



Annual Report on **Complaints 2021 – 2022**

01/04/21 – 31/03/22

Table of Contents

<u>INTRODUCTION</u>	3
<u>BACKGROUND</u>	4
<u>COMPLAINTS HANDLING</u>	5
<u>KEY PERFORMANCE INDICATORS</u>	6
<u>WHAT IS INCLUDED</u>	8
<u>SUMMARY</u>	8
<u>LEARNING FROM COMPLAINTS</u>	9
<u>COMPLAINT PROCESS AND EXPERIENCE</u>	14
<u>INDICATOR 1</u>	16
<u>INDICATOR 2</u>	18
<u>INDICATOR 3</u>	18
<u>INDICATOR 4</u>	19

Introduction

This Complaints Handling Annual Report summaries Health and Social Care Moray's (HSCM) performance in terms of handling complaints during 1 April 2021 and 31 March 2022.

Within HSCM, complaints received by NHS Grampian (NHSG) and Moray Council (the Council) are recorded on 2 separate systems, in accordance with the appropriate policy and procedure of these organisations.

The NHSG Annual Complaints report provides information on all complaints, concerns, comments and feedback recorded on Datix (electronic risk management information system), this includes any recorded under HSCM.

The Annual Complaints Report produced by the Council includes all council related complaints recorded on Lagan (communication management system), this includes any Council related services under HSCM.

Datix is used by NHSG and is therefore accessed by NHS employed staff, Lagan is used by the Council and is used by Council employed staff.

Links to these annual reports can be found here: (TO BE ADDED ONCE AVAILABLE)

Given the importance HSCM places on receiving comments and feedback to use to continuously improve services the Moray Integration Joint Board (MIJB) have committed to continue to publish annual complaints performance information to demonstrate HSCM's commitment to valuing complaints.

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 2020 to give public sector organisations time to implement any changes by April 2021.

The revised Local Authority MCHP, published 2020, applies to social work complaints, whether they are handled by local authority or health and social care partnership (HSCP) staff.

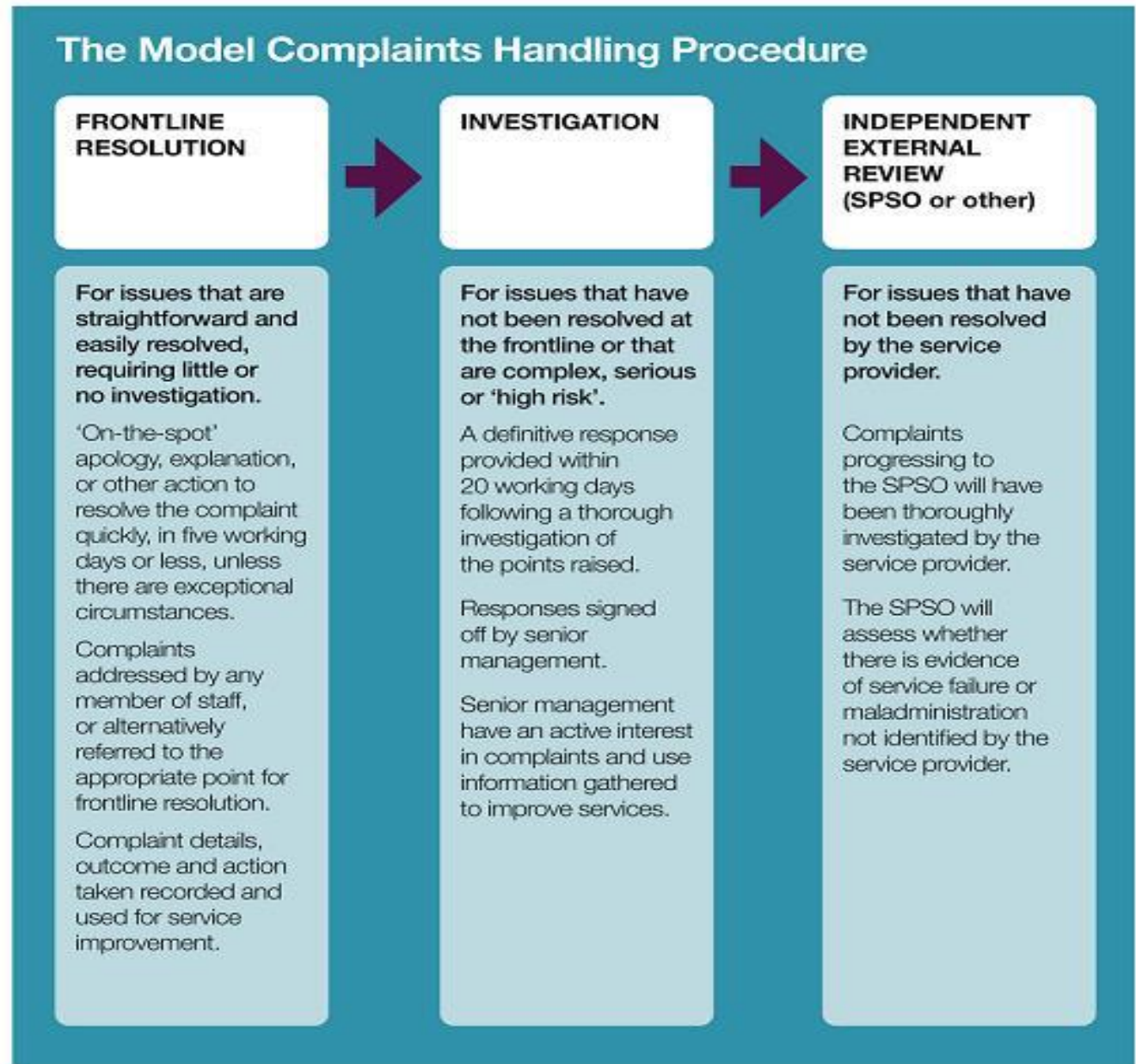
The NHS was the last public sector to adopt the MCHP on 1 April 2017 and it has not yet been revised since it was first published.

