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Aberdeen City Health & Social Care Partnership
A caring partnership

To: Members of the Integration Joint Board

Town House,
ABERDEEN 16 February 2021

INTEGRATION JOINT BOARD

The Members of the **INTEGRATION JOINT BOARD** are requested to meet in **Virtual - Remote Meeting on TUESDAY, 23 FEBRUARY 2021 at 10.00 am.**

FRASER BELL
CHIEF OFFICER - GOVERNANCE

B U S I N E S S

1 Welcome from the Chair

DECLARATIONS OF INTEREST

2 Members are requested to intimate any declarations of interest (Pages 3 - 4)

DETERMINATION OF EXEMPT BUSINESS

3 Members are requested to determine that any exempt business be considered with the press and public excluded

STANDING ITEMS

4 Minute of Board Meeting of 27 January 2021 (Pages 5 - 14)

5 Draft Minute of Risk, Audit and Performance Systems Committee of 26 January 2021 (Pages 15 - 20)

6 Draft Minute of Clinical and Care Governance Committee of 12 January 2021
(Pages 21 - 24)

7 Business Planner (Pages 25 - 26)

8 Chief Officer's Report - HSCP.21.017 (Pages 27 - 34)

GOVERNANCE

9 Service User Representative on IJB - HSCP.21.018 (Pages 35 - 38)

10 Annual Procurement Plan - HSCP.21.008 (Public) (Pages 39 - 46)

11 Revised Model Complaints Handling Procedure - HSCP.21.015 (Pages 47 - 106)

TRANSFORMATION

12 Care at Home - HSCP.21.014 (Pages 107 - 114)

ITEMS THE BOARD MAY WISH TO CONSIDER IN PRIVATE

13 Annual Procurement Plan - HSCP.21.008 (Exempt Papers) (Pages 115 - 174)

DATE OF NEXT MEETING

14 IJB Meetings -

Tuesday 23 March 2021 at 10.00am

Tuesday 25 May 2021 at 10.00am

Tuesday 6 July 2021 at 10.00am

Tuesday 24 August 2021 at 10.00am

Tuesday 2 October 2021 at 10.00am

Tuesday 15 December 2021 at 10.00am

Website Address: <https://www.aberdeencityhscp.scot/>

Should you require any further information about this agenda, please contact Derek Jamieson, tel 01224 523057 or email derjamieson@aberdeencity.gov.uk

DECLARATIONS OF INTEREST

You must consider at the earliest stage possible whether you have an interest to declare in relation to any matter which is to be considered. You should consider whether reports for meetings raise any issue of declaration of interest. Your declaration of interest must be made under the standing item on the agenda, however if you do identify the need for a declaration of interest only when a particular matter is being discussed then you must declare the interest as soon as you realise it is necessary. The following wording may be helpful for you in making your declaration.

I declare an interest in item (x) for the following reasons

For example, I know the applicant / I am a member of the Board of X / I am employed by...

and I will therefore withdraw from the meeting room during any discussion and voting on that item.

OR

I have considered whether I require to declare an interest in item (x) for the following reasons however, having applied the objective test, I consider that my interest is so remote / insignificant that it does not require me to remove myself from consideration of the item.

OR

I declare an interest in item (x) for the following reasons however I consider that a specific exclusion applies as my interest is as a member of xxxx, which is

- (a) a devolved public body as defined in Schedule 3 to the Act;
- (b) a public body established by enactment or in pursuance of statutory powers or by the authority of statute or a statutory scheme;
- (c) a body with whom there is in force an agreement which has been made in pursuance of Section 19 of the Enterprise and New Towns (Scotland) Act 1990 by Scottish Enterprise or Highlands and Islands Enterprise for the discharge by that body of any of the functions of Scottish Enterprise or, as the case may be, Highlands and Islands Enterprise; or
- (d) a body being a company:-
 - i. established wholly or mainly for the purpose of providing services to the Councillor's local authority; and
 - ii. which has entered into a contractual arrangement with that local authority for the supply of goods and/or services to that local authority.

OR

I declare an interest in item (x) for the following reasons.....and although the body is covered by a specific exclusion, the matter before the Committee is one that is quasi-judicial / regulatory in nature where the body I am a member of:

- is applying for a licence, a consent or an approval
- is making an objection or representation
- has a material interest concerning a licence consent or approval
- is the subject of a statutory order of a regulatory nature made or proposed to be made by the local authority.... and I will therefore withdraw from the meeting room during any discussion and voting on that item.



ABERDEEN, 27 January 2021. Minute of Meeting of the INTEGRATION JOINT BOARD.

Present:- Councillor Sarah Duncan, Chair; Luan Grugeon, Vice Chair; and Councillor Philip Bell, Kim Cruttenden, Councillor Lesley Dunbar, Alan Gray, John Tomlinson, Mike Adams, Councillor John Cooke, Jim Currie, Dr Howard Gemmell, Dr Caroline Howarth, Jenny Gibb, Maggie Hepburn, Alison Murray, Shona McFarlane, Graeme Simpson, Sandra MacLeod and Alex Stephen.

Also in attendance:- John Forsyth (Solicitor), Derek Jamieson (Clerk), David Pflieger (NHS Grampian), Angela Scott (Chief Executive) and Kundai Sinclair (Solicitor)

Apologies:- Chris Littlejohn (NHS Grampian)

The agenda, reports and meeting recording associated with this minute can be found [here](#).

Please note that if any changes are made to this minute at the point of approval, these will be outlined in the subsequent minute and this document will not be retrospectively altered.

INTRODUCTION

1. The Chair welcomed all to the meeting.

The IJB Service User Representative indicated he had been approached regarding the 2C Remodelling Project and wished to record this contact.

The Chair acknowledged the contact and suggested further reference later in the meeting. The Chief Officer, ACHSCP suggested this update could be delivered during her presentation of the Chief Officer's Report.

The Board resolved :-

to hear a verbal update from the Chief Officer on the current status of the 2C Redesign Project.

INTEGRATION JOINT BOARD

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DECLARATIONS OF INTEREST

2. The Chair sought any Declarations of Interest.

Dr Howarth, Clinical Director, ACHSCP, declared an interest with regards to the 2C Remodelling Project as referenced within the last Board Minute as at Article 4 and stated an intention to leave the meeting during that discussion.

The Board resolved :-

to note the declaration.

DETERMINATION OF EXEMPT BUSINESS

3. There was no exempt business

MINUTE OF BOARD MEETING OF 1 DECEMBER 2020

4. The Board had before it the minute of its last meeting.

As indicated at Article 2, and the suggestion of an update by the Chief Officer, ACHSCP, the Clinical Director left the meeting at this point.

The Board heard of several auto-correct spelling errors which would be amended.

Enquiry was asked of Article 10 - Update On Effective Working In Localities - HSCP.20.06, of the Minute. Members heard that the report had been warmly welcomed at the Community Planning Aberdeen Board Meeting where it was approved.

Members heard from the CO who provided an update on the 2C Remodelling Project. Following the IJB Decision, several representations had been made to the ACHSCP with regard to one practice only. This has resulted in a Formal Complaint Process being instigated which is now subject to an Independent Investigation as per Stage II of the Board's complaints process.

Members were advised that upon completion of the enquiry, any appropriate information would be shared with Members.

The Board resolved :-

to approve the minute as a correct record.

Dr Howarth, Clinical Director re-joined the meeting.

INTEGRATION JOINT BOARD
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DRAFT MINUTE OF CLINICAL AND CARE GOVERNANCE COMMITTEE OF 24 NOVEMBER 2020

5. The Board had before it the draft minute of the last meeting of the Clinical Care and Governance Committee (CCGC).

Members heard from the Chair, CCGC who provided an overview of the meeting during which they had received assurance on matters reported and awaited the Care Inspectorate Report on Criminal Justice which was now overdue (due to pandemic restrictions).

The Board resolved :-
to note the draft minute.

DRAFT MINUTE OF RISK, AUDIT AND PERFORMANCE SYSTEMS COMMITTEE OF 26 JANUARY 2021

6. In the absence of the draft minute of the last meeting of the Risk Audit and Performance Committee (RAPC) which was the previous day, the Chair, RAPC provided a verbal update on the meeting.

Members were advised on the presentation given regarding Operation Home First ahead of an anticipated update report; a report and updated Strategic Risk Register; an update on maintaining Service Provision and two Internal Audit Reports.

The Chair, RAPC indicated members provided Confirmation of Assurance at RAPC and advised that the draft minute would be presented at the next meeting.

The Board resolved :-
to note the verbal update provided by the Chair, RAPC.

BUSINESS PLANNER

7. The Board had before it the Business Planner.

Members heard from the CFO that today's Agenda items were reflected within the Planner and those items suggested for delay, transfer or removal were highlighted.

The CFO advised members that it was intended to again review intended reporting to ensure prioritisation was delivered and that officers, where appropriate, could attend to civil contingency matters.

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The Board resolved :-

- (i) to note the Business Planner; and
- (ii) to approve reprioritisation and presentation of reports whilst in civil contingency mode.

CHIEF OFFICER'S REPORT - HSCP.21.011

8. The Board had before it the report from the Chief Officer, ACHSCP which presented an update on ACHSCP activities.

Members heard an overview of the report which highlighted the steady delivery of the flu vaccination together with the capture of learning within the Partnership and NHS Grampian to assist with planning for future pandemic vaccinations.

Members were advised that the Care at Home contract had commenced with the Granite City Care Consortium which comprised ten contractors and was unique in the make up of independent and third sector providers.

The Chief Officer updated Members on the recently completed Criminal Justice Inspection and that a draft report was due soon.

The Chief Officer expressed appreciation of the commitment and efforts of the Partnership staff during this continuing challenging period.

The report recommended :-

that the Board note the content of the report.

The Board resolved :-

to note the report.

IJB SCHEME OF GOVERNANCE - ANNUAL REVIEW - HSCP.21.007

9. The Board had before it the report from the Chief Officer, ACHSCP which presented the revised ACHSCP Integration Joint Board's Scheme of Governance and comprised the documents attached at the appendices to the report, which had been amended as part of the annual review.

Members heard that a volume of changes had been made to the documents which were described for each document. Members commented that this would be better presented in 'track change' mode within each document.

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Members were advised that there would likely be further review and amendment following application of Category One Responder status to Health and Social Care Partnerships by the Scottish Government.

The report recommended :-

that the Board note the content of the report.

The Board resolved :-

- (i) to agree the revised Risk, Audit and Performance Committee Terms of Reference, as outlined in Appendix A;
- (ii) to agree the revised Clinical and Care Governance Committee Terms of Reference, as outlined in Appendix B;
- (iii) to agree the revised Standing Orders, as outlined in Appendix C
- (iv) to agree the revised Roles and Responsibilities Protocol, as outlined in Appendix D;
- (v) to note that Aberdeen City Council is currently reviewing its Scheme of Governance and that a report on this will be submitted to Council in March 2021, and that any changes will be evaluated in so far as any impact on the business of the ACHSCP or the IJB and its sub-committees. and the Chief Officer will bring an update to the IJB meeting immediately following the March 2021 Council meeting;
- (vi) to note that a further review of the IJB Scheme of Governance may be required following Scottish Government amendment of ACHSCP status to that of a Category 1 Responder; and
- (vii) to instruct that all amendments and additions to the documents agreed at (i) to (iv) be proof-read and amended as required and presented in 'track change format' to the IJB on 23 March 2021 for approval.

VACCINATIONS UPDATE - HSCP.21.005

10. The Chair decided to take this item earlier than intended on the agenda given the availability of NHS Grampian staff to answer any questions.

The Board had before it the report from the Chief Officer, ACHSCP which presented an update on the various vaccination programmes in progress in Aberdeen City – Childhood, Flu, and Covid.

Members heard from the Lead Strategy and Performance Manager who provided an overview of the report.

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Members also heard from the Director of Pharmacy, NHS Grampian who explained some of the specific circumstances surrounding vaccination including application of JCVI prioritisation relating to covid immunisation.

Members heard that the delivery programmes had been successful and provided positive comment on the transparency of the report and of the lessons learned which would be adopted.

Members expressed appreciation to the participation of the many partners involved in the vaccination delivery and commented that it was important to highlight that the main route for the vaccine program delivery is via the P&J Live Arena and that care is also being taken to ensure all are able to access the vaccine with consideration being given to specific at risk groups.

It was suggested that a video explaining the P&J Live experience would assist and prepare people who had concerns and/or medical reluctance to attend such venues which would also benefit the wider public what to expect.

Members indicated that they would wish to receive an updated report in respect of Childhood Immunisations.

The report recommended :-

that the Board notes the updates provided.

The Board resolved :-

- (i) to approve the recommendation; and
- (ii) to direct the Chief Officer, ACHSCP to present an updated reported to the CCGC in respect of Childhood Immunisations to include HPV, on a date to be agreed by the Chair of CCGC.

BON ACCORD CARE ANNUAL REPORT - HSCP.21.004

11. The Board had before it the report from the Chief Officer, ACHSCP which presented the annual report of Bon Accord Care covering the financial year 2019/20 as contained in Appendix A.

Members heard from the Lead Strategy and Performance Manager who provided a summary presentation of the report.

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Members also heard from the Interim Managing Director of Bon Accord Care who provided an explanation on the withdrawal of BAC from active participation within the Grampian Care Consortium, which was not a withdrawal from the concept but due to financial considerations which would preclude their participation in delivery of the contracts.

The report recommended :-

that the Board note the content of the report.

The Board resolved :-

to approve the recommendation.

FINANCE UPDATE - HSCP.21.012

12. The Board had before it the report from the Chief Finance Officer, ACHSCP

The report presented a summary of the current year revenue budget performance for the services within the remit of the Integration Joint Board (IJB) as at Period 9 (end of December 2020); highlighted the current forecast in relation to the additional costs of COVID-19 to be reclaimed from the Scottish Government; and advised on any areas of risk and management action relating to the revenue budget performance of the Integration Joint Board services.

Members heard that the report had been presented to the Risk Audit and Performance Committee (RAPC) the day previous.

The CFO advised that further Scottish Government funding were expected and that in the event of a shortfall of those monies, he would request an Urgent Board Meeting to resolve any issues.

The Chair, RAPC indicated they were assured around the stability of finances reported and received clarity around expectations of movements of funds.

Members heard that moving forward there was expected additional costs and that given the fluid environment of the pandemic and its response, there would be changes to already agreed service delivery and costs.

Members expressed a wish to hold a Workshop ahead of the intended Medium-Term Financial Strategy.

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The report recommended :-

that the Board note –

- (a) notes this report in relation to the IJB budget and the information on areas of risk and management action that are contained herein; and
- (b) approves the budget virements indicated in Appendix F.

The Board resolved :-

- (i) to approve the recommendations; and
- (ii) to direct the Chief Finance Officer to arrange a Workshop for IJB Members in February 2021 to discuss the Medium-Term Financial Strategy ahead of any budget setting.

ROSEWELL HOUSE - HSCP.21.009

13. The Board had before it the report from the Chief Officer, ACHSCP.

The report provided an update on a short-term, interim solution for the repurposing of available, staffed beds at Rosewell House to positively impact on addressing pressure within the health and social care system particularly relating to the surge of demand for hospital beds and the flow of patients out of hospital into community settings.

Members heard an overview of the report and it was clarified that the interim period of up to 16 weeks would allow data capture to inform the longer-term planning for service delivery at Rosewell House.

Members heard that 'lessons learned' would be captured to assist future strategic intention and that reform would need to continue at a pace.

Members were assured that existing service users, their families and staff had all been aware of changes.

Members intimated a request that patient voice/experience be considered once current staffing demand was resolved.

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The report recommended :-

that the Board –

- (a) endorses the actions taken by the system-wide team to utilise part of Rosewell House as an interim NHS facility supporting surge and flow during the Covid19 second-wave response;
- (b) notes that this is an interim position for a period of up to 16 weeks and the permanent arrangements will be progressed via a registration with the Care Inspectorate as per the Direction made by the IJB on 2nd October 2020; and
- (c) notes that, in line with the approved recommendations of the 2nd October 2020, assurance and oversight of service delivery at Rosewell House will be monitored by the Clinical & Care Governance Committee; performance reports will be provided by the newly formed “Rosewell (Interim) Clinical & Professional Oversight Group”; and the Grampian Care Home Oversight Group will continue to have a role in support, scrutiny and assurance.

The Board resolved :-

to approve the recommendations.

NHS GRAMPIAN HEALTH AND SOCIAL CARE WINTER PLAN - HSCP.21.010

14. The Board had before it the report from the Chief Officer, ACHSCP.

The report presented the Grampian Health and Social Care COVID-19 and Winter (Surge) Plan 2020/21 which had been prepared with the involvement of key partners in the North East of Scotland and was contained in Appendix A.

Members heard that the plan was approved at the NHS Grampian Board meeting on 14 January 2021 and were advised that the plan was a live document and that NHS Grampian continues to engage and seek input on the plan.

Members were advised that the main purpose of bringing the report to the Integration Joint Board (IJB) was to show Aberdeen City Health and Social Care Partnership’s contribution to the whole system response.

Members heard that there continued a complexity of delivery during the pandemic response and civil contingency mode where full delegation of authority was not in place and that the plan attempted to resolve that gap.

Members heard that governance continued to be looked at and that the RAPC and CCGC would be involved in considering a Performance Matrix.

It was agreed that this was an exceptional year and indicated positive partnership working in coproduction of the plan.

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The report recommended :-

that the Board -

- (a) approve the Grampian Health and Social Care COVID-19 and Winter (Surge) Plan 2020/21; and
- (b) note the opportunity to input to the plan.

The Board resolved :-

to approve the recommendations.

