Isle of Man
Government

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REPORT TO TYNWALD ON HEALTH AND SOCIAL CARE COMPLAINTS 2020-2021

Department of Health and Social Care
Rheynn Salynt as Kiarail y Theay

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Introduction
This report covers the period from **April 2020 to March 2021.**

From the 1st April 2021, health and social care services historically provided by the Department of Health and Social Care (DHSC) became the responsibility of Manx Care. Arrangements for the handling of complaints have therefore been amended to reflect the distinct roles of DHSC and Manx Care. The National Health Services (Complaints Amendment) Regulations 2021 underpin this new approach and frame the respective duties and responsibilities of DHSC, Manx Care and the Independent Review Body (IRB).

Manx Care provides a wide range of services to the people of the Island and, for the most part, their experience is a positive one. However, things can go wrong, and when this happens complaints are positively welcomed. Service user views about the quality of Manx Care services can help improve the way they are delivered in the future, and ensure that lessons are learned. Manx Care are responsible for the early local resolution of complaints and this includes formal investigation where necessary.

Under the Manx Care Act 2021, the DHSC no longer directly provides health and social care services. It is now exclusively responsible for the strategic development of the Island's health and social care system. Complaints about the Department's statutory functions (including matters of planning, finance, assurance and regulation) will be responded to under its own complaints procedure. The DHSC also has a discreet role for the review of Manx Care's complaint handling under the new health and social care procedure. The Department is committed to reviewing and improving the complaints process following a Tynwald motion in April 2021.

Manx Care's Complaints Process
A service user who wishes to complain about any aspect of health and care services should, in the first instance, talk to the person who is most directly involved in their care. If they are being treated in hospital this may be the consultant in charge of their care or the nurse in charge of the ward. In the community it may be a GP, community nurse, social worker or a practice manager.

At that stage, as long as both parties are content, the matter can be dealt with through dialogue and does not need to be recorded in writing. However, the service user should always be made aware that they can ask for their complaint to be referred for formal local resolution through Manx Care's internal complaints processes, or, if the matter is still not resolved, for external resolution.

Local Resolution
The Manx Care Advice and Liaison Service (MCALS) is a confidential service operated by Manx Care that is dedicated to driving positive change across the Island's health and social care system by listening to service user feedback and acting on it. The service aims to improve patient and service user experiences by helping them to sort problems out quickly, providing advice and pointing them in the right direction to get the help they need. MCALS can't help

with the provision of medical advice or diagnosis, counselling, advocacy or formal complaint resolution. Once a service user has requested formal local resolution the complaint will be recorded. At this stage, both the DHSC and service providers are required to record how the complaints are managed. Most complaints are resolved at local resolution, but service users should be made aware that they can request a review of their complaint, and in the case of a complaint about Manx Care, refer their complaint to the IRB.

Both Manx Care and DHSC encourage the early informal resolution of complaints about their respective functions, duties and responsibilities. Where appropriate or necessary, a formal investigation into the issues raised by the complainant can be conducted.

Formal Investigation

Where it has not been possible to resolve a complaint through early informal resolution, the service user or patient can request a formal investigation. Investigations are also undertaken when the issues raised are more complex and require a more detailed level of inquiry into the available evidence.

Complaints about the functions, duties and responsibilities of Manx Care including matters of service delivery and organisational policy should be directed to the relevant Care, Quality and Safety Team.

Complaints about the functions, duties and responsibilities of DHSC including matters of service delivery and policy should be directed to the Chief Executive's office.

DHSC Review

If the service user is not satisfied after local resolution, they can request a review by a senior DHSC manager unconnected with the case. Service users should be made aware that in the event they remain dissatisfied following a review, they can refer their complaint about the DHSC to the Tynwald Commissioner for Administration.

Independent Review Body

Where patients or service users are unhappy with the final decision of Manx Care concerning the substance of their complaint (i.e. care, treatment or an organisational policy decision) a consideration of the matter by the Independent Review Body (IRB) can be requested. Patients or service users must apply within 28 days of receiving the written report into their formal complaint.

Once the IRB has gathered all of the necessary information and considered the matter fully, it will prepare a report which the patient or service user should receive as soon as reasonably practicable, informing them of the IRB’s findings, conclusions and recommendations.

Complaints Received
The following summaries show the volumes of complaints received across Services during 2020-2021, and a summary, where available, of some of the lessons learned and changes made as a result of complaints.

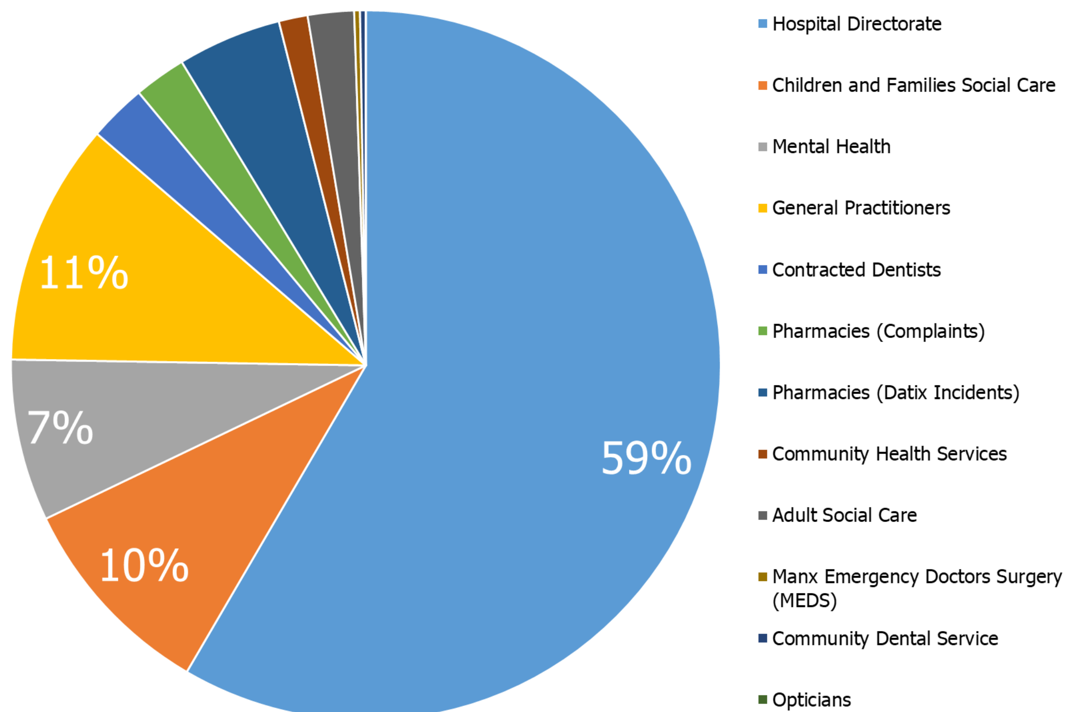
Please note that some complaints involve more than one service area; therefore, they could be recorded as having been received more than once in these statistics. Also, in some cases the handling of the complaint will be centralised, meaning that only one outcome may be recorded in the area where the complaint was handled.

Headlines

- Total volume of complaints received in 2020/21 (380) was 15% down on the 2019/20 figure, and the lowest yearly volume witnessed in the last 4 years. However, this figure must be seen in the context of the significant impact upon access to health and care services caused by the Covid 19 Pandemic, and the unilateral decision of many patients and service users not to engage with the those services at a time of unprecedented crisis.
- The only area that saw an increase in complaints received from 2019/20 to 2020/21 was General Practitioners (56% increase). One third of these complaints were related to treatment by clinical staff.
- Across all areas covered in this report, the overwhelming majority of complaints were resolved via an apology and/or explanation of procedures, service or treatment.
- Of the 380 complaints resolved in 2020/21, only 7 were escalated to the Independent Review Body.
- 59% of the total complaints received were related to the Hospital Directorate. 23% of these complaints related to delays with, or cancellation of, appointments. Delays in responding to these complaints occurred for a variety of reasons including the Covid pandemic and several changes in the management of, and signing off of, complaints.