Complaints Handling

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.

The complaints process followed by both NHSG and the 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.

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.



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.

Key Performance Indicators

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

In March 2022 the agreed Complaints Key Performance Indicators (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>

The qualitative indicator on learning from complaints was part of the published draft indicators but has now 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.

With regard to Indicator Four 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

The above KPIs are applicable for data collected from 1 April 2022.

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

The data detailed in this report is based on the four KPIs detailed above and also includes information pertaining to some of 9 NHS performance indicators. For detail on staff awareness and training and the number of cases where an extension is authorised please refer to the NHS Grampian Annual Complaints report.

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.

What is Included

This is HSCM's second published annual complaints performance report. It includes performance statistics, in line with the complaints performance indicators detailed for complaints received about community health and social care services under the direction of the Moray Integration Joint Board.

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."*

Information about complaints referred to the Ombudsman are also included.

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.

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 partnership's 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.

Complaints Data

2021/22 – Annual Report (01/04/21 – 31/03/2022)

Learning from Complaints

Teams and services actively review the outcomes of complaints to see where improvements can be made and learn from the feedback. Complaints provide valuable information which can be used to continuously improve services, the experience and satisfaction of people along with their families and carers.

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 – Actions Taken/Stage (closed complaints)

	Early resolution	Investigation	Ombudsman	Total
Access - Improvements made to service access	1	4	0	5
Action plan(s) created and instigated	0	1	0	1
Communication - Improvements in communication staff-staff or staff-patient	2	21	1	24
Conduct issues addressed	2	1	0	3
Education/training of staff	1	7	0	8
No action required	4	22	2	28
Risk issues identified and passed on	0	1	0	1
System - Changes to systems	0	1	0	1
Share lessons with staff/patient/public	1	6	0	7
Waiting - Review of waiting times	0	2	0	2
Total	11	68	3	80*

**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 (closed complaints)

	Early resolution	Investigation	Total
Complaint against service assessment	3	1	4
Complaint against staff	5	3	8
Other	1	0	1
Process / Procedure	8	0	8
Total	17	4	21

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.

