



Healthcare Improvement Scotland Complaints Report

2023-2024

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Healthcare Improvement Scotland Complaints Report at a glance 2023-2024



14 COMPLAINTS

We received 14 complaints during 2023-2024. 10 of these were related to Independent Healthcare Regulation, 2 of which were withdrawn by complainants.



During 2023-2024 the Complaints Handling mailbox supported with the handling of a further **68 enquiries** about our own and wider Health and Care services, from internal and external teams and individuals. The Complaints Handling Team have supported and signposted these contacts to the most appropriate services to achieve their desired outcome.

Executive summary

Healthcare Improvement Scotland (HIS) is committed to welcoming and valuing all forms of feedback, including complaints and using them to improve services, to address complaints in a person-centered manner, representing the rights of everyone involved.

We have a responsibility to routinely collect and learn from members of the public and health and social care staff. As a National Board, HIS works with a wide range of stakeholders, including but not exhaustive of service users, patients, carers and members of the public; Health and Social Care Partnerships; NHS Boards; Scottish Social Services Council; Care Inspectorate; Scottish Government; third sector and professional regulators.

We are committed to making sure that people are heard by our organisation. Our adoption of the Scottish Public Service Ombudsman's NHS Model Complaints Handling Procedure in 2017 aimed to ensure we actively listen to our service users and stakeholders, using feedback to make our services better. This is a key part of Our Strategy for 2023-2028. We want to resolve any issues as close to delivery, and as quickly as possible and promise to handle every complaint fairly, without bias and based on solid evidence - understanding individuals experiences to help us improve and meet our goals.

We continue to work hard to improve our response times to complaints. We remain committed to enhancing our efficiency in addressing complaints. In the forthcoming year, we will introduce a revised Complaints Handling Procedure, accessible to both our staff and the public. This initiative is designed to minimise delays whilst ensuring thorough and prompt investigations whilst ensuring that all forms of feedback, including complaint are managed using a person-centered, trauma informed approach, supporting our workforce to resolve issues quickly, thoroughly and impartially.

Every year, we are required by the Scottish Government to produce an Annual Report that shows how well we are doing against 9 Key Performance Indicators. This report is a fundamental element of our current and future Complaint Handling Procedure. It is our role to show that we take feedback seriously and demonstrate

that it helps us improve our services, evidencing our true commitment to listening and learning to the people who use, or are impacted by our services.

Ann Gow

Nurse Director, Deputy Chief Executive

Healthcare Improvement Scotland

Overview

Healthcare Improvement Scotland's definition of a complaint aligns to the Scottish Public Service Ombudsman's definition:

An expression of dissatisfaction by one or more members of the public about the organization's action or lack of action, or about the standard of service provided by or on behalf of an organisation.

A complaint may relate to:

- delays
- failure to provide a service
- inadequate standard(s) of a service
- dissatisfaction with Healthcare Improvement Scotland's policy
- treatment by or attitude of a Healthcare Improvement Scotland staff member
- environmental or domestic issues
- operational and/or procedural issues
- Healthcare Improvement Scotland's failure to follow appropriate processes
or
- difficulty in contacting departments for queries.

Looking back at the last year, the number of complaints received and managed have reduced by 50% from 2021-2022. However, in reflecting on our performance in managing fewer complaints using our Complaints Handling Procedure, it is clear that the current system challenges faced across the health and social care sector have had an impact, challenges such as organisational change, workforce availability and therefore workforce capacity has made it difficult to investigate and address complaints as promptly as we would like. Additionally, it's been a particularly tough year for our partners in the NHS and Independent Health and Care Services as they continue to navigate the lasting effects of the pandemic, this has brought with it an increase in the complexity of the complaints we have received. This is evidenced in the decrease in the number of complaints closed at Stage 1 (early resolution) from 75% in 2022-2023 to only 25% in 2023-202 and an increase in the Stage 2

Complaints Closed at Stage 2 rising from 25% to 75%.