2020/21 Complaint Totals

Complaints Received per Area	2017/18	2018/19	2019/20	2020/21
Hospital Directorate	196	226	227	222
Children and Families Social Care	29	68	67	36
Mental Health	45	45	32	28
General Practitioners	30	28	27	42
Contracted Dentists	35	39	25	10
Pharmacies (Complaints)	9	22	38	9
Pharmacies (Datix Incidents)				18
Community Health Services	27	10	17	5
Adult Social Care	16	19	9	8
Manx Emergency Doctors Surgery (MEDS)	6	1	2	1
Community Dental Service	0	4	0	1
Opticians	0	3	1	0
TOTAL	**393**	**465**	**445**	**380**



- **Hospital Directorate**:
  - 222 Complaints Received (down from 227 previous year)
  - 23% of Hospital Complaints related to Appointment Delays and Cancellations
  - No information on how many acknowledged within 2 day target
  - 57% of complaints were resolved within 20 working days. Delays in responding to complaints were primarily due to Covid pandemic and management changes in the sign-off process
  - 3 complaints referred to IRB
  - In the event that a formal complaint can't be responded to within 20 days, complainants are regularly updated on progress via a holding letter and telephone calls
    - Lessons Learned:
      - The Care, Quality and Safety Committee Team have developed a database with a list of outstanding actions from the IRB recommendations. These are reviewed every month with the care groups involved to ensure that actions are completed promptly
      - Appointment cancellations have been addressed by scheduling additional clinics and procedures where possible
      - Many complaints have been resolved simply with apologies and explanations as they have resulted from unavoidable actions due to Covid protocols

- **Children and Families Social Care**:
  - 36 Complaints received (down from 67 previous year)
  - There is a different approach to complaints in this Service. There is a three stage complaints process:
    - Stage 1 – Local Resolution by Team or Group Manager
    - Stage 2 – Senior Manager Resolution
    - Stage 3 – Further Investigation by an Independent Person appointed by the Executive Director or Chief Executive Officer at Departmental Level
  - Of the 36 Complaints received in the reporting period:
    - 81% were resolved at Stage 1
    - 14% were resolved at Stage 2
    - 5% were resolved at Stage 3
  - 97% of the 36 complaints were acknowledged within the required policy of 3 working days
  - 69% of the 36 complaints were concluded within the agreed timescale
    - Lessons Learned:
      - Information Recording – The Service has undertaken training in this area and continue to improve recording standards. Staff development opportunities and audits will continue this work
      - Report Consolidation – The Service is ensuring that the process for consolidating reports is understood by all staff and fully reflects the lived experience of children individually
      - Confidentiality in Reports – Staff have been reminded to make sure reports are redacted appropriately before they are distributed

            - Communication – The Service is raising staff awareness to the importance of ensuring that clients are fully aware of and understand the processes being followed and what their rights are
            - Capturing Views – The Service continues to develop working arrangements in respect of accurately capturing the views and wishes of parents, children and young people involved with the Social Work process

- **Mental Health**:
    - 28 Complaints Received (down from 32 previous year)
    - 100% of all Complaints acknowledged within 2 day target
    - 38% were resolved within 20 working days. The majority of complaints that were not resolved within 20 working days were due to the availability of witnesses and/or the workload of the Complaint Handler
    - No complaints referred to IRB
    - One complaint was re-opened during the reporting period as the complainant had initially been unwilling to engage with the Handler. A new Handler was assigned and the complaint was resolved satisfactorily.
        - Lessons Learned:
            - All Mental Health Service complaints recorded on Datix for consistency and quality of risk management
            - The importance of clear communication has been highlighted across several complaints. This included the need to ensure expectations are effectively managed and that service eligibility criteria is clear
            - The absence of a care pathway for Huntingdon's Disease has been identified. There are ongoing discussions with the issue spanning several services
            - The protocol for contacting patients and family members by e-mail has been reinforced at the Mental Health Service Care, Quality and Safety Committee
            - The Clinical Management Forum is to recommence, and new terms or reference have been approved
            - Psychology waiting list – "opt in" letters have been withdrawn due to risk, and replaced with a more robust referral/screening procedure
            - A Care Programme Approach Working Group has been commissioned to examine opportunities for assertive outreach and improving support for carers
            - Complaint Handlers have been reminded of the need to ensure that any extension to the 20 day resolution target is discussed and agreed with the complainant and recorded in Datix

