Aberdeen City Health & Social Care Partnership
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Risk, Audit and Performance Committee

Date of Meeting	28 November 2023
Report Title	Internal Audit Report – IJB Complaints Handling
Report Number	HSCP23.093
Lead Officer	Jamie Dale Chief Internal Auditor
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Consultation Checklist Completed	Yes
Directions Required	No
Exempt	No
Appendices	No
Terms of Reference	2. Review and approve the annual audit plans (internal and external) on behalf of the IJB, receiving reports, overseeing and reviewing actions taken on audit recommendations and escalating to the IJB as appropriate.

1. Purpose of the Report

1.1. The purpose of this report is to present the outcome from the planned audit of the IJB Complaints Handling that was included in the Internal Audit Plan.

2. Recommendations

2.1. It is recommended that the Committee:

a) Review, discuss and comment on the issues raised in the report.

3. Strategic Plan Context

3.1. Internal Audit's role is to provide assurance regarding the adequacy and effectiveness of the Integration Joint Board's framework of governance, risk

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management and control. Each of these areas helps ensure that the IJB can deliver on all strategic priorities as identified in its strategic plan.

4. Summary of Key Information

Assurance Assessment

4.1. The level of net risk is assessed as **MODERATE**, with the control framework deemed to provide **REASONABLE** assurance over the IJB's approach to the Complaints Handling.

4.2. The following governance, risk management and control measures were sufficiently robust and fit for purpose:

4.2.1. **Governance arrangements** – Delegated authority for complaint handling is formalised and the NHS and Council Feedback teams maintain good oversight of complaints, with systems in place for progressing complaint investigations and responses with relevant lead officers. In addition, regular monitoring of complaints takes place by the Health and Social Care Partnership (H&SCP) Clinical and Care Governance Group and the H&SCP Clinical and Care Governance Committee.

4.2.2. **Written procedures, guidance, and training** – Written procedures and guidance for staff are comprehensive and comply with the relevant Scottish Public Services Ombudsman (SPSO) model complaints handling procedures. In addition, online training, shared learning events and regular staff newsletters covering complaints handling are in place. Furthermore, complaints handling procedures and reporting arrangements are adequately advertised to members of the public.

4.2.3. **Complaint handling** – Complaints are generally being well handled based on a sample of 20 H&SCP complaints reviewed (nine NHS patient, eight social care service users, three directly to the Chief Officer) reviewed. Correspondence with complainants was generally of a good standard and lessons had been learned and improvement action taken where complaints were upheld.

4.2.4. **Annual performance reporting** – Mandatory annual reporting on complaints key performance indicators was in line with SPSO requirements for all Council and NHS Grampian complaints, which cover Aberdeen City H&SCP complaints.

4.3. However, the review identified some areas of weakness where enhancements could be made to strengthen the framework of control, specifically:

4.3.1. **Early resolution** – Complaints in general could be resolved quicker. In 2022/23, of 160 H&SCP complaints received (145 NHS and 15 Social Care) deemed suitable[1] for early resolution within five working days, only 46 (29%) (41 NHS and 5 Social Care) achieved early resolution, with the remainder taking longer, with an average complaint receipt to closure duration of 40 days (NHS average 45 days, Social Care average 21 days).

4.3.2. **Management monitoring** – The SPSO mandated quarterly key performance indicator (KPI) on average response times by complaint stage is not being reported at all to senior management as required, despite complaint handling timeliness needing improvement. Also, whilst some lessons learned are being reported for some services to the Aberdeen City H&SCP Clinical and Care Governance Group, this reporting was not observed to the H&SCP Clinical and Care Governance Committee nor the H&SCP Senior Leadership Team (SLT). The H&SCP SLT identified the need for complaints and enquiries performance reports to be reported to the monthly SLT meetings in November 2022. Prior to the commencement of this audit, work to collate this data from across NHS Grampian, Aberdeen City Council and the Integration Joint Board is underway and scheduled for completion during 2023/24.

4.3.3. **Public reporting** – The SPSO requires anonymised quarterly external reporting on complaints outcomes and actions taken to improve services however this is not taking place. This is qualitative in nature and can be addressed for social care complaints by 'You Said, We Did' notifications or case studies. Similar reporting is required for health complaints with an additional requirement to report on complaints 'trends' e.g., overall number of complaints received by quarter. The April 2023 Aberdeen City H&SCP Clinical and Care Governance Committee complaint report reviewed the required content to some extent with a case study example of action taken to address a complaint. However, these Committee reports are unavailable to the public.

