



Integration Joint Board
Clinical and Care Governance Committee

23rd April 2018

This Report relates to
Item 8 on the Agenda

Patient Services Report

Paper presented by Joan Pollard

For Discussion and Scrutiny

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List of Background Papers	
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SECTION 1: REPORT CONTENT

Title/Subject:	Patient Service Report
Meeting:	Clinical and Care Governance Committee
Date:	23 rd April 2018
Submitted By:	Joan Pollard
Action:	For Discussion and Scrutiny

1. Introduction

- 1.1 The NHS Dumfries & Galloway Patient Services team are responsible for a number of areas of work including; Spiritual Care, Volunteering, Patient Information, Patient Feedback and the Public Engagement Network. Whilst the team is not included within the delegated functions of the Health and Social Care Partnership much of their work impacts upon the delegated services and therefore for this initial meeting the report is presented covering the same scope previously provided to Health Care Governance Committee.

The report outlines the key activities over the period December 2017 and January 2018, details planned improvement actions and recent achievements.

2. Recommendations

- 2.1 **The Clinical and Care Governance Committee is asked to:**
- **Scrutinise this report which provides an update on the activities of the Patient Services team.**
 - **Note the progress within Spiritual Care and Volunteering**
 - **Consider the NHS Board's complaints performance for December 2017 and January 2018 including key feedback themes and details of the resulting learning and improvements**
 - **Feedback is requested upon what the Committee would like to be included for future meetings**

3. Background

- 3.1 The NHS Dumfries & Galloway Patient Services team are responsible for a number of areas of work including; Spiritual Care, Volunteering, Patient Information, Patient

Feedback and the Public Engagement Network. Whilst the team is not included within the delegated functions of the Health and Social Care Partnership much of their work impacts upon the delegated services and therefore for this initial meeting the report is presented covering the same scope previously provided to Health Care Governance Committee.

As this is the first time the paper has been presented to Clinical and Care Governance Committee additional context has been provided throughout. Feedback is requested upon what the Committee would like to be included for future meetings.

4. Main Body of the Report

Spiritual Care

Context

NHS Scotland defines Spiritual Care as “care that is usually given in a one-to-one relationship and is completely person-centred and makes no assumptions about the personal conviction or life orientation”¹

A Spiritual Care Service is required to follow principles as outlined in HDL (2002) 76²

In delivering their services Boards are required to appoint a spiritual care lead, provide access to accommodation, information accessories and facilities for worship of relevant faith communities. NHS Dumfries and Galloway has a single employee who provides Spiritual Care across the region offering support to patients, visitors and staff. She is supported by a small cohort of Spiritual Care Volunteers and the members of the local Faith communities.

Accommodation

The Spiritual Care Lead continues to oversee the completion of the Dumfries and Galloway Royal Infirmary (DGRI) sanctuary. The previously reported lack of privacy has been now been addressed with roller blinds and a vertical blind being added to the sanctuary space and office. Following feedback from public and staff regarding lack of visibility additional signage is being made within the corridor. It is anticipated that this will be completed by the end of March.

The Spiritual Care Lead is in discussion with colleagues in Mountainhall to ensure ongoing appropriate provision of sanctuary space in the proposed refurbishment.

Bereavement Support

The small working group continue to plan a bereavement workshop to discuss the NHS Dumfries and Galloway (NHS D&G) bereavement strategy. The workshop will take place in March/April 2018.

¹ Spiritual Care in NHS National Services Scotland, NHS National Services 2006

² http://www.sehd.scot.nhs.uk/mels/hdl2002_76.pdf

Staff Support

Staff support is provided by the Spiritual Care Lead in person. Referrals have increased since the move of the spiritual care base to DGRI. Information is now available to staff through a 'flash ad' on Beacon and further information will be provided to the Senior Charge Nurses.

The development of a spiritual care area in Beacon is almost complete.

Spiritual Care Volunteering

The newest spiritual care volunteers have yet to begin supporting patients in DGRI. Discussions will take place during February 18 as to how best these volunteers can support patients and nursing staff.

Currently the volunteer based in the Alexandra Unit continues to provide spiritual care and support for patients over two or three afternoons a week. The two volunteers providing the Patient Listening Service at Craignair Health Centre and Gillbrae Health Centre continue to support people in the community.

Volunteering in NHS

Context

The Scottish Government, in their programme "A Nation with Ambition" (2017) has committed to the reinvigoration of volunteering across Scotland and the recognition that:

"Volunteering is transformational: for the volunteer, for the beneficiary and for communities"

This aligns with the Dumfries and Galloway Health and Social Care Strategic Plan 2016 – 19 which states that:

"The value of volunteers to communities is well documented, as are the benefits of volunteering to the individual. There is evidence that volunteering can improve well-being, increase confidence and strengthen someone's links with their community"

The Strategic Plan commits to actively promote, develop and support volunteer opportunities.

In the Refreshed Strategy for Volunteering in the NHS in Scotland and in the supporting Volunteering in NHS Scotland; A Handbook for Volunteering (2014) three outcomes of the Volunteering in NHS Scotland Programme were identified as:

- Volunteering contributed to Scotland's Health by:
 - Enhancing the quality of patient experience, and

- Providing opportunities to improve the health and wellbeing of the volunteer themselves
- The infrastructure that supports volunteering is developed, sustainable and inclusive
- Volunteering, and the positive contribution it makes, is widely recognised, with a culture which demonstrates its value across the partners involved.

NHS Dumfries and Galloway has a single handed Volunteer Co-ordinator who supports the organisation in the development of NHS direct volunteering policies, procedures and opportunities and in the recruitment, training and support of these volunteers.

Recruitment & Training

During 2017 the focus upon recruitment has been to support the model of volunteering within the DGRI. Following the successful introduction of volunteers into the hospital there are some remaining opportunities for ward volunteers with nine spaces on a Monday to Friday basis and 27 spaces on a Saturday and Sunday. A recent information and recruitment session brought ten people who are interested in volunteering.

