



Clerk and Standards Officer  
Roger Mennie  
Head of Democratic and Legal Services  
Dundee City Council  
Assistant to Clerk:  
Willie Waddell  
Committee Services Officer  
Dundee City Council

City Chambers  
DUNDEE  
DD1 3BY

18th April, 2017

TO: ALL MEMBERS, ELECTED MEMBERS AND OFFICER  
REPRESENTATIVES OF THE DUNDEE CITY HEALTH AND SOCIAL CARE  
INTEGRATION JOINT BOARD  
(See Distribution List attached)

Dear Sir or Madam

**DUNDEE CITY HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD**

I would like to invite you to attend a meeting of the above Integration Joint Board which is to be held in Committee Room 1, 14 City Square, Dundee on Tuesday 25th April, 2017 at 2.00 pm.

Apologies for absence should be intimated to Willie Waddell, Committee Services Officer, on telephone 01382 434228 or by e-mail [willie.waddell@dundeecity.gov.uk](mailto:willie.waddell@dundeecity.gov.uk)

Yours faithfully

DAVID W LYNCH

Chief Officer

## **AGENDA**

### **1 APOLOGIES FOR ABSENCE**

### **2 DECLARATIONS OF INTEREST**

Members are reminded that, in terms of the Integration Joint Board's Code of Conduct, it is their responsibility to make decisions about whether to declare an interest in any item on this Agenda and whether to take part in any discussions or voting.

### **3 MINUTES OF PREVIOUS MEETINGS – Pages 1 and 11**

The minutes of previous meetings of the Integration Joint Board held on 28th February, 2017 and 27th March, 2017, are attached for approval.

### **4 MEDICINE FOR THE ELDERLY SERVICES – UPDATE ON ARTICLE VI OF THE MINUTE OF THE MEETING OF THE INTEGRATION JOINT BOARD HELD ON 28TH FEBRUARY, 2017**

It is reported that following the discussion at the Integration Joint Board, held on 28th February, 2017, regarding Medicine for the Elderly services, a range of engagement events and processes have been introduced to strengthen staff and staff side engagement with the proposed changes across Medicine for the Elderly services, and in particular within Royal Victoria Hospital. These include:

- Roadshows across the Royal Victoria Hospital site to explain the current and future arrangements, the timescales for change and the proposed hospital and community remodelling. These sessions were well attended and included staff side representation along with managers for the staff groups affected. Staff had the opportunity to ask questions.
- A change management steering group has been set up which includes management from the various staff groups and staff side representation. This group will formulate the plans to support the transition of staff to the new roles.
- A new Royal Victoria Hospital Operational Group has been established including staff side representation.
- The Public Involvement Manager, NHS Tayside and Clinical Nurse Manager, Medicine for the Elderly, NHS Tayside have reviewed the engagement plan to ensure all internal and external engagement routes are employed.

The Integration Joint Board is asked to note the position.

### **4 PERFORMANCE AND AUDIT COMMITTEE**

#### **(a) MINUTE OF MEETING OF 14TH MARCH, 2017 – Page 13**

(Copy attached for information and record purposes).

#### **(b) SUMMARY OVERVIEW OF MEETING OF 14TH MARCH, 2017**

Report No DIJB18-2017 by Doug Cross, Chair of the Performance and Audit Committee as follows:-

#### **Delegated Decisions taken by the Committee**

There were no delegated decisions taken by the Committee at its meeting on 14 March 2017.

#### **Performance Against Workplan**

- This was the second meeting of the Performance and Audit Committee. The Committee considered the 2016/17 Annual Audit Plan prepared by Audit Scotland, the planned approach to producing the 2016/17 Health and Social Care Partnership Annual Performance Report and an update on progress towards submitting a complete data set to the Scottish Government to inform strategic planning and performance improvement within the health and social care

partnerships. In addition, the Committee also noted the outcome of the visit by the Mental Welfare Commission to Kingsway Care Centre.

Any Other Major Issues to highlight to the Integration Joint Board

- The assigned external auditor for 2016/17 is Audit Scotland. Public audit contributes to conclusions on appropriateness, effectiveness and impact of corporate governance, performance management arrangements and financial sustainability. The annual audit fee set for Dundee Integration Joint Board in 2016/17 is £17,400. A number of main risks have been identified in relation to Dundee IJB. These include wider dimension risks associated with:
  - Financial sustainability
  - Governance and assurance arrangements
  - Corporate support
  - Transparency
- Integration Authorities must prepare an annual performance report for each reporting year. This should be published within four months of the end of the financial year (by 31 July 2017). Advice is being sought from the Scottish Government to establish whether an advanced draft can be submitted for 31 July with the final report submitted after approval at the IJB's meeting on 29 August 2017. Such an arrangement is not uncommon to fit in with Board/Council meeting timetables over summer. In future years, there will be a requirement to provide a comparison between the reporting year and the preceding five reporting years. The production of the annual performance report will be led by the Performance and Audit Co-ordinating Group. The Committee were assured that satisfactory progress has been made with developing the planning arrangements to preparing the report.
- National Services for Scotland, Information Services Division (NSS ISD) have been commissioned by the Scottish Government to work in partnership with NHS Boards, Local Authorities and IJBs to develop core data to inform strategic planning and performance improvement across the health and social care spectrum. This is referred to as the SOURCE project. The social care dataset is split into 10 sections with an optional 11<sup>th</sup> section on homelessness. Dundee IJB (along with three other Partnerships) has submitted data for nine sections and are working to overcome the complexities around definition and limited data on the remaining section which covers Respite. Only one Partnership has submitted data for all 10 sections. The Committee were pleased to note the commitment of the team in participating fully in the SOURCE project.
- The Committee were pleased to note the outcome from the Mental Welfare Commission's recent visit to Kingsway Care Centre. This was a follow up visit from a previous one in 2014 where a number of recommendations were made. The report was a positive one with only two recommendations made this time. The first related to displaying information about the locked door policy was quickly addressed while the second relates to carrying out an environment assessment and carrying out any necessary refurbishment work as soon as practical. It was noted Kingsway Care Centre was not purpose built for its current use and is not owned by NHS Tayside. Consultation with partners will therefore be required to determine how best to address this recommendation. The Committee recorded their appreciation for the contribution and diligence of staff in achieving the best outcomes for the patients of Kingsway Care Centre and their relatives.

The Integration Joint Board is asked to note the content of the Summary Overview Report.

**6 ALCOHOL AND DRUG PARTNERSHIP**

- a) Presentation by Vered Hopkins, Lead Officer, Protecting People.
- b) Report No DIJB14-2017 by the Chief Officer, copy attached. – Page 15

**7 FINANCIAL MONITORING POSITION AS AT FEBRUARY 2017 – Page 21**

(Report No DIJB15-2017 by the Chief Finance Officer, copy attached).

**8 DUNDEE INTEGRATION JOINT BOARD RESERVES POLICY – Page 32**

(Report No DIJB16-2017 by the Chief Finance Officer, copy attached).

**9 SHAPING THE ADULT HEALTH AND SOCIAL CARE MARKET IN DUNDEE 2017-2021 – Page 38**

(Report No DIJB12-2017 by the Chief Finance Officer, copy attached).

**10 SCHEME OF DELEGATION (REPORT NO DIJB17-2017) – Page 74**

The Integration Joint Board is asked to adopt the attached Scheme of Delegation as the Scheme of Delegation of Dundee City Health and Social Care Integration Joint Board.

**11 SOCIAL WORK MODEL COMPLAINTS HANDLING PROCEDURE AND INTEGRATION JOINT BOARD COMPLAINTS HANDLING PROCEDURE – Page 76**

(Report No DIJB13-2017 by the Chief Finance Officer, copy attached).

**12 MODEL PUBLICATION SCHEME – Page 202**

(Report No DIJB11-2017 by the Chief Finance Officer, copy attached).

**13 DATE OF NEXT MEETING**

The next meeting of the Integration Joint Board will be held in Committee Room 1, 14 City Square on Tuesday, 27th June, 2017 at 2.00 pm.



At a MEETING of the **DUNDEE CITY HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD** held at Dundee on 28th February, 2017.

Present:-

**Members**

**Role**

Ken LYNN ( <i>Chairperson</i> )	Nominated by Dundee City Council (Elected Member)
Stewart HUNTER	Nominated by Dundee City Council (Elected Member)
David BOWES	Nominated by Dundee City Council (Elected Member)
Doug CROSS ( <i>Vice Chairperson</i> )	Nominated by Health Board (Non Executive Member)
Judith GOLDEN	Nominated by Health Board (Non Executive Member)
Munwar HUSSAIN	Nominated by Health Board (Non Executive Member)
David W LYNCH	Chief Officer
Dave BERRY	Chief Finance Officer
Jane MARTIN	Chief Social Work Officer
Frank WEBER	Registered Medical Practitioner (whose name is included in the list of primary medical performers)
Sarah DICKIE	Registered Nurse
Cesar RODRIGUEZ	Registered Medical Practitioner (not providing primary medical services)
Drew WALKER	Director of Public Health
Raymond MARSHALL	Staff Partnership Representative
Christine LOWDEN	Third Sector Representative
Andrew JACK	Service User Representative
Martyn SLOAN	Carer Representative

Non members in attendance at request of Chief Officer:-

Diane MCCULLOCH	Head of Community Health and Care Services
Douglas LOWDON	Dundee Health and Social Care Partnership
Kathryn SHARP	Dundee Health and Social Care Partnership
Arlene HAY	Dundee Health and Social Care Partnership
David SHAW	Dundee Health and Social Care Partnership
Alan GIBBON	NHS Tayside

Councillor Ken LYNN, Chairperson, in the Chair.

**I APOLOGIES FOR ABSENCE**

Jim MCFARLANE, Trade Union Representative.

**II DECLARATION OF INTEREST**

No declarations of interest were made.

**III MINUTE OF PREVIOUS MEETING**

The minute of meeting of the Integration Joint Board held on 17th January, 2017 was submitted and approved.

#### IV PERFORMANCE AND AUDIT COMMITTEE

##### (a) MINUTE OF MEETING OF 17TH JANUARY, 2017

The minute of meeting of the Performance and Audit Committee held on 17th January, 2017 was submitted and noted for information and record purposes, a copy of which is attached to this minute as an appendix.

##### (b) SUMMARY OVERVIEW

There was submitted an Agenda note by Doug Cross, Chair of the Performance and Audit Committee providing a summary overview following the first meeting of the Performance and Audit Committee which was held on 17th January, 2017 as follows:-

###### (i) Delegated Decisions taken by the Committee

There were no delegated decisions taken by the Committee at its meeting on 17th January, 2017.

###### (ii) Performance Against Workplan

The Committee considered the 2016/17 Audit Plan previously approved by the Integration Joint Board. It also scrutinised the Dundee Health and Social Care Partnership Performance Report, noted the outcome of Care Inspectorate inspections and reviewed action plans developed in response to the Audit Scotland Health and Social Care Integration Report and the Annual Internal Audit Report 2015/16. The Committee also reviewed the Partnership's High Level Risk Register.

###### (iii) Any Other Major Issues to Highlight to the Integration Joint Board

- Good progress has been made in developing and implementing the Partnership's Performance Framework. The Partnership has access to a comprehensive suite of indicators. This provides a new outward approach for benchmarking performance against national data and should assist the Partnership in identifying the key challenges facing it and the actions to be prioritised. Work is in hand to analyse the findings contained within the performance report and actions have been identified to address the key issues and challenges facing the Partnership with associated links to the Partnership's risk register to be made. An Outcomes and Performance Co-ordination Group is to be established to support further development of the Framework and assist in the production of quarterly and annual performance reports. It was noted future reports would be structured on a locality basis. Further work is to be undertaken in relation to unscheduled care admissions to hospitals and also finalisation of data into respite care.
- The Committee reviewed the Care Inspection reports following inspections at Oakland Day Centre and older people homes Janet Brougham House and Menzieshill House and were pleased to note the grades awarded to the service, the strengths identified within the service and the very positive comments made by service users and carers. The Committee recorded their appreciation for the contribution and diligence of staff in these establishments in achieving the positive grades and comments.
- The Committee noted the progress made in addressing the issues arising from the Audit Scotland Health and Social Care Integration Report.
- The Committee also noted the progress made against actions arising from the 2015/16 Annual Internal Audit Report.
- The Committee reviewed the current risks and scores contained within the Partnership's High Level Risk Register. The Register will be continually reviewed by the Chief Finance Officer.

The Integration Joint Board agreed to note the content of the note.

## **V DO YOU NEED TO TALK? LISTENING SERVICE**

Alan Gibbon, Senior Chaplain, NHS Tayside gave a presentation on the aims and objectives of the "Listening Service" which was a national service being developed in NHS Scotland and its model of support being provided within NHS Tayside. The service was provided in 18 site locations within Dundee primarily based at General Practice Surgeries. The Listening Service was defined as being "person centred care which seeks to help people (re) discover hope, resilience and inner strength in times of illness, injury, transition and loss". The listening was an assets based approach, building individual resilience and promoting a sense of well-being and was provided on a one to one basis between the patient and the listener. Sessions may last up to 50 minutes. Patients may present themselves with a range of issues including bereavement, relationship issues, fear/anxiety, loneliness, guilt, drugs/alcohol issues or self esteem/confidence or identity issues. The listeners were volunteers and the national training programme was funded by the Scottish Government. There were currently 11 volunteer listeners in Dundee and over 2015/2016 they saw 211 patients.

The service had been well received by both patients and GPs and was seen to have a positive impact for the better for both the mental and emotional well being of patients and ways to further develop and expand the service were being examined.

The Integration Joint Board welcomed the presentation and noted the content.

## **VI MEDICINE FOR THE ELDERLY SERVICES**

There was submitted Report No DIJB6-2017 by the Chief Officer updating the Integration Joint Board on the progress of work to reshape inpatient, outpatient and community Medicine for the Elderly Services in Dundee to respond to the changing needs and demographics of the population and in line with the strategic direction for older people clinical services of Dundee Health and Social Care Partnership. It was reported that the current and proposed remodelling described within the report would put in place a range of service improvements which would enhance the quality of care afforded to older people and support older people to receive both health and social care closer to home.

The Integration Joint Board agreed:-

- (i) to note the progress made and future planned developments in:
  - The creation of a specialist stroke rehabilitation unit in Dundee;
  - The remodelling of rehabilitation and assessment wards in Royal Victoria Hospital;
  - The developments in step down assessment and rehabilitation resources in the community;
  - The development of multidisciplinary team working (Enhanced Community Support) in the community; and
  - The improved liaison between community services and Ninewells.
- (ii) to endorse the principle that any resources released as a result of the proposed changes outlined in the report were reinvested in community based services.

The Integration Joint Board further agreed to note that dialogue was continuing on the staff side and that the Project Team membership would be redrafted as matters progressed towards ensuring the engagement of staff.

## **VII DUNDEE HOME AND HOSPITAL TRANSITION PLAN UPDATE**

There was submitted Report No DIJB2-2017 by the Chief Officer updating the Integration Joint Board of the outcome and progress of actions and arrangements put in place across the Partnership to respond to discharge management.

The Integration Joint Board agreed to note the content of the report and the progress in relation to the Dundee Discharge Management Improvement Plan, a copy of which was attached to the report as an appendix.

The Integration Joint Board further agreed to note that a report on these matters would be submitted together with the Performance Report at future meetings of the Integration Joint Board.

## **VIII FINANCIAL MONITORING POSITION AS AT DECEMBER 2016**

There was submitted Report No DIJB1-2017 by the Chief Finance Officer providing the Integration Joint Board with an update of the projected financial monitoring position for delegated health and social care services for 2016/17.

The Integration Joint Board agreed:-

- (i) to note the overall projected financial position for delegated services as at 31 December, 2016;
- (ii) to instruct the Chief Finance Officer to continue to monitor the 2016/17 projected financial outturn and to bring to the attention of the Integration Joint Board any areas of concern arising between the December 2016 position and the end of the 2016/2017 financial year;
- (iii) to instruct the Chief Finance Officer to seek information from Angus and Perth & Kinross Health and Social Care Partnerships on their plans for cost containment and reduction in relation to overspent services hosted by them on behalf of Dundee Health and Social Care Partnership and to report these back to the Integration Joint Board.

## **IX FINANCIAL SETTLEMENT 2017/18 OVERVIEW**

There was submitted Report No DIJB5-2017 by the Chief Finance Officer providing the Integration Joint Board with an overview of the implications of the Scottish Government's Draft Budget to Dundee Integration Joint Board.

The Integration Joint Board agreed:-

- (i) to note the content of the Scottish Government's Draft Budget as it related to health and social care partnerships;
- (ii) to note the further transfer of resources from NHS Boards to Integration Authorities to invest in social care of £107m taking the total transfer of resources to support health and social care integration to £357m over 2016/17 and 2017/18;
- (iii) to note the potential implications as indicated to Dundee City Health and Social Care Integration Joint Board's delegated budget; and
- (iv) to remit to the Chief Finance Officer to bring forward a proposed budget for 2017/18 in relation to delegated services for consideration by the Integration Joint Board.

## **X NATIONAL HEALTH AND SOCIAL CARE DELIVERY PLAN**

There was submitted Report No DIJB7-2017 by the Chief Officer providing the Integration Joint Board with an overview of the recently published national Health and Social Care Delivery Plan, and to set out how requirements relevant to the Health and Social Care Partnership were being addressed.

The Integration Joint Board agreed:-

- (i) to note the content of the national Health and Social Care Delivery Plan which was attached to the report as appendix 1 and local arrangements for responding to this;
- (ii) to remit to the Integrated Strategic Planning Group to confirm that the detailed commitments made within the delivery plan were fully reflected within the Partnership's Strategic and Commissioning Plan and Strategic Planning Group Commissioning Statements; and



- (iii) to remit to the Chief Finance Officer to ensure that future performance reports submitted to the Performance and Audit Committee fully incorporate the local improvement objectives in relation to the six areas of performance as set out at paragraph 4.3.4 of the report.

#### **XI DUNDEE MACMILLAN IMPROVING THE CANCER JOURNEY PROJECT**

There was submitted Report No DIJB3-2017 by the Chief Officer updating on the progress of the Dundee Macmillan Improving the Cancer Journey project and outlining the next steps.

The Integration Joint Board agreed to note the progress made and key milestones for the project in 2017 as indicated in the report.

#### **XII CLINICAL, CARE AND PROFESSIONAL GOVERNANCE UPDATE**

There was submitted Report No DIJB8-2017 by the Chief Officer informing the Integration Joint Board of the implementation of Getting It Right for Everyone – A Clinical, Care and Professional Governance Framework within Dundee Health and Social Care Partnership.

The Integration Joint Board agreed:-

- (i) to note the progress made to date as outlined in the report;
- (ii) to instruct the Chief Officer to provide exception reporting to every Performance and Audit Committee and six-monthly reports to the Integration Joint Board beginning on 31st October, 2017.

The Integration Joint Board further agreed that a progress report be submitted to the meeting of the Integration Joint Board to be held on 27th June 2017.

#### **XIII DATE OF NEXT MEETING**

The Integration Joint Board noted that the next meeting of the Integration Joint Board would be held in Committee Room 1, 14 City Square, Dundee on Tuesday, 25th April, 2017 at 2.00 pm.

Ken LYNN, Chairperson.

At a MEETING of the **PERFORMANCE AND AUDIT COMMITTEE OF THE DUNDEE CITY HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD** held at Dundee on 17th January, 2017.

Present:-

<b><u>Members</u></b>	<b><u>Role</u></b>
Doug CROSS ( <i>Chairperson</i> )	Nominated by Health Board (Non Executive Member)
Stewart HUNTER	Nominated by Dundee City Council (Elected Member)
David BOWES	Nominated by Dundee City Council (Elected Member)
David W LYNCH	Chief Officer
Dave BERRY	Chief Finance Officer
Jane MARTIN	Chief Social Work Officer
Raymond MARSHALL	Staff Partnership Representative

Also in attendance:-

Tony GASKIN	Chief Internal Auditor
Diane McCULLOCH	Dundee Health and Social Care Partnership
Kathryn SHARP	Dundee Health and Social Care Partnership
Lynsey WEBSTER	Dundee Health and Social Care Partnership
Stephen HALCROW	Dundee Health and Social Care Partnership
Anne Marie MACHAN	Audit Scotland

Doug CROSS, Chair, in the Chair.

Prior to commencement of the business the Chair welcomed those in attendance to the first meeting of the Performance and Audit Committee and introductions were made.

#### **I APOLOGIES FOR ABSENCE**

Apologies for absence were submitted on behalf of Judith Golden, Dr Cesar Rodriguez and Dr Frank Weber.

#### **II DECLARATION OF INTEREST**

No declarations of interest were made.

#### **III PERFORMANCE AND AUDIT COMMITTEE – MEMBERSHIP**

Reference was made to Article VI of the minute of meeting of the Integration Joint Board held on 25th October, 2016 and Article V of the minute of the meeting of the Integration Joint Board held on 6th December, 2016, wherein the membership of the Performance and Audit Committee was discussed and agreed.

The Committee agreed to note the membership of the Performance and Audit Committee as follows: Doug Cross (Chair); Judith Golden; Councillor David Bowes; Councillor Stewart Hunter; Jane Martin; Dr Cesar Rodriguez or Dr Frank Weber and Raymond Marshall.

#### **IV INTERNAL AUDIT PLAN 2016/17**

Reference was made to Article X of the minute of meeting of the Dundee City Health and Social Care Integration Joint Board held on 6th December, 2016 wherein it was agreed to remit to the Performance and Audit Committee to monitor performance against the Internal Audit Plan and to consider recommendations arising from the specific reviews within the plan.

Reference was also made to Article VII of the minute of meeting of Dundee City Health and Social Care Integration Joint Board held on 4th May, 2016 wherein delegated authority was given to the Chief Officer and the Chief Finance Officer to conclude discussions with Fife, Tayside and Forth Valley

Management Services and Dundee City Council for the provision of internal audit services for 2016/2017.

There was submitted Report No PAC2-2017 by the Chief Finance Officer advising the Performance and Audit Committee of the Annual Internal Audit Plan for Dundee City Health and Social Care Integration Joint Board for 2016/2017.

The Committee agreed:-

- (i) to note the content of the report and the approved Annual Internal Audit Plan for 2016/17; and
- (ii) to note the responsibility placed by Dundee City Health and Social Care Integration Joint Board on the Performance and Audit Committee to monitor performance against the Annual Internal Audit Plan and to consider recommendations arising from the specific reviews within the plan.

The Committee further agreed:-

- (iii) to note that a report on the outcome of the Audits listed within the plan at paragraph 4.4 would be submitted to the meeting of the Committee to be held on 20th June, 2017; and
- (iv) to note that the Chief Internal Auditor expected to be in a position to submit a report on the Audit Universe towards developing an Audit Strategy congruent with the Risk Register of the Integration Joint Board to the meeting of the Committee to be held on 20th June, 2017.

## **V DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP PERFORMANCE REPORT**

Reference was made to Article IX of the minute of meeting of the Dundee City Health and Social Care Integration Joint Board held on 23rd February, 2016 wherein an outline performance framework and reporting cycle was agreed.

Reference was also made to Article IX and Article X of the minute of meeting of the Dundee City Health and Social Care Integration Joint Board held on 30th August, 2016 wherein it was agreed to establish the Performance and Audit Committee and progress in relation to implementing the Dundee Health and Social Care partnerships performance framework was noted and approved.

There was submitted Report No PAC3-2017 by the Chief Finance Officer updating the Performance and Audit Committee on progress in implementing the Partnership's performance framework. The report also brought forward the Quarter 2 Performance Report for 2016/17 for consideration by the Committee.

The Committee agreed:-

- (i) to note the progress that had been made in further developing and implementing the performance framework, and supporting structures and systems, since the last update was provided to the Integration Joint Board on 30th August, 2016;
- (ii) to note the intention to establish an Outcomes and Performance Co-ordination Group to support the further development and production of annual and quarterly performance reports;
- (iii) to note the performance of Dundee Health and Social Care Partnership as outlined in Appendix 1 of the report; and
- (iv) to remit the Chief Finance Officer to further develop the performance report which was appended into a performance improvement plan, including timescales for delivery and appropriate links to the Partnership risk register.

The Committee further agreed:-

- (v) to note that paragraph 4.2.1 of the report indicated a new outward approach for benchmarking performance against national data within a clinical and care governance perspective and highlighted the fundamental reasons for the introduction of integrated health and social care services and drew out a range of key areas the Dundee Health and Social Care Partnership needed to focus on to improve outcomes for individuals and communities in the future which would assist in the deployment of resources;
- (vi) to note that with reference to paragraph 4.1.10 of the report that a report on the range of data which may be obtained through the Source Team and other services within the Partnership to further support the Dundee Health and Social Care Partnership to identify good practice and improvement activities that may impact positively on outcomes for individuals and communities to assist the work of the Committee and the aims of the Partnership would be submitted to the next meeting of the Committee;
- (vii) to note that future reports would be based on reporting on a locality structure basis within Dundee;
- (viii) to note that further work would be undertaken in relation to analysis and management of data in relation to unscheduled care admission to hospitals;
- (ix) that an update report on the finalisation of data in relation to Respite Care would be submitted to the meeting of the Committee to be held on 20th June, 2017.

## **VI OUTCOME OF CARE INSPECTORATE INSPECTIONS**

There was submitted Report No PAC1-2017 by the Chief Finance Officer advising the Performance and Audit Committee of the outcome of the recent Care Inspectorate inspections of Oakland Day Centre and older people homes Janet Brougham House and Menzieshill House.

The Committee agreed:-

- (i) to note the content of the report and the content of the inspection reports which were attached as to the report as appendices 1, 2 and 3;
- (ii) to note the one recommendation for Menzieshill House as outlined in paragraph 4.3.5 of the report; and
- (iii) to note the grades awarded to the service, the strengths of the service, and the very positive comments made by service users and carers.

The Committee further agreed:-

- (iv) to note that contact would be made with the Care Inspectorate in relation to policy issues in relation to the PVG scheme; and
- (v) to record their appreciation for the contribution and diligence of staff within the Partnership with responsibility for the individual services referred to in the report towards achieving positive reports from the inspections carried out by the Care Inspectorate.

## **VII                    AUDIT SCOTLAND HEALTH AND SOCIAL CARE INTEGRATION REPORT - ACTION PLAN UPDATE**

Reference was made to Article VII of the minute of meeting of the Dundee City Health and Social Care Integration Joint Board held on 23rd February, 2016 wherein the content of Audit Scotland's report on progress made in establishing the new Integration Joint Boards following the implementation of the Public Bodies (Joint Working) (Scotland) Act 2014 which was published in December 2015 was noted and the action plan to be adopted locally in order to mitigate the identified risks for Dundee Health and Social Care Partnership was set out.

There was submitted Report No PAC5-2017 by the Chief Finance Officer providing an update to the Performance and Audit Committee of the actions identified to mitigate the risks highlighted by Audit Scotland following their review of Health and Social Care Integration in December 2015.

The Committee agreed to note the progress of the key actions identified as a response to the recommendations arising from the Audit Scotland Report on Health and Social Care Integration.

The Committee further agreed to note that a development session around governance would be arranged for the membership of the Integration Joint Board to assist their awareness and understanding of governance issues later in the year.

## **VIII                    ANNUAL INTERNAL AUDIT REPORT – 2015/16 ACTIONS UPDATE**

Reference was made to Article VI of the minute of meeting of the Dundee City Health and Social Care Integration Joint Board held on 28th June 2016 wherein the content of the Annual Internal Audit report on the internal control framework for the Integration Joint Board for the financial year 2015/2016 was noted and it was agreed that an action plan be developed in relation to address areas recommended for improvement.

There was submitted Report No PAC4-2017 by the Chief Finance Officer updating the Performance and Audit Committee of progress in responding to the required actions highlighted within the Chief Internal Auditor's Annual Internal Audit Report 2015/16.

The Committee agreed:-

- (i) to note the progress made against the actions highlighted in Appendix 1 of the report; and
- (ii) to remit the Chief Finance Officer to bring a further progress report to the Performance and Audit Committee to conclude the 2015/16 action plan.

## **IX                    HIGH LEVEL RISK REGISTER - UPDATE**

Reference was made to Article VIII of the minute of meeting of the Dundee City Health and Social Care Integration Joint Board held on 30th August 2016 wherein the High Level Risk Register for the Integration Joint Board was approved.

There was submitted Report No PAC6-2017 by the Chief Finance Officer updating the Performance and Audit Committee of the status of Dundee Health and Social Care Partnership's High Level Risk Register.

The Committee agreed:-

- (i) to note the current risk levels associated with the risk categories as set out in Appendix 1 of the report; and
- (ii) to remit the Chief Finance Officer to continually review the risk register in line with any areas of concern identified within future Dundee Health and Social Care Partnership performance reports.

## **X                      PROGRAMME OF MEETINGS 2017**

The Committee agreed that the programme of meetings of the Performance and Audit Committee for the remainder of 2017 be as follows:-

<u>Date</u>	<u>Venue</u>	<u>Time</u>
Tuesday, 14th March, 2017	Committee Room 1, 14 City Square, Dundee	2.00 pm
Tuesday, 20th June, 2017	Committee Room 1, 14 City Square, Dundee	2.00 pm
Tuesday, 12th September, 2017	Committee Room 1, 14 City Square, Dundee	2.00 pm
Tuesday, 28th November, 2017	Committee Room 1, 14 City Square, Dundee	2.00 pm

## **XI                      DATE OF NEXT MEETING**

The Committee noted that the next meeting of the Committee would be held in Committee Room 1, 14 City Square, Dundee on Tuesday, 14th March, 2017 at 2.00 pm.

Doug CROSS, Chairperson.



At a SPECIAL MEETING of the **DUNDEE CITY HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD** held at Dundee on Monday 27th March, 2017.

Present:-

<b><u>Members</u></b>	<b><u>Role</u></b>
Ken LYNN ( <i>Chairperson</i> )	Nominated by Dundee City Council (Elected Member)
David BOWES	Nominated by Dundee City Council (Elected Member)
Doug CROSS ( <i>Vice Chairperson</i> )	Nominated by Health Board (Non Executive Member)
Judith GOLDEN	Nominated by Health Board (Non Executive Member)
Munwar HUSSAIN	Nominated by Health Board (Non Executive Member)
David W LYNCH	Chief Officer
Dave BERRY	Chief Finance Officer
Jane MARTIN	Chief Social Work Officer
Frank WEBER	Registered Medical Practitioner (whose name is included in the list of primary medical performers)
Sarah DICKIE	Registered Nurse
Jim MCFARLANE	Trade Union Representative
Christine LOWDEN	Third Sector Representative
Martyn SLOAN	Carer Representative

Non-members in attendance at request of Chief Officer:-

Lynsey WEBSTER, Dundee Health and Social Care Partnership  
Ewan ROBERTSON, Audit Scotland  
Bruce CROSBIE, Audit Scotland

Councillor Ken LYNN, Chairperson, in the Chair.

## **I APOLOGIES FOR ABSENCE**

Apologies for absence were submitted on behalf of Dr Cesar Rodriguez, Registered Medical Practitioner (not providing primary medical services), Dr Drew Walker, Director of Public Health, Raymond Marshall, Staff Partnership Representative, Andrew Jack, Service User Representative, and Councillor Stewart Hunter, Nominated by Dundee City Council (Elected Member).

## **II DECLARATION OF INTEREST**

No declarations of interest were made.

## **III DUNDEE INTEGRATION JOINT BOARD 2017/18 BUDGET**

There was submitted Report No DIJB9-2017 by the Chief Finance Officer advising the Integration Joint Board of the implications of the proposed delegated budget for 2017/18 from Dundee City Council and indicative budget from Tayside NHS Board, the overall Scottish Government Budget and seeking approval for the proposed Transformation Programme in order to set a balanced target for Dundee Health and Social Care Partnership.

The Integration Joint Board agreed:-

- (i) to note the implications of the proposed delegated budget to Dundee Health and Social Care Partnership from Dundee City Council and indicative delegated budget from Tayside NHS Board for 2017/18 and the impact of the Scottish Government's budget;
- (ii) to approve the proposed Transformation Programme as set out in Appendix 1 of the report in order to provide a balanced budget and investment programme in line with the Strategic and Commissioning Plan;
- (iii) to approve the delegated budget proposed by Dundee City Council for 2017/18;
- (iv) to note the indicative delegated budget from Tayside NHS Board for 2017/18 was consistent with the Scottish Government's guidance that the delegated budget must be maintained at least at 2016/17 levels and instruct the Chief Finance Officer to report back to the Integration Joint Board following receipt of formal notification from Tayside NHS Board of the budget offer with recommendations;
- (v) to note the current indicative Prescribing budget position and instruct the Chief Finance Officer to report back to the Integration Joint Board with a recommendation following receipt of formal notification from Tayside NHS Board;
- (vi) to note the current position in relation to Alcohol & Drug Partnership funding and the Large Hospital Set Aside and instruct the Chief Finance Officer to bring a report to the Integration Joint Board on these issues at the earliest opportunity; and
- (vii) to instruct the Chief Finance Officer to progress the transformation Efficiency Programme to the next stage in partnership with relevant stakeholders including Trade Union and Staff Side representatives.

#### **IV MEASURING PERFORMANCE UNDER INTEGRATION**

There was submitted Report No DIJB10-2017 by the Chief Officer informing the Integration Joint Board of the initial response submitted by Dundee Health and Social Care Partnership to the request from the Ministerial Strategic Group for Health and Community Care to provide local objectives for indicators in six key service delivery areas.

The Integration Joint Board agreed:-

- (i) to approve the initial response submitted by the Dundee Health and Social Care Partnership to the Ministerial Strategic Group for Health and Community Care as outlined at paragraph 4.2 of the report;
- (ii) to approve the ongoing work to further develop and strengthen the initial response as outlined at paragraph 4.3 of the report; and
- (iii) to direct the Performance and Audit Committee to monitor progress against the targets set out in appendix 3 of the report as part of the quarterly performance report.

The Integration Joint Board further agreed that a presentation be made to a future meeting of the Integration Joint Board on "digital health" and "technology enabled care at home."

#### **V DATE OF NEXT MEETING**

The Integration Joint Board noted that the next meeting of the Integration Joint Board would be held in Committee Room 1, 14 City Square, Dundee on Tuesday, 25th April, 2017 at 2.00 pm.

Ken LYNN, Chairperson.



At a MEETING of the **PERFORMANCE AND AUDIT COMMITTEE OF THE DUNDEE CITY HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD** held at Dundee on 14th March, 2017.

Present:-

**Members**

**Role**

Doug CROSS ( <i>Chairperson</i> )	Nominated by Health Board (Non Executive Member)
David BOWES	Nominated by Dundee City Council (Elected Member)
David W LYNCH	Chief Officer
Dave BERRY	Chief Finance Officer
Cesar RODRIGUEZ	Registered Medical Practitioner (not providing primary medical services)

Also in attendance:-

Tony GASKIN	Chief Internal Auditor
Bruce CROSBIE	Audit Scotland

Doug CROSS, Chairperson, in the Chair.

**I APOLOGIES FOR ABSENCE**

Apologies for absence were submitted on behalf of Councillor Stewart Hunter, Judith Golden and Jane Martin.

**II DECLARATION OF INTEREST**

No declarations of interest were made.

**III MINUTE OF PREVIOUS MEETING**

The minute of meeting of the Committee held on 17th January, 2017 was submitted and approved.

**IV AUDIT SCOTLAND – ANNUAL AUDIT PLAN 2016/2017**

There was submitted Report No PAC11-2017 by the Chief Finance Officer the purpose of which was to note and approve the proposed Dundee City Integration Joint Board Annual Audit Plan 2016/17 as submitted by the IJB's appointed External Auditor (Audit Scotland).

The Committee agreed to note and approve the proposed Audit Plan for 2016/17 as submitted by Audit Scotland.

**V ANNUAL PERFORMANCE REPORT**

There was submitted Report No PAC7-2017 by the Chief Finance Officer updating the Performance and Audit Committee on the planned approach to producing the 2016/17 Health and Social Care Partnership Annual Performance Report.

The Committee agreed:-

- (i) to note the updates provided; and

- (ii) to remit the Chief Finance Officer to co-ordinate and collate information to be included in the annual performance report, ensure legislative requirements were met, analyse information and data and ensure that information was used to inform strategic planning.

## **VI SOURCE LINKED DATASET**

There was submitted Report No PAC8-2017 by the Chief Finance Officer updating the Performance and Audit Committee on progress towards submitting a complete data set to the SOURCE project and plans to utilise this data to inform strategic planning and performance improvement.

The Committee agreed:-

- (i) to note the contribution from Dundee Health and Social Care Partnership towards the SOURCE project as described at Section 4.2 of the report; and
- (ii) to note the areas, set out at Section 4.3 of the report which would be further progressed and developed under the direction of the Performance and Audit Co-ordination Group.

## **VII MENTAL WELFARE COMMISSION REPORT – KINGSWAY CARE CENTRE**

There was submitted Report No PAC10-2017 by the Chief Finance Officer advising the Performance Audit Committee of the outcome of the recent visit by the Mental Welfare Commission to Kingsway Care Centre.

The Committee agreed:-

- (i) to note the content of the Mental Welfare Commission's report following their recent visit to Kingsway Carer Centre, a copy of which was attached to the report as an appendix;
- (ii) to note the positive comments made in the report and the progress made in relation to service delivery;
- (iii) to note the content of the formal response to the recommendations contained within the report as described in Section 4.2 of the report.

