
Report To: Inverclyde Integration Joint Board **Date:** 18 August 2016

Report By: Brian Moore
Corporate Director (Chief Officer)
Inverclyde Health and Social Care Partnership (HSCP) **Report No:** IJB/42/2016/HW

Contact Officer: Helen Watson,
Head of Planning, Health Improvement and Commissioning **Contact No:** 01475 715385

Subject: HSCP COMPLAINTS ANNUAL REPORT 2015/16

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 Inverclyde Health and Social Care Partnership (IHSCP) following implementation of the new Integrated Complaints Handling Procedure.

2.0 SUMMARY

- 2.1 This report describes and analyses performance in handling complaints from 01 April 2015 to 31 March 2016. The annual report provides the following information:
- i. Performance Information
 - ii. Analysis of Complaints Activity
 - iii. Future Proposals

3.0 RECOMMENDATIONS

- 3.1 It is recommended that IJB members note the annual performance of the Inverclyde HSCP Integrated Complaints Procedure and comment as required.
- 3.2 It is recommended that IJB members note the changes to legislation which will require amendments to the local procedure in due course.

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 of the annual performance of the Inverclyde HSCP Integrated Complaints Procedures which encompasses NHS and Statutory Social Work complaints.

4.2 The Inverclyde HSCP Integrated Complaints Procedure issued by the Chief Officer became operational in the 2015/16 reporting period. It supports the Public Bodies (Joint Working) (Scotland) Regulations 2014 to more closely align the respective complaints handling processes of health complaints and social work complaints.

4.3 In line with statutory requirements there is still an additional stage for social work complaints procedure:

Stage 1 – Frontline resolution whereby the complaint is dealt with directly at point of service

Stage 2 - Complaint requires formal investigation and response

Stage 3 – Referral to Independent Complaint Review Committee (CRC) for social work complaints only.

4.4 Complainants have the legal right of referral to the Scottish Public Service Ombudsman (SPSO) to appeal NHS complaint outcomes. For social work complaints, only maladministration of the procedure can currently be investigated by the SPSO.

4.5 The Quality and Development Service has lead responsibility to manage, co-ordinate and record complaints across IHSCP in line with the Integrated Complaints Procedure.

4.6 There are two electronic administrative systems which log health and social work complaints. However there is one central point within IHSCP where all complaints are logged which enables us to report collectively.

4.7 Complaints information is one of several sources of feedback about staff and service performance used to inform service improvements. This is generally obtained locally at the frontline with an overview of these collated within this report.

4.8 The Annual Complaints Report details the following:

- ❖ Performance of Frontline Resolution and Investigated Complaints
- ❖ Analysis in respect of:
 - Complaint Outcomes
 - Complaint Themes
 - Learning from Complaints
- ❖ Learning from Complaints
- ❖ Positive Feedback

5.0 PROPOSALS

5.1 The Public Services Reform (Social Work Complaints Procedure) (Scotland) Order 2016 will fully align social work complaints with other public bodies. It repeals the Complaints Review Committee element of the current process and the appeal process will be fully administered by the SPSO, including determining the professional judgement of social work. This is due to come into force in April 2017.

5.2 The Children and Young People (Scotland) Act 2014 (Part 4 and Part 5 Complaints) Order 2016 gives the SPSO the authority to consider the merits of professional decisions made relating to the named person and child's plan when dealing with

complaints.

- 5.3 Once guidance is received in relation to both areas of legislation, the HSCP will need to determine what support, processes and consultation are required in order to implement this new legislation locally.

6.0 FINANCE

- 6.1 Financial Implications: There are no financial issues within this report.

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

- 6.2 There are no legal issues within this report.

HUMAN RESOURCES

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

EQUALITIES

- 6.4 There are no equality issues within this report.

Has an Equality Impact Assessment been carried out?

	YES (see attached appendix)
√	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.

7.0 CONSULTATION

- 7.1 None

8.0 BACKGROUND PAPERS

8.1 None.

**Inverclyde Health and Social Care Partnership
Annual Complaints Report 2015 – 2016**

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1. Introduction

1.1 Background

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

Previous work undertaken within the Inverclyde Community Health Care Partnership (ICHCP) has provided a strong foundation on which to embed the new legislation and further improve joint working within and for the benefit of our communities.