The next Corporate Volunteer Induction Training will take place on Tuesday 6 March for new volunteers going through the recruitment process.

Moving forwards in 2018 the next step is to roll out the volunteering programme to include community and cottage hospitals and other departments within NHS Dumfries & Galloway. Work is planned to commence in March in Wigtownshire.

Peer Support Meetings

The first five Peer Support Group meetings took place in January 2018. This included Welcome Guides, Critical Care Unit Volunteers and volunteers from 3 wards. The purpose is to support volunteers, gather feedback, highlight areas for improvement and gather good news stories.

Investing in Volunteers Award

Investing in Volunteers (IiV) is a quality standard for organisations that involve volunteers³. This award comprises an assessment against nine quality standards. NHS D&G has previously held this award and is currently working towards reaccreditation. The self assessment has been submitted and initial feedback returned.

A sub group from the Volunteering Steering Group will finalise the development plan for IiV which will be presented to the Quality Assurance Panel of Volunteer Scotland for their July 2018 submission date.

Participation and Engagement Network

³ <https://iiv.investinginvolunteers.org.uk/inyourcountry/iiv-scotland>

The Patient Services Team manage the Participation and Engagement Network (PEN) on behalf of the Community Planning Partners. This PEN is a network for members of the public, patients, carers and community groups to get involved in improving local services. Individuals (aged 16 or over) or groups register their interest in having their details held on an electronic database. The Community Planning Partners or services within then can submit requests for involvement or consultation materials out via the network by forwarding information to the Patient Services Team.

The network is still in early development and Community Planning partners have agreed a coordinated approach to promoting the network going forward. Partners have now committed to promoting the network regularly through their individual social media and other public communication channels. Additionally there will be periods throughout the year of more focussed promotion where all partners will simultaneously share key messages with their patients, service users, clients and stakeholders, the aim being to increase awareness and membership.

Further information on the Participation and Engagement Network can be found on the DG Change website at www.dg-change.org.uk/participation-engagement-network.

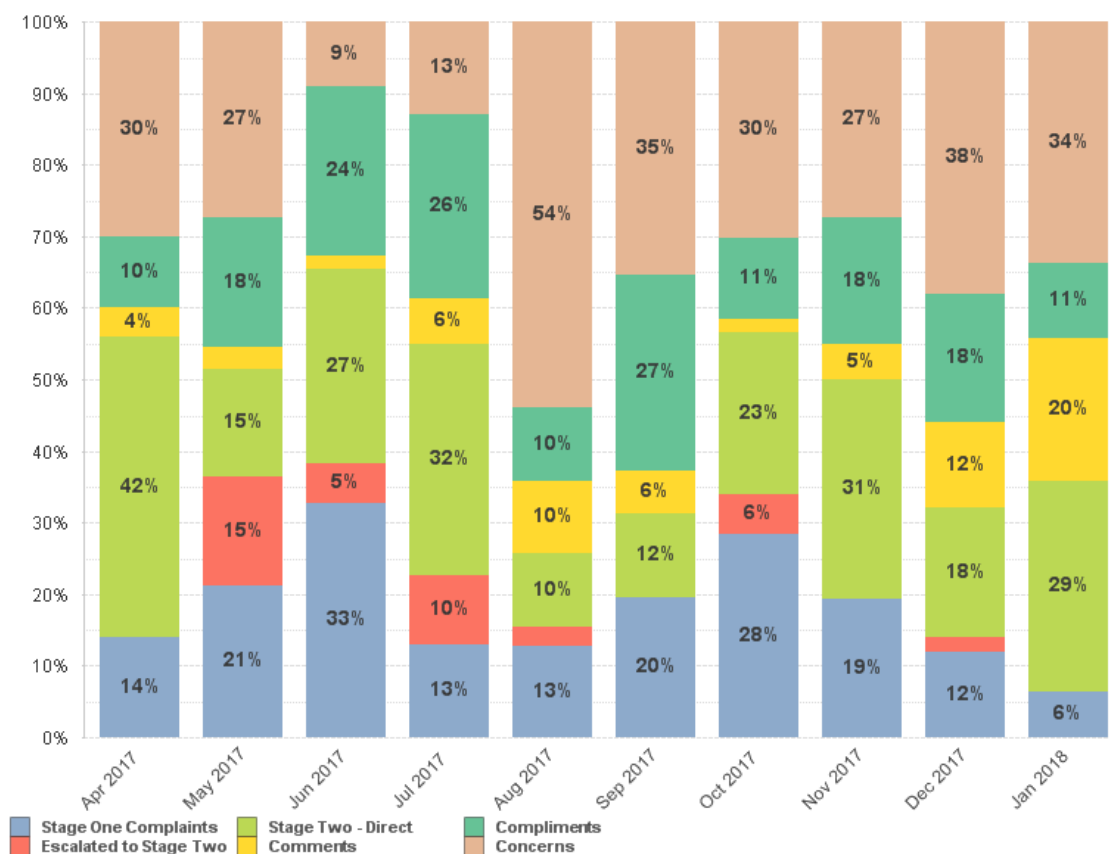
Feedback

This following section provides a commentary and summary statistics on patient feedback throughout NHS Dumfries and Galloway for the period December 2017 and January 2018.

Feedback Received

Patient Services recorded 50 pieces of feedback in December 2017 and 95 in January 2018. Of the feedback recorded there were 16 complaints in December 2017 and 34 in January 2018.