## **VIII DATE OF NEXT MEETING**

The Committee noted that the next meeting of the Committee would be held in Committee Room 1, 14 City Square, Dundee on Tuesday, 20th June, 2017 at 2.00 pm.

Doug CROSS, Chairperson.



**REPORT TO:** HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD –  
25 APRIL 2017

**REPORT ON:** ALCOHOL AND DRUG PARTNERSHIP

**REPORT BY:** CHIEF OFFICER

**REPORT NO:** DIJB14-2017

## **1.0 PURPOSE OF REPORT**

This report informs the Integration Joint Board (IJB) about proposals to progress with fostering connections, including in relation to the future governance of funding arrangements, between the Alcohol & Drugs Partnership (ADP) and the IJB. It also proposes changes to the current governance arrangements to the planning and commissioning of drug and alcohol responses in Dundee to support the emerging relationship between the ADP and the IJB.

## **2.0 RECOMMENDATIONS**

It is recommended that the Integration Joint Board (IJB):

- 2.1 Notes the emerging relationship between the Alcohol and Drug Partnership (ADP) and the IJB;
- 2.2 Agrees the proposed governance arrangements as set out in section 4.5.2;
- 2.3 Notes the overall 2017/18 Tayside financial resources to be delegated to the three Tayside IJBs;
- 2.4 Agrees to the proposal of an aligned IJB/ADP budget which facilitates the review of current financial arrangements across all services;
- 2.5 Notes the proposed development of a Dundee Drug and Alcohol Strategic Commissioning Plan;
- 2.6 Instructs the Chief Officer, in partnership with the Chair of the ADP, to present the Strategic Commissioning Plan for sign off at both the ADP and the IJB.

## **3.0 FINANCIAL IMPLICATIONS**

The total funding to be delegated to the three Tayside IJBs in relation to Alcohol and Drug Partnerships for 2017/18 is £4.9m net of efficiency savings totalling £500k. Discussions are ongoing to determine the allocation of this resource and associated efficiency savings across the partnership areas.

## **4.0 MAIN TEXT**

### **4.1 Function of Alcohol and Drug Partnerships**

- 4.1.1 Since 2009, Alcohol & Drug Partnerships (ADPs) have been responsible for developing local strategies to deliver improved outcomes on the basis of local need, and for making investment decisions to achieve this. Operating within a national policy framework, ADPs aim to ensure that all bodies involved in tackling alcohol and drugs misuse are clear about their responsibilities and relationships with each other, and to focus activity on the identification, pursuit and achievement of seven Core National Outcomes:

- 1 **Health:** People are healthier and experience fewer risks as a result of alcohol and drug use.
- 2 **Prevalence:** Fewer adults and children are drinking or using drugs at levels or patterns damaging to themselves or others.
- 3 **Recovery:** Individuals are improving their health, well-being and life-chances by recovering from problematic drug and alcohol use.
- 4 **Families:** Children and family members of people misusing alcohol and drugs are safe, well-supported and have improved life-chances.
- 5 **Community Safety:** Communities and individuals are safe from alcohol and drug related offending and anti-social behaviour.
- 6 **Local Environment:** People live in positive, health-promoting local environments where alcohol and drugs are less readily available.
- 7 **Services:** Alcohol and drugs prevention, treatment and support services are high quality, continually improving, efficient, evidence-based and responsive, ensuring people move through treatment into sustained recovery.

4.1.2 Scottish Government Guidance for ADPs promotes outcomes-based planning and reporting at a local level. ADPs are encouraged to promote a culture of self-evaluation and to clearly articulate their contribution to strategic plans for Health and Social Care Partnerships (HSCP), Children's Services Partnerships (CSP) and Community Planning Partnerships (CPP) in the form of the Local Outcome Improvement Plan (LOIP). ADPs also have a central role in contributing to the national picture of overall progress in alcohol and drug prevention, treatment and recovery. Locally it is proposed to link planning and commissioning for drug and alcohol prevention to the broader Public Protection approach (through the ADP Prevention Strategy 2017).

## 4.2 Dundee Alcohol and Drug Partnership Arrangements

4.2.1 The Dundee ADP is chaired by the Director of Public Health and has membership representing the key strategic partners at a senior level including the third sector and providers. The ADP meets quarterly and reports directly to the Scottish Government and locally into the partnership forum.

4.2.2 There are associated finances aligned to the ADPs which historically have been allocated through the NHS. For Tayside these resources are allocated both at a Tayside wide level and at a partnership level with local arrangements for local need. Within Dundee a commissioning group was established to support the allocation of resources for both tests of change and infrastructure. As with other change resources, the use of these monies have been absorbed into both statutory and commissioned services (within both the Health & Social Care Partnership (HSCP) and Children & Families Service), while a smaller allocation is utilised for newer projects and supports. As a result, it is difficult to isolate the ADP resources within services and in some circumstances the initial purpose will have changed as projects have adapted in line with emerging priorities. For services that have a contract with the HSCP (legally with Dundee City Council), the full contract monitoring process is being applied. However, for other services and projects only a minimum level of contract monitoring is in place.

4.2.3 A review of the three Tayside ADP's support infrastructure was initiated in March 2016 and agreement reached in principle to move to one Lead Officer working across all three Tayside ADPs following agreement of a full business case. In addition to a Tayside Lead Officer, each of the three areas will maintain local strategic support arrangements to meet the needs of their individual ADPs. Local staff will work collaboratively with the Tayside Lead Officer on identified priorities.

4.2.4 In Dundee, the ADP support staff will become fully integrated within the existing Protecting People Team and will be supported and managed through these arrangements. There will be a Lead Officer within the Protecting People Team with a responsibility to provide support to the ADP, alongside other Public Protection Committees/Partnerships. A fully integrated Protecting People Team, comprising a range of officers with complementary knowledge, skills and experiences will therefore provide future support to the ADP.

### 4.3 An Evolving Strategic Relationship

- 4.3.1 Some aspects of the current ADP planning structures and governance arrangements require future proofing to fully accommodate the changing relationship with the IJB, and other key stakeholders engaged in strategic planning processes. Notwithstanding the aforementioned review of ADP support functions, local planning arrangements will still need to account for the particular needs of the people of Dundee and foster a strong connection with the Health and Social Care Partnership.
- 4.3.2 The emergence of a more integrated health and social care landscape with the delegation of alcohol and drug services to the Integration Authority requires the ADP to foster more robust joint governance arrangements with the IJB. This will ensure strategic coherence and alignment of operational development priorities in commissioning activity and performance management of services. As a strategic lead in shaping local priorities, the ADP will link into the decision-making structures and processes of the HSCP to raise awareness of alcohol and drug issues. This will ensure strategic and operational improvement plans for alcohol and drugs are fully integrated and embedded within new health and social care arrangements.
- 4.3.3 The Community Empowerment (Scotland) Act 2015 established Community Planning Partnerships (CPP) as the body with a specific duty to improve local priority outcomes and act with a view to tackling inequalities of outcome across communities in that area. Within this structure, the IJB has become a relatively new community planning partner; and along with the ADP are central to the planning and delivery of health and social care services for people with alcohol and drug problems. Audit Scotland has clearly indicated that CPPs and IJBs need to work together to meet the needs of local people through supporting delivery of local priorities. For Dundee, the use of alcohol and drugs among its citizens and the negative impact this has on its communities, ensures that this remains a very high priority for the Community Planning Partnership. The Health, Care & Wellbeing Executive Board has identified this as one of its three key priorities for the developing Local Outcome Improvement Plan (LOIP).
- 4.3.4 The ADP outcome concerning ‘Families’ states that “*Children and family members of people misusing alcohol and drugs are safe, well-supported and have improved life-chances.*” This will be realised by developing and sustaining a robust strategic partnership; taking full account of the impact of substance misuse on children, young people and the wider family. In so doing, child protection matters will be clearly set out as a shared strategic and service improvement priority in the statutory Children’s Services Plan; alongside the requirement to tackle a wider Getting It Right For Every Child (GIRFEC) precedence concerning early onset of substance misuse. This work will be led through the Children’s Services’ Plan with cross-cutting themes reflected through the ADP and child protection strategic priorities.
- 4.3.5 The Protecting People structure in Dundee comprises a well-established framework and partnership within which the range of multi-agency supports and interventions to protect people of all ages is planned and co-ordinated. Themed committees and partnerships include Child Protection, Adult Support and Protection, Violence against Women, Alcohol and Drugs, Suicide Prevention and Tayside Multi Agency Public Protection Arrangements (MAPPA). Services are targeted towards a shared vision; “*Dundee’s people will have the protection they need, when they need it, to keep them safe from harm.*” There are clear crossovers between each of the protection strategic themes and priorities and it is recognised that to successfully tackle the issues related to drug and alcohol use in the city we must consider the full impact of life challenges on individuals and how this is supported.

### 4.4 Funding for Alcohol and Drug Partnerships

- 4.4.1 On 28 November 2016 a draft paper was published by the ‘Delivery of Alcohol and Drug Services in Scotland Review Group’. The paper “*Review: Delivery of Alcohol and Drug Services*” was developed to inform the spending review process and has a focus on three key areas:
- Embedding quality in the delivery of drug and alcohol addiction and recovery services;
  - Encouraging further innovation, particularly by highlighting and disseminating practice innovations being piloted in local ADP areas;

- Fostering connections with emergent Integration Joint Boards, including in relation to the future governance of funding arrangements.

- 4.4.2 In the report, the Review Group stated that it “strongly believes that prioritising investment in both treatment and prevention activity, particularly in light of the current operating landscape, will deliver improved outcomes and efficiencies across a range of health and social care measures.” Locally this focus on prevention was the subject of a commissioned report. To progress this will require a shift in resources from statutory and in-patient services to more community facing supports.
- 4.4.3 In a letter from the Health Improvement Division (16 January 2017), the Scottish Government confirmed that they will now transfer funding to NHS Boards as part of the baseline budget for delegation to Integration Authorities specifically earmarked for Alcohol and Drug Partnership activities. The Scottish Government has advised that supporting the delivery of agreed service levels for alcohol and drug partnerships work will be a priority for Integration Authorities from 2017 to 2018.
- 4.4.4 Historically, the ADP resources have been seen as a ring-fenced funding source and as a result considered separately from operational service planning. There is a mix of both short term and long term funding, with both commissioned and statutory services in receipt of this resource.
- 4.4.5 NHS Tayside supplemented the budget available to the Tayside ADPs by £1.2m in 2016/17 in order to maintain the overall investment in addressing alcohol and substance misuse and to maintain alcohol and drugs treatment performance. In line with other services an efficiency savings target of £300k was applied. For 2017/18, NHS Tayside has continued to supplement this funding, however in line with other services, £200k of efficiency savings have been applied to the Tayside ADP budget. The three Tayside ADPs have established a Tayside-wide financial group to consider both the impact on Tayside-wide services (Prison Service; Inpatient Service; medical staff; Tayside Council on Alcohol, Tayside Substance Misuse Service, Psychology Service and the Moving On/Eclips contract) and any potential saving levels linked to the individual partnerships. At this time the savings being considered link only to those services currently funded through ADP resources.

#### **4.5 Supporting a Whole System Approach to the Development of Drug and Alcohol Services**

- 4.5.1 The integration of health and social care services has already demonstrated a significant improvement in both the service delivery models and outcomes for people. Drug and Alcohol (NHS Tayside) services were managed through the Mental Health Directorate and transferred to the IJB at the latter part of 2016. The social work/care services and health services, alongside the commissioned services will be managed through a single management and service structure. This change provides an ideal opportunity to consider integrated pathways, redesigned service models at both a statutory and commissioned level, and develop stronger links across the wider partnership arrangements (Community Planning Partnership, Public Protection and Integrated Children Services). By bringing both the strategic and operational functions closer together and aligning the IJB, ADP and partnership funding into an aligned budget we will be able to make best use of the available resources while delivering the strategic priorities within a reduced financial framework.
- 4.5.2 It is therefore proposed that the following governance arrangements be introduced:
- Establish a formal reporting arrangement to both the ADP and the IJB which meets the strategic and commissioning arrangements required of each body. This should include a common dataset which reflects the performance against local outcomes. It is envisioned that the ADP will hold the strategic lead.
  - Discontinue the current ADP Commissioning Group and replace this with a Strategic Planning and Commissioning Group (attached as Appendix 1). This group will include a wide representation from partners and stakeholders, including service providers, service recipients and operational staff. The group will take forward the development of a Dundee Alcohol and Drug Strategic and Commissioning Plan and will report to the ADP and the IJB.

- Produce a Draft Strategic and Commissioning Plan - Alcohol and Drug Services (2017-2020). This plan is currently in development. It will articulate how the ADP and the IJB hereafter work together to develop and improve alcohol and drug services for the population of Dundee. Shared strategic priorities within the emerging Local Outcome Improvement Plan will map over into this plan; reflecting both the relationship with the CPP and the development of a wider set of shared strategic priorities.
- Discontinue the current ADP Delivery Group and develop workstream groups to support the implementation of the Alcohol and Drug Strategic and Commissioning Plan.
- Realign the ADP and IJB budgets to develop a single robust financial framework. As part of this work we will seek to review current resources funded by the ADP and the IJB, shift the balance of resources in line with strategic priorities, and identify those services/supports which should be mainstreamed and those which are tests of change. This review will take account of any efficiency saving required by both the ADP and the IJB and should identify the level of resource available to continue further tests of change.
- Identify a Change Fund resource which is allocated and monitored by a change fund group. This group will report directly to the Strategic Planning and Commissioning Group.
- Review current contractual arrangements for services commissioned through both the IJB and ADP to ensure contractual equity, robust monitoring arrangements and streamlining of commissioned services. This will ensure that both the strategic and financial objectives are met, that commissioned services reflect emerging pathways as services are further integrated and reduce bureaucracy.
- Review financial, performance and monitoring arrangements to embed the reporting of Drug and Alcohol services routinely into the Dundee Health and Social Care Performance and Audit Committee and the Dundee Health and Social Care Clinical, Care and Professional Governance Group. The aim will be to support a performance framework which meets the needs of all partnership areas including the Local Outcome Improvement Plan and the Children's Services Plan. These reports will be table at the ADP and the IJB in accordance with current reporting arrangements.

4.5.3 To take forward the development of the Strategic Planning and Commissioning Plan an engagement event will be jointly hosted by the ADP and the IJB in May 2017. It will include all key stakeholders/their representatives and will aim to:

- Provide information about the new planning and governance arrangements; including future allocation and investment in drug and alcohol services;
- Undertake formal consultation on the draft Strategic and Commissioning Plan;
- Engage key stakeholders in the future strategic improvement programme and change process.

## **5.0 POLICY IMPLICATIONS**

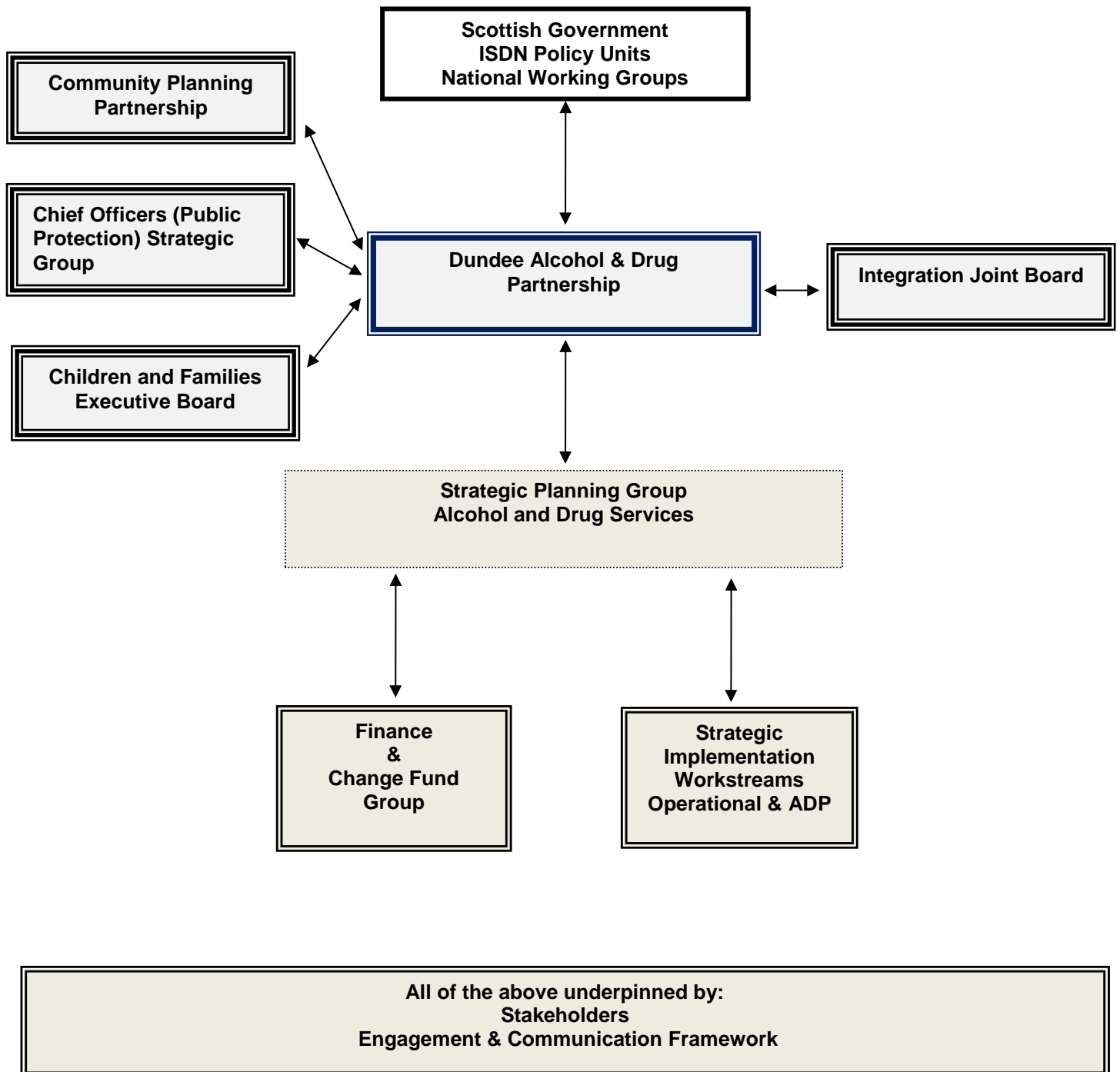
This report has been screened for any policy implications in respect of Equality Impact Assessment and Risk Management. There are no major issues.

## **6.0 CONSULTATIONS**

The Chief Finance Officer, the Clerk and the Chair of the ADP were consulted in the development of this report.

## **7.0 BACKGROUND PAPERS**

None.

**Proposed Structure****Joint ADP and IJB Strategic Planning & Financial Governance**





**REPORT TO:** HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD –  
25 APRIL 2017

**REPORT ON:** FINANCIAL MONITORING POSITION AS AT FEBRUARY 2017

**REPORT BY:** CHIEF FINANCE OFFICER

**REPORT NO:** DIJB15-2017

## **1.0 PURPOSE OF REPORT**

- 1.1 The purpose of this report is to provide the Integration Joint Board with an update of the projected financial monitoring position for delegated health and social care services for the 2016/17 financial year.

## **2.0 RECOMMENDATIONS**

It is recommended that the Integration Joint Board (IJB):

- 2.1 Notes the overall projected financial position for delegated services to the 2016/17 financial year end as at 28 February 2017.
- 2.2 Notes the final financial position for 2016/17 will be presented to the IJB as part of the Annual Statement of Accounts.

## **3.0 FINANCIAL IMPLICATIONS**

- 3.1 The financial monitoring position for Dundee Health and Social Care Partnership based on expenditure to 28 February 2017 shows a net projected overspend position of £2,424k which is a slight deterioration on the previously reported overspend figure of £2,321k as at 31 December 2016. Services delegated from NHS Tayside (excluding prescribing but including Family Health Services (FHS) and General Medical Services (GMS)) are estimated to be in an overspend position of around £88k by the end of the financial year, down from a previously reported overspend of £304k. The projected prescribing budget position contributed significantly to the deterioration in financial performance with an increase in the overspend from £2,313k to £2,578k. These overspends are subject to the risk sharing arrangement outlined in the Integration Scheme whereby responsibility for meeting the shortfall in resources remains with NHS Tayside.
- 3.2 Services delegated from Dundee City Council are anticipated to be in an underspend position of approximately £242k at the 31 March 2017 which is less of an underspend projected in the previous period (£297k).
- 3.3 In relation to services hosted by Perth and Kinross and Angus IJB's on behalf of Dundee IJB, Dundee's share of overspends from these services are expected to be to the value of £1,397k. The net transfer of anticipated service costs hosted by Dundee IJB on behalf of Angus and Perth and Kinross IJB's is expected to result in a further overspend to Dundee of around £123k. This total anticipated overspend is also subject to the risk sharing arrangement therefore will remain with NHS Tayside.

## **4.0 MAIN TEXT**

### **4.1 Background**

- 4.1.1 As part of the IJB's financial governance arrangements, the Integration Scheme outlines that "The Chief Finance Officer will ensure routine financial reports are available to the Chief Officer and the Integration Joint Board on a timely basis and include, as a minimum, annual budget, full year outturn projection and commentary on material variances."
- 4.1.2 The IJB confirmed the overall budgeted resources for delegated services at its meeting in June 2016 with associated savings and efficiency targets to be achieved through the delivery of a local transformation programme for these delegated services. Members of the IJB will recall that as part of the Due Diligence process reported to the IJB in March 2016, a number of risks associated with the resources delegated by Dundee City Council and NHS Tayside to the IJB, including anticipated levels of savings, were highlighted. This financial monitoring position reflects the status of these risks as they display within cost centre budgets.
- 4.1.3 The projected spend to the year end as at 28 February 2017 is shown in Appendix 1. The financial information presented has been provided by the finance functions of NHS Tayside and Dundee City Council as set out within the Integration Scheme.

### **4.2 Projected Outturn Position – Key Areas**

- 4.2.1 The following sets out the main areas of note from the financial information contained within Appendices 1 (Summary Position) and 2 (More Detailed Position) and provides commentary on the reasons for significant variances, actions being taken to manage these and outlines the key elements of risk which may remain.

### **4.3 Services Delegated from NHS Tayside**

- 4.3.1 Members will recall from the Due Diligence process that there were a number of significant risks and challenges highlighted within delegated budgets from NHS Tayside. This included a testing savings target across services as a reflection of the overall financial challenges facing NHS Tayside. This overall financial challenge has resulted in NHS Tayside embarking on a comprehensive Transformation Programme to deliver service efficiencies and improvement. A number of the workstreams within this programme have been applied to delegated services, which combined with local service delivery efficiencies, constitutes Dundee Health and Social Care Partnership's Transformation Programme. These efficiencies have been incorporated into service budgets where identifiable and the financial projections take into account the anticipated achievement of a number of these savings.
- 4.3.2 The financial projection for services delegated from NHS Tayside to the IJB indicates a projected overspend of around £88k by the end of the financial year excluding the prescribing budget but including FHS and GMS. This continues the positive trend over recent reporting periods where the scale of the overspend has been significantly reduced from the previous projected overspend of £304k and moves the expenditure position for these services closer to a balanced budget.
- 4.3.3 A number of service underspends are noted within Mental Health, Community Nursing and Allied Health Professionals primarily as a result of staff vacancies. This is additional to staff slippage / vacancy factors incorporated into the base budget for these services and therefore provides an additional contribution to achieving the overall savings target. It should be noted however, that a significant element of the efficiency savings target remains within the Other Dundee Services / Support / Management heading resulting in this service reflecting an adverse financial position.
- 4.3.4 Staff cost pressures exist in a number of other services such as Continuing Care and Palliative Care. The mid-year transfer of the Medicine for the Elderly service to the IJB with a corresponding overspend of around £475k has added to the range of pressures being faced within the delegated budget. Initiatives planned within the Transformation Programme including service redesign will reduce the impact of these pressures in due course.

- 4.3.5 A projected shortfall totalling £2,578k remains in the prescribing budget which is a deterioration of around £265k from the December reported figure. A number of initiatives continue to be developed through NHS Tayside's Transformation Programme supported by the Prescribing Management Group (PMG). The PMG function as a collaborative with delegated authority from the three Tayside IJBs and NHS Tayside Board, to allocate, monitor and agree actions to make optimal use of the prescribing budget. The PMG will deliver a whole system approach to developing prescribing action plans, implementation of prescribing projects and monitoring, identification and management of financial risks within prescribing. Dundee HSCP contributes to the PMG and will continue to explore innovative ways of safely delivering services in a more cost effective manner. Members will recall that the IJB agreed to invoke the risk sharing arrangement with NHS Tayside in relation to this budget whereby the leadership of delivery of efficiency savings within this budget remains the responsibility of NHS Tayside.
- 4.3.6 Members of the IJB will also be aware that Angus and Perth and Kinross IJB's host delegated services on behalf of Dundee IJB and a number of services are hosted by Dundee on behalf of Angus and Perth and Kinross. These are subject to a risk sharing agreement whereby any over or underspends are re-allocated across the three Tayside IJB's at the end of the financial year. The financial monitoring position of these services in their totality are reflected in each of the IJB's financial monitoring reports and for information purposes the projected net impact of these services on each IJB's budgeted bottom line figure is noted. The net impact to Dundee IJB of hosted services expenditure pressures is a further projected overspend of £1,520k. These pressures mainly arise from Forensic and Out of Hours services hosted by Angus and Inpatient Mental Health and Prisoner Health services hosted by Perth and Kinross. Following completion of the 2017/18 budget setting process, separate reports will be sought from Angus and Perth & Kinross IJB's outlining their planned actions to manage these cost pressures throughout 2017/18 and beyond.

#### **4.4 Services Delegated from Dundee City Council**

- 4.4.1 Due to the nature of the local government budget process, an efficiency savings plan for services delegated by Dundee City Council was in place prior to services becoming delegated to Dundee Integration Joint Board. These efficiencies are embedded within service budgets and the financial monitoring reflects performance in achieving these. Risks associated with these budgets were also reflected in the Due Diligence process with the challenge of achieving staff slippage targets being the major concern. These are also embedded in the cost centre budgets therefore the financial monitoring position reflects the level of risk still anticipated against this.
- 4.4.2 The financial projection for services delegated from Dundee City Council to the IJB notes an overall projected underspend of around £242k which is a deterioration from a previously reported underspend of £297k. Within this overall position, a number of pressure areas continue to emerge. Over the last few months, the financial position has continued to reflect the impact of responding to the challenge of reducing delayed discharges through investment in additional capacity above planned levels for care at home services and care home placements to the value of approximately £800k. This has been funded through the ability of the IJB to respond quickly to shift resources within the current 2016/17 budget.
- 4.4.3 The areas of underspend mainly appear in budgeted resources allocated to further develop accommodation with support services for adults with a disability. This is mainly as a result of a difference in timing between the investment made by Dundee City Council in budgeted resources to meet anticipated demographic pressures within the adult care budget and the commissioning and development of additional services and capacity to provide the infrastructure to meet projected demand. It is anticipated that this investment will be fully committed during 2017/18. At this stage of the financial year, staff costs within Older People's services are anticipated to fall short of meeting set slippage targets, partly due to delays in achieving planned service efficiencies and this will continue to be closely monitored throughout the year.

#### **4.5 Transformation Programme Innovation and Development Funding**

- 4.5.1 Dundee IJB agreed Report DIJB15-2016 (Planning for Additional Resources) at its meeting on 4 May 2016 which set out the planned investment of additional funding from the Scottish Government with further investment reflected in Report DIJB50 approved at the October meeting. The original planning assumptions around the commitment of these resources reflected in Report DIJB15-2016 was for additional spend of £5.844m on initiatives to support the priorities set out within the Strategic and Commissioning Plan in 2016/17 (excluding contingencies). The latest financial monitoring position notes this is likely to be approximately £5.100m with the reduction mainly due to slippage in some of the large scale projects such as Enhanced Community Support and less commitment to new initiatives in 2016/17. However, this increases the value of anticipated carry forward of resources to £3.464m in order to sustain innovation investment in future years.

#### **5.0 POLICY IMPLICATIONS**

This report has been screened for any policy implications in respect of Equality Impact Assessment and Risk Management. There are no major equality issues. In relation to Risk, a number of risks are associated with the overall financial position which continue to be reflected in the Risk Register. These will be monitored and reported regularly to the Performance and Audit Committee.

#### **6.0 CONSULTATIONS**

The Chief Officer, NHS Tayside's Director of Finance and Dundee City Council's Executive Director of Corporate Services were consulted in the preparation of this report.

#### **7.0 BACKGROUND PAPERS**

None.

Dave Berry  
Chief Finance Officer

**DATE:** 31 March 2017

						Appendix 1	
DUNDEE INTEGRATED JOINT BOARD - HEALTH & SOCIAL CARE PARTNERSHIP - FINANCE REPORT 2016/17 AS AT FEBRUARY 2017							
		Dundee City Council Delegated Services		NHST Dundee Delegated Services		Partnership Total	
		Net Budget £,000	Projected Overspend / (Underspend) £,000	Net Budget £,000	Projected Overspend / (Underspend) £,000	Net Budget £,000	Projected Overspend / (Underspend) £,000
Older Peoples Services		41,521	1,480	14,248	408	55,769	1,888
Mental Health		1,615	-365	3,557	-320	5,172	-685
Learning Disability		23,056	-346	1,241	-120	24,297	-466
Physical Disabilities		5,578	-665	0	0	5,578	-665
Substance Misuse		783	13	2,371	-35	3,154	-22
Community Nurse Services / AHP / Other Adult		5,051	-263	11,162	-277	16,212	-540
Hosted Services		0	0	18,832	-796	18,832	-796
Other Dundee Services / Support / Mgmt*		1,312	-95	21,009	1,389	22,321	1,294
Total Health and Community Care Services		78,915	-242	72,420	249	151,335	7
Prescribing (FHS)		0	0	33,201	2,578	33,201	2,578
General Medical Services		0	0	24,636	-134	24,636	-134
FHS - Cash Limited & Non Cash Limited		0	0	20,085	-27	20,085	-27
Grand Total		78,915	-242	150,342	2,666	229,257	2,424
Hosted Services - Net Impact of Risk Sharing Adjustment				4,947	1,520	4,947	1,520
* Includes NHST budgeted efficiency savings target of £1,717k not yet allocated to specific cost centres.							

## DUNDEE INTEGRATED JOINT BOARD - HEALTH &amp; SOCIAL CARE PARTNERSHIP – FINANCE REPORT

	Dundee City Council Delegated Services		NHST Dundee Delegated Services		Partnership Total	
	Annual Budget	Projected Over / (Under)	Annual Budget	Projected Over / (Under)	Annual Budget	Projected Over / (Under)
	£,000	£,000	£,000	£,000	£,000	£,000
Psych Of Old Age (In Pat)			4,558	-20	4,558	-20
Older Peoples Serv. -Community			481	-10	481	-10
Continuing Care			2,466	30	2,466	30
Medicine for the Elderly			3,585	463	3,585	463
Medical ( P.O.A)			607	0	607	0
Psy Of Old Age - Community			1,609	-55	1,609	-55
Intermediate Care			943	0	943	0
Staff	18,719	585			18,719	585
Supplies & Services / Transport etc	1,904				1,904	0
Property	1,489				1,489	0
Care Home Placements	20,606	250			20,606	250
Day Opportunities / Enabler	225				225	0
Respite	854	205			854	205
Domiciliary Care	5,820	540			5,820	540
Other Third Party Payments	1,610				1,610	0
Sheltered / Very Sheltered	684				684	0
Income	-10,389	-100			-10,389	-100
<b>Older Peoples Services</b>	<b>41,521</b>	<b>1,480</b>	<b>14,248</b>	<b>408</b>	<b>55,769</b>	<b>1,888</b>

		Dundee City Council Delegated Services		NHST Dundee Delegated Services		Partnership Total	
		Annual Budget	Projected Over / (Under)	Annual Budget	Projected Over / (Under)	Annual Budget	Projected Over / (Under)
		£,000	£,000	£,000	£,000	£,000	£,000
General Adult Psychiatry				3,557	-320	3,557	-320
Staff		633	-22			633	-22
Supplies & Services / Transport etc		9				9	0
Accommodation with Support		2,395	-244			2,395	-244
Care Home Placements		515				515	0
Day Opportunities / Enabler		249				249	0
Respite		19				19	0
Domiciliary Care		38				38	0
Housing Support		418				418	0
Sheltered / Very Sheltered		216				216	0
Income		-2,876	-100			-2,876	-100
<b>Mental Health</b>		1,615	-365	3,557	-320	5,172	-685
Learning Disability (Dundee)				1,241	-120	1,241	-120
Staff		6,596	-50			6,596	-50
Supplies & Services / Transport etc		294				294	0
Property		287				287	0
Accommodation with Support		11,205	-296			11,205	-296
Care Home Placements		2,277				2,277	0
Day Opportunities / Enabler		1,518				1,518	0
Respite		124				124	0
Domiciliary Care		0				0	0
Housing Support		401				401	0
Other Third Party Payments		1,241				1,241	0
Sheltered / Very Sheltered		2,833				2,833	0
Income		-3,719				-3,719	0
<b>Learning Disability</b>		23,056	-346	1,241	-120	24,297	-466

	Dundee City Council Delegated Services		NHST Dundee Delegated Services		Partnership Total	
	Annual Budget	Projected Over / (Under)	Annual Budget	Projected Over / (Under)	Annual Budget	Projected Over / (Under)
	£,000	£,000	£,000	£,000	£,000	£,000
Staff	1,442	27			1,442	27
Supplies & Services / Transport etc	100				100	0
Property	140				140	0
Accommodation with Support	986	-692			986	-692
Care Home Placements	1,923				1,923	0
Respite	38				38	0
Domiciliary Care	20				20	0
Other Third Party Payments	1,421				1,421	0
Sheltered / Very Sheltered	116				116	0
Income	-608				-608	0
<b>Physical Disabilities</b>	<b>5,578</b>	<b>-665</b>	<b>0</b>	<b>0</b>	<b>5,578</b>	<b>-665</b>
Alcohol Problems Services			470	-5	470	-5
Drug Problems Services			1,901	-30	1,901	-30
Staff	544	-52			544	-52
Supplies & Services / Transport etc	10				10	0
Accommodation with Support	239	65			239	65
Care Home Placements	149				149	0
Respite	0				0	0
Housing Support	37				37	0
Other Third Party Payments	32				32	0
Income	-228				-228	0
<b>Substance Misuse</b>	<b>783</b>	<b>13</b>	<b>2,371</b>	<b>-35</b>	<b>3,154</b>	<b>-22</b>



	Dundee City Council Delegated Services		NHST Dundee Delegated Services		Partnership Total	
	Annual Budget	Projected Over / (Under)	Annual Budget	Projected Over / (Under)	Annual Budget	Projected Over / (Under)
	£,000	£,000	£,000	£,000	£,000	£,000
A.H.P.S Admin			397	-10	397	-10
Physiotherapy			3,230	-135	3,230	-135
Occupational Therapy			1,374	-75	1,374	-75
Nursing Services (Adult)			5,290	-80	5,290	-80
Community Supplies - Adult			130	22	130	22
Anticoagulation			369	1	369	1
Joint Community Loan Store			371	0	371	0
Staff	2,404	-263			2,404	-263
Supplies & Services / Transport etc	587				587	0
Property	148				148	0
Care Home Placements	-119				-119	0
Accommodation with support	0				0	0
Day Opportunities / Enabler	0				0	0
Respite	364				364	0
Housing Support	363				363	0
Other Third Party Payments	172				172	0
Sheltered / Very Sheltered	2,139				2,139	0
Income	-1,007				-1,007	0
<b>Community Nurse Services / AHP / Intake / Other Adult Services</b>	<b>5,051</b>	<b>-263</b>	<b>11,162</b>	<b>-277</b>	<b>16,212</b>	<b>-540</b>

	Dundee City Council Delegated Services		NHST Dundee Delegated Services		Partnership Total	
	Annual Budget	Projected Over / (Under)	Annual Budget	Projected Over / (Under)	Annual Budget	Projected Over / (Under)
	£,000	£,000	£,000	£,000	£,000	£,000
Palliative Care - Dundee			2,462	33	2,462	33
Palliative Care - Medical			998	5	998	5
Palliative Care - Angus			336	-48	336	-48
Palliative Care - Perth			1,519	153	1,519	153
Brain Injury			1,571	25	1,571	25
Dietetics (Tayside)			2,802	-148	2,802	-148
Sexual & Reproductive Health			1,962	-70	1,962	-70
Medical Advisory Service			150	-30	150	-30
Homeopathy			26	2	26	2
Tayside Health Arts Trust			57	0	57	0
Psychology			4,533	-565	4,533	-565
Eating Disorders			287	-26	287	-26
Psychotherapy (Tayside)			957	-23	957	-23
Learning Disability (Tay Ahp)			740	-25	740	-25
Keep Well			435	-80	435	-80
<b>Hosted Services</b>	<b>0</b>	<b>0</b>	<b>18,832</b>	<b>-796</b>	<b>18,832</b>	<b>-796</b>
Working Health Services			0	0	0	0
The Corner			390	-40	390	-40
Resource Transfer - Dcc			8,578	0	8,578	0
Dundee- Supp People At Home			0	0	0	0
Grants Voluntary Bodies Dundee			176	-20	176	-20
C.H.P. Management			687	-33	687	-33
Partnership Funding			11,212	0	11,212	0
Carers Strategy - Dundee			166	0	166	0
Public Health			486	-45	486	-45
Primary Care			871	-158	871	-158
Centrally Managed Budgets			-1,556	1,684	-1,556	1,684
Staff	934	-95			934	-95
Supplies & Services / Transport etc	94				94	0
Property	284				284	0
Income	0				0	0
<b>Other Dundee Services / Support / Mgmt</b>	<b>1,312</b>	<b>-95</b>	<b>21,009</b>	<b>1,389</b>	<b>22,321</b>	<b>1,294</b>

	Dundee City Council Delegated Services		NHST Dundee Delegated Services		Partnership Total	
	Annual Budget	Projected Over / (Under)	Annual Budget	Projected Over / (Under)	Annual Budget	Projected Over / (Under)
	£,000	£,000	£,000	£,000	£,000	£,000
<b>Total Health and Community Care Services</b>	<b>78,915</b>	<b>-242</b>	<b>72,420</b>	<b>249</b>	<b>151,335</b>	<b>7</b>
<b>Other Contractors</b>						
Prescribing (FHS)			33,201	2,578	33,201	2,578
General Medical Services			24,636	-134	24,636	-134
FHS - Cash Limited & Non Cash Limited			20,085	-27	20,085	-27
<b>Grand Total H&amp;SCP</b>	<b>78,915</b>	<b>-242</b>	<b>150,342</b>	<b>2,666</b>	<b>229,257</b>	<b>2,424</b>
Hosted Recharges Out			-11,053	123	-11,053	123
Hosted Recharges In			16,000	1,397	16,000	1,397
<b>Hosted Services - Net Impact of Risk Sharing Adjustment</b>			<b>4,947</b>	<b>1,520</b>	<b>4,947</b>	<b>1,520</b>
<b>Large Hospital Set Aside</b>			<b>21,000</b>	<b>0</b>	<b>21,000</b>	<b>0</b>



**REPORT TO:** HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD –  
25 APRIL 2017

**REPORT ON:** DUNDEE INTEGRATION JOINT BOARD RESERVES POLICY

**REPORT BY:** CHIEF FINANCE OFFICER

**REPORT NO:** DIJ16-2017

## **1.0 PURPOSE OF REPORT**

This report sets out the proposed Reserves Policy for Dundee Integration Joint Board for consideration and approval and describes the purposes for which reserves may be held.