Our vision of Improving Lives is underpinned by the values that:

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

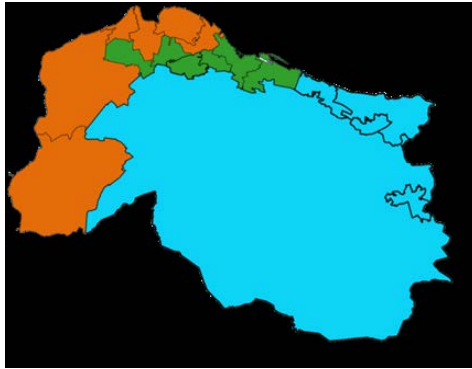
1.2 Our People

Inverclyde Health and Social Care Partnership has 1,666 members of staff employed by both NHS Greater Glasgow and Clyde Health Board and Inverclyde Council to serve a population of 79,860.

1.3 Our Place

Inverclyde is divided into three wellbeing localities which are set out in the map and tables below, with Inverclyde East being the largest wellbeing locality in terms of geography shown in blue; Inverclyde Central is shown in green and Inverclyde West is shown in orange.

The Community Planning Partnership for Inverclyde has made a commitment to Getting it Right for Every Child, Citizen and Community. This is a whole population approach that strives to support everyone in Inverclyde to be Safe, Healthy, Achieving, Nurtured, Active, Respected, Responsible and Included.



Within Inverclyde Health and Social Care Partnership our staff strive to work in partnership with individual service users, carers, patients and the local community to ensure that services are user led and co-produced. To support this there are a number of involvement opportunities at strategic, service and on a general level across Inverclyde.

The Health and Social Care Partnership Advisory Group membership is drawn from the broader HSCP People Involvement Network and formally represent service users and carers on the Inverclyde Integrated Joint Board (IJB) and the Inverclyde Alliance (our Community Planning Partnership).

There are service specific arrangements to support ongoing engagement with the people using services and their carers to bring about continuous improvements and change.

Complaints form a valuable part of this continuum of service development and improvement and provide a vital source of information to help analyse a situation or service and pinpoint any recurring, underlying or potential problems. Collectively these can help identify performance within a service or team in order to identify areas for improvement based on sound evidence.

1.4 Current Procedures

The Quality and Development Service has lead responsibility to manage, co-ordinate and record all complaints across the HSCP, including contracted services. A key aspect of the development of the procedure is to focus on the learning from complaints and feedback.

The HSCP Integrated Complaints Procedure based on the Scottish Public Service Ombudsman Model Complaints Handling Procedure became operational in 2015 - 2016. The aim is to provide a quick, simple, streamlined process with a strong focus on local, early resolution by empowered, well trained staff. This enables complainants to have their issues or concerns dealt with close to the event which gave rise to making the complaint.

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

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

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

Complaints Review Committee: This is a statutory social work review process only, and comprises a formal “tribunal” approach overseen by Elected Members.

Scottish Public Service Ombudsman: NHS appeals of complaints outcomes are reviewed by the SPSO. Currently maladministration of Social Work complaints can be investigated by the SPSO.

1.5 Governance Arrangements

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

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

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

Health and social work complaints are logged in two systems, however there is a central point of contact for recording and administering the process.

