



## Complaints Committee Annual Report to the Board

**Report to:** Board  
**Date:** 2 October 2015  
**Report by:** Anne Haddow, Convener of the Complaints Committee  
**Report No:** B-21-2015  
**Agenda Item:** 9.2

### **PURPOSE OF REPORT**

This report represents a summary of the work of the Complaints Committee and gives the Committee's opinion on the assurance that this work provides.

### **RECOMMENDATIONS**

That the Board:

1. Notes the work of the Complaints Committee.

Version Control and Consultation Recording Form

Version	Consultation	Manager	Brief Description of Changes	Date
4.0	Senior Management	ET		24/9/15
	Legal Services			
	Resources Directorate			
1.0 2.0 3.0	Committee Consultation (where appropriate)	Complaints Committee		28/05/15 07/15 15/9/15
	Partnership Forum Consultation (where appropriate)			

**Equality Impact Assessment**

To be completed when submitting a new or updated policy (guidance, practice or procedure) for approval.

Policy Title:

Date of Initial Assessment:

EIA Carried Out

YES

NO

If yes, please attach the accompanying EIA and briefly outline the equality and diversity implications of this policy.

If no, you are confirming that this policy will have no negative impact on people with a protected characteristic and a full Equality Impact Assessment is not required.

Name: Ewan Stewart

Position: Head of Registration,  
Complaints and Legal Services.

Authorised by Director

Name: R Okasha

Date: 24 September 2015

## 1.0 INTRODUCTION

The Complaints Committee Annual Report to the Board summarises the work of the Complaints Committee for the past financial year.

## 2.0 REMIT OF THE COMPLAINTS COMMITTEE

The purpose of the Complaints Committee is to take an overview of the complaint handling arrangements of the Care Inspectorate for both complaints about registered care services and for complaints about the Care Inspectorate, and also to ensure that there is a sufficient and systematic review of the internal control arrangements of the complaints function of the organisation, including arrangements for risk management and business continuity planning.

The Complaints Committee is also responsible for providing advice to the Board on the development of Quality Indicators (QIs) and Key Performance Indicators (KPIs) to underpin the Corporate Plan.

## 3.0 SUMMARY OF COMPLAINTS COMMITTEE WORK

### 3.1 Complaint Contextual Information

#### 3.1.1 Complaints About Registered Care Services

In 2014/15 there was a large increase in complaints received compared to each of the last three years, in particular an increase of 19% (4,436 compared to 3,720) in the number of complaints received compared to the same period last year. The volume of complaints received in November and December 2014 was lower compared to earlier in the year, but by the end of March 2015 the monthly volume had steadily increased.

The total volume of complaints received this year is considerably higher than in any previous year. The average number of complaints received per month this year is 369.7 – an increase of an average 59.7 per month since last year.

This increase follows a local radio campaign to raise awareness of the Care Inspectorate and its complaint investigation role, and although the immediate surge in complaints received has not been sustained, the number received each month has been higher than for the same month in 2013/14.

The average number of complaints received per month was 233 in 2011/12, 264 in 2012/13 and 310 in 2013/14. For 2014/15, the monthly average has increased again to 370. The majority of complaints received are about care homes and this has increased considerably over time, now averaging 180 complaints received per month.

Version: 5.0	Status: <i>Final</i>	Date: 25/09/2015
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47.2% of complaints that were received between 1 April 2011 and 31 March 2015 were withdrawn at stage 1. Currently complaints recorded as 'withdrawn' include complaints that the complainant no longer wishes to pursue and also complaints that are resolved by way of 'frontline resolution'.

In 43% of the complaints registered in 2014/15, the complainant had raised the issue with the service before making a formal complaint.

1,991 complaint investigations were completed between 1 April 2014 and 31 March 2015. 427 of these were cases received prior to 1 April 2014 and subsequently completed at some point in 2014/15. 1,564 complaints were received and completed in 2014/15.

KPI6c monitors the percentage of complaints completed within 40 working days of registering them. It should be noted that the target is completion of 80% of the complaints within 40 working days. Overall there has been 78% of complaints investigations completed within 40 working days. Complaint investigations extend beyond the 40 working day target because of the complexity of the issues involved and/or because of staff leave and absence.

