



**REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD**  
**REPORT ON: COMPLAINTS PROCEDURE AND SYSTEMS**  
**REPORT BY: CHIEF FINANCE OFFICER**  
**REPORT NO: DIJB31-2016**

**1.0 PURPOSE OF REPORT**

This report provides the Integration Joint Board with an update of the development of complaints procedures and systems to be applied by the Dundee Health and Social Care Partnership.

**2.0 RECOMMENDATIONS**

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

- 2.1 Adopts the proposed approach towards the development and implementation of existing and new complaint processes for the Dundee Health and Social Care Partnership;
- 2.2 Instructs the Chief Finance Officer to ensure that updated and new complaint processes are submitted to the Integration Joint Board for approval, once they have been completed taking into account the forthcoming guidance from the Scottish Government and the Scottish Public Services Ombudsman (SPSO);
- 2.3 Instructs the Chief Finance Officer to ensure that regular Complaint Performance Reports are submitted to the Integrated Joint Board.

**3.0 FINANCIAL IMPLICATIONS**

There are no financial implications. New and revised public information materials will be created by staff and will not require any additional funding.

**4.0 MAIN TEXT**

**4.1 Scottish Government Guidance on Complaint Handling for Health and Social Care Partnerships**

- 4.1.1 The Scottish Government is creating specific guidance on complaint handling for Health and Social Care Partnerships to help ensure an integrated approach to handling complaints and annual Performance Reporting. This will largely follow the SPSO model Complaint Handling Procedures, including reference to the existing statutory social work and NHS complaint arrangements.
- 4.1.2 The aim was for this guidance to be published in spring 2016, however to date it has still not been published. Until this guidance is published, it is proposed that the Dundee Health and Social Care Partnership handle and report on complaints following the current processes. When the guidance is released, the complaint handlers for the Partnership will meet to draft updated procedures and supporting information and submit a further report to the IJB.

## **4.2 Statutory Social Work Complaints**

- 4.2.1 Statutory Social Work complaints are handled using the Statutory Social Work Complaint Procedure. This was updated in April 2016 to take into account the dissolution of the Social Work Department within Dundee City Council and the creation of the Children and Families Service and Dundee Health and Social Care Partnership. (See Appendix 1)
- 4.2.2 The Scottish Government's consultation on the proposed changes to the Statutory Social Work complaints process closed in December 2015. The main proposed changes were:
- the model complaints handling procedure to be adopted for Social Work Complaints;
  - 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.
- 4.2.3 Timescales for the completion of complaints have also been suggested, and feedback from the Local Authorities has been that extension of timescales should be permitted for complex cases due to the nature of Social Work complaints.
- 4.2.4 The Statutory Social Work Complaints process will also continue to handle complaints made about Social Work matters in the Children and Families Service. Children and Families Social Work complaints will continue to be managed by the Customer Care Governance Officer, hosted by the Health and Social Care Partnership.

## **4.3 NHS Complaints**

- 4.3.1 NHS Complaints are currently handled using the NHS Tayside Complaints Management Procedure. (See Appendix 2)
- 4.3.2 The SPSO is working on a revised NHS model complaints handling procedure. Three subgroups are currently working on:
- a revised procedure;
  - data recording and reporting;
  - learning and training materials.
- 4.3.3 It is anticipated that the NHS model complaints handling procedure will be published in 2016 and implemented by NHS Scotland in April 2017.

## **4.4 Dundee City Council Corporate Complaints**

- 4.4.1 Complaints made about Dundee City Council employees not covered under the Statutory Social Work Complaint procedure are handled using the Corporate Complaints Process. For example, a complaint may be made about an employee in working hours parking in a wrong parking space. The Corporate Complaints scheme also covers complaints about the administration of the Blue Badge Scheme. It is based on the Model Complaint Handling Process.
- 4.4.2 The Corporate Complaints process for complaints made about Dundee City Council employees within the Dundee Health and Social Care Partnership will continue to be administrated by the Customer Care Governance Officer.

## **4.5 Complaints about the Integration Joint Board**

- 4.5.1 The Scottish Government propose that complaints about the IJB itself will be handled using a Model Complaint Handling Process, however the guidance has not been released yet.
- 4.5.2 Clarification is required in particular as to the suggested parties who will investigate and oversee any complaints made about the IJB.
- 4.5.3 The Corporate Planning Officer and Customer Care Governance Officer will continue to liaise with the SPSO regarding this.

#### **4.6 Complaints about Independent Contractors involved with the Dundee Health and Social Care Partnership**

4.6.1 In addition to the complaints processes above, all Independent Contractors involved with the Health and Social Care Partnership, will be required to have a Complaints Procedure in place. Where complaints are received that relate to a service provided by an Independent Contractor, the lead organisation will refer the complainant to the Independent Contractor for resolution of their complaint. This may be done by either provision of contact details or by the lead organisation passing the complaint on, depending on the approach preferred by the complainant.

#### **4.7 Complaints about Integrated Services**

4.7.1 Audit Scotland has recommended that all Local Authorities along with NHS produce a single point of contact for complaints. Complaints received will be screened by Complaint Handlers in the Partnership to ensure that they are routed quickly to the correct person.

4.7.2 Complaints by patients/carers/service users will be managed and responded to by the lead organisation responsible for the delivery of the service to which the complaint refers. The Chief Officer will have an overview of complaints related to integrated functions and will provide a commitment to joint working, wherever necessary, between the Council and NHS when dealing with complaints about integrated services.

#### **4.8 Summary of Complaints Processes**

4.8.1 In summary, Dundee Health and Social Care Partnership will continue to work with three current separate complaints processes and will work with one additional new process. These are:

- Statutory Social Work Complaints;
- NHS Complaints;
- Dundee City Council Corporate Complaints;
- Integration Joint Board Complaints process – new complaint process for handling complaints made about the Integration Joint Board itself.

4.8.2 In addition complaints may be received regarding Independent Contractors involved with the Dundee Health and Social Care Partnership.

#### **4.9 Public Information About Complaints Processes**

4.9.1 The creation of the Dundee Health and Social Care Partnership website is ongoing. An area of the website will be devoted to information about the different complaints processes and how to make complaints.

4.9.2 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.

4.9.3 Accessible information for people with learning disabilities is also being created.

#### **4.10 NHS Tayside and Dundee, Perth and Kinross, and Angus councils**

4.10.1 NHS Tayside works with three Integrated Joint Boards. Work will be undertaken to ensure there is consistency with the agreed reported data and complaint handling processes across Tayside.

#### **4.11 Reporting of complaints**

4.11.1 The future alignment of the health complaints model, and statutory social work complaints process with the standard model used by local authorities will help ensure that there is consistency of complaint reporting.

4.11.2 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

4.11.3 It is proposed that a complaint performance report is submitted to the IJB quarterly. More frequent complaint performance reports will also be submitted to the Performance and Audit Committee. This will ensure that problems are picked up and that complaint resolutions comply with timescales. Monthly reporting of current open complaints to Heads of Service will continue.

4.11.4 Annual reporting of complaints will be undertaken following the forthcoming guidance from the Scottish Government.

4.11.5 Covalent Performance Management software will be used to create performance reports.

## **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: 2 June 2016

Approved / Reviewed: 30 May 2016  
 Next Review Date: 01 Sep 2016

## SOCIAL WORK (STATUTORY) COMPLAINTS PROCEDURE

- MAIN RESPONSIBILITY** : All staff working within Social Work Practice within Children and Families Services and Dundee Health and Social Care Partnership
- LEGISLATION** : Section 52 of the National Health Service and Community Care Act 1990 which inserted a new section, Section 5(b) into the Social Work Scotland Act 1968  
 Regulation of Care Act (Scotland) 2000
- SCOTTISH OFFICE GUIDANCE** : Circular SWSG5/1996, Local Authority Complaints Procedure

### 1 PURPOSE

- 1.1 This operating procedure provides all staff with relevant information to ensure that complaints are resolved quickly, fairly and as close as possible to the point of service delivery so that the individuals involved and the organisation as a whole benefit from the experience.
- 1.2 Like other Scottish local authorities, two separate complaints procedures are in place within Dundee City Council - the Social Work (statutory) Complaints Procedure and the Council's (corporate) Complaints Procedure.
- 1.3 The Social Work *statutory* Complaints Procedure is a specific procedure whereby a complainant has a statutory right to make a complaint. Only specified persons can make a complaint about specified matters under this statutory process (see section 3 & 4 below). Detailed information provided here relates to the statutory procedure.
- 1.4 Complaints about matters or made by persons not covered under the statutory procedure as outlined above will be processed by the social work staff under [Dundee City Council Complaints Handling Procedure](#). Detailed information about this procedure can be found on the Council website.
- 1.5 The Electronic Complaints Database allows social work staff to log and investigate a complaint under either of the two procedures.
- 1.6 In the course of making and pursuing the complaint, some complainants may require additional assistance at all its stages. Staff must take steps to arrange any such assistance.

## 2 DEFINITION OF A ‘COMPLAINT’

- 2.1 For the purpose of this procedure, a ‘Complaint is an expression of dissatisfaction with the services provided by or on behalf of Social Work practice in Dundee City Council’s Children and Families Services and/or Dundee Health and Social Care Partnership’.
- 2.2 It is *not* a complaint when a person first requests a service or asks for information or an explanation of policy or practice.

## 3 WHO CAN MAKE A COMPLAINT?

- 3.1 For complaints to be considered under this statutory complaints procedure a complainant **must be** either:

- a) a service user: or
- b) their authorised representative.

- 3.2 A ‘**service user**’ in this context is a person including a person under the age of 18years:

- a) who is receiving or has received a service; or
- b) whose request for a service has been refused; or
- c) whose need or possible need for a service, which Social Work Practice within Children and Families Services and/or Dundee Health and Social Care Partnership has a power or a duty to provide, has come to the attention of the Children and Families Services and/ or Dundee Health and Social Care Partnership.