- **General Practitioners**:
    - 42 Complaints Received (up from 27 previous year)
    - No information on how many acknowledged within 2 day target
    - No information on how many were resolved within 20 working days
    - 4 complaints referred to IRB – 3 awaiting response, 1 was not upheld

        - Lessons Learned:
            - Telephone appointment system implemented during the Covid pandemic was changed following patient feedback, to allow patients to book days in advance
            - Removed the "Normal – no action" comment from blood results in acknowledgement at action is often taken following a normal result
            - Verbal explanation issued to patient's prescribed medicine such as Metformin which needs to be increased gradually
            - Regular learning sessions at to be carried out at quarterly Practice meetings
        - IRB Referral Synopses
            - Patient was unhappy at being unable to be seen face to face by GP to investigate deteriorating health condition – IRB Report pending
            - Patient was misdiagnosed as pregnant when she actually had a large cystic mass – IRB Report pending
            - Patient was concerned about the clinical skills of a Phlebotomist. IRB did not uphold the complaint but recommended that complaints procedures should be modified to ensure that all complaints escalated to the formal complaint stage are formally investigated
            - Patient felt that initial diagnosis of Paroxysmal Nocturnal Dyspnoea (PND) delayed a diagnosis of lung cancer – IRB Report pending

- **Contracted Dentists**:
    - 10 Complaints Received (down from 25 previous year)
    - No information on how many acknowledged within 2 day target
    - No information on how many were resolved within 20 working days
    - No complaints referred to IRB
        - No information regarding Lessons Learned from complaints received/resolved

- **Pharmacies**:
    - 9 Pharmacy Complaints Received and 18 Datix Incidents Logged (down from 38 previous year)
    - No information on how many acknowledged within 2 day target
    - No information on how many were resolved within 20 working days
    - No information on whether any Complaints were referred to IRB
        - Lessons Learned:
            - Internal stock control completed and more frequent stock checks to be completed
            - GP/Hospital Consultant contacted to clarify the new medication/changes in medication post discharge from hospital
            - New procedures put in place to ensure possible data breaches do not occur
            - Pre-emptive measures taken by pharmacy to protect vulnerable patient from overdose risk

- **Community Health Services**:
  - 5 Complaints Received (down from 17 previous year)
  - 100% of all Complaints acknowledged within 2 day target
  - 80% were resolved within 20 working days
  - No complaints referred to Independent Review Body (IRB)
    - Lessons Learned:
      - More robust Discharge Standard Operating Procedure introduced
      - Changes made to assessment forms to allow the patient's consent status to be more prominently displayed
      - Changes were made to Egton Medical Information Systems (EMIS) Read Codes to better highlight if/when parental consent had not been obtained

- **Adult Social Care**:
  - 8 Complaints Received (down from 9 previous year)
  - No information on how many acknowledged within 2 day target
  - No information on how many were resolved within 20 working days
  - No complaints referred to IRB
    - Lessons Learned:
      - The main area of learning for Adult Social Care relates to the internal processes for recording and managing complaints. Moving forward, all staff with access to Datix and all complaints will be logged on this system
      - The adoption of standard complaint regulations across Manx Care will simplify the process for services and those who use them
      - Concerns over visitation were a recurring theme of complaints in this reporting period. Although most families understood the importance of restrictive measures in place due to Covid, over time these did take a toll
      - Another pandemic related issue was access to certain services and activities that, while not deemed essential in the context of a pandemic, are still important for people's wellbeing.