Feedback Type	December 2017		January 2018	
	Number	%	Number	%
Stage One Complaints	6	12%	6	6%
Escalated to Stage Two	1	2%	0	0%
Stage Two Complaints - Direct	9	18%	28	29%
Comments	6	12%	19	20%
Compliments	9	18%	10	11%
Concerns	19	38%	32	34%
Totals:	50		95	



Patient Services recorded an increased number of comments and concerns over the period. The majority related to the new Dumfries and Galloway Royal Infirmary site. The main themes being:

- Lack of car parking spaces
- Distance to walk from car park to building and onward towards/departments/clinics
- Wheelchairs – lack of wheelchairs, lack of staff to assist pushing wheelchairs.
- Lack of mobile telephone reception
- Difficulty in contacting switchboard, wards and departments
- Disabled toilet facilities – poorly signposted and design not consistent.
- Catering – Wrong food being given to patients and poor quality of food
- Discharge process – lengthy waits for medication

Care Opinion

Care Opinion is an online approach which enables the public to provide feedback on the services they have received. NHS Dumfries and Galloway received nine Care Opinion stories during the period, four 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.

The Story Word Cloud below shows the most commonly used words in the text of our stories based on the last 100 stories.



Source: Care Opinion – 01/02/2018

All NHS Dumfries and Galloway 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.

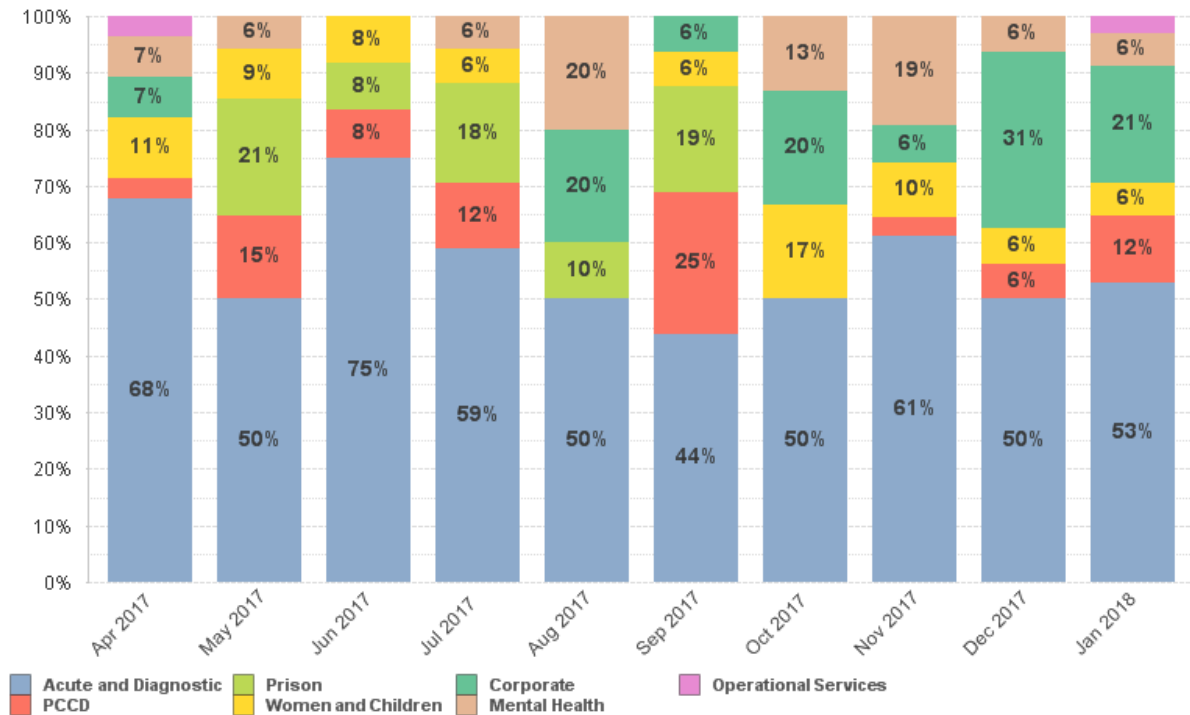
Complaints

The complaints received related to the following areas:

Service	December 2017		January 2018	
	Number	%	Number	%
Acute and Diagnostic	8	50%	18	53%
PCCD	1	6%	4	12%
Prison	0	0%	0	0%
Women and Children	1	6%	2	6%
Corporate	5	31%	7	21%
Mental Health	1	6%	2	6%
Operational Services	0	0%	1	3%
Totals:	16		34	

NB: Figures include complaints escalated from Stage 1 to Stage 2

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



Family

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. Patient Services proposed that this information should be delivered monthly, using a set template.

Return rates were initially poor but have improved after changes were made to processes. Reminders are now sent to all Family Health Service Contractors at the end of each month in an attempt to improve compliance. This has shown immediate improvement.

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. Please note that the requirement for earlier submission of this paper has affected the number of returns in this report.

Service	Dec-17			Jan-18		
	Number of responses	Number of complaints	% of all complaints	Number of responses	Number of complaints	% of all complaints
GPs (n:31)	29	3	11	17	5	100
Pharmacy* (n:34)	27	24	89	3	0	0
Dental (n:33)	15	0	0	8	0	0
Opticians* (n:21)	3	0	0	12	0	0
Totals:	74	27		40	5	

* 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 six of NHS Dumfries and Galloway'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.

Whilst Patient Services are not yet in a position to comprehensively analyse and report learning activity and trends, it is possible to share some service specific examples:

Acute Directorate

Any documentation which needs to be shared between sites, for example a letter is handed into the Galloway Community Hospital (GCH) in Stranraer and is to be forwarded to DGRI, and the documentation should be scanned and emailed with hard copy sent if required, to improve the audit trail. This has come as a result of a form being 'lost' between GCH and Crichton Hall. This may not always be possible, e.g. if marked confidential etc, but it may help to evidence an audit trail in some circumstances. This has been shared with the administration teams at both sites.

Indicator 2 - Complaints Process Experience

Complainants are now being invited to share their experience of the complaints process. This work is in the early stages and results will be shared when available.

Indicator 3 - Staff Awareness and Training

The 2018 training programme is being finalised and dates will be circulated to staff this month. A number of these sessions will be open to health and social care staff and will be delivered jointly with the Social Work Services complaints handler to ensure a coordinated approach.