Any service to the members of public contracted by the Children and Families Services and/or Dundee Health and Social Care Partnership is included as well as services directly provided by Children and Families Services and/or Dundee Health and Social Care Partnership.

- 3.3 An ‘**authorised representative**’ is a person who has a statutory entitlement, locally recognised authority or an explicit mandate to make a complaint on behalf of the ‘service user’. Examples include the following:

- a) A person with a power of attorney for the service user from a court of law.
- b) A person appointed as a proxy decision maker under the Adults with Incapacity (Scotland) Act 2000
- c) A professional or citizen advocate from an independent advocacy provider organisation recognised by the Children and Families Services and/or Dundee Health and Social Care Partnership.
- d) A person providing care to the service user without being employed for that person (private carer).
- e) A person who has a mandate to represent a client in the matter of complaint.
- f) In case of service users under the age of 18 years, their parents, a person with parental rights and responsibilities for them or their local authority foster carer. In addition, any other person appearing to Children and Families Services and/or Dundee Health and Social Care Partnership to have sufficient interest in the service user’s wellbeing to warrant making representation on their behalf.

## 4 MATTERS FOR COMPLAINTS

- 4.1 Complaints can be made concerning any service for which the Children and Families Services and/or Dundee Health and Social Care Partnership have a power or duty to provide to individual service users. These include the following:
- (a) Failure to properly assess the needs of users and their carers and/or failure to give due consideration to the needs and wishes of individual users and their carers in decisions about service provision.
  - (b) Failure to follow Departments' procedures and/or failure to give due consideration to the Departments' guidance in making decisions or delivering services.
  - (c) Failure or delay in providing a service or providing a service that quantitatively or qualitatively fails to meet the reasonable expectations of the service users.
  - (d) Poor attitude or behaviour of staff.
  - (e) Failure to properly investigate complaints, advise service users of their rights or respond within prescribed timescales.
- 4.2 Complaints against Welfare Rights service (other than the Assessment and Care & Support related complaints) and Blue Badge service should be logged and investigated under the Council's (corporate) Complaints Procedure and not under the Social Work (statutory) Procedure.
- 4.3 Complaints against a service provided by the Dundee Health and Social Care Partnership will be dealt with as described in section 13 of the Dundee Scheme of Integration (appendix 4). Complaints by patients/carers/service users will be managed and responded to by the lead organisation responsible for the delivery of the service to which the complaint refers. The Chief Officer will have an overview of complaints related to integrated functions and will provide a commitment to joint working, wherever necessary, between the Council and NHS when dealing with complaints about integrated services.

## 5 HOW CAN A COMPLAINT BE MADE?

- 5.1 A complaint can be made to *any member of Social Work staff* or at *any of the Social Work offices* even if the complaint is not about their specific service area. In addition, the Council provides other avenues for submitting complaints. Complaints can be made:
- (a) verbally by telephone or in person
  - (b) in writing by email, fax, letter or tear-off slip from leaflets
  - (c) online on Dundee City Council website
  - (d) through Dundee City Council Helpline or Customer Services at Dundee House
- 5.2 *If a complainant needs assistance in putting together their complaint, this must be provided by the staff.*

## 6 RECEIVING AND RECORDING COMPLAINTS

- 6.1 The member of Social Work staff, **who receives the complaint**, whether verbal or in-writing, is responsible for ensuring that it is recorded on the [electronic complaints database](#). They must do so even if the complaint is not about the section or the service in which they work.

This must be done immediately. If they do not have access to the electronic complaints database, they must pass it on to a member of their team who has such an access.

- 6.2 The complaints received at the new email address [socialwork.complaints@dundeecity.gov.uk](mailto:socialwork.complaints@dundeecity.gov.uk) will be forwarded to the relevant head of service who will record these complaints on the electronic complaints database.
- 6.3 Complaints received at ***all other email addresses*** are the responsibility of the recipients of the emails for the purpose of recording on the electronic complaints database only.
- 6.4 The guidance for the use of [electronic complaints database](#) is provided in Appendix 3 of this procedure. Once recorded, the complaint is automatically assigned to the head of service and the involvement of the person recording the complaint ends.

## 7 ACKNOWLEDGING AND ALLOCATING COMPLAINTS

- 7.1 The Head of relevant service shall acknowledge complaint within a maximum of 5 calendar days of receipt. ***The aim should be 2 calendar days.***
- 7.2 The acknowledgment letter must have the name, job title and contact telephone number of the investigating officer. It also must have the date by which the complainant can expect to have a definitive response to their complaint.
- 7.3 The electronic complaints database will generate the acknowledgment letters automatically
- 7.4 ***The complainant must be sent a copy of the social work complaints leaflet [Your Right to be Heard](#) . This should be downloaded from Dundee City Council website to ensure that it has the most up to date information.***
- 7.5 Complaints should not be allocated to any staff member who is about to go on leave or already is. If an investigating officer goes off sick, it should be re-allocated to another staff member.
- 7.6 Any delay in allocating complaints reduces the time available to the Investigating Officers by an equal amount. Statutory timescales are based on the date of receipt of the complaint and not when it is allocated for investigation.

## 8 TIMESCALES FOR CONCLUDING COMPLAINTS

- 8.1 There are prescribed maximum timescales for concluding complaints and sending definitive responses to the complainants. These are explained in section 11 below.
- 8.2 These timescales can only be extended in ***exceptional*** circumstances and with prior notification to the complainant. ***In the near future, External Auditors are likely to monitor and scrutinise all those complaints where timescales are extended by the investigating officers.***
- 8.3 Complainants have the right to further complain if the specified timescales are not met or they are not made aware of the complaints procedure or their rights under the procedure.



## 9 CONFIDENTIALITY AND IMPARTIALITY

- 9.1 The subject of all complaints must remain *confidential*. Complainants have the right to further complain if this principle is breached.
- 9.2 No officer should be involved in investigating a complaint relating to their own actions or judgement.
- 9.3 The Investigating Officer would always be at a senior level than the most senior officer involved in the complaint. They should always remain impartial.

## 10 CRIMINAL OFFENCES

- 10.1 *Where it is suggested that a criminal offence may have been committed the immediate guidance of the Head of Democratic and Legal Services must be taken about making a referral to the Police and the complainant should be made aware of this. Care must be taken that any statutory Social Work complaint enquiry does not involve consideration of whether or not the Children and Families Services and/or Dundee Health and Social Care Partnership feel a criminal offence has occurred.*

## 11 STAGES OF COMPLAINTS PROCEEDINGS

### 11.1 Stage 1 (Level 1 Complaints): Informal Investigation / Problem Solving Stage

- 11.1.1 These are complaints where the issues are straightforward and easily resolved, requiring little or no investigation. (*Complaints where complex, serious or 'high risk' issues are involved must be investigated at Stage 2 from the outset*).

Examples of such complaints include the following:

- A service that should have been provided has not been provided
- A service has not been provided to an appropriate standard
- A request for a service has not been answered / actioned
- A complaint that a staff member was rude or unhelpful
- A staff member failed to attend a scheduled appointment

- 11.1.2 **Intended Outcome:** On the spot apology, explanation for a service failure, mediation or other action is taken to resolve the complaint quickly and close to the place of service delivery. The action taken should be recorded in the electronic complaints database and used for service improvement

- 11.1.3 **Resolution Timescale:** 1) The complainant should receive the definitive response within 14 calendar days from the date of receipt of the complaint (and not from the date when allocated for investigation). These are the maximum allowed timescales. *The aim should be to conclude them within 10 calendar days.*

- 2) It is only in exceptional circumstances that it would be extended

beyond the maximum allowed period of 14 calendar days. The reason(s) for this delay must be recorded on the electronic complaints database and the complainant must be informed of these reason(s).

11.1.4 **Investigating Officer:** Team Manager or above (they would always be at a senior level than the most senior officer involved in the complaint).

11.1.5 **Role of the Investigating Officer:**

- To explain to the complainant the procedure and their rights under the procedure including the right to be accompanied by a friend, relative or an advocate. In the case of a child or young person, the Children's Rights Officer should be involved from the outset.
- To ascertain the substance of the complaint and what the complainant wants to achieve by complaining through telephone, face to face meeting, etc. *Formal written correspondence for the purpose of setting up meetings or gathering information etc. should be avoided as far as possible.* Information from members of staff should be similarly gathered i.e. by phone or email.
- To attempt mediation for the purpose of resolving the problem informally and quickly
- To advise the complainant in the definitive response that if they are not satisfied with the outcome of the complaint they can ask, within 28 days, to enter a more formal stage of the complaints procedure i.e. Stage 2 (Level 2 complaint)
- To forward any written notes along with the copy of the response letter to the Head of Service for retention for the prescribed period unless these are attached in the electronic complaints database.

## 11.2 Stage 2 (Level 2): Formal Investigation Stage

11.2.1 These complaints involve two main categories

- Escalated Complaints where the complaint was initially dealt at Stage 1 but the complainant was not satisfied with the outcome.
- Complaints where complex, serious or 'high risk' issues are involved and therefore these are considered at Stage 2 from the outset.

Examples of such complaints include the following:

- Complex issues requiring detailed investigation
- Potential serious or high risk/ high profile issues
  - death or terminal illness
  - homelessness
  - adult protection
  - child protection issues
  - major delays in service provision
  - repeated failure to provide service
  - a risk to the organisation has been identified
  - press interest

11.2.2 The action taken should be recorded in the electronic complaints database and used for service improvement

11.2.3 **Resolution Timescale:** 1) The complainant should receive the definitive response within 28 calendar days from the date of receipt of the complaint (and not from the date when allocated for investigation).

