

# Agenda

West Dunbartonshire  
Health & Social Care Partnership

## West Dunbartonshire Health & Social Care Partnership Board

**Date:** Wednesday, 1 March 2017

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**Time:** 14:00

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**Venue:** Committee Room 3,  
Council Offices, Garshake Road, Dumbarton

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**Contact:** Nuala Borthwick, Committee Officer  
Tel: 01389 737594 Email: [nuala.borthwick@west-dunbarton.gov.uk](mailto:nuala.borthwick@west-dunbarton.gov.uk)

Dear Member

Please attend a meeting of the **West Dunbartonshire Health & Social Care Partnership Board** as detailed above.

The business is shown on the attached agenda.

Yours faithfully

**KEITH REDPATH**

Chief Officer of the  
Health & Social Care Partnership

**Distribution:-**

**Voting Members**

Gail Casey (Chair)  
Heather Cameron  
Allan Macleod  
Jonathan McColl  
Martin Rooney  
Rona Sweeney

**Non-Voting Members**

Barbara Barnes  
Kenneth Ferguson  
Wilma Hepburn  
Jackie Irvine  
John Kerr  
Neil Mackay  
Diana McCrone  
Anne MacDougall  
Kim McNabb  
Janice Miller  
Peter O'Neill  
Martin Perry  
Keith Redpath  
Selina Ross  
Julie Slavin  
Alison Wilding

Senior Management Team – Health & Social Care Partnership

Date of issue: 21 February 2017

# WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

WEDNESDAY, 1 MARCH 2017

## AGENDA

**1 APOLOGIES**

**2 DECLARATIONS OF INTEREST**

Members are invited to declare if they have an interest in any of the undernoted items of business on this agenda and, if so, state the reasons for such declarations.

**3 MINUTES OF PREVIOUS MEETING**

**7 – 15**

Submit for approval as a correct record, Minutes of Meeting of the West Dunbartonshire Health & Social Care Partnership held on 16 November 2016.

**4 FINANCIAL REPORT 2016/17 AS AT PERIOD 9  
(31 DECEMBER 2016)**

**17 - 29**

Submit report by the Chief Financial Officer providing an update on the financial performance and capital work progress of the West Dunbartonshire Health & Social Care Partnership for the period to 31 December 2016 (period 9).

**5 2017/18 ANNUAL REVENUE BUDGET**

**To follow**

Submit report by the Chief Financial Officer on the above.

**6 PUBLIC PERFORMANCE REPORT JULY TO SEPTEMBER  
2016**

**31 – 52**

Submit report by the Head of Strategy, Planning & Health Improvement presenting the Partnership's Public Performance Report for the second quarter of 2016/17 (July to September 2016); and the Scottish Government's recently published Health & Social Care National Delivery Plan.

**7/**

<b>7</b>	<b>ALCOHOL AND DRUG PARTNERSHIP VALIDATED SELF-ASSESSMENT AND IMPROVEMENT PLAN</b>	<b>53 – 66</b>
	<p>Submit report by the Head of Mental Health, Addictions and Learning Disability seeking approval of the outcome of the recent Alcohol and Drug Partnership Validated Self-Assessment by the Care Inspectorate.</p>	
<b>8</b>	<b>GOVERNANCE ARRANGEMENTS FOR COMMUNITY JUSTICE STRATEGIC PLANNING &amp; CRIMINAL JUSTICE SERVICES</b>	<b>67 - 99</b>
	<p>Submit report by the Head of Children’s Health, Care and Criminal Justice providing an outline of both the changes to Community Justice Strategic Planning and the impending changes to the delivery and funding of Criminal Justice Services in West Dunbartonshire.</p>	
<b>9</b>	<b>COMPLAINTS HANDLING PROCEDURES</b>	<b>101 - 222</b>
	<p>Submit report by the Head of Strategy, Planning &amp; Health Improvement seeking approval of a suite of new Complaints Handling Procedures that cover both its work and that of the Health &amp; Social Care Partnership.</p>	
<b>10</b>	<b>MINUTES OF MEETINGS FOR NOTING</b>	<b>223 - 252</b>
	<p><b>Submit for information, the undernoted draft Minutes of Meetings:-</b></p>	
	<p>(a) Draft Minutes of Meetings of the Argyll, Bute and Dunbartonshires’ Criminal Justice Social Work Partnership Joint Committee held on 8 December 2016.</p>	
	<p>(b) Draft Minutes of Meeting of the Health &amp; Social Care Partnership Audit Committee held on 7 December 2016.</p>	
	<p>(c) Minutes of Meeting of the Clinical &amp; Care Governance Group held on 25 January 2017.</p>	
	<p>(d) Minutes of Meeting of the Joint Staff Forum held on 17 January 2017.</p>	
	<p>(e) Minutes of Meeting of the Health &amp; Social Care Partnership Locality Group for Alexandria &amp; Dumbarton held on 9 November 2016.</p>	
	<p>(f) Minutes of Meeting of the Health &amp; Social Care Partnership Locality Group for Clydebank held on 13 December 2016.</p>	

- (g) Minutes of Meeting of the Joint Locality Engagement Network held on 9 November 2016.

**11 JOINT CHILDREN'S SERVICES INSPECTION REPORT**

**To follow**

Submit report by the Head of Children's Health, Care and Criminal Justice Services on the above.

**12 FUTURE MEETINGS**

The next scheduled meeting of the Partnership Board will be held on **Wednesday, 31 May 2017 at 2.00 p.m. in Committee Room 3, Council Offices, Garshake Road, Dumbarton**

Members are requested to consider setting dates for future meetings on the undernoted dates:-

Wednesday, 23 August 2017 at 2.00 p.m. in Committee Room 3, Council Offices, Garshake Road, Dumbarton G82 3PU

Wednesday, 22 November 2017 at 2.00 p.m. in Committee Room 3, Council Offices, Garshake Road, Dumbarton G82 3PU



**WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD**

At a Meeting of the West Dunbartonshire Health & Social Care Partnership Board held in Committee Room 3, Council Offices, Garshake Road, Dumbarton, on Wednesday, 16 November 2016 at 2.00 p.m.

**Present:** Gail Casey (Chair), Jonathan McColl and John Mooney (Substitute for Councillor Martin Rooney), West Dunbartonshire Council; and Heather Cameron, Allan Macleod and Rona Sweeney, NHS Greater Glasgow & Clyde Health Board.

**Non-Voting Members** Keith Redpath, Chief Officer; Julie Slavin, Chief Financial Officer; Barbara Barnes, Chair of the Local Engagement Network – Alexandria & Dumbarton; Kenneth Ferguson, Clinical Director for the Health & Social Care Partnership; Wilma Hepburn, Professional Nurse Advisor; Jackie Irvine, Chief Social Work Officer; Diane McCrone, NHS Staff Side Co-Chair; Anne McDougall, Chair of Local Engagement Network – Clydebank; Neil McKay, Chair of Locality Group – Alexandria & Dumbarton; Kim McNabb, Service Manager, Carers of West Dunbartonshire; Peter O'Neill, WDC Staff Side Co-Chair of Joint Staff Forum; Selina Ross, Chief Officer of West Dunbartonshire Council for Voluntary Services.

**Attending:** Julie Lusk, Head of Mental Health, Learning Disability & Addictions; Soumen Sengupta, Head of Strategy, Planning and Health Improvement; Chris McNeill, Head of Community Health & Care; Gillian Gall, People and Change Manager; Anne Marie Murdoch, Senior Organisational Development Adviser; Jamie Dockery, Strategic Housing Officer; Nigel Ettles, Principal Solicitor and Nuala Borthwick, Committee Officer.

**Apologies:** Apologies for absence were intimated on behalf of Councillor Martin Rooney and Martin Perry, Acute Consultant, NHS Greater Glasgow and Clyde.

**Councillor Gail Casey in the Chair**

## **CHAIR'S REMARKS**

The Chair, Councillor Casey, drew the Partnership Board's attention to recent Celebrating Staff Successes events that the Chairman of NHS Greater Glasgow & Clyde Health Board hosted on 7 November 2016, and specifically West Dunbartonshire's local winners who were recognised at the event, as undernoted:-

- Child Protection in General Practice – represented by Kerry Milligan and Annie Ritchie
- Addressing Child Sexual Exploitation – represented by Jean Cameron and Carron O'Byrne
- Improving Evidence Based Care in Physiotherapy – represented by Karen Glass, Louise Ross and Jo Chambers
- Technology Enabled Care – represented by Jim Slaven, Richard Heard and Lynne McKnight
- See Hear – represented by Helen Faye and Wendy Jack

Councillor Casey also acknowledged the undernoted Partnership Teams who had recently been recognised nationally:-

- Community Hospital Discharge Team was a finalist at the 2016 Scottish Health Awards
- Prescribing Support Team was recognised as the Self-Management Supporting Health and Social Care Partnership of the Year at the 2016 Health and Social Care Alliance Scotland Awards

Finally, Councillor Casey advised that the undernoted looked after and accommodated young people had been recognised for their accomplishments and contributions at the West Dunbartonshire Youth Alliance Special Awards Event:-

- Dylan McKenzie
- Josh McEvoy

The Partnership Board agreed to extend congratulations to all winners on their outstanding achievements.

## **DECLARATIONS OF INTEREST**

It was noted that there were no declarations of interest in any of the items of business on the agenda.



## **MINUTES OF PREVIOUS MEETING**

The Minutes of Meeting of the West Dunbartonshire Health & Social Care Partnership held on 17 August 2016 were submitted and approved as a correct record.

### **MEMBERSHIP OF THE PARTNERSHIP BOARD**

A report was submitted by the Head of Strategy, Planning & Health Improvement seeking to nominate the Health & Social Care Partnership's new Chief Financial Officer to be a non-voting member on the Partnership Board.

Having heard the Chair, the Partnership Board agreed to affirm the appointment of Julie Slavin as a non-voting member of the Partnership Board.

### **ANNUAL AUDIT REPORT AND ACCOUNTS 2015/16**

A report was submitted by the Chief Financial Officer presenting the Annual Audit Report prepared by the Health & Social Care Partnership Board's external auditors, Audit Scotland and Accounts to Health & Social Care Partnership Board members for the financial year ended 31 March 2016.

After discussion and having heard the Chief Financial Officer in further explanation of the report and in answer to Members' questions, the Partnership Board agreed:-

- (1) to note the previous recommendation of the Partnership Board of 25 May 2016 to remit the approval of the Annual Report and Accounts to the Audit Committee for the financial year 2015/16;
- (2) to note the contents of the Annual Report to the Partnership Board and the Controller of Audit for the Financial Year ending 31 March 2016; and
- (3) to welcome the achievement of a qualification free first set of HSCP Board accounts.

### **FINANCIAL REPORT 2016/17 AS AT PERIOD 6 (30 SEPTEMBER 2016)**

A report was submitted by the Chief Financial Officer:-

- (1) providing an update on the financial performance and capital work progress of the West Dunbartonshire Health & Social Care Partnership for the period to 30 September 2016 (period 6);
- (2) providing an update on the financial planning process for both health care and social care for 2017/18; and

- (3) providing an update on the work undertaken with regard to implementation of the Scottish Living Wage to all adult care workers.

After discussion and having heard the Chief Officer and the Chief Financial Officer in further explanation of the report and in answer to Members' questions, Councillor Mooney, seconded by Councillor Casey, moved the undernoted motion:-

The Partnership notes that the Council has identified £2million to put into the social care budget but notes that the financial situation is still very challenging.

The Partnership further notes that the outstanding NHS savings for 2016/17 of £955k will now largely be covered by a one-off non-recurring allocation of £909k from NHS Greater Glasgow and Clyde.

This is simply a cut deferred, and there will be substantial cuts to services by the Health Board next year. This Partnership should not be starting life making cuts to services for some of the most vulnerable, including people with mental health problems, which the Scottish Government claim is a priority.

The Partnership does not accept any cuts to public services and we will not set a final budget until we know the scale of the Health Board's cuts when they set their budget in June.

Therefore, the Partnership calls on the Scottish Government to fully fund public services such as West Dunbartonshire Council, the Health & Social Care Partnership and NHS Greater Glasgow & Clyde.

Given the above, the Partnership agrees the recommendations as amended below:-

Note that the revenue position is reporting an over-spend of £160k as at 30 September. However, the services are needs led and the HSCP is concerned that the end of year overspend could be as much as £320k;

Note the management action on reducing cost pressures with the aim of bringing revenue position back to financial balance;

Note that the Health Board has transferred £909k of non-recurring funds to offset against savings targets. However, as indicated above, this suggests that we will have larger savings to make in future;

Rejects the proposed savings options in Social Care for 2017/18 and rejects the cuts to public services and calls on the Scottish Government to fully fund West Dunbartonshire Council and NHS Greater Glasgow & Clyde, rather than imposing draconian cuts year on year;

Agree that discussions continue with the Council regarding its contribution to the Partnership once the Scottish Government and Health Board have confirmed their public service cuts;

Welcome the investment by the Partnership and the Council in implementing the Scottish Living Wage from October. However, the Partnership is concerned that not all social care workers will be entitled to the Living Wage;

The Partnership notes that the final set of savings options will come to the next HSCP meeting in March 2017 after the Council has set its budget, but considers that this should be delayed until June, after the Health Board has set its budget.

The Partnership notes that the NHS, Council and HSCP budgets are out of line with each other; and

As noted above, the Partnership is concerned that the Scottish Government allocations to Health are expected to be 7% lower than in 2016.

The Partnership notes with great concern that the proposed savings options will affect some of the most vulnerable in our society, for example those with mental health problems, which the Scottish Government claims is a priority.

The Partnership notes that when HSCPs were first mooted by the Scottish Government, the Cabinet Secretary gave a commitment to fund them.

Therefore, the Partnership agrees to write to the Health Minister demanding that the Scottish Government honours its commitment to fund the HSCP.

Failing this commitment, the Partnership notes that the HSCP's funding position is unsustainable going forward, especially in the light of our deprivation figures and our ageing population.

Having heard the Chair, Councillor Casey, the Partnership Board agreed to adjourn at 2.25 p.m. for a short period in order to consider the terms of the motion.

The meeting resumed at 2.35 p.m. with all members detailed in the sederunt in attendance.

Having heard both the Chief Officer and the Principal Solicitor in answer to Members' questions and in clarification of certain procedural matters, Councillor McColl, seconded by Ms Cameron, moved the undernoted amendment:-

The IJB agrees the recommendations at 2.1 of the report (namely):-

- (1) to note that the revenue position is reporting an overspend of £0.160m (-0.2%) for the period 1 April to 30 September 2016;
- (2) to note that management action on reducing cost pressures and maximising income will continue, with the aim of bringing the revenue position back to financial balance by the end of the financial year;

- (3) to note that the Health Board has identified and transferred (in Period 6) £0.909m of non-recurring relief to offset the in-year shortfall against savings targets, based on management action to implement the savings approved in the previous report;
- (4) that the proposed 2017/18 Social Care savings options, should be subject to public consultation;
- (5) that discussions continue with the Council in regard to the level of its contribution to the Partnership once the actual financial allocations from the Scottish Government are known;
- (6) to note the work undertaken over recent months by the Partnership and the Council, to progress the implementation of the Scottish Government's commitment to pay all adult social care workers a fair rate of pay 1 October 2016; and
- (7) that a final set of savings proposals be submitted to the next meeting of the IJB for approval.

We thank Councillor Mooney for bringing the motion forward, many of the sentiments of which will be shared by all members of the IJB.

There are a wide range of factors having an impact on Council, Health and other public service budget and the IJB does not think it is helpful at this time to get into a potentially highly politicised debate around these issues; it should be noted that the Scottish Government does not have a majority in the Scottish Parliament and will require support from other parties through democratic processes of the Scottish Parliament to set a budget, therefore the Cabinet Secretary is not in a position to guarantee anything at this stage.

However the IJB notes that the Scottish Government continue to state that the NHS in Scotland is receiving record funding, yet our IJB is being ask to make cuts. These two facts do not add up and we ask the Chair of the IJB to write to the Scottish Government and the Chair of the Health Board seeking an explanation.

During consideration of this matter, the Chief Officer and the Chief Financial Officer were heard in further explanation and in answer to Members' questions.

On a vote being taken, 2 Members voted for the motion and 4 for the amendment which was accordingly declared carried.

### **2016/17 HEALTH CARE SAVINGS OPTIONS**

A report was submitted by the Chief Financial Officer presenting the Health & Social Care Partnership Board with the 2016/17 Health Care Savings options.

After discussion and having heard the Chief Officer and the Head of Mental Health, Learning Disability & Addictions in further explanation of the report and in answer to Members' questions, the Partnership Board agreed:-

- (1) to approve the savings options to establish budget balance to the Health budget in 2016/17;
- (2) to note that the Health Board had identified significant non-recurring relief to offset the in-year shortfall against savings targets and that non-recurring funding has been allocated to the Partnership as at Period 6 (30th September 2016); and
- (3) that a Members' Briefing would be issued to Members to provide more detailed information on implementation of the savings options.

### **PUBLIC PERFORMANCE REPORT APRIL – JUNE 2016**

A report was submitted by the Head of Strategy, Planning & Health Improvement seeking approval of the Partnership's Public Performance Report for the first quarter of 2016/17 (April to June 2016).

After discussion and having heard the Chief Officer, the Head of Children's Health, Care & Criminal Justice and the Head of Community Health & Care in further explanation of the report and in answer to Members' questions, the Partnership Board agreed:-

- (1) to approve the Partnership Public Performance Report for April to June 2016 for publication; and
- (2) that a Briefing Note would be issued to Members providing more updated figures for homecare hours and interventions.

### **ADJOURNMENT**

Having heard the Chair, Councillor Casey, the Partnership Board agreed to adjourn for a short period.

The meeting resumed at 3.59 p.m. with all Members listed on the sederunt in attendance.

### **STRATEGIC RISK REGISTER - UPDATE**

A report was submitted by the Head of Strategy, Planning & Health Improvement seeking approval of the updated Strategic Risk Register for the Health & Social Care Partnership.

After discussion, the Partnership Board agreed to approve the updated Strategic Risk Register attached to the report.

### **WINTER PLAN 2016/17**

A report was submitted by the Head of Community Health & Care Services seeking approval of the Winter Plan for 2016/17.

After discussion, the Partnership Board agreed to approve the Winter Plan 2016/2017.

### **WORKFORCE AND ORGANISATIONAL DEVELOPMENT SUPPORT PLAN UPDATE**

A report was submitted by the Head of People and Change seeking endorsement of the Partnership's Workforce and Organisational Development Strategy Support Plan update for 2015-16 and revised support plan for 2016-17.

After discussion and having heard the Head of Community Health & Care in answer to a question from a Member, the Partnership Board agreed to endorse the Workforce and Organisational Development Strategy update for 2015-16 and revised support plan for 2016-17.

### **STRATEGIC PARTNERSHIP AGREEMENTS**

A report was submitted by the Head of Strategy, Planning & Health Improvement seeking approval of the Strategic Partnership Agreements with West Dunbartonshire Community Volunteer Service, Carers of West Dunbartonshire and Scottish Care.

After discussion, the Partnership Board agreed to approve the strategic partnership agreements with West Dunbartonshire Community Volunteer Service, Carers of West Dunbartonshire and Scottish Care.

### **WEST DUNBARTONSHIRE LOCAL HOUSING STRATEGY 2017 - 2022**

A report was submitted by the Head of Strategy, Planning & Health Improvement seeking endorsement for West Dunbartonshire's new Local Housing Strategy for the 5 year period 2017–2022.

After discussion and having heard the Head of Strategy, Planning & Health Improvement and the Strategic Housing Officer in further explanation of the report and in answer to Members' questions, the Committee agreed to endorse the West Dunbartonshire Local Housing Strategy 2017-2022.

## **MINUTES OF MEETINGS FOR NOTING**

The undernoted draft Minutes of Meetings were submitted and noted:-

- (1) Draft Minutes of Meeting of the Argyll, Bute and Dunbartonshires' Criminal Justice Social Work Partnership Joint Committee held on 8 September 2016.
- (2) Draft Minutes of Meeting of the Health & Social Care Partnership Board Audit Committee held on 14 September 2016.
- (3) Draft Minutes of Meeting of the Clinical & Care Governance Group held on 27 May 2016.
- (4) Draft Minutes of Meeting of the Joint Staff Forum held on 28 July 2016
- (5) Draft Minutes of Meeting of the Health & Social Care Partnership Locality Group for Alexandria & Dumbarton held on 20 September 2016.
- (6) Draft Minutes of Meeting of the Health & Social Care Partnership Locality Group for Clydebank held on 30 August 2016.
- (7) Draft Minutes of Meeting of the Joint Locality Engagement Network held on 9 November 2016.

It was agreed that the draft Minutes of Meeting of the Joint Staff Forum held on 25 October 2016 would be circulated to Members of the Partnership Board.

## **FUTURE MEETINGS**

Having heard the Chair, Councillor Casey, the Partnership Board agreed:-

- (1) that the meeting previously agreed to be held on Wednesday, 15 February 2016 would now be held on Wednesday, 1 March 2017 at 2.00 p.m. in Committee Room 3, Council Offices, Garshake Road, Dumbarton G82 3PU; and
- (2) that a further meeting would be held on Wednesday, 31 May 2017 at 2.00 p.m. in Committee Room 3, Council Offices, Garshake Road, Dumbarton G82 3PU.

The meeting closed at 4.20 p.m.





**WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP****Health & Social Care Partnership Board: 1 March 2017**

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**Subject: Financial Report 2016/17 as at Period 9 (31 December 2016)**

**1. Purpose**

1.1. This report will provide:

- An update on the financial performance and capital works progress of the West Dunbartonshire Council Health & Social Care Partnership for the period to 31<sup>th</sup> December 2016 (Period 9);
- An update on the projected outturn position of the 2016/17 revenue budget; and
- An update on the financial challenges.

**2. Recommendations**

2.1 The HSCP Board is recommended to:

1. Note that the revenue position is reporting an underspend of £2.774m (2.69%) for the period 1 April to 31 December 2016;
2. Note that the underlying service underspend is £0.030m as at 31 December 2016;
3. Note the flow through of the unallocated balance of the Social Care Fund contributing £2.744m to both the current reported underspend and the projected underspend of £2.867m (1.99%);
4. Note that management action on reducing cost pressures and maximising income has resulted in a revised year end projection, for all other service expenditure, from break-even to an underspend of £0.123m (0.09%), subject to the impact of Winter planning;
5. Note the intention to add the unallocated Social Care Fund balance to reserves to provide stability in 2017/18; and
6. Note the financial challenges in 2017/18 from partner funding allocations, the continuation of GP Prescribing risk sharing and the financial performance of the Acute Set Aside budget;

### 3. Background

#### 3.1 Health Board Allocation

3.2 At the meeting of Health Board on 28<sup>th</sup> June 2015, NHS Board Members agreed the revenue estimates for 2016/17, including a total net Partnership budget of £74.494m.

3.3 Since the previous reported budget the following adjustments have taken place from Period 6 to Period 9 revising the net expenditure budget to £82.692m.

	<b>£'000</b>
<b>Budget at Period 6 2016/17</b>	<b>82,893</b>

#### **Additional Allocations of:**

Scottish Govt Non Recurring Allocation (Technology Enabled Care)	146
Girfec Growth Funding (Health Visitors)	56
Transfer of HepC/BBC post funding from Corporate (Non Recurring)	26
Central Prescribing Drugs Uplift 2016/17 (Recurring)	16
Transfer of HBP Drugs Budget to HSCP (Recurring)	11
Planning & Health Improvement – Child Healthy Weight Allocation	7
Scottish Govt Non Recurring Allocation (Carers Information Strategy)	6

#### **Deductions of:**

Transfer Rates to Facilities Directorate (Recurring)	-336
Learning Disability RAM (Resource Allocation Model)	-89
Retinal Screening Cameras (Non Recurring Revenue to Capital Transfer)	-39
Addictions Transfer Naloxone Funding	-5

<b>Revised budget at Period 9 2016/17</b>	<b><u>82,692</u></b>
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#### 3.4 Council Budget Allocation

3.5 At the meeting of West Dunbartonshire Council on 24 February 2016, Members agreed the revenue estimates for 2016/2017, including a total net West Dunbartonshire Health & Social Care Partnership budget of £61.539m.

3.6 The budget as at period 9 is £61.514m, a reduction of £0.025m represented by several low level adjustments relating to contributions to office accommodation moves and pool cars of £0.005m and the partnership's saving allocation to the Council's Future Operating Model (FOM) of £0.020m.

## 4. Main Issues

### Summary Position

- 4.1** The West Dunbartonshire Health & Social Care Partnership revenue position is reporting for the period 1 April to 31 December 2016 an underspend of £2.774m (2.69%).
- 4.2** The Partnership's NHS Health Care budget is reporting a overall break even position and the Social Care budget is reporting a net underspend of £2.774m (6.68%) for the same period. All but £0.030m relates to the flow through of the unallocated Social Care Fund, which for accounting purposes requires to be transacted within revenue expenditure budgets before any residual is transferred to Reserves at year end.
- 4.3** The projected underspend of £2.867m (1.99%) is based on figures presented as at 31<sup>st</sup> December 2016 and reflects any material items impacting on the projected outturn arising as at 31<sup>st</sup> January 2017. Excluding the £2.744m unallocated Social Care Fund, the underlying projected underspend is £0.123m or 0.09% of total budget resource.
- 4.4** The summary position is reported within the following table and the significant variances affecting the overall position reported above are highlighted within section 4.6 and 4.7 of this report.
- 4.5** Additional detailed breakdown of individual costs at care group level are reported in Appendix 1 of this report.

	Annual Budget	YTD Budget	YTD Actuals	Variance	Variance	Forecast	Variance
	£000's	£000's	£000's	£000's	%	Full Year	%
Health Care	87,013	64,535	64,535	(0)	0.00%	0	0.00%
Social Care	85,557	56,843	53,813	3,030	5.33%	3,124	3.65%
<b>Expenditure</b>	<b>172,570</b>	<b>121,378</b>	<b>118,348</b>	<b>3,030</b>	<b>2.50%</b>	<b>3,124</b>	<b>1.81%</b>
Health Care	(4,321)	(3,045)	(3,045)	0	0.00%	0	0.00%
Social Care	(24,043)	(15,314)	(15,058)	(256)	1.67%	(257)	1.07%
<b>Income</b>	<b>(28,364)</b>	<b>(18,359)</b>	<b>(18,103)</b>	<b>(256)</b>	<b>1.40%</b>	<b>(257)</b>	<b>0.91%</b>
Health Care	82,692	61,490	61,491	(0)	0.00%	0	0.00%
Social Care	61,514	41,529	38,755	2,774	6.68%	2,867	4.66%
<b>Net Expenditure</b>	<b>144,206</b>	<b>103,019</b>	<b>100,246</b>	<b>2,774</b>	<b>2.69%</b>	<b>2,867</b>	<b>1.99%</b>

Members should note that NHS Health financial convention of reporting overspends as negative variances (-) and underspends as positive variances (+) has been adopted for all financial tables within the report.

#### **4.6 Significant Variances – Health Services**

The overall net position at 31 December 2016 is breakeven, after the application of £0.909m non recurrent funding to cover delay in the implementation of 2016/17 Health Care savings options. There are potential opportunities to add to both earmarked and unearmarked reserves from some slippage in Integrated Care Fund resources, low level vacancies and some non-recurrent monies and this will be reflected in the year end financial report. There are however variations across some services. The key areas are:

- **Addiction Services – Community** is displaying an underspend of £0.041m in pay from short vacancies, maternity leave and award of non-recurrent Hep C funding (sect. 3.3).
- **Mental Health – Adult Community Services** is reporting an underspend of £0.108m. This is mainly due vacancy slippage and workforce planning as part of a service redesign review. This will contribute to the 2016/17 savings on a recurring basis in 2017/18.
- **Hosted Services – Retinal** is reporting underspend of £0.062m due to vacancy slippage.
- **Other Services** is reporting an overspend of £0.208m. This is mainly a budget phasing issue given the significant budget adjustments processed in the last quarter, which include the allocation of non recurrent funding. This will smooth out by the year end.
- **GP Prescribing for Partnerships in 2016/17**

The reported GP Prescribing result is based on the actual result for the month to 30 November 2016. The total result across all Partnerships for November is £0.531m under budget with one quarter of this financial year remaining.

West Dunbartonshire HSCP is reporting a £0.070m overspend within this period, however, under the risk sharing arrangement the over spend has been adjusted to report a cost neutral position.

As GP Prescribing is extremely volatile, there continues to be an element of financial risk and this will continue to be carefully monitored throughout 2016/17.

Variances specific to West Dunbartonshire HSCP are currently being investigated by Prescribing Advisors.

#### **4.7 Significant Variances – Social Care Savings**

The net underspend position is £2.774m, which is a significant presentational change from the previous report. Excluding the recognised benefit of the unallocated Social Care Fund, continued management action on reducing cost

pressures and maximising income has brought the current budget position (as at 31<sup>st</sup> December 2016) back to financial balance, with a small current surplus of £0.030m. However winter pressure risks could impact in the last few months of the financial year. The key areas are:

- **Social Care Fund** is reporting a year to date and full projected underspend £2.744m. This has been referenced in previous Board reports through the presentation of the original allocation of £4.921m less the £1.260m contribution to WDC for previously funded pressures. Of the £3.661m remaining allocation £1.500m was available to fund the increase to Living Wage from 1<sup>st</sup> October 2016. Unlike other HSCPs', given that the majority of our home care services are delivered internally and already Living Wage compliant, the projected cost for part year 2016/17 was £0.667m. The remaining £2.1m was to fund additionality and cover any shortfalls in non-residential charging income. Given the ongoing austerity measures from Central Government and the future impact on funding levels, at the November 2016 meeting Board members were presented with the recommendation to apply the recurring residual budget to closing the 2017/18 funding gap in Social Care.
- **Residential Accommodation for Older People** is reporting a year to date underspend £0.117m mainly due to the expected cost of external client packages being lower than anticipated. However pressure to maintain delayed discharge targets could still impact.
- **Learning Disability Residential** is reporting a saving of £0.146m mainly due to a reduction in 5 clients and on-going review of client packages and the use of technology based solutions were appropriate.
- **Learning Disability Day Centre** at Dumbarton is displaying pressure of £0.029m as the number of clients with more complex needs require 1:1 support.
- **Physical Disability** packages are lower than anticipated by £0.135m as a couple of clients did not impact until later in the financial year.
- **Residential Accommodation for Young People** is currently running £0.076m over budget due to increase in both the number of packages and the level of additional support required for the more challenging behavioural cases. All packages are reviewed regularly and the current pressure is being managed across children's services.
- **Income** overall is reporting a shortfall of £0.256m. The main variances are reported within internal and external Residential Accommodation for Older People, mainly due to the impact from Care Home wing closures, which is reporting under-achieved income of £0.224m due to a combination of less self funders and reduced resident placements. Also there are under-recoveries of £0.050m reported against historic year end recharges to Criminal Justice and capital projects. These issues have been addressed in the 2017/18 budget

setting exercise. Income targets within Mental Health services are exceeding budgeted levels by £0.030m due to an out of authority placement.

#### **Savings Performance to Date – Health**

- 4.8 From within NHSGG&C Partnerships overall savings plan, West Dunbartonshire Health & Social Care Partnership was allocated a local savings target of £1.431m against its directly managed service budgets.
- 4.9 As reported to the November 2016 Board, the application of £0.909m non-recurrent funding from the Health Board has removed the pressure to deliver on these savings until 2017/18.

#### **Savings Performance to Date – Social Care**

- 4.10 From within West Dunbartonshire Council, the savings target allocated to West Dunbartonshire Health & Social Care Partnership was £0.993m against the its Social Care services.
- 4.11 There are no reported unachieved savings within the Social Care as efficiencies were delivered in line with the 2016/17 financial plan.

#### **Update on Implementation of Living Wage Commitment**

- 4.12 As reported to the November Board the West Dunbartonshire IJB share of the £250m Social Care Fund was £4.92m or 1.97% of the Scottish total. From this total allocation an amount of £1.5m was available for the full year implementation of the £8.25/hr Living Wage commitment for adult care workers in both residential and non-residential settings.
- 4.13 The National Care Home Contract had been agreed early in 2016/17 and all contract costs have been uplifted accordingly. Offers were made to all our other adult care providers on the basis of workers receiving a day rate of £8.25/hr and £7.20/hr for sleepovers, with providers contributing 25% to cost of implementation, in line with the Scottish Government original funding offer. As the requirement did not legally come into effect until the 1<sup>st</sup> October 2016, the cost to the HSCP for 2016/17 was calculated at £0.667m (full year effect being £1.494m), which leaves residual funding of £0.833m to add to reserves for consideration in 2017/18. This will be further examined in the next reporting cycle's year end financial report.
- 4.14 We have received confirmation of acceptance from the majority of our providers and backdated payments from 1 October 2016 have been made on that basis.

## **Financial Challenges and Assumptions**

**4.15** The main challenges to be faced in 2016/17 and in the future are:

- The Health & Social Care Partnership is reporting an underlying underspend of £0.123m (excluding Social Care Fund) as the 31 December 2016. The position will be monitored carefully over the remaining months of this financial year, and in particular the actual performance of the in year challenges reported under section 4.6 and 4.7 of this report. The Chief Officer continues to manage and review the budget across all service areas in conjunction with the senior management team and will put a recovery plan in place to address areas of significant overspend.
- The 2017/18 funding offers from the council and the health board are subject to a separate agenda item report; however funding allocations to our partners continue to reflect the impact of the UK Government's austerity measures on the public sector services. The partnership will have to continue to build on its current reserves in 2016/17, from available funding streams, to provide an element of stability in 2017/18 in delivering the objectives of the Strategic Plan.
- The financial performance of the Acute Services Set Aside budget must be more transparent in 2017/18 to allow the partnership to develop, agree and monitor its commissioning intentions to facilitate a shift in resources to invest in the continuing demographic pressure of delivering community services.
- There continues to be an inherent risk surrounding GP Prescribing and this will continue to be carefully monitored throughout this financial year. The risk sharing arrangement will benefit the partnership in 2016/17, however the likelihood of this continuing into 2017/18 is up for debate in light of the Health Board's challenging financial settlement.

## **Housing Aids and Adaptations and Care of Gardens**

**4.16** Housing Aids and Adaptations and Care of Gardens for social care needs is also included in the HSCP Board total resource for 2016/17.

The budgets are currently held within West Dunbartonshire Councils – Regeneration, Environment and Growth Directorate and will be managed on behalf of the HSCP Board. The 2016/17 budget based on existing resources for Care of Gardens is £0.500m and Aids and Adaptations is £0.150m (a £0.100m reduction on previous year) and provides a total resource of £0.650m.

The summary position for the period to 31 December 2016 is reported in the following table and reports an overall projected spend of £0.770m against the full year budget, which would result in an overspend of £0.120m.

Discussions have been undertaken between Housing and the HSCP to address this and assurances have been made to manage the overspend within the totality of the Housing budget.

	<b>Budget</b>	<b>Actual</b>	<b>Variance</b>	<b>Forecast</b>
Care of Gardens	500,000	479,528	20,472	520,000
Aids & Adaptations	150,000	187,827	-37,827	250,433
<b>Total</b>	<b>650,000</b>	<b>667,355</b>	<b>-17,355</b>	<b>770,433</b>

## **2016/17 Capital Expenditure**

- 4.17** The progress to date of the individual “live” schemes funded within the Health & Social Care Partnership is as follows.

As previously reported to the Partnership Board, after the Scottish Government announcement on 23<sup>rd</sup> June 2015 that a new £19 million Clydebank Health & Care Centre would be funded through using the HUB model of Design Build, Finance and Maintain (DBFM).

Currently HSCP Officers are preparing the Outline Business Case (OBC), with the intention of presenting to the Health Capital Planning Board on 3 April 2017 and then Scottish Government.

- 4.18** The design and construction of replacement elderly care homes and day care centres in Dumbarton and Clydebank areas continue to progress.

**General** - The total care home budget is £25.062m. The budget for Clydebank is Dumbarton is £13.174m with Clydebank budget at £11.888m. Dumbarton is programmed for Contract completion by 21 February 2017 and is on budget, excluding furniture and fittings. Clydebank is at the end of RIBA Stage 3 Technical Design and the cost plan against budget is yet to be verified by market testing. The Invitation to tender (ITT) will be issued following the approval of the detailed planning application, scheduled for March/April 2017.

**Dumbarton** - The build programme is scheduled to last for 72 weeks with contractual handover of the new facility to the Council by 21 February 2017. Construction work is currently tracking behind programme due to adverse weather conditions experienced at the turn of the year and build complexities and progress is being monitored closely. In recent weeks there has been daily dialogue with Hub West Scotland and main contractor Morgan Sindall to ensure that costs are maintained within the final price at Financial Close and that programme dates are adhered to. The project remains on budget but the expected completion date has been revised to being 9 March 2017, which



could trigger the pursuance of Liquidated and Ascertained Damages (LADs). Fortnightly technical and client meeting and monthly progress meetings are ongoing. Furniture, Fittings and equipment are expected to cost in the region of £250k; it is anticipated that these costs can be encapsulated in the budget, although if resource is required a request will be made to earmark reserves in the 2016/17 annual accounts.

**Clydebank** - Planning consent will be contingent upon the overall Queens Quay Masterplan, the installation of infrastructure works and the Health Quarter mini-masterplan between the Care Home and the Health Centre. The masterplan team are proactively engaged with discharging the conditions and the care home and health centre teams have now finalised the mini masterplan. The detailed planning application for the care home will be submitted in March/April 2017. The completed care home is anticipated to be handed over to WDC in August 2018 and become operational by September 2018 to allow a 4 week migration period, this allows for construction contingency and validation of the construction period through the appointment of the main contractor. Project board are keen to ensure the most efficient programme possible in order to bring the care home into use as close to the projected hand over date as possible (previously May 2018). Positive outcome of recent consultation on 27th September 2016 and pre-application dialogue with planners has resulted in the proposal to demolish the Centenary Court wall and replace with a green screen (landscaping). This reduces the risk of the site abnormal and associated costs previously described. Whilst the project is currently on target, risks remain associated with master plan interdependencies for programme costs and costs of any delays. Currently the project team are working towards a programme for invitation to tender.

- 4.19 Aids & Adaptations** - At this stage full spend of the capital budget is anticipated, however Equipu reports from Cordia are showing activity is lower than expected. Contact has been made with the senior occupational therapist for an update on stair lifts and OT equipment.
- 4.20** The summary capital expenditure position is detailed in Appendix 2 and the significant variances affecting the overall position reported are monitored routinely as part of the Council's capital planning process.

## **5. People Implications**

- 5.1** None.

## **6. Financial Implications**

- 6.1** Other than the financial position noted above, there are no other financial implications known at this time.

## **7. Professional Implications**

7.1 None

## **8. Locality Implications**

8.1 None

## **9. Risk Analysis**

9.1 The main financial risks to the ongoing financial position relate to currently unforeseen costs and issues arising between now and the financial year end.

The main risk for 2017/18 is the proposed reduction to the IJB in funding from both partner organisations.

## **10. Impact Assessments**

10.1 None

## **11. Consultation**

11.1 None

## **12. Strategic Assessment**

12.1 Proper budgetary control and sound financial practice are cornerstones of good governance and support the Partnership Board and officers to pursue the strategic priorities of the Strategic Plan.

12.2 This report links to the strategic financial governance arrangements of both parent organisations.

**Julie Slavin – Chief Financial Officer**

**Date: 1 March 2016**

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**Person to Contact:** Julie Slavin – Chief Financial Officer, Garshake Road, Dumbarton, G82 3PU, Telephone: 01389 737311  
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**Appendices:** Appendix 1 – Health and Social Care Financial Statement  
(P9 Budget report)

Appendix 2 – West Dunbartonshire Council - General  
Services Capital Programme

**Background Papers:** 2017/18 Annual Budget Report

**Wards Affected:** All

West Dunbartonshire Health & Social Care Partnership						Appendix 1	
Financial Year 2016/17 period 9 covering 1 April to 31 December 2016							
	Annual Budget	Year to date Budget	Actual	Variance	Variance	Forecast	Variance
	£000's	£000's	£000's	£000's	%	Full Year	%
<b>Health Care Expenditure</b>							
Planning & Health Improvements	1,003	555	552	3	1%	0	0%
Children Services - community	2,576	1,977	1,962	15	1%	0	0%
Children Services - specialist	1,586	1,211	1,226	(15)	-1%	0	0%
Adult Community Services	13,101	9,103	9,100	3	0%	0	0%
Community Learning Disabilities	573	430	439	(9)	-2%	0	0%
Addictions	1,892	1,418	1,377	41	3%	0	0%
Mental Health - Adult Community	4,481	3,278	3,170	108	3%	92	2%
Mental Health - Elderly Inpatients	3,256	2,570	2,570	0	0%	0	0%
Family Health Services (FHS)	24,187	18,446	18,446	0	0%	0	0%
GP Prescribing	19,322	14,542	14,542	0	0%	0	0%
Other Services	6,276	4,435	4,642	(208)	-5%	(191)	-3%
Resource Transfer	7,907	5,930	5,930	0	0%	0	0%
Hosted Services	854	640	578	62	10%	99	12%
<b>Expenditure</b>	<b>87,013</b>	<b>64,535</b>	<b>64,535</b>	<b>(0)</b>	<b>0%</b>	<b>0</b>	<b>0%</b>
<b>Income</b>	<b>(4,321)</b>	<b>(3,045)</b>	<b>(3,045)</b>	<b>0</b>	<b>0%</b>	<b>0</b>	<b>0%</b>
<b>Net Expenditure</b>	<b>82,692</b>	<b>61,490</b>	<b>61,491</b>	<b>(0)</b>	<b>0%</b>	<b>0</b>	<b>0%</b>
	Annual Budget	Year to date Budget	YTD Budget	Variance	%	Forecast	Variance
	£000's	£000's	£000's	£000's	%	Full Year	%
<b>Social Care Expenditure</b>							
Strategy Planning and Health Improvement	1,043	782	749	33	4%	44	4%
Residential Accommodation for Young People	3,417	2,442	2,518	(76)	-3%	(101)	-3%
Children's Community Placements	3,429	2,664	2,530	134	5%	178	5%
Children's Residential Schools	846	573	706	(134)	-23%	(178)	-21%
Childcare Operations	3,809	2,772	2,799	(27)	-1%	(36)	-1%
Other Services - Young People	3,904	2,632	2,591	41	2%	55	1%
Residential Accommodation for Older People	7,996	5,615	5,658	(43)	-1%	(57)	-1%
External Residential Accommodation for Elderly	12,042	8,845	8,685	160	2%	213	2%
Homecare	13,518	9,436	9,561	(125)	-1%	(142)	-1%
Sheltered Housing	1,926	1,223	1,183	40	3%	53	3%
Day Centres Older People	1,155	770	835	(65)	-8%	(87)	-8%
Meals on Wheels	75	58	55	3	5%	4	5%
Community Alarms	342	178	173	5	3%	(25)	-7%
Community Health Operations	2,898	2,095	2,097	(2)	0%	(3)	0%
Residential - Learning Disability	13,605	7,314	7,168	146	2%	195	1%
Day Centres - Learning Disability	1,633	1,152	1,180	(29)	-2%	(38)	-2%
Physical Disability	2,890	2,033	1,898	135	7%	180	6%
Addictions Services	1,851	1,241	1,207	34	3%	50	3%
Mental Health	3,549	2,232	2,211	21	1%	28	1%
Criminal Justice	3,674	1,658	1,658	0	0%	0	0%
HSCP - Corporate	1,955	1,130	(1,649)	2,779	246%	2,791	143%
<b>Expenditure</b>	<b>85,557</b>	<b>56,843</b>	<b>53,813</b>	<b>3,030</b>	<b>5.3%</b>	<b>3,124</b>	<b>3.7%</b>
<b>Income</b>	<b>(24,043)</b>	<b>(15,314)</b>	<b>(15,058)</b>	<b>(256)</b>	<b>2%</b>	<b>(257)</b>	<b>1.1%</b>
<b>Net Expenditure</b>	<b>61,514</b>	<b>41,529</b>	<b>38,755</b>	<b>2,774</b>	<b>6.7%</b>	<b>2,867</b>	<b>4.7%</b>
	Annual Budget	Year to date Budget	Actual	Variance	Variance	Forecast	Variance
	£000's	£000's	£000's	£000's	%	Full Year	%
<b>Consolidated Expenditure</b>							
Older People Residential, Health and Community Care	39,535	27,886	27,786	100	0.4%	98	0%
Homecare	13,518	9,436	9,561	(125)	-1.3%	(142)	-1%
Physical Disability	2,890	2,033	1,898	135	6.6%	180	6%
Children's Residential Care and Community Services (incl specialist)	19,567	14,270	14,331	(62)	-0.4%	(82)	0%
Strategy Planning and Health Improvement	2,046	1,337	1,301	36	2.7%	44	2%
Mental Health Services - Adult & Elderly							
Community and Inpatients	11,286	8,080	7,951	129	1.6%	120	1%
Addictions	3,743	2,659	2,584	74	2.8%	50	1%
Learning Disabilities - Residential and Community Services	15,811	8,896	8,787	108	1.2%	157	1%
Family Health Services (FHS)	24,187	18,446	18,446	0	0.0%	0	0%
GP Prescribing	19,322	14,542	14,542	0	0.0%	0	0%
Hosted Services	854	640	578	62	9.7%	99	12%
Criminal Justice	3,674	1,658	1,658	0	0.0%	0	0%
Resource Transfer	7,907	5,930	5,930	0	0.0%	0	0%
HSCP Corporate and Other Services	8,231	5,565	2,993	2,572	46.2%	2,600	32%
Gross Expenditure	172,570	121,378	118,348	3,030	2.5%	3,124	1.8%
Income	(28,364)	(18,359)	(18,103)	(256)	1.4%	(257)	0.9%
<b>Total Net Expenditure</b>	<b>144,206</b>	<b>103,019</b>	<b>100,246</b>	<b>2,774</b>	<b>2.69%</b>	<b>2,867</b>	<b>2.0%</b>
HC	82,692	61,490	61,491	(0)	(0)	0	0.0%
SC	61,514	41,529	38,755	2,774	0	2,867	4.7%
	144,206	103,019	100,246	2,774	0	2,867	1.99%

## Appendix 2

**WEST DUNBARTONSHIRE  
COUNCIL  
GENERAL SERVICES CAPITAL  
PROGRAMME  
ANALYSIS OF PROJECTS AT GREEN ALERT STATUS**

**MONTH END DATE**

31 December 2016

**PERIOD**

9

Budget Details	Project Life Financials					
	Budget	Spend to Date	Forecast Spend	Forecast Variance		
	£000	£000	%	£000	£000	%
<b>1 Special Needs Adaptations &amp; Equipment (Julie Slavin)</b>						
Project Life Financials	678	113	17%	678	0	0%
Current Year Financials	678	113	17%	678	0	0%
Project Description	Reactive budget to provide adaptations and equipment for HSCP clients					
Project Lifecycle	Planned End Date	31-Mar-17	Forecast End Date	31-Mar-17		

<b>2 Replace Elderly Care Homes / Day care Centres (Chris McNeill)</b>						
Project Life Financials	25,062	11,919	48%	25,062	0	0%
Current Year Financials	9,245	7,330	79%	9,245	0	0%
Project Description	0					
Project Lifecycle	Planned End Date	00-Jan-00	Forecast End Date	00-Jan-00		
Dumbarton Care Home Opening Dates	Planned Opening Date	31-Mar-15	Forecast Opening Date	31-Mar-17		
Clydebank Care Home Opening Dates	Planned Opening Date	31-Mar-15	Forecast Opening Date	30-Sep-18		

<b>TOTAL PROJECTS AT GREEN STATUS</b>						
<u>HSCP</u>						
Project Life Financials	25,740	12,031	47%	25,740	0	0%
Current Year Financials	9,923	7,442	75%	9,923	0	0%



**WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP****Health & Social Care Partnership Board: 1<sup>st</sup> March 2017**

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**Subject: Public Performance Report July to September 2016**

**1. Purpose**

- 1.1** To present the Partnership Board with the Health & Social Care Partnership's Public Performance Report for the second quarter of 2016/17 (July to September 2016).

**2. Recommendations**

- 2.1** The Partnership Board is recommended to approve the Public Performance Report for July to September 2016 for publication.

**3. Background**

- 3.1** The Health & Social Care Partnership's Strategic Plan 2016-2019 was approved by the Partnership Board at its August 2016 meeting.

- 3.2** As the Partnership Board will recall, the strategic performance framework for the Strategic Plan reflects two key principles articulated within the National Framework for Clinical and Care Governance, namely that:

- Values of openness and accountability are promoted and demonstrated through actions.
- All actions are focused on the provision of high quality, safe, effective and person-centred services.

- 3.3** Building on the well-received Annual Performance Report 2015/16 (received by the Partnership Board at its May 2016 meeting), a quarterly public reporting cycle has been introduced to further enhance the in-year scrutiny of the delivery of the Strategic Plan. The second quarterly Public Performance Report is attached here for consideration.

**4. Main issues**

- 4.1** The Public Performance Report for July to September 2016 focuses on those key strategic performance indicators for the Partnership where performance data is available for that specific time period. It has been augmented with data on key aspects of workforce and financial performance (the latter of which have been previously reported to the Partnership Board by the Chief Financial Officer for that period).

- 4.2** The Public Performance Report has already been formally scrutinised internally by the Partnership's Senior Management Team as part of the internal performance management regime. Once considered by the Partnership Board, this second quarterly Public Performance Report will be

published on the Health & Social Care Partnership's website and cascaded to stakeholders.

- 4.3** The priorities and activities detailed within this Public Performance Report have also anticipated key elements of the new national Health and Social Care Delivery Plan, which was published by the Scottish Government in December 2016. That Plan broadly seeks to focus on:
- Improve the quality of care for people by targeting investment at improving services, which will be organised and delivered to provide the best, most effective support for all ('better care').
  - Improving everyone's health and wellbeing by promoting and supporting healthier lives from the earliest years, reducing health inequalities and adopting an approach based on anticipation, prevention and self-management ('better health').
  - Increasing the value from, and financial sustainability of, care by making the most effective use of the resources available and the most efficient and consistent delivery, ensuring that the balance of resource is spent where it achieves the most and focusing on prevention and early intervention ('better value').

- 4.4** With respect to the integration of health and social care, the national Health and Social Care Delivery Plan specifically highlights three areas for action - all of which are congruent with the strategic commissioning ambitions articulated within the Health & Social Care Partnership's Strategic Plan, namely:

- Reducing inappropriate use of hospital services.
- Shifting resources to primary and community care.
- Supporting capacity of community care.

## **5. People Implications**

- 5.1** The Public Performance Report has been augmented with data on key aspects of workforce performance linked to the Partnership's Workforce & Organisational Development Strategy 2015-2018 (approved by the Partnership Board at its November 2015 meeting).

## **6. Financial Implications**

- 6.1** The Public Performance Report has been augmented with data on key aspects of financial performance (the latter of which have been previously reported to the Partnership Board by the Chief Financial Officer for that period).
- 6.2** The Scottish Government has confirmed that a financial plan will support the national Health and Social Care Delivery Plan, so as to create the environment and incentives for change, and supporting transition.



## **7. Professional Implications**

7.1 No specific implications associated with this report.

## **8. Locality Implications**

8.1 No specific implications associated with this report.

## **9. Risk Analysis**

9.1 Audit Scotland has stated that public reporting is an important element of best value. This Public Performance Report has been informed by the practice promoted by Audit Scotland, and work will continue to develop local arrangements accordingly.

## **10. Impact Assessments**

10.1 None required.

## **11. Consultation**

11.1 None required.

## **12. Strategic Assessment**

12.1 The Public Performance Report has been produced to enhance in-year scrutiny of the delivery of the Strategic Plan in an open and accountable manner.

**Author:** Soumen Sengupta - Head of Strategy, Planning & Health Improvement  
West Dunbartonshire Health & Care Partnership

**Date:** 1<sup>st</sup> March 2017

**Person to Contact:** Soumen Sengupta - Head of Strategy, Planning & Health Improvement, Garshake Road, Dumbarton.  
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Telephone: 01389 737321

**Attached:** West Dunbartonshire Health & Social Care Partnership  
Public Performance Report July to September 2016

**Background Papers:** HSCP Board Report (August 2016): Strategic Plan  
2016-2019

HSCP Board Report (May 2016): Annual Performance  
Report 2015/16

HSCP Board Report (November 2015): Workforce &  
Organisational Development Strategy & Support Plan

Scottish Government (2016) Health and Social Care Delivery Plan:

<http://www.gov.scot/Publications/2016/12/4275>

Scottish Government (2015) National Framework for Clinical and Care Governance:

<http://www.gov.scot/Resource/0049/00491266.pdf>

Audit Scotland (2010) Best Value Toolkit: Public Performance Reporting: [http://www.audit-](http://www.audit-scotland.gov.uk/docs/best_value/2010/bv_100809_public_performance_reporting_toolkit.pdf)

[scotland.gov.uk/docs/best\\_value/2010/bv\\_100809\\_public\\_performance\\_reporting\\_toolkit.pdf](http://www.audit-scotland.gov.uk/docs/best_value/2010/bv_100809_public_performance_reporting_toolkit.pdf)

**Wards Affected:**

All

# Public Performance Report

## July–September 2016

# West Dunbartonshire

## Health and Social Care Partnership



## Introduction

Welcome to West Dunbartonshire Health and Social Care Partnership's second Public Performance Report for 2016/17.

Building on our [Strategic Plan for 2016-2019](#) we are committed to providing clear and transparent updates on our progress in key priority areas; on an ongoing basis.

More information about Health and Social Care Partnership services is available on our website at [www.wdhscp.org.uk](http://www.wdhscp.org.uk).

We are always keen to receive feedback, so whether you want to provide constructive comments on the contents of this report or any of our services more generally, please contact us at [www.wdhscp.org.uk/contact-us/headquarters/](http://www.wdhscp.org.uk/contact-us/headquarters/).

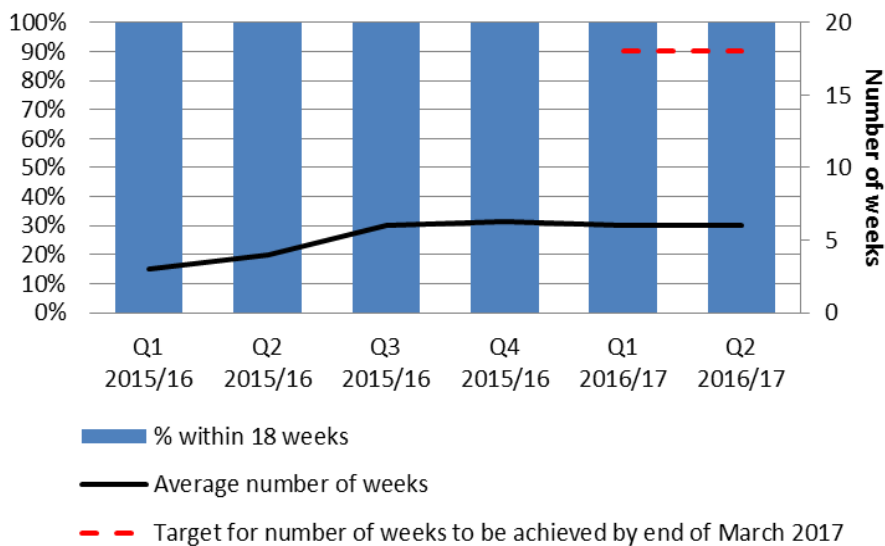
**Mr Soumen Sengupta**  
Head of Strategy, Planning & Health Improvement

### The West Dunbartonshire Health and Social Care Partnership Board's:

- **Mission is to improve the health and wellbeing of West Dunbartonshire.**
- **Purpose is to plan for and ensure the delivery of high quality health and social care services to and with the communities of West Dunbartonshire.**
- **Core values are protection; improvement; efficiency; transparency; fairness; collaboration; respect; and compassion.**

**Supporting Children and Families**

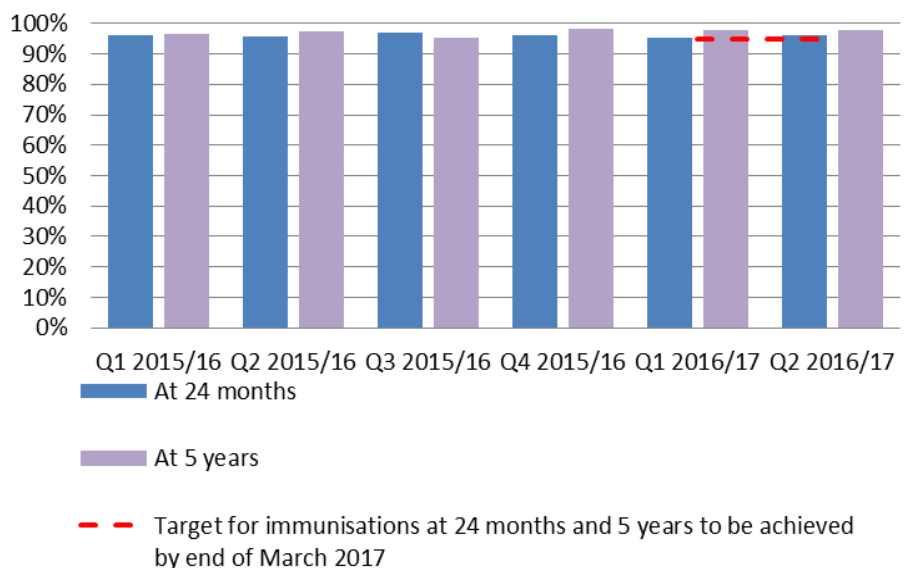
**Child and Adolescent Mental Health Service (CAMHS)  
 Referral to Treatment**



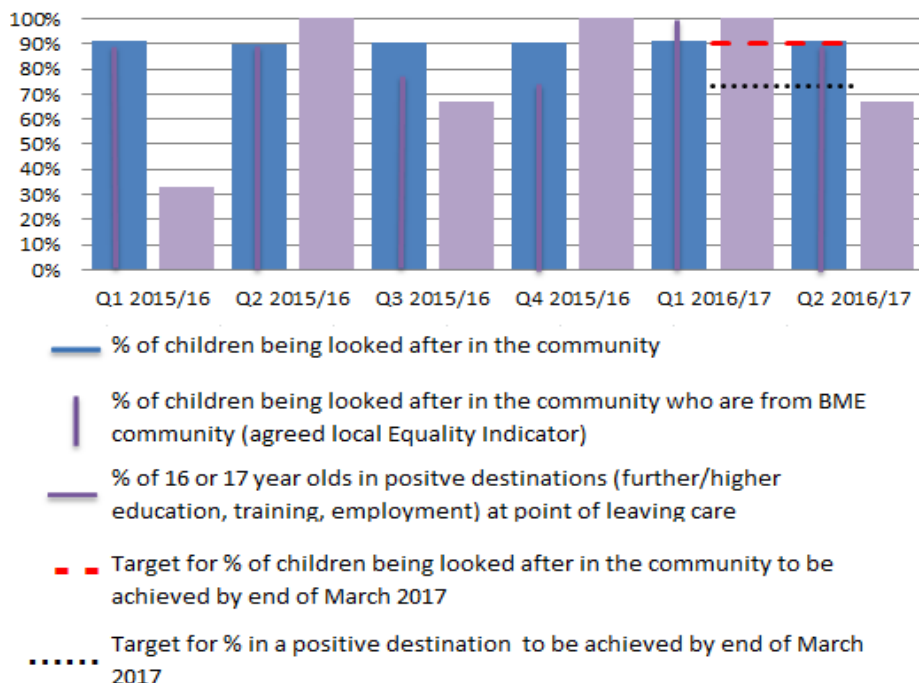
98 children and young people were referred to CAMHS in Qtr2 2016/17.