- **Councillor Sarah Duncan, Chair**



Risk, Audit and Performance Committee

Minute of Meeting

**Tuesday, 26 January 2021
10.00 am Virtual - Remote Meeting**

Present: John Tomlinson; and Luan Grugeon, Councillor Philip Bell, Councillor John Cooke, Sandra MacLeod and Alex Stephen

Also in attendance; Colin Harvey (Internal Audit), Derek Jamieson (Clerk) and Kundai Sinclair (Solicitor)

The agenda, reports and meeting recording associated with this minute can be found [here](#).

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INTRODUCTION

The Chair welcomed all to the meeting and in doing so acknowledged the attendance of Councillor Cooke as full-time member of the Integration Joint Board and member of this Committee in replacement for Councillor Al-Samarai.

The Chair wished to record the contribution and commitment Councillor Al-Samarai had provided during her many years as a member of the Integration Joint Board and was appreciative of her input and assistance to the Committee.

The Chair acknowledged Councillor Lesley Dunbar who was attending as an observer.

DECLARATIONS OF INTEREST

1. There were no Declarations made.

DETERMINATION OF EXEMPT BUSINESS

2. The Chair indicated that there was no exempt business.

RISK, AUDIT AND PERFORMANCE COMMITTEE

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MINUTE OF PREVIOUS MEETING OF 3 NOVEMBER 2020

3. The Committee had before it the draft minute of its last meeting.

Members confirmed the accuracy of the Minute and during Matters Arising the Chief Financial Officer, ACHSCP advised the Committee that the Care Inspectorate Review of Criminal Justice was almost complete and would be presented to the next Committee and also to the Integration Joint Board and the Clinical Care and Governance Committee.

The Committee resolved :-

to approve the minute as a correct record.

BUSINESS PLANNER

4. The Committee had before it the Business Planner.

Members heard from the Chief Finance Officer (CFO), ACHSCP, who confirmed the reports being presented to this meeting and future reporting intentions.

Members were advised that as the Partnership and NHS Grampian continued to function in civil contingency mode, the intended reporting would be subject to review and prioritisation.

This would see some reports being submitted to Members as Service Updates however assurance was provided that this would not preclude scrutiny as any report so shared could be introduced to any or all of the IJB or its Committee Meetings.

The Committee resolved :-

- (i) to note the current planner; and
- (ii) to accept that the planner was subject to late amendments due to the continuing civil contingency operation.

QTR 3 FINANCIAL MONITORING MOBILISATION UPDATE - HSCP21.013

5. The Committee had before it the Quarter 3 Financial Monitoring and Mobilisation Plan Update submitted by the Chief Finance Officer (CFO), ACHSCP and accepted as a Late Report by the Chair.

The report presented a summary of the current year revenue budget performance for the services within the remit of the Integration Joint Board (IJB) as at Period 9 (end of December 2020); highlighted the current forecast in relation to the additional costs of

RISK, AUDIT AND PERFORMANCE COMMITTEE

26 January 2021

COVID-19 to be reclaimed from the Scottish Government; and advised on any areas of risk and management action relating to the revenue budget performance of the Integration Joint Board services.

Members heard from the CFO who reminded members that financial scrutiny was a remit of the Committee and that previous reporting during the Emergency Pandemic Measures had been to the IJB.

The CFO advised that the financial status remained largely stable and that additional Scottish Government (SG) had been promised and thus far received to assist pandemic specific additional costs.

Members were further advised that there continued to be extra financial burden on continuing and additional pandemic costs and that SG had again indicated a promised to deliver full funding for these matters when submitted for payment.

The CFO assured that robust measures were in place to capture and record the additional costs which would be delivered to SG.

Members indicated they were assured on financial stability subject to the expected additional funding that would be requested and is expected in relation to additional pandemic related expenditures.

The report recommended :-

that the Committee –

- (a) note this report in relation to the IJB budget and the information on areas of risk and management action that are contained herein; and
- (b) note the budget virements indicated in Appendix F.

The Committee resolved :-

to approve the recommendations.

PRESENTATION ON OPERATION HOME FIRST PERFORMANCE INDICATORS

6. The Committee received a presentation on Operation Home First from the Lead for Research & Evaluation, ACHSCP.

Members heard that Operation Home First was focused and aligned to the Strategic Plan of the IJB and to the continuing adaptations as reported to and approved to the IJB and/or its Committees.

RISK, AUDIT AND PERFORMANCE COMMITTEE

26 January 2021

The Committee resolved :-

to note the presentation.

STRATEGIC RISK REGISTER - HSCP.21.0001

7. The Committee had before it the report from the Chief Officer, ACHSCP which presented the latest version of the ACHSCP Strategic Risk Register.

The Committee heard from the Business Manager who provided an overview of the report and the SRR.

Members heard that the SRR had been updated to reflect discussion and requests that arose from the Risk Workshop attended by IJB Members in October 2020.

The Business Manager advised that in respect of Risk 3, a report was still awaited from NHS Grampian on their audit of Hosted Services.

Members agreed this was critical to any objective review by the Committee.

Members heard from the Internal Auditor who indicated this was referenced and considered during his reviews.

The report recommended :-

that the Committee –

- (a) note the revised Strategic Risk Register in the Appendix to the report;
- (b) specifically comment on Risk 3 (Hosted Services) as detailed in the report; and
- (c) note that Risk 10 (EU Exit) will remain on the Strategic Risk Register until a decision is made by the Integrated Joint Board (IJB) to remove it, as detailed in the report.

The Committee resolved :-

- (i) to approve the recommendations; and
- (ii) to direct that an updated report on Risk 3 be presented to RAPC as soon as NHSG provide their Audit update.

INTERNAL AUDIT PLAN - HSCP.21.003

8. The Committee had before it the Internal Audit Plan for 2021/22 from the Chief Internal Auditor (Interim) which presented the Internal Audit Plan for the Aberdeen City Integration Joint Board for 2021/22.

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26 January 2021

Members heard an overview of the report and an explanation on the identification of the areas requiring consideration.

The Chair enquired if the planned audit on progress with the transformation programme would now incorporate Operation Home First (OHF).

The Chief Internal Auditor (Interim) assured that OHF would feature within the audit. Members were also reminded that the purpose of the Audit was to provide assurance and not drive Strategy.

The report recommended :-

that the Committee approve the Internal Audit Plan for 2021/22.

The Committee resolved :-

to approve the recommendation.

INTERNAL AUDIT REPORT AC2027: SOCIAL CARE COMMISSIONED SERVICES – CONTRACT MONITORING - HSCP.21.002

9. The Committee had before it the report from Chief Internal Auditor (CIA) (Interim) which presented the outcome from the planned audit of Contract Monitoring for Social Care Commissioned Services that was included in the 2019/20 Internal Audit Plan for Aberdeen City Council.

Members heard that this report had been approved by the Audit Risk and Scrutiny Committee of Aberdeen City Council, as required by governance, and were provided an overview of the report.

The CIA (Interim) advised that the report was subject to review to enhance its presentation and delivery.

Members heard from the Strategic Procurement Manager (Social Care) that they were participants throughout the audit and that actions had already been taken over the areas highlighted.

The report recommended :-

that the Committee review, discuss and comment on the issues raised within this report.

The Committee resolved :-

- (i) to approve the recommendation; and
- (ii) to note the actions identified and taken to resolve those issues.

RISK, AUDIT AND PERFORMANCE COMMITTEE

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PROVIDER SERVICE RISK - UPDATE - HSCP.21.006

10. The Committee had before it the report from the Chief Finance Officer, ACHSCP which presented an update on the risks relating to the sustainability of social care service providers linked to Covid19 and the processes in place to mitigate such risks.

Members heard from the Strategic Procurement Manager (Social Care) who introduced the report and provided an overview.

Members were advised that no service provider had ceased trading during the pandemic and assured members that all learning was being absorbed and implemented where possible in respect of service provision.

The report recommended :-

that the Committee note the content of this report and the work that is being done to support service provider sustainability in the social care sector

The Committee resolved :-

- (i) to approve the recommendation; and
- (ii) to acknowledge and record appreciation of the efforts being applied within the Procurement Teams to maintain operational capability during the challenging pandemic period.

CONFIRMATION OF ASSURANCE

11. The Chair enquired of Members regarding the degree of assurance received and/or sought during the meeting.

The Committee resolved :-

to note they had received Confirmation of Assurance from the reports and associated discussions presented and that further assurance had been evidenced by the activity of all staff in not only producing the necessary information but also by the delivery and modifications of processes and services in a regular and sustained manner.

- **JOHN TOMLINSON, Chair**



CLINICAL AND CARE GOVERNANCE COMMITTEE

ABERDEEN, 12 January 2021. Minute of Meeting of the CLINICAL AND CARE GOVERNANCE COMMITTEE. Present:- Councillor Lesley Dunbar Chairperson; and Kim Cruttenden, Councillor Sarah Duncan and Luan Grugeon (as substitute for Alan Gray).

In attendance: Caroline Howarth, Graham Gauld, Howard Gemmell, Alison MacLeod, Brenda Massie, Anne McKenzie, Grace Milne, Fiona Mitchelhill, Lynn Morrison, Jason Nicoll, Mark Masson and Graeme Simpson.

Please note that if any changes are made to this minute at the point of approval, these will be outlined in the subsequent minute and this document will not be retrospectively altered.

WELCOME AND APOLOGIES

1. The Chairperson welcomed everyone to the meeting.

Apologies for absence were intimated on behalf of Alan Gray, Sandra MacLeod and Malcolm Metcalfe.

DECLARATIONS OF INTEREST

2. There were no declarations of interest intimated.

MINUTE OF PREVIOUS MEETING OF 24 NOVEMBER 2020, FOR APPROVAL

3. The Committee had before it the minute of its previous meeting of 24 November 2020, for approval.

The Committee resolved:-
to approve the minute.

BUSINESS PLANNER

4. The Committee had before it their Business Planner for consideration.

Alison Macleod advised that the author for the Operation Homefirst report due to be presented to the next meeting in April would be Callum Leask.

CLINICAL AND CARE GOVERNANCE COMMITTEE

12 January 2021

The Committee resolved:-

- (i) to note that the report relating to the Rosewell House Service Delivery Model (Assurance & Governance Procedures) would be submitted to the next meeting of the Committee; and
- (ii) to note that the report on the Sustainability of GP Practices would be submitted following the 2C GP contract award process, possibly the meeting on 1 June 2021.

CCG GROUP MONITORING REPORT - HSCP.20.070

5. With reference to article 6 of the minute of the previous meeting of 24 November 2020, the Committee had before it a report by Grace Milne, Development Officer, which provided data and information which the Clinical and Care Governance Group wished to highlight in relation to operational activity being undertaken within Aberdeen City Health & Social Care Partnership during the COVID-19 pandemic. The report provided assurance that operational activities were being delivered and monitored effectively and that patients, staff and the public were being kept safe whilst receiving high quality services.

The report recommended:-

that the Committee note the contents of this report.

Graham Gauld and Grace Milne highlighted key issues from the report, particularly relating to the Data Dashboard – Connections, Communities and Personalisation; Quality & Safety Risks; Adverse Events; SPSO Cases and Complaints; Duty of Candour; Current QI Projects; and Areas of Achievement and Good Practice to share.

In relation to Speech and Language Therapy, Lynn Morrison provided an update on the 'Near Me' clinics.

The Committee heard from Anne McKenzie who provided information and assurance on the Aberdeen City Care Home situation, which included established actions to mitigate risk; outlining the infection prevention and control measures within care homes; and details relating to the COVID-19 vaccination programme.

The Committee resolved:-

- (i) to approve the recommendation;
- (ii) to request that further details relating to Mental Health referral numbers be circulated, including a comparison with the pre-Covid rate; an update on the recruitment of posts; and whether there was an even split of the service over the three localities or whether there was more focus within the areas of deprivation in the city; and
- (iii) to otherwise thank officers/staff for the work involved in the report's preparation.

DIGITAL WORKPLAN - MENTAL HEALTH - VERBAL UPDATE

CLINICAL AND CARE GOVERNANCE COMMITTEE

12 January 2021

6. With reference to article 6 of the minute of the previous meeting of 24 November 2020, the Committee were advised that Scott Sim (NHSG) and David Gammie (ACC) were invited to provide an update regarding the digital workplan relating to Mental Health Services, however Alison MacLeod intimated that they were not able to attend the meeting today.

The Committee resolved:-

to note that Grace Milne would contact Scott Sim and David Gammie requesting that a written update providing assurance relating to previously reported IT concerns within Mental Health Services, be circulated to members in due course.

HEALTH IMPROVEMENT SCOTLAND - HSCP.20.071

7. The Committee had before it a report by Jason Nicoll, Specialist Older & Rehabilitation Services (SOARS) Lead, which provided details of the Health Improvement Scotland's inspection of the SOARS services at Woodend and the Action Plan that was in place from the inspection's recommendations.

The report recommended:-

that the Committee note the content of the report.

The Committee heard Jason highlight the key issues from the report, outlining the areas where Health Improvement Scotland undertook a joint unannounced inspection on 11 and 12 August 2020, as follows:-

- Links@Woodend (mixed rehabilitation ward);
- neuro rehabilitation unit;
- orthopaedic rehabilitation unit;
- stroke rehabilitation unit – west;
- ward 9 (orthopaedics), and
- ward 15 (immediate care)

The Committee resolved:-

to approve the recommendation.

ITEMS WHERE FURTHER ASSURANCE IS REQUIRED

8. The Committee did not have any items where further assurance was required.

ITEMS WHERE ESCALATION IS REQUIRED TO THE IJB

CLINICAL AND CARE GOVERNANCE COMMITTEE

12 January 2021

9. The Committee considered whether there were any items where escalation to the IJB was required.

The Committee resolved:-

- (i) to request that a report relating to Care at Homes be submitted to the meeting of the IJB in February 2021; and
 - (ii) that the above report should be put in the context of the issue of admittance to care homes; spare capacity; and the work on socialisation and day offerings which were currently being developed.
- **COUNCILLOR LESLEY DUNBAR, Chairperson**

A	B	C	D	E	F	G	H	I	J
INTEGRATION JOINT BOARD BUSINESS PLANNER -									
The Business Planner details the reports which have been instructed by the Committee as well as reports which the Functions expect to be submitting for the calendar year.									
Date Created	Report Title	Minute Reference/Committee Decision or Purpose of Report	Report Number	Report Author	Lead Officer / Business Area	ORGANISATION ACHSCP/ACC/NHSG	Update/ Status (RAG)	Delayed/ Deferred or Recommended for removal or transfer, enter either D, R, or T	Explanation if delayed, removed or transferred
23 February 2021									
Standing Item	Chief Officer Report	A regular update from the Chief Officer	HSCP.21.017	Martin Allan	Business Lead	ACHSCP			Updated at PreAgenda
11.11.2019	Livingwell with Dementia	On 11.08.2020, IJB moved this report from September 2020 to 1 December 2020		Alison MacLeod	Performance Lead	ACHSCP	From 01.12.2020	D	Due to operational response to pandemic, this report Delayed until 24 August 2021
19.11.2019	Local Survey	On 19.11.2019, the IJB resolved to instruct the Chief Officer to bring forward a further report following publication of the results of the current national survey which are expected in April 2020 along with details of actions undertaken to address those areas of the survey which would benefit from improvement. This report will come to the June meeting of the IJB, then on 28.10.2020 transferred to 01.12.20		Alison MacLeod	Performance Lead	ACHSCP		D	Due to operational response to pandemic, and awaiting National results, this report Delayed until 25 May 2021
25.02.2020	Scottish Public Services Ombudsman - Revised Model Complaints Handling Procedure	To provide an update on the updated Model Complaints Handling Procedure (MCHP) for Scottish Government, Scottish Parliament and Associated Public Authorities. CoVid-19 measures: consider Service Update or report to RAPC. MA advised that this will be delayed until September IJB. Transferred from August IJB	HSCP.21.015	Martin Allan	Business Lead	ACHSCP			
26.03.2019	Diet, Activity and Healthy Weight	IJB 26.03.19 Article 17 - The Board instructed the Chief Officer that an annual update on ACHSCP GCGF is presented to the IJB, and (v) Instruct the Chief Officer that the Grampian consultation strategies for Tobacco and Diet, Activity and Healthy Weight are presented to the Board. To be reported to 23.06.20 meeting from PreAgenda on 29.01.20, then IJB on 11.02.20		Alison MacLeod	Public Health Coordinator	ACHSCP	Initially delayed due to CoVid-19 responses;	D	Due to operational response to pandemic, this report was delayed and will be issued as a Service Update (Target - August 2021)
09.06.2020	Service User Representative on IJB	IJB 09.06.2020: Position extended until 31.03.2021, Report before then on update	HSCP.21.018	Alison MacLeod	Performance Lead	ACHSCP		D	There is an update on this topic within the Chief Officers Report; this report is delayed until 23 February 2021.
12.01.2021	Care at Home	CCGC escalated report to IJB	HSCP.21.014	Anne McKenzie	Commissioning Lead	ACHSCP			
Standing Item	Review of Scheme of Integration to incorporate Review of ACC Governance (delayed from June 2020)	Annual review. IJB 20200128 move to June 2020, then to September then December 2020. On 02.10.20 The Board resolved :- to amalgamate the intended 'Review of Governance (ACC)' report referenced at Line 21 on the Planner with the intended 'Review of Scheme of Integration' referenced at Line 20 on the Planner. On 28.10.20 the Board agreed to defer this report until 23.02.2021 to allow consultation with the Constituent Authorities		Jess Anderson	Chief Officer - Governance	ACC		D	Due to operational response to pandemic, this report Delayed until 25 May 2021
Standing Item	Annual Procurement Workplan 2021/2022		HSCP.21.008	Jean Stewart-Coxon	Procurement Lead	ACC			
11.12.2018	Autism Strategy and Action Plan	IJB 11.12.18 Article 13 - The Board noted that progress reports on the implementation of the above would be provided annually, with updates to the Clinical Care and Governance Committee in the interim. Suggested April 2020, then To be reported to 23.06.20 meeting and combined with Annual Update (from PreAgenda on 29.01.20 and IJB on 11.02.20).		Kevin Dawson	Learning Disabilities Lead	ACHSCP	Report to CCG then Service Update to IJB	D	Due to operational response to pandemic, this report Delayed until 25 May 2021 as a Service Update
21.01.2020	Fast Track Cities	On 21.01.20 from ; Fast Track Cities - HSCP.19.081 ; and instruct the Chief Officer to provide an update on progress in January 2021.		Elaine McConnachie	Public Health Coordinator	ACHSCP	Delay around pandemic activities, to be presented when full year update.	D	Due to operational response to pandemic, this report Delayed until 25 May 2021
02.06.2020	Covid-19 Response - Lessons Learned	From an IJB Workshop		Sandra MacLeod	Chief Officer	ACHSCP		D	Due to continuing pandemic and operational response, this report Delayed until 25 May 2021
03.02.2021	Review of Adult Social Care - report issued		HSCP.21.0	Kevin Toshney		ACHSCP		D	Recently received and issued to IJB Members
17.12.2020	Annual Grant Fund Request			Anne McKenzie	Commissioning Lead	ACHSCP		D	Delayed to 23 March 2021 to align with Finance Reports
23 March 2021									
Standing Item	Chief Officer Report	A regular update from the Chief Officer		Martin Allan	Business Lead	ACHSCP			
01.12.2020	2C Progress Update	IJB re HSCP.20.049 ; (iv)to request that an update on the outcomes of the procurement process is brought back to the IJB in March 2021.		Sandra MacLeod	Chief Officer	ACHSCP			Possible procurement delays and will be updated closer to time (in Chief Officers Report)
Standing Item	Finance Report			Alex Stephen	Chief Finance Officer	ACHSCP			
27.01.2021	IJB Scheme of Governance - Annual Review - HSCP.21.007	On 27.01.2021, (vii)to instruct that all amendments and additions to the documents agreed at (i) to (iv) be proof read and amended as required and presented in 'track change format' to the IJB on 23 March 2021 for approval.		Kundai Sinclair	ACC Legal				
25 May 2021									
Standing Item	Chief Officer Report	A regular update from the Chief Officer		Martin Allan	Business Lead	ACHSCP			
09.06.2020	Supplementary Work Plan 2020/2021	09.06.2020 IJB : e) Agrees to accept a further report once the review of training and skills development services has been carried out; the target date for this being June 2021							
08.09.2020	Immunisations - HSCP.20.037	3. Summary of Key Information (iii)to instruct the Chief Officer, ACHSCP to present an Evaluation and Lessons Learned report to the Board on 25 May 2021.							
01.12.2020	Stay Well , Stay Connected	Focusing on short break opportunities in Aberdeen. A report to discuss and develop opportunities and ideas for H&SC colleagues, providers, communities. Co-Vid-19 measures delay from 24/03/20		Anne McKenzie	Commissioning Lead	ACHSCP			
04.09.2019	Market Facilitation Update			Anne McKenzie	Commissioning Lead	ACHSCP	On 01.12.2020 delayed to June 2021		
Standing Item	Risk Register	Bi-annual Reporting - May and November 2021		Martin Allan	Business Lead	ACHSCP			