3) It is only in *exceptional* circumstances that it would be extended beyond the maximum allowed period of 28 days. The reason(s) for this delay must be recorded on the electronic complaints database and the complainant must be informed of these reason(s).

11.2.4 **Investigation Officer:** Service Manager (they would always be at a senior level than the most senior officer involved in the complaint).

11.2.6 **Role of the Investigation Officer:** The Investigating Officer:

- Should explain to the complainant the procedure and their rights under the procedure including the right to be accompanied by a friend, relative or an advocate. In the case of a child or young person, the Children's Rights Officer should be involved from the outset.
- Should offer an interview to the complainant at a mutually convenient time and place. This interview is however not a necessity and failure to arrange such an interview should not be taken as a reason to stop any investigation.
- Must ensure that interview records remain confidential and are not copied to any other person without the interviewee's knowledge and consent.
- Should record details of the methodology of investigation, including written reference to the title and relevant content of all legislation, policies, procedures and departmental records researched.
- Should prepare written finding and the proposed actions once they are satisfied that the complaint has been investigated fully. The findings should be recorded in such a way that each complaint is listed separately in the same order in which they were originally given. All evidence obtained should be stated which should include any relevant legislation, policy and procedure and extracts of Departmental records. *Conclusions reached, i.e. whether or not the complaint is upheld, not upheld or cannot be substantiated (i.e. not proven) must be stated*, whether any relevant policy, procedure or legislation has not been followed, or where, in the opinion of the Investigating Officer policy and procedure may need to be changed.
- Should advise the complainant that if they are not satisfied with the outcome they can ask, within 28 days, to escalate their complaint to the next higher level.
- Should include a clear apology to the complainant on behalf of the Department where any complaint has been upheld. It is important to seek advice from both the insurance and legal sections where it is considered that any apology might lead to a compensation order.
- Must obtain approval from the Head of Service of the letter of definitive response before sending it to the complainant unless such a letter is to be sent in the name of the Head of Service.

11.2.7 *If the complainant is not satisfied with the outcome of investigation, they can ask, within 28 days, for their complaint to be referred to the Complaints Review Committee. However they should be offered the opportunity to have their complaint reviewed by the Head of Service of Children and Families Service or the Chief Officer of Dundee Health and Social Care Partnership depending on the subject of the complaint. The complainant should be made aware that this is an optional stage to provide an additional opportunity for complaint resolution and is not a requirement of the Social Work (statutory) Complaints Procedure.*

**11.3 Stage 3 (Level 3):** Review by the Head of Service of Children and Families Service or the Chief Officer of Dundee Health and Social Care Partnership depending on the subject of the complaint (Optional Stage)

11.3.1 On receipt of the appeal the Customer Care Governance Officer shall forward all papers in relation to the complaint to the Head of Service of Children and Families Service or the Chief Officer of Dundee Health and Social Care Partnership, depending on the subject of the complaint, who will send an acknowledgment to the complainant immediately;

11.3.2 The Head of Service of Children and Families Service or the Chief Officer of Dundee Health and Social Care Partnership will review the case and may liaise with the Chief Executive in appropriate circumstances. It will be for the Head of Service of Children and Families Service or the Chief Officer of Dundee Health and Social Care Partnership to invite any officers, both those involved with the investigation and / or other advisers as required for briefing and may choose to meet with the complainant in relevant instances.

11.3.3 The Head of Service of Children and Families Service or the Chief Officer of Dundee Health and Social Care Partnership will communicate the outcome of the review to the complainant within 14 days from the receipt of appeal for the review. The option to take their complaint to the Complaints Review Committee should be clearly explained in the response to the complainant.

**11.4 Stage 4: Complaints Review Committee**

11.4.1 If the complainant remains dissatisfied with the result of the Stage 3 Review, or they had chosen not to have their complaint reviewed after stage 2, they can, within 28 days, ask for their complaint to be heard by the Complaints Review Committee.

11.4.2 The request for a review should be forwarded to the Head of Democratic and Legal Services who administers the review proceedings. They may ask the complainant to clarify further the areas of dissatisfaction. If it is not considered appropriate for a review to take place the Head of Democratic and Legal Services will write to the complainant giving the reasons.

11.4.3 The Head of Democratic and Legal Services will request any necessary further information from all relevant parties in order that both the complainant and the appropriate officers of the department can be properly represented at the review.

11.4.4 The Complaints Review Committee will make recommendations to the Social Work and Health Committee within 56 calendar days from the date the complainant requested reference to it.

11.4.4 The Council must decide on what action to take, if any, within 42 calendar days of receiving the Review Committee's recommendations and advise the complainant in writing of that decision within the same time period.

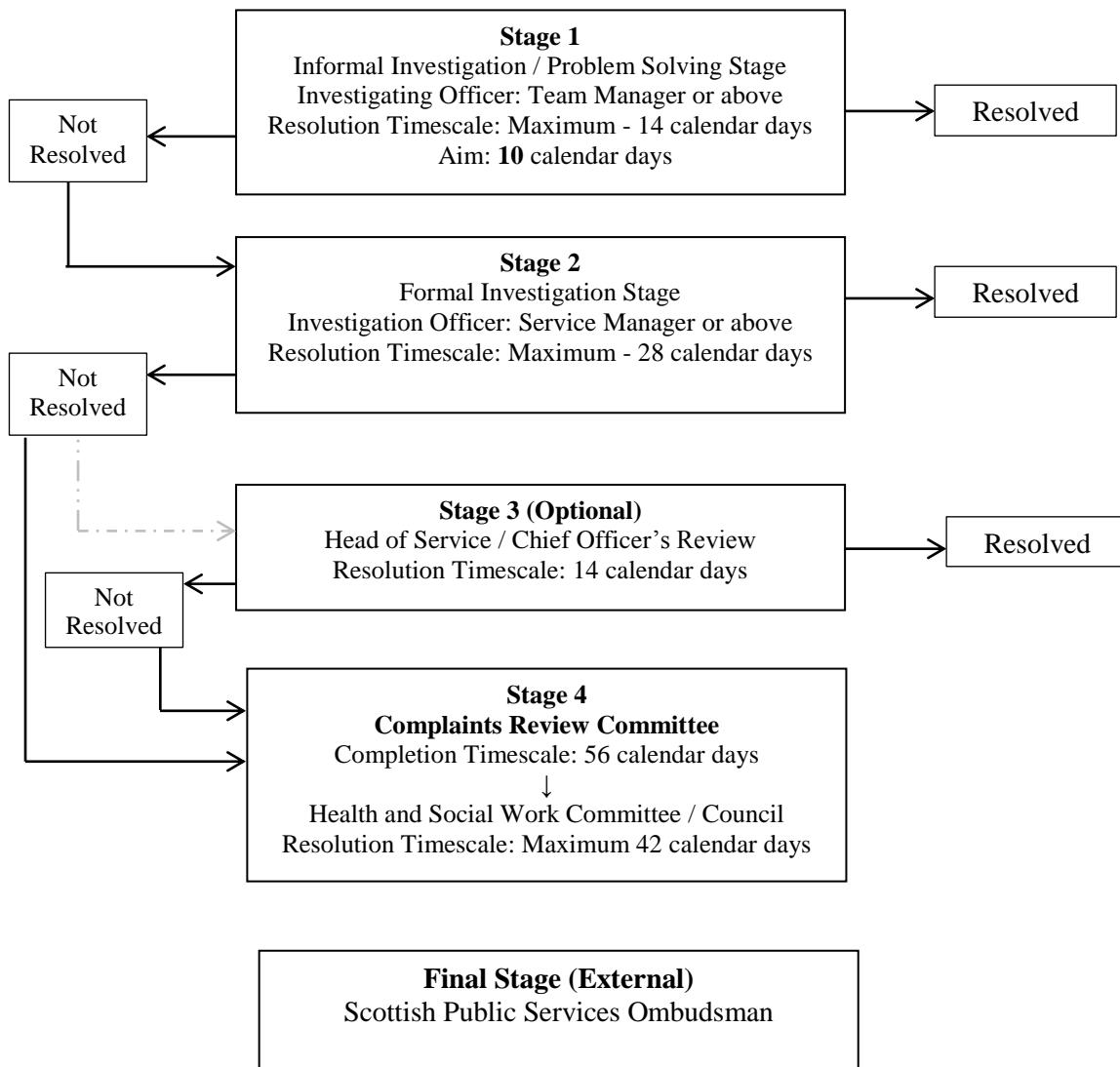
11.4.5 If the Social Work and Health Committee does not agree with the recommendations of the Complaints Review Committee the reasons must be published in the Committee minutes and given to the complainant in writing with advice on what further steps may be taken with regard to the complaint. The Social Work and Health Committee may also give any necessary directions to the Head of Service of Children and Families Service or the Chief Officer for Dundee Health and Social Care Partnership.

11.4.6 The complainant must be advised that if they are not satisfied with the outcome of their complaint, they may choose to take their complaint to the Scottish Public Services Ombudsman (SPSO). The contact details of the SPSO must be included in the correspondence.

**11.5 Final Stage (External): Scottish Public Services Ombudsman (SPSO)**

The complainant may choose to take their complaint to the Scottish Public Services Ombudsman. The SPSO will not entertain complaints if they have not completed all stages of the complaints process as detailed above.

**12 DIAGRAMMATIC REPRESENTATION OF THE COMPLAINTS PROCEDURE**



## 13 RELATIONSHIP WITH OTHER PROCEDURES

### 13.1 Disciplinary Matters:

Where a complainant, initially or during the course of an investigation raises concerns regarding the conduct or capabilities of a member of staff, advice should be sought from the Human Resources Division. Should the decision be taken to invoke disciplinary procedures, the complaint procedures should continue in parallel and a response should be made to the complainant. *The nature of the disciplinary procedures should not be discussed with the complainant and findings should indicate only that the 'appropriate action is being taken'.*

### 13.2 Feedback to Staff:

Where a member of staff is central to the investigation, provision must be made to support the member of staff and inform him/her of the final decision. Feedback should be given to the staff member at the end of the investigation, advising the outcome of the complaint, how the complainant received this and what action if any is to be taken. Where the complainant has not accepted the findings of the complaint, the member of staff should be advised of this.

