



Integration Joint Board
Clinical and Care Governance Committee

16th July 2018

This Report relates to
Item 5 on the Agenda

Patient Services Report – Complaints and Feedback

(Paper presented by Joan Pollard)

For Discussion and Noting

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SECTION 1: REPORT CONTENT

Title/Subject: Patient Services Report – Complaints and Feedback
Meeting: Clinical and Care Governance Committee
Date: 16th July 2018
Submitted By: Joan Pollard, Associate Director AHP, NHS Dumfries & Galloway
Action: For Discussion and Noting

1. Introduction

- 1.1 This paper provides an overview of feedback and complaints submitted to NHS Dumfries and Galloway and outlines complaints performance for April and May 2018.

2. Recommendations

2.1 The Clinical and Care Governance Committee is asked to:

- **Consider the NHS Board’s complaints performance for April and May 2018 including key feedback themes and details of the resulting learning and improvements.**
- **Note the key messages:**
 - **The Board has received a significantly high amount of feedback over the last two quarters, including concerns, compliments and complaints, particularly in the Acute and Diagnostic Services Directorate. This has led to a backlog and during this period a tremendous effort has been made to resolve outstanding cases.**
 - **The Board continues to face challenges around compliance with the 20 working day timescale for responding to complaints and remains below the target of 70%.**
 - **Patient Services are working closely with Directorates to address issues of compliance with procedure and timescales.**

3. Background

- 3.1 Patient feedback provides key information about the areas where the Board is performing well and those where there is need for improvement. It also assists the Board in delivering our CORE values and remaining person centred.
- 3.2 This paper demonstrates implementation of the Healthcare Quality Strategy (2010), and Patients Rights (Scotland) Act (2012). The Board is required to adhere to the

Patients Rights (Scotland) Act (2012) with regard to seeking and responding to patient / family feedback.

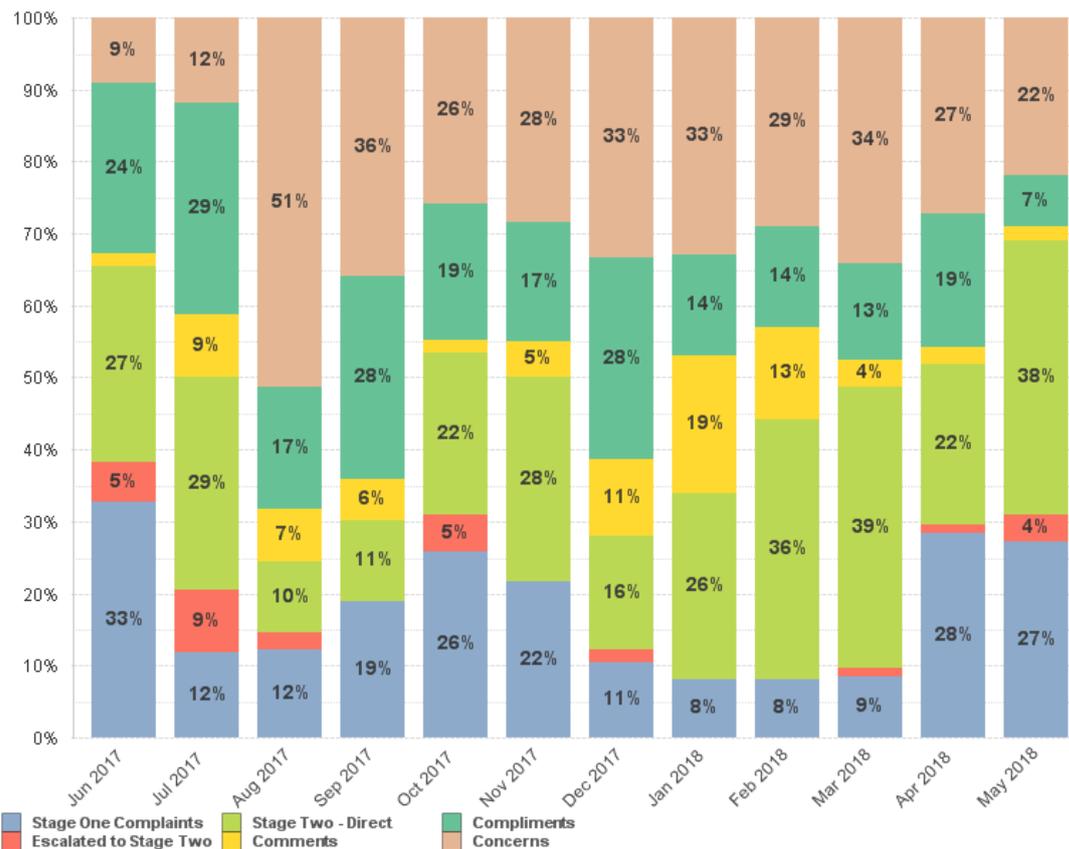
4. Main Body of the Report

4.1 Patient Services recorded 81 pieces of feedback in April and 55 in May 2018. Of the feedback recorded there were 42 complaints in April and 38 in May 2018.

Feedback Type	April 2018		May 2018	
	Number	%	Number	%
Stage One Complaints	23	28%	15	27%
Escalated to Stage Two	1	1%	2	4%
Stage Two Complaints - Direct	18	22%	21	38%
Comments	2	2%	1	2%
Compliments	15	19%	4	7%
Concerns	22	27%	12	22%
Totals:	81		55	

NB: % figures have been rounded up/down therefore may not equate to 100%

Feedback by first received date and feedback type



Care Opinion

Care Opinion is an online approach which enables the public to provide feedback on the services they have received. NHS D&G received six Care Opinion stories during the period, five of which were positive. Where a story is not positive the author is invited to make contact with Patient Services in order that further advice and support can be provided to resolve any issues raised.

Healthcare Improvement Scotland continues to analyse data around Care Opinion for each Board. All NHS D&G stories are available to view at www.careopinion.org.uk.

Compliments

NHS Dumfries and Galloway received 19 formal 'compliments' during the period in addition to those received by local teams and via Care Opinion. This positive feedback was largely around the caring and professional attitude of staff and the excellent care and treatment received.

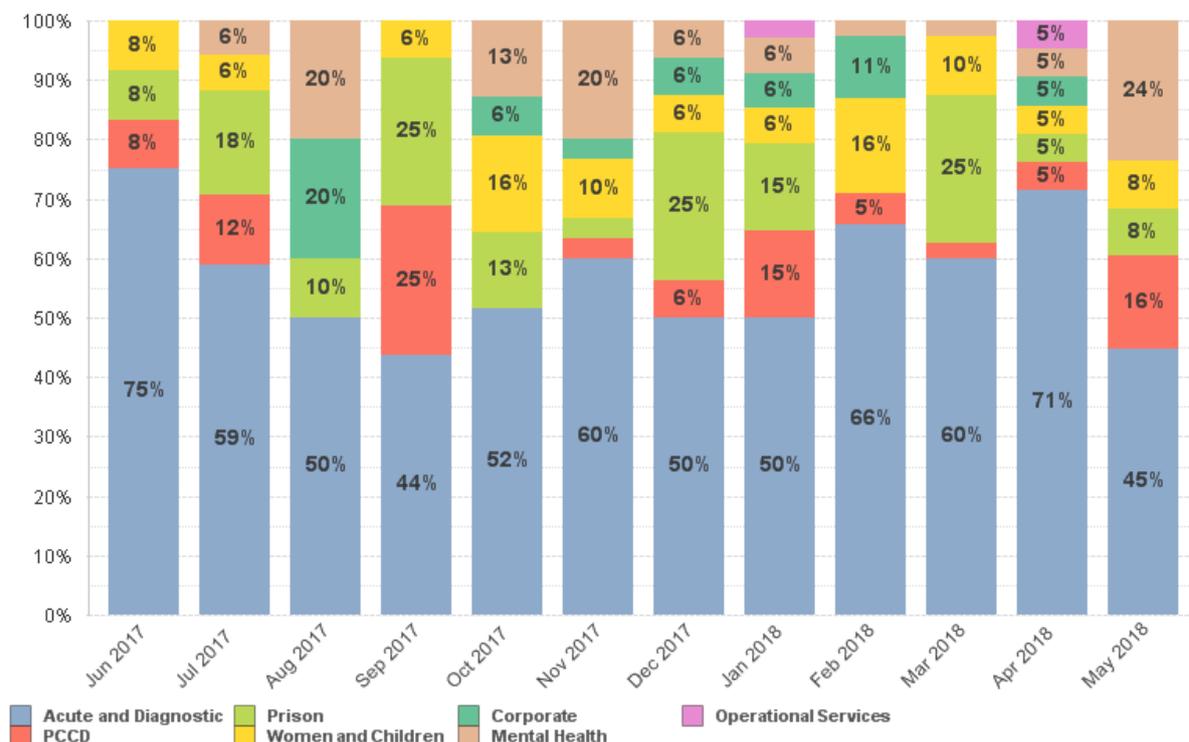
Patient Services are working with various teams across the Board to explore opportunities to gather further positive feedback. Patient Services are also about to begin testing a process for capturing and promoting 'thank you' card across DGRI.

Complaints

The complaints received related to the following areas:

Service	April 2018		May 2018	
	Number	%	Number	%
Acute and Diagnostic	30	71%	17	45%
CH&SC	2	5%	6	16%
Prison	2	5%	3	8%
Women and Children	2	5%	3	8%
Corporate	2	5%	0	0%
Mental Health	2	5%	9	24%
Operational Services	2	5%	0	0%
Totals:	42		38	

Complaints by first received date (month and year) and service



Under the Regulations of the Complaints Handling Procedure, Family Health Services Contractors are obligated to provide the Board with regular performance figures in relation to complaints.

Return rates are improving after the introduction of reminders which are sent to all Family Health Service Contractors at the end of each month. Pharmacy and Ophthalmic Contractors, particularly larger companies, such as Lloyds and Boots however have chosen to submit their figures on a quarterly basis.

Work will continue with contractors to streamline the submission process.

Below are the performance submissions for this period.

Service	Apr-18			May-18		
	Number of respondents	Number of complaints	% of all complaints	Number of respondents	Number of complaints	% of all complaints
GPs (n:31)	28	7	78	24	3	100
Pharmacy* (n:34)	7	1	11	8	0	0
Dental (n:33)	17	1	11	18	0	0
Opticians* (n:21)	2	0	0	4	0	0
Totals:	54	9		54	3	

* data for Pharmacy and Opticians is currently incomplete as the majority of these services report quarterly and the deadline for reporting is beyond submission dates for this paper.

As part of the new Complaints Handling Procedure introduced from 1 April 2017, all NHS Boards in Scotland are required to report their complaints performance against

a suite of new indicators determined by the Scottish Public Services Ombudsman (SPSO). Those indicators can be summarised as follows:

Indicator	Description
Indicator One: Learning from complaints	A statement outlining changes or improvements to services or procedures as a result of consideration of complaints including matters arising under the duty of candour.
Indicator Two: Complaint process experience	A statement to report the person making the complaint's experience in relation to the complaints service provided.
Indicator Three: Staff awareness and training	A statement to report on levels of staff awareness and training.
Indicator Four: The total number of complaints received	Details of the number of complaints received per episode of care and recorded against a consistent benchmark such as the number of staff employed.
Indicator Five: Complaints closed at each stage	Details of the number of complaints responded to at each stage of the Complaints Handling Procedure.
Indicator Six: Complaints upheld, partially upheld and not upheld	Details of the number of complaints that had each of the above listed outcomes.
Indicator Seven: Average response times	Details of the average time in working days to close complaints at each stage of the Complaints Handling Procedure.
Indicator Eight: Complaints closed in full within the timescales	Details of how many complaints were responses to within the timescales required of the Complaints Handling Procedure.
Indicator Nine: Number of cases where an extension was authorised	Details of how many complaints required an extension to the standard timescales.

Further details of the indicators can be found in Appendix 6 of NHS D&G's Complaints Handling Procedure.

Indicator 1 - Learning from complaints

As part of this indicator, the Board are required to record how many resolution meetings took place with complainants. These meetings may take place during the complaints process or following the provision of the complaints response. Five resolution meetings took place over the reporting period. Patient Services recognise it would be useful to capture more information about these resolution meetings and are exploring the most effective way to capture this.

The Board recording of learning from feedback requires further development. As well as the joint project between Patient Services and Patient Safety to maximise opportunities for learning, Patient Services are also working with the Women, Children and Sexual Health Directorate to test a new 'Learning Summary' sheet. Progress updates will be provided to the committee through this report.

Indicator 2 - Complaints Process Experience

Complainants are now being invited to share their experience of the complaints process. Three responses have been received to date.

The responses have been generally positive, however there have been some useful comments on areas where improvement to the process can be made, for example, one complainant commented that staff dealing with their complaint did not check what outcome they wanted.

It is important to establish with a complainant what outcome they want in order that the person handling the complaint can manage the complainant's expectation and ensure that if the desired outcome can be achieved then it is.

Two complainants commented that their complaint was not handled in a timely manner and they were not kept informed of any delays.

Patient Services are working with individual directorates to improve compliance with the complaint process. It is important that where complaint timescales cannot be met, that the complainant is kept informed of the progress of their complaint and an extension to the timescale agreed with them.

One complainant commented that not all of the issues they raised were responded to and it was not clear what the outcome of their complaint was.

Patient Services are again working closely with individual directorates to improve the quality of complaint investigations and responses. Patient Services have developed a number of templates to help ensure that key elements of the complaints process are captured and reported to the complainant. The complaint response template design is based on that used by the Scottish Public Services Ombudsman in their decision letter as this is considered the gold standard of response.

Indicator 3 - Staff Awareness and Training

Staff continue to be provided with opportunities to attend training and awareness raising sessions on feedback and complaints. These have been well received to date and there continues to be demand for further sessions.

An initial awareness raising session on local advocacy services took place June 2018 in Dumfries and further sessions will be delivered across the region later in the year. A similar session is also planned with Scottish Mediation for July 2018 and again will be rolled out across the region later in the year.

The remaining performance indicators focus on the quantitative data associated with our complaints handling and are reported as follows:

Definitions:

Stage One – complaints closed at Stage One Frontline Resolution;

Stage Two (direct) – complaints that by-passed Stage One and went directly to Stage Two Investigation (e.g. complex complaints);

Escalated Stage Two – complaints which were dealt with at Stage One and were subsequently escalated to Stage Two investigation (e.g. because the complainant remained dissatisfied)

Indicator 4 Total number of complaints received

“Details of the number of complaints received per episode of care and recorded against a consistent benchmark such as the number of staff employed.”

Indicator 4 - The total number of complaints received per.....		
Description	April 2018	May 2018
Per 1000 population	0.08	0.08

N.B. it is not currently possible to measure this against episode of care as these are not all currently able to be captured electronically and therefore the dataset is incomplete.

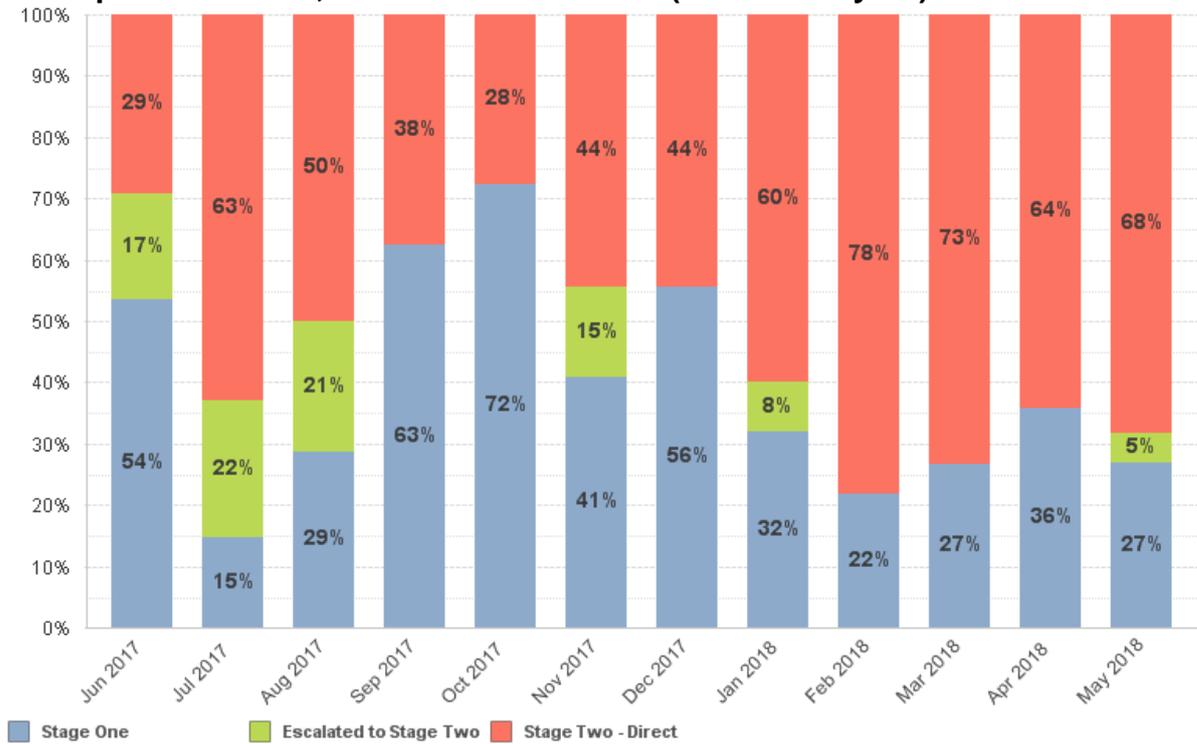
All information from this point forwards relates to complaints which have been closed/completed.

Indicator Five: Complaints closed at each stage

“Details of the number of complaints responded to at each stage of the Complaints Handling Procedure.”

Indicator 5 - Complaints closed (responded to) at Stage One and Stage Two as a percentage of all complaints closed (responded to).		
Description	April 2018	May 2018
Number of complaints closed at Stage One as % of all complaints closed	36% (20 of 56)	27% (11 of 41)
Number of complaints closed after Escalation to Stage Two as % of all complaints closed	0% (0 of 56)	5% (2 of 41)
Number of complaints closed at Stage Two as % of all complaints closed	64% (36 of 56)	68% (28 of 41)
NB: The escalated complaints referred to above were also responded at Stage One.		

Complaints Closed, based on closed date (month and year)



Indicator Six: Complaints upheld, partially upheld and not upheld

“Details of the number of complaints that had each of the above listed outcomes.”

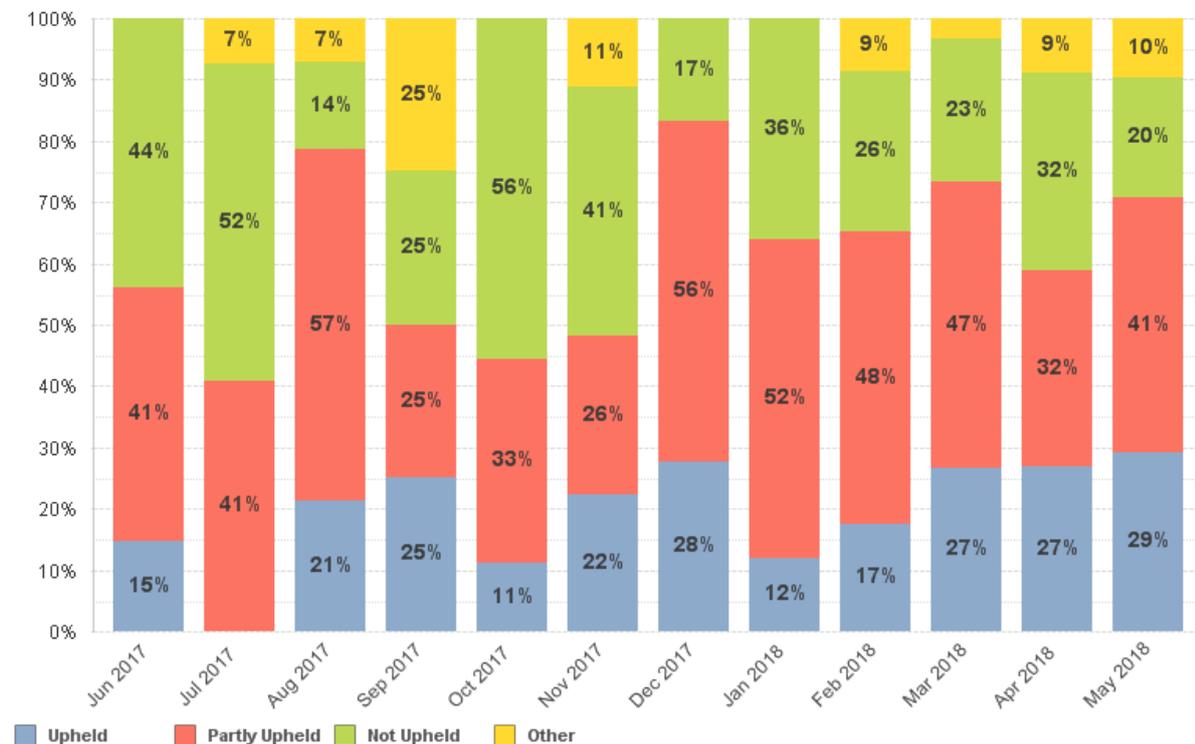
Indicator 6 - The number of complaints upheld/ partially upheld/ not upheld at each stage as a percentage of complaints closed (responded to) in full at each stage.

Upheld		
Description	April 2018	May 2018
Number of complaints upheld at Stage One as % of all complaints closed at Stage One	45% (9 of 20)	55% (6 of 11)
Number Escalated to Stage Two complaints upheld at Stage Two as % of escalated complaints closed at Stage Two	- (0 of 0)	100% (2 of 2)
Number complaints upheld at Stage Two as % of complaints closed at Stage Two	17% (6 of 36)	14% (4 of 28)

Partially Upheld		
Description	April 2018	May 2018
Number of complaints partially upheld at Stage One as % of all complaints closed at Stage One	30% (6 of 20)	27% (3 of 11)
Number Escalated to Stage Two complaints partially upheld at Stage Two as % of escalated complaints closed at Stage Two	- (0 of 0)	0% (0 of 2)
Number complaints partially upheld at Stage Two as % of complaints closed at Stage Two	33% (12 of 36)	50% (14 of 28)

Not Upheld		
Description	April 2018	May 2018
Number of complaints not upheld at Stage One as % of all complaints closed at Stage One	25% (5 of 20)	0% (0 of 11)
Number Escalated to Stage Two complaints not upheld at Stage Two as % of escalated complaints closed at Stage Two	- (0 of 0)	0% (0 of 2)
Number complaints not upheld at Stage Two as % of complaints closed at Stage Two	36% (13 of 36)	29% (8 of 28)

Outcome of All Complaints Closed, based on closed date (month and year)

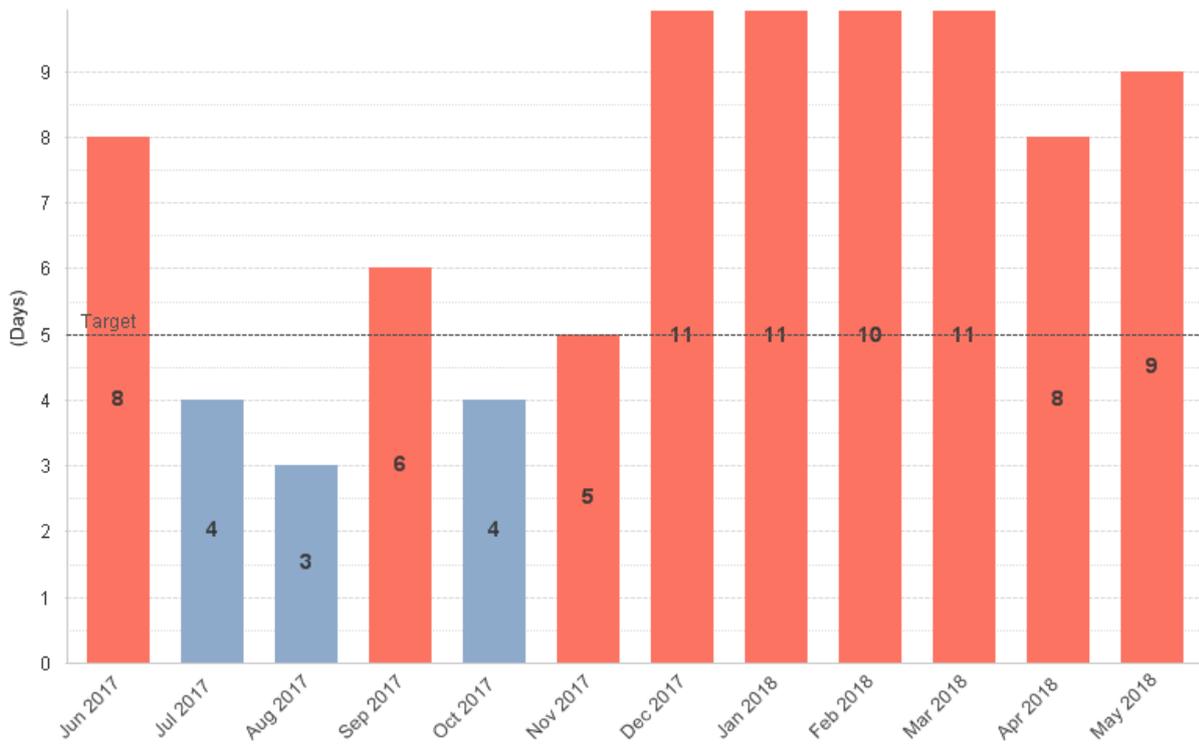


Indicator Seven: Average response times

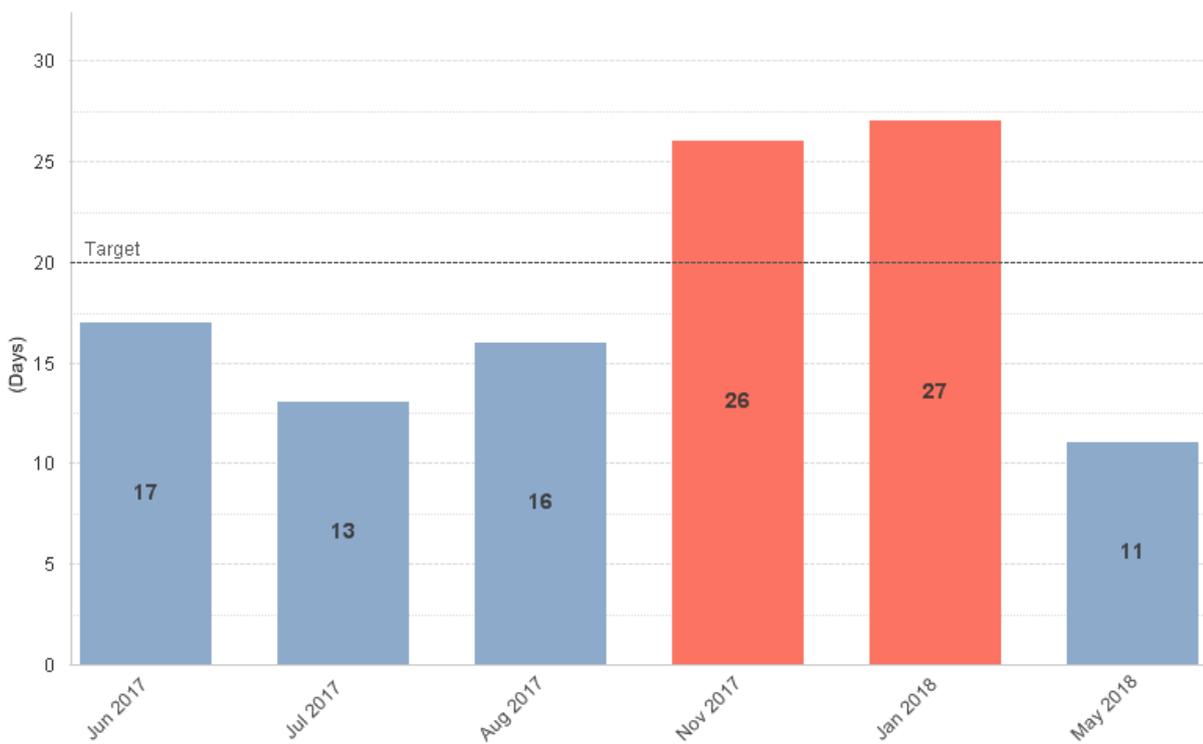
“Details of the average time in working days to close complaints at each stage of the Complaints Handling Procedure.”

Indicator 7 - The average time in working days for a full response to complaints at each stage			
Description	April 2018	May 2018	Target
Average time in working days to respond to complaints at Stage One	8	9	5
Average time in working days to respond to complaints after Escalated to Stage Two	0	11	20
Average time in working days to respond to complaints at Stage Two	31	38	20

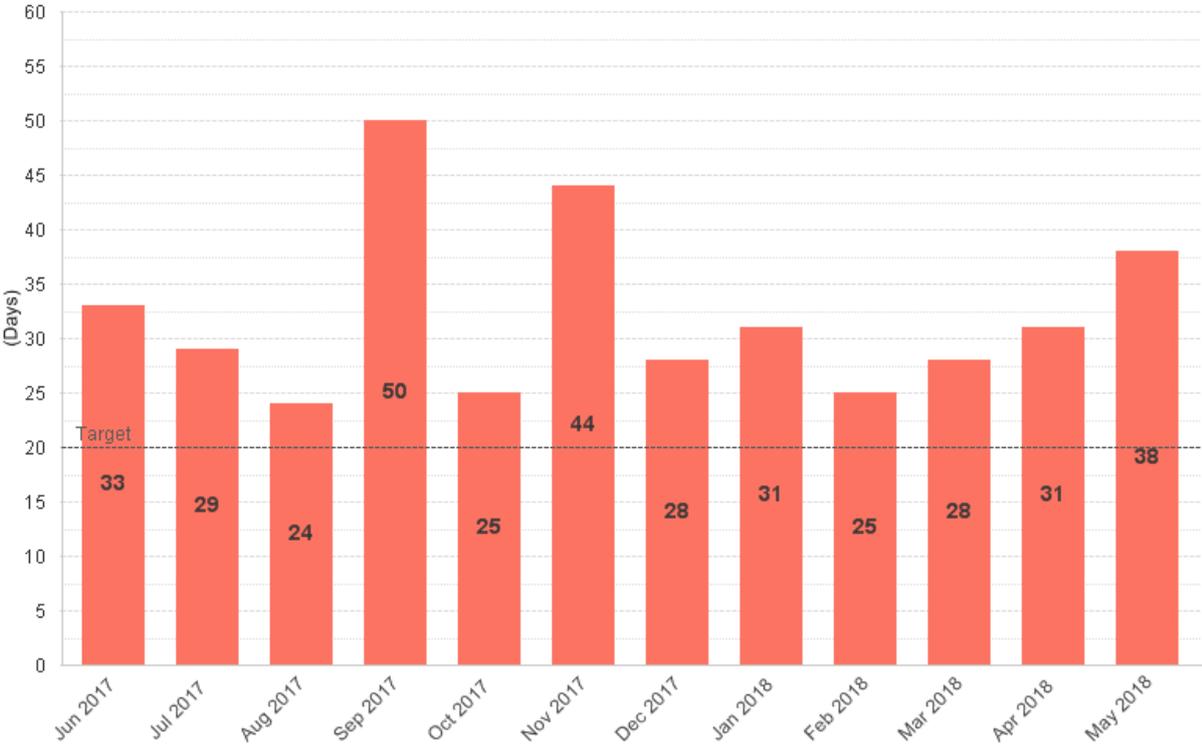
Stage One – Average Time for Complaint to be Closed, based on closed date (month and year)



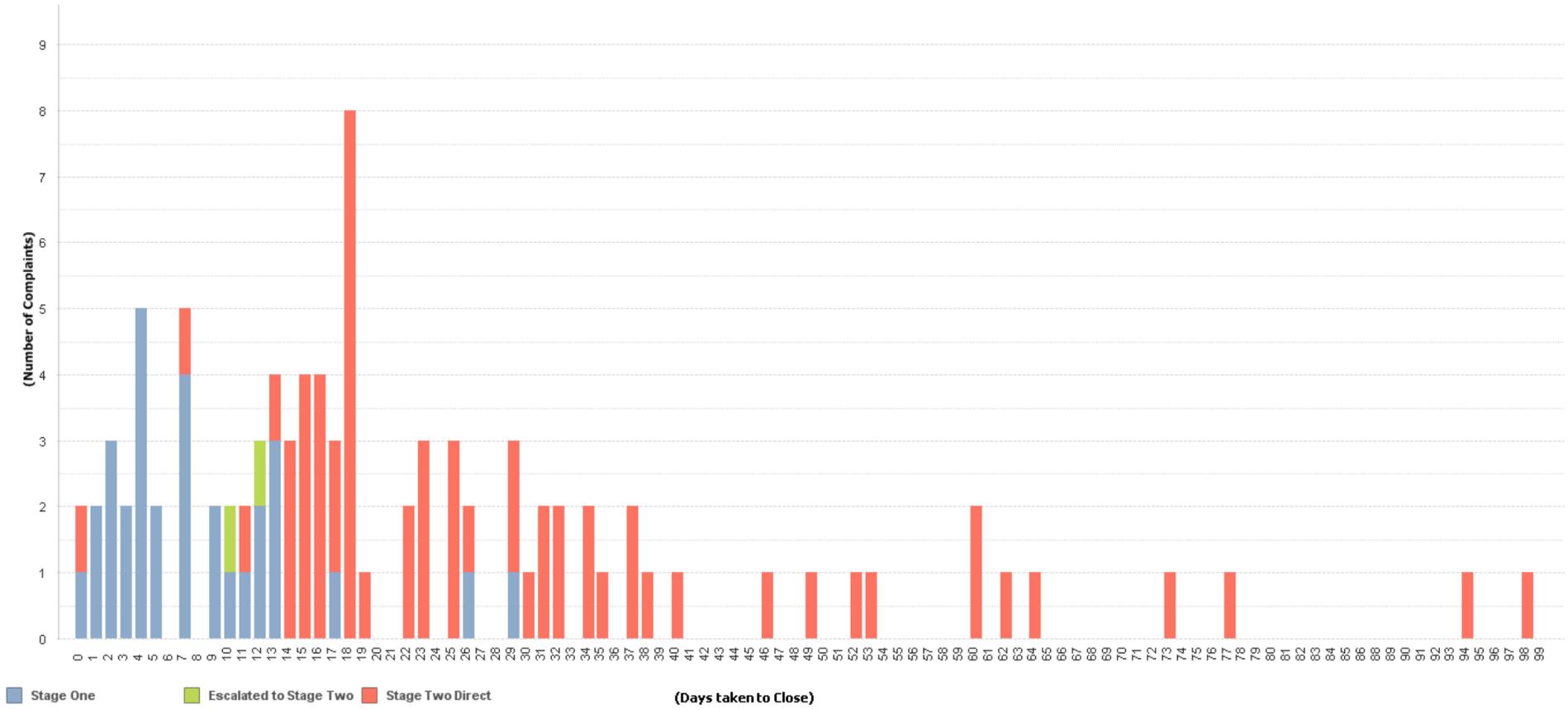
Escalated to stage 2 – Average Time for Complaint to be Closed, based on closed date (month and year)



Stage Two Direct – Average Time for Complaint to be Closed, based on closed date (month and year)



Distribution of time for Complaints to be closed (April/May 2018 closure)



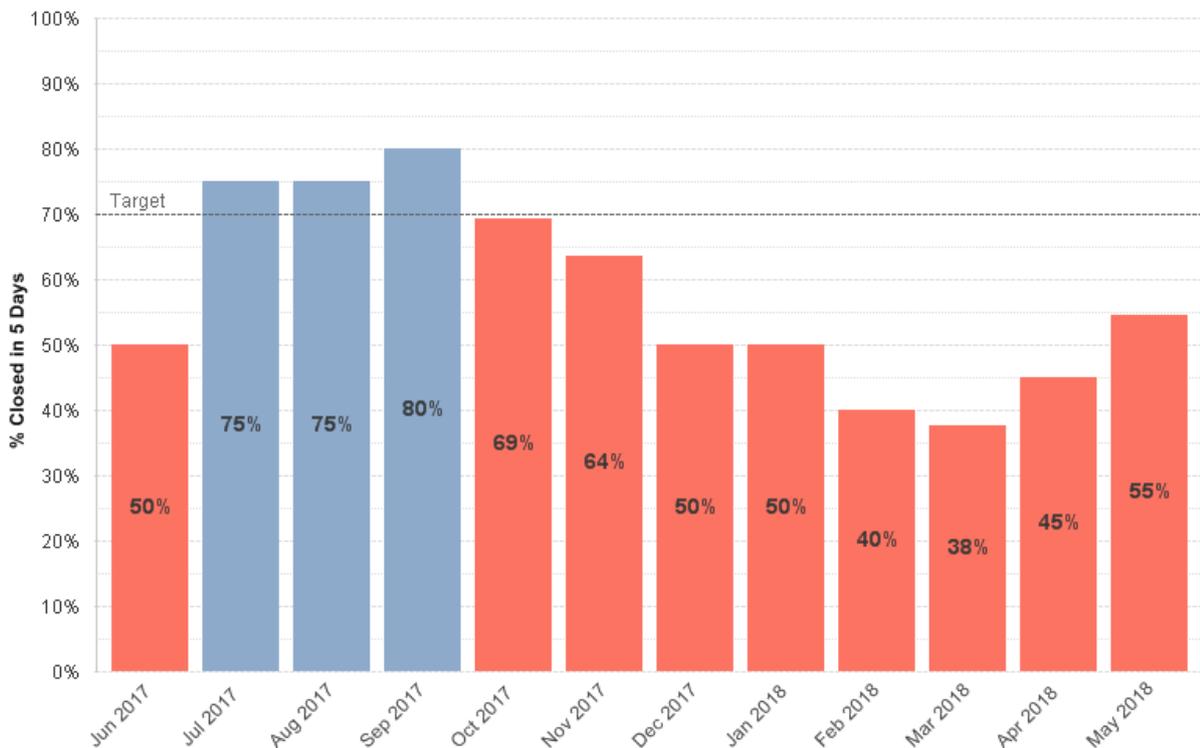
Indicator Eight: Complaints closed in full within the timescales

“Details of how many complaints were responses to within the timescales required of the Complaints Handling Procedure.”

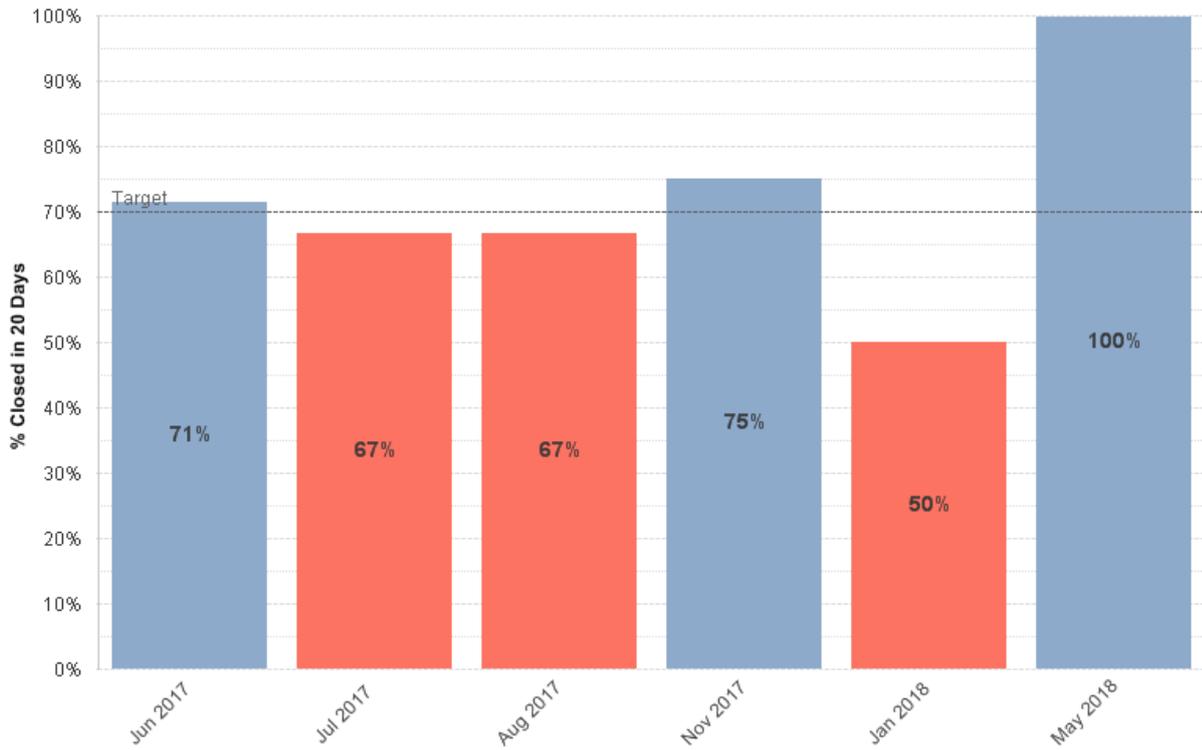
Indicator 8 - The number and percentage of complaints at each stage which were closed (responded to) in full within the set timescales of 5 and 20 working days			
Description	April 2018	May 2018	Target
Number complaints closed at Stage One within 5 working days as % of Stage One complaints	45% (9 of 20)	55% (6 of 11)	70%
Number complaints Escalated to Stage Two closed within 20 working days as % of escalated Stage Two complaints	- (0 of 0)	100% (2 of 2)	70%
Number complaints closed at Stage Two within 20 working days as % of Stage Two complaints	53% (19 of 36)	25% (7 of 28)	70%

Compliance with timescales continues to be below target and tends to fluctuate. The recent focus on resolving outstanding and historic complex Acute complaints has impacted on our overall compliance figures. As we work to close overdue complaints this may also do so for the next period. Patient Services are working closely with the Acute Directorate to support them with this piece of work.

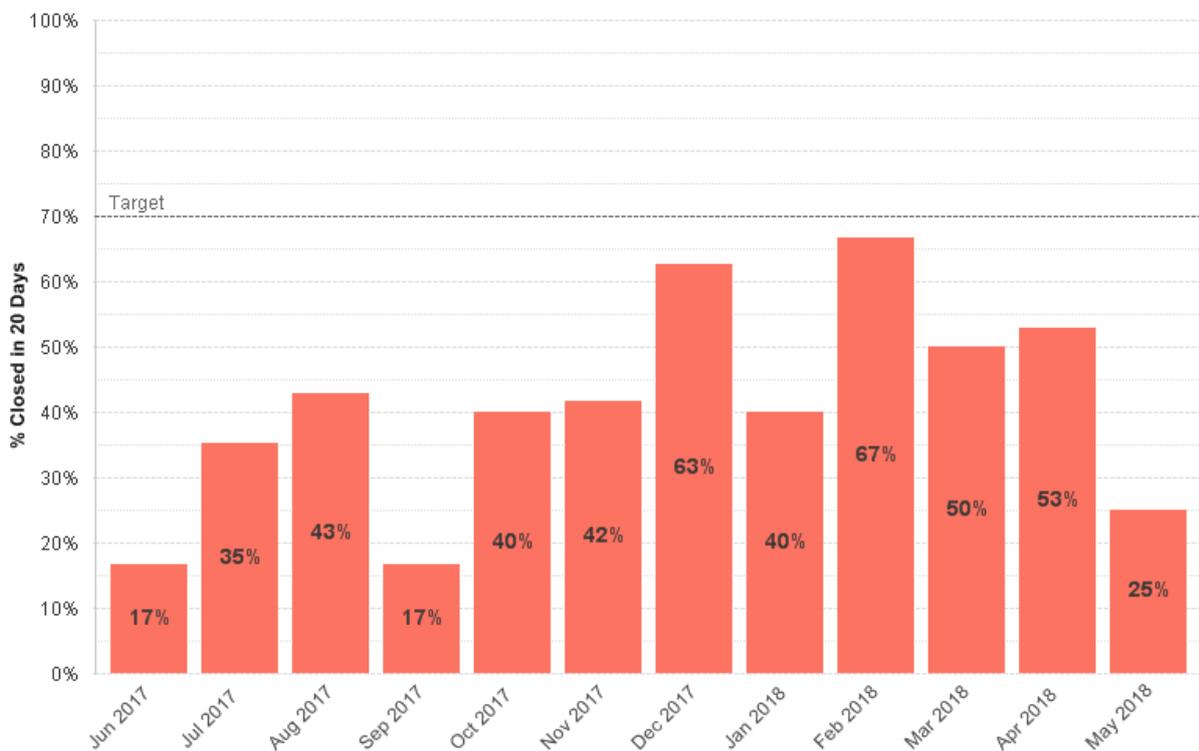
Stage One - Complaints Closed in Set Timescale, based on closed date (month and year)



Escalated to stage Two - Complaints Closed in Set Timescale, based on closed date (month and year)



Stage Two Direct - Complaints Closed in Set Timescale, based on closed date (month and year)

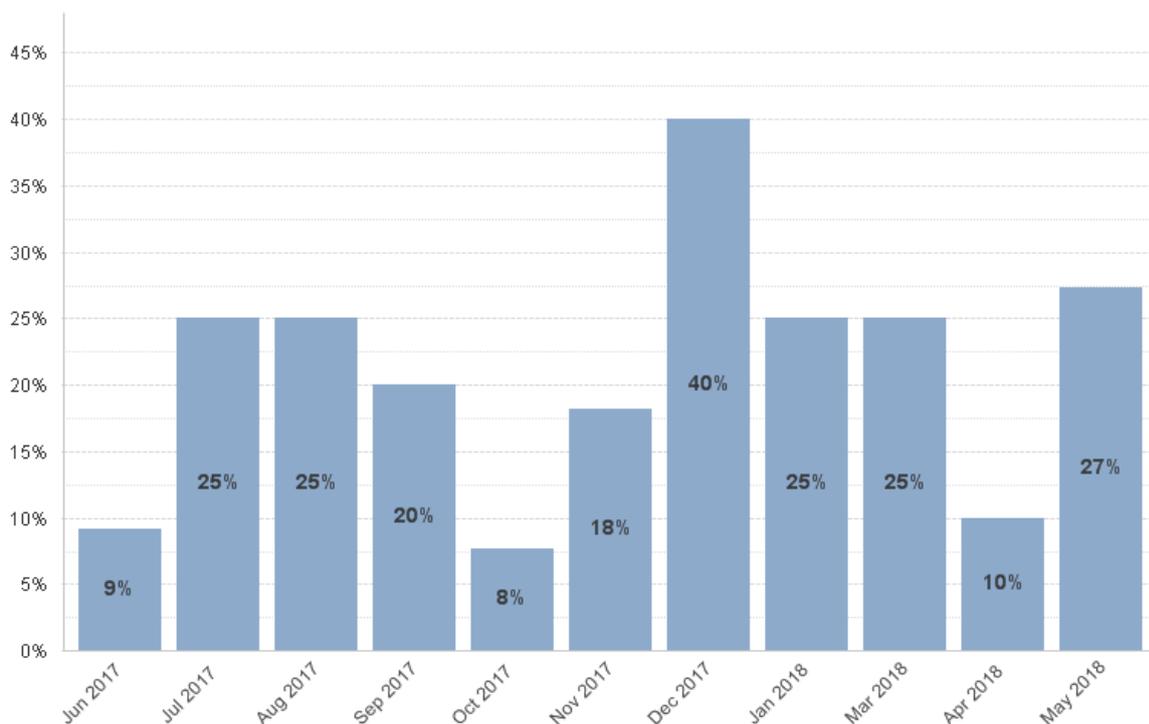


Indicator Nine: Number of cases where an extension was authorised
“Details of how many complaints required an extension to the standard timescales.”

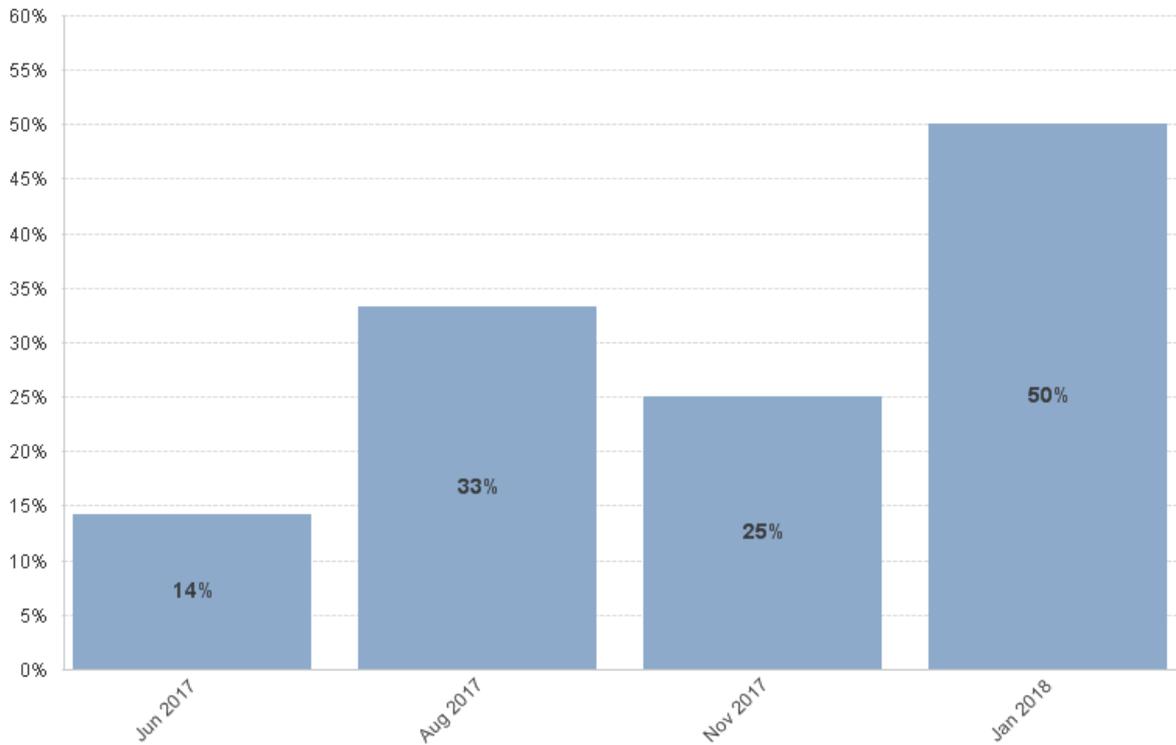
Indicator 9 - The number and percentage of complaints at each stage where an extension to the 5 or 20 working day timeline has been authorised.		
Description	April 2018	May 2018
% of complaints at Stage One where extension was authorised	10% (2 of 20)	27% (3 of 11)
% of Escalated to Stage Two complaints where extension was authorised	- (0 of 0)	0% (0 of 2)
% of complaints at Stage Two where extension was authorised	39% (14 of 36)	61% (17 of 28)

Complaints Closed where Extension Authorised, based on closed date (month and year)

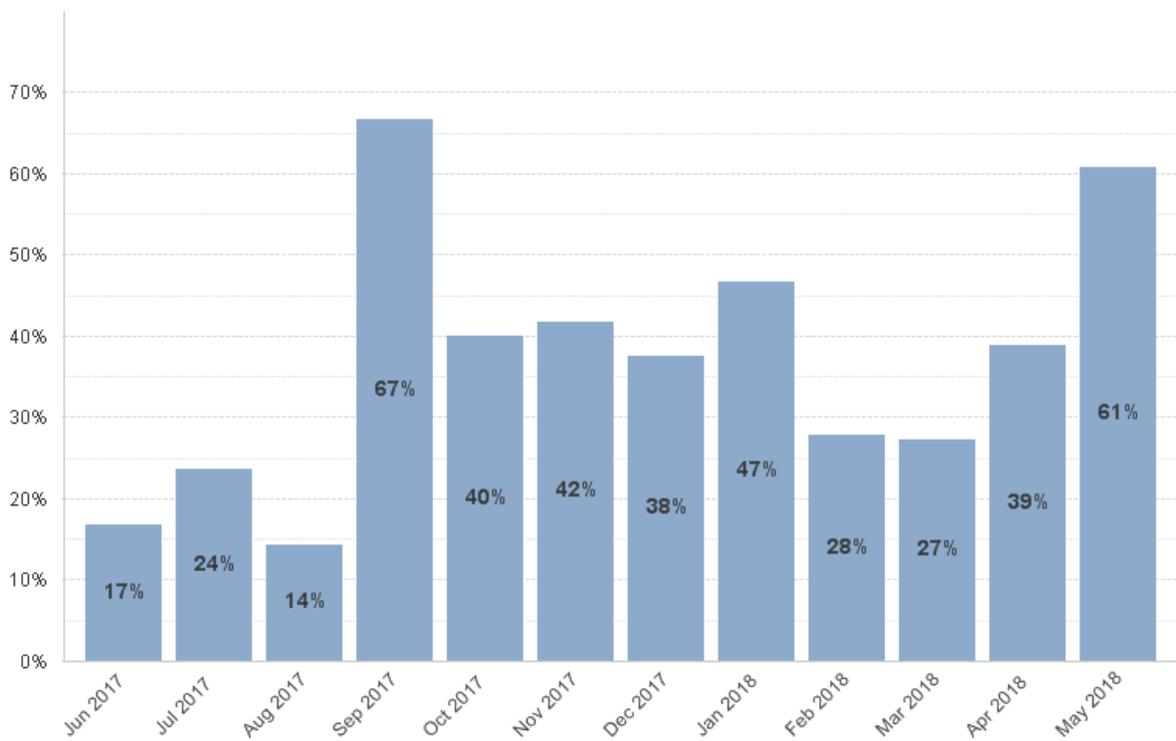
Stage One - Complaints Closed where Extension Authorised, based on closed date



Stage Two Escalated - Complaints Closed where Extension Authorised, based on closed date



Stage Two Direct - Complaints Closed where Extension Authorised, based on closed date



Scottish Public Services Ombudsman Complaints

Individuals who are dissatisfied with NHS D&G complaint handling or response can refer their complaint for further investigation to the SPSO.

There are currently 22 live complaints with the SPSO for their consideration and a further 5 complaints have been closed by the SPSO in this reporting period.

Case Status	A&D	CH&SC	MH	WC&SH	Other
File Requested <i>The SPSO have received a new complaint and have requested our complaints file and the associated medical records</i>	1				
Under Investigation/File Sent <i>The SPSO are considering the complaint and files sent</i>	13		2		
Further Information Requested <i>The SPSO have requested additional information</i>					
Decision Letter Received – Recommendations Made <i>The SPSO have issued their decision and made recommendations to the Board</i>	2				
Decision Letter Received – No Recommendations Made <i>The SPSO have issued their decision and have not made any recommendations to the Board</i>	5				
Action Plan Sent <i>We have responded to the Decision Letter providing evidence of those recommendations already undertaken and an action plan for those outstanding. At this stage we are awaiting the SPSO's approval of what was provided.</i>	2	1			
Report Laid Before Parliament <i>The SPSO have decided to lay a report before Parliament.</i>	1				

Appendix 4 provides further detail about the SPSO complaints above. Full details of the SPSO's decisions can be found on their website at <https://www.spsso.org.uk/our-findings>.

5. Conclusion

5.1 Not required.

SECTION 2: COMPLIANCE WITH GOVERNANCE STANDARDS

6. Resource Implications

6.1. There are no resource implications within this paper.

7. Impact on Health and Social Care Senior Management Team Board Outcomes, Priorities and Policy

7.1. Provide evidence towards delivery of local integration outcomes:

- Outcome 3 - People who use health and social care services have positive experience of those services and have their dignity respected
- Outcome 5 - Health and social care services contribute to reducing health inequalities
- Outcome 7 - People using health and social care services are safe from harm
- Outcome 8 - People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide

The paper provides evidence to support the ambition of the strategic plan to actively promote, develop and support volunteer opportunities

The paper links to national policy direction as below:

- Healthcare Quality Strategy (2010)
- Patient's Rights (Scotland) Act (2012)
- Person Centred Health and Care Collaborative

8. Legal & Risk Implications

8.1. None identified.

9. Consultation

9.1. Not required.

10. Equality and Human Rights Impact Assessment

10.1. Not undertaken as learning from patient feedback applies to all users.

11. Glossary

DGRI	Dumfries and Galloway Royal Infirmary
IJB	Integrated Joint Board
SPSO	Scottish Public Services Ombudsman
NHS D&G	National Health Service Dumfries & Galloway