## **2.0 RECOMMENDATIONS**

It is recommended that the Integration Joint Board (IJB):

- 2.1 Notes and approves the proposed Reserves Policy for Dundee Integration Joint Board as outlined in this report

## **3.0 FINANCIAL IMPLICATIONS**

The establishment of Reserves will support the IJB in responding flexibly to a range of financial challenges in future years.

## **4.0 MAIN TEXT**

- 4.1 The Integration Joint Board was created by statute and is classified as a local government body for accounts purposes by the Office of National Statistics (ONS). It is therefore able to hold reserves.
- 4.2 Reserves are required to be considered and managed to provide security against unexpected cost pressures and aid financial stability. To assist in this regard, The Chartered Institute of Public Finance and Accountancy (CIPFA) have issued guidance in the form of Local Authority Accounting Panel (LAAP) Bulletin 55 – Guidance Note on Local Authority Reserves and Balances. This guidance outlines the framework for reserves, the purpose of reserves and some key issues to be considered when determining the appropriate level of reserves.
- 4.3 In the context of an IJB, reserves are generally held to create a contingency to cushion the impact of unexpected events and cost pressures, to form part of a recovery plan as part of the risk sharing arrangements set out within the Integration Scheme and to create a means to building up earmarked reserves to meet known or predicted costs and planned transformation programme.
- 4.4 The purpose of a reserves policy is to:
- outline the legislative and regulatory framework underpinning the creation, use or assessment of the adequacy of reserves;
  - identify the principles to be employed by the IJB in assessing the adequacy of the IJB's reserves;
  - indicate how frequently the adequacy of the IJB's balances and reserves will be reviewed; and
  - set out arrangements relating to the creation, amendment and use of reserves and balances.

- 4.5 The IJB generally utilises its resources in line with the Strategic Plan. The IJB will be able to use its powers to hold reserves so that in some years it may plan for a contribution to build up reserve balances, or use a contribution from reserves in line with the reserve policy. The IJB may build up reserves year on year as a result of unanticipated underspends or the need to ring fence certain funding for specific multi-year commitments.
- 4.6 The proposed Reserves Policy is attached at Appendix 1 and provides the detail to support the governance for creating and holding revenue reserves for the IJB.
- 4.7 The proposed Reserves Policy recommends setting a prudent level of contingency general reserve at 2% of the IJB net expenditure. It is acknowledged that due to the financial constraints on the IJB this will be challenging to deliver in the early years and can only be delivered when the need to maintain an appropriate level of service delivery for the population in each year has been met.
- 4.8 Earmarked Reserves relate to specific funds for specific purposes and will only be used for these purposes, often spanning multiple years. Whilst these reserves are fully committed and therefore not free to use, these too will be regularly monitored. Any change of use, or decisions relating to residual balance will require the approval of the IJB.
- 4.9 In relation to the establishment of a Renewal and Repairs fund, while the IJB currently does not have responsibility for managing buildings it is responsible for various items of equipment for which provision could be made to avoid incurring in year unplanned expenditure. In addition, while there is no current specific need for a separate Insurance Fund, it is deemed appropriate to establish the principles behind such a fund should it be required in the future.

## **5.0 POLICY IMPLICATIONS**

This report has been screened for any policy implications in respect of Equality Impact Assessment and Risk Management. There are no equality implications. Any risks associated with the level of reserves held by the IJB will be closely monitored and reported by the Chief Finance Officer as part of the ongoing financial monitoring process.

## **6.0 CONSULTATIONS**

The Chief Officer, Director of Finance - NHS Tayside, Executive Director of Corporate Services - Dundee City Council and the Clerk were consulted in the preparation of this report.

## **7.0 BACKGROUND PAPERS**

None.

DATE: 30 March 2017

Dave Berry  
Chief Finance Officer

## Integration Joint Board Reserves Policy

### 1. Background

- 1.1 To assist local government bodies, including Integration Joint Boards, in developing a framework for reserves, CIPFA have issued guidance in the form of the Local Authority Accounting Panel (LAAP) Bulletin 55 – Guidance Note on Local Authority Reserves and Balances. This guidance outlines the framework for reserves, the purpose of reserves and some key issues to be considered when determining the appropriate level of reserves.

### 2. Statutory/Regulatory Framework for Reserves

- 2.1 Local Government bodies may only hold reserves for which there is a statutory or regulatory power to do so. In Scotland, the legislative framework is as follows:

Reserve	Powers
General Fund	Local Government Scotland Act 1973
Repairs and Renewals Fund	Local Government Scotland Act 1975
Insurance Fund	

- 2.2 For each reserve there should be a clear protocol setting out:

- the reason / purpose of the reserve,
- how and when the reserve can be used,
- procedures for the reserves management and control,
- the review timescale to ensure continuing relevance and adequacy.

- 2.3 An example of how the protocol could be applied is outlined at the end of this policy. Note that while within a local authority context all receipts and payments are made via the General Fund, in respect of the Integration Joint Board all receipts and payments will be administered through the ledgers of the respective partners.

3. In addition, over recent years the Local Authority Accounting Code of Practice has introduced a number of technical reserves in line with proper accounting practice associated with capital accounting and FRS17. These reserves are governed by specific accounting treatment and do not form part of general available reserves.

### 4. Operation of Reserves

- 4.1 Reserves are generally held to do three things:

- create a working balance to help cushion the impact of uneven cash flows and avoid unnecessary temporary borrowing – this forms part of general reserves;
- create a contingency to cushion the impact of unexpected events or emergencies – this also forms part of general reserves; and
- create a means of building up funds, often referred to as earmarked reserves, to meet known or predicted liabilities.

### 5. Role of the Chief Finance Officer

- 5.1 The Chief Finance Officer is responsible for advising on the levels of reserves. The Integration Joint Board, based on this advice, should then approve the appropriate strategy as part of the budget

process.

## **6. Adequacy of Reserves**

- 6.1 There is no guidance on the minimum level of reserves that should be held. In determining reserve levels the Chief Finance Officer must take account of the strategic, operational and financial risks facing the IJB over the medium term and the Integration Joint Board's overall approach to risk management.
- 6.2 In determining the level of general reserves, the Chief Finance Officer should consider the Integration Joint Board's medium term financial strategy and the overall financial environment. Guidance also recommends that the Chief Finance Officer reviews any earmarked reserves as part of the annual budget process.
- 6.3 In light of the size and scale of the Integration Joint Board's operations, over the longer term it is considered that it would be an aspiration to achieve a level of general reserves which represent approximately 2% of net expenditure. The value of reserves must be reviewed annually as part of the Integration Joint Board's Budget and Strategic and Commissioning Plan and in light of the financial environment at that time.
- 6.4 The level of other earmarked funds will be established as part of the annual budget process.

## **7. Reporting Framework**

- 7.1 The Chief Finance Officer has a fiduciary duty to ensure proper stewardship of public funds.
- 7.2 The level and utilisation of reserves will be formally approved by the Integration Joint Board based on the advice of the Chief Finance Officer. To enable the IJB to reach a decision, the Chief Finance Officer should clearly state the factors that influenced this advice.
- 7.3 As part of the budget report the Chief Finance Officer should state:
  - the current value of general reserves, the movement proposed during the year and the estimated year-end balance and the extent that balances are being used to fund recurrent expenditure.
  - the adequacy of general reserves in light of the Integration Joint Board's medium term financial strategy.
  - an assessment of earmarked reserves and advice on appropriate levels and movements during the year and over the medium term.

## Reserves Protocol

### 1. GENERAL FUND

#### **Purpose of the Reserve**

The General Fund of the Integration Joint Board will be utilised to hold balances generated within the Income and Expenditure Account, net of any amounts transferred to the Repairs and Renewals Fund, and the Insurance Fund.

#### **Use of reserve**

This represents the general reserve of the Integration Joint Board and is used to manage the financial strategy of the Integration Joint Board. Any use of general fund reserves has to be approved by the Integration Joint Board.

#### **Management and Control**

Management and control is maintained through the established financial management frameworks and review through the financial year end and budget processes.

### 2. REPAIRS AND RENEWALS FUND

#### **Purpose of the Reserve**

To defray expenditure to be incurred from time to time in repairing, maintaining, and renewing any buildings, works, plant, equipment or articles belonging to, or utilised by, the Integration Joint Board.

#### **Use of reserve**

Various repairs and renewal funds are used to manage investment in building and equipment across the City.

#### **Management and Control**

Management and control is maintained through the established financial management frameworks and review through the year end and budget process.



### 3. INSURANCE FUND

#### Purpose of the Reserve

An insurance fund may be operated for the following purposes:

- where the Integration Joint Board could have insured against a risk but has not done so, defraying any loss or damage suffered, or expenses incurred, by the Integration Joint Board as a consequence of that risk;
- paying premiums on a policy of insurance against a risk.

#### Use of reserve

The reserve is used to manage insurance costs over the medium term.

#### Management and Control

The insurance fund is subject to dedicated accounting rules and procedures as approved by LASAAC (Local Authorities Scotland Accounts Advisory Committee).

The adequacy and relevance of each fund is reviewed by the Chief Finance Officer at each year end and through the budget process. All recommendations for movements in balances will be reported to the Integration Joint Board either through the year-end report or as part of the budget and service plan strategy.



**REPORT TO:** HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD –  
25 APRIL 2017

**REPORT ON:** SHAPING THE ADULT HEALTH AND SOCIAL CARE MARKET IN DUNDEE  
2017-2021 (MARKET FACILITATION STRATEGY)

**REPORT BY:** CHIEF FINANCE OFFICER

**REPORT NO:** DIJB12-2017

## **1.0 PURPOSE OF REPORT**

The purpose of this report is to notify members of the agreement of Dundee Health & Social Care Partnership's market facilitation strategy by the Integrated Strategic Planning Group (ISPG), and of plans for distribution of the document to key stakeholders.

## **2.0 RECOMMENDATIONS**

It is recommended that the Integration Joint Board (IJB):

- 2.1 Notes the content of 'Shaping the Adult Health and Social Care Market in Dundee 2017-2021' (appendix 1) as agreed by the Integrated Strategic Planning Group.
- 2.2 Notes the plans for publication and distribution of the document to key stakeholders (section 4.4).

## **3.0 FINANCIAL IMPLICATIONS**

None.

## **4.0 MAIN TEXT**

- 4.1 Dundee Health & Social Care Partnership's Strategic and Commissioning Plan set out a commitment to developing a Market Facilitation Strategy that articulates the future shape of the social care market in Dundee, is relevant to those within the Health & Social Care Partnership that deliver social care services and to independent and third sector providers, and which complements existing business planning and development activities of current and potential providers. The development of the plan was identified as contributing to the strategic shift of 'managing our resources effectively'. The Market Facilitation Strategy was to be developed as one of the additional companion documents aligned with the Strategic and Commissioning Plan.
- 4.2 Over the course of 2016/17 the Integrated Strategic Planning Group has undertaken a programme of work, to develop and consult on the Market Facilitation Strategy. This has included drawing on national guidance and best practice in other Health & Social Care Partnerships and from across the UK public policy landscape. The Strategy has been co-produced with stakeholders represented across the Health & Social Care Partnership's Strategic Planning Groups as well as with current and potential future providers. A four week formal consultation period was undertaken at the end of 2016 / beginning of 2017. It is recognised that this document will need to be refreshed periodically in line with revisions to the Strategic and Commissioning Plan in order to support care providers in understanding the future shape of care services in Dundee.

- 4.3 At their most recent meeting the Integrated Strategic Planning Group finalised and approved 'Shaping the Adult Health and Social Care Market in Dundee 2017-2021' (attached at Appendix 1). The current document has been formatted as a companion document to the overarching Strategic and Commissioning Plan.
- 4.4 Arrangements are being made for the Market Facilitation Strategy to be published, alongside the other companion documents, on the Health & Social Care Partnership's new internet site. The document will also be directly distributed to key stakeholders, including current and potential future providers.

## **5.0 POLICY IMPLICATIONS**

This report has been screened for any policy implications in respect of Equality Impact Assessment and Risk Management. There are no major issues.

## **6.0 CONSULTATIONS**

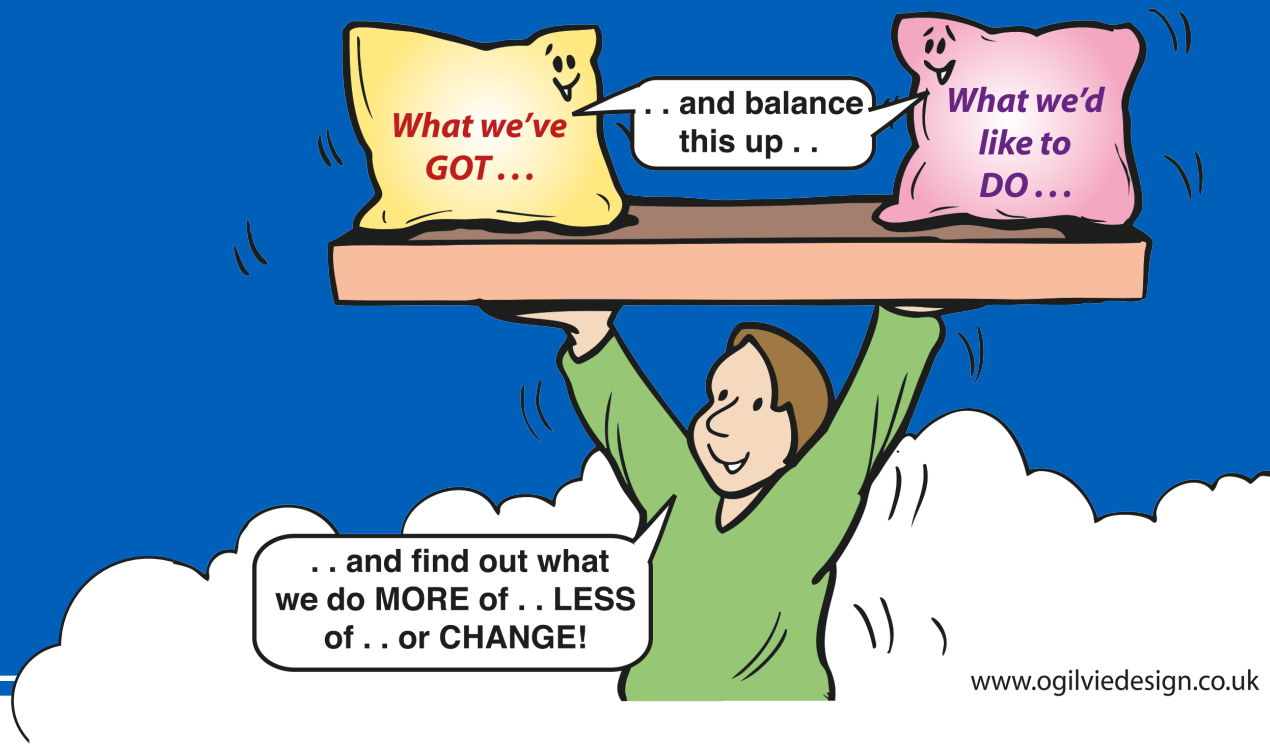
Members of the Integrated Strategic Planning Group, Chief Officer, and Clerk were consulted in the preparation of this report.

## **7.0 BACKGROUND PAPERS**

None.

Dave Berry  
Chief Finance Officer

DATE: 31 March 2017



# SHAPING THE ADULT HEALTH AND SOCIAL CARE MARKET IN DUNDEE

2017 - 2021

## TABLE OF CONTENTS

	Page Number
Making the changes that are right for Dundee	3
1.0 Why We Need a Market Facilitation Strategy	4
2.0 Drivers for Change	5
2.1 A focus on health and wellbeing	5
2.2 A focus on delivering the right support at the right time	6
2.3 Pressures on spending	8
2.4 The case for change	9
3.0 What Needs to Change	11
4.0 Our Approach to Commissioning	14
4.1 Participation & Engagement	15
4.2 Community Benefits	16
4.3 Fair Work Practices	17
4.4 Our Commitment to Pay the Living Wage	18
5.0 Care for the Future	19
5.1 Commissioning Intentions	19
5.2 Governance/Management	21
5.3 Care Groups	21
Appendix 1 – Dundee Transformation Programme	23
Appendix 2 – Care Group Summaries	24

## Making the changes that are right for Dundee

Our collective ambition is to achieve the best outcomes for families and communities, so people are at the heart of everything we do. Our communities are unique and their sense of place defines our work. Rather than doing things 'to' or 'for' people we will work 'with' people to support them to regain and retain the skills and motivation needed to achieve independent lives and to support them to direct the support that they may need to achieve this.

In 2012, Scotland's Auditor General outlined the complexities associated with the strategic commissioning of social care services due to reducing budgets, changing demographics, growing demands and expectations, the personalisation agenda and the planned implementation of self-directed support legislation. (1)

The Auditor General urged local authorities and their health partners to do more to improve the planning and delivery of health and social care services through better engagement with providers, service users and carers. To improve and get better at analysis and use of information on needs, costs, quality of services and their impact on people's lives.

In 2016 the Auditor General, in a report on Social Work in Scotland, stressed that approaches to delivering social work services will not be sustainable in the long term and that Councils and Integration Joint Boards need to work with the Scottish Government to make fundamental decisions about how they provide services in the future. (2)

The provision of health and social care services to the citizens of Dundee is set out in detail in our 2016 – 2021 Strategic and Commissioning Plan.(3) This Market Facilitation Strategy is a fundamental part of the Strategic and Commissioning Plan and considers how we will develop our services so that they are fit for the future.

In response to the Auditor's challenge, our Market Facilitation Strategy represents the start of a dialogue between the Dundee Health and Social Care Partnership, service providers, service users, carers and other stakeholders about the future shape of our local social care market and how, together, we can ensure this is responsive to the changing needs and aspirations of Dundee's citizens.

David Lynch  
Chief Officer  
Dundee Health and Social Care Partnership

(1) Commissioning Social Care, Audit Scotland, March 2012  
[www.audit-scotland.gov.uk/docs/health/2012/n\\_r12030](http://www.audit-scotland.gov.uk/docs/health/2012/n_r12030)

(2) Social Work in Scotland September 2016  
[http://www.audit-scotland.gov.uk/uploads/docs/report/2016/nr\\_160922\\_social\\_work.pdf](http://www.audit-scotland.gov.uk/uploads/docs/report/2016/nr_160922_social_work.pdf)

(3) Dundee Health and Social Care Strategic and Commissioning Plan 2016 – 2021  
<http://ihub.scot/media/1128/dundee.pdf>

## 1.0 Why We Need a Market Facilitation Strategy

Dundee Heath and Social Care Partnership is committed to ensuring Dundee's citizens are well cared for and that those who need help to stay well and safe are able to exercise choice and as much control as they wish over their support. We currently make an annual investment of £249 million in health and social care services. To deliver on our commitment we need to make sure people can choose from a variety of providers and a range of support options. They must also understand what support is available and be able to make informed choices by having easy access to information about the quality, flexibility, safety and cost of services. Our Strategy sets out to complement and add value to the business planning and development activities of current and potential providers.

Dundee Health and Social Care Partnership can achieve this most effectively by:

- Actively sharing with current and potential providers the intelligence we have on population trends, the current demand for and costs of care
- What future demand and the social care economy might look like
- Making our ideas known about how we believe the market needs to change over time, in response to changing expectations, economic, demographic and legislative drivers
- Being clear with providers about how we will intervene in the market, through the investments we make and the encouragement and advice we give, to achieve a balance in the supply and demand for services
- Explaining why we need to disinvest in some areas and increase spending in others, giving those organisations who wish to grow and adapt to new circumstances time to do so.

This is Dundee Health and Social Care Partnership's first Market Facilitation Strategy. We know that there are gaps and areas that will need further work including areas where there are opportunities for Tayside wide collaboration. Work is ongoing to ensure future links with other strategic and commissioning plans as they are developed and as they relate to Children and Families (including Community Justice), Dundee Alcohol and Drugs Partnership, Community Justice, Violence against Women and Suicide Prevention.

It is our intention to continue to work with providers and commissioning organisations to improve our intelligence so that we can effectively plan our business and make known our intentions for the coming years.

## 2.0 Drivers for Change

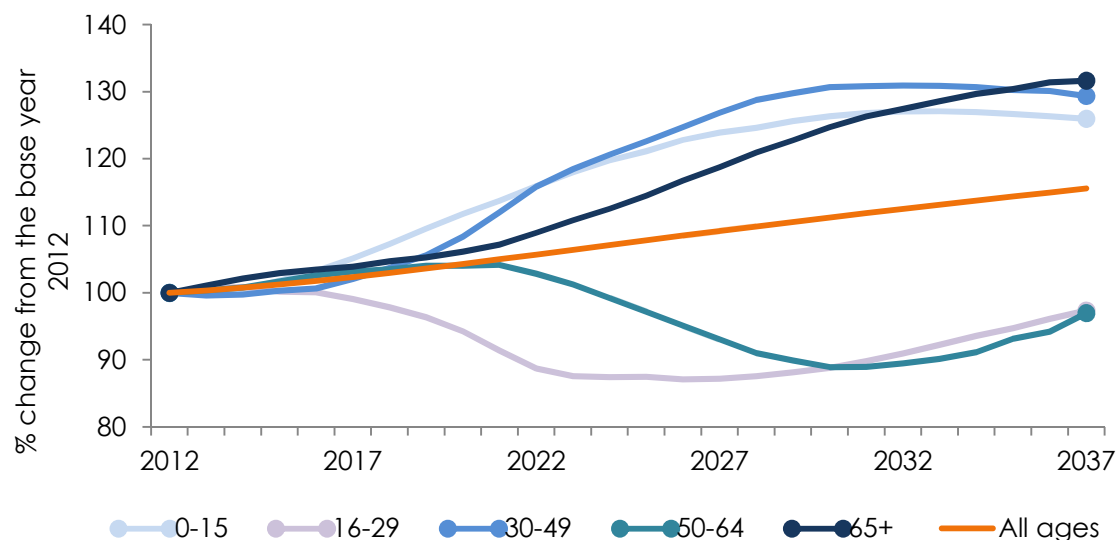
### 2.1 A focus on health and wellbeing

Dundee faces the challenges and opportunities of the changing demographics of a growing population. The current and projected demographic changes taking place may have an impact on the size of the working population and the economy of the city over the next 10 years.

By 2037 the population of Dundee is projected to be 170,811. This is an increase of 15% when compared to the estimated population in 2014. This growth can be attributed to a combination of in-migration and increased life expectancy.

Currently the 16-64 population accounts for two thirds of the Dundee population, with an estimated 98,706 people. As shown in Chart 1, this age group is projected to grow at a slower rate (9% to 107,815) than the older population. The 16-29 and the 50-64 age groups are projected to fall in the next 10 years. This may have some impact on the size of the working population and the economy of the city in the medium term.

**Chart 1: Dundee projected population by age groups, 2012 - 2037**



Source: 2012-based principal population projections for Council areas 2012-2037  
National Records of Scotland

There is expected to be an increase in life expectancy and a significant increase in the older people population in particular the 75+ and 90+ age groups. This linked with the decrease in the number of people aged 50-64, who are the main providers of unpaid care for older family members, could leave a gap in the level of unpaid care available to the rising number of older people in Dundee over the coming years.



While we expect the number of older people to rise over the coming years we also know that the prevalence of health conditions and multi-morbidities in the older population, as they live longer, will lead to an increasing reliance on health and social care services for care and support. The higher level of morbidity and multi-morbidities experienced at a younger age, by people affected by deprivation and health and social inequalities, will also have an impact on health and social care service delivery.

Dundee has a high level of unscheduled care including emergency admission to hospital and the length of stay in hospital by those admitted as an emergency. The task of allocating resources, to ensure that demand can be appropriately met when required, presents a continuing challenge particularly in the context of the current and future financial constraints being faced by all health and social care services in Dundee.

The level of deprivation and the health and social inequalities across Dundee, affects people of all ages who live in deprived neighbourhoods. The level of obesity, substance misuse, poor sexual and reproductive health and wellbeing and teenage pregnancy are factors which are having a negative impact on life expectancy and health in areas across the City.

There is a strong partnership commitment to continuing to address the need for protection and support of vulnerable people across all age groups through adult protection, child protection, violence against women, suicides prevention, drug and alcohol and offender management responses. While other forms of offending are reducing in Dundee domestic abuse and substance misuse are likely to continue to be two of the main priorities for community justice partners. Dundee has the highest imprisonment rate in Scotland and the level of need for support and services on release can be considerable with robust packages of support needed to help those affected to reintegrate into everyday life.

## **2.2 A focus on delivering the right support at the right time**

Through the implementation of models of change, more emphasis is now being placed in Dundee on the development of preventative services and early interventions to support people to live more independently in the community. Agencies are working together to develop more integrated services and improve health outcomes for people who need support.

Within the local authority the delivery of services has been organised around adult care groups, such as substance misuse and learning disability. While these organisational arrangements have allowed services to be developed and delivered to better meet the specific needs of people with different care and support needs, this has meant that decision making about the use of the resources for each care group has been very high level and centralised. Similarly within Dundee Community Health Partnership the delivery of community nursing services has been organised and managed centrally at a citywide level. Overall there has not been the flexibility within the current organisational arrangements to be able respond to changing needs and to

organise and target resources at a Local Community Planning Partnership or neighbourhood level.

We recognise that our current organisational arrangements and decision making processes need to be replaced with a new integrated, locality based organisational and service delivery framework with aligned management and staffing structures. Adopting this framework the need for resources at a local community and neighbourhood level can be more effectively assessed, prioritised and targeted. This will allow resources to be in the 'right' place and services to be more fully and effectively integrated around individuals, carers and their families within their own local communities.

We recognise that work is still required to streamline systems, pathways and processes across health and social care to reduce the level of duplication in activities across agencies and to create the right conditions for a more fully integrated and outcomes focused approach to the planning and delivery of services for those who need them. We realise that the services and supports currently available in Dundee are not sufficiently individualised. We are committed to realising over the coming years the transformational change required to embed service user empowerment and choice at the heart of individual care planning and service delivery in Dundee.

The number of people who die in hospital when it may be their wish to die at home is increasing and the need to extend the provision of palliative care to all those who need it is an area we must address. We recognise that to achieve this we need to build an effective model of multi-agency team working and engagement within localities. There is a need to build further on collaborative working and education between the public and all of the professionals and third parties involved in the delivery of general and specialist palliative care.

Family and unpaid carers provide a significant amount of support in Dundee. With the rising number of older people it is anticipated that the number of unpaid carers in Dundee will grow and we know that there will be a need to 'scale up' the level of carer support accordingly. Supporting their work and sustaining their wellbeing must be a shared priority for all health and social care partners and an integral part of future service designs.

We know through feedback from the people who receive our services, including the complaints and compliments received by social work services and NHS Tayside, that for the most part the quality of our services for adults in Dundee is of an acceptable and sometimes good standard. It is also at times of the very highest quality. We also know however there are times when it does not meet service or practice standards, including those set by external regulatory and inspection bodies, or the expectations of the people of Dundee.

From the growing body of collective professional knowledge, experience that has accrued and the learning from the strategic needs assessment and self-evaluation activities that are being undertaken in Dundee, we know that the outcomes for many people who live in areas of deprivation are poor. We are committed to working with all partners to change the way in which resources

are used and services are delivered, so that the impact of deprivation can be reduced and outcomes improved for individuals, carers and families living in deprived neighbourhood areas across the city.

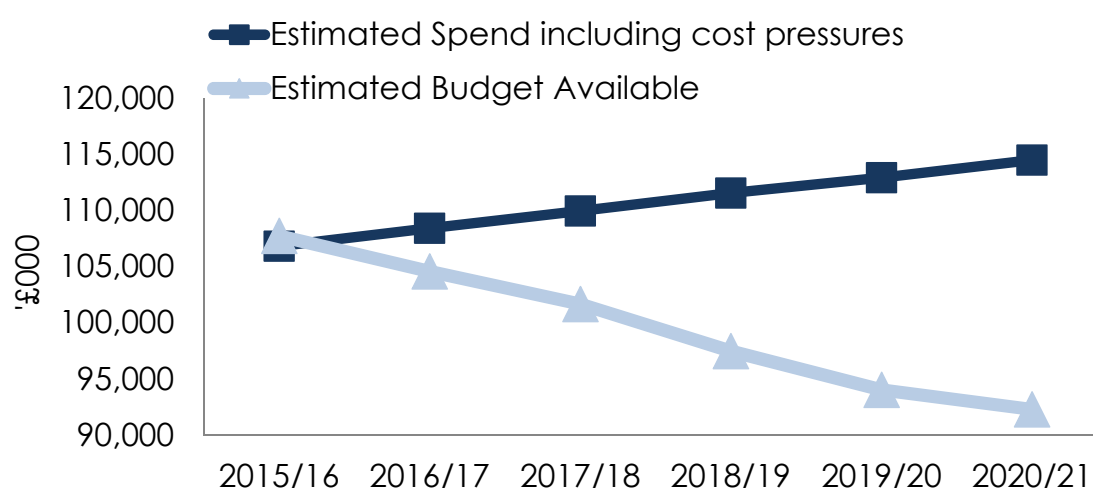
### 2.3 Pressures on spending

Health and social care services in Scotland are being delivered within an increasingly challenging financial environment partly driven by the current UK Government's fiscal policy and partly due to increasing levels of demand. The effect of the UK government's aim to reduce overall public sector spending continues to have a significant impact on the funding of local authorities and the NHS with short to medium term financial settlements projected to be subject to similar restrictions to those experienced over recent years. Locally both Dundee City Council and NHS Tayside have had to make large scale efficiencies across services in order to balance their resources.

At this time of fiscal constraint demand for health and social care services is increasing and this is particularly acute due to the scale of need in Dundee. Given the high levels of deprivation and health inequalities which exist and resultant high prevalence of multi-morbidity we cannot meet the rising demand for support by simply spending more. Doing more of the same is not an option. Together with providers we need to develop new and sustainable responses to people's needs.

For illustrative purposes Chart 2 shows the estimated spend required to meet this increasing demand in Dundee, over some of the care groups, should services broadly continue to be provided in the same way as they are currently.

**Chart 2: Service Groupings – Estimated Service Demand v Available Resources**



We can conclude from this that over the next five years, funding available to meet the increasing health and social care needs of the population will be insufficient. For this reason social care delivery needs to change with a shift

from many of the current high cost, low outcomes models of service to more cost effective models which achieve better outcomes for the citizens of Dundee.

A key factor in delivering this shift is creativity and innovation, building on the wide range of tests of change introduced initially as part of the Reshaping Care for Older People Programme and more recently through the Integrated Care Fund and Integration Funding. These initiatives form part of Dundee Health & Social Care Partnership's Transformation Programme. (Appendix 1)

This Transformation Programme is Dundee Health & Social Care Partnership's response to the demand and financial challenges and draws on the large scale Transformational Change Programmes which Dundee City Council and NHS Tayside are embarking on to ensure services are delivered as efficiently and effectively as possible. The early stages of the Partnership's Transformation Programme highlights the re-prioritisation of services with disinvestment and reinvestment opportunities which align with the priorities set out within the Strategic & Commissioning Plan. Over time this will support a shift in the balance of resources within Dundee Health and Social Care Partnership's budget of approximately £249m.

## 2.4 The case for change

All of these factors collectively lead to a strong case for change. We know that if we are to improve the health and wellbeing of Dundee's adult population into the future we have to take account of, and plan for, these demographic changes in the years ahead. At the same time we need to reduce the significant impact of deprivation on the health and wellbeing of people of all ages.

We have concluded that this will require an approach to the use of health and social care resources that is much more targeted and at a local level. We also recognise that there is an imperative to reduce the reliance on unscheduled care with its negative impact on the resourcing and delivery of planned health and social care services for the people of Dundee.

More detailed information regarding this 'direction of travel' is available in the Dundee Health and Social Care Strategic and Commissioning Plan 2016 - 2021.

<http://ihub.scot/media/1128/dundee.pdf>

Image to be inserted

### 3.0 What Needs To Change

Dundee Health and Social Care Partnership has set out its Transformation Programme, which reflects the range and scale of investment of additional Scottish Government funding, resources released through service redesign and where efficiencies will be required, set against eight agreed strategic priorities. The identified areas of this investment plan provide the opportunity for the Partnership to carry out significant tests of change and start to create the conditions to enable shifts in resources to be made in order to deliver improved outcomes.

Change will only be achieved if strategic shifts in the way services are prioritised, accessed, organised and delivered take place. This will involve a process of investment towards some areas of service and disinvestment in others with resources shifted towards a more preventative and integrated community based approach.

Taking account of our vision, our strategic needs assessment, the Case for Change, the views of our citizens and partners and our desired outcomes, eight priority areas have been identified within our Strategic and Commissioning Plan:

- 1 Health Inequalities
- 2 Early Intervention/Prevention
- 3 Person Centred Care and Support
- 4 Carers
- 5 Localities and Engaging with Communities
- 6 Building Capacity
- 7 Models of Support/Pathways of Care
- 8 Managing our Resources Effectively

Under each of these eight priorities there are a range of strategic shifts. It is recognised that all of these priorities, and their associated strategic shifts, are 'cross cutting' and will impact on each other. For the purposes of this Strategy the following are the strategic shifts that are most strongly related to each of the priorities. A locality approach will provide the overarching framework including the allocation of resources to achieve the strategic shifts against the priorities.

#### **1 Health Inequalities**

- Shifting resources to invest in health inequalities
- Prioritising resources towards implementation of the actions arising from the Dundee Alcohol and Drug Partnership Review
- Shifting resources to improve access to training and employment

#### **2 Early Intervention/Prevention**

- Investing in or redirecting existing resources to scale up well evidenced, early intervention and prevention approaches
- Investing in and expanding the Enhanced Community Support model to include adults with long term conditions

- Investing in integrated locality based enablement and rehabilitation models of support
- Investing in locality pharmacy to promote community health advice and better medication management
- Working with and investing in third sector organisations to develop services that take a recovery or rehabilitative approach.

### **3 Person Centred Care and Support**

- Restructuring our financial planning to support the further development of self-directed support
- Remodelling care at home services to provide models of support which increase the range and flexibility of available options
- Remodelling and investing in the development of short break options for adults and older people.

### **4 Carers**

- Investing more in the health and wellbeing of carers.

### **5 Localities and Engaging with Communities**

- Investing in an infrastructure to support the development of locality planning
- Allocating resources to implement locality plans.

### **6 Building Capacity**

- Investing in third sector and community developments that build community capacity
- Supporting the development of a community transport strategy and investing in community models of transport.