### 13.3 Court or Children's Hearings reports:

Where complaints are received about persons who are the subject of court or children's hearing reports, the decision of the courts and children's hearing cannot themselves form the basis of a complaint under this procedure. However the preparatory work of a Social Worker for such a hearing can be the subject of complaint. Complainants should be informed at the outset of their complaint that the pursuit of legal action may result in their complaint being suspended.

### 13.4 Child Protection Procedures:

If child protection procedures have been implemented the timing of the investigating officer's enquiries may be dependent upon the child protection enquiry timetable.

### 13.5 Criminal Offence - Police Involvement:

If the police have become involved, care must be taken not to prejudice any information which they may regard as evidence.

### 13.6 Cash Mismanagement or Suspected Fraud:

Where there are issues of cash mismanagement or suspected fraud, contact must be made with the Chief Executive's Department who will advise whether they require to undertake an audit (possibly involving the police) prior to the investigating officers contacting any staff.

### 13.7 Jointly Funded or managed Projects:

Where a complaint arises about a service, following a discussion and agreement, the appropriate complaints procedure will be invoked. This may result in either or both services' complaints procedures being implemented.

### 13.8 People Financing their Own Care Arrangements

Unless the arrangements have been made by a local authority, or the complaint relates to a failure by the local authority to make appropriate arrangements, a person financing their own care, can only use the providing organisation's complaints procedure

## 14 SERVICES REGISTERED WITH THE CARE INSPECTORATE

14.1 Where a service is registered by the Care Inspectorate, complainants have the right to make their complaint directly to the Care Inspectorate.

14.2 It is the Care Inspectorate's preference that all complaints should be resolved as near to the source of the complaint, whenever possible. Where the local authority is the service provider, whenever possible, the complainants should be encouraged to make their complaints using the Social Work (statutory) Complaints procedure. Copies of the recorded complaints should be made available to the Care Inspectorate staff.

14.3 Complaints received by the Care Inspectorate may be passed directly to the Manager of the service for action. The Social Work (statutory) Complaints procedure must be instigated at this time. The Care Inspectorate must be kept informed of the progress of the complaint; a copy of the final response should be sent to the relevant Team Leader within the Care Inspectorate. It will be for the Care Inspectorate to determine any follow up actions on receipt of the findings.

14.4 In certain circumstances the Care Inspectorate may investigate the complaint themselves. This is likely to occur where:

- the complainant has previously raised the complaint and is not satisfied;
- the complainant has no confidence that the complaint will be responded to;
- the content of the complaint is sufficiently serious that it warrants investigation;
- the Care Inspectorate have received previous complaints, or identified similar issues.

14.5 In all circumstances, co-operation must be given to the investigating staff to ensure that the complaint is undertaken as quickly and smoothly as possible. The relevant social work staff must notify the Manager Strategy, Integration, Performance and Support Service that the complaint is being investigated by the Care Inspectorate. At the conclusion of the complaint a copy of the findings and any relevant actions should be forwarded to the Manager Strategy, Integration, Performance and Support Service within 10 working days.

## 15 COMPLAINTS TO THE MENTAL WELFARE COMMISSION

Persons with a mental disorder have statutory rights to local authority services under the Mental Health (Scotland) Act 1984. Complaints to an authority made by, or on behalf of, such an individual may also be referred to the Mental Welfare Commission for Scotland.

The Mental Welfare Commission will normally not consider such cases until the appropriate local authority procedures have been completed.

## 16 SPECIAL CIRCUMSTANCES

16.1 Circular SWSG5/1996 clarified certain difficult areas previously encountered during complaint investigations. A careful note should be taken of the following:

### 16.2 Criminal Justice Social Work Services Funded 100% by Central Government

Where a complaint relates to services in a Criminal Justice System provided by this department with the full cost reimbursed by the Secretary of State (Bail Supervision, Court Reports, Community Payback Orders, Unpaid Work, Drug Treatment and Testing Orders, Tay Project, East Port House, Statutory Licenses, Voluntary Resettlement), this complaints procedure established for the purpose of Section 5(b) will, except in respect of Breached Proceedings, apply. In cases where the offender has been advised that Breach Action has been initiated he/she may only raise any complaints they have regarding such breach action or procedure with the Court. In such circumstances this procedure may not be invoked.

To assist the Secretary of State in monitoring performance in relation to the national objectives and standards for these services, the Service Manager Criminal Justice should send to SWSG Criminal Justice Social Work Services Branch at quarterly intervals:

- a copy of each complaint received in writing or recorded on the complainant's behalf;
- a copy of the letter notifying the complainant of the outcome; and
- where the complainant is dissatisfied with the outcome, notification of that fact and of the result of any Review of the decision which then takes place.

### 16.3 Prison Based Social Work Services

Investigating Officers and managers involved in complaints in relation to prison based Social Work services must bear in mind the particular sensitivities of the prison setting. The governor of an establishment must therefore be advised of any complaint since it may have implications for prison security, discipline or good order. Prisoners may also register complaints about social work services provided to themselves prior to them becoming prisoners or services provided to members of their family in the community.

### 16.4 Interagency Assessments

The assessment of community care needs on an inter-agency basis may raise particular issues as regards the notification of decisions and any complaints or other representations arising in this connection. Similar issues may arise in relation to the inter-disciplinary assessment of children. Consultation between statutory or other agencies may be called for where a complaint concerns a decision reached following an assessment in which the second authority or agency was involved and which dealt with matters for which that other body has some responsibility.

## 17 THIRD PARTY COMPLAINTS

17.1 The Children and Families Services and Dundee Health and Social Care Partnership discharge certain functions through third parties who provide services on behalf of the Children and Families Services and Dundee Health and Social Care Partnership. This procedure applies to those functions and also where persons are individually placed under tripartite or bipartite contract between Children and Families Services and Dundee Health and Social Care Partnership and the provider. The handling of initial complaints, including responsibility for



investigating and/or the initial receiving of complaints, can be delegated to the service provider who must have procedures similar to those contained in this document for any stage that they undertake on complaints received from, or on behalf of, contracted persons (whosoever received the complaint in the first instance). The methodology of recording the complaint and investigation must also be similar. Service recipients must be advised that they can invoke the department's own procedure if they so choose and that whoever undertakes the investigation they have the same rights to the Complaints Review Committee.

- 17.2 If a contracted service provider has reached agreement with Children and Families Services and Dundee Health and Social Care Partnership that their own complaints Procedure can be used, the procedure must allow the same timescales as these procedures. It should be noted by Officers and in contracts that at all times Children and Families Services and Dundee Health and Social Care Partnership have the right to take over the investigation of complaints which may result either from the complainants contacting the department(s) directly (even when the third party may be conducting an investigation) or when Children and Families Services and/or Dundee Health and Social Care Partnership is in receipt of the finished investigation.
- 17.3 It should be noted that in its publication of all complaints received Children and Families Services and/or Dundee Health and Social Care Partnership is required to include all complaints of services it contracts into and it is therefore extremely important that agreement is reached with all contracted services that the above takes place.
- 17.4 If the service provider's own procedure has been accepted they will:
- append to their main Children and Families Services and Dundee Health and Social Care Partnership's contract documentation a copy of their complaints procedure;
  - make freely available to the public, and provide upon request to every user of the service, copies of both their own and the Children and Families Services and Dundee Health and Social Care Partnership's complaints procedures;
  - in the case of Stage 1 complaint, maintain a record of all complaints in a log book or by way of some other form of recording. The record should include the date and time of the complaint, the date of acknowledgement, the substance of the complaint, what was agreed with the complainant (that is how the complaint was resolved) and the date the complainant was advised of the outcome of the complaint;
  - in the case of a Stage 2 complaint, notify the outcome of any investigation and the resolution of the complaint to the contracting section of the Children and Families Services and Dundee Health and Social Care Partnership within five working days, and at the same time send copies of all relevant papers to the Strategy, Integration, Performance and Support Service.
- 17.5 The contracted service should be informed that they may contact the Head of Strategy, Integration, Performance and Support Services for advice.

## **18 UNREASONABLY PERSISTENT COMPLAINANTS**

Where it is considered that a situation has been reached that complainants, vexatious or otherwise, are continuing to attempt to access the formal complaints procedure on similar or identical matters, the matter should be referred to the Head of Strategy, Integration, Performance and Support Services for the complainant to be considered as an unreasonably persistent complainant. They will seek legal advice from the Head of Democratic and Legal Services for future course of action.

## 19 COMPLAINTS CAMPAIGNS

Authorities are allowed to refuse orchestrated campaigns which are considered to put unfair pressure on their complaints procedures. Officers in receipt of such campaigns should refer the matter to the Head of Strategy, Integration, Performance and Support Services. They will seek legal advice from the Head of Democratic and Legal Services.

## 20 COMPENSATION

Under Section 83 of the Local Government (Scotland) Act 1973, local authorities have the power to incur expenditure in appropriate circumstances subject to overall restriction. It is expected however that such actions would rarely follow complaint investigation and on no account should officers agree to or suggest at any point to complainants that such recourse is likely without making formal representation to the Head of Strategy, Integration, Performance and Support Services who will in turn liaise with the Head of Democratic and Legal Services.

## 21 ADVERTISING THE PROCEDURE

The procedure is advertised via leaflet [Your Right to be Heard](#) and the booklet [A Guide to Social Work Services in Dundee](#). Both are available on the Dundee City Council website where these are continually updated. These should be accessed and printed if an up to date printed copy is required.

