



REPORT TO: MORAY INTEGRATION JOINT BOARD CLINICAL AND CARE GOVERNANCE COMMITTEE ON 25 AUGUST 2022

SUBJECT: COMPLAINTS REPORT FOR QUARTER 1, 2022/2023

BY: CHIEF NURSE, MORAY

1. REASON FOR REPORT

- 1.1. To inform the Committee of complaints reported and closed during Quarter 1 (1 April 2022 – 30 June 2022).

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 completed within the last quarter; and**
- ii) **notes that a draft Health and Social Care Moray (HSCM) Annual Complaints Report for 2021/22 will be presented to the October meeting.**

3. BACKGROUND

- 3.1. Within HSCM, complaints received by NHS Grampian (NHSG) 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 NHSG 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.
- 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 NHSG and Moray Council have the same target response timescales. Early resolution, or front line, complaints will be responded to within 5 working days and complaints handled at the investigation stage have a response time of 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 by 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 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>
- 3.7. The annual report summarises and builds on the quarterly reports produced for Clinical and Care Governance Committee. It includes details of the numbers and types of complaints and information about the stage at which complaints were resolved, the time taken to do so, and about the actions that have been or will be taken to improve services as a result of complaints.

4. KEY MATTERS RELEVANT TO RECOMMENDATION

- 4.1. The CCG Committee is presented with quarterly complaints performance information using the *draft* mandatory Key Performance Indicators (KPIs), identified by SPSO. 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>

- 4.2 In March 2022 the agreed Complaints KPIs for the Model Complaints Handling Procedures for Local Authorities (LA) were published on the SPSO website. There are four mandatory KPIs for LAs (this includes Health and Social Work Partnerships, in relation to social work functions delegated from LAs). These are:

Indicator One	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 Two	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 Three	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 Four	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>

- 4.3. The qualitative indicator on learning from complaints has been removed. However, Part 4 of the SPSO Model Complaints Handling Procedure on Governance stresses the importance of learning from complaints, and the requirements to record and publicise learning.
- 4.4. The draft KPIs also included recommended indicators about raising awareness, staff training and customer satisfaction with the complaints process. Although

these too have been removed from the refreshed guidance, organisations are encourage to continue collecting this data if they already do so to further support improvement in delivery of service.