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	Date Created	Report Title	Minute Reference/Committee Decision or Purpose of Report	Report Number	Report Author	Lead Officer / Business Area	ORGANISATION ACHSCP/ACC/NHSG	Update/ Status (RAG)	Delayed/ Deferred or Recommended for removal or transfer, enter either D, R, or T	Explanation if delayed, removed or transferred
2										
31	13.01.2021	Criminal Justice Review	Following publication of Care Inspectorate Review, update to be reported to IJB		Sandra Macleod	Chief Officer	ACHSCP		T	On 09.02.2021, direction to take to 23 March 2021 Meeting
32	03.02.2021	Independent Review of Adult Social Care in Scotland	Following publication of SG Report , update to be reported to IJB		Sandra Macleod	Chief Officer	ACHSCP			
33	13.01.2021	Equality Outcomes	Aon 13.01.2021 at IJB PreAgenda, intimation of report to be submitted		Alison Macleod	Performance Lead	ACHSCP			
34	06 July 2021									
35	Standing Item	Chief Officer Report	A regular update from the Chief Officer		Martin Allan	Business Lead	ACHSCP			



INTEGRATION JOINT BOARD

Date of Meeting	23 February 2021
Report Title	Chief Officer's Report
Report Number	HSCP.21.017
Lead Officer	Sandra Macleod
Report Author Details	Sandra Macleod Chief Officer samacleod@aberdeencity.gov.uk
Consultation Checklist Completed	Yes
Directions Required	No
Appendices	None

1. Purpose of the Report

- 1.1. The purpose of the report is to provide the Integrated Joint Board (IJB) with an update from the Chief Officer.

2. Recommendations

- 2.1. It is recommended that the Integration Joint Board note the content of the report.

3. Summary of Key Information

Local Updates

3.1. Criminal Justice Inspection

The Care Inspectorate have published (16/02/2021) an embargoed report in respect of the recent inspection of the Criminal Justice Social Work Service. Full publication will take place on 23rd February 2021.

Following publication of the full report, the Care Inspectorate will also publish a report on the file reading that was undertaken as part of the



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inspection. An action plan showing how we will address the identified areas for improvement will require to be submitted to the Care Inspectorate at the beginning of April 2021; the service is already making considerable progress in respect of the report's recommendations.

3.2 2C Remodelling

The 2c remodelling procurement process went live on 3rd February 2021, the closing date for receipt of Business Cases is 6th April 2021. A detailed timescale can be seen below.

The evaluation criteria are contained in the procurement documentation along with a document containing collated feedback from various consultations about what patients value in their GP practice, both locally and nationally. This document has been made available as part of the procurement documentation.

The documentation also asks applicants to outline how they see the transition from 2c practice to the new provider and the evaluation criteria includes the need to demonstrate how the public will be consulted about any change to services during and after the transition period. There is also a section that requires applicants to demonstrate a commitment to reducing health inequalities and protecting vulnerable groups particularly those with protected characteristics.

The target date for awarding the contract is planned for 24th May 2021.

Activity	Target Date
Invitation to submit a business case advertised	3 rd February 2021
Closing date for receipt of submissions (including SPD and Business Case)	6 th April 2021
Evaluation of submissions; identification of further information or clarity required; identification of those to be invited for interview	7 th – 21 st April 2021
Dates for Interview (If Applicable)	4 th & 5 th May 2021



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Subject to satisfactory interview(s), selection panel outcomes to be notified to bidders	6 May 2021 7 May 2021
Standstill period ends	21 May 2021
Award Contract	24 May 2021
Commencement of Contract	TBC

3.3 IJB Whistleblowing Policy

During the revision of the IJB’s Complaints Handling Procedure (the procedure is on the agenda for this meeting, HSCP21.015), officers have been liaising with the Scottish Public Services Ombudsman (SPSO) regarding the development of a Whistleblowing Policy for the IJB. The SPSO have advised that there is currently no requirement for IJB’s to develop their own Policy but good practise is to have such a policy. Both Aberdeen City Council and NHS Grampian have their own Whistleblowing Policies It is proposed that further work be done to develop an IJB Whistleblowing Policy and that a report be brought back to the IJB in due course.

Regional Update

3.4 Operation Snowdrop

Surge & Flow.

Overall Pathway (Frailty & Localities)

In order to embed and reinforce the changes implemented to the Frailty Pathway to date, colleagues have been tasked with developing an overarching flowchart of the Frailty Pathway. This will be from point of admission to discharge, across all elements of the pathway, with clear critical control points. This will include the development of standard operating procedures, covering areas such as admissions procedures; discharge planning; transport and other related working practices. It is



INTEGRATION JOINT BOARD

anticipated that this will in turn influence a refresh of the current programme management approach.

Rosewell House

The IJB previously received a report on Rosewell House and endorsed the actions taken by the system-wide team to utilise part of Rosewell House as an interim NHS facility supporting surge & flow on a 16 week basis. This would be for up to 40 beds. An urgent project plan for an additional 10 beds within the interim NHS-led beds in Rosewell House was delivered during the week ending 12th February 2021, resulting in 30/40 beds being open. The remaining 10 beds will be opened once sufficient, safe staffing levels have been sourced. There is ongoing work towards delivering the Care-Inspectorate registered facility in the long term, working towards a date of the 10th of May 2021.

Ward 102

Discussions are ongoing between senior colleagues across HSCP & Acute to agree a test of change to processes for admission and assessment within Ward 102. Agreement was given to trial a 7-day Frailty Pathway Co-Ordinator to improve flow across the frailty pathway.

COVID Vaccinations.

Venue and Logistics

P&J Live continues to operate 8-8 Monday – Sunday. A Standard Operating Procedure is in the process of being developed. This will ensure that there is clarity around processes, protocols, communications plans etc. This will help to address some of the key operational challenges that have been experienced in the initial operation of the mass vaccine centre.

A staff induction pack has been developed and will be shared with all staff prior to attending at P&J Live. This sets out key information around working from P&J Live including staff welfare, information around the mass vaccination hall and the operation of the building.

Workforce

Resource was identified to help support the process to induct and get new starts set up.



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An online Microsoft form was created and issued to GP practice staff to determine availability to support vaccination programme.

Data & Digital

- Over 80s We have now identified all the over 80's still not vaccinated in Aberdeen and are agreeing a process to follow up.
- 75 – 79 year olds
- 70 – 74 age cohort and clinically vulnerable (shielding) were invited for appointments week beginning the 8th February 2021,
- 65 – 69 age cohort to be completed by 18th February 2021.

National Update

3.5 Adult Support and Protection (ASP) Inspection Programme- Information on proposal to delay resumption of programme.

The multi-agency adult support and protection inspection programme due to take place in 2021 has been postponed indefinitely by the regulatory bodies (Care Inspectorate, Her Majesty's Inspectorate of Constabulary in Scotland (HMICS) and Healthcare Improvement Scotland) because of the current lockdown restrictions. Work is continuing in the interim to develop our self-evaluation that will require to be submitted as and when the statutory partners are officially notified of the inspection commencement.

3.7 Independent Review of Adult Social Care-Update

The Scottish Government has published the Independent Adult Social Care Review report. Extensive engagement – 228 written submissions, 128 stakeholder meetings, 13 engagement events - was facilitated by the Health and Social Care Alliance as part of the review which suggests that three changes - shift the paradigm, strengthen the foundations and redesign the system – are necessary for better outcomes to be achieved.

The report has made fifty-three recommendations for the Scottish Government to consider across the following areas:

- A Human rights-based approach,
- Unpaid Carers,
- The case for a National Care Service,



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- A National Care service – how it should work,
- A new approach to improving outcomes,
- Models of care,
- Commissioning for public good,
- Fair Work,
- Finance.

Parliament will debate the report on the 16th of February 2021, following which they will gather views from various stakeholders. A fuller evaluation of this Review report will be provided to the IJB for its meeting in May 2021.

4. Implications for IJB

- 4.1. **Equalities** – there are no implications in relation to our duty under the Equalities Act 2010.
- 4.2. **Fairer Scotland Duty** - there are no implications in relation to the Fairer Scotland Duty.
- 4.3. **Financial** – there are no immediate financial implications arising from this report.
- 4.4. **Workforce** – there are no immediate workforce implications arising from this report.
- 4.5. **Legal** – there are no immediate legal implications arising from this report.
- 4.6. **Other**- there are no other immediate implications arising from this report.



INTEGRATION JOINT BOARD

5. Links to ACHSCP Strategic Plan

- 5.1. The Chief Officers update is linked to current areas of note relevant to the overall delivery of the Strategic Plan.

6. Management of Risk

6.1. Identified risks.

- 6.2. The updates provided link to the Strategic Risk Register in a variety of ways, as detailed below.

6.3. Link to risks on strategic or operational risk register:

The main issues in this report directly link to the following Risks on the Strategic Risk Register:

1- There is a risk that there is insufficient capacity in the market (or appropriate infrastructure in-house) to fulfil the IJB's duties as outlined in the integration scheme.

4- There is a risk that relationship arrangements between the IJB and its partner organisations (Aberdeen City Council & NHS Grampian) are not managed to maximise the full potentials of integrated & collaborative working. This risk covers the arrangements between partner organisations in areas such as governance; corporate service; and performance.

6- There is a risk of reputational damage to the IJB and its partner organisations resulting from complexity of function, delegation and delivery of services across health and social care.

9- There is a risk that if the System does not redesign services from traditional models in line with the current workforce marketplace in the City this will have an impact on the delivery of the IJB Strategic Plan.



10- There is a risk that ACHSCP is not sufficiently prepared to deal with the impacts of Brexit on areas of our business, including affecting the available workforce and supply chain.



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6.4. How might the content of this report impact or mitigate these risks:

The Chief Officer will monitor progress towards mitigating the areas of risk closely and will provide further detail to the IJB should she deem this necessary.

Approvals	
	Sandra Macleod (Chief Officer)
	Alex Stephen (Chief Finance Officer)



INTEGRATION JOINT BOARD

Date of Meeting	23 February 2021
Report Title	IJB Service User Representative
Report Number	HSCP.21.018
Lead Officer	Sandra MacLeod, Chief Officer
Report Author Details	Alison MacLeod Lead Strategy and Performance Manager alimacleod@aberdeencity.gov.uk 07741 237034
Consultation Checklist Completed	Yes
Directions Required	No
Appendices	N/A

1. Purpose of the Report

1.1. The purpose of this report is to update the Integration Joint Board (IJB) on the appointment of a new Service User Representative.

2. Recommendations

2.1. It is recommended that the IJB:

- a) Approves the appointment of a new Service User Representative for a three-year term from March 2021 to March 2024.
- b) Formally notes their appreciation for the work undertaken by Howard Gemmell the outgoing Service User Representative.

3. Summary of Key Information

3.1. In June 2020, the IJB noted the delay to the recruitment process for a new Service User Representative to sit on the Board and approved an extension to the term of office of the current representative to March 2021.



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- 3.2. The recruitment process has now been undertaken, supported by our partners in Aberdeen Council for Voluntary Organisations (ACVO). The opportunity was advertised using the voluntary sector networks and interested candidates were invited to a virtual Focus Group session on 18th January 2021. The session allowed the direction and strategic aims of the IJB and the specific requirements of the role to be clarified and discussed. It also allowed candidates the opportunity to ask questions and discuss their own experiences and attributes relevant for the role. An informal interview with the IJB Vice Chair and the Chief Officer of ACHSCP was held on 11th February 2021.
- 3.3. The IJB is now being asked to approve the appointment of Alan Chalmers as IJB Service User Representative for a period of three years from March 2021. The Carers Representatives on the IJB are in post until March 2023 so this period allows for staggered recruitment of representatives going forward.
- 3.4. Alan is an Aberdeen City resident and has experience of using health and social care services. In addition, he has experience of working with health and social care providers both as a volunteer and as a board member.
- 3.5. The current IJB representative has served the IJB since its inception and we are grateful that he agreed to the extension of his terms of office. We are also grateful for his insights into the role which has helped shape the support now available to all IJB representatives. Howard has offered his continued support to the new Service User representative as he transitions into the role.

4. Implications for IJB

4.1. Equalities

Having a Service User on the IJB aims to give equality of approach to decision making ensuring the voices of our service users are heard at the highest level of decision-making.

4.2. Fairer Scotland Duty

There are no direct implications to the Fairer Scotland Duty arising from the recommendation in this report.



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4.3. Financial

There are no additional financial implications arising from the recommendation in this report. Any expenses in relation to the role of IJB Service User Representative will continue to be met in line with the approved Expenses Policy from existing budgets.

4.4. Workforce

There are no Workforce implications arising from the recommendations in this report. Officers will continue to provide support to the Service User Representative as happens currently.

4.5. Legal

By appointing a Service User Representative on the IJB we will continue to meet our obligations in the Integration Scheme by including service users residing in the area of the local authority.

4.6. Covid-19

The IJB Service User representative will be provided with appropriate support to enable them to participate in virtual meetings as long as it is deemed necessary by national guidelines. Support meetings will also be undertaken virtually.

4.7. Unpaid Carers

There are no specific implications for unpaid carers arising from the recommendation in this report.

4.8. Other

There are no other implications relevant to this report.

5. Links to ACHSCP Strategic Plan

- 5.1. The recommendation in this report links directly to the partnership working and community empowerment aspect of the Strategic Plan ensuring that we are strengthening the voices of our communities in decisions about public services. It also links to the Personalisation aim. By taking account of Service User views we are helping to ensure people get the right care, in the right place at the right time.



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6. Management of Risk

6.1. Identified risks(s)

If we do not appoint a new Service User Representative, there is a risk that service users residing in the area of the local authority will not be included in the decision making of the IJB and it may be some time before we can carry out a recruitment exercise to that role in a safe manner.



6.2. Link to risks on strategic or operational risk register:

This report links to Strategic Risk 5: There is a risk that the IJB, and the services that it directs and has operational oversight of, fail to meet both performance standards/outcomes as set by regulatory bodies and those locally-determined.

This risk is currently sitting at Medium.

6.3. How might the content of this report impact or mitigate these risks:

By involving Service Users in the decision making of the IJB we are meeting the requirements as set out in the Integration Scheme and ensuring service developments are person centred.

Approvals	
	Sandra MacLeod (Chief Officer)
	Alex Stephen (Chief Finance Officer)



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NOT FOR PUBLICATION – This report contains exempt information as described in paragraph 6 (Information relating to the financial or business affairs of any particular person (other than the authority)) and paragraph 9 (Any terms proposed or to be proposed by or to the authority in the course of negotiations for a contract for the acquisition or disposal of property or the supply of goods or services) of Part 1 of Schedule 7A of the Local Government (Scotland) Act 1973, enacted by the Local Government (Access to Information) Act 1985. This is applied in this case because, in view of the nature of the business to be transacted or in the nature of the proceedings, if members of the public were present, there would be disclosure to them of exempt information as defined in the Schedule.

