



---

**REPORT TO: MORAY INTEGRATION JOINT BOARD ON 30 SEPTEMBER 2021**

**SUBJECT: ANNUAL COMPLAINTS REPORT 2020/21**

**BY: CORPORATE MANAGER**

**1. REASON FOR REPORT**

1.1. To inform the Board of the statutory requirements, performance and improvement actions identified in relation to complaints received by Health and Social Care Moray (HSCM) and present the Annual Complaints Report for 2020/21

**2. RECOMMENDATION**

**2.1. It is recommended that the Board;**

- i) consider and note the statutory requirements in relation to production of performance reporting regarding complaints outlined in this report;**
- ii) note the approach to be adopted to improve performance; and**
- iii) consider and approve the annual report for April 2020 to March 2021, attached as Appendix 1 to this report, for publication.**

**3. BACKGROUND**

3.1. The Clinical and Care Committee requested specific information relating to complaints at the meeting on 27 May 2021 (para 6 of the minute refers). The information requested was:-

- explanation of the Statutory obligations and if they were being met
- themes emerging from complaints
- how learning from complaints was collated and actioned

3.2. The Scottish Public Services Ombudsman (SPSO) Act 2002 (as amended) provides the legislative basis for SPSO to public the Model Complaints Handling Procedures (MCHP) for bodies under SPSO's jurisdiction.

- 3.3. The original 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.
- 3.4. 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.
- 3.5. The Moray Council Model Complaints Handling Procedure states "*The purpose of the Local Authority MCHP is to provide a standardised approach to dealing with customer complaints across the local authority sector in Scotland. The procedural elements tie in very closely with those of the NHS complaints handling procedure (CHP), where social work or care complaints cut across services, they can still be handled in (much) the same way as other complaints. In particular the aim is to implement a standardised and consistent process for customers to follow which makes it simpler to complain, ensures staff and customer confidence in complaints handling and encourages local authorities to make best use of lessons from complaints*".
- 3.6. The SPSO are in the process of producing guidance documents in relation to key performance indicators for the Model Complaints Handling Procedures which should be published shortly.

#### **4. KEY MATTERS RELEVANT TO RECOMMENDATION**

- 4.1. The draft mandatory Key Performance Indicators that will be required as a minimum for inclusion in an Annual Complaints Report to be published by the end of September, have been identified by SPSO as:-

<b>Indicator One</b>	<b>Learning from complaints</b> <i>A statement outlining changes or improvements to services or procedures as a result of consideration of complaints</i>
<b>Indicator Two</b>	<b>The total number of complaints received</b> <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>

<b>Indicator Three</b>	<b>The number and percentage of complaints at each stage which were closed in full within the set timescales of five and 20 working days</b> <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>
<b>Indicator Four</b>	<b>The average time in working days for a full response to complaints at each stage</b> <i>The average time in working days to respond at stage 1, stage 2 and after escalation</i>
<b>Indicator Five</b>	<b>The outcome of complaints at each stage</b> <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>

Information about complaints referred to the Ombudsman will also be included along with any complaints made against the MIJB.

4.2. In addition there are another 3 indicators that are recommended:-

<b>Indicator Six</b>	<b>Raising awareness</b> <i>A statement to report on the actions taken to identify vulnerable and underrepresented groups and raise awareness of, and access to, the complaints handling process with them.</i>
<b>Indicator Seven</b>	<b>Staff training in complaint handling</b> <i>A statement to report on levels of staff awareness and training.</i>
<b>Indicator Eight</b>	<b>Customer satisfaction with the complaints process</b> <i>A statement to report customer satisfaction with the complaints service provided</i>

4.3. 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

- 4.4. The MCHP requires reports to be presented to Senior Managers on a quarterly basis outlining the complaints handling performance indicators identified above (indicator 1-5) and the analysis of trends and outcomes of complaints. This will be a change to current practices where complaints are reviewed on a fortnightly basis for progress through the Clinical Risk Management meeting and through quarterly standing agenda items for Practice Governance Board and Clinical and Care Governance Group where there are representations from the senior management team, however in future these reports will also be submitted to the Senior Management Team for scrutiny.
- 4.5. Service managers discuss complaints with their teams as part of their normal business practices. Some examples of good practice: - within Care at Home services where all frontline resolutions and complaints are looked at by the appropriate team to identify any learning opportunities and this information is fed to the service management team. GMED have a clinical and governance meeting where they review complaints with their partners to gain shared understanding of impacts on people. The Quality and Patient Safety Committee at Seafield Hospital is proving to be a popular forum and a successful platform for shared learning. While still in its infancy, it is planned that as the forum evolves, it will provide an opportunity for joint training events with colleagues from all disciplines. The standing agenda focusses on all governance aspects including Older People in Acute Hospital inspection programme (OPAH) standard compliance and audit, complaints and risk, DATIX and significant event analysis.
- 4.6. The information from complaints from April 2020 to March 2021 was collated and circulated to Clinical and Care Governance Committee members for comment and forms the basis of the annual report presented in **APPENDIX 1**.
- 4.7. The analysis of the information for indicator 2 shows that there was a drop in the number of complaints received during 2020/21 however due to the 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 which may account for the reduction.
- 4.8. Of the total number of complaints received (indicator 3) there is a much greater proportion of complaints dealt with at early resolution/frontline stage by the Council employed staff then the NHS staff. This maybe down to the differences in recording systems but will be investigated further to ascertain if there is another reason.
- 4.9. The main causes of complaints (highlighted in indicator 1) related to communication and procedure and a number of actions were undertaken through the year to apply the learning and reduce the likelihood of reoccurrence. These included:-
  - an 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.

