

Report To:

AGENDA ITEM NO: 5

SW/03/2012/HW

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Committee

Report By: Brian Moore Report No:

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Health and Social Care

Inverclyde Community Health &

Care Partnership

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Subject: Community Health and Care Partnership Complaints

Procedures - Annual Report 2011- 2012

1.0 PURPOSE

1.1 The purpose of this report is to inform the Committee of the annual performance of the Community Health and Care Partnership (CHCP) with regard to the statutory procedures as determined by the Scottish Government Guidance and Directions on the operation of complaints procedures in respect of Social Work functions (SWSG5/1996) and NHS Greater Glasgow and Clyde Complaints Procedures.

This Annual Report is the first in providing a combined CHCP analysis of complaints for the period 2011 – 2012.

2.0 SUMMARY

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

3.0 RECOMMENDATION

3.1 The Committee is asked to note the annual performance of the CHCP in respect of the statutory complaints procedure.

Brian Moore Corporate Director Inverclyde Community Health & Care Partnership

4.0 BACKGROUND

- 4.1 The purpose of this report is to inform the Health and Social Care Committee of the annual performance of the Statutory Social Work and CHCP complaints procedures.
- 4.2 All formal complaints are investigated in accordance with the Statutory complaints procedures laid down by the Scottish Government Guidance (SWSG5/1996) and NHS Greater Glasgow & Clyde Complaints Procedure. These set out response times and reporting requirements including performance in handling and responding to complaints. The responsibility for the statutory Social Work function lies with the Chief Social Work Officer and in relation to NHS services, with the Clinical Director of the CHCP.
- 4.3 The Contract Monitoring and Complaints Team and Head of Administration currently hold the reporting responsibility for managing, co-ordinating and developing the complaints function in the CHCP. Contracted Social Care Services are included in the statutory framework, however health service Independent Contractors (such as GPs dentists, pharmacists and optometrists) have their own complaints complaints processes and are therefore not included.
- 4.4 The appendix to this report includes details of the following:
 - Annual Performance
 - Analysis of complaints in respect of:
 - o Health and Community Care
 - Children's Services and Criminal Justice
 - Mental Health, Addictions and Homelessness
 - o Planning Health Improvement and Commissioning
 - Summary of the Inverciyde Council's INFORM process
 - Compliments, Comments or Suggestions made from Service Users, Families or other representatives
 - Outcomes and Service Improvement

5.0 PROPOSALS

5.1 **Complaints Procedures**

Social Work and Community Health Services merged in October 2010 to form Inverclyde Community Health & Care Partnership (CHCP). As part of the migration towards full integration of systems and processes, work is ongoing to undertake joint investigation of complaints as appropriate between Social Care and Health Services.

Complaint leaflets are being developed to promote integration and a single point of complaints access for the CHCP.

Joint awareness raising sessions have taken place with CHCP operational teams to promote both procedures, the commonalities between them, and a culture of regarding complaints as a possible input that can help us to improve the services we deliver.

5.2 Complaint Management system

Positive steps are being taken to realise an integrated Health and Social Work complaints handling system locally. The Health Service electronic data management system is being explored to ascertain its suitability to meet statutory requirements across all CHCP services regardless of whether their traditional locus is within health or social work services.

5.3 Public Sector scrutiny and complaints handling

Following on from the 2007 and 2008 independent reviews of Public Sector Scrutiny bodies in Scotland, the Scottish Government endorsed the recommendations made to streamline public service complaints handling processes. The outcome of the reviews initialised the changes of such complaint procedures and the introduction of the Public Services Reform (Scotland) Act 2010. This Act gives additional governance responsibility to the Scottish Public Services Ombudsman (SPSO) to develop a streamlined, consistent and standardised complaint process for Public Services. To this end the SPSO created a Complaint Standards Authority (CSA) to work with and monitor consistency in Public Sector complaint Handling. The CSA has worked in line with the Governments recommendations that a two stage formal complaint process should be implemented across all public services. This process is currently in place under the NHS system. This means that formal complaints will be investigated by the public service and subsequent appeals will be undertaken by the SPSO. The Statutory Social Work function had remained unaffected by this change until now.

