REPORT TO: **CLINICAL CARE AND GOVERNANCE COMMITTEE ON 30 AUGUST 2018**

SUBJECT: **COMPLAINTS AND ADVERSE EVENTS – QUARTER 1**

BY: **CHIEF OFFICER**

1. REASON FOR REPORT

1.1 To inform the Clinical Care and Governance Committee of Health and Social complaints and incidents reported in quarter 1 (April - June 2018)

2. RECOMMENDATION

2.1 It is recommended that the Clinical Care and Governance Committee:

i) consider and note Quarter 1 (April - June 2018) Health and Social Care complaints and adverse events summary; and

ii) note the intention to provide contextual information in future reports.

3. BACKGROUND

3.1 Information relating to the number of complaints received through the NHS system has been provided for scrutiny of this committee in the past. This largely related to the numbers of complaints and did not provide a holistic overview of complaints received across services of Health and Social Care Moray.

3.2 This report combines the complaints information from both NHS and Council systems and further work will be undertaken to provide comparisons with previous years information for future reports.

3.3 Adverse events provided in this report relate to those recorded on DATIX by NHS staff for which there are reports collated. Systems in place for Council staff do not facilitate easy collation and analysis. The possibility of using DATIX across all Health and Social Care services is an area for consideration as it would ensure that adverse incidents are recorded consistently, actioned appropriately and analysed for improvement opportunities across all service

areas. It would require Council staff to be provided with access to the system and appropriate training and the logistics of this need further investigation to establish all the implications.

4. KEY MATTERS RELEVANT TO RECOMMENDATION

4.1 Complaints

A total of 8 complaints were processed and completed by Health and Social care during Quarter 1. Further detail is included in **APPENDIX 1** to this report.

Outcomes from completed investigations are shown in the table below.

Recording system	Service	Upheld	Partially Upheld	Not Upheld	Total
NHS	GMED	1	1	0	2
Council	Access Team	1	0	1	2
	Mental Health	0	0	1	1
	Occupational Therapy	0	0	1	1
	Head of Service	0	0	2	2
	Total	2	1	5	8

All complaints received through the Council and NHSG process were processed within set timescale. Of the complaints against GMED both were met within timescale.

Type of Complaint	**NHS Complaints ***	**Council Complaints**
Complaint against service	2	1
Clinical Care and treatment		2
Complaint against staff		1
Waiting times	1	
Housing and access issues		1
Complainant not known to service		1

*One complaint was relevant to more than one type

4.2 Adverse Events

4.2.1 Incidents are recorded by NHS staff on the DATIX system. Each incident is reviewed by the appropriate line manager. Incidents are investigated, where required, with the relevant level of investigation applied. Analysis of this quarter's data shows that the majority of incidents were resolved following a local review by the line manager.

During Quarter 1 (April to June 2018) there were a total of 365 incidents recorded on DATIX. The highest prevalence were:-

81 incidents related to Slips Trips and Falls
77 incidents related to Abuse/ Disruptive Behaviour
25 incidents related to Access/Appointments/Discharge.

4.2.2 **Slips, Trips and Falls**

The majority of these incidences occurred within the hospital setting and can be attributed to co-morbidities and mobility difficulties.

4.2.3 **Abuse/ Disruptive Behaviour**

Of the 77 incidents, 67.5% (52) occurred within a Mental Health Setting. This may be concurrent with illness and behaviours relevant to this speciality. Of 25 that occurred in "other" setting, 44% (11) were attributed to mental health issues.

4.2.4 **Access/Appointments/Discharge**

25 incidents were reported regarding access, appointments, transfer and discharge. 83% (15) of these incidents related to people absconding from Mental Health settings. Of the remaining incidents 16% (4) related to lack of information sharing.

4.3 **Severity Rating**

Of the 365 incidents reported there were 282 rated as negligible, 70 as minor and 12 as Moderate.

There was one incident rated Extreme (death or major permanent incapacity, permanent loss of service, severe financial loss) which has been fully investigated.

5 SUMMARY OF IMPLICATIONS

(a) Corporate Plan and 10 Year Plan (Local Outcomes Improvement Plan (LOIP)) and Moray Integration Joint Board Strategic Commissioning Plan 2016 – 2019

As set out within Annex C of the Health and Social Care Integration Public Bodies (Joint Working) (Scotland) Act 2014 Clinical and Care Governance Framework.

Effective handling of complaints is used to ensure the efficient and sustainable delivery of services to meet priorities in the Strategic Plans

(b) Policy and Legal

Clinical and Care Governance requirements are set out within the Moray Health and Social Care Integration Scheme. Appropriate arrangements must be in place to ensure and evidence good governance in meeting duties under the Public Bodies (Joint Working) (Scotland) Act 2014.

(c) Financial implications

None directly associated with this report.

(d) Risk Implications and Mitigation

Moray Integration Joint Board (MIJB), Moray Council and NHS Grampian could find themselves exposed to significant risks if good governance is not in place. The purpose of this report is to oversee the processes to ensure that appropriate action is taken in response to adverse events, scrutiny reports/action plans, safety action notices, feedback, complaints and litigation, and those examples of good practice and lessons learned are disseminated widely.

Adverse events and complaints provide significant information on trends relating to risk and an encouraging opportunity for learning across the system. Regular monitoring of this is critical to ensure continuous improvement and the ambition of achieving excellence in our delivery of high quality care and treatment.

(e) Staffing Implications

This activity is core to all practitioners in the front line both in terms of their professional competence and assurances in care delivery.

(f) Property

None directly arising from this report.

(g) Equalities/Socio Economic Impact

Feedback is an important element to ensure that the needs of the service users/patients are met. Where services are experiencing high volumes of complaints, services should arrange to identify common complaint issues and any learning arising. This will help to ensure that complaints are not arising from situations where customer diversity needs have not been considered or addressed, e.g. disability or cultural issues.

(h) Consultations

Consultations have been undertaken with the following staff who are in agreement with the content of this report where it relates to their area of responsibility:

- Chief Officer, MIJB
- Legal Services Manager (Licensing & Litigation)
- Caroline Howie, Committee Services Officer
- Chief Financial Officer, MIJB

6 CONCLUSION

6.1 This report provides a summary and analysis of health and social care complaints handling performance and adverse events during Quarter 1 (April – June 2018) and outlines the intention to develop the contextual information for future reports.

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Background Papers: Ref:	held by authors