Not exempt: Covering report, appendix A1

Exempt: Appendix A Appendix B, Appendix C

Date of Meeting	23 February 2021
Report Title	Annual Procurement Plan
Report Number	HSCP.21.008
Lead Officer	Sandra Ross, Chief Officer HSCP
Report Author Details	Name: Jean Stewart-Coxon Job Title: Strategic Procurement Manager Email Address: jstewartcoxon@aberdeencity.gov.uk Phone Number: 07796 993630
Consultation Checklist Completed	Yes
Directions Required	Yes
Appendices	A1 – Summary Annual Work Plan for 2021/21 Exempt from publication: A – Annual Work Plan for 2020/21 B – Procurement Business Cases C – Direction to Aberdeen City Council



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1. Purpose of the Report

- 1.1. The purpose of this report is to present the 2021/22 annual procurement work plan for expenditure on social care services, together with associated procurement business cases, for approval.

2. Recommendations

- 2.1. It is recommended that the Integration Joint Board:
- a) Approves the expenditure for social care services as set out in the annual work plan at Appendix A,
 - b) Approves the award or extension of contracts as set out in the procurement business cases, at Appendix B,
 - c) Makes the Direction, as attached at Appendix C, and instructs the Chief Officer to issue the Direction to Aberdeen City Council.

3. Summary of Key Information

- 3.1 The Integration Joint Board directs Aberdeen City Council to purchase and enter into contracts with suppliers for the provision of services in relation to functions for which it has responsibility. Aberdeen City Council procures services through the Commercial and Procurement Shared Service in accordance with Aberdeen City Council's Scheme of Governance.
- 3.2 Aberdeen City Council Powers Delegated to Officers includes, at Section 9.1, that the Chief Officer of the Aberdeen City Integration Joint Board (also referred to and known as the Chief Officer of the Aberdeen City Health and Social Care Partnership) has delegated authority to facilitate and implement Directions issued to Aberdeen City Council from the Integration Joint Board, on the instruction of the Chief Executive of Aberdeen City Council and in accordance with the ACC Procurement Regulations.
- 3.3 These Regulations require the submission of an annual procurement work plan prior to the commencement of each financial year detailing all contracts to be procured in the coming year with a value of £50,000 or



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more, to relevant Committees. In the case of adult social care services, this is the Integration Joint Board. The Regulations also require that procurement business cases to support items on the work plan are brought to the Integration Joint Board prior to any tender being undertaken or contract awarded directly. Although the intention is that all procurement should be planned in advance, there may be occasions where this is not possible and supplementary work plans and/or business cases may be required.

- 3.4** This report presents the 2021/22 annual work plan. Supporting procurement business cases are attached at Appendix B. The work plan comprises 11 items, including the extension or re-issue of several contracts to provide continuity of care for service users, increased expenditure under the supported living framework to take account of services that have been incorporated (not new expenditure), the extension of emergency cover for tenants at Raeden Court to allow a period for transitioning to the strategic intent of the delivery of care at home with an increase in the use of technology, and a tender for sensory impairment services.

Each entry on the work plan describes a contract or grouping of contracts that are due to expire in the coming financial year, together with the aggregated value of these over the defined period of time. For example, there is one entry relating to all the contracts for residential care homes for older people, rather than multiple entries. The value of the contracts is made up of the cost of all of the individual placements in residential care establishments, or the cost of all the individual care and/or support arrangements in the case of non-residential or community-based services.

- 3.5** Links with Strategic Commissioning

The procurement of works, goods and services is driven by strategic commissioning intentions. The Health and Social Care Partnership has established a Commissioning and Procurement board to create a clearer link between the programmes of work, the associated budgets, and the procurement work plan, in line with the Commissioning Cycle. The board is new, but it has already considered the items on the procurement plan and determined that they are required to support the delivery of strategic intentions.



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4. Implications for IJB

4.1 Equalities - An equality impact assessment is not required because the report is simply for the Integration Joint Board to approve a work plan and does not have a differential impact on any of the protected characteristics.

4.2 Fairer Scotland – The recommendations in this report will have a positive impact on service users and the wider community.

4.3 Financial - Expenditure is within identified current budgets. There are no specific financial implications arising from this report, other than the ongoing purchasing of services, there is no new expenditure.

Contract values for social care services in the annual procurement plan have been calculated to allow for an uplift which is dependent on the funding position for 2021/22, which is not yet confirmed. As a result, the values may be subsequently adjusted to reflect the actual uplift.

4.4 Workforce - There are no specific implications for the Council's or Partnership's workforce arising from this report.

4.5 Legal - The procurement of care and support services is a complex area, it is given special consideration under procurement legislation, with specific statutory guidance and best practice guidance issued by The Scottish Government. Because of this special consideration, there is a discrete team within the Commercial and Procurement Shared Service to support and manage the commissioning, procurement and contract management of care and support services, and the Work Plan for these services is presented separately to other reports

4.6 Covid-19 – There are no specific implications linked to Covid-19 arising from the recommendations in this report.

4.7 Unpaid Carers – the continuation of services will indirectly support unpaid carers.



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4.8 Other - none

5. Links to ACHSCP Strategic Plan

This report links to Strategic Aim 3 Personalisation “Ensuring that the right care is provided in the right place and at the right time when people are in need”. It also links to Enabler 7.2, Principled Commissioning, and the commitment that all commissioned services enhance the quality of life for people and their carers.

6. Management of Risk

6.1. Identified risks(s)

There is a risk that the IJB does not get assurance and accountability for all of the money that it spends on services provided by external bodies.

6.2. Link to risks on strategic or operational risk register:



These proposals are linked to Risk 2 on the Strategic Risk Register “There is a risk of IJB financial failure and projecting an overspend, due to demand outstripping available budget, which would impact on the IJB’s ability to deliver on its strategic plan (including statutory work).”



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6.3. How might the content of this report impact or mitigate these risks:

By maintaining formal contractual arrangements and robust processes to monitor contracts with external organisations the IJB has assurance not only that it is getting best value but also that this expenditure is aligned to their strategic priorities and is reviewed regularly.

Approvals	
	Sandra Macleod (Chief Officer)
	Alex Stephen (Chief Finance Officer)

Borganised Reference	Service	Team/Client Group	Description of Requirement	Est Contract/Contract Extension Start Date	Est Contract/Contract Extension End Date	Maximum Extension Period (Months)
Various contract ref numbers as stated in the Business case	H&SCP	Older People	Extension of 24 contracts for residential services for older people under the National Care Home Contract	06/04/2021	05/04/2022	0
000-GAWN3656 000-LQNL6785	H&SCP	Mental Health	Extension of 2 contracts for suicide prevention services	01/04/2020	31/03/2022	0
Various contract ref numbers as stated in the Business case	H&SCP	Older people	Extension of externally commissioned support and housing support for tenants of very sheltered housing in three complexes to allow strategic commissioning decisions to be made.	01/04/2021	31/03/2023	0
000-EJBQ4827	H&SCP	Physical disability	Extension of contract for emergency care cover for tenants in flats 17-42 Raeden Court to allow for transition to new arrangements	01/04/2021	30/06/2021	0
000-KYPX2227	H&SCP	Mental Health	Extension of Mental Health Residential Contract for Aberlea Care Home to allow for work to be undertaken to move from block to spot purchase	01/04/2021	31/10/2021	0
Various contract ref numbers as stated in the Business case	H&SCP	Learning Disability	Extension of 7 Learning Disability Residential contracts as listed in the business case	04/01/2021	31/03/2022	0
000-LKFR7129	H&SCP	Sensory Impairment	Extension of contract with NESS to allow for tender to take place	01/04/2021	30/09/2021	0
000-XNJU3611	H&SCP	Dementia	Extension of contract with Alzheimer Scotland for dementia support and advice for 1 year, to consider changes linked to review of other services.	01/04/2021	31/03/2022	0
Various contract ref numbers as stated in the Business case	H&SCP	Mental Health and Learning Disability	Additional spend under Framework for Supported Living Services (migration of standalone service contracts)	01/09/2020	31/08/2022	24
000-XFPX2456	H&SCP	Learning Disability	Extension of current contract for a Supported Living service at Camphill, Newton Dee, for Adults with Learning Disabilities.	01/04/2021	31/03/2023	0
000-BLAR4633	H&SCP	Sensory Impairment	Tender for Sensory Impairment service	01/10/2021	30/09/2026	24

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INTEGRATION JOINT BOARD

Date of Meeting	23 February 2021
Report Title	Revised Model Complaints Handling Procedure for the Integration Joint Board
Report Number	HSCP.21.015
Lead Officer	Sandra Macleod
Report Author Details	Sandra Macleod Chief Officer samacleod@aberdeencity.gov.uk
Consultation Checklist Completed	Yes
Directions Required	No
Appendices	A-Revised Model Complaints Handling Procedure for IJB B-Revised Model Complaints Handling Procedure – Customer Facing Guide

1. Purpose of the Report

- 1.1 This report presents a revised Model Complaints Handling Procedure for the Aberdeen City Integration Joint Board (IJB). This procedure introduces standardised processes to the handling of complaints which complies with Scottish Public Services Ombudsman’s (SPSO) revised guidance. The SPSO have set a deadline of the 1st of April ,2021 for each IJB to submit their reviewed Procedure to them for approval and subsequent publication on our website.

2. Recommendations

- 2.1. It is recommended that the Integration Joint Board:
- (a) Approve Appendix A, -the revised Aberdeen City Integration Joint Board’s Complaints Handling Procedure, and Appendix B, the summarised customer-facing guide which provides information for customers on how we handle complaints; and
 - (b) Note that any presentational issues contained in the Appendices will be resolved ahead of submission to the SPSO.



INTEGRATION JOINT BOARD

3. Summary of Key Information

- 3.1. The SPSO recently published the updated Model Complaints Handling Procedure (MCHP) for Scottish Government, Scottish Parliament and Associated Public Authorities under section 16B(5) of the Scottish Public Services Ombudsman Act 2002.
- 3.2. Under the Act, Public bodies are required to implement this updated MCHP, with full implementation by no later than 1 April 2021.
- 3.3. Compliance of the updated MCHP will be monitored by the SPSO through their investigation, and improvement and standards work.
- 3.4. The SPSO consulted on the update and revision of the MCHPs across all sectors through a survey in December 2018/2019.
- 3.5. Following consultation, the MCHPs were revised to:
 - a) standardise the core text across all of Scotland's public services – this will remove (and future-proof against) minor inconsistencies in how the MCHP operates within different sectors, while retaining individualised sector-specific content where appropriate;
 - b) update the content in line with feedback from organisations under SPSO's jurisdiction (via the consultation survey, feedback on the draft, and individual feedback from contacts with SPSO); issues identified from casework, and recent research and good practice in relation to using alternative resolution approaches, promoting positive complaint behaviours and improving access to complaints for vulnerable groups.
- 3.6. For complaints relating to the actions and processes of the IJB itself, IJBs should adopt the MCHP for the Scottish Government, Scottish Parliament and Associated Public Authorities.
- 3.7. This revised MCHP replaces the template IJBs previously used, although the examples given in that template are still relevant.
- 3.8. There are new arrangements for Health and Social Care Partnership's handling complaints about social work services. The SPSO have combined



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the MCHPs for the local authority and social work sectors into a single document (the Local Authority MCHP). There is no longer a standalone social work MCHP. The updated Local Authority MCHP incorporates the social work specific content from the previous social work MCHP (updated where appropriate). The core text was drafted based on the social work MCHP, so much of the content remains unchanged.

- 3.9.** Health and Social Care Partnership (HSCP) staff responding to complaints about social work services will use the local authority CHP once the relevant local authority has updated their local CHP in line with the revisions (by 1 April 2021). HSCP staff responding to complaints about health, will continue to use the NHS MCHP.

As with the current arrangements, the procedural elements of the two MCHPs tie in very closely, so where complaints cut across services, they can still be handled consistently.

- 3.10.** The draft revised Aberdeen City Integration Board's Complaints Handling Procedure at Appendix A outlines the full process which will be followed by the Chief Officer and her Leadership Team to process any complaints submitted to the IJB. Appendix B is the summarised customer-facing guide which provides information for customers on how the IJB handle complaints for use by, for example a patient, or client. Both documents are based upon the SPSO template. It is proposed that the customer-facing guide be placed on the website once approved. In the drafting of this procedure Officers have consulted with SPSO and have liaised with another IJB for which the SPSO have already approved their procedure.

- 3.11.** During the consultation process, minor presentational issues were highlighted. It is intended that Officers will resolve these ahead of submission to the SPSO.

4. Implications for IJB

- 4.1. Equalities** – there are no direct implications in relation to our duty under the Equalities Act 2010 arising from this report, however complaints received may well be related to the Act.



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- 4.2. **Fairer Scotland Duty** - there are no direct implications in relation to the Fairer Scotland Duty however complaints received may well be related to the Duty.
- 4.3. **Financial** – there are no immediate financial implications arising from this report.
- 4.4. **Workforce** – there are no immediate workforce implications arising from this report.
- 4.5. **Legal** – there are no immediate legal implications arising from this report.

5 Links to ACHSCP Strategic Plan

- 5.1 The complaints procedure is linked to several of the aims contained within the Strategic Plan, however, specifically the Communities aim of the Plan outlines the aspiration of the IJB and Partnership receiving fewer complaints as well as ensuring an increase in the number of complaints received being answered within 20 days. The Complaints Procedure will allow the IJB to examine the complaints received and will use this to continuously improve its services.

6 Management of Risk

6.1 Identified risks:

There is a risk that the IJB is not following SPSO guidance on model complaints handling processes.

6.2 Link to risks on strategic or operational risk register:

The main issues in this report are directly linked to the following Risks on the Strategic Risk Register:

5-There is a risk that the IJB, and the services that it directs and has operational oversight of, fail to meet both performance standards/outcomes as set by regulatory bodies and those locally determined performance





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standards as set by the board itself. This may result in harm or risk of harm to people.

6- There is a risk of reputational damage to the IJB and its partner organisations resulting from complexity of function, delegation and delivery of services across health and social care.

6.3 How might the content of this report impact or mitigate these risks:

This report proposes that the IJB approve the revised Complaints Procedure, based on the advice issued by the SPSO which will help to mitigate the risks identified.

Approvals	
	Sandra Macleod (Chief Officer)
	Alex Stephen (Chief Finance Officer)

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Aberdeen City Health & Social Care Partnership
A caring partnership

Aberdeen City Integration Joint Board Complaints Handling Procedure

Part 1: Introduction and overview

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Foreword

Aberdeen City Integration Joint Board Complaints Handling Procedure reflects the Board's commitment to valuing complaints. It seeks to resolve customer dissatisfaction as close as possible to the point of service delivery and to conduct thorough, impartial and fair investigations of customer complaints so that, where appropriate, we can make evidence-based decisions on the facts of the case.

The procedure was first developed by the SPSO in consultation with relevant stakeholders. The Model Complaints Handling Procedures (MCHPs) were revised in 2019 by the SPSO in consultation with all sectors. This new edition includes a core text, which is consistent across all public services in Scotland, with some additional text and examples specific to this sector. As far as is possible we have produced a standard approach to handling complaints across Scotland's public services, which complies with the SPSO's guidance on a MCHP. This procedure aims to help us 'get it right first time'. We want quicker, simpler and more streamlined complaints handling with local, early responses by capable, well-trained staff.

All staff across the Board must cover this procedure as part of their induction and must be given refresher training as required, to ensure they are confident in identifying complaints, empowered to resolve simple complaints on the spot, and familiar with how to apply this procedure (including recording complaints).

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

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

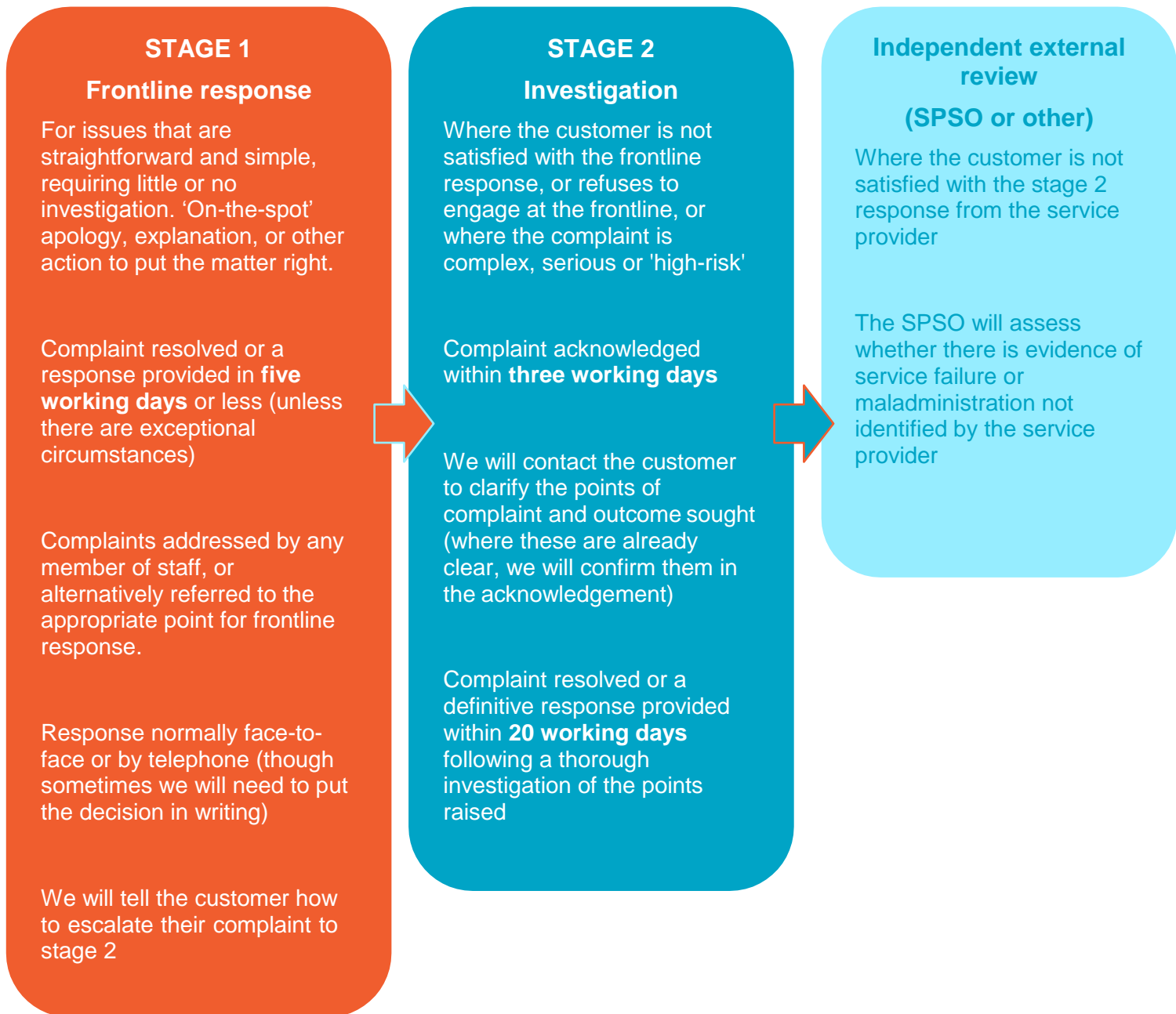
The Complaints Handling Procedure will help us do our job better, improve relationships with our customers and enhance public perception of the Board. It will help us keep the user at the heart of the process, while enabling us to better understand how to improve our services by [learning from complaints](#).

