



Minutes

- Meeting:** Complaints Committee
- Date:** 12 February 2015
- Time:** 10.55 am
- Venue:** Room 0.4, Compass House, Dundee
- Present:** Anne Haddow, Convener
Mike Cairns
Anne Houston
- In Attendance:** Karen Anderson, Director of Strategic Development/Depute Chief Executive
Anne Forsyth, Directorate Support Officer
- Apologies:** Cecil Meiklejohn, Board Member
Sally Witcher, Board Member
Ewan Stewart, Head of Registration Complaints and Legal Services
Kenny McClure, Head of Legal Services

Item	Action
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1.0 APOLOGIES FOR ABSENCE

Apologies for absence, as listed above, were noted.

2.0 DECLARATION OF INTEREST

There was no declaration of interest.

3.0 MINUTE OF PREVIOUS MEETING HELD ON 11 NOVEMBER 2014

The minute of the meeting held on 11 November 2014 was submitted and approved as a correct record. The Committee thanked Wendy Henderson, Admin Assistant for taking the minute.

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The Committee also expressed their thanks to Karen Kinnear, Admin Assistant for all the support she had given both the Complaints Committee and Complaints Sub-Committee over the years.

4.0 ACTION RECORD OF MEETING HELD ON 11 NOVEMBER 2014

The action record of the meeting held on 11 November 2014 was noted and updated. In particular, the Committee noted the following updates:

5.0: Discussions to be held with SPSO – A working group had been set up to look at the Integration of Health and Social Care and the complaints procedure. The Head of Registration Complaints and Legal Services would provide the Committee with a briefing note on the work of the group.

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9.0: Complaint Improvement Plan – The Committee noted that there had not been the resources available to fully populate the plan. There had been an introduction to the system that would inform the Committee of the themes coming forward.

The Committee noted that for its next meeting, there would be a focus on complaints against the Care Inspectorate to enable a clearer understanding of trends and lessons learned.

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The Committee also noted that there would be an update for its next meeting on other complaints process.

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5.0 MATTERS ARISING

There were no matters arising.

STANDING ITEMS

6.0 STATISTICAL REPORT ON COMPLAINTS – QUARTER 3 2014/15 REPORT NO: C-01-2015

The Director of Strategic Development/Depute Chief Executive presented the report which provided the Committee with a statistical overview of how the Care Inspectorate was dealing with complaints about care services and about itself. The following points were noted:

- That there had been an increase of 28% (3,336 compared to 2,603) in the number of complaints received compared to the same period the previous year.

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Agenda item 3

- That the average number of complaints received per month had seen an increase of an average of 60 per month since the previous year.
- That the three day acknowledgement target for complaints had been met in 98.7% of cases, which had been an improvement compared to the previous three years.
- That the monthly average for complaints received to 31 December 2014 had increased to 370 (compared to 233 in 2011/12; 264 in 2012/13 and 310 in 2013/14).
- That 44.9% of complaints received between 1 April 2011 and 30 September 2014 had been withdrawn at stage 1.
- That there had been an increase from 35% in 2011/12 to 43% in 2014/15 in respect of anonymous complaints.
- That the relationship of complainants to a service was mainly received from friends, relatives and visitors to people who use a service. The group where there had been an increase was the 'unknown' relationship group.
- That there was work being carried out in relation to extracting information where potential vexatious complaints were being made anonymously.
- That there was planned, inspector training in respect of frontline resolution and mediation in order to assist the Head of Registration Complaints and Legal Services provide an enhanced service to support the complainant.
- That there was a proposal to make a change to the KPI in respect of registering complaints within 12 days of receipt (KPI6b) as it did not reflect the challenges of agreeing the heads of complaint with complainants.
- That each complaint contained several sub-complaints about different aspects of a service. The number one reason for sub-complaints recorded across all services was in relation to 'general health and welfare'. A link between Housing Support and Self-Directed Support was discussed in terms of an accreditation scenario and that further discussion should take place at a future Policy Committee.

The Committee:

- Agreed that the comparable information in respect of number/percentage increase in relation to complaints about care services would be provided in future reports.
- Requested additional information on the reasons why complaints were withdrawn at stage 1 in future reports.
- Agreed that a report in relation to the involvement of Inspection Volunteers in the complaints process would be presented to Committee once the new Involvement Plan had been agreed by the full Board.
- Agreed to recommend to the Audit Committee that it considered a change to KPI6b, particularly around

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consideration in terms of a monitoring measure.

- Noted the contents of the report and that the report to be submitted to its next meeting in May 2015 would be for the full year up to 31 March 2015 which would include the additional information that was requested on an annual basis.

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7.0 DETAILS OF SPSO ACTIVITY

The Director of Strategic Development presented the papers that outlined the details of SPSO activity, including complaints against the Care Inspectorate.

The Committee's attention was drawn to upheld decisions and complaints in progress which were awaiting a formal resolution letter.

The Committee:

- Noted the update and agreed that the papers had been provided in a helpful format which would be continued to be presented on a quarterly basis.

8.0 EXAMPLES OF 'LESSONS LEARNED PRODUCTS' REPORT NO: C-02-2015

The Director of Strategic Development/Depute Chief Executive presented the report which provided the Committee with examples of products that had been developed to assist colleagues learn from complaint handling experience so that the Care Inspectorate could improve service delivery. The following points in particular were noted:

- That there had been a need to make a decision-making tool available to relevant Care Inspectorate staff to assist them to make proportionate decisions and be able to record their rationale for decisions and that a model had been developed.
- That a model had been provided and explained to all members of the National Registration Team, the National Complaints Team and a number of inspectors within the Inspection Directorate.
- That the model had also been explained at a number of Management Development events for Heads of Service and Team Managers and would be made available to registered care services via the 'Hub'.
- That a case study had been developed based upon a complaint investigation and had been used to both explain the use of the decision-making model and aspects of good complaint handling practise.

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- That a case study had been developed and utilised at recent Management Development events for Heads of Service and Team Managers to consider the points of view and needs of a variety of parties involved in a complex complaint situation.

The Committee:

- Noted the ‘Lessons Learned Products’ that had been produced to date and agreed with the approach that had and would be taken to the identification and promulgation of lessons learned from complaint handling.

9.0 SIGNIFICANT/SERIOUS CASE REVIEWS

The Director of Strategic Development/Depute Chief Executive apprised the Committee in respect of a ‘live’ Serious Case Review (SCR) and the way the Care Inspectorate had handled the entire case.

The Committee:

- Commended the handling of the case and agreed that it should bring to the Board’s attention its support of the revolutionary way in handling SCRs. This would require to be undertaken at a closed session of the Board.

Convener

BUSINESS

10.0 COMPLAINTS AGAINST THE CARE INSPECTORATE PROCEDURE

As discussed under items 8 and 9.

11.0 SCHEDULE OF COMMITTEE BUSINESS

The Committee noted and updated the schedule, in particular, items to be included:

- Identified Risks as a standing item.
- Draft Annual Committee Report to Board for the May 2015 (for submission to June 2015 Board).

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12.0 AOCB

12.1 Identified Risks

The Committee noted the following two risks:

- Lack of up-to-date real time information.
- Necessary resources in relation to protection issues.

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There was no other competent business.

13.0 DATE OF NEXT MEETING

The date of the next meeting was noted as 28 May 2015 at 10.30 am, Compass House, Dundee.

Signed:

Anne Haddow
Convener