Noted below are some actions arising from the review of complaints received during the last financial year (data extracted from Lagan).

Additional training and support has been made available to teams around communicating with those using services with a focus on having positive and supportive discussions with clients and their families.

Referral processes have been reviewed.

Processes for communicating changes to care packages reviewed.

Consideration and review of processes for recording decisions.

Table 2

Complaints Information Extracted from Datix – Actions Taken by Service (closed complaints)

	Allied Health Professionals	Community Hospital Nursing	Community Nursing	General Ophthalmic Services	GMED	Mental Health - Adult Mental Health	Primary Care Contracts Team	Public Dental Service	Public Health	No value	Total
Access - Improvements made to service access	0	0	0	0	2	2	1	0	0	0	5
Action plan(s) created and instigated	0	0	0	0	0	0	0	0	0	1	1
Communication - Improvements in communication staff-staff or staff-patient	1	1	4	3	12	2	0	0	0	1	24
Conduct issues addressed	0	0	2	0	1	0	0	0	0	0	3
Education/training of staff	0	0	4	0	3	0	0	0	0	1	8
No action required	1	2	4	0	11	8	0	0	1	1	28
Risk issues identified and passed on	0	0	0	0	1	0	0	0	0	0	1
System - Changes to systems	0	0	0	0	0	1	0	0	0	0	1
Share lessons with staff/patient/public	0	0	2	0	3	0	0	1	0	1	7
Waiting - Review of waiting times	0	0	0	0	1	0	1	0	0	0	2
Total	2	3	17	3	34	14	2	1	1	5**	80*

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

**no specific service recorded on datix system

Active review of complaints through reporting and investigation is a useful tool to identify learning and improve services. Below are some of the actions and learning from complaints closed between 01/04/2021 and 31/03/202 (data extracted from Datix).

Communication	GMED continues to work with stakeholders on patient pathways and professional to professional calls.
	Staff 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.
	First point of contact staff reminded that effective communication in a polite and respectful manner is required.
	Staff have been reminded to be mindful of language used when communicating with patients and their families to ensure no misunderstanding of information or intent is taken.
Record Keeping – paper held records and electronic	Learning for staff around dealing with sensitive documentation shared.
	Additional training given regarding contemporaneous paper held record keeping.
	Community Module IT issues escalated to senior management within the appropriate NHSG IT department.
Infection, Prevention and Control	Staff instructed to undertake further Infection, Prevention and Control training including donning and doffing.
System/Process change	A post-operative information sheet to be developed and implemented through the NHSG governance structures to supplement verbal information. This will include post-operative care, guidance and identifying who to contact for further information/support.
Education / training / share lessons learned	Regular Continuing Medical Education (CME) sessions are scheduled for the clinical team to ensure national clinical standards and guidelines are shared and reliably implemented within GMED for a specified condition. These are ongoing and aim to continuously ensure that patients receive evidence-based and consistent care.
	Guidance shared on how to access training programmes. This was especially pertinent to staff who are moving between health board areas.
	Staff were required to undertake additional training and carry out reflective practice. Additional supervision was implemented to support development.
	GMED Service Managers undertook a review of process of investigating complaints, in light of complaint response not meeting timescales.

Care Opinion is a site where anyone can share their experience of health or care services. The following stories relate to HSCM services and were published during this reporting period. For more stories that have been written about NHS Grampian, please visit Care Opinion <https://www.careopinion.org.uk/services/sn9>

I was an emergency admission to Acute Psychiatric Ward 4. Immediately, on admission, I was calmly re-assured by all Staff on Duty. throughout my recovery, the care I received was second to none.

My initial depressive and anxiety condition was quickly improved with the Professional, Compassionate and Kind treatment I received from every single member of Staff....

From Senior Nurses, Health Care Support Workers....Domestic Staff were also friendly when vital cleaning of each room was carried out !!!!

There is no doubt whatsoever, The entire Team in this ward have GREATLY contributed to my successful return to strong mental health with an added insight to " Behaviour Triggers" to warn me of early signs so no recurrence of this distressing condition, both for myself and my family, who were helped every step of the way on my recovery.