In addition to the half day courses in Complaints Handling and Investigation Skills, Patient Services will also deliver a number of one hour sessions across the region providing an overview of patient feedback options. These sessions will also be open to independent contractors and health and social care staff.

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	December 2017	January 2018
Per 1000 population	0.01	0.02

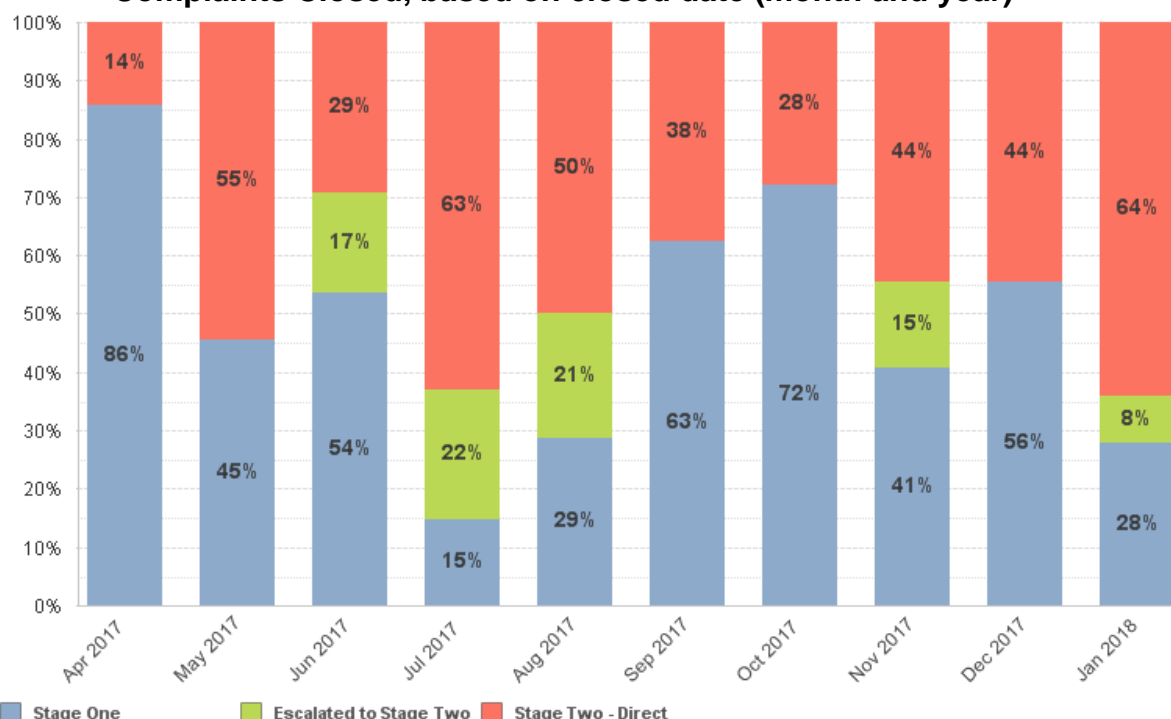
All information from this point forwards relates to complaints which have been closed/completed.

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 (<i>responded to</i>) at Stage One and Stage Two as a percentage of all complaints closed (<i>responded to</i>).		
Description	December 2017	January 2018
Number of complaints closed at Stage One as % of all complaints closed	56% (10 of 19)	28% (7 of 25)
Number of complaints closed after escalation to Stage Two as % of all complaints closed	0% (0 of 19)	8% (2 of 25)
Number of complaints closed at Stage Two as % of all complaints closed	44% (8 of 19)	64% (16 of 25)
NB: The escalated complaints referred to above were also responded at Stage One.		

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



One complaint that closed in December 2017 was from before 1st April 2017 as this had gone to an independent review.

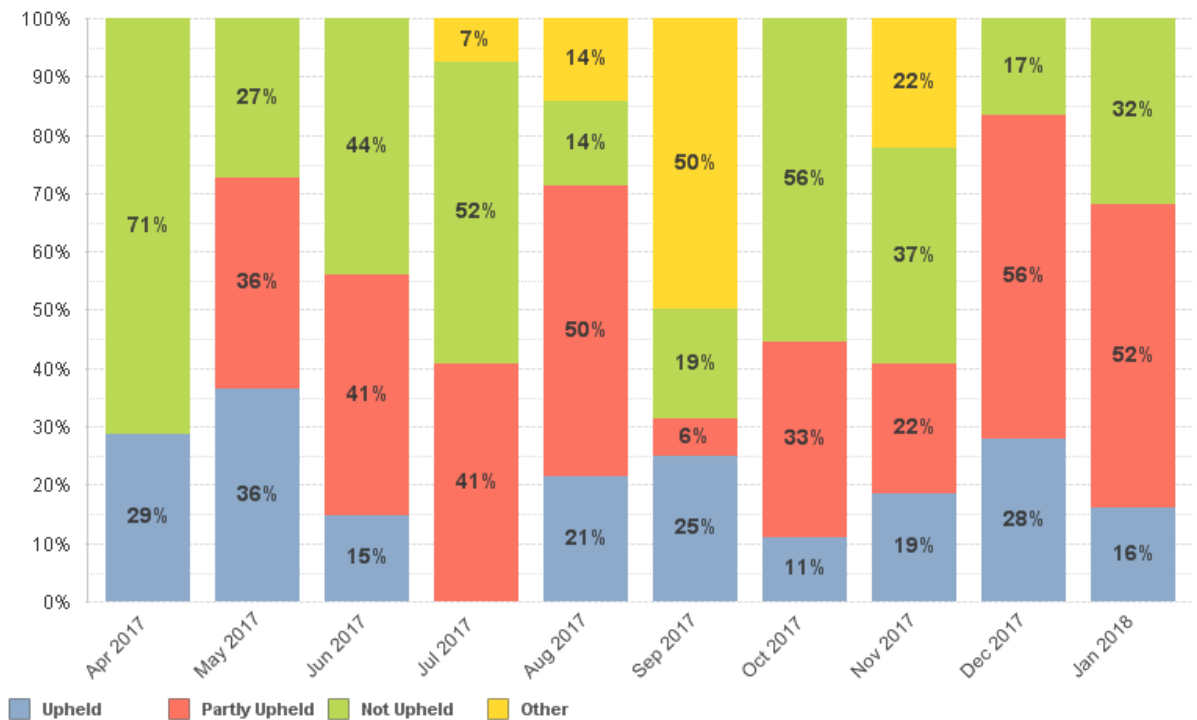
Indicator Six: Complaints upheld, partially upheld and not upheld

“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	December 2017	January 2018
Number of complaints upheld at Stage One as % of all complaints closed at Stage One	40% (4 of 10)	43% (3 of 7)
Number Escalated to Stage Two complaints upheld at Stage Two as % of escalated complaints closed at Stage Two	- (0 of 0)	0% (0 of 2)
Number complaints upheld at Stage Two as % of complaints closed at Stage Two	13% (1 of 8)	6% (1 of 16)
Partially Upheld		
Description	December 2017	January 2018
Number of complaints partially upheld at Stage One as % of all complaints closed at Stage One	50% (5 of 10)	57% (4 of 7)
Number Escalated to Stage Two complaints partially upheld at Stage Two as % of escalated complaints closed at Stage Two	- (0 of 0)	50% (1 of 2)
Number complaints partially upheld at Stage Two as % of complaints closed at Stage Two	63% (5 of 8)	50% (8 of 16)
Not Upheld		
Description	December 2017	January 2018
Number of complaints not upheld at Stage One as % of all complaints closed at Stage One	10% (1 of 10)	0% (0 of 7)
Number Escalated to Stage Two complaints not upheld at Stage Two as % of escalated complaints closed at Stage Two	- (0 of 0)	50% (1 of 2)
Number complaints not upheld at Stage Two as % of complaints closed at Stage Two	25% (2 of 8)	44% (7 of 16)

Patient Services conduct regular quality monitoring to ensure that complaint outcomes are appropriate.

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



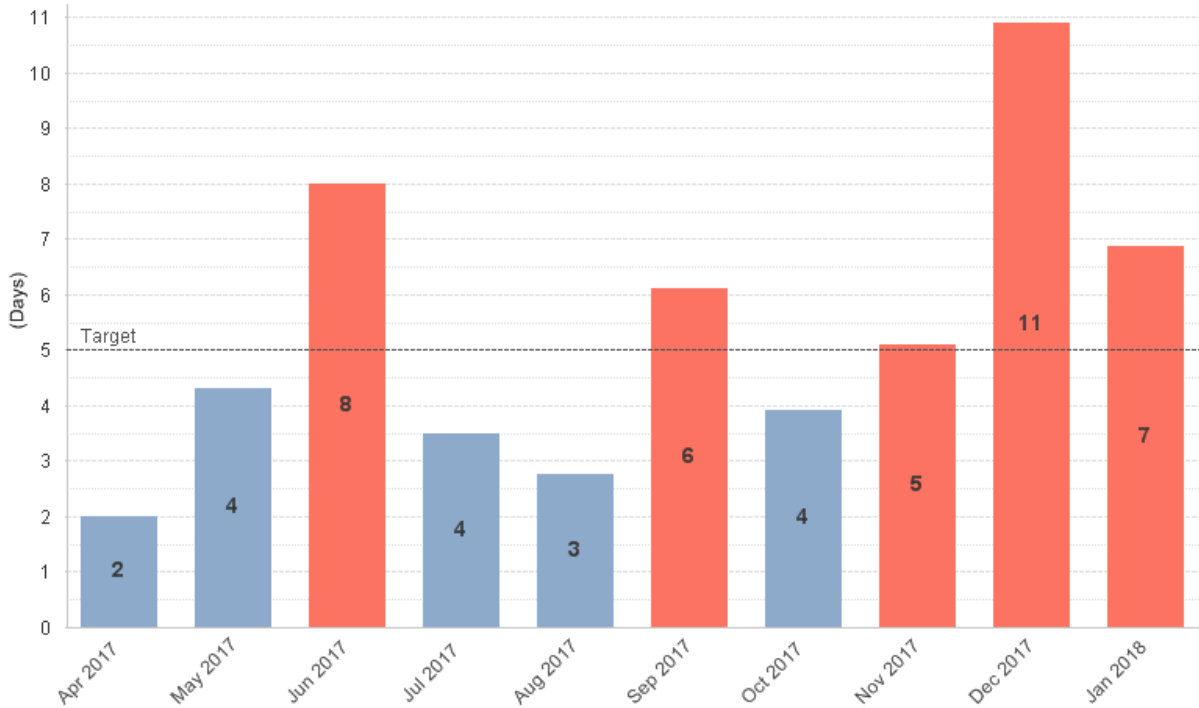
Indicator Seven: Average response times

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

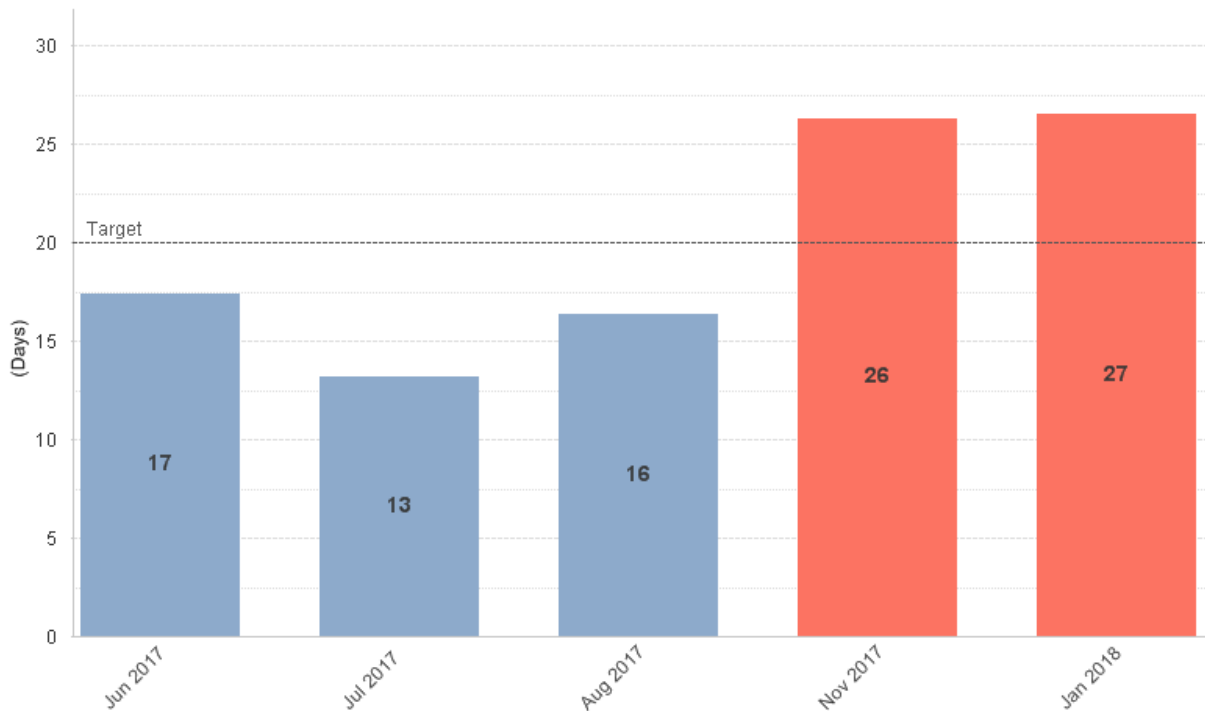
Indicator 7 - The average time in working days for a full response to complaints at each stage

Description	December 2017	January 2018	Target
Average time in working days to respond to complaints at Stage One	11	7	5
Average time in working days to respond to complaints after Escalated to Stage Two	0	27	20
Average time in working days to respond to complaints at Stage Two	28	31	20

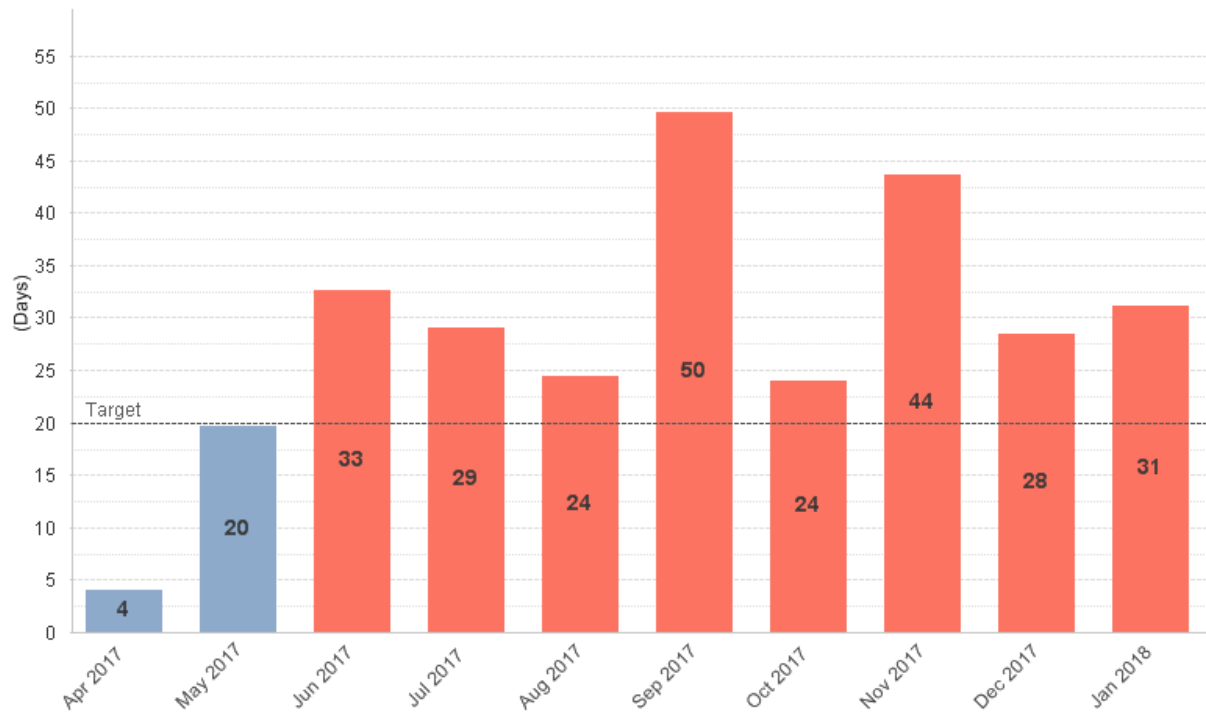
Stage One – Average Time for Complaint to be Closed, based on closed date (month and year)



