



Annual Report on **Complaints 2023 – 2024**

01/04/23 – 31/03/24

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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 2023 and 31 March 2024.

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 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:

[nhsg_annualfeedbackreport_2023-24.pdf](#)

[Moray Council Complaints Handling Annual Report 2023.24](#)

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.

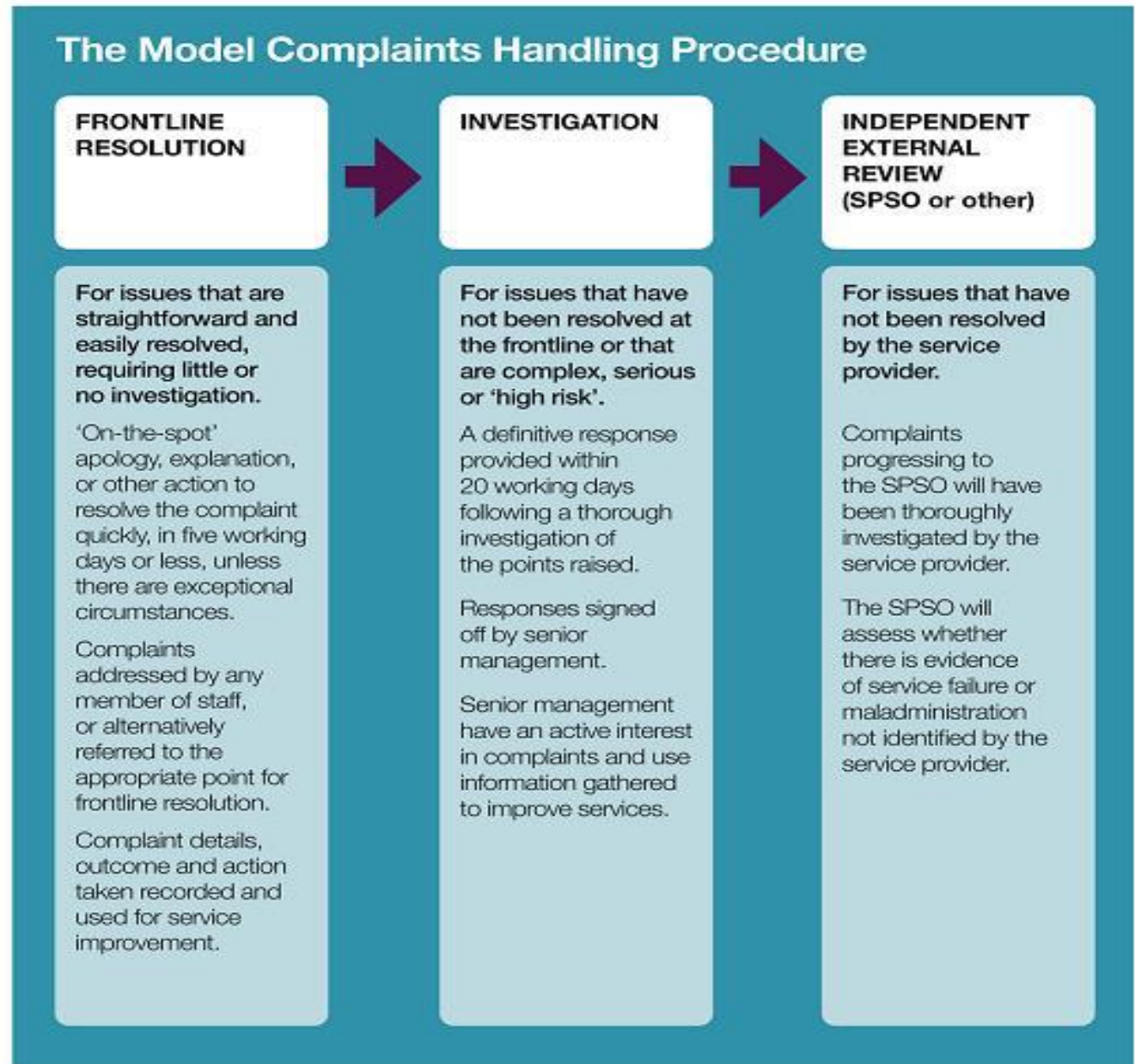
The NHS was the last public sector to adopt the MCHP on 1 April 2017 and it has not yet been revised since it was first published.

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 fourth 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

2023/24 – Annual Report (01/04/23 – 31/03/2024)

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)

	Stage 1 - Early Resolution	Stage 2 - Escalated	Stage 2 - Non Escalated	Ombudsman	Total
No action required	3	6	18	1	28
Communication - Improvements in communication staff-staff or staff-patient	2	12	17	2	33
Share lessons with staff/patient/public	0	3	4	1	8
Education/training of staff	1	3	5	0	9
Access - Improvements made to service access	0	0	2	0	2
System - Changes to systems	0	1	3	0	4
Conduct issues addressed	0	1	0	0	1
Action plan(s) created and instigated	0	0	4	0	4
Waiting - Review of waiting times	0	0	4	0	4
Risk issues identified and passed on	0	0	1	0	1
Total	6	26	58	4	94*

**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 – assessment	4	4	8
Complaint against service - residential care	1	1	2
Complaint against staff	5	4	9
Other	7	5	12
Policy and Procedure	1	3	4
Process / Procedure	11	20	31
Total	29	37	66

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)

Process / Procedure	Reflective learning sessions held
	Plan made with family regarding involvement and rationale
	Review of processes
	Review of processes around timescales and information being available in timely manner
	Reflective practice around engaging with families at all stages of process
	Refresher training around Initial Referral Discussion procedures for staff
	Reminder about staff adherence to timescales
Policy	Clearer guidance relating to foster or residential care required
	Child Protection Planning meeting leaflet to be finalised
Communication	Answer phone message re-recorded to ensure it is clearer

	Development of communications strategy between complainant and social worker
	Improvement action plan around communication
	Consider language used when making statements
	Complaint handling training provided

Communication and process / procedure continue to be the main themes arising from complaints.

Table 2

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

	Allied Health Professionals	Community Hospital Nursing	Community Nursing	Continence Service	General Practice	GMED	MacMillan Nursing Service	Mental Health - Adult Mental Health	Mental Health - Old Age Psychiatry	Mental Health - Specialisms	Primary Care	Total
Action plan(s) created and instigated	2	1	0	1	0	0	0	0	0	0	0	4
Communication - Improvements in communication staff-staff or staff-patient	4	2	2	1	0	14	1	7	0	0	2	33
Education/training of staff	1	1	1	0	0	2	0	2	0	0	2	9
System - Changes to systems	1	0	0	0	0	2	0	0	0	1	0	4
No action required	2	0	0	0	1	9	0	13	1	1	1	28
Conduct issues addressed	0	0	1	0	0	0	0	0	0	0	0	1
Access - Improvements made to service access	0	0	0	0	0	1	0	1	0	0	0	2
Share lessons with staff/patient/public	0	1	0	0	1	3	0	3	0	0	0	8
Waiting - Review of waiting times	0	0	0	0	0	2	0	2	0	0	0	4
Risk issues identified and passed on	0	0	0	0	0	0	0	0	0	0	1	1
Total	10	5	4	2	2	33	1	28	1	2	6	94*

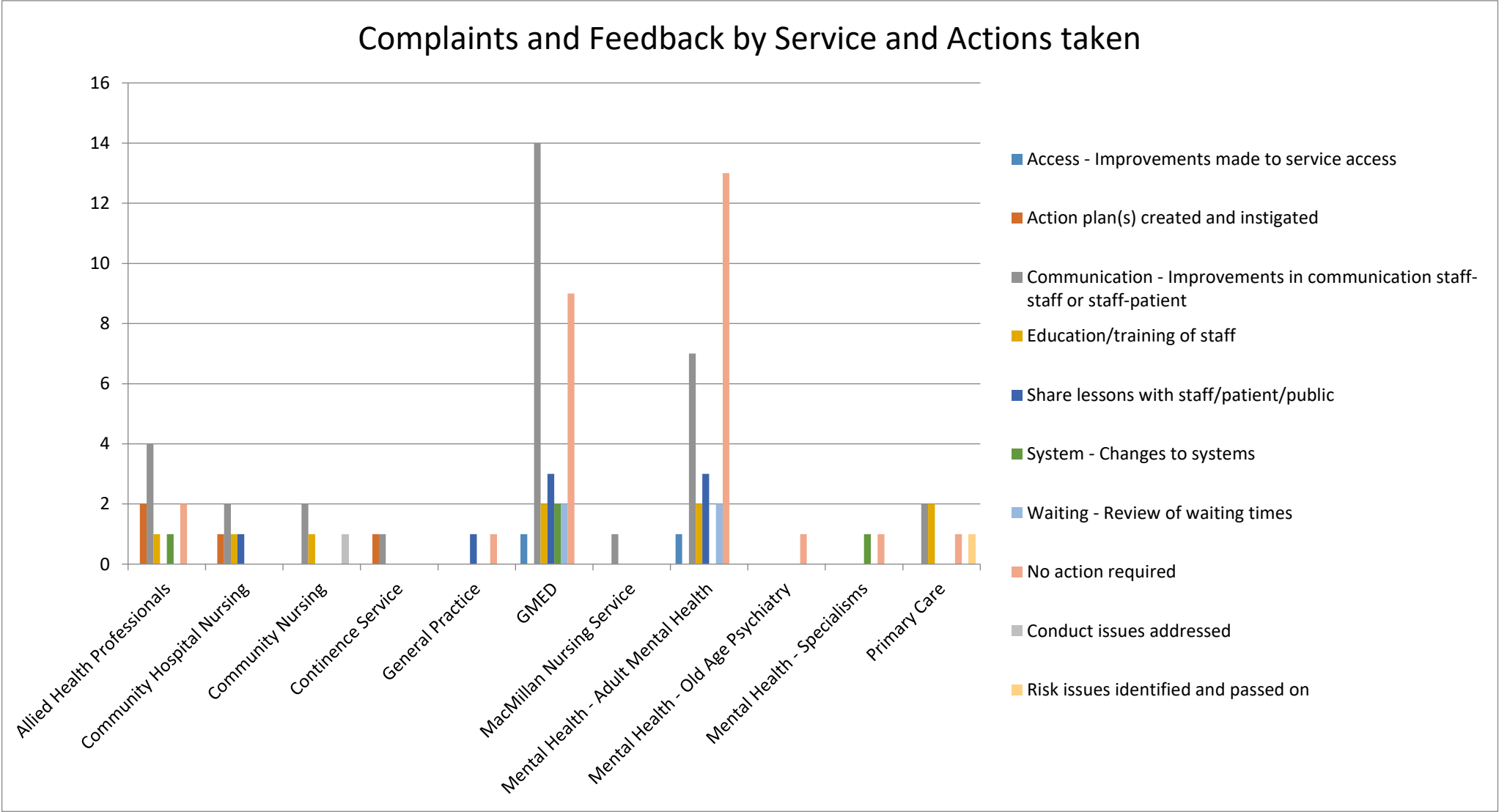
*Figure more than total number of closed complaints as there could be multiple actions taken for each complaint

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 01/04/2023 and 31/03/2024 (data extracted from Datix).

Communication	Communication process review between NHSG and Community Pharmacies
	Further promotion to advise members of public to telephone or complete an e-consult form to arrange appointment for Forres Health and Care Centre
	Staff to reflect on consultation manner
	Further promotion of use of e-consult forms
	Learning taken regarding how staff approach difficult conversations and how patients may perceive these
	Processes between primary and secondary care services to be reviewed
	Teams to continue to attempt follow up despite communication difficulties
	Liaise with SAS to improve communication regarding delays
Share lessons	Reflection around restrictions for informal patients
System/Process change	Review of triage protocol
Education / training / share lessons learned	Staff signposted to relevant NHS training materials to refresh knowledge
	Reiterating guidance to all teams around checking names and addresses prior to sending correspondence
	Teams discussed need for timely note keeping
	Staff made aware of the importance of seeking consent for any physical help being offered to patients
	Relaunch of Self Discharge Against Advice policy to all staff
	Reflective practice / supervised practice
	Reminder to clinicians regarding clear communication with patients around dosage of medication
	Reminder of policies and procedures

Communication Improvements (staff to staff or staff to patient) continues to be the most common theme arising from complaints.