The Committee should note that in December 2011 a Scottish Government Consultation was undertaken to review the current statutory complaint procedures for Social Work Services. The purpose of the consultation was to seek views in respect of the role of Complaint Review Committees and whether this current internal appeal stage in the complaint process is necessary or should be removed. The implication from the outcome of the consultation may necessitate a repeal of legislation in respect of the Statutory Complaint Procedure for Social Work Services.

The Committee will be advised of the outcome of the Scottish Government consultation and subsequent alterations or changes to the Statutory Complaint Procedure.

5.4 Complaints Handling and Investigation Training

CHCP colleagues have attended a one day training course on Good Complaint Handling and Investigation, developed by the SPSO. This training was presented and delivered by trainers from Greater Glasgow and Clyde. Feedback from this course was positive and staff felt this was useful.

5.5 Social Care and Social Work Improvement Scotland (SCSWIS)

Further to the establishment of the Social Care & Social Work Improvement Scotland (now the Care Inspectorate) in April 2011, the CHCP have established the process for sharing complaint activity in respect of the independent sector. This is in line with the previous Memorandum of Understanding between the former Care Commission and Inverclyde Council. The protocol will be updated to reflect the current leads' and regulators' details.

6.0 **FUTURE PLANNING 2012-2013**

Integration of Complaint Process

The CHCP will continue to develop the integration of Social Work and Health Services complaint database. In addition, the integration of complaints management processes for Social Work and Health Services across the CHCP is scheduled for implementation in August 2012.

The process accommodates the following key features:

- Definitions of informal and formal complaints specific to the CHCP.
- > Alignment of key timescales and processes for complaints management.
- One single point of access for the receipt and screening of Social Work and Health services complaints.

Complaint Procedure

The complaint procedure will be reviewed if a change in the current statutory Procedure is required.

Quality Assurance Strategy

Development work will commence on introducing an integrated Service Improvement Quality Assurance System for the CHCP, based on the established and effective social work system which ensures that learning derived from complaints investigations is incorporated into Service Improvement Plans.

- 6.1 Legal: None.
- 6.2 Finance: None.

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

- 6.3 Personnel: None.
- 6.4 Equalities: Equal Opportunities processes and procedures are embedded within the operational practices of CHCP Complaints Procedures. Governance processes to measure performance on the delivery of equal opportunities and equalities is implemented by the parent organisations of Inverclyde Council's Corporate Services and NHS Greater Glasgow and Clyde.

7.0 CONSULTATION

7.1 The CHCP Extended Management Team has been consulted on the practical dimensions of integrating complaints processes.

8.0 LIST OF BACKGROUND PAPERS

- 8.1 The Report of the independent review of regulation, audit and Inspection and complaints handling of Public Services in Scotland, Crerar Review (September 2007)
- 8.2 Government Response to Crerar Review, The Report of the Independent Review of Regulation, Audit, Inspection and Complaints Handling of Public Services in Scotland. The Scottish Government, (January 2009)
- 8.3 NHS Greater Glasgow & Clyde Complaint Procedure
- 8.4 Scottish Executive Circular SWS56/1996.
- 8.5 Scottish Government Complaint Consultation Questionnaire 0124512 (December 2011)
- 8.6 The Fit-for-purpose Complaints System Action Group, The Scottish Government, Sinclair Report, (November 2008)
- 8.7 The Public Services Reform (Scotland) Act 2010



Appendix 1

Inverclyde Community Health & Care Partnership Annual Complaints Report 2011 – 2012

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1. Introduction

- 1.1 Inverclyde CHCP regards complaints as an important dimension of service improvement planning, and as such, we are keen to have a consistent and quality-assured approach across all of our services. Over the past year we have made significant progress in the development of bringing together Social Work and Health Services complaints processes. This has included:
 - We have designed new complaint leaflets publicising one point of access for making a complaint, regardless of which CHCP service is involved.
 - We have provided joint awareness training sessions to operational teams across the CHCP, promoting both Social Work and Health complaint procedures.
 - We have developed a quarterly performance management report of Social Work Services Complaints. This mirrors the Health reports and both are now presented to the CHCP Clinical Governance meetings and to the Heads of Service on a regular basis. We are working towards merging these into a single CHCP Complaints Quarterly Report over the coming year.
 - We have had discussions to the possibility of utilising the NHS electronic data management system to record all CHCP complaints.
 - We are making positive progress towards a fully integrated Health and Social Work Complaints handling system.
- 1.2 The CHCP has also submitted a response to the Scottish Government which is seeking views on the role of the Complaint Review Committee with respect to Social Work complaints. The outcome of this consultation has not yet been concluded but may necessitate a repeal of legislation in respect of the Statutory Complaint Procedure for Social Work Services.

