Annual Report on

Complaints and Feedback 2024 – 2025

01/04/24 – 31/03/25

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Health and Social Care Moray

Health and Social Care Moray (HSCM) brings together the NHS and Council to provide a wide range of social work, social care, community health and primary care services. In Moray, the partnership includes:

- Adult Services, including older people
- Children and Families Services
- Justice Services

The work of HSCM is governed by the Moray Integration Joint Board – a public body formed in 2014 through Scottish Government legislation.

Introduction to the Report

This Complaints Handling Annual Report provides a summary of people who use services' feedback and complaints recorded by Health and Social Moray (HSCM) in the period from 1 April 2024 to 31 March 2025.

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.

Links to these annual reports can be found here:

Moray Council – Complaints Handling Annual Report 2024-25

NHS Grampian – nhsgannualfeedbackreport2024-25.pdf

The Model Complaints Handling Procedure

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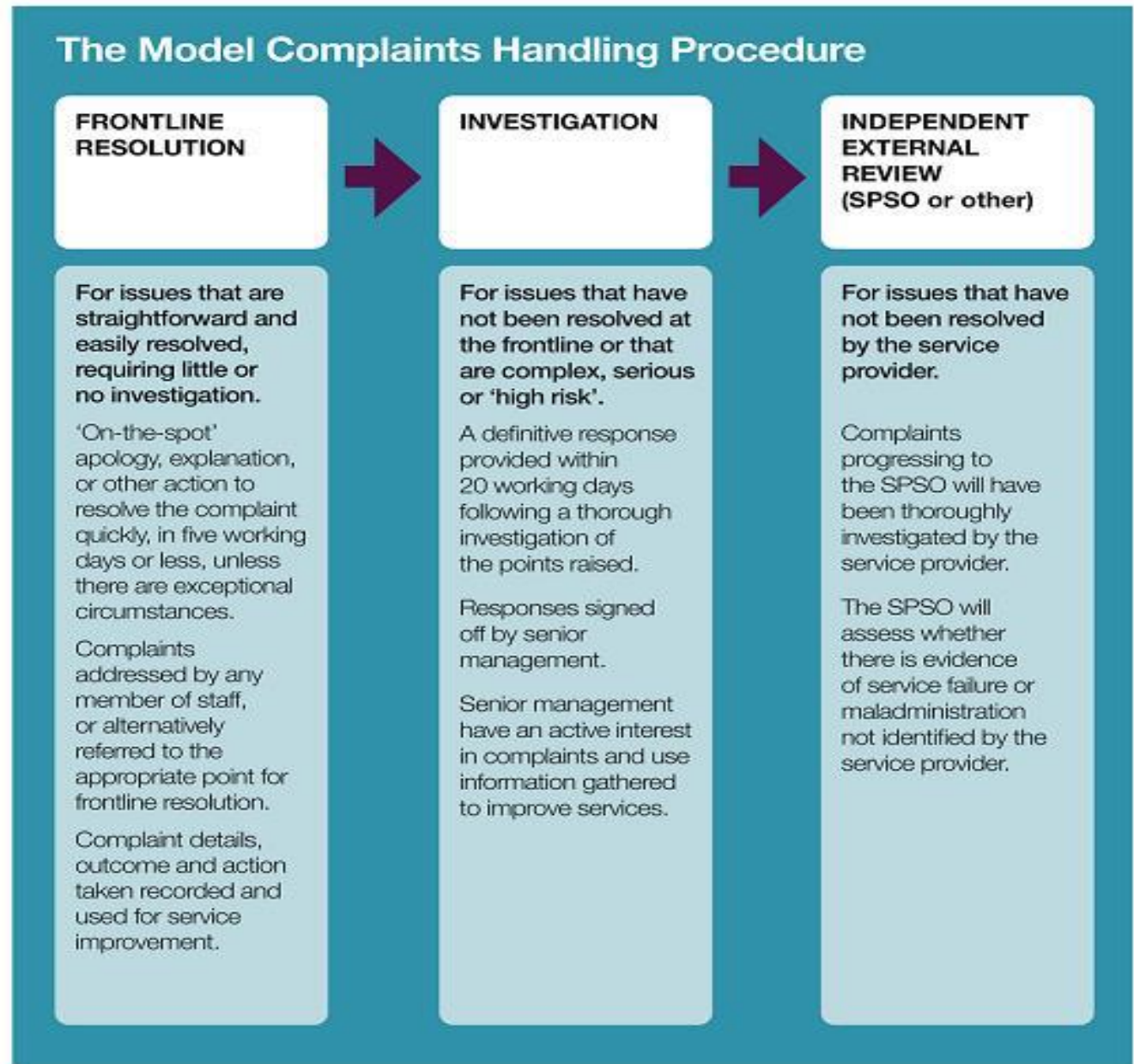
The NHS was the last public sector to adopt the MCHP on 1 April 2017 and it has not yet been revised since it was first published.