**% Measles, Mumps & Rubella (MMR) immunisations at 24 months and 5 years**

264 children had an MMR immunisation at 24 months and 230 children had an MMR immunisation at 5 years in Qtr2 2016/17.



**Looked after in the community and positive destinations**

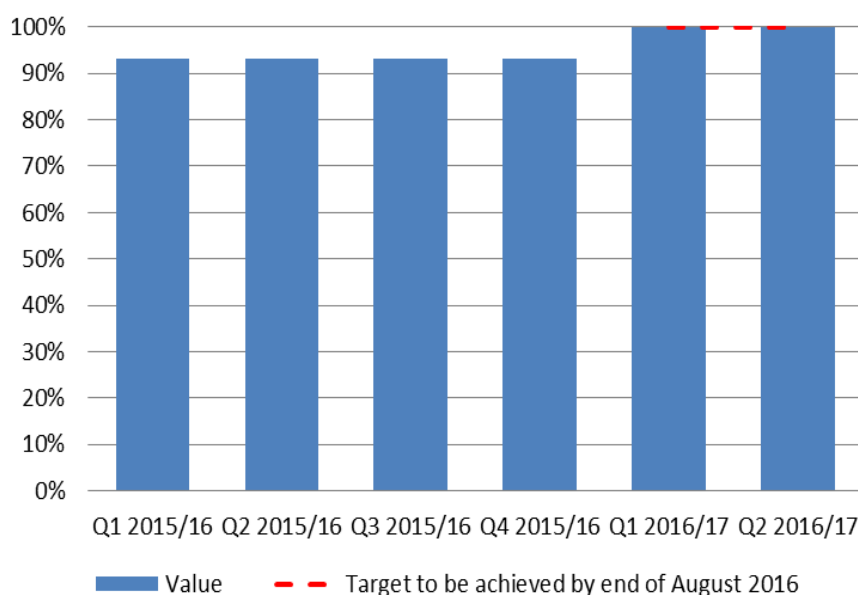


350 of the 384 children were looked after in the community in Qtr2 2016/17.

Of the 9 looked after children who happened to be BME (Black & Minority Ethnic), 8 were looked after in the community in Qtr2 2016/17.

2 of the 3 children who left care in Qtr2 2016/17 entered a positive destination.

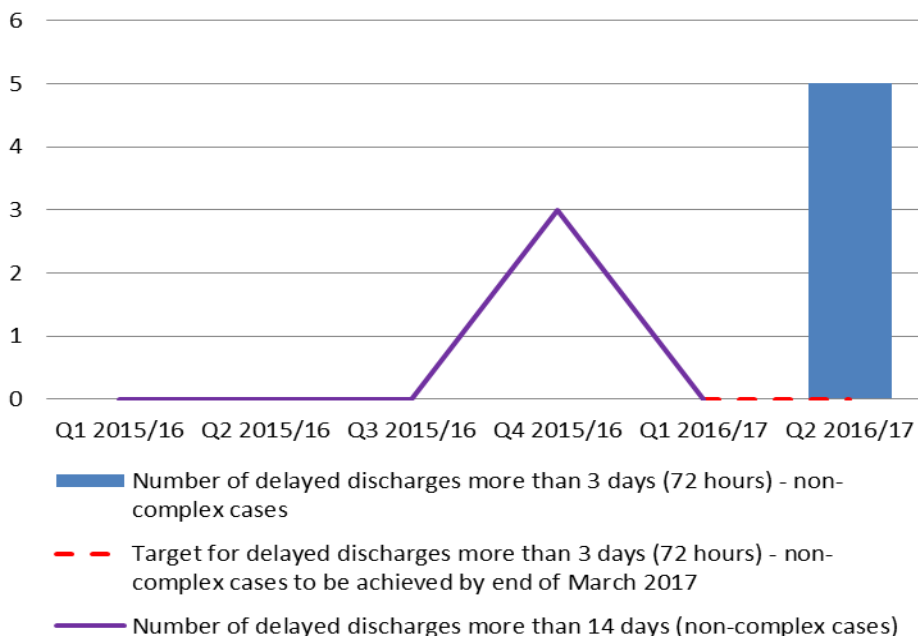
**% of all children aged 0-18 years with an identified "named person" as defined within the Children's and Young People's Act 2014**



18,787 children had an identified "named person" in Qtr2 2016/17.

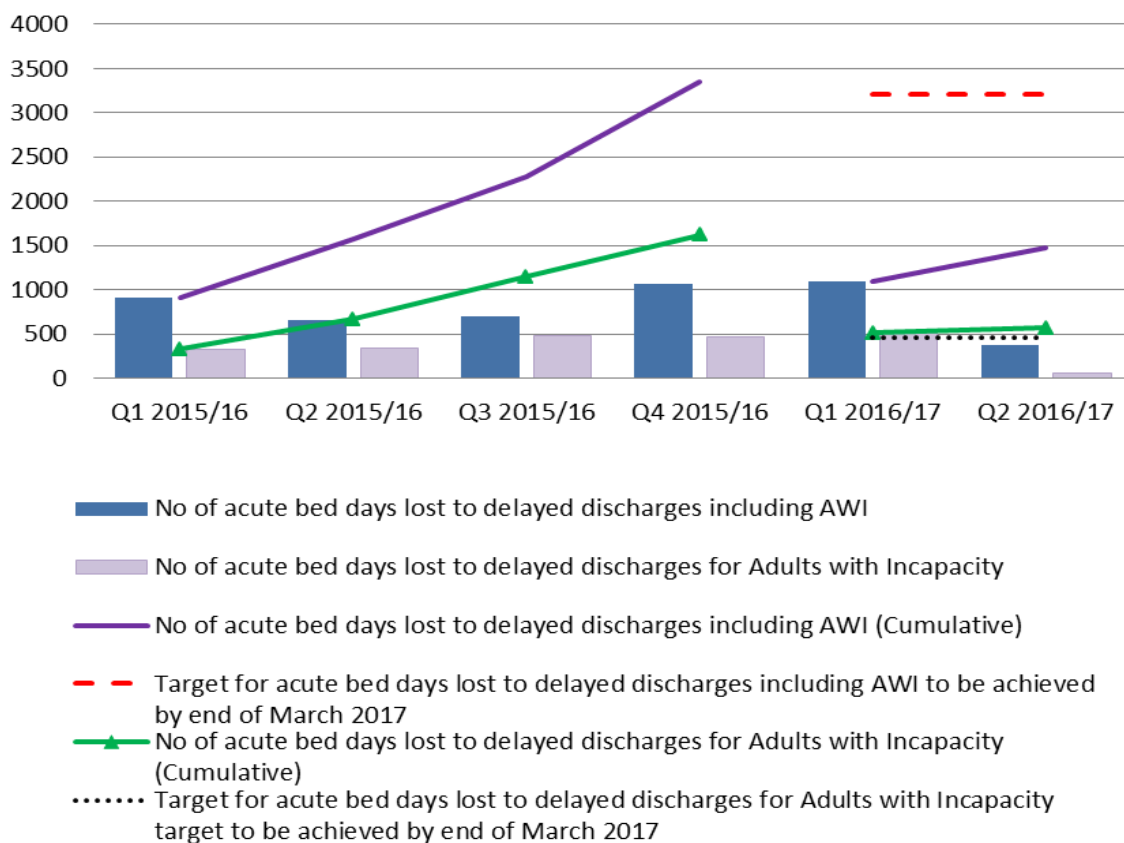
Supporting Older People

Delayed Discharges

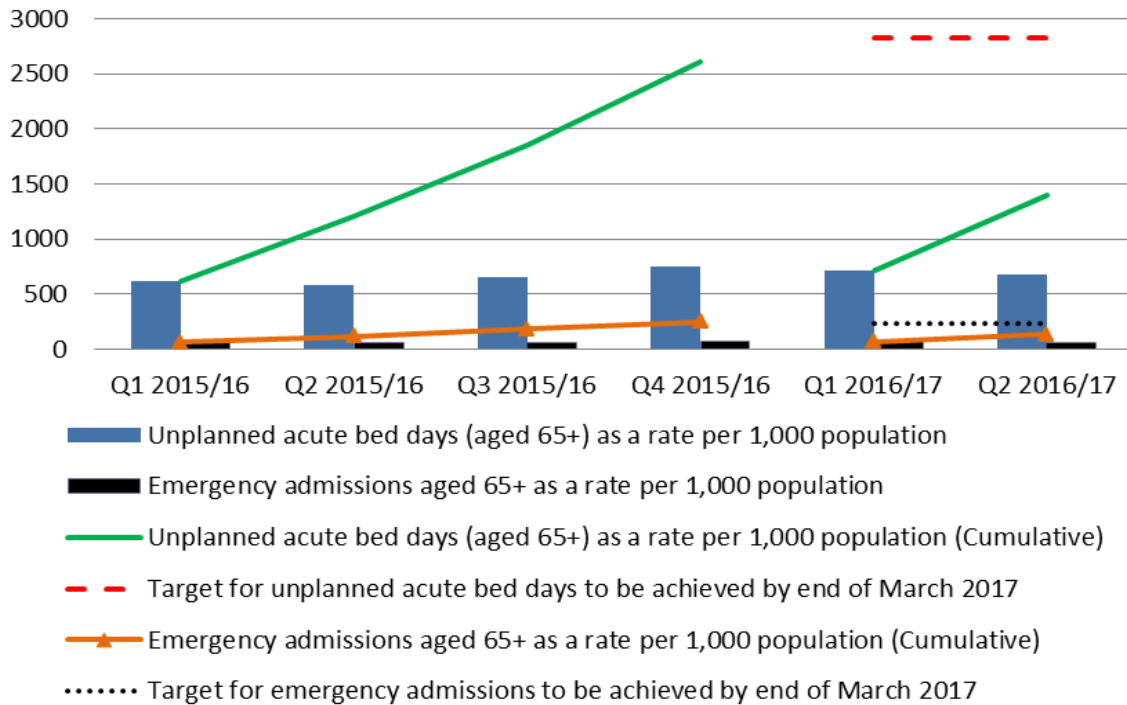


The Scottish Government have changed the way delayed discharges are counted from 1st July 2016. The previous figure for delays of more than 14 days has been included in the chart for context/ comparison.

Acute bed days lost to delayed discharge



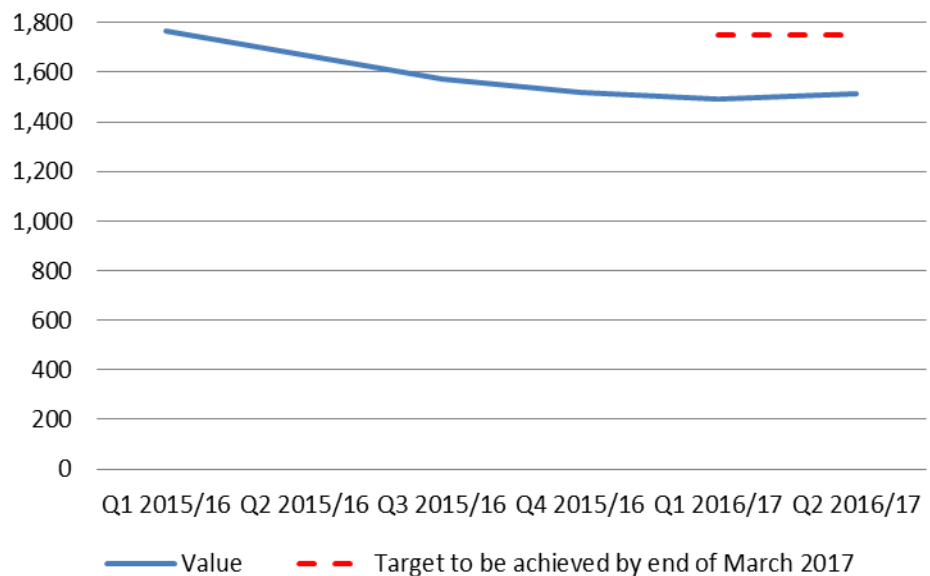
**Emergency admissions and unplanned acute bed days (65+)**



There were 1,032 emergency admissions and 10,733 unplanned bed days used by people aged 65 and over in Qtr2 2016/17.

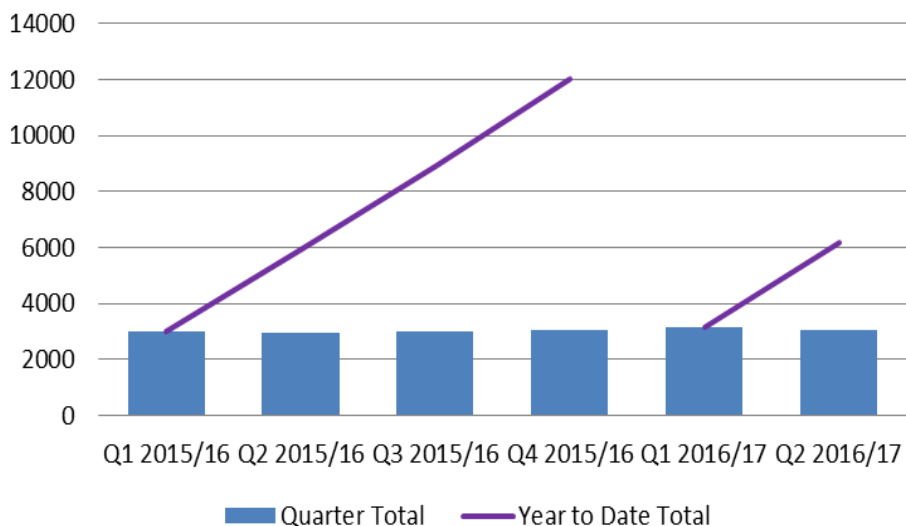
4,204 people attended A&E in Qtr2 2016/17.

**Rates of attendance per month at Accident and Emergency (A&E) per 100,000 population - Rolling Year**



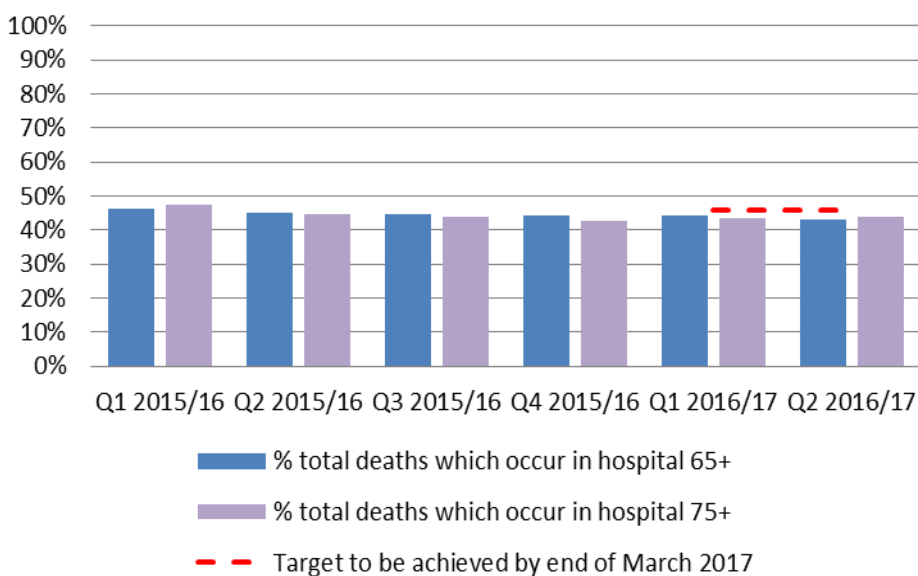


**Non-elective inpatient admissions**



This is a new indicator in line with NHSGGC's replacement of the number of non-elective inpatient episodes/spells (rolling year). The target for 2016/17 is to be confirmed.

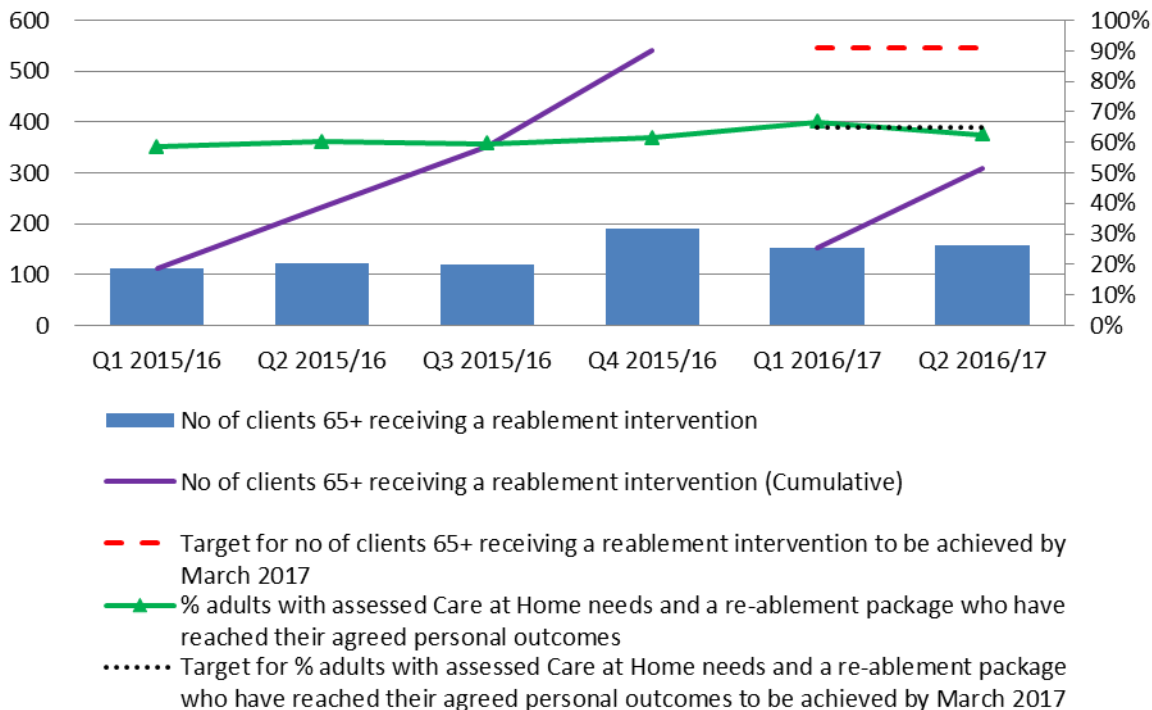
**Percentage of total deaths which occur in hospital**



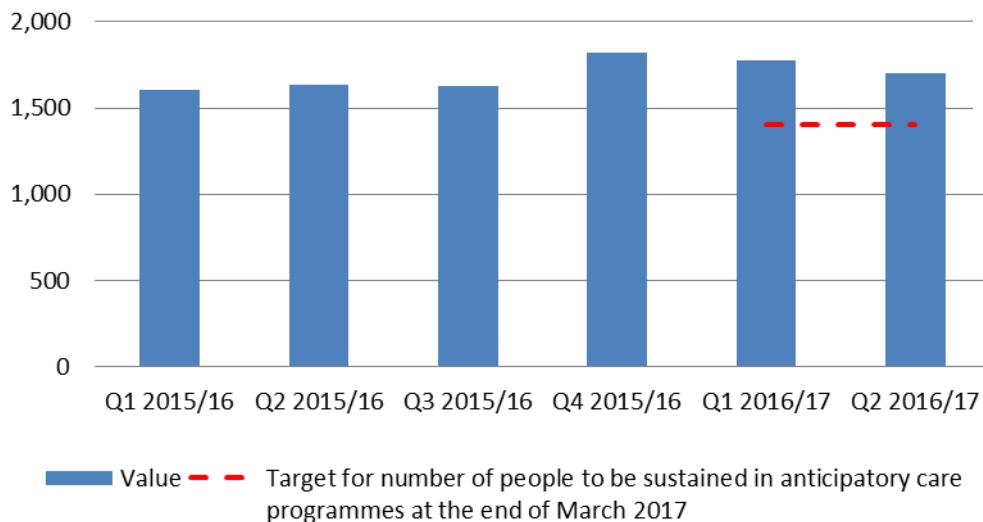
The proportion of people aged 65 and over dying in hospital rather than at home or in a homely setting continues to be lower in Qtr2 2016/17 than at any point since April 2015.



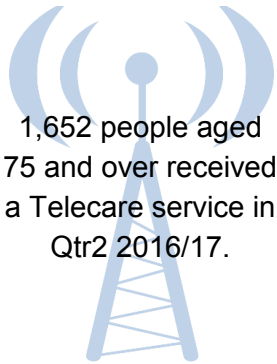
**Reablement**



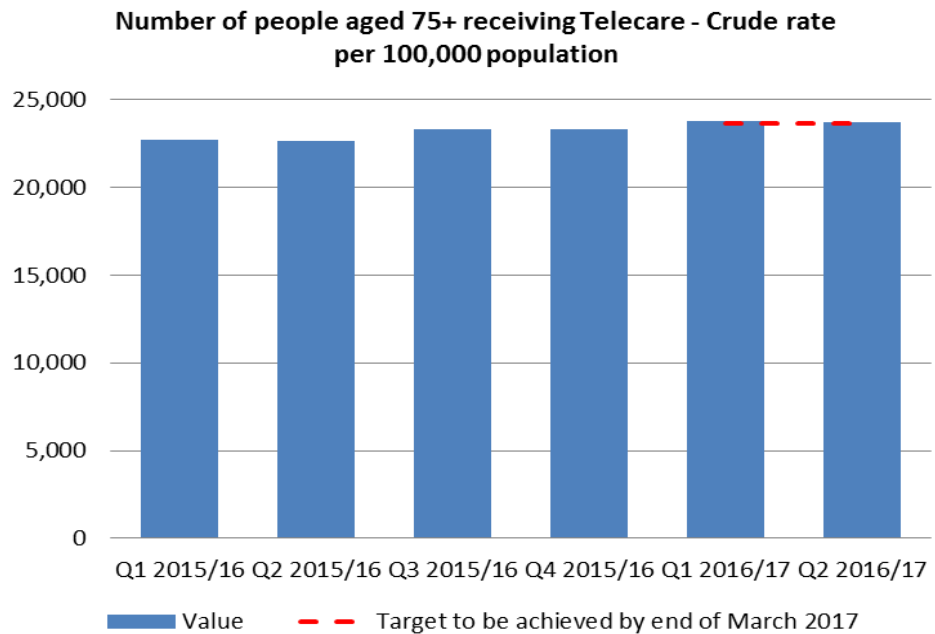
**Number of people in anticipatory care programmes**



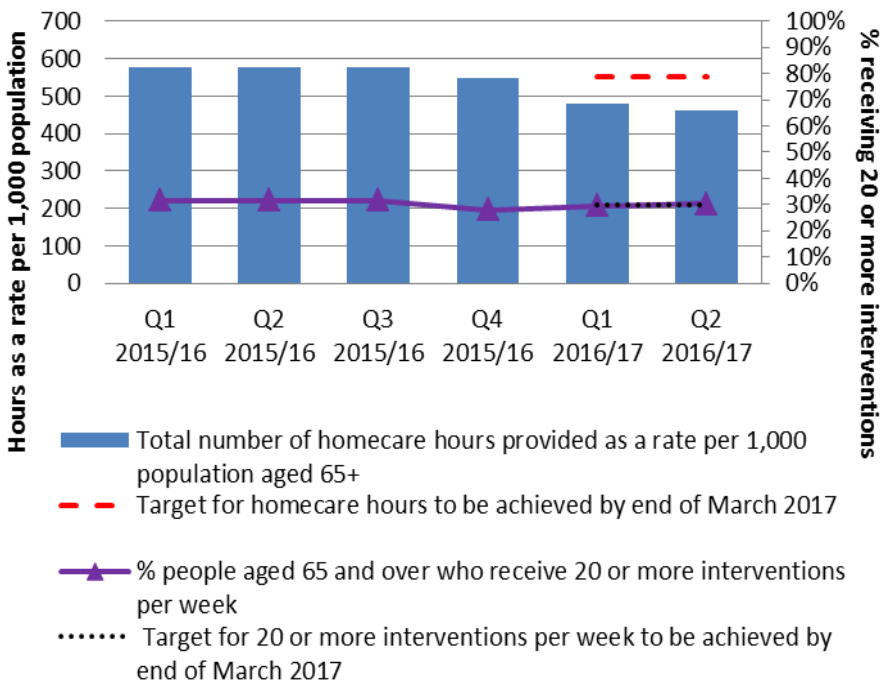
98 out of 157 people achieved their agreed personal outcomes through a reablement service in Qtr2 2016/17.



1,652 people aged 75 and over received a Telecare service in Qtr2 2016/17.

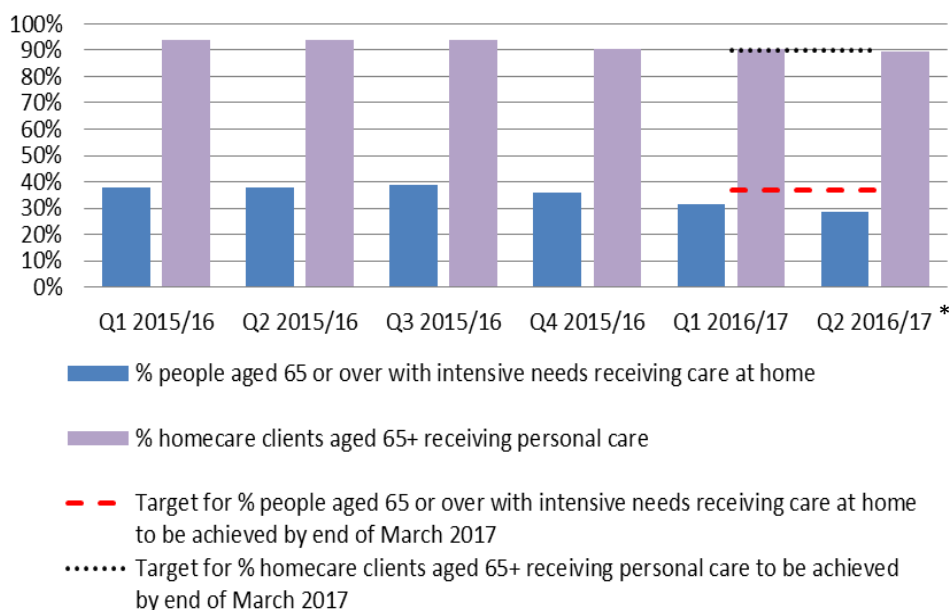


### Homecare hours and interventions



7,355.5 hours of homecare per week were provided to people aged 65 and over and 384 out of 1,263 people received 20 or more homecare interventions per week in Qtr2 2016/17.

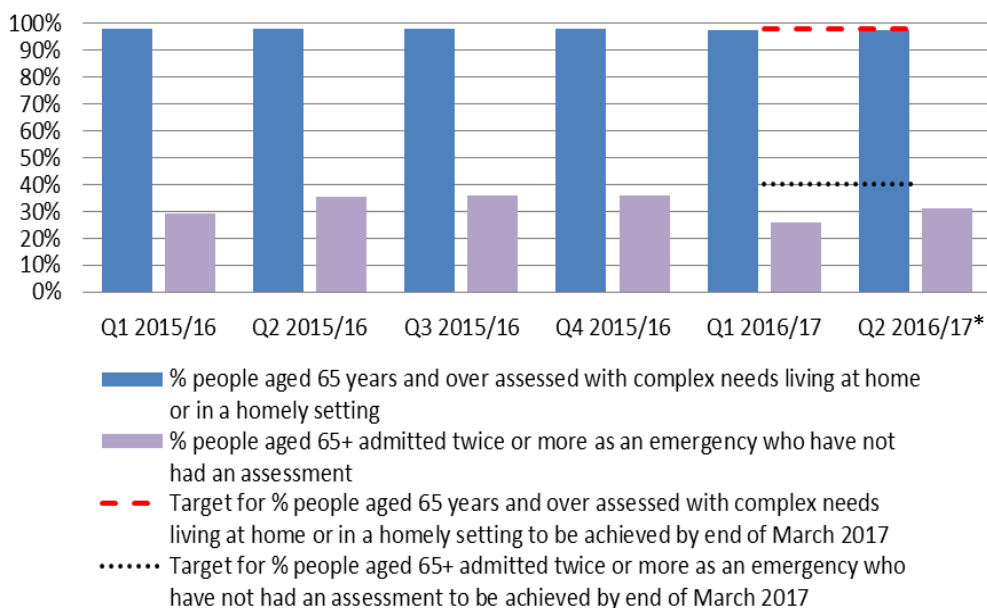
**% people with intensive needs 65+ receiving care at home (10+ hrs)/ % of all care at home clients receiving personal care**



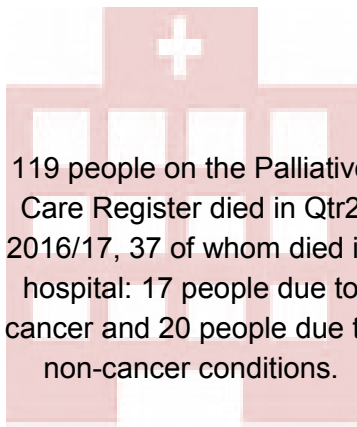
226 people aged 65 and over with intensive needs received 10 or more hours of care at home in Qtr2 2016/17.  
 1,132 out of 1,263 people aged 65 and over received personal care at home in Qtr2 2016/17.

773 people aged 65 and over with complex needs were living in a homely setting in Qtr2 2016/17. 291 people aged 65 and over admitted to hospital twice or more did not have an assessment while 640 received an assessment in Qtr2 2016/17.

**% people with complex needs living in a homely setting/ % people admitted twice or more who have not had an assessment (65+)**

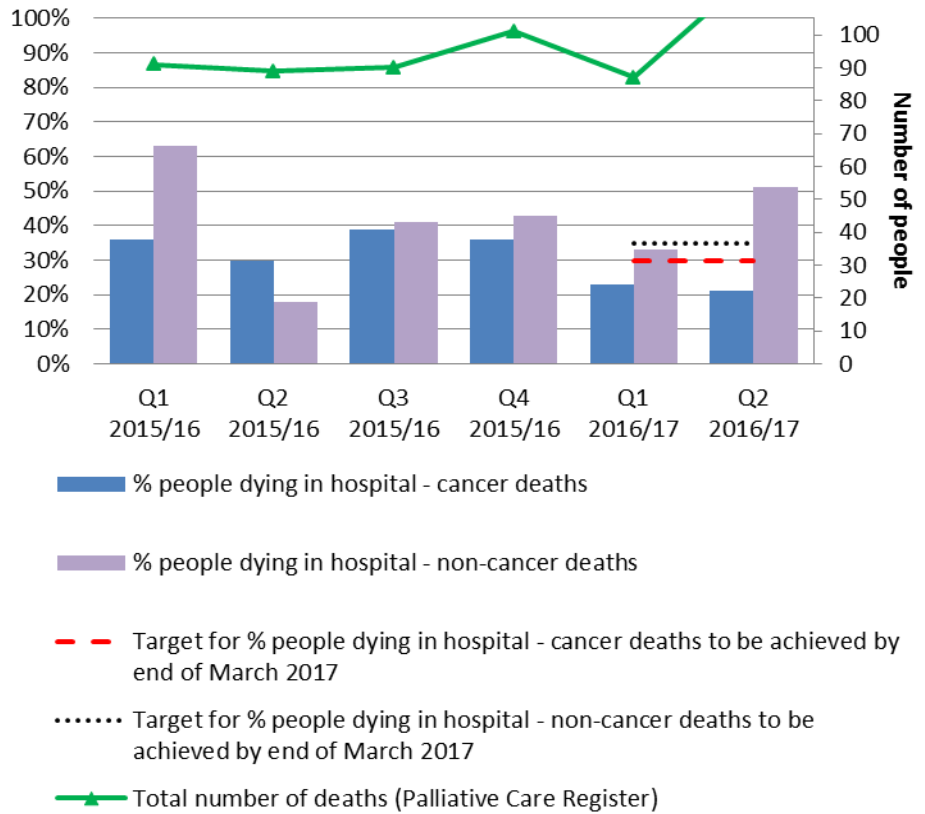


\*A change in the 2015/16 guidance for the collection of Continuing Care data will affect comparability with previous figures. Scottish Government are currently examining options to resolve this and this may result in an update to the data presented here.

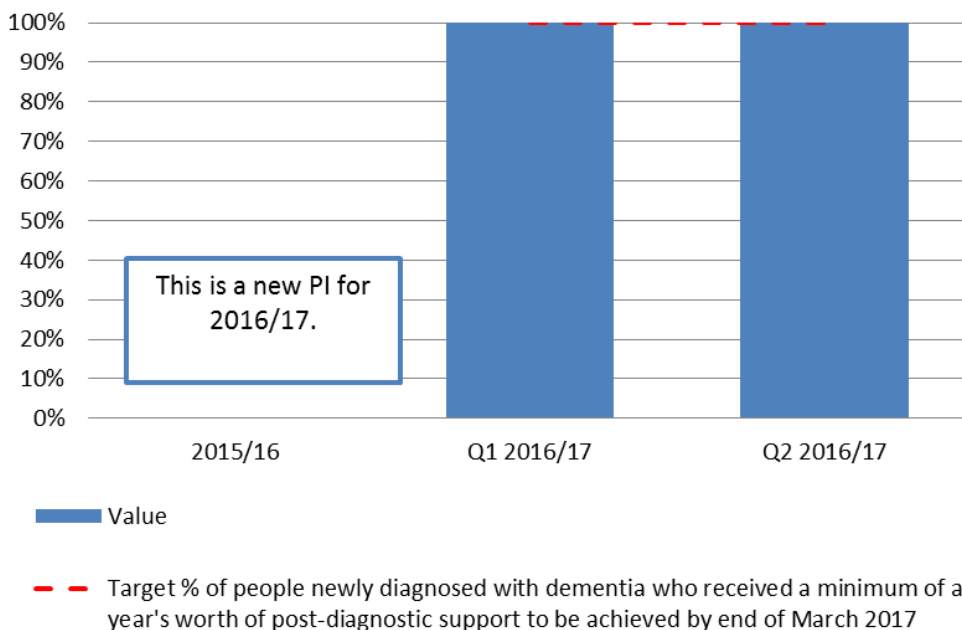


119 people on the Palliative Care Register died in Qtr2 2016/17, 37 of whom died in hospital: 17 people due to cancer and 20 people due to non-cancer conditions.

**% of people on the Palliative Care Register dying in hospital**



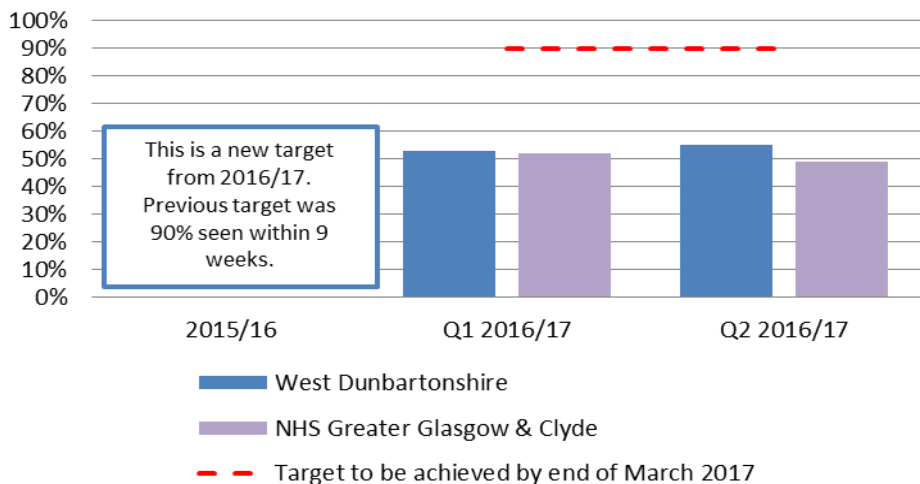
**% of people newly diagnosed with dementia who have been offered post-diagnostic support**



All 12 people newly diagnosed with dementia were offered post-diagnostic support in Qtr2 2016/17.

This is a new PI for 2016/17.

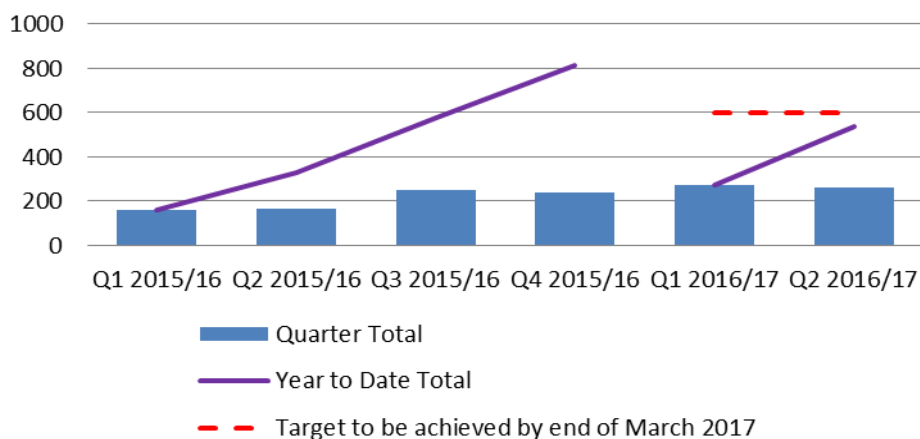
**% people seen within 4 weeks for musculoskeletal physiotherapy (MSK) services**



1,966 people from West Dunbartonshire and 19,526 from across NHS GGC were referred to the MSK service in Qtr2 2016/17.

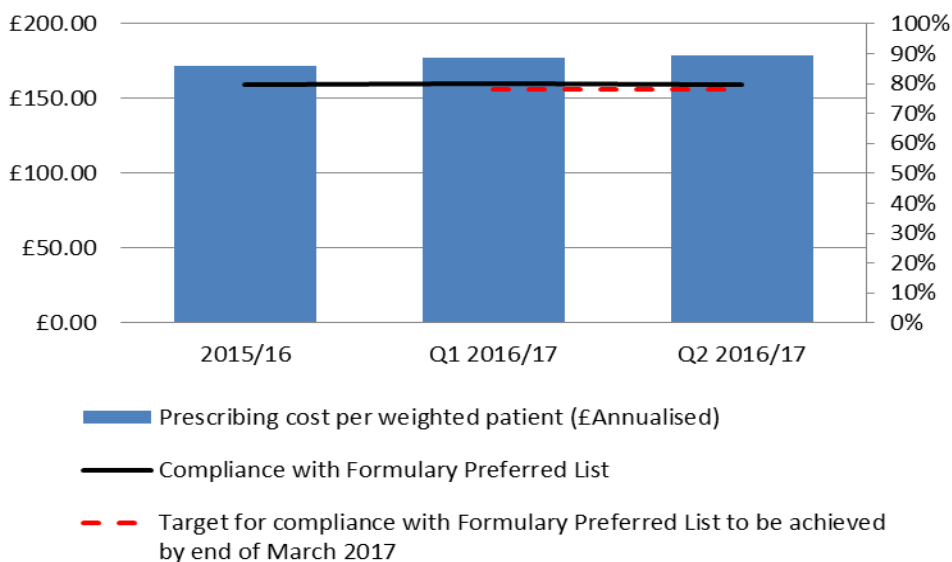
**Number of people receiving Homecare Pharmacy Team support**

441 people were referred to the Homecare Pharmacy Team in Qtr2 2016/17. 85 people declined the support and 64 people were being supported by other service teams.

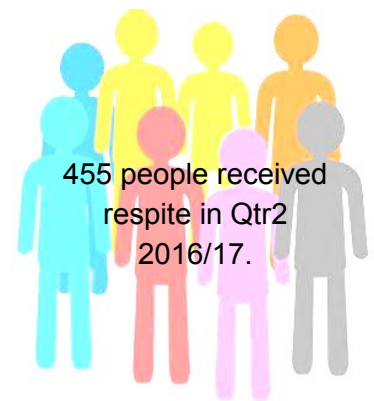
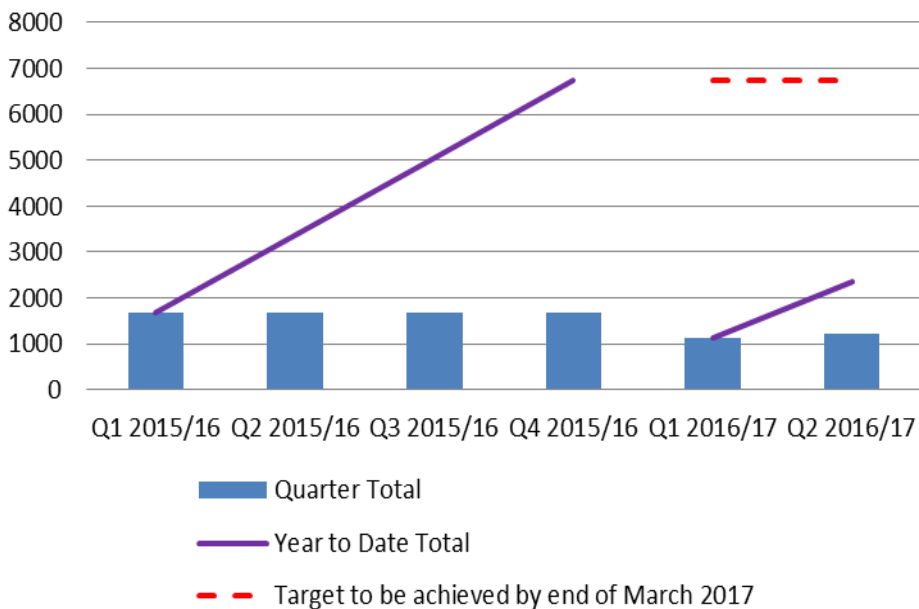


**Prescribing cost and compliance with Formulary Preferred List**

WDHSCP's prescribing cost target is the average cost across NHS Greater Glasgow & Clyde as calculated at the end of March 2017.

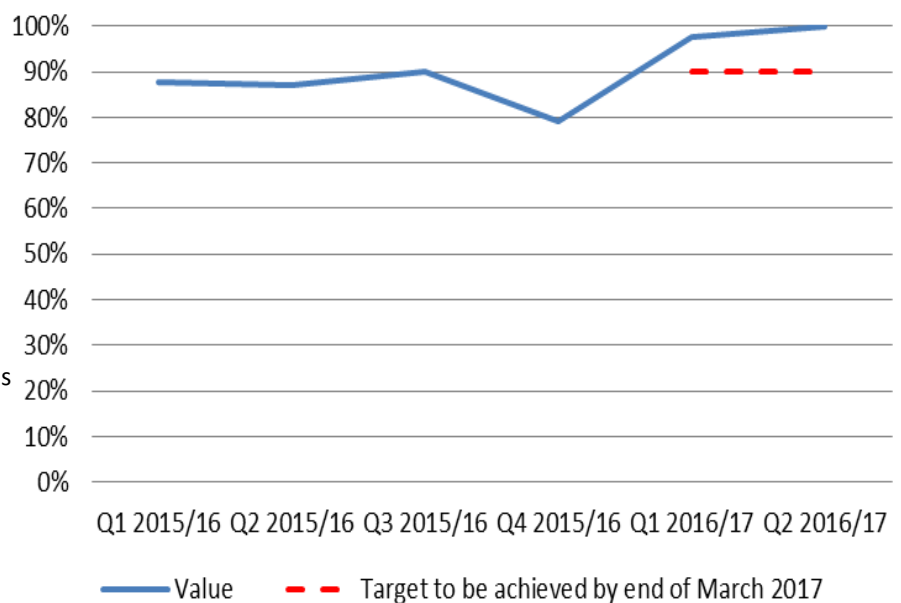


**Number of respite weeks provided to all client groups**



455 people received respite in Qtr2 2016/17.

**% carers who feel supported to continue in their caring role**

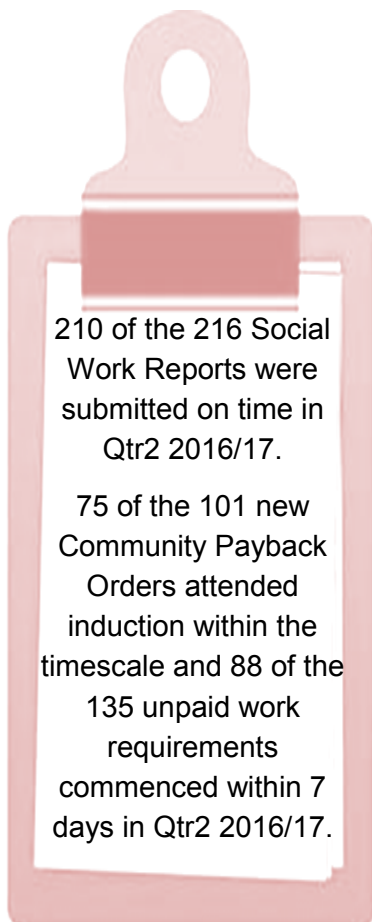
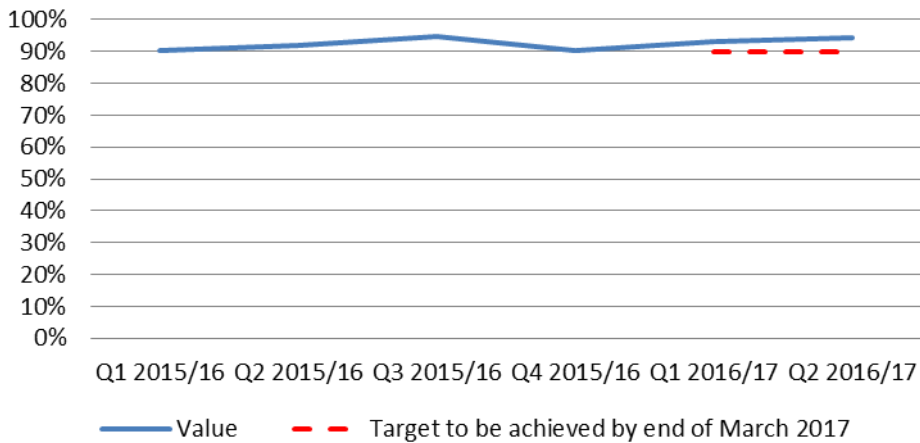


All 48 carers asked felt supported to continue in their caring role during Qtr2 2016/17. \*

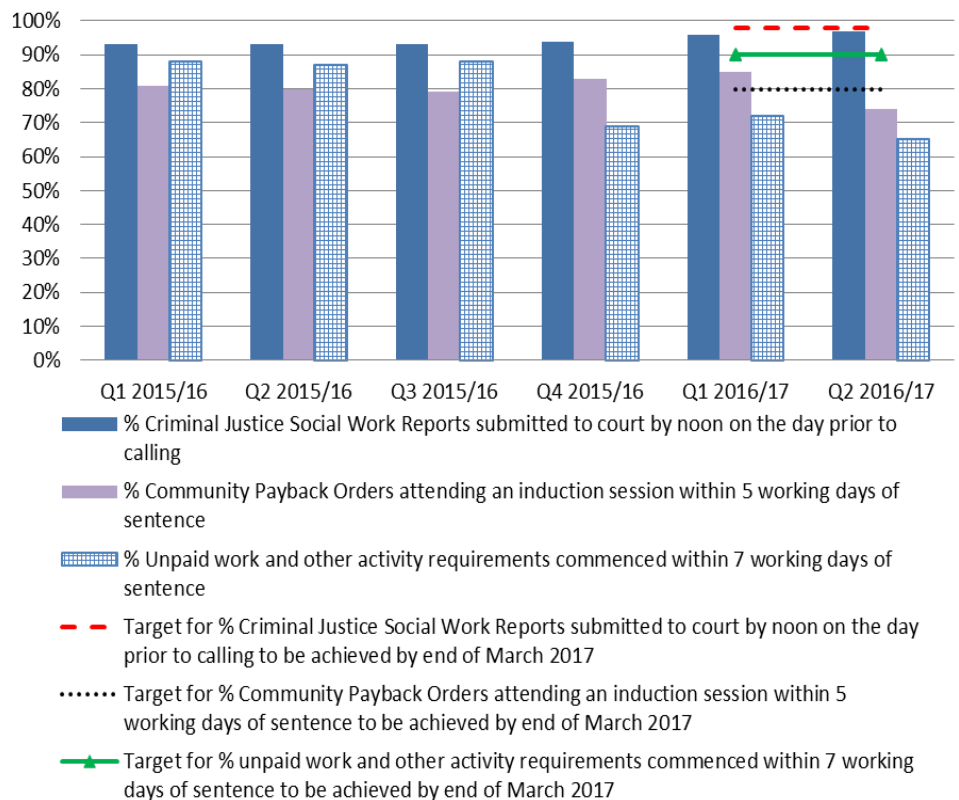
\* Sample data from Carer Support Plans completed during Qtr2 2016/17.

**Supporting Safe, Strong and Involved Communities**

**% people waiting no longer than 3 weeks from referral received to appropriate drug or alcohol treatment that supports their recovery**

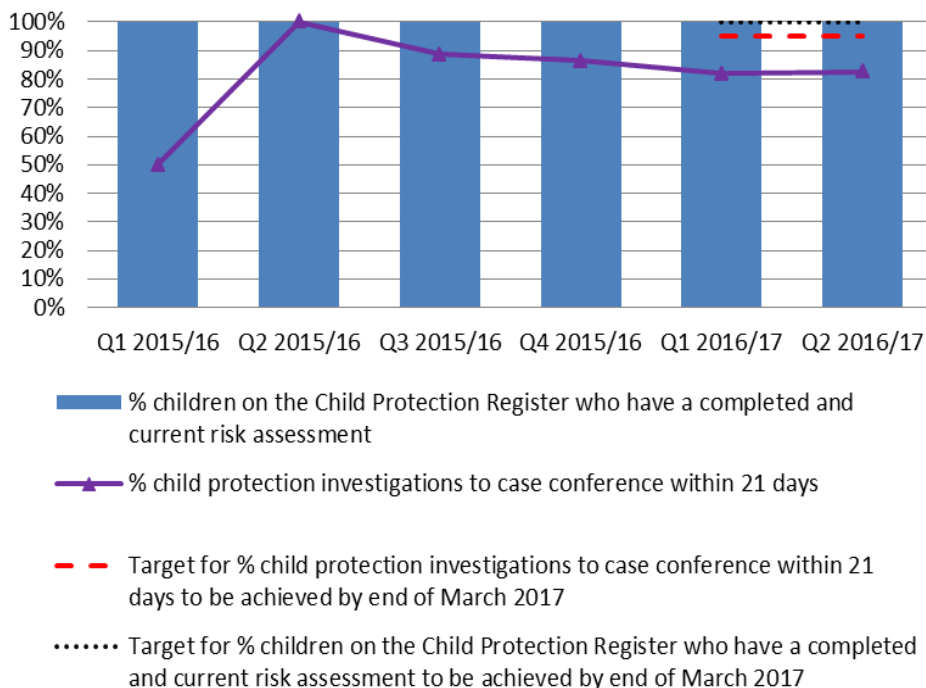


**Criminal Justice**





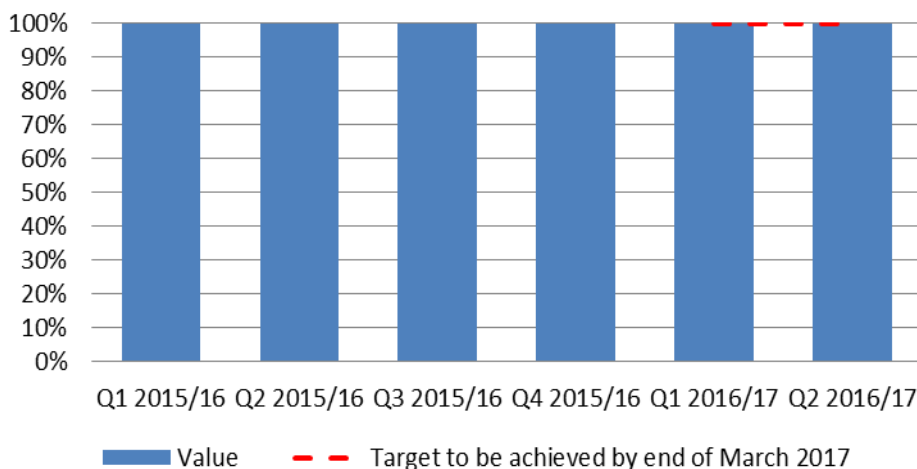
Child Protection



There were 53 children on the Child Protection Register at the end of Qtr2 2016/17. 38 out of 46 case conferences were carried out within 21 days during Qtr2 2016/17.

% Adult Support and Protection clients who have current risk assessments and care plan

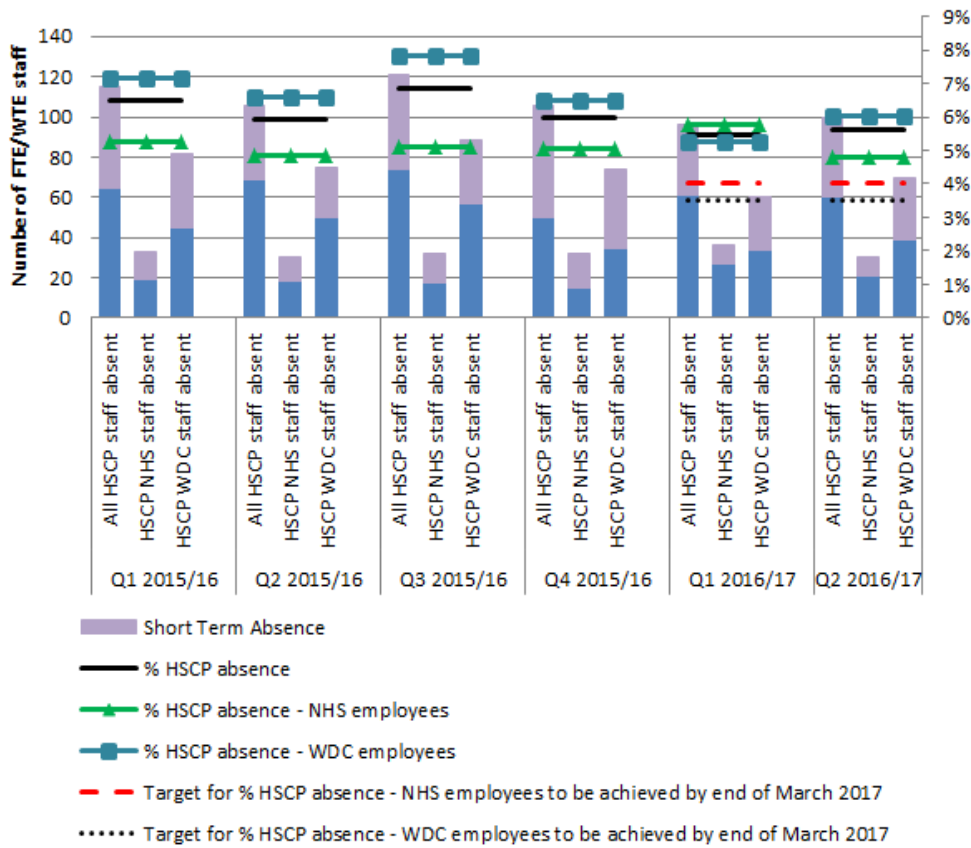
All 3 Adult Support and Protection clients had a current risk assessment and care plan in Qtr2 2016/17.