### **7 Models of Support/Pathways of Care**

- Investing in tests of change/remodelling of services which are designed to improve capacity and flow between large hospitals and the community
- Redesigning models of non-acute hospital based services and re-invest in community based services
- Remodelling local authority residential care to provide more targeted and specialist resources
- Remodelling General Practice in line with G.P. cluster model, the changes to the GMS contract and the opportunities afforded through integration
- Investing in the transformation of community nursing services to deliver the Tayside District Nursing vision and model, improving outcomes for adults and older people
- Remodelling and investing in the development of, and increase in, accommodation with support
- Remodelling and investing in the development of day opportunities for adults and older people
- Investing in and expanding the range of telehealth and telecare supports

- Remodelling and prioritising mainstream and specialist services to ensure a rapid and effective response to protecting people concerns.

## **8 Managing our Resources Effectively**

- Investing in workforce development to support the integration and development of new models of care and improve outcomes for people
- Investing in co-located, integrated models of care and support aligned to localities.

In addition our expectation will be that the implementation of the key strategic shifts will flow into and from specific care group strategies, primary and acute care strategies and other organisational strategies. The financial assumptions made against the strategic shifts take into account the financial modelling against each of these strategic frameworks. This will include programmes of investment and disinvestment prioritised into programmes of actions.



## 4.0 Our Approach To Commissioning

In developing our Strategic and Commissioning Plan we have adopted a strategic commissioning approach in order to:

- **Analyse** and understand the evolving needs of our communities, so that we can shape the key strategic priorities that we are committed to delivering against
- **Plan**, design and deliver appropriate services to meet the needs of our communities and secure value for money.

We now need to complete the cycle by:

- **Commissioning** or directing in house service provision and the wider health and social care market to deliver services in line with the eight priorities
- **Reviewing** and validating these to ensure they consistently address the agreed priority areas.

Strategic commissioning will help us to realise our vision for Dundee through the way in which we design, develop and deliver improved and effective services that meet the needs of our changing population.

Dundee Health and Social Care Partnership is committed to commissioning quality services which are safe and deliver good outcomes for service users. Tests of change are already underway through the Transformation Programme using resources from the Integrated Care Fund, Delayed Discharge Fund and Integration Fund all of which is influencing how future services could look. We want to work with providers, service users and carers in developing a quality assurance framework that is meaningful for all and adds value to the Care Inspectorate standards of care.

An Outcomes and Performance Framework will be used to assess the extent to which the changes in range, focus and shape of services meet the expected outcomes, priorities and shifts. As part of the commissioning cycle this will be a continual process and commissioning intentions will be refined to respond to service areas which are not delivering intended outcomes and to changes in demand and need.

To deliver on these commitments we need to make sure that there are a variety of providers and creative support options to meet the range of presenting need and demand in Dundee. We also need to ensure that people understand what support is available and be able to make informed choices, by having easy access to information about the quality, flexibility, safety and cost of services.

## 4.1 Participation and engagement

As we move forward in shaping the market in Dundee we will ensure that the voices of providers are heard, recognised and listened to, in order to improve the quality and delivery of health and social care services.

To do this we will create genuine opportunities for engagement which build on existing practice and structures as well as actively seeking opportunities for innovation and change. This will contribute to a partnership with you where our communication with you is open and transparent with opportunities to liaise with identified Health and Social Care contacts on a regular basis.

A considerable amount of co-production has already taken place during the extensive consultation on our Strategic and Commissioning Plan. This includes a workshop with providers in June 2015 which focused specifically on Market Facilitation.

Our commitments as we move forward with this Market Facilitation Strategy are that we will:

- Work closely with providers from the initial stages of any significant reconfiguration of the market
- Identify and work in more depth with quality providers, where there is strong evidence for continued support, exploring how providers may be able to build on their existing business models to develop more co-ordinated care services
- Develop effective mechanisms for working with the market as a whole. We recognise that there may be providers within the area that may not currently have a contract with Dundee City Council or NHS Tayside, but that with the right support these providers could offer care and/or preventative services
- Map the service user / patient pathways through the care and support system, using tried and tested models and consultation approaches, and understand how services users/patients interface with different providers at different stages of their journey
- Talk with providers to understand how long it takes for them to plan and implement new care models, what the barriers are to preventing the delivery of co-ordinated and integrated care and work with them to overcome these. In some cases this may also mean being sensitive to the fact that the window of opportunity for a provider to invest in an integrated care model may be small and that decisions within the Health and Social Care Partnership need to be made relatively quickly.
- Review all the risk factors operating within the market and look at ways that risk can be shared across organisations so that providers feel supported to remodel their businesses where needed
- Develop strong strategic leadership in commissioning and within the provider sector. Providers will be encouraged to work with commissioners to respond to national policy and build capacity and leadership locally to help build networks of co-ordinated care

- Align the systems and processes that support place-based market shaping such as quality assurance activities and commissioning and procurement cycles
- Use the skills and experience within the sector to come together to develop solutions to complex problems and show a willingness to be innovative from the point of contracting through to the delivery of new models of care
- Use evidence and research to help promote best practice and build consensus around what good models of care should look like
- Work with providers to build on existing models of care, redesign services and/or bring together a range of services to provide seamless support for local people
- Work across organisational boundaries to understand the complexities within the system and generate new ways of working together to address issues and challenges.

We recognise that there is a mixed market of care and service delivery at present and that smaller providers may need encouragement and nurturing. We will work with providers including through the Third Sector Interface and with Scottish Care in Dundee, to offer Supplier Development and Ready for Business programmes to support smaller businesses and social enterprises.

Strategic support will be offered as we move to formalise and align our future intentions around block contracts frameworks, funding agreements and personal budgets.

## 4.2 Community benefits

In September 2012 Dundee City Council approved a Community Benefits from Procurement Policy which introduces a Council wide approach intended to secure the maximum economic and social benefits for the citizens of Dundee within the current legal framework.

Community Benefits is the term used to refer to a range of “social issues”, including targeted recruitment and training, equal opportunities considerations, supply chain initiatives, awareness raising programmes and community engagement activity which contribute more widely to sustainable procurement.

Sustainable procurement is defined as “a process that achieves value for money on a whole life basis and generates benefits not only to the organisation, but also to society and the economy whilst minimising damage to the environment”.

In line with this policy Dundee Health and Social Care Partnership is committed to securing Community Benefits from procured contracts and will require the successful contractor to work with it as part of the delivery of the works in transforming the community in a real and sustainable manner.

### 4.3 Fair work practices

Dundee Health and Social Care Partnership and the wider Public Sector in Scotland is committed to the delivery of high quality public services, and recognises that this is critically dependent on a workforce that is well rewarded, well-motivated, well-led, has access to appropriate opportunities for training and skills development, is diverse and is engaged in decision making. These factors are also important for workforce recruitment and retention and continuity of service. Public Bodies in Scotland are adopting fair work practices, which include:

- A fair and equal pay policy that includes a commitment to supporting the Living Wage, including, for example, being a Living Wage Accredited Employer
- Clear managerial responsibility to nurture talent and help individuals fulfill their potential, including, for example, a strong commitment to Modern Apprenticeships and the development of Scotland's young workforce
- Promoting equality of opportunity and developing a workforce which reflects the population of Scotland in terms of characteristics such as age, gender, religion or belief, ethnic origin, sexual orientation and disability
- Support for learning and development
- Stability of employment and hours of work, and avoiding exploitative employment practices, including, for example, inappropriate use of zero hours contracts
- Flexible working (including for example practices such as flexi-time and career breaks) and support for family friendly working and wider work life balance
- Support for progressive workforce engagement, for example Trade Union recognition and representation where possible, otherwise alternative arrangements to give staff an effective voice.

In order to ensure the highest standards of service quality we expect contractors to take a similarly positive approach to fair work practices as part of a fair and equitable employment and rewards package. Further information about the Scottish Government's Fair Work Practices approach is provided at <http://www.gov.scot/Publications/2015/10/2086/> (October 2015). The Statutory Guidance applies to regulated procurement commencing on or after 1 November 2015.

#### 4.4 Our commitment to pay the Living Wage

We are committed to encouraging suppliers to pay the Living Wage.

Living Wage is a term used to describe the minimum hourly wage necessary for shelter (housing and incidentals such as clothing and other basic needs) and nutrition for a person for an extended period of time (lifetime). This standard generally means that a person working full-time, with no additional income, should be able to afford a specified quality or quantity of housing, food, utilities, transport, health care, and recreation.

The current Living Wage is based on research carried out by the Joseph Rowntree Foundation which looked at developing a formula for calculating a minimum income standard which would apply to all employees aged 18 or over with the exception of apprentices and interns. This figure changes on an annual basis in November each year and is announced as part of Living Wage week.

(For avoidance of doubt this rate differs from the 'National Living Wage' which from 2 April 2016 replaced the National Minimum Wage. This is set by the UK government and only applies to those over 25 years old.)

It is important that suppliers who benefit from public money can demonstrate that they are putting something back into their communities and we intend to use our Procurement to raise standards of pay.

Paying a Living Wage offers clear benefits to employers. The payment of a Living Wage can have a positive impact in value for money and service delivery. Feedback from suppliers who have implemented the Living Wage has identified benefits including:

- Easier recruitment and retention, reducing recruitment costs
- Improved quality of staff
- Improved attendance
- Improved productivity, motivation and loyalty.

Further information on the Living Wage in Scotland is available at <http://scottishlivingwage.org/> and <http://www.livingwage.org.uk/>.

## 5.0 Care for the Future

We need to support the citizens of Dundee to make informed choices, to take control and contribute to their health and wellbeing before the need for formal support arises. There must be a long term shift from assessment, service provision and a focus on investment towards local solutions, prevention and capacity building to help people and communities stay strong and stimulate reform of existing services.

### 5.1 Our commissioning intentions

Our commissioning intentions are set within the context of our eight priorities and our governance and management principles.

#### 1 Health Inequalities

- Services designed to meet the specific needs of local areas which focus on tackling health inequalities across more areas of the city will be required
- Develop a range of services which support the implementation of the Dundee Alcohol and Drugs Partnership Strategy.

#### 2 Early Intervention/Prevention

- Drive to deliver more seamless services through the integration of health and social care. Providers who re-shape their service delivery to include the provision of opportunities to learn about living well and practical help to maintain health and wellbeing will be well placed to respond to future opportunities
- Voluntary and community groups, which help people better understand the costs of growing old, prepare them for living well in older age and prevent or delay their need to use complex and/or high cost social care services, will benefit from the changes we are making to our procurement arrangement
- Provide more investment in services that focus on early intervention and prevention.

#### 3 Person Centred Care and Support

- Social enterprises able to provide safe and affordable services to meet the growing demand for self-funded help will be required. Household and garden safety and maintenance tasks will fill a gap in the market and help to reduce the number of trips and falls in Dundee
- Providers who market their services well and help people access flexible, personalised support can expect to deal with individuals or small groups who increasingly want to commission bespoke packages through personal budgets
- More individualised packages of care, where individuals will manage and control how their care needs are met, will be rolled out.

#### **4 Carers**

- A wider range of supports will be available to carers to support their health and wellbeing.

#### **5 Localities and Engaging with Communities**

- Providers who can deliver in single localities, multiple localities and across the City will be well placed to work in partnership in Dundee.
- We will focus on the development of partnership working to enhance and stabilise market provision which will include engaging providers in the design of tenders and in the commissioning process

#### **6 Building Capacity**

- We know isolation and loneliness have a significant impact on people's sense of wellbeing. Providers who actively address these issues through collaboration with place and interest-based community, voluntary, faith and leisure groups are more likely to be successful in helping service users achieve their chosen outcomes
- More tests of change will be needed in the delivery of services across more of the communities we serve in order to increase the community capacity and resilience of these communities. Providers who can demonstrate an ability to develop, implement and evaluate innovative approaches and successfully scale-up provision will be welcomed.

#### **7 Models of Support/Pathways of Care**

- Given the growing complexity of people's needs and the increasing use of self-directed support, a positive, credible approach to risk management will help providers stand out from the crowd and provide the reassurance service users, their relatives, the Partnership and wider public expect
- Relatively less reliance on residential based forms of care in relation to the overall population needs, and relatively more reliance on housing with care, and home based care services is planned
- A wider range of housing support options for individuals to help sustain them in their own homes, maintain independent living and reduce homelessness is also planned along with more accommodation with support for individuals with particular needs, more services which provide access to training and employment and a greater range of telehealth and telecare supports

#### **8 Managing our Resources Effectively**

- Providers able to provide information about costs to individuals and to the Partnership for supporting outcomes will benefit from the changes we are making to our contracting arrangements
- We will actively support organisations, which seek to supply or secure significant external funding for projects clearly aligned to this strategy and our specific commissioning plans. This could include 'in kind' or match funding where this makes economic sense to us and which leads to more integrated service provision.

## 5.2 Working in Partnership with Providers

Dundee Health and Social Care Partnership's commitment to the personal dignity and protection of every service user is absolute. We will strive to work with providers who share and reflect this commitment in their organisational and day-to-day practice.

- We want health and social care jobs to be an attractive choice for workers. We will encourage co-operative and other employment initiatives, which promote ownership of responsibility for the delivery of high quality services and maximise employee benefits including our commitment to paying the Living Wage
- Providers who work proactively to quality assure their services and are able to evidence positive outcomes for service users will be welcomed
- We want to work in partnership with all agencies across Dundee to continuously improve service provision to ensure we are delivering value for money and added value while avoiding sacrificing the quality of care
- We will proactively listen to service users views when planning to develop or change their service delivery
- We will work with partners who wish to develop and train their workforce to continue to deliver good quality services and embed a culture of dignity and respect into their services
- Providers who demonstrate robust public protection governance, policy and practice and can evidence that they are equipped to respond to statutory equalities duties will be welcomed to work in Partnership in Dundee.

## 5.3 Care groups

Each of the care groups, which support the work of the Dundee Health and Social Care Partnership, has its own Strategic and Commissioning Plan. A one page summary of the plans for each of the care groups is attached at Appendix 2.

Some key actions we will be engaged in over the next two to three years based on what we know about supply and demand and the level of resources include:

- Further develop preventative approaches such as early intervention services to help reduce future demand
- Increase use of third and independent sector services to complement statutory care
- Work with housing providers to develop appropriate models of care
- Improve information, communication and engagement with service users and their carers at a local level.



Image to be inserted.

Appendix 1		
Dundee Transformation Programme Investment in Strategic Priorities		
Strategic and Commissioning Plan Priority	Additional Investment 2016/17 £000	Investment Proposals 2017/18 £000
Health Inequalities	63	523
Early Intervention/Prevention	2,110	1,907
Person Centred Care & Support	46	-
Carers	245	249
Localities & Engaging with Communities	278	283
Building Capacity	401	361
Changed Models of Support, Pathways of Care	2,035	1,669
Managing Our Resources Effectively	50	25
Provision for Further Projects	617	1,396
Total	5,844	6,412

## Carers

<b>Where Do We Want To Be?</b>	<b><i>A caring Dundee in which all Carers feel listened to, valued and supported so that they feel well and are able to live a life alongside caring</i></b>			
<b>What Will Change Look Like?</b>	Carers will say that they are identified, respected and involved.	Carers will say that they have had positive caring experiences.	Carers will say that they can live a fulfilled and healthy life.	Carers will say that they can manage the caring role.
<b>What Will We Do?</b>	<p>Develop supports and opportunities so that:</p> <p>Carers feel listened to and feel they have had a say in the services provided for the person they look after.</p> <p>Carers are involved in shaping services through strategic planning.</p> <p>Carers feel involved in the admission and discharge planning of the person they care for.</p> <p>Carers are identified early and crisis is prevented.</p>	<p>Develop supports and opportunities so that:</p> <p>Carers feel that services are well co-ordinated for the person they care for and themselves.</p> <p>Carers have positive experiences of supports and services.</p>	<p>Develop supports and opportunities so that:</p> <p>Carers health and wellbeing is maintained.</p> <p>Carers income is maximised and carers do not experience financial hardship as a result of caring.</p> <p>Young Carers can achieve their outcomes.</p> <p>Adult Carers can achieve their outcomes.</p> <p>Carers are able to access a range of local supports.</p>	<p>Develop supports and opportunities so that:</p> <p>Carers are able to access a range of information and advice.</p> <p>Carers who are in employment and/or training or Further Education are supported.</p> <p>Carers are supported to manage the caring role and have a life alongside caring.</p>

## Homelessness

<b>Where Do We Want To Be?</b>	<b><i>Citizens of Dundee will be able to live a fulfilled life in their own home or homely setting. If people do become homeless, they will be able to access quality information, advice and support which will enable them to live a fulfilled life and gain and maintain their own home.</i></b>		
<b>What Will Change Look Like?</b>	Homelessness will be prevented where appropriate.	People who are homeless are able to easily access high quality and well-coordinated supports which enable them to gain and maintain settled accommodation.	People experiencing homelessness will be able to live an independent, fulfilled and healthy life in settled accommodation.
<b>What Will We Do?</b>	<p>Develop supports and opportunities so that:</p> <p>Individuals can access locally based income maximisation advice.</p> <p>Individuals can access locally based support to prevent homelessness.</p> <p>Our workforce has guidance and a framework for preventing homelessness and promoting positive outcomes.</p> <p>Prevention of homelessness is promoted.</p>	<p>Develop supports and opportunities so that:</p> <p>Individuals will be able to easily access advice and support.</p> <p>Individuals can access quality temporary accommodation and supports.</p> <p>Individuals feel that services are well coordinated and joined up.</p> <p>Individuals can actively participate in shaping services.</p> <p>Our workforce are able to prevent and respond to homelessness.</p>	<p>Develop supports and opportunities so that:</p> <p>Individuals can live independently.</p> <p>Individuals can look after and improve their own health and wellbeing.</p> <p>Individuals can achieve their personal outcomes and improve the quality of their life.</p> <p>As a Partnership we continuously improve our response to homelessness.</p>

## Health Inequalities

<b>Where Do We Want To Be?</b>	<b><i>Health and wellbeing outcomes for individuals and communities are improved and health inequalities are reduced. Opportunities for access to employment, education and training are increased.</i></b>	
<b>What Will Change Look Like?</b>	There will be a more equal health status across communities in Dundee and the gap in health inequalities will have reduced.	A preventative and anticipatory approach will be taken to health care needs and people will be supported to self manage their health as independently as possible and will have an increased healthy life expectancy.
<b>What Will We Do?</b>	<p>Narrow the health inequalities gap by focusing on areas/groups where effects are the worst.</p> <p>Support initiatives that improve employment and training opportunities.</p> <p>Develop approaches that positively impact on the health and well-being of citizens and communities.</p> <p>Extend the range of public information and improve information channels.</p> <p>Identify areas where the take up of health initiatives is low and support approaches to improve access and take-up.</p> <p>Enhance the skills of staff across the Partnership to adopt a social prescribing approach to support individuals.</p> <p>Enhance the skills of staff across the Partnership to be inequalities sensitive in their practice, both in terms of individual contacts and in planning services.</p> <p>Build capacity within communities to tackle health inequalities.</p> <p>Make better use of community resources such as libraries and community pharmacies to promote health and wellbeing, including a social prescribing role, as a point of contact with people..</p> <p>Implement an action plan to mitigate negative effects of welfare reform.</p> <p>Pilot new ways of providing welfare benefits advice.</p>	<p>Implement the outcomes of commissioned research on prevention.</p> <p>Continue to evaluate current approaches to early intervention and prevention and invest in models which increase capacity.</p> <p>Provide access to validated information and materials that support individuals to manage their own health and wellbeing.</p> <p>Embed health checks as a means to engage people in the health and wellbeing agenda, to increase self care, and avoid longer term ill health.</p> <p>Prioritise and invest in models of support that help to support life style changes which improve health.</p> <p>Continue to develop and increase the capacity of volunteers.</p> <p>Continue to develop and increase the capacity and early intervention of money advice services to support prevention.</p>

## Dementia

<b>Where Do We Want To Be?</b>	<b><i>It is our vision that Dundee is a Dementia Friendly City. We want to ensure that Dundee is a good place to live for people with Dementia and their carers' and services respond positively to support them.</i></b>		
<b>What Will Change Look Like?</b>	People with dementia will have more choice and control and feel care is co-ordinated.	People with dementia will be able to maintain relationships, be part of the world they live in and maximise potential.	People with dementia are able to stay well and feel safe.
<b>What Will We Do?</b>	<p>Develop training for staff.</p> <p>Review advocacy provision.</p> <p>Promote Power Of Attorney.</p> <p>Develop capacity assessment.</p> <p>Develop good practice around Anticipatory Care Planning.</p> <p>Develop better ways to share information.</p> <p>Develop integrated ways of working as part of localities.</p> <p>Develop a dementia pathway.</p> <p>Look at how we co-ordinate care.</p>	<p>Appoint a worker and develop a steering group to take forward Dementia Friendly Dundee.</p> <p>Develop Technology Enabled Care strategy.</p> <p>Develop Carers strategy.</p> <p>Become a dementia friendly City.</p> <p>Develop community based opportunities.</p> <p>Review day services/ develop community based day opportunities.</p> <p>Develop outcomes focused approaches.</p> <p>Develop Self Directed Support.</p> <p>Implement positive risk taking framework.</p> <p>Develop an Adult Support and Protection action plan which takes account of the needs of people with dementia.</p> <p>Work with NES to develop Essentials in Psychological Care for People with Dementia.</p> <p>Review pathways and training for people with Delirium.</p>	<p>Develop Enhanced Community Support (ECS).</p> <p>Develop the Community Rehab Team (CRT).</p> <p>Develop joint working Medicine For the Elderly and Psychiatry of Old Age.</p> <p>Develop care home liaison team.</p> <p>Improve care of people with dementia in hospital settings.</p> <p>Look at how we support people with dementia who have complex needs.</p> <p>Implement the findings of the Future of Residential Care report in relation to small specialist group settings for people with Dementia including younger people and men.</p> <p>Improve end of life care.</p>

## Older People

<b>Where Do We Want To Be?</b>	<b><i>Older Adults will be supported to live a fulfilled life, as part of the community of their choice with the supports that assist them to achieve this.</i></b>		
<b>What Will Change Look Like?</b>	Reduction in emergency admissions, delayed discharge and bed days occupied.	A wider range of alternatives to statutory services for individuals and communities.	Fewer people in care homes and more people cared for at home.
<b>What Will We Do?</b>	<p>Develop step down options.</p> <p>Develop good practice in Anticipatory Care Planning.</p> <p>Redesign rehabilitation services to provide more support at home.</p> <p>Promote Power of Attorney.</p> <p>Look at how we support people with dementia who have complex needs.</p> <p>Improve access to Guardianship.</p> <p>Move assessment into the community.</p> <p>Develop an Assess to Admit Model.</p> <p>Continue to develop Integrated Multi Disciplinary Teams in the community.</p> <p>Develop a 7 day a week acute frailty team.</p> <p>Remodel Rehabilitation and Assessment services in RVH.</p> <p>Develop a dedicated Stroke Unit.</p>	<p>Develop a range of local community based opportunities for socialisation.</p> <p>Develop a day opportunities framework.</p> <p>Shift balance from day centres to day opportunities.</p> <p>Become a dementia friendly City.</p> <p>Review Housing support.</p> <p>Improve access to transport.</p>	<p>Implement Self Directed Support.</p> <p>Implement Technology Enabled Care strategy.</p> <p>Implement Carers strategy.</p> <p>Develop a community medication administration policy.</p> <p>Develop pathways of care for people with Functional Mental health problems.</p> <p>Develop housing with care.</p> <p>Find ways to support uninjured fallers.</p> <p>Develop a positive risk taking framework.</p> <p>Redesign rehabilitation services to provide more support at home.</p>

## Physical Disabilities

Where Do We Want To Be?	<b><i>All citizens of Dundee with physical disabilities who are aged between 16 and 65 are able to live a fulfilled life within their own community, and are able to access the health, social care and community services they require in order to help support them.</i></b>		
<b>What Will Change Look Like?</b>	<p>Citizens of Dundee will contribute to the implementation of Health and Social Care Integration, and ensure the Health and Social Care Partnership are aware of the specific requirements of people with physical disabilities and long-term conditions.</p> <p>Individuals and local communities will have an opportunity to be involved in the planning, co-design and co-production of future services, and are able to share their views and ideas for improving existing services and supports within Dundee.</p>	<p>Development of clear pathways to provide people aged 16 to 65 who have a physical disability with appropriate housing.</p> <p>Implementation of new methods of working in order to support the strategic shift in service delivery required by Health and Social Care Integration.</p> <p>Develop strong links with other key partnerships and groups, including carers, technology enabled care, discharge planning and welfare rights.</p>	<p>Creation and implementation of new integrated discharge pathways, including the use of step-up and step-down facilities as required, and support wider delayed discharge improvement work.</p> <p>Identification and implementation of methods of addressing and reducing health inequalities for people with physical disabilities, improving their outcomes and increasing their life opportunities.</p> <p>Remove barriers to employment for people with physical disabilities.</p>
<b>What Will We Do?</b>	<p>Ensure that people with physical disabilities, their family carers and stakeholders have opportunities to participate, co-produce and influence the direction of future services.</p> <p>Develop a range of ways to listen to views and experiences of people who use services and supports as well as those who might use future services and supports. This will include customer stories and opportunities for gaining customer perspectives using a range of media.</p> <p>Ensure that all other services and models of support are accessible to people with physical disabilities, ensuring that all people are considered including people in wheelchairs or with other mobility issues.</p>	<p>Ensure that services for adults with physical disability are developed in line with the overall principals of health and social care integration.</p> <p>Provide the opportunity for people to have an opportunity to co-design services and supports.</p> <p>Work with other Care Group SPGs and other stakeholders to address the issue of diagnostic overshadowing and develop integrated, linked care pathways.</p>	<p>Work with local organisations and agencies to develop opportunities for people to access and secure suitable employment within Dundee and other locations.</p> <p>Identify ways that people can contribute that optimise the impact of their contributions.</p> <p>This includes supporting access to appropriate training, education and skills development, and working with employers to increase knowledge and awareness.</p>



## Mental Health

Where Do We Want To Be?	<b><i>All citizens of Dundee who have mental health issues (and are aged between 16 and 65) will be able to access excellent quality, flexible and effective mental health services/supports when they most need them, regardless of where they live. Mental Health services/supports which will allow them to live healthier lives in their own community, protect them from harm and enable them to live their lives in the way that matters to them focusing on their recovery.</i></b>		
What Will Change Look Like?	<p>Citizens of Dundee with Mental Health issues will be fully involved in developing improved care pathways between community, primary care and acute services.</p> <p>People can access the support they need when they require it.</p>	<p>There will be early identification of Mental Health issues and Mental Health conditions as well as improved access to manage wellbeing support at the earliest stage.</p> <p>New ways of tackling inequalities will have been developed for people with Mental Health issues improving outcomes and increasing life opportunities.</p>	<p>There will be a significant shift in the balance of power where we are truly listening to service users/carers/people with lived experience of Mental Health issues and Recovery is promoted as the best model of practice in Mental Health.</p> <p>Individuals, the voluntary and statutory sectors are working in an integrated way to develop outcomes tailored to individuals with Mental Health issues.</p> <p>Dundee has in place a Mental Health and Wellbeing strategy which informs the joint commissioning of health and social care support over the next 10 years.</p>
What Will We Do?	<p>We will make sure services/supports for people with Mental Health issues are fully integrated and designed in accordance with Health and Social Care principles.</p> <p>Individuals and localities will be involved in planning, co-design and co-production of future services/supports.</p>	<p>We will support access to appropriate employment, training, education and skills development.</p> <p>We are looking to further develop discharge pathways from inpatient setting to ensure continuity of care, transfer into the community and reduce re-admissions to a hospital setting.</p> <p>Better integrate MH service users into homelessness pathways and increase supported housing options for people who experience episodes of poor mental health.</p>	<p>We will listen to and act on service user input and will maintain the momentum of genuinely working together for the benefit of everyone.</p> <p>We will ensure that every person that uses the service has a recovery plan which is meaningful to them and which they have devised with appropriate support.</p> <p>We will involve individuals and localities in the planning, co-design and co-production of services.</p>

## Sensory Impairment

Where Do We Want To Be?	<b><i>In line with the intentions of the national See Hear strategy and the Dundee Health and Social Care Strategic and Commissioning Plan, the vision of the Dundee Joint Sensory Services Strategy is to ensure that: All people with sensory needs are able to access the information support they require in order to live a fulfilled life.</i></b>		
What Will Change Look Like?	<p>Services for people with sensory needs are developed in line with the overall principles of health and social care integration and the national See Hear strategy.</p> <p>That the implications and requirements of all relevant guidance and legislation, including health and social care integration, the See Hear strategy, the BSL (Scotland) Act, and equalities legislation are considered in the development of the strategy and services.</p>	<p>Tender and commission a new joint (visual &amp; hearing) statutory social work service.</p> <p>Develop adult sensory impairment care pathways.</p> <p>Address barriers to engagement.</p> <p>Consider barriers to inclusion in the City including employment, training and education.</p>	<p>Staff will have access to a shared training program to support awareness and understanding of sensory impairment, including signposting, sensory health checks and support.</p> <p>Continue dedicated post at DVA to support engagement and consider barriers to inclusion.</p> <p>Awareness raising and understanding will be developed across service providers of all types of service in the city and within peers in local communities.</p>
	<p>Support the integration of Health and Social Care, and ensure the Health and Social Care Partnership takes into account the views and requirements of people with sensory needs.</p> <p>Work in partnership with people with sensory needs, their families and carers, and relevant third sector organisations in order to ensure future services are co-designed and co-produced, and that they are designed to address the issues that are important to local people.</p> <p>Ensure that local people and carers have the ability to contribute towards the development of local services.</p>	<p>Develop an integrated joint sensory social work service that actively promotes opportunities for assessment and service delivery across the different types of sensory needs and provides a single point of access to service users whenever possible.</p> <p>Fully implement the See Hear Recommendations, prepare for the British Sign Language (BSL) (Scotland) Act 2015, and ensure compliance with all other relevant legislation and guidance.</p> <p>Develop accessible information so that everyone in Dundee, including professionals and people with sensory needs are aware of what services are available to help support people with sensory needs.</p>	<p>Identify ways to improve current staff knowledge and awareness of sensory impairment, including staff from health, social care and the third sector.</p> <p>Identifying ways to deliver joined up, integrated services that support the person at all stages of their journey. This includes ensuring universal services are accessible to people with sensory needs, ensuring basic sensory checks at appropriate times, and developing appropriate care pathways for people with multiple or complex condition.</p> <p>Develop a shared training program for frontline staff to support awareness and understanding of sensory impairment, including signposting, sensory health checks and support.</p>

## Learning Disabilities/Autism

Where Do We Want To Be?	<i><b>People in Dundee who have a learning disability and/ or autism will be supported to live healthy and fulfilling lives as active citizens</b></i>		
<b>What Will Change Look Like?</b>	<p>People and their carers will have opportunities to be involved as partners in decisions about things that affect their lives and their community.</p> <p>People will have the information they need at the time they need it in a format they can understand.</p> <p>People will be supported to be as healthy as they can be and will be enabled to achieve a sense of overall wellbeing.</p> <p>People will be supported to keep safe and feel safe.</p> <p>More people will have access to training, education and employment opportunities.</p>	<p>People will have chances and support to keep in touch with friends and family and be supported in ways of making new relationships.</p> <p>People will be supported to have choices and control within their lives.</p> <p>People will have the right care and support at the right time.</p> <p>People will have opportunities to have active and fulfilled life.</p>	<p>People will feel part of the world they live in and will be all they can be.</p> <p>People's rights to be active citizens will be promoted.</p> <p>Provide creative, engaging and proactive Health Education to service users, families and carers to reduce risks; prevent illness and promote self care via informed, healthy choices.</p>
<b>What Will We Do?</b>	<p>Work in partnership with people, their family and carers and all relevant stakeholders to ensure that all transitions are positive and supported.</p> <p>Work with those families who need support from a very early stage to help them look after children, young people and adults in need of support.</p> <p>Work in Partnership with other organisations to ensure easy read and other accessible information resources are available to the public.</p> <p>Consider how best to ensure suitably accessible buildings are available for people who need services and supports including those with mobility needs and that planned or adapted</p>	<p>Continue to develop a range of flexible housing with support for adults who have additional support needs.</p> <p>Maximise and assist effective Primary Care governance and support for Adults with Learning Disabilities and /or Autism living in the Dundee community, promoting the uptake of Health Screening Initiatives and ensuring that these are communicated effectively.</p> <p>Positively influence and develop strategies and practical advances in the Acute Hospital setting to improve outcomes for people with Learning Disabilities and/or Autism who are admitted for unscheduled care, ensuring an objective reduction in health inequalities.</p>	<p>Help people to learn new skills and feel confident in running their own activities in their communities and provide opportunities for families to have fun together by being active.</p> <p>Provide, test, develop and sustain a range of Therapeutic &amp; Recreational activities within mainstream settings in the Dundee community. Ensuring that people with Learning Disabilities and/or Autism can participate equally in a range of socially embedded activities of their choice, at a time of their choice which benefit their health and wellbeing.</p>

	<p>facilities are consistent with potential needs of the building user population and their carers.</p> <p>Ensure social care and health planning takes account that some people with a Learning Disability and/or Autism will experience increased physical disability as they age and other common aspects of the ageing process.</p> <p>Provide creative, engaging and proactive Health Education to service users, families and carers to reduce risks; prevent illness and promote self care via informed, healthy choices</p>	<p>In partnership with stakeholders review and further develop person-centred day opportunities (including supports which are autism specific).</p> <p>Provide creative, engaging and proactive Health Education to service users, families and carers to reduce risks; prevent illness and promote self care via informed, healthy choices.</p>	
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The Dundee Strategic and Commissioning Plan and associated documents were produced, on behalf of the Dundee Integration Joint Board, in partnership with a wide range of stakeholders and was overseen by the Integrated Strategic Planning Group.

## GET IN TOUCH:

If you have any questions about the information contained in this document, please email:

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Report No: DIJB17-2017

## DUNDEE CITY INTEGRATION JOINT BOARD

### SCHEME OF DELEGATION

#### 1. INTERPRETATION, DEFINITIONS AND ALTERATION OF THE SCHEME OF DELEGATION

##### 1.1 Interpretation and Definitions

The Interpretation Act 1978 shall apply to the interpretation of the Scheme as it would apply to the interpretation of an Act of Parliament.

In this Scheme the following words shall have the meanings assigned to them, that is to say:

“the Act” means the Public Bodies (Joint Working) (Scotland) Act 2014;

“the Board” means Dundee City Integration Joint Board;

“Chief Officer” means the Chief Officer of the Integration Joint Board;

“Chief Finance Officer” means the chief financial officer of the Board appointed by the Board in terms of section 95 of the 1973 Act.

“Clerk” means the Head of Democratic and Legal Services of Dundee City Council

“Integration Scheme” means the Dundee Integration Scheme made between the Partners under the 2014 Act and approved by Scottish Ministers;

##### 1.2 Alteration of Scheme

1.2.1 The Board shall be entitled to amend, vary or revoke the Scheme from time to time.

1.2.2 The Clerk shall have the power to alter the Scheme to correct any textual or minor errors, or to make any consequential amendments required as a result of a decision of the Board.

#### 2 DELEGATION TO OFFICERS

2.1 The Chief Officer will have delegated responsibility for all matters in respect of the operational management and delivery of integrated functions of the Board, as set out in the Integration Scheme, except where

- (i) specifically reserved to the Board; or
  - (ii) where the Board determines that a particular power should be exercised by the Board, notwithstanding the delegation permitted by this clause.
- 2.2 The Chief Officer or where appropriate the Chief Finance Officer are authorised to take, or make arrangements for, any action required to implement any decision of the Board or any decision taken in the exercise of delegated powers.
- 2.3 The Chief Officer may in urgent circumstances and after consultation with the Chair and Vice Chair of the Board and the Chief Finance Officer and Clerk take such measures as may be required in which case a report will be submitted to the next appropriate meeting of the Board for noting.
- 2.4 If any decision proposed under delegated powers might lead to a *budget being exceeded*, the Chief Officer or where appropriate the Chief Finance Officer must consult with the Chair and Vice Chair of the Board before exercising the delegated power.
- 2.5 The Chief Officer whom failing the Chief Finance Officer or Clerk is authorised to execute or sign any deed or document to which the Board is a party.
- 2.6 Any deputy of the Chief Officer or where appropriate the Chief Finance Officer is authorised to exercise all powers delegated to the Chief Officer or where appropriate the Chief Finance Officer in the absence of the Chief Officer or the Chief Finance Officer.
- 2.7 Delegated powers should not be exercised by officers where any decision would represent:
  - (i) a departure from Board policy or procedure;
  - (ii) a departure from the Strategic Plan;
  - (iii) a significant development of policy or procedure.



**REPORT TO:** HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD -  
25 APRIL 2017

**REPORT ON:** SOCIAL WORK MODEL COMPLAINTS HANDLING PROCEDURE AND  
INTEGRATION JOINT BOARD COMPLAINTS HANDLING PROCEDURE

**REPORT BY:** CHIEF FINANCE OFFICER

**REPORT NO:** DIJB13-2017

## **1.0 PURPOSE OF REPORT**

This report provides Integration Joint Board members with an update on the implementation of the Social Work Model Complaints Handling Procedure and Integration Joint Board Complaints Handling Procedure by Dundee Health and Social Care Partnership.