[1] Complaints are classified within the NHS complaint handling system (Datix) by the Feedback team and service complaint lead, according to customer severity and complexity. This determines if suitable for early resolution within five working days of receipt or if investigation is instead required over a 20-working day period where more complex / higher risk. A similar process is adopted by the Council's Feedback team with complaints suitable for early resolution which have taken longer specifically identified as 'S2-Esc'.

4.3.4. **System data and dashboard reporting** – Lessons learned, and improvement actions are not always recorded in the Council complaints handling systems despite being captured in the related correspondence with complainants. In addition, multiple systems are in use to handle complaints, some of which are spreadsheet based. These issues mean system data available to H&SCP SLT members is incomplete for dashboard reporting purposes.

4.4. It is acknowledged that there are challenges; requirements to capture complaints information across three different organisations, which use different systems, meaning the task of coordination and presenting data can be more onerous. However, the above issues increase the risk of continued complaint handling delays, and poor service delivery where reasons for complaints are not addressed. This increases the risk of repeat complaints, complainant dissatisfaction and escalation to the SPSO, with resulting reputational damage for the H&SCP where complaints are publicly upheld by the SPSO.

4.5. Recommendations have been made to address these matters including establishing senior management complaints reporting that covers SPSO requirements as a minimum; publishing necessary complaint outcome and actions taken reports; reviewing mandatory reporting requirements for complaints handling systems to ensure lessons learned and necessary corrective action are captured; and establishing senior management H&SCP complaints handling dashboard reporting.

Severe of major issues / risks

4.6. Issues and risks identified are categorised according to their impact on the Board. The following are summaries of higher rated issues / risks that have been identified as part of this review:

Ref	Severe or Major Issues / Risks	Risk Agreed	Risk Rating
1.1	**Management monitoring** – It is a mandatory requirement of SPSO model complaints procedures for complaints key performance indicators (KPIs) to be reported to senior management on a quarterly basis. However, performance needs improvement, since in 2022/23, of 160 H&SCP complaints received (145 NHS and 15 Social Care) deemed suitable for early resolution within five working days, only 46 (29%) (41 NHS and 5 Social Care) achieved early resolution, with the	Yes	**Major**

Ref	Severe or Major Issues / Risks	Risk Agreed	Risk Rating
	remainder taking longer, with an average complaint receipt to closure duration of 40 days (NHS average 45 days, Social Care average 21 days). Regular performance reporting intended to cover all Aberdeen City H&SCP complaints, is taking place through the H&SCP Clinical and Care Governance Group and H&SCP Clinical and Care Governance Committee. However, reporting does not include the SPSO mandated quarterly key performance indicator (KPI) on average response times by complaint stage, which needs addressed. Also, whilst some lessons learned are being reported for some services to the Aberdeen City H&SCP Clinical and Care Governance Group, this reporting was not observed to the Clinical and Care Governance Committee nor H&SCP Senior Leadership Team (SLT). Where Senior Management complaints key performance reporting is incomplete there is a greater risk complaint resolution will continue to be delayed, lessons will not be learned, and that complaints will be escalated to the SPSO, resulting in reputational damage to the H&SCP where upheld.		

Management Response

4.7. The Senior Leadership Team (SLT) welcome the findings of the audit. SLT are currently working on a governance dashboard which will include data on complaints (including the quarterly SPSO data outlined in this audit). This dashboard will allow SLT to be sighted on key data sets on a regular basis. SLT will also work with colleagues in Aberdeen City Council (ACC) and NHS Grampian to ensure consistency across templates, response letters etc.

5. Implications for IJB

5.1. Equalities, Fairer Scotland and Health Inequality – An equality impact assessment is not required because the reason for this report is for the RAPC to discuss, review and comment on the contents of and Internal Audit Report and there will be no differential impact, as a result of this report, on people with protected characteristics.

5.2. Financial – There are no direct implications arising from this report.

5.3. Workforce – There are no direct implications arising from this report.

5.4. Legal –There are no direct implications arising from this report.

5.5. Unpaid Carers – There are no direct implications arising from this report.

5.6. Information Governance – There are no direct implications arising from this report.

5.7. Environmental Impacts – There are no direct impacts arising from this report.

5.8. Sustainability – There are no direct impacts arising from this report.

5.9. Other – there are no other impacts arising from this report.

6. Management of Risk

6.1. **Identified risks(s):** The Internal Audit process considers risks involved in the areas subject to review. Any risk implications identified through the Internal Audit process are as detailed in the resultant report.

6.2. **Link to risks on strategic risk register:** The Internal Audit Plan, and this output report, is developed following consideration of the Aberdeen City Health and Social care Partnership Risk Register and through consultation with management.

6.3. **How might the content of this report impact or mitigate these risks:** Where risks are identified during the Internal Audit process, recommendations are made to management in order to mitigate these risks.