Complaints Handling Timescales

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 many 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 Model Complaints Handling Procedure

FRONTLINE RESOLUTION

For issues that are straightforward and easily resolved, requiring little or no investigation.

'On-the-spot' apology, explanation, or other action to resolve the complaint quickly, in five working days or less, unless there are exceptional circumstances.

Complaints addressed by any member of staff, or alternatively referred to the appropriate point for frontline resolution.

Complaint details, outcome and action taken recorded and used for service improvement.

INVESTIGATION

For issues that have not been resolved at the frontline or that are complex, serious or 'high risk'.

A definitive response provided within 20 working days following a thorough investigation of the points raised.

Responses signed off by senior management.

Senior management have an active interest in complaints and use information gathered to improve services.

INDEPENDENT EXTERNAL REVIEW (SPSO or other)

For issues that have not been resolved by the service provider.

Complaints progressing to the SPSO will have been thoroughly investigated by the service provider.

The SPSO will assess whether there is evidence of service failure or maladministration not identified by the service provider.

Effective governance and monitoring of complaints forms part of core business for health and social care teams; ensuring services are safe, high-quality, and responsive to the needs of the people they support.

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** *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.*
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** *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*
Indicator Three	**The average time in working days for a full response to complaints at each stage** *The average time in working days to respond at stage 1, stage 2 and after escalation*
Indicator Four	**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*

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 fifth 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 managed through a dedicated team covering the Grampian area.

Positive feedback enables us to understand what services and behaviours people value. Capturing compliments data across the partnership, which has a wide range of services and two different recording systems, can be challenging. Our staff and services receive compliments in a range of ways and there is no mandatory reporting requirements. Data that has been recorded centrally is captured in this report.

Summary

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. All feedback helps to guide improvements, reveal training needs and supports performance monitoring.

Our website [Feedback - Health and Social Care Moray](#) provides information about how people can provide feedback or raise formal concerns. Complaints can be submitted in person, by phone, by email or by post. There are also Feedback Cards throughout NHS sites that can be completed and submitted using the business reply paid envelopes.

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Complaints Data

2024/25 – Annual Report (01/04/24 – 31/03/2025)

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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 and 2 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
Communication - Improvements in communication staff-staff or staff-patient	4	19	4	2	29
Education/training of staff	0	6	5	1	12
Access - Improvements made to service access	1	3	0	0	4
Action plan(s) created and instigated	1	0	2	0	3
No action required	2	12	10	0	24
System - Changes to systems	0	1	1	0	2
Conduct issues addressed	0	1	1	0	2
Share lessons with staff/patient/public	0	4	1	0	5
Waiting - Review of waiting times	0	4	2	0	6
No action(s) selected	1	0	1	0	2**
Total	9	50	27	3	89*

figures do not directly correlate with number of closed complaints as there may be more than one action selected per complaint. There were 65 complaints closed on Datix during 2024/25.

