decision to the Complaints Review Committee within 28 days. The Committee will be convened within 56 days, with a response to be issued within 42 days of the Committee meeting.

Where a complaint concerning NHS services is expected to extend beyond 40 days (in total) there must be a review at Chief Officer level of the handling of the complaint to date to ensure that any delay is for good reason. The complainant will be kept informed in writing of progress throughout the process and agree to any extensions of timescales.

There will usually be a time-bar placed on the complaint process. Complaints should be submitted within 6 months of the date of the incident or circumstances leading to the complaint unless there are significant reasons why a complainant has delayed making the complaint or where serious issues are raised.

The time-bar is in place because the passage of time may prevent full and fair investigation taking place.

Any submission of a complaint outwith the 6 month timescale should be discussed with the Head of Service and HSCP Chief Officer to determine whether the complaint should be investigated and if an investigation would provide a meaningful outcome before activating the complaint procedure.

Independent Support and Advice

Where an individual is raising a complaint in relation to NHS services they should be made aware of The **Patient Advice and Support Service**. This is an independent service managed by the Citizens Advice Bureau that provides free, accessible and confidential information, advice and support to patients, their carers and families about NHS healthcare.

This service can be accessed from any Citizens Advice Bureau in Scotland. www.cas.org.uk or under CAB in the local phone book.

The Local Advocacy Service can also provide support to individuals raising a complaint. It can assist complainants to make complaints or advocate on their behalf. Circles Network, Advocacy Service Inverclyde, 21 Grey Place, Greenock. PA15 1YF. 01475 730797.

Confidentiality / Anonymity

Complainants may request that their identity is not disclosed when a complaint is made. However, they must be advised that this anonymity may restrict the activity of the investigating officer to fully investigate the matters raised or that an indication of who the complainant is may become evident during the investigation. This will allow the complainant to consider their position in this respect.

Data Protection

The complainant should be reminded that they have no right of access to personal information held on files about a third party, unless the third party has given written (or equivalent) consent in line with Data Protection legislation.

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Complaints Handling Process

The aim of the complaints handling procedure is to provide a quick, simple and streamlined process with a strong focus on local, early resolution by empowered and well trained staff. This enables the complainant to have their issues or concerns dealt with as close to the event which gave rise to the complaint.

This model provides organisations with two opportunities to deal with complaints internally: frontline resolution and investigation.

Frontline Resolution

Where possible, the complainant should be actively and positively engaged within the process from the outset. Clarity should be sought where appropriate on the grounds of the complaint and expected or desired outcome. Unrealistic expectations must be managed appropriately.

Frontline resolution should be attempted where the issues involved are straightforward and potentially easily resolved, requiring little or no investigation.

Examples of issues suitable for frontline resolution:

- A service that should have been provided has not been provided.
- A service has not been provided to an appropriate standard.
- A request for service has not been actioned
- An error has been made when applying charging.
- Where a staff member has been rude or unhelpful.
- A staff member failed to attend a scheduled appointment.

The focus of frontline resolution is to take action to resolve the complaint as quickly as possible. This may take the form of an immediate resolution, quick apology or explanation for service failure where this is evident.

People receiving complaints should consider the following four key questions:

- What is the complaint?
- What does the service user wish to achieve by complaining?
- Can an explanation be provided that answers the complaint?
- If the person is unable to resolve the issue, do they know where to refer the complaint on to?

Frontline resolution should be completed within 5 working days.

These complaints should be recorded along with the date of receipt, nature of the complaint and date of resolution or response.

Investigation

Not all complaints are suitable for frontline resolution and not all complaints will be resolved at this stage, with some requiring further investigation.

For issues that have not been resolved and that are complex, serious or high risk, a thorough investigation of the points raised will be undertaken.

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Responses will be signed off by the Head of Service or a senior manager who has this function delegated to them by the Head of Service. Each Head of Service will ensure that information gathered from complaints about their area of responsibility will be used to improve services.

Examples of issues suitable for investigation:

- Frontline resolution was attempted, but the service user remains dissatisfied
- The service user refuses to engage with the frontline resolution process
- The issues raised are complex and will require detailed investigation
- The complaint relates to issues that have been identified as serious or high risk/high profile
- Involves major delays in service provision or repeated failure to provide a service

Complaints handled by investigation are typically those that are complex or require a certain amount of examination to establish the relevant facts before the service provider can state their position.

The investigating officer will prepare a response that will be:

- Open and honest
- Explain the nature of the investigation undertaken
- Address all the issues raised
- Offer an apology in appropriate circumstances
- Identify the actions taken to prevent a recurrence where appropriate
- Invite the person to make further contact if they remain unhappy

A leaflet will be enclosed with any outcome letter to the complainant detailing the next stage of the complaints process.