Recently I was not feeling too well around 6pm despite trying to treat myself, but I phoned NHS24 who must have been very busy as it was half an hour before I spoke to a call handler who passed my symptoms to the duty clinician.

The outcome was a 12 mile journey from my home to the Moray GDocs medical clinic at The Oaks Hospice in Elgin. I was seen by the duty Nurse Steven who was very thorough and reassuring throughout my visit for treatment.

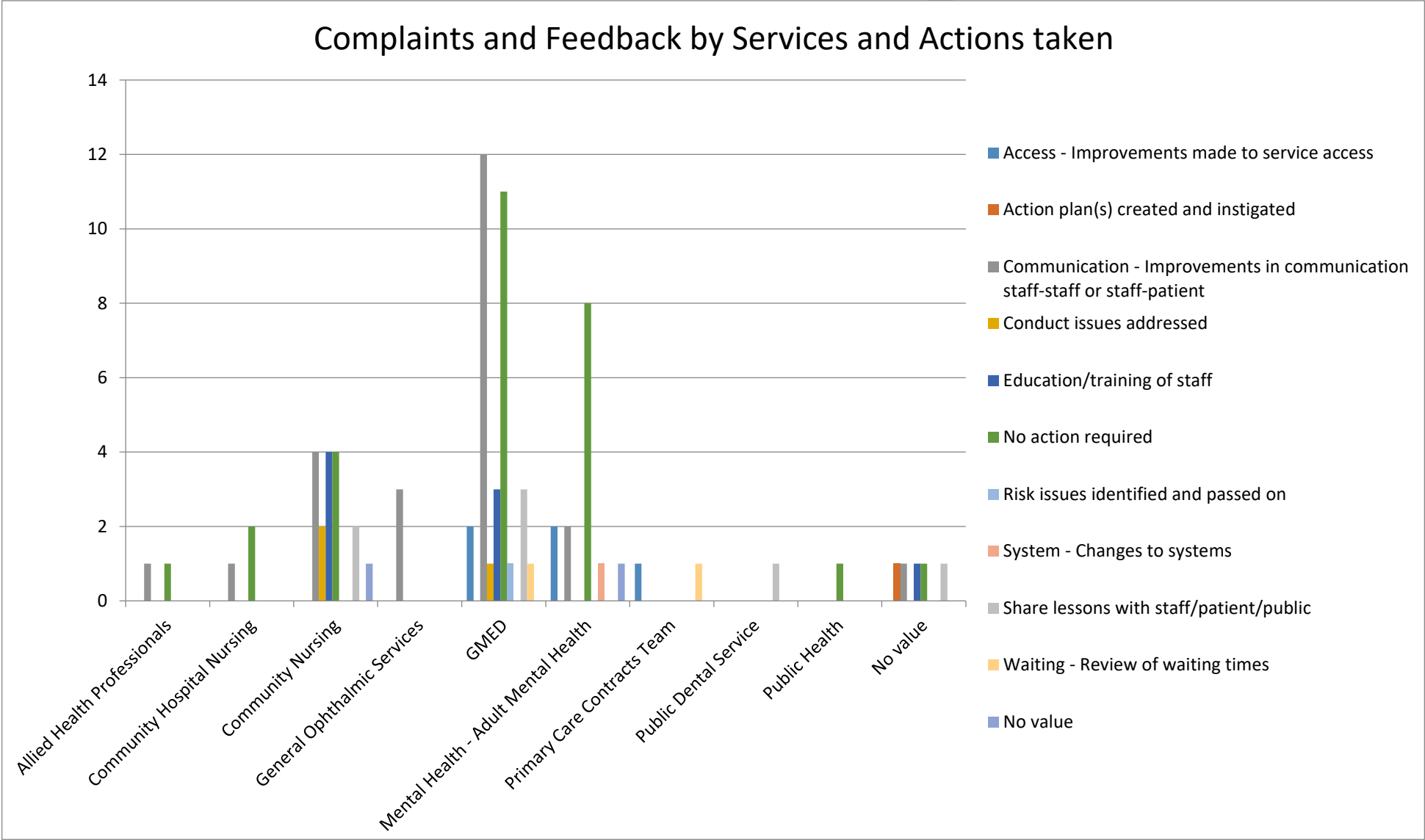
Sincere thanks to all involved as my pain was relieved after being administered an NSAID injection by the empathetic Nurse Steven who also changed my dressings as well as checking out the site where surgery had taken place 10 days prior.

