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# Annual Report on **Complaints 2022 – 2023**

01/04/22 – 31/03/23

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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 2022 to 31 March 2023.

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

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.

Links to these annual reports can be found here:

[http://www.moray.gov.uk/moray\\_standard/page\\_1379.html](http://www.moray.gov.uk/moray_standard/page_1379.html)

[https://www.nhsgrampian.org/siteassets/about-us/contact-us/feedback-annual-report/nhsg\\_annualfeedbackreport\\_2022-2023.pdf](https://www.nhsgrampian.org/siteassets/about-us/contact-us/feedback-annual-report/nhsg_annualfeedbackreport_2022-2023.pdf)

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.

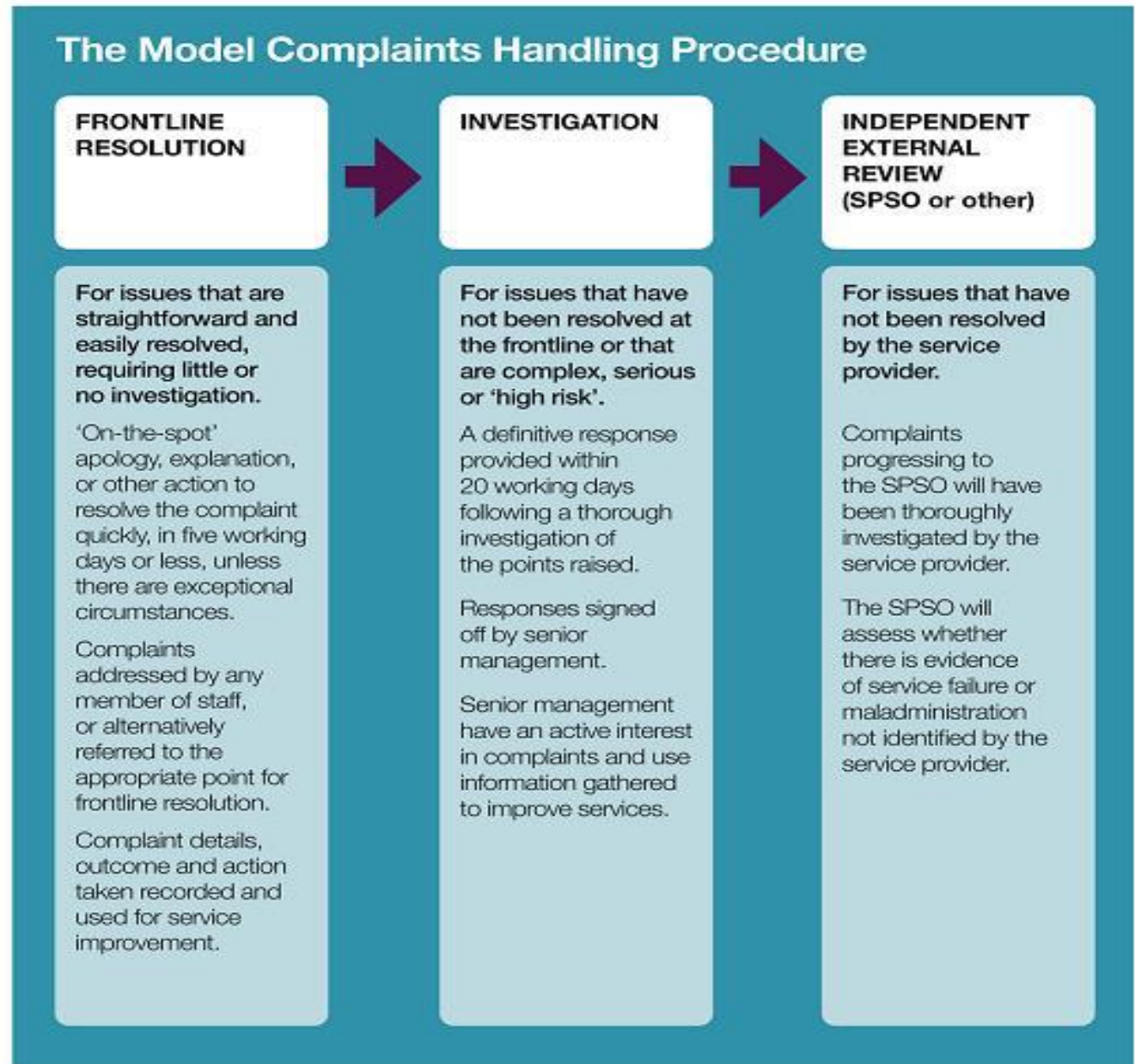
The NHS was the last public sector to adopt the MCHP on 1 April 2017 and it has not yet been revised since it was first published.