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



Complaint Process and Experience

NHS Grampian paused the experience survey during the pandemic and recommenced in the second quarter of 2023. This survey is sent out to participants 2 months after their complaint was closed. Data is available from complainants whose complaint was closed in this reporting period and is included in NHS Grampian's Annual Complaints Report.

NHS Grampian are also signed up to Care Opinion. Through this website patients and carers can share their stories, experiences and thoughts online. To find out more about Care Opinion and to see stories shared about NHS Grampian, please visit <https://www.careopinion.org.uk/opinions>

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.

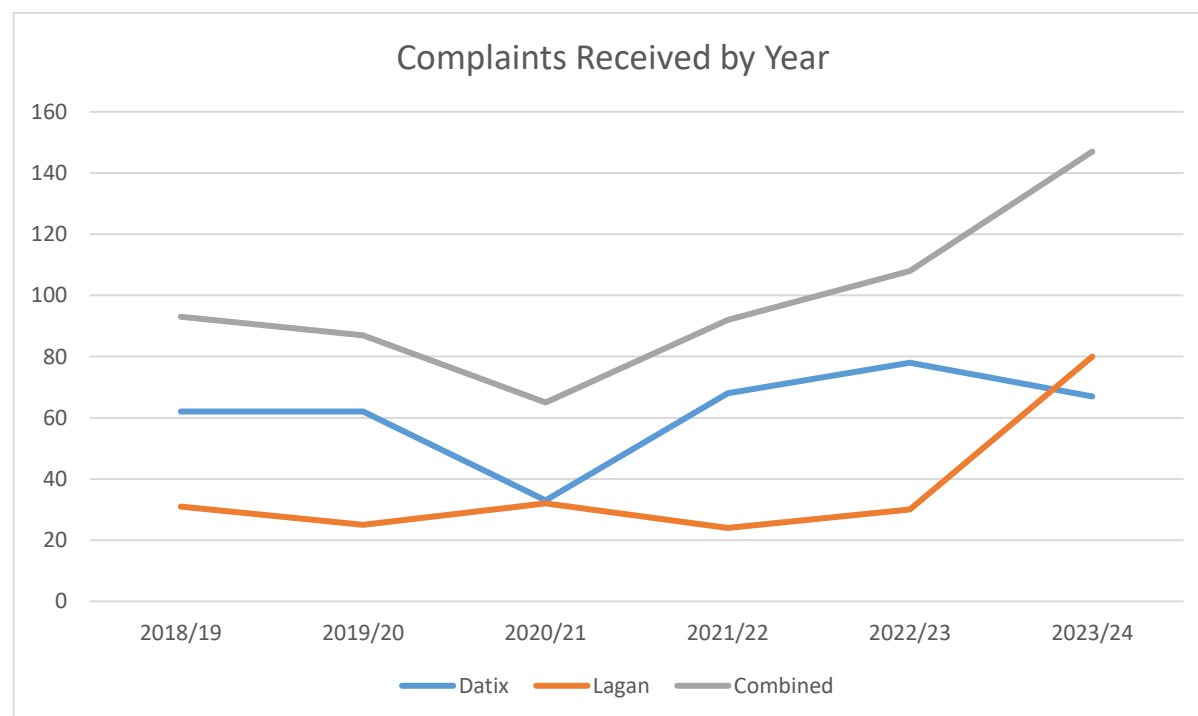
Indicator 1 - The total number of complaints received

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	23	44		67
Moray Council - Lagan	30	39	At time of reporting 11 not yet marked	80
Total	53	83	11	147

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
2023/24	67

Lagan - Complaints Received by Year:

Year	Total
2018/19	31
2019/20	25
2020/21	32
2021/22	24
2022/23	30
2023/24	80

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 increased in 2022 and it is the busiest year on record. This increase in clinical demand could reflect pressures and subsequent complaints. A change in re-triage protocol led to a decrease in GMED activity in 2023.

A total of 147 complaints were received by Health and Social Care Moray in 2023/24. The figures in this reporting period include Children and Families and Justice Social Work Services, for the first time, as these services were delegated to the Moray Integration Joint Board on 16 March 2023. This explains the increase in complaints recorded on Lagan from 30 in 2022/23 to 80 in 2023/24.

Complaints received by Children and Families and Justice Social Work the preceding years is detailed below:

2020/21	2021/22	2022/23
31	23	29

A breakdown of total complaints received in 2023/24 is detailed on the next page.