This Annual Report is carefully structured to cover the nine Key Performance Indicators one by one. For each indicator, we not only share how we did in 2023-2024, but compare this to 2022-2023 and pinpoint where we know we can do better. Looking ahead to 2024-2025, we are focused on continuous improvement.

1. Learning from complaints

Our approach to complaints is rooted in a culture of continuous improvement. Investigators are tasked with identifying actionable insights during the complaint review process. These insights are communicated to both the complainant and the relevant teams. When patterns emerge that signal broader Organizational lessons, we ensure these are disseminated throughout the organisation and our intelligence networks.

In the first three quarters of 2022-2023, we adhered to our established protocol of bi-annual reporting of complaint data to the HIS Clinical and Care Governance Group (HIS CCG). Additionally, the general oversight and management of complaints were reported monthly to the Nursing and Systems Improvement (NSI) Director/ Deputy Chief Executive and HIS CCG monthly. This change precipitated a thorough review of our Complaints Handling Procedure, commencing in December 2023.

The review process uncovered delays in implementing improvements identified in the previous year. It also brought to light organizational learning from a specific complaint regarding our Responding to Concerns service, which revealed gaps in our communication and engagement process. An ongoing independent review of this service is set to conclude in September 2024. Concurrently, we are conducting an in-depth analysis of our Independent Healthcare Regulations Unit, due to the volume of feedback received, aiming to refine its processes within the regulatory framework.

Our internal audit has pinpointed several areas within our Complaints Handling Procedures that are ripe for enhancement, particularly in how we capture, document, share, apply and assess the effectiveness of the lessons learned. These areas align with the findings from our 2022-2023 Complaints Annual Report, which focused on our internal systems and procedures. We have initiated improvements and are now dedicated to embedding these changes into our daily practices and leveraging them for further advancement.

Table 1: *Learning from Complaints Improvement Plan* at the end of this report outlines the primary elements of our change initiative in this area.

2. Complaint process experience

In 2022-2023 we reported in our Annual Complaints Report that we would enhance how we gather information regarding individuals experience of the HIS Complaints Handling Procedures and Processes.

During the first two quarters of 2023-2024 no work was commenced in this area due to workforce capacity and as such no learning was gained from complainants regarding their experience. This area for improvement has therefore been incorporated and prioritised into the complaints handling review workplan, with the following progress having been made to date.

In the third quarter of 2023-2024 the complaints handling team engaged the support of the internal Evidence and Evaluation for Improvement Team (EevIT) to investigate options that would enable gathering and learning from user feedback on the complaints processes they have experienced. The EevIT team, having followed a rapid response protocol, produced and provided a summary of the literature available on good practice, which may be relevant to inform the design of user feedback and offered advice on future design. Following review of the published and grey literature available the Complaints Handling Team, Eevit Team and Community Engagement team worked collaboratively to agree best approach.

The outcome of this has led to the development of three semi-structured interview questions which will be utilised by HIS Community Engagement Team experts to discuss with complainants – those agreeable and giving consent to participate – to gain learning about their experience of the complaints process; how they feel about how we handled their complaint and any other matters relating to their experience they wish to raise. Where the complainant does not wish to participate, the questions can be adapted for online, paper-based questionnaires.

This work will be implemented, tested, reviewed and refined in 2024-2025.

Further work in planning for 2024-2025 will be to review how as an organisation we handle complaints from children and young people in a way that promotes and upholds children's rights under the UNCRC, ensuring that our revised Complaints Handling Procedure is inclusive of SPSO guidance on Child Friendly Complaints Handling principles.

3. Staff awareness and training

Extant complaints processes, templates and training materials are available for all staff on the HIS Intranet pages. This includes guidance to support managers, professional leads, complaint investigators and our wider workforce, for example:

- Decision-making tool – what makes a complaint?
- Guidance for meeting with complainants
- Investigation plan template
- Guidance on making an apology
- Guidance on how to develop an effective written response

In addition, materials are available to support all staff when receiving complaints, including:

- Learning from Complaints
- Triggers and Conflict
- Early Resolution and Apology
- Responding to behaviour we find challenging
- Being on the receiving end of complaints

The Associate Director of Nursing & Midwifery and their team provide support concerning the handling and management of complaints, regularly meeting with teams and individuals to provide advice on how to manage and handle complaints.