The Complainant should be offered the opportunity to discuss the outcome of the investigation for clarity if they wish.

Complaint Review Committee – Social Work Complaints only

If the complainant is dissatisfied with the response to their complaint, they can appeal the outcome of the investigation to the Complaints Review Committee (CRC).

The CRC is made up of a panel of 3 independent persons to Inverclyde Council. These panel members are responsible for reviewing the evidence presented in an objective and independent manner and to offer an opportunity for the complainant to present and discuss their case. The CRC also enables the Chief Social Work Officer or Head of Service to make a case on behalf of the Service.

The complainant must request a review by CRC in writing within 28 days of receiving the complaint investigation response.

The Complaints Review Committee must meet within 56 days of having received the appeal. The Complaints Review Committee will forward a response to the Chief Executive of Inverclyde Council outlining its outcome and if necessary any recommendation and remedial action to be taken if the complaint outcome is overturned.

The role of the Complaints Review Committee is to objectively and independently examine the facts of the complaint. Although the Complaints Review Committee can express disagreement with policies, priorities, resources and professional judgment it only has the

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power to make recommendation to the appropriate local authority committee. It is the local authority committee which effectively takes the final decision on the complaint.

The Local Authority must within 42 days of receiving the recommendations notify the complainant in writing about what actions it intends to take in response to the Complaints Review Committee recommendations. The Chief Executive will provide a written outcome to the Complainant.

Once the above processes have been completed, if the complainant is still not satisfied, the complaint can be raised with the Scottish Public Services Ombudsman.

Review by the Scottish Public Services Ombudsman (SPSO)

Both organisations within the HSCP are required to inform complainants of the role of the SPSO in reviewing a complaint if the complainant is dissatisfied with the outcome of an investigation.

When the complaint procedure has been exhausted and a final outcome provided, the complainant will be advised in writing of their right to seek independent review of the complaint by the Scottish Public Services Ombudsman. The SPSO is not normally able to investigate matters where the issue raised is over 12 months old.

Complaints Involving Multiple Services or Agencies

Where a complaint concerns another Partnership, or the Acute Services Division as well as Inverclyde HSCP, it is anticipated that each Partnership/Division will investigate the matters relating to its services but the Chief Officer, or other appropriate officer, will sign off a combined response.

The weighting of the complaint will determine which department will take the lead for coordination of the written response.

Complaints about Commissioned Services

Anyone receiving a registered care services commissioned by HSCP has the right to complain either directly to the Care Inspectorate or to Inverclyde Health and Social Care Partnership (HSCP).

In line with good practice, the Care Inspectorate and the HSCP encourage complainants to make contact with the service, care agency or provider in an attempt to resolve the issue quickly in the first instance.

When a complainant contacts only the HSCP about a commissioned service, the HSCP will contact the provider and agree with them an appropriate investigation and action, and will notify the Care Inspectorate of the complaint.

The Care Inspectorate's contact details can be found on their website:

<http://www.scswis.com/>

or: telephone 0845 600 9527

fax 01382 207 289

complete an online complaints form at <http://www.scswis.com>, or

email enquiries@careinspectorate.com

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What Cannot be Considered

- Any complaint about private care and treatment or services including private dental care or privately supplied spectacles.
- A complaint about an Independent Contractor such as a GP or NHS Dentist – there are separate complaints procedures, displayed within the Practices.
- A complaint about services not provided or funded by the local authority or NHS.
- A complaint about another NHS body or for an NHS service that is not the responsibility of the Health and Social Care Partnership (e.g. acute inpatient services for general medicine or surgery).
- Any complaint that is being or has been investigated by the SPSO.
- Any complaint about which a complainant has stated in writing that they intend to take legal action.
- Any complaint that has already been investigated under the current or a former complaints procedure.

Unacceptable Behaviour by Complainants - Persistent and Unreasonable Complaints.

The HSCP is committed to dealing fairly, appropriately and consistently with all complaints and believes that complainants should have the right to be heard, listened to and understood and be treated with respect and dignity. They should not experience disadvantage as a result of expressing dissatisfaction with a service or making a complaint. Each complaint will be treated by the HSCP on an individual basis and on its own merit. However the HSCP believes that respect should also be afforded to its employees.

It is acknowledged that people may act out of character in times of distress.

Complainants who behave in an angry, aggressive, demanding or persistent manner in their pursuit of a complaint, may be viewed by the HSCP as unreasonable. The HSCP will aim to manage this behavior under the respective “Management of Violence and Aggression” (NHS GG&C) or “Violence to Staff” (Inverclyde Council) Policies.

