DRAFT

HEALTH &
SOCIAL CARE
MORAY

Annual Report on

Complaints 2020 – 2021

01/04/20 – 31/03/21
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Introduction

This Complaints Handling Annual Report summaries Health and Social Care Moray's (HSCM) performance in terms of handling complaints during 1 April 2020 and 31 March 2021.

There are internal processes for reporting of complaints information, including analysis of complaints trends, however this is HSCM's first published annual complaints performance report. It includes performance statistics, in line with the complaints performance indicators published by the Scottish Public Services Ombudsman (SPSO) and complaints trends and actions that have been or will be taken to improve services as a result.

Background

The original Model Complaints Handling Procedures (MCHPs) were first developed by the SPSO in collaboration with complaints handlers and key stakeholders from each sector and were published in 2012. The MCHPs were produced taking account of the Crerar and Sinclair reports that sought to improve the way complaints are handled in the public sector, and within the framework of the SPSO's Guidance on a MCHP.

The MCHPs also reflect the SPSO Statement of Complaint Handling Principles approved by the Scottish Parliament in January 2011. Following recommendations from the Scottish Government's social work complaints working group in 2013, a separate MCHP for social work was developed. The 'Public Services Reform (Social Work Complaints Procedure) (Scotland) Order 2016' (the Order) brought social work complaint handling under the remit of the SPSO Act and subsequently the separate documents for Local Authorities (LA) and Social Work sectors were combined into a single document, the LA MCHP.

The SPSO revised and reissued all the MCHPs (except the NHS) in 2020 under section 16B(5) of the Scottish Public Services Ombudsman Act 2002 on 31 January to give public sector organisations time to implement any changes by April 2021. The NHS was the last public sector to adopt the MCHP on 1 April 2017 and it has not yet been revised since it was first published.

Upon receipt of a complaint, Health and Social Care Moray staff follow the appropriate MCHP of the partner organisation and are supported by their specialist teams.

Key Performance Indicators

Performance Indicators are measures and targets that help assess and demonstrate how functions are carried out.

The SPSO have published draft mandatory Key Performance Indicators for measuring how public bodies manage complaints, these are:

Indicator One	**Learning from complaints** *A statement outlining changes or improvements to services or procedures as a result of consideration of complaints*
Indicator Two	**The total number of complaints received** *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.*
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** *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*
Indicator Four	**The average time in working days for a full response to complaints at each stage** *The average time in working days to respond at stage 1, stage 2 and after escalation*
Indicator Five	**The outcome of complaints at each stage** *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*

The data detailed in this report is based on these Key Performance Indicators.

There is a challenge for reporting of complaints for HSCM due to the fact that there is a need to use two recording systems which then requires collation and as the systems hold data in slightly different ways. This means that there are differences in how the information is reported for some of the indicators.

Datix is used by NHS Grampian and is therefore accessed by NHS staff, Lagan is used by Moray Council and is used by Council staff.

With regard to Indicator 5 the updated MCHP has provided a definition of "resolving" a complaint. "*A complaint is resolved when both the organisation 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*". This focusses efforts to, wherever possible and appropriate, resolving complaints to the service user's satisfaction. To do this it is necessary to identify and clarify what outcome the service user wants at the start of the process which maybe a change in process for some people currently involved with complaints. It will also change the number of categories of outcomes for complaints to:-

- Upheld
- Not upheld
- Partially upheld and
- resolved

Summary

Complaints provide valuable information that can be used to continuously improve services, the experiences and satisfaction of people along with their families and carers.

Our Model Complaints Handling Procedure reflects the partnerships commitment to serving the public by valuing complaints.

It seeks to resolve issues through local, early resolution and, where necessary, to conduct thorough, impartial and fair investigations of complaints. This will enable us to address dissatisfaction and should prevent the problems that led to the complaint from occurring again.

Indicator 1 - Learning from complaints

Teams and services actively review the outcomes of complaints to see where improvements can be made and learn from the feedback, with a view to reducing the number of complaints in future. The tables 1a, 1b, 2 and graph 1 below set out the stages the complaints were closed and what the complaint was about and what action taken.