## 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:

<b>Indicator One</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 Two</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 Three</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 Four</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>

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 third 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

2022/23 – Annual Report (01/04/22 – 31/03/2023)

### 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	66	3	80

*\*figures do not directly correlate with number of closed complaints*

**Table 1b**

Complaints Information Extracted from Lagan – reason for complaint (closed complaints)

	Early resolution	Investigation	Total
Complaint against service	2	2	4
Complaint against staff	1	0	1
Other	4	0	4
Process / Procedure	9	6	15
Total	16	8	24

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).

**Decision Note / Learning Outcome (lagan)**

- Ensure policies and procedures are reviewed and that managers support staff to undertake particular training to improve service delivery
- Outstanding invoices to be sent to support manager to cross reference to reduce any potential delays
- Nationwide care crisis impacting on ability to provide care timeously – continue to look at all options
- Acknowledge delay in installing equipment – process delay rectified

**Table 2**

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

	Allied Health Professionals	Community Hospital Nursing	Community Nursing	General Practice	GMED	Mental Health - Adult Mental Health	Mental Health - Old Age Psychiatry	Public Dental Service	Administration	Total
Access - Improvements made to service access	0	0	0	0	0	2	0	1	0	3
Action plan(s) created and instigated	3	0	1	0	1	1	0	0	0	6
Communication - Improvements in communication staff-staff or staff-patient	3	1	4	0	14	10	2	0	0	34
Education/training of staff	0	0	1	0	4	2	0	0	0	7
No action required	3	1	3	1	9	9	0	4	1	31
Risk issues identified and passed on	0	0	0	0	2	0	0	0	0	2
System - Changes to systems	0	0	1	0	1	1	1	0	0	4
Share lessons with staff/patient/public	0	1	0	0	6	2	1	1	0	11
Waiting - Review of waiting times	0	0	0	0	4	1	0	0	0	5
Total	9	3	10	1	41	28	4	6	1	*103

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

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 01/04/2022 and 31/03/2023 (data extracted from Datix).

<b>Action Plan</b>	Adjustment to therapy materials provided to patients
	Work with colleagues across Grampian with aim of standardising a Grampian wide pathway for ADHD diagnosis and treatment.
<b>Communication</b>	Staff reminded of importance of clear communication with patients at all times
	Staff reminded of importance of accurately extracting information
	Staff reminded of the important of using official NHS Grampian publications for checking the opening hours of contractors.
	Review and improve protocol for call management
	Reminder of accurate information sharing between staff to avoid delays.
	Liaise with ED department to ensure patients can be assured they are expected from GMED service
	Development session focusing on effective communication between staff, patients, family members and other services
<b>Record Keeping – paper held records and electronic</b>	Learning for staff around dealing with sensitive documentation shared
	Additional training regarding contemporaneous paper held record keeping
	Community Modules issues have been escalated to senior management within the appropriate NHSG IT department.
<b>Infection, Prevention and Control</b>	Staff instructed to undertake further IPC training including donning and doffing
<b>System/Process change</b>	A post-operative discharge advice sheet for vasectomy is being developed.
<b>Education / training / share lessons learned</b>	Training and awareness raising for security teams
	Staff reminded of the need for timely note keeping
	Training for staff and learning around documentation and trauma informed writing
	Telephone call handling training and support given to staff
	Share lessons with staff to ensure room towels and laundry are removed promptly from bedrooms.
	Share safety brief with staff regarding routine cleaning of COVID positive areas