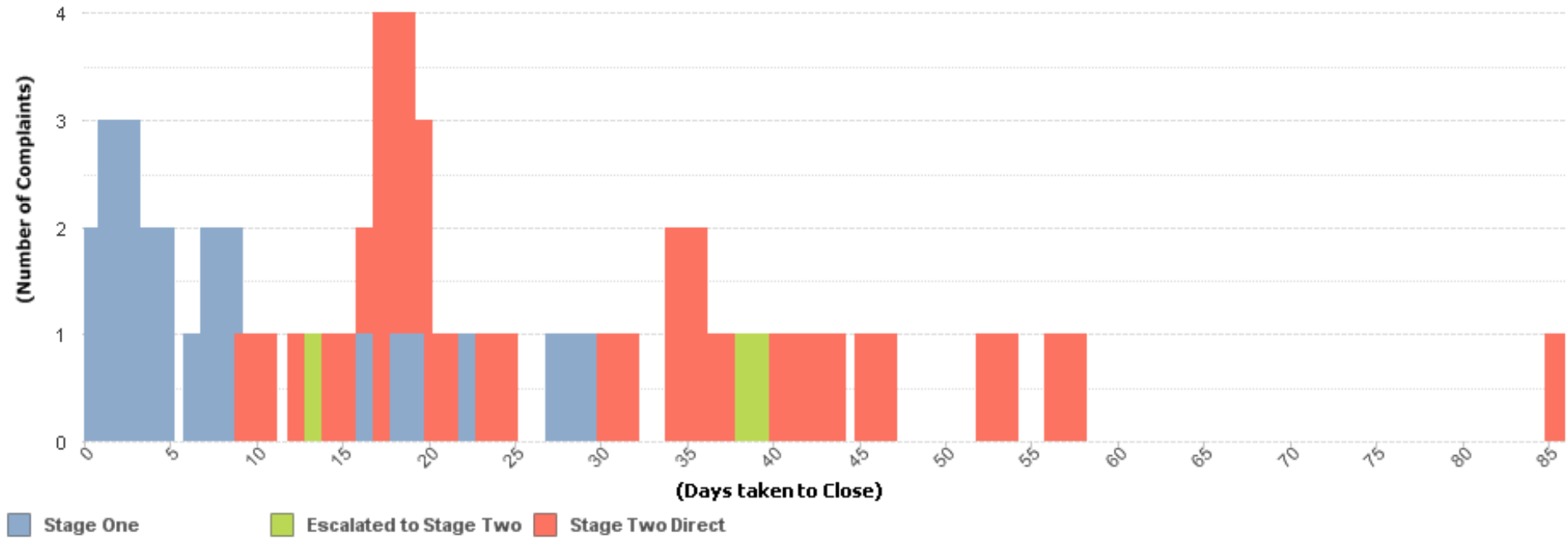
Escalated to stage 2 – Average Time for Complaint to be Closed, based on closed date (month and year)



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 during December 2017 and January 2018



Indicator Eight: Complaints closed in full within the timescales

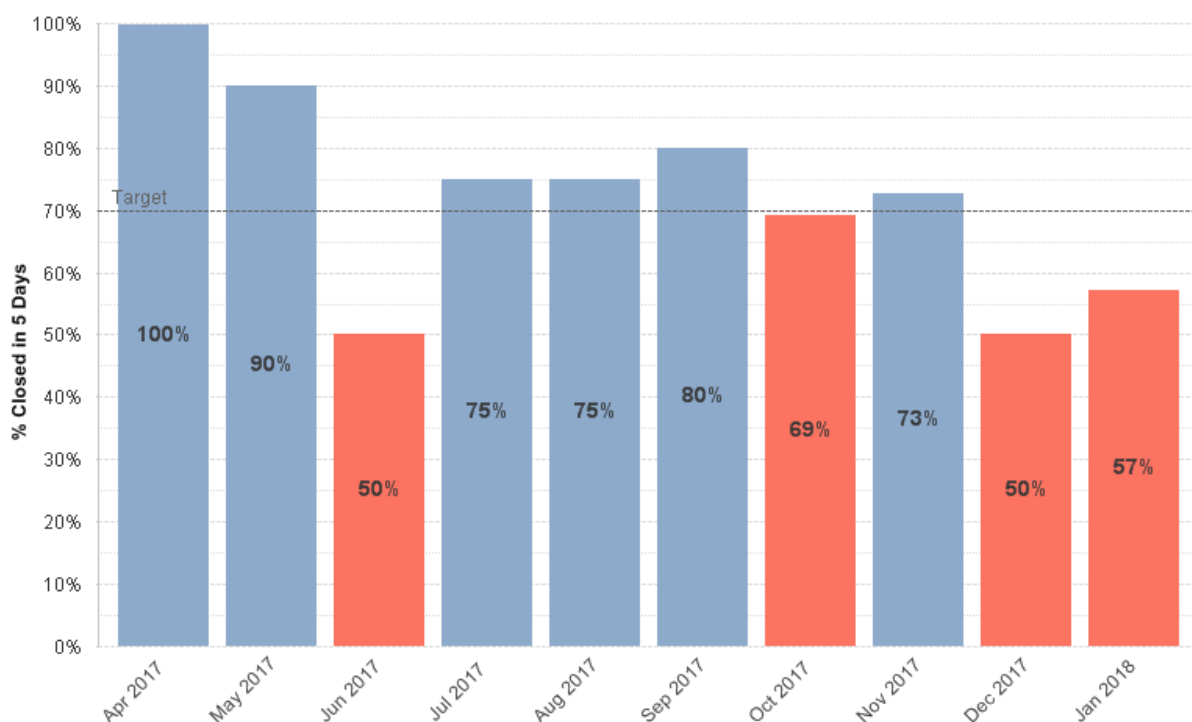
“Details of how many complaints were responses to within the timescales required of the Complaints Handling Procedure.”

Indicator 8 - The number and percentage of complaints at each stage which were closed (<i>responded to</i>) in full within the set timescales of 5 and 20 working days			
Description	December 2017	January 2018	Target
Number complaints closed at Stage One within 5 working days as % of Stage One complaints	50% (5 of 10)	57% (4 of 7)	70%
Number complaints Escalated to Stage Two closed within 20 working days as % of escalated Stage Two complaints	- (0 of 0)	50% (1 of 2)	70%
Number complaints closed at Stage Two within 20 working days as % of Stage Two complaints	63% (5 of 8)	38% (6 of 16)	70%