Complainants may be deemed as being unreasonably persistent or vexatious in their actions and the HSCP reserves the right to restrict or alter the contact the complainant has with its employees.

If it is viewed that a complainant is acting in an unreasonable manner, this will be discussed with the Head of Service with responsibility for Quality and Development who will liaise with the appropriate parent organisations, HSCP Chief Officer and Local Authority Legal Services to determine the appropriate action to be taken.

In relation to Social Work Complaints procedures, Inverclyde Council’s Legal and Administrative Services will be responsible for advising and reporting to the Complaint Review Committee (CRC) of instances of unreasonable or repetitive complainants and the decision to manage such behavior in a particular way.

If it is deemed that the complainant is acting in an unreasonable manner, they will be formally advised of this in writing and informed that their complaint should be referred to the Scottish Public Services Ombudsman (SPSO) to review the decision.

The HSCP reserves the right to seek arbitration by the SPSO in any future or ongoing dispute with such complainant(s).

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Further complaints from an individual deemed to be unreasonable or repetitive will be carefully screened and reviewed to ensure that no new issues are expressed which might require a separate investigation and response before a decision not to act is taken.

Role of the Investigating Officers

Each HSCP service has trained Investigating Officers. Their primary role is to communicate with complainants where appropriate, process complaints and support managers in responding to complaints.

The HSCP has a role to develop and oversee the complaints process including:

- Providing a central point for receipt of complaints, coordination of timed responses and supporting staff with complex complaints.
- Ensuring appropriate arrangements are in place for tracking and monitoring of complaints and responses.
- Monitoring and analysing themes from complaints and feeding trends into the quality improvement process.
- Development of relevant training and guidance notes for staff.
- Production of an Annual Review Report in respect of complaints.

Monitoring, Governance and Improvement

Complaints received by the HSCP should be logged within one working day onto the Complaints System by the Complaints Administration Officer. All complaints information should be handled in a way that satisfies Data Protection requirements, with staff being trained and aware of the expectations of the public in respect of their personal information.

Information recorded about complaints (both informal and formal) should, as a minimum include:

- The category and nature of the complaint.
- The service area complained about.
- In what way the complainant wishes the complaint to be handled – frontline resolution or investigation.
- What action was taken to resolve the complaint.
- Whether the service user was satisfied with the outcome.

Where necessary an appropriate investigating officer will be identified by the Head of Service and they will be responsible for completing an investigation and writing a draft response outcome letter to be issued to the Head of Service for consideration within 15 working days of receipt of the complaint.

A copy of the joint open complaints register will be issued to Senior Managers on a weekly basis for overview and monitoring.

If an extension to the response time is required, the complainant should be actively and positively engaged with to reach mutual agreement of an amended date. This should be recorded in the joint complaints register and respective complaints management systems.

All complaints activity and learning opportunities are monitored through the HSCP Clinical and Care Governance process.

Regular reporting of complaints will be made in quarterly service reviews, with the content being viewed and used to improve service delivery.

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The complaints handling process should ensure a culture within the organisation that values and learns from complaints.

Learning from Complaints

As an integral part of the HSCP Quality Assurance and audit processes, all complaints are used as a method of public experience feedback about service delivery and engagement. Issues, themes or patterns of complaints are used as opportunities to share learning. In doing so, the HSCP demonstrates its commitment to continuous development and performance of its services as well as preventing future recurrence of issues.

A service improvement or learning action plan should be completed by the designated investigating officer to identify areas of practice which:

- contributed to the complaint being raised or
- prevented effective working or engagement, leading to the complaint.

Elements of the complaint should be analysed by the investigating officer to identify any improvements in practice, process or behaviour required to prevent a similar experience or occurrence in the future.

The Investigating officer should forward the completed learning and improvement plan to the Head of Service and Service Manager for comment and action. A copy of the action plan should then be forwarded to the Quality and Development Service to identify themes and trends from complaints across all sections of the organisation.

The identified learning will be cascaded by the Head of Service or Service Manager to staff to ensure performance or quality improvement as appropriate to the circumstances in such forums as:

- Management meetings;
- Team meetings;
- Quarterly Service Reviews;
- Clinical & Care Governance meetings;
- Individual, One to One / Supervision sessions;
- In-house service training or development events;
- Appraisals.

The Quality and Development Service will report progress and completion of the plans to the Chief Officer and Heads of Service as required and produce an Annual Complaints Report for the Integration Joint Board.

Further information is available on the following links:

Links to NHS Complaints

[procedure](http://www.staffnet.ggc.scot.nhs.uk/Corporate%20Services/Complaints/Pages/NHSComplaints.aspx)

Links to Social Work (Representation & Procedures) (Scotland) Directions 1996

www.scotland.gov.uk/Publications/2011/12/21143818/1