- changes to recording of meetings on Carefirst to ensure that resource allocation meetings had the necessary information to ensure appropriateness of referrals.
- Establishment of a short life working group with GMED for the dispatching/caseload allocation based on staff and patient feedback to improve process and information flow.
- Case review was held, when there was a placement of an individual that was handled badly, so that learning could be identified and shared.

4.10. In addition there was other instances of the need for individual learning, where specific members of staff were given additional training in respect of the standards of communications expected, and the protocol for reviewing an individual's care package. An example of this was where there was a meeting with a complainant to explain how the system worked in more detail, which resulted in the complaint being resolved to their satisfaction.

4.11 If appropriate, a service manager, may decide to record an adverse event as a result of a complaint. By recording incidents in this way details can be recalled and referred to in the future and by analysis of incidents enables teams to learn from events, develop and improve services and identify training needs. Staff are encouraged and supported to report all adverse events; all incidents are taken seriously and reporting enables appropriate surveillance and ensure support systems are in place for staff. For example, monthly educational sessions are held for the Grampian Medical Emergency Department (GMED) to learn from adverse events/complaints and build sustainable connections between GMED clinicians and between the service and wider system. These sessions receive positive feedback and are well attended

4.12. It is anticipated that the number of complaints that will be received during 2021 to 2022 has the potential to be significantly greater than previous years due to people being dissatisfied with the length of time they are required to wait for services, or the type of service they are offered. From the data in relation to Indicators 3 and 4 it is clear that HSCM did not meet the targets for responses and the average working days to respond far exceeded the targets. It is recognised that a significant number of complaints were not responded to within the target of 20 days however some of this may be attributed to the fact that, as a direct result of the covid-19 pandemic, staff were advised that the length of time to process complaints could be extended as services struggled to cope with the demands.

4.13. Whilst there might have been a temporary relaxation for time taken to respond to complainants, there is insufficient evidence that people are being kept up to date with progress and improvements need to be made. Furthermore there is a need to ensure that managers are fully aware of the changes that have taken place in relation to the "resolved" classification and the importance of establishing the key focus of the complaint early on to facilitate finding a resolution that is satisfactory to the complainant. To address these issues, following discussion at the Clinical and Care Governance Group, it was decided to hold a workshop in September with managers and staff involved with the complaints process, to:

- Use some examples of recent complaints as case studies to reflect on how they were taken through the process and if there are learning

opportunities to take forward. This would include developing a shared understanding of the recording and reporting of complaints and the flow of information through the system.

- Identification of any opportunities for streamlining processes
- Identify commonly raised questions to see if a “frequently asked questions” document can be produced

4.14. The workshop was held on 16 September 2021 with representation from a wide range of services across HSCM. Following a presentation highlighting the revisions in the complaints handling procedures and setting out the governance processes for complaints, attendees participated in break outs to discuss some scenarios, approaches to be taken, challenges and potential obstacles to achieving a timeous and satisfactory resolution. There was good discussion and some matters identified for further investigation. The output from the workshop is being collated, an action plan will be developed and will be taken forward by the clinical and care governance group.

## **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”**

Feedback from people is important for organisations to listen and respond to. Complaints are one mechanism for feedback and it is essential that they are dealt with appropriately with lessons learned to ensure that we make best use of the engagement to support the delivery of the outcomes in the Moray Integration Joint Board Strategic Plan specifically in relation to;

- People are safe
- The workforce continually improves

### **(b) Policy and Legal**

The processes set out are in accordance with the legislation identified in section 3.

### **(c) Financial implications**

There are no financial implications as a result of this report

### **(d) Risk Implications and Mitigation**

If we do not listen and learn from complaints there is a risk that we repeat the same mistakes which may affect people and their wellbeing negatively or may be wasteful of resources.

### **(e) Staffing Implications**

There are no staffing implications as a result of this report

**(f) Property**

There are no property implications as a result of this report

**(g) Equalities/Socio Economic Impact**

There are no equalities/socio economic implications as a direct result of this report

**(h) Consultations**

Consultations have taken place with Clinical and Care Governance Committee, H&SCM Chief Officer, Chief Financial Officer, Head of Service, John Black, Complaints Officer, Moray Council, NHSG and Tracey Sutherland, Committee Services Officer, Moray Council, and comments incorporated into the report.

**6. CONCLUSION**

**6.1 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. Monitoring and learning from all feedback is an ongoing process and this report sets out the progress to date and the next steps for improvement.**

Author of Report: Jeanette Netherwood

Background Papers: With the author

Ref: