



**Isle of Man**  
Government

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# REPORT TO TYNWALD ON HEALTH AND SOCIAL CARE COMPLAINTS 2017-2020

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

September 2020

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## **Foreword by the Minister for Health and Social Care**

To The Hon. Stephen Rodan, MLC, President of Tynwald, and the Hon. Council and Keys in Tynwald assembled.

A huge number of interactions take place each year between the users of Department of Health and Social Care services, our staff (in many roles) and other service providers. Overall, the level of satisfaction with our services is high. Unfortunately, sometimes our high standards slip and result in a complaint.

Most complaints are dealt with quickly through local resolution: with only a small number requiring further investigation and even less needing an independent review.

Complaints are welcomed, and can help us to learn and improve our services. Being open about what has caused people concerns is also an important aspect of this process.

Our report on complaints should have been laid before Tynwald on an annual basis, but unfortunately due to changes in personnel within the Department this did not happen. However a comprehensive three year report across the whole Department has now been prepared as enclosed, and an annual update will be provided in the future.



Hon. David Ashford, MHK  
Minister for Health and Social Care

## **1. Introduction**

This report covers the period from April 2017 to March 2020.

The National Health Service (Complaints) Regulations 2004, which are made under the National Health Service Act 2001, require the Department of Health and Social Care (DHSC) to prepare an annual report on its handling and consideration of complaints, and to lay the report before Tynwald.

Although there is currently no similar legal obligation in respect of social care complaints, the DHSC has undertaken to also include those complaints in this year's report and is in the process of introducing an amalgamated health and social care complaints process. This process will be in place until the establishment of Manx Care, where the same interim approach will be followed until the Manx Care Bill and National Health Services Act are reviewed in 2021/2022.

Work is also underway to develop new governance structures in overseeing complaints handling and learning with oversight by Executive Directors, who now approve and sign off all complaints.

This report will detail, by category, the complaints received by the DHSC and, where relevant, by its commissioned or contracted service providers; and will summarise how those complaints have been handled.

Those complaints which have been referred for resolution to the health service Independent Review Body (IRB) are reported in its own report, which is also laid before Tynwald. This report will, therefore, comment only on how the recommendations of the IRB have been addressed by the DHSC and service providers. However, a summary reconciliation of the last 3 years of recommendations is currently underway by the DHSC Executive Team and most importantly to review that actions taken are now embedded within the organisation.

The DHSC views complaints as an opportunity for service users to let us know what causes dissatisfaction, to have their concerns considered in a fair, transparent and equitable manner and for us to learn lessons and share experiences so that similar complaints are not made in the future.

## **2. 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 the department's internal complaints processes, or, if the matter is still not resolved, for external resolution.

### **Local 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 further investigation and/or refer their complaint to the IRB.

### **Further Investigation**

If the service user is not satisfied after local resolution, they can request further investigation by a senior DHSC manager, unconnected with the case. Again, service users should be made aware that they can refer for a review which is completely independent of the DHSC.

### **Independent Review Body**

The procedure to be followed by the Health IRB is set down in the Complaints Regulations and in the separate National Health Service (Independent Review Body) Regulations 2004. There is currently no provision for most social care complaints to be referred to the IRB but after the internal DHSC investigation stage, complaints are referred to an independent person for review.

The absence of a social care IRB process and the inconsistencies in both health and care processes will be addressed as part of the amalgamation of the complaints process and onwards in relation to legislative changes around Manx Care.

### **3. Complaints Received**

The following tables show the number and types of complaints received during 2017-2020, and a summary of the outcomes or examples of the changes and learning made as a result of complaints.

It should be noted 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.

#### 4. Community Health Services

##### Summary of Complaints Received

Complaint Category	2017/2018	2018/2019	2019/2020
Absence of Care Package	1	0	0
Access to Treatment	3	4	1
Admission, Discharge & Transfers	1	0	0
Appoint Delays / Cancellation	1	1	3
Clinical Treatment	9	3	8
Commissioning Services	0	0	0
Communication	0	0	1
Delays/Diagnosis	1	1	0
Failure to Follow Correct Procedures	1	0	2
Other	2	0	0
Patient Property / Expenses	0	0	0
Personal Records	3	0	0
Values & Behaviours	4	1	2
Waiting Times	1	0	0
<b>TOTAL</b>	<b>27</b>	<b>10</b>	<b>17</b>

Number of Complaints per Individual Service	2017/2018	2018/2019	2019/2020
Community Adult Therapies	6	1	2
Ambulance Service	6	Transferred to Hospitals Directorate	n/a
Dental Service	5	4	Transferred to Contracted Services
RDCH	1	Transferred to Hospitals Directorate	n/a
Podiatry	4	1	4
Community Nursing	1	1	0
S&LT	2	0	0
Family Planning	2	0	0
Prison Healthcare	0	3	6
Children & Families	0	0	5

##### Responses to Complaints

Response	2017/2018	2018/2019	2019/2020
Apology issued	4	0	3
Reassurance and explanation	4	0	0
Explanation of procedures, service or treatment	14	7	11
Apology and explanation of procedures, service or treatment	4	6	2
Other (see Summary of Actions)	1*	0	1*
<b>Total No. of complaints upheld</b>	<b>8</b>	<b>6</b>	<b>5</b>

## Summary of Actions Taken

Financial Year	Action
<b>2017/2018</b>	<ul style="list-style-type: none"> <li>• Root Cause Analysis (RCA) resulting in formal investigation of a staff member and subsequent disciplinary action.</li> <li>• Two RCA's resulting in staff members addressing attitudinal shortcomings.</li> <li>• Changes made to cleaning regime.</li> <li>• Investigation into accusations made against support staff. Allegations unfounded.</li> <li>• Meeting arranged for patient to be reassessed by practitioner.</li> <li>• Telephone conversation held with complainant regarding consent issues. Offered meeting with Service Lead but chose not to take up offer.</li> <li>• One complaint referred to Noble's Hospital to address. Only small part of grievance involved CHS the main issue was outside CHS.</li> <li>• Costs covered for restorative dental treatment as gesture of good will.</li> <li>• *One vexatious complaint was referred to the police as part of ongoing investigations into harassment of staff member.</li> </ul>
<b>2018/2019</b>	<ul style="list-style-type: none"> <li>• Changes made to on-call dental service procedure to minimise risk of repeat incident.</li> <li>• Acquisition of equipment (for patient's home) expedited.</li> <li>• New appointment made for patient with podiatrist.</li> <li>• Patient reviewed by Tissue Viability Nurse.</li> </ul>
<b>2019/2020</b>	<ul style="list-style-type: none"> <li>• Meeting held between complainant, Service Lead and Care Quality &amp; Safety (CQ&amp;S) Team member to discuss issues and apologise for initial service response.</li> <li>• Meeting between patient, Next of Kin, Service Lead and CQ&amp;S to apologise for incident and provide reassurance. Staff member involved spoken to by line manager - no competency issues raised but now has a greater awareness of consequences of actions.</li> <li>• Incident reviewed by GP who considered treatment provided, by staff, to be appropriate.</li> <li>• Immediate changes made to Health Visiting processes to minimise the risk of incident recurrence and reminders issued to all staff.</li> <li>• *Complaint withdrawn.</li> </ul>

## Independent Review Body Referrals

<b>Financial Year</b>	<b>IRB Referrals and Outcome</b>
<b>2017/2018</b>	Nil
<b>2018/2019</b>	<ol style="list-style-type: none"><li>1. Complaint re: treatment by Community Dentist (patient felt he had been given incorrect treatment). Not upheld by IRB.</li><li>2. Complaint re: management of patient's long-standing condition by the Prison Healthcare Department. Not upheld by IRB.</li></ol>
<b>2019/2020</b>	<ol style="list-style-type: none"><li>1. Complaint regarding erroneous phone call made by Health Visitor. IRB felt the matter had been dealt with appropriately and did not uphold the complaint.</li></ol>



## 5. General Practitioners

Since August 2015, all complaints received by a GP practice must be sent to the DHSC for recording and monitoring. The practice must also subsequently provide a report to the DHSC on the outcomes and findings of the complaint investigation. This process means that the DHSC is better able to track complaints and has access to more comprehensive reports.

Any complaints received by the DHSC were acknowledged and the complainant advised that the matter should be referred to the GP Practice in the first instance for them to investigate under their Practice Based Complaints Procedure. As part of the acknowledgement, consent was requested to allow Primary Care Services to forward the correspondence to the relevant GP Practice.

### Summary of Complaints Received

Complaints Topics	17/18	18/19	19/20
GP Attitude	7	2	8
Treatment by clinical staff	5	10	4
Attitude of reception staff	1		2
Appointment system	1	1	2
Data protection issues/incorrect computer records	1		
Administration errors		1	
Delayed/missed diagnosis	3	3	5
Delayed/missed referrals	4	1	
Prescribing/issues with prescriptions	4	6	3
Data breach	1		
Unhappy with referral to social worker	1		
Unable to contact practice by phone and subsequent costs incurred using answerphone	1		
Timekeeping of GP	1		
Lack of communication between GP and hospital		2	
Process involved with removal from GP list		2	1
Not referred to NHS dermatologist and had to pay privately		1	
Unhappy with travel advice/charges			2
No hearing loops at reception			1
Unhappy being offered a card for private treatment during NHS appointment			1
<b>Total</b>	<b>30</b>	<b>28</b>	<b>27</b>

### Responses to Complaints

Response	2017/2018	2018/2019	2019/2020
Apology issued	6	4	5
Reassurance and explanation	3	4	1

Explanation of procedures, service or treatment	9	8	13
Apology and explanation of procedures, service or treatment	9	10	2
Other (see Summary of Actions)	3*	2*	6*

### Summary of Actions Taken

Financial Year	Action
<b>2017/2018</b>	<ul style="list-style-type: none"> <li>• Referral process to Nobles was checked and a missing expedited referral was re-sent</li> <li>• A significant event was raised to request electronic follow-up for vulnerable patients</li> <li>• More stringent checking/monitoring of Practice generic email inbox was put in place</li> <li>• Refresher training was organised for staff regarding attitude and Data Protection issues</li> <li>• Action was taken to ensure that detailed comments are entered on patient's record during consultation</li> <li>• Reception staff reminded to advise patients when they arrive if the GP is running late</li> <li>• Practice leaflet was updated to reflect current advice</li> <li>• Practice phone system was re-configured to remove inappropriate answerphone message</li> <li>• Clinicians reminded to always be mindful of their manner during consultations</li> <li>• *No consent received from complainant to forward the complaint to the GP practice for investigation</li> <li>• *Complaint referred back to Nobles to seek assurance that patients would not be referred back to GP inappropriately for follow-up care</li> <li>• *One complainant asked for the complaint to be noted by the Department but did not wish it to be forwarded to the Practice for investigation. The complainant subsequently requested to move to another Practice</li> </ul>
<b>2018/2019</b>	<ul style="list-style-type: none"> <li>• To avoid emails from patients being missed, clinicians were reminded to put out of office replies on their emails when required. Patients were also reminded again to use the Practice generic email address</li> <li>• A system was trialed for the Practice Administration staff to contact the patient when a referral had been sent to Nobles. The patient was asked to contact the practice if they had not had an acknowledgement from Nobles within 1 week</li> <li>• Practice leaflet was to be updated to clarify the process when patients are removed from a GPs list</li> <li>• Systems were put in place to manage and audit doctors record-keeping and follow-up actions</li> <li>• Refresher training for reception staff</li> <li>• Face to face meeting with GP offered to specifically discuss the complaint</li> <li>• *Complaint was submitted via a lawyer – the Practice, therefore responded separately</li> </ul>

	<ul style="list-style-type: none"> <li>*The Practice sent a complaint form to the patient to complete. There was no response therefore the complaint was closed</li> </ul>
<b>2019/2020</b>	<ul style="list-style-type: none"> <li>Confirmation of the Practice Policy regarding the prescribing of controlled drugs was provided to the patient</li> <li>The Practice Travel Advice Form was reviewed and amended to confirm that patients can go to other providers for travel advice if they wish</li> <li>The outcomes of complaint investigations were reflected upon by GPs during their appraisals</li> <li>A Hearing Loop system was successfully installed at the Practice</li> <li>*Written consent was requested to disclose information relating to others involved in the complaint. There was no response therefore the complaint was closed</li> <li>*One complainant did not want to progress the complaint with their GP Practice but wanted the Department to be made aware of the issues raised</li> <li>* In the case of 2 complaints, consent was not received to forward the correspondence to the GP Practice for investigation. Both complaints were therefore closed</li> <li>*Complaint being dealt with by the Defence Organisation</li> <li>*Practice had requested a meeting with the complainant to discuss the issues raised. No response was received therefore the complaint was closed</li> </ul>

### Independent Review Body Referrals

<b>Financial Year</b>	<b>IRB Referrals and Outcome</b>
<b>2017/2018</b>	<ol style="list-style-type: none"> <li>1. Related to a delay in diagnosis and was originally reported via Nobles Patient Safety &amp; Quality Team. This complaint was a multi-service involvement with the GP providing a response in relation to the primary care element to the IRB. No further update from the IRB was received by Primary Care Services</li> <li>2. Related to alleged lack of treatment for a skin lesion. The complaint was upheld in part by the Convenor (the issue relating to the absence of a resident Dermatologist on the Island) without the need for a full panel hearing. The complaint relating to the diagnosis and treatment was dismissed by the Convenor.</li> <li>3. Related to a missed diagnosis of a Deep Vein Thrombosis. This complaint was not upheld by the Convenor</li> </ol>
<b>2018/2019</b>	<ol style="list-style-type: none"> <li>1. Related to the removal of the complainant's name from the patient list at their GP Practice. The complaint was upheld by the IRB Convenor, without the need for a full panel hearing, on the basis that there was no valid reason for the removal.</li> </ol>
<b>2019/2020</b>	<ol style="list-style-type: none"> <li>1. Related to a GP not requesting an ultrasound scan and the subsequent alleged missed diagnosis of a tumour. The complaint was upheld by the IRB Convenor without the need for a full panel hearing. A request by the complainant for a</li> </ol>

	second review was subsequently dismissed by the IRB Convenor
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## 6. Manx Emergency Doctors Surgery (MEDS)

### Summary of Complaints Received

<b>Complaints Topics</b>	<b>17/18</b>	<b>18/19</b>	<b>19/20</b>
Care delivery	0	0	0
Service delivery	0	0	0
Staff attitude	1	1	1
Staff skills	4	0	1
Medication issues	0	0	0
Practice policies	1	0	0
<b>Total</b>	<b>6</b>	<b>1</b>	<b>2</b>

### Responses to Complaints

<b>Response</b>	<b>2017/2018</b>	<b>2018/2019</b>	<b>2019/2020</b>
Apology issued	4	1	1
Reassurance and explanation			
Explanation of procedures, service or treatment			
Apology and explanation of procedures, service or treatment	1		1
Other (see Summary of Actions)	1		

### Summary of actions taken

<b>Financial Year</b>	<b>Action</b>
<b>2017/2018</b>	<ul style="list-style-type: none"> <li>The outcome with the biggest impact on the MEDS service following the practice policies complaint in 2017/2018 was to more widely publicise the MEDS contact number. This resulted in patients being able to phone direct without needing to phone their own GP practice for the number.</li> <li>Additionally, MEDS now operates ARC queuing system on the telephone which allows patients to wait in a queue to get through to reception rather than having to keep calling.</li> </ul>
<b>2018/2019</b>	<ul style="list-style-type: none"> <li>The complaint regarding staff attitude has been addressed in line with OHR policy.</li> </ul>
<b>2019/2020</b>	<ul style="list-style-type: none"> <li>The complaint regarding staff attitude has been addressed in line with OHR policy.</li> </ul>

### Independent Review Body Referrals

<b>Financial Year</b>	<b>IRB Referrals and Outcome</b>
<b>2017/2018</b>	NIL
<b>2018/2019</b>	NIL
<b>2019/2020</b>	NIL

## 7. Pharmacies

### Summary of Complaints Received

Complaints Topics	2017/2018	2018/2019	2019/2020
Customer Service complaints to pharmacies	4	14	26
Pharmacy errors reported to DHSC	5	9	11
Complaints to DHSC	0	0	3
<b>Total</b>	<b>9</b>	<b>22</b>	<b>38</b>

Note: the above statistics do not include incidents (such as dispensing errors which have been rectified by the pharmacy) which were not formally raised as complaints or via Datix, although these were erroneously included in the statistics in some previous versions of this report (prior to 2016/17).

#### Pharmacy errors reported to the DHSC

Errors made by the pharmacies were reported to the DHSC either by the completion of a Datix report or using the previous paper reporting system. The type of errors reported can be found below.

Examples of Pharmacy errors reported to the DHSC included:

Complaint Category	2017/2018	2018/2019	2019/2020
Incorrect labelling of medication	0	1	2
Incorrect medication supplied	4	5	5
Lack of communication between Secondary and Primary Care	0	0	1
Supply of out of date medication	1	0	1
Other	0	3	2
<b>Total</b>	<b>5</b>	<b>9</b>	<b>11</b>

#### Responses to Complaints

All of the complaints received during 2017/18, 2018/19 and 2019/20 were fully investigated by the DHSC and the pharmacies concerned, and were responded to with an explanation and, where appropriate, an apology.

#### Summary of Action Taken

Examples of complaints to pharmacies included:

Complaint Category	2017/2018	2018/2019	2019/2020
Availability of medication at the time anticipated by the complainant	3	4	8
Poor customer service	1	9	13
Lack of privacy	0	1	2
Other	0	0	3
<b>Total</b>	<b>4</b>	<b>14</b>	<b>26</b>

All complaints were investigated internally by the pharmacies involved and, where appropriate were referred to the DHSC for additional investigation, including, if necessary, involvement of the Pharmaceutical Advisor.

Additional assistance was provided to the complainants wherever possible to resolve the complaint and where required, additional customer care and process training was given. In all cases, steps had been taken to avoid a recurrence and, where necessary, standard operating procedures have been revisited.

There has been an increase in the number of Customer Service Complaints to pharmacies in 2018/19 and 2019/20 but this may be due to the pharmacies themselves becoming more transparent in their reporting to the DHSC.

The two main categories for increased number of complaints have been poor customer service and availability of medication at the time anticipated by the complainant.

With regards to the poor customer service complaints, internal reports are completed and staff are trained accordingly if a specific issue is identified. The Pharmaceutical Adviser and team have been promoting learning from errors and incidents and have been able to share wider learning with all pharmacy staff via a newsletter using real incidents. We therefore see this as a positive move to learning from errors and incidents.

In relation to availability of medication, pharmacies have been encouraged to communicate regarding stock issues with each other to ensure that they are able to assist their colleagues with accessing stock. The DHSC pharmacy team now complete a weekly 'stock shortages' update for GP Practices and provide advice and guidance on changing patient's medication when shortages persist.

#### Complaints to DHSC

In the period of 2019/20 there were two formal complaints received by DHSC regarding a community pharmacy on the Island.

One relates to a dispensing error i.e. it is included in the 'pharmacy errors' reported as it was logged in Datix, however the complainant also wanted a complaint made against the individual pharmacist for professional issues. The Pharmaceutical Adviser met with the Complainant on several occasions to understand their concerns and to reach an appropriate outcome for all involved. The outcome was a change of policy for the pharmacy involved which allows a pharmacist uninterrupted time to accuracy check a prescription, which is a similar approach used on wards in the hospital when giving out medication and is called 'do not disturb'.

A second report was received directly to DHSC, again it is also included in the 'pharmacy errors' as it is logged in Datix. The community pharmacy in question made a dispensing error however it was identified immediately by the patient and the medication was not taken; unfortunately given the nature of the drugs concerned, should the patient have taken the medication, the consequences could have been extremely serious – hence the complaint. The Pharmaceutical Adviser worked with the complainant and the pharmacy staff to understand how this happened and as a result we have initiated a quarterly newsletter which is distributed to every pharmacy and GP surgery which anonymously details significant errors so the learning can be shared. The complainant was content that learning would occur for all staff and the complaint closed.

There is one final complaint to the DHSC which has currently been referred to the pharmacy regulatory body, the General Pharmaceutical Council (GPhC).

## 8. Contracted Dentists

### Summary of Complaints Received

Complaint Topics	2017/18	2018/19	2019/20
Treatment by clinician	3	10	13
Attitude of staff	1	7	4
Patient behaviour incidents	0	0	0
Administration/other	0	1	1
Late/availability of appointments	0	1	1
Practice policy	29	13	4
Shortage of staff	0	0	0
Unhappy with allocated dentist	0	1	0
Charges for dental treatment	0	5	1
Communication	2	1	1
<b>Total</b>	<b>35</b>	<b>39</b>	<b>25</b>

### Responses to Complaints

Responses	2017/18	2018/19	2019/20
Apology issued	3	0	1
Reassurance and explanation	1	1	
Explanation of procedures, service or treatment	1	5	10
Apology and explanation of procedures, service or treatment	1	13	7
Other (see Summary of Actions)	29	20	7

### Summary of Action Taken

Financial Year	Action
<b>2017/2018</b>	<ul style="list-style-type: none"> <li>• 23 patients were re-registered after their complaint of being de-registered.</li> <li>• 2 patients were offered places on the waiting list for the dental practice.</li> <li>• 3 patients declined to be re-registered with the dental practice they had been de-registered from.</li> <li>• Dental practices refused to re-register 2 patients, 1 due to very poor attendance and the other due to the behaviour of the patient.</li> <li>• A patient was unhappy because dentures made for them didn't fit. The dental practice booked another appointment for the patient and had the dentures remade at no extra cost to the patient.</li> <li>• A patient was not happy that it had taken such a lengthy time for the difficult extraction and that he had to wait for an urgent referral to Nobles. The patient decided to go to a private practice for another dentist to remove the roots and asked for the fees to be covered. The fees were not covered and the complaint was referred to the IRB.</li> </ul>



	<ul style="list-style-type: none"> <li>• Where communication was the basis of a complaint the practices changed their policies so that these situations did not arise again, or staff were updated on where to direct patients for the practice's code of practice.</li> </ul>
<b>2018/2019</b>	<ul style="list-style-type: none"> <li>• 11 patients were re-registered after their complaint of being de-registered.</li> <li>• 1 patient declined to be re-registered with the dental practice they had been de-registered from.</li> <li>• A patient was unhappy that her child had been rejected for orthodontic treatment. The child was referred to the orthodontic consultant for a second opinion.</li> <li>• A letter was received from an Advocate regarding a cut cheek during treatment. The dentist offered to apply a suture but the patient refused. Due to fainting an ambulance called and patient had a suture in hospital instead. The dentist spoke with their insurer but the insurer didn't hear from the patient and the case was dropped.</li> <li>• A patient was unhappy with their denture as they felt the alignment was out. The patient had second opinion with another dentist who agreed to have another denture made at no cost to the patient.</li> <li>• A patient's mother was unhappy with the way her child was treated by the dentist, and the fact that an extraction was carried out. The dentist and Crookall House tried to contact patient's mother numerous times unsuccessfully, but patient's mother did not respond.</li> <li>• Reception policy changed so that F1 forms are now given to patients who have ceased to be full time students but are still without work, or given to patients on low income.</li> <li>• A patient was given a refund as it was not properly explained by clinician that the work was to be carried out on a private rather than NHS basis.</li> <li>• Dentists were reminded of the importance of communication in the practice in general, and about communication in relation to treatment risks.</li> <li>• Staff were updated on where to direct patients for code of practice.</li> </ul>
<b>2019/2020</b>	<ul style="list-style-type: none"> <li>• 3 patients were re-registered after their complaint of being de-registered.</li> <li>• A patient was unhappy with the fit of a denture and was referred to a consultant.</li> <li>• A bridge failed twice in 13 months. Work was undertaken by a lab to ensure a longer lasting bond. Two other dentists offered to take on this patient.</li> <li>• A patient's crown was re-cemented and the patient kept wiping the side of their mouth with a tissue, even before the crown was re-cemented. The patient left after the bite was tested several times. This incident potentially caused a rash on the patient's face. The reception staff, dental nurse and dentist all spoken to. The patient was asked to see their GP to check for possible allergies.</li> </ul>

	<ul style="list-style-type: none"> <li>• After treatment by a dentist a patient was left with a hole in their tooth. Confidence has been lost in the practice and the patient doesn't wish to return.</li> <li>• It was the intention at the time of the last report of the DHSC to change the way that dental complaints are handled to ensure that all complaints are fully recorded and are auditable. This change was made during 2019.</li> </ul>
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### Independent Review Body Referrals

<b>Financial Year</b>	<b>IRB Referrals and Outcome</b>
<b>2017/2018</b>	NIL
<b>2018/2019</b>	<ol style="list-style-type: none"> <li>1. Complaint – the patient felt that the examination was rushed and no scale and polish was carried out. The IRB found that the appointment lasted longer than the usual NHS treatment time, that the notes included information that the examination had been completed and that the scale and polish was not clinically necessary. This complaint was not upheld.</li> <li>2. Complaint – this related to a mixture of private and NHS dental treatment and unsatisfactory communication from the dentist to the patient regarding the NHS charges. The IRB found that the patient’s notes contained information stating the discussion regarding the NHS charges had taken place, therefore the complaint was not upheld but stated that the dental practice needs to ensure that future complaints are handled in accordance with the current regulations.</li> <li>3. Complaint – this related to private emergency treatment for which the patient wished to be reimbursed; this was shortly after the initial NHS treatment had taken place. The IRB concluded that this complaint had already been resolved at the local level (i.e. with the dental practice).</li> </ol>
<b>2019/2020</b>	<ol style="list-style-type: none"> <li>1. Complaint – related to a patient’s choice between an extraction or a complex second root canal treatment on a molar tooth on a private rather than NHS basis, and a potential conflict of interest by the referring dentist. The IRB found that the information provided by the dentist relating to extraction or treatment was correct, and that if there is any doubt whatsoever that a conflict of interest might be perceived by patients, it should be declared. This complaint was not upheld.</li> </ol>

## 9. Community Dental Service

<b>Complaints Topics</b>	<b>17/18</b>	<b>18/19</b>	<b>19/20</b>
Care delivery			
Service delivery			
Staff attitude			
Delay in treatment/ lack of service		4	
Injury caused			
Miscommunication			
<b>Total</b>	<b>0</b>	<b>4</b>	<b>0</b>

### Responses to Complaints

<b>Responses</b>	<b>2017/18</b>	<b>2018/19</b>	<b>2019/20</b>
Apology issued	0	2	0
Reassurance and explanation	0	0	0
Explanation of procedures, service or treatment	0	0	0
Apology and explanation of procedures, service or treatment	0	2	0
Other (see Summary of Actions)	0	0	0

### Summary of Action Taken

<b>Financial Year</b>	<b>Action</b>
<b>2017/2018</b>	NIL
<b>2018/2019</b>	<ul style="list-style-type: none"> <li>Minor procedural changes involving admin staff checking to make sure the on-call mobile phone had been collected by a specific day/time so that patients could contact the Emergency Dentist at weekends. This was for all the responses.</li> <li>Since 2019 a new process has been in place whereby all NHS dental practices now undertake emergency dental care at weekends and on bank holidays on a rota basis. The rota is available on the Government Dental webpage and is also available at MEDS and at all pharmacies across the Island and includes the necessary contact information.</li> </ul>
<b>2019/2020</b>	NIL

## Independent Review Body Referrals

<b>Financial Year</b>	<b>IRB Referrals and Outcome</b>
<b>2017/2018</b>	NIL
<b>2018/2019</b>	1. Complaint – A patient was unhappy at the delay in service and felt he didn't receive the correct treatment/referral. This was referred to the IRB who did not uphold the complaint. It was then referred to second IRB convenor. The case is still ongoing.
<b>2019/2020</b>	NIL

## 10. Opticians

Complaints Topics	17/18	18/19	19/20
Treatment by Clinician	0	2	0
Attitude of Staff	0	0	1
Patients Behaviour Incidents	0	0	0
Administration/Other	0	1	0
Late/Availability of Appointments	0	0	0
Shortage of Staff	0	0	0
<b>Total</b>	0	3	1

### Responses to Complaints

Responses	2017/18	2018/19	2019/20
Apology issued	0	1	0
Reassurance and explanation	0	0	0
Explanation of procedures, service or treatment	0	0	0
Apology and explanation of procedures, service or treatment	0	2	1
Other (see Summary of Actions)	0	0	0

### Summary of Action Taken

Financial Year	Action
<b>2017/2018</b>	NIL
<b>2018/2019</b>	<ul style="list-style-type: none"> <li>A complaint was received verbally in relation to comments made by the Optometrist. The Optometrist was made aware of the complaint and a letter of apology was sent to the patient.</li> <li>A complaint was received in writing and related to advice given by the Optometrist, although the complainant was happy with the sight test.</li> <li>This complaint was a continuation of the second complaint above as a lens fell out of the new spectacles provided, a replacement pair was supplied free of charge and due to the complaints the voucher for financial assistance was returned to the complainant so that it could be taken to another optical practice.</li> </ul>
<b>2019/2020</b>	<ul style="list-style-type: none"> <li>A complaint related to the way two patients (married couple) were treated by the Optometrist. The optical practice decided not to claim for the two sight tests so that the couple could have sight tests at another practice. As a result of this complaint staff training was provided and the Optometrist was advised that it was inappropriate to discuss personal issues with patients.</li> </ul>

## Independent Review Body Referrals

<b>Financial Year</b>	<b>IRB Referrals and Outcome</b>
<b>2017/2018</b>	NIL
<b>2018/2019</b>	NIL
<b>2019/2020</b>	NIL

## 11. Noble's Hospital

### Summary of Complaints Topics Received

<b>Complaints Topics</b>	<b>2017/18</b>	<b>2018/19</b>	<b>2019/20</b>
Admission, Transfer, Discharge	12	17	6
Access to Personal Records	0		
All Aspects of Clinical Treatment	65	80	39
Appointments, Delays, Cancellation	36	22	46
Attitude of Staff	26		
Breach of Patients Privacy/ Confidentiality	3	7	
Communication, Information to Patients	28	66	33
Complaints Handling	1		
Delay in referring to UK Hospital	1		
Delays in Treating when in Hospital	3		
Failure to Follow Agreed Procedures	2	3	3
Hotel Services Including Food	2	1	
Loss of Medical Records	0		
Loss or damage of Possessions	1	2	
Other	4		
Patient's Privacy and Dignity	1		10
Patient's Property and Expenses	1		
Personal Records	3		
Policy and Commercial Decisions of Trusts	2	3	
Premises	0		
Transport	5	10	9
Waiting Times		12	19
Values and Behaviours (staff)		21	19
Patient Care		4	
Integrated Care		1	
Delays/Diagnosis		8	20
Access to Treatment or Drugs		7	7
Aids/Appliances/Equipment			5
Outpatient and other Clinics			3
Prescribing Error			6
Test Results			2
<b>Total</b>	<b>196</b>	<b>226</b>	<b>227</b>

### **Response to complaints: 2017/ 2018**

There were 196 complaints received in 2017/18. Of these 196 complaints, 89% were investigated and a response sent within the DHSC's 20 working day target. A total of 17 complaints were not resolved within the target. Reasons for delays are recorded within the complaint record for audit purposes and the complainants have been regularly updated with the progress. The majority of delays pertained to complainants requesting meetings as part of the complaints process or where the complaints span a number of different services. Some delays were due to the unplanned and planned absence of staff members required to answer the complaint. In the event this occurs; a holding letter is provided to the complainant to inform them of the delay.

### **Response to complaints: 2018/2019**

During this reporting year a total of 266 complaints were received. Of these 266 complaints, 87% were investigated and responded to within the DHSC's 20 day response target.

### **Response to complaints: 2019/2020**

During this reporting year a total of 227 formal complaints were received. Simple complaints which could be dealt with, within 5 working days were logged as concerns as the Hospitals Directorate aligned its complaints process, to that of the Community Care Directorate under the leadership of the Director of Nursing.

Of the 227 complaints, 75% were investigated and responded to within the DHSC's 20 working days target. Delays in responses can occur for a variety of reasons including a higher volume of complaints received in a short timescale, unavailability of staff required for the investigation, complaints spanning a number of services and on some occasions, an external opinion or review of care is sought. The reasons for delays are recorded for audit purposes.

The table below illustrate some example of learning arising from complaints.



### **Examples of Action Taken: 2017/ 2018**

<b>Complaint Description</b>	<b>Actions / Learning</b>
Concerns about prescribed antibiotics and follow up	Meeting held with complainant. Acknowledgement regarding antibiotic prescription. Comprehensive reflection taken by medical team and thanked the complainant for sharing their experience as it provided an excellent learning opportunity.
Failed attempts to take blood from child	Revised departmental guidelines in paediatric cannulation developed. Agreed and shared with all medical staff that a maximum of two attempts at cannulation will be made before referring patient to consultant in charge.
Complaint regarding wait times	Apologies offered, and acknowledged the wait times for routine appointments was not ideal. Service has been reviewed and an extra clinic added to help reduce waiting times in the future.
Complaint about attitude of consultant and issues with digital notes	Consultant sincerely apologised for appearing uncaring; and expressed that this was not their intention. Further training with navigating digital system undertaken.

### **Examples of Action Taken: 2018/ 2019**

<b>Complaint Description</b>	<b>Summary of Actions/ Learning</b>
Complaint about special dietary needs	Revised training for special dietary needs implemented and a new ordering system put in place.
Complaint regarding communication with hearing impaired patients	Improved training and awareness for using iPads to assist patients.
Complaint about sub-standard experience on day of surgery	Implementation of staggered admission times to Day Surgical Unit to ensure shorter waiting times and reduce the likelihood of errors caused due to peaks in attendance.
Complaint regarding waiting times	Review and changes made to the service as a whole, including streamlining administrative tasks and realigning resources. Secretarial staff have been trained to type for multiple specialities which allows for a quicker service during busy times.

## **Examples of Action Taken: 2019/ 2020**

<b>Complaint Description</b>	<b>Summary of Actions/ Learning</b>
Orthopaedic Operation cancelled due to high volume of acutely unwell medical patients being cared for in Orthopaedic and surgical beds.	Working with social care and other partners to improve discharge profile of medically well patients and prevent unnecessary admissions to hospital.
Complaint about delay of robotic surgery in UK tertiary centre which contributed to a failure in meeting cancer waiting times.	General Manager working with tertiary centre in UK to identify a solution to this problem as there is a national delay in this type of surgery.
Complaint about removal of sutures in a child.	Unreserved apology offered and reflection by practitioner on their approach to parents. The department have also reviewed the types of sutures used in children.
Complaint from family about lack of understanding of family member's cancer treatment.	Face to face meeting with family and consultant explained the treatment regime and complications.

## **Independent Review Body Referrals**

<b>Financial Year</b>	<b>Some IRB Referral Outcomes</b>
<b>2017/2018</b>	<p>11 complainants' referred their complaints to the IRB.</p> <p>5 reports were received from the IRB.</p> <p><b>Some examples of changes and learning from the IRB recommendations are listed below:</b></p> <p>Ophthalmology protocols for urgent referral have been introduced. An audit has demonstrated there were no adverse incidents since the protocols were introduced.</p> <p>There has been a review of Service Level Agreements with tertiary centres, but inter-trust exchange of medical records remains a challenge.</p> <p>Improved communication with Alder Hey, GP and Noble's Hospital teams.</p> <p>Children's nursing standards aligned with Alder Hey Hospital Nursing Standards and improvements made to how specific medication information is shared.</p>
<b>2018/2019</b>	<p>6 complainants referred their complaint to the IRB.</p> <p>8 reports were received from the IRB, as two were from the preceding year.</p>

	<p><b>Some examples of changes and learning from the IRB recommendations are listed below:</b></p> <p>Change to the way that an antibiotic (Ciprofloxacin) is used for patients over 60 years old, or a patient taking prescribed steroids.</p> <p>Changes made to improve the way we document the Do Not Attempt Resuscitation (DNACPR) process.</p> <p>A review of risk assessment for falls prevention was undertaken.</p> <p>Appointment of Consultant Geriatricians.</p> <p>Investment in mattresses to improve pressure area care.</p>
<p><b>2019/2020</b></p>	<p>11 complainants referred their complaint to the IRB.</p> <p>10 Reports have been received from the IRB.</p> <p><b>Examples of changes and learning from the IRB recommendations are listed below:</b></p> <p>A review was undertaken and improvements made to the pre-assessment process for all patients undergoing major joint replacement.</p> <p>Discharge Pathway documentation reviewed by senior nursing staff to ensure there is no duplication or gap in record keeping.</p> <p>An information leaflet is being developed to describe the different birthing options for women.</p> <p>Guidelines for referral to the Perinatal Mental Health team have been developed.</p>

## 12. Mental Health

### Summary of Complaints Received

Complaint Category	2017/2018	2018/2019	2019/2020
Absence of Care Package			1
Access to Treatment			3
Admission, Discharge & Transfers			1
Appoint Delays / Cancellation	6	5	
Clinical Treatment	22	18	7
Commissioning Services		1	3
Communication	3	6	5
Delays/Diagnosis			2
Failure to Follow Correct Procedures		5	
Other	4	4	1
Patient Property / Expenses	1		1
Personal Records		2	2
Values & Behaviours	9	4	5
Waiting Times			1
<b>TOTAL</b>	<b>45</b>	<b>45</b>	<b>32</b>

Number of Complaints per Individual Service	2017/2018	2018/2019	2019/2020
Inpatient Service	4	9	7
Child & Adolescent Mental Health Service	8	8	6
Community Mental Health Service for Adults	13	13	10
Community Wellbeing Service	4	4	2
Crisis Response Home Treatment Team	7	5	2
Drug & Alcohol Team	1	2	1
Mental Health Service Management	3	4	4
Medical Staff (after 17/18 complaints were recorded by integrated team)	4		
Persons Mental Health Service	1		

### Responses to Complaints

The majority of complaints received each year have continued to be from a third party (relative / carer for example):

- 56% for 2017/2018
- 65% for 2018/2019
- 62% for 2019/2020

In accordance with NHS Complaints Regulations (2004) consent is sought from the patient in all cases and if the individual does not have the capacity to consent then a decision is made based on best interests. Ordinarily this results in the undertaking of an investigation; however what can be shared with the complaint in terms of personal data is restricted.

<b>Response</b>	<b>2017/2018</b>	<b>2018/2019</b>	<b>2019/2020</b>
Upheld (apology issued)	15	14	10
Partially Upheld (apology issued)	10	10	7
Upheld	17	16	9
Escalated to Adult Protection Investigation			1
Rejected (entered into wrong process) / Withdrawn	3	1	2
Passed to another part of DHSC		4	
Investigation Ongoing (at year end)			3

### Summary of Action Taken

<b>Financial Year</b>	<b>Action</b>
<b>2017/2018</b>	<ul style="list-style-type: none"> <li>• Care Programme Approach (CPA) Policy reviewed and updated, incorporating minimum standards for record keeping and carer involvement.</li> <li>• Policy and training introduced for Supervision (including Management &amp; Clinical Supervision) across the Mental Health Service.</li> </ul>
<b>2018/2019</b>	<ul style="list-style-type: none"> <li>• Safety &amp; quality risk management system Datix introduced. The 'Feedback' module has improved record keeping for complaints, concerns, enquiries and compliments; providing a valuable depository and audit trail.</li> <li>• Complaints management training held, delivered by UK Healthcare Conferences, involving 22 participants from the Community Care Directorate aimed at improving user experience.</li> <li>• Practitioners have been advised to ensure psychometric tests are undertaken in the patient's first language as a failure to do so is likely to invalidate the results/outcomes.</li> <li>• Given more than half of complaints are submitted via a third party, staff have been reminded of the importance of involving carers (as per CPA Policy) and of the guidance available in terms of the Caldicott Principles and in particular Principle 7 (the duty to share information can be as important as the duty to protect patient confidentiality).</li> <li>• The Social Affairs Policy Review Committee published recommendations in respect of the management of complaints. Since the recommendations were published the division has reviewed and reissued the Complaints Procedure leaflet and has reviewed and introduced an updated Complaints Policy. In addition, material has been circulated to all MHS operational areas advertising the availability of the IOM Health Care Association for independent support. The basis of this is being used for the wider DHSC complaints policy rewrite underway.</li> </ul>

	<ul style="list-style-type: none"> <li>Alerts added to prescription chart (inpatients) where timing of medication administration is crucial</li> </ul>
<b>2019/2020</b>	<ul style="list-style-type: none"> <li>A 'Professional Boundaries Policy' has been developed and implemented as a result of 2 separate complaints. This is also covered in the Mental Health Service Induction Programme.</li> <li>Structure of Ward Rounds reviewed to improve carers involvement. The availability of dedicated time for carers to meet with the Acute Inpatient Service Consultant Psychiatrist has been introduced.</li> </ul>

### Independent Review Body Referrals

<b>Financial Year</b>	<b>IRB Referrals and Outcome</b>
<b>2017/2018</b>	<p>Three complaints were escalated to the IRB by individual complainants during the period.</p> <p>One investigation carried over into 2018/2019.</p> <p>One investigation pending at year end as consent from the patient had not been obtained (complainant was submitted by a third party).</p> <p>One report issued by the IRB with recommendations. Several aspects of the complaint were upheld and an action plan developed and implemented predominantly concerned with improving involvement of carers and the sharing of information. The Mental Health Service Care Planning Approach (CPA) Policy reviewed / reissued as a result alongside improved process for recording consent to share information.</p>
<b>2018/2019</b>	<p>Three complaints escalated to the IRB by the individual complainants.</p> <p>One investigation was suspended / carried over due to legal proceedings (not directly related to the complaint) and one complaint carried over from the previous year.</p>
<b>2019/2020</b>	<p>One complaint escalated to the IRB by complainant during the period.</p> <p>Three IRB investigations concluded and reports issued. Two complaints were upheld with recommendations issued by the IRB; one complaint not upheld following two individual IRB convenor reviews.</p> <p>One action plan has been fully implemented and was concerned with record keeping standards. This resulted in a further review of the Care Programme Approach (CPA) Policy</p>

	<p>(incorporating record keeping standards) and application of same into induction programme for new employees of the Mental Health Service.</p> <p>At year end, one action plan is being implemented concerned with a number of issues, including how senior management in the Department manage complaints, a review of the protocol for recording medication prescriptions (across the Mental Health Service and the Drug &amp; Alcohol Team) and a review of how multiple agencies communicate when managing high risk patients.</p>
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### 13. Public Health

There were no complaints received by the Public Health Directorate during 2017/18, 2018/19 or 2019/20.

### 14. Adult Social Care

#### Summary of Complaints Received

Complaint Category	2017/2018	2018/2019	2019/2020
Absence of Care Package	6	3	2
Access to Treatment	4	5	5
Admission, Discharge & Transfers			
Appoint Delays / Cancellation			
Clinical Treatment			
Commissioning Services			
Communication			2
Delays/Diagnosis	1		
Failure to Follow Correct Procedures		1	
Other	2	2	
Patient Property / Expenses		1	
Personal Records			
Values & Behaviours	3	7	
Waiting Times			
<b>TOTAL</b>	<b>16</b>	<b>19</b>	<b>9</b>

Number of Complaints per Individual Service	2017/2018	2018/2019	2019/2020
Learning Disabilities	8	8	4
Older People's Services	2	3	3
Social Work	6	6	2
Dementia Care		2	

#### Responses to Complaints

Response	2017/2018	2018/2019	2019/2020
Upheld (apology issued)	11	3	3
Partially Upheld (apology issued)		5	4
Not Upheld	5	10	2
Escalated to External Investigation		1	



## Summary of Actions Taken

Financial Year	Action
<p><b>2017/2018</b></p>	<ul style="list-style-type: none"> <li>• Appointment of a new senior member of staff in the home and staff reminded of the importance of keeping a diary of all appointments and to check diary every day.</li> <li>• Structure developed for personal care planning meetings; including formal attendee invitations, communicating change of key workers to family and providing family with details of service user's daily activities. Staff working to develop more activities for service users.</li> <li>• Procedures set up to ensure that staff in the resource centre are made aware of the pre-operative needs of service users discharged from Noble's Hospital.</li> <li>• Formal investigation of staff member resulting in an improvement plan and issuing of a disciplinary sanction.</li> <li>• Service users support plan reviewed and updated, signed by all staff and shared with the family for their input. Staff attended the Orthotics Clinic to update on equipment at fitment, as well as having a video of this fitment to be shared with the whole staff team and included in the support plan. Staff supervision to reflect on outcomes and learning. The Capability process will be discussed as part of these supervisions. The issues raised by the complainants will form part of wider concerns at Spring Meadows. The new senior support worker will meet with service user's families in order to ascertain their expectations of the service and agree a way forward to improve services, their involvement, and confidence in the service.</li> <li>• Staff who provide the administrative support for the issue of the Blue Badge scheme to be provided with additional support at busy times. Reminded of correct timescales for the provision of badges.</li> <li>• Mediation advised between the family and the Service advised to build trust and confidence.</li> </ul>
<p><b>2018/2019</b></p>	<ul style="list-style-type: none"> <li>• Re-assessment of service user needs by Social Work Team to determine the correct placement. Occupational Therapy assessment to identify sensory needs.</li> <li>• New parts fitted to boiler and temperature monitoring prior the move to the new day centre.</li> </ul>
<p><b>2019/2020</b></p>	<ul style="list-style-type: none"> <li>• Explore electronic options for communications regarding Blue Badge administration.</li> <li>• Consideration should be given to establishing some form of independent advocacy service to be available to service users or family. Documentation recording the outcomes of assessments should clearly state which family members have been consulted, what their views are and record that the member has seen the outcome and offered an opportunity to record their view. A short "cooling off period" of a few days should be allowed to enable the family member opportunity to</li> </ul>

	<p>collect their thoughts before having to sign off the assessment.</p> <ul style="list-style-type: none"> <li>• Staff have been reminded to record when residents refuse blankets and also that staff are aware of how the heating and hot water systems work to ensure no incorrect information is given to residents. Any prospective service users will also be advised that the rooms on the ground floor can be cooler than rooms on the upper floors and this will be monitored by the Manager.</li> <li>• Changes made to the medication administration process resulting in a lower risk of errors.</li> <li>• Social Workers to liaise with Learning Disability Services to ensure that managers are reminded of the relevant process and eligibility for day services. PSS (third party provider) have been advised of the frustrations concerning telephone contact and they have advised that once on Island presence is established communication will improve.</li> </ul>
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### **Independent Review Body Referrals**

Adult Social Care does not have access to an independent review body. However during 2019-2020 three complaints were reviewed independently. One has concluded and two are still in progress.

## 15. Children and Families Social Care

### Introduction

There is a different approach to complaints in the Children and Families division which operates a three stage complaints process:

Stage 1 = Local Resolution i.e. Team or Group Manager

Stage 2 = Senior Manager

Stage 3 = Further Investigation by an Independent [Internal or External] Person appointed by the Director or Chief Executive Officer at Departmental level

This process reflects the differing legislation and the department aims to agree a new standardised approach across all services in the second stage of Manx Care legislative changes.

With Children's and Families, all complaints are regarded as a learning opportunity and are tracked through the process and through learning at the conclusion. This has been an embedded process for three years, each year improving the richness of the data reviewed. This includes a formal monthly analysis/review by the Head of Statutory Social Work Services.

### Summary of Complaints Received

	2017/2018	2018/2019	2019/2020
Stage 1	27	60	55
Stage 2	2	7	10
Stage 3	0	1	2

Response	2017/2018	2018/2019	2019/2020
Upheld (apology issued)	41	3	25
Partially Upheld (apology issued)	9	7	11
Not Upheld	30	17	34
Escalated to External Investigation	-	2	-

#### **2017/2018**

Within the 29 complaints raised, there were 80 elements. The table above shows responses to each of the 80 separate elements.

Key learning was disseminated through a staff development day.

The majority were resolved at stage 1 indicating an increased level of confidence in first line managers to engage with families and resolve issues.

#### **Categories of complaint**

- Social Work Processes i.e. quality assurance/family placements/child protection processes
- Communication

- Private Law disputes
- Accuracy of recording
- Seeking feedback on work completed
- Understanding and incorporating areas of dispute in reports – families views and wishes

There are a number of reasons why complaints were not always concluded within published timescales i.e. Stage 1 [14 Working Days]; Stages 2 and 3 [28 Working Days]; these include:

- Delays in being able to contact and engage with clients in order to arrange to meet or speak with them so that their complaint can be explored more fully with them and the 'terms of reference' for the investigation can be agreed. Such delays are regrettable however can be caused due to a variety of reasons.
- Complex complaints with multiple issues is a feature of this service and require considerable 'unpicking' in order to respond fully to matters raised. In the 29 complaints there were 80 elements.

Where a complaint was likely to go outside of published timescales, the Department advised clients of this.

### **2018 – 2019**

In the year April 2018 to March 2019, the Division received a total of 68 complaints.

Of these 68 complaints, 23 have been submitted by 8 families. This pattern is monitored to know if there is a recurring failure of the service, or a vexatious complainant.

#### **Categories of complaint**

- Social Work Processes i.e. quality assurance/family placements/child protection processes
- Involvement of the family in the process
- Private Law disputes
- Accuracy of recording
- Service expectations

### **2019 –2020**

For the year 2019 - 2020, the Division put in place a more robust recording process.

A total of 67 complaints containing 180 elements were made and 57 complaints containing 134 elements were concluded.

29 complaints were received from 10 families

#### **Categories of complaints**

1. Social Worker/Manager Conduct or Opinions;
2. Social Work Decisions or Adherence to Policy/Process;
3. Quality/Availability of Service Provision;
4. Lack of Contact/Communication/Dispute/Service User Involvement in Assessment and Planning Processes;
5. Lack of Contact/Communication/Dispute/Service User Involvement in Service Delivery;
6. Accuracy/Thoroughness/Dispute of Written Reports;

7. Accuracy of Records Held;
8. Data Breach/Breach of Confidentiality.

### Time Taken to Conclude Investigations

100% of the 67 complaints received have been acknowledged within the required policy of 3 working days.

86% 58 complaints were in timescale.

### Outcomes

57 complaints were concluded at year end and 10 remain in process.

### The broad Categories of the 180 Complaint Elements are:

	#	%
Social work decisions or adherence to policy / processes	63	35.0%
Social worker / manager conduct or opinions	62	34.4%
Quality / availability of service provision	33	18.3%
Accuracy / Thoroughness of written reports	7	3.9%
Accuracy of records held	5	2.8%
Other	5	2.8%
Data breach / Breach of confidentiality	4	2.2%
Lack of contact / communication / service user involvement in assessment and planning processes	1	0.6%
Lack of contact / communication / service user involvement in service delivery	0	0.0%
<b>Total</b>		<b>180</b>

### Actions Taken

- Communication: importance of ensuring clients are fully aware and understand processes being followed, the reasons for these, what is required of them and their rights within this, the Department and any other professionals involved.
- Relationship building: to ensure there are no barriers to communication and working in partnership with families is evidenced.
- Reflective Supervision for Social Workers to ensure they are adopting best practice in respect of communications and relationships with clients.
- Private Law matters: ensuring that responsibilities are known and clearly articulated across the Department, the Courts and families in such cases. A guidance document is being prepared to share with families in this respect.
- Care Plans and Personal Education Plans should be proactively reviewed/updated and shared with young people and professionals accordingly to ensure consistency of approach and care.

## **16. Conclusion**

The DHSC has systems in place to systematically review all complaints received and ensure that investigations are undertaken appropriately, in line with regulations and escalated as necessary.

The data collected is used to inform reports, is disseminated amongst divisional teams and taken to various committees to inform ongoing work within the Department.

There is ongoing evidence that complaints are regarded by the organisation as a valuable gauge of the patient experience. There is evidence that complaint responses regularly identify opportunities for individuals, departments, and the organisation to learn from complaints.

The DHSC remains committed to thoroughly investigating, learning from, and taking action as a result of individual complaints where it is found that standards have fallen below the level we expected and where services could be improved. We undertake detailed and extensive monitoring of all complaints. This ensures that, where questions are raised about the quality of care that we deliver, they can be quickly investigated and responded to.



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

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