Structure of the Complaints Handling Procedure

1. This Complaints Handling Procedure (CHP) explains to staff how to handle complaints. The CHP consists of:
 - Overview and structure (part 1) – this document
 - When to use the procedure (part 2) – guidance on identifying what is and what is not a complaint, handling complex or unusual complaint circumstances, the interaction of complaints and other processes, and what to do if the [CHP does not apply](#)
 - The complaints handling process (part 3) – guidance on handling a complaint through stages 1 and 2, and dealing with post-closure contact
 - Governance of the procedure (part 4) – staff roles and responsibilities and guidance on recording, reporting, publicising and [learning from complaints](#)
 - The customer-facing CHP (part 5) – information for customers on how we handle complaints
2. When using the CHP, please also refer to the 'SPSO Statement of Complaints Handling Principles' and good practice guidance on complaints handling from the SPSO. www.spsso.org.uk

Overview of the CHP

3. Anyone can make a complaint, either verbally or in writing, including face-to-face, by phone, letter or email.
4. We will try to resolve complaints to the satisfaction of the customer wherever this is possible. Where this isn't possible, we will give the customer a clear response to each of their points of complaint. We will always try to respond as quickly as we can (and on the spot where possible).
5. Our complaints procedure has two stages. We expect the majority of complaints will be handled at stage 1. If the customer remains dissatisfied after stage 1, they can request that we look at it again, at stage 2. If the complaint is complex enough to require an investigation, we will put the complaint into stage 2 straight away and skip stage 1.



6. For detailed guidance on the process, see [Part 3: The complaints handling process.](#)

Expected behaviours

7. We expect all staff to behave in a professional manner and treat customers with courtesy, respect, and dignity. We also ask customers bringing a complaint to treat our staff with respect. We ask customers to engage actively with the complaint handling process by:
 - telling us their key issues of concern and organising any supporting information they want to give us (we understand that some people will require support to do this)
 - working with us to agree the key points of complaint when an investigation is required; and
 - responding to reasonable requests for information.
8. We have policies in place for when these standards are not met which are Aberdeen City Council's policy on Violence and Aggression Towards Employees or NHSG's Management of Violence and Aggression Policy
9. We recognise that people may act out of character in times of trouble or distress. Sometimes a health condition or a disability can affect how a person expresses themselves. The circumstances leading to a complaint may also result in the customer acting in an unacceptable way.
10. Customers who have a history of challenging or inappropriate actions, or have difficulty expressing themselves, may still have a legitimate grievance, and we will treat all complaints seriously. However, we also recognise that the actions of some customers may result in unreasonable demands on time and resources or unacceptable behaviour towards our staff. We will, therefore, apply our policies and procedures to protect staff from unacceptable actions such as unreasonable persistence, threats, or offensive behaviour from customers. Where we decide to restrict access to a customer under the terms of our policy, we have a procedure in place to communicate that decision, notify the customer of their right of appeal, and review any decision to restrict contact with us.
11. If we decide to restrict a customer's contact, we will be careful to follow the process set out in our policy and to minimise any restrictions on the customer's access to the complaints process. We will normally continue investigating a complaint even where contact restrictions are in place (for example, limiting communication to letter or to a named staff member). In some cases, it may be possible to continue investigating the complaint without contact from the customer. Our policy allows us in limited circumstances to restrict access to the complaint process entirely. This would be as a last resort, should be as limited as possible (for a limited time, or about a limited set of subjects) and requires manager approval. Where access to the complaint process is restricted, we must signpost the customer to the SPSO (see Part 3: Signposting to the SPSO).
12. The SPSO has guidance on promoting positive behaviour and managing unacceptable actions.

Maintaining confidentiality and data protection

13. Confidentiality is important in complaints handling. This includes maintaining the customer's confidentiality and confidentiality in relation to information about staff members, contractors or any third parties involved in the complaint.
14. This should not prevent us from being open and transparent, as far as possible, in how we handle complaints. This includes sharing as much information with the complainant (and, where appropriate, any affected staff members) as we can. When sharing information, we should be clear about why the information is being shared and our expectations on how the recipient will use the information.
15. We must always bear in mind legal requirements, for example data protection legislation, as well as internal policies on confidentiality and the use of customer information. The IJB will seek advice from the IJB Data Protection Officer as required.
16. It may be helpful for organisations to give examples of situations where a response to a complaint may be limited by confidentiality, such as:
 - where a complaint has been raised against a staff member and has been upheld – we will advise the customer that their complaint is upheld, but would not share specific details affecting staff members, particularly where disciplinary action is taken.
 - where someone has raised a concern about a child or an adult's safety and is unhappy about how that has been dealt with – we would investigate this to check whether the safety concern had been properly dealt with, but we would not share any details of our findings in relation to the safety concern.



Aberdeen City Integration Joint Board Complaints Handling Procedure

Part 2: When to use this procedure

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What is a complaint?

1. Aberdeen City Integration Joint Board's definition of a complaint is: 'an expression of dissatisfaction by one or more members of the public about the Board's action or lack of action, or about the standard of service provided by or on behalf of the Board.'
2. For clarity, where an employee also receives a service from the Health and Social Care Partnership as a member of the public, they may complain about that service.
3. A complaint may relate to the following, but is not restricted to this list:
 - failure or refusal to provide a service
 - inadequate quality or standard of service, or an unreasonable delay in providing a service
 - dissatisfaction with one of our policies or its impact on the individual
 - failure to properly apply law, procedure or guidance when delivering services
 - failure to follow the appropriate administrative process
 - conduct, treatment by or attitude of a member of staff or contractor (except where there are arrangements in place for the contractor to handle the complaint themselves: see [Complaints about contracted services](#)); or
 - disagreement with a decision, (except where there is a statutory procedure for challenging that decision, or an established appeals process followed throughout the sector).
4. [Appendix 1](#) provides a range of examples of complaints we may receive, and how these may be handled.
5. A complaint is **not**:
 - a routine first-time request for a service (see **Complaints and service requests**)
 - a request for compensation only (see **Complaints and compensation claims**)
 - issues that are in court or have already been heard by a court or a tribunal (see **Complaints and legal action**)
 - disagreement with a decision where there is a statutory procedure for challenging that decision (such as for freedom of information and subject access requests), or an established appeals process followed throughout the sector
 - a request for information under the Data Protection or Freedom of Information (Scotland) Acts

- a grievance by a staff member or a grievance relating to employment or staff recruitment
 - a concern raised internally by a member of staff (which was not about a service they received, such as a whistleblowing concern)
 - a concern about a child or an adult's safety
 - an attempt to reopen a previously concluded complaint or to have a complaint reconsidered where we have already given our final decision
 - abuse or unsubstantiated allegations about our organisation or staff where such actions would be covered by either Aberdeen City Council's policy on Violence and Aggression Towards Employees or NHSG's Management of Violence and Aggression Policy
 - a concern about the actions or service of a different organisation, where we have no involvement in the issue (except where the other organisation is delivering services on our behalf: see **Complaints about contracted services**).
6. [Appendix 2](#) gives more examples of 'what is not a complaint' and how to direct customers appropriately.
 7. We will not treat these issues as complaints and will instead direct customers to use the appropriate procedures. Some situations can involve a combination of issues, where some are complaints and others are not, and each situation should be assessed on a case-by-case basis.
 8. If a matter is not a complaint, or not suitable to be handled under the CHP, we will explain this to the customer, and tell them what (if any) action we will take, and why. See [What if the CHP does not apply](#).

Who can make a complaint?

9. Anyone who receives, requests, or is affected by our services can make a complaint. In this procedure these people are termed 'customers', regardless of whether they are or were using a service.
10. We also accept complaints from the representative of a person who is dissatisfied with our service. See **Complaints by (or about) a third party**.

Supporting the customer

11. All members of the community have the right to equal access to our complaints procedure. It is important to recognise the barriers that some customers may face complaining. These may be physical, sensory, communication or language barriers, but can also include their anxieties and concerns. Customers may need support to overcome these barriers.
12. We have legal duties to make our complaints service accessible under equalities and mental health legislation. For example:

- the Equality Act (Scotland) 2010 – this gives people with a protected characteristic the right to reasonable adjustments to access our services (such as large print or BSL translations of information); and
 - the Mental Health (Care and Treatment) (Scotland) Act 2003 – this gives anyone with a ‘mental disorder’ (including mental health issues, learning difficulties, dementia and autism) a right to access independent advocacy. This must be delivered by independent organisations that only provide advocacy. They help people to know and understand their rights, make informed decisions and have a voice.
13. Examples of how we will meet our legal duties are:
- proactively checking whether members of the public who contact us require additional support to access our services
 - providing interpretation and/or translation services for British Sign Language users; and
 - helping customers access independent advocacy.
14. In addition to our legal duties, we will seek to ensure that we support vulnerable groups in accessing our complaints procedure. Actions that we may take include:
- helping vulnerable customers identify when they might wish to make a complaint (for example, by training frontline staff who provide services to vulnerable groups)
 - helping customers access independent support or advocacy to help them understand their rights and communicate their complaints, and
 - providing a neutral point of contact for complaints (where the relationship between customers and frontline staff is significant and ongoing).
15. These lists are not exhaustive, and we must always take into account our commitment and responsibilities to equality and accessibility.

How complaints may be made

16. Complaints may be made verbally or in writing, including face-to-face, by phone, letter or email.
17. Where a complaint is made verbally, we will make a record of the key points of complaint raised. Where it is clear that a complex complaint will be immediately considered at stage 2 (investigation), it may be helpful to complete a complaint form with the customer’s input to ensure full details of the complaint are documented. However, there is no requirement for the person to complete a complaint form, and it is important that the completion of a complaint form does not present a barrier to people complaining.
18. Complaint issues may also be raised on digital platforms (including social media).

19. Where a complaint issue is raised via a digital channel managed and controlled by the Board (for example an official twitter address or Facebook page), we will explain that we do not take complaints on social media, but we will tell the person how they can complain.
20. We may also become aware that an issue has been raised via a digital channel not controlled or managed by us (for example a YouTube video or post on a private Facebook group). In such cases we **may** respond, where we consider it appropriate, by telling the person how they can complain.
21. We must always be mindful of our data protection obligations when responding to issues online or in a public forum. See [Part 1: Maintaining confidentiality and data protection](#).

Time limit for making complaints

22. The customer must raise their complaint within six months of when they first knew of the problem, unless there are special circumstances for considering complaints beyond this time (for example, where a person was not able to complain due to serious illness or recent bereavement).
23. Where a customer has received a stage 1 response, and wishes to escalate to stage 2, unless there are special circumstances they must request this either:
 - within six months of when they first knew of the problem; or
 - within two months of receiving their stage 1 response (if this is later).
24. We will apply these time limits with discretion, taking into account the seriousness of the issue, the availability of relevant records and staff involved, how long ago the events occurred, and the likelihood that an investigation will lead to a practical benefit for the customer or useful learning for the organisation.
25. We will also take account of the time limit within which a member of the public can ask the SPSO to consider complaints (normally one year). The SPSO have discretion to waive this time limit in special circumstances (and may consider doing so in cases where we have waived our own time limit).

PARTICULAR CIRCUMSTANCES

Complaints by (or about) a third party

26. Sometimes a customer may be unable or reluctant to make a complaint on their own. We will accept complaints from third parties, which may include relatives, friends, advocates and advisers. Where a complaint is made on behalf of a customer, we must ensure that the customer has authorised the person to act on their behalf. It is good practice to ensure the customer understands their personal

information will be shared as part of the complaints handling process (particularly where this includes sensitive personal information). This can include complaints brought by parents on behalf of their child if the child is considered to have capacity to make decisions for themselves.

27. The provision of a signed mandate from the customer will normally be sufficient for us to investigate a complaint. If we consider it is appropriate we can take verbal consent direct from the customer to deal with a third party and would normally follow up in writing to confirm this.
28. In certain circumstances, a person may raise a complaint involving another person's personal data, without receiving consent. The complaint should still be investigated where possible, but the investigation and response may be limited by considerations of confidentiality. The person who submitted the complaint should be made aware of these limitations and the effect this will have on the scope of the response.
29. See also [Part 1: Maintaining confidentiality and data protection](#).

Serious, high-risk or high-profile complaints

30. We will take particular care to identify complaints that might be considered serious, high-risk or high-profile, as these may require particular action or raise critical issues that need senior management's direct input. Serious, high-risk or high-profile complaints should normally be handled immediately at stage 2 (see [Part 3: Stage 2: Investigation](#)).
31. We define potential high-risk or high-profile complaints as those that may:
 - involve a death or terminal illness
 - involve serious service failure, for example major delays in providing, or repeated failures to provide, a service
 - generate significant and ongoing press interest
 - pose a serious risk to an organisation's operations
 - present issues of a highly sensitive nature, for example concerning:
 - a particularly vulnerable person, or
 - child protection.

Anonymous complaints

32. We value all complaints, including anonymous complaints, and will take action to consider them further wherever this is appropriate. Generally, we will consider anonymous complaints if there is enough information in the complaint to enable

us to make further enquiries. Any decision not to pursue an anonymous complaint must be authorised by the Chief Officer.

33. If we pursue an anonymous complaint further, we will record it as an anonymous complaint together with any learning from the complaint and action taken.
34. If an anonymous complainant makes serious allegations, these should be dealt with in a timely manner under relevant procedures. This may not be the complaints procedure and could instead be relevant child protection, adult protection or disciplinary procedures.

What if the customer does not want to complain?

35. If a customer has expressed dissatisfaction in line with our definition of a complaint but does not want to complain, we will explain that complaints offer us the opportunity to improve services where things have gone wrong. We will encourage the customer to submit their complaint and allow us to handle it through the CHP. This will ensure that the customer is updated on the action taken and gets a response to their complaint.
36. If the customer insists they do not wish to complain, we are not required to progress the complaint under this procedure. However, we should record the complaint as an anonymous complaint (including minimal information about the complaint, without any identifying information) to enable us to track trends and themes in complaints. Where the complaint is serious, or there is evidence of a problem with our services, we should also look into the matter to remedy this (and record any outcome).
37. Please refer to the example in [Appendix 1](#) for further guidance.

Complaints involving more than one area or organisation

38. If a complaint relates to the actions of two or more areas within our organisation, we will tell the customer who will take the lead in dealing with the complaint and explain that they will get only one response covering all issues raised.
39. If a customer complains to us about the service of another organisation or public service provider, but we have no involvement in the issue, the customer should be advised to contact the appropriate organisation directly.
40. If a complaint relates to our service and the service of another organisation or public service provider, and we have a direct interest in the issue, we will handle the complaint about the IIB through the CHP. If we need to contact an outside body about the complaint, we will be mindful of data protection. See [Part 1: Maintaining confidentiality and data protection](#).
41. Such complaints may include:

- A decision taken by a constituent authority to the IJB that has an impact on the IJB and its business.

Complaints about contracted services

42. Where we use a contractor to deliver a service on our behalf we recognise that we remain responsible and accountable for ensuring that the services provided meet the Board's standard (including in relation to complaints). We will either do so by:
 - ensuring the contractor complies with this procedure; or
 - ensuring the contractor has their own procedure in place, which fully meets the standards in this procedure. At the end of the investigation stage of any such complaints the contractor must ensure that the customer is signposted to the SPSO.
43. We will confirm that service users are clearly informed of the process and understand how to complain. We will also ensure that there is appropriate provision for information sharing and governance oversight where required.
44. The Board has discretion to investigate complaints about organisations contracted to deliver services on its behalf even where the procedure has normally been delegated.

Complaints about senior staff

45. Complaints about senior staff can be difficult to handle, as there may be a conflict of interest for the staff investigating the complaint. When serious complaints are raised against senior staff, it is particularly important that the investigation is conducted by an individual who is independent of the situation. We must ensure we have strong governance arrangements in place that set out clear procedures for handling such complaints, including complaints made against the Chief Officer

Complaints and other processes

46. Complaints can sometimes be confused (or overlap) with other processes, such as disciplinary or whistleblowing processes. Specific examples and guidance on how to handle these are below.