	Staff reminded of appropriate use of PPE
	Arrange awareness training for security team regarding medical conditions
	Additional training and supports have been put in place for an administration team, and are implementing an additional layer of checks for all correspondence that is sent from the Minor Surgery department.
	GMED learning event held to assess sequence of events and how they may be managed differently.
	Training provided to give staff the skills to respond to people presenting or calling in a crisis.

**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>

**“Good Service”**

I was at my drs surgery on Mon and I was greeted by the receptionist who was very professional. I feel lucky to have a lovely surgery like the Elgin practice.

**“Kind and patient nurse”**

My son was in for his 2<sup>nd</sup> COVID vaccine early October. Sheila was the nurse at the Fiona Elcock Centre who looked after us and she was excellent with him. He was very nervous and at times a bit of a handful but Sheila was extremely kind and patient with him and put him at ease. We managed in the end to get his vaccination done. Just wanted to pass on huge thanks to Sheila for her care.

**“Excellent care by GMED service in Fraserburgh”**

I was directed to Fraserburgh GMED as required some out of hours assessment of my asthma complicated by a chest infection.

From the moment I arrived until I left, I felt well taken care of and was treated with respect and courtesy. I also felt heard, which is not always the case in today's current culture and pressures within the NHS.

I was the last patient to be seen before GMED services stopped and never felt rushed or a nuisance.

I am keen that we acknowledge kindness and caring when it happens and as everyone feels good and better for it the smiles tell a story!

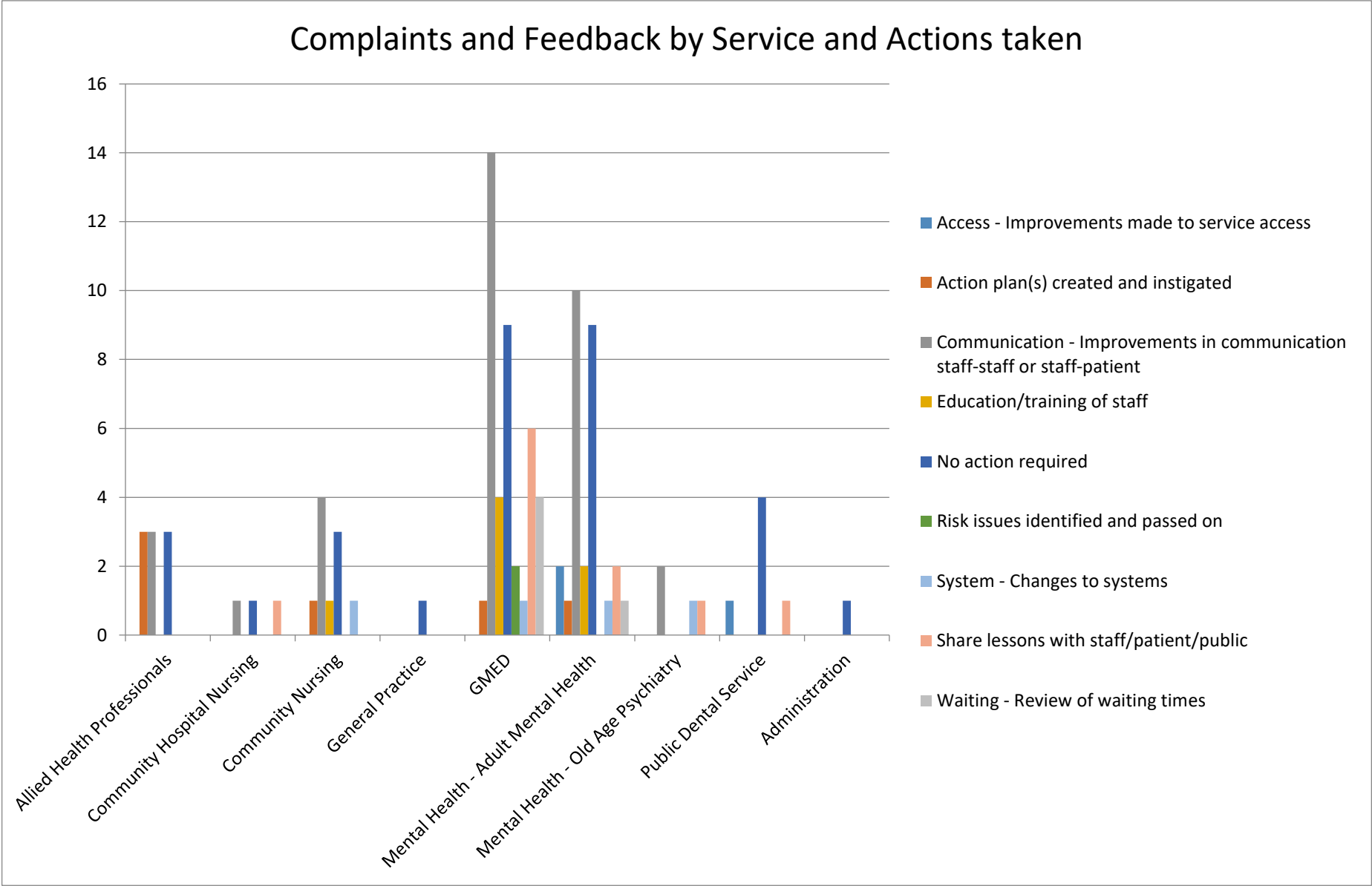
I hope my comments can be fed back to the GMED team in Fraserburgh as everyone deserves to hear as often as possible that they've done well.

## 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 is included in NHS Grampian's Annual Complaints Report.

Moray Council issue a customer satisfaction survey to all complainants once their complaint is closed. 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

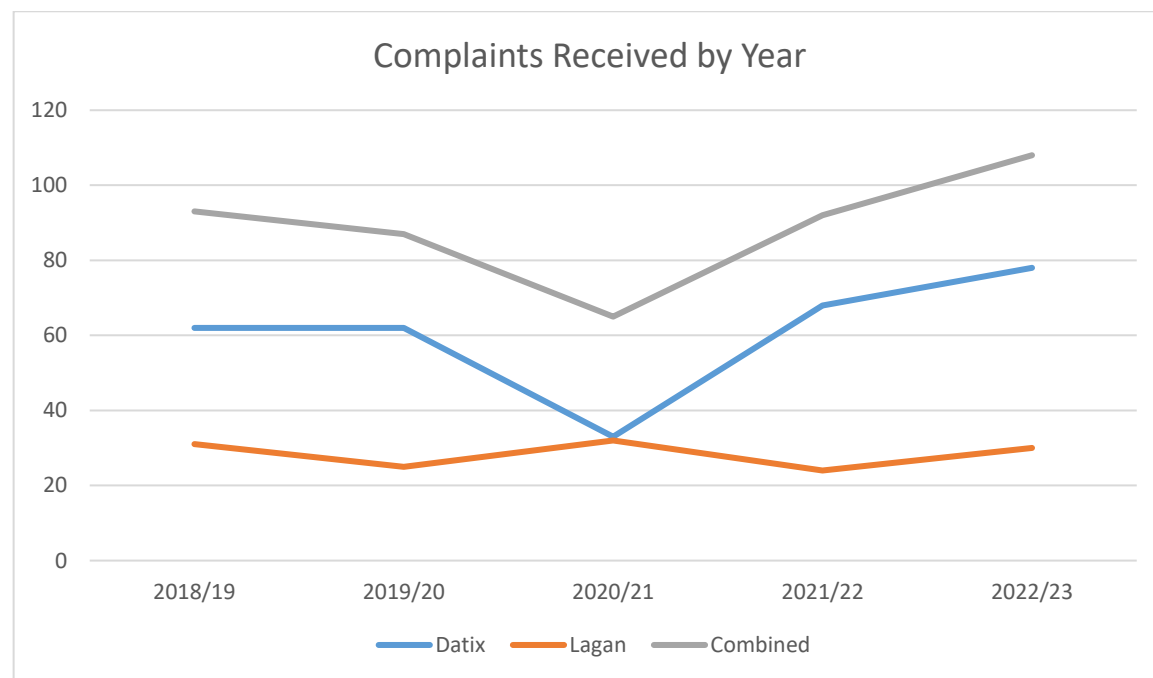
*The sum of the number of complaints received at Stage 1 (this includes escalated complaints as they were first received at Stage 1), and the number of complaints received directly at Stage 2.*