## **2.0 RECOMMENDATIONS**

It is recommended that the Integration Joint Board (IJB):

- 2.1 Approves the proposed approach towards the implementation of new complaint procedures for Dundee Health and Social Care Partnership Social Work Complaints and Integration Joint Board Complaints.
- 2.2 Instructs the Chief Finance Officer to ensure that regular three monthly Complaint Performance Reports are submitted to the Performance and Audit Committee.
- 2.3 Notes the work being undertaken to ensure all necessary actions have been taken to implement the Dundee Health & Social Care Partnership (DHSCP) Social Work Complaint Handling Procedure and the Integration Joint Board Complaints Handling Procedure.
- 2.4 Notes that when all of the necessary actions have been undertaken, the compliance statement and self-assessment forms will be signed and returned to the Scottish Public Services (SPSO).

## **3.0 FINANCIAL IMPLICATIONS**

None.

## **4.0 MAIN TEXT**

### **4.1 Scottish Public Services Ombudsman Social Work Model Complaint Handling Procedure for Health & Social Care Partnerships**

- 4.1.1 The SPSO created and issued specific guidance on Social Work complaint handling in December 2016. The implementation guidance specifies that Health and Social Care Partnerships ensure an integrated approach to handling complaints and annual Performance Reporting thereby aligning the health and social work complaints procedures. This largely follows the SPSO Model Complaints Handling Procedures.
- 4.1.2 This model has been amended to reflect the structure of Dundee Health and Social Care Partnership. The Dundee Health and Social Care Partnership Social Work Model Complaints Handling Procedure will be used for all complaints involving social work services from 1 April 2017. (See Appendix 1)



- 4.1.3 The workforce will be supported with communication, briefing sessions and advice from the Dundee Health and Social Care Partnership Customer Care Governance Officer to implement the new Social Work Model Complaint Handling Procedure.

## **4.2 Main Changes from previous Statutory Social Work Complaints Procedure to new Social Work Model Complaints Handling Procedure**

- 4.2.1 The main changes in the new Model Complaints Handling Procedure are:

- the Complaint Review Committee stage to be replaced by review by the SPSO;
- the SPSO's functions to be extended to allow them to investigate Stage 3 of complaints and to consider in their investigation matters of professional judgment of social work staff;
- There is a time limit of six months (or 12 months in exceptional circumstances) for complainants to raise their complaint from the time of becoming aware of the issue(s) they wish to complain about;
- Where possible complaints about joint Social Work and NHS services to be handled and responded to as a single complaint.

## **4.3 Social Work Complaints received before 1 April 2017**

- 4.3.1 It is important to note that any complaints received before 1 April 2017 will continue to be handled by the existing Statutory Social Work complaints procedure. This will mean that Complaint Review Committees may still be held for a period of time.

## **4.4 Integration Joint Board Complaints Procedure**

- 4.4.1 The Scottish Public Services Ombudsman has developed guidance and a Model Complaints Handling Procedure for handling complaints made about the Integration Joint Board itself. This has been amended to reflect the structure of Dundee City Integration Joint Board (See Appendix 2).

- 4.4.2 This Complaint Procedure will be used for any complaints received about Dundee City Integration Joint Board from 1 April 2017.

## **4.5 Public Information About Complaints Processes**

- 4.5.1 The DHSCP Social Work Model Complaints Handling Procedure and the Integration Joint Board Model Complaints Handling Procedure are not intended to be public facing information.

- 4.5.2 Leaflets are being completed for DHSCP that are suitable for both NHS and Social Work complaints. The IJB complaint leaflet is also near to completion.

- 4.5.3 The Dundee Health and Social Care Partnership website went live at the beginning of April. An area of the website will be devoted to information about the different complaints processes and how to make complaints.

- 4.5.4 Care will be taken to ensure that the complaints processes are as simple to understand as possible. There will be contact details for people to use if they have queries about how to make a complaint. Accessible information for people with disabilities is also being created.

## **4.6 NHS Tayside and Dundee, Perth and Kinross, and Angus Health and Social Care Partnerships**

- 4.6.1 NHS Tayside works with three Integration Joint Boards. Work will be undertaken to ensure that there is consistency with the agreed reported data and complaint handling processes across Tayside. The NHS Tayside Complaint Handling Procedure was introduced on the 1 April 2017 (See Appendix 3).

## **4.7 Reporting of complaints**

- 4.7.1 The future alignment of the health complaints model, and social work model complaints process with the standard model used by local authorities will help ensure that there is consistency of complaint reporting.
- 4.7.2 The complaint data that will be reported on will include:
- Types of complaints (e.g. Social Work, NHS etc.);
  - Numbers of complaints;
  - Stages of complaints (e.g. Frontline Resolution, Investigation etc.);
  - Categories of reasons for complaints;
  - Compliance with timescales for resolving complaints;
  - Service improvements identified and carried out following on from complaints;
  - Complainants' satisfaction with the complaints process.
- 4.7.3 Complaint performance reports will be submitted to the Performance and Audit Committee. This will ensure that patterns of complaints are picked up, any necessary service improvements are identified and that complaint resolutions comply with timescales. Reporting on Social Work complaints will also feature as part of the IJB's regular performance report to Dundee City Council's Policy and Resources Committee. Monthly reporting of current open complaints to Heads of Service will continue. Covalent Performance Management software will be used to create performance reports. Annual reporting of complaints will be undertaken following the forthcoming guidance from the Scottish Government.
- 4.7.4 Composite information on Social Work complaints relating to adult services will form part of the Chief Social Work Officer's annual report.

## **5.0 POLICY IMPLICATIONS**

This report has been screened for any policy implications in respect of Equality Impact Assessment and Risk Management. An EQIA is attached.

## **6.0 CONSULTATIONS**

The Chief Officer and the Clerk were consulted in the preparation of this report.

## **7.0 BACKGROUND PAPERS**

None.

Dave Berry  
Chief Finance Officer

DATE: 30 March 2017



# **Dundee Health and Social Care Partnership Social Work Complaints Handling Procedure**

Issued: April 2017



## The Social Work Complaints Handling Procedure

### Foreword

*Our complaints handling procedure reflects Dundee Health and Social Care Partnership's commitment to valuing complaints. It 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 has been developed by social work experts and third sector organisations working closely with the Scottish Public Services Ombudsman (SPSO). This procedure has been developed specifically for our social work services, so that staff have all the information they need to handle social work complaints effectively. The procedural elements tie in very closely with those of the Local Authority and National Health Service complaints handling procedures, so where complaints cut across services, they can still be handled in much the same way as other complaints.*

*As far as is possible we have produced a standard approach to handling complaints across local government and the NHS, which complies with the SPSO's guidance on a model complaints handling procedure. 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.*

*Good complaints handling includes providing joint responses to complaints whenever they relate to more than one service. This procedure 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.*

*Complaints give us valuable information we can use to improve service provision and customer satisfaction. Our complaints handling procedure will enable us to address a customer's dissatisfaction and may help us prevent the same problem from happening again. For our staff, complaints provide a first-hand account of the customers' views and experience, and can highlight problems we may otherwise miss. Handled well, complaints can give our customers a form of redress when things go wrong, and can also help us continuously improve our services.*

*Resolving complaints early creates better customer relations. Handling complaints close to the point of service delivery means we can resolve them locally and quickly, so they are less likely to escalate to the next stage of the procedure. Complaints that we do not resolve swiftly can greatly add to our workload and are more costly to administer.*

*The complaints handling procedure will help us do our job better, improve relationships with our customers and enhance public perception of the Dundee Health and Social Care Partnership. It will help us keep the user at the heart of the process, while enabling us to better understand how to improve our services by learning from complaints.*

## Contents

<b>How to use this Model Complaints Handling Procedure.....</b>	<b>3</b>
<b>What is a complaint? .....</b>	<b>4</b>
Who can make a complaint? .....	4
Handling anonymous complaints .....	5
What if the customer does not want to complain? .....	5
Supporting the customer .....	6
Complaints and appeals .....	6
Complaints involving social work services and another service or organisation .....	7
Complaints about services commissioned by us .....	8
Complaints for the Care Inspectorate.....	9
Complaints relevant to other agencies .....	10
<b>The complaints handling process .....</b>	<b>11</b>
Stage one: frontline resolution .....	12
<i>What to do when you receive a complaint.....</i>	<i>12</i>
<i>Timelines .....</i>	<i>13</i>
<i>Extension to the timeline.....</i>	<i>13</i>
<i>Closing the complaint at the frontline resolution stage .....</i>	<i>14</i>
<i>When to escalate to the investigation stage .....</i>	<i>14</i>
Stage two: investigation .....	15
<i>What to do when you receive a complaint for investigation .....</i>	<i>15</i>
<i>Timelines .....</i>	<i>15</i>
<i>Extension to the timeline.....</i>	<i>16</i>
<i>Alternative resolution and mediation .....</i>	<i>16</i>
<i>Closing the complaint at the investigation stage.....</i>	<i>17</i>
<i>Signposting to the SPSO .....</i>	<i>17</i>
<b>Governance of the complaints handling procedure .....</b>	<b>18</b>
Roles and responsibilities .....	18
Complaints about senior staff.....	19
Recording, reporting, learning from and publicising complaints.....	19
<i>Recording complaints .....</i>	<i>19</i>
<i>Reporting of complaints .....</i>	<i>20</i>
<i>Learning from complaints.....</i>	<i>20</i>
<i>Publicising complaints performance information .....</i>	<i>21</i>
Maintaining confidentiality .....	21
Managing unacceptable behaviour .....	21
Time limit for making complaints .....	21
<b>Appendix 1 – Frontline Resolution Complaints .....</b>	<b>22</b>
<b>Appendix 2 - Complex social work specific scenarios.....</b>	<b>24</b>
<b>Appendix 3 - Timelines.....</b>	<b>28</b>
<b>Appendix 4 - The complaints handling procedure.....</b>	<b>32</b>

**How to use this Complaints Handling Procedure**

This document explains to staff how to handle complaints. A separate document provides information for customers on the complaints procedure. Together, these form our complaints handling procedure.

When using this document, please also refer to the 'SPSO Statement of Complaints Handling Principles' and best practice guidance on complaints handling from the Complaints Standards Authority at the SPSO.

[www.valuingcomplaints.org.uk](http://www.valuingcomplaints.org.uk)

## What is a complaint?

Dundee Health and Social Care Partnership's definition of a complaint is:

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

Any complaints about other services will be handled under the NHS standard complaints handling procedure (CHP).

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 social work 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 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.

You must not treat these issues as complaints, and should instead direct customers to use the appropriate procedures.

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

## Who can make a complaint?

Anyone who receives, requests, or is affected by our social work services 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 social work service 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 party should normally obtain the customer's consent. 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. You must ensure that you follow Dundee Health and Social Care Partnership's policies on gaining consent and information sharing.

Independent advocates may bring complaints on behalf of social work 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**.

If you have concerns that a complaint has been submitted by a third party without appropriate authority from the customer, you 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, 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. Encourage

the customer to submit their complaint and allow us to handle it through the CHP. 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, you 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 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 CHP). 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**

The Public Bodies (Joint Working) (Scotland) Act 2014, which implements health and social care integration, requires adult social work functions to be delegated to Health and Social Care Partnerships (HSCPs).

The legislation requires Integration Joint Boards to have a separate complaints handling procedure for handling complaints about their functions. This will be broadly in line with this CHP.

A complaint may relate to our social work service and another service provided by Dundee Health and Social Care Partnership, or one provided by the LA, by another NHS organisation, or by another organisation such as a housing association. 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 another organisation. How these complaints are then handled will depend on delegation arrangements and on the other organisation involved, as follows:

### **Complaints relating to a social work service and another service provided by Dundee Health and Social Care Partnership**

Where a complaint relates to two services provided by us, these services must work together to resolve the complaint. A decision must be taken as to which service will lead on the response. You must ensure that all parties are clear about this decision. It is important to give a joint response from the lead service, and also ensure that both services contribute to this.

### **Complaints relating to a social work service and another service provided by another organisation, such as a separate NHS organisation or a housing association**

The aim with such complaints is still to provide a joint response (particularly where the organisations are linked, eg. NHS providers), though this may not always be 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. You must check whether you need specific consent from the customer before you 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 must be taken as to which service will lead the process. We must 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, 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 other aspects of their complaint. You must also write to both the customer and the other services involved, setting out which parts of the complaint you will be able to respond to.

Remember, if you need to make enquiries to another organisation in relation to a complaint, always take account of data protection legislation and our 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 commissioned by us**

As part of the service provider's contractual obligations, they must provide a robust complaints process which complies with this CHP, 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 Dundee Health and Social Care Partnership.

*Contracts with commissioned 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 Dundee Health and Social Care Partnership, unless there is good reason why this would not be appropriate. However, Dundee Health and Social Care Partnership 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 CHP and thereafter make a complaint to the Care Inspectorate, regardless of any investigations undertaken by Dundee Health and Social Care Partnership.

Where services are commissioned on behalf of Dundee Health and Social Care Partnership, customers can make complaints under this CHP 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 Dundee Health and Social Care Partnership must still comply with this CHP.

### **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)

### **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 CHP, 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 Dundee City Council's data protection/ information service. Any correspondence they have received from Dundee Health and Social Care Partnership will also specify the next steps to take if there are ongoing concerns, including signposting to the Information Commissioner:

Email: [scotland@ico.org.uk](mailto:scotland@ico.org.uk)

Tel: 0131 244 9001

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

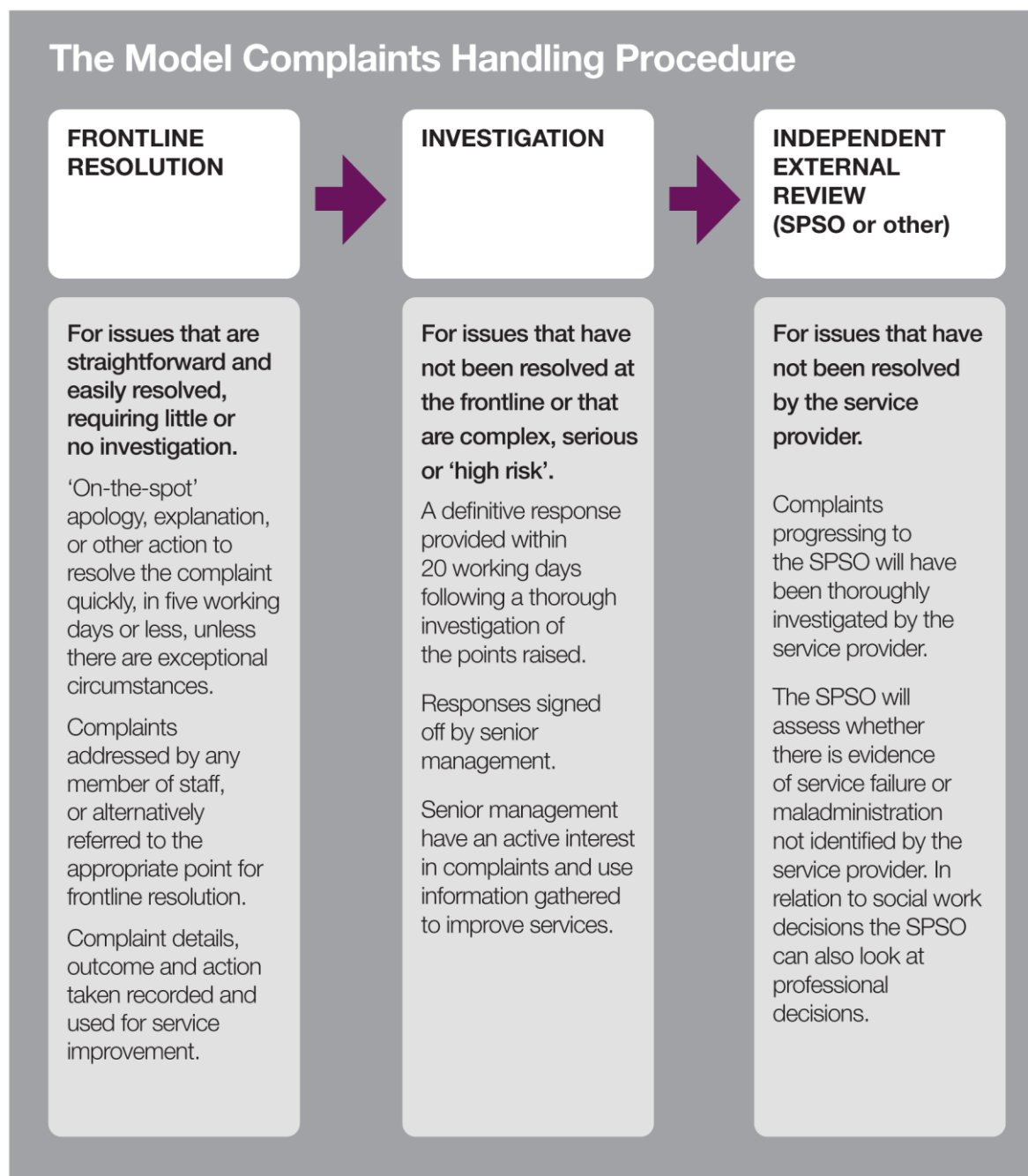
This list is not exhaustive, and it is important to consider the circumstances of each case, and whether another organisation may also have a role to play.

## The complaints handling process

Our CHP 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 job description within Dundee Health and Social Care Partnership but means seeking to resolve complaints at the initial point of contact where possible.

**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, you 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. 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.

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

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

- 1 On receiving a complaint, you 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 you treat one part as a complaint, while directing the customer to pursue another part through an alternative route (see [Appendix 2](#)).
- 2 If you have 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 you can give the customer a suitable response. You must escalate these complaints immediately to the investigation stage.
- 4 Where you think frontline resolution is appropriate, you 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 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 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.

**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.

You may need to get more information 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, you may agree an extension of up to ten 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.

When you are considering an extension, you must get authorisation from the appropriate manager, 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, 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, you must 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 **15 working days** from the date you receive the complaint. 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 must go to our senior management team on a quarterly basis.

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

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

When you have informed the customer of the outcome, you are not obliged to write to the customer, although you may choose to do so. You 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.

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 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 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, 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, you must make this clear to the customer as soon as possible.

Where possible you should also clarify what additional information you will need to investigate the complaint. The customer may need to provide more information to help us reach a decision.

You should 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, you must ensure the officer responsible for the investigation has full access to all case notes and associated information, and record that you have done so.

#### ***Timelines***

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

- complaints must be acknowledged within **three working days**

- you should provide a full response to the complaint as soon as possible but not later than **20 working days** from the time you received the complaint 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 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 timeline, senior management will agree an extension and set time limits on any extended investigation. You 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 you must contact cannot help because of long-term sickness or leave
- you 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 you must judge the matter in relation to each complaint. However, an extension would be the exception and you must always try to deliver a final response to the complaint within 20 working days.

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

**Closing the complaint at the investigation stage**

You 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. You must record the decision, and details of how it was communicated to the customer, on the complaints system. You must 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.

**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 Dundee Health and Social Care Partnership, 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)

## Governance of the complaints handling procedure

### Roles and responsibilities

Overall responsibility and accountability for the management of complaints lies with Dundee Health and Social Care Partnership's Chief Officer and senior management.

Our final position on the complaint must be signed off by an appropriate senior officer 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 the CHP 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:** On the Chief Officer's behalf, Heads of Service 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, and
- deputising for the Chief Officer on occasion.

They may also be responsible for preparing and signing off decisions for customers, so they should be satisfied that the investigation is complete and their response addresses all aspects of the complaint. However, Chief Officer 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, directors should retain ownership and accountability for the management and reporting of complaints.

**Locality Managers, Senior Managers and Section Leaders:** These roles may be involved in the operational investigation and management of complaints handling. 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 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 organisation's 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 must ensure we have strong governance arrangements in place that set out clear procedures for handling such complaints.

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

Complaints provide valuable customer feedback. One of the aims of the CHP is to identify opportunities to improve services across Dundee Health and Social Care Partnership. 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***

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
- 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 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 must:

- 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 should 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 of the department 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.

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 Dundee Health and Social Care Partnership 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 must 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 CHP 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 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 supported accommodation) have been making unacceptable levels of noise.	<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 supported accommodation 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, ie by a complaint to the Care Inspectorate or through the provider's own CHP, 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 CHP, to the Dundee Health and Social Care Partnership, or to the Care Inspectorate. The customer should be advised that they can come back to Dundee Health and Social Care Partnership for further advice if they need to at any stage.</li> </ul>

<p>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.</p>	<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 customer to take this forward, and</li> <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 CHP.</li> </ul>
<p>A customer complains about social work services impacting on their discharge from hospital.</p>	<ul style="list-style-type: none"> <li>• Check with the hospital social work 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>

## 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. Adult protection concerns

Customers may express concerns that an 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 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 Dundee Health and Social Care Partnership'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 CHP.

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 CHP.
- (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 that they

wish to be the Guardian for their relative and Dundee City Council is taking legal action to secure that role due to concerns about the safety and wellbeing of the relative. 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.

This is distinct from a complaint that Dundee City Council and its staff have failed to properly carry out their roles and responsibilities. In the example above, a court may have set contact frequency with a relative 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**

Dundee Health and Social Care Partnership may receive complaints about the accuracy of reports by professional social work staff submitted to Courts or other bodies such as 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.

Dundee Health and Social Care Partnership 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 CHP. 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 Dundee Health and Social Care Partnership 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 CHP (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 CHP 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.

Dundee Health and Social Care Partnership 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 Dundee Health and Social Care Partnership petitions or elected members.

Dundee Health and Social Care Partnership should not accept an unreasonable burden on its complaints processes produced by an organised campaign. Instead, Dundee Health and Social Care Partnership 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 Dundee Health and Social Care Partnership 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**

Dundee Health and Social Care Partnership 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 Dundee Health and Social Care Partnership 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. Adults under local authority guardianship**

Dundee Health and Social Care Partnership has a special duty of care to 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.

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 Dundee Health and Social Care Partnership 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, 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.

If it is determined that the complaint falls into this category, you should always try to respond to the complaint within the CHP 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.

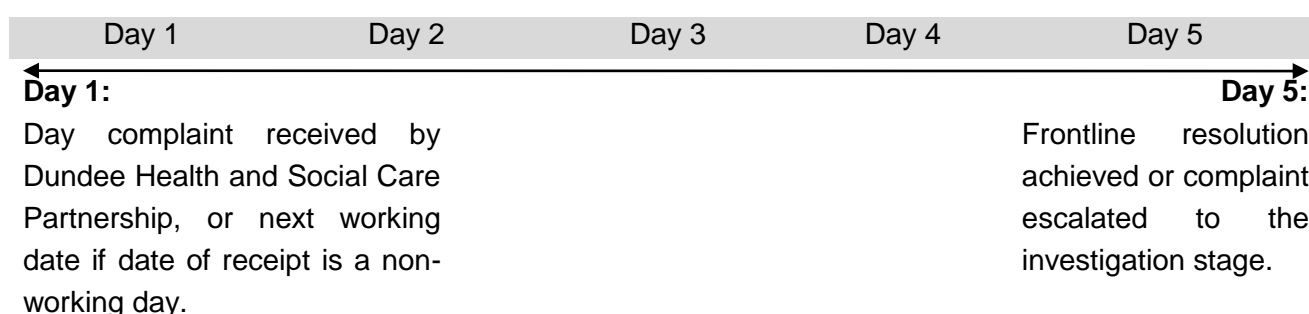
## Appendix 3 - Timelines

### General

References to timelines throughout the CHP 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.

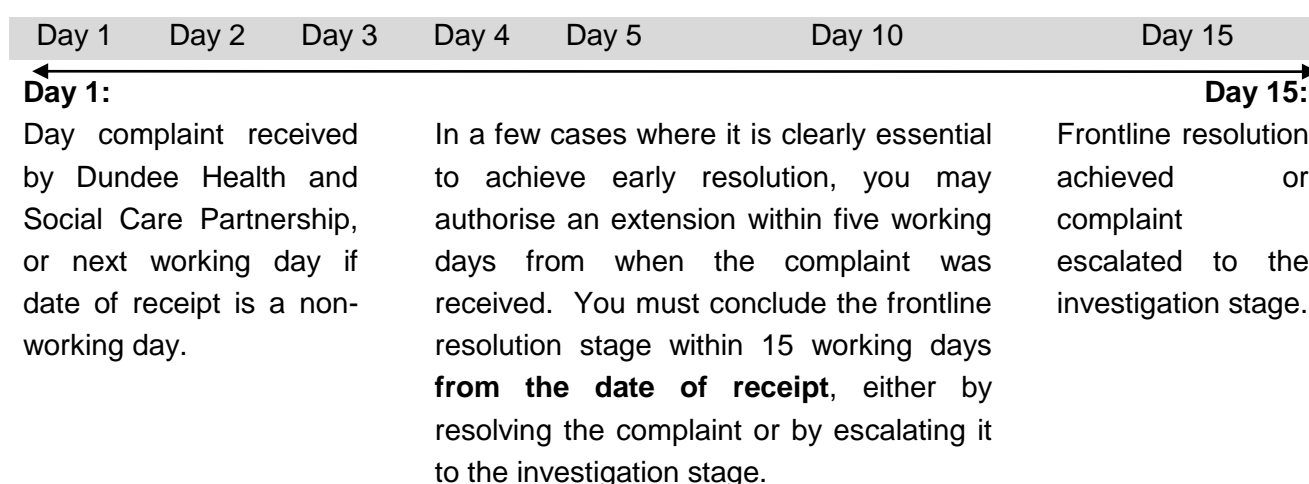
### Timelines at frontline resolution

You must aim to achieve frontline 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 frontline resolution stage in line with the CHP, the revised timetable for the response must take no longer than 15 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

You may consider a complaint at the investigation stage either:

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

### Acknowledgement

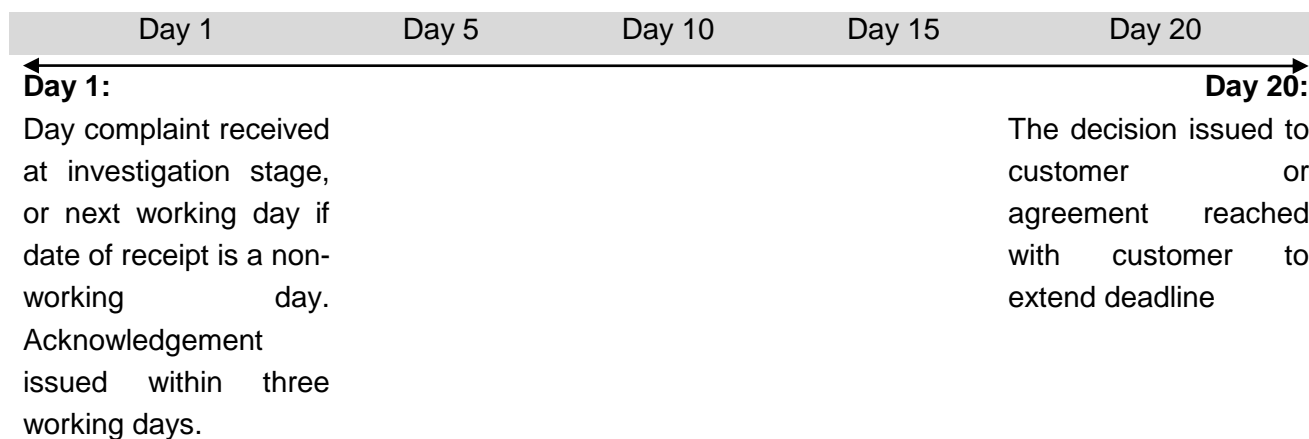
All complaints considered at the investigation stage must be acknowledged within **three working days** of receipt. The date of receipt is:

- 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. You should note that a customer may not ask for an investigation immediately after attempts at frontline resolution, or
- the date you receive the complaint, if you think it sufficiently complex, serious or meriting a full investigation from the outset.

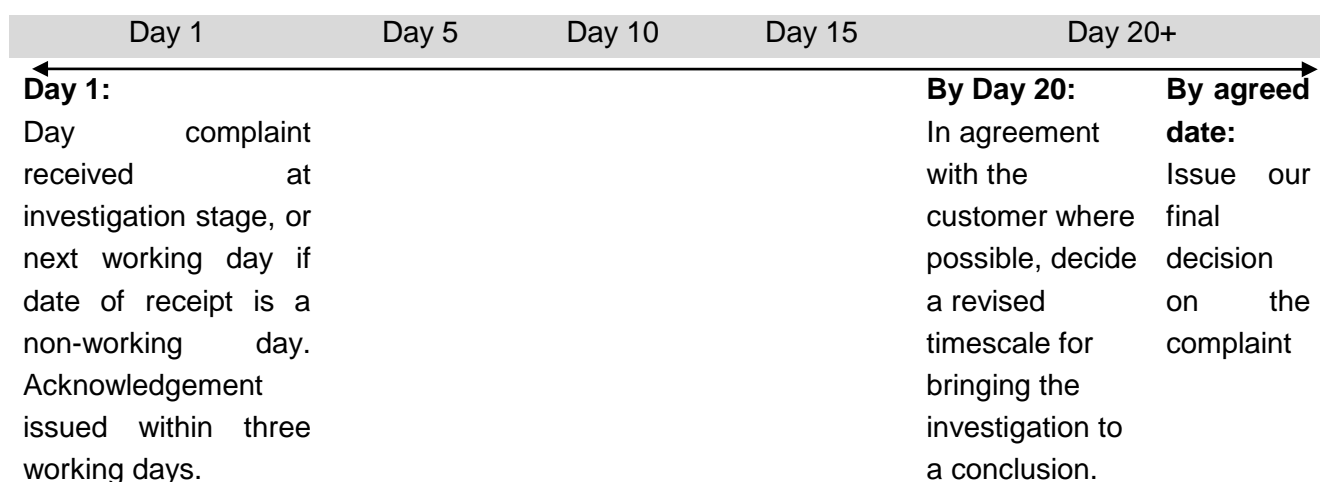
### Investigation

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 frontline resolution stage.

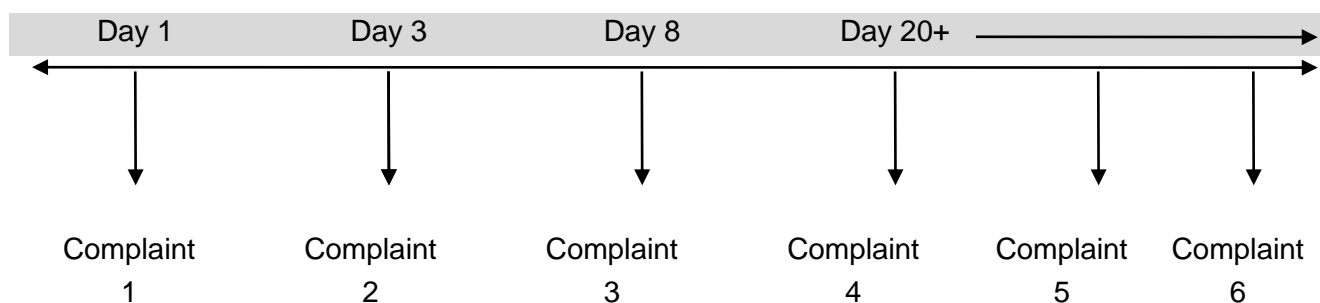


Exceptionally you may need longer than the 20-day limit for a full response. If so, you must explain the reasons to the customer, and agree with them a revised timescale.



### 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 ten 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.

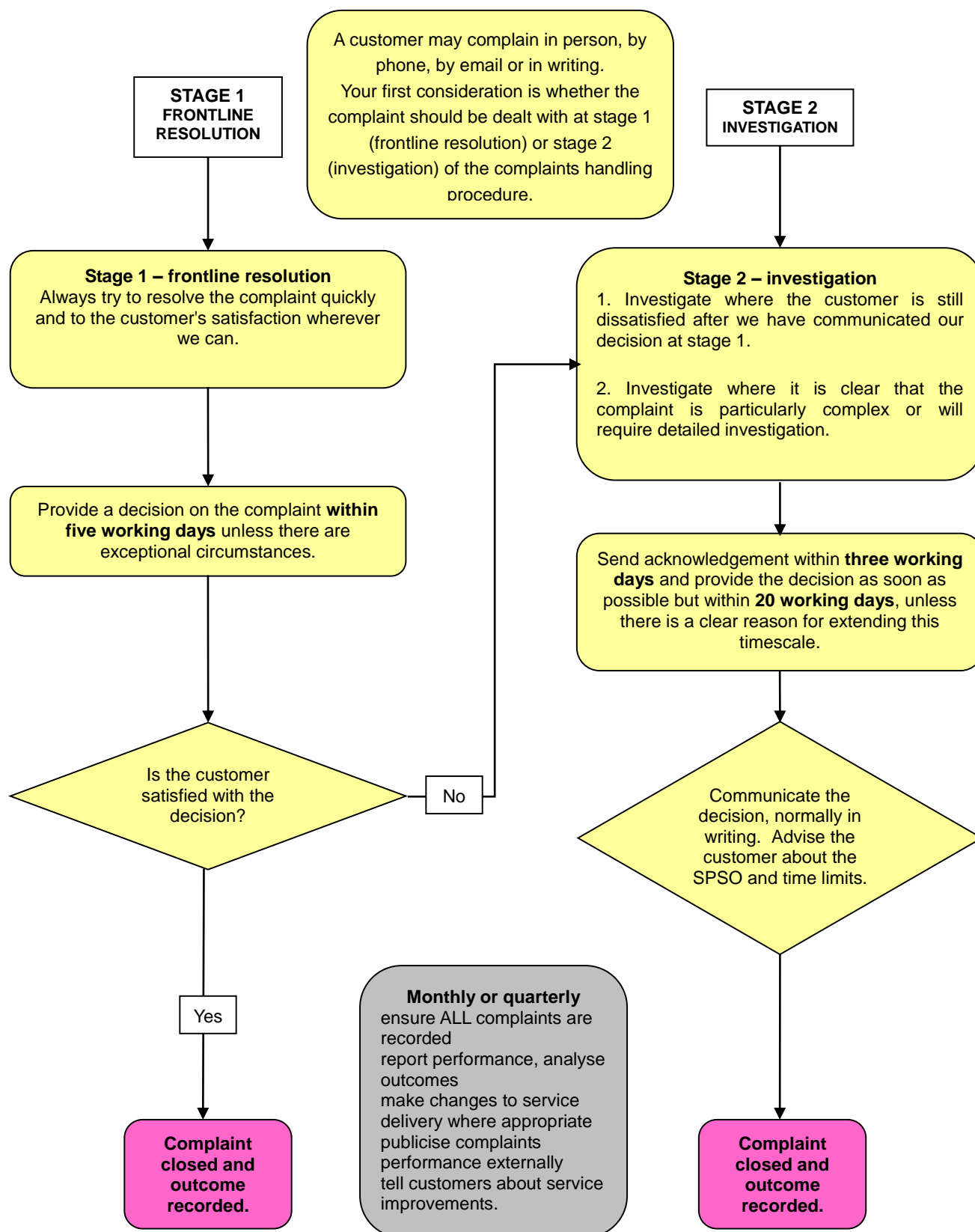
**Complaint 5**

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





## **Dundee City Integration Joint Board Complaints Handling Procedure**

Issued: March 2017



## Dundee City Integration Joint Board Complaints Handling Procedure

### Foreword

*Our complaints handling procedure reflects our commitment to valuing complaints. It seeks to resolve dissatisfaction as close as possible to the point of service delivery and to conduct thorough, impartial and fair investigations of complaints so that, where appropriate, we can make evidence-based decisions on the facts of the case.*

*The procedure introduces a standardised approach to handling complaints across integration authorities, which complies with the SPSO's guidance on a model complaints handling procedure. This procedure aims to help us 'get it right first time'. We want quicker, simpler and more streamlined complaints handling with local, early resolution.*

*Complaints give us valuable information we can use in terms of how we fulfil our responsibilities. Our complaints handling procedure will enable us to address dissatisfaction and may also prevent the same problems that led to the complaint from happening again. Handled well, complaints can give customers a form of redress when things go wrong, and can also help us continuously improve.*

*Resolving complaints early saves money and creates better customer relations. Sorting them out as close to the point of service delivery as possible means we can deal with them locally and quickly, so they are less likely to escalate to the next stage of the procedure. Complaints that we do not resolve swiftly can greatly add to our workload.*

*It will help us keep the public at the heart of the process, while enabling us to better understand how to improve how we do our work by learning from complaints.*





<b>What is a complaint?</b>	<b>2</b>
Handling anonymous complaints	2
What if the individual does not want to complain?	3
Who can make a complaint?	3
Complaints involving more than one service or organisation	3
<b>The complaints handling process</b>	<b>5</b>
<b>Stage one: frontline resolution</b>	<b>6</b>
What to do when you receive a complaint	6
Timelines	7
Extension to the timeline	7
Closing the complaint at the frontline resolution stage	8
When to escalate to the investigation stage	8
<b>Stage two: investigation</b>	<b>9</b>
What to do when you receive a complaint for investigation	9
<b>Timelines</b>	<b>9</b>
<b>Extension to the timeline</b>	<b>10</b>
Mediation	10
Closing the complaint at the investigation stage	11
Independent external review	11
<b>Governance of the Complaints Handling Procedure</b>	<b>12</b>
<b>Roles and responsibilities</b>	<b>12</b>
<b>Complaints about senior staff</b>	<b>13</b>
<b>Recording, reporting, learning and publicising</b>	<b>13</b>
Recording complaints	14
Reporting of complaints	14
Learning from complaints	14
Publicising complaints performance information	15
<b>Maintaining confidentiality</b>	<b>15</b>
<b>Managing unacceptable behaviour</b>	<b>15</b>
<b>Supporting the complainant</b>	<b>16</b>
<b>Time limit for making complaints</b>	<b>16</b>
<b>Appendix 1 - Timelines</b>	<b>17</b>
<b>Appendix 2 - The complaints handling procedure</b>	<b>22</b>

## What is a complaint?

Dundee City Integration Joint Board's definition of a complaint is:

'An expression of dissatisfaction by one or more members of the public about Dundee City Integration Joint Board's action or lack of action, or about the standard of service Dundee City Integration Joint 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 our other CHPs, relating to either our health or social work services.