A limited number of paper copies are printed mainly for the display racks in the reception areas. Some information, particularly contact details and addresses, may not always be up to date in the printed versions since it is impossible to reprint every time a change occurs to the contents.

## 22 PUBLISHING RESULTS OF COMPLAINTS AND MONITORING

The Head of Strategy, Integration, Performance and Support Services will publish the results of complaints annually. This will normally be done through the Chief Social Work Officers' Annual Report.

The Head of Strategy, Integration, Performance and Support Services has a separate responsibility to monitor the investigation and outcome of complaints and to ensure compliance with this Statutory Complaints Procedure by the Department. This will normally be done through the Customer Care Governance Officer.

## 23 THE ROLE OF THE CHILDREN'S RIGHTS OFFICER

In all complaints raised by, or on behalf of young people, the person allocating the complaint to the investigating officer should also notify the Children's Rights Officer. The Children's Rights Officer will ensure that the young person is properly represented.

## 24 THE ROLE OF THE CUSTOMER CARE GOVERNANCE OFFICER

The Customer Care Governance Officer monitors the operation of the Complaints Procedure and provides advice, assistance and information to employees and members of the public. The Customer Care Governance Officer will monitor the operation of the Complaints Procedure to ensure its effectiveness and review progress in relation to the implementation of any resultant

action plans. The Customer Care Governance Officer will also provide regular reports on the operation of the Complaints Procedure to the relevant management team.

For further information or clarification on any aspect of the Social Work Complaints Procedure, please contact the Customer Care Governance Officer on (43)3722 or in their absence, Senior Officer, Business and Quality on (43) 3127.

- Appendix 1 – DCC Social Work Complaint Procedure
- Appendix 2 – DDC Corporate Complaints Procedure
- Appendix 3 – NHS Tayside Complaints Procedure
- Appendix 4 – Integration Scheme Complaint





# COMPLAINTS MANAGEMENT PROCEDURE

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**Review Group:**  
Complaints and Feedback Team

**Review Date:** June 2013

**Last Update:** November 2012

**Signed:**  **Executive Lead: Dr M McGuire**

(Authorised Signatory)

## **Statement**

NHS Tayside is committed to delivering high quality, patient focussed, person centred, safe and effective health care using the views and experiences of the people who use its services as part of a process of continuous quality improvement. Leading Better Care, Better Together and the Healthcare Quality Strategy, make it clear that patient experience and person centredness require to be central to everything we do.

*“Putting people at the heart of our NHS will mean that our NHS will listen to peoples’ views, gather information about their perceptions and personal experience of care and use that information to further improve care” (Scottish Government, 2010).*

**Section One:** General Principles

**Section Two:** Receiving Complaints

**Section Three:** Dealing with Complaints Using Local Resolution:

1. *Informal Complaints*
2. *Formal Complaints*
3. *Complaints and Feedback Team*
4. *DATIX*
5. *The Investigation Process*
6. *Anonymity and complaints about a specific member of staff*
7. *Access to Complaint Files*
8. *Habitual or Vexatious Complaints*
9. *Scottish Public Service Ombudsman (SPSO)*
10. *Possible Legal Claims for Clinical Negligence*
11. *Private Pay Beds in NHS Hospitals*
12. *Publicity*
13. *Patient Advice and Support Service (PASS)*

**Section Four:** Reporting on Complaints

**Section Five:** Staff Training/Guidance

## **Section One: General Principles**

### **1.1 Introduction**

This procedure is for the guidance of NHS Tayside staff when dealing with complaints. It covers all concerns expressed to members of staff either in writing or verbally. It is separate from the Organisation's disciplinary procedures.

The procedure is based on the NHS Complaints Procedure (1995) and the revised procedure "Can I help you?" – guidance on handling and learning from feedback, comments, concerns or complaints about NHS health care services (Scottish Government, 2012a).

A complaint, which can be made orally or in writing, is defined in the SPSO Model Complaints Handling Procedure as 'an expression of dissatisfaction about an action or lack of action or standard of care provided' (SPSO, 2011a).

Complaints can be raised by patients, on behalf of patients or by anyone who is, or is likely to be affected by an action or omission of the NHS (Scottish Government, 2012a).

A complaint should be made as soon as possible after the problem has been identified. The time limit for making a complaint will routinely be "within six months from the date on which the matter of the complaint comes to the complainant's notice, provided that this is no later than 12 months after the date on which the matter of the complaint occurred" (Scottish Government, 2012a). This time limit may be extended where it would be unreasonable in the circumstances of a particular case for the complaint to have been made earlier, and where it is still possible to investigate the facts of the case. The decision to extend the time limit is made by the Chief Operating Officer or, in their absence, a delegated member of the Executive Team.

### **1.2 Continuous Improvement**

"Putting people at the heart of our NHS will mean that our NHS will listen to peoples' views, gather information about their perceptions and personal experience of care and use that information to further improve care" (Scottish Government, 2010). The Patients Rights (Scotland) Act 2011 builds on this and aims to improve patients' experience of using NHS services in Scotland (Scottish Government, 2012b).

Complaints and other service user feedback must be harnessed and used to guide and offer direction on how we design and improve our services, with the emphasis on early and local resolution of complaints to ensure that learning is shared and improvements acted upon as soon as possible (Scottish Government, 2012a).

In order to use complaints effectively, they must be examined both locally and organisationally to improve service. The results of local resolution should include discussion and analysis of the main issues of the complaint with a **focus on learning and prevention of recurrence**. Any improvements in care that are made as a result of a complaint should be shared with other areas/departments within the organisation to ensure that the patient/carer experience is improved. In addition, NHS Boards are required to publish anonymous details of patient feedback, comments, concerns and complaints on an annual basis including details of improvements made as a result.

### 1.3 Good Principles in Complaints Management

Effective complaints handling process is:

**User-focused:** it puts the complainant at the heart of the process

**Accessible:** it is appropriately and clearly communicated, easily understood and available to all

**Simple and timely:** it has as few steps as necessary within an agreed and transparent timeframe

**Objective and transparent:** it is evidence-based and driven by facts, not assumptions. It is impartial, independent and accountable.

**Thorough, proportionate and consistent:** it should provide quality outcomes in all complaints through robust but proportionate investigation and the use of clear quality standards

**Objective, impartial and fair:** it should be objective, evidence-based and driven by the facts and established circumstances, not assumptions, and this should be clearly demonstrated

...and should:

**Seek early resolution:** it aims to resolve complaints at the earliest opportunity, to the service user's satisfaction wherever possible and appropriate.

**Deliver improvement:** it is driven by the search for improvement, using analysis of outcomes to support service delivery and drive service quality improvements.

(SPSO, 2011b)

### 1.4 Apology

"A meaningful apology where appropriate can help both sides by calming emotions and allowing them to move on to put things right. It is often the first step to repairing a damaged relationship. It can help to restore dignity and trust. It says both sides share values about appropriate behaviour towards each other and that when they do not behave in line with those values it is appropriate to express regret. An apology in itself need not amount to an admission of negligence or breach of statutory duty." (Scottish Government, 2012a)

Further guidance on the use of apology is available in the SPSO "Our guidance on apology" (SPSO, 2011c) - [www.spsso.org.uk](http://www.spsso.org.uk).

### 1.5 Aims of Procedure

The procedure aims to ensure that:

- NHS Tayside has a standardised approach to how it acknowledges, investigates and responds to complaints
- Local ownership of complaints investigation and outcomes by the clinical and senior management teams across the organisation is supported and promoted



- The complainant is satisfied that their concerns have been investigated sympathetically, thoroughly, fairly and as promptly as possible
- The complainant is informed of the procedure, progress and outcome of the complaint and of possible further action
- The interests of staff are also managed in a sympathetic, fair and considerate manner
- Any weaknesses identified in service provision are addressed, and action taken where possible
- Complaints are responded to as quickly as possible in accordance with national targets
  - Acknowledgement letter sent within 3 working days
  - Response letter sent within 20 working days
- Where it is not possible to respond within 20 working days, a holding letter will be sent advising of the reason for the delay, likely timescale for response and that the complainant may contact the Scottish Public Services Ombudsman (SPSO) if they are dissatisfied with the progress. Further holding letters will be sent at regular intervals to update the complainant on progress.

## **1.6 Coverage of Procedure**

The procedure covers all complaints, both clinical and non-clinical, from users of all NHS Tayside services or from persons acting on their behalf. It applies to all NHS Tayside employees, and those authorised to act on NHS Tayside's behalf.

**NB** The procedure does not cover staff raising concerns or grievances. Staff should follow the agreed procedures for handling staff grievances through the Workforce Directorate policies.

## **Section Two: Receiving Complaints**

### **2.1 Method of Complaint**

Complaints may be made in writing, electronically or verbally, by telephone or in person. Interpretation services are available when required.

### **2.2 Sources of Complaint**

Complaints may be received from a variety of sources, for example patients, patients' relatives or carers, MSP/MPs, councillors, GPs, solicitors, members of staff on behalf of a complainant, advocates or members of the public.

Patient confidentiality must be respected during every stage of the investigative process. Appropriate consent will be required before investigation is commenced if it is not the patient who is lodging the complaint.

## **Section Three: Dealing with Complaints using Local Resolution**

### **3.1 Informal Complaints**

Wherever possible, informal complaints should be addressed at the time of them being made by the recipient of the complaint, and recorded on a Patient Feedback Form (Appendix I). Copies of these should be sent to the Complaints and Feedback Team for information. Most informal complaints should be resolved immediately.

In cases where complaints cannot be resolved, completed Patient Feedback Forms must be sent to the appropriate manager who will pass them to the Complaints and Feedback Team, to establish consent if necessary and initiate further investigation. The appropriate manager of the area where the complaint was made should retain a copy.