Table 5 – combined data from Datix and Lagan (complaints received) for 2023/24

Health and Social Care Moray (Datix)	
Allied Health Professionals	6
Community Hospital Nursing	1
Community Nursing	3
Continence	1
General Practice	4
GMED	24
Mental Health - Adult Mental Health	21
Mental Health - Old Age Psychiatry	1
Mental Health - Specialisms	1
Primary Care	4
Vaccination Transformation Programme	1
Health and Social Care Moray (Lagan)	
Access Team	18
Care at Home	11
Community Care Finance	1
Day Care	1
Mental Health	1
Occupational Therapy	2
Children and Families and Justice Social Work	
Access Team	7
Children and Families Area Teams	23
Criminal Justice	2
Fostering and Adoption and Supported Lodgings	11
Reviewing Team	2
Throughcare	1
	147

Out of Hours (OOH) Primary Care Service (known as GMED) is hosted by the Moray Integration Joint Board for the whole of Grampian. GMED service cares for patients who have urgent care needs and cannot wait until their GP Practice is open. GMED operates 18:00 until 08:00 each weekday, all weekends and each public holiday including the festive period. Therefore, figures presented for GMED are for a Grampian wide service that on average sees around 90,000 contacts annually (1/6 of the Grampian population). The challenges of the out of hours environment: limited access to investigation equipment, diagnostics and specialist advice, and the Grampian region geography can lead to feedback from patients or relatives, which can be negative. The prevalent themes of complaints are:

- Waiting times for contact (telephone or face to face) from GMED
- Communication issues
- Patient expectation and ability to match it in the OOH environment

Many of the complaints that GMED receives are multi-service complaints where GMED is only a small part of the concern or there is no concern at all.

Learning from complaints is taken forward on a service-level, via Continuous Medical Educational events and incorporated into resources and guides available.

Moray Mental Health provides in patient and community based specialist care for people over the age of 18 with complex mental health needs. The service has experienced significant staffing challenges in recent times as a result of national recruitment shortages, particularly in relation to medical staffing, and this has had an impact on the service's ability to offer appointments within adult mental health and has required a review of existing people open to services and whether they still need to remain open to a specialist secondary care service. As a result of this, and due to the change in direction for ADHD referrals without a dedicated resource, there has been an increase in the number of complaints received over the last year. There are ongoing discussions taking place about these challenges within Grampian-wide and local management structures.

Access Care Team is the first point of contact for the people of Moray who feel they need support from Social Care Services. The front line response initially comes from the First Contact Advisors who are a team of 4 responding to a very large volume of daily contacts. The contacts can be via phone or email and require triage to ensure we signpost people to the most appropriate service which might be Social Work, Occupational Therapy or Care at Home. However, as this is an open referral system for both the public and professionals there are many contacts that also require a response and support that are out with the areas identified above. The current phone system requires review and there are developments for self-management through the community connections, which is being supported by DHI (Digital Health & Care Innovation Centre). Being able to redirect some of the contacts and demand coming through Access Care Team should reduce the number of complaints coming into the system.

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	Escalated Investigation within timescale
NHS - Datix	5 out of 6 (83%)	3 out of 37 (8%)	7 out of 21 (33%)
Moray Council - Lagan	11 out of 29 (38%)	8 out of 25 (32%)	1 out of 10 (10%)

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	Escalated Investigation
NHS - Datix	3 days	54 days	37 days
Moray Council - Lagan	13 days	29 days	33 days

During 2023/24, HSCM were not able to achieve the targets timescales for responding in all cases. 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. There were two particularly complex investigations recorded on Datix which has impacted the average time in working days to respond.

Investigating and responding to complaints is an ongoing 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.

Some complaint investigations require other processes to be followed before the complaint can be responded to and closed i.e. adverse event reviews, HR processes or information governance processes, this too can impact on response times.