2. Summary of Performance

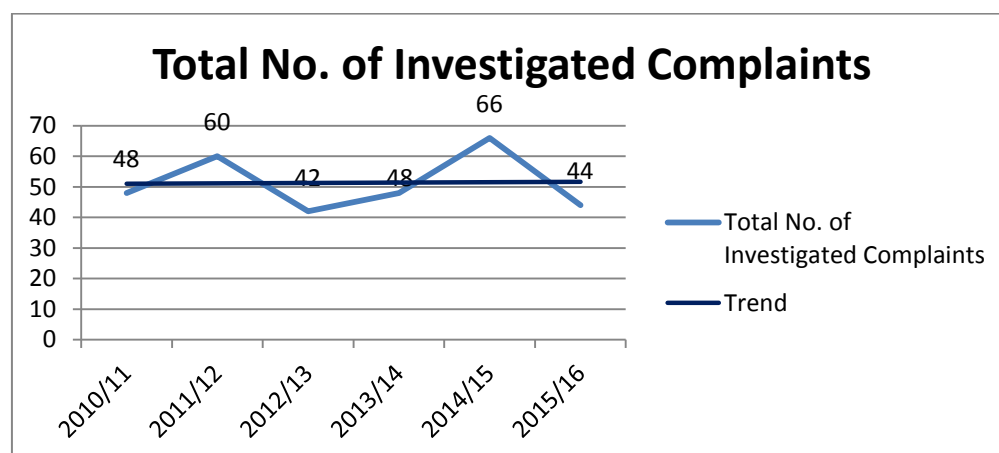
2.1 Number of Complaints

The IHSCP received a total of 66 complaints during the reporting period 2015/16. This is a reduction of sixteen on the previous year. 58 relate to social services and 8 relate to community NHS services. 22 were resolved as frontline resolutions and 44 required to be fully investigated.

	Number of Front Line Resolution 2015/16	Number of Investigated Complaints 2015/16	Number of Front Line Resolution 2014/15	Number of Investigated Complaints 2014/15
Social Work	22	36	13	51
NHS	0	8	3	15
Total	22	44	16	66

2.2 Complaint Trends

The number of investigated complaints is down by a third from 66 to 44. This in turn has slightly reduced the annual trend down from an average of 52 to 51 complaints per year.



2.3 Timescales

Along with changes to procedural arrangements, timescales for reporting were also streamlined. Following implementation of the new procedure, a number of frontline and investigated complaints did not meet the designated timescales. Guidance to investigating officers is in place from the outset with additional reminders throughout the process to support this.

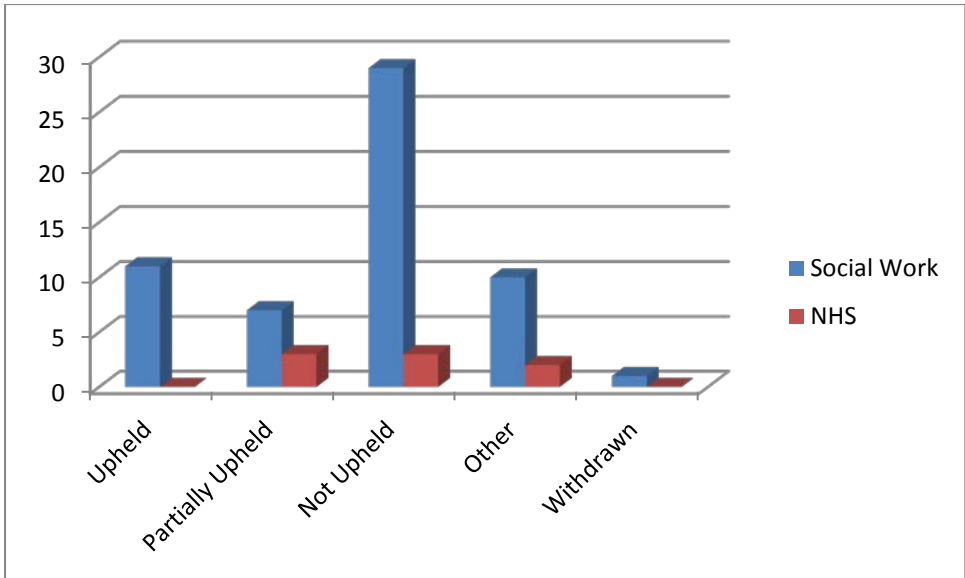
		2015/16	
		Timescale Met	Timescale Not Met
Social Work	Investigated Complaints Acknowledged within Timescale	36	0
	Investigated Complaints Completed within Timescale	23	13
	FLR Complaints Acknowledged within Timescale	18	4
	FLR Complaints Completed within Timescale	16	6
NHS	Complaints Acknowledged within Timescale	8	0
	Complaints Completed within Timescale	7	1

2.4 Complaint Outcomes

Of the 66 complaints received between NHS and Social Work, 32 (48%) were not upheld. Ten (15%) were logged but later removed from the complaints procedure as it was deemed that other avenues for investigation were more appropriate.