Complaint Process and Experience

NHS Grampian paused the experience survey during the pandemic and recommenced in the second quarter of this year. This survey is sent out to participants 2 months after their complaint was closed. Data is available from complainants whose complaint was closed in March 2022 onwards and will therefore be included in next year's HSCM Annual Complaints Report.

Moray Council issue a customer satisfaction survey to all complainants once their complaint is closed. In 2021/22, Moray Council issued 482 surveys and received 58 responses, giving a return rate of 12%. This is the lowest in recent years with 15% recorded in 2020/21 and 13% in 2019/20. Many of the customer satisfaction surveys are completed as anonymous, unless the customer chooses to insert their complaint reference, there is no way of knowing who the return survey is from or which service it was about. More information on this can be found in the Moray Council Complaints Performance Report.

Graph 1 Complaints Information Extracted from Datix – Action Taken by Service (closed complaints)



Indicator 1 - 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.

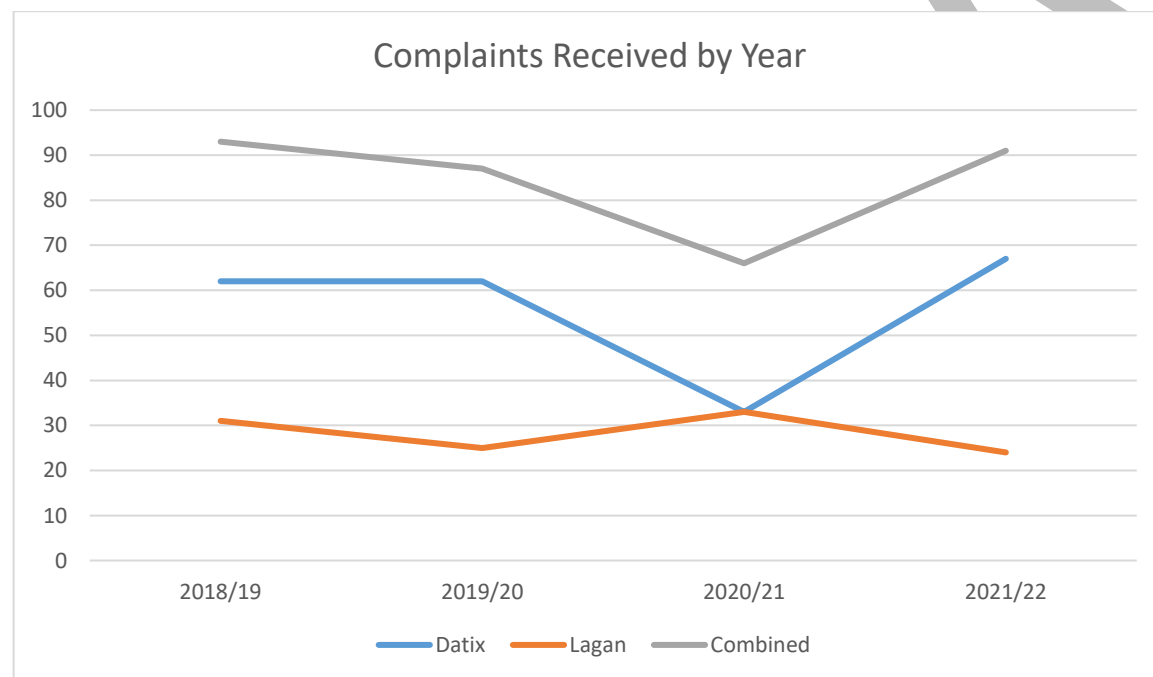
Table 3 – total number of complaints (received)