In 2014/15, 57.6% of complaints were upheld and 42.4% of complaints were not upheld.

This year, 23% of the complaints investigated were made anonymously. This is the same rate as in 2013/14.

### **3.1.2 Complaints About the Care Inspectorate**

In 2014/15, the Care Inspectorate received 69 complaints, registered 21 formal complaints and completed 24 complaint investigations. Compared with 2013/14, this represents an increase in the number received and a drop in the numbers registered and completed. Around half (34 out of 69) of the complaints received this year were withdrawn at 31 March 2015. Currently complaints recorded as 'withdrawn' include complaints that the complainant no longer wishes to pursue and also complaints that are resolved by way of 'frontline resolution'. The Practice Management System (PMS) does not allow for this differentiation of outcome to be recorded.

This year, 97% of complaints about us were acknowledged within three days.

79% of the complaints about the Care Inspectorate investigated in 2014/15 were completed in 20 days or less. In the cases that have taken longer than 20 days to complete, all five had extensions agreed with the complainant. The reasons for delay were due to Care Inspectorate staff leave or absence (four cases) or availability of witnesses (one case).

Slightly more than half of the complaints about the Care Inspectorate that were investigated were upheld (54%). This is higher than the 40% upheld last year.

Version: 5.0	Status: <i>Final</i>	Date: 25/09/2015
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The 24 complaint investigations completed so far this year can be broken down into categories, and these have been analysed by type of complaint and outcome. The biggest issues were efficiency (14 cases) and communication (14 cases) and conduct (seven cases). The remaining case was about the complaints procedure. Due to the small numbers of complaints, it is difficult to draw out any emerging themes over the course of the year. Where appropriate, learning has been identified.

### **3.2 Other Work**

#### **Complaints Improvement Plan**

A Complaints Improvement Plan has been adopted by the Committee which is reviewed and responded to by the Executive Team. There are five main areas which have a set of tasks to be completed:

- Adherence to Care Inspectorate Procedures
- Complaint Situations
- Clearer Communication
- Employee Investigation Techniques
- Issues of Regulatory Practice

#### **Details of Scottish Public Services Ombudsman (SPSO) Activity**

The Committee receives a report with sufficient information to enable it to take an overview of cases that have been examined and are currently being examined by the SPSO. Following examination of a case the SPSO may uphold the case and direct the Care Inspectorate to take a course of action, may uphold the case and not direct the Care Inspectorate, not uphold a case, or decide to take no action at all.

#### **Complaints About the Care Inspectorate Tracker**

The Committee receives a report with necessary information to enable it to take an overview of complaints about the Care Inspectorate.

These regular reports on the status of complaints about the Care Inspectorate helps the Committee to gain a better insight into such complaints and how it deals with them, so that it can improve its own processes and in turn effect positive change in services, for the benefit of people who use care services and their carers.

#### **Risk Management**

At each meeting, there is a standing agenda item to allow the Committee to record any identified risks, which are brought to the attention of the appropriate Committee/Board. Risks that have been identified for 2014/15 included:

Version: 5.0	Status: <i>Final</i>	Date: 25/09/2015
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- Capacity/resource in relation to the increase in number of complaints.
- The need for more real time information.
- Necessary resources in relation to protection issues.

All Committee members are invited to the Annual Review of the Risk Register

### **Key Performance Indicators (KPIs) and Quality Indicators (QIs)**

Committee members are invited to comment on any KPI/QIs being dealt with by the Audit Committee. The Committee has also referred issues in relation to KPIs onto the Audit Committee.

### **Horizon Scanning**

Items that the Committee is keeping abreast of are as follows:

- Opportunity for volunteer inspector role to be involved in complaints.
- Investigatory role of the Children's Commissioner and the associated risk of duplication.
- The National Care Standards development/review
- Complaints in relation to the integration of health and social care agenda

### **Committee Effectiveness**

The first of the Committee's effectiveness sessions took place in February 2015 and the following points were highlighted to the Board:

- That the Committee felt it was too early to critically estimate its effectiveness.
- That the Committee's business was helping to inform strategic policy, practice and quality improvement, whilst upholding the Care Inspectorate's values.
- That there was a need for significant ICT developments to be able to provide the Committee with the robust intelligence and relevant analysis it required to deliver on its terms of reference.
- That there were a high number of vacancies within the Complaints Team which had impacted on staff availability for analysis.
- That in respect of Committee membership there was a risk for the potential of the Committee not being quorate, however it was noted that temporary membership to the Committee could be provided where necessary.

