

Complaints Data (by closed complaints)Quarter 3 (01/10/21 – 31/12/2021)

## 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 1, 2 and graph 1 below set out the stages the complaints were closed and what the complaint was about and what action taken.

**Table 1**

Complaints Information Extracted from Datix – Action Taken/Outcome of complaints **closed** during Quarter 3, 2021/22

	Fully upheld: Complaint is accepted	Partially upheld: Complaint is partly accepted	Not upheld: Complaint is not accepted	Total
Access - Improvements made to service access	1	0	0	1
Communication - Improvements in communication staff-staff or staff-patient	6	5	0	11
Conduct issues addressed	1	0	0	1
Education/training of staff	3	1	0	4
No action required	1	0	9	10
Share lessons with staff/patient/public	1	1	0	2
Waiting - Review of waiting times	0	1	0	1
<b>Total</b>	<b>13</b>	<b>8</b>	<b>9</b>	<b>30*</b>

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

Complaints Information Extracted from Lagan:

Two complaints were **closed** during Quarter 3, 2021/22. One was a complaint against process/procedure and the other was a complaint against staff, in both cases the complaints were Not Upheld. Decision note recorded against the complaints is as follows:

- a copy of the major adaptation policy was provided and explanation given as to why Council made the decisions they have
- Daughter's wishes were different to that of service user. Meeting was held and a way forward agreed

**Table 2**Complaints Information Extracted from Datix – Action Taken by Service (complaints **closed** during Quarter 3, 2021/22)

	Community Hospital Nursing	Community Nursing	General Ophthalmic Services	GMED	Mental Health - Adult Mental Health	Total
Access - Improvements made to service access	0	0	0	1	0	1
Communication - Improvements in communication staff-staff or staff-patient	0	3	1	7	1	12
Conduct issues addressed	0	1	0	0	0	1
Education/training of staff	0	2	0	2	0	4
No action required	1	2	0	4	2	9
Share lessons with staff/patient/public	0	0	0	2	0	2
Waiting - Review of waiting times	0	0	0	1	0	1
<b>Total</b>	<b>1</b>	<b>8</b>	<b>1</b>	<b>17</b>	<b>3</b>	<b>30*</b>

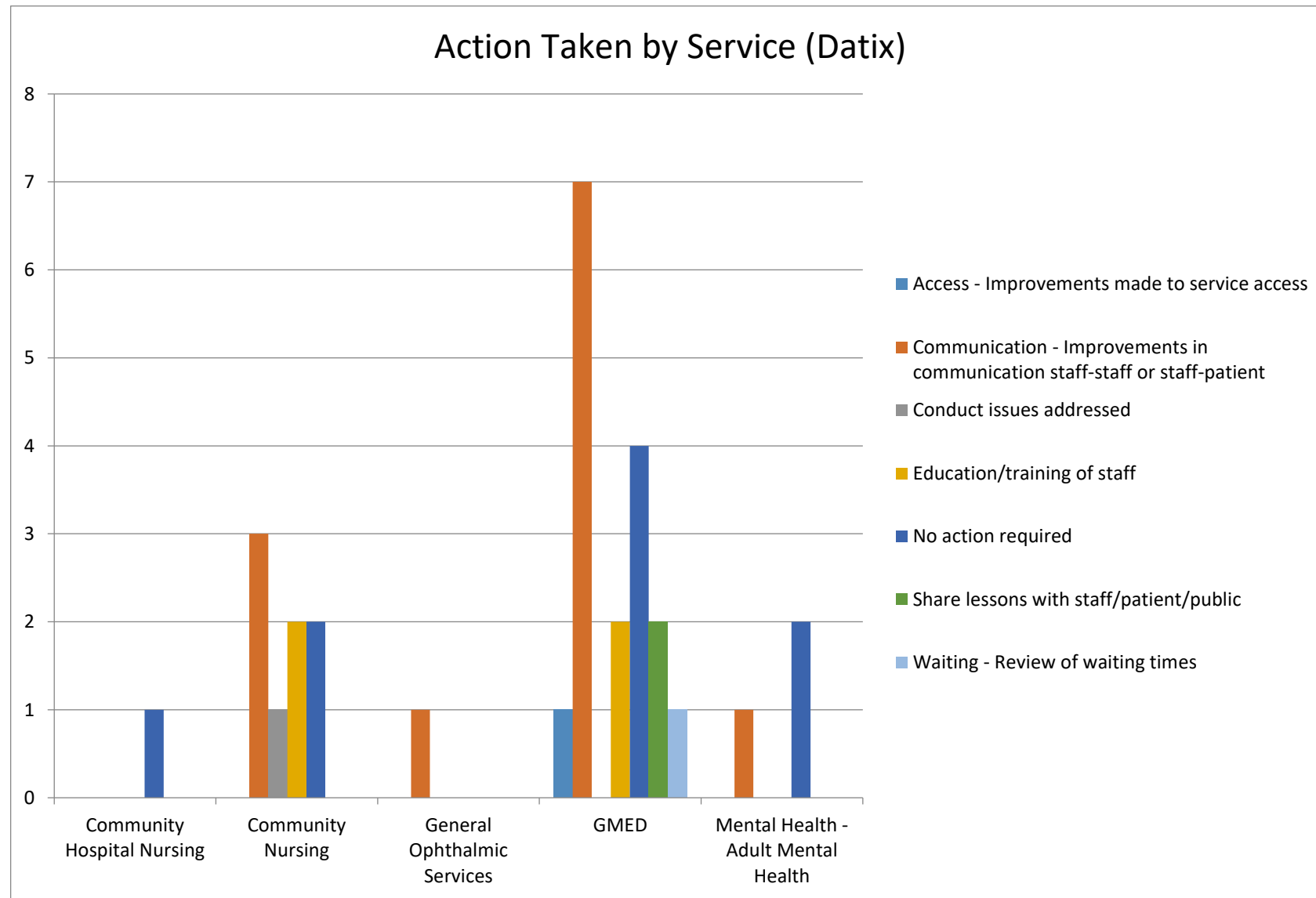
*\*Figure more than total number of closed complaints as there could be multiple actions taken for each complaint*