A complaint may relate to dissatisfaction with:

- Dundee City Integration Joint Board's policies
- Dundee City Integration Joint Board's decisions
- the administrative or decision-making processes followed by Dundee City Integration Joint Board in coming to a decision

This list does not cover everything.

A complaint is **not**:

- a first time request made to Dundee City Integration Joint 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.

## 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. Encourage them to submit their complaint and allow us to deal with it through the CHP. This will ensure that they are updated on the action taken and receive 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 made by Dundee City Integration Joint Board can make a complaint. This is not restricted to people who receive services directed by the Dundee City Integration Joint Board and delivered through the Dundee Health and Social Care Partnership and their relatives or representatives. 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 Health & Social Care Partnership or more than one organisation**

A complaint may relate to a decision that has been made by the IJB, 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 IJB and the Health Board or Local Authority, the elements relating to the IJB should be handled through this CHP. Where possible, working together with relevant colleagues, a single response addressing all of the points raised should be issued.

Should a member of staff who represents the HSCP receive a complaint in relation to the IJB, and they have the relevant and appropriate information to resolve it, they should attempt to do so. If the staff member feels unable to offer a response, the complaint should be passed to the Customer Care Governance Officer as early as possible for them to resolve.

If a customer complains to Dundee City Integration Joint Board about services of another agency or public service provider, but Dundee City Integration Joint Board has no involvement in the issue, they will be advised to contact the appropriate organisation directly.

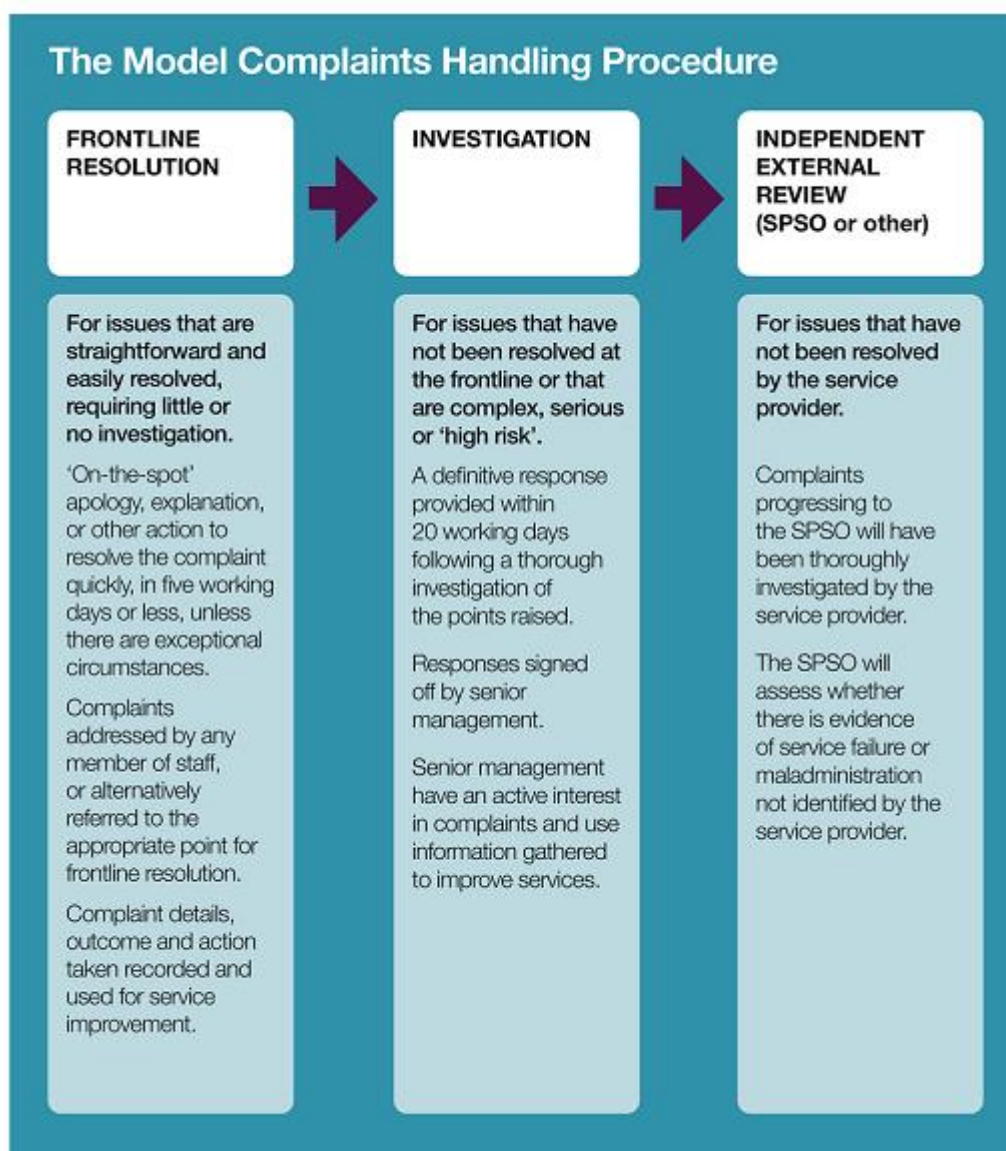
If we need to make enquiries to an outside agency in relation to a complaint we will always take account of data protection legislation and SPSO guidance on handling our customer's personal information. The Information Commissioner has detailed guidance on data sharing and has issued a data sharing code of practice.

## The complaints handling process

The CHP 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 job description within Dundee City Integration Joint Board but means seeking to resolve complaints at the initial point of contact where possible.

**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 a more appropriate member of 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 may wish to follow the SPSO's guidance on the subject, which can be found on the SPSO website.

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.

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 an issue or area of service you are unfamiliar with, pass details of the complaint to more senior staff who will try to resolve it.

**Timelines**

Frontline resolution must be completed within **five working days** of Dundee City Integration Joint Board 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 Dundee City Integration Joint 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 will be appropriate to escalate the complaint straight to the investigation stage.

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 Dundee City Integration Joint Board received the complaint.

The proportion of complaints that exceed the five-day limit will be evident from reported statistics. These statistics will be presented to Dundee City Integration Joint Board on a quarterly basis.

**Appendix 1** 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 reported to the Dundee City Integration Joint Board on a quarterly basis.

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

Dundee City Integration Joint Board 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?

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**

- Dundee City Integration Joint Board 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 senior management 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 senior management 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 Dundee City Integration Joint Board on a quarterly basis.

**Appendix 1** provides further information on timelines.

### **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 Dundee City Integration Joint Board and the customer agree to mediation, revised timescales will need to be agreed.

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

We will inform the customer 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 Dundee City Integration Joint 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 provides further information for organisations on the [Valuing Complaints](#) website. This includes details about how and when to signpost customers to the SPSO.

#### **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)

## **Governance of the Complaints Handling Procedure**

### **Roles and responsibilities**

As per the Public Bodies (Joint Working) Act and as specified within the integration authority's Integration Scheme, the Chief Officer's role is to provide a single senior point of overall strategic and operational advice to the integration authority. In line with this, overall responsibility and accountability for the management of complaints lies with the Chief Officer.

Our final position on a complaint must be signed off by an appropriate senior officer 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 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 Officer may take a personal interest in all or some complaints, or may delegate responsibility for the CHP to appropriate members of the Senior Management Team of the Health & Social Care Partnership. Regular management reports assure the integration authority of the quality of complaints performance.

### **Members of the Senior Management Team:**

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.

### **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 in the Dundee City Integration Joint Board. So all staff must be aware of this CHP and how to handle and record IJB 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.

### **Dundee City Integration Joint Board's 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 must 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 Dundee City Integration Joint Board. 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 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 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.

We must:

- 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 should be reported regularly (and at least quarterly) to the Integration Authority.

### **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 in the integration authority 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 must:

- 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 must ensure that the integration authority 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 must 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.

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, 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 must 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.



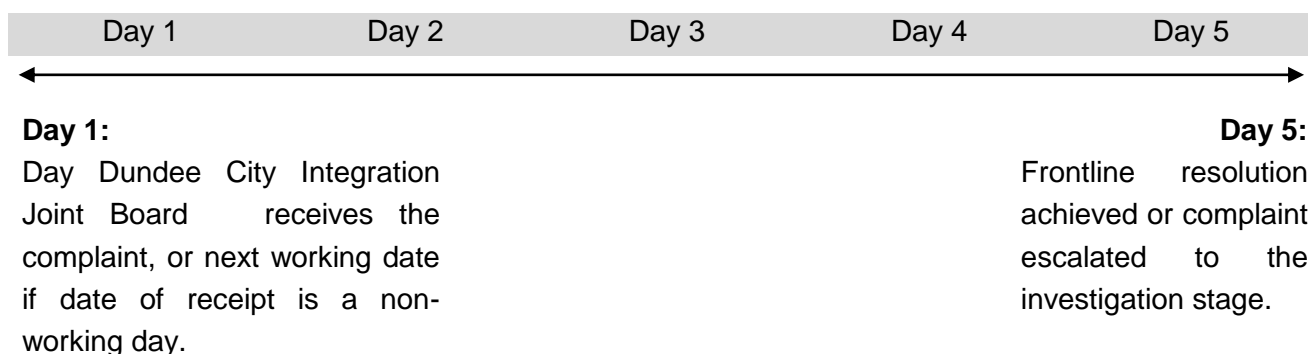
## Appendix 1 - Timelines

### 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

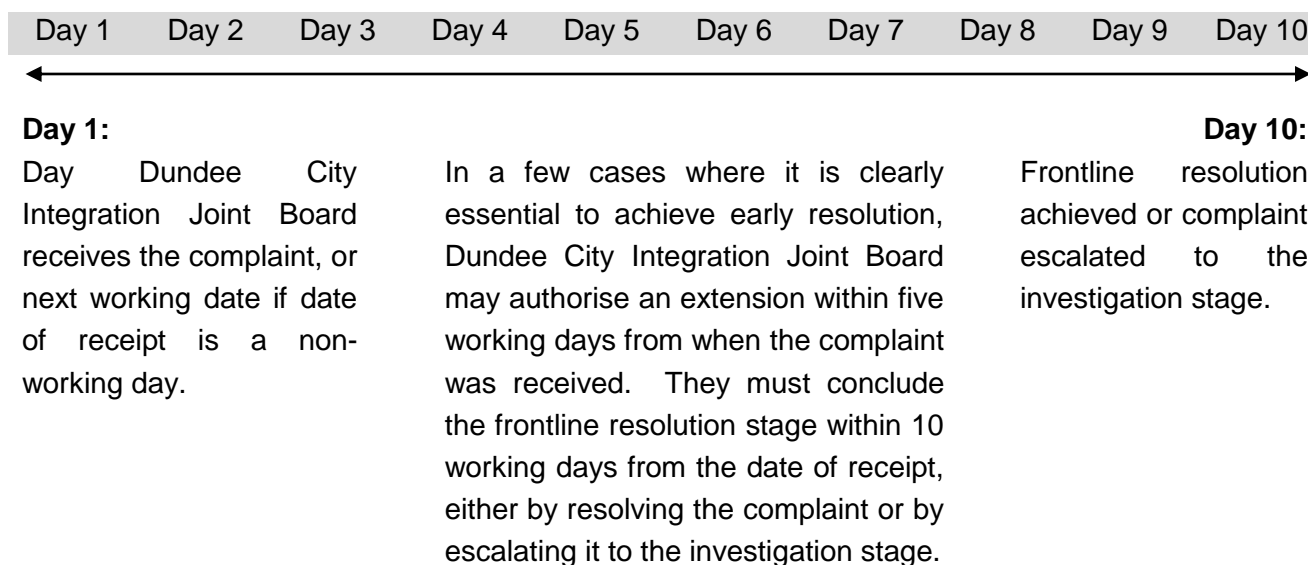
We will aim to achieve frontline resolution within five working days. The day the Chief Officer receives the complaint is day 1. Where they receive it on a non-working day, for example at the weekend or on a public holiday, day 1 will be the next working day.



The date of receipt will be determined by the organisation's usual arrangements for receiving and dating of mail and other correspondence.

### Extension to the five-day timeline

If Dundee City Integration Joint Board has 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**

Dundee City Integration Joint Board 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.

**Acknowledgement**

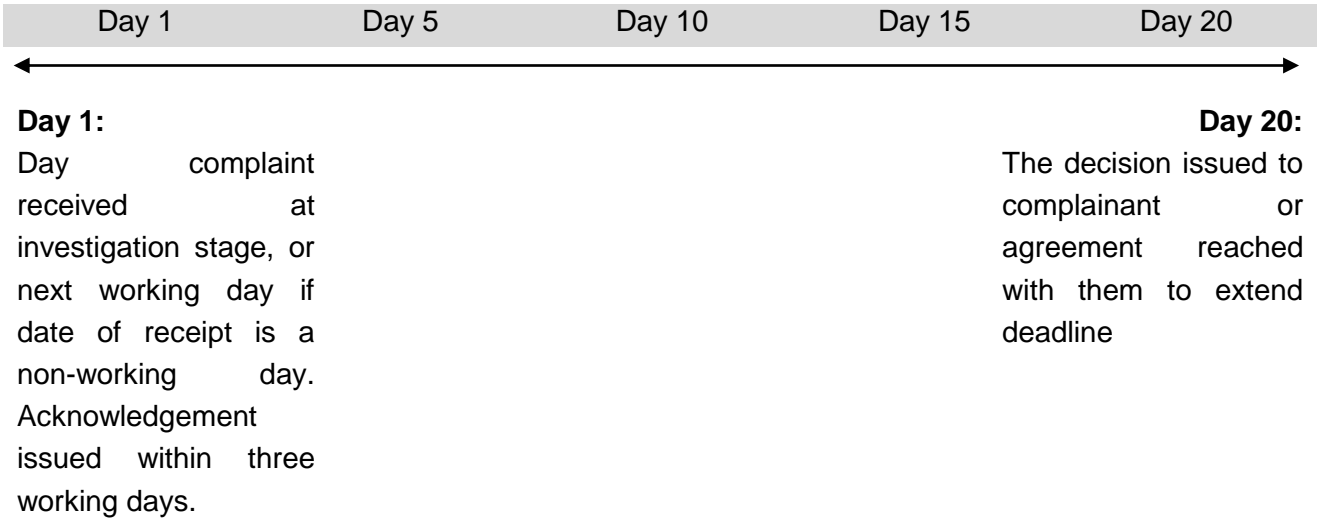
All complaints considered at the investigation stage must be acknowledged within **three working days** of receipt. The date of receipt is:

- 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 Dundee City Integration Joint Board receives the complaint, if it is sufficiently complex, serious or appropriate to merit a full investigation from the outset.

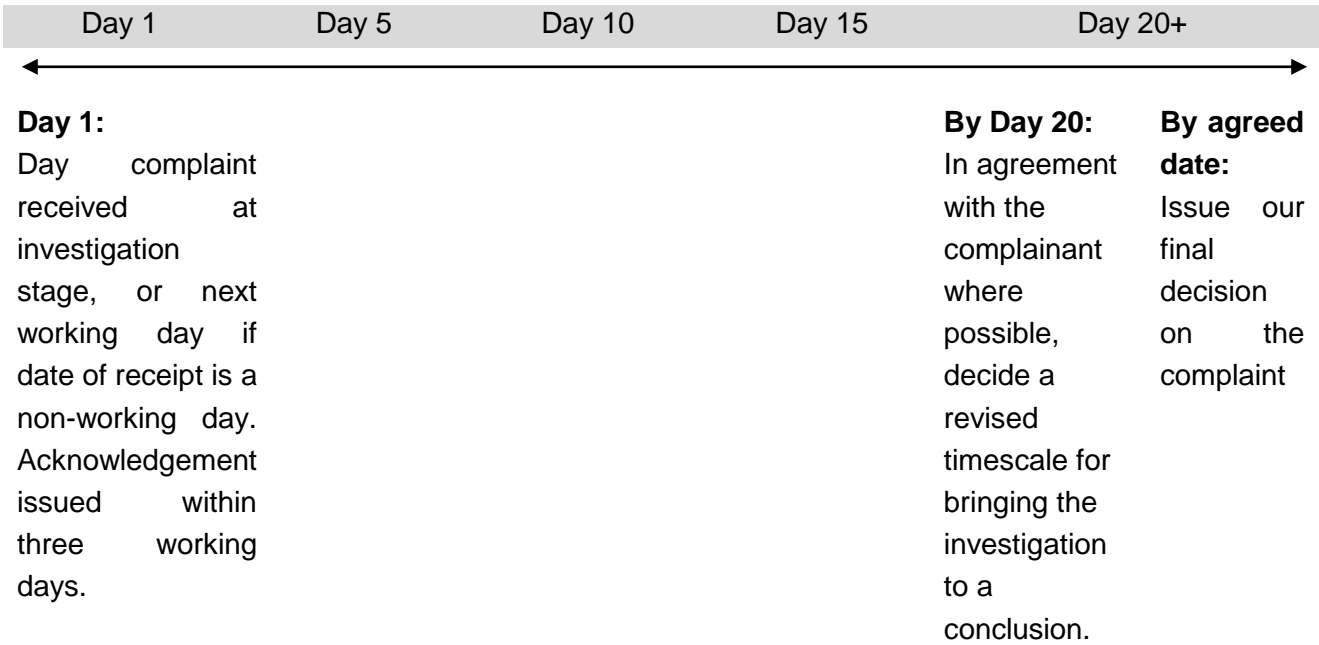
**Investigation**

Dundee City Integration Joint Board 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. We have 20 working days to investigate the complaint, regardless of any time taken to consider it at the frontline resolution stage.

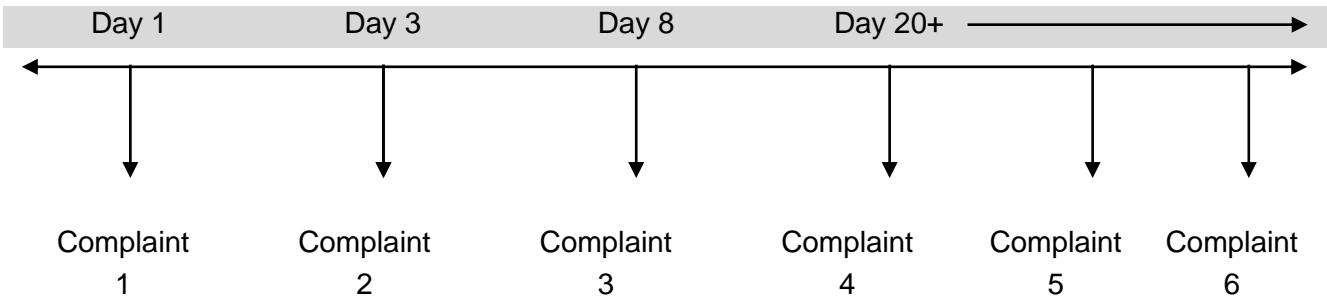


Exceptionally you may need longer than the 20-day limit for a full response. If so, the Chief Officer will explain the reasons to the complainant, and agree with them a revised timescale.



**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.

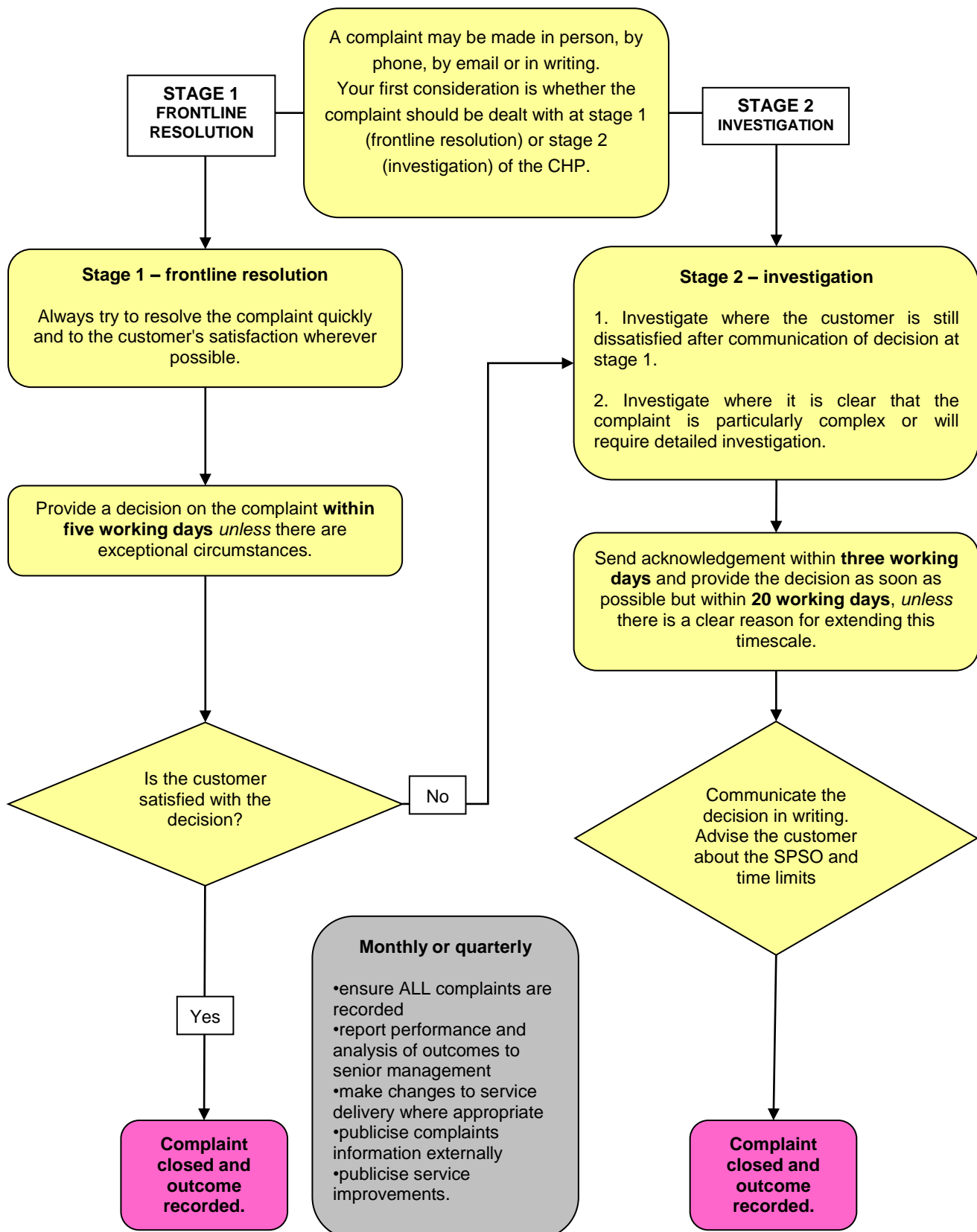
**Complaint 5**

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 2 - The complaints handling procedure



# The NHS Scotland Complaints Handling Procedure

April 2017

## National Health Service Scotland Complaints Handling Procedure

### Foreword

Our complaints handling procedure reflects NHS Tayside'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 everyone involved. It will support our staff to resolve complaints as close as possible to the point of service delivery and to respond thoroughly, impartially and fairly by providing evidence-based decisions based on the facts of the case.

The procedure has been developed by NHS complaints handling experts working closely with the Scottish Public Services Ombudsman (SPSO). We have a standard approach to handling complaints across the NHS, which complies with the SPSO's guidance on a model complaints handling procedure, meets all of the requirements of the Patient Rights (Scotland) Act 2011, and accords with the Healthcare Principles introduced by the Act. 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.

We aim to provide the highest quality services possible to people in our communities through the delivery of safe, effective and person-centred care. Whenever the care we provide can be improved, we must listen and act. Complaints give us valuable information we can use to continuously improve our services. They provide first-hand accounts of people's experiences of care that help us to identify areas of concern, achieve resolution wherever possible and take action so that the same problems do not happen again.

Our complaints handling procedure helps us to build positive relationships with people who use our service and rebuild trust when things go wrong. 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 the Health Board is responsible for the delivery of health services, the Health and Social Care Partnership has 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 health board, local authority and third sector organisations to work together in order to provide joined up, person-centred services.

From 1 April 2017, there will be an alignment of the complaint handling procedures for health and social care and this will provide consistency and clarity around the handling of integrated complaints.

**Lesley McLay, Chief Executive**



## Contents

<b>Our Complaints Handling Procedure .....</b>	<b>1</b>
<b>What is a complaint? .....</b>	<b>2</b>
<i>Feedback .....</i>	<i>4</i>
<i>Comments.....</i>	<i>5</i>
<i>Concerns.....</i>	<i>5</i>
Publication .....	6
Primary Care service providers .....	6
Complaints from prisoners.....	7
Financial compensation.....	7
Handling anonymous complaints.....	7
<i>Whistleblowing .....</i>	<i>8</i>
Significant Adverse Events Review .....	8
Care Opinion (formerly known as Patient Opinion) .....	9
Who can make a complaint? .....	9
What if the person raising the issue does not want to complain? .....	10
Complaints involving more than one NHS service or organisation .....	10
Overlap with other duties on NHS bodies.....	11
Complaints that span health and social care services .....	11
<b>The complaints handling process .....</b>	<b>12</b>
<i>What to do when you receive a complaint .....</i>	<i>13</i>
Stage one: early resolution.....	15
<i>Timelines.....</i>	<i>15</i>
<i>Extension to the timeline .....</i>	<i>15</i>
<i>Closing the complaint at the early resolution stage.....</i>	<i>16</i>
<i>When to escalate to the investigation stage.....</i>	<i>17</i>
Stage two: investigation.....	17
<i>What to do when you receive a complaint for investigation .....</i>	<i>18</i>
<i>Contact with the person making the complaint at the start of the investigation .</i>	<i>18</i>
<i>Timelines.....</i>	<i>19</i>
<i>Acknowledgements.....</i>	<i>19</i>
<i>Meeting with the person making the complaint during the investigation .....</i>	<i>20</i>
<i>Extension to the timeline .....</i>	<i>20</i>
<i>Mediation .....</i>	<i>21</i>
<i>Closing the complaint at the investigation stage .....</i>	<i>22</i>
<i>Meetings and post decision correspondence with the person making the</i> <i>complaint.....</i>	<i>23</i>
<i>Independent external review.....</i>	<i>23</i>
<b>Governance of the Complaints Handling Procedure .....</b>	<b>25</b>
Roles and responsibilities.....	25

---

<i>Chief Executive</i> .....	25
<i>Directors</i> .....	25
<i>Feedback and Complaints Manager:</i> .....	26
<i>Feedback and Complaints Officer</i> .....	26
<i>All staff in the organisation</i> .....	27
<i>The SPSO liaison officer</i> .....	27
Complaints about senior staff .....	27
Recording, monitoring, reporting, learning from and publicising complaints.....	28
<i>Recording complaints</i> .....	28
<i>Monitoring complaints</i> .....	29
<i>Reporting complaints</i> .....	29
Review by senior management .....	30
<i>Learning from complaints</i> .....	31
<i>Publishing complaints performance information</i> .....	31
<i>National monitoring</i> .....	32
Performance reporting by Primary Care service providers .....	32
Maintaining confidentiality .....	32
Data Protection Act 1998.....	32
Dealing with unacceptable behaviour .....	32
Supporting the person making the complaint .....	33
Patient Advice and Support Service (PASS) .....	33
Time limit for making complaints .....	34
<b>Appendix 1: Complaints</b> .....	<b>35</b>
<b>Appendix 2: Concerns</b> .....	<b>39</b>
<b>Appendix 3: Feedback, Comments, Concerns or Complaints Assessment Matrix</b> ..	<b>41</b>
<b>Appendix 4: Timelines</b> .....	<b>42</b>
General.....	42
Timelines at the early resolution stage .....	42
Extension to the five-day timeline .....	42
Transferring cases from early resolution to investigation .....	43
Timelines at investigation .....	43
Acknowledgement .....	43
Investigation .....	43
Timeline examples .....	44
<i>Complaint 1</i> .....	45
<i>Complaint 2</i> .....	45
<i>Complaint 3</i> .....	45
<i>Complaint 4</i> .....	45
<i>Complaint 5</i> .....	45
<i>Complaint 6</i> .....	45

---

---

<b>Appendix 5: The NHS complaints handling procedure .....</b>	<b>46</b>
<b>Appendix 6: Complaints Performance Indicators .....</b>	<b>46</b>
<i>Indicator One: Learning from complaints .....</i>	<i>47</i>
<i>Indicator Two: Complaint Process Experience.....</i>	<i>47</i>
<i>Indicator Three: Staff Awareness and Training.....</i>	<i>48</i>
<i>Indicator Four: The total number of complaints received.....</i>	<i>48</i>
<i>Indicator Five: Complaints closed at each stage.....</i>	<i>48</i>
<i>Indicator Six: Complaints upheld, partially upheld and not upheld.....</i>	<i>48</i>
<i>Indicator Seven: Average times .....</i>	<i>49</i>
<i>Indicator Eight: Complaints closed in full within the timescales .....</i>	<i>49</i>
<i>Indicator Nine: Number of cases where an extension is authorised.....</i>	<i>49</i>
<b>Appendix 7: Who submitted the complaint? .....</b>	<b>51</b>
<b>Appendix 8: Consent.....</b>	<b>52</b>
Children and Young People.....	52
Adults who cannot give consent .....	53
<b>Appendix 9: Consent form .....</b>	<b>54</b>

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## Our Complaints Handling 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. **Another document, the public facing complaints handling procedure, provides information for the person making the complaint about our complaints procedure.**

This procedure, which is based on the 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 *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 unpaid 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 procedure, and that our staff know how to handle and record complaints at the early resolution stage.

Where apologies are made under the procedure, 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.

This complaints handling 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.
- 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 Tayside's 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;
- scheduled or unscheduled ambulance care;
- environmental or domestic issues;
- operational and procedural issues;
- transport concerns, either to, from or within the healthcare environment;
- the organisation's failure to follow the 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.

Appendix 1 provides a range of examples of complaints we may receive, and how these may be handled.

Not all issues may be for NHS Boards to resolve. In cases where an individual is unsatisfied 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 Royal Pharmaceutical Society, 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.

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 Complaints Handling Procedure. Further guidance is provided in the section covering feedback, comments and concerns below.

This complaints procedure does not apply to the following complaints, as set out in Regulations:

- a complaint raised by one NHS Board about the functions of another NHS Board;
- a complaint raised by a service provider about any matter connected with the contract or arrangements under which that service provider provides health services;
- a complaint raised by an employee of an NHS Board about any matter relating to that employee's contract of employment;
- a complaint which is being or has already been investigated by the Scottish Public Services Ombudsman (SPSO);
- a complaint arising out of an alleged failure to comply with a request for information under the Freedom of Information (Scotland) Act 2002(a);
- a complaint about which the person making the complaint 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 procedure;
- a complaint about which an NHS Board is taking or proposing to take disciplinary proceedings against the person who is the subject of the complaint; and
- a complaint, the subject matter of which has previously been investigated and responded to.

In these cases, there is 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 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, provided that the person making the complaint has consented to this in writing, and has not withdrawn their consent.

This complaints 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. You should offer to resolve someone's complaint using the NHS complaints procedure, even where the person has stated (in writing or otherwise) that they intend to take legal proceedings. If, however, you are satisfied that the person has considered the NHS complaints procedure but nonetheless clearly intends to take legal action, then you may decide not to apply this complaints procedure to that complaint.

Additionally, this complaints 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.

You must not treat these issues as complaints, rather you should explain how the matter will 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 introduces 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 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 comments, compliments, feedback or observations offered orally or in writing for example on ward or hospital suggestion cards or through 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 procedure. Even where the person states that they do not want to complain, if you are satisfied that the matter is clearly a complaint you should record it as such. If staff members are in any doubt they should seek advice from the Complaints and Feedback Team. Appendix 2 also provides examples of matters that may be considered as concerns.

The manner in which the matter is communicated to NHS Tayside 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 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 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 procedure.

### **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.

NHS Tayside's latest Annual Report on Feedback and Complaints is available via the following link - [Annual Feedback Report](#)

### **Primary Care service providers**

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 minimise costs as well as resolving a person's dissatisfaction. 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.

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 Board directly (this will normally be the NHS Board). The NHS Board should nominate the Complaints and Feedback Team Lead, or other suitable officer to carefully consider the reasons for asking the body to handle the complaint. Where the Board 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 NHS body 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 NHS Board to determine how the complaint should be managed. The person making the complaint must be advised of the arrangements that are made.

In handling complaints we will have regard to the General Medical Council (GMC)'s 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.

### **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 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 procedure is available to them.

### **Financial compensation**

The NHS complaints procedure does not provide for financial compensation. The independent Patient Advice and Support Service 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 procedure. A senior manager 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, for example consent issues. 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 a senior manager.

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), 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. All NHS Scotland organisations have in place local whistleblowing policies 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.

### **Significant Adverse Events Review**

Healthcare Improvement Scotland (HIS) defines an adverse event as an event that could have caused (a near miss), or did result in, harm to people or groups of people. The response to each adverse event should be proportionate to its scale, scope, complexity and opportunity for learning. Our organisation has its own procedures to manage adverse events, and in the case of 'multi board' adverse events HIS has developed a guidance tool to sit within the national adverse events framework toolkit.

A complaint handled at the investigation stage of the complaints handling procedure may clearly meet the organisation's criteria for managing adverse events. For example, where the complaint is about the safety of care, and the organisation has a duty to proceed with an adverse event review, irrespective of whether a complaint has been made. Where, based on a complaint, it is deemed appropriate to undertake a Local Adverse Event

Review (LAER), we will advise the person making the complaint of this decision. It is for the appropriate manager (ie Head of Community Health and Care Services, General Manager, Associate Nurse Director, Associate Medical Director or Director) to decide whether the complaint investigation should continue in parallel with the LAER, or whether it is appropriate to allow the LAER to take account of the complaint(s) as part of the review. It is important to note that the LAER does not replace the complaints investigation, although the investigation timeline may have to be extended. We will explain the basis for making the decision, and advise the patient of the revised timescales. We will also tell them they will have the right to ask SPSO to consider their complaint further if they remain dissatisfied at the conclusion of the adverse event review process. We will let the person know the outcome of the review, taking account of the best practice guidance for closing a complaint at the investigation stage and record all the details on the system for recording complaints.

To see NHS Tayside's policy regarding the management of adverse events please click on the following link - [NHS Tayside Adverse Event Management Policy](#)

### **Care Opinion**

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

Feedback from Care Opinion will include general feedback, comments, concerns and complaints. Where the feedback clearly meets the organisation's definition of a complaint, and where there is insufficient information provided to handle the matter through the complaints procedure, we will respond via Care Opinion asking the person to contact the Complaints and Feedback Team so that the complaint can be recorded and handled as a complaint.

To read feedback about NHS Tayside, please visit <https://www.patientopinion.org.uk>

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

Anyone who is or is likely to be affected by an act or omission of an NHS Board 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 the person to act on their behalf.

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, the Board would have to take that into account when handling and responding to the complaint (and is likely to be 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 that complaints 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 handling 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 resolved at the early resolution stage of this procedure. This will ensure the completeness of the complaints data recorded and will still allow us to fully consider the matter and take corrective action where appropriate. Doing so will also ensure that the person has the opportunity to pursue the complaint at the investigation stage of the 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.

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 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 resulting in death or harm 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 work 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 or social work service the response will depend on whether these services are being delivered through a single, integrated health and social care partnership.

Where these services are integrated, you must work together with the health and social care partnership staff to resolve the complaint. A decision must be taken, by following the

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

procedure that the health and social care partnership 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 work aspects of their complaint.

Where health and social work or social care services are not integrated, for example the relevant local authority provides a social work or social care service, independent of any health service provision, the person will need to direct their communications about social care or social work 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 work and 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 work services must handle complaints according to the social work complaints handling procedure, which is largely in line with this complaints handling procedure.