As indicated in Section 1 of this Annual Report and in our improvement plan at the end of this report, these guidance and procedure documents are under review, aligned to our review and refresh of our HIS Complaints Handling Procedure. Updates on progress of this, and results arising from tests of change have been regularly provided to both Directorate Management teams and HIS Clinical and Care Governance Group meetings over the last 4 months of 2023-2024.

4. Complaints review

This section of our Complaints Annual Report provides information on all complaints received by Healthcare Improvement Scotland in 2023-2024. During 2023-2024 we have taken a significant step forward to reduce potential risk arising from our running two parallel complaints processes within HIS. The Death Certification Review Service previously ran a separate complaint handling and reporting process. This is now not the case, with these complaints now managed by the Complaints Handling Team. In 2023-2024 two complaints made related to the Death Certification Review Service.

Therefore, this report focusses solely on complaints about Healthcare Improvement Scotland.

5.1 Complaints received

Within the financial year 2023-2024 82 contacts were received by the HIS Complaints Handling Team. 68 of these fell out with the remit of our Complaints Handling. These individual contacts were signposted or directly referred to the most appropriate internal or external service to handle and respond to the questions, queries, Freedom of Information (FOI) requests, concerns (including Responding to Concerns relating to Public Interest Disclosure Act) or complaints raised.

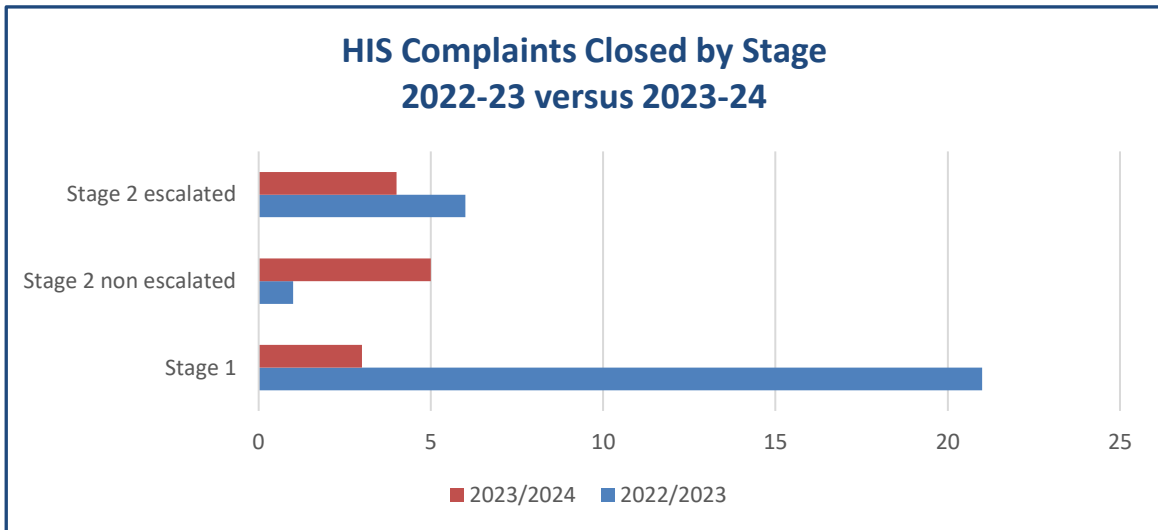
14 of these contacts resulted in initiating complaints handling procedures by the HIS Complaints Handling Team. 2 of these were later withdrawn by complainants and are therefore not included in complaints closed reporting contained within this report.