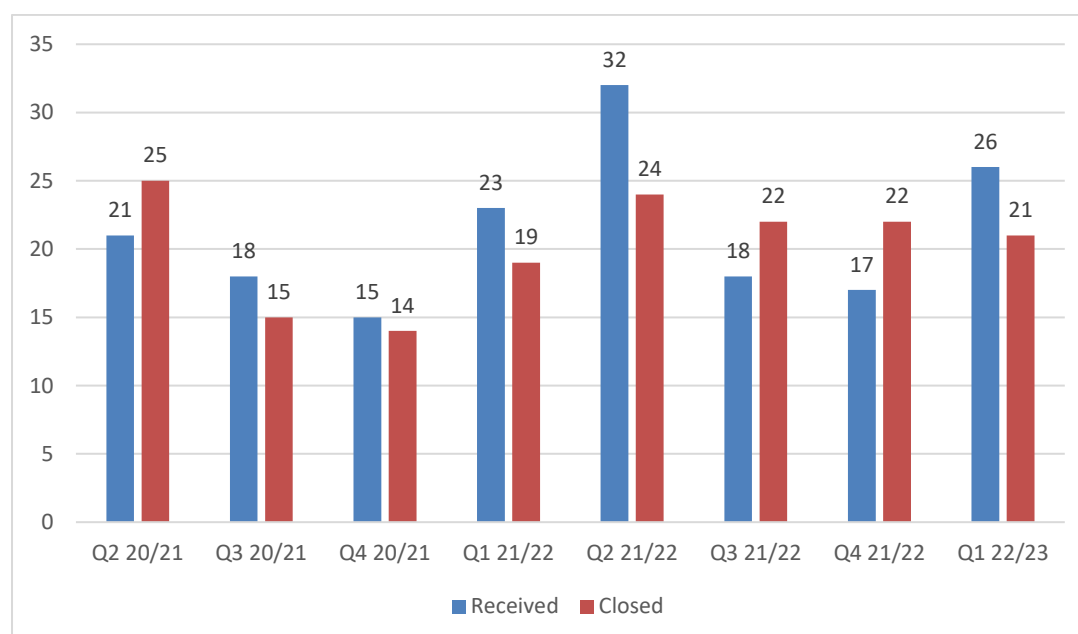
- 4.5. These KPIs are applicable for data collected from 1 April 2022. The annual report publication deadline is the end of October. Therefore, the first annual report using these KPIs will be in October 2023.
- 4.6. Complaints about a service that is provided by HSCM on behalf of the NHS, require to be captured using the 9 NHS performance indicators. These are:
 - Learning from complaints
 - Complaint process experience
 - Staff awareness and training
 - The total number of complaints received
 - Complaints closed at each stage
 - Complaints upheld, partially upheld and not upheld
 - Average time to close complaints at each stage
 - Complaints closed in full within the timescales
 - Number of cases where an extension is authorised
- 4.7. The NHSG Annual Complaints report provides information on all complaints, concerns, comments and feedback recorded on Datix, this includes any recorded under Health and Social Care Moray. The Annual Complaints Report produced by the Council includes all council related complaints recorded on Iagan, this includes any Council related services under HSCM.
- 4.8. The SPSO have advised to ensure there is no double reporting of figures but it should be made clear where partnerships' complaints performance information is published.
- 4.9. Given the importance HSCM places on receiving comments and feedback to use to continuously improve services it is suggested HSCM continues to publish annual complaints performance information to demonstrate HSCM's commitment to valuing complaints. The annual report will provide links to the Council's and NHSG's Annual Complaints Performance Reports and provide supplementary information specific to Health and Social Care Moray. Any complaints received relating to the dissatisfaction with the MIJB's policies, decisions or administrative or decision-making processes followed by the MIJB will be reported, even if the number is nil. The MIJB's definition of a complaint is: *"An expression of dissatisfaction by one or more members of the public about the MIJB's action or lack of action, or about the standard of service the MIJB has provided in fulfilling its statutory responsibilities."*
- 4.10. HSCM Complaints performance data for Quarter 1 is attached at **Appendix 1**.
- 4.11. Information about complaints referred to the Ombudsman are also included along with any complaints relating to the actions and processes of Moray Integration Joint Board.

4.12. 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.

4.13. Overall, a total of 26 complaints were received during Quarter 1.

	Total Received in Quarter 1	Total Closed in Quarter 1
Local Authority	9	4
NHS	17	17
	26	21

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



4.15. There were 16 MP/MSP enquiries received and recorded on the Council system, Lagan, under HSCM. These were allocated as follows:

Service	Number of Enquiries
Care at Home	8
Community Care Finance	3
TMC Specialist Unit	1
Occupational Therapy	2
Mental Health	1
Access Team	1

4.16. Correspondence has been received from MPs/MSPs and Councillors direct to managers in HSCM, at this stage it is not possible to accurately report on numbers received due to these enquiries not all being logged centrally. It can be noted enquiries were about a variety of matters with not one topic standing out more than others in terms of recurring themes. Processes for recording these appropriately are currently being defined to support effective feedback, prevent duplication and aid identification of trends and learning for all services.

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) Directions

None directly arising from this report.

(j) 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
- Sean Coady, Head of Service, HSCM
- Jane Mackie, Head of Service / Chief Social Work Officer
- Corporate Manager
- Tracey Sutherland, Committee Services Officer, Moray Council
- Clinical and Care Governance Group

6. CONCLUSION

6.1. This report provides a summary of HSCM complaints received and closed during Quarter 1 (1 April – 30 June 2022). 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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