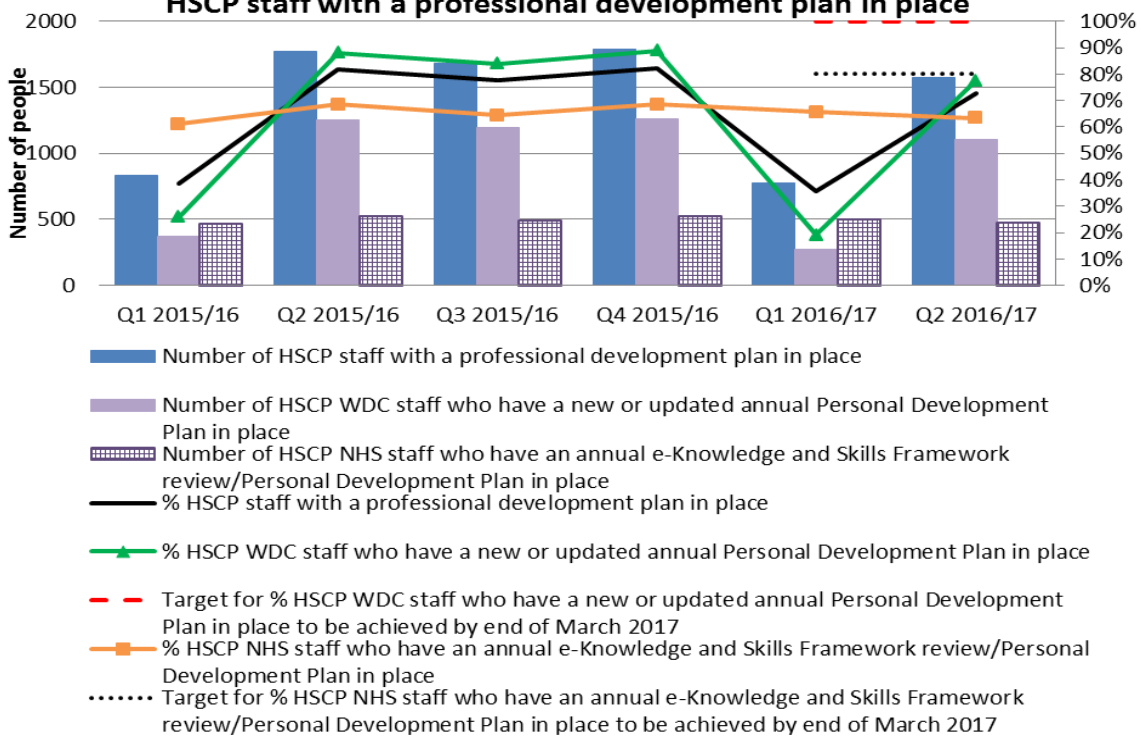
Our Staff

HSCP Staff Absence



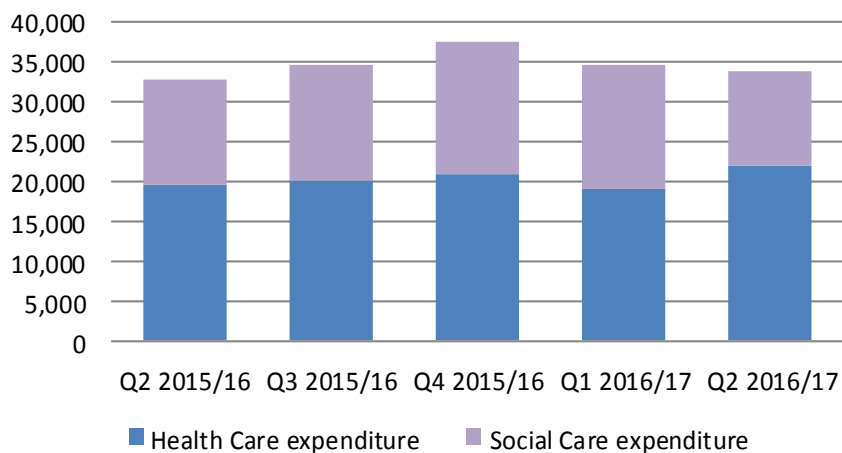
There were 749 NHS employees (629.4 Whole Time Equivalent) and 1,422 WDC employees (1,152.57 Full Time Equivalent) working within the HSCP during Qtr2 2016/17.

HSCP staff with a professional development plan in place



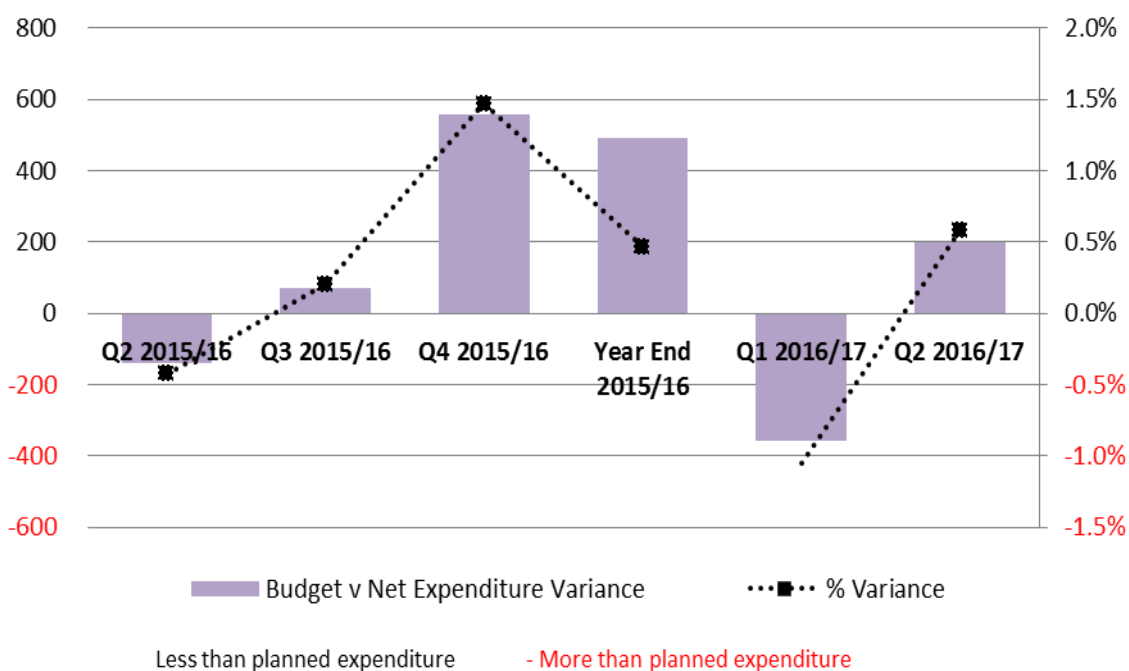
Our Finance

Health and Social Care Net Expenditure £000's



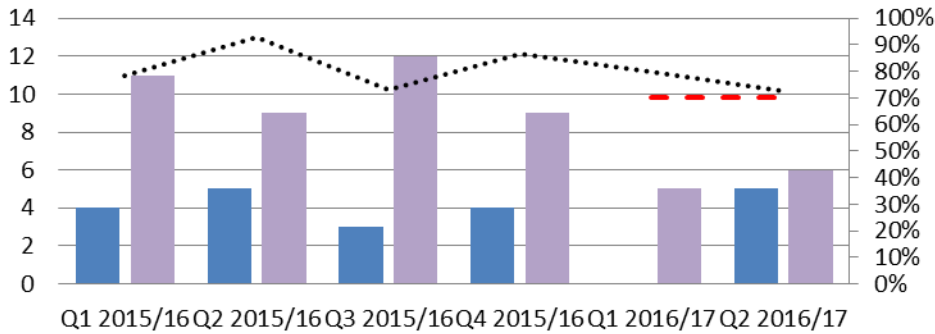
HSCP Expenditure to the end of September 2016 of £68.535m against a budget of £68.375m (not including Set-Aside).

Budget v Net Expenditure Variance



Complaints

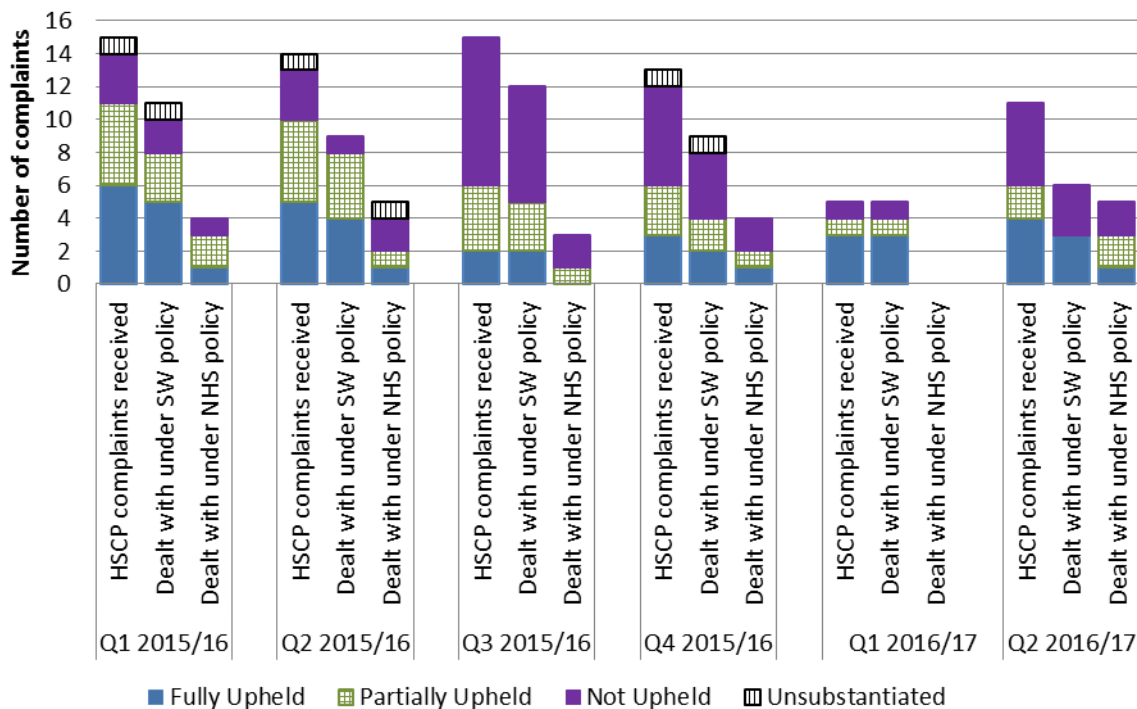
Complaints responded to within agreed timescales



5 complaints were dealt with through the Social Work Complaints policy and 6 through the NHS policy in Qtr2 2016/17. The 3 complaints which were responded to outwith the timescales were between 5 and 9 days late.

- No of complaints received and dealt with under NHS policy
- No of complaints received and dealt with under Social Work policy
- ⋯ % HSCP complaints received and responded to within agreed timescale
- - Target for % HSCP complaints received and responded to within agreed timescale to be achieved by end of March 2017

Complaints



Upheld complaints in Qtr2 2016/17 concerned Employee Attitudes (2), Learning/ Training Opportunities (1) and Quality of Service (1). Any learning from these complaints is being considered within the relevant service areas.

## Service Improvement Linked to Performance

### **Community Hospital Discharge Team**

The HSCP's Community Hospital Discharge Team were nationally recognised as finalists in the Integrated Care for Older People category at the Scottish Health Awards 2016.

Through the Community Hospital Discharge Team, the HSCP brings together key services into one integrated team, including Occupational Therapy, Physiotherapy, District Nursing, Speech and Language Therapy and Social Care. Close links to Care at Home Pharmacy and Home Care services mean that people receive a joined up service across our entire HSCP provision.

The Scottish Health Awards recognised that in West Dunbartonshire, through timely and integrated planning, people's lives were made easier and more comfortable, enabling them to live as independently as possible. The Team maximise opportunities for recovery at home, identifying the need for ongoing support and ensuring timely transfer to appropriate services.



Pictured left to right: Kirsteen MacIennan, Integrated Operations Manager, Hospital Discharge & Adult Care; Clare Gallagher, Health Team Leader, Hospital Discharge; Marc Beekman, Social Worker, Hospital Discharge

### **Case Study: 'Boots On' – Work Connect**

Work Connect, based in Levensgrove Park, is a specialist HSCP supported employment service for people with mental health issues, addictions and learning disability. In partnership with Greenspace, it gives disabled or vulnerable people the safe space, tools and support to improve their quality of life through opportunities to learn and apply their skills and creativity.

Initially a horticulture project, it now includes arts exhibitions and classes, catering, and social activities, often led by service users. These activities provide practical skills, often used as a non-medical option alongside existing health and care treatment, and support to improve health and well-being.

The 'Boots On' film project, one of the initiatives, demonstrates the impact of focusing on positive person centred outcomes. Developed and created by the people supporting and supported by Work Connect, it reflects the skills and interests of attendees and the project's flexibility in developing personal projects that work toward individuals' personal outcomes. Participants report it has improved mental health and physical health, and increased confidence across its whole team of participants and in doing so records its own success. Collectively they have created evidence of the positive person centred outcomes of the project.

The project was visited by the Minister for Employability and Training (Jamie Hepburn, MSP) due to it being recognised as a strong example of how, by thinking out-of-the-box, capacity and resources in two separate public sector services can be combined to improve outcomes for individuals who might otherwise struggle to access support..

For more information on our services and their performance please visit

<http://www.wdhscp.org.uk/about-us/public-reporting/>

**WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP****Health & Social Care Partnership Board: 1 March 2017**

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**Subject: Alcohol and Drug Partnership Validated Self-Assessment and Improvement Plan update****1. Purpose**

- 1.1** To bring to the Partnership Board the outcome of the recent Alcohol and Drug Partnership Validated Self-Assessment by the Care Inspectorate.

**2. Recommendations**

The Partnership Board is recommended to approve the content of the Validated Self-Assessment Action Plan, a copy of which is attached.

**3. Background**

- 3.1** In May 2016, the Scottish Government commissioned the Care Inspectorate to commence a joint programme of work to support all Alcohol and Drug Partnerships in Scotland to review their progress towards implementation of the Quality Principles. The Quality Principles were introduced by the Scottish Government in 2014 as an initial step towards building a quality improvement framework for alcohol and drug services in Scotland. The Quality principles support a holistic, recovery-focussed approach where services and those seeking to address their problematic substance misuse work in partnership to achieve agreed outcomes.
- 3.2** The aim of the work was to provide an evidence informed assessment of local implementation, measurement and quality assurance of the Quality Principles at an operational level whilst also implementing the Quality Principles at a strategic level by developing a Quality Improvement Framework underpinned by ongoing self assessment and evaluation.
- 3.3** By implementing a more robust Quality Improvement Framework, a culture of continuous improvement, quality assurance and performance monitoring will be established. This will enable the Alcohol and Drug Partnership to monitor the implementation of the Quality Principles against service delivery and wider CPP strategic objectives

**4. Main Issues**

- 4.1** Overall the results from the Alcohol and Drug Partnership Self Evaluation highlighted that:
- Services worked effectively and that individuals accessing services did so without delay.

- Services being delivered were high quality and needs based, supporting empowerment through recovery.
- Well established governance was in place with sound mechanisms for reporting progress against the ADP delivery plan through the Integrated Joint Board and Community Planning Partnership.
- The ADP was noted as being innovative, committed to self-evaluation and continuous improvement.
- Acknowledged the work of the West Dunbartonshire HSCP Addictions Blood Borne Virus Team as a good practice example.

**4.2** Areas for improvement were identified. These supported developmental areas already identified by the ADP. These areas included:

- More consistent and effective recording across ADP partners and the development of SMART care plans. (Specific, Measureable, Achievable, Realistic, Timescale)
- Joint delivery of Recovery Orientated Systems of Care need to be more robust to include partners such as Housing, Employment Support and Children's services.

**4.3** The Validated Self Assessment work plan has been implemented to address areas of improvement. This workplan will be progressed through the Treatment and Support Group with progress reported to the ADP.

**4.4** The sub-group structure of the Alcohol and Drug Partnership has also been reviewed and re-aligned to support the outcomes of the Validated Self Assessment. This will further ensure robust reporting to the Alcohol and Drug Partnership and wider Community Planning Partnership Structures. An example of this is the link to Children's services through the Child Protection Committee, which will not only promote the Children Affected by Substance Misuse Agenda (CAPSM) but will evidence robust across partnership working between adult and children services.

## **5. People Implications**

**5.1** There are no people implications associated to the report.

## **6. Financial Implications**

**6.1** There are no financial implications associated to the report.

## **7. Professional Implications**

**7.1** The Chief Officer is Chair of the Alcohol and Drug Partnership. The Head of Mental Health, Addictions and Learning Disability is Vice Chair. Both have been fully involved in the Validated Self Assessment Process.

**7.2** The Chief Social Work Officer is also a member of the Alcohol and Drug Partnership and has been fully involved in the Validated Self Assessment Process. The Chief Social Work Officer has also been updated of the outcome actions of the Validated Self Assessment and work plan.

## **8. Locality Implications**

**8.1** There are no specific locality implications associated to this report.

## **9. Risk Analysis**

**9.1** The Alcohol and Drug Partnership Validated Self Assessment has been a useful exercise. The outcome assessment and subsequent work plan will form important evidence to support the forthcoming Care Inspectorate Adult Inspection.

## **10. Impact Assessments**

**10.1** No impact assessment required.

## **11. Consultation**

**11.1** No consultation required.

## **12. Strategic Assessment**

**12.1** The action plan arising from the Alcohol and Drug Partnership Validated Self Assessment will fully support the overall delivery of the HSCP Strategic Plan.

**12.2** A copy of the action plan detailing the areas for improvement and how these will be achieved has been returned to the Care Inspectorate.

**Author** Julie Lusk  
Head of Mental Health, Addictions and Learning Disability,  
West Dunbartonshire HSCP.

**Date:** 6<sup>TH</sup> February 2017

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**Person to Contact:** Julie Lusk  
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Email: [julie.lusk@ggc.scot.nhs.uk](mailto:julie.lusk@ggc.scot.nhs.uk)  
Telephone: 01389 737203

**Appendix:** West Dunbartonshire HSCP Alcohol and Drug  
Partnership Validated Self Assessment Work Plan

**Background Papers:** The Quality Principles Document, Scottish Government

**Wards Affected:** All



## **West Dunbartonshire Alcohol and Drug Partnership**

### **Validated Self-Assessment Action Plan 2016 – 2018**

This plan represents key strengths and areas for improvement identified as part of the Validated Self-Assessment process undertaken in early 2016 and will be progressed and reported through the ADP by the leads within the newly refreshed sub-group structure throughout 2016 - 2017.

Progress on the plan will also be reported, where required, through the ADP and wider community planning structures.

1.	<i>You should be able to quickly access the right kind of drug and alcohol service that keeps you safe and supports you throughout your recovery.</i>	<p>The majority of individuals using drug and alcohol services experienced timely access to statutory and commissioned services that were meeting their needs.</p> <p>Reporting arrangements were in place enabling effective monitoring of waiting times and reporting of the HEAT standard and ensuring that positive performance across services was maintained.</p>	The ADP recognised that there could be benefit in having the ability to consolidate some of the reporting once the use of the Recovery Outcome Web (ROW) is embedded across participating services.	Information and Commissioning sub-group to map current client/patient recording and reporting systems and processes and report back to ADP	Information Manager
2.	<i>You should be offered high quality, evidence-informed treatment, care and support interventions which keep you safe and empower you in your recovery.</i>	The majority of individuals accessing services benefitted from high quality treatment and support that met their needs and empowered them throughout their recovery.	Enhancing information about services and how to access these within wider communities could strengthen access to services.	Treatment and Support sub-group to work with wider CPP partners including Working4U, Housing services and DWP to ensure effective joint working	Integrated Operational Manager Addictions
		Services worked effectively together to ensure appropriate and efficient referral pathways met individuals' needs. A Recovery Orientated System of Care (ROSC) was in place and			Integrated Operational Manager Addictions

		continuing to develop. Staff were clear about the variety of services contained within ROSC and the links between them. This was beneficial for individuals using services as they had access to a range of recovery models and therapies and were supported to move forward at their own pace.			
		A range of harm reduction advice, interventions and initiatives were available across services and the majority of individuals that used services had benefitted from accessing these throughout their recovery.			Integrated Operational Manager Addictions
<b>3.</b>	<i>You should be supported by workers that have the right attitudes, values training and supervision throughout your recovery journey.</i>	Individuals accessing services were made to feel welcome and valued from respectful and committed staff. Individual's had regular, meaningful contact with workers who provided treatment and support. An individual that we met with told us that contact with workers and services had "transformed my life" and another stated that "I've got my life back".	Demonstration of staff supervision or manager oversight in individual cases was evident in less than half of the case files read.	HSCP and third sector services to continue with case file audit processes in line with Care Inspectorate processes; reporting results to ADP	Integrated Operational Manager Addictions
<b>4.</b>	<i>Impact on the Community</i>	West Dunbartonshire ADP had a strong strategic partnership approach	There was a lack of awareness about the Quality Principles	Third sector services to work with the HSCP to support	Health Improvement

		to community engagement, capacity building and commitment to a whole population approach. There was a wide range of services and initiatives that utilised creative approaches which were helping to build and promote positive community capacity through education, training and local campaigns. There were numerous examples of effective joint working between the ADP and community planning partners.	amongst individual's using third sector services. Whilst staff from third sector organisations demonstrated an understanding of the Quality Principles and felt that these were embedded in their work; we heard that they did not specifically discuss the Quality Principles with individuals who accessed their services. Ensuring that individuals who access third sector services are made aware of the Quality Principles through discussion and increased visibility could strengthen awareness of the standards.	training and awareness around the Quality Principles and report progress to ADP.	Manager
			Despite the fact that individuals we met felt that recovery from addiction was more visible in the community and that this has had a positive impact in reducing stigma within the wider community, people continued to feel stigmatised in some community settings such as Job Centre Plus.	ADP to seek representation from wider CPP partners including Working4U, Housing services and DWP to combat stigma and effective joint working	Planning and Improvement Manager
5.	<i>You should be involved in a strength</i>	The majority of individuals were meaningfully involved in their assessment which was based on their	Analysis of case files indicated that there could be benefit in the ADP remaining focused on improving	HSCP and third sector services to continue with case file audit processes in line with Care	Planning and Improvement Manager

	<i>based assessment that demonstrates the choice of recovery model and therapy is based on your needs and aspirations.</i>	strengths but also recognised current or previous trauma. Individual's received responsive, timely support from services which helped to ensure that key services were identified and accessed without delay. Individuals that we met with indicated that they directed their own pace and recovery journey.	the overall quality of assessments.	Inspectorate processes; reporting results to ADP	
			Whilst co-produced recovery plans were in place in most cases, less than half were SMART.	HSCP and third sector services to continue with case file audit processes in line with Care Inspectorate processes; reporting results to ADP.	Planning and Improvement Manager
5.	<i>You should have a recovery plan that is person-centred and addresses your broader health, care and social needs, and maintains a focus on safety throughout your recovery</i>	Collaborative goal setting ensured that individuals who had a recovery plan were fully involved in developing and reviewing their plan. Case file analysis indicated that all recovery plans read contained the individual's desired outcomes.	The majority of individuals indicated that they had been offered a copy of their recovery plan, this was not evident in any of the case files that we read.	HSCP and third sector services to continue with case file audit processes in line with Care Inspectorate processes; reporting results to ADP.	Planning and Improvement Manager

	<i>journey.</i>				
<b>6.</b>	<i>You should be involved in regular reviews of your recovery plan to demonstrate it continues to meet your needs and aspirations.</i>	Recovery plans were regularly reviewed and the majority included an evaluation of current treatment or interventions. The majority of reviews considered the wider needs of individuals who were supported to access wraparound services as part of their recovery.	Whilst the majority of staff and individuals indicated that had been informed about independent advocacy services, this was evident in less than half of the case files that we read.	The HSCP is currently reviewing capacity of advocacy services across all groups; this will inform the ADP approach.	
<b>7.</b>	<i>You should have the opportunity to be involved in an ongoing review of how services are delivered throughout your recovery.</i>		The majority of individuals and staff were in agreement that people were supported to understand and exercise their rights to express comment and dissatisfaction. However, this was less evident in case file analysis and there could be benefit in considering approaches to ensure this information was recorded.	HSCP and third sector services to continue with case file audit processes in line with Care Inspectorate processes; reporting results to ADP	Planning and Improvement Manager
<b>8.</b>	<i>Services should be family inclusive as part of their practice.</i>	There were helpful examples of family inclusive practice in individual's treatment and recovery plans and in seeking support for family members and carers in their own right.			Integrated Operational Manager Addictions

9.	<i>Policy, Service Development and Planning</i>	West Dunbartonshire ADP had well-established governance arrangements and sound mechanisms in place for reporting progress on its delivery plan, through the Integration Joint Board (IJB) and Community Planning Partnership.	Whilst commissioned services' implementation of the Quality Principles was monitored through service level agreements, the ADP recognised that there could be benefit in commissioned services demonstrating progress with implementing the Quality Principles through a programme of continuous improvement.	Information and Commissioning sub-group to work with Procurement services and OD support services within Council and NHS to deliver a programme of continuous improvement.	Integrated Operational Manager Addictions
		Implementation of the Quality Principles was a priority for the ADP. These were embedded in service level agreements and formed the basis of a continuous improvement programme undertaken by statutory addiction services. This had resulted in a two-year improvement plan that was being implemented.			Integrated Operational Manager Addictions
		A strategic commissioning plan underpinned a robust approach to contract monitoring with mechanisms in place to ensure that identified improvement work was progressed.			Integrated Operational Manager Addictions
		There was a strong commitment to involving and engaging individuals at service and strategic levels with various approaches being utilised. Individuals we met with were			Integrated Operational Manager Addictions

		confident that their views informed service developments.			
<b>3.</b>	<i>You should be supported by workers that have the right attitudes, values training and supervision throughout your recovery journey.)</i>	The ADP had utilised a range of approaches to achieve greater staff awareness and knowledge of the Quality Principles. Almost all staff indicated that they felt that they had a sound knowledge and understanding of the Quality Principles and that this had improved their work.	Increasing access for staff to have an annual appraisal or performance review could further support professional development.	The Early Intervention and Prevention Sub-group can monitor staff within the HSCP having their annual appraisal as part of KSF/PDP; third sector providers to be encouraged to report high level actions in relation to professional development.	Integrated Operational Manager Addictions
		Statutory addictions services were progressing workforce development through their continuous development programme.	Whilst statutory addiction services were progressing workforce development through their continuous improvement programme, there could be benefit in coordinating workforce development activity strategically across ROSC.	As above, as part of the work of the Early Intervention and Prevention Sub-group will support a joint training programme for all staff with individuals affected by drugs and alcohol.	Health Improvement Manager
<b>10.</b>	<i>Partnership working and resources</i>	The ADP was a strong collaborative partnership and was working effectively with all stakeholders across all sectors to further progress ROSC. Positive examples of partnership working demonstrated effective links	Whilst the ADP was working well in partnership with its stakeholders, staff survey findings indicated that staff could benefit from greater clarity regarding the distribution of resources between acute/specialist		Integrated Operational Manager Addictions



		between strategic planning and operational service delivery.	services, support services and community-based support.		
		There were strong working relationships across the Community Planning Partnership and with appropriate thematic groups associated with ADP interventions such as Child Protection Committee (CPC), Adult Protection Committee (APC), children and families and other public protection agendas.			Integrated Operational Manager Addictions
		A rigorous approach to financial planning and monitoring was in place which was open and transparent.			Integrated Operational Manager Addictions
<b>11</b>	<i>Leadership and direction</i>	West Dunbartonshire ADP had a clear strategic direction and a framework which reflected a diverse range of partners from a number of services that supported the ROSC approach.	Whilst it was clear that staff understood and supported the vision for the ADP, survey analysis and staff focus group indicated that there could be benefit in senior managers communicating more effectively with frontline staff.	The Council's Back to the Floor initiative has been embraced by the HSCP to support Managers' visibility; reports of activity will be provided to the ADP regularly.	Integrated Operational Manager Addictions
		The ADP was meeting and exceeding key performance targets indicating that they were successfully delivering accessible services.			

		The ADP was innovative, committed to self-evaluation and continuous improvement. The leaders that we met supported this culture well.			
		Staff were clear about the ADP's vision, values and aims and agreed that the vision was shared across services. The ADP benefitted from a culture where staff were motivated, mostly felt supported by managers and evidenced person-centred approaches to their work.			

**WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP****Health & Social Care Partnership Board: 1<sup>st</sup> March 2017**

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**Subject: Governance Arrangements for Community Justice Strategic Planning and Criminal Justice Services****1. Purpose**

**1.1** The purpose of this report is to provide the Partnership Board with an outline of both the changes to Community Justice Strategic Planning and the impending changes to the delivery and funding of Criminal Justice Services in West Dunbartonshire.

**2. Recommendations**

**2.1** The Partnership Board is recommended to:

- Note the arrangements in place for the governance and structure of Community Justice;
- Note the progress to date in respect of the Community Justice Improvement Plan (as attached at Appendix 1) as recently reported to the Community Planning Management Group on 25<sup>th</sup> January; and
- Note the change to funding and delivery of the Criminal Justice Social Work service.

**3. Community Justice Arrangements – Background and Main Issues**

**3.1** The Scottish Government previously made arrangements for the delivery and planning of Community Justice through the Community Justice Authorities (CJA's). The overall objective of the function of Community Justice has been to reduce reoffending through collaborative partnership working.

**3.2** West Dunbartonshire was part of the North Strathclyde Community Justice Authority (NSCJA) and the funding for the delivery of Criminal Justice Social Work (CJSW) was delivered through the distribution of the grant made by Scottish Government directly to the NSCJA. More detail of the changes to this funding and delivery will be covered in section 5 of this report.

**3.3** The Scottish Government has developed a new model for Community Justice in Scotland which sees Community Planning Partnerships (CPPs) as central to these arrangements. The National body to oversee this will be Community Justice Scotland and the focus is on delivering wider community based solutions in respect of reducing re-offending and offender management.

- 3.4** Community Planning Partnerships assumed shadow responsibility for Community Justice from 1 April 2016, with full responsibility being conferred from 1 April 2017. Following submission and agreement of transition plans in January 2016, the Community Justice (Scotland) Act and supporting guidance sets out a duty on partnerships to prepare and publish a local plan to deliver improved outcomes for Community Justice in their area and to report annually on their assessment of what has been achieved and areas for further action.
- 3.5** The Community Justice (Scotland) Act has been enacted and supporting guidance published through the National Strategy for Community Justice. This strategy details the seven national outcomes for which all partnerships are responsible, with associated underpinning outcomes, performance and improvement framework for measurement of this progress.
- 3.6** The Scottish Government provided each community planning partnership in Scotland with transition funding to support development of new ways of working and to produce the required community justice outcome improvement plans. To date this has been supported and progressed through the existing partnership between East Dunbartonshire, West Dunbartonshire and Argyll & Bute Councils. However from April 2017 onwards this partnership will no longer be in place and delivery will be progressed at a CPP level rather than partnership level.
- 3.7** In West Dunbartonshire the Head of Service for Children's Health, Care and Criminal Justice and the Community Planning Manager were tasked to progress this work. The transition officer for Community Justice has led on the development of the Community Justice Outcome Delivery Plan supported by key officers in the relevant agencies. This has been implemented through a series of development sessions held to inform the content of the plan.
- 3.7.1** Attached at Appendix 1 is the final draft of the Community Justice Outcome Delivery Plan an earlier version of which was recently approved in principle by the Community Planning Management Group with the agreement that the final sign off and submission of this plan has been remitted to the Chief Officer of the HSCP and the Strategic Director for Transformation and Public Sector Reform. This plan requires to be submitted to the Scottish Government by the 1<sup>st</sup> April 2017.
- 3.8** Attached at Appendix 2 is the Draft Participation Statement the content and learning from this has influenced the development of the Community Justice Outcome Delivery Plan Action Plan.

#### **4. Criminal Justice Social Work Delivery – Background and Main Issues**

- 4.1** The Criminal Justice Social Work Partnership has been in existence for fourteen years. Over the course of its existence the Partnership has developed common systems and processes, had a joint approach to the

implementation of policy and reporting across a range of issues in support of greater efficiency and has utilised senior management roles flexibly in terms of thematic responsibilities and provision of management support and assistance across authorities. The partnership authorities share IT platforms, planning capacity, business support, training, performance management and improvement, and joint reporting and responses to the Scottish Government.

- 4.2** A key issue for the delivery of Criminal Justice Social Work (CJSW) across the three Local Authorities within the partnership, as led by the Partnership Manager, has been the challenges faced in managing what has been a diminishing budget which has had no inflationary uplift or review for a number of years. This in line with increased workloads has resulted in significant difficulty in delivering a statutory service within the financial framework that has been available, which has in recent years resulted in each authority underwriting the overspend.
- 4.3** The impact of current financial and operational pressures and the changing landscape in terms of the transition to community justice partnerships brought a timely opportunity to review the current arrangements and future service delivery options.
- 4.4** In terms of the future shape of delivery of Criminal Justice Social Work, four options were presented to the Partnership Committee on the 15<sup>th</sup> of December 2016. All have advantages and risks. The Committee agreed with the proposals in respect of the option which will dissolve the Partnership Committee but will retain some cross border shared services and developments.
- 4.5** This means that each Local Authority will have its own Criminal Justice Social Work Service with an element of shared services across boundaries. In critical areas there are merits in combining with other authorities to create strategic and operational capacity which as individual authorities would be difficult and costly to achieve
- 4.6** As a consequence of the decision by the Partnership Committee the Strategic Management Team was tasked to review and report on those elements of partnership working which would be retained, developed and/or strengthened. This process also involves identifying joint systems/services which should be repatriated to local authorities.
- 4.7** The core elements of the cross boundary working and developments subject to review are;
- shared business support processes and systems (including IT platforms), planning and performance improvement functions.
  - Opportunities to continue to collaborate across authorities regarding the potential joint commissioning of services.

- Training and workforce development.

Further detail and cost implications will be fully considered by the Partnership Committee on 9<sup>th</sup> March 2017.

- 4.8** It should be noted that there has been a substantial process of disaggregation of operational services in recent years as a consequence of strategic and operational priorities within the Partnership. Thus through-care services are now delivered in-house by each local authority rather than through West Dunbartonshire. Responsibility for the delivery of services in the Helensburgh / Lomond area has been taken back by Argyll and Bute.
- 4.9** Until 2016-17 all CJSWS tasks/duties in the Helensburgh/Lomond area were undertaken by the West Dunbartonshire Criminal Justice Social Work team. The service was delivered from within the resource available to the West Dunbartonshire team and permitted the re-deployment of resources to support capacity and resilience in other parts of Argyll and Bute. This provision so far as tasks and duties undertaken by Social Workers are concerned came to an end over the course of 2016, as a consequence of West Dunbartonshire being unable to sustain the service against a background of significant levels of demand and in the context of a major re-organisation of the local CJSW team in response to the changing operational demands and requirements for further efficiencies.

## **5. Funding Allocation Model**

- 5.1** In conjunction with the disaggregation of Community Justice Authorities the funding for local Authority CJSW services will now come into the HSCP from Central Government. This budget will continue to be ring fenced solely for the provision of criminal justice social work services.
- 5.2** The current funding formula allocates 2/3rds of funding based on each CJA's share of "workloads", and the remaining 1/3rd is based on "need". The data used to represent workloads include counts of the volume of Community Payback Orders, Drug Treatment and Testing Orders, Criminal Justice Social Work Reports, Throughcare cases, and various other elements. The "need" element of the formula is currently represented by the share of unemployed males aged between 16 and 25, and the volume of court cases in each CJA.
- 5.3** The Technical Advisory Group (TAG) of funding experts considered a number of options for replacing the current funding formula. The TAG was in broad agreement that the status quo of sticking with the current funding formula for CJSW was not an option. In addition, the current distribution of non-core funding is unfair, not transparent and fails to reflect need.
- 5.4** The TAG considered a range of conventional GAE funding allocation methodologies, based on the client group approach. The aim of this approach was to include indicators that reflected variations in the demand for services and the costs of providing them to a similar standard, and with a similar

degree of efficiency. In this case, TAG considered a number of potential indicators that might impact on the level of criminality in an area (and hence the demand for offender services), including demographic factors, measures of deprivation, measures of drug and alcohol misuse, measures of rurality. The group also considered the availability of accurate unit cost information.

- 5.5** However, analysis demonstrated that none of these indicators (either alone or in combination) adequately correlate with the actual level of “need” in each local authority, expressed in terms of the level crime experienced in each area. For example, the previous formula used the number of young unemployed men as a key component of the formula. However, over the last decade crime has fallen dramatically amongst young people, whereas prolific persistent offenders are now typically aged around 25-35. Similarly, research has demonstrated that there is no simple link between unemployment and crime, or deprivation and crime.
- 5.6** TAG identified an alternative representation of need to be the economic and social costs of crime produced by the Scottish Government. The economic and social costs of crime can be estimated using Scottish recorded crime data and cost estimates for particular crime types, based on UK Home Office estimates of economic and social costs of crime. These costs take account of the fact that recorded crime tends to be an underestimate of the levels of “actual” crime since more of certain crime types go unreported than others.
- 5.7** Through numerous meetings over 12 months and detailed discussions, it was agreed that whilst most funding formulas aim primarily to represent “need”, in this particular case a workload-based formula also had some merits. The main one being that it should be better-able to reflect variations in sentencing decisions made by the judiciary, which are out with the control of CJSW staff but nevertheless can be a significant driver of costs (particularly in terms of meeting statutory obligations). Although views varied amongst members of the expert group, the general consensus was that a combination of need (as proxied by the economic and social costs of crime) and workload (as proxied by the current workload formula) would provide the most appropriate compromise at this stage.
- 5.8** On workloads, the Group had initially anticipated that the research into the unit costs of CJSW services would provide better evidence on the cost of delivering social work services, but the researchers concluded it was not possible to produce robust unit costs due to the lack of available costing information in relation to the delivery of those services. TAG concluded therefore that if a workload element was to be used in the new formula it would have to use those measures defined in the current formula.
- 5.9** Given the statutory element of workloads, the fact the bulk of this is judiciary lead and non-discretionary and with the additional element of non-core funding now going through the formula, the group agreed a 50:50 split in funding between workloads and needs would be more appropriate. The rationale for this is that the combined non-core and core funding in the new

formula would be broadly comparable with the statutory funding element for workloads currently allocated to each CJA. Given the lack of empirical evidence that would support any changes in the level of funding for statutory workloads, it was considered that maintaining a degree of stability for statutory workloads would be the most appropriate option.

- 5.10** TAG also decided after further consideration to introduce an element of consideration in respect of the impact of delivering CJSW in a rural area, which as we know has a significant impact for Argyll and Bute.

## **6. People Implications**

- 6.1** The ambitions detailed within the Community Justice Outcome Plan will be delivered within existing resources and will therefore not have any people implications.
- 6.2** The challenges of delivering the statutory CJSW service, within a reducing budget as illustrated below in section 7 financial implications, will continue to be a significant factor going forward. However given the statutory requirement to deliver this service we recognise that there is a need to protect the CJSW staffing resource in order to provide an effective and safe service.

## **7. Financial Implications**

- 7.1** As stated above the Community Justice requirements in terms of reducing reoffending, will continue to be provided within the existing structure of the Community Planning Partnership. There will therefore be no additional funding made available.
- 7.2** As stated in section 4.2 above, there have been significant financial challenges of delivering this essential and statutory service within the current and previous funding as distributed by the CJA.
- 7.3** The implications of the new funding formula as outlined in section 5 above will still prove to be insufficient in terms of delivering to the level of demand currently faced by the CJSW service in West Dunbartonshire. The illustrative allocation is set to be £1,864,958 which will in effect leave a gap in the budget of £123,821. To date we have managed to mitigate at least 50% of this shortfall on a recurrent basis by adjustments to external payments and management costs. In addition plans are in place to explore the central support allocations which should result in a further reduction in overheads.

## **8. Professional Implications**

- 8.1** In respect of the assumption of local responsibility for Community Justice by the West Dunbartonshire Community Planning Partnership this is predicated on a background of positive partnership working. This has been reinforced by the partnership buy in and contribution to the development of the Transitions



Plan as required for April 2016 and the Community Justice Outcome Improvement Plan as attached at Appendix 1.

- 8.2** The CJSW service in West Dunbartonshire is in a good place to make the transitions to local delivery and face the challenges of the budget implications. This is in the main due to the role of the Partnership Manager who has the experience of managing both the service delivery and the budget in the preceding years across the three Local Authorities with all the challenges that that brings.

Additionally the concluding Service re-design also places the service in a more effective position regarding the professional delivery of the service in a time of high demand and local scrutiny by the Judiciary.

## **9. Locality Implications**

- 9.1** The local implications are covered above.

## **10. Risk Analysis**

- 10.1** The risks are in the main in respect of the CJSW element of delivery both in respect of the financial challenges as experienced in recent years and likely to continue into 2017/18 and the requirement to deliver a statutory service where the level of demand is predicated by the decisions and outcomes from the court process for which we have little influence.

## **11. Impact Assessments**

- 11.1** Consideration of equality impact assessments is not appropriate in respect of the changes to Community Justice as this has been dictated by the Scottish Government and we are following policy direction.
- 11.2** In respect of the delivery of CJSW services we will carry out impact assessments in line with any required changes as a result of financial challenges faced going forward. In addition the HSCP Board will also be consulted about any potential changes to service delivery that may impact on equality of service provision.

## **12. Consultation**

- 12.1** The consultation in relation to the transition to the Community Justice arrangements has been in the main through the existing but soon to cease Community Justice Partnership and in the past year through the Community Planning Management Group.
- 12.2** In respect of the changes to the delivery of CJSW the consultation and decision about the options appraisal has been through the Community Justice Partnership. In terms of the service re-design which is still to conclude, there has been full consultation with both the staff and the various Unions.

**12.3** From 1<sup>st</sup> April 2017 the reporting of both performance and budget implications will be delivered to the Health and Social Care Partnership Board within the regular finance report.

**13. Strategic Assessment**

**13.1** We recognise through the Health and Social Care Partnership (HSCP) Strategic Plan the role that CJSW essentially plays in the achievement of the principle Community justice priority of reducing re-offending.

**13.2** Additionally the HSCP Strategic Plan outlines our responsibility to deliver the statutory Criminal Justice Service.

**Author:** Jackie Irvine

**Date:** 16<sup>th</sup> February 2017

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Head of Children's Health, Care and Criminal Justice  
Chief Social Work Officer

**Appendix 1:** Community Justice Outcome Improvement Plan

**Appendix 2:** Draft Participation Statement

**Background Papers:** None

**Wards Affected:** All



# **Community Justice Outcome Improvement Plan 2017-18**

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## 1. Foreword

Community Planning West Dunbartonshire is committed to making West Dunbartonshire a great place to live, work and visit. We want to ensure the best possible outcomes for all our residents; ensuring they are empowered to contribute to an inclusive, vibrant and diverse West Dunbartonshire.

This first Community Justice Outcome Improvement Plan for our area recognises the national ambition to reduce crime, and the number of victims of crime, by working together to create a just, equitable and inclusive society. We will ensure that our local plan delivers on the principles laid out in the National Strategy for Community Justice:

- People must be held to account for their offences, in a way that recognises the impact on victims of crime and is mindful of risks to the public, while being proportionate and effective in preventing and reducing further offending
- Re-integrating those who have committed offences into the community and helping them to realise their potential will create a safer and fairer society for all
- Every intervention should maximise opportunities for preventing and reducing offending as early as possible, before problems escalate
- Community justice outcomes cannot be improved by one stakeholder alone. We must work in partnership to address these complex issues
- Informed communities who participate in community justice will lead to more effective services and policies with greater legitimacy
- High quality, person-centred and collaborative services should be available to address the needs of those who have committed offences, their families, and victims of crime

Our comprehensive partnership approach to the delivery of community justice ensures our focus is on tackling the underlying causes of offending at an individual level. We know that people who live in the most deprived communities are more likely to experience poor outcomes in relation to education, health, wellbeing, housing and employment.

As stated in the National Strategy for Community Justice; the evidence is clear that better access to welfare, housing, health, wellbeing and employability supports can significantly impact on offending behaviours at an individual level.

Taking a person centred 'whole life cycle' approach to planning for improved community justice outcomes allows us to detail in this plan the role of partners in improving access to the wide range of services required. In West Dunbartonshire Community Justice sits firmly within our priority to support safe, strong and involved communities. The continued focus locally will be on improved resilience and empowerment in communities along with strong collaboration and effective use of evidence in the design and delivery of services.

**Martin Rooney**

**Chair - Community Planning West Dunbartonshire**

## 2. West Dunbartonshire Context

Community Planning West Dunbartonshire (CPWD) recognises that improving outcomes and delivering better services requires the active input and collaboration of a wide range of partners. The strong partnership in place in West Dunbartonshire has focused on delivery and improvement across identified key priority areas; supported by Delivery and Implementation Groups populated by key services, partners and agencies that can make a difference to outcome delivery in that priority area.

The CPWD approach to building this new community justice model has been developed in a similar way and is both ambitious and measured. The wide range of organisations, services and key stakeholders already contributing extensively to the delivery of improved outcomes for community justice is diverse and complex. The new responsibilities within the Community Justice (Scotland) Act 2016 provide a welcome opportunity to capture our strengths, develop opportunities to improve and to begin to identify local community justice improvement activity. Our local ambition states:

West Dunbartonshire is a safer, fairer and more inclusive place where we:-

- prevent and reduce further offending by addressing its underlying causes; and
- safely and effectively manage and support those who have committed offences to help them reintegrate into the community and realise their potential for the benefit of all citizens

Accompanying the Act is a National Strategy for Community Justice<sup>1</sup>, Outcome, Performance and Improvement Framework<sup>1</sup> and Guidance<sup>1</sup>. The Care Inspectorate, *A guide to self-evaluation for community justice in Scotland*<sup>1</sup>, provides an overarching framework for self-evaluation. These supporting documents will underpin our approach to community justice in West Dunbartonshire.

The National Strategy for Community Justice (2016) provides the following definition of community justice:

***“the collection of individuals, agencies and services that work together to support, manage and supervise people who have committed offences, from the point of arrest, through prosecution, community disposal or custody and alternatives to these, until they are reintegrated into the community. Local communities and the third sector are a vital part of this process which aims to prevent and reduce further offending and the harm that it causes, to promote desistance, social inclusion, and citizenship”***

This definition recognises the wide range of partners, stakeholders and services required to deliver improved outcomes in relation to community justice. The infographic below details those bodies' named as statutory partners within the Community Justice (Scotland) Act 2016, these key partners are responsible for delivering the West Dunbartonshire Improvement Plan.

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<sup>1</sup> <http://www.gov.scot/Publications/2016/11/5600> (National Strategy for Community Justice – 2016)  
<http://www.gov.scot/Publications/2016/11/3701> (Outcomes, Performance and Improvement Framework – 2016)  
<http://www.gov.scot/Publications/2016/11/4628> (Guidance for Community Justice – 2016)  
<http://www.careinspectorate.com/index.php/community-justice> (A guide to self-evaluation for community justice in Scotland)

(Infographic of named statutory partners to follow)

These named community justice partners have in place a range of activities focused on improving outcomes for safer communities and a history of delivering these. A summary of this activity can be found at Annexe A of this Plan (in progress)

In order to improve community justice outcomes, resulting in safer communities, working in partnership extends across and beyond the Community Justice Statutory Partners as shown below in this graphic taken from the National Strategy:



Community Justice sits within the wider justice improvement programme of Government, which contributes towards delivery of the national outcomes. The table below reflects the national outcomes which underpin this outcome improvement plan:

Scottish Government National Outcomes

<b>We experience low levels of crime</b>	<b>We experience low levels of fear, alarm and distress</b>	<b>We are at a low risk of unintentional harm</b>	<b>Our people and communities support and respect each other, exercising both their rights and responsibilities</b>
<b>We have high levels of confidence in justice institutions and processes</b>	<b>Our public services are fair and accessible</b>	<b>Our institutions and processes are effective and efficient</b>	<b>Our public services respect the rights and voices of users</b>

When setting this plan in a national context it is also relevant to lay out the Scottish Government four pillars of public sector reform which give a strategic framework to all improvement activity:

- **Prevention** - Reduce future demand by preventing problems arising or dealing with them early on. To promote a bias towards prevention, help people understand why this is the right thing to do, the choices it implies as well as the benefits it can bring.
- **Performance** – To demonstrate a sharp focus on continuous improvement of the national outcomes, applying reliable improvement methods to ensure that services are consistently well designed based on the best evidence and are delivered by the right people to the right people at the right time.
- **People** – To unlock the full creativity and potential of people at all levels of public service, empowering them to work together in innovative ways. We need to help create ways for people and communities to co-produce services around their skills and networks.
- **Partnership** – To develop local partnership and collaboration, bringing public, third and private sector partners together with communities to deliver shared outcomes that really matter to people

There are strong links between the intentions of the Community Justice (Scotland) Act 2016 and the Community Empowerment (Scotland) Act 2015. Both place a legal requirement on public bodies to improve community consultation and participation.

In this challenging new era, we have more to do with less. This requires new ways of working through partnerships with service providers and communities to ensure that our services are joined up and responsive to need.

**It is important to note that this first improvement plan is building on the existing extensive range of activity and engagement already being delivered by partners and stakeholders within West Dunbartonshire. This activity contributes towards supporting, managing and supervising people who have committed offences, providing services to victims of crime and engaging with communities on the causes, prevalence and impact of crime.**



### 3. Community Justice Outcomes

The National Strategy for Community Justice details the strategic direction, performance improvement, and self-evaluation framework for community justice. This has underpinned the development of the West Dunbartonshire Community Justice Outcome Improvement Plan.

There are seven national outcomes defined in the National Strategy for Community Justice, reflecting the need to improve processes (what and how we deliver as partners) as well as outcomes (impact on the individual and communities). These outcomes are detailed below:

Structural Outcomes (Partners)	Person-Centric Outcomes (Citizens)
Improved Community Understanding and Participation	Life chances are improved through needs, including health, financial inclusion, housing and safety being addressed
Improve Strategic Planning and Partnership working	People develop positive relationships and more opportunities to participate and contribute through education, employment and leisure activities
Equal Access to Services	Individuals resilience and capacity for change and self-management are enhanced
Effective Use of Evidence-Based Interventions	

The Structural Outcomes above will be the main focus of our improvement programme during 2017-2018. Activity related to this Person-Centric Outcomes will be progressed during 2018-2019. The reason for this is because we need to develop an improved understanding from our 2017-2018 actions to inform how we effectively progress and monitor the impact of our changes at an individual level

The CPWD community justice continuous improvement programme will bring together the wide range of key partners required to improve outcomes which focus on the following:

- Victims of crime and their families
- People with convictions and their families
- People who live in the community
- Community bodies
- Local businesses

The Community Justice (Scotland) Act 2016 sets out specifically the pathways within the criminal justice system where the main improvement activity must be focused, setting a context for areas of improvement activity. These are noted below:

- At point of and following arrest
- Through prosecution and while on remand
- Disposal (community-based sentences)
- Disposal (custody)
- From custody to community reintegration

Whilst each of these pathways is managed by a number of the Statutory Partners, as noted in the diagram in Section 2 of this Plan, a much wider range of stakeholders must input to improve Community Justice Outcomes.

Community awareness and participation is also a key area for improvement activity, this will be integrated into the CPWD *Your Community* approach.

Our initial improvement activities during 2017-18 are focussed on strengthening our strategic planning and communication foundations; these are the building blocks towards a new model for community justice in West Dunbartonshire. An annual improvement activity schedule will be developed, consulted on and implemented by CPWD Community Justice Partners. The Plan will be updated in line with ongoing national developments, these include:

- The extension of the presumption against short term sentences
- The reduction in the use of remand
- The implementation of changes to the Scottish Prison Service women's estate
- The expansion of electronic monitoring
- The review of Crown Office and Procurator Fiscal Services
- The Scottish Courts and Tribunal Service implementation of the Scottish Civil Courts Review

The potential impact of these national justice developments on local Community Justice strategic planning and delivery should not be underestimated. They are highly likely to increase demand on community-based resources, including workforce and finance.

CPWD Community Justice Partners will monitor, review and report the impact, maintaining communications with Scottish Government through individual Partner Bodies, Scottish Government Strategic Groups and Community Justice Scotland.

With the support of Scottish Government funding, during 2016-2017 research and improvement activity scoping work was carried out. Involving strategic and operational leads from all named partner bodies and third sector interface leads, this focussed on the criminal justice pathways and the findings and progress from this transitions work have informed our improvement activity from April 2017 – March 2018. A summary of the learning points are included within Annexe A of this Plan

This managed approach will ensure that we set upon our performance improvement activity in a measured and achievable way. Each year we will publish our CPWD Community Justice progress report alongside our CPWD Local Outcome Improvement Plan annual report.

All of our activity is supported and underpinned by our significant focus on community empowerment, development and capacity building.

#### 4. Reducing offending and reoffending

In order to address the underlying causes of offending behaviours, research shows that a range of complex areas of needs should be assessed and interventions provided to reduce the impact of crime on our citizens and communities, and to promote reintegration and positive citizenship.

The National Strategy for Community Justice (2016) provides a range of supporting evidence for reducing re-offending:

***“The evidence on what works to reduce reoffending is clear; standalone interventions and access to services are unlikely to reduce reoffending on their own so mentoring should be seen as part of a holistic service where (people with convictions) are offered a range of services and interventions to meet their needs.”***

Source: Scottish Government, What Works to Reduce Reoffending: A summary of evidence, 2011

#### Crime Rates

In common with most areas across Scotland, West Dunbartonshire has benefitted from a reduction in overall levels of reported crime since 2006-07<sup>2</sup>. Nonetheless, levels of reported crime and offences, in most categories, have remained stubbornly and persistently above the national average. West Dunbartonshire having the fifth highest level of reported crimes and offences per 10,000 of the population in 2015-16; West Dunbartonshire 539 per 10,000 compared to 458 for Scotland.

Source: Scottish	Non sexual crimes of violence	Sexual crimes	Crimes of dishonesty	Fire-raising, vandalism, etc	Other crimes
Scotland	13	19	216	101	110
West Dunbartonshire	18	13	201	120	187

Within this overall picture there has been a persistently elevated level of reported incidents of domestic abuse. West Dunbartonshire continues to have one of the highest levels of reported domestic abuse in Scotland, and in common with the rest of Scotland and the UK the vast majority of this is perpetrated by males<sup>3</sup>. The rate of crime per 10,000 of the population in West Dunbartonshire was 152, compared to 108 for Scotland.

CPWD proposed improvement activity will include a review of trends and evidence, this information will allow Community Justice Partners will identify areas for priority and agree how targeted interventions will delivered.

<sup>2</sup> <http://www.gov.scot/Publications/2016/09/2960/downloads> Recorded Crime in Scotland, 2015-16

<sup>3</sup> <http://www.gov.scot/Publications/2016/10/2442/downloads> Domestic Abuse recorded by Police in Scotland, 2015-16

The diagram below is contained within the National Strategy for Community Justice (2016) and provides the framework for improving assessment, service access and ultimately outcomes for those who are impacted by crime:



Our improvement activity in the future will contain actions that ensure that CPWD Community Justice Partners move towards enhanced assessment, monitoring, recording and reporting of an individual citizen's progress in relation to offending and re-offending.

Again, we expect this to impact at a resource level and we will work together to maximise the use of existing resources, identifying and reporting gaps and challenges to the Scottish Government.

## 5. Local Priorities

### 5.1 Improve Community Understanding and Participation

CPWD *Your Community* is a new way of delivering services to local areas and involving local communities. The National Strategy for Community Justice (2016) defines the importance of communities within the new model:

***“Community is at the heart of the new model for community justice. Whether challenging stigma, employing people with convictions, or participating in community justice planning – improving community justice outcomes will require the involvement and support of local people and businesses. It is vital that this includes victims of crime, people who have committed offences, families, and the community bodies that represent them”***

Your Community gives local residents a much stronger voice in how services are designed and delivered with a focus on local neighbourhoods. It allows local people to get more involved in taking things forward in their area. This approach involves key groups in each area such as Community Councils, Community Development Trusts, Tenants & Residents Associations and other groups. It involves:

- Working with local residents and groups
- Carrying out surveys and walkabouts
- Keeping local people informed of progress
- Encouraging local residents to get more involved
- Identifying the key issues and concerns
- Developing action plans based on these
- Improving local service delivery

The actions planned for 2017/18 are detailed in the table below. Future improvement activity will be informed by our progress.

<b>CPWD Local Outcome 1: Improved Community understanding and participation</b>
Develop an improved shared understanding of local community justice issues and what effective interventions can be delivered to provide opportunities for change
Identify ways that we can improve communication, learning and innovation to secure better outcomes for our citizens and communities
Support reintegration and reduce stigma
Establish community justice consultation areas to embed within CPWD <i>Your Community</i> model, supporting capacity building and support re-integration reducing stigma
Develop a Community Justice Consultation and Participation Strategy and Action Plan, including evidence from local survey, questionnaires, etc
Scope, review and enhance co-production and joint delivery of community justice services
Monitor and review the perceptions of the local crime rate

## 5.2 Improve Strategic Planning and Partnership working

CPWD has in place a reporting and scrutiny process which ensure robust monitoring of delivery of the improved outcomes. Community justice crosses sits within this framework and our programme of improvement activity will be embedded.