5.2 Complaints closed at each stage

Of the 12 complaints closed in 2023-2024:

- 3 were closed at stage one
- 4 complaints were escalated from stage one and investigated at stage two as early local resolution was not achieved in these cases.
- 5 complaints progressed straight to stage two, as it was felt that local resolution was

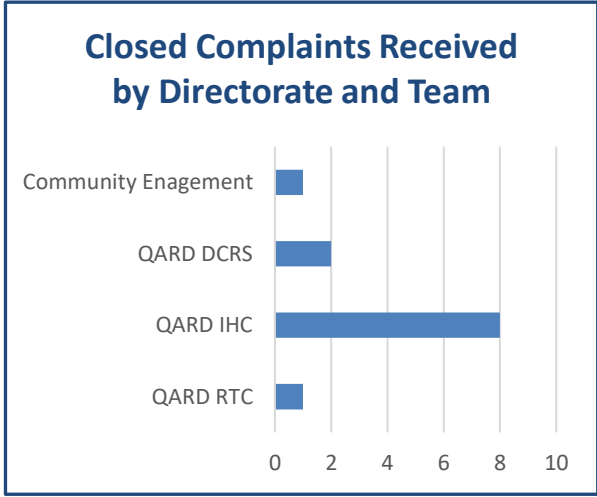
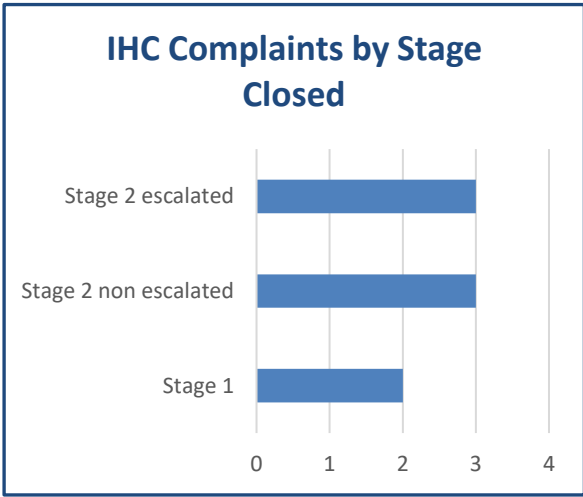
not achievable due to the complexity of the complaint.



During the reporting period, we received and investigated a total of 12 complaints. A significant majority, 92% (11 complaints), were associated with the services provided by the Quality Assurance and Regulation Directorates. Given the intricate nature of their operations, complaints concerning the Independent Health teams work were expected.

A comparative analysis of the year-on-year data indicates a downward trend in the volume of complaints related to these services, from 12 in the previous year to 8 in the current reporting period. Despite this decrease, the complexity of the issues raised has not diminished. In fact, 75% of the complaints necessitated a thorough investigation due to their complexity, a notable increase from the 25% that required similar attention in the year 2022-2023.

This persistent complexity underscores a high risk of continued receipt of intricate complaints. To address this, the implementation of the IHC Deep Dive initiative is projected to aid in both mitigating these concerns and reducing the overall risk level.

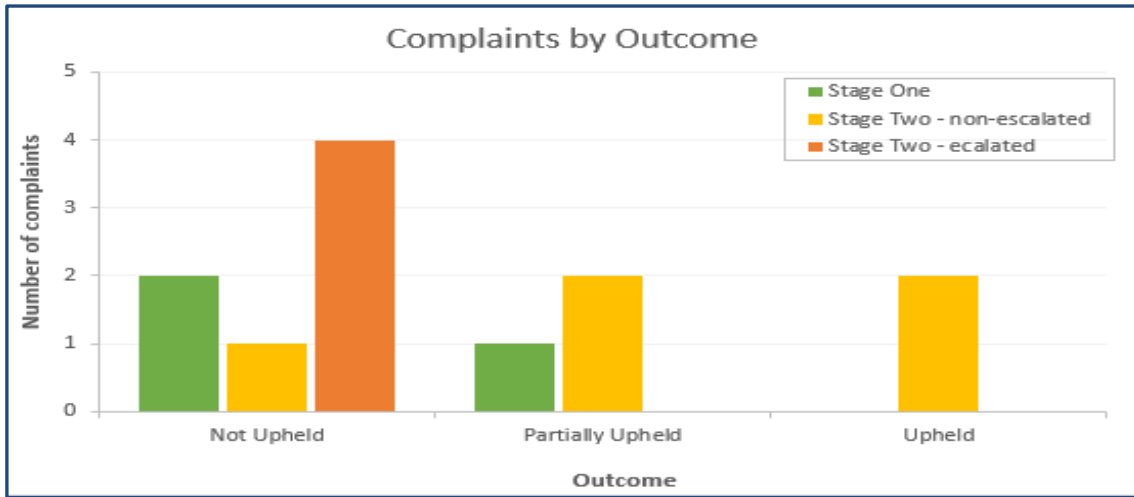


5.3 Complaint outcomes

Of the 12 complaints closed:

- 2 complaints were not upheld at stage one
- 1 was partially upheld at stage one
- 2 were partially upheld at stage two non-escalated
- 4 were not upheld at stage two escalated
- 2 were upheld at stage two non-escalated

These outcomes not only reflect our commitment to a fair and thorough review process, but also service as a catalyst for continuous improvement within Healthcare Improvement Scotland. The insights and learning gained from these complaints have been documented in Section 2 of this report. This section delves into the ongoing review of our complaints handling procedures, the independent review of the Responding to Concerns program, and the comprehensive examination underway of the Independent Healthcare Unit.



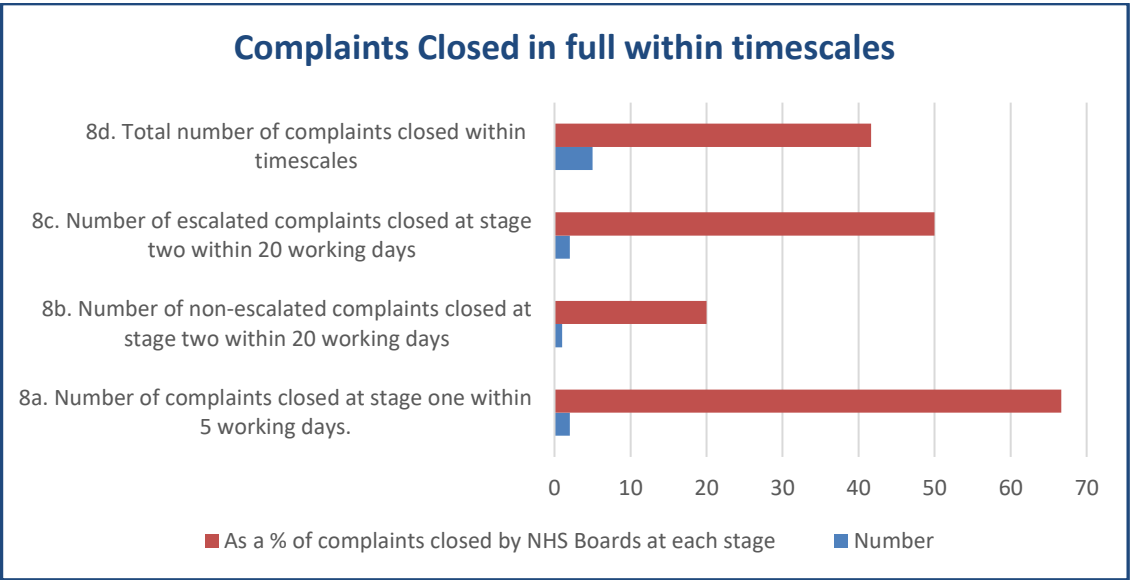
The learning derived from this year’s complaints is instrumental in refining our processes and enhancing the quality of service we provide. We remain dedicated to transparency and improvement, and we will continue to integrate the lessons learned into our operational framework to better service our stakeholders and the public.

5.4 Complaints closed within guidance

The SPSO Model Complaints Procedure establishes clear expectations for complaint resolution timelines: 5 working days for a stage one complaint and 20 working days for a stage two complaint.