Complaints and service requests

47. If a customer asks the Board to do something (for example, provide a service or deal with a problem), and this is the first time the customer has contacted us, this would normally be a routine service request and not a complaint.

48. Service requests can lead to complaints, if the request is not handled promptly or the customer is then dissatisfied with how we provide the service.

Complaints and disciplinary or whistleblowing processes

49. If the issues raised in a complaint overlap with issues raised under a disciplinary or whistleblowing process, we still need to respond to the complaint.
50. Our response must be careful not to share confidential information (such as anything about the whistleblowing or disciplinary procedures, or outcomes for individual staff members).
51. Staff investigating such complaints will need to take extra care to ensure that:
- we comply with all requirements of the CHP in relation to the complaint (as well as meeting the requirements of the other processes)
 - all complaint issues are addressed (sometimes issues can get missed if they are not also relevant to the overlapping process); and
 - we keep records of the investigation that can be made available to the SPSO if required. This can be problematic when the other process is confidential, because SPSO will normally require documentation of any correspondence and interviews to show how conclusions were reached. We will need to bear this in mind when planning any elements of the investigation that might overlap (for example, if staff are interviewed for the purposes of both the complaint and a disciplinary procedure, they should not be assured that any evidence given will be confidential, as it may be made available to the SPSO).
52. The SPSO's report [Making complaints work for everyone](#) has more information on supporting staff who are the subject of complaints.

Complaints and compensation claims

53. Where a customer is seeking financial compensation only, this is not a complaint. However, in some cases the customer may want to complain about the matter leading to their financial claim, and they may seek additional outcomes, such as an apology or an explanation. Where appropriate, we may consider that matter as a complaint, but deal with the financial claim separately. It may be appropriate to extend the timeframes for responding to the complaint, to consider the financial claim first.

Complaints and legal action

54. Where a customer says that legal action is being actively pursued, this is not a complaint.

55. Where a customer indicates that they are thinking about legal action, but have not yet commenced this, they should be informed that if they take such action, they should notify the complaints handler and/or the Chief Officer and that the complaints process, in relation to the matters that will be considered through the legal process, will be closed. Any outstanding complaints must still be addressed through the CHP.
56. If an issue has been, or is being, considered by a court, we must not consider the same issue under the CHP.

What to do if the CHP does not apply

57. If the issue does not meet the definition of a complaint or if it is not appropriate to handle it under this procedure (for example, due to time limits), we will explain to the customer why we have made this decision. We will also tell them what action (if any) we will take (for example, if another procedure applies), and advise them of their right to contact the SPSO if they disagree with our decision not to respond to the issue as a complaint.
58. Where a customer continues to contact us about the same issue, we will explain that we have already given them our final response on the matter and signpost them to the SPSO. We may also consider whether we need to take action under either Aberdeen City Council's policy on Violence and Aggression Towards Employees or NHSG's Management of Violence and Aggression Policy
59. The SPSO has issued a [template letter for explaining when the CHP does not apply](#).

Appendix 1 – Complaints

Complaint	Possible actions
Failure to keep a scheduled programme of meetings or an appointment	Issue an apology and explanation of the reasons why
Failure to issue an official reply within service standard timescales	Issue an interim reply and offer an apology and explanation of the reasons why
Rude or unhelpful behaviour	Issue an apology and attempt to resolve initial request
Poor service or service failure	Issue an apology and advise of remedial steps which can be implemented
The customer expresses dissatisfaction in line with the definition of a complaint but says she does not want to complain – just wants to tell us about the matter.	<p>Tell the customer that we value complaints because they help to improve services. Encourage them to submit the complaint.</p> <p>In terms of improving service delivery and learning from mistakes, it is important that customer feedback, such as this, is recorded, evaluated and acted upon. Therefore, if the customer still insists that they do not want to complain, record the matter as an anonymous complaint. This will avoid breaching the complaints handling procedure. Reassure the customer that they will not be contacted again about the matter.</p>

Appendix 2 – What is not a complaint?

A concern may not necessarily be a complaint. For example, a customer might make a routine first-time request for a service. This is not a complaint, but the issue may escalate into a complaint if it is not handled effectively and the customer has to keep on asking for service.

A customer may also be concerned about a decision made by the organisation. These decisions may have their own specific review or appeal procedures, and, where appropriate, customers must be directed to the relevant procedure.

Example 1: Complaints about the delivery of health and social care services by staff employed by the partner agencies of Aberdeen City Health and Social Care Partnership

Example 2: Complaints about services or policies of another statutory body, agency or public service provider, where Aberdeen City IJB has no involvement in these

Example 3: Enquiries seeking an explanation of the IJB processes or decisions, including enquires and other representations made by elected representatives on behalf of constituents

Example 4: Complaints about IJB Board members as these may fall within the remit of the Code of Conduct and/or respective organisational procedures

Example 5: A request made to the IJB for it to take action

Example 6: Freedom of Information or Environmental Information request decisions.



Aberdeen City Health & Social Care Partnership

A caring partnership

Aberdeen City Integration Joint Board Complaints Handling Procedure

Part 3: The complaints handling process

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The complaints handling process

1. Our Complaints Handling Procedure (CHP) aims to provide a quick, simple and streamlined process for responding to complaints early and locally by capable, well-trained staff. Where possible, we will resolve the complaint to the customer's satisfaction. Where this is not possible, we will give the customer a clear and reasoned response to their complaint.

Complaint received

A customer may complain either verbally or in writing, including face-to-face, by phone, letter or email.



STAGE 1

Frontline response

For issues that are straightforward and simple, requiring little or no investigation. 'On-the-spot' apology, explanation, or other action to put the matter right.

Complaint resolved or a response provided in **five working days** or less (unless there are exceptional circumstances)

Complaints addressed by any member of staff, or alternatively referred to the appropriate point for frontline response.

Response normally face-to-face or by telephone (though sometimes we will need to put the decision in writing)



STAGE 2

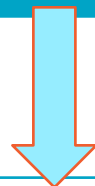
Investigation

Where the customer is not satisfied with the frontline response, or refuses to engage at the frontline, or where the complaint is complex, serious or 'high-risk'

Complaint acknowledged within **three working days**

We will contact the customer to clarify the points of complaint and outcome sought (where these are already clear, we will confirm them in the acknowledgement)

Complaint resolved or a definitive response provided within **20 working days**



Independent external review (SPSO or other)

(SPSO or other)

Where the customer is not satisfied with the stage 2 response from the service provider

The SPSO will assess whether there is evidence of service failure or maladministration not identified by the service provider



Resolution

The complainant and organisation agree what action will be taken to resolve the complaint.

Where a complaint is resolved, it is not usually necessary to continue investigating, although an organisation may choose to do so, for example to identify learning.

Reporting, recording and learning

Action is taken to improve services on the basis of complaint findings, where appropriate

We record details of all complaints, the outcome and any action taken, and use this data to analyse themes and trends.

Senior management have an active interest in complaints and use complaints data and

Resolving the complaint

2. A complaint is resolved when both the Board and the customer agree what action (if any) will be taken to provide full and final resolution for the customer, without making a decision about whether the complaint is upheld or not upheld.
3. We will try to resolve complaints wherever possible, although we accept this will not be possible in all cases.
4. A complaint may be resolved at any point in the complaint handling process, including during the investigation stage. It is particularly important to try to resolve complaints where there is an ongoing relationship with the customer or where the complaint relates to an ongoing issue that may give rise to future complaints if the matter is not fully resolved.
5. It may be helpful to use alternative complaint resolution approaches when trying to resolve a complaint. See [Alternative complaint resolution approaches](#).
6. Where a complaint is resolved, we do not normally need to continue looking into it or provide a response on all points of complaint. There must be a clear record of how the complaint was resolved, what action was agreed, and the customer's agreement to this as a final outcome. In some cases, it may still be appropriate to continue looking into the issue, for example where there is evidence of a wider problem or potential for useful learning. We will use our professional judgment in deciding whether it is appropriate to continue looking into a complaint that is resolved.
7. In all cases, we must record the complaint outcome (resolved) and any action taken and signpost the customer to stage 2 (for stage 1 complaints) or to the SPSO as usual (see [Signposting to the SPSO](#)).
8. If the customer and the Board are not able to agree a resolution, we must follow this CHP to provide a clear and reasoned response to each of the issues raised.

What to do when you receive a complaint

9. Members of staff receiving a complaint should consider four key questions. This will help them to either respond to the complaint quickly (at stage 1) or determine whether the complaint is more suitable for stage 2:

What exactly is the customer's complaint (or complaints)?

- It is important to be clear about exactly what the customer is complaining about. We may need to ask the customer for more information and probe further to get a full understanding.
- We will need to decide whether the issue can be defined as a complaint and whether there are circumstances that may limit our ability to respond to the complaint (such as the time limit for making complaints, confidentiality, anonymity or the need for consent). We should also consider whether the complaint is serious, high-risk or high-profile.
- If the matter is not suitable for handling as a complaint, we will explain this to the customer (and [signpost them to SPSO](#)). There is detailed guidance on this step in Part 2: When to use this procedure.
- In most cases, this step will be straightforward. If it is not, the complaint may need to be handled immediately at stage 2 (see Stage 2: Investigation).

What does the customer want to achieve by complaining?

- At the outset, we will clarify the outcome the customer wants. Of course, the customer may not be clear about this, and we may need to probe further to find out what they expect, and whether they can be satisfied.

Can I achieve this, or explain why not?

- If a staff member handling a complaint can achieve the expected outcome, for example by providing an on-the-spot apology or explain why they cannot achieve it, they should do so.
- The customer may expect more than we can provide. If so, we will tell them as soon as possible.
- Complaints which can be resolved or responded to quickly should be managed at stage 1 ([see Stage 1: Frontline response](#)).

If I cannot respond, who can help?

- If the complaint is simple and straightforward, but the staff member receiving the complaint cannot deal with it because, for example, they are unfamiliar with the issues or area of service involved, they should pass the complaint to someone who can respond quickly.
- If it is not a simple and straightforward complaint that can realistically be closed within five working days (or ten, if an extension is appropriate), it should be handled immediately at stage 2. If the customer refuses to engage at stage 1, insisting that they want their complaint investigated, it should be handled immediately at stage 2. See Stage 2: Investigation.

Stage 1: Frontline response

10. Frontline response aims to respond quickly (within five working days) to straightforward complaints that require little or no investigation.
11. Any member of staff may deal with complaints at this stage (including the staff member complained about, for example with an explanation or apology). The main principle is to respond to complaints at the earliest opportunity and as close to the point of service delivery as possible.
12. We may respond to the complaint by providing an on-the-spot apology where appropriate, or explaining why the issue occurred and, where possible, what will be done to stop this happening again. We may also explain that, as an organisation that values complaints, we may use the information given when we review service standards in the future. If we consider an apology is appropriate, we may wish to follow the [SPSO guidance on apology](#).
13. [Part 2, Appendix 1](#) gives examples of the types of complaint we may consider at this stage, with suggestions on how to handle them.
14. Complaints which are not suitable for frontline response should be identified early and handled immediately at [stage 2: investigation](#).

Notifying staff members involved

15. If the complaint is about the actions of another staff member, the complaint should be shared with them, where possible, before responding (although this should not prevent us responding to the complaint quickly, for example where it is clear that an apology is warranted).

Timelines

16. Frontline response must be completed within **five working days**, although in practice we would often expect to respond to the complaint much sooner. 'Day one' is always the date of receipt of the complaint (or the next working day if the complaint is received on a weekend or public holiday).

Extension to the timeline

17. In exceptional circumstances, a short extension of time may be necessary due to unforeseen circumstances (such as the availability of a key staff member). Extensions must be agreed with an appropriate manager. We will tell the customer about the reasons for the extension, and when they can expect a response. The maximum extension that can be granted is five working days (that is, no more than **ten working days** in total from the date of receipt).
18. If a complaint will take more than five working days to look into, it should be handled at stage 2 immediately. The only exception to this is where the complaint is simple and could normally be handled within five working days, but it is not possible to begin immediately (for example, due to the absence of a key staff member). In such cases, the complaint may still be handled at stage 1 if it is clear that it can be handled within the extended timeframe of up to ten working days.
19. If a complaint has not been closed within ten working days, it should be escalated to stage 2 for a final response.

20. [Appendix 1](#) provides further information on timelines.

Closing the complaint at the frontline response stage

21. If we convey the decision face-to-face or on the telephone, we are not required to write to the customer as well (although we may choose to). We must:
- tell the customer the outcome of the complaint (whether it is resolved, upheld, partially upheld or not upheld)
 - explain the reasons for our decision (or the agreed action taken to resolve the complaint (see **Resolving the complaint**)); and
 - explain that the customer can escalate the complaint to stage 2 if they remain dissatisfied and how to do so (we should not signpost to the SPSO until the customer has completed stage 2).
22. We will keep a full and accurate record of the decision given to the customer. If we are not able to contact the customer by phone, or speak to them in person, we will provide a written response to the complaint where an email or postal address is provided, covering the points above.
23. If the complaint is about the actions of a particular staff member/s, we will share with them any part of the complaint response which relates to them, (unless there are compelling reasons not to).
24. The complaint should then be closed, and the complaints system updated accordingly.
25. At the earliest opportunity after the closure of the complaint, the staff member handling the complaint should consider whether any learning has been identified. See [Part 4: Learning from complaints](#).

Stage 2: Investigation

26. Not all complaints are suitable for frontline response and not all complaints will be satisfactorily addressed at that stage. Stage 2 is appropriate where:
- the customer is dissatisfied with the frontline response or refuses to engage at the frontline stage, insisting they wish their complaint to be investigated. Unless exceptional circumstances apply, the customer must escalate the complaint within six months of when they first knew of the problem or within two months of the stage 1 response, whichever is later (see [Part 2: Time limits for making a complaint](#))
 - the complaint is not simple and straightforward (for example where the customer has raised a number of issues, or where information from several sources is needed before we can establish what happened and/or what should have happened); or
 - the complaint relates to serious, high-risk or high-profile issues (see [Part 2: Serious, high-risk or high-profile complaints](#)).
27. An investigation aims to explore the complaint in more depth and establish all the relevant facts. The aim is to resolve the complaint where possible, or to give the customer a full, objective and proportionate response that represents our final position. Wherever possible, complaints should be investigated by someone not involved in the complaint (for example, a line manager or a manager from a different area).
28. Details of the complaint must be recorded on the complaints system. Where appropriate, this will be done as a continuation of frontline response. If the investigation stage follows a frontline response, the officer responsible for the investigation should have access to all case notes and associated information.
29. The beginning of stage 2 is a good time to consider whether complaint resolution approaches other than investigation may be helpful (see [Alternative complaint resolution approaches](#)).

Acknowledging the complaint

30. Complaints must be acknowledged within three working days of receipt at stage 2.
31. We must issue the acknowledgement in a format which is accessible to the customer, taking into account their preferred method of contact.
32. Where the points of complaint and expected outcomes are clear from the complaint, we must set these out in the acknowledgement and ask the customer to get in touch with us immediately if they disagree. See **Agreeing the points of complaint and outcome sought**.
33. Where the points of complaint and expected outcomes are not clear, we must tell the customer we will contact them to discuss this.

Agreeing the points of complaint and outcome sought

34. It is important to be clear from the start of stage 2 about the points of complaint to be investigated and what outcome the customer is seeking. We may also need to manage the customer's expectations about the scope of our investigation.
35. Where the points of complaint and outcome sought are clear, we can confirm our understanding of these with the customer when acknowledging the complaint (see [Acknowledging the complaint](#)).
36. Where the points of complaint and outcome sought are not clear, we must contact the customer to confirm these. We will normally need to speak to the customer (by phone or face-to-face) to do this effectively. In some cases, it may be possible to clarify complaints in writing. The key point is that we need to be sure we and the customer have a shared understanding of the complaint. When contacting the customer, we will be respectful of their stated preferred method of contact. We should keep a clear record of any discussion with the customer.
37. In all cases, we must have a clear shared understanding of:

What are the points of complaint to be investigated?

- While the complaint may appear to be clear, agreeing the points of complaint at the outset ensures there is a shared understanding and avoids the complaint changing or confusion arising at a later stage. The points of complaint should be specific enough to direct the investigation, but broad enough to include any multiple and specific points of concern about the same issue.
- We will make every effort to agree the points of complaint with the customer (alternative complaint resolution approaches may be helpful at this stage). In very rare cases, it may not be possible to agree the points of complaint (for example, if the customer insists on an unreasonably large number of complaints being separately investigated, or on framing their complaint in an abusive way). We will manage any such cases in accordance with either Aberdeen City Council's policy on Violence and Aggression Towards Employees or NHSG's Management of Violence and Aggression Policy bearing in mind that we should continue to investigate the complaint (as we understand it) wherever possible.

Is there anything we can't consider under the CHP?

- We must explain if there are any points that are not suitable for handling under the CHP (see [Part 2: What to do if the CHP does not apply](#)).

What outcome does the customer want to achieve by complaining?

- Asking what outcome, the customer is seeking helps direct the investigation and enables us to focus on resolving the complaint where possible.

Are the customer's expectations realistic and achievable?

- It may be that the customer expects more than we can provide or has unrealistic expectations about the scope of the investigation. If so, we should make this clear to the customer as soon as possible.

Notifying staff members involved

38. If the complaint is about the actions of a particular staff member/s, we will notify the staff member/s involved (including where the staff member is not named but can be identified from the complaint). We will:
- share the complaint information with the staff member/s (unless there are compelling reasons not to)
 - advise them how the complaint will be handled, how they will be kept updated and how we will share the complaint response with them
 - discuss their willingness to engage with alternative complaint resolution approaches (where applicable); and
 - signpost the staff member/s to a contact person who can provide support and information on what to expect from the complaint process (this must not be the person investigating or signing off the complaint response).
39. If it is likely that internal disciplinary processes may be involved, the requirements of that process should also be met. See also [Part 2: Complaints and disciplinary or whistleblowing processes](#).