2. Summary of Performance Across the CHCP

2.1 Number of Complaints

Overall across the CHCP during 2011/12 there were **60** complaints received; **40** relating to Social Work services and **20** with respect to health services. The table below gives a breakdown of these:

Social Work Service	Number of	Community	Number of
	Complaints	Health Service	Complaints
Community Care	17	Greenock Health	4
		Centre	
		Port Glasgow	1
		Health Centre	
		Station View	1
		Health Centre	
Children's Services	15		
Residential School	2		
Criminal Justice	1		
Community Mental	1	Ravenscraig	9
Health Services		Crown House	3
Homelessness Service	4		
		IRH	2
Total	40		20

Table 1 – Number of Complaints 2011-2012

2.2 Timescales in Responding

Currently Health and Social Work have different timescales in which complaints should be investigated and concluded. These are outlined in Table 2 below:

Service Procedure			Number and % Met		Number and % Not Met	
Social Work	Acknowledged within 5 day period.	39	97.5%	1	2.5%	
	Completed within 28 days or agreed timescale.	32	80%	8*	20%	
Community Health	Received and responded to within 20 working days.	8	40%	12**	60%	

Table 2 - Complaint Timescale Reporting

^{*} Seven of these complaints (87.5%) were from the same complainant, resulting in the investigation process being very complex.

^{**} These complaints were generally within a Mental Health Services and were very complex in nature. The complainants were kept informed of progress, delays and reasons for delays in line with the processes that are agreed for complaints relating to Social Work Services.

2.3 Complaint Outcomes

Table 3 below details the outcome of complaints:

Outcome	Social Work		Community Health		
Upheld	8	20%	3	15%	
Partially Upheld	14	35%	4	20%	
Not Upheld	11	26%	13	65%	
Withdrawn	7	19%		-	

Table 3 – Outcome of Complaints

2.4 Appeals

In line with the Social Work statutory complaint procedure complainants have a right to appeal if they continue to be dissatisfied with the outcome of their formal complaint. The appeals process consists of three stages:

- Review by Chief Social Work Officer
- Independent Review by Complaints Review Committee
- Appeal to Scottish Public Services Ombudsman (SPSO)

Complainants are provided with a leaflet 'Our Response to Your Complaint' together with a formal written response to their complaint advising them of the appeals process.

In the reporting period 2011 / 2012 there were 4 complaints which were reviewed by the Chief Social Work Officer. None of these complaints were subsequently referred to the Complaints Review Committee or to a formal review by the Scottish Public Services Ombudsman.

2.5 Community Health

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

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

There were no appeals referred to the SPSO in respect of Community Health Services.

2.6 Service Improvement Action Plans

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

Of the 22 social work complaints that were upheld or partially upheld, in most cases the service itself had taken immediate action to address the issue so a service improvement action plan was not required. There were **seven** Service Improvement Action Plans issued during the period 2011 / 2012, where **nine** recommendations were made. The Table below outlines the common themes.

Theme of Recommendation	Number	Percentage
Line Management Action*	4	45%
Procedures / Protocols**	3	34%
Staff Training	1	10.5%
Addressing Delay in Service	1	10.5%

Table 4 - Theme of Improvements

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

3 Summary of INFORM

3.1 Invercive Council's INFORM electronic Complaints, Compliments and Comments feedback system has been established to allow members of the public to make representations, enquiries or make their views or opinions known to the Council. The Contract Monitoring & Complaints Team has been processing complaints and enquiries in respect of Social Work Services during the reporting period. Table 5 provides a breakdown of these:

Type of Response	Number	Percentage
Comment	17	17%
Enquiry	65	66%
Complaint	17	17%
Total	99	100%

Table 5 – INFORM

Complaints made via INFORM have been progressed to a resolution either formally or informally in line with the statutory complaint procedure in agreement with the complainant. All enquiries have been forwarded to the respective service to provide a direct response.