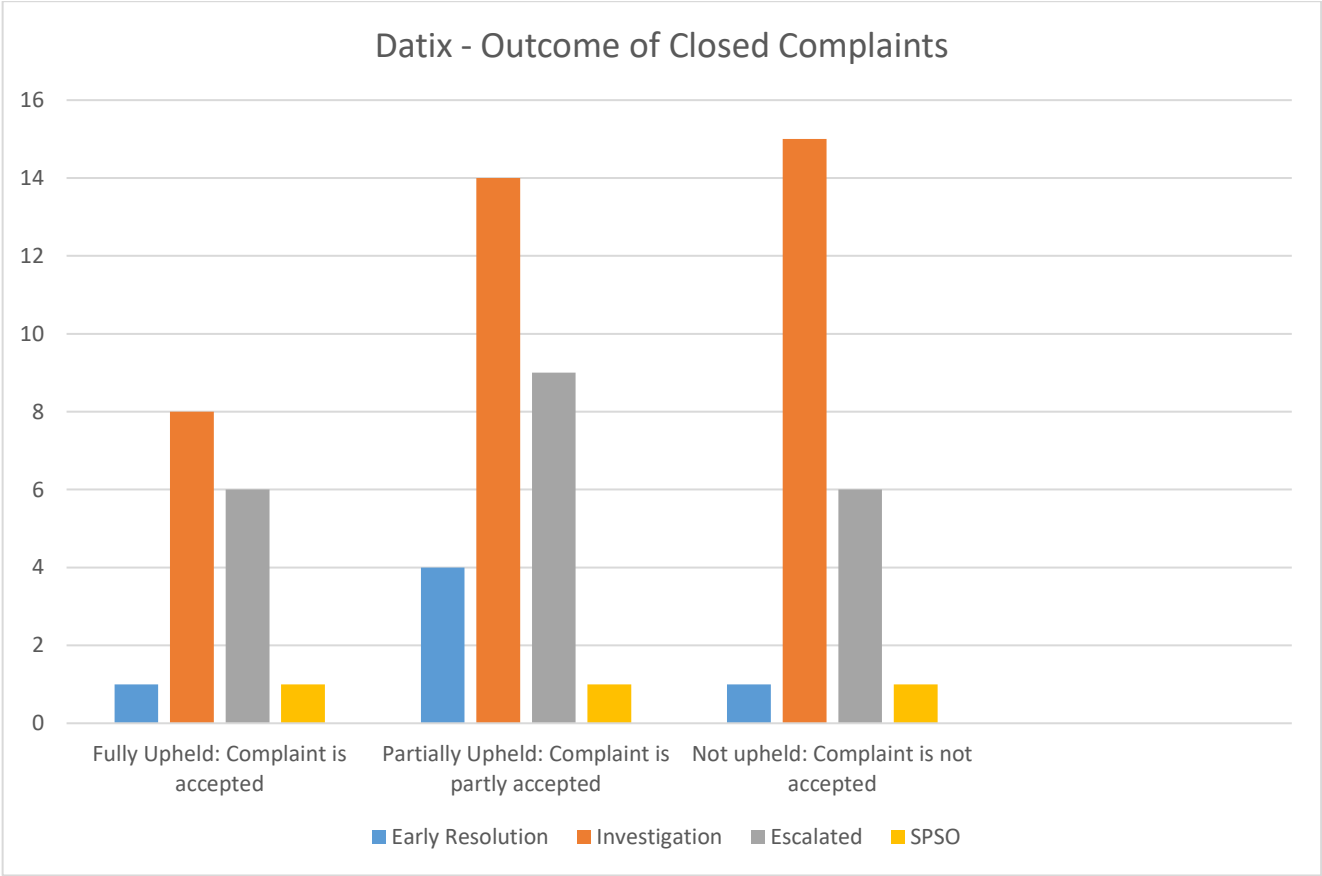
In some cases, complaint responses are issued within target timescales, then a further contact from the same complainant about their complaint is received (sometimes months later) and the complaint is reopened. The figures reported against Indicators 2 and 3 above do not account for this and response times are calculated from the date the complaint was first received to being finally closed the second time.

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 2023/24. Out of 73 closed complaints on the system 1 complaint recorded was a duplicate, and 5 were closed as consent was not received.

From the remaining **67 complaints closed during 2023/24 - approximately 24% were fully upheld, 42% were partially upheld and 34% were not upheld**



Complaints Information Extracted from Lagan:

66 complaints were closed during 2023/24: **27.5% were upheld, 36.5% were partially upheld, 30% were not upheld and 6% were resolved.**

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