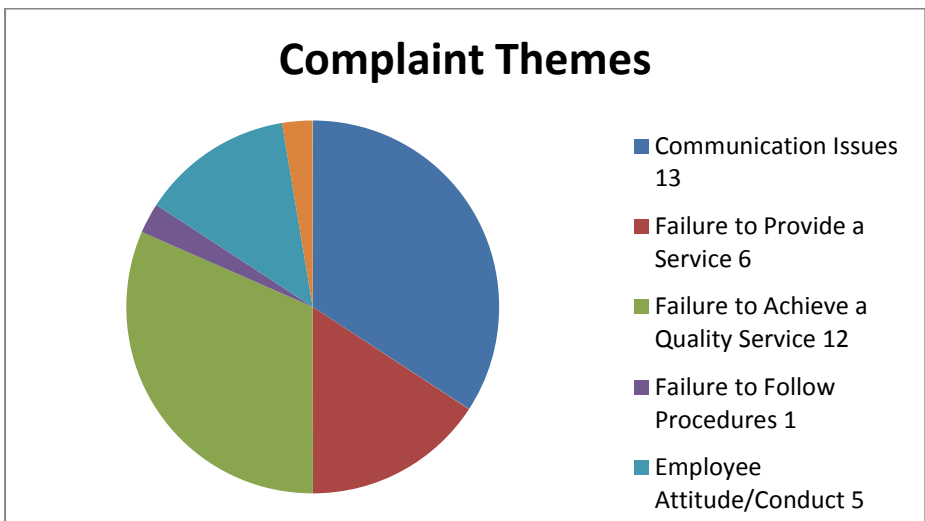
For example those which involved commissioned services, services hosted by other Health and Social Care Partnerships were handled through appropriate service processes, and some of those which related to staff conduct were appropriately investigated through disciplinary procedures. One complaint was withdrawn from the process by the complainant.

Of the 58 Social Work complaints, 11 were upheld and 7 were partially upheld. Of the 8 health complaints, 3 were partially upheld. Two social work complaints were reviewed by the Complaints Review Committee.



2.5 Complaint Themes

The 21 complaints which were upheld or partially upheld were examined for key themes. Multiple themes are evident in 14 of these, whilst 7 specifically related to a single factor. Communication issues followed by a failure to achieve a quality of service are the two main factors resulting in complaints.



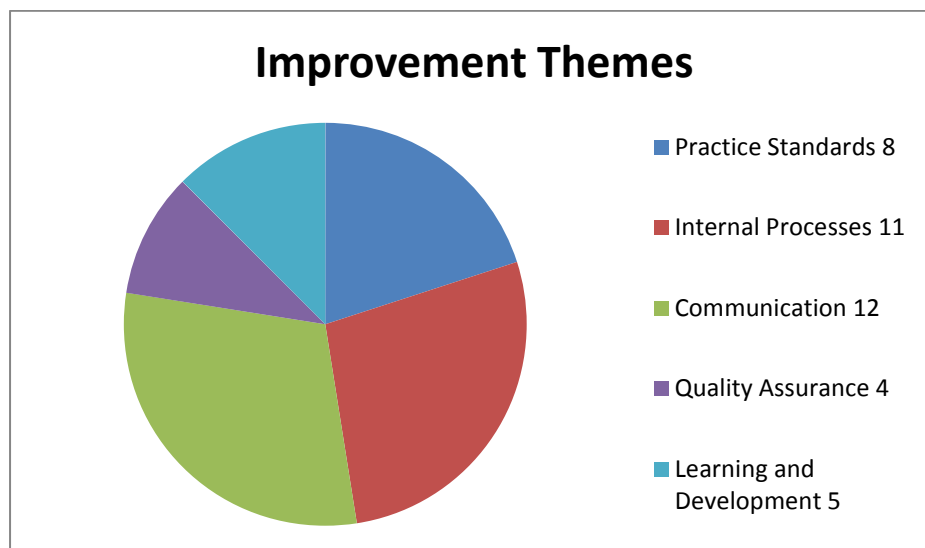
2.6 Learning from Complaints

Inverclyde HSCP is committed to reflecting on occasions when we may not get it right in order to highlight opportunities for improvement. As such where a complaint has been upheld or partially upheld, the service should determine what actions are required to support continuous improvement.