If a complainant prefers to make their initial complaint to someone who has not been involved in their care, they should be advised to contact the Complaints and Feedback Team or write to the Complaints and Feedback Team Lead. Leaflets explaining this procedure are available in all wards and departments and on the NHS Tayside website.

Complainants should be offered a copy of the "Giving feedback or making a complaint about the NHS" leaflet, which details time limits for complaints, timescales for response and useful contact addresses. This leaflet can also be made available in different formats and languages on request.

### **3.2 Formal Complaints**

The Chief Executive has ultimate responsibility for complaints management and is assisted in this by other members of the Executive Team and the Complaints and Feedback Team. Complainants who wish to send a written complaint should address this to:

Complaints & Feedback Team Lead  
Complaints and Feedback Team  
Level 9  
Ninewells Hospital  
Dundee  
DD1 9SY

### **3.3 Complaints and Feedback Team:**

- Will work closely with managers and staff during the investigation and assist and support staff in responding to complainants within the 20 working day target
- Will provide advice and support to staff in the satisfactory resolution of complaints eg facilitate meetings between staff and complainants
- Will maintain a database of information on issues raised in complaints, identify themes and monitor response times
- Will receive Patient Feedback Forms from staff members involved with complainants (see 3.1 above)
- Will provide the investigating manager with a copy of the final response for their information and to share with staff
- Each Complaints and Feedback Coordinator has responsibility for specific areas within NHS Tayside

### 3.4 Datix

The DATIX system implemented in January 2012 provides the electronic management of the complaints system and allows for an information source to inform performance reporting on complaints.

This system incorporates data on complaints, legal claims, risks and adverse incidents and promotes a collaborative approach to collating intelligence in relation to these elements of Safety, Clinical Governance and Risk.

### 3.5 The Investigation Process

- (i) Staff will be asked to undertake a robust review of the issues raised and provide a written or verbal report/response, within an identified timescale, to their immediate line manager or directly to the Complaints and Feedback Team via email. This should be factual, impartial and sympathetic, and should refer to any remedial action that is to follow. It should admit any fault, which may have been found, or should refute unfounded allegations with an appropriate explanation. A reporting template and guidance on writing a report is available (see Appendix 2 & 3).
- (ii) To assist in the investigation and resolve issues, NHS Tayside welcomes the opportunity to speak directly with complainants and their families. Complainants may therefore be contacted by a senior manager to discuss the issues raised over the telephone or face-to-face.
- (iii) In order to prepare an accurate response to a complaint, it may be necessary to obtain the medical records. The investigators are responsible for sourcing the medical records. However, if there are any problems, then the Complaints and Feedback Team will be happy to assist in any way they can.
- (iv) A report/draft response should be submitted to the Complaints and Feedback Team. An improvement plan may be required.

Due to the tight timescales in which the investigation must be carried out, it is essential that if staff are involved in a complaint, an appropriate deputy **MUST** be appointed in their absence. This person should have knowledge of the case and be in a position to provide updates and information to the Complaints and Feedback Team.

- (v) The substantive response will be signed by the appropriate General Manager, Chief Executive or designated deputy and the date of mailing recorded. A copy of the final response will be sent to the appropriate manager(s) for information via Datix.
- (vi) As part of the final reply the complainant will be offered the opportunity to discuss the complaint further. If the complainant remains dissatisfied, they are advised that they may contact the Scottish Public Services Ombudsman.
- (vii) In order to provide a flexible approach, the Complaints and Feedback Team (with guidance) may decide to arrange a meeting with appropriate staff in order to resolve the complaint.

Any meeting will be followed up with either a formal written response or a summary of the issues discussed at the meeting. A staff guide to meetings with complainants is also available (see Appendix 4). It is worth noting that if the relevant staff member is unable to attend any such meeting, then they should nominate a responsible deputy.

Recommended timescales for the complaints process are as follows and every effort must be made to adhere to these. However, it is recognised that complex complaints may require additional time to ensure all aspects of the complaint are addressed.

Timescale	Action Required
Days 1-2	<ul style="list-style-type: none"> <li>• Complaint received and logged onto Datix</li> <li>• Acknowledgement letter sent to complainant - consent requested, if required</li> <li>• Lead investigator identified and complaint forwarded for action</li> <li>• Contact made with complainant to discuss/clarify issues if appropriate</li> </ul>
Days 3-15	Investigation of complaint
Days 15-20	Response compiled and sent to complainant

### 3.6 Anonymity and Complaints about a Specific Member of Staff

Members of staff who have been named in a complaint have the right to know what is being said about them. In line with the Guidance on handling and learning from feedback, comments, concerns and complaints about NHS health care services (Scottish Government, 2012a) which states "anyone identified as the subject of a complaint should be provided with a full account of the reasons for the investigation", the member of staff has the right to be informed of the issues raised against them in order to understand and answer the complaint.

The investigating manager must provide support to the member of staff and take a balanced view on what information should be shared with the member of staff.

However, if the complainant has expressed a wish to remain **anonymous** or that they wish any part of their complaint **not** to be shared with the member(s) of staff, they must be advised that where possible the anonymity of an individual will be preserved. This will not, however, always be possible and in such circumstances the anonymity will not be broken without permission of the complainant.

This must be clearly explained to the complainant by the Complaints and Feedback Team or investigating manager. A clear explanation and decision on what can be done must be agreed with the complainant.

If the complainant is not happy for their name or other details of the complaint to be revealed to the member of staff, this may mean that the complaint cannot be formally investigated and the complaint may be withdrawn. However, if the issues raised in the complaint are of a serious or damaging nature, some action may need to be taken by the investigating manager.

Further advice can be sought from either the Complaints and Feedback Team or the Workforce Directorate.

Above information collated in line with NHS Tayside Workforce policy "Voicing concern" (May 2010).

### **3.7 Access to Complaints Files**

Copies of medical records, which under the Data Protection Act would be deemed unsuitable for release to a patient because they would be detrimental to the patient's health or contain third party information, should **not** be sent as part of the response to a complaint.

**Please note** that in Accordance with the Data Protection Act (1998), the contents of the complaint file can be accessed by the complainant under a similar process as a subject access request for medical records. Therefore, information sent to the Complaints and Feedback Team will be inserted into the complaint file and **may** be accessed by the complainant or their representative and copies of documents provided.

### **3.8 Habitual or Vexatious Complaints**

Where complainants have been identified as habitual or vexatious, the Chief Operating Officer (or appropriate deputy in their absence) will determine what action to take. This will be in accordance with the NHS complaints procedure "Can I help you? Guidance on handling and learning from feedback, comments, concerns or complaints about NHS health care services". See further guidance in Appendix 5.

### **3.9 Scottish Public Services Ombudsman (SPSO)**

The Scottish Public Services Ombudsman (SPSO) was set up in 2002. The Ombudsman reviews complaints where a member of the public claims to have suffered injustice or hardship as a result of maladministration or service failure. The Scottish Public Service Ombudsman's jurisdiction is extended to include the investigation of clinical complaints referred to him, although he will normally only make a decision on whether to embark on any investigation when NHS processes have been invoked and exhausted.

The Ombudsman aims not only to provide justice for the individual, but also to share the learning from their work in order to improve the delivery of public services in Scotland.

The Ombudsman sends a monthly commentary to the Scottish Parliament on complaints arising in all Health Boards in Scotland. These reports are anonymised and available on the Ombudsman's website - [www.spsso.org.uk](http://www.spsso.org.uk). Boards whose complaints are subject to these reports are obligated to inform the public of these reports and in NHS Tayside this is done through the Internet site.

The Complaints and Feedback Team, in collaboration with Clinical Governance Teams, highlight the learning points from these reports. This is distributed in a memo on a monthly basis. It is expected that each service will demonstrate that service improvements are being made as a result of Ombudsman reports.

### **3.10 Possible Claims for Clinical Negligence**

In the early stages of a complaint, when it is not clear whether the complainant intends to take legal action, it may be that an open and sympathetic approach will satisfy the complainant. A hostile or defensive reaction to the complainant, however, is more likely to encourage the complainant to seek information and a remedy through the courts.

The fact that a prima facie case of negligence exists should not prevent a full explanation being given and an apology offered to the complainant. An apology is not an admission of liability. If the complainant indicates in writing an intention to instigate or actually instigates legal proceedings, the complaints procedure should be immediately suspended, with the complainant appropriately advised in writing.

If the complainant is seeking financial compensation, he/she should be advised in writing that this cannot be achieved through the complaints procedure and that a complaint and claim cannot run simultaneously. In the event that the complainant wishes to pursue financial compensation, they should seek independent legal advice or contact the Patient Advice and Support Service (see 3.13 below).

### **3.11 Private Pay Beds in NHS Hospitals**

The NHS complaints procedure covers any complaint made about NHS Tayside's staff or facilities relating to care in private pay beds but does not cover private medical care provided by NHS staff outside their NHS contract.

### **3.12 Publicity**

NHS Boards must ensure that their patient feedback and complaints procedures are well publicised locally. This means that patients and visitors should be made aware of:

- The right to complain
- Advice on how to access the complaints procedure and types of help available
- Availability of complaints leaflets in other languages and formats

Details of the above are given through complaints leaflets, which should be made available in all patient areas.

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

The Patient Rights (Scotland) Act 2011 established a new independent Patient Advice and Support Service (PASS) on 1 April 2012 to replace the Independent Advice and Support Service (IASS). PASS will provide information and help patients and members of the public to know and understand their rights and responsibilities when using health services. They will also be able to help and support patients to give feedback, comments, concerns and complaints about their healthcare experience. Further information on PASS is available at <http://www.cas.org.uk/patientadvice>

## **Section Four: Reporting on Complaints**

The Complaints and Feedback Team will provide regular reports to local management teams, appropriate local groups and in addition to relevant Board committees, which will include information on complaints and other forms of service user feedback.