### **Development Session: SPSO Presentation**

The Committee was provided with a presentation on the role of the Scottish Public Services Ombudsman (SPSO) and interface between the SPSO and the Care inspectorate. Members found it useful to see the outcomes from complaints reviews which were now carried out by the SPSO.

Version: 5.0	Status: <i>Final</i>	Date: 25/09/2015
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**3.3 Priorities for 2015/16**

**Risk Management**

The following risks are seen as a priority for the Committee for 2015/16 which have been referred to the appropriate Committee/Board:

- ICT issues which pose a reputational risk in relation to digital recording and the recording of some aspects of complaints data.
- Vacancies within the National Complaints Team which continue to be unfilled.
- Low number of current Committee members hence risk of not being quorate.
- Changes within health and social care, in particular regarding the handling of complaints in light of health and social care integration.
- The investigatory role of the Children’s Commissioner that may overlap or duplicate the Care Inspectorate’s complaints procedure.
- Consistency of obtaining feedback from complainants and their carers and family.

**4.0 PROGRAMME OF COMMITTEE MEETINGS: 2014/15**

Meeting Date	Business
10 July 2014	<ul style="list-style-type: none"> <li>• Lessons Learned Management response report</li> <li>• Schedule of Committee Business</li> <li>• Update on the new role of the Comments &amp; Complaints Co-ordinator</li> </ul>
11 November 2014	<ul style="list-style-type: none"> <li>• SPSO Presentation</li> <li>• Statistical Report on Complaints – Q2 14/15</li> <li>• Complaint Improvement Plan</li> <li>• ‘Good Governance’</li> <li>• Schedule of Committee Business</li> </ul>
12 February 2015	<ul style="list-style-type: none"> <li>• Statistical Report on Complaints – Quarter 3 2014/15</li> <li>• Details of SPSO Activity</li> <li>• Examples of ‘Learned Products’</li> <li>• Significant/Serious Case Reviews (SCRs)</li> <li>• Complaints Against the Care Inspectorate Procedure</li> <li>• Schedule of Committee Business</li> </ul>

**4.1 Membership**

Anne Haddow, Convener  
Cecil Meiklejohn  
Anne Houston  
Mike Cairns  
Sally Witcher

Version: 5.0	Status: <i>Final</i>	Date: 25/09/2015
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## **5.0 COMPLAINTS COMMITTEE EFFECTIVENESS**

**5.1** The Committee has reviewed the way in which it operates and has made the assessment that it operates effectively as noted above and believes that although it is in the early stages of development, business is helping to inform strategic policy, practice and quality improvement whilst upholding the Care Inspectorate's values.

**5.2** The Committee believes it has particular strengths in the following areas:

- The Complaints Committee constructively challenges assurance provided about the scope of the Care Inspectorate's activity, evidence and conclusions in relation to complaint handling.
- The Complaint Committee has a good balance of members with the appropriate type and level of experience. Co-option of Committee members with particular specialist expertise would be considered where necessary or relevant.

## **6.0 RESOURCE IMPLICATIONS**

The Committee wishes to see further progress around the ICT used to support our complaint functions. Staff and resource levels need to be continually reviewed against other areas of business.

## **7.0 BENEFITS FOR PEOPLE WHO USE SERVICES AND THEIR CARERS**

The Complaint Committee is a key element of the Care Inspectorate's governance arrangements and system of internal control. The Complaint Committee has a significant role to play in managing risks that may prevent the achievement of corporate objectives which are all ultimately intended to benefit people who use services and their carers. Clear communication between the Complaint Committee and the Board is essential to the performance of this role and this annual report to the Board is an important part of this communication process.

Version: 5.0	Status: <i>Final</i>	Date: 25/09/2015
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