### **Actions and Lessons Learned**

- Communication improvements were highlighted as an action in 7 complaints. Staff are being reminded of the importance of sharing information in a timely, appropriate and sensitive manner, and acknowledging and responding to correspondence or information received. All members of staff have been reminded of the importance of clear and concise communication.
- Training was identified in 1 case. This had led to staff being redirected to and undertaking relevant training and updates. Information was shared with the whole staff group with guidance being shared on how to access training programmes. This was especially pertinent to staff who are moving between health board areas.
- On one occasion staff conduct issues were raised and addressed. Identified staff were required to undertake additional training and carry out reflective practice. Additional supervision was implemented to support development.
- Improved communication with patient regarding reasons for implementing a particular referral pathway.
- Reception staff reminded they are the first point of contact and that effective communication in a polite and respectful manner is required.
- Training was identified in 2 cases. This has led to staff being directed to and undertaking relevant training and updates. Information was shared with the whole staff group with guidance being shared on how to access training programmes
- GMED Service Managers undertook a review of process of investigating complaints, in light of complaint response not meeting timescales.

# Graph 1

Complaints Information Extracted from Datix of complaints **closed** during Quarter 3, 2021/22



Information extracted from Datix on 7 February 2022 and from Lagan on 8 February 2022

## 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 **received** in Quarter 3, 2021/22

System recorded	Early Resolution / Frontline	Investigation	Total
NHS - Datix	3 closed at Early Resolution Stage	3 closed within 20 working days 4 closed over 20 working days (23-34 days) 5 currently under investigation	15
Moray Council - Lagan	2 Frontline	1 Investigation	3
<b>Total</b>	<b>5</b>	<b>13</b>	<b>18</b>

**Table 4** – Allocation of complaints **received** in Quarter 3, 2021/22

NHS Service - Datix	
AHP	1
Community Nursing	1
GMED	8
Mental Health – Adult Mental Health	5
<b>Total</b>	<b>15</b>

**Table 5** – Allocation of complaints **received** in Quarter 3, 2021/22

MC Service - Lagan	
Moray East	1
Care at Home	1
Head of Service	1
<b>Total</b>	<b>3</b>

### 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*

There were **20 Complaints closed** on the NHS system Datix during Quarter 3, 2021/22 – breakdown as follows:

Early Resolution – 1 (met response timescale)

Investigation – 18 (4 met response timescale)

Ombudsman – 1

There were **2 Complaints closed** on the MC system Lagan during Quarter 3, 2021/22 – breakdown as follows:

Frontline – 2

**Table 5** – number and percentage of complaints at each stage closed within timescales (based on complaints closed during Quarter 3, 2021/22)

	Early Resolution with timescale	Investigation within timescale
NHS - Datix	1 out of 1 (100%)	4 out of 19 (21%)
Moray Council - Lagan	0 out of 2 (0 %)	0

Whilst HSCM aim to respond to complaints within 20 working days this is not always achievable. Reasons for delay in response include: cross service complaints where coordinating responses from all parties and relevant staff being on annual leave have led to a delay. It is noted that in 3 cases the final response was uploaded to the Feedback team within the 20 day timeframe (6 - 9 days prior to deadline). The delay in closing the complaint was incurred whilst waiting for the response to be sent to the complainant.

## 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 (based on complaints closed during Quarter 3, 2021/22)**

	Frontline	Investigative
NHS - Datix	3 Working Days	80 Working Days *
Moray Council - Lagan	21 Working Days	No closed complaints at this stage during Quarter 3

\*One complaint was referred to the Ombudsman and 4 other complaints were very complex which has negatively impacted the average time in working days to respond.

If these 5 complaints are considered separately the average time in working days to respond to the remaining 14 closed complaints is – **32.5 working days**

More information around two of these complaints received by GMED is detailed below:

In one case delays in closing the complaint were linked to staff annual and sick leave. The Clinical Risk Management (CRM) group was made aware of this regularly. Following this, a review of process of investigating complaints about care delivered by Advanced Nurse Practitioners has taken place. (Lesson identified for Service Leads as noted above).