For the reporting year 2023-2024, we report the following:

- Stage one: Out of the complaints received, 2 were resolved within the 5-day target
- Stage Two:
 - Non-escalated complaints: 1 was resolved within the 20-day target
 - Escalated complaints: 2 were resolved within the 20-day target



This performance indicates that 42% of complaints were concluded within the prescribed best practice timeframe.

While Healthcare Improvement Scotland (HIS) is committed to adhering to these timelines, the Overview section of this report highlights the significant challenges faced during the reporting period. Workforce constraints, increasing system pressures and the escalating complexity of the complaints have adversely affected our response times. This year has seen a marked decline in our performance compared to previous years.

Recognising the importance of timely complaint resolution, we acknowledge this downturn and are actively pursuing improvements for the upcoming year. Initiatives are underway to enhance our processes, ensuring better adherence to the SPSO guidelines and fostering a more responsive complaint handling environment with and for our service users.

6.0 Conclusion

As we reflect on the past year, we recognise a trend that calls for our attention: the pace at which we address complaints has not always aligned with established timeframes. This contrasts with our organisational values – care and compassion, dignity and respect, openness, honesty, responsibility, and the pursuit of quality through teamwork.

At Healthcare Improvement Scotland, our mission is to spearhead enhancements in the quality and safety of healthcare for the Scottish people. Our expertise is dedicated to overcoming the challenges that impact the quality of care. This year's Complaints Annual report has shed light on areas requiring improvement and the ways in which we can harness our collective learning. Our commitment extends beyond immediate solutions; we are dedicated to fostering long-term, sustainable progress that provides reassurance to our Board, Ministers, Services Users, and the people of Scotland. We acknowledge the need for improvement and embrace the journey ahead.

As the national agency for improvement, we possess a wealth of expertise within our workforce. We are poised to leverage this expertise to refine our approach to complaint resolution and redress. By doing so, we aim to enhance our service for users and contribute positively to the broader health and social care landscape. Our resolve is steadfast: to improve, to learn, and to serve better.

Healthcare Improvement Scotland

Annual report on feedback and complaints

Performance indicator data collection

2023-2024

Performance indicator four:

4. Summary of total number of complaints received in the reporting year

4a. Number of complaints received by the NHS Territorial Board or NHS Special Board Complaints and Feedback Team	14
4b. Number of complaints received by NHS Primary Care Service Contractors (<i>Territorial Boards only</i>)	N/A
4c. Total number of complaints received in the NHS Board area	14

NHS Board - sub-groups of complaints received

NHS Board managed Primary Care services;	N/A
4d. General Practitioner	N/A
4e. Dental	N/A
4f. Ophthalmic	N/A
4g. Pharmacy	N/A
Total - Board managed Primary Care services (this total should be included in 4a)	N/A
Independent Contractors - Primary Care services;	
4h. General Practitioner	N/A
4i. Dental	N/A
4j. Ophthalmic	N/A
4k. Pharmacy	N/A
Total – Independent Contractors (this total should be entered at 4b)	N/A
4l. Combined total of Primary Care Service complaints	N/A
4m. Total of prisoner complaints received (<i>Boards with prisons in their area only</i>) Note: Do not count complaints which are unable to be concluded due to liberation of prisoner / loss of contact.	N/A

Performance indicator five

5. The total number of complaints closed by NHS Boards in the reporting year
(do not include contractor data, withdrawn cases or cases where consent not received).

Number of complaints closed by the NHS Board	Number	As a % of all NHS Board complaints closed (not contractors)
5a. Stage One	3	25
5b. Stage two – non escalated	5	42
5c. Stage two - escalated	4	33
5d. Total complaints closed by NHS Board	12	100

Performance indicator six

6. Complaints upheld, partially upheld and not upheld
Stage one complaints

	Number	As a % of all complaints closed by NHS Board at stage one
6a. Number of complaints upheld at stage one	0	0
6b. Number of complaints not upheld at stage one	2	67
6c. Number of complaints partially upheld at stage one	1	33
6d. Total stage one complaints outcomes	3	100