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

## **The complaints handling process**

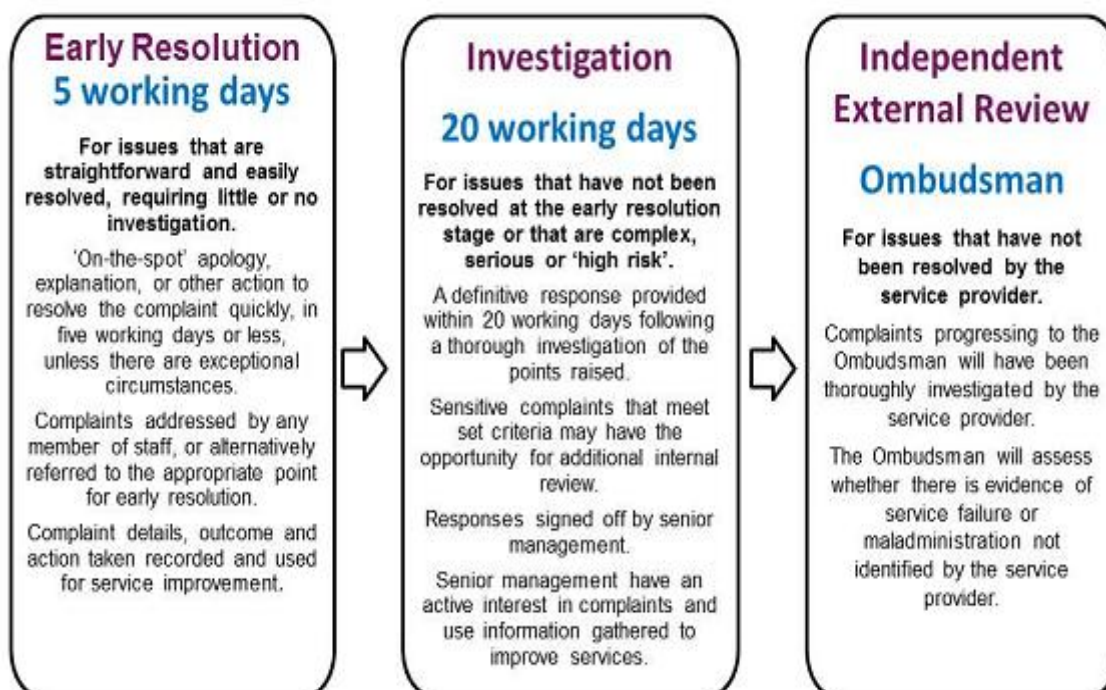
Our complaints handling procedure aims to provide a quick, simple and streamlined process for resolving complaints early and locally by capable, well-trained staff.

NHS Tayside is developing an operational toolkit to support this new model complaints handling procedure which will be available on Staffnet.

Our complaints process provides two opportunities to resolve complaints internally:

- early resolution; and
- investigation.

## The NHS Model Complaints Handling Procedure



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

### *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, log the details with the Complaints and Feedback Team who will enter it on our complaints system ([feedback.tayside@nhs.net](mailto:feedback.tayside@nhs.net) or call Internal Ext 35507 or 0800 027 5507 (freephone).
- 3 Next, 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?

### **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. Of course, they may not be clear about this, and 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 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 in 'Accident and Emergency' 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. 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 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. Any member of staff may deal with complaints at this stage. In practice, early resolution means resolving the complaint at the 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.

Appendix 1 gives examples of the types of complaint we may consider at this stage, with suggestions on how to resolve them.

Often complaints are sent directly to the Chief Executive or the Complaints and Feedback Team, however a number of these may be suitable for early resolution. If so, contact will be made with the relevant staff member about whether it is practical to attempt to handle the complaint at Stage 1.

If a member of staff has received a complaint directly and is unsure whether early resolution is possible, they can seek advice from their Head of Department or the Complaints and Feedback Team. Whether it is dealt with by the member of staff directly as a Stage 1 complaint, or whether a judgement is made that it is more complex and requires investigation at Stage 2, the details must be logged with the Complaints and Feedback Team ([feedback.tayside@nhs.net](mailto:feedback.tayside@nhs.net) or call Internal Ext 35507 or 0800 027 5507 (freephone)).

*Timelines*

Early resolution must usually be completed within **five working days**, although in practice we would often expect to 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 appropriate senior manager, 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 at the investigation stage.

It is important that extensions to the timeline do not become the norm. Rather, the timeline at the early resolution stage should be extended only rarely. All attempts to resolve the complaint at this stage must take no longer than **ten working days** from the date you receive the complaint.

The proportion of complaints that exceed the five working days timeline at the early resolution stage will be evident from reported statistics. These statistics must go to our senior management team on a quarterly basis.

Appendix 5 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. 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.

Central logging of complaint data for reporting purposes is carried out by the Complaints and Feedback Team. Complaints that are received directly by members of staff and handled at local level through Stage 1 arrangements require recording on our complaints system. A template is provided on Staffnet for printing or on-line completion for this purpose and can be accessed via the following link - [Patient Feedback Form](#). The data on

this form must be as complete as possible to allow accurate information to be reported locally and nationally regarding complaint handling performance.

#### *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 moved to stage 2. 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 which the matter of the complaint comes to the person's notice.

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.

#### **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 handling procedure are typically serious 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, to establish why they are dissatisfied and whether the outcome they are looking for sounds realistic. In 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.

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. Where applicable, this will be done as a continuation of the record created at early resolution. The details must be updated when the investigation ends.

If the investigation stage follows attempted early resolution, you must ensure you have all case notes and associated 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 is often 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
- NHS Tayside 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 the feedback and complaints officer;
- 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; and
- 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.

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 decision on the complaint.

Acknowledgement letters for Stage 2 complaints will be issued by the Complaints and Feedback Team. Acknowledgement letters will be issued in a format which is accessible to the person making the complaint. The following points, where relevant to the complaint, will also be considered for inclusion:

- 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 (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 initial response 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 either with the investigation officer, the complaints staff or, if appropriate, with a senior member of 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 the 'Public Facing Complaints Handling Procedure' if this has not already been issued.

The Complaints and Feedback Team 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 complaints handling process. This means that where required, meetings should always be held 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 communication 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. However, 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 Complaints and Feedback Team, in discussion with the appropriate senior manager (ie Head of Community Health and Care Services, General Manager, Associate Nurse Director, Associate Medical Director or Director), will set time limits on any extended investigation, as long as the person making the complaint agrees. Complaints staff and/or, if

appropriate, the complaint investigator, must keep them updated on the reason for the delay and give them a revised timescale for completion. If the person making the complaint does not agree to an extension but it is necessary and unavoidable, then senior management 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;
- the complaint investigator 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 mediation as a potential route for resolution.

These are only a few examples, and you must judge the matter in relation to each complaint.

As with complaints considered at the early resolution stage, the proportion of complaints that exceed the 20-day limit will be evident from reported statistics. These statistics must go to our senior management team on a quarterly basis.

If the complaint investigator is 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, Complaints staff and/or, if appropriate, the complaint investigator, must tell the person that they are not yet in a position to respond to all aspects of the complaint and tell them when they will do so.

Appendix 5 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 will 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 Boards, 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.

Complaints staff must 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 areas that we are responsible for and explain the reasons for our decision. Complaints staff 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 report must include the conclusions of the investigation and information about any remedial action taken or proposed as a consequence of the complaint. The report must be signed by an appropriately senior person such as the General Manager responsible for a particular service area, a Director, the Chief Executive or their nominated deputy. You may send this report electronically, provided that the person making the complaint has consented to this in writing, and has not withdrawn their consent.

The quality of the report is very important and in terms of best practice should:

- be clear and easy to understand, written in a way that is person-centred 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 an apology 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 Scottish Public Services Ombudsman. Details of how to contact the Ombudsman's office should be included in the response.

#### *Meetings and post decision correspondence with the person making the complaint*

As previously noted, it is often appropriate to meet with the person making the complaint at the outset of the investigation in order to fully understand the complaint, what the person making the complaint wants to achieve by complaining, and to explain how the complaint will be handled.

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 for explanation only and not a reinvestigation or reopening of the complaint.

#### *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 and maladministration (administrative fault), clinical decisions and the way we have handled the complaint.

The SPSO recommends that complaints responses include the wording overleaf 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 and Social Care 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 final position on a complaint, following a stage 2 investigation, must be signed off by an appropriate senior officer 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 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 some complaints, with responsibility for the complaint handling procedure delegated to the Nurse Director through their role as the Feedback and Complaints Manager (see below). 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:

- managing complaints and the way we learn from them;
- overseeing the implementation of actions required as a result of a complaint
- investigating complaints; 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 (ie Head of Community Health and Social Care Services, General Managers, Associate Nurse Directors and Associate Medical Directors). Wherever possible it is important for the decision on a complaint to be taken by an independent senior member of staff. Directors should retain ownership and accountability for the management and reporting of complaints. They may also be responsible for preparing and signing decision letters, so they should be satisfied that the investigation is complete and their response addresses all aspects of the complaint.

### *Feedback and Complaints Manager*

Each relevant NHS body must appoint a Feedback and Complaints Manager, in accordance with the 2012 Regulations. 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 action is taken as necessary following the outcome or any feedback, comment, concern or complaint. This function must be performed by the Chief Executive of the relevant NHS body or by an appropriately senior person authorised by the relevant NHS body to act on their behalf. On behalf of the Chief Executive, the Chief Operating Officer has designated responsibility for the management of complaints across NHS Tayside, and is the identified Feedback and Complaints Manager for NHS Tayside.

### *Feedback and Complaints Officer*

According to the 2012 Regulations, each responsible body (including relevant NHS Boards and their service providers) must appoint a Feedback and Complaints Officer to manage the arrangements. The Feedback and Complaints Officer is responsible for the management and handling of feedback, comments, concerns and complaints operationally. This post holder(s) should be 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. It is important that arrangements are made so that the role of the complaints officer is not interrupted by one individual's annual or sick leave. The Complaints and Feedback Team Lead is the Feedback and Complaints Officer for NHS Tayside and is supported by Complaints and Feedback Co-ordinators in the operational management and handling of feedback, comments, concerns and complaints.

The functions of the Feedback and Complaints Officer 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 Officer:

- 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 will be raised in respect of the same issue;
- provide specialist advice and support to patients and 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 NHS Tayside*

A complaint may be made to any member of staff in the organisation. So all staff must be aware of the complaints handling procedure and how to handle and record 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.

### *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. The Complaints and Feedback Team Lead acts as the SPSO Liaison Officer for NHS Tayside, supported by Complaints and Feedback Co-ordinators.

## **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 that set out clear procedures for handling such complaints.

In instances where a complaint is raised about a senior member of a Directorate or senior clinician, the Feedback and Complaints Manager will consider who should undertake the investigation and, if necessary, request this is carried out by an appropriate professional external to NHS Tayside.

Further guidance on the process for handling complaints about senior staff members will be developed by NHS Tayside during 2017.

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**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 NHS Tayside. 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. Staff should ensure that all complaints are recorded even 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 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
- 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
- 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.

Complaints handled by staff at Stage 1 must be recorded either on the electronic form found on Staffnet via the following link - [Patient Feedback Form](#) - and either way must be forwarded on to Complaints staff for central logging on the system as soon as is practically possible.

Complaints that require to be handled at Stage 2 must be sent to Complaints staff immediately on receipt, or as soon as it becomes apparent the investigation is more complex and requires a longer timescale. Complaints staff will record all Stage 2 information as determined by complaint investigation reports.

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 Ombudsman'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*

In accordance with the Complaints Directions, relevant NHS Boards have 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 Board as soon as is reasonably practicable after the end of the three month period to which it relates. Data required 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.
- 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 7 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, through Directorate Clinical Governance Groups and Performance Reviews. This information will then be reported to NHS Tayside's Clinical Quality Forum and Clinical and Care Governance Committee.

### **Review by senior management**

Senior management 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 on his or her 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. Where appropriate, the review must also consider 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 governance structure to the Board of management or equivalent governing body.

### *Learning from complaints*

At the earliest opportunity after the closure of the complaint, the complaint handler should always make sure that the person making the complaint and staff of the service involved are given feedback and, where applicable, understand the findings of the investigation and any recommendations made.

As a minimum, we must:

- 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:

- an action plan should be developed where appropriate;
- the action needed to improve services must be prioritised for implementation;
- 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 taken;
- 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; and
- we must ensure 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 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.

### *National monitoring*

In accordance with the Complaints Directions, complaints statistics gathered through the quarterly reporting of complaints must be submitted by relevant NHS Boards 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. NHS Boards 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 Board 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 Board 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.

### **Dealing with unacceptable 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. In fact, being persistent can be a positive advantage when pursuing a complaint. However, the actions of people who are angry, demanding or persistent may result in unreasonable demands on time and resources 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 to demonstrate a more reasonable approach later.

NHS Tayside is undertaking a review of the procedure for dealing with unacceptable actions and behaviours. A copy of this can be obtained via the following link – [Unacceptable Behaviour Procedure](#).

### **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.

### **Patient Advice and Support Service (PASS)**

The Patient Rights Act provided for the establishment of the Patient Advice and Support Service (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)

Contact details for PASS at local Citizens Advice Bureaux (CAB) and helpline number are as follows

Angus CAB: 01241 870661 Ext 232

Dundee CAB: 01382 307494

Perth CAB: 01738 450580

National Helpline: 0800 917 2127

### **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 Complaints and Feedback Officer, in discussion with the appropriate senior manager (i.e. Head of Community Health and Care Services, General Manager, Associate Nurse Director, Associate Medical Director or Director) 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 Scottish Public Services Ombudsman to consider the decision.

## Appendix 1: Complaints

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

Complaint	Possible actions to achieve resolution
<p>The complaint relates to clinical treatment. The person is unhappy that several attempts to draw blood were not successfully completed, and that there was a lack of pain management to address her discomfort.</p>	<p>Apologise for the pain and discomfort caused. Explain the appropriate procedure for taking blood and agree with the person making the complaint how this will be approached in the future. Perhaps ensure that an experienced person draws the blood, and ensure suitable pain management is available if needed.</p>
<p>The complaint relates to clinical treatment. The person disagrees with their care plan and wants it evaluated by an independent clinician.</p>	<p>Thank the person for bringing this matter to your attention. Confirm with them their reasons for disagreeing with the care plan. Explain the process for developing a care plan and the fact that you will check how this was applied in this case. Check with appropriate staff to ensure the care plan accurately reflects the agreed care needs, and addresses any issues raised by the person. Explain to the person the action you have taken, and the basis for the care plan. If the person continues to disagree with your response, advise them that the complaint will be escalated to stage 2 of the complaints procedure for further investigation.</p>
<p>The complaint relates to a lack of privacy during visiting hours. The person complained that visitors to the patient in the bed next to her could overhear medical staff discussing her condition and treatment. She felt humiliated by this.</p>	<p>Apologise for the distress felt by the person. Advise her of the normal procedure for discussing her medical condition with her. Explain the action you will take to ensure that this situation is not repeated, and any discussions in regard to diagnosis, care or treatment are conducted in private.</p>
<p>The complaint relates to clinical treatment.</p>	<p>The person complained to the nurse</p>

Complaint	Possible actions to achieve resolution
<p>A person was receiving anti-clotting medication injected into her stomach. Each treatment required two painful injections as the ward's drug trolley only had small doses in the pre-prepared syringes.</p>	<p>administering the injection, who then ordered a supply of larger doses from the hospital pharmacy. Next day the person (and others on the ward) received the correct dose with only one injection required.</p>
<p>The complaint relates to being in a mixed male/female ward.</p> <p>The person is unhappy at being in a mixed sex ward and wants moved to a single sex ward.</p>	<p>Thank the person for bringing this matter to your attention, acknowledge their discomfort and apologise for the impact this has had on them.</p> <p>Explain the basis for mixed sex wards and ask what you can do to resolve the issue satisfactorily. Where possible consider if the person can be located in a room, or be moved to a single sex ward.</p>
<p>The complaint relates to staff attitude.</p> <p>It is alleged that when asked to explain why surgery had been delayed, the nurse was rude, insensitive to the person's needs and did not explain the reason for the delay.</p>	<p>Thank the person for bringing the complaint to your attention. Apologise, recognising that they feel the nurse did not respond appropriately to the enquiry. Make sure that you provide a full response to the person's request for information about the surgery and any reasons for delay. Explain that you will record the complaint and ensure that staff are made aware of the need to respond fully and appropriately to all enquiries.</p> <p>Discuss the complaint with appropriate staff, to understand the issue from their perspective. If and where appropriate, provide support to staff to respond appropriately to enquiries.</p>
<p>The complaint relates to communication with the person.</p> <p>The letter sent by the Board to explain the next course of treatment used jargon that the person did not understand and said that details of the next appointment were</p>	<p>Thank the person for bringing the complaint to your attention. Advise that the use of jargon in letters is inappropriate and should not be used. Tell the person that you will bring this matter to the attention of the appropriate unit, who will contact her</p>

Complaint	Possible actions to achieve resolution
enclosed, when in fact they were not.	urgently to provide details of the next appointment. Tell them that you are sorry that this has happened, and that her complaint should help to ensure that this does not occur again.
The complaint relates to waiting times. Having waited for 12 weeks to be seen by a physiotherapist, the appointment was cancelled with only one day's notice.	Thank the person for bringing this to your attention, and apologise for the inconvenience that this cancellation has caused. Advise them of the process for making physiotherapy appointments and the associated timescales. Explain the reason that the appointment was cancelled at such short notice. Where possible arrange an alternative appointment at a date and time which is convenient for the person.
The complaint relates to a delay at the out patients clinic. The person complained that she had to wait too long in the reception area before being seen and she was not provided with a reason for the delay.	Thank the person for bringing the complaint to your attention. Explain the process for seeing people at an outpatient appointment, together with the reasons that something went wrong on this occasion. Apologise, and explain the actions you will take to ensure that this situation does not reoccur. This may be by reminding all staff on duty to ensure that people are kept updated where there is a delay in appointment times. It may also be by ensuring notices are placed in the reception areas advising people to approach reception if their appointment is delayed by more than 20 minutes.
The complaint relates to a lack of facilities within the hospital's waiting area. The person complained that she had no direct access to drinking water and when she asked at reception for a glass of water she was advised to purchase a bottle of water from the shop within the hospital complex.	Thank the person for bringing this matter to your attention. Apologise, recognising how the situation must have been for her. Explain the reason that drinking water may not have been immediately available, and what the options will be to access drinking water in the future. Where appropriate, signpost within the



Complaint	Possible actions to achieve resolution
	waiting areas, to explain how people may get access to drinking water.
<p>The complaint relates to car parking within the hospital grounds.</p> <p>The person is unhappy with the parking fees charged by the hospital.</p>	<p>Thank the person for bringing this matter to your attention. Explain the Board, or hospital policy on car parking, and where appropriate advise on alternative areas for parking or how people may use public transport in appropriate cases. Finally explain that the Board takes all complaints seriously and that information from complaints is analysed and used to inform policies and procedures moving forward.</p>
<p>The complaint relates to the catering services for patients.</p> <p>The person is unhappy that, despite notifying nurses that she is a vegetarian, no vegetarian meal was provided at dinner time. When she asked for a vegetarian meal she was advised that the kitchen was unable to provide one, and she was offered a salad sandwich as an alternative.</p>	<p>Thank the person for bringing the complaint to you. Apologise, acknowledging that there has been a failing and expressing empathy for the situation the person was in. Explain the normal protocol for ensuring all dietary requirements are met, and the action that you will now take to ensure that a vegetarian meal is always provided for her. Thereafter, follow up with her to ensure that the situation has been satisfactorily resolved and her dietary needs are being properly met.</p>
<p>The complaint relates to property.</p> <p>The person alleges that his dressing gown was removed from his bedside unit, and is now missing.</p>	<p>Thank the person for bringing the matter to your attention. Apologise, recognising the distress that the loss of the dressing gown will have caused. Offer to provide a hospital replacement gown in the meantime. Explain the action you will take to try and locate the dressing gown, and where appropriate, signpost him to the process for claiming for lost property.</p>

## Appendix 2: Concerns

The following tables give examples of matters that may be considered as concerns.

Concerns	Suggested action
A person was worried about his forthcoming cataract surgery. He did not fully understand the procedure that would be followed and the implications in relation to his future eye care requirements.	Arrange an appointment for him to see the ophthalmologist to have a full explanation of the surgery, and long term eye care requirements provided.
The café uses plastic cups. An elderly person raised concerns that she and others have difficulty in holding these plastic cups.	Where mugs are available they should be used in the café. Alternatively, cardboard cup holders/sleeves with a handle may be considered.
A person raised a concern about when they would be seen in the clinic as the last clinic had overrun resulting in her not being seen for her appointment.	The service should contact the person to apologise for the earlier missed appointment and to inform her that action has been taken to ensure the clinic is not overbooked. The person should be reassured that their concerns have been noted, and that arrangements are in place to ensure that they are seen at the stated appointment time next time.
A person said that his appointment letter was sent in an unsealed envelope, and he just wanted the board to be aware of this.	Apologise to the man, and explain that staff will now be reminded to ensure that all letters are properly sealed before postage.
A concern is raised about the provision of maternity (or other service) services and the impact that service re-provision would have in the future.	Provide information about the reasons for the re provision of services and explain the actions that will be taken to ensure no adverse effects on service delivery.
A person had had part of one of his fingers amputated. He wrote to the NHS asking for more information, as he felt the operation was unnecessary and that the complications were never fully explained to him. In his letter he states that he does not want to complain, but he is unhappy about his treatment.	The circumstances described here would normally be handled as a complaint. Where the person is adamant that they do not wish to complain, the matter should be recorded as being resolved at the early resolution stage. Provide a full detailed response advising why a decision to amputate was taken

Concerns	Suggested action
	<p>following what was considered to have been simple routine surgery.</p> <p>If the person comes back to say that they remain unhappy with this response, the matter should then be handled at stage 2 of the complaints procedure, with the person being signposted to SPSO if they remain dissatisfied with the subsequent response.</p>
<p>Prior to an operation eight months ago, the person had expressed fear to a number of staff that she would not have sufficient post-operative pain management. Despite these concerns being raised she experienced considerable pain after the operation. She now has concerns regarding a forthcoming operation. She wanted her pain to be managed more effectively than when she had underwent the same operation previously.</p>	<p>Explain to the person that the first operation was unsuccessful and therefore has to be performed a second time. Reassure her that her concerns about pain management have been noted and that medical staff will do all they possibly can to effectively manage any post-operative pain.</p>
<p>A patient suffers from a recurring problem with chest infections. This has been the case for several years. He is unhappy that his GP has refused to prescribe him another course of antibiotics.</p>	<p>The GP meets with the person to understand the reasons for his dissatisfaction, and to explain the basis for the decision not to continually prescribe antibiotics.</p> <p>The GP may arrange for further tests if appropriate.</p>

**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

It is expected that you will use professional judgement in deciding whether an issue can be looked at as a 'Concern' or whether it is appropriate to handle the matter through the complaints handling 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 handling procedure.

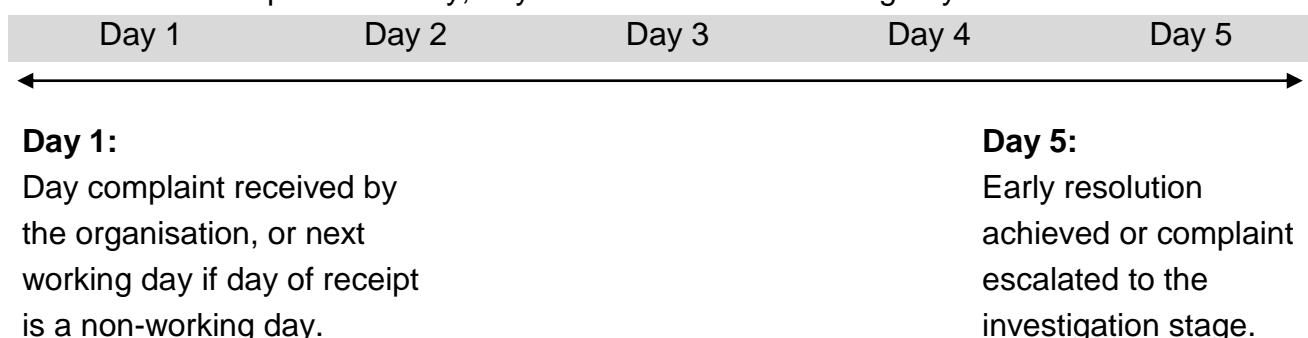
## Appendix 4: Timelines

### 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.

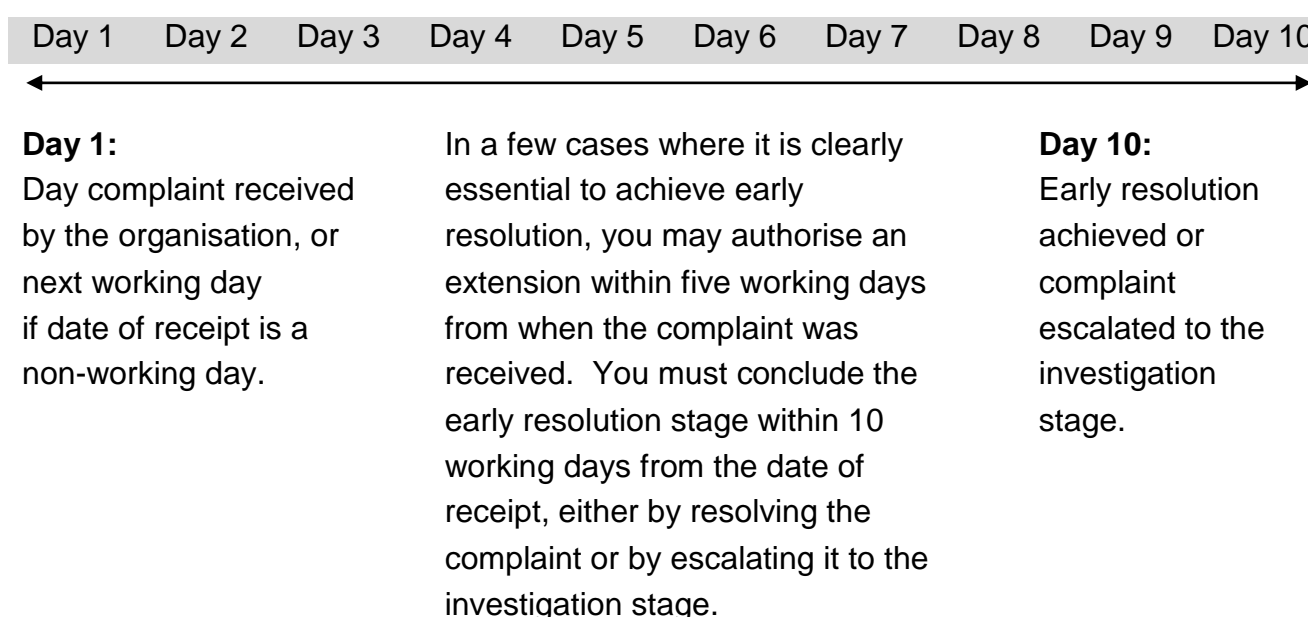
### Timelines at the early resolution stage

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.



### **Transferring cases from early resolution to investigation**

If it is clear that early resolution has not resolved the matter, and the person wants to escalate the complaint to the investigation stage, the case must be passed to the Complaints Team for logging and request 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.

In either scenario, Complaints staff must be made aware of the complaint and involved in its administration.

### **Acknowledgement**

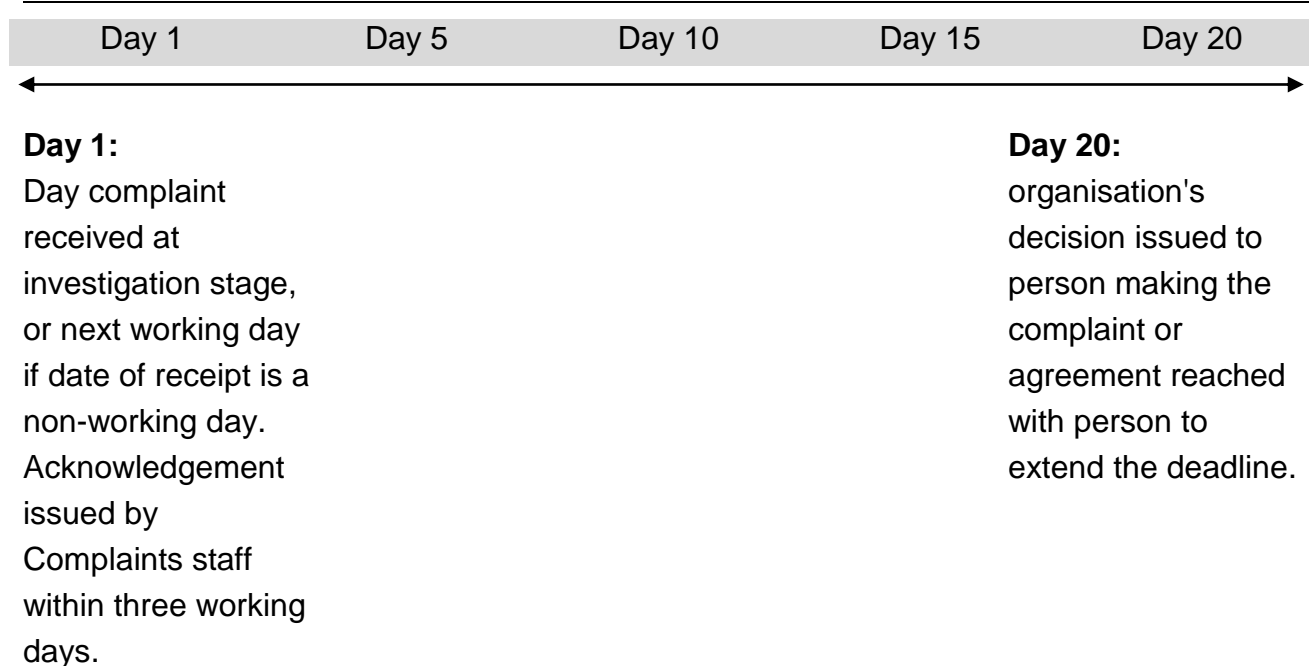
All complaints considered at the investigation stage must be acknowledged within **three working days** of receipt by Complaints staff. The date of receipt is:

- 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.

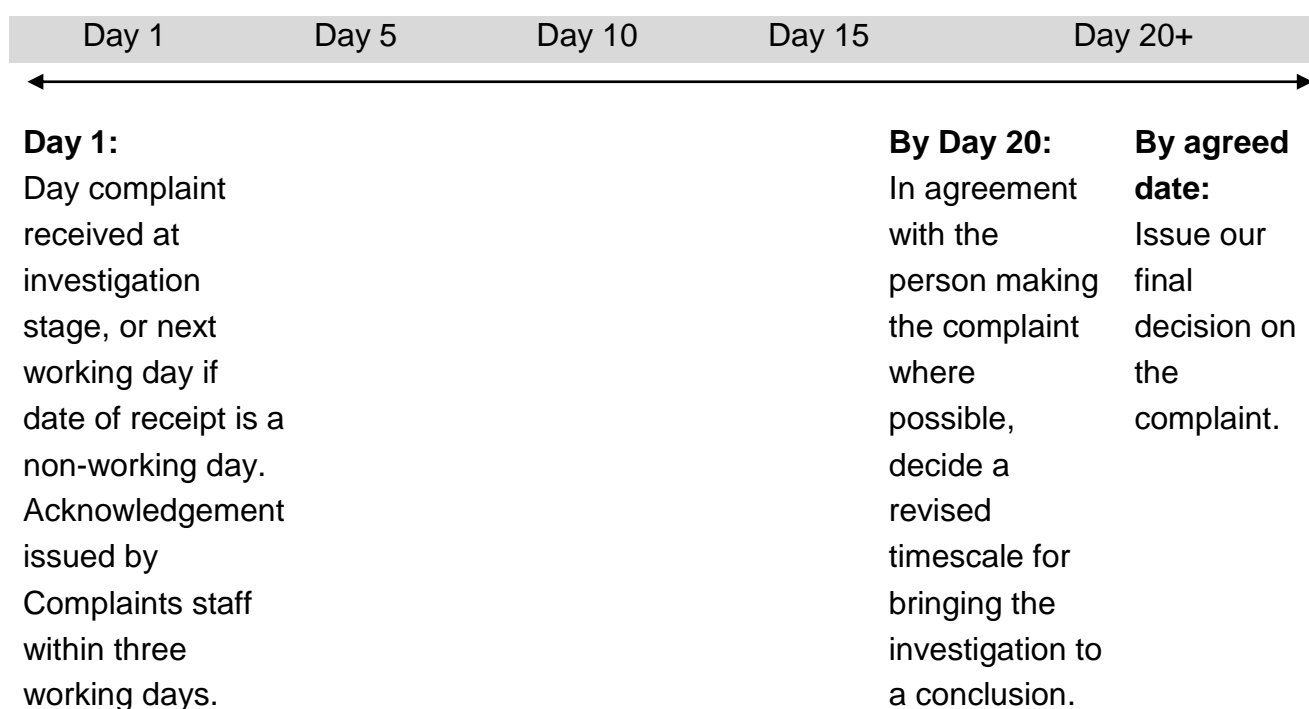
### **Investigation**

The complaint should be responded to in full 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.

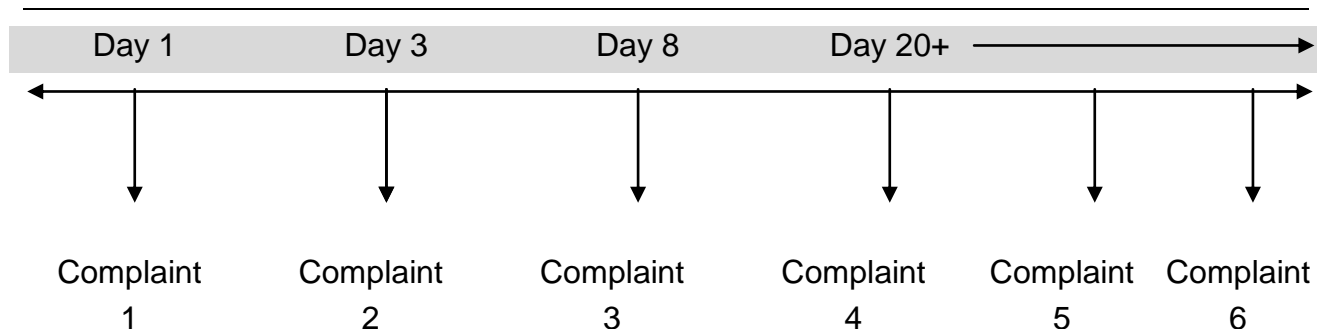


Exceptionally you may need longer than the 20-day limit for a full response. If so, you must explain the reasons to the person, and agree with them a revised timescale.



### 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.

#### *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*

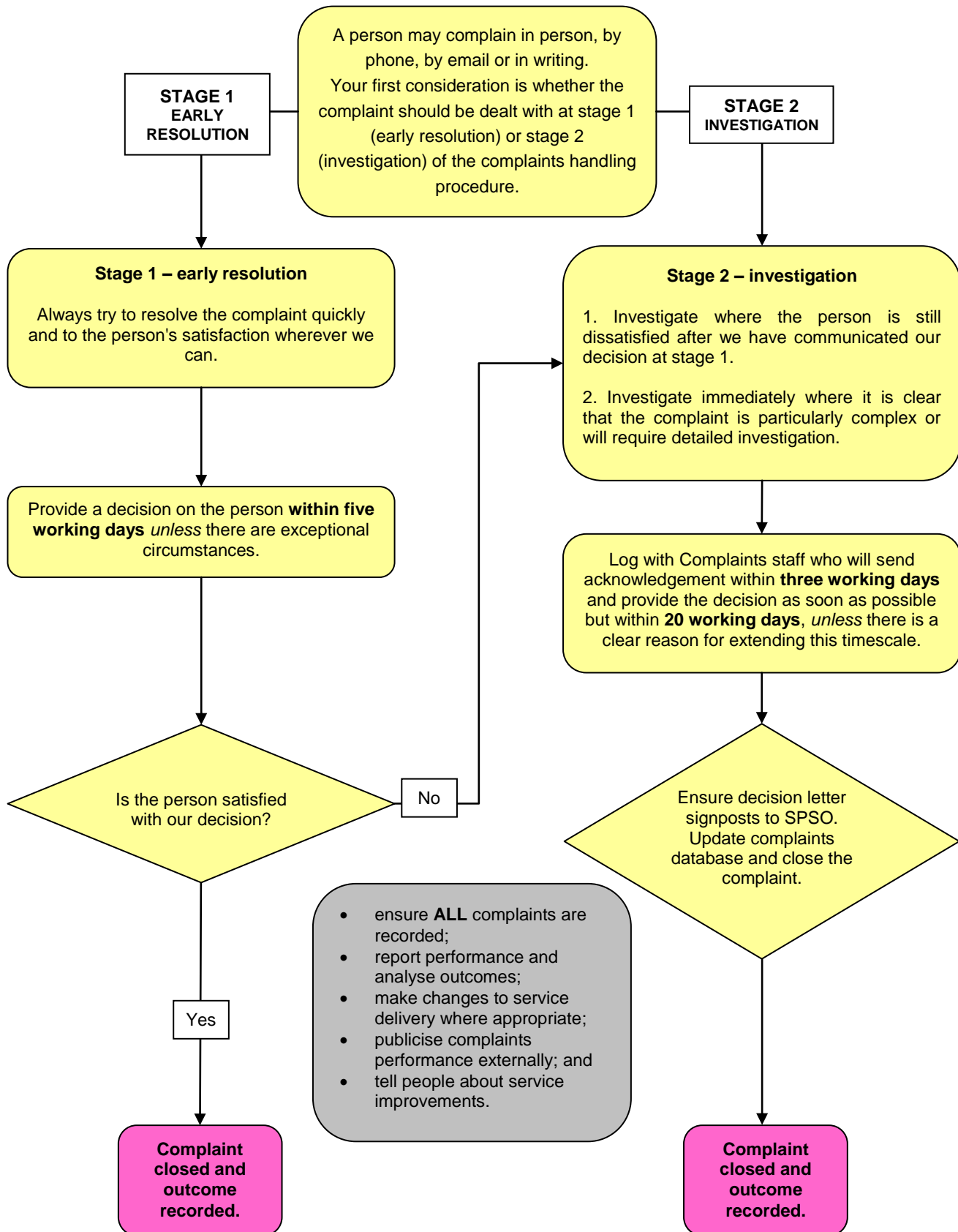
We considered complaint 5 at the early resolution stage, where an extension of five days was authorised. At the end of the early resolution stage the person was still dissatisfied. At their request, we conducted an investigation and issued our final response within 20 working days. Although the end-to-end 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



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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/Care 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.