Table 1a

Complaints Information Extracted from Datix – Action Taken

	Early resolution	Investigation	Total
Access - Improvements made to service access	0	4	4
Communication - Improvements in communication staff-staff or staff-patient	0	17	17
Education/training of staff	0	5	5
No action required	3	10	13
Policy reviewed	0	1	1
Risk issues identified and passed on	0	1	1
System - Changes to systems	0	2	2
Share lessons with staff/patient/public	0	9	9
Total	3	49	52*

Figure more than total number of closed complaints as there could be multiple actions taken for each complaint

Table 1b

Complaints Information Extracted from Lagan – reason for complaint

	Early resolution	Investigation	Total
Complaint against service assessment	2	1	3
Complaint against staff	4		4
Other	5	1	6
Process / Procedure	10	5	15
Total	21	7	28

Actions taken by services as learning outcomes included establishment of monthly multi-disciplinary meetings to monitor care packages and provide a forum to discuss and issues raised and development of focussed training for all relevant Social work staff with the aim of improving the consistency and quality of engagement with families both during assessment process and pre-discharge care planning. There were changes to recording of meetings on Carefirst to ensure that resource allocation meetings had the necessary information to ensure appropriateness of referrals. In addition specific members of staff were given additional training in respect of standards of communications expected, and the protocol for reviewing an individual's care package.

Table 2

Complaints Information Extracted from Datix – Action Taken by Service

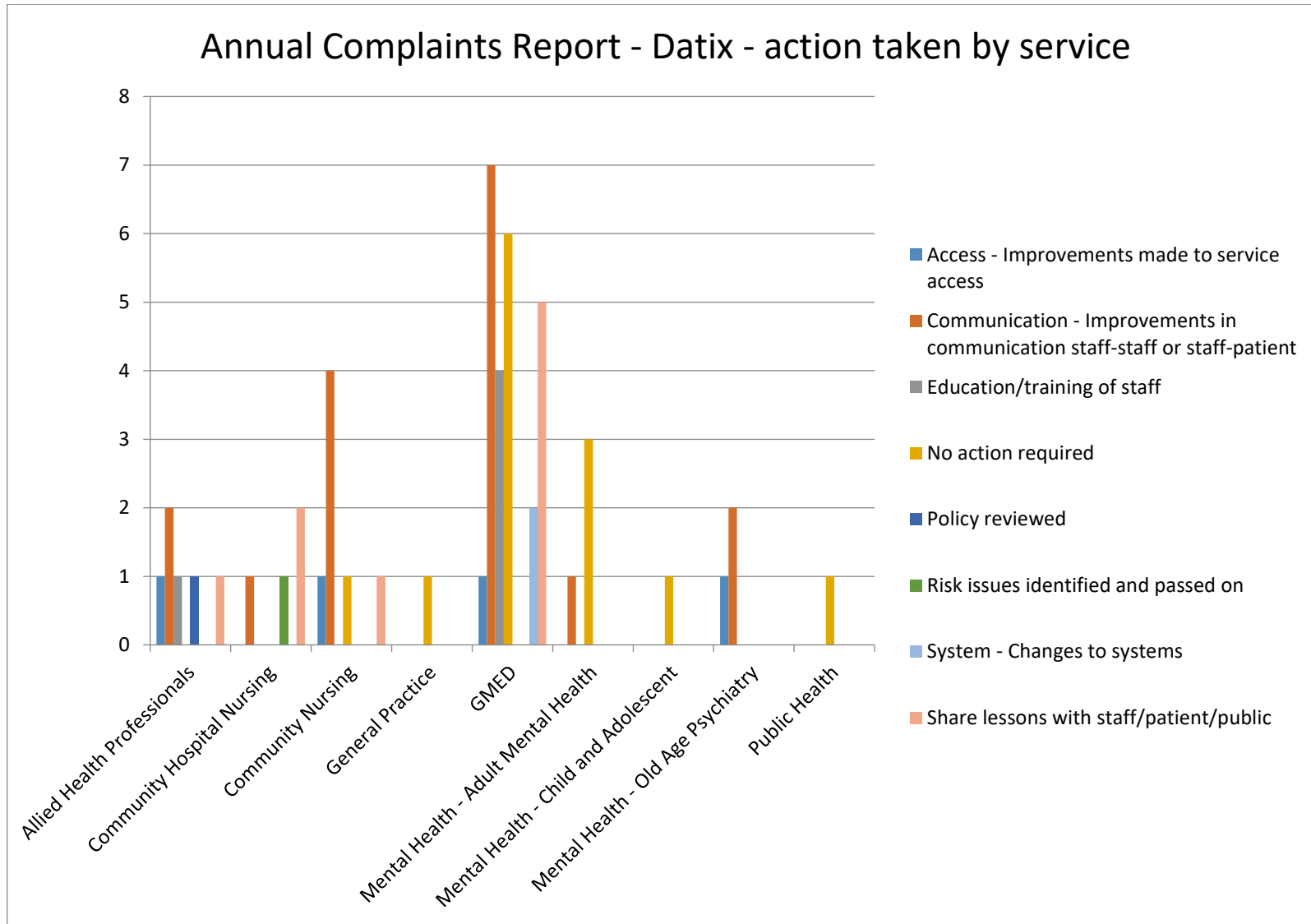|	Access - Improvements made to service access	Communication - Improvements in communication staff-staff or staff-patient	Education /training of staff	No action required	Policy reviewed	Risk issues identified and passed on	System - Changes to systems	Share lessons with staff/patient/public	Total
Allied Health Professionals	1	2	1	0	1	0	0	1	6
Community Hospital Nursing	0	1	0	0	0	1	0	2	4
Community Nursing	1	4	0	1	0	0	0	1	7
General Practice	0	0	0	1	0	0	0	0	1
GMED	1	7	4	6	0	0	2	5	25
Mental Health - Adult Mental Health	0	1	0	3	0	0	0	0	4
Mental Health - Child and Adolescent	0	0	0	1	0	0	0	0	1
Mental Health - Old Age Psychiatry	1	2	0	0	0	0	0	0	3
Public Health	0	0	0	1	0	0	0	0	1
Total	4	17	5	13	1	1	2	9	52*