The National Strategy for Community Justice (2016) defines the critical importance of effective community justice partnership working as:

***“Partnership working is crucial to improving community justice outcomes and community planning partnerships have an important role to play in facilitating this. In addition to the statutory partners, this requires the input of a diverse range of individuals and organisations covering a wide-range of interests, including housing, employability, and health and wellbeing...”***

The actions planned for 2017/18 are detailed in the table below. Future improvement activity will be informed by our progress:

<b>CPWD Local Outcome 2: Improved strategic planning and partnership working</b>
Establish a Community Justice West Dunbartonshire Delivery and Implementation Group to include relevant community justice named partners, any other relevant stakeholders alongside community justice improvement actions
Focus on prevention and early intervention to minimise demand for services and future costs to the public sector
Improve our understanding, planning and service delivery to maximise opportunities for prevention and early intervention to reduce offending and re-offending
Establish an improved understanding of community justice partner collective resources that includes information; funding streams; training and, existing services and experiences.
Maximise the collective resource of our workforce to deliver our ambitions for the new model for community justice
Develop a framework and structure for involving those with a history of or affected by offending in the planning and delivery of community justice services
Develop information sharing protocols that include interventions, services and individual-level data

### 5.3 Equality of Access to Services

CPWD already delivers a significant contribution to supporting individuals to access services and overcome barriers but also recognises the significant challenges and barriers that can be experienced in a justice context.

The National Strategy for Community Justice (2016) explains why improving access to services is critical for improving local outcomes:

***“Reoffending is a complex social issue and an individual’s likelihood of desistance can be significantly affected by structural factors such as timely access to housing, health and wellbeing, financial inclusion and employability. Furthermore, people who have committed offences may present complex and multiple needs, or require support in order to engage effectively with necessary services.*”**

***Victims of crime and families can also face a number of barriers to accessing services including stigma, a lack of information about services, transport challenges and a lack of available services. In some instances, these groups may be ineligible to access particular services due to restrictive criteria such as geographical boundaries or level of crisis”***

Community Justice improvement activity planned during the lifetime of this Plan is noted below, future improvement activity will be informed by our progress. A summary of our Year 1 priorities, including planned performance measurements, can be found at Annex B:

The actions planned for 2017/18 are detailed in the table below. Future improvement activity will be informed by our progress.

<b>CPWD Local Outcome 3: Improved access to services</b>
Develop a shared understanding of barriers to services and how this is currently recorded and monitored by community justice partners
Develop a service directory to support referrals and assessments
Develop multi-agency protocols, including referral and information-sharing, to support the new community justice arrangements. Include Housing, Health and Wellbeing, Financial Inclusion and Employability
Develop a shared understanding of the barriers to the recruitment of people with convictions
Support the commissioning and development of effective mentoring and “through-the-gate” models to help manage effective transitions to positive destinations
Develop a framework and process to monitor and review the % of people released from a custodial sentence that are: registered with a GP; have suitable accommodation; and, have had a benefits eligibility check
Monitor the speed of access to mental health services



## 5.4 Effective use of Evidence-based interventions

The National Strategy for Community Justice (2016) explains the effective use of evidence-based interventions is critical for improving local outcomes:

*“Evidence shows that short-term prison sentences do not work in terms of rehabilitating people or reducing and preventing further offending. More than this, they disrupt families and communities as well as greatly affecting employment opportunities and stable housing – the very things that support desistance from offending.*

*That is not a good use of public resources and it is a waste of human potential. Instead, our focus should be on community-based interventions that evidence shows are effective at reducing and preventing further offending”*

The actions planned for 2017/18 are detailed in the table below. Future improvement activity will be informed by our progress.

<b>CPWD Local Outcome 4: Improve use of evidence-based interventions</b>
Develop the evidence-base for community justice to include statistics and effective interventions to include: Police warnings and diversions; Fiscal measures and diversions; Supervised bail, and community sentences (Community Payback Orders and Drug Testing and Treatment Orders)
Adopt a person-centred approach that ensure support is available to the range of citizens impacted by crime
Maximise the opportunity for early intervention, mindful that early intervention is not age-specific and is a priority for all community justice partners
Capitalise on third sector interventions
Collaborate with local Alcohol and Drug Partnerships to scope, review and monitor the effectiveness of interventions for drug and alcohol use



## 5.5 Person-Focused Outcomes

CPWD has in place a range of partnership activities which support the delivery of successful outcomes for individuals, many linked to the person centred outcomes detailed with the National Strategy for Community Justice. We recognise that our most vulnerable residents have a range of complex and co-dependent needs which require a more coordinated and joint response from agencies.

CPWD is committed to ensuring that the improvement activity identified annually assists Community Justice Partners to move towards an improved model for monitoring outcomes at an individual level.

Community Justice improvement activity planned during the lifetime of this Plan is noted below, future improvement activity will be informed by our progress.

The actions planned for 2017/18 are detailed in the table below. Future improvement activity will be informed by our progress.

<b>Local Outcome 5: Improve outcomes for individuals</b>
Baseline the current processes and methods of Community Justice Partners to monitor outcomes at an individual level
Scope, review and cost future improvement activity to implement improved methods of collection and reporting of data
Engage with Community Justice Scotland and Scottish Government on findings and future improvement activity

## 6. Performance Improvement and Self-Evaluation

The Scottish Government Community Justice Outcomes and Performance Improvement Framework will be the basis of monitoring and reporting on progress towards the New Model for Community Justice. CPWD recognises this framework requires further review and development and is committed to working with Community Justice Scotland and Scottish Government to improve and refresh.

The accompanying Care Inspectorate *A guide to self-evaluation for community justice in Scotland* will assist CPWD to underpin our commitment to continuous improvement and excellence in services.

The Covalent Performance Management System, currently used for monitoring all CPWD activity, will be used to record and monitor the performance of the Community Justice Outcome Improvement Plan and Self-Evaluation activity. Individual community justice organisations/bodies will also have a responsibility for recording and monitoring progress towards outcomes.

A progress report will be prepared annually to allow partners to review and analyse performance against outcome targets. Local scrutiny of this performance report will highlight to partners any areas where delivery is not on track and encourage them to take any necessary remedial action.

Community Justice improvement activity planned during the lifetime of this Plan is noted below, future improvement activity will be informed by our progress.

<b>Local Outcome 6: Improve performance reporting and self-evaluation</b>
Implement and develop a community justice Outcomes, Performance and Improvement Framework cross-cutting across all CPWD governance groups contributing to scrutiny and reporting requirements of community justice
Implement and develop a self-evaluation model for community justice in line with the Care Inspectorate <i>A guide to self-evaluation for community justice in Scotland</i>
Contribute to the Community Justice Scotland Strategy for Innovation, Learning and Development

Whilst local scrutiny will be responsibility of elected members, national scrutiny will be supported by a new support body, Community Justice Scotland, established by the Scottish Government who defines the role as:

***“It will work closely with statutory community justice partners, the third sector and a range of other parties to provide support and leadership for community justice. The body will bring enhanced opportunities for innovation through the establishment of a Hub for the promotion of Learning and Development. It will also provide assurance to Scottish Ministers and Local Government Leaders on the delivery of improved outcomes for community justice and provide improvement support as required”***

***“It is for the statutory partners locally to identify the local needs and priorities to be addressed in the local plan. Any best practice initiatives developed by local partners may be shared via Community Justice Scotland’s proposed Hub for Innovation Learning & Development”***

CPWD will provide annual progress reports to Community Justice Scotland and contribute to the national Community Justice *Strategy for Innovation, Learning and Development*. CPWD will work together with CJS to ensure that a continuous improvement shift towards the new model for community justice in West Dunbartonshire maintains momentum.



## COMMUNITY PLANNING WEST DUNBARTONSHIRE

### Participation Statement

To understand the current landscape and how community justice statutory partners currently contribute to safer communities, a range of strategic scoping work took place during 2016-2017. Supported by Scottish Government Transitions funding and led by Argyll, Bute and Dunbartonshires' Criminal Justice Partnership, this high level scoping work involved all named community justice organisations, third sector interface leads and some local and national third sector organisations.

We established that:

- The current strategic and operational functions/service delivery make a significant contribution to the new community justice model
- We need to strengthen our partnership working to improve outcomes
- We need to improve our collective understanding of the impact of crime on victims, people with convictions, families and communities
- We need to improve our collective understanding on what leads citizens into crime and develop our services to support pathways out of crime
- Prevention and early intervention are critical areas of focus if we are to secure longer-term improvements that lead to safer communities

A summary of activity is noted in the table below, all of which contributed to the four structural outcomes for community justice:

- Improve community participation and understanding
- Improve strategic planning
- Equal access to services
- Effective use of evidence-based interventions

Who was involved	Activity	Learning Points
<p>Police Scotland L Division</p> <p>Integrated Joint Board/Health Board - Criminal Justice, Youth Services, Children's Services, Mental Health and Community Addiction Services</p> <p>Local Authority Economic Development, Housing and Working4U Services</p> <p>Community Planning West Dunbartonshire</p> <p>Scottish Prison Service (HMP - Low Moss, Greenock, Cornton Vale and Polmot)</p> <p>Skills Development Scotland</p> <p>Scottish Fire and Rescue Service</p> <p>Crown Office and Procurator Fiscal Service</p> <p>Scottish Courts and Tribunal Service</p> <p>Alternatives</p> <p>Positive Prisons? Positive Futures</p> <p>Turning Point Scotland (Turnaround Service, Low Moss Prisoner Support Pathway, Residential)</p> <p>West Dunbartonshire Community and Volunteering Service</p> <p>Argyll, Bute and Dunbartonshires' Criminal Justice Partnership (Transitions support)</p>	<p>Scoping and review work of current activity and how this links with Community Justice</p> <p>Developing an understanding on what works for reducing reoffending</p>	<ul style="list-style-type: none"> <li>• Identified that each of the Statutory Partners and Third Sector organisations nationally and locally are significantly contributing to West Dunbartonshire Safer Communities agenda, either directly with people affected by crime and/or in a supporting role</li> <li>• Identified a range of areas where existing structures and service delivery can be enhanced to improve outcomes</li> <li>• Identified the ongoing development and embedding community justice within <i>CPWD Your Communities</i> model was vital to involving communities meaningfully</li> <li>• Identified an improved understanding of the routes into the criminal justice pathways as a gap</li> <li>• Identified an improved understanding of barriers to accessing services as a gap</li> <li>• Identified opportunities to improve overcoming learning, skills and employability barriers</li> <li>• Identified that the impact of welfare reform brings challenges to improving outcomes</li> <li>• Identified our understanding of the role that health services contributes as a gap</li> <li>• Identified opportunity that exist through commitment to implementing the Care Leavers Covenant</li> </ul>

Who was involved	Activity	Learning Points
<p>Police Scotland L Division</p> <p>Integrated Joint Board/Health Board - Criminal Justice, Youth Services, Children's Services, Mental Health Services</p> <p>Local Authority Economic Development, Housing and Working4U Services</p> <p>West Dunbartonshire Community and Volunteering Service</p> <p>Community Planning West Dunbartonshire</p> <p>Scottish Prison Service (Low Moss)</p> <p>Skills Development Scotland</p> <p>Scottish Fire and Rescue Service</p> <p>Street Cones</p> <p>Argyll, Bute and Dunbartonshires' Criminal Justice Partnership (Transitions support)</p>	<p>Full day development session with statutory partner management and frontline staff, local Third Sector Interface Lead and national Third Sector user representation organisation.</p> <p>Workforces identified an extensive and varied range of strengths, opportunities, weaknesses and threats in relation to current service delivery that contributes to community justice.</p>	<p><b>Strengths/Opportunities:</b></p> <ul style="list-style-type: none"> <li>• Extensive and diverse range of partnership working exists, communication and information-sharing protocols/pathways for community justice should be prioritised</li> <li>• Commitment of workforces to adjust and adapt service delivery to improve outcomes for community justice was clearly evident</li> <li>• Multi-agency development sessions to reflect on existing practice and explore opportunities for continuous improvement were highlighted as an effective method of learning and development</li> <li>• Staff and service user attitudes were explored, developing an improved understanding, processes and protocols were identified as critical to improve experiences and outcomes</li> <li>• L Division Concern Hub model and Youth Engagement Officer roles should be further developed to progress improved outcomes for community justice</li> <li>• Health and Social Care Children's/Youth Services 'Whole Systems Approach' model should be developed for adults to progress improved outcomes for community justice</li> <li>• Health and Social Care Criminal Justice Service Community Payback Orders for Unpaid Work delivered extensive personal and skills development, identified as a critical area of development</li> <li>• Health and Social Care Mental Health and Community Addiction Services were critical to improving outcomes for community justice and identifying enhanced partnership working opportunities should be prioritised</li> </ul>

		<ul style="list-style-type: none"> <li>• Housing and Employability Services and the extensive range of support available within housing and homelessness services, Working4U (welfare, money, adult learning, skills training and employment) were critical to improving outcomes for community justice</li> <li>• Economic Development Working4Business and Social Enterprise services play a key role with employers to assist with overcoming barriers to work for people with convictions</li> <li>• West Dunbartonshire Community and Voluntary Services provide access to 940 voluntary organisations, this is a critical communication pathway that should be more fully capitalised on</li> <li>• Scottish Prison Service (HMP Low Moss), partnership with Turning Point Scotland (PSP) and strengthening the links with community services was identified as a key priority to improve citizenship and reintegration</li> <li>• Scottish Prison Service (HMP Low Moss), activity to raise awareness of impact of violence against women through 16 Days of Action initiatives, provided opportunities to strengthen partnership working with community-based services</li> <li>• Skills Development Scotland current in West Dunbartonshire provided critical prevention and early intervention support to ensure positive destinations for young people, opportunity exists to further develop this area of work to improve outcomes for community justice</li> <li>• Scottish Fire and Rescue Service Fire Reach Training, Fire Home Safety visits and Young Firefighters were identified as key contributions to community justice. Further development and implementation of workforce domestic abuse training and awareness was identified as an area for progress</li> </ul>
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		<ul style="list-style-type: none"> <li>• Street Cones performance and discussion forum with attendees contributed significantly to improving understanding of the challenges people with convictions face on the custody to community pathway. The impact and effectiveness of performing arts within the criminal justice pathways and for staff development was identified as a key strength for further development</li> </ul> <p><b>Weaknesses/Threats</b></p> <ul style="list-style-type: none"> <li>• Reducing resources for public bodies and wider services delivering community justice-related support</li> <li>• Communication, information-sharing and processes to deliver more effective multi-agency working can be challenging</li> <li>• Welfare Reform agenda and reducing DWP/JCP resources bring significant challenges to improving outcomes for community justice</li> <li>• Current strategic and operational planning arrangements are not as effective as they have the potential to be</li> <li>• Community integration plans do exist to support custody to community pathways, however engagement for many is voluntary</li> <li>• Communication pathways between Scottish Courts and Tribunal Services and Scottish Prison Service require strengthening</li> </ul>
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Who was involved	Activity	Learning Points
<p>Police Scotland L Division</p> <p>Crown Office and Procurator Fiscal Service</p> <p>Integrated Joint Board/Health Board - Criminal Justice, Youth and Community Addiction Services</p> <p>Scottish Fire and Rescue Service</p> <p>Argyll, Bute and Dunbartonshires' Criminal Justice Partnership (Transitions support)</p>	<p>Two North Strathclyde regional events attended by HSCP (Criminal Justice and Youth Services), Police Scotland L Division, Scottish Fire and Rescue Services and Crown Office and Prosecution Services.</p>	<ul style="list-style-type: none"> <li>• Improved understanding relating to early intervention and diversion from prosecution to improve long-term outcomes.</li> <li>• Identified a number of areas for improvement particularly relating to communication for consideration by Community Justice West Dunbartonshire</li> <li>• Contributed to the development of an Early Intervention Strategy for North Strathclyde Local Authority Areas</li> </ul>

Who was involved	Activity	Learning Points
<p>Police Scotland L Division</p> <p>Community Planning West Dunbartonshire</p> <p>West Dunbartonshire Community and Volunteering Service</p> <p>Argyll, Bute and Dunbartonshires' Criminal Justice Partnership (Transitions support)</p>	<p>Scoped current structures for engagement through the developing Community Planning <i>Your Communities</i> model, Police Scotland <i>Your View Counts</i> and West Dunbartonshire <i>Community and Volunteering Service</i></p>	<ul style="list-style-type: none"> <li>• Established a baseline of current interest/engagement that includes community justice</li> <li>• Clear understanding of the priorities of our community in relation to crime</li> <li>• Identified opportunities to improve engagement with 940 voluntary organisations</li> </ul>

Who was involved – Stakeholders	Activity	Learning Points
<p>Health and Social Care Criminal Justice Service</p> <p>Argyll, Bute and Dunbartonshires' Criminal Justice Partnership (Transitions support)</p> <p>Turning Point Scotland (Turnaround Service)</p> <p>Scottish Courts and Tribunal Service</p>	<p>Initial scoping work through discussions with Criminal Justice staff and national Third Sector organisation staff</p> <p>Discussions with Sheriff Principal</p>	<ul style="list-style-type: none"> <li>• Identified the pressure on resources due to increased disposals for Community Payback Orders</li> <li>• Established the extensive and varied range of interventions delivered to support people on a range of Community Payback and Supervision Orders</li> <li>• Identified a range of opportunities for improvement for consideration by Community Justice West Dunbartonshire</li> <li>• Identified further work to understand how we best capitalise on the assets and skills to assist citizens to desist from crime</li> <li>• Identified opportunity to establish a user group, supported by Turnaround Service</li> </ul>

Who was involved – Stakeholders/Communities	Activity	Learning Points
<p>Scottish Prison Service</p> <p>Argyll, Bute and Dunbartonshires' Criminal Justice Partnership (Transitions support)</p>	<p>Engagement and visits to four Scottish Prison Service establishments. HMP Low Moss, HMP Greenock, HMP Cornton Vale and HMP Polmont</p>	<ul style="list-style-type: none"> <li>• Established the extensive and varied range of interventions delivered to support men, women and young people in the care of SPS establishments</li> <li>• Identified further work to understand how we improve planning for release from custody on any length of sentence</li> <li>• Identified that maintaining communication between citizens in the care of SPS establishments and community services as a gap</li> <li>• Identified opportunities to improve communication, information-sharing and assessment processes</li> </ul>

Who was involved	Activity	Learning Points
Health and Social Care Criminal Justice Service  Victim Support Scotland (West Dunbartonshire)	Initial scoping work to ascertain levels and diversity of service demand and delivery. Review	<ul style="list-style-type: none"> <li>Established the numbers of people accessing Victim Support, by gender, age and crime type</li> <li>Identified opportunities to explore more effective methods of sensitively engaging with victims of crime</li> </ul>

Who was involved – Pending March 2017	Activity	Learning Points
Clydebank Women's Aid  Dumbarton District Women's Aid  Argyll, Bute and Dunbartonshires' Criminal Justice Partnership (Transitions support)	Initial scoping work to ascertain future meaningful engagement structure relating to community justice	<b>To be updated</b>

Who was involved – Pending March 2017	Activity	Learning Points
West Dunbartonshire Housing and Homelessness Multi-Agency Forum  Argyll, Bute and Dunbartonshires' Criminal Justice Partnership (Transitions support)	Consultation on final draft plan and actions	<b>To be updated</b>



**WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP****Health & Social Care Partnership Board: 1<sup>st</sup> March 2017**

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**Subject: Complaints Handling Procedures****1. Purpose**

- 1.1** To present the Partnership Board with a suite of new Complaints Handling Procedures that cover both its work and that of the Health & Social Care Partnership.

**2. Recommendation**

- 2.1** The Partnership Board is recommended to:

- 1) Approve the new Social Work Complaints Handling Procedure;
- 2) Note the new NHS Greater Glasgow & Clyde Complaints Policy, presented to the meeting of its Health Board on the 21<sup>st</sup> February 2017;
- 3) Approve the new Complaints Handling Procedure for the Partnership Board;
- 4) Endorse the integrated summary complaints handling process document for use across the Health & Social Care Partnership; and
- 5) Confirm the dissolution of the local Social Work Complaints Sub-Committee (once any extant complaints from prior to the 1<sup>st</sup> April 2017 have been considered by them), and express their appreciation to the members of that group for their commitment and valuable contributions.

**3. Background**

- 3.1** As members will recall, the Integration Scheme confirms that for the functions delegated to the Partnership Board both the Health Board and the Council retain separate complaints policies reflecting their distinct statutory requirements: specifically the Patient Rights (Scotland) Act 2011 making provisions for complaints about NHS services; and the Social Work (Scotland) Act 1968 making provisions for the complaints about social work services.
- 3.2** The Public Services Reform (Social Work Complaints Procedure) (Scotland) Order 2016 (the Order) brought social work complaint handling into line with other local authority complaints handling, by bringing it under the remit of the Public Services Reform (Scotland) Act 2010 (the Act). Under the Act, the SPSO has the authority to lead the development of model complaints handling procedures across the public sector.
- 3.3** The Scottish Public Sector Ombudsmen's (SPSO) Complaints Standards Authority (CSA) have been working with partners and stakeholders in local authorities, health and social care partnerships (including West Dunbartonshire HSCP), the Scottish Government and the third sector to

develop a new Social Work Model Complaints Handling Procedure. In line with changes brought in through the Public Services Reform (Social Work Complaints Procedure) (Scotland) Order 2016, the existing system for reviewing complaints about social work provision will change on 1 April 2017. Every authority that provides social work services will be required to adapt and adopt the model Social Work Complaints Handling procedure for implementation on 1<sup>st</sup> April 2017. Consequently, such a local social work complaints handling procedure has been prepared for approval and then application (Appendix 1).

- 3.4** In parallel with that process, a new NHS model Complaints Handling Procedure has been developed through a partnership approach - led by a Steering Group involving the Scottish Public Services Ombudsman (SPSO) and representatives from across NHS Scotland – for implementation on 1<sup>st</sup> April 2017. Consequently, a new complaints policy for NHS Greater Glasgow & Clyde has been prepared and presented for approval by the Health Board at its meeting of 21<sup>st</sup> February 2017 (Appendix 2).
- 3.5** In addition to the above, there is a separate statutory requirement for all Integration Joint Boards to approve, make available and comply with a robust procedure with respect to complaints that may be raised against them in relation to the particular functions and duties that they have responsibility for, as detailed within the Public Bodies (Joint Working) Act and the Integration Scheme. West Dunbartonshire HSCP has engaged and worked with both the SPSO and Scottish Government to develop a template Complaints Handling Procedure for use by all Integration Joint Boards; and consequently a local complaints handling procedure for the Partnership Board has been prepared for approval and then application from the 1<sup>st</sup> April 2017 (Appendix 3).

#### **4. Main Issues**

- 4.1** These complaints handling procedures reflect and emphasise the HSCP and the Partnership Board's commitment to valuing complaints. The aim is to implement a consistent process for local staff to follow which makes it simpler to complain, ensures staff and customer confidence in complaints handling and encourages organisations to identify and make best use of lessons from complaints.
- 4.2** West Dunbartonshire HSCP has been working closely with the SPSO and the Scottish Government on both of the two new model complaints procedures. Given the integrated approach that the HSCP had previously developed and introduced some years ago, in practice neither the new social work complaints handling procedure nor the new NHS complaints handling procedure will materially change the integrated approach that all staff working within the HSCP have been required to follow to-date; nor how the management and learning from complaints is reported to the HSCP Senior Management Team and to the Partnership Board.

**4.3** The noteworthy impacts of those two new procedures in particular are:

- Brings the local management of both NHS and social work complaints them into line with other public services which already have a simple, two stage procedure. This means integrated health and social care services will have very similar complaints procedures for all their services, allowing greater integration in complaint responses and a greater emphasis of resolving complaints at the “front line” where at all possible.
- Introduces the SPSO’s new independent review of social complaints, corresponding to its existing role in respect of NHS complaints (where SPSO already considers clinical judgement). The SPSO will effectively be superceding the role to-date of the local Social Work Complaints Sub-Committee, and so those arrangements will now be dissolved once they have considered any reviews referred on them in respect of social work complaints from prior to the 1<sup>st</sup> April 2017.
- Brings the NHS policy specifically into line with other public service sectors by introducing a distinct, five working day stage for early, local resolution, ahead of the 20 working day stage for complaint investigations.

**4.4** The SPSO recognises that good complaints handling includes providing joint responses to complaints whenever they relate to more than one service. These procedures give our staff information and guidance on how and when to do this, to ensure that our patients/service users – or, as the SPSO prefers to refer to them, “our customers” - get a comprehensive response to their complaints whenever this is possible. The procedural elements of all three intentionally correspond, so where complaints “cut across” they can still be handled in much the same way as other complaints. In order to further harmonise the processes – for the benefit of staff and prospective complainants – the extension period for front line resolution within the local Social Work complaints handling procedure has been set at an additional 5 days maximum (and not the maximum of 10 additional days allowed by the SPSO’s model procedure), so that it corresponds with that for the NHS policy and the Partnership Board procedure. Consequently, the local integrated summary complaints handling process document has been updated to provide patients/service users and staff across the Health & Social Care Partnership with a clear and straightforward guide to the arrangements for making and handling complaints in a consistent and competent manner (Appendix 4).

**4.5** The implementation of these procedures is also in line with the spirit of transparency and accountability emphasised within the Health (Tobacco, Nicotine etc. and Care) (Scotland) Act 2016, which received Royal Assent on 1<sup>st</sup> April 2016; and specifically the new organisational duty of candour on health, care and social work services that is included within it. The overall purpose of the new duty is to ensure that organisations are open, honest and supportive when there is an unexpected or unintended incident resulting in death or harm, as defined in the Act. The implementation date for the duty of candour to come into effect is 1<sup>st</sup> April 2018.

## **5. People Implications**

- 5.1** Subject to the approval of the recommendations presented here, updates, briefings, support and training (if required) on these matters will be communicated to staff across the HSCP both before the implementation date of the 1<sup>st</sup> April 2017 and reinforced thereafter.

## **6. Financial Implications**

- 6.1** There are no financial implications associated with this report.

## **7. Professional Implications**

- 7.1** The Public Services Reform (Social Work Complaints Procedure) (Scotland) Order 2016 (the Order) brought social work complaint handling into line with other local authority complaints handling, by bringing it under the remit of the Public Services Reform (Scotland) Act 2010 (the Act). This then establishes the SPSO's new independent review of social complaints, corresponding to its existing role in respect of NHS complaints (where the SPSO already considers clinical judgement).

## **8. Locality Implications**

- 8.1** There are no locality implications associated with this report.

## **9. Risk Analysis**

- 9.1** The SPSO has emphasised that local complaints handling procedures should not diverge from the national models to the extent that their purpose or substance is changed in away which does not reflect their key aims. In particular, the following are elements of the model complaints handling procedures which should not be amended (given the importance of ensuring a standardised approach across all organisations) and so complied with across the appended documents:

- The definition of a complaint.
- The number of stages.
- Timescales at each stage
- The requirements to record, report and publicise complaints information.
- The requirement to learn from complaints.

- 9.2** The SPSO has highlighted that there will be a period of overlap between the current social work and new systems. This will apply to complaints that are 'live' on 1 April 2017 (i.e. made to them up to and including 31 March 2017). Those complaints will complete the existing process that includes a Complaints Review Committee (CRCs) within the organisation. This means that organisations will still need to be able to hold CRCs for some time after 1 April 2017. The SPSO will not be taking on the management or the handling



of the existing complaints to be progressed to CRCs. The SPSO's extended role will only apply where the original complaint is made to the organisation on or after 1 April 2017.

## **10. Impact Assessments**

**10.1** None required.

## **11. Consultation**

**11.1** None required.

## **12. Strategic Assessment**

**12.1** The approval and application of effective complaints handling procedures supports the commitment to continuous quality improvement and the delivery of the best possible quality of health and social care that is articulated within the Strategic Plan.

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**Date:** 1<sup>st</sup> March 2017

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**Appendices:** West Dunbartonshire Social Work Complaints Handling Procedure

NHSGGC Complaints Policy

West Dunbartonshire Health & Social Care Partnership Board Complaints Handling Procedure

West Dunbartonshire Health & Social Care Partnership Complaints Procedure

**Background Papers:** The Social Work Model Complaints Handling Procedure  
<http://www.valuingcomplaints.org.uk/complaints-procedures/local-authority-model-chp/social-work-complaints/>

The NHS Scotland Complaints Handling Procedure  
<http://www.valuingcomplaints.org.uk/complaints-procedures/nhs/>

Scottish Government, Scottish Parliament and  
Associated Public Authorities in Scotland  
[http://www.valuingcomplaints.org.uk/complaints-  
procedures/scottish-government-scottish-parliament-and-  
associated-bodies/](http://www.valuingcomplaints.org.uk/complaints-procedures/scottish-government-scottish-parliament-and-associated-bodies/)

Scottish Government. Duty of Candour:  
[http://www.gov.scot/Topics/Health/Policy/Duty-of-  
Candour](http://www.gov.scot/Topics/Health/Policy/Duty-of-Candour)

**Wards Affected:** All



**West Dunbartonshire**  
**Health & Social Care Partnership**

**West Dunbartonshire**  
**Social Work Complaints Handling Procedure**

Document Title:	West Dunbartonshire Social Work Complaints Handling Procedure	Owner:	Head of Strategy, Planning & Health Improvement
Date Effective:	1 <sup>st</sup> April 2017	Review Date:	1 <sup>st</sup> April 2019

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## Foreword

In accordance with the Public Bodies (Joint Working) Act, West Dunbartonshire Health & Social Care Partnership Board (the name given to the Integration Joint Board for West Dunbartonshire) is responsible for the strategic planning and reporting of a range of health and social care services delegated to it by NHS Greater Glasgow & Clyde Health Board and West Dunbartonshire Council (described in full within its approved Integration Scheme). The Council and the Health Board discharge the operational delivery of those delegated services (except those related to the Health Board's Acute Division services most commonly associated with the emergency care pathway) through the partnership arrangement referred to as West Dunbartonshire Health & Social Care Partnership. The Health & Social Care Partnership Board is responsible for the operational oversight of West Dunbartonshire Health & Social Care Partnership (HSCP).

The Partnership Board is a legal entity in its own right created by Parliamentary Order, following ministerial approval of its Integration Scheme as per the Public Bodies [Joint Working] Act 2014 and the legislation requires Integration Joint Boards to have a separate complaints handling procedure for handling complaints about their functions. However, the Partnership Board has neither replaced nor assumed the rights or responsibilities of either the Health Board or the Council as the employers of the staff delivering integrated services; or for the operation of buildings or services under the operational remit of those staff. As confirmed within the Integration Scheme, for the functions delegated to the Partnership Board both the Health Board and the Council retain separate complaints policies reflecting their distinct statutory requirements: the Patient Rights (Scotland) Act 2011 making provisions for complaints about NHS services; and the Social Work (Scotland) Act 1968 making provisions for the complaints about social work services.

This social work complaints handling procedure then reflects both West Dunbartonshire Council's and West Dunbartonshire HSCP's commitment to valuing complaints. This procedure aims to help us 'get it right first time'. We want quicker, simpler and more streamlined complaints handling with local, early resolution by capable, well-trained staff.

This procedure seeks to resolve customer dissatisfaction as close as possible to the point of service delivery and to conduct thorough, impartial and fair investigations of customer complaints so that, where appropriate, we can make evidence-based decisions on the facts of the case. The procedure follows and is compliant with the national model Social Work Complaints Handling Procedure devised and published by the Scottish Public Services Ombudsman (SPSO).

The SPSO recognises that good complaints handling includes providing joint responses to complaints whenever they relate to more than one service. This procedure then gives our staff information and guidance on how and when to do this, to ensure that our customers get a comprehensive response to their complaints whenever this is possible. The procedural elements tie in very closely with those of both the Council's, the Health Board's and the West Dunbartonshire Health & Social Care Partnership Board's complaints handling procedures, so where complaints "cut across" they can still be handled in much the same way as other complaints.

This complaints handling procedure aims to help us do our job better, improve relationships with our customers and enhance public perception of the HSCP and the Council. It will help us keep those who use our services at the heart of the process, while enabling us to better understand how to improve our services by learning from complaints.

**Keith Redpath, Chief Officer**

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## What is a complaint?

The definition of a complaint here is:

'An expression of dissatisfaction by one or more members of the public about the action or lack of action, or about a social work function provided through the Health and Social Care Partnership (HSCP).'

This Social Work Complaints Handling Procedure applies to all community, day care and residential services. Third parties providing social work services on our behalf are obliged to take consideration of this policy in operating their own.

Any complaints about other services will be handled under either the West Dunbartonshire Council complaints handling procedure or the NHSGGC complaints policy.

A complaint may relate to the following, but is not restricted to this list:

- failure or refusal to provide a service
- inadequate quality or standard of service
- dissatisfaction with one of our policies or its impact on the individual
- failure to properly apply law, procedure or guidance when delivering services
- failure of administrative processes
- delays in service provision
- treatment by or attitude of a member of staff
- disagreement with a decision made in relation to our services.

[Appendix 1](#) provides a range of examples of complaints we may receive, and how these may be handled.

A complaint is not:

- a routine first-time request for a service
- a claim for compensation only
- a disagreement with decisions or conditions that are based upon social work recommendations, but determined by a court or other statutory body, for example decisions made by a children's panel, parole board or mental health tribunal
- an attempt to reopen a previously concluded complaint or to have a complaint reconsidered where we have already given our final decision.

We will not treat these issues as complaints, and will instead direct customers to use the appropriate procedures.

[Appendix 2](#) gives examples of more complex complaints, some of which are not appropriate for this procedure. The section on *Complaints relevant to other agencies* provides information about some of the other agencies that may be able to assist service users if their complaint is not appropriate for this procedure.

## Who can make a complaint?

Anyone who receives, requests, or is affected by our delivery of social work functions can make a complaint. This is not restricted to 'service users' and their relatives or representatives, but may also include people who come into contact with or are affected by these services, for example people who live in close proximity to a provision, such as a care home or day centre. **In this procedure these people are termed 'customers', regardless of whether they are or were using a service.**

Sometimes a customer may be unable or reluctant to make a complaint on their own. We will accept complaints from third parties, which may include relatives, friends and advocates. The third

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party should normally obtain the customer's consent. This can include complaints brought by parents on behalf of their child, if the child is considered to have capacity to make decisions for themselves. However, in certain circumstances, the third party may raise a complaint without receiving consent, such as when there are concerns over someone's wellbeing. The complaint should still be investigated, but the response may be limited by considerations of confidentiality, with the relevant policies on gaining consent and information sharing being applied.

Independent advocates may bring complaints on behalf of service users or other customers, if they are unable to raise an issue themselves, or if they are unable to identify when something is wrong. More information about using advocates to support customers is available in the section on *Supporting the Customer*.

In the event that a member of staff has concerns that a complaint has been submitted by a third party without appropriate authority from the customer, they should seek advice from a more senior member of staff. The provision of a signed mandate from the customer will normally be sufficient for us to investigate a complaint. However, the timing of when we require this mandate may vary depending on the circumstances. If the complaint raises concerns that require immediate investigation, this should not be delayed while a mandate is sought. It will, however, be required before the provision of a full response to the third party.

### **Handling anonymous complaints**

We value all complaints. This means we treat all complaints, including anonymous complaints, seriously and will take action to consider them further, wherever this is appropriate. Generally, we will consider anonymous complaints if there is enough information in the complaint to enable us to make further enquiries. If, however, an anonymous complaint does not provide enough information to enable us to take further action, we may decide not to pursue it further. Any decision not to pursue an anonymous complaint must be authorised by a senior manager.

If an anonymous complaint makes serious allegations, these should be dealt with in a timely manner under relevant procedures. This may not be the complaints procedure and could instead be relevant child protection, adult protection or disciplinary procedures.

If we pursue an anonymous complaint further, we will record the issues as an anonymous complaint on the complaints system. This will help to ensure the completeness of the complaints data we record and allow us to take corrective action where appropriate.

### **What if the customer does not want to complain?**

If a customer has expressed dissatisfaction in line with our definition of a complaint but does not want to complain, staff should tell them that we do consider all expressions of dissatisfaction, and that complaints offer us the opportunity to improve services where things have gone wrong. Submitting their complaint will allow us to handle it through this procedure. This will ensure that the customer is updated on the action taken and gets a response to their complaint.

If, however, the customer insists they do not wish to complain, staff should record the complaint as an anonymous complaint. This will ensure that the customer's details are not recorded on the complaints database and that they receive no further contact about the matter. It will also help to ensure the completeness of the complaints data recorded and will still allow us to fully consider the matter and take corrective action where appropriate.

### **Supporting the customer**

All members of the community have the right to equal access to our complaints procedure. It is important to recognise the barriers that some customers may face complaining. These may be

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physical, sensory, communication or language barriers, but can also include their anxieties and concerns. Customers may need independent support to overcome these barriers to accessing the complaints system.

Customers who do not have English as a first language, including British Sign Language users, may need help with interpretation and translation services. Other customers may need other forms of communication support, including documents written in accessible language such as easy read format. Some may need support workers or advocates to help them understand their rights, and help them to communicate their complaints.

We must always take into account our commitment and responsibilities to equality. This includes making reasonable adjustments to ensure that all customers can access our services.

The Mental Health (Care and Treatment) (Scotland) Act 2003 gives anyone with a 'mental disorder' (including mental health issues, learning difficulties, dementia and autism) a right to access independent advocacy. This legislation says that independent advocacy must be delivered by independent organisations that only provide advocacy. They help people to know and understand their rights, make informed decisions and have a voice. The Scottish Independent Advocacy Alliance website has information about local advocacy organisations throughout Scotland.

Wherever possible we will identify what additional needs a customer may have and help them find appropriate support or refer them to their local independent advocacy organisation to help them in pursuing a complaint.

## **Complaints and appeals**

While some social work decisions may be reviewed under alternative arrangements at a local level (for example through appeal or peer review), the SPSO has the power to consider professional social work decisions. The customer should not be required to seek a reconsideration of a decision under both appeal and complaint processes, nor should they be required to make further complaint if dissatisfied with the outcome of an appeal.

Therefore, whilst we have discretion to operate appeals procedures, these must be regarded as a special form of complaint investigation (stage 2 of this procedure). Such appeals processes must be compliant with this procedure in terms of the rigour and documentation of the process, must be concluded within 20 working days with a written response to the customer, and must be recorded as a stage 2 complaint on the relevant complaints database. If the customer raises additional issues of dissatisfaction as well as challenging a professional decision, then the process must consider and respond to every element of the customer's dissatisfaction so that no additional complaint process is required.

The final response letter must provide relevant text advising the customer of their right to refer the matter to the SPSO for independent consideration. The SPSO will then investigate matters in full, in line with their standard procedures.

## **Complaints involving social work services and another service or organisation**

In accordance with the Public Bodies (Joint Working) Act, West Dunbartonshire Health & Social Care Partnership Board is responsible for the strategic planning and reporting of a range of health and social care services delegated to it by NHS Greater Glasgow & Clyde Health Board and West Dunbartonshire Council. The Council and the Health Board discharge the operational delivery of those delegated services (except those related to the Health Board's Acute Division services most commonly associated with the emergency care pathway) through West Dunbartonshire HSCP. This includes all adult, children and criminal justice social work functions. It is important for staff investigating stage 2 complaints to be aware of our delegation arrangements in their area, so they



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can take appropriate account of these, even if they are not themselves working within a delegated service.

A complaint may relate to a social work function and NHS function delivered by the HSCP; or a responsibility of the Health & Social Care Partnership Board; or a service provided by another part of the Council, another NHS organisation, or by another organisation (such as a housing association). Initially, these complaints will all be handled in the same way. They will be logged as a complaint, and the content of the complaint must be considered, to identify which services are involved, which parts of the complaint we can respond to and which parts are appropriate for another organisation. How these complaints are then handled will depend on delegation arrangements and on the other organisation involved.

#### *Complaints relating to a social work service and another service delivered by the HSCP*

Where a complaint relates to two services delivered by the HSCP, these services must work together to resolve the complaint. A decision will be taken by a Head of Service as to which service will lead on the response, with a joint response from the lead service to which both services have contributed to.

#### *Complaints relating to a social work service and another service provided by another organisation*

The aim with such complaints is still to provide a joint response where possible. Contact must be made with the customer to explain that their complaint partly relates to services which are delivered by another organisation, and that to resolve their complaint, we will need to share information with this organisation. We will check whether specific consent is needed from the customer before we can share their information with the other services, and take appropriate action where necessary, bearing in mind any data protection requirements.

If it is possible to give a joint response, a decision will be taken as to which service will lead the process. We will ensure that all parties are clear about this decision. The response must cover all parts of the complaint, explain the role of both services, and (for investigation stage complaints) confirm that it is the final response from both services.

If a joint response is not possible, we will explain to the person making the complaint the reasons why they will receive two separate responses, and who they can get in contact with about the other aspects of their complaint. We will also write to both the customer and the other services involved, setting out which parts of the complaint we will be able to respond to.

If we need to make enquiries to another organisation in relation to a complaint, we will always take account of data protection legislation and local guidance on handling our customers' personal information. The Information Commissioner has detailed guidance on data sharing and has issued a data sharing code of practice.

#### **Complaints about services contracted by us**

As part of the service provider's contractual obligations, they must provide a robust complaints process which complies with this procedure, and this obligation must be set out in their contract. This applies to all contracted services, including care services. The expectations around complaints handling by the provider should also be explained to service users in their service agreement with the provider. At the end of the investigation stage of any such complaints the provider must ensure that the customer is signposted to the SPSO, as with any other complaint made to the HSCP.

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*Contracts with these services should reflect the following good practice:*

It is important that a complaint is resolved as quickly as possible and as close as possible to the time when the event being complained about occurred. The contracted service provider should be given the opportunity to respond to a complaint first, even if the customer has initially approached the HSCP, unless there is good reason why this would not be appropriate. However, the HSCP will have discretion to investigate complaints about providers contracted to deliver services on its behalf.

These services may also be registered as a care service with the Care Inspectorate to deliver a care or support service. If this is the case, customers have the right to complain directly to the Care Inspectorate or to make use of the provider's complaints handling procedure and thereafter make a complaint to the Care Inspectorate, regardless of any investigations undertaken by the HSCP.

Where services are contracted to deliver services on behalf of the HSCP, customers can make complaints under this procedure in relation to the assessment of need, the commissioning or recommendation process, and any element of the service that has been publicly funded. Complaints about any part of service that has been privately funded cannot be considered through this CHP.

Service providers who are not registered with the Care Inspectorate as a care or support service but who are contracted to deliver other services on behalf of the HSCP must still comply with this procedure.

### **Complaints for the Care Inspectorate**

Local authorities and any contractors that provide care services must be registered with the Care Inspectorate. This is the independent scrutiny and improvement body for care and social work across Scotland, which regulates, inspects and supports improvement of care services.

The Care Inspectorate has a procedure for receiving information, concerns and investigating complaints, from members of the public or their representatives, about the care services they use. The Care Inspectorate's complaints procedure is available even when the service provider has an alternative complaints procedure in place.

The Care Inspectorate encourages people to complain directly to the organisation they receive a service from. However, some people are not comfortable doing this and to support them, the Care Inspectorate will take complaints about care services directly.

When complaints are brought to us about registered care services, we have the right to share complaint information about the registered care provider with the Care Inspectorate, to decide who is best placed to investigate the complaint. We can also share the outcome of complaints about contracted and registered services with the Care Inspectorate.

Contact details for the Care Inspectorate can be found on their website:

[www.careinspectorate.com/](http://www.careinspectorate.com/)

Or:

telephone 0845 600 9527

fax 01382 207 289

complete an online complaints form at [www.careinspectorate.com/](http://www.careinspectorate.com/) or

email [enquiries@careinspectorate.com](mailto:enquiries@careinspectorate.com)

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## *Complaints about Personal Assistants*

Where an individual directly employs a Personal Assistant to provide their support, using a Direct Payment (as part of a Self-Directed Support package), they are not subject to registration with the Care Inspectorate under the Public Services Reform (Scotland) Act 2011, its regulations and amendments. The employer remains responsible for the management of their employee, including their performance management. The Care Inspectorate would only be able to take complaints about such support workers if they work for a registered care agency.

### **Complaints relevant to other agencies**

Customers may raise concerns about issues which cannot be handled through this procedure, but which other agencies may be able to provide assistance with or may have an interest in. This may include:

The Mental Welfare Commission:

Email: [enquiries@mwscot.org.uk](mailto:enquiries@mwscot.org.uk)

Tel: 0800 389 6809 (service users and carers only)

Website: [www.mwscot.org.uk](http://www.mwscot.org.uk)

The Children's Commissioner:

Email: [inbox@cypcs.org.uk](mailto:inbox@cypcs.org.uk)

Tel: 0800 019 1179

Website: [www.cypcs.org.uk](http://www.cypcs.org.uk)

The Scottish Social Services Council:

Email: via their website

Tel: 0345 60 30 891

Website: [www.sssc.uk.com](http://www.sssc.uk.com)

Customers may also raise concerns that information has not been provided in line with information sharing and data protection legislation, in which case they should be signposted to the HSCP's data protection/information governance lead. Any correspondence they have received from the HSCP will also specify the next steps to take if there are ongoing concerns, including signposting to the Information Commissioner:

Email: via their website

Tel: 0303 123 1113

Website: [www.ico.org.uk](http://www.ico.org.uk)

This list is not exhaustive, and it is important to consider the circumstances of each case, and whether another organisation may also have a role to play.

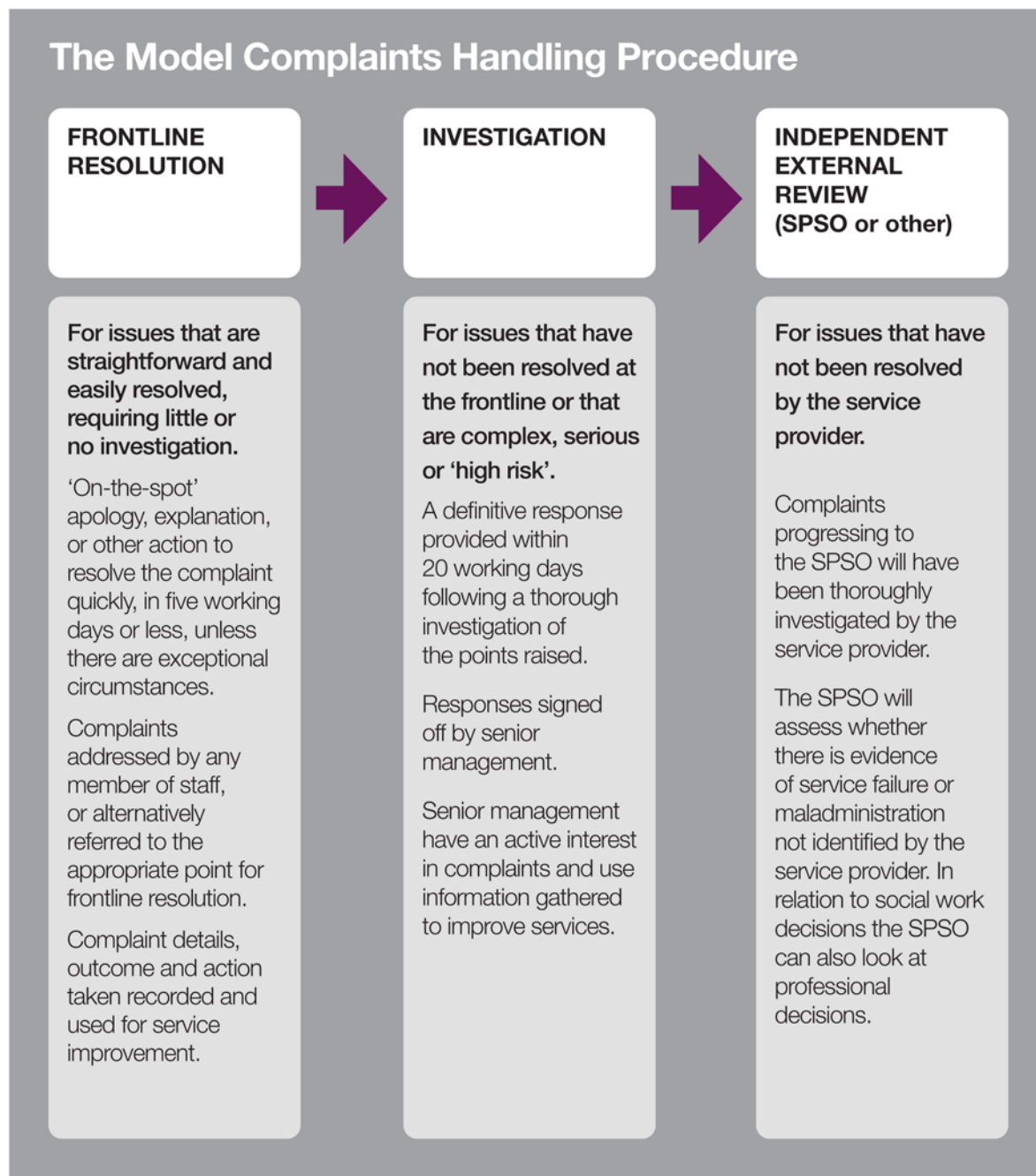
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## The complaints handling process

This complaints handling procedure aims to provide a quick, simple and streamlined process for resolving complaints early and locally by capable, well-trained staff.

Our complaints process provides two opportunities to resolve complaints internally:

- **frontline resolution**, and
- **investigation**.



For clarity, the term 'frontline resolution' refers to the first stage of the complaints process. It does not reflect any role within the HSCP but means seeking to resolve complaints at the initial point of contact where possible.

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## Stage one: frontline resolution

Frontline resolution aims to quickly resolve straightforward customer complaints that require little or no investigation. Any member of staff may deal with complaints at this stage.

The main principle is to seek early resolution, resolving complaints at the earliest opportunity and as close to the point of service delivery as possible. This may mean a face-to-face discussion with the customer, or asking an appropriate member of staff to handle the complaint.

[Appendix 1](#) gives examples of the types of complaint we may consider at this stage, with suggestions on how to resolve them, as well as those that may be more appropriate to escalate immediately to the investigation stage.

In practice, frontline resolution means resolving the complaint at the first point of contact, wherever possible, or within five working days of this contact. This may be taken forward by the member of staff receiving the complaint or, where appropriate, another member of staff.

In either case, staff may resolve the complaint by providing an on-the-spot apology where appropriate, or explaining why the issue occurred and, where possible, what will be done to stop this happening again. Staff may also explain that, as an organisation that values complaints, we may use the information given when we review service standards in the future.

A customer can make a complaint in writing, in person, by telephone, by email or online, or by having someone complain on their behalf. Staff must always consider if it is appropriate to attempt frontline resolution, regardless of how they have received the customer's complaint.

### ***What to do when receiving a complaint***

1. On receiving a complaint, the member of staff must first decide whether the issue can be defined as a complaint. The customer may express dissatisfaction about more than one issue. This may mean we treat one part as a complaint, while directing the customer to pursue another part through an alternative route (see [Appendix 2](#)).
2. If a member of staff has received and identified a complaint, record the details on our complaints system at the earliest opportunity. The date of receipt of the complaint is always 'day 1', regardless of when the complaint is recorded.
3. Decide whether or not the complaint is suitable for frontline resolution. Some complaints will need more extensive investigation before the customer can be given a suitable response. These complaints must be escalated immediately to the investigation stage.
4. Where frontline resolution is appropriate, staff must consider four key questions:
  - what exactly is the customer's complaint (or complaints)?
  - what does the customer want to achieve by complaining?
  - can I achieve this, or explain why not? and
  - if I cannot resolve this, who can help with frontline resolution?

#### **What exactly is the customer's complaint (or complaints)?**

It is important to be clear about exactly what the customer is complaining about. You may need to ask the customer for more information and probe further to get a full understanding.

#### **What does the customer want to achieve by complaining?**

At the outset, clarify the outcome the customer wants. Of course, the customer may not be clear about this, and you may need to probe further to find out what they expect, and whether they can be satisfied.

#### **Can I achieve this, or explain why not?**

If you can achieve the expected outcome, for example by providing an on-the-spot apology or

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explain why you cannot achieve it, you should do so. If you consider an apology is appropriate, you may wish to follow the SPSO's guidance on the subject: [SPSO Our guidance on apology](#)

The customer may expect more than we can provide. If so, you must tell them as soon as possible. An example would be where the customer is very dissatisfied that their child has not been assigned to the social worker they were expecting, when this worker is no longer available.

You are likely to have to convey the decision face-to-face or on the telephone. If you do so face-to-face or by telephone, you are not required to write to the customer as well, although you may choose to do so. It is important, however, to keep a full and accurate record of the decision reached and given to the customer. You must also advise them of their right to have the complaint escalated to stage 2 of the complaints procedure if they are not satisfied with the outcome at the frontline resolution stage.

**If I cannot resolve this, who can help with frontline resolution?**

If you cannot deal with the complaint because, for example, you are unfamiliar with the issues or area of service involved, pass the complaint to someone who can attempt to resolve it.

***Timelines***

Frontline resolution must be completed within **five working days**, although in practice we would often expect to resolve the complaint much sooner.

More information may be required to resolve the complaint at this stage. However, it is important to respond to the customer within five working days, either resolving the matter or explaining that their complaint is to be investigated.

***Extension to the timeline***

In exceptional circumstances, where there are clear and justifiable reasons for doing so, we may agree an extension of up to five working days with the customer. This must only happen when an extension will make it more likely that the complaint will be resolved at the frontline resolution stage.

Extensions require authorisation by the relevant Head of Service who will decide whether an extension is needed to effectively resolve the complaint. Examples of when this may be appropriate include staff or contractors being temporarily unavailable, or when awaiting responses from third parties or commissioned services. If it is clear from the outset that the complaint is so complex that it clearly cannot be resolved as a frontline complaint (in five working days), it should be handled directly at the investigation stage. Where an extension is authorised, the member of staff handling the complaint will tell the customer about the reasons for the extension, and when they can expect a response.

All attempts to resolve the complaint at this stage must take no longer than **ten working days** from the date the complaints is received. The proportion of complaints that exceed the five working day timeline will be evident from reported statistics, and should be kept to a minimum. These statistics go to our senior management team on a quarterly basis.

[Appendix 3](#) provides further information on timelines.

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### ***Closing the complaint at the frontline resolution stage***

When the member of staff handling a complaint has informed the customer of the outcome, they are not obliged to write to the customer - although they may choose to do so. They must ensure that our response to the complaint addresses all areas that we are responsible for, explains the reasons for our decision and explains what the customer should do if they remain dissatisfied. It is also important to keep a full and accurate record of the decision reached and given to the customer. The complaint should then be closed and the complaints system updated accordingly.

### ***When to escalate to the investigation stage***

A complaint **must** be escalated to the investigation stage when:

- frontline resolution was tried but the customer remains dissatisfied and requests an investigation into the complaint. This may be immediately on communicating the decision at the frontline stage or could be some time later
- the customer refuses to take part in the frontline resolution process
- the issues raised are complex and require detailed investigation, or
- the complaint relates to serious, high-risk or high-profile issues.

When a previously closed complaint is escalated from the frontline resolution stage, the complaint should be reopened on the complaints system.

Staff should take particular care to identify complaints that might be considered serious, high risk or high profile, as these may require particular action or raise critical issues that need senior management's direct input. The SPSO defines potential high-risk or high-profile complaints as those that may:

- involve a death or terminal illness
- involve serious service failure, for example major delays or repeated failures to provide a service
- generate significant and ongoing press interest
- pose a serious risk to our operations
- present issues of a highly sensitive nature, for example concerning:
  - immediate homelessness
  - a particularly vulnerable person
  - child protection
  - adult protection.

### **Stage two: investigation**

Not all complaints are suitable for frontline resolution and not all complaints will be satisfactorily resolved at that stage. Complaints handled at the investigation stage of the complaints handling procedure are typically complex or require a detailed examination before we can state our position. These complaints may already have been considered at the frontline resolution stage, or they may have been identified from the start as needing immediate investigation.

An investigation aims to establish all the facts relevant to the points made in the complaint and to give the customer a full, objective and proportionate response that represents our final position.

### ***What to do when receiving a complaint for investigation***

On receipt of a complaint for investigation the member of staff must pass this to the Head of Service who is responsible for acknowledging, investigating, considering and responding to such complaints.

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It is important to be clear from the start of the investigation stage exactly what is being investigated, and to ensure that both the customer and the service understand the investigation's scope. It is often necessary to discuss and confirm these points with the customer at the outset, to establish why they are dissatisfied and whether the outcome they are looking for sounds realistic. In discussing the complaint with the customer, staff should consider three key questions:

1. What specifically is the customer's complaint or complaints?
2. What does the customer want to achieve by complaining?
3. Are the customer's expectations realistic and achievable?

It may be that the customer expects more than we can provide. If so, the staff handling the complaint must make this clear to the customer as soon as possible. Where possible they should also clarify what additional information they will need to investigate the complaint. The customer may need to provide more information to help us reach a decision. They should also find out the person's preferred method of communication, and communicate by this means where reasonably practicable. Details of the complaint must be recorded on the complaints system. Where appropriate, this will be done as a continuation of frontline resolution. The details must be updated when the investigation ends.

If the investigation stage follows attempted frontline resolution, the staff involved must ensure the officer responsible for the investigation has full access to all case notes and associated information, and record that they have done so.