NHS Boards should 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.

**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 a recognised professional qualification in this field.
- NHS Boards 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 Boards. For example:

- Acute Hospital Services – per episode of patient care
- Prison Healthcare Services – 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 customer 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 will 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.

## Appendix 7: Who submitted the complaint?

The table below shows the definition of who may submit a complaint as developed by Information Services Division.

Code	Description
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
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 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, or in terms of the information which can be included in the report of such an investigation.

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 check that 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 Boards 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 Board or health service provider judges that the child does not have 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.

Where an NHS Board or health service provider judges that a child has sufficient maturity and understanding, 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. It is also good practice to obtain the child's written consent to information from their health records being released.

**Adults who cannot give consent**

Where a person is unable to give consent the NHS Board or health service provider can agree to investigate a complaint made on their behalf by a third party. However, before doing so they should satisfy themselves 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 form**

Complaints and Feedback Team  
NHS Tayside  
Ninewells Hospital  
Dundee DD1 9SY

**Consent to release patient information to a third party**

I hereby authorise NHS Tayside 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	

**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	

## EQUALITY IMPACT ASSESSMENT TOOL

### Part 1: Description/Consultation

Is this a Rapid Equality Impact Assessment (RIAT)?		Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Is this a Full Equality Impact Assessment (EQIA)?		Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Date of Assessment:	30/03/2017	Committee Report Number:	<a href="#">Click here to enter text.</a>
Title of document being assessed:		<b>HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD</b>  <b>REPORT ON SW and IJB Complaints Procedures and Systems</b>	
1. This is a new policy, procedure, strategy or practice being assessed (If yes please check box) <input checked="" type="checkbox"/>		This is an existing policy, procedure, strategy or practice being assessed? (If yes please check box) <input type="checkbox"/>	
2. Please give a brief description of the policy, procedure, strategy or practice being assessed.		The current progress on the development and implementation of SW and IJB complaints procedures and systems used by the Dundee Health and Social Care Partnership.	
3. What is the intended outcome of this policy, procedure, strategy or practice?		To ensure that there are clear, effective and fair complaints processes for the Dundee Health and Social Care Partnership.	
4. Please list any existing documents which have been used to inform this Equality and Diversity Impact Assessment.		None	
5. Has any consultation, involvement or research with protected characteristic communities informed this assessment? If yes please give details.		No	
6. Please give details of council officer involvement in this assessment.  (e.g. names of officers consulted, dates of meetings etc)		None	
7. Is there a need to collect further evidence or to involve or consult protected characteristics communities on the impact of the proposed policy?		No	

(Example: if the impact on a community is not known what will you do to gather the information needed and when will you do this?)	
---	--

## Part 2: Protected Characteristics

Which protected characteristics communities will be positively or negatively affected by this policy, procedure or strategy?

NB Please place an X in the box which best describes the "overall" impact. It is possible for an assessment to identify that a positive policy can have some negative impacts and visa versa. When this is the case please identify both positive and negative impacts in Part 3 of this form.

If the impact on a protected characteristic communities are not known please state how you will gather evidence of any potential negative impacts in box Part 1 section 7 above.

	Positively	Negatively	No Impact	Not Known
<b>Ethnic Minority Communities including Gypsies and Travellers</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Gender</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Gender Reassignment</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Religion or Belief</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>People with a disability</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Age</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Lesbian, Gay and Bisexual</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Socio-economic</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Pregnancy &amp; Maternity</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Other (please state)</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

## Part 3: Impacts/Monitoring

<p><b>1. Have any positive impacts been identified?</b></p> <p>(We must ensure at this stage that we are not achieving equality for one strand of equality at the expense of another)</p>	No
<p><b>2. Have any negative impacts been identified?</b></p> <p>(Based on direct knowledge, published research, community involvement, customer feedback etc. If unsure seek advice from your departmental Equality Champion.)</p>	No
<p><b>3. What action is proposed to overcome any negative impacts?</b></p> <p>(e.g. involving community groups in the development or delivery of the policy or practice, providing information in community languages etc. See Good Practice on DCC equalities web page)</p>	None needed
<p><b>4. Is there a justification for continuing with this policy even if it cannot be amended or changed to end or reduce inequality without compromising its intended outcome?</b></p> <p>(If the policy that shows actual or potential unlawful discrimination you must stop and seek legal advice)</p>	N/a
<p><b>5. Has a 'Full' Equality Impact Assessment been recommended?</b></p> <p>(If the policy is a major one or is likely to have a major impact on protected characteristics communities a Full Equality Impact Assessment may be required. Seek advice from your departmental Equality lead.)</p>	No
<p><b>6. How will the policy be monitored?</b></p> <p>(How will you know it is doing what it is intended to do? e.g. data collection, customer survey etc.)</p>	Regular performance monitoring.

## Part 4: Contact Information

<b>Name of Department or Partnership</b>	Dundee Health and Social Care Partnership
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<b>Type of Document</b>	
Human Resource Policy	<input type="checkbox"/>
General Policy	<input type="checkbox"/>
Strategy/Service	<input type="checkbox"/>
Change Papers/Local Procedure	<input checked="" type="checkbox"/>
Guidelines and Protocols	<input type="checkbox"/>
Other	<input type="checkbox"/>

<b>Manager Responsible</b>	<b>Author Responsible</b>
<b>Name:</b> Dave Berry	<b>Name:</b> Clare Lewis-Robertson
<b>Designation:</b> Chief Officer	<b>Designation:</b> Customer Care Governance Officer
<b>Base:</b> Dundee House	<b>Base:</b> Dundee House
<b>Telephone:</b> Click here to enter text.	<b>Telephone:</b> Click here to enter text.
<b>Email:</b> Click here to enter text.	<b>Email:</b> Click here to enter text.

<b>Signature of author of the policy:</b>	Clare Lewis-Robertson	<b>Date:</b> 31/03/17
<b>Signature of Director/Head of Service:</b>	Dave Berry	<b>Date:</b> 31/03/17
<b>Name of Director/Head of Service:</b>	Click here to enter text.	
<b>Date of Next Policy Review:</b>	Click here to enter text.	



**REPORT TO:** HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD –  
25 APRIL 2017

**REPORT ON:** MODEL PUBLICATION SCHEME

**REPORT BY:** CHIEF FINANCE OFFICER

**REPORT NO:** DIJB11-2017

## **1.0 PURPOSE OF REPORT**

The purpose of this report is to provide Dundee Integration Joint Board with an overview of its responsibilities in relation to the Scottish Information Commissioner's statutory publication scheme and to seek agreement to adopt the scheme.

## **2.0 RECOMMENDATIONS**

It is recommended that the Integration Joint Board (IJB):

- 2.1 Agrees to adopt the Scottish Information Commissioner's Model Publication Scheme (attached as Appendix 1) and instructs the Chief Finance Officer to submit the approved scheme by 28 April 2017.
- 2.2 Notes the Guide to Information (attached as Appendix 2), which will be published on the Health and Social Care Partnership website.

## **3.0 FINANCIAL IMPLICATIONS**

None.

## **4.0 MAIN TEXT**

### **4.1 Background**

- 4.1.1 Under Section 23 of the Freedom of Information (Scotland) Act 2002 (FOISA), Scottish Public Authorities have a duty to publish information by means of a Publication Scheme. This duty to publish is in addition to the obligation to respond to requests for information. The IJB is a Public Authority for the purposes of the legislation and therefore must comply with the Scottish Information Commissioner's statutory publication scheme.
- 4.1.2 The Scottish Information Commissioner has developed a Model Publication Scheme (MPS) to support authorities to meet their Publication Scheme duties (attached as Appendix 1). To date, all Scottish authorities have adopted the Commissioner's MPS. The Information Commissioner requires submission of the Dundee City Integration Joint Board approved Publication Scheme by 28 April 2017.

### **4.2 Adopting the Model Publication Scheme**

- 4.2.1 Adopting the MPS commits the IJB to:
  - Adopt the MPS without amendment;
  - Secure approval from the Scottish Information Commissioner on its Publication Scheme;
  - Publish information (including any environmental information) that it holds and which falls within the classes of information;

- Publish information in accordance with Model Publication Scheme Principles;
- Produce a Guide to Information setting out the information that it published, how to access it, whether there is a charge for it and how to get help in terms of any access requirements.

## **5.0 POLICY IMPLICATIONS**

This report has been screened for any policy implications in respect of Equality Impact Assessment and Risk Management. An EQIA is attached.

## **6.0 CONSULTATIONS**

The Chief Officer and the Clerk were consulted in the preparation of this report.

## **7.0 BACKGROUND PAPERS**

None.

Dave Berry  
Chief Finance Officer

DATE: 22 March 2017

## Model Publication Scheme

### Introduction

1. The Freedom of Information (Scotland) Act 2002 (the Act) requires Scottish public authorities to adopt and maintain a publication scheme. Authorities are under a legal obligation to:

- (i) publish the classes of information that they make routinely available
- (ii) tell the public how to access the information they publish and whether information is available free of charge or on payment.

2. The Act also allows for the development of model publication schemes which can be adopted by more than one authority. **The Commissioner's Model Publication Scheme was approved on 29 March 2016.**

3. The Commissioner has issued a Guide for Scottish Public Authorities to accompany the model scheme. This is **essential reading** for authorities adopting the model scheme as it explains the requirements of the scheme in detail and provides lists of types of information the Commissioner expects authorities to publish.

### Definition of “published” information

4. For the purposes of this Model Publication Scheme, to be “published”, information must be:

- (i) already produced and prepared; and
- (ii) available to anyone to access easily without having to make a request for it.

5. Research and information services which involve the commissioning of new information are **not** “publications”.

### Adopting this model scheme

6. This model scheme can be adopted by any authority which is subject to the Freedom of Information (Scotland) Act 2002. For more information about which bodies this applies to, please visit <http://www.itspublicknowledge.info/YourRights/Whocanask.aspx>

7. Adoption commits an authority to:

- (i) adopting the model scheme, and any updates to it, without amendment;
- (ii) publishing the information, including environmental information, that it holds and which falls within the classes of information below;
- (iii) ensuring that the way it publishes its information meets the Model Publication Scheme Principles;
- (iv) producing a Guide to Information which sets out the information the authority publishes through the model scheme, how to access it, whether there is a charge for it and how to get help to access information;
- (v) notifying the Scottish Information Commissioner that it has adopted the model scheme.



8. Where an authority fails to meet the above commitments, it cannot be considered to have adopted the Commissioner's model scheme and may be failing with the duty to adopt and maintain a publication scheme in line with section 23(1) of the Act.

### **Notifying the Commissioner**

9. Authorities adopting the model publication scheme for the first time must notify the Commissioner that they have done so. Thereafter no further notification is required unless the Commissioner has revoked approval (because the authority is not complying with the scheme).

10. The Commissioner will regularly review the model scheme and will consult authorities before making any substantive changes. The Commissioner will notify authorities of any changes.

11. The Commissioner will continue to monitor the effectiveness of authorities' application of the model publication scheme. As required, she may contact individual authorities about practice issues, in line with her Enforcement Policy.

### **Model Publication Scheme Principles**

#### **Principle One: Availability and formats**

12. Information published through this model scheme should, wherever possible, be made available on the authority's website.

13. There must be an alternative arrangement for people who do not wish to, or who cannot, access the information either online or by inspection at the authority's premises. An authority may e.g., arrange to send out information in paper copy on request (although there may be a charge for doing so).

#### **Principle Two: Exempt information**

14. If information described by the classes cannot be published and is exempt under Scotland's freedom of information laws e.g., sensitive personal data or a trade secret, the authority may withhold the information or provide a redacted version for publication, but it must explain why it has done so.

#### **Principle Three: Copyright and re-use**

15. The authority's Guide to Information must include a copyright statement which is consistent with the fair dealing provisions of the Copyright, Designs and Patents Act 1988. Where the authority does not hold the copyright in information it publishes, this should be made clear.

16. Any conditions applied to the re-use of published information must be consistent with the Re-Use of Public Sector Information Regulations 2015.

17. The Commissioner recommends that authorities adopt the Open Government Licence and/or the non-commercial Government Licence, produced by The National Archives for their published information.

#### **Principle Four: Charges**

18. The Guide to Information must contain a charging schedule, explaining any charges and how they will be calculated.

19. No charge may be made to view information on the authority's website or at its premises, except where there is a fee set by other legislation e.g., for access to some registers.

20. The authority may charge for computer discs, photocopying, postage and packing and other costs associated with supplying information. The charge must be no more than these elements actually cost the authority e.g. cost per photocopy or postage. There may be no further charges for information in Classes 1 – 7 below. An exception is made for commercial publications (see Class 8 below) where pricing may be based on market value.

**Principle Five: Contact details**

21. The authority must provide contact details for enquiries about any aspect of the adoption of the model scheme, the authority's Guide to Information and to ask for copies of the authority's published information.

22. The Act requires authorities to provide reasonable advice and assistance to anyone who wants to request information which is not published. The authority's Guide to Information must provide contact details to access this help.

**Principle Six: Duration**

23. Once published through the Guide to Information, the information should be available for the current and previous two financial years. Where information has been updated or superseded, only the current version need be available (previous versions may be requested from the authority).

The Classes of Information	Class	Description
1	About the authority	Information about the authority, who we are, where to find us, how to contact us, how we are managed and our external relations
2	How we deliver our functions and services	Information about our work, our strategies and policies for delivering functions and services and information for our service users
3	How we take decisions and what we have decided	Information about the decisions we take, how we make decisions and how we involve others
4	What we spend and how we spend it	Information about our strategy for, and management of, financial resources (in sufficient detail to explain how we plan to spend public money and what has actually been spent)
5	How we manage our human, physical and information resources	Information about how we manage the human, physical and information resources of the authority.
6	How we procure goods and services from external providers	Information about how we procure goods and services and our contracts with external providers
7	How we are performing	Information about how we perform as an organisation and how well we deliver our functions and services
8	Our commercial publications	Information packaged and made available for sale on a commercial basis and sold at market value through a retail outlet e.g., bookshop, museum or research journal.
9	Our open data	Open data made available by the authority as described by the Scottish Government's Open Data Strategy and Resource Pack, available under an open licence.

**Dundee Integration Joint Board Guide to Information Available Through  
the Model Publication Scheme 2017**

**Developed in compliance with the Freedom of Information (Scotland) Act 2002**

## **Contents**

**SECTION 1:** Introduction Dundee Integration Joint Board's (IJB) Guide to Information

**SECTION 2:** About Dundee IJB

**SECTION 3:** Accessing information under the Guide

**SECTION 4:** Information that we may withhold

**SECTION 5:** Our Charging Policy

**SECTION 6:** Our Copyright Policy

**SECTION 7:** Contact details for enquiries, feedback and complaints

**SECTION 8:** How to access information which is not available in the Guide to Information

**SECTION 9:** Classes of Information

## Section 1: Introduction

The Freedom of Information (Scotland) Act 2002 (the Act) requires Scottish public authorities to adopt and maintain a publication scheme. Authorities are under a legal obligation to:

- publish the classes of information that the authority makes routinely available
- tell the public how to access the information and what it might cost

Dundee IJB has adopted the **Model Publication Scheme 2014** which has been produced and approved by the Scottish Information Commissioner. It is approved until 31 May 2018.

You can see this scheme on our website at <https://www.dundeehscp.com/freedom-information> It is also available on the Scottish Information Commissioner's website at [www.itspublicknowledge.info/MPS](http://www.itspublicknowledge.info/MPS)

You can also contact us at the address below if you prefer a copy of the Model Publication Scheme 2014, or this Guide to Information, to be provided in a different format.

The purpose of this Guide to Information is to:

- allow you to see what information is available (and what is not available) for Dundee Integration Joint Board in relation to each class in the Model Publication Scheme 2014
- state what charges may be applied
- explain how you can find the information easily
- provide contact details for enquiries and to get help with access to the information
- explain how to request information we hold that has not been published.

Alongside the Act, the Environmental Information (Scotland) Regulations 2004 (the EIRs) provide a separate right of access to the environmental information that we hold. This guide to information also contains details of the environmental information that we routinely make available

## **Section 2: About Dundee Integration Joint Board (IJB)**

NHS Tayside and Dundee City Council agreed an Integration Scheme for Dundee which was approved by Scottish Ministers in September 2015. This then enabled the Order to come into force which established an Integration Joint Board (IJB) in October 2015. The Integration Scheme sets out the functions which are delegated by NHS Tayside and Dundee City Council to the IJB. The IJB is responsible for the planning, oversight and delivery of integrated functions.

The IJB operates as a body corporate (a separate legal entity), acting independently of NHS Tayside and Dundee City Council. The IJB consists of six voting members appointed in equal number by NHS Tayside and Dundee City Council, with a number of representative members who are drawn from the third sector, independent sector, staff, carers and service users. The IJB is advised by a number of professionals including the Chief Officer, Chief Finance Officer, Medical Director, Nurse Director and Chief Social Work Officer.

View the [Code of Conduct](#) for members of Dundee City Health and Social Care Integration Joint Board.

The key functions of the IJB are to:

- Prepare a Plan for integrated functions that is in accordance with national and local outcomes and integration principles
- Allocate the integrated budget in accordance with the Plan
- Oversee the delivery of services that are within the scope of the Partnership

## **Section 3: Accessing Information under the Scheme**

### **Availability and formats**

The information published through this Guide to Information is, wherever possible, available on our website. We offer alternative arrangements for people who do not want to, or cannot, access the information online or by inspection at our premises. For example, we can usually arrange to send information to you in paper copy (although there may be a charge for this – see “Section 5 – Our Charging Policy”).

Information in our Guide to Information will normally be available through the routes described below. “Section 10 – Classes of Information” provides more details on the information available under the Guide, along with additional guidance on how the information falling within each “class” may be accessed.

#### **Online:**

Most information listed in our Guide to Information is available to download from our website. In many cases a link within Section 10: Classes of Information will direct you to the relevant page or document. If you are having trouble finding any document listed in our guide, then for further assistance please contact:

Clare Lewis-Robertson  
Customer Care Governance Officer  
Dundee Health and Social Care Partnership  
Dundee House

Tel 01382 433722  
E-mail [clare.lewis-robertson@dundeecity.gov.uk](mailto:clare.lewis-robertson@dundeecity.gov.uk)

#### **By email:**

If the information you seek is listed in our Guide to Information but is not published on our website, we can send it to you by email, wherever possible.

When requesting information from us, please provide a telephone number so that we can telephone you to clarify details, if necessary.

#### **By phone:**

All information in the guide will be available in hard copy form for example, paper copies. Hard copies of information can be requested from us over the telephone. Please call us to request information available under this scheme.



**By post:**

You can also request hard copies of any information in the Guide by post. Please address your request to:

Clare Lewis-Robertson  
Customer Care Governance Officer  
Dundee Health and Social Care Partnership  
Dundee House  
50 North Lindsay Street  
Dundee, DD1 1NF

Tel 01382 433722

E-mail [clare.lewis-robertson@dundeecity.gov.uk](mailto:clare.lewis-robertson@dundeecity.gov.uk)

When writing to us to request information, please include your name and address, full details of the information or documents you would like to receive, and any fee applicable (see Section 5: Our Charging Policy for further information on fees). Please also include a telephone number so we can telephone you to clarify any details, if necessary.

**Personal visits:**

If you prefer to visit us to inspect the information, in limited cases you may be required to make an appointment to view the information. In such cases, this will be set out within Section 10 – Classes of Information, and contact details will be provided within the relevant class.

**Advice and assistance:**

If you have any difficulty identifying the information you want to access, then please contact us to help you.

**Exempt information**

We will publish all the information we hold that falls within the classes of information in the Model Publication Scheme 2014. We publish this information in Section 10 of this guide. If a document contains information that is exempt under Scotland's freedom of information laws (for example personal information or commercial interests), we will remove or redact (black out) the information before publication and explain why.

**Section 4: Information that we may withhold**

All information covered by our Guide to Information can either be accessed through our website, or will be provided promptly following our receipt of your request.

Our aim in adopting the Commissioner's Model Publication Scheme 2014 and in maintaining this Guide to Information is to be as open as possible. You should note, however, that there may be limited circumstances where information will be withheld from one of the classes of information listed in "Section 10 – Classes of Information". Information will only be withheld, however, where the Act (or, in the case of environmental information, the EIRs) expressly permits it.

Information may be withheld, for example, where its disclosure would breach the law of confidentiality, harm an organisation's commercial interests, or endanger the protection of the environment.

Information may also be withheld if it is another person's personal information, and its release would breach the data protection legislation.

Whenever information is withheld we will inform you of this, and will set out why that information cannot be released. Even where information is withheld it will, in many cases, be possible to provide copies with the withheld information edited out. If you wish to complain about any information which has been withheld from you, please refer to "Section 7 – Contact details for enquiries, feedback and complaints".

## Section 5 – Our Charging Policy

There is no charge to view information on our website, at our premises or where it can be sent to you electronically by email.

We may charge you for providing information to you, for example photocopying and postage, but we will only charge you what it actually costs us to do.

We will always tell you what the charge is and how it has been calculated before providing the information to you. We will not provide you with the information until payment has been received.

Photocopying charges are shown below

Size of paper/alternative format	Black and White per sheet	Colour per sheet
A4	10p	30p

Information provided on CD-Rom will be charged at £1.00 per computer disc and other hard copy larger than A4 will be charged actual cost of reproduction.

Postage costs may be recharged at the rate we paid to send the information to you. Our charge is for sending information by Royal Mail First Class.

When providing copies of pre-printed publications, we will charge you no more than the cost per copy of the total print run.

We do not pass on any other costs to you in relation to our published information.

This charging schedule does not apply to our commercial publications. These items are offered for sale through retail outlets such as book shops, academic journal websites or museum shops and their price reflects a 'market value' which may include the cost of production.

**Section 6: Copyright**

Dundee IJB holds the copyright for the vast majority of information in this Publication Scheme. All of this information can be copied or reproduced without our formal permission, provided it is copied or reproduced accurately, is not used in a misleading context, is not used for profit, and provided that the source of the material is identified.

The publication scheme may however contain information where the copyright holder is not the IJB. In most cases the copyright holder will be obvious from the documents. In cases where the copyright is unclear, however, it is the responsibility of the person accessing the information to locate and seek the permission of the copyright holder before reproducing the material or in any other way breaching the rights of the copyright holder.

Access to the information does not mean that copyright has been waived, nor does it give the recipient the right to re-use the information for a commercial purpose. If you intend to re-use information obtained from the scheme, and you are unsure whether you have the right to do so, you are advised to make a request to the IJB to re-use the information.

## **Section 7: Contact details for enquiries, feedback and complaints**

We welcome feedback on how we can develop this guide further. If you would like to comment on any aspect of this Guide to Information, then please contact us.

Our aim is to make our guide to information as user-friendly as possible, and we hope that you can access all the information we publish with ease. If you do wish to complain about any aspect of the Guide then please contact us and we will try and resolve your complaint as quickly as possible.

Any complaint will be acknowledged within two working days of receipt and we will respond in full within twenty working days.

You have legal rights to access information under the Model Publication Scheme 2014 (as described in this Guide to Information) and a right of appeal to the Scottish Information Commissioner if you are dissatisfied with our response.

These rights apply only to information requests made in writing or another recordable format. If you are unhappy with our responses to your request you can ask us to review it and if you are still unhappy, you can make an appeal to the Scottish Information Commissioner.

The Commissioner's website has a guide to this three step process, and operates an enquiry service on Monday to Friday from 9:00am to 5:00pm.

The office can be contacted as follows:

### **Scottish Information Commissioner**

Kinburn Castle  
Doubledykes Road  
St Andrews  
Fife  
KY16 9DS  
Tel: 01334 464610  
Email: [enquiries@itspublicknowledge.info](mailto:enquiries@itspublicknowledge.info)  
Website: [www.itspublicknowledge.info/YourRights](http://www.itspublicknowledge.info/YourRights)

All enquiries, feedback and complaints relating to this Guide to Information, or any other aspect of Freedom of Information, Data Protection and the EIRs should be directed to:

Clare Lewis-Robertson  
Customer Care Governance Officer  
Dundee Health and Social Care Partnership  
Dundee House

Tel 01382 433722  
E-mail [clare.lewis-robertson@dundeecity.gov.uk](mailto:clare.lewis-robertson@dundeecity.gov.uk)

## **Section 8: How to Access Information which is not available in the Guide to Information**

If the information you are seeking is not available through the Model Publication Scheme 2014 (as described in this Guide) then you may wish to request it from us.

The Act provides you with a right of access to the information we hold, subject to certain exemptions. The EIRs separately provide a right of access to the environmental information we hold, while the Data Protection Act 1998 (DPA) provides a right of access to any personal information about you that we hold.

Again, these rights are subject to certain exceptions or exemptions. Should you wish to request a copy of any information that we hold that is not available under the Model Publication Scheme 2014 (and described in this Guide), please write to:

Clare Lewis-Robertson  
Customer Care Governance Officer  
Dundee Health and Social Care Partnership  
Dundee House  
50 North Lindsay Street  
Dundee, DD1 1NF

Tel 01382 433722  
E-mail [clare.lewis-robertson@dundeecity.gov.uk](mailto:clare.lewis-robertson@dundeecity.gov.uk)

### **Charges for information which is not available under the scheme:**

The charges for information which is available under Dundee IJB's Guide to Information are set out under "Section 5 – Our Charging Policy".

If you submit a request to us for information which is not available in this Guide the charges will be based on the following calculations:

General information requests:

- There will be no charge for information requests which cost us £100 or less to process.
- Where information costs between £100 and £600 to provide you may be asked to pay 10% of the cost. That is, if you were to ask for information that cost us £600 to provide, you would be asked to pay £50 calculated on the basis of a waiver for the first £100 and 10% of the remaining £500.
- We are not obliged to respond to requests which will cost us over £600 to process.
- In calculating any fee, staff time will be calculated at actual cost per staff member hourly salary rate to a maximum of £15 per person per hour.
- We do not charge for the time to determine whether we hold the information requested, nor for the time it takes to decide whether the information can be

released. Charges may be made for locating, retrieving and providing information to you.

- In the event that we decide to impose a charge we will issue you with notification of the charge (a fees notice) and how it has been calculated. You will have three months from the date of issue of the fees notice in which to decide whether to pay the charge. The information will be provided to you on payment of the charge. If you decide not to proceed with the request there will be no charge to you.

### **Charges for environmental information:**

Environmental information is provided under the EIRs rather than the Act. The rules for charging for environmental information are slightly different.

We do not charge for the time to determine whether we hold the environmental information requested, or deciding whether the information can be released. Charges may be made for locating, retrieving and providing information to you e.g. photocopying and postage. In the event that we decide to impose a charge we will issue you with notification of the charge and how it has been calculated. The information will be provided to you on payment of the charge. If you decide not to proceed with the request there will be no charge to you.

Charges are calculated on the basis of the actual cost to Dundee IJB of providing the information.

- Photocopying is charged at 10p per A4 sheet for black and white copying, 30p per A4 sheet for colour copying.
- Postage is charged at actual rate for Royal Mail First Class.
- Staff time is calculated at actual cost per staff member hourly salary rate to a maximum of £15 per person per hour.

The first £100 worth of information will be provided to you without charge.

Where information costs between £100 and £600 to provide, you will be asked to pay 10% of the cost. That is, if you were to ask for information that cost us £600 to provide, you would be asked to pay £50, calculated on the basis of a waiver for the first £100 and 10% of the remaining £500.

Where it would cost more than £600 to provide the information to you, however, we will ask you to pay the full cost of providing the information, with no waiver for any portion of the cost.

### **Charge for request for your own personal data**

The minimum cost is £10 rising to a maximum of £50 depending on the volume of information requested. Plus reproduction and postage costs (both on the same basis as for FOI requests).

Health Rights Information Scotland (HRIS) has produced a number of publications that give details of your rights in relation to NHS healthcare.

## Section 9 – Classes of Information

### **CLASS 1: ABOUT DUNDEE IJB**

#### **Class Description:**

**Information about Dundee Integration Joint Board, who we are, where to find us, how to contact us, how we are managed and our external relations.**

Our contact details are:

Roger Mennie  
Clerk and Standards Officer  
Dundee Integration Joint Board

Tel 01382 434202

E-mail [roger.mennie@dundeecitycity.gov.uk](mailto:roger.mennie@dundeecitycity.gov.uk)

Information about how the Integration Joint Board is constituted and managed can be found on our website – [www.dundeehscp.com](http://www.dundeehscp.com)

Please e-mail [foi@dundeecity.gov.uk](mailto:foi@dundeecity.gov.uk) if you don't find what you are looking for or write to the Freedom of Information Team, Dundee City Council, 21 City Square, Dundee DD1 3BY

### **CLASS 2: HOW WE DELIVER OUR FUNCTIONS**

#### **Class Description:**

**Information about our work, our strategy and policies for delivering functions and services and information for our service users.**

Information in this class can be found on our website [www.dundeehscp.com](http://www.dundeehscp.com), in particular the Publications section of the website.

Please e-mail [foi@dundeecity.gov.uk](mailto:foi@dundeecity.gov.uk) if you don't find what you are looking for or write to the Freedom of Information Team, Dundee City Council, 21 City Square, Dundee DD1 3BY

### **CLASS 3: HOW WE TAKE DECISIONS AND WHAT WE HAVE DECIDED**

#### **Class Description:**

**Information about the decisions we take, how we make decisions and how we involve others.**

Information in this class can be found on our website [www.dundeehscp.com](http://www.dundeehscp.com), in particular the Publications section of the website.

Please e-mail [foi@dundeecity.gov.uk](mailto:foi@dundeecity.gov.uk) if you don't find what you are looking for or write to the Freedom of Information Team, Dundee City Council, 21 City Square, Dundee DD1 3BY



#### **CLASS 4: WHAT WE SPEND AND HOW WE SPEND IT**

##### **Class Description:**

**Information about our strategy for, and management of, financial resources (in sufficient detail to explain how we plan to spend public money and what has actually been spent).**

Information in this class can be found on our website [www.dundeehscp.com](http://www.dundeehscp.com)

Please e-mail [foi@dundeecity.gov.uk](mailto:foi@dundeecity.gov.uk) if you don't find what you are looking for or write to the Freedom of Information Team, Dundee City Council, 21 City Square, Dundee DD1 3BY

#### **CLASS 5: HOW WE MANAGE OUR HUMAN, PHYSICAL AND INFORMATION RESOURCES**

##### **Class Description:**

**Information about how we manage the human, physical and information resources of the authority.**

Information in this class can be found on our website [www.dundeehscp.com](http://www.dundeehscp.com)

Please e-mail [foi@dundeecity.gov.uk](mailto:foi@dundeecity.gov.uk) if you don't find what you are looking for or write to the Freedom of Information Team, Dundee City Council, 21 City Square, Dundee DD1 3BY

#### **CLASS 6: HOW WE PROCURE GOODS AND SERVICES FROM EXTERNAL PROVIDERS**

##### **Class Description:**

**Information about how we procure goods and services, and our contracts with external providers**

Information in this class can be found on our website [www.dundeehscp.com](http://www.dundeehscp.com)

Please e-mail [foi@dundeecity.gov.uk](mailto:foi@dundeecity.gov.uk) if you don't find what you are looking for or write to the Freedom of Information Team, Dundee City Council, 21 City Square, Dundee DD1 3BY

#### **CLASS 7: HOW WE ARE PERFORMING**

##### **Class Description:**

**Information about how we perform as an organisation, and how well we deliver our functions and services.**

Information in this class can be found on our website [www.dundeehscp.com](http://www.dundeehscp.com)

Please e-mail [foi@dundeecity.gov.uk](mailto:foi@dundeecity.gov.uk) if you don't find what you are looking for or write to the Freedom of Information Team, Dundee City Council, 21 City Square, Dundee DD1 3BY

<b>CLASS 8: COMMERCIAL PUBLICATIONS</b>
<b>Class Description:</b>  <b>Information packaged and made available for sale on a commercial basis and sold at market value through a retail outlet, for example bookshop, museum or research journal</b>
<b>We do not publish any information in this class.</b>

## EQUALITY IMPACT ASSESSMENT TOOL

### Part 1: Description/Consultation

Is this a Rapid Equality Impact Assessment (RIAT)?		Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Is this a Full Equality Impact Assessment (EQIA)?		Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Date of Assessment:	30/03/2017	Committee Report Number:	<a href="#">Click here to enter text.</a>
Title of document being assessed:		<b>HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD</b>  <b>REPORT ON IJB Model Publication Scheme</b>	
1. This is a new policy, procedure, strategy or practice being assessed (If yes please check box) <input checked="" type="checkbox"/>		This is an existing policy, procedure, strategy or practice being assessed? (If yes please check box) <input type="checkbox"/>	
2. Please give a brief description of the policy, procedure, strategy or practice being assessed.		The current progress on the adoption and implementation of a Model Publication Scheme for Dundee City Integration Joint Board	
3. What is the intended outcome of this policy, procedure, strategy or practice?		To ensure that Dundee City IJB complies with the statutory publication scheme as noted by the Scottish Information Commissioner.	
4. Please list any existing documents which have been used to inform this Equality and Diversity Impact Assessment.		None	
5. Has any consultation, involvement or research with protected characteristic communities informed this assessment? If yes please give details.		No	
6. Please give details of council officer involvement in this assessment.  (e.g. names of officers consulted, dates of meetings etc)		None	
7. Is there a need to collect further evidence or to involve or consult protected characteristics communities on the impact of the proposed policy?		No	

(Example: if the impact on a community is not known what will you do to gather the information needed and when will you do this?)	
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## Part 2: Protected Characteristics

Which protected characteristics communities will be positively or negatively affected by this policy, procedure or strategy?

NB Please place an X in the box which best describes the "overall" impact. It is possible for an assessment to identify that a positive policy can have some negative impacts and visa versa. When this is the case please identify both positive and negative impacts in Part 3 of this form.

If the impact on a protected characteristic communities are not known please state how you will gather evidence of any potential negative impacts in box Part 1 section 7 above.

	Positively	Negatively	No Impact	Not Known
<b>Ethnic Minority Communities including Gypsies and Travellers</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Gender</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Gender Reassignment</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Religion or Belief</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>People with a disability</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Age</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Lesbian, Gay and Bisexual</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Socio-economic</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Pregnancy &amp; Maternity</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Other (please state)</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

## Part 3: Impacts/Monitoring

<p><b>1. Have any positive impacts been identified?</b></p> <p>(We must ensure at this stage that we are not achieving equality for one strand of equality at the expense of another)</p>	No
<p><b>2. Have any negative impacts been identified?</b></p> <p>(Based on direct knowledge, published research, community involvement, customer feedback etc. If unsure seek advice from your departmental Equality Champion.)</p>	No
<p><b>3. What action is proposed to overcome any negative impacts?</b></p> <p>(e.g. involving community groups in the development or delivery of the policy or practice, providing information in community languages etc. See Good Practice on DCC equalities web page)</p>	None needed
<p><b>4. Is there a justification for continuing with this policy even if it cannot be amended or changed to end or reduce inequality without compromising its intended outcome?</b></p> <p>(If the policy that shows actual or potential unlawful discrimination you must stop and seek legal advice)</p>	N/a
<p><b>5. Has a 'Full' Equality Impact Assessment been recommended?</b></p> <p>(If the policy is a major one or is likely to have a major impact on protected characteristics communities a Full Equality Impact Assessment may be required. Seek advice from your departmental Equality lead.)</p>	No
<p><b>6. How will the policy be monitored?</b></p> <p>(How will you know it is doing what it is intended to do? e.g. data collection, customer survey etc.)</p>	Regular performance monitoring sent to the Scottish Information Commissioner.

## Part 4: Contact Information

<b>Name of Department or Partnership</b>	Dundee Health and Social Care Partnership
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<b>Type of Document</b>	
Human Resource Policy	<input type="checkbox"/>
General Policy	<input type="checkbox"/>
Strategy/Service	<input type="checkbox"/>
Change Papers/Local Procedure	<input checked="" type="checkbox"/>
Guidelines and Protocols	<input type="checkbox"/>
Other	<input type="checkbox"/>

<b>Manager Responsible</b>	<b>Author Responsible</b>
<b>Name:</b> Dave Berry	<b>Name:</b> Allison Fannin
<b>Designation:</b> Chief Officer	<b>Designation:</b> Planning and Development Manager
<b>Base:</b> Dundee House	<b>Base:</b> Claverhouse
<b>Telephone:</b> Click here to enter text.	<b>Telephone:</b> Click here to enter text.
<b>Email:</b> Click here to enter text.	<b>Email:</b> Click here to enter text.

<b>Signature of author of the policy:</b>	Click here to enter text.	<b>Date:</b>	Click here to enter text.
<b>Signature of Director/Head of Service:</b>	Click here to enter text.	<b>Date:</b>	Click here to enter text.
<b>Name of Director/Head of Service:</b>	Click here to enter text.		
<b>Date of Next Policy Review:</b>	Click here to enter text.		