Of the 18 social work complaints upheld or partially upheld, only one generated a full Service Improvement Plan with two recommendations.

However, on reviewing outcome letters to complainants it is reassuring to see that as the new procedures have embedded, some services are adopting a “what happened, what should have happened and what will happen now” approach.

Services were able to advise complainants that they had taken immediate action or that action was imminent so a full service improvement plan was not required. In response to the multiple complaint themes there are also a number of complaints with multiple improvement themes.



2.7 Appeals

Following an investigation and written response, if a complainant remains dissatisfied with the outcome of an investigation they have the right to appeal that decision. For NHS complaints the appeal is directly to the Scottish Public Service Ombudsman.

For Social Work complaints, under the Statutory Complaint Procedure for Social Work Services the appeal process is firstly by Independent Review by the Social Work Complaints Review Committee.

In the reporting period 2015/16, two complaints were reviewed by the Complaints Review Committee. Both related to Children’s Services and Criminal Justice, and both were assessed by the Review Committees as not upheld.

There were no complaints investigated by the SPSO from the Inverclyde HSCP in this period.

3. Future Developments

3.1 Social Work Complaints Procedure

To further align social work complaints with other public sector complaints procedures, The Public Services Reform (Social Work Complaints Procedure) (Scotland) Order 2016 sets to abolish the existing social work complaints process.

It removes the current Social Work Complaints Review Committee and allows the Scottish Public Service Ombudsman to undertake the review procedure. Thus, taking into account the professional judgement of Social Work exercised on behalf of local authorities. It also allows for the sharing of information between the SPSO, Care Inspectorate and the Scottish Social Services Council when appropriate.

Guidance has not yet been received from the SPSO but the order is due to come into force on 1 April 2017. The SPSO has announced that it will be working with key stakeholders both in developing the new process and in preparation of their new role.

3.2 Named person and child's plan

The Scottish Parliament also recently passed the Children and Young People (Scotland) Act 2014 (Part 4 and Part 5 Complaints) Order 2016. This order will give the SPSO the ability to consider the merits of decisions when dealing with complaints made under parts 4 and 5 relating to the named person and child's plan. Further guidance is awaited on the SPSO role and their approach.

Inverclyde HSCP will, in due course, undertake consultation to ensure that local people are informed of these changes.

4. Contracted and Commissioned Services Complaints

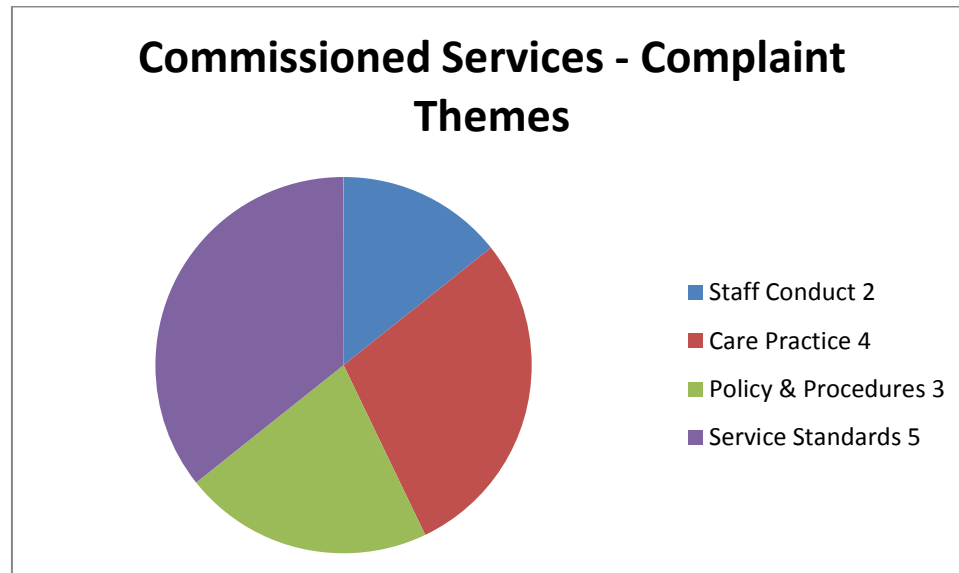
4.1 Commissioned Services Complaints

The HSCP contracts with 137 external care providers who deliver 194 services ranging from Care and Support at Home to Care Homes that meet a range of needs (including Older People; Learning Disability); Supported Accommodation (such as Sheltered Housing and group living accommodation), and some therapeutic services.