Investigating the complaint

40. It is important to plan the investigation before beginning. The staff member investigating the complaint should consider what information they have and what they need about:
- what happened? (this could include, for example, records of phone calls or meetings, work requests, recollections of staff members or internal emails)
 - what should have happened? (this should include any relevant policies or procedures that apply); and
 - is there a difference between what happened and what should have happened, and is the Board responsible?
41. In some cases, information may not be readily available. We will balance the need for the information against the resources required to obtain it, taking into account the seriousness of the issue (for example, it may be appropriate to contact a former employee, if possible, where they hold key information about a serious complaint).
42. If we need to share information within or out with the organisation, we will be mindful of our obligations under data protection legislation. See [Part 1: Maintaining confidentiality and data protection](#).
43. The SPSO has resources for conducting investigations, including:
- [Investigation plan template](#)
 - [Decision-making tool for complaint investigators](#)

Alternative complaint resolution approaches

44. Some complex complaints, or complaints where customers and other interested parties have become entrenched in their position, may require a different approach to resolving the matter. Where we think it is appropriate, we may use alternative complaint resolution approaches such as complaint resolution discussions, mediation or conciliation to try to resolve the matter and to reduce the risk of the complaint escalating further. If mediation is attempted, a suitably trained and qualified mediator should be used. Alternative complaint resolution approaches may help both parties to understand what has caused the complaint, and so are more likely to lead to mutually satisfactory solutions.
45. Alternative complaint resolution approaches may be used to resolve the complaint entirely, or to support one part of the process, such as understanding the complaint, or exploring the customer's desired outcome.
46. The SPSO has [guidance on alternative complaint resolution approaches](#).
47. If the Board and the customer (and any staff members involved) agree to using alternative complaint resolution approaches, it is likely that an extension to the timeline will need to be agreed. This should not discourage the use of these approaches.

Meeting with the customer during the investigation

48. To effectively investigate the complaint, it may be necessary to arrange a meeting with the customer. Where a meeting takes place, we will always be mindful of the requirement to investigate complaints (including holding any meetings) within 20 working days wherever possible. Where there are difficulties arranging a meeting, this may provide grounds for extending the timeframe.
49. As a matter of good practice, a written record of the meeting should be completed and provided to the customer. Alternatively, and by agreement with the person making the complaint, we may provide a record of the meeting in another format. We will notify the person making the complaint of the timescale within which we expect to provide the record of the meeting.

Timelines

50. The following deadlines are appropriate to cases at the investigation stage (counting day one as the day of receipt, or the next working day if the complaint was received on a weekend or public holiday):
 - complaints must be acknowledged within **three working days**
 - a full response to the complaint should be provided as soon as possible but not later than **20 working days** from the time the complaint was received for investigation.

Extension to the timeline

51. Not all investigations will be able to meet this deadline. For example, some complaints are so complex that they require careful consideration and detailed investigation beyond the 20-working day timeline. It is important to be realistic and

clear with the customer about timeframes, and to advise them early if we think it will not be possible to meet the 20-day timeframe, and why. We should bear in mind that extended delays may have a detrimental effect on the customer.

52. Any extension must be approved by The Chief Officer or her nominee. We will keep the customer and any member/s of staff complained about updated on the reason for the delay and give them a revised timescale for completion. We will contact the customer and any member/s of staff complained about at least once every 20 working days to update them on the progress of the investigation.
53. The reasons for an extension might include the following:
 - essential accounts or statements, crucial to establishing the circumstances of the case, are needed from staff, customers or others but the person is not available because of long-term sickness or leave
 - we cannot obtain further essential information within normal timescales; or
 - the customer has agreed to alternative complaint resolution approaches as a potential route for resolution.

These are only a few examples, and we will judge the matter in relation to each complaint. However, an extension would be the exception.

54. [Appendix 1](#) provides further information on timelines.

Closing the complaint at the investigation stage

55. The response to the complaint should be in writing (or by the customer's preferred method of contact) and must be signed off by a manager or officer who is empowered to provide the final response on behalf of the Board.
56. We will tell the customer the outcome of the complaint (whether it is resolved, upheld, partially upheld or not upheld). The quality of the complaint response is very important and in terms of good practice should:
 - be clear and easy to understand, written in a way that is person-cent and non-confrontational
 - avoid technical terms, but where these must be used, an explanation of the term should be provided
 - address all the issues raised and demonstrate that each element has been fully and fairly investigated
 - include an apology where things have gone wrong (this is different to an expression of empathy: see [the SPSO's guidance on apology](#))
 - highlight any area of disagreement and explain why no further action can be taken
 - indicate that a named member of staff is available to clarify any aspect of the letter; and
 - indicate that if they are not satisfied with the outcome of the local process, they may seek a review by the SPSO (see **Signposting to the SPSO**).

57. Where a complaint has been resolved, the response does not need to provide a decision on all points of complaint but should instead confirm the resolution agreed. See **Resolving the complaint**.
58. If the complaint is about the actions of a particular staff member/s, we will share with them any part of the complaint response which relates to them, (unless there are compelling reasons not to).
59. We will record the decision, and details of how it was communicated to the customer, on the complaints system.
60. The SPSO has guidance on responding to a complaint:
61. [Template decision letter](#)
62. [Apology guidance](#)
63. At the earliest opportunity after the closure of the complaint, the staff member handling the complaint should consider whether any learning has been identified. See [Part 4: Learning from complaints](#).

Signposting to the SPSO

64. Once the investigation stage has been completed, the customer has the right to approach the SPSO if they remain dissatisfied. We must make clear to the customer:
 - their right to ask the SPSO to consider the complaint
 - the time limit for doing so; and
 - how to contact the SPSO.
65. The SPSO considers complaints from people who remain dissatisfied at the conclusion of our complaints procedure. The SPSO looks at issues such as service failure and maladministration (administrative fault), and the way we have handled the complaint. There are some subject areas that are out with the SPSO's jurisdiction, but it is the SPSO's role to determine whether an individual complaint is one that they can consider (and to what extent). All investigation responses must signpost to the SPSO.
66. The SPSO recommends that we use the wording below to inform customers of their right to ask the SPSO to consider the complaint. This information should only be included on the Board's final response to the complaint.

Information about the SPSO

The Scottish Public Services Ombudsman (SPSO) is the final stage for complaints about public services in Scotland. This includes complaints about the Board. The SPSO is an independent organisation that investigates complaints. It is not an advocacy or support service (but there are other organisations who can help you with advocacy or support).

If you remain dissatisfied when you have had a final response from the Board, you can ask the SPSO to look at your complaint. You can ask the SPSO to look at your complaint if:

- you have gone all the way through the Board's Complaints Handling Procedure
- it is less than 12 months after you became aware of the matter you want to complain about, and
- the matter has not been (and is not being) considered in court.

The SPSO will ask you to complete a complaint form and provide a copy of this letter (our final response to your complaint). You can do this online at www.spsso.org.uk/complain or call them on Freephone 0800 377 7330.

You may wish to get independent support or advocacy to help you progress your complaint. Organisations who may be able to assist you are:

- Citizens Advice Bureau
- Scottish Independent Advocacy Alliance

The SPSO's contact details are:

SPSO

Bridgeside House

99 McDonald Road

Edinburgh

EH7 4NS

(if you would like to visit in person, you must make an appointment first)

Their freepost address is:

FREEPOST SPSO

Freephone: 0800 377 7330

Online contact www.spsso.org.uk/contact-us

Website: www.spsso.org.uk

Post-closure contact

67. If a customer contacts us for clarification when they have received our final response, we may have further discussion with the customer to clarify our response and answer their questions. However, if the customer is dissatisfied with our response or does not accept our findings, we will explain that we have already given them our final response on the matter and signpost them to the SPSO.

Appendix 1 - Timelines

General

68. References to timelines throughout the CHP relate to working days. We do not count non-working days, for example weekends, public holidays and days of industrial action where our service has been interrupted.

Timelines at frontline response (stage 1)

69. We will aim to achieve frontline response within five working days. The date of receipt is day one, and the response should be provided (or the complaint escalated) on day five, at the latest.
70. If we have extended the timeline at the frontline response stage in line with the CHP, the response should be provided (or the complaint escalated) on day ten, at the latest.

Transferring cases from frontline response to investigation

71. If the customer wants to escalate the complaint to the investigation stage, the case must be passed for investigation without delay. In practice this will mean on the same day that the customer is told this will happen.

Timelines at investigation (stage 2)

72. For complaints at the investigation stage, day one is:
- the day the case is transferred from the frontline stage to the investigation stage
 - the day the customer asks for an investigation or expresses dissatisfaction after a decision at the frontline response stage; or
 - the date we receive the complaint if it is handled immediately at stage 2.
73. We must [acknowledge the complaint](#) within three working days of receipt at stage 2 i.e., by day three.
74. We should respond in full to the complaint by day 20, at the latest. We have 20 working days to investigate the complaint, regardless of any time taken to consider it at the frontline response stage.
75. Exceptionally, we may need longer than the 20-working day limit for a full response. If so, we will explain the reasons to the customer, and update them (and any staff involved) at least once every 20 working days.

Frequently asked questions

76. *What happens if an extension is granted at stage 1, but then the complaint is escalated?*
The extension at stage 1 does not affect the timeframes at stage 2. The stage 2 timeframes apply from the day the complaint was escalated (we have 20 working days from this date unless an extension is granted).
77. *What happens if we cannot meet an extended timeframe?*
If we cannot meet the extended timeframe at stage 1, the complaint should be escalated to stage 2. The maximum timeframe allowed for a stage 1 response is ten working days.

If we cannot meet the extended timeframe at stage 2, a further extension may be approved by an appropriate manager if there are clear reasons for this. This should only occur in exceptional circumstances (the original extension should allow sufficient time to realistically investigate and respond to the complaint). Where a further extension is agreed, we should explain the situation to the customer and give them a revised timeframe for completion. We must update the customer and any staff involved in the investigation at least once every 20 working days.

78. *What happens when a customer asks for stage 2 consideration a long time after receiving a frontline response?*

Unless exceptional circumstances exist, customers should bring a stage 2 complaint within six months of learning about the problem, or within two months of receiving the stage 1 response (whichever is latest). See [Part 2: Time limits for making a complaint](#).

Appendix 2 – The complaint handling process (flowchart for staff)

A customer may complain verbally or in writing, including face-to-face, by phone, letter or email. Your first consideration is whether the complaint should be dealt with at stage 1 (frontline response) or stage 2 (investigation).

Stage 1

(frontline response)

Always try to respond quickly, wherever we can

Record the complaint and notify any staff complained about

Respond to the complaint within **five working days** unless there are exceptional circumstances

Is the customer satisfied?

You must always tell the customer how to escalate to stage 2

(Yes) Record outcome and learning, and close complaint.

(No) -> to stage 2

Stage 2

(investigation)

Investigate where:

- The customer is dissatisfied with the frontline response or refuses to engage with attempts to handle the complaint at stage 1
- It is clear that the complaint requires investigation from the outset

Record the complaint and notify any staff complained about

Acknowledge the complaint within **three working days**

Contact the complainant to agree:

- Points of complaint
- Outcome sought
- Manage expectations (if required)

(these can be confirmed in the acknowledgement where the complaint is straightforward)

Respond to the complaint as soon as possible, but within **20 working days** unless there is a clear reason for extending the timescale

Communicate the decision, normally in writing

Signpost the customer to SPSO and advise of time limits

Record outcome and learning, and close complaint

Follow up on agreed actions flowing from the complaint
Share any learning points



Aberdeen City Health & Social Care Partnership
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Aberdeen City Integration Joint Board Complaints Handling Procedure

Part 4: Governance

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Roles and responsibilities

60. All Board members and staff will be aware of:
- the Complaints Handling Procedure (CHP)
 - how to handle and record complaints at the frontline response stage
 - who they can refer a complaint to, in case they are not able to handle the matter
 - the need to try and resolve complaints early and as close to the point of service delivery as possible; and
 - their clear authority to attempt to resolve any complaints they may be called upon to deal with.
61. Training on this procedure will be part of the induction process for all new staff. Refresher training will be provided for current staff on a regular basis.
62. Senior management will ensure that:
- Aberdeen City IJB's final position on a complaint investigation is signed off by an appropriate manager or officer in order to provide assurance that this is the definitive response of the Board and that the complainant's concerns have been taken seriously
 - it maintains overall responsibility and accountability for the management and governance of complaints handling (including complaints about contracted services)
 - it has an active role in, and understanding of, the CHP (although not necessarily involved in the decision-making process of complaint handling)
 - mechanisms are in place to ensure a consistent approach to the way complaints handling information is managed, monitored, reviewed and reported at all levels in the Board and
 - complaints information is used to improve services, and this is evident from regular publications.
63. The Chief Officer provides leadership and direction in ways that guide and enable us to perform effectively across all services. This includes ensuring that there is an effective CHP, with a robust investigation process that demonstrates how we learn from the complaints we receive. The Chief Officer may take a personal interest in all or some complaints or may delegate responsibility for the CHP to senior staff. Regular management reports assure the Chief Officer of the quality of complaints performance.
64. The Partnership's Leadership Team are also responsible for ensuring that there are governance and accountability arrangements in place in relation to complaints about contractors.

This includes:

- ensuring performance monitoring for complaints is a feature of the service/management agreements between the IJB and the constituent authorities and contractors
 - setting clear objectives in relation to this complaints procedure and putting appropriate monitoring systems in place to provide the IJB with an overview of how the contractor is meeting its objectives
65. The Health and Social Care Partnership Leadership Team are also responsible for:
- managing complaints and the way we learn from them
 - overseeing the implementation of actions required as a result of a complaint
 - investigating complaints; and
 - deputising for the Chief Officer on occasion.
66. They may also be responsible for preparing and signing off decisions for customers, so they should be satisfied that the investigation is complete, and their response addresses all aspects of the complaint. However, the Health and Social Care Partnership Leadership Team may decide to delegate some elements of complaints handling (such as investigations and the drafting of response letters) to other senior staff. Where this happens, they should retain ownership and accountability for the management and reporting of complaints.
67. Service Managers may be involved in the operational investigation and management of complaints handling. As senior officers they may be responsible for preparing and signing decision letters to customers, so they should be satisfied that the investigation is complete, and their response addresses all aspects of the complaint.
68. Complaints investigator: The complaints investigator is responsible and accountable for the management of the investigation. They may work in a service delivery team or as part of a centralised customer service team and will be involved in the investigation and in coordinating all aspects of the response to the customer. This may include preparing a comprehensive written report, including details of any procedural changes in service delivery and identifying wider opportunities for learning across Aberdeen City HSCP.
69. Line Managers are responsible for ensuring all new staff receive training on the CHP as part of the induction process, and that refresher training is provided for current staff on a regular basis.
70. Our SPSO liaison officer's role may include providing complaints information in an orderly, structured way within requested timescales, providing comments on factual accuracy on our behalf in response to SPSO reports, and confirming and verifying that recommendations have been implemented.

Recording, reporting, learning from and publicising complaints

71. Complaints provide valuable customer feedback. One of the aims of the CHP is to identify opportunities to improve services across the IJB. By recording and analysing complaints data, we can identify and address the causes of complaints and, where appropriate, identify training opportunities and introduce service improvements.
72. We also have arrangements in place to ensure complaints about contractors are recorded, reported on and publicised in line with this CHP.

Recording complaints

73. It is important to record suitable data to enable us to fully investigate and respond to the complaint, as well as using our complaint information to track themes and trends. As a minimum, we should record:
 - the customer's name and contact details
 - the date the complaint was received
 - the nature of the complaint
 - the service the complaint refers to
 - staff member responsible for handling the complaint
 - action taken and outcome at frontline response stage
 - date the complaint was closed at the frontline response stage
 - date the investigation stage was initiated (if applicable)
 - action taken and outcome at investigation stage (if applicable)
 - date the complaint was closed at the investigation stage (if applicable); and
 - the underlying cause of the complaint and any remedial action taken.
 - the outcome of the SPSO's investigation (where applicable).
74. If the customer does not want to provide any of this information, we will reassure them that it will be managed appropriately, and record what we can.
75. Individual complaint files will be stored in line with our document retention policy. [Learning from complaints](#)
76. We must have clear systems in place to act on issues identified in complaints. As a minimum, we must:
 - seek to identify the root cause of complaints
 - take action to reduce the risk of recurrence; and
 - systematically review complaints performance reports to improve service delivery.

77. Learning may be identified from individual complaints (regardless of whether the complaint is upheld or not) and from analysis of complaints data.
78. Where we have identified the need for service improvement in response to an individual complaint, we will take appropriate action.
- the action needed to improve services must be authorised by an appropriate manager
 - an officer (or team) should be designated the 'owner' of the issue, with responsibility for ensuring the action is taken
 - a target date must be set for the action to be taken
 - the designated individual must follow up to ensure that the action is taken within the agreed timescale
 - where appropriate, performance in the service area should be monitored to ensure that the issue has been resolved; and
 - any learning points should be shared with relevant staff.

SPSO has guidance on **Learning from complaints**.

79. Senior management will review the information reported on complaints regularly to ensure that any trends or wider issues which may not be obvious from individual complaints are quickly identified and addressed. Where we identify the need for service improvement, we will take appropriate action (as set out above). Where appropriate, performance in the service area should be monitored to ensure that the issue has been resolved.