GMED have received the most complaints but that is usual due to the type of service that they provide and they actively review all their complaints on a weekly basis. They established a short life working group to review the dispatching/caseload allocation based on staff and patient feedback to improve process and information flow. They also have established a monthly learning session where topics are discussed that have arisen from complaints or adverse events, that provide a cross-service training opportunity and forms an excellent basis for identification of improvements.

A significant number of the complaints recorded via Datix are related to communication and there has been additional training regarding protocols for how to hold meetings and discussions with people and then the follow up to ensure that there is a shared understanding which should hopefully reduce misunderstandings in future.

Other teams discuss their complaints at their team meetings and discuss any opportunities for improvement or training requirements.

Graph 1

Complaints Information Extracted from Datix – Action Taken by Service

Annual Complaints Report - Datix - action taken by service

Legend:
- Access - Improvements made to service access
- Communication - Improvements in communication staff-staff or staff-patient
- Education/training of staff
- No action required
- Policy reviewed
- Risk issues identified and passed on
- System - Changes to systems
- Share lessons with staff/patient/public

Indicator 2 - **The total number of complaints received**

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.

Table 3 – total number of complaints

System recorded	Early Resolution / Frontline	Investigation	Total
NHS - Datix	3	32	35*
Moray Council - Lagan	25	7	28*
Total	28	39	**67**

Note - 1 rejected on Datix as for NHS 24 not NHSG but included in total figure (35)
Note - 4 complaints received into Lagan but not closed during the period included in early resolution figures

Table 4

	Early resolution	Investigation	Total
Allied Health Professionals	0	2	2
Community Hospital Nursing	0	2	2
Community Nursing	1	4	5
General Practice	0	1	1
GMED	1	15	16
Mental Health - Adult Mental Health	0	5	5
Mental Health - Child and Adolescent	0	1	1
Mental Health - Old Age Psychiatry	0	2	2
Public Health	1	0	1
Access Team	3	0	3
Head of Service	14	3	17
Mental Health – Social Work	1	1	2
Adult Protection	1	0	1
Occupational Therapy	1	0	1
Care at Home	2	1	3
Community Care Finance	2	0	2
Moray East Team – Social work	0	1	1
Moray West Team – Social Work	1	1	2
Total	28	39	67

Datix – Complaints Closed by Year:

Year	Early Resolution	Investigation	Ombudsman	Total
2017/18	4	58	4	66
2018/19	11	51	1	63
2019/20	6	48	4	58
2020/21	3	32	0	35