Stage two complaints

Non-escalated complaints	Number	As a % of all complaints closed by NHS Boards at stage two (non-escalated)
6e. Number of non-escalated complaints upheld at stage two	2	40
6f. Number of non-escalated complaints not upheld at stage two	1	20
6g. Number of non-escalated complaints partially upheld at stage two	2	40
6h. Total stage two, non-escalated complaints outcomes	5	100

Stage two escalated complaints

Escalated complaints	Number	As a % of all escalated complaints closed by NHS Boards at stage two
6i. Number of escalated complaints upheld at stage two	0	0
6j. Number of escalated complaints not upheld at stage two	4	100
6k. Number of escalated complaints partially upheld at stage two	0	0
6l. Total stage two escalated complaints outcomes	4	100

Performance indicator eight

8. Complaints closed in full within the timescales

This indicator measures complaints closed within 5 working days at stage one and 20 working days at stage two.

	Number	As a % of complaints closed by NHS Boards at each stage
8a. Number of complaints closed at stage one within 5 working days.	2	67
8b. Number of non-escalated complaints closed at stage two within 20 working days	1	20
8c. Number of escalated complaints closed at stage two within 20 working days	2	50
8d. Total number of complaints closed within timescales	5	42

Performance indicator nine

9. Number of cases where an extension is authorised

This indicator measures the number of complaints not closed within the CHP timescale, where an extension was authorised.*.

	Number	As a % of complaints closed by NHS Boards at each stage
9a. Number of complaints closed at stage one where extension was authorised	0	0
9b. Number of complaints closed at stage two where extension was authorised (this includes both escalated and non-escalated complaints)	1	11
9c. Total number of extensions authorised	1	11

***Note:** The SPSO confirm that there is no prescriptive approach about who exactly should authorise an extension – only that the organisation takes a proportionate approach to determining an appropriate senior person – and this is something that NHS Boards should develop a process for internally. This indicator aims to manage the risk of cases being extended beyond the CHP timescale without any senior officer approval.

Table 1: Learning from complaints improvement plan

Key themes of learning from complaints received in 2022-2023 include:	Improvement Actions Completed 2023-2024	Improvement Action Plan 2024-2025
Develop guidance regarding reception and distribution of correspondence received by post	Refresh, test, and implementation of: Complaints Log & Data Dashboard Complaints Learning Log Complaints Records management system, including individual Chronology of each case. Support our workforce receiving correspondence to contact the individual and offer opportunity to discuss their request, feedback, comment or complaint.	Develop, test, implement and embed Single Shared Access point for HIS stakeholders and the public.
Development of internal controls to ensure enquiries received are managed and tracked appropriately		Utilise Complaints Data Dashboard and Complaints learning logs to ensure learning gained is assessed for key themes, shared and actioned across HIS and wider networks as appropriate.
Improve communications with patients and public to clarify what is within the remit of Healthcare Improvement Scotland's Complaints Handling.		Utilise Complaints Dashboards are utilised for governance and reporting best practice.
		Ensure ability to stand up a multi-disciplinary team within the organisation for triaging and co-ordination of response where there are overlaps – taking a joined up, person centred approach to meet the individual's needs.
	Review and refresh HIS Complaints Handling Procedure, adopting more fully the SPSO Model Complaints Handling Procedure and associated guidance.	Publish updated HIS Complaints Handling Procedures online and make hard copy available.

<p>Make changes to internal systems and processes to ensure complainant kept informed of any expected delay and any potential or actual timescale breach is managed, escalated and reported through HIS operational and governance routes.</p>	<p>Prepare refreshed Complaints Handling Procedure Toolkit for HIS workforce.</p> <p>Appoint Investigator for Stage 2 Complaints, external to the service about whom a complaint is levelled.</p> <p>Weekly reporting to Chief Executive and NSI Director/ Deputy Chief Executive regarding current complaint handling.</p>	<p>Publish Internally the HIS Complaints Handling Toolkit for HIS workforce.</p> <p>Provide Learning and Development sessions for all HIS workforce, supporting implementation and use of refreshed Complaints handling procedure and toolkit</p>
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