**Table 3 – total number of complaints (received)**

System recorded	Early Resolution / Frontline	Investigation	Total
NHS - Datix	15	63	78
Moray Council - Lagan	15	10	30 + (5 not marked*)
Total	30	73	108

*This is due to x2 complaints being closed as they were duplicates and x3 being immediately resolved*

**Graph 2 - Complaints Received by Year**





**Datix – Complaints Received by Year:**

Year	Total
2018/19	62
2019/20	62
2020/21	33
2021/22	68
2022/23	78

**Lagan - Complaints Received by Year:**

Year	Total
2018/19	31
2019/20	25
2020/21	32
2021/22	24
2022/23	30

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.

A total of 108 complaints were received during 2022/23 which is a slight increase on the previous year where a total of 92 complaints were received. This may be attributed to an increase in activity, for example GMED activity continues to increase with 2022 being the busiest year on record. This increase in clinical demand could reflect pressures and subsequent complaints. We continue to discuss learning from each complaint that is received, and continue to monitor the increase in 2023/24.

**Table 5 – combined data from Datix and Lagan (complaints received) for 2022/23**

	Total
Allied Health Professionals	8
Community Hospital Nursing	2
Community Nursing	5
General Practice	1
GMED	27
MacMillan Nursing Service	1
Mental Health - Adult Mental Health	22
Mental Health - Old Age Psychiatry	2
Mental Health - Specialisms	1
Primary Care	1
Primary Care Contracts Team	1
Public Dental Service	6
Administration	1
Moray East	1
Care at Home	8
Access Team	8
Mental Health	1
Occupational Therapy	5
Drug & Alcohol	1
Day Care	1
TMC Specialist Unit	1
Community Care Finance	2
Moray West	1
Learning Disability	1
<b>Total</b>	<b>108</b>

## 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	9 out of 14 (64 %)	10 out of 63 (16%)
Moray Council - Lagan	6 out of 16 (37.5%)	4 out of 8 (50%)