- **Manx Emergency Doctors Surgery (MEDS)**:
  - 1 Complaint Received (down from 2 previous year)
  - No information on how many acknowledged within 2 day target
  - No information on how many were resolved within 20 working days
  - No complaints referred to IRB
    - Lessons Learned:
      - The complaint received has resulted in integrated work with Mental Health Services to provide improved Out of Hours care for patients known to Mental Health Services

- **Community Dental Services**:
    - 1 Complaint Received (up from 0 previous year)
    - No information on how many acknowledged within 2 day target
    - No information on how many were resolved within 20 working days
    - No complaints referred to IRB
        - The patient who made the complaint passed away before the investigation was finalised – no outcome explanation or lessons learned

- **Opticians**:
    - No Complaints Received (down from 1 previous year)

Conclusion

This report covers an exceptional period in the history of the Island's healthcare system. The impact of the Covid 19 Pandemic upon access to health and care services, and the confidence of patients and services users in engaging with the system, are reflected in reduced complaint volumes. That the public have not complained in large numbers about the interruption to the normal pattern of care and treatment is as much a testament to their generosity as it is to the resilience and dedication of those working in health and care.

Nonetheless, a lower than anticipated volume of Complaints is always a matter of concern. Manx Care and the Department are both renewing their engagement with all stakeholders to ensure that their experiences of health and care services on the Island are acted upon and lessons learnt. All feedback including complaints are an invaluable indicator of patient and service user experience. Manx Care will continue to put in place action plans to address areas for improvement and the DHSC will utilise thematic trends to drive forward strategic planning, policy and legislative reform, as well as the wider system assurance.

The Department also remains committed to the effective handling and resolution of complaints about its own service delivery, and our new Corporate Procedure will ensure a timely consideration of complaints with a right of escalation where still dissatisfied to the independent Tynwald Commissioner for Administration.

The Department are aware that, throughout this report, there are data gaps and inconsistencies in the way that complaints are recorded and reported across the different areas covered. These gaps have been scrutinised with the aim being to enable The Department to produce a more complete, coherent and consistent report in 2021/22.

Outside of the period of reporting which this paper covers, the DHSC has renewed its commitment to reviewing the complaints process by running a consultation for the modernisation of Complaints. The consultation aimed to identify solutions to improve the health and social care complaints process and outlined an updated approach for complaints handling.

This consultation is in two parts. Part 1 covered short term changes by regulation, while Part 2 covered long term changes through reform. It is expected that areas for further consideration will arise from the public consultation process but, at this early stage, some of the key objectives will be to:

- Set out new statutory duties and responsibilities for the organisations handling health or social care complaints on the Island – In progress.
- Require the Department to set out a corporate complaints policy – Completed.
- Consider whether the Department should be required to set complaints handling quality standards for service providers – In Progress.
- Consider whether the Department should be able to require that all health and social care providers operating on the Island (including private providers) have a statutory complaints process – In Progress.
- Create a truly independent adjudicator or Ombudsman for the review of all health and social

care complaints – In Progress.

- Enhance the ability to access to records relevant to a complaint – In Progress.

Manx Care response to the report

Manx Care are awaiting the outcomes of the public consultation into complaints regulation, and the plan to introduce amended regulations in early 2022, if approved, which intend to simplify and streamline the complaints management process across Manx Care. Following this the complaints management policy will be updated and website amended to ensure the process mirrors the requirements of the regulations. An education piece will be rolled out to all Manx Care staff to ensure that regulatory requirements are understood and met.

The introduction of the Manx Care Advice and Liaison Service (MCALS) is proving crucial to Manx Care's commitment and plans to effectively engage with the public in a meaningful way. MCALS is currently in pilot stage but there is optimism that the service will become permanent. Manx Care is also seeking to recruit an engagement lead.

Appendix

Previous reporting period (2017-2020) Complaints Report to Tynwald can be access online at: www.gov.im/dhsc or by following this link:
https://www.gov.im/media/1371496/report-to-tynwald-on-health-and-social-care-complaints-2017-2020.pdf

The information in this booklet can be provided
in large print or audio format upon request.

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