**one record relates to a complaint that was closed as an adverse event investigation will take place instead and one has been incorrectly recorded as a complaint when it was a concern.*

Table 1b

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

	Early resolution	Investigation	Total
Complaint against service – assessment	1	0	1
Complaint against service – self-directed care	1	0	1
Complaint against staff	5	7	12
Other	3	3	6
Policy and Procedure	3	2	5
Process / Procedure	10	20	30
Total	23	32	55

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	Enhance communication between professionals involved in care package
	Relook at all components of the planning for the care and support offered
	Increased oversight of the care package to be provided
	Continue to explore alternative options with family
	Reminder to staff about the importance of timely communication with people who use our services
	Ensure all information provided is clear and transparent
	Procedure to be put in place to facilitate timely decision making
Policy	Communicate policy around sharing of minutes with attendees
Communication	Communication clearly role and purpose of panel and how attendees participate
	Reflect on language used
	Staff training to be undertaken

Table 2

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

	Allied Health Professionals	Community Hospital Nursing	Community Nursing	Community Pharmacy	General Practice	GMED	Grampian Vaccination and Immunisation Programme	Mental Health - Adult Mental Health	Mental Health - Old Age Psychiatry	Mental Health - Specialisms	Primary Care	Total
Access - Improvements made to service access	1	0	1	0	1	0	1	0	0	0	0	4
Action plan(s) created and instigated	1	0	0	0	0	1	0	0	0	0	1	3
Communication - Improvements in communication staff-staff or staff-patient	5	1	2	0	5	7	2	6	0	0	1	29
No action required	1	0	2	1	1	3	4	10	1	1	0	24
Waiting - Review of waiting times	1	0	0	0	0	3	0	2	0	0	0	6
Education/training of staff	0	1	2	0	2	5	1	0	0	0	1	12
Share lessons with staff/patient/public	0	1	1	0	1	0	0	1	0	0	1	5
Conduct issues addressed	0	0	0	0	0	1	0	0	0	0	1	2
System - Changes to systems	0	0	0	0	2	0	0	0	0	0	0	2
Total	9	3	8	1	12	20	8	19	1	1	5	87*

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 01/04/2024 and 31/03/2025 (data extracted from Datix).

Communication	Ensure patients have a clear understanding of procedure
	Improved communication with patient
	Continue to ensure all contacts are recorded in case notes
	Reminder sent to all clinicians to ensure they communicate clearly with patients
	Staff to signpost to website as opposed to having printed materials which can become outdated
	Call centre staff to be made fully aware of eligibility criteria
	Improvements to communication between primary and secondary care
	Clear and respectful language to be used at all times
System/Process change	Reintroduce safety calling to ensure patients are aware of delays
Education / training / share lessons learned	Always expand on differentials and consider other possibilities even when symptoms are vague
	Reminder medication to be dispensed from centre only if it cannot wait to be collected from the pharmacy the following day
	Training on signs and symptoms of pertussis
	Reminder about appropriate PPE
	Further learning about meningitis presentation
	Values based reflective practice
	Training and education on caring for people with a brain injury
	Reminder all telephone consults to start with identifying caller
	Training / education around clinical history note taking

Adverse events are defined as incidents that result in or could have resulted in harm, and reviews are triggered based on severity and nature of the event, and not on whether a complaint was made. However some adverse event reviews are triggered by a complaint, or a complaint may help inform an adverse event review that is already underway. In such cases complainants can be invited to participate in the adverse event review, and pause or close the formal complaint procedure to support a more integrated and person-centre approach to learning and improvement.

Complaint Process and Experience

NHS Grampian issue an experience survey to participants 2 months after their complaint was closed. Information is available from complainants whose complaint was closed during the last financial year 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
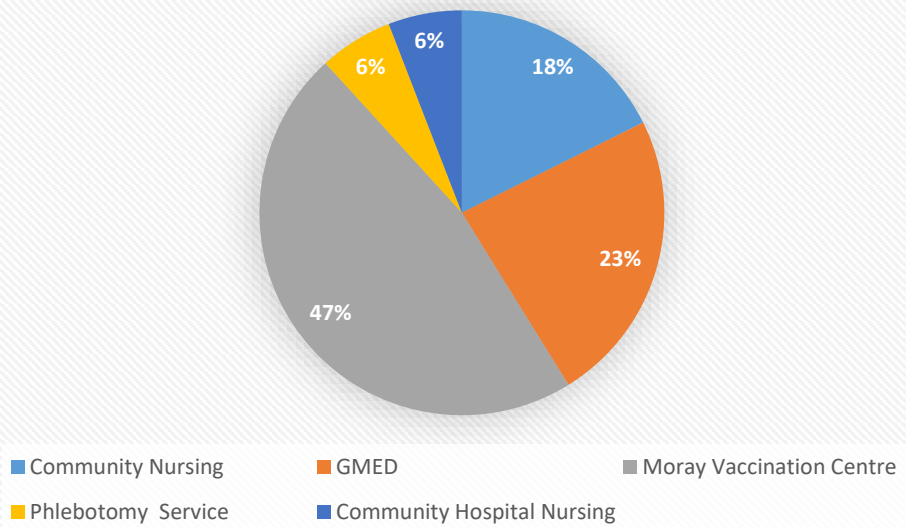
Moray Council issue a customer satisfaction survey to all complainants once their complaint is closed. Many of the customer satisfaction surveys are completed as anonymous. Unless the customer chooses to insert their complaint reference, there is no way of knowing who the return survey is from or which service it was about. More information on this can be found in the Moray Council Complaints Performance Report (see page 3 for link).

Compliments

Compliments can be provided verbally to staff, via emails or letters. When compliments are received, they are shared with staff and teams. Whilst there is no mandatory requirement to report compliments in the same way as complaints some compliments are recorded on our electronic systems.

Data recorded for our health related services, for the period 1 April 2024 to 31 March 2025, is detailed overleaf.

Compliments (datix)

Legend:
- Community Nursing — 18%
- GMED — 23%
- Moray Vaccination Centre — 47%
- Phlebotomy Service — 6%
- Community Hospital Nursing — 6%

Positive feedback was received about staff and about the care and treatment received.

Staff receive compliments verbally and many of these do not get formally recorded but are shared with teams.

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	Not marked (at time of reporting)	Total
NHS - Datix	46	25	0	71
Moray Council - Lagan	26	38	1	65
Total	72	63	1	136

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
2024/25	71

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
2024/25	65

Graph 1 - Complaints Received by Year

Complaints Received by Year
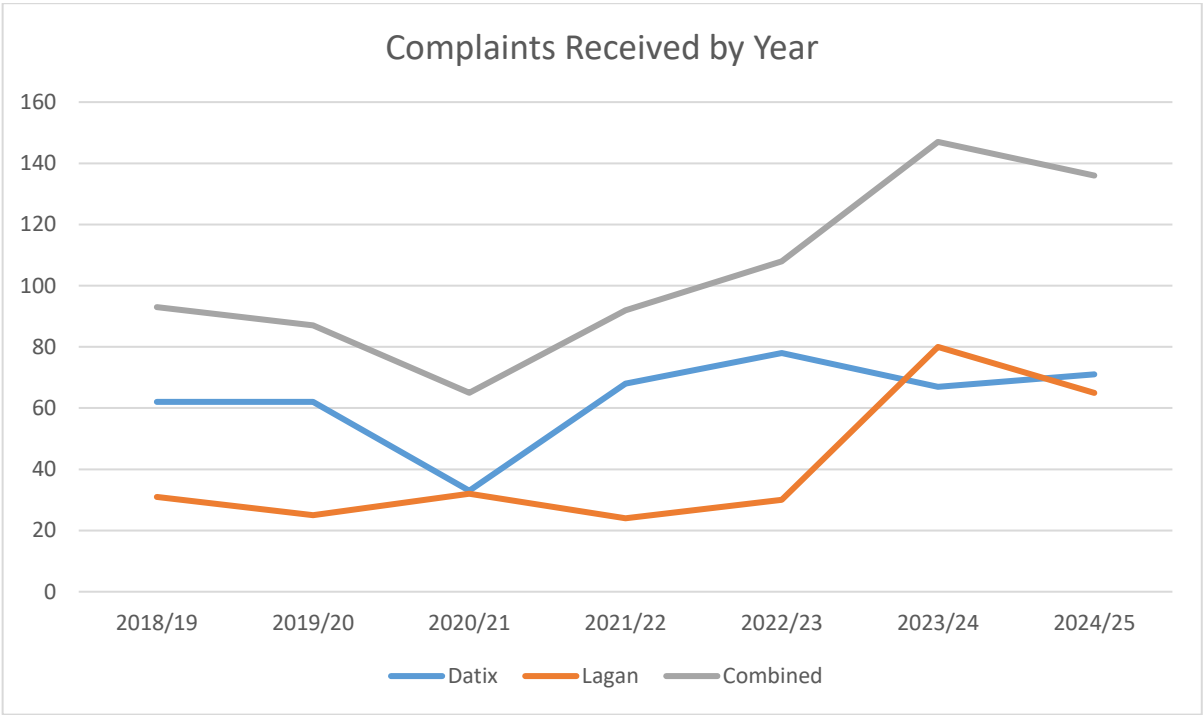
Combined (Datix and Lagan) Complaints received by year:	
2018/19	93
2019/20	87
2020/21	65
2021/22	92
2022/23	108
2023/24	147
2024/25	136