### ***Timelines***

The following deadlines are appropriate to cases at the investigation stage:

- complaints must be acknowledged within **three working days** by the Head of Service
- We will provide a full response to the complaint as soon as possible but not later than **20 working days** from the time the complaint was received for investigation.

### ***Extension to the timeline***

It is important that every effort is made to meet the timeline, as failure to do so may have a detrimental effect on the customer. Not all investigations will be able to meet this deadline. For example, some complaints are so complex that they require careful consideration and detailed investigation beyond the 20 working day timeline. However, these would be the exception and we must always try to deliver a final response to a complaint within 20 working days.

If there are clear and justifiable reasons for extending the timeline, senior management will agree an extension and set time limits on any extended investigation. We must keep the customer updated on the reason for the delay and give them a revised timescale for completion. The reasons for an extension might include the following:

- essential accounts or statements, crucial to establishing the circumstances of the case, are needed from staff, customers or others but the person cannot help because of long-term sickness or leave
- cannot obtain further essential information within normal timescales, or
- the customer has agreed to mediation as a potential route for resolution.

These are only a few examples, and the matter must be judged in relation to each complaint. However, an extension would be the exception and we must always try to deliver a final response to the complaint within 20 working days.



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If a joint response is being prepared to a complaint that covers more than one service, the lead service must inform the customer of the reasons for any delay and when they can expect a response, even if the delay relates to input from the other service.

As with complaints considered at the frontline stage, the proportion of complaints that exceed the 20 working day timeline will be evident from reported statistics, which are provided to senior management on a quarterly basis.

[Appendix 3](#) provides further information on timelines.

### ***Alternative resolution and mediation***

Some complex complaints, or complaints where customers and other interested parties have become entrenched in their position, may require a different approach to resolving the matter. Where appropriate, we may consider using services such as mediation or conciliation, using suitably trained and qualified mediators to try to resolve the matter.

Mediation will help both parties to understand what has caused the complaint, and so is more likely to lead to mutually satisfactory solutions.

If we and the customer agree to mediation, an extension to the timeline will need to be agreed.

### ***Closing the complaint at the investigation stage***

We must let the customer know the outcome of the investigation, in writing or by their preferred method of contact. Our response to the complaint must address all areas that we are responsible for and explain the reasons for our decision, taking an appropriate approach to any confidential information. We will record the decision, and details of how it was communicated to the customer, on the complaints system. We will also make clear to the customer:

- their right to ask the SPSO to consider the complaint
- the time limit for doing so, and
- how to contact the SPSO.

### ***Signposting to the SPSO***

Once the investigation stage has been completed, the customer has the right to approach the SPSO if they remain dissatisfied.

The SPSO considers complaints from people who remain dissatisfied at the conclusion of our complaints procedure. The SPSO looks at issues such as service failure and maladministration (administrative fault), and the way we have handled the complaint. In relation to social work decisions, they can also look at professional judgement.

The SPSO recommends that you use the wording below to inform customers of their right to ask SPSO to consider the complaint.

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### **Information about the SPSO**

The Scottish Public Services Ombudsman (SPSO) is the final stage for complaints about public services in Scotland. This includes complaints about local councils and the NHS in Scotland. If you remain dissatisfied when you have had a final response from the HSCP, you can ask the SPSO to look at your complaint. The SPSO cannot normally look at complaints:

- where you have not gone all the way through the council's complaints handling procedure
- more than 12 months after you became aware of the matter you want to complain about, or
- that have been or are being considered in court.

The SPSO's contact details are:

SPSO  
4 Melville Street  
Edinburgh  
EH3 7NS

Their freepost address is:

FREEPOST SPSO  
Freephone: 0800 377 7330  
Online contact [www.spsso.org.uk/contact-us](http://www.spsso.org.uk/contact-us)  
Website: [www.spsso.org.uk](http://www.spsso.org.uk)

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## Governance of the complaints handling procedure

### Roles and responsibilities

Overall responsibility and accountability for the management of complaints lies with the HSCP's Chief Officer. Our final position on the complaint must be signed off by either the Chief Officer or an appropriate HSCP Head of Service; and we will confirm that this is our final response. This ensures that our senior management own and are accountable for the decision. It also reassures the customer that their concerns have been taken seriously.

**Chief Officer:** *The Chief Officer provides leadership and direction in ways that guide and enable us to perform effectively across all services. This includes ensuring that there is an effective complaints handling procedure, with a robust investigation process that demonstrates how we learn from the complaints we receive. The Chief Officer may take a personal interest in all or some complaints, or may delegate responsibility for this procedure to senior staff. Regular management reports assure the Chief Officer of the quality of complaints performance.*

**Chief Social Work Officer (CSWO):** *The CSWO has an important role in the consideration of complaints information and, on occasion, the content of individual complaints. Their role in overseeing the effective governance of social work services and monitoring these arrangements includes complaints about social work services. The CSWO should also take appropriate account of complaints information in fulfilling their obligations to promote continuous improvement and best practice. Furthermore, the CSWO or their delegated officers may have specific interest in complaints relating to individuals for whom they have decision-making responsibilities.*

**Heads of Service:** *HSCP Heads of Service may be involved in the operational investigation and management of complaints handling. As senior officers they will be responsible for preparing and signing decision letters to customers, so they should be satisfied that the investigation is complete and their response addresses all aspects of the complaint.*

**Complaints investigator:** *The complaints investigator is responsible and accountable for the management of the investigation. They may work in a service delivery team or as part of a centralised customer service team, and will be involved in the investigation and in co-ordinating all aspects of the response to the customer. This may include preparing a comprehensive written report, including details of any procedural changes in service delivery and identifying wider opportunities for learning across the organisation.*

**All of the organisation's staff:** *A complaint may be made to any member of staff in the organisation. All staff must therefore be aware of the complaints handling procedure and how to handle and record complaints at the frontline stage. They should also be aware of who to refer a complaint to, in case they are not able to handle the matter. We encourage all staff to try to resolve complaints early, as close to the point of service delivery as possible, to prevent escalation.*

**The SPSO liaison officer:** *Our SPSO liaison officer's role may include providing complaints information in an orderly, structured way within requested timescales, providing comments on factual accuracy on our behalf in response to SPSO reports, and confirming and verifying that recommendations have been implemented.*

### Complaints about senior staff

Complaints about senior staff can be difficult to handle, as there may be a conflict of interest for the staff investigating the complaint. When serious complaints are raised against senior staff, it is particularly important that the investigation is conducted by an individual who is independent of the situation. We will ensure that we have strong governance arrangements in place that set out clear procedures for handling such complaints.

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## **Recording, reporting, learning from and publicising complaints**

Complaints provide valuable customer feedback. One of the aims of this procedure is to identify opportunities to improve services across the HSCP. We will record all complaints in a systematic way so that we can use the complaints data for analysis and management reporting. By recording and using complaints information in this way, we can identify and address the causes of complaints and, where appropriate, identify training opportunities and introduce service improvements.

### *Recording complaints*

To collect suitable data it is essential to record all complaints in line with SPSO minimum requirements, as follows:

- the customer's name and address and email address, where that is their preferred method of communication
- the date the complaint was received
- the nature of the complaint
- how the complaint was received
- the service the complaint refers to
- the date the complaint was closed at the frontline resolution stage (where appropriate)
- the date the complaint was escalated to the investigation stage (where appropriate)
- action taken at the investigation stage (where appropriate)
- the date the complaint was closed at the investigation stage (where appropriate)
- the outcome of the complaint at each stage, and
- the underlying cause of the complaint and any remedial action taken.

We have structured systems for recording complaints, their outcomes and any resulting action. These provide a detailed record of services that have failed to satisfy customers.

### *Reporting of complaints*

Details of complaints are analysed for trend information to ensure we identify service failures and take appropriate action. Regularly reporting the analysis of complaints information helps to inform management of where services need to improve.

We will publish on a quarterly basis the outcome of complaints and the actions we have taken in response. This demonstrates the improvements resulting from complaints and shows that complaints can influence our services. It also helps ensure transparency in our complaints handling service and will help to show our customers that we value their complaints.

We will:

- publicise on a quarterly basis complaints outcomes, trends and actions taken
- use case studies and examples to demonstrate how complaints have helped improve services.

This information will be reported regularly (and at least quarterly) to our senior management team.

### *Learning from complaints*

At the earliest opportunity after the closure of the complaint, the complaint handler should always make sure that the customer and staff involved understand the findings of the investigation and any recommendations made.

Senior management will review the information gathered from complaints regularly and consider whether our services could be improved or internal policies and procedures updated.

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As a minimum, we must:

- use complaints data to identify the root cause of complaints
- take action to reduce the risk of recurrence where possible
- record the details of corrective action in the complaints file, and
- systematically review complaints performance reports to improve service delivery.

Where we have identified the need for service improvement:

- the action needed to improve services must be authorised
- an officer (or team) should be designated the 'owner' of the issue, with responsibility for ensuring the action is taken
- a target date must be set for the action to be completed
- the designated individual must follow up to ensure that the action is taken within the agreed timescale
- where appropriate, performance in the service area should be monitored to ensure that the issue has been resolved
- we must ensure that the staff learn from complaints.

### *Publicising complaints performance information*

We also report on our performance in handling complaints annually in line with SPSO requirements. This includes performance statistics showing the volumes and types of complaint and key performance details, for example on the time taken and the stage at which complaints were resolved.

### **Maintaining confidentiality**

Confidentiality is important in complaints handling. This includes maintaining the customer's confidentiality and explaining to them the importance of confidentiality generally. We will always bear in mind legal requirements, for example data protection legislation, as well as internal policies on confidentiality and the use of customer information.

### **Managing unacceptable behaviour**

People may act out of character in times of trouble or distress. The circumstances leading to a complaint may result in the customer acting in an unacceptable way. Customers who have a history of challenging or inappropriate behaviour, or have difficulty expressing themselves, may still have a legitimate grievance.

A customer's reasons for complaining may contribute to the way in which they present their complaint. Regardless of this, we must treat all complaints seriously and properly assess them. However, we also recognise that the actions of customers who are angry, demanding or persistent may result in unreasonable demands on time and resources or unacceptable behaviour towards our staff. We will, therefore, apply our policies and procedures to protect staff from unacceptable behaviour such as unreasonable persistence, threats or offensive behaviour from customers. Where we decide to restrict access to a customer under the terms of an unacceptable actions policy, we have a procedure in place to communicate that decision, notify the customer of their right of appeal, and review any decision to restrict contact with us. This will allow the customer to demonstrate a more reasonable approach later.

### **Time limit for making complaints**

This complaints handling procedure sets a time limit of six months from when the customer first knew of the problem, within which time they may ask us to consider the complaint, unless there are special circumstances for considering complaints beyond this time.

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We will apply this time limit with discretion. In making decisions we will take account of the Scottish Public Services Ombudsman Act 2002 (Section 10(1)), which sets out the time limit within which a member of the public can normally ask the SPSO to consider complaints. The limit is one year from when the person first knew of the problem they are complaining about, unless there are special circumstances for considering complaints beyond this time.

If it is clear that a decision not to investigate a customer's complaint will lead to a request for external consideration of the matter, we may decide that this satisfies the special circumstances criteria. This would enable us to consider the complaint and try to resolve it, without the complaint going straight to the SPSO.

## Appendix 1 – Frontline resolution complaints

The following tables give examples of complaints that may be considered at the frontline stage, and suggest possible actions to achieve resolution.

Complaint	Possible actions to achieve resolution
A service user complains that a social worker did not turn up for a planned visit.	<ul style="list-style-type: none"> <li>• Apologise to the service user</li> <li>• explain that you will look into the matter</li> <li>• contact the social worker/manager to find out the reason for the missed appointment, then</li> <li>• explain the reasons and offer a new appointment.</li> </ul>
A member of the public complains that a home carer parked in a private resident's car parking place.	<ul style="list-style-type: none"> <li>• Take the customer's details and explain that you will look into the matter</li> <li>• contact the home care service to find out if this is the case</li> <li>• if so, request that this does not happen again, and</li> <li>• contact the customer, apologise and advise that the worker has been asked to find alternative parking.</li> </ul>
A member of public complains that his neighbours (residents of a children's house) have been playing football in the street where they live and are being abusive to passers-by.	<ul style="list-style-type: none"> <li>• Explain to the customer that you will look into the matter and call them back</li> <li>• contact the manager of the children's house to verify the facts</li> <li>• request that the manager meet with the neighbour to apologise and engender good relations, then</li> <li>• call back the customer to update them.</li> </ul>
A complaint about a service provider commissioned by social work services.	<ul style="list-style-type: none"> <li>• Discuss with the customer the different ways for this complaint to be handled, i.e. by a complaint to the Care Inspectorate or through the provider's own complaints handling procedure, and</li> <li>• ensure, whatever process is agreed, that the customer is clear how they can progress their complaint to the next stage, should they remain dissatisfied. This may be within the provider's complaints handling procedure, to the HSCP, or to the Care Inspectorate. The customer should be advised that they can come back to the HSCP for further advice if they need to at any stage.</li> </ul>
A service user complains that their care needs assessment does not accurately reflect their needs, or that the care package proposed would not meet the needs identified in their assessment.	<ul style="list-style-type: none"> <li>• Clarify with the customer whether the complaint relates to an assessment of needs or a proposed care package. Establish specifically what the customer is complaining about and what has happened so far. Ask them what they are seeking from their complaint, and explain that you will look into the matter</li> <li>• make internal enquiries to establish what stage the assessment and care planning processes are at</li> <li>• while considering the complaint, if the team indicate that a new assessment or care planning meeting may be offered, pass this offer onto the customer, and ask the team to contact the</li> </ul>

Complaint	Possible actions to achieve resolution
	<p>customer to take this forward, and</p> <ul style="list-style-type: none"> <li>• if the team are not prepared to look at the matter again, explain why the assessment or care package decision is considered to be adequate, and signpost to the next stage of the complaints handling procedure.</li> </ul>
<p>A customer complains about social work support impacting on their discharge from hospital.</p>	<ul style="list-style-type: none"> <li>• Check with the hospital discharge team about the customer's care planning in relation to discharge from hospital, and the timing of medical decisions and social work input</li> <li>• it may become apparent at that stage that the discharge process was complicated by a range of issues, in which case it may be appropriate to escalate the complaint to investigation</li> <li>• it may also become apparent that the customer is still in hospital, and may or may not be considered ready for discharge. If they are ready, then pass the complaint onto the team directly involved to respond to as quickly as possible</li> <li>• if the situation is not current, and there were delays from social work services, find out why these happened, and</li> <li>• respond to the customer by their preferred method, to inform them of the outcome of their complaint. Offer an apology if appropriate, and outline what steps have been put in place to prevent a recurrence of the situation.</li> </ul>



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## Appendix 2 - Complex social work scenarios

A concern may not necessarily be a complaint. In some cases a measure of discretion or further clarification is required in determining whether something is a complaint that should be handled through this procedure or another matter which should be handled through another process. There are also some specific circumstances when complaints should be handled in a particular manner. Issues that commonly arise include:

### 1. Child or adult protection concerns

Customers may express concerns that a child or adult is at risk, but frame their concern in terms of dissatisfaction that 'nothing has been done about this'. The member of staff will need to consider whether the person is authorised to make complaints on behalf of the child or adult in question, whether they expect the matter to be handled as a complaint and whether the professional view is that these matters are best addressed through initiating the applicable protection procedures. Where the need to initiate protection procedures and investigate concerns within those procedures is identified, this will usually represent the HSCP's final response to the complaint, and the complaint should be closed. The person making the complaint should be advised that this is the outcome of the complaint and signposted to the SPSO.

Where a complaint is received about some aspect of protection processes that have already been initiated, for example in relation to the way the processes was applied, this should be considered a complaint, and progressed within the complaints handling procedure.

### 2. Complaints about professional decisions

A customer may wish to complain about or appeal against a social work decision. Such decisions must be considered in line with the timescales for complaints as specified in the complaints handling procedure.

Some decisions may be considered through an internal appeal procedure. However, any such appeal route must be considered as constituting a special form of stage 2 of this procedure, in that it will result in a thorough response **to all concerns** and onward referral to the SPSO.

### 3. Legal action

Legal action takes several forms and each must be handled in a distinctive way:

- (a) **Judicial Review:** If a person wishes to seek judicial review of a social work decision then they should be encouraged to seek legal advice.
- (b) **Litigation:** Where a customer says that they are seeking compensation and that legal action is being actively pursued, this is not a complaint. Where a customer indicates that they intend to litigate but have not yet commenced legal action, they should be informed that if they take such action, they should notify the complaints team and that the complaints process will be closed. If it becomes apparent that legal action is being pursued, the complaints team must clarify with the customer if all the issues they have raised will be considered through legal action; any outstanding issues must still be addressed through the complaints handling procedure.
- (c) **Legal tribunals, etc:** Sometimes the matter complained of may be the subject of ongoing consideration by a relevant legal body, for example where a customer complains of lack of contact with their child who is being looked after by the HSCP, when that matter falls to be determined by the Children's Panel. In such cases the customer should be directed to raise the matter either directly or through their legal representatives within that other defined process and the matter should not be accepted as a complaint.

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This is distinct from a complaint that the HSCP, Council and their staff have failed to properly carry out their roles and responsibilities. In the example above, a Children's Panel may have set contact frequency but it is not being properly facilitated by social work staff due to staffing shortages or some other factor. That is a matter of legitimate complaint under this procedure.

#### **4. Complaints about the content of reports submitted to legal bodies**

The HSCP may receive complaints about the accuracy of reports by professional social work staff submitted to Courts or other bodies such as Children's Panels, Parole Boards or Mental Health Tribunals. In such circumstances, the report is provided as a service to the court or tribunal, not as a service to the customer. The customer has no right to veto such reports or insist that content is subject to their approval but they can complain about the content of the report.

The HSCP should consider each complaint and it will usually be necessary to undertake a short screening process to establish whether the issue is appropriate for the complaints handling procedure. This will depend on the nature and seriousness of alleged inaccuracy, and the status of the report in relation to the progress of Court or other proceedings. In particular the HSCP should consider whether the complaint relates to accuracy of facts, to opinion or to the standard and quality of the work carried out by the professional concerned, and should take one of three actions accordingly:

1. advise the customer that, due to the timescales involved, the issue should be raised when the report is presented in court/to the relevant body, as that is the appropriate forum for deciding on the matter
2. advise the customer that the complaint raises issues that will be considered under the complaints handling procedure (such as issues of fact), and progress accordingly, or
3. advise the customer that the complaint raises a mixture of issues that will be considered under the complaints handling procedure and other issues that should be raised within the relevant forum when the report is submitted.

If you refuse to consider some or all issues as per 1 or 3 above and direct the customer to raise the matter within the legal process, you must still provide clear information about the reason for this decision, and signpost the customer to the SPSO for access to a review of this decision.

The HSCP – with advice from Council legal officers as appropriate - should also consider whether the complaint relates to a breach of data protection legislation, in which case it must be processed accordingly, with a potential referral to the Information Commissioner.

#### **5. Campaigns**

The introduction of a new policy or changes in service, such as the closure of a facility, may lead to a high volume of complaints being received. These should be handled under this procedure on an individual basis on their merits, addressing the issue of how that particular customer is affected by the change. It may be appropriate to provide information about the process that led to the changes, or when the policy may next be reviewed.

Occasionally, however, such complaints are evidently part of an organised campaign. Indicators may be that all complaints have identical content or are on a 'form' letter or that all complainers are known to be members of a pressure group that has made separate representations through the HSCP petitions or elected members.

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Neither the HSCP nor the Council should not accept an unreasonable burden on its complaints processes produced by an organised campaign. Instead, the HSCP may either issue a single 'form' response or may ask the organisers to nominate a single person to make a single complaint on behalf of the group. In such circumstances it would be important to be clear that all the complaints being brought to the HSCP are identical, and setting out clearly what issues are being considered under the complaint. Any other additional concerns that individuals may have would need to be handled as new complaints.

## **6. Persons under investigation**

The HSCP is likely to have a role in investigating the actions of individuals towards other, more vulnerable people, for example those suspected of child or adult abuse or Guardians and Powers of Attorney who are allegedly misusing their powers.

Those individuals are still customers as defined within this procedure and any complaint from them must be considered on its individual merits. For example, a complaint about an improper exercise of investigative procedures should be looked into as a complaint. Any response should take into account any confidentiality issues, and this should be explained to the customer.

However, if it is evident that the person is not complaining about the process or the actions of staff, but is complaining that they are under investigation, this should not be accepted as a complaint. Instead it should be explained to the customer that the HSCP has a statutory obligation to investigate such matters, and this is not conditional upon their agreement or approval. Their objection to the process is not considered to be a complaint, though they may be directed to seek appropriate legal advice to protect their rights.

## **7. Looked after and accommodated children/adults under local authority guardianship**

The HSCP – on behalf of the Council - has a special duty of care to children in its care or adults for whom it exercises decision-making powers. Special care should be taken when investigating complaints made by or on behalf of those individuals.

Artificial barriers of confidentiality should not be imposed to prevent people with a relevant interest in the affairs of an incapacitated adult from complaining on their behalf.

Children who are looked after by the the HSCP on behalf of the Council may complain. They may have little in the way of a support network and may be estranged from their family. It may also be inappropriate for the family to represent the child's interests. Particular care, therefore, should be taken to ensure that the child's complaint is understood and, particularly for younger children, that the response is understood by them.

In both cases, the need for personal contact with the customer, and the possible involvement of advocacy services, should be actively considered.

## **8. Grievances/Staff complaints**

This procedure is for external customers of the HSCP to complain about services received by them or affecting them or to complain on behalf of others. It is not an appropriate procedure for the handling of complaints by staff (either those working within the HSCP or the Council more broadly), which should be routed through the usual HR/Personnel processes.

## **9. Allegations of fraud/criminality/professional malpractice or incompetence**

Discretion is required where the complaint is so serious as to immediately merit investigation under disciplinary processes or referral to another agency.

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If it is determined that the complaint falls into this category, you should always try to respond to the complaint within the complaints handling procedure timescales. Even where the outcome of the complaint leads to further internal procedures being followed, the customer can still be advised of this as an outcome, and the complaint closed, with signposting to the SPSO.

However, in some cases, particularly where the police are involved, you may have to await the outcome of another process before you can decide on the outcome of the complaint. Where such a decision is made you must inform the customer and advise them of their right to come to the SPSO if they are dissatisfied with this approach.

## **10. Complaints brought by foster carers**

Complaints brought by foster carers can relate to the support services they receive from the HSCP and Council, the way our staff engage with them, or services a child in their care is or was receiving or has requested from us.

Any complaint brought by a foster carer on behalf of a foster child in the care, or formerly in their care, should be considered under this procedure. A foster carer has sufficient interest in the wellbeing of a child to complain on their behalf. Where possible, the views of the child should also be taken into account and if they are different from the views of the foster carer, this should be referred to in the response.

Foster carers who are recruited and supported by us may bring complaints about these services. However, approval and de-registration of the carer may be considered through alternative appeal mechanisms. As noted under the section *Complaints and appeals*, these appeals must be handled in line with the complaints handling procedure timescales and end with signposting to the SPSO.

Complaints from foster carers supported by private agencies will not be addressed within this procedure if the complaint is wholly about their own circumstances and support rather than those of the child. Such complaints should be directed to the complaints process of the relevant agency.

An agency foster carer may still complain about the way our staff have interacted with them or about any element of service that they might reasonably expect to be provided by the HSCP or Council, for example invitations to meetings; provision of information about the child in their care; or the manner and content of communications with the HSCP. This list is not exhaustive and such complaints should be carefully considered in terms of the role of the HSCP staff, before directing them to pursue their complaint with their fostering agency.

Where a complaint cannot be considered in part or in whole by the HSCP, the customer must be given a clear explanation as to why this is, what (if any) parts of their complaint will be investigated and how they may refer the matter to the SPSO.

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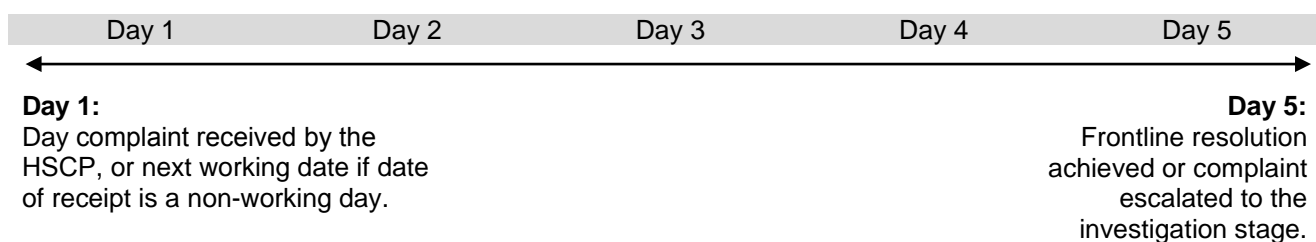
## Appendix 3 - Timelines

### General

References to timelines throughout this complaints handling procedure relate to working days. When measuring performance against the required timelines, we do not count non-working days, for example weekends, public holidays and days of industrial action where our service has been interrupted.

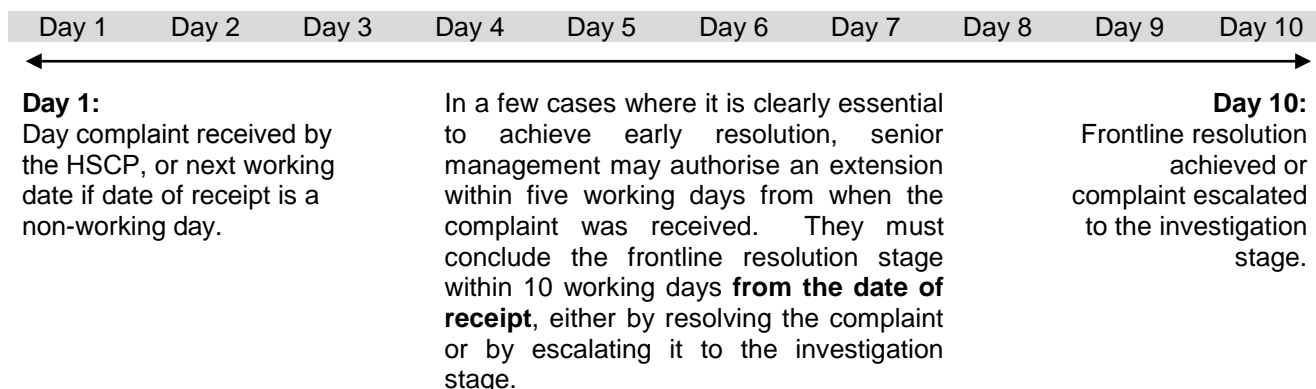
### Timelines at frontline resolution

We will aim to achieve frontline resolution within five working days. The day a member of HSCP staff receives the complaint is day 1. Where they receive it on a non-working day, for example at the weekend or on a public holiday, day 1 will be the next working day.



### Extension to the five-day timeline

If senior management have extended the timeline at the frontline resolution stage in line with the procedure, the revised timetable for the response will take no longer than 10 working days from the date of receiving the complaint.



### Transferring cases from frontline resolution to investigation

If it is clear that frontline resolution has not resolved the matter, and the customer wants to escalate the complaint to the investigation stage, the case must be passed for investigation without delay. In practice this will mean on the same day that the customer is told this will happen.

### Timelines at investigation

We may consider a complaint at the investigation stage either:

- after attempted frontline resolution, or
- immediately on receipt if it is believed that the matter to be sufficiently complex, serious or meriting a full investigation from the outset.

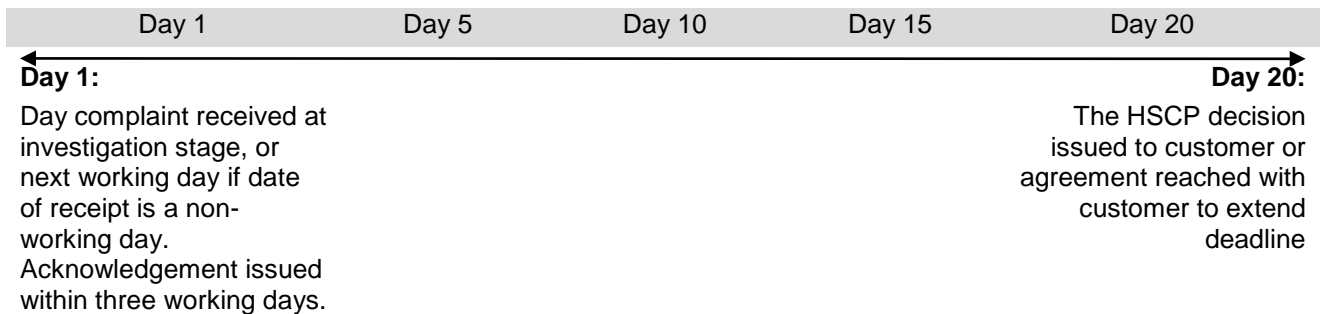
## Acknowledgement

All complaints considered at the investigation stage must be acknowledged within **three working days** of receipt. The date of receipt is:

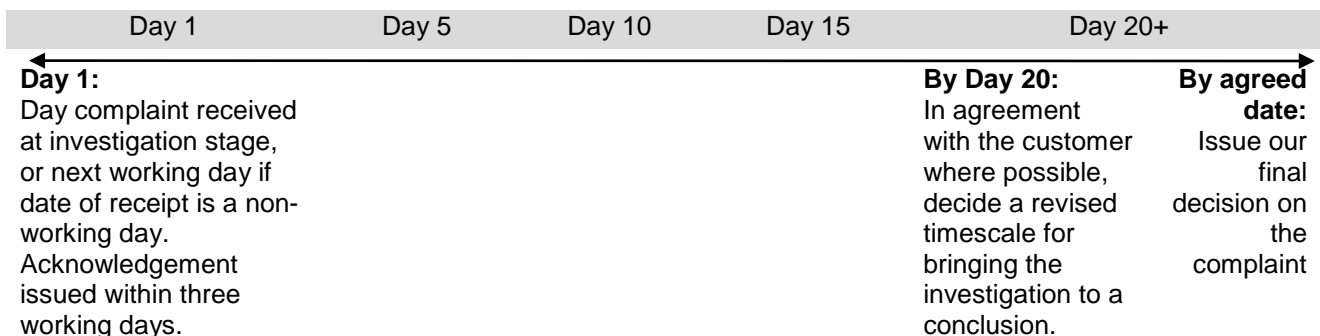
- the day the case is transferred from the frontline stage to the investigation stage, where it is clear that the case requires investigation,
- the day the customer asks for an investigation after a decision at the frontline resolution stage. We should note that a customer may not ask for an investigation immediately after attempts at frontline resolution, or
- the date we receive the complaint, if we think it sufficiently complex, serious or meriting a full investigation from the outset.

## Investigation

We will respond in full to the complaint within **20 working days** of receiving it at the investigation stage. The 20 working day limit allows time for a thorough, proportionate and consistent investigation to arrive at a decision that is objective, evidence-based and fair. This means we have 20 working days to investigate the complaint, regardless of any time taken to consider it at the frontline resolution stage.



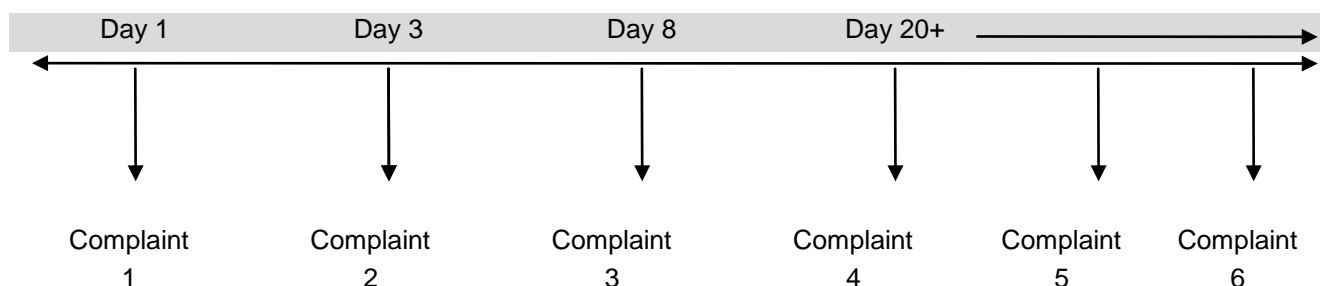
Exceptionally we may need longer than the 20-day limit for a full response. If so, we must explain the reasons to the customer, and agree with them a revised timescale.



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## Timeline examples

The following illustration provides examples of the point at which we conclude our consideration of a complaint. It is intended to show the different stages and times at which a complaint may be resolved.



The circumstances of each complaint are explained below:

### Complaint 1

Complaint 1 is a straightforward issue that may be resolved by an on-the-spot explanation and, where appropriate, an apology. Such a complaint can be resolved on day 1.

### Complaint 2

Complaint 2 is also a straightforward matter requiring little or no investigation. In this example, resolution is reached at day three of the frontline resolution stage.

### Complaint 3

Complaint 3 refers to a complaint that we considered appropriate for frontline resolution. We did not resolve it in the required timeline of five working days. However, we authorised an extension on a clear and demonstrable expectation that the complaint would be satisfactorily resolved within a further five working days. We resolved the complaint at the frontline resolution stage in a total of eight days.

### Complaint 4

Complaint 4 was suitably complex or serious enough to pass to the investigation stage from the outset. We did not try frontline resolution; rather we investigated the case immediately. We issued a final decision to the customer within the 20-day limit.

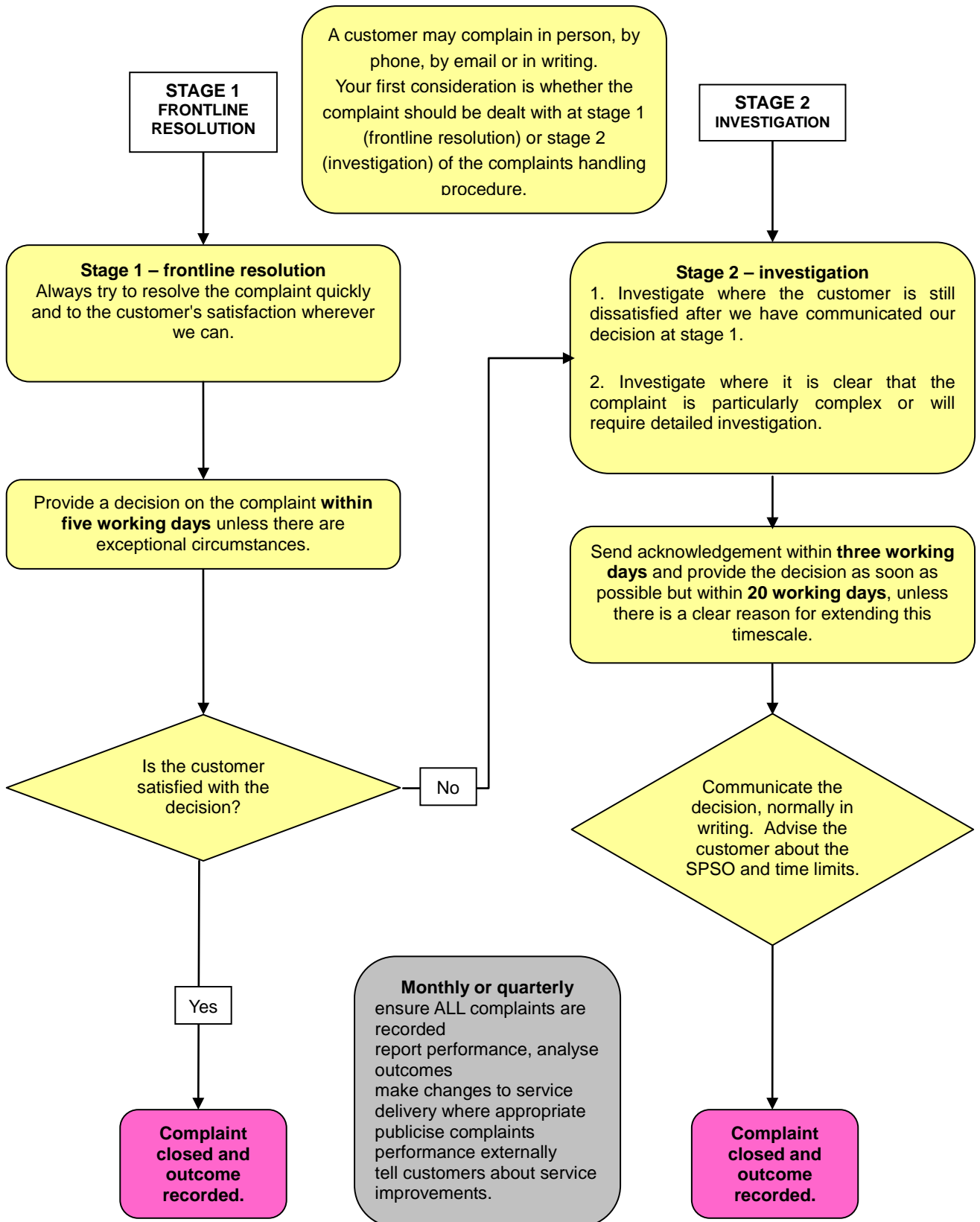
### Complaint 5

We considered complaint 5 at the frontline resolution stage, where an extension of ten working days was authorised. At the end of the frontline stage the customer was still dissatisfied. At their request, we conducted an investigation and issued our final response within 20 working days. Although the end-to-end timeline was 30 working days, we still met the combined time targets for frontline resolution and investigation.

### Complaint 6

Complaint 6 was considered at both the frontline resolution stage and the investigation stage. We did not complete the investigation within the 20-day limit, so we agreed a revised timescale with the customer for concluding the investigation beyond the 20-day limit.

**Appendix 4 - The complaints handling procedure**







# Complaints Policy and Procedure

Lead Manager:	Board Complaints Manager
Responsible Director:	Board Nurse Director
Approved by:	Board Nurse Director
Date approved:	TBC
Date for Review:	31 March 2019
Coming into effect	1 April 2017
Replaces previous version: [if applicable]	Complaints Policy July 2015 v2.2



## **NHS Greater Glasgow and Clyde Complaints Policy and Procedure**

### **Foreword**

*Our complaints policy and procedure reflects NHS Greater Glasgow and Clyde's commitment to welcoming all forms of feedback, including complaints, and using them to improve services, to address complaints in a person-centred way and to respect the rights of patients, families and staff involved. It will support our staff to resolve complaints and to conduct thorough and fair investigations so that we can make compassionate, yet evidence-based decisions, on the facts of the case.*

*This policy and procedure has been developed with reference to the national complaints handling procedure, developed in close conjunction with the Scottish Public Services Ombudsman, which aims to bring about consistency in complaints handling across NHS Scotland. It meets the requirements of the Patient Rights (Scotland) Act 2011, and accords with the Healthcare Principles introduced by the Act.*

*We aim to provide the highest quality services possible through the delivery of safe, effective and person-centred care. Whilst the vast majority of patients have a good experience, we cannot underestimate the emotional, and sometimes physical, impact on patients and families who have a less positive experience, bearing in mind the phrase 'perception is reality'. It is therefore essential that we produce open, honest and empathetic responses to complaints consistently across the organisation. Our complaints policy and procedure helps us to listen effectively to what people are telling us about our services, and to act with purpose on what we hear. It enables us to put things right when things go wrong, and to learn and take action so that the same problems do not happen again.*

*This policy and procedure also helps us to build positive relationships with people who use our service and rebuild trust. It has the person making the complaint, their families and carers at the heart of the process. We will address complaints effectively, resolve them as early as we can, and learn from them so that we can improve services for everyone.*

*Whilst NHS Greater Glasgow and Clyde is responsible for the delivery of health services, the six Health and Social Care Partnership in our area have responsibility for the planning and direction of services in their area which have been delegated to them. The integration of health and social care requires staff from the NHS Board, local authority and third sector organisations to work together in order to provide joined up, person-centred services.*

*Under health and social care integration, there will remain two separate complaints handling procedures for health and for social care.*



Mags McGuire  
Nurse Director

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## Our Complaints Policy and Procedure

The Patient Rights (Scotland) Act 2011, together with supporting legislation, introduced the right to give feedback, make comments, raise concerns and to make complaints about NHS services. It also places a duty on NHS boards to actively encourage, monitor, take action and share learning from the views they receive. The Scottish Health Council's 2014 report *Listening and Learning - How Feedback, Comments, Concerns and Complaints Can Improve NHS Services in Scotland* recommended that a revised, standardised complaints process for NHS Scotland should be developed, building on the requirements of the legislation, and 'Can I Help You?' guidance for handling and learning from feedback, comments, concerns or complaints about NHS health care services. This document delivers on that recommendation by explaining how our staff will handle NHS complaints. Our complaints leaflet provides information for the person making the complaint about our complaints procedure.

This policy and procedure, which is based on the national NHS Model Complaints Handling Procedure, explains the processes that we will follow in responding to complaints. It contains references and links to more details on parts of the procedure, such as how to record complaints, and the criteria for signing off and agreeing time extensions. The procedure also explains how to process, manage and reach decisions on different types of complaints.

The procedure supports us to meet the requirements of the Patient Rights (Scotland) Act 2011 and associated Regulations and Directions. It has been developed to take account of the *Scottish Public Services Ombudsman (SPSO) Statement of Complaints Handling Principles* and best practice guidance on complaints handling from the Complaints Standards Authority at the SPSO. <http://www.valuingcomplaints.org.uk>

In accordance with the legislation, we will take steps to ensure that the people using our services, their families and carers are aware of how they can give feedback or make a complaint, and the support that is available for them to do so. We will ensure that our own staff and service providers are aware of this policy and procedure, and that our staff know how to handle and record complaints at the early resolution stage.

Where apologies are made under the policy, the Apologies (Scotland) Act applies to those apologies. The procedure is intended to operate alongside the duty of candour in the Health (Tobacco, Nicotine etc. and Care) (Scotland) Act 2016 and related Regulations, once this is in force.

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This complaint policy and procedure is based on the human rights principles of:

- Participation: everyone has the right to participate in decisions which affect them, including issues of accessibility and the provision of information that people can understand;
- Accountability: service providers have a duty to the public, patients and staff to investigate complaints and seek effective remedies;
- Non-discrimination and equality: the complaints process is available to everyone and vulnerable or marginalised groups are supported to participate in the process;
- Empowerment: everyone should be aware of their rights, the complaints process and be involved in the process to reach an effective remedy; and
- Legality: the complaints process identifies and upholds the human rights of staff, patients and others, and is in accordance with the requirements of all relevant legislation. It aims to provide a quick, simple and streamlined process for resolving complaints early and locally by capable, well-trained staff.

## **What is a complaint?**

NHS Greater Glasgow and Clyde's (GGC) definition of a complaint is:

'An expression of dissatisfaction by one or more members of the public about the organisation's action, or lack of action, or about the standard of service provided by, or on behalf of, the organisation.'

A complaint may relate to:

- care and/or treatment;
- delays;
- failure to provide a service;
- inadequate standard of service;
- dissatisfaction with the organisation's policy;
- treatment by or attitude of a member of staff whilst at work;
- scheduled or unscheduled ambulance care;
- environmental or domestic issues;
- operational and procedural issues;
- NHS transport concerns, either to, from or within the healthcare environment;
- the organisation's failure to follow appropriate process;
- lack of information and clarity about appointments; and
- difficulty in making contact with departments for appointments or queries.

This list does not cover everything.

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Examples of complaints we may receive and how these may be handled are available in the accompanying guidance document – see Appendix 1.

Not all issues may be for NHS bodies to resolve. In cases where an individual is dissatisfied with standards of conduct, ethics or performance by an individual health professional, it may be for the respective professional body to investigate. These include, for example, the Nursing and Midwifery Council, the General Medical Council, the General Dental Council, the General Pharmaceutical Council, and the General Optical Society. Where serious concerns about a registered healthcare worker are identified, a referral to the appropriate professional regulator should be made. If you have a query regarding this, please direct it to the Board Complaints Manager, or a nominated person on their behalf, in the first instance.

Members of the public, including patients, the general public and those acting on behalf of patients and others may raise issues with relevant NHS bodies or their health service providers which need to be addressed, but which are not appropriate for an investigation under this policy and procedure. Further guidance is provided in the section covering feedback, comments and concerns below.

This policy does not apply to the following issues, as set out in Regulations:

- a matter raised by one NHS body about the functions of NHSGGC;
- a matter raised by a service provider about any matter connected with the contract or arrangements under which that service provider provides health services;
- a matter raised by an employee of an NHS body about any issue relating to that person's employment;
- a complaint which is being or has already been investigated by the Scottish Public Services Ombudsman (SPSO);
- a matter arising out of an alleged failure to comply with a request for information under the Freedom of Information (Scotland) Act 2002(a);
- a matter about which the person raising the issue has commenced legal proceedings (whether or not these have concluded), or where the feedback and complaints officer considers that legal proceedings are so likely that it would not be appropriate to investigate the complaint under this policy and procedure;
- a matter about which the complainant wishes to receive compensation as an outcome of their complaint;
- a matter about which NHSGGC is considering the issue under the disciplinary policy; and
- a complaint, the subject matter of which has previously been investigated and responded to, to the degree that the local complaints process is exhausted.

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In most of these cases, there may be a separate procedure available which is better placed to carry out the investigation; indeed in many cases a separate investigation may already be underway. If a complaint is raised which is within one of these categories, you must write to the individual, explaining the reason that this complaints policy and procedure does not apply, and the procedure the individual should use to raise the matter with the appropriate person or body. You may send this explanation electronically (e.g. via email), provided that the person making the complaint has consented to this in writing, and has not withdrawn their consent.

This complaints policy and procedure offers a person-centred and effective way of ensuring that complaints are thoroughly investigated and that areas for learning and improvement are identified and actioned.

Additionally, this complaints policy and procedure should not be used in the following circumstances:

- to consider a routine first-time request for a service;
- a request for a second opinion in respect of care or treatment;
- matters relating to private health care or treatment;
- matters relating to services not provided by or funded by the NHS;
- a serious incident which is the subject of a formal and independent inquiry under Section 76 of the National Health Service (Scotland) Act 1978;
- matters which are being investigated by a professional regulatory body; and
- where it is believed that a criminal offence may have been committed.

You must not treat these issues as complaints, rather you should explain how the matter may be handled, and, where appropriate, direct the person raising the issue to use the applicable procedure where there is one. You must always consider how best to investigate, respond to and, where appropriate, resolve the issue.

### **We value all forms of feedback**

We encourage all forms of feedback, positive and negative, and use it to continuously improve our services. The Patient Rights (Scotland) Act 2011 introduced a right for people to give feedback or comments to, or raise concerns or complaints with, NHS Boards and service providers. Feedback, comments and concerns are not complaints. They should be handled in line with the Patient Rights (Scotland) Act 2011, and the associated Regulations and Directions. Further guidance on handling and learning from feedback, comments and concerns is available in the 'Can I Help You' good practice guidance document.

It is necessary for staff to be able to distinguish between feedback, comments, concerns and complaints to ensure that any issues raised are handled through the appropriate

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procedures. Where an issue raised is clearly not a complaint, staff should make arrangements to have the issue handled through the appropriate process and feed this back to the person raising the issue. The following paragraphs provide more information on feedback, comments and concerns.

### *Feedback*

Feedback may be in the form of views expressed orally or in writing as part of a survey, patient questionnaires, through the Patient Advice and Support Service (PASS), or initiatives such as patient experience surveys or via stakeholder electronic portals. The feedback may describe the person or carer's individual experience of using NHS services and may include suggestions on things that could have been done better or identify areas of good practice.

### *Comments*

Comments may be compliments, feedback or observations offered orally or in writing for example on ward or hospital suggestion cards or through the PASS, which reflect how someone felt about the service.

### *Concerns*

Concerns may be expressed in relation to proposed treatment or about any aspect of the service, from timing of appointments to getting to hospital for the proposed treatment or the actual treatment received. An example may be where someone has been referred to a consultant and is concerned about what this means. Concerns of this nature fall short of a complaint as the person is not expressing dissatisfaction, but wishes to be fully informed about what is to happen.

People may need reassurance or further explanation and information to help them understand why the healthcare provider is suggesting a particular course of action. Staff should be alert to this and ensure that explanations are given and advice on additional support services is available and accessible to everyone.

It is particularly important for staff to use their discretion and judgement in supporting people to decide whether a matter is a concern or a complaint. The best way to do this is by talking to the person raising the issue to explain how concerns and complaints are handled and responded to. There may be circumstances where the nature of the concern is sufficiently serious to warrant full investigation under this complaints policy and procedure. Where the person states that they do not want to complain, if you are satisfied that the matter is clearly a complaint you should encourage them to pursue it via that route and explain the reasons why. If it is not possible to achieve that, we should still do all we can to resolve the issues and learn lessons in a way the person feels comfortable with. If staff members are in any doubt they should seek advice from the Board Complaints Manager, or a nominated person on their behalf.

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The manner in which the matter is communicated to us will often help you to decide if it is a concern or a complaint. A matter may be communicated in a matter of fact way, for example 'I am a little surprised at being in a mixed sex ward. I think you should put me in an all-female ward'. This is likely to be recorded as a concern. However, the same matter may be reported as 'I am very angry that you have put me in a ward with all these men. I feel humiliated and I refuse to accept this. Get me into an all-female ward now or I will call my son to come and take me home'. Given the way this matter is reported, you may decide that it is a complaint. Appendix 3 includes a 'Feedback, Comments, Concerns or Complaints Assessment Matrix' which can be used where necessary to help you differentiate between these and decide how to proceed.

A concern should be responded to within five working days. It is important that, where you determine that a matter is a concern (rather than a complaint) and the person raising the issue remains unhappy with your response to that concern, you should handle any subsequent action as a complaint. As you will already have attempted to resolve the person's concern, the early resolution stage of the complaints policy and procedure is not an appropriate stage to consider the matter further. The matter should, therefore, be handled directly at the investigation stage of the complaints policy and procedure.

Examples of matters that may be considered as concerns will be included in the guidance document to support this policy – see Appendix 2.

### **Publication**

In accordance with the Complaints Directions, relevant NHS bodies must publish annual summaries of the action which has been or is to be taken to improve services as a result of feedback, comments and concerns received in the year. The annual report is published on the NHSGGC website - <http://www.nhsggc.org.uk/about-us/nhs-board/annual-reports-reviews/>

### **Primary Care service providers**

Complaints about services at a GP surgery, NHS dental surgery, NHS optician's practice or a community pharmacy should be made directly to the practice or surgery. Practices are required to have in place and operate a practice based complaints procedure and to publicise this.

Primary Care service providers should take every opportunity to resolve complaints quickly and locally, and at the point of contact wherever possible. Early resolution is the most effective way of resolving the majority of complaints and should be attempted where the issues involved are straightforward and potentially easily resolved, requiring little or no investigation. Resolving complaints early and locally helps to resolve a person's

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dissatisfaction as well as minimise costs. The fewer people involved in responding to a complaint, and the quicker a response is given, the lower the cost of that complaint to the Primary Care service provider in terms of resources and potential redress. Where early resolution is not possible, it remains the responsibility of the primary care provider to investigate and respond to formal complaints.

However, where the person making the complaint feels unable to make direct contact with the Primary Care service provider the complaint can, in exceptional circumstances, be made to the appropriate relevant NHS body directly. This will normally be the relevant Health and Social Care Partnership (HSCP). The relevant HSCP should nominate the Feedback and Complaints Officer, or other suitable officer to carefully consider the reasons for asking the body to handle the complaint. Where the relevant HSCP considers it appropriate, the person making the complaint should be encouraged to contact the Primary Care service provider by explaining the value of early and local resolution. Where the relevant HSCP recognises that it would not be appropriate, or possible, for the person making the complaint to complain directly to the Primary Care service provider (for example there has been an irreconcilable breakdown in the relationship between the respective parties), contact should be made with the Primary Care service provider to agree the way in which the complaint will be managed, and the person making the complaint should be advised accordingly. At this point, consideration may be given to mediation, if both parties agree. Where agreement cannot be reached it will be for the relevant HSCP to determine how the complaint should be managed. The person making the complaint must be advised of the arrangements that are made.

Where an individual believes that a Practice does not have a suitable procedure in place (rather than dissatisfaction with the outcome of a complaint), that concern may be raised with the Health Board. If there is evidence that a Practice does not have a suitable procedure in place, we will require that appropriate action is taken to address this failure. Continued failure by a Practice may result in disciplinary action being taken against the practitioners concerned.

In handling complaints we will have regard to the General Medical Council (GMC)'s, and other relevant regulatory bodies, standards to help to protect patients and improve medical education and practice in the UK. Specifically that 'patients who complain about the care or treatment they have received have a right to expect a prompt, open, constructive and honest response including an explanation and, if appropriate, an apology'. Therefore, the person making the complaint can expect an apology to include what happened, what action we will take to resolve the matter and what will be done to prevent a similar occurrence happening in the future. This is true for all complaints, and not just those related to primary care.

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## **Complaints from prisoners**

As with all complaints, we aim to resolve prisoner complaints quickly, and close to the point of service delivery. Healthcare teams within prisons will, therefore, be trained and empowered to respond to complaints at each stage of this procedure, wherever possible.

We will ensure that healthcare staff working with their local prisons are fully aware of this complaints policy and procedure, and that appropriate information on how to complain is freely available to ensure that prisoners have the same access to the NHS complaints procedure as other people. When a prisoner expresses dissatisfaction about the service they have or have not received, or about the standard or quality of that service, we will ensure quick and easy access to the complaints policy and procedure is available to them.

## **Financial compensation**

The NHS complaints procedure does not provide for financial compensation. The independent PASS may be able to advise anyone who is seeking compensation where to get information about specialist solicitors who handle medical negligence claims.

It may also be appropriate to advise those who seek financial compensation that they may contact Action against Medical Accidents (AvMA), or the Law Society of Scotland. AvMA provides free independent advice and support to people affected by medical accidents while the Law Society of Scotland can provide contact details of law firms throughout Scotland that may specialise in claims for medical compensation.

## **Handling anonymous complaints**

We value all complaints. This means we treat all complaints including anonymous complaints seriously and will take action to consider them further, wherever this is appropriate. All anonymous complaints are subject to this policy and procedure. The Board Complaints Manager, or nominated person in their absence, should make a decision on appropriate action to take based on the nature of information provided about the anonymous complaint and any other relevant factors. If, however, an anonymous complaint does not provide enough information to enable us to take further action, or to contact the complainant, we may decide that we are unable to complete the investigation.

Any decision not to investigate an anonymous complaint must be authorised by the Board Complaints Manager, or nominated person in their absence. Where appropriate, consideration should also be taken about whether the matter should be considered via the whistleblowing process.

Information about, and decisions made regarding all anonymous complaints will be recorded on the complaints recording system (to the extent that the information is available) to allow consideration of any action necessary. If we pursue an anonymous complaint further, we will record the issues (to the extent that the information is available),



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actions taken and outcome. This will help to ensure the completeness of the complaints data we record and allow us to take corrective action where appropriate.

### **Whistleblowing**

The NHS Scotland Staff Governance Standard places a specific obligation upon NHS employers to ensure that it is safe and acceptable for staff to speak up about wrongdoing or malpractice within their organisation, particularly in relation to patient safety. The Implementing & Reviewing Whistleblowing Arrangements in NHS Scotland Partnership Information Network (PIN) Policy, sets out the rights of staff in relation to whistleblowing. NHSGGC has in place a local whistleblowing Policy based on the national PIN and staff should raise any concerns they have about patient safety or malpractice through this and not through the complaints handling procedure.

Alternatively, staff may contact the NHS Scotland Confidential Alert Line. The principal purpose of the Alert Line is to provide an additional level of support to NHS Scotland employees, should they feel unsure about how or whether to report cases of patient safety or malpractice directly to their Board, or, if they feel they have exhausted procedures in place. The Alert Line also provides a safe space where staff who feel they may be victimised as a result of whistleblowing, may, if appropriate, have their concerns passed to a Board or Regulatory Body on their behalf. The Alert Line can be contacted on Freephone 0800 008 6112.

Further information on whistleblowing can be found in Appendix 10 – Helpful Links.

### **Staff Grievance**

Any employee who wishes to raise concerns with regards to an issue concerning their employment should not use this complaints policy and procedure, but instead utilise the NHSGGC's Grievance Policy.

### **Significant Clinical Incidents**

NHSGGC's policy on the Management of Significant Clinical Incidents (SCI) describes SCI's as: *those events that have or, could have significant or catastrophic impact on the patient and may adversely affect the organisation and its staff and have potential for wider learning (i.e. learning that can be gained for future care delivery).*

Complaints we receive may clearly meet the organisation's criteria for managing SCIs. For example, where the complaint is about the safety of care, and the organisation has a duty to proceed with an SCI Review, irrespective of whether a complaint has been made. Where, based on a complaint, it is deemed appropriate to undertake an SCI Review instead of a complaints investigation, we will advise the person making the complaint of this decision.

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It is for a senior manager within the clinical service to decide whether an SCI Review should take place, and also to ensure the person raising the complaint is satisfied that the issues related to the SCI Review are clearly agreed. Any remaining issues (for example, those related to attitude and behaviour) should be progressed via the complaints process, parallel, but separate, to the SCI Review.

The person who made the complaint should be advised that the Management of SCI policy operates within different investigation timelines to the complaints process i.e. normally within 12 weeks. We will also tell them they will have the right to ask SPSO to consider their issues further if they remain dissatisfied at the conclusion of the SCI process. The clinical service will take forward the SCI Review, and be the main contact point for the patient or their family (providing there is written consent if required).