System recorded	Early Resolution / Frontline	Investigation	Total
NHS - Datix	9	58	67*
Moray Council - Lagan	20	4	24**
Total	29	62	91

*Note – 1 complaint received into Datix was closed as no consent was received and 1 complaint was withdrawn – these are not included in Table 4 figures below

**Note - 2 complaints received into Lagan were cancelled – these are included in Table 4 figures below

Graph 2 - Complaints Received by Year



Datix – Complaints Received by Year:

Year	Total
2018/19	62
2019/20	62
2020/21	33
2021/22	67

Lagan - Complaints Received by Year:

Year	Total
2018/19	31
2019/20	25
2020/21	33
2021/22	24

There was a drop in the number of complaints NHS received during 2020/21, for health services, which is likely due to the Covid-19 pandemic; in 2020 there were many services that were suspended and many others where service delivery was altered in some way to accommodate the requirements for social distancing.

Table 4 – combined data from Datix and Lagan (complaints received) for 2021/22

	Early resolution	Investigation	Ombudsman	Total
Allied Health Professionals	0	2	0	2
Community Hospital Nursing	1	0	0	1
Community Nursing	2	10	1	13
General Ophthalmic Services	0	3	0	3
GMED	3	22	0	25
Mental Health - Adult Mental Health	2	14	1	17
Primary Care Contracts Team	0	1	0	1
Public Dental Service	1	0	0	1
Public Health	0	2	0	2
Access Team	1	0	0	1
Care at Home	6	2	0	8
Head of Service	4	1	0	5
Learning Disability	2	0	0	2
Mental Health	1	0	0	1
Moray East	1	0	1	2
Moray West	1	0	0	1
Occupational Therapy	4	0	0	4
Total	29	57	3	89

Indicator 2 - 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/Frontline with timescale	Investigation within timescale
NHS - Datix	6 out of 8 (75%)	19 out of 54 (35%)
Moray Council - Lagan	8 out of 17 (47%)	1 out of 4 (25%)

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.

During last year HSCM were not able to achieve the targets timescales for responding in all cases. This is a particular target area for improvement and work continues 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.

Indicator 3 - The average time in working days for a full response to complaints at each stage

Table 6 – average time in working days to respond

	Early Resolution/ Frontline	Investigative
NHS - Datix	5 working days	44 working days
Moray Council - Lagan	14 working days	27 working days