A total of 138 complaints were received by Health and Social Care Moray in 2024/25.

A breakdown of complaints received is detailed on the next page.

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.

It should be noted the figures reported for 2023/24 onwards include Children & Families and Justice Social Work Services, as these services were delegated to the Moray Integration Joint Board on 16 March 2023. This accounts for the increase in complaints recorded on Lagan from 2023/24 onwards.

Table 4 – combined data from Datix and Lagan (complaints received) for 2024/25

Health and Social Care Moray (Datix)	
Allied Health Professionals	8
4Community Hospital Nursing	4
Community Nursing	4
Community Pharmacy	1
General Practice	7
GMED	18
Moray Vaccination Centre	7
Mental Health - Adult Mental Health	19
Mental Health - Old Age Psychiatry	2
Mental Health - Specialisms	1
Health and Social Care Moray (Lagan)	
Access Team	19
Care at Home	7
Community Care Finance	2
Drug and Alcohol	1
Learning Disability	1
Moray East	1
TMC Specialist Unit	1
Children and Families and Justice Social Work	
Access Team	19
Children and Families Area Teams	8
Criminal Justice	2
Fostering and Adoption and Supported Lodgings	4
	136

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	6 out of 6 (100%)	9 out of 17 (53%)	8 out of 35 (23%)
Moray Council - Lagan	7 out of 23 (30%)	3 out of 25 (12%)	2 out of 7 (29%)

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	45 days	75 days
Moray Council - Lagan	18 days	51 days	27 days

During 2024/25, HSCM did not meet the target timescales for responding in all cases. Many complaints received are complex and involve more than one service, which can impact on response times due to the level of investigation and coordination required.

Improving the timeliness and quality of complaints responses remains a priority. Work is ongoing to identify barriers, streamline processes, and promote early resolutions that meets the needs of complainants.

In some cases, complaints cannot be closed until other processes, such as adverse event reviews, HR processes or information governance checks are completed. These dependencies can significantly extend response times.

Additionally, some complaints are initially resolved within target timescales but are later reopened following further correspondence from the complainant, sometimes months after closure. Indicators 2 and 3 do not account for these reopened phases, as response times are calculated from the original date of receipt through final closure.

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 2 below shows the number of complaints fully upheld, partially upheld and not upheld as <u>recorded in Datix</u> during 2024/25. Out of 65 closed complaints on the system 1 complaint was incorrectly recorded as a complaint (should be a concern),1 was closed due to an adverse event review taking place and 3 were closed as consent was not received.