For further information on the SCI process, please refer to Appendix 10 – Helpful Links.

### **Patient Opinion**

Patient Opinion, with the linked site Care Opinion, provides an independent online service which allows patients, their families and carers to provide feedback, good or bad, on their experiences of health care provision. The service enables people to post their experience online, and to engage in a dialogue with health care providers that is focussed on service improvement.

Feedback from Patient Opinion will include general feedback, comments, concerns and complaints. Where the feedback clearly meets the organisation's definition of a complaint, and there is sufficient information provided to handle the matter through the complaints procedure, the complaint should be forwarded to the complaints department, and recorded and handled as a complaint.

Other forms of feedback are Universal Feedback (a system whereby every inpatient on a ward is offered a comment card at the point of discharge. It was introduced as one means to assist NHSGGC meet the requirements of the Patient Rights Act) and NHSGGC Online Patient Feedback (this provides a way for service users, carers and the wider public to share their healthcare experiences with NHSGGC, but these experiences are not visible to the wider public).

### **Who can make a complaint?**

Anyone who is, or is likely to be, affected by an act or omission of an NHS body or health service provider can make a complaint. Sometimes a person making the complaint may be unable or reluctant to do so on their own. We will accept complaints brought by third parties as long as the person making the complaint has authorised (in writing) the person to act on their behalf.

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Where a complaint is made on behalf of another person, in accordance with the common law duty of confidentiality and data protection legislation, we must ensure that, in addition to authorising another person to act on their behalf, the person has also consented to their personal information being shared as part of the complaints handling process. In circumstances where no such consent has been given, we would have to take that into account when handling and responding to the complaint (and is likely to be significantly constrained in what it can do in terms of investigating any such complaint).

### **What if the person raising the issue does not want to complain?**

If a person expresses dissatisfaction in line with our definition of a complaint but does not want to complain, tell them that we do consider all expressions of dissatisfaction and concerns, and these also offer us the opportunity to improve services where things have gone wrong.

Encourage the person raising the issue to submit a complaint and allow us to deal with it through the complaints policy and procedure. This will ensure that they are updated on the action taken and get a response to their complaint.

If, however, the person insists they do not wish to complain, you should record the complaint as being a concern, respond appropriately and record it. Doing so will ensure that the person has the opportunity to pursue a complaint at the investigation stage of the policy and procedure should they subsequently raise the matter again.

### **Complaints involving more than one NHS service or organisation**

If someone complains about the service of another NHS Board or Primary Care service provider, and our organisation has no involvement in the issue, the person should be advised to contact the relevant Board or service provider directly, or, where appropriate, we can pass on their complaint on their behalf, with the complainant's permission.

Where the complaint spans two (or more) NHS bodies, for example one Board using the services of another to provide care and treatment, you must tell the person making the complaint who will take the lead in dealing with the complaint, and explain that they will get only one response covering all issues raised. The NHS bodies involved should be mindful of the timescale within which the response should be issued and work jointly to achieve this.

There may be occasions where a complaint relates to two (or more) NHS bodies, however, each aspect of the complaint relates specifically to one, or other of the organisations. This could be, for example a complaint about pre-hospital care and a complaint about a delay in being seen in the accident and emergency department. Where this occurs it is important to communicate clearly with the person making the complaint to explain, and agree how the complaint will be handled. Where this applies each organisation should record, handle

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and respond to the complaint about the service they provided and let the complainant know that they will receive two separate responses.

A complaint may relate to the actions of two or more of the organisation's services. Where this is the case, you must tell the person making the complaint who will take the lead in dealing with the complaint, and explain that they will get only one response from the organisation covering all of the issues they have raised.

### **Overlap with other duties on NHS bodies**

NHS bodies are subject to a range of other duties in respect of honesty and openness about the services and care they provide. The Apologies (Scotland) Act 2016 is intended to encourage apologies being made by making it clear that apologising is not the same as admitting liability. An apology means any statement made indicating that the person is sorry about or regrets an act or omission or outcome. It also covers an undertaking to look into what happened with a view to preventing it happening again. In meeting the requirements of this complaints procedure we will apologise where appropriate and make sure that we are open and honest with people when an unintended or unexpected incident has happened. Most apologies made in the course of provision of NHS services, or in the course of resolving or investigating a complaint about an NHS service, will be subject to the provisions of the Apologies (Scotland Act) 2016.

The Duty of Candour procedure<sup>1</sup> may also be applied in circumstances which give rise to a complaint. This procedure will ensure that people will be told what happened, receive an apology, be told what will be done in response and how actions will be taken to stop a future reoccurrence.

Apologies which are made in accordance with the Duty of Candour procedure will, by virtue of section 23 of the Health (Tobacco, Nicotine etc. and Care) (Scotland) Act 2016, also not amount to an admission of negligence or breach of duty.

### **Complaints that span health and social care services**

From 1 April 2017, the health and social care complaints handling procedures will be aligned and will therefore have the same stages and timescales, with the exception of timescale extensions.

If a person raises a complaint about a health service and a social care service the response will depend on whether these services are being delivered through a single, integrated HSCP.

<sup>1</sup> NB - the duty of candour procedure is not in operation at the date of publication of this model CHP. It will apply once the relevant provisions of the Health (Tobacco, Nicotine etc and Care) (Scotland) Act 2016 are brought into force.

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Where these services are integrated, you must work together with the HSCP staff to resolve the complaint. A decision must be taken, by following the procedure that the HSCP has in place, as to whether the NHS or local authority will lead on the response. You must ensure that all parties are clear about this decision. It is important, wherever possible, to give a single response from the lead organisation, though ensure both organisations contribute to this. However, in complex cases where a single response is not feasible, you should explain to the person making the complaint the reasons why they will receive two separate responses, and who they can get in contact with about the social care aspects of their complaint.

Where health and social care services are not integrated, for example the relevant local authority provides a social care service, independent of any health service provision, the person will need to direct their communications about social care separately to the local authority. You must tell the person making the complaint which issues you will respond to, and direct them to the appropriate person to handle those relating to social care.

In either case, it is important to bear in mind that:

- the Care Inspectorate can investigate complaints about social care services provided by registered care providers, even if they have not yet gone through the local complaints handling procedure, and customers should be informed of this option; and
- social care services must handle complaints according to the social work complaints handling procedure, which is largely in line with this complaints policy and procedure.

Integrated Joint Boards must have a separate complaints handling procedure for handling complaints about their functions. This will be broadly in line with this complaints policy and procedure.

## **The complaints handling process**

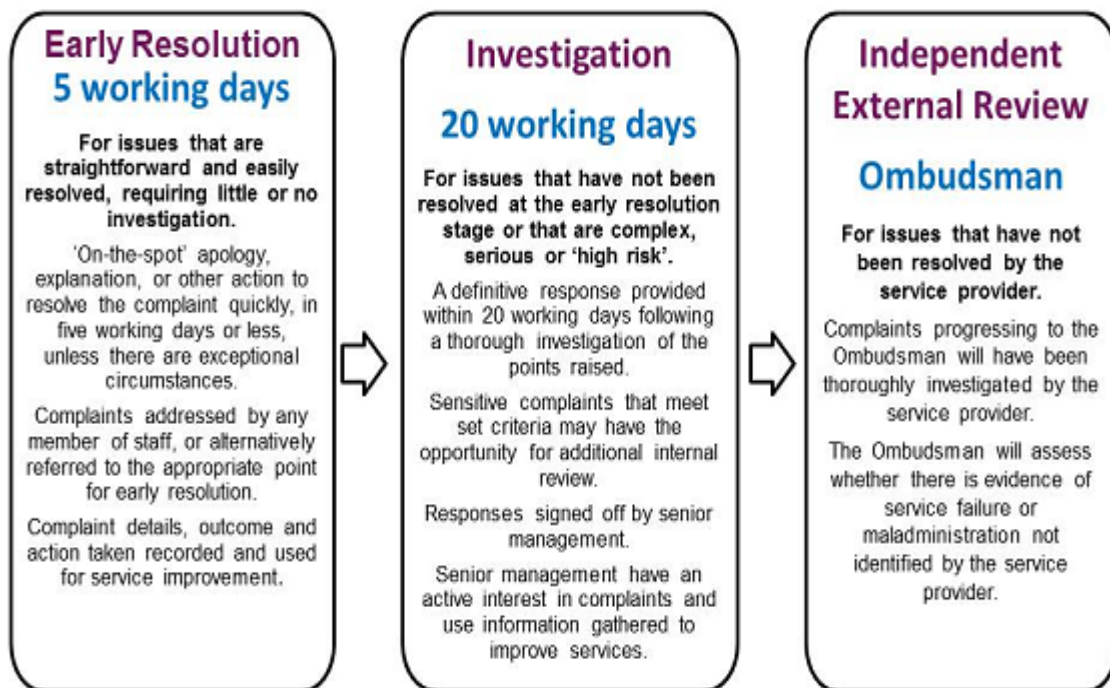
Our complaints handling procedure aims to provide a quick, simple and streamlined process for resolving complaints early and locally by capable, well-trained staff.

Our complaints process provides two opportunities to resolve complaints internally:

- early resolution; and
- investigation.

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# The NHS Model Complaints Handling Procedure



## *What to do when you receive a complaint*

- 1 On receiving a complaint, you must first decide whether the issue can indeed be defined as a complaint. The person making the complaint may express dissatisfaction about more than one issue. This may mean you treat one element as a complaint, while directing the person to pursue another element through an alternative route (see Appendix 2).
- 2 If you have received and identified a complaint, send to the complaints department who will record the details on our complaints system.
- 3 Decide whether or not the complaint is suitable for early resolution. Some complaints will need to be fully investigated before you can give a suitable response. You must handle these complaints immediately at the investigation stage.
- 4 Where you think early resolution is appropriate, you must consider four key questions:
  - what exactly is the person's complaint (or complaints);
  - what do they want to achieve by complaining;
  - can I achieve this, or explain why not; and
  - if I cannot resolve this, who can help with early resolution?

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**What exactly is the person's complaint (or complaints)?**

Find out the facts. It is important to be clear about exactly what the person is complaining of. You may need to ask for more information and probe further to get a full picture.

**What do they want to achieve by complaining?**

At the outset, clarify the outcome the person wants if this is unclear. You may need to probe further to find out what they want, and whether the expected outcome can be achieved. It may also be helpful to signpost people who complain to the PASS at this point as advisers can often help clients think about their expectations and what is a realistic/reasonable outcome to expect.

**Can I achieve this or explain why not?**

If you can achieve the expected outcome by providing an on-the-spot apology or explain why you cannot achieve it, you should do so.

The person making the complaint may expect more than we can provide, or a form of resolution that is not at all proportionate to the matter complained about. If so, you must tell them as soon as possible. An example would be where someone is so dissatisfied with their experience that they want the Chief Executive to be sacked.

You are likely to have to convey the decision face to face or on the telephone. If you do this, you are not required to write to the person as well, although you may choose to do so. It is important, however, to record full and accurate details of the decision reached and passed to the person, and to ensure that they understand the outcome. For example, this could be written in a file note and saved on the complaints recording system by complaints staff. You must also advise them of their right to have the complaint escalated to the investigation stage of the complaints policy and procedure if they are not satisfied with the outcome at the early resolution stage.

**If I cannot resolve this, who can help with early resolution?**

If you cannot deal with the complaint because, for example, you are unfamiliar with the issues or area of service involved, tell the person this and pass details of the complaint to someone who can attempt to resolve it. Keep the person making the complaint informed about what has happened to their complaint and who is responsible for taking it forward.

**Stage one: early resolution**

Early resolution aims to resolve straightforward complaints that require little or no investigation at the earliest opportunity. This should be as close to the point of service delivery as possible, if reported to us at that time. Any member of staff may deal with complaints at this stage. In practice, early resolution means resolving the complaint at the

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first point of contact with the person making the complaint. This could mean a face-to-face discussion with the person, or it could mean asking an appropriate member of staff to deal directly with the complaint. In either case, you may settle the complaint by providing an on-the-spot apology where appropriate, or explaining why the issue occurred and, where possible, what will be done to stop this happening again. You may also explain that, as an organisation that values complaints, we may use the information given when we review service standards in the future.

Anyone can make a complaint. They may do so in writing, in person, by telephone, by email or online, or by having someone complain on their behalf. You must always consider early resolution, regardless of how you have received the complaint. All formal complaints must be sent to the complaints department or relevant HSCP colleague with complaints responsibility for correct recording and processing.

### *Timelines*

Early resolution must usually be completed within **five working days**, although in practice we may resolve the complaint much sooner.

### *Extension to the timeline*

In exceptional circumstances, where there are clear and justifiable reasons for doing so, you may agree an extension of no more than five additional working days with the person making the complaint. This must only happen when an extension will make it more likely that the complaint will be resolved at the early resolution stage.

For example, you may need to get more information from other services to resolve the complaint at this stage. However, it is important to respond within the applicable time to the person making the complaint, either resolving the matter and agreeing with the person that this has been achieved, or explaining that their complaint is to be investigated.

When you ask for an extension, you must get authorisation from the Board Complaints Manager, or nominated person in their absence, who will decide whether you need an extension to effectively resolve the complaint. Examples of when this may be appropriate include staff or contractors being temporarily unavailable. You must tell the person making the complaint about the reasons for the delay, and when they can expect your response.

Where, however, the issues are so complex, and it is clear that they cannot be resolved within an extended five day period, you should escalate the complaint directly to the investigation stage.

It is important that extensions to the timeline do not become the norm. All attempts to resolve the complaint at this stage must take no longer than **ten working days** from the date you receive the complaint.



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The proportion of complaints that exceed the five working days timeline at the early resolution stage should be evident from reported statistics. These statistics should go to the Board on a quarterly basis.

Appendix 4 provides further information on timelines.

#### *Closing the complaint at the early resolution stage*

When you have informed the person making the complaint of the outcome at early resolution, you are not obliged to write to them, although you may choose to do so. You must ensure that our response to the complaint addresses all areas that we are responsible for and explains the reasons for our decision. It is also important to keep a full and accurate record of the decision reached and given to the person, for example, by taking a file note and a member of complaints staff recording that on the complaints system. The complaint should then be closed and the complaints system updated accordingly. In closing the complaint, the date of closure is the date that the outcome of the complaint at the early resolution stage is communicated to the person making the complaint.

#### *When to escalate to the investigation stage*

A complaint must be handled at the investigation stage when:

- early resolution was tried but the person making the complaint remains dissatisfied and requests an investigation into the complaint. This may be immediately on communicating the decision at the early resolution stage or could be some time later; or
- satisfactory early resolution will not be possible as the complainant has clearly insisted that an investigation be conducted.

Complaints should be handled directly at the investigation stage, without first attempting early resolution, when:

- the issues raised are complex and require detailed investigation; or
- the complaint relates to serious, high-risk or high-profile issues.

When a complaint is closed at the early resolution stage, but is subsequently escalated to the investigation stage of the procedure, it is important that the complaint outcome is updated on the complaints system, and the complaint moves to stage two. A new complaint should not be recorded.

It is also important to take account of the time limit for making complaints when a person asks for an investigation after early resolution has been attempted. The timescale for accepting a complaint as set out in the Regulations is within six months from the date on

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which the matter of the complaint comes to the person's notice, but no later than 12 months from the date of the issue or issues being complained about.

While attempting early resolution always take particular care to identify complaints that on fuller examination might be considered serious, high risk or high profile, as these may require particular action or raise critical issues that need senior management's direct input. This should be considered at the triage stage when the complaint is first received. If the person triaging the complaint is unsure about whether the complaint is high risk or high profile, they should seek advice from the Board Complaints Manager, or nominated person in their absence.

### **Stage two: investigation**

Not all complaints are suitable for early resolution and not all complaints will be satisfactorily resolved at that stage. Complaints handled at the investigation stage of the complaints policy and procedure are typically serious and/or complex, and require a detailed examination before we can state our position. These complaints may already have been considered at the early resolution stage, or they may have been identified from the start as needing immediate investigation.

An investigation aims to establish all the facts relevant to the points made in the complaint and to give the person making the complaint a full, objective and proportionate response that represents our final position.

#### *What to do when you receive a complaint for investigation*

It is important to be clear from the start of the investigation stage exactly what you are investigating, and to ensure that both the person making the complaint and the service understand the investigation's scope.

If this has not been considered at the early resolution stage, you should discuss and confirm these points with the person making the complaint at the outset if their complaint is unclear, to establish why they are dissatisfied and whether the outcome they are looking for sounds realistic. If discussing the complaint with the person, consider three key questions:

1. What specifically is the person's complaint or complaints?
2. What outcome are they looking for by complaining?
3. Are the person's expectations realistic and achievable?

It may be that the person making the complaint expects more than we can provide. If so, you must make this clear to them as soon as possible.

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Where possible you should also clarify what additional information you will need to investigate the complaint. The person making the complaint may need to provide more evidence to help us reach a decision.

You should find out what the person's preferred method of communication is, and where reasonably practicable, communicate by this means.

Details of the complaint must be recorded on the system for recording complaints by the complaints department. Where applicable, this will be done as a continuation of the record created at early resolution and not as a new complaint. The details must be updated when the investigation ends.

If the investigation stage follows attempted early resolution, you must ensure you have all relevant information considered at the early resolution stage. You must also record that this information has been obtained.

#### *Contact with the person making the complaint at the start of the investigation*

To effectively investigate a complaint, it may be necessary to have a discussion with the person making the complaint to be clear about exactly what the complaint or complaints relate to, understand what outcome the person making the complaint is looking for by complaining, and assess if these expectations are realistic and achievable. This may be by a telephone discussion or it may be appropriate to arrange a meeting between appropriate NHS staff and the person making the complaint. This will provide the opportunity to explain how the investigation will be conducted, and to manage the person's expectations in regard to the outcomes they are looking for.

#### *Timelines*

The following deadlines are set out in the Regulations for cases at the investigation stage:

- complaints must be acknowledged within three working days; and
- you should provide a full response to the complaint as soon as possible but not later than 20 working days, unless an extension is required.

#### *Acknowledgements*

The Complaints Directions set out what must be included in a written acknowledgement of a complaint, which is as follows:

- contact details of a named member of staff in the complaints department;
- details of the advice and support available including the PASS;
- information on the role and contact details for the SPSO;
- a statement confirming that the complaint will normally be investigated, and the report of the investigation sent to the complainant, within 20 working days or as soon as reasonably practicable;

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- a statement advising that, should it not be possible to send a report within 20 working days, the person making the complaint will be provided with an explanation as to why there is a delay and, where possible, provided with a revised timetable for the investigation; and
  - information on Data Protection Act requirements.

When advising the person making the complaint about the role and contact details of the SPSO, it should also be explained that if they remain dissatisfied at the end of the complaints process, they can ask the SPSO to look at their complaint, and that further information about this will be provided with the final response to the complaint.

When issuing the acknowledgement letter you should issue it in a format which is accessible to the person making the complaint. You should also consider including the following points, where relevant to the complaint:

- thank the person making the complaint for raising the matter;
- summarise your understanding of the complaint made and what the person making the complaint wants as an outcome if there is any dubiety over this in their complaint (this information will be available to you from your actions at 'What to do when you receive a complaint' as documented above);
- where appropriate, the acknowledgement letter should express empathy and acknowledge the distress caused by the circumstances leading to the complaint;
- outline the proposed course of action to be taken or indicate the investigations currently being conducted, stressing the rigour and impartiality of the process;
- offer the opportunity to discuss issues with complaints staff;
- request that a consent form is completed where necessary;
- provide information on alternative dispute resolution services and other support service such as advocacy; and
- provide a copy of our complaints leaflet if this has not already been issued.

You may send the letter electronically, provided that the person making the complaint has consented to this in writing, and has not withdrawn their consent.

During the course of the investigation, you should, where possible ensure that the person making the complaint, and anyone involved in the matter which is the subject of the complaint, is informed of progress and given the opportunity to comment.

#### *Meeting with the person making the complaint during the investigation*

To effectively investigate the complaint, it may be necessary to arrange a meeting with the person making the complaint. Where a meeting takes place, we will always be mindful of the requirement to investigate complaints within 20 working days wherever possible. There is no flexibility within the Patient Rights (Scotland) Act 2011 to 'stop the clock' in the

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complaints handling process. This means that where required, we should always aim to hold meetings within 20 working days of receiving the complaint wherever possible.

As a matter of good practice, where meetings between NHS staff and the person making the complaint do take place, a written record of the meeting should be completed and provided to the person making the complaint. Alternatively, and by agreement with the person making the complaint, you may provide a record of the meeting in another format, to suit their communications needs and preferences. You should discuss and agree with the person making the complaint, the timescale within which the record of the meeting will be provided.

#### *Extension to the timeline*

It is important that every effort is made to meet the timescales as failure to do so may have a detrimental effect on the person making the complaint. Not all investigations will be able to meet this deadline, however, and the Regulations allow an extension where it is necessary in order to complete the investigation. For example, some complaints are so complex that they require careful consideration and detailed investigation beyond the 20 working day limit. These would be the exception and you must always try to deliver a final response to a complaint within 20 working days.

If there are clear and justifiable reasons for extending the timescale, the relevant complaints manager, in agreement with service colleagues, will set time limits on any extended investigation. You must keep the complainant updated on the reason for the delay and give them a revised timescale for completion where possible. If the person making the complaint does not agree to an extension but it is necessary and unavoidable, then the Board Complaints Manager, or nominated person in their absence, must consider and confirm the extension.

The reasons for an extension might include the following:

- essential accounts or statements, crucial to establishing the circumstances of the case, are needed from staff, patients or others but they cannot help because of long-term sickness or leave;
- you cannot obtain further essential information within normal timescales;
- operations are disrupted by unforeseen or unavoidable operational circumstances, for example industrial action or severe weather conditions; or
- the person making the complaint has agreed to a meeting or mediation as a potential route for resolution.

These are only a few examples, and you must judge the matter in relation to each complaint.

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The proportion of complaints that exceed the 20-day limit will be evident from reported statistics. These statistics must go to the Board on a quarterly basis.

If you are handling a complaint spanning health and social care services and the health aspects have been resolved but the social care aspects require an extension to continue investigation, you must tell the person that you are not yet in a position to respond to all aspects of the complaint and tell them when you will do so, or consider issuing two separate responses.

Appendix 4 provides further information on timelines.

### *Mediation*

Some complex complaints, or complaints where the person making the complaint and other interested parties have become entrenched in their position, may require a different approach to resolution. Where appropriate, you may consider using services such as mediation or conciliation, using suitably trained and qualified mediators to try to resolve the matter and to reduce the risk of the complaint escalating further.

Mediation can help both parties to understand what has caused the complaint, and so is more likely to lead to mutually satisfactory solutions. It can be particularly helpful in the context of complaints about primary care providers, and the Directions set out that Boards *must* provide alternative dispute resolution services in these circumstances, if both the person making a complaint about a primary care provider, and the person subject to the complaint, agree that it should be provided.

If you and the person making the complaint agree to mediation an extension to the investigation period is likely to be necessary and, revised timescales should be agreed.

### *Closing the complaint at the investigation stage*

In terms of best practice, for relevant NHS bodies, the complaints process should always be completed by the Feedback and Complaints Manager (or someone authorised to act on his or her behalf) reviewing the case. They must ensure that all necessary investigations and actions have been taken. For other health service providers this will be the Feedback and Complaints Officer or a senior officer nominated to perform this review. Where the complaint involves clinical issues, the draft findings and response should be shared with the relevant clinicians to ensure the factual accuracy of any clinical references. Where this is appropriate the relevant clinicians should always have regard to the timescales within which the decision should be issued.

You should let the person making the complaint know the outcome of the investigation, in writing, and also, if applicable, by their preferred alternative method of contact. Our response to the complaint must address all issues raised on areas that we are responsible

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for and explain the reasons for our decision. You must record the decision, and details of how it was communicated to the person making the complaint, on the system for recording complaints. In accordance with the Complaints Directions, the response must include the conclusions of the investigation and information about any remedial action taken or proposed as a consequence of the complaint. The response must be signed by an appropriately senior person such as the Chief Executive or a Director. You may send this response electronically, provided that the person making the complaint has consented to this in writing, and has not withdrawn their consent.

The quality of the response is very important and in terms of best practice should:

- be clear and easy to understand, written in a way that is person-centred, empathetic and non-confrontational;
- avoid technical terms, but where these must be used to describe a situation, events or condition, an explanation of the term should be provided;
- address all the issues raised and demonstrate that each element has been fully and fairly investigated;
- include a meaningful and proportionate apology for where things have gone wrong;
- highlight any area of disagreement and explain why no further action can be taken;
- indicate that a named member of staff is available to clarify any aspect of the letter; and
- indicate that if they are not satisfied with the outcome of the local process, they may seek a review by the SPSO. Details of how to contact the SPSO's office should be included in the response.

#### *Meetings and post decision correspondence with the person making the complaint*

As previously noted, it may be appropriate to meet with the person making the complaint at the outset of the investigation in order to fully understand the complaint.

A request for a meeting may also be received once the person making the complaint receives the decision on their complaint. The circumstances in which a meeting may be requested after the decision letter has been received include:

1. The person requests further explanation or clarification of the decision or suggests a misunderstanding of the complaint in terms of the response.
2. The person does not agree with some, or all of the response in terms of the investigation's findings or conclusions or with the decision on the complaint.
3. A combination of points 1 and 2 above, where for example the person suggests the complaint has not been fully understood, and the decision is erroneous even in the aspects that have been properly considered.

It should be made clear that such a meeting is to address any questions about the response or for further explanation, and is not a reinvestigation or reopening of the same issues.

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### *Independent external review*

Once the investigation stage has been completed, the person making the complaint has the right to approach the SPSO if they remain dissatisfied.

The SPSO considers complaints from people who remain dissatisfied at the conclusion of our complaints procedure. The SPSO looks at issues such as service failures administrative fault, clinical decisions and the way we have handled the complaint.

The SPSO recommends that you use the wording below to inform people of their right to ask SPSO to consider the complaint.

#### **Information about the SPSO**

The Scottish Public Services Ombudsman (SPSO) is the final stage for complaints about public services in Scotland. This includes complaints about the NHS in Scotland. If you remain dissatisfied with an NHS board or service provider after its complaints process has concluded, you can ask the SPSO to look at your complaint.

The SPSO cannot normally look at complaints:

- where you have not gone all the way through the complaints handling procedure;
- more than 12 months after you became aware of the matter you want to complain about; or
- that have been or are being considered in court.

The SPSO's contact details are:

SPSO  
4 Melville Street  
Edinburgh  
EH3 7NS

Freepost SPSO  
(You don't need to use a stamp)

Freephone: **0800 377 7330**  
Online contact [www.spsso.org.uk/contact-us](http://www.spsso.org.uk/contact-us)  
Website: [www.spsso.org.uk](http://www.spsso.org.uk)  
Mobile site: <http://m.spsso.org.uk>



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## **Governance of the Complaints Handling Procedure**

### **Roles and responsibilities**

Our staff are trained and empowered to make decisions on complaints at the early resolution stage of this procedure. Our response to a complaint, following a stage two investigation, must be signed off by an appropriate senior officer. This ensures that our senior management own, and are accountable, for the decision. It also reassures the person making the complaint that their concerns have been taken seriously.

Overall responsibility and accountability for the management of complaints lies with the organisation's Chief Executive, Executive Directors and appropriate senior management.

#### *Chief Executive*

The Chief Executive provides leadership and direction in ways that guide and enable us to perform effectively across all services. This includes ensuring that there is an effective complaints handling procedure, with a robust investigation process that demonstrates how we learn from the complaints we receive. The Chief Executive may take a personal interest in all or some complaints, or may delegate responsibility for the complaint handling procedure to senior staff. Regular management reports assure the Chief Executive of the quality of complaints performance.

#### *Directors*

On the Chief Executive's behalf, directors may be responsible for:

- investigating complaints;
- managing complaints and the way we learn from them;
- overseeing the implementation of actions required as a result of a complaint and, or
- deputising for the Chief Executive on occasion.

However, directors may decide to delegate some elements of complaints handling (such as investigations and the drafting of response letters) to other senior staff. Directors should retain ownership and accountability for the management and reporting of complaints. They may also be responsible for signing response letters, so they should be satisfied that the investigation is complete and their response addresses all aspects of the complaint.

#### *Feedback and Complaints Manager:*

The Feedback and Complaints Manager is the Board Nurse Director. The Feedback and Complaints Manager is responsible for ensuring compliance with the requirements of this procedure. In particular they are responsible for ensuring that feedback, comments, concerns and complaints are monitored with a view to improving performance, and that

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action is taken as necessary following the outcome or any feedback, comment, concern or complaint.

#### *Feedback and Complaints Officer*

The Acute Chief Officer and their Directors, and the HSCP Chief Officers, are the Feedback and Complaints Officers responsible for the management and handling of feedback, comments, concerns and complaints operationally. These post holders are of sufficient seniority to be able to deal with any feedback, comments, concerns and complaints quickly and effectively without needing to refer, in all but the most exceptional circumstances, to the feedback and complaints manager. Feedback and complaints officers should be readily accessible to patients, the public and staff.

The functions of the Feedback and Complaints Officers may be performed personally or delegated to an authorised person as defined by the organisation. Although not intended to be prescriptive, the list below outlines the key duties of the Feedback and Complaints Officers:

- work across the organisation to develop mechanisms for encouraging fast, effective and efficient patient feedback including the use of emerging technology as appropriate;
- operationally manage the administration of this guidance and supporting local policies and procedures ensuring that:
  - feedback and complaints recording systems are in place and records kept up to date; and
  - organisational learning from the operation of the feedback and complaints process is captured and reported.
- determine whether a complaint is one which should not be investigated under the procedure because of the likelihood that legal action in respect of the same issue;
- provide specialist advice and support to patients, staff and others on the management of this process, including delivery of local training and awareness raising;
- have access to advice and support on associated issues, for example patient consent, confidentiality, the operation of related legislation such as the Data Protection Act, access to medical records, Freedom of Information, etc; and
- have an understanding of partner organisations and how to work with them on managing feedback, comments, concerns and complaints.

#### *All staff in the organisation*

A complaint may be made to any member of staff in the organisation, so all staff must be aware of the complaints policy and how to handle complaints at the early resolution stage. They should also be aware of who to refer a complaint to, in case they are not able to personally handle the matter. We encourage all staff to try to resolve complaints early, as close to the point of service delivery as possible.

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### *The SPSO liaison officer*

Our SPSO liaison officer's role will include providing complaints information in an orderly, structured way within requested timescales, providing comments on factual accuracy on our behalf in response to SPSO reports, and confirming and verifying that recommendations have been implemented.

### **Complaints about senior staff**

Complaints about senior staff can be difficult to handle, as there may be a conflict of interest for the staff investigating the complaint. When serious complaints are raised against senior staff, it is particularly important that the investigation is conducted by an individual who is independent of the situation. We must ensure we have strong governance arrangements in place, appropriate to the scheme of delegation, for handling such complaints. If the complaint is about the Chief Executive, the complaint should be handled and investigated on behalf of the Chairman. If there is any concern or query about complaints regarding senior staff, guidance should be sought from the Board Complaints Manager, or nominated person in their absence.

### **Recording, monitoring, reporting, learning from and publicising complaints**

Complaints provide valuable feedback. One of the aims of the complaints handling procedure is to identify opportunities to improve services across NHSGGC. We must record all complaints in a systematic way so that we can use the complaints data for analysis and management reporting. By recording and using complaints information in this way, we can identify and address the causes of complaints and, where appropriate, identify training opportunities and introduce service improvements.

### *Recording complaints*

Certain information must be recorded by virtue of the 2012 Regulations and the Complaints Directions, and to comply with SPSO guidance on minimum requirements. Complaints staff should ensure that all complaints are recorded, including those resolved at the early resolution stage within five working days (although these do not require an acknowledgement or a written report of the investigation to be sent to the person making the complaint). To collect suitable data, it is essential to record all complaints information as follows:

- the person's name, address and email address, where that is their preferred method of communication;
- the patient's name and Community Health Index number where relevant;
- in the event that the complainant is making the complaint on behalf of another person, whether that other person has given written consent for the complaint to be made on his or her behalf;
- the date when the complaint was received;
- the subject matter of the complaint and the date on which it occurred;

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- how the complaint was received;
  - the service the complaint refers to;
  - the date the complaint was closed at the early resolution stage (where appropriate);
  - the date the complaint was escalated to the investigation stage (where appropriate);
  - action taken at the investigation stage (where appropriate);
  - the date the complaint was closed at the investigation stage (where appropriate);
  - the outcome of the complaint at each stage; and
  - the underlying cause of the complaint and any remedial action taken.

We have structured systems for recording complaints, their outcomes and any resulting action. These provide a detailed record of services that have failed to satisfy people, and the actions we have taken to improve services as a result.

If, subsequently, the complaint is referred to the SPSO, this may result in a request for all relevant papers and other information to be provided, in good time, to the SPSO's office. Complaints records should be kept separate from health records, due to the need to only record information which is strictly relevant to the patient's health in their health record. These documents should be managed with regard to the current Scottish Government Records Management Code of Practice.

#### *Monitoring complaints*

We have arrangements in place to monitor how we deal with the complaints we receive.

We recognise that an increase in the number of complaints should not in itself be a reason for thinking a service is deteriorating. It could mean that our arrangements for handling feedback, comments, concerns and complaints are becoming more responsive. The important point is to ensure that complaints (and feedback, comments and concerns) are handled sympathetically, effectively and quickly and that lessons are learned and result in service improvement.

#### *Reporting complaints*

NHSGGC has a responsibility to gather and review information from their own services and their service providers on a quarterly basis in relation to complaints. Service providers also have a duty to supply this information to their relevant NHS body as soon as is reasonably practicable after the end of the three month period to which it relates. Data sought for these quarterly reports is outlined in the NHS Complaints Performance Indicators; this includes:

- A statement outlining changes or improvements to services or procedures as a result of consideration of complaints.

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- A statement to report the person making the complaint's experience in relation to the complaints service provided.
  - A statement to report on levels of staff awareness and training.
  - The total number of complaints received (other than complaints to which this procedure does not apply).
  - Complaints closed at stage one and stage two of this procedure as a percentage of all complaints closed.
  - Complaints upheld, partially upheld and not upheld at each stage of this procedure as a percentage of complaints closed in full at each stage
  - The average time in working days for a full response to complaints at each stage of this procedure.
  - The number and percentage of complaints at each stage which were closed in full within the set timescales of 5 and 20 working days.
  - The number of complaints at stage 1 where an extension was authorised as a percentage of all complaints at stage 1.
  - The number of complaints at stage 2 where an extension was authorised as a percentage of all complaints at stage 2.

Appendix 6 provides further information on these Complaints Performance Indicators.

Complaints details are analysed for trend information to ensure we identify service failures and take appropriate action. Regularly reporting the analysis of complaints information helps to inform management of where services need to improve.

Our regular reporting demonstrates the improvements resulting from complaints and shows that complaints can influence our services. It also helps ensure transparency in our complaints handling service and will help show people using our services that we value their complaints.

We should also:

- report on a quarterly basis about the trends that are evident in complaints and the actions taken as a result; and
- use case studies and examples to demonstrate how complaints have helped improve services.

This information should be reported regularly, and at least quarterly, to the Board.

### **Review by senior management**

The Board will review the information gathered from complaints regularly (and at least quarterly), and consider how our services could be improved or internal policies and procedures updated. The Feedback and Complaints Manager or someone senior acting

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on their behalf is involved in a review of each of the quarterly reports with a view to identifying areas of concern, agreeing remedial action and improving performance. There must also be arrangements for senior staff to review any recommendations made by the SPSO in relation to the investigation of NHS complaints. The outcomes of these reviews should be reported via the Board's Acute Services Committee or equivalent in the HSCPs.

### *Learning from complaints*

As a minimum, we should:

- use complaints data to identify the contributory factors to complaints;
- take action to reduce the risk of recurrence;
- record the details of corrective action in the complaints file; and
- systematically review complaints performance reports to improve service delivery.

Where we have identified the need for service improvement, a member of the service team where the subject of the complaint has taken place must ensure:

- an action plan has been developed, if appropriate;
- the action needed to improve services is prioritised for implementation;
- they are the designated the 'owner' of the issue, with responsibility for ensuring the action is taken;
- a target date should be set for the action to be taken;
- they follow up to ensure that the action is taken within the timescale;
- where appropriate, performance in the service area is monitored to ensure that the issue has been resolved; and
- that our staff learn from complaints.

The General Medical Council's education standards set out the requirements of NHS bodies and primary care providers, in terms of the organisation and provision of medical education and training. It places a particular emphasis on the need for the learning environment and organisational culture to value and support education and training, so that learners are able to demonstrate the responsibilities, values, behaviours and learning outcomes required. Where appropriate we will ensure appraisers place emphasis on the role of learning from complaints in individual appraisals to identify where we can develop or change our approach to improve patient care.

### *Publishing complaints performance information*

Each year we must publish a report setting out our performance in handling complaints, concerns, comments and feedback. This summarises and builds on the quarterly reports we have produced about our own services and received from service providers in our area. It includes details of the numbers and types of complaints and information about the stage at which complaints were resolved, the time taken to do so, and about the actions

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that have been or will be taken to improve services as a result of complaints, concerns, comments and feedback.

These reports must be easily accessible to members of the public and available in alternative formats as requested.

The Complaints Directions require this publication to be sent to Scottish Ministers, the PASS, Healthcare Improvement Scotland, SPSO and where appropriate, the Scottish Prison Service.

*This section relates to the duties of NHS Boards, but not Primary Care service providers who provide their performance information to the relevant Board.*

#### *National monitoring*

In accordance with the Complaints Directions, complaints statistics gathered through the quarterly reporting of complaints must be submitted by relevant NHS bodies to the Information Services Division at National Services Scotland, within three months of the year end. This information should include the performance information of Primary Care providers which has been submitted to the Board. The information must be in an appropriate format to allow collation and publication of national complaints statistics.

#### **Performance reporting by Primary Care service providers**

The requirement to record and report on complaints applies equally to all Primary Care service providers. The relevant HSCP should ensure that arrangements are in place for all contractors to comply with this requirement so that they can include this information in their own reporting of complaints handling performance. This reporting should clearly differentiate between the relevant HSCP and its contractors.

#### **Maintaining confidentiality**

Confidentiality is important in complaints handling. This includes maintaining the person's confidentiality and explaining to them the importance of confidentiality generally. We must always bear in mind legal requirements, for example, data protection legislation, as well as internal policies on confidentiality and the use of personal information.

#### **Data Protection Act 1998**

The NHS complaints procedure may be used for complaints arising from rights given by the Data Protection Act (1998). If this route is chosen, complaints staff should take the matter forward in conjunction with the Information Governance Manager/Caldicott Guardian (or other nominated person) who takes decisions on what information is stored and how it is processed by the NHS body or health service provider. Where a person remains unhappy with the outcome of local resolution they should be advised to contact the UK Information Commissioner.

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## **Dealing with problem behaviour**

People may act out of character in times of trouble or distress. The circumstances leading to a complaint may result in the person acting in an unacceptable way. People who have a history of challenging or inappropriate behaviour, or have difficulty expressing themselves, may still have a legitimate complaint. Behaviour should not be viewed as unacceptable just because the person making the complaint is forceful or determined. However, the actions of people who are angry, demanding or persistent may result in unreasonable demands on time and resources and/or unacceptable behaviour towards staff.

NHS Scotland seeks to protect their staff and alongside the national Partnership Information Network (PIN) guidance on Preventing and Dealing with Bullying and Harassment in NHS Scotland, NHS bodies and health service providers should have policies and procedures in place for managing persistent or unreasonably demanding people.

We will apply our policies and procedures to protect staff from unacceptable behaviour such as unreasonable persistence, threats or offensive behaviour from people. Where we decide to restrict access to a person under the terms of an unacceptable actions policy, we have a procedure in place to communicate that decision, notify the person of a right of appeal, and review any decision to restrict contact with us. This will allow the person the opportunity to demonstrate a more reasonable approach later.

Further advice on our policy on handling unacceptable behaviour with regards to complaints can be found in Appendix 11.

## **Supporting the person making the complaint**

All members of the community have the right to equal access to our complaints handling procedure. People who do not have English as a first language may need help with interpretation and translation services, and others may have specific needs that we will seek to address to ensure easy access to the complaints handling procedure.

We must always respect human rights and take into account our commitment and responsibilities to equality as defined within the Equality Act (2010). This includes making reasonable adjustments to our services where appropriate.

Several support and advocacy groups are available to support people to pursue a complaint and they should be signposted to these as appropriate.



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## **Patient Advice and Support Service (PASS)**

The Patient Rights Act provided for the establishment of PASS. PASS operates independently of the NHS, and provides free, confidential information, advice and support to anyone who uses the NHS in Scotland. The service promotes an awareness and understanding of the rights and responsibilities of patients and can advise and support people who wish to give feedback, make comments, raise concerns or make complaints about treatment and care provided. Further information can be found on the PASS web site: [www.patientadvicescotland.org.uk](http://www.patientadvicescotland.org.uk)

### **Time limit for making complaints**

It is recognised that it is not always possible to make a complaint immediately. In clinical complaints, for example, a complication or other issue may not become apparent for some time after the procedure. Similarly, the grief associated with the death of someone may make it difficult for their representatives or family members to deal with a complaint in the period immediately after the death.

Given the difficulties that the passage of time can make to the resolution of a complaint the timescale for accepting a complaint as set out in the regulations is within six months from the date on which the matter of the complaint comes to the person's notice, provided that this is also no later than 12 months after the date on which the matter of the complaint occurred.

The timescale for acceptance of a complaint may be extended if the Feedback and Complaints Officer or someone acting on their behalf considers it would be reasonable in the circumstances. Where a decision is taken not to extend the timescales, a clear explanation of the basis for the decision should be provided to the person making the complaint, and the person should be advised that they may ask the SPSO to consider the decision.

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**Appendix 1: Complaints**

Examples of complaints that may be considered at the early resolution stage, and suggested possible actions to achieve resolution, are available in the accompanying guidance document.

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**Appendix 2: Concerns**

Examples of matters that may be considered as concerns are also available in the accompanying guidance document.

### Appendix 3: Feedback, Comments, Concerns or Complaints Assessment Matrix

The person bringing the issue to your attention may be very clear from the outset that they do not want to complain. If however, the matter meets the definition of a complaint, the person should be offered an explanation that complaints provide valuable information that allow organisations to learn and improve services. Where it is not clear, after discussion with the person bringing the matter, whether it should be recorded as feedback, a comment, a complaint, or a concern, the matrix below may help you to arrive at the appropriate decision.

	Insignificant or None	Minor	Moderate	Significant or Certain
Your assessment of the rigour and extent of dissatisfaction expressed	Feedback or Comment	Concern	Concern	Complaint
The way in which the person raising the issue expresses their level of dissatisfaction	Feedback or Comment	Concern	Complaint	Complaint
Your assessment of the likely impact on patient care	Feedback or Comment	Concern or Complaint	Complaint	Complaint
Your assessment of the risks to the patient, patients or others	Feedback or Comment	Concern or Complaint	Complaint	Complaint
Your assessment of the risks to the NHS body	Feedback or Comment	Concern	Complaint	Complaint
The learning opportunities that may arise as a result of looking at the matter raised	Feedback or Comment	Concern	Complaint	Complaint

On receipt of the complaint, it is expected that you will use professional judgement to triage when deciding whether an issue can be looked at as a 'Concern' or whether it is appropriate to handle the matter through the complaints policy and procedure. Where an issue is looked at as a 'Concern' and the person raising the matter remains dissatisfied with your response, you must then investigate the matter as a complaint, at stage 2 of the complaints policy and procedure.

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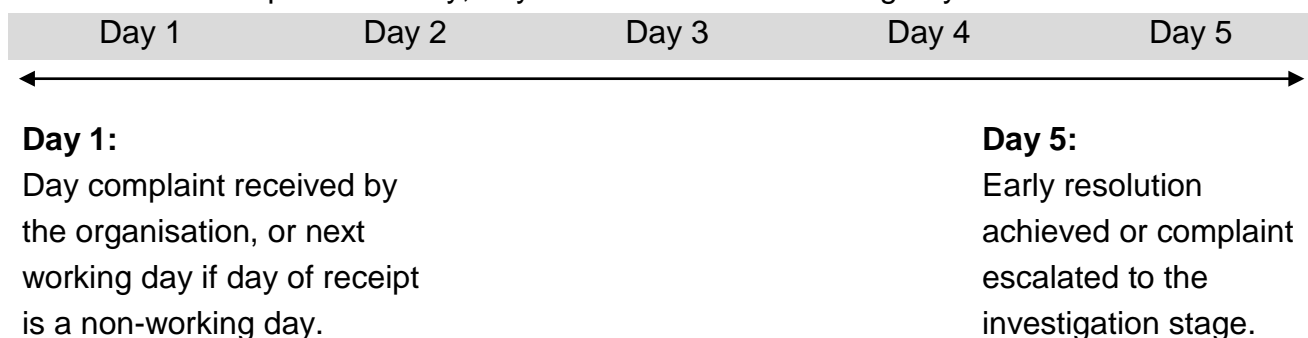
## Appendix 4: Timelines

### General

References to timelines throughout the complaints handling procedure relate to working days. When measuring performance against the required timelines, we do not count non-working days, for example weekends, public holidays and days of industrial action where our service has been interrupted.

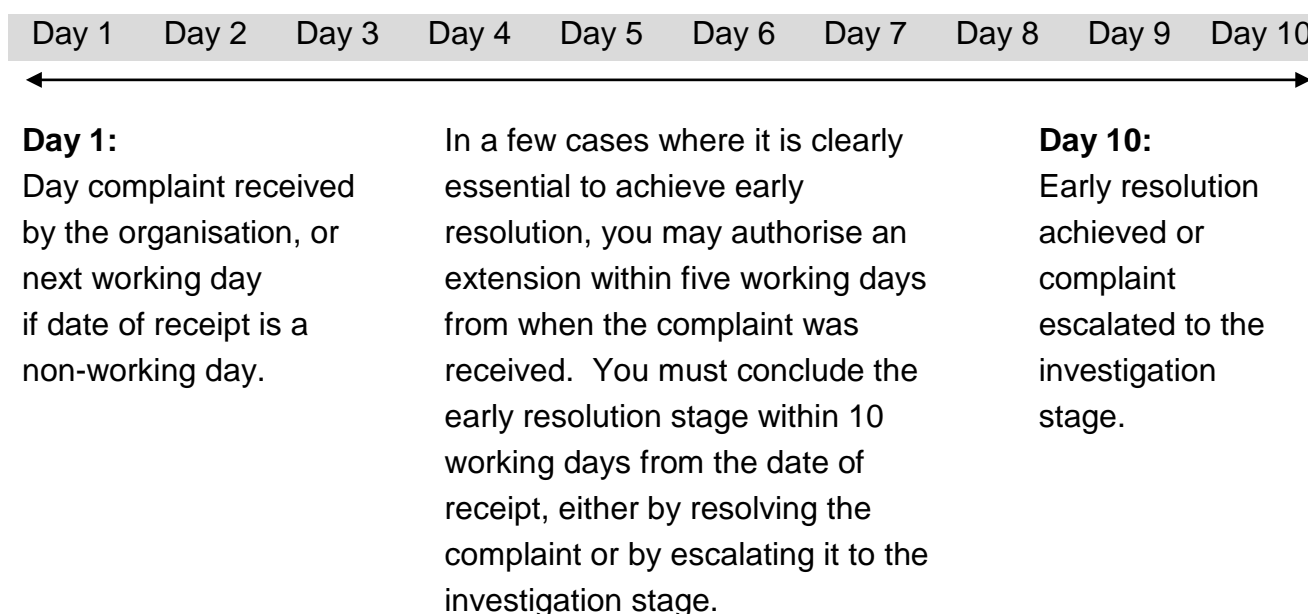
### Timelines at the early resolution stage

You must aim to achieve early resolution within five working days. The day you receive the complaint is day 1. Where you receive it on a non-working day, for example at the weekend or on a public holiday, day 1 will be the next working day.



### Extension to the five-day timeline

If you have extended the timeline at the early resolution stage in line with the procedure, the revised timetable for the response must take no longer than 10 working days from the date of receiving the complaint.



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## Transferring cases from early resolution to investigation

If it is clear that early resolution has not resolved the matter, or the person wants to escalate the complaint to the investigation stage, the case must be passed for investigation without delay. In practice this will mean on the same day that the person is told this will happen.

## Timelines at investigation

You may consider a complaint at the investigation stage either:

- after attempted early resolution, or
- immediately on receipt if you believe the matter to be sufficiently complex, serious or appropriate to merit a full investigation from the outset.

## Acknowledgement

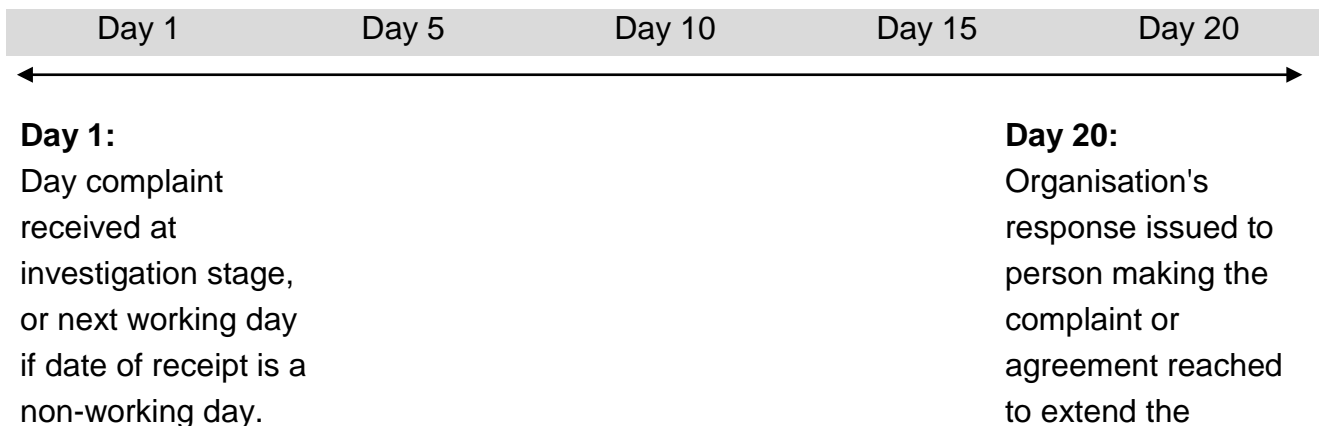
All complaints considered at the investigation stage must be acknowledged within **three working days** of receipt. The date of receipt is:

- the day the case is transferred from the early stage to the investigation stage, where it is clear that the case requires investigation, or
- the day the person asks for an investigation after a decision at the early resolution stage. You should note that a person may not ask for an investigation immediately after attempts at early resolution, or
- the date you receive the complaint, if you think it sufficiently complex, serious or appropriate to merit a full investigation from the outset.

## Investigation

You should respond in full to the complaint within **20 working days** of receiving it at the investigation stage.

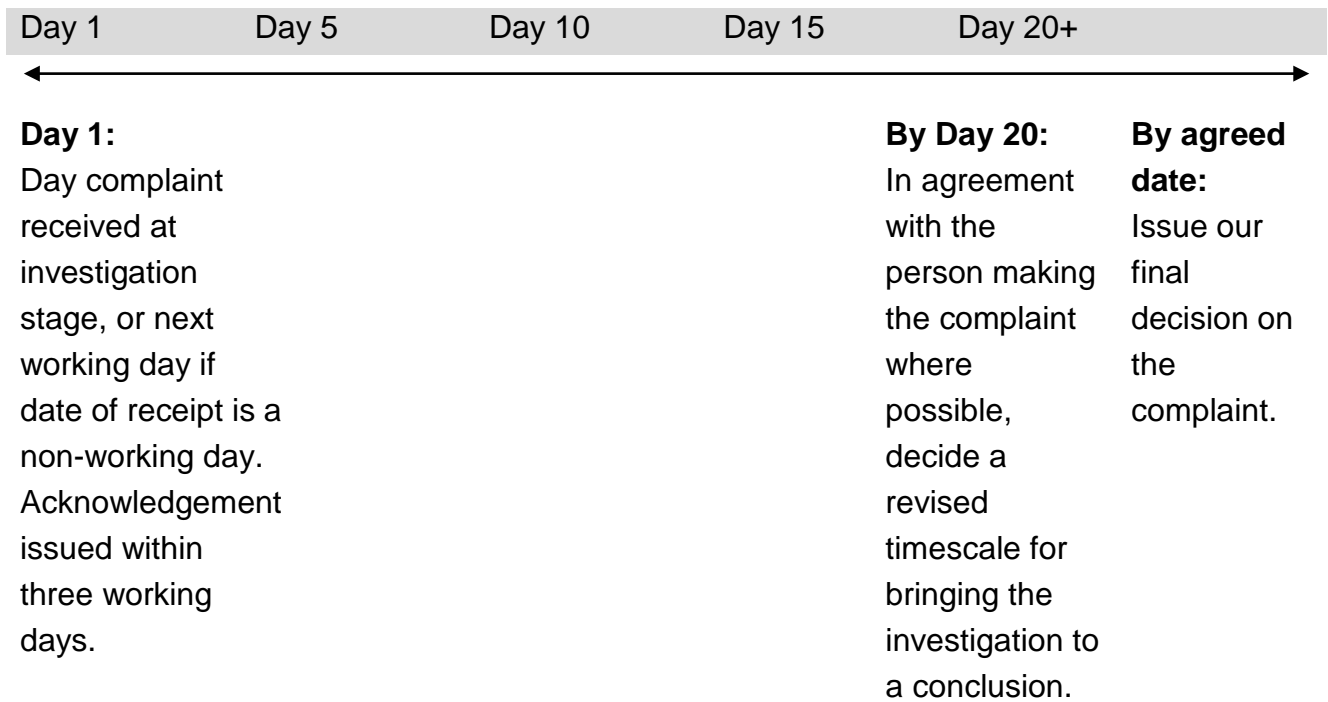
The 20-working day limit allows time for a thorough, proportionate and consistent investigation to arrive at a decision that is objective, evidence-based and fair. This means you have 20 working days to investigate the complaint, regardless of any time taken to consider it at the early resolution stage.



Acknowledgement issued within three working days.

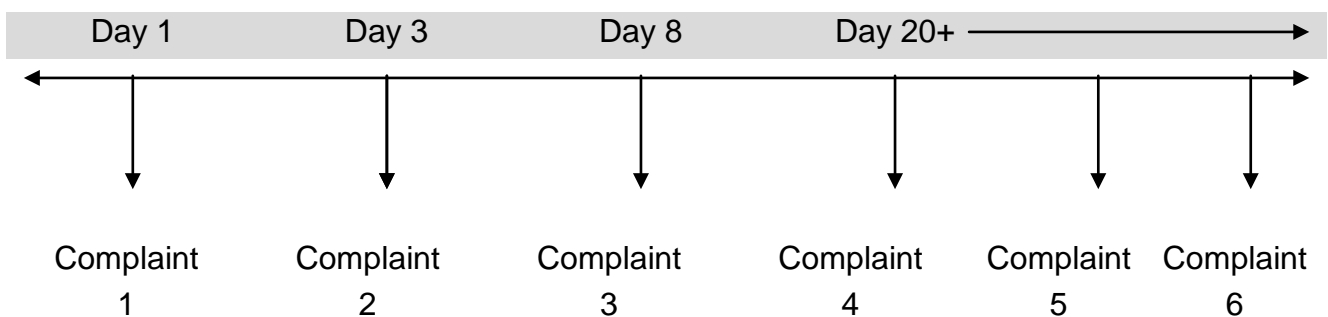
deadline.

Exceptionally you may need longer than the 20-day limit for a full response. If so, you must explain the reasons to the person, and agree with them a revised timescale whenever possible.



### Timeline examples

The following illustration provides examples of the point at which we conclude our consideration of a complaint. It is intended to show the different stages and times at which a complaint may be resolved.



The circumstances of each complaint are explained below:

#### Complaint 1

Complaint 1 is a straightforward issue that may be resolved by an on-the-spot explanation and, where appropriate, an apology. Such a complaint can be resolved on day one.

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### *Complaint 2*

Complaint 2 is also a straightforward matter requiring little or no investigation. In this example, resolution is reached at day three of the early resolution stage.

### *Complaint 3*

Complaint 3 refers to a complaint that we considered appropriate for early resolution. We did not resolve it in the required timeline of five working days. However, we authorised an extension on a clear and demonstrable expectation that the complaint would be satisfactorily resolved within a further five days. We resolved the complaint at the early resolution stage in a total of eight days.

### *Complaint 4*

Complaint 4 was suitably complex or serious enough to pass to the investigation stage from the outset. We did not try early resolution; rather we investigated the case immediately. We issued a final decision to the person within the 20-day limit.