### **4.1 Quarterly Reports**

Reports will be produced on a quarterly basis in relation to complaints including

- numbers of complaints received
- numbers of complaints meeting the 20 working day target for response
- number of complaints where alternative dispute resolution was used
- summary of key themes
- summary of action taken to improve services as a result of complaints

### **4.2 Annual Reports**

A report on the year's complaints handling will be included in the NHS Tayside annual report. The report will include

- numbers of complaints received
- numbers of complaints meeting the 20 working day target for response
- number of complaints where alternative dispute resolution was used
- summary of key themes
- summary of action taken to improve services as a result of complaints

## **Section Five: Staff Training/Guidance**

- 5.1** A specially developed **complaints resource folder** is being distributed to each clinical area. The resource folder contains advice and resources to assist staff in responding to complaints, when escalation is necessary.

The folder contains various pieces of guidance under the following sections:

- Customer care advice
- Informal and formal complaints process
- Complaints contacts
- Ward themes/data/trends and recent complaints
- Ward praises
- Complaints and Feedback Team reporting

### **5.2 Training**

The Complaints and Feedback Team provide a variety of complaints awareness sessions on various sites within NHS Tayside. In addition to this, the Complaints and Feedback Team welcomes requests from individual areas for training for specific staff groups - enquiries to Ext 35507.

Complaints Investigation Skills training sessions are delivered by members of the Safety, Clinical Governance and Risk Team and sponsored by the Scottish Public Services Ombudsman on a monthly basis. This training is aimed at senior staff who

are involved in the investigation of complaints and will serve to improve the quality and robustness of the investigation and response to complainants.

The Complaints and Feedback Team can also provide specific training on investigation and writing reports, compiling improvement plans and legal issues surrounding the complaint.

Further information can be obtained by contacting the Complaints and Feedback Team (Ext 35507) and/or accessing the NHS complaints procedure "Can I help you? Guidance for handling and learning from feedback, comments, concerns or complaints about NHS health care services" via the following link: [http://www.sehd.scot.nhs.uk/mels/CEL2012\\_08.pdf](http://www.sehd.scot.nhs.uk/mels/CEL2012_08.pdf)

### References:

Department of Health (1995). The NHS Complaints Procedure. Guidance for hospital and community health services complaints. The Scottish Office, Edinburgh.

NHS Tayside (2010). Voicing Concern Policy. NHS Tayside, Dundee

Scottish Government (2012a), Can I help you? Guidance on handling and learning from feedback, comments, concerns and complaints about NHS health care services. Scottish Government, Edinburgh

Scottish Government (2012b). Patient Rights (Scotland) Act 2011 – Secondary Legislation and the Charter of Patient Rights and Responsibilities. Scottish Government, Edinburgh

Scottish Government (2010), The Healthcare Quality Strategy for NHS Scotland. Scottish Government Health Department, Edinburgh

SPSO (2011a), Guidance on a Model Complaints Handling Procedure. Scottish Public Services Ombudsman, Edinburgh. [www.spsso.org.uk](http://www.spsso.org.uk).

SPSO (2011b), Statement of Complaints Handling Principles. Scottish Public Services Ombudsman, Edinburgh. [www.spsso.org.uk](http://www.spsso.org.uk).

SPSO (2011c), Our guidance on apology. Scottish Public Services Ombudsman, Edinburgh. [www.spsso.org.uk](http://www.spsso.org.uk).



**NHS Tayside**  
**Patient Feedback Form**

Hospital:

Clinical Group/CHP

Department:

Date:

Complainant's name:

Address:

Postcode:

Tel Number:

If complainant is patient please indicate following:

D.O.B.

Consultant

If the complaint is being made on behalf of a patient please indicate:

Patient/visitor's Name:

Relationship of complainant to patient:

Patient's D.O.B.

Consultant (if known)

Person receiving complaint:

Name:

Job title:

Area of work:

**Details of Complaint:**

**Action taken:**

**I am satisfied that my concern(s) has/have been resolved. This can remain informal and no further action is required.**

**(To be filed and sent to Complaints & Feedback Team on .....)**

**I am dissatisfied with response and wish to make this an Enquiry/Formal complaint for further investigation.**

**(To be sent to Complaints & Feedback Team as soon as possible)**

**Signature of complainant:**

**Date:**

**Signature of staff member:**

**Date:**

**Please return the completed form to:-**

**Complaints and Feedback Team, Level 9, Ninewells Hospital, Dundee, DD1 9SY.**

***NHST Complaints Procedure/November 2012***



Complaints & Feedback Team  
Clinical Team's Investigation Response

Please complete boxes below

<b>Patients Name:</b>		<b>CHI:</b>		<b>Date of Complaint:</b>	
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**Department Outline / Overview**

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**How investigation was done?**

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**Identify from complaint key points raised:**

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**Response to key points**

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**Recommendations and actions**

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**Contact Details:**

<b>Name:</b>		<b>Email Address:</b>		<b>Tel No:</b>	
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**NHS Tayside Complaints and Feedback Team**

## Guidance on report writing

This information is provided to assist you in preparing a comprehensive report to address the issues contained in the complaint.

- For an overall view of the complaint, it is advisable for you to read the full content of the complaint to avoid misinterpretation.
- It is important to remember that expressing sympathy or concern over the incident does not constitute an admission of guilt.
- Answer all questions asked by the complainant, which are relevant to your area of responsibility. It may be helpful to establish themes and use these as headings in your response.
- It may also be helpful to include background information for the Complaints and Feedback Team to assist in answering the complaint.
- Explain technical terms in layman's terms to assist Complaints and Feedback Team as well as complainant.
- There are strict timescales involved when responding to complaint (20 working days). If you are unable to meet the identified target date please advise the Complaints and Feedback Team as soon as possible.
- Your report may be sent directly to the complainant with a covering letter from the Chief Operating Officer or deputy. The Complaints and Feedback Team will contact you to advise you if this is the action planned.
- If you have highlighted areas of practice which have been improved as a result of this complaint, you should include this in the report and enclose relevant documentation if appropriate ie Action Plans.
- Copies of medical records, which under the Access to Records Legislation would be deemed unsuitable for release to a patient, should not be included as part of your report. This is due to the fact that complainants, in accordance with the Data Protection Act 1998, can access the complaint file under a similar process to Access to Medical Records.
- Remember to keep a copy of your report for your own records.
- If you require further assistance/guidance, the Complaints and Feedback Team is more than happy to assist you when compiling your report.

## Complaints and Feedback Team

### Guidance for staff attending meetings with complainants

Thank you for agreeing to meet with

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This is an informal meeting arranged in an effort to resolve the concerns raised by this complainant/s. The purpose of the meeting is to explore the issues and provide explanations wherever possible.

You may not have been involved in this type of meeting before and may have some questions.

#### **Q. Who will be there?**

**A.** Apart from yourself and the complainant/s, a Complaints and Feedback Co-ordinator will be there. There may also be other clinical staff and a friend or family member accompanying the complainant. The Complaints and Feedback Co-ordinator will inform you, wherever possible, who will be in attendance.

#### **Q. Do I need my union/professional body representative present?**

**A.** This is an informal meeting, therefore, this is not necessary. However, you may wish to discuss this with them for further reassurance or support.

#### **Q. How will the meeting be facilitated?**

**A.** The Complaints and Feedback Co-ordinator will facilitate the meeting. Their role is to ensure equity and focus during the discussion. At the beginning of the meeting the Complaints and Feedback Co-ordinator will clarify timescale, purpose of meeting and identity of participants. They will offer support, if and when required, to anyone present.

#### **Q. How long will the meeting last?**

**A.** The usual timescale is a maximum of one hour. If you require to leave promptly due to other commitments, please let the Complaints and Feedback Co-ordinator know.

#### **Q. If I feel uncomfortable or feel that the meeting is not constructive can I request a break or for the meeting to stop?**

**A.** Yes. At any time, if you feel uncomfortable please let your feelings be known to the Complaints and Feedback Co-ordinator who will assist in any way. The complainant can also request to stop the meeting at any time.

#### **Q. Will I get any feedback?**

**A.** Yes. A file note of the meeting will be produced and sent to you for approval/amendment prior to it being sent to the complainant/s. Please take this opportunity to comment on the content of the file note. It must be stressed that the file note will not record word for word the discussion, and should not be viewed as a minute of the meeting. It will, however, reflect the highlights of the discussion and any action agreed.

**Q. Do I need to take anything with me?**

**A.** The Complaints and Feedback Co-ordinator will have requested the medical records in preparation for the meeting. You will be advised if there is any difficulty in obtaining them. If you are in possession of these, please let the Complaints and Feedback Team know.

It must be emphasised that this approach to resolving complaints should be viewed as positive and constructive. If you feel that a pre-meeting discussion is required or if you wish to discuss the meeting afterwards, please let the Complaints and Feedback Co-ordinator know. This is often beneficial.

<p>This guide was produced following feedback from staff. If there is any way that the Complaints and Feedback Co-ordinator can assist you in this process please let us know.</p>
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**Complaints and Feedback Team    Ext 35507**

## HABITUAL OR VEXATIOUS COMPLAINTS

### Policy Statement

It is the policy of NHS Tayside to deal with all habitual or vexatious complaints using the following procedure.

Section One:	General Principles
Section Two:	Definition of Habitual or Vexatious Complaints
Section Three:	Options for Dealing with Habitual or Vexatious Complaints
Section Four:	Withdrawing 'Habitual or Vexatious' Status

### Section One: General Principles

#### 1.1 Introduction

Habitual and/or vexatious complainants are becoming an increasing problem for NHS staff. The difficulty in handling such complaints is causing undue stress for staff and placing a strain on time and resources. NHS staff are trained to respond with patience and sympathy to the needs of all complainants but there are times when there is nothing further which can reasonably be done to assist them or to rectify a real or perceived problem.

