



REPORT TO: MORAY INTEGRATION JOINT BOARD CLINICAL AND CARE GOVERNANCE COMMITTEE ON 24 FEBRUARY 2022

SUBJECT: COMPLAINTS REPORT FOR QUARTER 3, 2021/2022

BY: CHIEF NURSE MORAY

1. REASON FOR REPORT

1.1. To inform the Committee of complaints reported and closed during Quarter 3 (1 October – 31 December 2021).

2. RECOMMENDATION

2.1. It is recommended that the Committee:

- i) considers and notes the totals, lessons learned, response times and action taken for complaints submitted and completed within the last quarter; and**
- ii) agree whether any further information is required in future reports.**

3. BACKGROUND

- 3.1. Within Health and Social Care Moray (HSCM), complaints received by NHS Grampian and Moray Council are recorded on 2 separate systems, in accordance with the appropriate policy and procedure of these organisations.
- 3.2. At the meeting on 27 February 2020 (para 7 of the minute refers), it was agreed that a combined report from NHS and Council complaints systems be submitted to future meetings of the Committee. At the Committee meeting on 27 August 2020 (para 14 of the minute refers) it was requested that the procedures be explained to demonstrate the similarities and differences, if any. As combined reporting is in the early stages, processes will be developed to support equity in reporting and analysis.
- 3.3. NHS and Local Authority Complaint Handling Procedure/Policy requires all staff to deal with feedback and complaints in a person/client-centred way. The procedure has been developed working closely with the Scottish Public Services Ombudsman (SPSO). There is a standard approach to handling complaints across the NHS and Local Authority, which complies with the SPSO's guidance on a model complaints handling procedure and meets all of

the requirements of the Patient Rights (Scotland) Act 2011, and accords with the Healthcare Principles introduced by the Act.

- 3.4. The complaints process followed by both NHS Grampian and Moray Council have the same target response timescales, with initial acknowledgement within 3 working days and a final response within 20 working days. Where it is not possible to complete the investigation within 20 working days an interim response should be provided with an indication of when the final response should be provided.
- 3.5. The decision as to whether the complaint is upheld or not will be made the manager or Head of Service. If the person raising the complaint is not satisfied with the outcome then they may contact the Scottish Public Services Ombudsman (SPSO) for an independent review and assessment, however prior to this, every effort is made to engage with the complainant to resolve the matter to their satisfaction.
- 3.6. The first Health and Social Care Moray (HSCM) Annual Complaints Report (2020/21) was published at the end of September 2021 and can be found on the HSCM website <https://hscmoray.co.uk/complaints.html>

4. KEY MATTERS RELEVANT TO RECOMMENDATION

- 4.1. The CCG Committee will be presented with quarterly complaints performance information using the draft mandatory Key Performance Indicators, identified by SPSO, that are required as a minimum for inclusion in an Annual Complaints Report. These are:

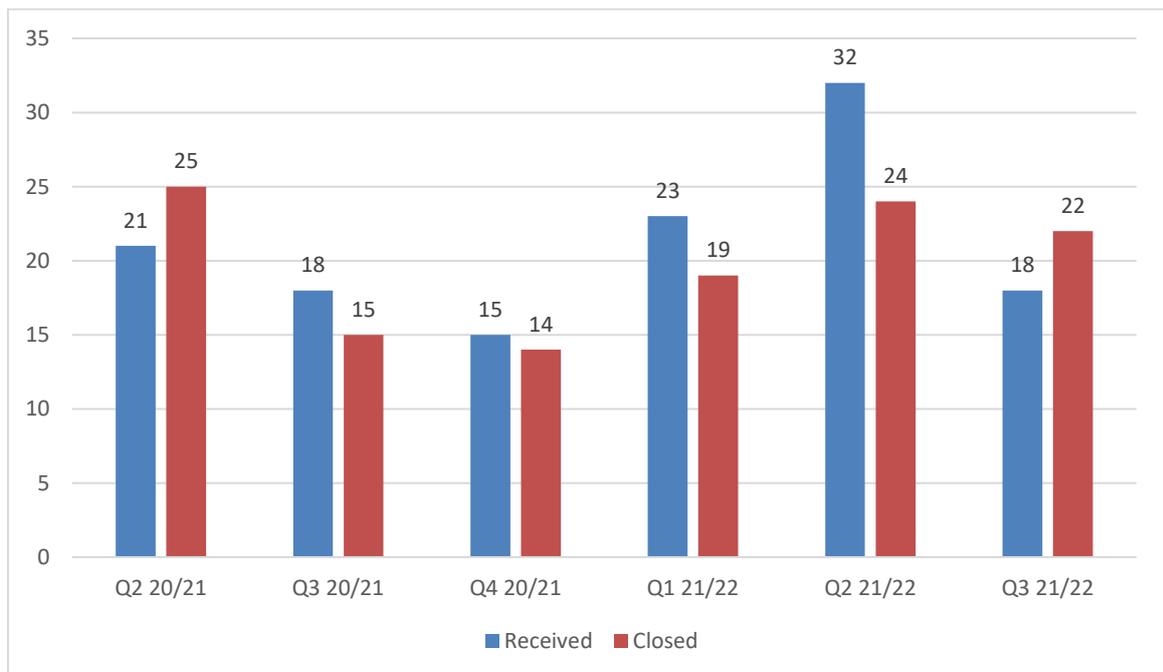
Indicator One	Learning from complaints <i>A statement outlining changes or improvements to services or procedures as a result of consideration of complaints</i>
Indicator Two	The total number of complaints received <i>The sum of the number of complaints received at Stage 1 (this includes escalated complaints as they were first received at Stage 1), and the number of complaints received directly at Stage 2.</i>
Indicator Three	The number and percentage of complaints at each stage which were closed in full within the set timescales of five and 20 working days <i>The number of complaints closed in full at stage 1, stage 2 and after escalation within MCHP timescales as % of all stage 1, stage 2 and escalated complaints responded to in full</i>
Indicator Four	The average time in working days for a full response to complaints at each stage <i>The average time in working days to respond at stage 1, stage 2 and after escalation</i>
Indicator Five	The outcome of complaints at each stage

	<i>The number of complaints upheld, partially upheld, not upheld and resolved at stage 1, stage 2 and after escalation as % of all complaints closed at stage 1, stage 2 and after escalation</i>
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- 4.2. Information about complaints referred to the Ombudsman are also included along with any complaints made against the Moray Integration Joint Board.
- 4.3. Figures reported do not include complaints raised regarding the vaccination appointments or processes as these are being dealt with through a dedicated team covering the Grampian area.
- 4.4. As reporting develops, analysis of trends and outcomes of complaints will be incorporated in more detail.
- 4.5. Overall, a total of 18 complaints were received during Quarter 3.

	Total Received in Quarter 3	Total Closed in Quarter 3
Local Authority	3	2
NHS	15	20
	18	22

4.6. The table below sets out HSCM complaints received and closed by Quarter:



4.7. HSCM Complaints performance data for Quarter 3 is attached at **Appendix 1**.

5. SUMMARY OF IMPLICATIONS

(a) Corporate Plan and 10 Year Plan (Local Outcomes Improvement Plan (LOIP)) and Moray Integration Joint Board Strategic Plan “Moray Partners in Care 2019 – 2029”

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.

(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

There are systems and processes in place across service areas to support clinical governance, providing assurance to the HSCM Senior Leadership Team and to the Clinical and Care Governance Committee. There are platforms within Health and Social Care to discuss and share good practice, learning and challenges.

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.

(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

Not required as there are no changes to policy.

(h) Climate Change and Biodiversity Impacts

None directly arising from this report.

(i) 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:

- Sean Coady, Head of Service, HSCM
- Jane Mackie, Head of Service / Chief Social Work Officer
- Jeanette Netherwood, Corporate Manager
- Tracey Sutherland, Committee Services Officer, Moray Council

6. CONCLUSION

6.1. This report provides a summary of HSCM complaints received and closed during Quarter 3 (1 October – 31 December 2021). The governance and monitoring of complaints forms part of core business for teams and services and the provision of a good quality, effective and safe service is a key priority for all.

Author of Report: Isla Whyte, Interim Support Manager

Background Papers: with author

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