### *Complaint 5*

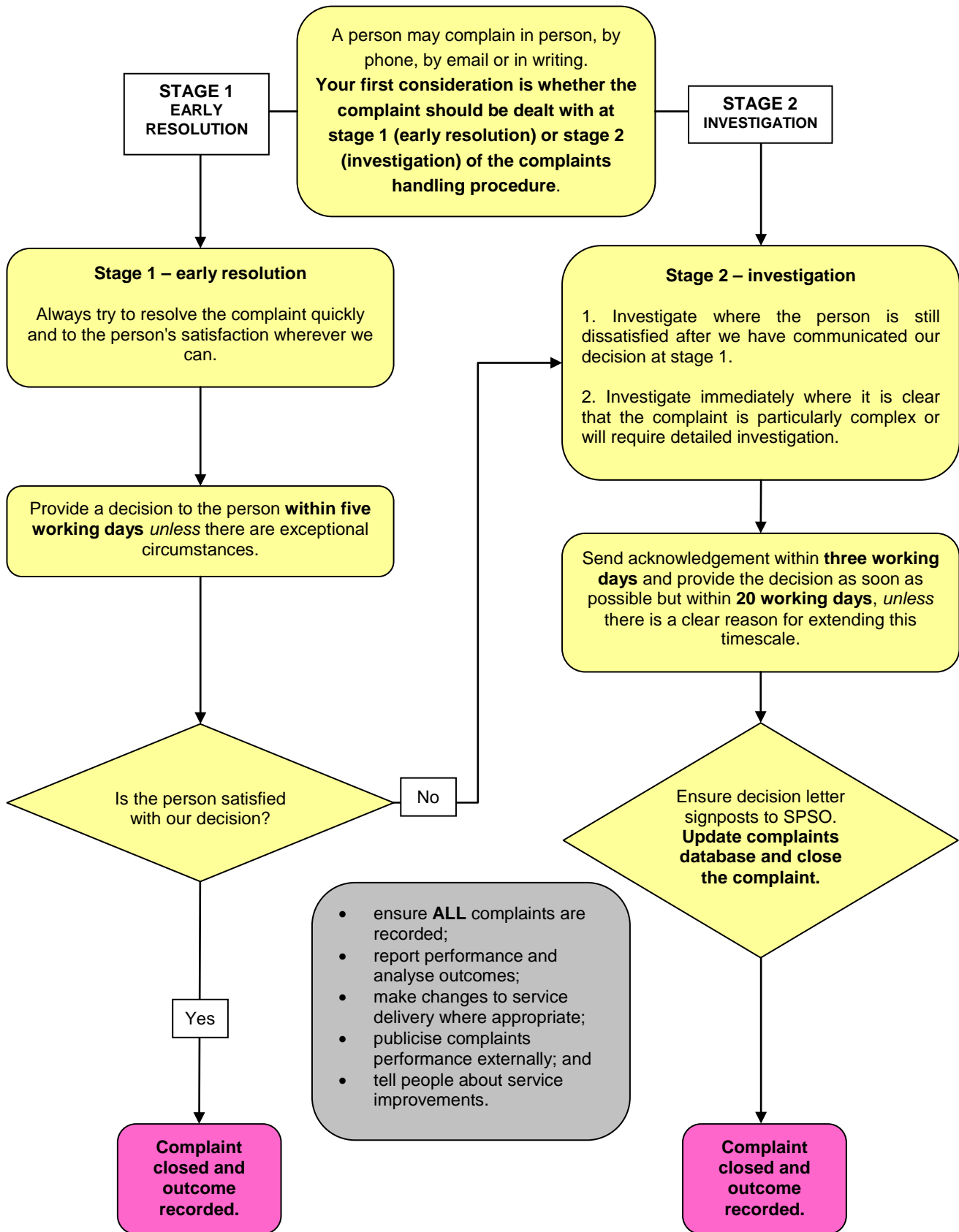
We considered complaint 5 at the early resolution stage, where an extension of five days was authorised. At the end of the early resolution stage the person was still dissatisfied. At their request, we conducted an investigation and issued our final response within 20 working days. Although the end-to-end timeline was 30 working days we still met the time targets for investigation.

### *Complaint 6*

Complaint 6 was considered at both the early resolution stage and the investigation stage. We did not complete the investigation within the 20-day limit, so we agreed a revised timescale with the person for concluding the investigation beyond the 20-day limit.



## Appendix 5: The NHS complaints handling procedure



### Stage 3: SPSO

If complainant remains unhappy after local complaints process is exhausted, they have the option of referring their case to the SPSO.

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## Appendix 6: Complaints Performance Indicators

### ***Indicator One: Learning from complaints***

A statement outlining changes or improvements to services or procedures as a result of consideration of complaints including matters arising under the duty of candour. This should be reported on quarterly to senior management and the appropriate sub-committees, and include:

- Trends and actions should be published externally quarterly together with a summary of information communicated to patients/customers/service users and signposting to Patient Opinion. Further to this, reporting can consider the complaints where an explanatory meeting was offered, and if this was accepted, the outcome of such meetings in terms of lessons learned, as well as the percentage of persons making the complaints who wished to have an explanatory meeting after the complaint was resolved.
- Qualitative data on complaints should be reported internally quarterly and externally annually. Trends should be highlighted and explained.
- Any services changed, improved or withdrawn should be highlighted with an explanation of any change.
- Actions taken to reduce the risk of reoccurrence should also be highlighted, as well as details of how this has been communicated across the Board.
- A section on feedback, concerns and comments (including compliments) should be included.

### ***Indicator Two: Complaint Process Experience***

A statement to report the person making the complaint's experience in relation to the complaints service provided.

NHSGGC should try to seek feedback from the person making the complaint of their experience of the process. Understandably, sometimes the person making the complaint will not wish to engage in such a process of feedback. However a brief survey delivered in easy response formats, which take account of any reasonable adjustments, may elicit some response. Information should be sought on:

- Ease of access to the process, including how easy it is to find on websites and via search engines.
- How the person making the complaint was treated by staff (for example were they professional, friendly, polite, courteous etc).
- Whether empathy was shown or an apology offered.
- Timescale in terms of responses being issued or updates as the case may be.
- Clarity of decision and clarity of reasoning.

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***Indicator Three: Staff Awareness and Training***

A statement to report on levels of staff awareness and training. This may also cover those staff who have been trained in mediation (for example) and how many times mediation is used across the organisation in any given year. Training on adverse events and duty of candour may also be included under this heading, as well as training on root cause analysis and human factors. Suggested headings for providing information under this indicator are:

- How often internal communications are issued on complaints and training and the take up of training after such communications.
- The number of staff, including managers, senior managers and Board members to complete mandatory or bespoke training.
- The number of staff who are undertaking or have completed training in this field.
- NHS bodies should consider adding complaints and specifically, learning from complaints, into senior manager objectives.

***Indicator Four: The total number of complaints received***

The key point is to get a consistent benchmark and therefore it is suggested that a core measure is used which would measure complaints against the number of staff employed by the NHS Body. For example:

- Acute Hospital Services – per episode of patient care
- Prisons – per average population
- GPs – percentage of patients registered with practice
- Pharmacy – per script dispensed per annum
- Dental – percentage patients registered with the practice
- Ophthalmic – per episode of care
- Mental Health – per episode of care
- NHS24 – per call demand in 000s

***Indicator Five: Complaints closed at each stage***

The term “closed” refers to a complaint that has had a response sent to the complainant and at the time no further action is required (regardless at which stage it is processed and whether any further escalation takes place). This indicator will report:

- the number of complaints closed at stage one as % all complaints
- the number of complaints closed at stage two as % all complaints
- the number of complaints closed at stage two after escalation as % all complaints.

***Indicator Six: Complaints upheld, partially upheld and not upheld***

There is a requirement for a formal outcome (upheld, partially upheld or not upheld) to be recorded for each complaint. This indicator should report:

- 
- the number of complaints upheld at stage one as % of all complaints closed at stage one
  - the number of complaints not upheld at stage one as % of all complaints closed at stage one
  - the number of complaints partially upheld at stage one as % of all complaints closed at stage one
  - the number of complaints upheld at stage two as % of all complaints closed at stage two
  - the number of complaints not upheld at stage two as % of all complaints closed at stage two
  - the number of complaints partially upheld at stage two as % of all complaints closed at stage two
  - the number of escalated complaints upheld at stage two as % of all escalated complaints closed at stage two
  - the number of escalated complaints not upheld at stage two as % of all escalated complaints closed at stage two
  - the number of escalated complaints partially upheld at stage two as % of all escalated complaints closed at stage two.

***Indicator Seven: Average times***

This indicator represents the average time in working days to close complaints at stage one and complaints stage two of the model CHP. This indicator will report:

- the average time in working days to respond to complaints at stage one
- the average time in working days to respond to complaints at stage two
- the average time in working days to respond to complaints after escalation

***Indicator Eight: Complaints closed in full within the timescales***

The model CHP requires complaints to be closed within 5 working days at stage one and 20 working days at stage two. This indicator will report:

- the number of complaints closed at stage one within 5 working days as % of total number of stage one complaints
- the number of complaints closed at stage two within 20 working days as % of total number of stage two complaints
- the number of escalated complaints closed within 20 working days as a % of total number of escalated stage two complaints

***Indicator Nine: Number of cases where an extension is authorised***

The model CHP requires allows for an extension to the timescales to be authorised in certain circumstances. This indicator will report:

- 
- the number of complaints closed at stage one where extension was authorised, as % all complaints at stage one.
  - number of complaints closed at stage two where extension was authorised, as % all complaints at stage two.

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## Appendix 7: Who submitted the complaint?

The table below shows the definition of who may submit a complaint as developed by Information Services Division.

<b>Code</b>	<b>Description</b>
Patient	Patient or former patient
Kin	Next of Kin
Partner	Partner
Parent	Parent
Child	Child
Sibling	Sibling
Relative	Other relative
Carer	Carer
Friend	Friend
Neighbour	Neighbour
Minister	Minister
GDP	General Dental Practitioner
GP	General Practitioner (GP)
Media	Media
Councillor	Local Councillor
Parliament	MP / MSP
Solicitor	Solicitor
Cab	Member of CAB (PASS worker)
Advocate	Advocate
Visitor	Visitor to the NHS
Public	Member of the public
Veteran	Person who has worked in the Armed Forces
Other	Other

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## Appendix 8: Consent

Where someone other than the person to whom the complaint relates, or their authorised agent, (including MPs, MSPs and local Councillors), wishes to make a complaint on behalf of a person, we will ensure that any such complaint is handled in accordance with the common law duty of confidentiality and data protection legislation.

In such circumstances we will, for example, check whether written consent has been received from the person for the complaint to be made on their behalf. In the event that consent has not been received, we will take this into account when handling and responding to the complaint. In such circumstances we are likely to be constrained as to what we can do in terms of investigating a complaint in terms of the information which can be included in the report of such an investigation, or may not be able to respond. Where this is the case, we will ensure that the person making the complaint is made aware of this.

In circumstances where the person does not have the capacity to consent to the complaint being made on their behalf, it is likely to be relevant (for example) to make a judgement call on whether the person making the complaint on the person's behalf has a legitimate interest in the person's welfare and that there is no conflict of interest. It would also be good practice to keep the patient on whose behalf the complaint is being made, informed of the progress of any investigation into the complaint, in so far as that is possible and appropriate.

The Scottish Government's guidance *Handling Requests for Access to Personal Health Data* provides information to assist NHS organisations (Boards, GP practices, etc) through the process of handling data access requests to personal health data in accordance with the relevant law and subsequent considerations. It also details, for example, helpful guidance in relation to parental responsibilities and rights. It can be accessed here: <http://www.ehealth.nhs.scot/wp-content/uploads/sites/7/documents/Access-to-Health-Data-Guidance-Note-November-2011.pdf>

### Children and Young People

All NHS bodies and their health service providers should have and operate clear policies in relation to obtaining consent. These should include where the person who is the subject of a complaint is a child. These procedures should reflect any guidance or advice that may be issued by the Commissioner for Children and Young People in Scotland. The principles in that guidance will be equally relevant to the local operation of the NHS complaints procedure. A number of information leaflets for young people are available on NHS inform including *Confidentiality – Your Rights*.

Generally, a person with parental responsibility can pursue a complaint on behalf of a child where the NHS body or health service provider judges that the child does not have

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sufficient understanding of what is involved. While in these circumstances, the child's consent is not required (nor is the consent of the other parent), it is considered good practice to explain the process to the child and inform them that information from their health records may need to be disclosed to those investigating the complaint.

The law generally recognises through the Children Scotland Act (2000) that children aged 12 and over have the required maturity and understanding to have a say in decisions that affect them (unless there any additional factors arguing against such competence). It is a commonly held presumption in law that children of this age have maturity and understanding.

Whilst there is no specific legislation detailing how complaints from children should be handled, it is reasonable that we use the Children Scotland Act as our guidance and should therefore request the consent of children aged 12 and over.

In this case, the child can either pursue the complaint themselves or consent to it being pursued on their behalf by a parent or third party of their choice.

### **Adults who cannot give consent**

Where a person is unable to give consent we can agree to investigate a complaint made on their behalf by a third party. However, before doing we should satisfy ourselves that the third party has:

- no conflict of interest; and
- a legitimate interest in the person's welfare, for example if they are a welfare attorney acting on behalf of an individual covered by the Adults with Incapacity Act (2000).



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## Appendix 9: Consent forms

### Consent form (able to consent)

#### Consent to release patient information to a third party

I hereby authorise NHS Greater Glasgow and Clyde to disclose personal information relating to my healthcare to the person named below for the purposes of replying to a complaint.

#### Name and address of person to whom disclosure is to be made:

Name	
Address	
Relationship to patient	

#### Patient's details:

Name	
Address	
Date of Birth	

I understand that to ensure a comprehensive response to my complaint, staff who are bound by a code of confidentiality, may have to refer to my medical record, and I have no objection to this.

Signature	
Date	

Please return to:

Complaints Department [insert address]
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**Consent form (unable to consent)**

**Consent to release patient information to a third party**

I hereby authorise NHS Greater Glasgow and Clyde to disclose personal information relating to my healthcare to the person named below for the purposes of replying to a complaint.

**Name and address of person to whom disclosure is to be made:**

Name	
Address	
The below noted patient is unable to give their consent and I confirm that I am authorised to act on their behalf because I am their:	

**Patient's details:**

Name	
Address	
Date of Birth	
Reason patient cannot give consent	

I understand that to ensure a comprehensive response to my complaint, staff who are bound by a code of confidentiality, may have to refer to the patient's medical record, and I have no objection to this.

Signature	
Date	

Please return to:

Complaints Department [insert address]
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## Appendix 10 – Helpful links

### **NHSGGC – Complaint Internet Pages**

<http://www.nhsggc.org.uk/get-in-touch-get-involved/complaints/>

### **NHSGGC – Complaints Intranet Pages**

<http://www.staffnet.ggc.scot.nhs.uk/Corporate%20Services/Complaints/Pages/NHSComplaints.aspx>

### **NHSGGC – Significant Clinical Incident Toolkit**

<http://www.staffnet.ggc.scot.nhs.uk/Corporate%20Services/Complaints/Pages/NHSComplaints.aspx>

### **NHSGGC – Whistleblowing Information**

<http://www.nhsggc.org.uk/working-with-us/hr-connect/policies-and-staff-governance/policies/whistleblowing-policy/>

### **Patient Advice and Support Service**

<http://www.patientadvicescotland.org.uk/>

### **Scottish Mediation Network**

<https://www.scottishmediation.org.uk/>

### **Scottish Public Services Ombudsman**

[www.spsso.org.uk](http://www.spsso.org.uk)

### **General Medical Council**

[www.gmc-uk.org](http://www.gmc-uk.org)

### **General Dental Council**

[www.gdc-uk.org](http://www.gdc-uk.org)

### **Nursing and Midwifery Council**

[www.nmc.org.uk](http://www.nmc.org.uk)

### **General Optical Council**

[www.optical.org](http://www.optical.org)

### **Royal Pharmaceutical Council**

[www.pharmacyregulation.org](http://www.pharmacyregulation.org)

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## Appendix 11 – Unacceptable Behaviour and Vexatious Complainants

### Definition of unacceptable behaviour

Complainants (and/or anyone acting on their behalf) may be deemed to be displaying unacceptable behaviour where previous or current contact with them shows that they meet **TWO OR MORE** of the following criteria or meet criterion number 10 alone:

1. Persist in pursuing a complaint where the NHSGGC Complaints Policy and Procedure has been fully and properly implemented and exhausted.
2. Persistently change the substance of a complaint or continually raise new issues or seek to prolong contact by continually raising further concerns or questions upon receipt of a response whilst the complaint is being addressed. We will, where reasonable, aim not to disregard new issues which are significantly different from the original complaint as they need to be addressed as separate complaints.
3. Repeatedly unwilling to accept documented evidence of treatment given as being factual, for example, drug records, nursing records or deny receipt of an adequate response in spite of correspondence specifically answering their questions, or do not accept that facts can sometimes be difficult to verify when a long period of time has elapsed.
4. Repeatedly do not clearly identify the precise issues which they wish to be investigated, despite reasonable efforts of NHSGGC to help them specify their concerns and/or where the concerns identified are not within the remit of NHSGGC to investigate.
5. Regularly focus on trivial matters to an extent which is out of proportion to the significance, and continue to focus on this point or points. We recognise that determining what a trivial matter is subjective and careful judgement will be used in applying this criteria.
6. Have, in the course of addressing a registered complaint, an excessive number of contacts with NHSGGC, placing unreasonable demands on staff. For the purposes of determining an excessive number, a contact would be made in person, by telephone, letter or email. Discretion will be used in determining the precise number of excessive contacts applicable under this paragraph, using judgement based on specific circumstances of an individual case.
7. Have harassed or demonstrated abusive behaviour (whether in person or in writing about an individual) or been verbally aggressive on more than one occasion towards staff. We recognise that complainants may act out of character in times of stress, anxiety or distress and we will make reasonable allowances for this. We will document all instances of harassment, abusive or verbally aggressive behaviour. This includes behaviour or language (whether oral or written) that may cause staff to feel afraid, threatened or abused.

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8. Are known to have tape recorded meetings or face to face/telephone conversations without the prior knowledge and consent of other parties involved.
  9. Make unreasonable demands on the patient/complainant relationship with NHSGGC staff and fail to accept that these may be unreasonable, for example, insist on responses to complaints or enquiries being provided more urgently than is reasonable or within the NHS Complaints Policy or normal recognised practice.
  10. Have threatened or used physical violence towards staff at any time. This will, in itself, cause personal contact with the complainant and/or their representatives to be discontinued. All such instances will be documented. NHSGGC has determined that any complainant who threatens or uses actual physical violence towards staff will be regarded as an demonstrating unacceptable behaviour and will receive such written confirmation from the Board Chief Executive / Acute Chief Officer / HSCP Chief Officer. This will also inform the complainant of what action may be taken with regard to any further communications received.

### **Dealing with Unacceptable Behaviour by Complainants**

Before classifying a complainant's behaviour as unacceptable we will consider how best to deal with future correspondence in one or more of the following ways:

- By drawing up a signed "agreement" with the complainant (and if appropriate, involving any relevant Practitioner in a two-way agreement) which sets out a code of behaviour for the parties involved if the complaint is to continue being processed. If these terms are contravened, consideration would then be given to implementing other action.
- Declining contact with the complainant either in person, by telephone, by email, by letter or any combination of these, provided that one form of contact is maintained.
- Temporarily suspending all contact with the complainant (or investigation of the complaint) whilst seeking legal advice or guidance from other relevant agencies.
- Threatening or using physical violence towards NHSGGC staff, at any time, will be grounds for invoking the Protocol and terminating future contact. Such incidents will be reported to the Police.

Where a decision is taken that an individual's behaviour is unacceptable the Board Chief Executive / Acute Chief Officer / HSCP Chief Officer will notify the person in writing of the reasons why they have been so classified and the actions which will be taken with future correspondence or calls. This letter will provide a summary of the Board's position on their complaint, including where appropriate:

- We are dealing with (or have fully responded) to the points raised and, as there may be nothing more to add, continuing contact on the matter will serve no useful purpose.
- Further correspondence will simply be acknowledged unless it raises a new matter of substance.

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- In extreme cases, the complainant may also be advised that we reserve the right to pass future correspondence to our solicitors.

This letter may be copied **in confidence** for the information of others involved in the process (for example, a conciliator, MSP, MP, MEP, local councillor, Citizens Advice Bureau, SPSO) and a record will be kept of the reasons why a complainant's behaviour is considered unacceptable.

### **Change of Status**

NHSGGC may also review or withdraw from classifying a person's behaviour as unacceptable where, for example, the complainant subsequently demonstrates a more reasonable approach. Once again, the Board Chief Executive / Acute Chief Officer / HSCP Chief Officer will make such a decision. Subject to their approval, the normal contact arrangements under the NHS Complaints Policy will be resumed. This change of status will be copied to anyone who previously was informed of the decision to classify the correspondent as unreasonably demanding or persistent.

### **Monitoring Arrangements**

NHSGGC receives quarterly a report with statistical information on complaints. That report will include data on the number of complainants whose behaviour has been classified as unacceptable or vexatious.

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**West Dunbartonshire**  
**Health & Social Care Partnership**

**West Dunbartonshire**  
**Health & Social Care Partnership Board**  
**Complaints Handling Procedure**

Document Title:	West Dunbartonshire HSCP Board Complaints Handling Procedure	Owner:	Head of Strategy, Planning & Health Improvement
Date Effective:	1 <sup>st</sup> April 2017	Review Date:	1 <sup>st</sup> April 2019

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## Foreword

In accordance with the Public Bodies (Joint Working) Act, West Dunbartonshire Health & Social Care Partnership Board (the name given to the Integration Joint Board for West Dunbartonshire) is responsible for the strategic planning and reporting of a range of health and social care services delegated to it by NHS Greater Glasgow & Clyde Health Board and West Dunbartonshire Council (described in full within its approved Integration Scheme). The Council and the Health Board discharge the operational delivery of those delegated services (except those related to the Health Board's Acute Division services most commonly associated with the emergency care pathway) through the partnership arrangement referred to as West Dunbartonshire Health & Social Care Partnership. The Health & Social Care Partnership Board is responsible for the operational oversight of West Dunbartonshire Health & Social Care Partnership (HSCP).

The Partnership Board is a legal entity in its own right created by Parliamentary Order, following ministerial approval of its Integration Scheme (as per the Public Bodies [Joint Working] Act 2014). However as confirmed within the Integration Scheme, for the functions delegated to the Partnership Board both the Health Board and the Council retain separate complaints policies reflecting their distinct statutory requirements: the Patient Rights (Scotland) Act 2011 making provisions for complaints about NHS services; and the Social Work (Scotland) Act 1968 making provisions for the complaints about social work services. As distinct public bodies though, there is a separate statutory requirement for Integration Joint Boards to approve, make available and comply with a robust procedure with respect to complaints that may be raised against them in relation to the particular functions and duties that they have responsibility for, as detailed within the Public Bodies (Joint Working) Act and the Integration Scheme.

This complaints handling procedure then reflects both the Partnership Board's commitment to valuing complaints. This procedure aims to help us 'get it right first time'. We want quicker, simpler and more streamlined complaints handling with local, early resolution by capable, well-trained staff. This procedure seeks to resolve customer dissatisfaction as close as possible to the point of service delivery and to conduct thorough, impartial and fair investigations of customer complaints so that, where appropriate, we can make evidence-based decisions on the facts of the case. The procedure follows and is compliant with a template that HSCP has developed with the Scottish Public Services Ombudsman (SPSO) in accordance with their model Complaints Handling Procedure for the Scottish Government, Scottish Parliament and Associated Public Authorities in Scotland.

The SPSO recognises that good complaints handling includes providing joint responses to complaints whenever they relate to more than one service. This procedure then gives our staff information and guidance on how and when to do this, to ensure that our customers get a comprehensive response to their complaints whenever this is possible. The procedural elements tie in very closely with those of the Council's, the Health Board's and the local Social Work complaints handling procedures, so where complaints "cut across" they can still be handled in much the same way as other complaints.

This complaints handling procedure aims to help us do our job better, improve relationships with our customers and enhance public perception of the HSCP. It will help us keep those who use our services at the heart of the process, while enabling us to better understand how to improve our services by learning from complaints.

**Keith Redpath, Chief Officer**



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## What is a complaint?

West Dunbartonshire Health & Social Care Partnership Board's definition of a complaint is:

'An expression of dissatisfaction by one or more members of the public about the Partnership Board's action or lack of action, or about the standard of service Partnership Board has provided in fulfilling its responsibilities as set out in the Integration Scheme'.

Issues that are not covered by this definition are likely to be covered by other complaints handling procedures, notable those for social work functions and the complaints policy of NHS Greater Glasgow & Clyde.

A complaint may relate to dissatisfaction with:

- Partnership Board's policies
- Partnership Board's decisions
- the administrative or decision-making processes followed by Partnership Board in coming to a decision

This list does not cover everything.

A complaint is **not**:

- a first time request made to [*Partnership Board*]
- a request for compensation only
- issues that are in court or have already been heard by a court or a tribunal
- disagreement with a decision where a statutory right of appeal exists
- an attempt to reopen a previously concluded complaint or to have a complaint reconsidered where we have already given our final decision.

We will not treat these issues as complaints, but will instead direct the customer raising them to use the appropriate procedures.

Appendix 1 gives examples of more complex complaints, some of which are not appropriate for this procedure.

## Handling anonymous complaints

We value all complaints. This means we treat all complaints including anonymous complaints seriously and will take action to consider them further, wherever this is appropriate. Generally, we will consider anonymous complaints if there is enough information in the complaint to enable us to make further enquiries. If, however, an anonymous complaint does not provide enough information to enable us to take further action, we may decide not to pursue it further. Any decision not to pursue an anonymous complaint must be authorised by a senior manager.

If an anonymous complaint makes serious allegations, it will be considered by a senior officer immediately. If we pursue an anonymous complaint further, we will record the issues as an anonymous complaint on the complaints system. This will help to ensure the completeness of the complaints data we record and allow us to take corrective action where appropriate.

## What if the customer does not want to complain?

If a customer has expressed dissatisfaction in line with our definition of a complaint but does not want to complain, tell them that we do consider all expressions of dissatisfaction, and that complaints offer us the opportunity to improve services where things have gone wrong. We will

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encourage them to submit their complaint and allow us to deal with it through the complaints handling procedure. This will ensure that they are updated on the action taken and gets a response to their complaint.

If, however, the customer insists they do not wish to complain, we will record the issue as an anonymous complaint. This will ensure that their details are not recorded on the complaints database and that they receive no further contact about the matter. It will also help to ensure the completeness of the complaints data recorded and will still allow us to fully consider the matter and take corrective action where appropriate.

### **Who can make a complaint?**

Anyone who is affected by the decisions taken by and/or the responsibilities of Partnership Board can make a complaint. Sometimes a customer may be unable or reluctant to make a complaint on their own. We will accept complaints brought by third parties as long as the customer has given their personal consent.

### **Complaints involving the Partnership Board or more than one organisation**

A complaint may relate to a decision that has been made by the Partnership Board, as well as a service or activity provided by the HSCP. Initially, these complaints should all be handled in the same way. They must be logged as a complaint, and the content of the complaint must be considered, to identify which services are involved, which parts of the complaint we can respond to and which parts are appropriate for the HSCP to respond to. A decision must be taken as to who will be contributing and investigating each element of the complaint, and that all parties are clear about this decision. The final response must be a joint response, taking into account the input of all those involved. Where a complaint relates to a decision made jointly by the Partnership Board and the Health Board or Council, the elements relating to the Partnership Board should be handled through this procedure. Where possible, working together with relevant colleagues, a single response addressing all of the points raised should be issued. If a customer complains to the Partnership Board or HSP about services of another agency or public service provider, but the Partnership Board has no involvement in the issue, they will be advised to contact the appropriate organisation directly.

Should a member of staff who represents the HSCP receive a complaint in relation to the Partnership Board, and they have the relevant and appropriate information to resolve it, they should feel free to do so. If the staff member feels unable to offer a response, the complaint should be passed to an appropriate member of the HSCP Senior Management Team as early as possible for them to resolve. If we need to make enquiries to an outside agency in relation to a complaint we will always take account of data protection legislation and SPSO guidance on handling our customer's personal information. The Information Commissioner has detailed guidance on data sharing and has issued a data sharing code of practice.

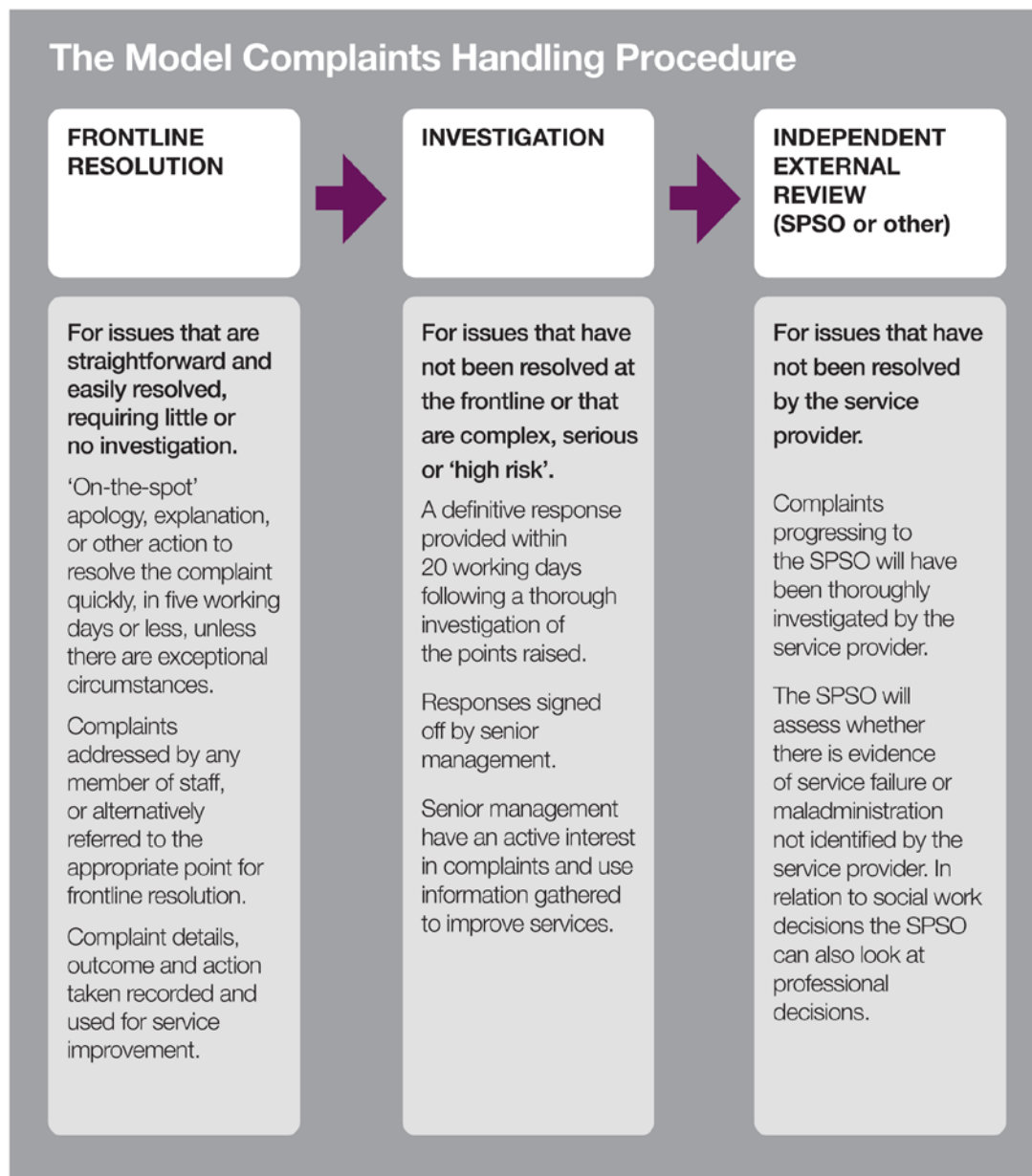
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## The complaints handling process

This complaints handling procedure aims to provide a quick, simple and streamlined process for resolving complaints early and locally by capable, well-trained staff.

Our complaints process provides two opportunities to resolve complaints internally:

- **frontline resolution**, and
- **investigation**.



For clarity, the term 'frontline resolution' refers to the first stage of the complaints process. It does not reflect any role within the Partnership Board or HSCP but means seeking to resolve complaints at the initial point of contact where possible.

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## Stage one: frontline resolution

Frontline resolution aims to quickly resolve straightforward customer complaints that require little or no investigation. Any member of staff may deal with complaints at this stage; if the member of staff receiving the complaint is not able to provide a response, then it should be referred on to other identified staff.

The main principle is to seek early resolution, resolving complaints at the earliest opportunity. This may mean a face-to-face discussion.

Whoever responds to the complaint, it may be settled by providing an on-the-spot apology where appropriate, or explaining why the issue occurred and, where possible, what will be done to stop this happening again. They may also explain that, as an organisation that values complaints, we may use the information given when we review policies and processes in the future.

A customer can make a complaint in writing, in person, by telephone, by email or online, or by having someone complain on their behalf. Frontline resolution will always be considered, regardless of how the complaint has been received.

### ***What we will do when we receive a complaint***

- 1 On receiving a complaint, we will first decide whether the issue can indeed be defined as a complaint. The customer may express dissatisfaction about more than one issue. This may mean we treat one element as a complaint, while directing them to pursue another element through an alternative route.
- 2 If we have received and identified a complaint, we will record the details on our complaints system.
- 3 Next, we will decide whether or not the complaint is suitable for frontline resolution. Some complaints will need to be fully investigated before we can give the complainant a suitable response. A senior officer will escalate these complaints immediately to the investigation stage.
- 4 Where we consider frontline resolution to be appropriate, we will consider four key questions:
  - What exactly is the complaint (or complaints)?
  - What does the complainant want to achieve by complaining?
  - Can I achieve this, or explain why not?
  - If I cannot resolve this, who can help with frontline resolution?

#### **What exactly is the complaint (or complaints)?**

It is important to be clear about exactly what the customer is complaining about. Staff may need to ask the supplementary questions to get a full picture.

#### **What does the complainant want to achieve by complaining?**

At the outset, staff will seek to clarify the outcome the complainant wants. Of course, they may not be clear about this, so there may be a need to probe further to find out what they expect and whether they can be satisfied.

#### **Can I achieve this, or explain why not?**

If staff can achieve the expected outcome by providing an on-the-spot apology or explain why they cannot achieve it, they will do so. If they consider an apology is suitable, they will take cognisance of the SPSO's guidance on the subject:

#### **[SPSO guidance on apology](#)**

The customer may expect more than we can provide. If their expectations appear to exceed what the organisation can reasonably provide, the officer will tell them as soon as possible in order to manage expectations about possible outcomes.

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Decisions at this stage may be conveyed face to face or on the telephone or via e-mail. In those instances, you are not required to write to the customer as well, although you may choose to do so. A full and accurate record of the decision reached must be kept, including the information provided to the customer.

**If I can't resolve this, who can help with frontline resolution?**

If the complaint raises issues which you cannot respond to in full because, for example, it relates to a specific decision or, then they may pass details of the complaint to senior staff who can try to resolve it.

## **Timelines**

Frontline resolution must be completed within **five working days** of the Partnership Board or HSCP receiving the complaint, although in practice we would often expect to resolve the complaint much sooner.

Staff may need to get more information or seek advice to resolve the complaint at this stage. However, they will respond to the complainant within five working days, either resolving the matter or explaining that the Partnership Board will investigate their complaint.

### **Extension to the timeline**

In exceptional circumstances, where there are clear and justifiable reasons for doing so, senior management may agree an extension of no more than five working days with the complainant. This must only happen when an extension will make it more likely that the complaint will be resolved at the frontline resolution stage.

If, however, the issues are so complex that they cannot be resolved in five days, it may be more appropriate to escalate the complaint straight to the investigation stage. We will tell the complainant about the reasons for the delay, and when they can expect a response.

If the customer does not agree to an extension but it is unavoidable and reasonable, a senior manager can still decide upon an extension. In those circumstances, they will then tell the complainant about the delay and explain the reason for the decision to grant the extension.

Such extensions will not be the norm, though, and the timeline at the frontline resolution stage will be extended only rarely. All attempts to resolve the complaint at this stage will take no longer than **ten working days** from the date the Partnership Board or HSCP receives the complaint.

The proportion of complaints that exceed the five-day limit will be evident from reported statistics. These statistics will be presented to Partnership Board's Chief Officer and the HSCP Senior Management Team on a quarterly basis.

**Appendix 2** provides further information on timelines.

### **Closing the complaint at the frontline resolution stage**

When staff have informed the customer of the outcome, they are not obliged to write to the customer, although they may choose to do so. The response to the complaint must address all areas that we are responsible for and must explain the reasons for our decision. Staff will keep a full and accurate record of the decision reached. The complaint will then be closed and the complaints system updated accordingly. The complaints resolved at the frontline stage will be

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reported to the Partnership Board's Chief Officer and the HSCP Senior Management Team on a quarterly basis.

### **When to escalate to the investigation stage**

We will escalate a complaint to the investigation stage when:

- frontline resolution has been attempted but the customer remains dissatisfied and requests an investigation. This may happen immediately when the decision at the frontline stage is communicated, or some time later
- the customer refuses to take part in frontline resolution
- the issues raised are complex and require detailed investigation
- the complaint relates to serious, high-risk or high-profile issues.

When a previously closed complaint is escalated from the frontline resolution stage, the complaint should be reopened on the complaints system.

We will take particular care to identify complaints that might be considered serious, high risk or high profile. The SPSO defines potential high-risk or high-profile complaints as those that may:

- involve a death or terminal illness
- involve serious service failure, for example major delays in providing, or repeated failures to provide, a service
- generate significant and ongoing press interest
- pose a serious risk to an organisation's operations
- present issues of a highly sensitive nature, for example concerning:
  - a particularly vulnerable person
  - child protection.

### **Stage two: investigation**

Not all complaints are suitable for frontline resolution and not all complaints will be satisfactorily resolved at that stage. Complaints handled at the investigation stage of the complaints handling procedure are typically complex or require a detailed examination before we can state our position. These complaints may already have been considered at the frontline resolution stage, or they may have been identified from the start as needing immediate investigation.

An investigation aims to establish all the facts relevant to the points made in the complaint and to give the complainant a full, objective and proportionate response that represents our final position.

### **What we will do when we receive a complaint for investigation**

It is important to be clear from the start of the investigation stage exactly what is being investigated, and to ensure that all involved – including the customer - understand the investigation's scope. It may be helpful for an investigating officer to discuss and confirm these points with the customer at the outset, to establish why they are dissatisfied and whether the outcome they are looking for sounds realistic.

In discussing the complaint with the customer, the investigating officer will consider three key questions:

1. What specifically is the complaint or complaints?
2. What does the complainant want to achieve by complaining?
3. Are the complainant's expectations realistic and achievable?

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It may be that the customer expects more than we can provide. If so, our staff will make this clear to them as soon as possible. Where possible we will also clarify what additional information we will need to investigate the complaint. The customer may need to provide more evidence to help us reach a decision. Details of the complaint must be recorded on the system for recording complaints. Where appropriate, this will be done as a continuation of frontline resolution. The details must be updated when the investigation ends.

If the investigation stage follows attempted frontline resolution, staff will ensure that all relevant information will be passed to the officer responsible for the investigation, and record that they have done so.

## **Timelines**

The following deadlines are appropriate to cases at the investigation stage:

- complaints must be acknowledged within **three working days**
- the Chief Officer will provide a full response to the complaint as soon as possible but not later than **20 working days** from the time they received the complaint for investigation.

## **Extension to the timeline**

Not all investigations will be able to meet this deadline. For example, some complaints are so complex that they require careful consideration and detailed investigation beyond the 20-day limit. However, these would be the exception and we will always try to deliver a final response to a complaint within 20 working days.

If there are clear and justifiable reasons for extending the timescale, senior management will set time limits on any extended investigation, as long as the complainant agrees. They will keep the customer updated on the reason for the delay and give them a revised timescale for completion. If the customer does not agree to an extension but it is unavoidable and reasonable, then the Chief Officer can consider and confirm the extension. The reasons for an extension might include the following:

- Essential accounts or statements, crucial to establishing the circumstances of the case, are needed from staff, customers or others but they cannot help because of long-term sickness or leave.
- Further essential information cannot be obtained within normal timescales.
- Operations are disrupted by unforeseen or unavoidable operational circumstances, for example industrial action or severe weather conditions.
- The customer has agreed to mediation as a potential route for resolution.

These are only a few examples, and the Chief Officer will judge the matter in relation to each complaint. However, an extension would be the exception and we will always try to deliver a final response to the complaint within 20 working days.

As with complaints considered at the frontline stage, the proportion of complaints that exceed the 20-day limit will be evident from reported statistics. These statistics will be presented to the Partnership Board on a quarterly basis.

**Appendix 2** provides further information on timelines.



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## **Mediation**

Some complex complaints, or complaints where customers and other interested parties have become entrenched in their position, may require a different approach to resolving the complaint. Where appropriate, we may consider using services such as mediation or conciliation using suitably trained and qualified mediators to try to resolve the matter and to reduce the risk of the complaint escalating further.

Mediation will help both parties to understand what has caused the complaint, and so is more likely to lead to mutually satisfactory solutions.

If the Partnership Board's Chief Officer and the customer agree to mediation, revised timescales will need to be agreed.

## **Closing the complaint at the investigation stage**

We will inform the complainant of the outcome of the investigation, in writing or by their preferred method of contact. This response to the complaint will address all areas that we are responsible for and explain the reasons for the decision. We will record the decision, and details of how it was communicated to the customer, on the system for recording complaints. The complaint will then be closed and the complaints system updated accordingly. The complaints resolved at the investigation stage will be reported to the Partnership Board's Chief Officer, the HSCP Senior Management Team and the Partnership Board on a quarterly basis.

In responding to the customer, we will make clear:

- their right to ask SPSO to consider the complaint
- the time limit for doing so, and
- how to contact the SPSO.

## ***Independent external review***

Once the investigation stage has been completed, the customer has the right to approach the SPSO if they remain dissatisfied. The SPSO considers complaints from people who remain dissatisfied at the conclusion of our complaints procedure. The SPSO looks at issues such as service failures and maladministration (administrative fault), as well as the way we have handled the complaint.

We will use the wording below to inform customers of their right to ask SPSO to consider the complaint. The SPSO also provides a leaflet, [The Ombudsman and your organisation](#), which we will take account of in deciding how and when to refer someone to the SPSO.

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### Information about the SPSO

The Scottish Public Services Ombudsman (SPSO) is the final stage for complaints about public services in Scotland. This includes complaints about the Scottish Government, NDPBs, agencies and other government sponsored organisations. If you remain dissatisfied with an organisation after its complaints process, you can ask the SPSO to look at your complaint. The SPSO cannot normally look at complaints:

- where you have not gone all the way through the organisation's complaints handling procedure
- more than 12 months after you became aware of the matter you want to complain about, or
- that have been or are being considered in court.

The SPSO's contact details are:

SPSO  
4 Melville Street  
Edinburgh  
EH3 7NS

Freepost SPSO

Freephone: **0800 377 7330**

Online contact [www.spsso.org.uk/contact-us](http://www.spsso.org.uk/contact-us)

Website: [www.spsso.org.uk](http://www.spsso.org.uk)

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## **Governance of the Complaints Handling Procedure**

### **Roles and responsibilities**

As per the Public Bodies (Joint Working) Act and as specified within the approved Integration Scheme, the Chief Officer's role is to provide a single senior point of overall strategic and operational advice to the integration authority. Overall responsibility and accountability for the management of complaints lies with [the Chief Officer.

#### **Chief Officer:**

*The Chief Officer provides leadership and direction in ways that guide and enable us to perform effectively across all services. This includes ensuring that there is an effective complaints handling procedure, with a robust investigation process that demonstrates how we learn from the complaints we receive. The Chief Officer may take a personal interest in all or some complaints, or may delegate responsibility for the complaints handling procedure to appropriate members of the Senior Management Team of the Health & Social Care Partnership. Regular management reports assure the Partnership Board of the quality of complaints performance.*

#### **Members of the Senior Management Team:**

*On the Chief Officer's behalf, members of the Senior Management Team of the Health & Social Care Partnership may be responsible for:*

- *managing complaints and the way we learn from them*
- *overseeing the implementation of actions required as a result of a complaint*
- *investigating complaints*
- *deputising for the Chief Officer on occasion.*

*However, members of the Senior Management Team may decide to delegate some elements of complaints handling (such as investigations and the drafting of response letters) to other senior staff. Where this happens, senior management should retain ownership and accountability for the management and reporting of complaints. They may also be responsible for preparing and signing decision letters to customers, so they should be satisfied that the investigation is complete and their response addresses all aspects of the complaint.*

#### **Heads of service:**

*May be involved in the operational investigation and management of complaints handling. As senior officers they may be responsible for preparing and signing decision letters to customers, so they should be satisfied that the investigation is complete and their response addresses all aspects of the complaint.*

#### **Complaints investigator:**

*The complaints investigator is responsible and accountable for the management of the investigation. They may work in a service delivery team or as part of a centralised customer service team, and will be involved in the investigation and in co-ordinating all aspects of the response to the customer. This may include preparing a comprehensive written report, including details of any procedural changes in service delivery that could result in wider opportunities for learning across the organisation.*

#### **All staff:**

*A complaint may be made to any member of staff working within under the management of the Health & Social Care Partnership. So all staff must be aware of this procedure and how to handle and record Partnership Board complaints at the frontline stage. They should also be aware of who to refer a complaint to, in case they are not able to personally handle the matter. We encourage all staff to try to resolve complaints early, as close to the point of service delivery as possible, and quickly to prevent escalation.*

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***The SPSO liaison officer:***

*Our SPSO liaison officer's role may include providing complaints information in an orderly, structured way within requested timescales, providing comments on factual accuracy on our behalf in response to SPSO reports, and confirming and verifying that recommendations have been implemented.*

**Complaints about senior staff**

Complaints about senior staff can be difficult to handle, as there may be a conflict of interest for the staff investigating the complaint. When serious complaints are raised against senior staff, it is particularly important that the investigation is conducted by an individual who is independent of the situation. We will ensure we have strong governance arrangements in place that set out clear procedures for handling such complaints, including the handling of complaints about the Chief Officer.

**Recording, reporting, learning and publicising**

Complaints provide valuable customer feedback. One of the aims of the complaints handling procedure is to identify opportunities to improve services across the Partnership Board. We will record all complaints in a systematic way so that we can use the complaints data for analysis and management reporting. By recording and using complaints information in this way, we can identify and address the causes of complaints and, where appropriate, identify opportunities for improvements.

***Recording complaints***

To collect suitable data it is essential to record all complaints in line with SPSO minimum requirements, as follows:

- the complainant's name and address
- the date the complaint was received
- the nature of the complaint
- how the complaint was received
- the date the complaint was closed at the frontline resolution stage (where appropriate)
- the date the complaint was escalated to the investigation stage (where appropriate)
- action taken at the investigation stage (where appropriate)
- the date the complaint was closed at the investigation stage (where appropriate)
- the outcome of the complaint at each stage
- the underlying cause of the complaint and any remedial action taken.

We have structured systems for recording complaints, their outcomes and any resulting action.

***Reporting of complaints***

Complaints details are analysed for trend information to ensure we identify procedural failures and take appropriate action. Regularly reporting the analysis of complaints information helps to inform improvement actions.

We will publish on a quarterly basis the outcome of complaints and the actions we have taken in response. This demonstrates the improvements resulting from complaints and shows that complaints can influence our processes. It also helps ensure transparency in our complaints handling service and will help the public to see that we value their complaints.

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We will:

- publicise on a quarterly basis complaints outcomes, trends and actions taken
- where and when possible, use case studies and examples to demonstrate how complaints have led to improvements.

This information will be reported regularly (and at least quarterly) to the Partnership Board.

### ***Learning from complaints***

At the earliest opportunity after the closure of the complaint, officers involved in handling the complaint will make sure that the customer and relevant staff understand the findings of the investigation and any recommendations made.

Senior management will review the information gathered from complaints regularly and consider whether processes could be improved or internal policies and procedures updated.

As a minimum, we will:

- use complaints data to identify the root cause of complaints
- take action to reduce the risk of recurrence
- record the details of corrective action in the complaints file, and
- systematically review complaints performance reports to improve processes.

Where we have identified the need for improvement:

- the action needed to improve services must be agreed by the integration authority
- senior management will designate the 'owner' of the issue, with responsibility for ensuring the action is taken
- a target date must be set for the action to be taken
- the designated individual must follow up to ensure that the action is taken within the agreed timescale
- where appropriate, performance should be monitored to ensure that the issue has been resolved
- we will ensure that the Partnership Board learns from complaints.

### **Publicising complaints performance information**

We also report on our performance in handling complaints annually in line with SPSO requirements. This includes performance statistics showing the volumes and types of complaints and key performance details, for example on the time taken and the stage at which complaints were resolved.

### **Maintaining confidentiality**

Confidentiality is important in complaints handling. It includes maintaining the complainant's confidentiality and explaining to them the importance of confidentiality generally. We will always bear in mind legal requirements, for example, data protection legislation, as well as internal policies on confidentiality and the use of customer's information.

### **Managing unacceptable behaviour**

People may act out of character in times of trouble or distress. The circumstances leading to a complaint may result in the complainant acting in an unacceptable way. Customers who have a history of challenging or inappropriate behaviour, or have difficulty expressing themselves, may still have a legitimate grievance.

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A customer's reasons for complaining may contribute to the way in which they present their complaint. Regardless of this, we will treat all complaints seriously and properly assess them. However, we also recognise that the actions of customers who are angry, demanding or persistent may result in unreasonable demands on time and resources or unacceptable behaviour towards our staff. We will, therefore, work with the Health Board and the Council to apply the relevant organisational policies and procedures to protect staff from unacceptable behaviour such as unreasonable persistence, threats or offensive behaviour. Where a decision is made to restrict access to a customer under the terms of an unacceptable actions policy, the relevant procedure will be followed to communicate that decision, notify the customer of a right of appeal, and review any decision to restrict contact with us. This will allow the customer to demonstrate a more reasonable approach later.

### **Supporting the complainant**

All members of the community have the right to equal access to our complaints handling procedure. Customers who do not have English as a first language may need help with interpretation and translation services, and other customers may have specific needs that we will seek to address to ensure easy access to the complaints handling procedure.

We will always take into account our commitment and responsibilities to equality. This includes making reasonable adjustments to our processes to help the customer where appropriate.

Several support and advocacy groups are available to support individuals in pursuing a complaint and customers should be signposted to these as appropriate.

### **Time limit for making complaints**

This complaints handling procedure sets a time limit of six months from when the customer first knew of the problem, within which time they may ask us to consider the complaint, unless there are special circumstances for considering complaints beyond this time.

We will apply this time limit with discretion. In decision making we will take account of the Scottish Public Services Ombudsman Act 2002 (Section 10(1)), which sets out the time limit within which a member of the public can normally ask the SPSO to consider complaints. The limit is one year from when the person first knew of the problem they are complaining about, unless there are special circumstances for considering complaints beyond this time.

**If it is clear that a decision not to investigate a complaint will lead to a request for external review of the matter, we may decide that this satisfies the special circumstances criteria. This will enable us to consider the complaint and try to resolve it.**

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## Appendix 1 - Complex scenarios

A concern may not necessarily be a complaint. In some cases a measure of discretion or further clarification is required in determining whether something is a complaint that should be handled through this procedure or another matter which should be handled through another process. There are also some specific circumstances when complaints should be handled in a particular manner. Issues that commonly arise include:

### 1. Campaigns

The introduction of a new policy or changes in service, such as the closure of a facility, may lead to a high volume of complaints being received. These should be handled under this procedure on an individual basis on their merits, addressing the issue of how that particular customer is affected by the change. It may be appropriate to provide information about the process that led to the changes, or when the policy may next be reviewed.

Occasionally, however, such complaints are evidently part of an organised campaign. Indicators may be that all complaints have identical content or are on a 'form' letter or that all complainers are known to be members of a pressure group that has made separate representations through the HSCP petitions or elected members.

Neither the Partnership Board, the Health Board or the Council should not accept an unreasonable burden on its complaints processes produced by an organised campaign. Instead, the Chief Officer may either issue a single 'form' response or may ask the organisers to nominate a single person to make a single complaint on behalf of the group. In such circumstances it would be important to be clear that all the complaints being brought are identical, and setting out clearly what issues are being considered under the complaint. Any other additional concerns that individuals may have would need to be handled as new complaints.

### 2. Grievances/Staff complaints

This procedure is for external customers of the Partnership Board to complain about services received by them or affecting them or to complain on behalf of others. It is not an appropriate procedure for the handling of complaints by staff (either those working within the HSCP; or the Council and Health Board more broadly), which should be routed through the usual HR/Personnel processes.

### 3. Allegations of fraud/criminality/professional malpractice or incompetence

Discretion is required where the complaint is so serious as to immediately merit investigation under disciplinary processes or referral to another agency.

If it is determined that the complaint falls into this category, we will always try to respond to the complaint within the complaints handling procedure timescales. Even where the outcome of the complaint leads to further internal procedures being followed, the customer can still be advised of this as an outcome, and the complaint closed, with signposting to the SPSO. However, in some cases, particularly where the police are involved, we may have to await the outcome of another process before you can decide on the outcome of the complaint. Where such a decision is made we will inform the customer and advise them of their right to come to the SPSO if they are dissatisfied with this approach.

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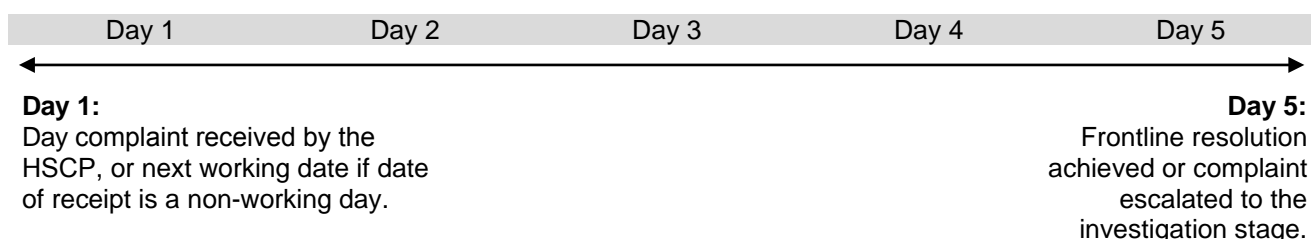
## Appendix 2 - Timelines

### General

References to timelines throughout the complaints handling procedure relate to working days. When measuring performance against the required timelines, we do not count non-working days, for example weekends, public holidays and days of industrial action where our service has been interrupted.

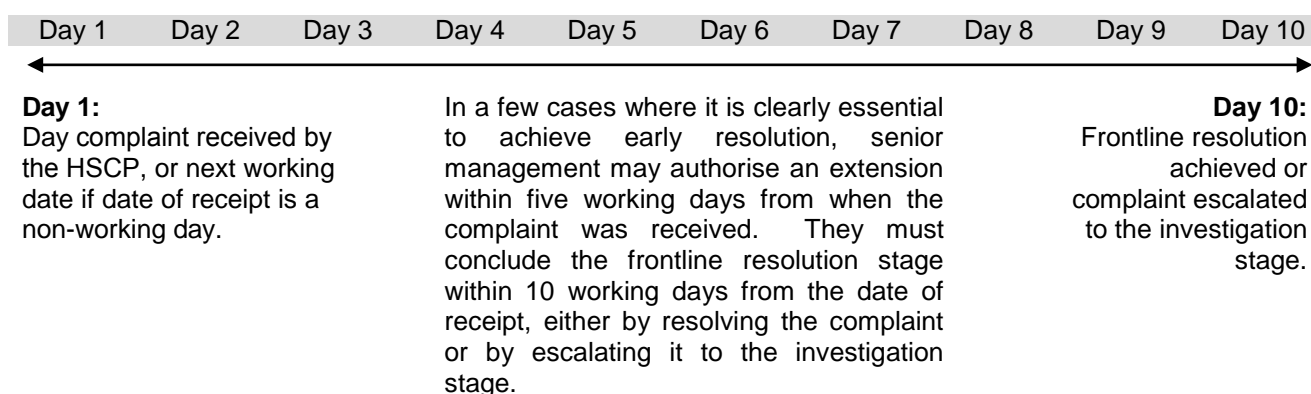
### Timelines at frontline resolution

We will aim to achieve frontline resolution within five working days. The day a member of HSCP staff receives the complaint is day 1. Where they receive it on a non-working day, for example at the weekend or on a public holiday, day 1 will be the next working day.



### Extension to the five-day timeline

If senior management have extended the timeline at the frontline resolution stage in line with the procedure, the revised timetable for the response will take no longer than 10 working days from the date of receiving the complaint.



### Transferring cases from frontline resolution to investigation

If it is clear that frontline resolution has not resolved the matter, and the complainant wants to escalate the complaint to the investigation stage, the case must be passed for investigation without delay. In practice this will mean on the same day that the complainant is told this will happen.

### Timelines at investigation

The Chief Officer may consider a complaint at the investigation stage either:

- after attempted frontline resolution, or
- immediately on receipt if they believe the matter to be sufficiently complex, serious or appropriate to merit a full investigation from the outset.