In determining arrangements for handling such complaints, staff are presented with two key considerations. The first is to ensure that the complaints procedure has been **correctly implemented so far as possible and that no material element of a complaint is overlooked or inadequately addressed** and to appreciate that even habitual or vexatious complaints may have aspects which contain some substance. The need to ensure an equitable approach is crucial. The second is to be able to identify the stage at which a complaint has become habitual or vexatious. NHS Tayside's approach to the situation is the implementation of this policy which is formally incorporated into the complaints procedure. Implementation of this policy will only occur in **exceptional circumstances**.

Individuals who may be thought to be habitual or vexatious complainants should be brought to the attention of the Complaints and Feedback Team Lead. Where complainants have been identified as habitual or vexatious, the Chief Operating Officer (or appropriate deputy in their absence) will determine what action to take.

#### 1.2 Purpose of the Policy

It is emphasised that this policy should only be used as a last resort and after all reasonable measures have been taken to try to resolve complaints following the NHS complaints procedure, for example through local resolution and conciliation. Judgment and discretion must be used in applying the criteria to identify potential habitual or vexatious complainants and in deciding action to be taken in specific cases. The policy should only be implemented following careful consideration by, and with the authorisation of, the Chief Operating Officer or their deputy in their absence.

## **Section Two: Definition of Habitual or Vexatious Complaints**

Complainants (and/or anyone acting on their behalf) may be deemed to be habitual or vexatious complainants where previous or current contact with them shows that they meet **two or more** of the following criteria:

Where complainants:

- **Persist in pursuing a complaint** where the NHS complaints procedure has been fully and properly implemented and exhausted.
- **Change the substance** of a complaint or **continually raise new issues** or seek to prolong contact by **continually raising further concerns or questions** upon receipt of a response whilst the complaint is being addressed. (Care must be taken not to discard new issues, which are significantly different from the original complaint. These might need to be addressed as separate complaints.)
- Are **unwilling to accept documented evidence** of treatment given as being factual, eg drug records, nursing records, or deny receipt of an adequate response in spite of correspondence specifically answering their questions or **do not accept that facts can sometimes be difficult to verify** when a long period of time has elapsed.
- **Do not clearly identify the precise issues** which they wish to be investigated, despite reasonable efforts of the Board staff and **where the concerns identified are not within the remit** of the Health Authority to investigate.
- **Focus on a trivial matter** to an extent which is out of proportion to its significance and continue to focus on this point. (It is recognised that determining what is a 'trivial' matter can be subjective and careful judgment must be used in applying this criterion)
- Have **threatened or used actual physical violence** towards staff at any time. This will in itself cause personal contact with the complainant and/or their representatives to be discontinued and the complaint will, thereafter, only be pursued through written communication. All such incidences must be documented.
- Have in the course of addressing a registered complaint had an **excessive number of contacts** with the Board, placing unreasonable demands on staff. (A contact may be in person or by telephone, letter or fax. Discretion must be used in determining the precise number of "excessive contacts" applicable under this section, using judgment based on the specific circumstances of each individual case.)
- Have **harassed** or been personally **abusive or verbally aggressive** on more than one occasion towards staff dealing with their complaint. (Staff must recognise that complainants may sometimes act out of character at times of stress, anxiety, or distress and should make reasonable allowances for this. They should document all incidents of harassment.)
- Are known to have **recorded** meetings or face-to-face/telephone **conversations without** the prior knowledge and consent of other parties involved.
- **Display unreasonable demands or expectations and fail to accept that these may be unreasonable** (eg insist on responses to complaints or enquiries being provided more urgently than is reasonable or normal recognised practice).



### **Section Three: Options for Dealing with Habitual or Vexatious Complaints**

Where complaints have been identified as habitual or vexatious in accordance with the criteria in Section 2, the Chief Operating Officer (or appropriate deputy in their absence) will determine what action to take. The Chief Operating Officer (or deputy) will implement such action and will notify complainants in writing of the reasons why they have been classified as habitual or vexatious complainants and the action to be taken. The notification may be copied for the information of others involved, eg conciliator, Patient Advice and Support Service (PASS) or MP/MSP. A record must be kept for future reference of the reasons why a complainant has been classified as habitual or vexatious.

The Chief Operating Officer (or deputy) may decide to deal with complaints in one or more of the following ways:

- Try to resolve matters, before invoking this policy, by drawing up a signed "agreement" with the complainant (and if appropriate involving the relevant practitioner in a 2-way agreement) which sets out a code of behaviour for the parties involved if NHS Tayside is to continue processing the complaint. If these terms are contravened, consideration would then be given to implementing other action as indicated in this section.

A typical process may include:

- Conciliation/mediation
  - Case Conference with Professionals and Complaints Staff compiling a management plan
  - Central Legal Office agreement to management plan
  - Communication of management plan in writing to the complainant
  - Meeting with complainant to negotiate continuing care contract
- Decline contact with the complainants either in person, by telephone, by fax, by letter or any combination of these, provided that one form of contact is maintained.
  - Notify the complainants in writing that the Chief Operating Officer has responded fully to the points raised and has tried to resolve the complaint but there is nothing more to add and continuing contact on the matter will serve no useful purpose. The complainants should also be notified that the correspondence is at an end and that further letters received will be acknowledged but not answered.
  - Inform the complainants that in extreme circumstances NHS Tayside reserves the right to pass unreasonable or vexatious complaints to their solicitors.
  - Temporarily suspend all contact with the complainants or investigation of a complaint whilst seeking legal advice or guidance from NHSScotland or other relevant agencies.

### **Section Four: Withdrawing 'Habitual or Vexatious' Status**

Once complaints have been determined as 'habitual or vexatious' there needs to be a mechanism for withdrawing this status at a later date if, for example, complainants subsequently demonstrate a more reasonable approach or if they submit a further complaint for which normal complaints procedures would appear appropriate. Staff should previously have used discretion in recommending 'habitual or vexatious' at the outset and discretion should similarly be used in recommending that this status be withdrawn when appropriate. Where this appears to be the case, discussion will be held with the Chief Operating Officer

(or deputy). Subject to their approval, normal contact with the complainants and application of NHS complaints procedure will then be resumed.

## REPORTING STRATEGY FOR COMPLAINTS IN NHS TAYSIDE

Group/Committee	Role	Content of Report	Frequency	Action	Lead Person
I&Q Committee NHS Tayside	To ensure a robust system of governance exists for complaints and advice in accordance with national policy.	System description to communications. Lessons learned.  Improvement – overall goal.	Twice yearly	Request operational response regarding system change	Chair/Lead exec
NHS Tayside Clinical Quality Forum	To ensure a robust system of governance exists that improves and learns from complaints	Detailed directorate responses and themes. Overall themes within organisation.  Key communications to address changes.	Twice Yearly	Request Directorate system response and action closures	Chair/Lead exec
Directorate / CHP / Service Clinical Quality Fora	To ensure a robust system of governance exists that improves and learns from complaints	Detailed directorate responses and themes. Overall themes within organisation.  Key communications to address changes.	Quarterly	Request Directorate system response and action closures.	Chair/Lead exec
Risk Management and H&S Group	Raise key issues from complaints and identify local or organisational lead to address	Theme of complaint – local or overall response.	Bi-monthly	Identify individual action and lead person responsible.	Chair/ Complaints/feedback team lead
Adverse Incident Management (AIM Group)	Share key issues from organisation. Feature key issues and lessons learned.  Details action and share solutions.	Awareness and ownership	Six-weekly	Information spread	Chair/Members of group
Executive Management Team	To manage the performance of complaints response time and with Directorates  To identify lead officers to address particular issues	Highlight any responses that have breached the 20 day working target	Weekly	Identify individual action and lead person responsible.	COO/EMT members

## EQUALITY IMPACT ASSESSMENT TOOL

### Part 1: Description/Consultation

<b>Is this a Rapid Equality Impact Assessment (RIAT)?</b>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
<b>Is this a Full Equality Impact Assessment (EQIA)?</b>	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<b>Date of Assessment:</b>	30/05/2016	<b>Committee Report Number:</b> DIJB31-2016
<b>Title of document being assessed:</b>	<b>Complaints Procedures and Systems</b>	
<b>1. This is a new policy, procedure, strategy or practice being assessed</b> (If yes please check box) <input checked="" type="checkbox"/>	<b>This is an existing policy, procedure, strategy or practice being assessed?</b> (If yes please check box) <input type="checkbox"/>	
<b>2. Please give a brief description of the policy, procedure, strategy or practice being assessed.</b>	The current progress on the development of complaints procedures and systems used by the Dundee Health and Social Care Partnership.	
<b>3. What is the intended outcome of this policy, procedure, strategy or practice?</b>	To ensure that there are clear, effective and fair complaints processes for the Dundee Health and Social Care Partnership.	
<b>4. Please list any existing documents which have been used to inform this Equality and Diversity Impact Assessment.</b>	None	
<b>5. Has any consultation, involvement or research with protected characteristic communities informed this assessment? If yes please give details.</b>	No	
<b>6. Please give details of council officer involvement in this assessment.</b>  (e.g. names of officers consulted, dates of meetings etc)	Joyce Barclay	
<b>7. Is there a need to collect further evidence or to involve or consult protected characteristics communities on the impact of the proposed policy?</b>  (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?)	No	

**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> 433608	<b>Telephone:</b> 433722
<b>Email:</b> dave.berry@dundeecity.gov.uk	<b>Email:</b> clare.lewis-robertson@dundeecity.gov.uk

<b>Signature of author of the policy:</b>	Dave Berry	<b>Date:</b> 30/05/16
<b>Signature of Director/Head of Service:</b>	David W Lynch	<b>Date:</b> 30/05/16
<b>Name of Director/Head of Service:</b>	David W Lynch	
<b>Date of Next Policy Review:</b>	May 2017	