There is a notable reduction in the number of complaints received.

Outcome	2015/16		2014/15	
	Number	%	Number	%
Upheld	11	37%	22	46%
Partially Upheld	3	10%	6	13%
Not Upheld	14	47%	15	31%
Withdrawn	2	6%	4	8%
Ongoing	0	0%	1	2%
Total	30	100%	48	100%

Of the 14 upheld and partially upheld complaints, service standards and care practice are the two main themes for making a complaint.



4.2 NHS GG&C Contracted Health Services

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

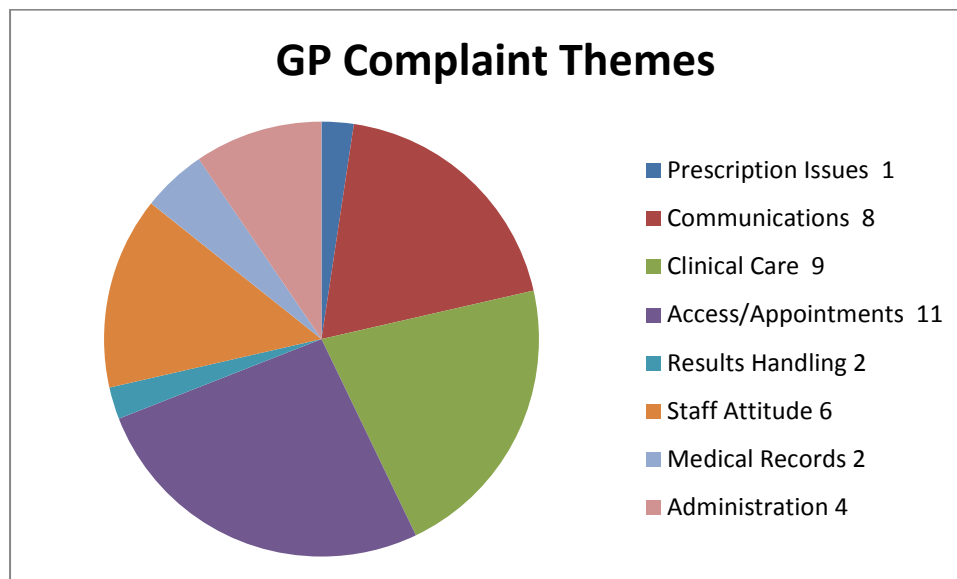
Independent Contractors have their own processes for responding to complaints and undertaking service improvements in response. This complaint activity is monitored

and reported via the Clinical and Care Governance Group where recommendations can be made. One optometry complaint was received which was not upheld. There were no other complaint reports received.

4.3 GP Practices

There were 60 complaints received by the 16 GP practices during the reporting period 2015/16. Of these (57) 95% were responded to within the timescales. 24 of these were fully or partially upheld. 5 complaints were irresolvable.

Of the data available the most common issues were around access to GPs and appointments, communications and staff attitudes.



5. Positive Feedback

5.1 Thank you

It is important that as individual staff members, services and as a whole organisation we learn from complaints. Equally important is when we receive positive feedback to let us know that our staff have done a good job or surpassed expectations. Compliments motivate, encourage and inspire repeat standards of excellence throughout our services.

There is no better example of integrated working than in the following thank you letter. It demonstrates an enabling, joined up approach to supporting a gentleman to remain at home with family and friends in his last few weeks of his life.

Not only were the right professional team in the right place at the right time to enable this to happen but the family were empowered to develop their own confidence and skills to support their Dad.

“On behalf of my family and myself, I would like to nominate the following teams who cared for my late father in the final weeks, days and hours before his peaceful death.