From the remaining **60 complaints closed during 2024/25 - approximately 33.3% were fully upheld, 33.3% were partially upheld and 33.3% were not upheld**
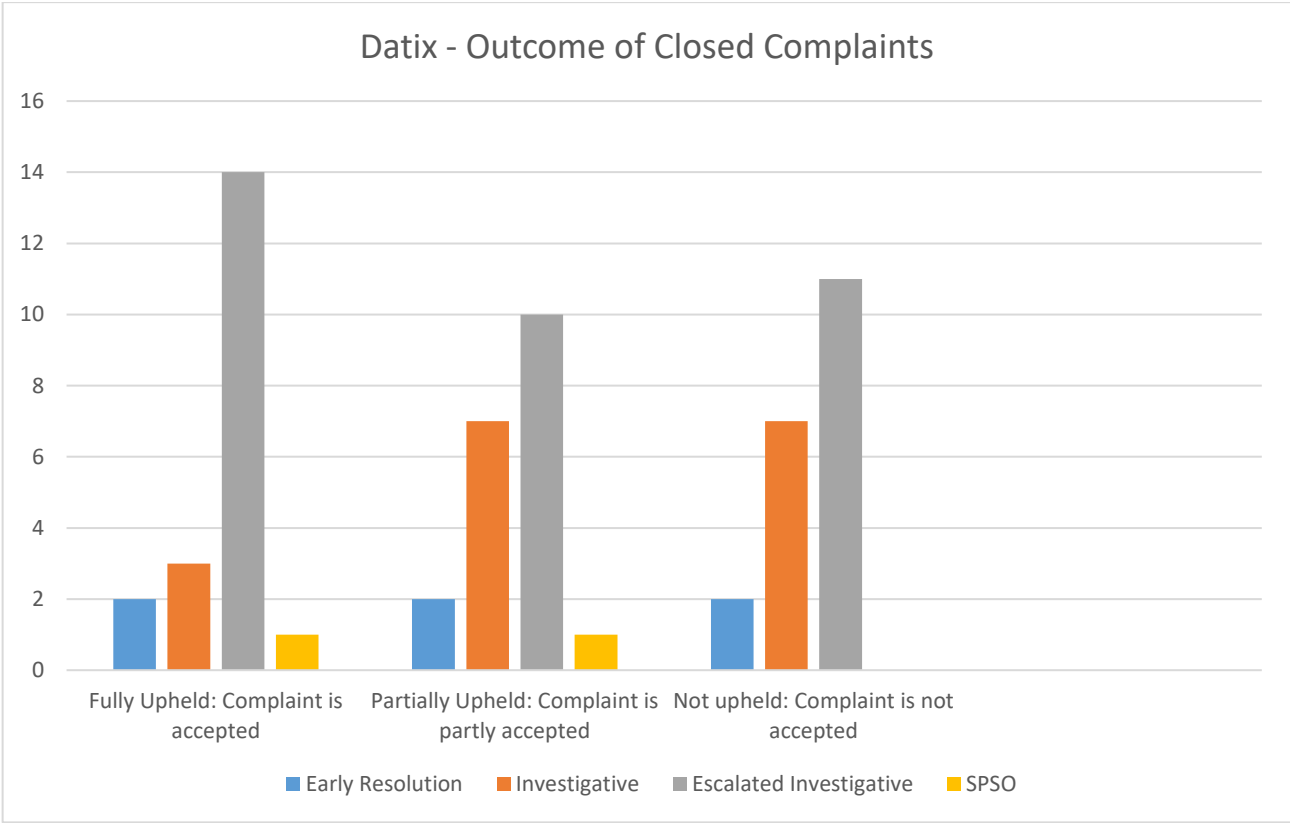
From all **early resolution complaints** closed 33.3% were upheld, 33.3% partially upheld and 33.3% not upheld.
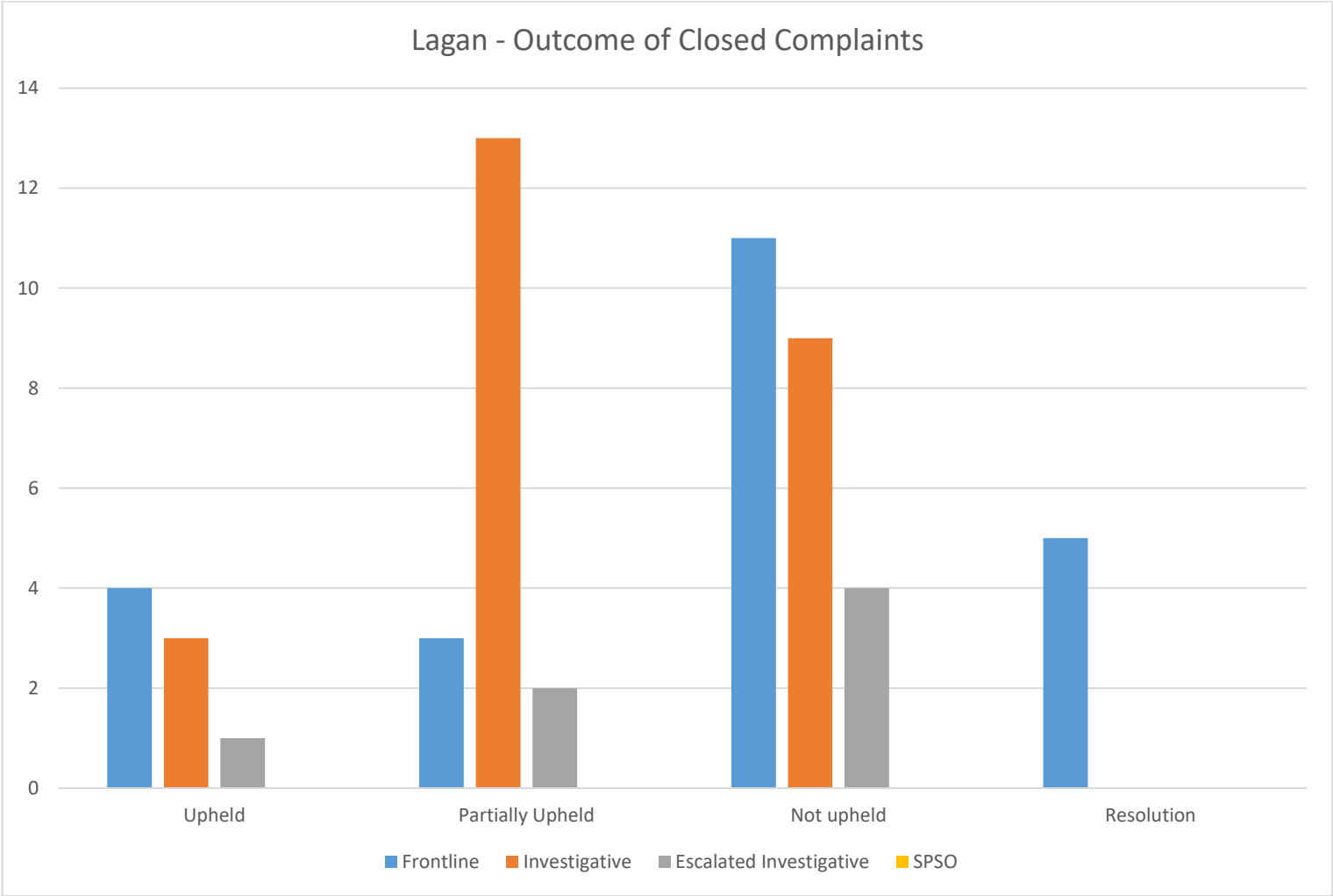
From all **investigative complaints** closed 18% were upheld, 41% were partially upheld and 41% were not upheld.

From all **escalated investigative** complaints 40% were upheld, 29% partially upheld and 31% were not upheld.

Complaints Information Extracted from Lagan:

55 complaints were closed during 2024/25: **15% were upheld, 33% were partially upheld, 43% were not upheld and 9% were resolved.**

Graph 3 below shows the number of complaints upheld, partially upheld and not upheld as recorded in Lagan.

From all **frontline complaints** closed 17% were upheld, 13% partially upheld and 48% not upheld. 22% were resolved.

From all **investigative complaints** closed 12% were upheld, 52% were partially upheld and 36% were not upheld.

From all **escalated investigative** complaints 14% were upheld, 29% were partially upheld and 57% were not upheld.