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## Acknowledgement

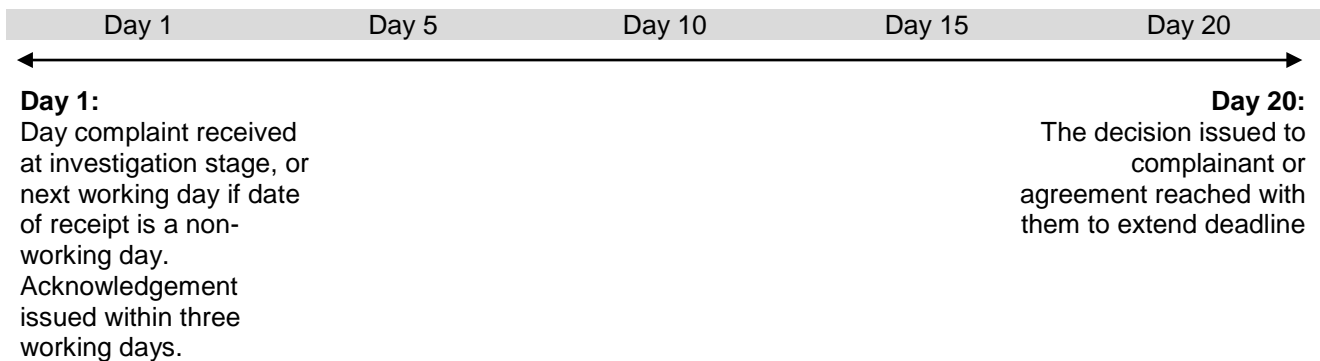
All complaints considered at the investigation stage must be acknowledged within **three working days** of receipt. The date of receipt is:

- the day the case is transferred from the frontline stage to the investigation stage, where it is clear that the case requires investigation, or
- the day the complainant asks for an investigation after a decision at the frontline resolution stage. It is important to note that a complainant may not ask for an investigation immediately after attempts at frontline resolution, or
- the date the Chief Officer receives the complaint, if they think it sufficiently complex, serious or appropriate to merit a full investigation from the outset.

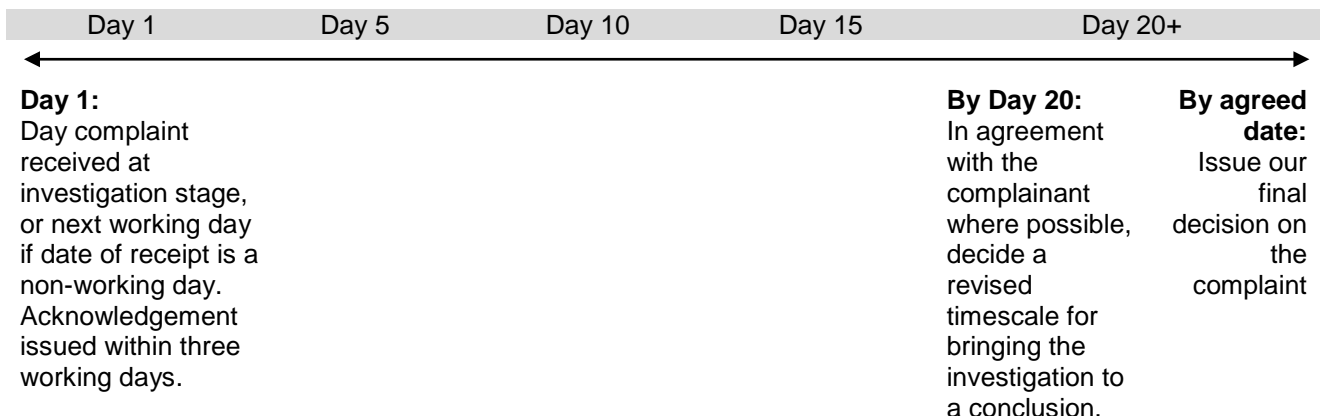
## Investigation

The Chief Officer will respond in full to the complaint within **20 working days** of receiving it at the investigation stage.

The 20-working day limit allows time for a thorough, proportionate and consistent investigation to arrive at a decision that is objective, evidence-based and fair. This we have 20 working days to investigate the complaint, regardless of any time taken to consider it at the frontline resolution stage.



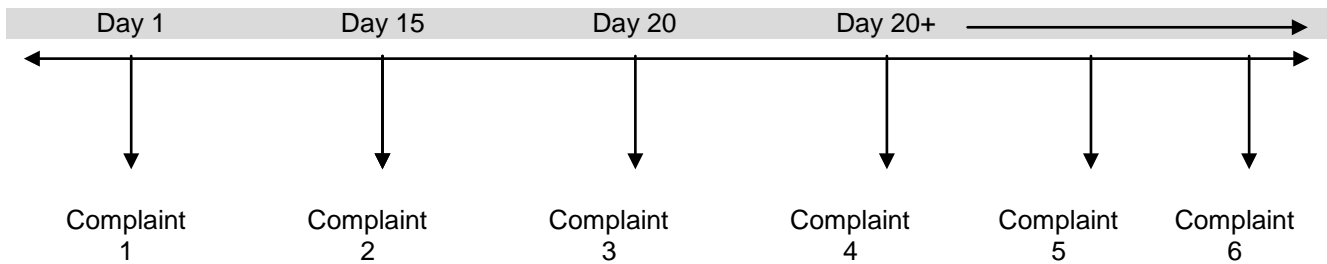
Exceptionally we may need longer than the 20-day limit for a full response. If so, the Chief Officer will explain the reasons to the complainant, and agree with them a revised timescale.



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## Timeline examples

The following illustration provides examples of the point at which we conclude our consideration of a complaint. It is intended to show the different stages and times at which a complaint may be resolved.



The circumstances of each complaint are explained below:

### Complaint 1

Complaint 1 is a straightforward issue that may be resolved by an on-the-spot explanation and, where appropriate, an apology. Such a complaint can be resolved on day 1.

### Complaint 2

Complaint 2 is also a straightforward matter requiring little or no investigation. In this example, resolution is reached at day three of the frontline resolution stage.

### Complaint 3

Complaint 3 refers to a complaint that we considered appropriate for frontline resolution. We did not resolve it in the required timeline of five working days. However, we authorised an extension on a clear and demonstrable expectation that the complaint would be satisfactorily resolved within a further five days. We resolved the complaint at the frontline resolution stage in a total of eight days.

### Complaint 4

Complaint 4 was suitably complex or serious enough to pass to the investigation stage from the outset. We did not try frontline resolution; rather we investigated the case immediately. We issued a final decision to the complainant within the 20-day limit.

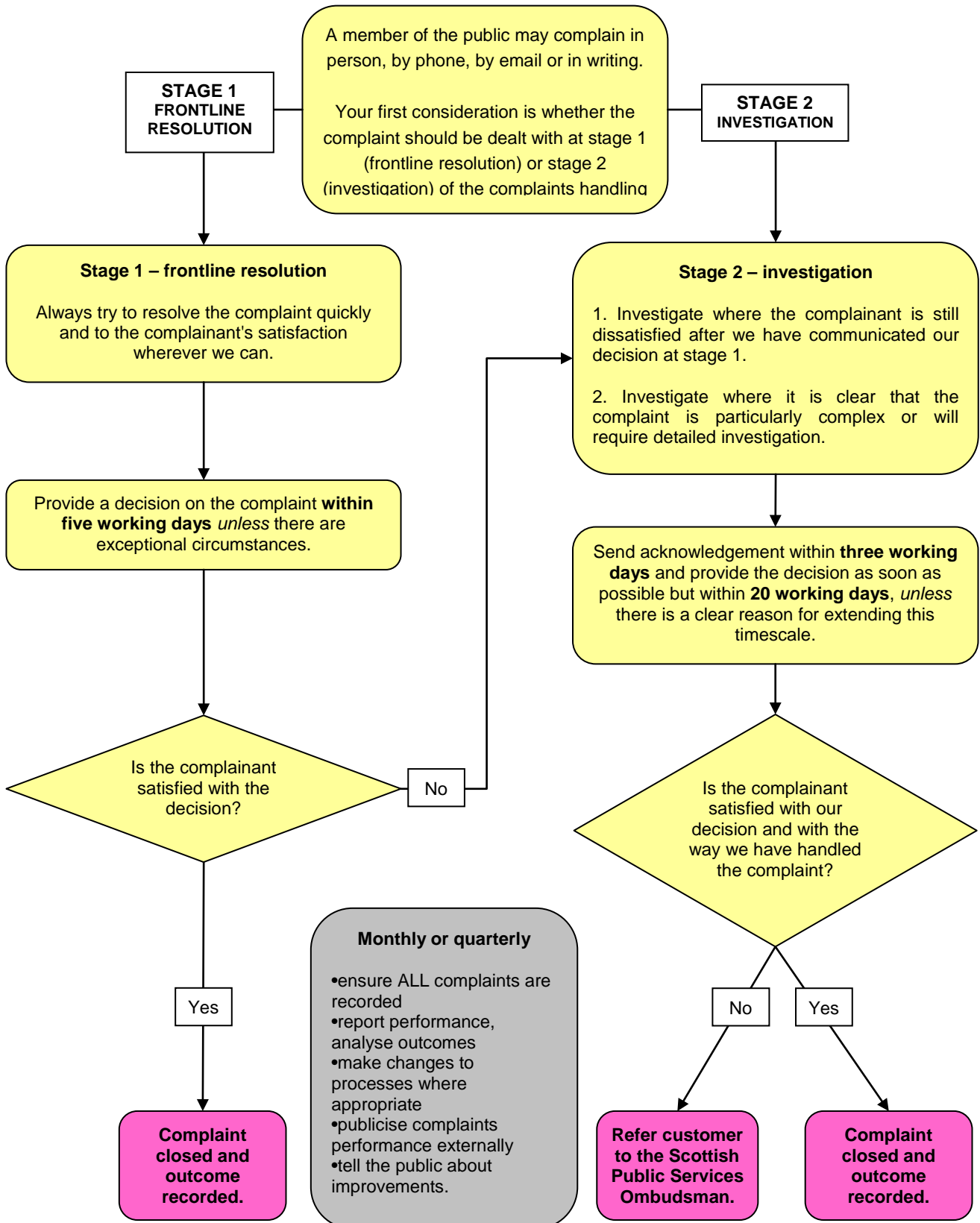
### Complaint 5

We considered complaint 5 at the frontline resolution stage, where an extension of five days was authorised. At the end of the frontline stage the complainant was still dissatisfied. At their request, we conducted an investigation and issued our final response within 20 working days. Although the end-to-end timeline was 30 working days we still met the combined time targets for frontline resolution and investigation.

### Complaint 6

Complaint 6 was considered at both the frontline resolution stage and the investigation stage. We did not complete the investigation within the 20-day limit, so we agreed a revised timescale with the customer for concluding the investigation beyond the 20-day limit.

**Appendix 3 - The complaints handling procedure**





## West Dunbartonshire Health & Social Care Partnership



# West Dunbartonshire Health & Social Care Partnership Complaints Procedure



Address: West Dunbartonshire Health & Social Care Partnership  
Council Offices, Garshake Road, Dumbarton, G82 3PU

Telephone: 01389 776833

E-Mail: [wdhscp@west-dunbarton.gov.uk](mailto:wdhscp@west-dunbarton.gov.uk)

West Dunbartonshire Health & Social Care Partnership is committed to effectively responding to and learning from the experiences of individuals, families and carers to ensure the delivery of safe and high quality services.

### **How can I complain?**

Complaints should be brought to the attention of staff directly involved, or their manager, to be dealt with as they arise. These complaints are stage 1 of the complaints process and are called frontline/early resolution and must be completed within five working days unless there are exceptional circumstances.

If you are not satisfied with the outcome of this resolution, or if you do not wish to pursue this option, we will investigate your complaint at stage 2 of the process. Please contact us to submit a complaint at:

Address: West Dunbartonshire Health & Social Care Partnership  
Council Offices, Garshake Road, Dumbarton, G82 3PU

Telephone: 01389 776833

E-Mail: [wdhscp@west-dunbarton.gov.uk](mailto:wdhscp@west-dunbarton.gov.uk)

### **What happens after I have submitted a stage 2 complaint?**

You will receive an acknowledgement letter. This letter will let you know under which organisational policy or procedure your complaint is being investigated (see below); and when you should expect to receive a response to your complaint.

A member of staff from the appropriate service area will be assigned to investigate your complaint.

We will investigate the issues raised and will aim to reply within 20 working days.

In some cases, we may need more time to reply. If this is so, we will let you know and tell you why.

We may contact you for more information, or to discuss your complaint, or to suggest a meeting.

### **What if someone else makes a complaint on my behalf?**

Where someone else wishes to make a complaint for you, they must be able to demonstrate that they have obtained your consent - normally in writing - to make such a complaint on your behalf.

West Dunbartonshire Social Work	West Dunbartonshire Health and Social Care Partnership Board	Greater Glasgow & Clyde NHS
<b>Stage 1 Frontline Resolution</b>	<b>Stage 1 Frontline Resolution</b>	<b>Stage 1 Early Resolution</b>
For issues that are straightforward and easily resolved, requiring little or no investigation.		
Frontline resolution stage must be concluded within 5 working days from the date of receipt, either by resolving the complaint or by escalating it to the investigation stage.	Frontline resolution stage must be concluded within 5 working days from the date of receipt, either by resolving the complaint or by escalating it to the investigation stage.	Early resolution stage must be concluded within 5 working days from the date of receipt, either by resolving the complaint or by escalating it to the investigation stage.
If you are satisfied with the decision the complaint will be closed.		
<b>Stage 2 Investigation</b>		
Your complaint will be acknowledged within 3 working days.		
Your complaint will then be investigated and you will receive a full response within 20 working days.		
If there is a clear reason for extending this timescale, the manager dealing with the complaint will contact you and agree a revised timescale (extending the timescale must be authorised by a senior manager).		
<p>If we have concluded investigation of your complaint and you are still not happy, you can ask the Scottish Public Services Ombudsman (SPSO) to consider your complaint further.</p> <p>The SPSO cannot normally look at complaints more than 12 months after you become aware of the matter you want to complain about, or if it is the subject of legal action.</p> <p>The SPSO can be contacted at: Freepost SPSO</p> <p>Telephone: 0800 377 7330 Text: 0790 049 4372 Email: <a href="mailto:ask@spsso.org.uk">ask@spsso.org.uk</a> Web: <a href="http://www.spsso.org.uk">www.spsso.org.uk</a></p>		

**ARGYLL, BUTE AND DUNBARTONSHIRES' CRIMINAL JUSTICE SOCIAL  
WORK PARTNERSHIP JOINT COMMITTEE**

At a Meeting of the Argyll, Bute and Dunbartonshires' Criminal Justice Social Work Partnership Joint Committee held in Committee Room 2, Council Offices, Garshake Road, Dumbarton on Thursday, 15 December 2016 at 2.00 p.m.

**Present:** Councillors Anne Horne and Elaine Robertson (Argyll and Bute Council); Councillor Gemma Welsh (East Dunbartonshire Council) and Councillors Gail Casey and Jonathan McColl (West Dunbartonshire Council).

**Attending:** **Argyll and Bute Council:** Louise Long, Head of Children's Services; Kirsteen Green, Business Support Manager, Criminal Justice Services and Becki Emmett, Criminal Justice Manager.

**East Dunbartonshire Council:** Keith Gardner, Criminal Justice Manager.

**West Dunbartonshire Council:** Jackie Irvine, Head of Children's Health, Care and Criminal Justice Services; Norman Firth, Criminal Justice Partnership Manager, Amanda Coulthard, Community Planning Manager; Terry Wall, Finance Business Partner - Corporate Functions and Nuala Borthwick, Committee Officer.

**Apologies:** Apologies for absence were intimated on behalf of Councillor Michael O'Donnell and Paolo Mazzoncini, Chief Social Work Officer (East Dunbartonshire Council) and Mary Holt, Transitions Programme Officer (West Dunbartonshire Council).

**Councillor Elaine Robertson in the Chair**

**CHAIR'S REMARKS**

The Chair, Councillor Robertson, welcomed everyone to the meeting and introductions were made by those present.

**VARIATION IN THE ORDER OF BUSINESS**

The Chair, Councillor Robertson referred to the report entitled 'Review of Criminal

Justice Partnership Arrangements' which had been issued to Members on 6 December 2016 after the original agenda had been issued. It was agreed that this report would be considered earlier on the agenda and therefore the order of business was varied as hereinafter minuted.

### **MINUTES OF PREVIOUS MEETING**

An informal note of the proceeding of the Inquorate Meeting of the Partnership Joint Committee held on 8 September 2016 was submitted and approved as a correct record.

Having heard the Committee Officer, it was noted that the note of proceedings of the Inquorate Meeting of the Joint Committee held on 9 June 2016, had not yet been approved given that the meeting on 8 September 2016 had also been inquorate. It was therefore agreed that the informal note of proceedings held on 9 June 2016 would be submitted to the next full meeting of the Joint Committee for approval as a correct record.

### **REVENUE BUDGETARY CONTROL REPORT 2016/17 AS AT PERIOD 7 (31 OCTOBER 2016)**

A report was submitted by the Treasurer to the Partnership Joint Committee providing an update on the financial performance of the Criminal Justice Partnership up to 31 October 2016.

After discussion and having heard the Partnership Manager – Criminal Justice Partnership in further explanation of the report and in answer to members' questions, the Joint Committee agreed:-

- (1) to note the contents of the report which indicated an adverse variance of £0.024m as at 31st October 2016 with a full year projected overspend of £0.042m to 31 March 2017; and
- (2) to thank Officers for their hard work in achieving a substantial reduction in the budget gap which was a significant improvement on that originally projected.

### **REVIEW OF CRIMINAL JUSTICE PARTNERSHIP ARRANGEMENTS**

A report was submitted by the Chief Officer, Health & Social Care Partnership seeking consideration of the future relationship between Argyll and Bute, East Dunbartonshire Councils and West Dunbartonshire and with regard to the future delivery of Criminal Justice Social Work Services.

After discussion and having heard the Partnership Manager - Criminal Justice and relevant officers in further explanation of the report and in answer to members' questions, the Joint Committee agreed:-



- (1) that the current Partnership arrangements should be concluded by 31 March 2017;
- (2) that officers be tasked with making appropriate arrangements with regard to the transition to option 4 as detailed within the report;
- (3) that a report on suggested arrangements would be presented to the Committee in March 2017; and
- (4) to otherwise note the contents of the report.

### **PARTNERSHIP STRATEGIC PLANNING FRAMEWORK: 2017-20**

A report was submitted by the Chief Officer, Health & Social Care Partnership seeking approval of the Partnership Planning and Performance Improvement Framework 2017-20.

After discussion and having heard the Partnership Manager - Criminal Justice and the Business Support Manager in further explanation of the report and in answer to members' questions, the Joint Committee agreed:-

- (1) to approve the Planning and Performance Improvement Framework 2017-20 subject to the Business Support Manager making the necessary revisions resulting from the Joint Committee's decision to conclude the current Partnership arrangements whilst retaining an element of shared services across boundaries; and
- (2) that the revised Partnership Strategic Planning Framework 2017-20 would be submitted to the next meeting of the Joint Committee.

### **MULTI AGENCY PUBLIC PROTECTION ARRANGEMENTS: ANNUAL REPORT 2015/2016**

A report was submitted by the Chief Officer, Health & Social Care Partnership providing information on the publication of North Strathclyde Community Justice Authority, Multi-Agency Public Protection Arrangements (MAPPA): Annual Report 2015-16.

After discussion and having heard the Partnership Manager - Criminal Justice in further explanation of the report and in answer to members' questions, the Committee agreed to note the contents of the report.

### **CHANGE TO DATE OF NEXT MEETING**

Members agreed to change the date for the next meeting of the Joint Committee to Thursday, 9 March 2017 at 2.00 p.m. in Committee Room 2, Council Offices, Garshake Road, Dumbarton G82 3PU.

**ANY OTHER COMPETENT BUSINESS –  
COMMUNITY JUSTICE TRANSITION PLAN:  
PROGRESS BRIEFING DECEMBER 2016**

A copy of the progress briefing was distributed to Members. Following discussion and having heard the Partnership Manager and officers in further explanation of the report and in answer to Members' questions, the Joint Committee agreed to note the Transition Plan framework within which the Partnership authorities are building links with community justice partners and working in collaboration with these partners to create the Outcome Improvement Plan required to be published by March 2017 for implementation in April 2017.

The meeting closed at 3.33 p.m.

DRAFT

**WEST DUNBARTONSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP  
BOARD AUDIT COMMITTEE**

At a Meeting of the West Dunbartonshire Health and Social Care Partnership Board Audit Committee held in Committee Room 3, Council Offices, Garshake Road, Dumbarton, on Wednesday, 7 December 2016 at 2.00 p.m.

**Present:** Allan MacLeod (Chair), Gail Casey, Jonathan McColl, Martin Rooney and Rona Sweeney.

**Attending:** Julie Slavin, Chief Financial Officer; Jackie Irvine, Head of Children's Health, Care and Criminal Justice Services; Soumen Sengupta, Head of Strategy, Planning and Health Improvement; Julie Lusk, Head of Mental Health, Learning Disability and Addictions; Colin McDougall, Chief Internal Auditor; Jillian Mathew, Audit Manager, Performance Audit and Best Value Group (Audit Scotland); Carol Hislop, Senior Audit Manager (Audit Scotland), Karen Cotterell, Senior Auditor (Audit Scotland); and Nuala Borthwick, Committee Officer (West Dunbartonshire Council).

**Apologies:** An apology for absence was intimated on behalf of Heather Cameron.

**Allan MacLeod in the Chair**

**VARIATION IN ORDER OF BUSINESS**

Having heard the Chair, Mr MacLeod, the Committee agreed that the order of business be varied as hereinafter minuted.

**DECLARATIONS OF INTEREST**

Councillor Rooney declared a financial interest of his spouse in the item under the heading 'Care Inspectorate Reports for Older People's Care Homes operated by Independent Sector in West Dunbartonshire', his spouse being a member of staff at a care home in West Dunbartonshire, and intimated that he would take part in discussions thereon.

**MINUTES OF PREVIOUS MEETING**

The Minutes of Meeting of the Health and Social Care Partnership Audit Committee held on 14 September 2016 were submitted and approved as a correct record.

## **COMMITTEE ACTION LIST**

A note of the Audit Committee's Action List was submitted for consideration and comment.

Having heard the Chair and the Head of Strategy, Planning and Health Improvement, it was noted:-

- (1) that Actions 5 and 9 had been addressed by reports for consideration at the meeting; and
- (2) that in relation to Action 8, it was noted that the Scottish Government's anticipated Public Health Strategy had not been published as yet and that a report would be submitted to a future meeting of the Audit Committee as soon as that document was available.

### **AUDIT SCOTLAND REPORT ON NHS IN SCOTLAND 2016**

A report was submitted by the Head of Strategy, Planning and Health Improvement providing information on the recently published Audit Scotland report on the NHS in Scotland.

After discussion and having heard the Audit Manager, Performance Audit and Best Value Group, Audit Scotland and relevant officers in further explanation of the report and in answer to Members' questions, the Committee agreed:-

- (1) to note the suggestion that earlier publication of the annual report in 2017 and future years would be helpful to Partnership Boards to aid discussions with the Scottish Government and that Audit Scotland would discuss this with local auditors; and
- (2) to otherwise note the findings of the Audit Scotland report.

### **AUDIT SCOTLAND REPORTS ON LOCAL GOVERNMENT IN SCOTLAND 2016**

A report was submitted by the Head of Strategy, Planning and Health Improvement providing information on two recently published Audit Scotland reports concerning local government in Scotland.

After discussion and having heard the Head of Strategy, Planning and Health Improvement in further explanation of the report and in answer to Members' questions, the Committee agreed:-

- (1) that the Senior Audit Manager, Audit Scotland and the Head of Strategy, Planning and Health Improvement should collaborate to develop a checklist specific to Members of the integration authorities , to enable Members to reflect upon the questions posed in respect of the totality of the Partnership Board's resources and arrangements for health and social care; and
- (2) to otherwise note the findings of the recently published Audit Scotland reports.

### **AUDIT SCOTLAND REPORT ON SOCIAL WORK IN SCOTLAND**

A report was submitted by the Head of Strategy, Planning and Health Improvement providing information on the recently published Audit Scotland report on Social Work in Scotland.

After discussion and having heard the Head of Strategy, Planning and Health Improvement and the Head of Health, Care and Criminal Justice Services, in further explanation of the report and in answer to members' questions, the Committee agreed to note the findings of the Audit Scotland report.

### **THE NATIONAL HEALTH AND SOCIAL CARE STANDARDS CONSULTATION**

A report was submitted by the Head of Strategy, Planning and Health Improvement seeking endorsement of the recently launched consultation on the new National Health and Social Care Standards and the response prepared on behalf of the Health & Social Care Partnership Board.

After discussion and having heard the Head of Strategy, Planning and Health Improvement in further explanation of the report and in answer to Members' questions, the Committee agreed to endorse the response prepared on behalf of the Health & Social Care Partnership Board for formal submission to the national consultation subject to the inclusion of the following revised sentence in answer to Question 2 of the questionnaire:-

"This Standard directly links to person-centred care planning; and largely reflects current and measurable practice. Given that, it is particularly important that element 2.5 is clearly expressed as cross-cutting across all of the Standards."

### **CARE INSPECTORATE REPORTS FOR SUPPORT SERVICES OPERATED BY THE INDEPENDENT SECTOR IN WEST DUNBARTONSHIRE**

A report was submitted by the Head of Strategy, Planning and Health Improvement providing a routine update on the most recent Care Inspectorate assessments for three independent sector support services operating within the West Dunbartonshire area.

After discussion and having heard the Head of Strategy, Planning and Health Improvement in further explanation of the report and in answer to Members' questions, the Committee agreed to note the content of the report.

### **CARE INSPECTORATE REPORTS FOR OLDER PEOPLE'S CARE HOMES OPERATED BY INDEPENDENT SECTOR IN WEST DUNBARTONSHIRE**

A report was submitted by the Head of Strategy, Planning and Health Improvement providing a routine update on the most recent Care Inspectorate assessments for four independent sector residential older peoples' Care Homes located within West Dunbartonshire.

After discussion and having heard the Head of Strategy, Planning and Health Improvement and the Head of Health, Care and Criminal Justice Services in further explanation of the report and in answer to Members' questions, the Committee agreed to note the contents of the report.

### **CARE INSPECTORATE REPORT FOR CARE AT HOME SERVICES OPERATED BY WEST DUNBARTONSHIRE COUNCIL**

A report was submitted by the Head of Community Health & Care providing information on the most recent inspection report for the Council's Care at Home and Sheltered Housing Services.

After discussion and having heard the Head of Strategy, Planning and Health Improvement in further explanation of the report and in answer to Members' questions, the Committee agreed:-

- (1) to note the work undertaken to ensure grades awarded reflect the quality levels expected by the Council; and
- (2) to otherwise note the content of the report.

### **FINAL AUDIT PLAN 2016/17 AND PROGRESS REPORT**

A report was submitted by the Chief Internal Auditor:-

- (a) seeking approval of the final Audit Plan for 2016/17;
- (b) providing an update to Members on the planned programme of audit work for the year 2016/17 in terms of the internal audit work undertaken at West Dunbartonshire Council and NHS Greater Glasgow and Clyde that may have an impact upon West Dunbartonshire Health & Social Care Partnership Board;
- (c) providing confirmation of the cost implications of the provision of audit services to the Health and Social Care Partnership; and

- (d) providing information on the recommendations of the Audit Scotland report entitled 'Health and Social Care Integration (December 2015)'.

After discussion and having heard the Chief Financial Officer and the Chief Internal Auditor in further explanation of the report and in answer to members' questions, the Committee agreed:-

- (1) to approve the final audit plan for 2016/17; and
- (2) to note the progress made in relation to the planned programme of audit work for the year 2016/17 in terms of the internal audit work undertaken at West Dunbartonshire Council and NHS Greater Glasgow and Clyde.

### **MODEL PUBLICATION SCHEME AND GUIDE TO INFORMATION**

A report was submitted by the Head of Strategy, Planning and Health Improvement presenting the Scottish Information Commissioner's Model Publication Scheme and the draft Guide to Information for the Health and Social Care Partnership.

Following discussion, the Committee agreed:-

- (1) to adopt the Scottish Information Commissioner's Model Publication Scheme for use by the Health and Social Care Partnership Board; and
- (2) to approve the West Dunbartonshire Health & Social Care Partnership Board Publication Scheme: Guide to Information.

The meeting closed at 3.56 p.m.





**West Dunbartonshire Health & Social Care Partnership**

**Meeting:** SMT Clinical & Care Governance Group

**Date:** 25 January 2017

**Time:** 9.30am

**Venue:** Meeting Room 6, 3<sup>rd</sup> Floor, Garshake Road

**DRAFT MINUTE**

**Present:** Kenneth Ferguson, Clinical Director (Chair in Keith Redpath's absence)  
Julie Lusk, Head of Mental Health, Addictions & Learning Disabilities  
Chris McNeill, Head of Community Health & Care  
Julie Slavin, Chief Financial Officer  
Soumen Sengupta, Head of Strategy, Planning & Health Improvement  
Janice Miller, MSK Physiotherapy Manager  
Serena Barnatt, Head of People & Change  
Sheila Downie, Service Manager SCS (for Jackie Irvine)  
Wilma Hepburn, Professional Nurse Adviser

**Apologies:** Keith Redpath, Chief Officer  
Jackie Irvine, Chief Social Work Officer

**In Attendance:** Lorna Fitzpatrick (Minute)  
Lynette Cameron, Clinical Risk Manager - NHSGGC  
Anne Marie Murdoch, Lead OD Adviser - NHSGGC

**1. Welcome & Introductions**

K Ferguson welcomed members to the group and introductions were made.

A request was made that when papers are presented, a note should be made as to whether any action is required or whether it is for information only.

**2. Minute of Meeting Held on 30 November 2016 - attached**

The Minute was accepted as an accurate record of the meeting held on 30 November 2016.

**3. Matters Arising**

- i. Alfentanil Significant Events  
K Ferguson introduced the update paper and then led a discussion on the use of Unsafe Acts Decision Tree algorithm. After discussion, the meeting reaffirmed the use of the Unsafe Acts Decision Tree algorithm as part of significant events

analysis (as per the extant Health Board policy).

It was agreed to that L Cameron would lead a learning session on Significant Events Analysis at a future Clinical and Care Governance Forum (provisionally Summer 2017).

It was reaffirmed that L Cameron would provide comprehensive Significant Clinical Incident (SCI) reports direct to the Clinical Director for discussion in advance of Clinical and Care Governance Group meetings; and that the Clinical Director would highlight relevant issues at the subsequent meeting for fuller discussion as appropriate.

- ii. **Covering Report**  
K Ferguson introduced a template covering report that it is proposed to accompany all subsequent papers for this meeting. It was agreed to use the report template for all future papers for this group after minor amendments – attached.

#### **4. Quality Assessment**

- i. **Care Inspectorate Grades for Independent Providers**  
S Sengupta presented the report for information. The contents of the report were noted.

It was reaffirmed that similar reports for registered services managed by the HSCP would also be brought to this meeting by relevant Heads of Service as and when inspection reports were published.

#### **5. Risk Management**

- i. **Glasgow and Partners Emergency Social Work Services**  
A letter detailing the intention for Glasgow City Council to withdraw from the provision of Emergency Social Work services from 31 March 2018 was discussed.

There is a meeting on 1<sup>st</sup> February and J Irvine will attend and report back at the next meeting. It was agreed that managers would make J Irvine aware of their individual concerns ahead of the meeting. S Sengupta will brief K Redpath.

All

SS

#### **6. Service User Feedback**

- i. **FOI Report**  
The paper was presented by S Sengupta and the content noted.
- ii. **NHSGGC Complaints Policy - Consultation**  
The draft complaints policy was presented by S Sengupta. This policy follows the Scottish Government's updated NHS Complaints Handling Procedure. It was noted that, subject to approval by the Health Board in February, then all parts of NHSGGC would apply the new policy from 1 April 2017. It was also noted that the substance of the new procedure reinforced what was already local practice. It was agreed that an e-mail

would be prepared to update staff on the new policy once it is approved and explain its use within the context of the HSCP's integrated complaints protocol.

SS

- iii. **SPSO Social Work Complaints Handling Procedure**  
The new Scottish Public Sector Ombudsmen (SPSO) complaints handling procedure was presented by S Sengupta. It was noted that a localised version of the procedure would be presented to the next meeting of the HSCP Board for approval, after which it would apply from 1 April 2017. It was also noted that the substance of the new procedure reinforced what was already local practice. It was agreed that an e-mail would be prepared to update staff on the new policy once it is approved and explain its use within the context of the HSCP's integrated complaints protocol.

SS

- iv. **Service User - Feedback Complaints**  
S Sengupta presented the paper which describes the 15 formal complaints received within Partnership during the three months to 30 September 2016. Following discussion, the content was noted.

## **7. Continuous Improvement**

- i. **Public Performance Report**  
S Sengupta tabled the Partnership's second Public Performance Report for 2016/17 and confirmed that it would go to the HSCP Board in March 2017. Following discussion, the content was noted.
- ii. **Equality Act Update**  
S Sengupta tabled the update report. As outlined within the approved Equalities Mainstreaming Report, work is ongoing in the current year to identify an additional equality outcome which focuses on the age-protected characteristic. Following discussion, the content was noted.

## **8. Staff Governance**

- i. **HR Report November 2016**  
The report was unavailable but S Barnatt provided a verbal update. E-KSF continues to improve but sickness levels have risen. The number of days lost due to work related stress is a concern and S Barnatt will discuss with K Redpath and will circulate the full report.

SB

- ii. **iMatter Update**  
AM Murdoch updated on the NHS iMatter programme. It was noted that WDC are giving consideration to adopting iMatter, which was agreed as the preferred arrangement in terms of HSCP teams and staff. Following discussion, the content was noted and the meeting reaffirmed their support for the development of iMatter locally.

**9. AOCB**

S Barnatt agreed to have a separate discussion with managers re: the amended referral route to the SSSC. SB

C McNeill noted queries that she had in respect to HSCP not having ready access to GP activity information held by ISD. S Sengupta agreed to explore opportunities to raise with Scottish Government. SS

**10. Date of Next Meeting**  
29 March 2017

**West Dunbartonshire Health & Social Care Partnership**

**Meeting:** Joint Staff Forum

**Date:** 17 January 2017

**Time:** 10.00am

**Venue:** Committee Room 2, 1<sup>st</sup> Floor, Garshake Road, Dumbarton

**DRAFT MINUTE**

**Present:** Keith Redpath, Chief Officer, HSCP (Chair)  
 Serena Barnatt, Head of People & Change, HSCP  
 Andy McCallion, Unison  
 Shirley Furie  
 Teresa McVean  
 Gillian Gall, HR  
 Julie Lusk, Head of Mental Health  
 Chris McNeill, Head of Community Care  
 Jackie Irvine, CSWO, Head of Children's Services  
 Soumen Sengupta, Head of Planning, Strategy & HI  
 Julie Slavin, CFO, HSCP  
 Simon McFarlane  
 Diana McCrone  
 Kenny McColgan, Unison, NHS  
 Diana McCrone, Unison  
 Peter O'Neill, Unison, Local Authority  
 David Scott  
 Val Jennings, Unison

**Apologies:** Nazerin Wardrop  
 Andrew McKissock  
 Julie Ballantyne

**In Attendance:** Lorna Fitzpatrick (Minute)

Item	Description	Action
1.	<b>Welcome &amp; Introductions</b> The Chair welcomed the group to the meeting and introductions were made.	
2.	<b>Minute of Meeting held on 25 October 2016 and Matters Arising</b> The Minute will be adjusted to reflect the fact that Jackie Irvine submitted her apologies for the meeting. Otherwise the Minute was accepted as an accurate record of the meeting.	

	Chris will bring a first draft of a report on Sheltered Housing Wardens to the next Convenors Meeting.	<b>CMcN</b>
<b>3.</b>	<p><b>Minutes from Other Meetings for noting:</b></p> <p>a) APF Agenda Not available.</p> <p>b) JCF Minute Not available.</p> <p>c) Employee Liaison Group Minute The content of the Minute was noted. S Barnatt will reissue the e-mail sent before Christmas with updated guidance on Fitness to Practice.</p>	<b>SB</b>
<b>4.</b>	<p><b>Matters Arising from JSF Meeting 25 October 2016</b></p> <p>a) Guardian 24 Review S Barnatt will provide an update after the next Health and Safety Forum meeting.</p> <p>b) Finance Keith Redpath updated the group on the financial situation following the draft budget published by the Scottish Government in December. A report will go to the next meeting of the IJB in March and will be shared with staffside colleagues.</p> <p>There was a discussion around the previous decision to go out to public consultation on the proposed savings proposals as the position has now eased following the decision of the Council prior to Christmas.</p> <p>With NHS budgets, it was thought that our local share would amount to between £3.5m and £4m but the conditions around the allocation of budgets by Boards to Partnerships means the position has been significantly improved. The detail of that is still being worked through and assumes that the draft budget passes through the Scottish Parliament.</p>	<b>SB</b>
<b>5.</b>	<p><b>Service Updates:</b></p> <p>a) <b>Children Services and Criminal Justice</b></p> <p>i) Criminal Justice Redesign Update Still awaiting the outcome of two appeals which are delayed due to annual leave and are expected to be finalised in February. J Irvine is meeting with staffside colleagues this week. .</p> <p>ii) Joint Children's Services Inspection Update Draft report has been received and draft</p>	

comments and amendments are being prepared for the Care Inspectorate. The final report will be published by the end of February. The outcome of the Inspection was very satisfactory. It is hoped to provide staff with an update shortly.

iii)

Update on Facebook Protocol for use in Children's Homes

The draft protocol has been updated and was issued for consultation just before Christmas. No further issues have been raised.

Andy McCallion reported that there was no advice on misuse of the Facebook accounts. He feels that more work is required in order to protect both staff and young people.

SSSC registration. There was a discussion around the thresholds used when making referrals and A McCallion felt that staff had inadequate training. He agreed to share details of four specific cases with S Barnatt to enable her to review.

It was agreed to have a specific meeting to discuss these two issues.

**b) Community Care**

i)

Care Home/Day Centre Redesign

The content of the Minute was noted. C McNeill reported that the management team was in place, and support meetings have taken place. Each person is getting feedback and will receive a PDP. Expressions of interest are currently being reviewed.

Val Jennings reported that the joint trade unions have consistently asked that it be recorded that they are opposed to staff being downgraded, and are opposed to staff taking a 20% reduction in salary.

Chris McNeill responded that we are committed to finding solutions for as many staff as possible. Looking at options for training and development during the period of preservation. She had looked at people who have expressed an interest in moving to other areas and we are holding these positions for care home staff.

While for many staff this is a significant issue,

	<p>managers are making a significant commitment to offering resolution.</p> <p>S MacFarlane made the point that detriment protection is limited and staff will be in detriment re their pensions.</p> <p>K Redpath reported that there is no interest in having a de-motivated staff group and confirmed that managers are looking to resolve any issues as quickly as possible.</p> <p>C McNeill praised her staff who are, on the whole, excited and committed, engaged with looking at teams and team building.</p> <p>S MacFarlane said the CAS experience shows that the number of staff in detriment can be significantly reduced. He asked that the letters not be issued. It was stated that that was not possible.</p> <p>ii) Integrated Care Fund The content of the Minute held on 5 December 2016 was tabled and the content noted. It was agreed to include the Minute on future agendas as a standing item.</p>	<p>LF</p>
<p><b>6. Standing Items:</b></p>	<p>a) Health &amp; Social Care Partnership Board Meeting has been put back to March. I</p> <p>b) HR Report</p> <p>a. Discipline &amp; Grievance Report S Barnatt introduced the report which advised the Forum of progress on discipline, grievance and dignity at work cases for the employees within HSCP for the period 1 October 2016 to 30 December 2016. The content of the report was noted.</p> <p>b. Attendance Management Report G Gall and S Barnatt presented the previously circulated paper and updated the information contained in it. The forum agreed to note the quarterly update.</p> <p>c) Health &amp; Safety Forum Minutes – next agenda.</p>	<p>LF</p>



7.	<p><b>Items for Noting:</b></p> <p>a) Health &amp; Social Care Delivery Plan The paper was noted. A Workforce Plan paper will be produced for the next agenda and it was agreed that S Barnatt would circulate the national workforce plan.</p> <p>b) Ethical Care Charter After discussion about adopting the Ethical Care Charter, it was agreed that:</p> <ul style="list-style-type: none"> <li>i. Convenors would prepare a support letter confirming that the Charter has joint support from all trade unions;</li> <li>and</li> <li>ii. K Redpath will write to joint trade unions outlining the basis on which he is prepared to accept the use of the Ethical Charter. This will describe the appropriate use of 15 minute visits.</li> </ul> <p>The HSCP is responsible for delivery of the home care service and the quality of our home care service is second to none.</p> <p>c) Consultation of the new National Health &amp; Social Care Standards - link <a href="#">here</a> It was noted that the consultation will close on 22<sup>nd</sup> January</p>	SB
8.	<p><b>Any Other Business</b></p> <p>There was a discussion around the incidence of shingles in areas where augmented care staff are working. It was suggested that the HSCP is unable to dictate council policy on what diseases should be excluded from sickness records and suggested that A McCallion should meet with Vicki Rogers for discussion.</p> <p>There was no further business and the meeting was closed at 11.30am.</p>	
9.	<p><b>Date of Next Meeting</b></p> <p>Tuesday 18 April 2017, 10.00am (Staffside pre meeting 9.30am), Committee Room 2, 1<sup>st</sup> Floor, Garshake Road Council Building, Garshake Road, Dumbarton.</p>	



**West Dunbartonshire Health & Social Care Partnership**

**Meeting:** Dumbarton and Alexandria Locality Group

**Date:** 9 November 2016

**Time:** 10:00 am

**Venue:** Seminar Room, Vale Centre for Health & Care

**DRAFT MINUTE**

**Present:**

Neil Mackay	-	GP, Alexandria (Chair)
Kathryn McLachlan	-	GP, Furneaux Practice
Alison Walsh	-	GP, Lennox Practice
William Wilkie	-	Lead Optometrist
Gillian Bonar	-	Practice Nurse, Levenside
Selina Ross	-	WDCVS
Val MacIver	-	Senior Nurse
Pamela Macintyre	-	Prescribing Lead
Stephen Dunn	-	GP, Dunn Practice
Claire Bell	-	Practice Manager, McMaster Practice
Jane Young	-	GP, McMaster Practice
Fiona Wilson	-	GP, Oakview Practice
Jennifer Perry	-	GP, Alcluith Practice
Chris McNeill	-	Head of Community Health & Care
Fraser Downie	-	Integrated Ops Manager Mental Health
Yvonne Milne	-	Team Leader, CMHT
Jackie Irvine	-	Head of Children's Services
Anna Crawford	-	Primary Care Development Lead
Marjorie John	-	Planning Manager, Acute
Lesley Traquair	-	Minutes

**Apologies:** Jennifer McMahon, John Kerr, Kenneth Ferguson, Brian Polding-Clyde

<b>Item</b>	<b>Description</b>	<b>Action</b>
1.	<b>Welcome &amp; Introductions</b> Dr. N. Mackay opened the meeting and apologies noted.	
2.	<b>Minute of Meeting Held on 20.9.16</b> Minutes of last meeting were noted as being an accurate record.	
3.	<b>Matters Arising</b> <ul style="list-style-type: none"> <li>• C. McNeill has contacted John Kennedy, General Manager, Acute Services to identify a consultant to engage</li> </ul>	

with Frailty Group.

- Problems with telephone lines, Soma Kapur, Administration Manager to arrange meeting with health board to progress.
- W. Wilkie, C. McNeill, K. Ferguson to meet to discuss joint educational session for GPs, Optometrists and Community Pharmacists. Pharmacy have arranged to meet on 29<sup>th</sup> December and requested that GPs be represented at this group.

SK

**4. Co-Chair of Meeting**

Dr. N. MacKay thanked Dr. S. Dunn for his contribution to the Locality Group as Dr Dunn has stepped down as Co-Chair. The group agreed Dr. S. Pourghazi nomination to joint chair with Dr Mackay at future meetings.

**5. Welcome – Fraser Downie, Integrated Operations Manager – Mental Health**

Fraser Downie was welcomed to the group in his capacity as the new Integrated Operations Manager based at Riverview Resource Centre following Lynne Kennedy's retriial. F Downie informed the group of some of the services he covers:

F Downie stated if there were any feedback for the service member should contact him.

**6. Cluster Update Report (Alexandria and Dumbarton)**

- The two cluster groups met on 28 September 2016.
- The group are considering a McMillan proposal, which has yet to be approved.
- Interviews for cluster quality leads have been arranged.
- C. McNeill to discuss the relationship of clusters and how they relate to each other and the importance of links to the wider community and the impact of improvements.
- This item to be a standing item on future agendas.
- Consider other areas the cluster should be covering.

**7. Frailty Work Plan Update**

F. Wilson and S. Pourghazi gave a brief update on the work carried out so far. A presentation was given showing evidence gathering from practices and how frailty is being defined. Copies of the presentation were circulated for information.

C. McNeill updated the group on the opportunities for frailty across health and care services, and advised of the investment in nurses to support Anticipatory Care Planning.

Next stage is to adopt the Dalhousie Tool and start coding people to see how they are progressing. This will provide us with information on patient's frailty and possible declines. Coding to

be discussed at the next Cluster Meetings and Practice Nurse Meetings.

**SP/FW**

F. Wilson advised this work should be carried out as a pilot initially as we need to ensure links to appropriate pathways and development of new pathways if required.

**8. COPD Technology Enhanced Care (TEC)**

Copies of the referral criteria were circulated for discussion. The group agreed the criteria. The service is only suitable for patients that can operate a mobile phone, the system will automatically text patients (Monday – Friday). There is no cost incurred by patient. Patients involved in the project will have a management plan in place. The COPD Nurse has identified 10-20 patients from current caseload and it is hoped to pilot with these patients in January 2017.

P. McIntyre will attend the next frailty meeting on 13 December to explore the opportunities within the frailty TEC project.

There were suggestions to consider the use of the Frailty TEC by the Hospital Discharge Team to review the potential to identify people who may be eligible for this service. A thorough evaluation will be undertaken at the end of the project and data collection is an ongoing part of the project.

**9. Clydebank Work Plan Update**

- The Clydebank workplans for Children's Service, Mental Health and Addictions were circulated for information
- J. Irvine congratulated Children's Services who won "Celebrating Success" best practice for the work carried out in relation to development work with GPs around child protection and GIRFEC information sharing.
- GIRFEC Information Sharing – It is being considered by the Scottish Government following the decision of the supreme court in July.
- Scott Barclay has been appointed as the new Team Leader within Clydebank Children's Service.

**10. Six Month Budget Update**

- C. McNeill provided a presentation on what the Health and Social Care Partnerships budget and advised of the paper going to the joint board suggesting savings plans. C McNeill advised there would be significant financial challenges for health and social care.
- Indications of savings for 2017/18 in health show 4-7% less than this current year.

**11. Podiatry Service Performance Report**

Circulated for information. Timescales showing significant

improvement over the past 18 months.

**12. Sexual Health Consultation**

Paper was circulated for comment. Sexual Health Directorate had asked that this strategy be circulated within the localities for comment. Practices to note they can contribute to plan through the link on the questionnaire.

**13. Winter Planning**

Draft report circulated for comment. C. McNeill asked practice managers to look at business continuity arrangements within their practice and link to Soma Kapur, Administration Manager, West Dunbartonshire Health & Social Care Partnership.

Dr. Mackay discussed the challenges in discharge from hospital. C. McNeill advised she has arranged interim care beds (6) in Balquidder. In addition there are beds available in Yoker this provides patients to be cared for in a more homely setting and allows us to support guardianship arrangements.

**Any Other Business**

W. Wilkie discussed the triage system in use where the appropriate referral is made for individuals; GPs triage first and then refer when appropriate. E-mail to be circulated to practices on how these referrals are appropriately dealt with.

Dr. Mackay asked if GPs are aware of inappropriate referrals being received and if so they should send a letter to secondary care. This to be put on the agenda at the next referral management group.

**15. Date of Next Meeting**

Friday, 27 January 2017 at 10:00 am in the Seminar Room, Vale Centre of Health and Care

West Dunbartonshire Health & Social Care Partnership

**Meeting:** HSCP Clydebank Locality  
**Date:** Tuesday 13<sup>th</sup> December, 2016.  
**Time:** 10.00 – 12.00  
**Venue:** Conference Room, Clydebank Health Centre

**DRAFT MINUTE**

**Present :-**

<b>Name</b>	<b>Designation</b>
Dr. Alison Wilding	GP Red Wing (Chair)
Dr. Kenneth Ferguson	Clinical Director
Dr. Eddie Crawford	GP Orange Wing
Dr. Anthony Kearney	GP Old Kilpatrick Medical Practice
Lynne McKnight	Integrated Operations Manager Care at Home
Mary Angela McKenna	Integrated Operations Manager
Pamela McIntyre	Prescribing Lead
Maggie Ferrie	Practice Nurse
Dr. Neil Murray	GP Green Wing
Jane McNiven	Practice Manager
Kirsteen MacLennan	Integrated Operations Manager
Jackie Irvine	Head of Child Health, Care & Criminal Justice
Kerry Milligan	GP CPU
Anna Crawford	Primary Care Development Lead
Val Mclver	Senior Nurse
Dr. Ralph Cunningham	GP Blue Wing
Pamela Ralphs	Planning Manager, Acute
Dr. Arun Rai	GP Purple Wing
Dr. Neil Chalmers	GP Yellow Wing
Tracy Cassidy	West Physio Manager
Marie Rooney	Integrated Operations Manager

**Apologies :-**

<b>Name</b>	<b>Designation</b>
Chris McNeil	Head of Community Health & Care Services
Brian Polding Clyde	Development Officer
Mike Mellin	Nurse Team Leader CAT

Item	Description	Action
1.	<b>Welcome &amp; Introductions</b>	
2.	<b>Minute of Meeting Held on</b>	
	<ul style="list-style-type: none"> <li>• Minutes agreed and approved</li> </ul>	
3.	<b>Matters Arising :-</b>	
	<ul style="list-style-type: none"> <li>• COPD Referral criteria included in meeting papers</li> <li>• Jamie Gillies has met with practices.</li> <li>• Referral via SCI Gateway.</li> <li>• Jamie's post is now permanent (Band 6)</li> <li>• Jamie will shortly start a prescribing course</li> </ul>	
4.	<b>Cluster Update :-</b>	
	<ul style="list-style-type: none"> <li>• Look at direction of travel for group</li> <li>• Technology on frailty</li> <li>• Demonstration of technology (Pamela leading on group)</li> <li>• Examples – Tele Care, Sensors, Community alarms - gives reassurance or flags up if there are issues</li> <li>• GPS – agreed radius (with families) where person is safe - no additional charge - £2.50 per week for community alarms</li> <li>• Responder service in West Dun</li> <li>• Patients could use on a trial basis with no charge for 4 weeks to see if it is useful.</li> <li>• Pamela bring tech to April meeting</li>   <li>• Day hospital (care of elderly) - have geriatricians (three at present) working well with the team approach</li> <li>• GP Practices were not aware of this, geriatricians are happy to look at other approaches, looking at what GPs want</li> <li>• Full function of service at GGH – more services than previously had at Drumchapel</li> <li>• Rapid access available – next day appointments</li> <li>• Anna will circulate information</li> <li>• Invite geriatrician to April meeting</li>   <li>• Moving forward with Acorn Centre referrals</li>   <li>• COPD updates at this meeting</li> <li>• ACP Nurses – recruited another three – update info at this meeting.</li> <li>• Linked in with frailty work at Lomond end and link together.</li> <li>• Joint working for care of elderly – look at everything from day hospital, geriatrician, link in better with community services, ACP Nurses.</li> <li>• National project looking at falls and frailty and ambulance service (just starting), first project meeting in January.</li> <li>• Would like rep from GP practice for the project group (west Dun).</li> <li>• Looking at referrals from GPs and other services, what services are available out of hours, do people need to go to hospital, err on side of caution, aware of what is in community, lots of different services to be tapped into in community, ambulance service not aware of what is available in each community</li> <li>• Willie keen for GP involvement in falls group with pharmacists – meeting may be in March.</li> </ul>	



**5. Mental Health Work Plan :-**

- Paperwork circulated
- Work in progress streamlining SCI Gateway
- GP Sub Group had general discussion around how to improve access to older adults – looking at some options – direct input via secondary care
- Struggling to get to route of why over 65's reluctant to access primary care for mental health
- Looking at CMHT review for physical health checks, looking at division of labour with GP Practices – organise meeting with practices in order that patients are not missed and avoid duplication. Proposal would be brought to meeting for feedback.
- Trauma training is on 18<sup>th</sup> January – will be similar session at Lomond end – can access either date

**6. Sexual Health Consultation :-**

- Reduced service at VOL
- Clydebank getting busier with regards Sandyford service

**7. Children's Service Session :-**

- Presentation showing increase in child protection referral
- Number of investigations has increased in the first two quarters of this year.
- Number of children on register at year end has also increased
- Working with social work and police
- Other areas have had similar increases
- One of reasons may be change in management therefore change in culture
- Families experiencing rising levels of poverty
- Glasgow has 513 children on register, mostly for neglect
- Activity in child protection, increase in GP referrals, broader staff group referring in
- Pre birth referrals – GPs, midwives etc are able to refer pre birth
- Pre birth service has been reviewed in last 6-9 months
- Lack of recognition of how quickly family can go downhill
- Looked at domestic abuse pathway – having a slight impact on the increase in figures
- Worry is how impact of poverty is having an effect

**Dr. Kerry Milligan Project :-**

- Develop information sharing pathways with GP Practices
- Clydebank High School will email JAT??? list to GP, practice can then flag up to Kerry
- Usually got a week to look at list, may only be one child per practice
- Email should advise who has consent re child
- Emails sent to generic email address for the practice
- Invitations for child protection meetings also coming through email – better system
- Every child in West Dun has a named person
- Information sharing is ongoing - Scottish govt spoke with all stakeholders and drafting a response
- Govt are struggling to come up with what would fit our requirements
- Will circulate contact details for schools as emails are changing

Workplan Update Tanya & Sharon :-

- Referrals to CAMHs being returned
- Dr. Cunningham audited practice referrals and circulated results
- Pressure on GP's to refer when other services are able to do so
- GP's & Locum don't have good understanding of service & Tier 3
- CAMHs send letters to parents & GPs detailing why referrals are not suitable and signpost elsewhere
- CAMHs do not have consent to speak with schools or social work can only deal with referrer
- GP are asked to arrange consent from other agencies (schools, parents etc)
- High ratio of referrals from Clydebank – majority give enough info and some would ask for more info and clarity for assessments
- Tier 3 – moderate to acute chronic mental health
- All additional information is helpful e.g. parent writing down issues
- Only around 5 of over 5's get diagnosis of ASD
- Tier 2 service – school nursing team.
- School nursing team overstretched (two term time part-time school nurses)
- School counselling service in schools – some kids still experiencing difficulty
- CAMHs will refer on to School Nursing
- Seasons for Growth – for adjustment difficulties, bereavement loss, domestic violence etc – often children respond well to this
- Seasons for G – accessed via child's school.
- Everyone needs to know the pathway (GP, Schools, etc)
- Duty system, staff member can call you back
- Ken will facilitate a group with Ralph, Education, CAMHs etc – better understanding of how triage is done, better solution on how the referrals are signposted

**8. AOCB :-**

- Previous issues re referrals to dietetics
- There are no restrictions on access to the service therefore consultants can refer directly to community dietetics
- Pathway for referral to orthopaedics for patients who had fractures out with GG&C and require local follow up.

**9. Date of Next Meeting**

Tuesday 21<sup>st</sup> February, 2017 at 10.00am

**West Dunbartonshire Local Engagement Networks**  
**Open Forum Workshop: Care Experienced Young People**  
**and Primary Care Services**  
**9<sup>th</sup> November 2016 in the Clydebank Town Hall**

The workshop began with a presentation by Mary Steel, Children and Families Team Leader with the Health & Social Care Partnership.

After the short presentation, a workshop discussion highlighted the following key points:

- There was a lack of clarity around the range of primary care services available
- Limited awareness and some confusion around the role and scope of the minor injuries service. This was particularly the case with the Yorkhill service, due to its connotation with the previous children's hospital facility on the site
- A need to consider if access to transport may be a barrier to some young people's ability to access minor injuries centres. This was mainly in relation to older care experienced young people
- Lack of awareness around the provision of minor ailment services from local pharmacies
- Some confusion around GP services; particularly questions around why a new GP might be allocated when a young people enters care
- All participants were aware of the Health Centre where they could access their GP, but there was less awareness of which GP practice they belonged to
- Reliance on staff to support GP engagement – this may leave an information gap when young people leave services
- More targeted awareness raising activities with S1 and S2 school year groups
- Information on all services should be brief and direct – who to contact, where they are and how to contact them
- Limited awareness of the age of consent for primary care services – increased publicity would be helpful

- A need to invite GPs and other health care professionals to visit schools and deliver presentations on services
- Provide better contact information for services that young people can easily access, showing what types of referrals were relevant
- Need to make better use of social media to communicate information
- Provide more opportunities for service providers to visit the residential houses to talk directly with young people
- Ensure information is consistent, accurate and relevant for young people
- Make sure that information is linked into the curriculum for excellence in schools where appropriate
- Importance of word-of-mouth and peer support
- Indicate which contact telephone numbers are freephone numbers
- Increase contact between the LAC nurse and the young people
- Make sure that all contact information is included in Throughcare information
- Increase awareness of Pathways Plans
- Is there an opportunity to use school diaries as a means of publishing contact numbers?

### **Main Feedback**

Generally participants felt that increasing awareness of primary care services amongst care experienced young people was an important element in increasing their health and wellbeing.

The focus should be on:

- Maximising the availability of information across a range of formats, particularly via social media
- Increasing opportunities for peer engagement and information sharing
- Increasing opportunities for health care professionals to visit the residential houses and discuss matters directly with young people