**Graph 2 - Datix – Complaints Closed by Year**
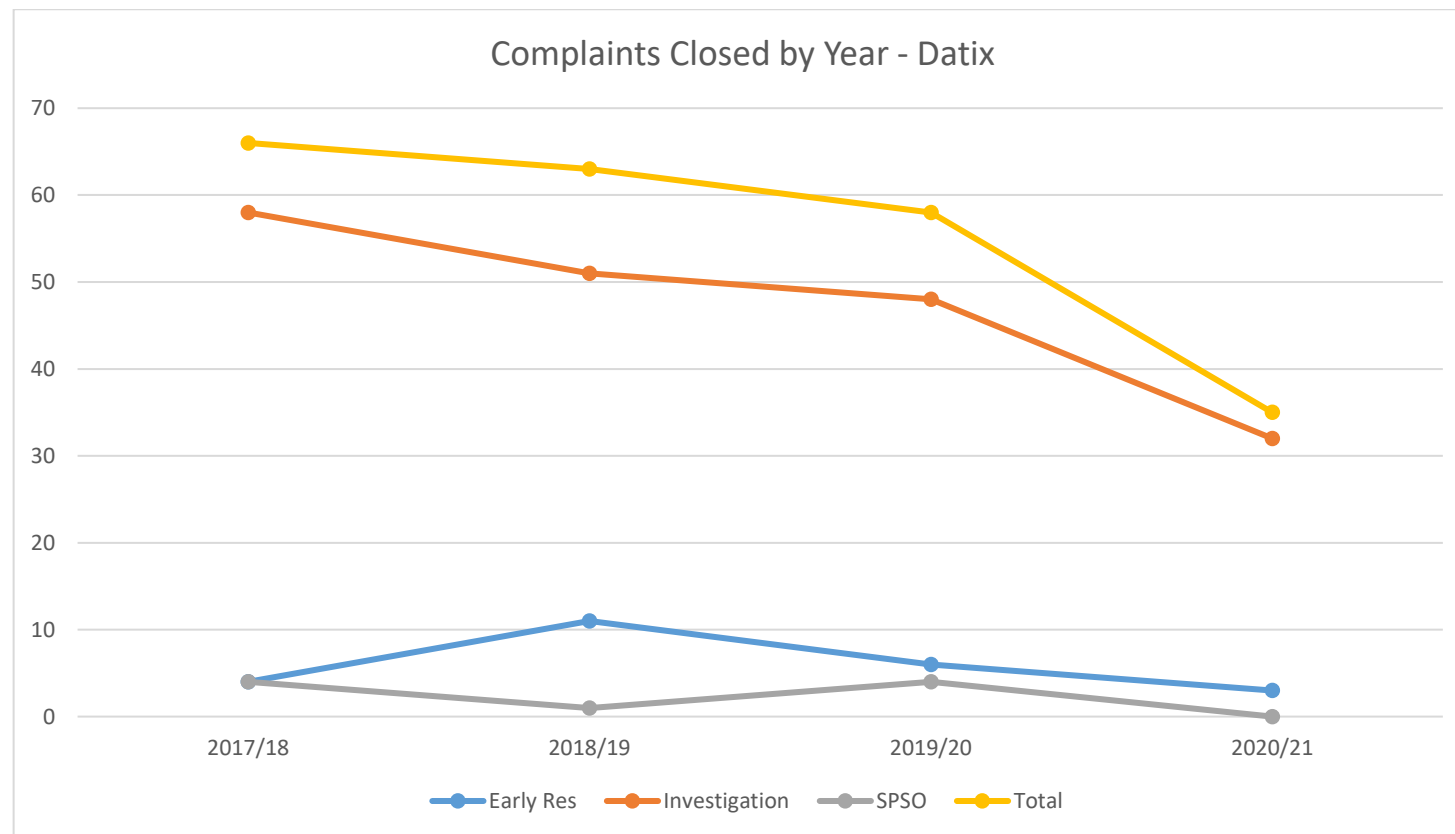
The number of complaints recorded through Datix last year reduce significantly. Due to the pandemic and the impacts and changes to services it is not possible to do a direct comparison to previous years. What is promising is the reduction in the number of complaints that required to be taken to investigation stage although efforts during 2021/22 will be to increase the number of complaints closed and complainants satisfied at early resolution stage.