4 Summary of Independent Sector Complaints

4.1 Number of Independent Sector Complaints

We have a requirement to gather and monitor the complaint activity of private and voluntary organisations contracted by Inverclyde Council to provide care and / or support to service users. This equates to approximately **120** different organisations providing a broad range of services.

During 2011 / 2012 there were a total of **115** complaints received by private and voluntary sector providers operating on our behalf. Of these complaints, **93** (81%) were formal and **22** (19%) were on an informal basis.

- **84** (73.1%) of these complaints related to Older People's services;
- 28 (24.4%) of these complaints related to Adult services
- **3** (2.5%) of these complaints related to Children's services.

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

^{**} Several recommendations were about reminding staff via team meetings and emails about existing procedures and protocols, while in others, work was already underway in revising procedures that would address the matter.

4.2 Independent Sector Complaint Outcomes

Table 6 details the outcomes of Independent Sector complaint outcomes:

Outcome	Number	Percentage
Upheld	38	33%
Partially Upheld	26	23%
Not Upheld	34	30%
Withdrawn	7	4%
Ongoing	11	10%

Table 6 - Independent Sector Outcomes

The overall themes from these complaints focused on:

- Behaviour or conduct of employees
- Communication difficulties
- Improvement or amendment of Policy and Procedure
- Environmental Standards
- Consistency of service delivery

5. Compliments and "Tell Us Your Story"

5.1 Throughout 2011 / 2012 staff have received 65 letters of thanks.

Service	Number
Health Centres: Community Nurses	14
Assessment & Care Management	23
Hillend Day Centre:	20
Adult Learning Disability	5
Community Rehabilitation	3

Table 7 – Thank You Cards & Letters Received

A sample of comments and compliments are as noted:

"Thank you for the service you provided to my mother and father. At a very difficult time in their lives you provided support in an effort to maintain my mother at home until it proved too difficult......My father was under a considerable amount of stress, guilt and denial and I thank you for your patience, professionalism and understanding throughout......"

[&]quot;Thank you for helping us to fill in the DLA form. We were successful with our claim"

[&]quot;Don't know what we would have done without you"

[&]quot;We really appreciate the understanding yet professional manner you have shown to all of us throughout this last year. You have helped us more than you will ever know especially making decisions which were very difficult for us, you always made everything easier. The happy outcome is all down to your hard work and we are forever in your debt".

[&]quot;I would like to thank you all for the ongoing care, treatment and support that you gave to my husband during his illness. This was enhanced by the

continuing advice and assistance extended to myself and children. For this I will always be grateful."

"A special thank you to you all for the excellent nursing care and compassion shown...."

"Many thanks for all the care and kindness for such a long time"

".....You have all helped me in my dad's recovery and eased the pressure for me"

"Thank you for your friendship, help and support over the years" (family of deceased Service User)

"Dear Staff, I think you are wonderful, you look after us so well. I am very grateful for everything you do for me. I look forward to going to my day centres very much"

5.2 Tell Us Your Story

"Found the services of the Health Board excellent"

"The service provided by the community healthcare district nurses was second to none. Level of care outstanding"

"Experience of community health visitor has been great. Support and advice invaluable and constant reassurance"

6. Conclusion

6.1 Complaints are valued and taken seriously by Invercive CHCP as a mechanism for feedback on our performance and standards from the perspective of those who use our services. When it is evident that we have fallen short or there are gaps in performance, these are acknowledged and improvements are made to ensure the highest standard of service is provided to the people we serve. We are committed to further developing an integrated Quality Assurance Strategy within the CHCP to provide consistency within our Health and Social Care services in accordance with statutory legislation and protocols. This will also include reviewing learning from SPSO case studies as well as significant case reviews and inspection reports.

Helen Watson Head of Planning, Health Improvement & Commissioning