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

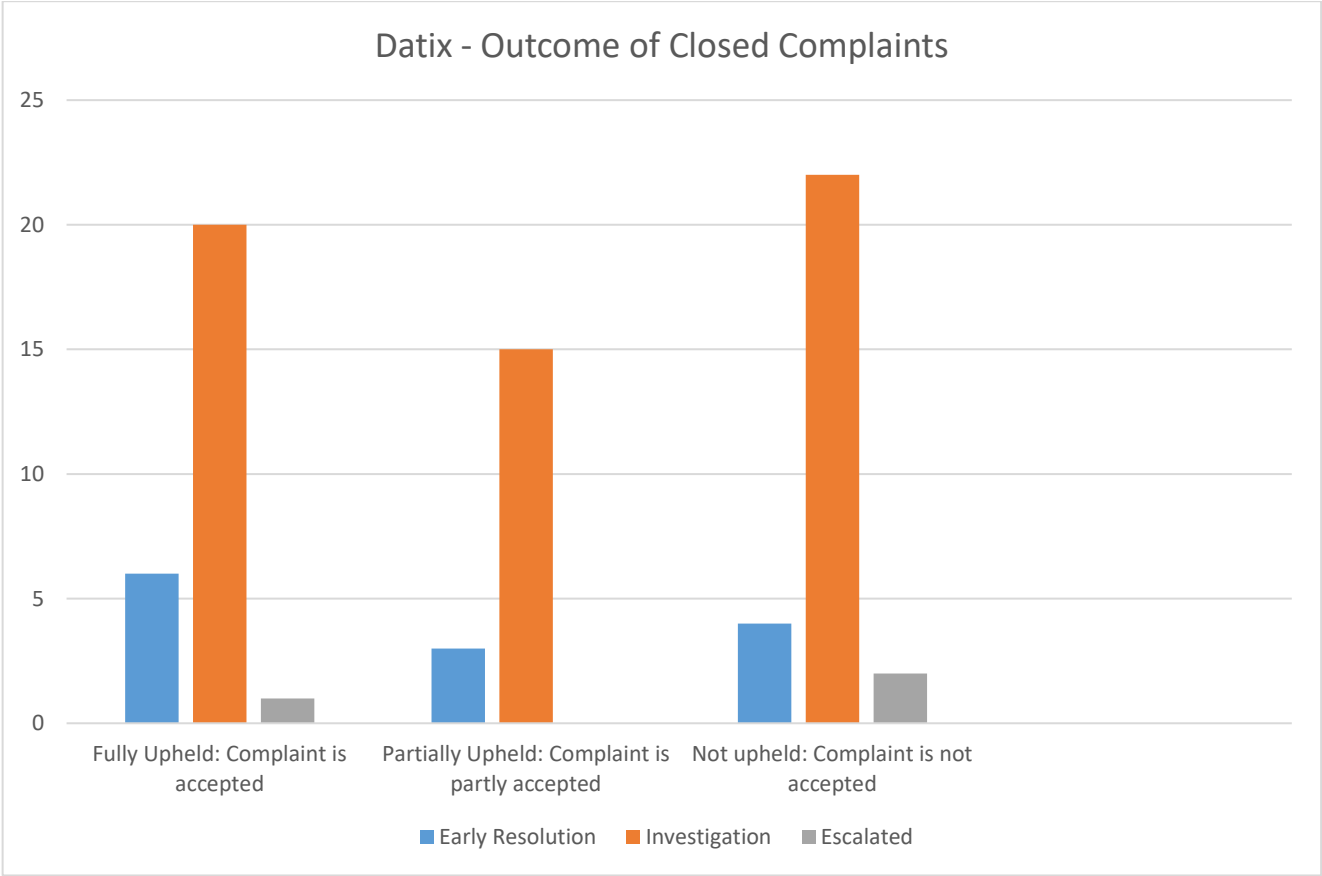
	Early Resolution/ Frontline	Investigative
NHS - Datix	4 days	47 days
Moray Council - Lagan	8 days	35 days

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

**Graph 3** below shows the number of complaints fully upheld, partially upheld and not upheld as recorded in Datix during 2022/23. Out of **80 closed complaints** on the system 2 complaints were withdrawn by complainant, and 5 were closed as consent was not received.

From the remaining 73 complaints closed during 2022/23 - **approximately 37% were fully upheld, 25% were partially upheld and 39% were not upheld**



Complaints Information Extracted from Lagan:

24 complaints were closed during 2022/23: **12% were upheld, 50% were partially upheld and 33% were not upheld**

**Graph 4** below shows the number of complaints upheld, partially upheld and not upheld as recorded in Lagan.