Lagan - Complaints Closed by Year:

Year	Early Resolution	Investigation	Ombudsman	Total
2017/18	2	45	3	50
2018/19	6	34	0	40
2019/20	8	45	3	56
2020/21	21	7	0	28

Graph 3 - Lagan – Complaints Closed by Year
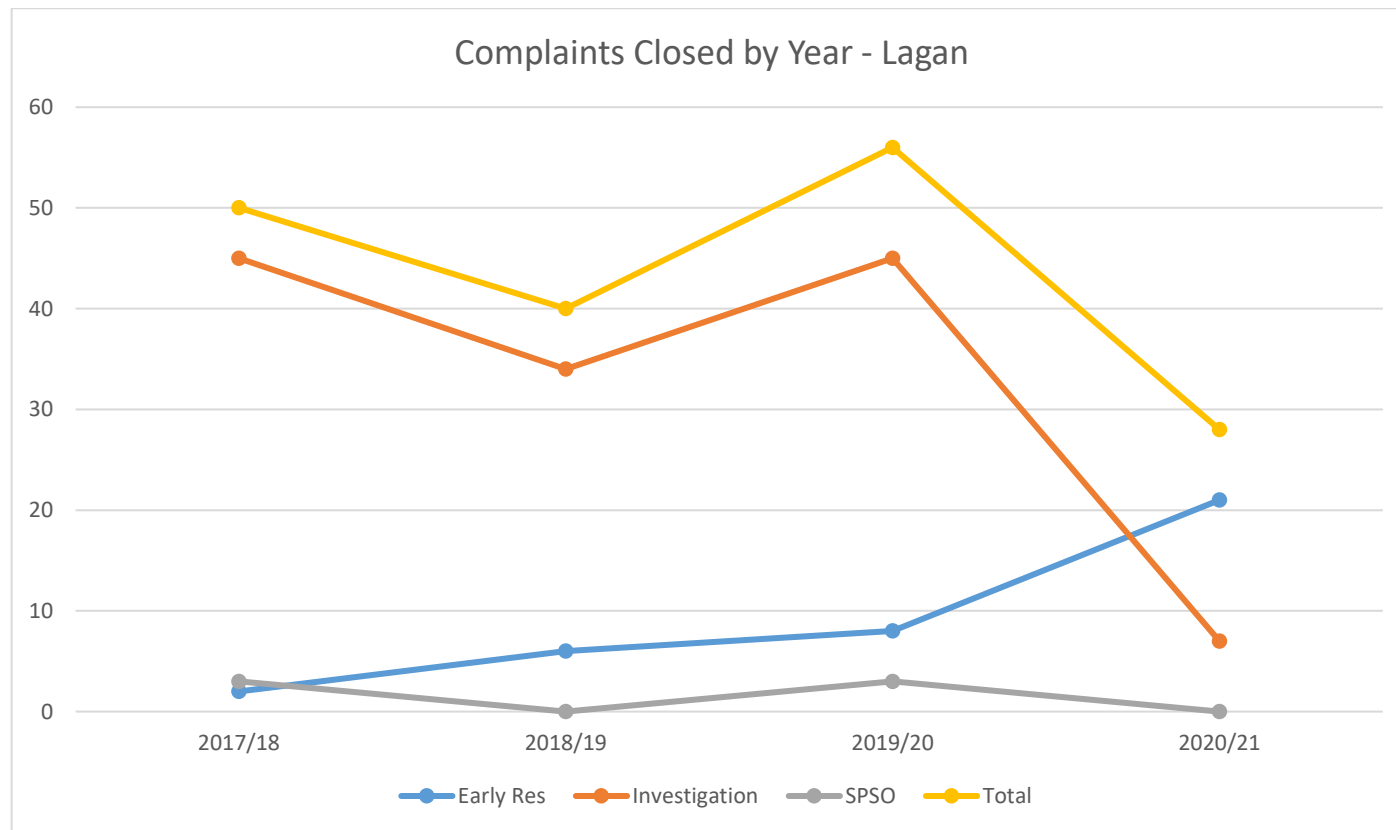
The number of complaints recorded through Lagan also was half the number in the previous year. What was very promising was the increase in the volume of complaints completed at early resolution stage (circa 60%).

Indicator 3 - **The number and percentage of complaints at each stage which were closed in full within the set timescales of five and 20 working days**

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

Table 5 – number and percentage of complaints at each stage closed within timescales

	Early Resolution with timescale	Investigation within timescale
NHS - Datix	1 out of 3 (33%)	8 out of 32 (25%)
Moray Council - Lagan	4 out of 25 (16%)	1 out of 7 (14%)

Complaints received into HSCM are often multi-faceted and include more than one service which can impact on response times due to the level of investigation and coordination required. However during last year we were not able to achieve the targets timescales for responding with over 75% of responses out with target. This may be in part due to the impact of Covid-19 Pandemic as during times of surge, all staff resource was directed on delivering critical functions and responses to communications were not given the same priority. This is a particular target area for improvement and a workshop to review some examples of complaints to conduct case studies was undertaken in September 2021 to identify obstacles preventing and opportunities to improve response times, raise awareness of the need to seek how to resolve matters to the complainants' satisfaction and to streamline processes. The output from this workshop is being collated and actions identified to address the issues raised.

Indicator 4 - **The average time in working days for a full response to complaints at each stage**

Table 6 – average time in working days to respond

	Frontline	Investigative
NHS - Datix	18 working days	55 working days
Moray Council - Lagan	21 working days	35 working days

Whilst there have been significant improvements in seeking early resolutions to the complaints, we are not achieving this within the set timescales and this is an area that needs significant improvement. During the initial phases of the pandemic staff were focussed on delivery of critical services to people and complaint responses were not prioritised to the same extent due to the pressure staff were under. However processing the feedback from people receiving our services is extremely important to establish the learning and to take actions to improve and there are renewed efforts to achieve the timescales because there is a fundamental desire from managers and staff to provide a good service.

Indicator 5 - **The outcome of complaints at each stage**

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

Table 7 – Stage 1 – Frontline

71% of complaints were not upheld,

Service	Upheld	Partially Upheld	Not Upheld	Grand Total
Access Team	0	1	2	3
Adult Protection	0	0	1	1
Care at Home	0	0	2	2
Community Care Finance	0	0	2	2
Head of Service	1	3	7	11
Mental Health	0	0	1	1
Occupational Therapy	0	1	0	1
Total	1 (5%)	5 (24%)	15 (71%)	21

15

Table 8 – Stage 2 - Investigative

Service	Upheld	Partially Upheld	Not Upheld	Grand Total
Care At Home	0	1	0	1
Head of Service	0	3	0	3
Mental Health	1	0	0	1
Moray East	0	1	0	1
Moray West	0	1	0	1
Total	1 (14%)	6 (86%)	0	**7**

Combined Statistics - Department/Service

Table 9

Service	Upheld	Partially Upheld	Not Upheld	Grand Total
Access Team	0	1	2	3
Adult Protection	0	0	1	1
Care At Home	0	1	2	3
Community Care Finance	0	0	2	2
Head of Service	1	6	7	14
Mental Health	1	0	1	2
Moray East	0	1	0	1
Moray West	0	1	0	1
Occupational Therapy	0	1	0	1
Total	2 (7%)	11 (39%)	15 (54%)	28

Of the complaints logged in Lagan 7% were upheld, 39% partially upheld and 54% were not upheld overall.
There was a different ratio at the two stages where at stage 1, 71% were not upheld which is positive.
Overall on 2 (7%) out of 28 complaints were upheld although a further 11 were partially upheld.

There were 8 learning outcomes identified and actioned.

It is recognised that there is a need for some refresher training for staff logging complaints on systems to ensure that they complete the necessary fields to facilitate extraction of learning so it can be shared more widely.

Graph 4 below shows the amount of complaints fully upheld as recorded in Datix and whilst the early resolution complaints were not upheld there was a significant proportion 17 (56%) of complaints upheld at investigation stage. The proportion of complaints logged on Datix that are upheld/partially upheld is similar to the complaints upheld/partially upheld that are logged on Lagan.

Graph 4 – complaints by outcome

Annual Complaints Report - outcome (datix)

Legend:
- Fully upheld: Complaint is accepted
- Partially upheld: Complaint is partly accepted
- Not upheld: Complaint is not accepted
- Complaint withdrawn: Complaint not taken forward