

Minutes

Meeting: Complaints Committee

Date: 10 May 2016

Time: 10.30 am

Venue: Room 0.24, Compass House, Dundee

Present: Anne Haddow, Convener
Mike Cairns
Gavin Dayer
Anne Houston
Cecil Meiklejohn

In Attendance: Rami Okasha, Executive Director of Strategy and Improvement
Kenny McClure, Head of Legal Services
Fiona Angus, Committee Support Officer

Apologies: None

Item	Action
1.0 APOLOGIES FOR ABSENCE	
There were no apologies.	
2.0 DECLARATION OF INTEREST	
There were no declarations of interest.	
3.0 MINUTE OF PREVIOUS MEETING HELD ON 1 MARCH 2016	
The minute of the meeting held on 1 March 2016 was approved as an accurate record.	

4.0 ACTION RECORD OF MEETING HELD ON 1 MARCH 2016

The action record of the meeting held on 1 March 2016 was reviewed and the following points noted:

Item 4 from 1 March 2016

The development of the new complaints process would help to address the over-recording and duplication of complaints. The Committee agreed with this.

Members stressed the need for the new complaints process to be inclusive so that young people were given equal opportunity for their concerns to be heard. It was noted how Champions Boards in Scotland were helping young people with experience of the care system to improve their quality of life and well-being by involving them in the decisions that affect their own lives. The Executive Director of Strategy and Improvement informed members that the Care Inspectorate was proactive in engaging with young people's networks and groups.

5.0 MATTERS ARISING

The Committee requested that the term "service users" should no longer be used but, in its place, the term "people who use care services".

BUSINESS

6.0 COMPLAINTS HANDLING – UPDATE ON CURRENT POSITION

The Executive Director of Strategy and Improvement presented the report, prepared by the internal auditors, and which had previously been submitted to the Audit Committee. The report provided an update on the introduction of improved complaints handling procedures within the Care Inspectorate, of which the auditors had undertaken a review in 2014. At that time, five business objectives had been agreed with senior management and the update paper outlined the management responses as at February 2016 against each of those objectives.

It was noted that many of the issues highlighted in 2014 had been completed as part of the Complaints Improvement Plan, which the Complaints Committee had been monitoring as part of its business.

Committee members were invited to provide officers with any comments they might have on the Care Inspectorate's information leaflet "Unhappy about a care service?".

7.0 TIMESCALES FOR INVESTIGATION OF COMPLAINTS ABOUT THE CARE INSPECTORATE – ADVICE FROM SPSO

The Executive Director of Strategy and Improvement gave a verbal update on the final outcome of the complaint against the Care Inspectorate that had been subject to SPSO investigation. The Care Inspectorate had paid the compensation fee recommended by the Ombudsman and an apology had been issued to the complainant. The SPSO had also recommended that the Care Inspectorate review its timescales for processing complaints, from the date of contact. The organisation had followed up this issue in more detail with the SPSO, to try to emphasise the complexity of some cases and the additional time that was often required to gather information before making a decision on carrying out full investigation. The Care Inspectorate's preferred approach was to take a person-centred, qualitative approach, not a compliance approach. The Committee was invited to put forward their views.

Members had some concern with any approach that might not provide clarity about what matters were to be investigated when a complaint was made. The Committee noted that it was important to meet the 20 day timescale where possible, but that in some complaints it may take a considerable period to clarify precisely what the subject matter of the complaint may be. In these cases, the organisation should record the fact to demonstrate why a longer period of time had been necessary. Members were in agreement that the robustness of the complaints handling process should not be compromised, and thereby avoid the potential risk of negative outcomes for vulnerable people.

The Committee discussed the applicability of the SPSO model where complainants are vulnerable or need additional support to assist them in making a complaint. The Committee agreed that it would be beneficial to continue dialogue with the SPSO but requested that the sponsor branch be kept informed.

8.0 DRAFT COMPLAINTS COMMITTEE ANNUAL REPORT – REPORT NO: C-02-2016

The Convener presented the Committee's draft annual report and thanked staff for their assistance in preparing it. It was noted that the final report would be submitted to the September meeting of the Board, so there would be an opportunity to revise the draft over the coming months.

The Committee agreed the format and presentation of the information contained in the report, with the following additions:

Version: 2.0	Status: <i>Approved 06/09/16</i>	Date: 13/05/16
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Section 2.0 – Remit of the Complaints Committee

To expand the last sentence with the addition of “in respect of complaints”.

Section 3.1.1 – Complaints about registered care services

To include an additional paragraph about the nature of complaints and to state that “healthcare” has been a consistent trend for a number of years.

Section 3.1.2 – Complaints about the Care Inspectorate

To give some explanation of the lessons learned and adjustments made by the Care Inspectorate.

Section 3.2 – New Complaints Process

To reflect earlier recommendations by the Committee regarding engagement with young people with experience of care.

To include the Committee’s points on the issue of “concerns”, as part of its discussions on complaints handling.

STANDING ITEMS

**9.0 REPORT ON COMPLAINTS ACTIVITY – QUARTER 4 2015/16
REPORT NO: C-03-2016**

The Executive Director of Strategy and Improvement presented the final quarter report for 2015/16. The Committee agreed that the higher number of complaints received compared with previous years was likely due to the awareness campaign that had been undertaken during 2015, which had helped to raise the profile of the organisation’s complaints handling role.

It was noted that during the course of the year, 10% of complaints had been successfully dealt with through front line resolution; in many cases the Care Inspectorate had acted as mediator.

The report showed that almost a quarter of complaints about the Care Inspectorate had been withdrawn during the year and over a third had been dealt with through front line resolution. Performance had improved progressively during 2015/16 in the number of complaints investigations about the Care Inspectorate being completed within 20 days, with the rate increasing from 36% in Quarter 1 to 58% for the full year. The Committee welcomed the improved performance in this area.

Members agreed that it would be important, when presenting the public-facing annual report on complaints activity, that the narrative should provide a balanced interpretation between the higher number of complaints received and the positive role this has had at

a time when the quality of care services was high and in many cases improving.

10.0 DETAILS OF SCOTTISH PUBLIC SERVICES OMBUDSMAN (SPSO) ACTIVITY

The Committee welcomed the clarity of the information provided in the activity paper, which was presented by the Executive Director of Strategy and Improvement.

11.0 COMPLAINTS ABOUT THE CARE INSPECTORATE TRACKER

The Executive Director of Strategy and Improvement presented the paper, which had been re-formatted to show information covering the previous six months. The Committee welcomed the new format, which included more detail on the actions taken and learning outcomes.

The Committee was advised that, under the new management structure, responsibility for complaints about the Care Inspectorate would sit within the Strategy and Improvement directorate.

12.0 COMPLAINTS IMPROVEMENT PLAN

The Executive Director of Strategy and Improvement updated the Committee on developments with the Plan.

1.3 The development of the new complaints procedure would be taken to the Executive Team in June. Work had been undertaken with the trade unions to ensure that support for staff was in place.

3.1 A new complaint outcome letter had been tested and positively received. In future, only one (the same) report would be sent to the care service and the complainant. It was agreed to remove this from the Improvement Plan.

5.0 It was noted that the feedback questionnaires were being progressed as part of the Review of Scrutiny and Improvement and also being considered by the group looking at measuring organisational performance. The Committee recommended that specific feedback from young people be included with, for example, the option to comment online.

13.0 IDENTIFIED RISKS

The Committee identified the following strategic risks:

- The need to adhere to a 20 day complaints processing timeline by the Scottish Public Services Ombudsman, where possible
- The need to be aware of the organisation's new staff structures and continuity of service to the public

14.0 SCHEDULE OF COMMITTEE BUSINESS

There were no new items of business to be added to the Schedule.

15.0 AOCB

There was no other competent business.

16.0 DATE OF NEXT MEETING

The date of the next meeting was noted as 6 September 2016 at 10.30 am, Compass House, Dundee.

Signed:



Anne Haddow
Convener