Reporting of complaints

80. We have a process for the internal reporting of complaints information, including analysis of complaints trends. Regularly reporting the analysis of complaints information helps to inform management of where services need to improve.
81. We will report at least quarterly to senior management and the Board on:
- performance statistics, in line with the complaints performance indicators published by SPSO
 - analysis of the trends and outcomes of complaints (this should include highlighting where there are areas where few or no complaints are received, which may indicate either good practice or that there are barriers to complaining in that area).

Publicising complaints information

82. We publish on a quarterly basis information on complaints outcomes and actions taken to improve services.
83. This demonstrates the improvements resulting from complaints and shows that complaints can help to improve our services. It also helps ensure transparency in our complaints handling service and will help to show our customers that we value their complaints.
84. We will publish an annual complaints performance report on our website in line with SPSO requirements and provide this to the SPSO on request. This summarises and builds on the quarterly reports we have produced about our services. It includes:
 - performance statistics, in line with the complaints performance indicators published by the SPSO; and
 - complaint trends and the actions that have been or will be taken to improve services as a result.
85. These reports must be easily accessible to members of the public and available in alternative formats as requested.

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Aberdeen City Health & Social Care Partnership
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Aberdeen City Integration Joint Board

Complaints Handling Procedure

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Aberdeen City Integration Joint Board (IJB) is committed to providing high-quality customer services.

We value complaints and use information from them to help us improve our services.

1. If something goes wrong or you are dissatisfied with our services, please tell us. This leaflet describes our complaints procedure and how to make a complaint. It also tells you about how we will handle your complaint and what you can expect from us.

What is a complaint?

2. We regard a complaint as any expression of dissatisfaction about our action or lack of action, or about the standard of service provided by us or on our behalf.

What can I complain about?

3. You can complain about things like:
 - failure or refusal to provide a service
 - inadequate quality or standard of service, or an unreasonable delay in providing a service
 - dissatisfaction with one of our policies or its impact on the individual
 - failure to properly apply law, procedure or guidance when delivering services
 - failure to follow the appropriate administrative process
 - conduct, treatment by or attitude of a member of staff or contractor (**except** where there are arrangements in place for the contractor to handle the complaint themselves); or
 - disagreement with a decision, (**except** where there is a statutory procedure for challenging that decision, or an established appeals process followed throughout the sector).

4. Your complaint may involve more than one IJB service or be about someone working on our behalf.

What can't I complain about?

5. There are some things we can't deal with through our complaints handling procedure. These include:
 - a routine first-time request for a service
 - a request for compensation only
 - issues that are in court or have already been heard by a court or a tribunal (if you decide to take legal action, you should let us know as the complaint cannot then be considered under this process)
 - disagreement with a decision where there is a statutory procedure for challenging that decision (such as for freedom of information and subject access requests), or an established appeals process followed throughout the sector
 - a request for information under the Data Protection or Freedom of Information (Scotland) Acts
 - a grievance by a staff member or a grievance relating to employment or staff recruitment
 - a concern raised internally by a member of staff (which was not about a service they received, such as a whistleblowing concern)
 - a concern about a child or an adult's safety
 - an attempt to reopen a previously concluded complaint or to have a complaint reconsidered where we have already given our final decision
 - abuse or unsubstantiated allegations about our organisation or staff where such actions would be covered by either Aberdeen City Council's policy on Violence and Aggression Towards Employees or NHSG's Management of Violence and Aggression Policy or

- a concern about the actions or service of a different organisation, where we have no involvement in the issue (**except** where the other organisation is delivering services on our behalf).
6. If other procedures or rights of appeal can help you resolve your concerns, we will give information and advice to help you.

Who can complain?

7. Anyone who receives, requests or is directly affected by our services can make a complaint to us. This includes the representative of someone who is dissatisfied with our service (for example, a relative, friend, advocate or adviser). If you are making a complaint on someone else's behalf, you will normally need their written consent. Please also read the section on **Getting help to make your complaint** below.

How do I complain?

8. You can complain in person at any of our offices, by phone, in writing, by email.
9. It is easier for us to address complaints if you make them quickly and directly to the service concerned. So please talk to a member of our staff at the service you are complaining about. Then they can try to resolve the issue.
10. When complaining, please tell us:
- your full name and contact details
 - as much as you can about the complaint
 - what has gone wrong; and
 - what outcome you are seeking.

Our contact details

The Chief Officer
 Aberdeen City Integration Joint Board
 Marischal College
 Broad Street
 Aberdeen
 AB10 1AB

Phone: 01224 523237

Email: bjohnson@aberdeencity.gov.uk

How long do I have to make a complaint?

11. Normally, you must make your complaint within six months of:
- the event you want to complain about; or
 - finding out that you have a reason to complain.
12. In exceptional circumstances, we may be able to accept a complaint after the time limit. If you feel that the time limit should not apply to your complaint, please tell us why.

What happens when I have complained?

13. We will always tell you who is dealing with your complaint. Our complaints procedure has two stages.

Stage 1: Frontline response

14. We aim to respond to complaints quickly (where possible when you first tell us about the issue). This could mean an on-the-spot apology and explanation if something has clearly gone wrong, or immediate action to resolve the problem.
15. We will give you our decision at stage 1 in five working days or less unless there are exceptional circumstances.

16. If you are not satisfied with the response we give at this stage, we will tell you what you can do next. If you choose to, you can take your complaint to stage 2. You must normally ask us to consider your complaint at stage 2 either:

- within six months of the event, you want to complain about or finding out that you have a reason to complain; or
- within two months of receiving your stage 1 response (if this is later).

17. In exceptional circumstances, we may be able to accept a stage 2 complaint after the time limit. If you feel that the time limit should not apply to your complaint, please tell us why.

Stage 2: Investigation

18. Stage 2 deals with two types of complaint: where the customer remains dissatisfied after stage 1 and those that clearly require investigation, and so are handled directly at this stage. If you do not wish your complaint to be handled at stage 1, you can ask us to handle it at stage 2 instead.

19. When using stage 2:

- we will acknowledge receipt of your complaint within three working days
- we will confirm our understanding of the complaint we will investigate and what outcome you are looking for
- we will try to resolve your complaint where we can (in some cases we may suggest using an alternative complaint resolution approach, such as mediation); and
- where we cannot resolve your complaint, we will provide a full

response as soon as possible, normally within 20 working days.

20. If our investigation will take longer than 20 working days, we will tell you. We will tell you our revised time limits and keep you updated on progress.

What if I am still dissatisfied?

21. After we have given you our final decision, if you are still dissatisfied with our decision or the way we dealt with your complaint, you can ask the Scottish Public Services Ombudsman (SPSO) to look at it.

The SPSO are an independent organisation that investigates complaints. They are not an advocacy or support service (but there are other organisations who can help you with advocacy or support).

You can ask the SPSO to look at your complaint if:

- you have gone all the way through the Aberdeen City Integration Joint Board's complaints handling procedure
- it is less than 12 months after you became aware of the matter you want to complain about; and
- the matter has not been (and is not

The SPSO will ask you to complete a complaint form and provide a copy of our final response to your complaint. You can do this online at www.spsso.org.uk/complain/form or call them on Freephone 0800 377 7330.

You may wish to get independent support or advocacy to help you progress your complaint. See the section on **Getting help to make your complaint** below.

The SPSO's contact details are:

SPSO
Bridgeside House
99 McDonald Road
Edinburgh
EH7 4NS

(if you would like to visit in person, you must make an appointment first)

Their freepost address is:

FREEPOST SPSO
Freephone: 0800 377 7330
Online contact
www.spsso.org.uk/contact-us
Website: www.spsso.org.uk

Getting help to make your complaint

22. We understand that you may be unable or reluctant to make a complaint yourself. We accept complaints from the representative of a person who is dissatisfied with our service. We can take complaints from a friend, relative, or an advocate, if you have given them your consent to complain for you.
23. You can find out about advocates in your area by contacting the Scottish Independent Advocacy Alliance:

Scottish Independent Advocacy Alliance

Tel: 0131 510 9410
Website: www.siaa.org.uk

24. You can find out about advisers in your area through Citizens Advice Scotland:

Citizens Advice Scotland

Website: www.cas.org.uk or check your phone book for your local citizens advice bureau.

We are committed to making our service easy to use for all members of the community. In line with our statutory equalities duties, we will always ensure that reasonable adjustments are made to help you access and use our services. If you have trouble putting your complaint in writing, or want this information in another language or format, such as large font, or Braille, please tell us in person, contact us:

The Chief Officer
Aberdeen City Integration Joint Board
Marischal College
Broad Street
Aberdeen
AB10 1AB
Phone: 01224 523237
Email bjohnson@aberdeencity.gov.uk

Quick guide to our complaints procedure

Complaints procedure

You can make your complaint in person, by phone, by email or in writing.

We have a **two-stage complaints procedure**. We will always try to deal with your complaint quickly. But if it is clear that the matter will need investigation, we will tell you and keep you updated on our progress.



Stage 1: Frontline response

We will always try to respond to your complaint quickly, within **five working days** if we can.

If you are dissatisfied with our response, you can ask us to consider your complaint at stage 2.



Stage 2: Investigation

We will look at your complaint at this stage if you are dissatisfied with our response at stage 1. We also look at some complaints immediately at this stage, if it is clear that they need investigation.

We will acknowledge your complaint within **three working days**.

We will confirm the points of complaint to be investigated and what you want to achieve.

We will investigate the complaint and give you our decision as soon as possible. This will be after no more than **20 working days** *unless* there is clearly a good reason for needing more time.



Scottish Public Services Ombudsman

If, after receiving our final decision on your complaint, you remain dissatisfied with our decision or the way we have handled your complaint, you can ask the SPSO to consider it.

We will tell you how to do this when we send you our final decision.

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INTEGRATION JOINT BOARD

Date of Meeting	23 rd February 2021
Report Title	Update on Care at Home Provision
Report Number	HSCP.21.014
Lead Officer	Sandra MacLeod, Chief Officer
Report Author Details	Name: Anne McKenzie Job Title: Lead Commissioner Email Address: anne.mckenzie@nhs.net Phone Number: 07977519136
Consultation Checklist Completed	Yes
Directions Required	No
Appendices	No

1. Purpose of the Report

- 1.1. The purpose of this report is to provide an update to the Integration Joint Board (IJB) with regards to the implementation and delivery of an outcomes focussed Care at Home provision. This update was referred by the Clinical and Care Governance Committee.

2. Recommendations

- 2.1. It is recommended that the Integration Joint Board (IJB) notes the content of this report.

3. Summary of Key Information

- 3.1. On the 1st November 2020, the new arrangements for the provision of an outcome focussed care at home provision became operational. The new provision being made by the Granite Care Consortium (GCC). This report provides an update on the implementation of that contract.



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- 3.2.** The GCC is a consortium arrangement comprising the following mix of third and independent sector care providers – all of which have a long-standing history of providing care within Aberdeen City:
- Aberdeen Cyrenians
 - Archway
 - Ann Inspired Care
 - Blackwood
 - Cornerstone
 - Inspire
 - My Care Grampian
 - Paramount
 - Penumbra
 - Specialist Resource Solutions
 - VSA
- 3.3** Further information on the consortium, their values and how they work can be found at <https://www.granite.care/>
- 3.4** The initial transition of care was successful, with 1296 people living within our community having their care needs met by the new provider. There were only a very few minor concerns raised, and these centred around new care providers not having all of the relevant information to be able to access a service users' home via their key safe. These issues were easily resolved by the provider contacting the care management team. The key to this success can only be attributed to the hard work done in partnership between the ACHSCP and consortium teams.
- Members should note that at the time of transition there was a significant number of clients who chose to remain with their previous care provider, choosing option 2 arrangements (self-directed support). Currently the number of clients accessing care at home is 284.
- 3.5** Since 1st November, a collaborative relationship between partnership and provider continues, focussing on delivering the key high level outcomes for which the commission was designed, notably market stability, and delivering on personal outcomes for people living within our community.



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- 3.6** This collaborative approach has identified key elements which are seen to be essential to delivering the scale of transformational change required to move from a time and task delivery model to one which is based upon achieving individual outcomes.
- 3.6** One key areas of focus is to ensure that there is sufficient capacity to match the demand made for care at home services whilst at the same time, ensuring that the provision delivers against an individual's personal outcomes, through the delivery of an enabling, asset based approach.
- 3.7** Since the publication of the tender, there has been a significant shift in the requirement for all community-based Health and Social Care services, including an increased demand for a responsive care at home delivery.
- 3.8** Some of the reasons for this increase in demand include:
- A reduction in the number of people choosing to or being able to access residential care.
 - A reduction in the available number of hospital beds, with an associated demand placed on community resources under Operation Homefirst and Operation Snowdrop
 - The continued closure of or reduced numbers of clients accessing our day care facilities, with an associated demand on care at home services to provide carer support.
- 3.9** A key focus within the design of the commission was to place more of an emphasis on the review process, to ensure that the focus of care delivery is placed upon ensuring that current outcomes are being met. The care at home implementation group has, as part of its collaborative approach, commissioned the review of care needs for those people who are eligible. This review process has been split into two classifications:
1. A review of those people who have been assessed as requiring care and where a search for care has been unsuccessful (unmet need)
 2. A review of those people who are currently receiving care, delivered by the consortium.



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1. People with an unmet need

A review of people where a care search has been unsuccessful was conducted during the first 2 weeks of February 2021. A new approach was taken, inclusive of a wider multidisciplinary team with different professional backgrounds and different skills and knowledge. The process in itself has afforded teams with additional knowledge of the opportunities that working in a multidisciplinary way can offer, as well as offering alternative solutions for care provision. People's care needs were categorised as follows:

- Unmet need – those people where no care provision had been identified. Within this category were clients who required carers with BSL skills, carer support (in the absence of day care opportunities), housing support, alternative care (where an alternative to care at home provided under SDS option 1 or 2 was being sought), and purely care at home.
- Care no longer required – there were a significant number of people identified under this category for whom a care search had still been open. People within this category included those who no longer require care at home because they have met their outcomes, people where a care home is more appropriate, people who did not meet the eligibility criteria and people where a multi-disciplinary intervention was required.

2. People currently receiving care within the consortium.

The process for reviewing people currently receiving care within the consortium is currently under development. Time is being taken to ensure that the process developed is sustainable for the future, and there is an opportunity to work with the Scottish Government to test the use of “Near Me” to ensure that the process is inclusive of the person receiving care, their family and professionals delivering their care.

Needless to say, that there has been a significant amount of learning for all involved in this process as well as a significant reduction in the number of care searches. Of the 263 active care searches, 102 have been identified as no longer requiring care, with 84 identified as having an unmet need, and of these, 66 requiring care at home.



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- 3.10** The consortium chose to adopt a measured approach to the transitional arrangements – with the agreement of ACHSCP members. This was deemed to be appropriate given the level of change required – not only delivering an entirely new means of meeting peoples outcomes through the delivery of care at home, but also learning to work together as a consortium. This measured approach was not without risk during a period of time when the whole Health and Social Care system was under an unprecedented level of demand. The consortium was able to successfully respond to fluctuations in needs for people currently within their population. In order to ensure that people’s immediate outcomes were met, Bon Accord Care responded to the additional demand for new care at home requirements, under the winter surge plan arrangements (86 clients currently receiving care). It will be essential in the next few months to progress transitional arrangements to ensure that this population has their care needs – and outcomes met.
- 3.11** At the time of writing this report, the Granite Care Consortium are now starting to draw in people from the unmet needs list.
- 3.12** As well as the additional demands placed upon the care at home sector, from the 18th January 2021, non-residential care providers are subject to an expanded COVID 19 testing programme, and the level of disruption to business continuity at this point is as yet unknown. A non-residential assurance process has been established within ACHSCP to ensure that the situation is closely monitored, support and assurance offered, and business continuity secured.
- 3.13** Despite all of these challenges, and the “messy space” of implementing significant transformational change, the collaboration between GCC and ACHSCP remains strong and this is reflected in a shared outcome focussed implementation plan with the following components:
- Risk assessed care – ensuring that the level of care provision is carefully considered, and wherever possible, technology is used to maximum effect.
 - Enablement training – good progress has been made by a group comprising GCC and Scottish Care to plan and deliver enablement training to all care at home staff within the consortium.



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- Data and performance – the capacity within the Care at Home sector for both GCC and Bon Accord Care (BAC) now feature within a daily surge and flow data set.

- 3.12** Delivering on the ambition of this contract, and the alternative way of working is a significant ambition. As well as the necessary changes to process, it requires a significant level of organisational development and cultural change. Outcomes focussed conversation training is being delivered to provider and partnership organisations on an on-going basis.
- 3.13** Similarly, the modernisation of the sector through a greater but appropriate use of technology will continue to progress – for example, the introduction of a tech enabled system to respond to care needs. It is essential that these changes continue at pace, but also in consultation with members of the public to ensure full confidence.
- 3.14** Progress against the implementation of the contract is discussed between ACHSCP and GCC at a monthly review meeting. It is anticipated that from the end of March, these meetings will morph into quarterly performance review meetings with reporting against the key performance indicators.

4. Implications for IJB

- 4.1 Equalities** - There are no specific equality implications with this report.
- 4.2 Fairer Scotland** – There are no direct implications for our Fairer Scotland Duty as a result of the recommendation in this report.
- 4.3 Financial** - There are no specific financial implications arising from this report.
- 4.4 Workforce** - There are no specific workforce implications arising from this report.
- 4.5 Legal** - There are no specific legal implications arising from this report.
- 4.6 Other** – Nil



INTEGRATION JOINT BOARD

5. Links to ACHSCP Strategic Plan

This report links to all aims within the strategic plan.



6. Management of Risk

6.1. Link to risks on strategic or operational risk register:

This option links directly to strategic risk 1 – market sustainability.

6.2. How might the content of this report impact or mitigate these risks:

By implementing the necessary processes, and continuation of partnership working.

Approvals	
	Sandra Macleod (Chief Officer)
	Alex Stephen (Chief Finance Officer)

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