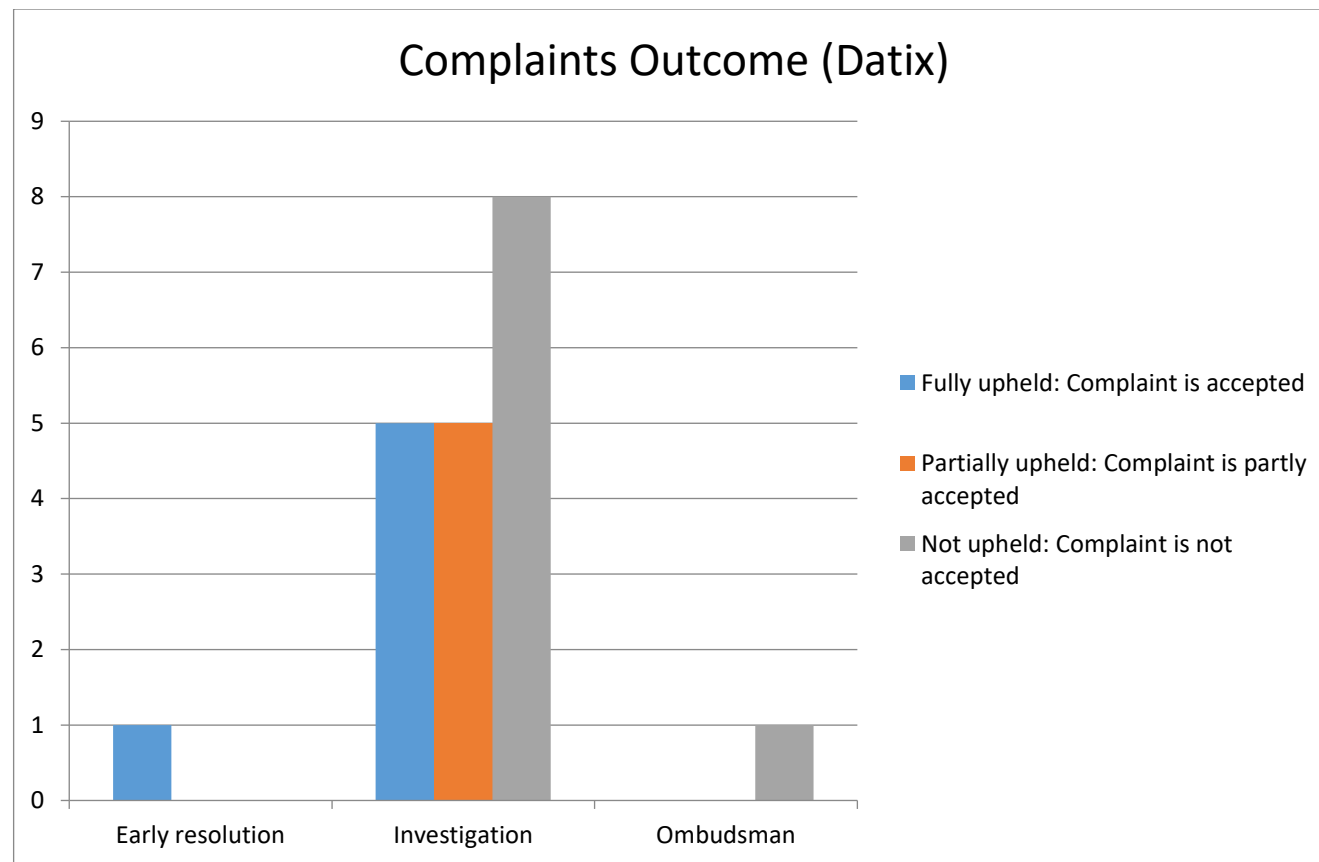
In another case there was a very difficult complaint that should have been resolved via a meeting with the patient (lesson identified for Service Leads). Initially the delay was caused by the fact the GMED Management Team was down to one team member - recruitment and training process was completed around mid- May and this is when the response was uploaded (19/05 - that's a 30 day delay from the original deadline of 15/04). Following submission of a draft response, the letter had been changed multiple times by 4 different Nursing Leads, Feedback and the Service before finally being approved by the service on 22/07 and signed off by the Nursing Lead on 5/08. The CRM group was updated on progress at the fortnightly meetings.

GMED team fully recognise the importance of resolving complaints within indicated timescales. Following discussion at CMR the team will also focus on improving early resolution rates.

## 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

**Graph 2** below shows the amount of complaints fully upheld, partially upheld and not upheld as recorded in Datix from the 20 closed complaints during Quarter 3, 2021/22. 30% of complaints closed during Quarter 3 were upheld, 25% were partially upheld and 45% were not upheld.



### Complaints Information Extracted from Lagan:

Two complaints closed during Quarter 3, 2021/22 were Not Upheld.

Information extracted from Datix on 7 February 2022 and from Lagan on 8 February 2022