Indicator 4 - The outcome of complaints at each stage

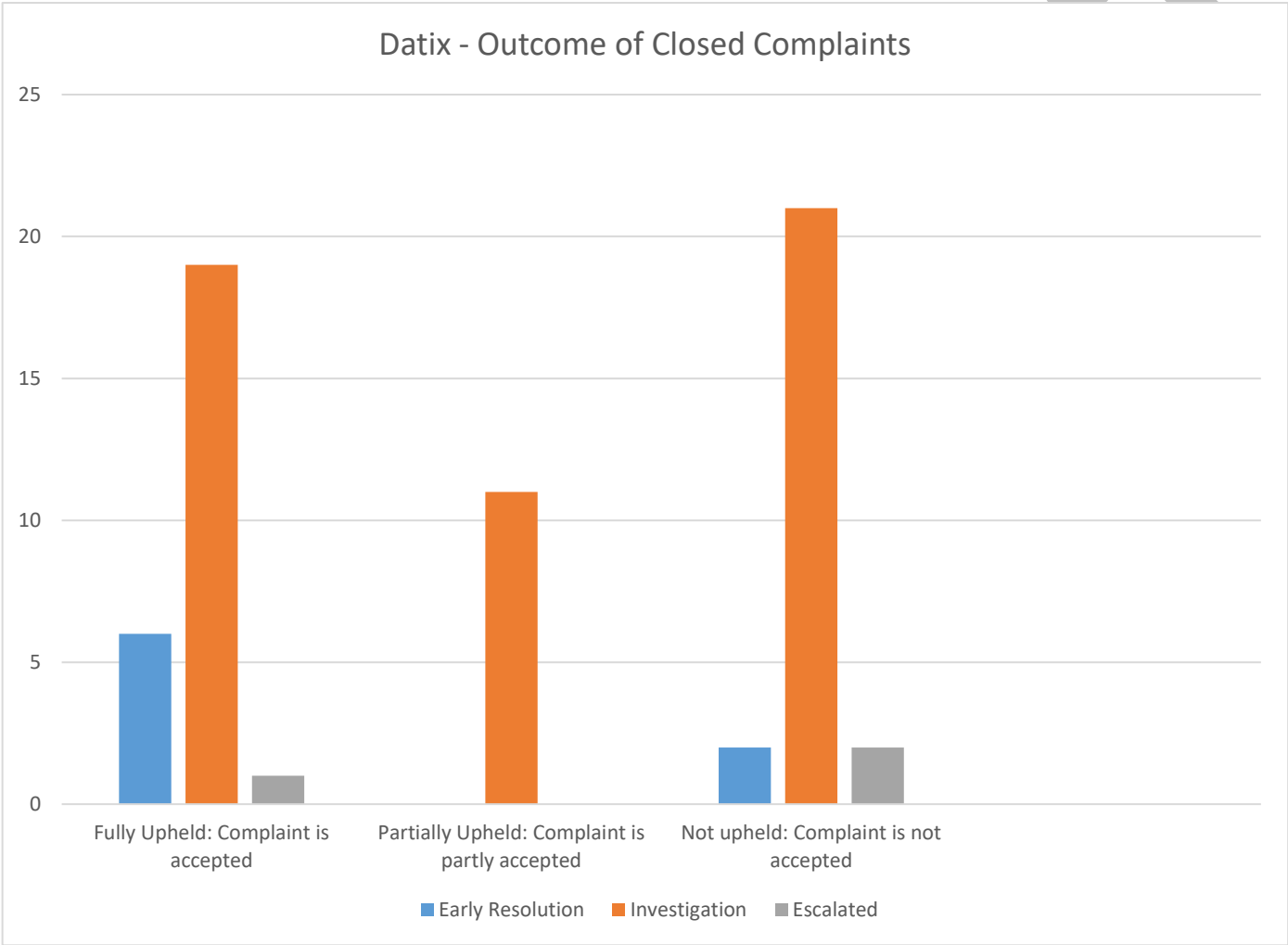
The number of complaints upheld, partially upheld, not upheld and resolved at stage 1, stage 2 and after escalation as % of all complaints closed at stage 1, stage 2 and after escalation

Table 7 – Stage 1 – Frontline / Investigative and Escalated (combined data from Lagan and Datix)

Service	Upheld	Partially Upheld	Not Upheld	Grand Total
Care at Home	1	3	2	6
Head of Service	0	3	2	5
Learning Disability	0	2	0	2
Mental Health	0	0	1	1
Moray East	0	1	1	2
Moray West	0	1	0	1
Occupational Therapy	1	1	2	4
Allied Health Professionals	1	0	1	2
Community Hospital Nursing	0	1	2	3
Community Nursing	7	1	2	10
Generic Ophthalmic Services	2	1	0	3
GMED	11	5	10	26
Adult Mental Health	3	2	8	13
Primary Care	1	0	1	2
Primary Care Contracts Team	0	1	0	1
Public Dental Service	1	0	0	1
Public Health	0	0	1	1
Total	28 (34%)	22 (26%)	33 (40%)	83

Graph 3 below shows the amount of complaints fully upheld, partially upheld and not upheld as recorded in Datix during 2021/22. Out of 66 closed complaints on the system 2 complaints were withdrawn by complainant, and 2 were closed as consent was not received.

From the remaining 62 complaints closed during 2021/22 - **approximately 42% were fully upheld, 18% were partially upheld and 40% were not upheld**



Complaints Information Extracted from Lagan:

21 complaints were closed during 2021/22: **10% were upheld, 52% were partially upheld and 38% were not upheld**

Graph 4 below shows the amount of complaints upheld, partially upheld and not upheld as recorded in Lagan from the **21 closed** complaints during 2021/22.

One complaint was escalated to the SPSO but was not upheld – this complaint is included in the Partially Upheld / Investigative column.