The care provided by HSCP Homecare, District Nurses and Tuckdown staff was outstanding. Each individual demonstrated great professionalism, dedication, compassion, care and support for him. Each carer quickly understood his health and care requirements but equally got to know him personally and respected his preferences and requests with regards to his personal care.

Despite his deteriorating health both Dad and his family appreciated the positivity and humour shown by the team which helped keep his and our spirits up. We personally appreciated the updates given by the care staff following each visit. They were always friendly, honest and kept us abreast of Dad's condition, with practical advice given to us the opportunity to assist him in between their visits.

The care provided made the final weeks immeasurably more comfortable for all. The skill and professionalism of every carer and the collaboration between agencies meant that our dad spent those precious final days in the comforting knowledge that others were fully in control which lifted a great weight from our shoulders during a very difficult time.

I would be delighted to see the care teams achieve some recognition so that the challenging work they do and the positive impact they have on patients and their families can be appreciated by the wider public”.

The Advice Service is instrumental in supporting potentially vulnerable members of the community in navigating the welfare system, maximising their income and supporting them in managing their finances.

“I am writing to advise you of the fantastic service I received from staff at the Advice Services. Some years ago my husband had a spell of ill health and was unable to work. As a result I found myself in financial difficulty. This was a very stressful time and I did not feel that I could talk to anyone about the problems I was facing. I was therefore under a great deal of pressure trying to manage the situation and this began to have an impact on my health.

I made contact with Advice Services and was seen by a worker who was very empathic and understanding and led me through my options and supported me to make the right decision. I felt as though a great weight had been lifted from me.....I feel so much more in control of my financial situation. Your service not only helped me out of a spiralling debt problem, but has helped me to budget and manage my finances. I cannot praise the service enough and I ask that you pass on my thanks to your staff”.

5.2 Compliments

Here are some from the many other positive comments received across the HSCP about the people and services who support them.

“Just wanted to say thank you to all who helped and supported our Dad over recent months. At difficult times knowing that you were there to care and speak to, helped us along the way. Many thanks”.

“Just to say many thanks for managing [named individual’s] care so well and with a smile”.

“You’re brilliant, thanks”.

“Just a quick note to say thank you for the level of care you provided my dad. Thank you again”.

“The kindness and thoughtfulness you have shown will always be remembered, thank you very much”.

“To all thank you for all the support and help”.

“For the wonderful care and attention received by my husband during his illness, it was very much appreciated. Thank you once again”.

“You are just the sort of person whose kindness means more than you could ever know”.

“All the family want to say thank you very much for all your help with my sister. We are very grateful for all your hard work”.

5.3 Award Winning Staff

Although every member of staff strives to achieve the best outcomes possible for the people whom they support, special mention must go to Donna MacIntyre who recently received recognition at the SIRCC Residential Childcare Awards 2016.

The Residential Childcare Worker of the Year, nominated by the young people, recognises workers who are a bit extra special, supporting and make real, positive differences to the young people in their care.

In the words of Annie who nominated Donna:

“Donna has always encouraged me to do things, she has advocated on my behalf and ensured that my needs are met. Even after I moved on from Kylemore Children’s Unit, Donna has continued to provide me with emotional and practical support and is an excellent example of what a corporate parent should be.”

But Donna does this not because she is a corporate parent, she does it because she cares about me”.

6. Conclusion

Inverclyde HSCP remains committed to thoroughly investigating, learning from, and taking action as a result of individual complaints where it is found that standards have fallen below the level we expect and where services could be improved. We are also committed to learning from when we get things right.

This has been a year of transition as the new Integrated Complaints Process becomes embedded. Whilst it is welcome that the number of complaints has

reduced over the year, going forward we need to examine our systems and processes to ensure that making a complaint is easy and accessible, and freely available to all who wish to do so.

We will continue to report and publicise noted improvements and as we move to the corporate recording system this will assist the Quality and Development Team to better analyse and report on findings in future.

Finally, whilst there is evidence that there are ongoing learning opportunities for individuals, services and Inverclyde HSCP as a whole, further work is needed to determine how assured complainants are on resolution of their complaint.