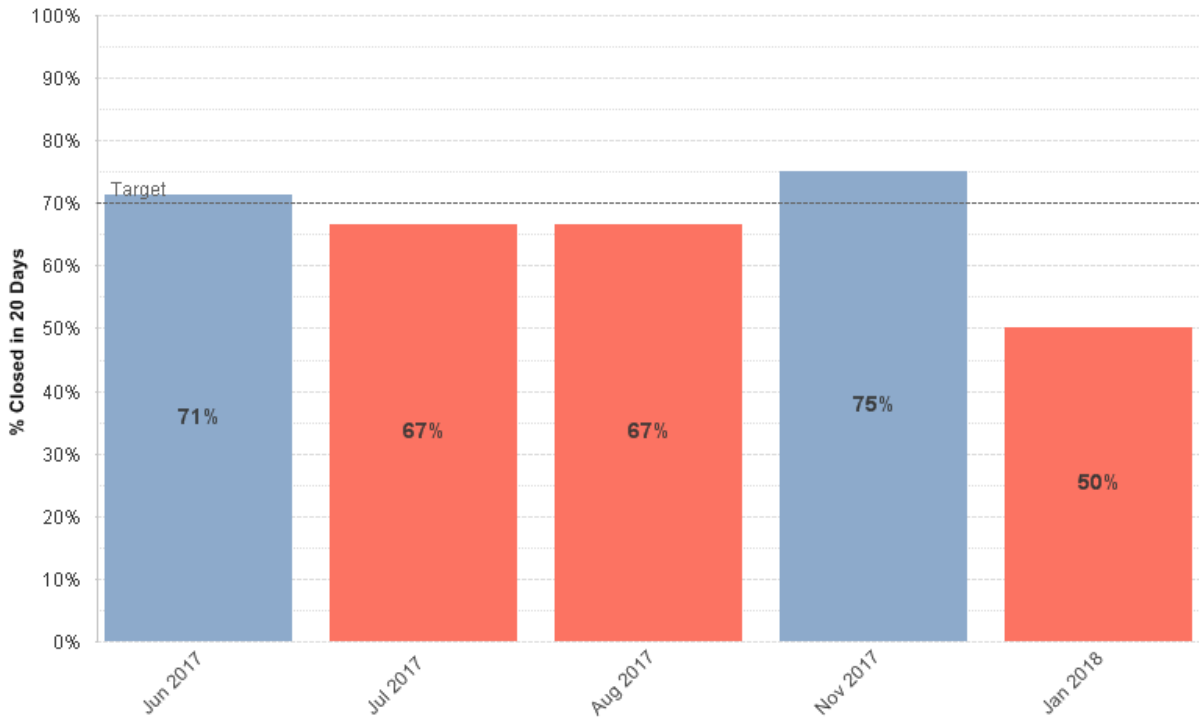
Our compliance with timescales continues to be well below target and tends to fluctuate, particularly for those complaints that go directly to Stage Two, which by their nature are often more complex. Extending the response beyond the statutory timescale is acceptable where such an extension has been agreed and aids an effective response and resolution to the complaint. Whilst some complaints continue to go over timescale without agreeing an extension, there have been improvements in this area. Patient Services will continue to work with feedback coordinators and managers around this.

Regular performance reports have been developed for General Managers and Health and Social Care Locality Managers to ensure they have a timely overview of the status of each of their live complaints. These have been well received.

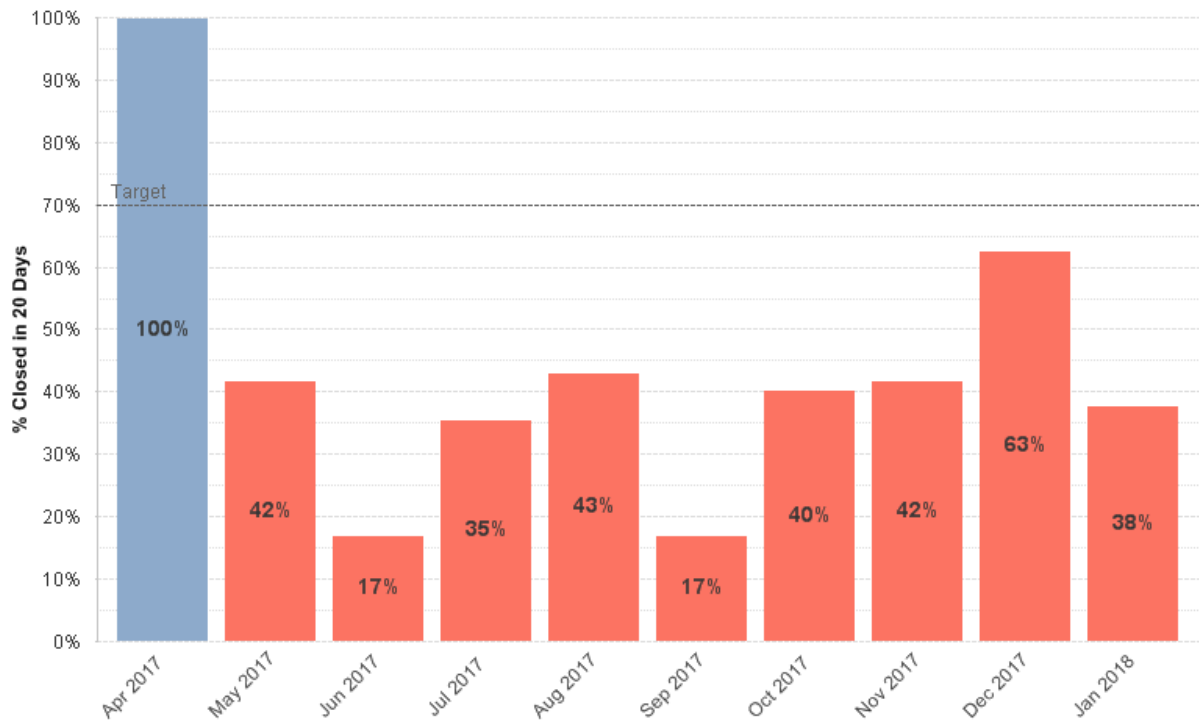
Stage One - Complaints Closed in Set Timescale, based on closed date (month and year)



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



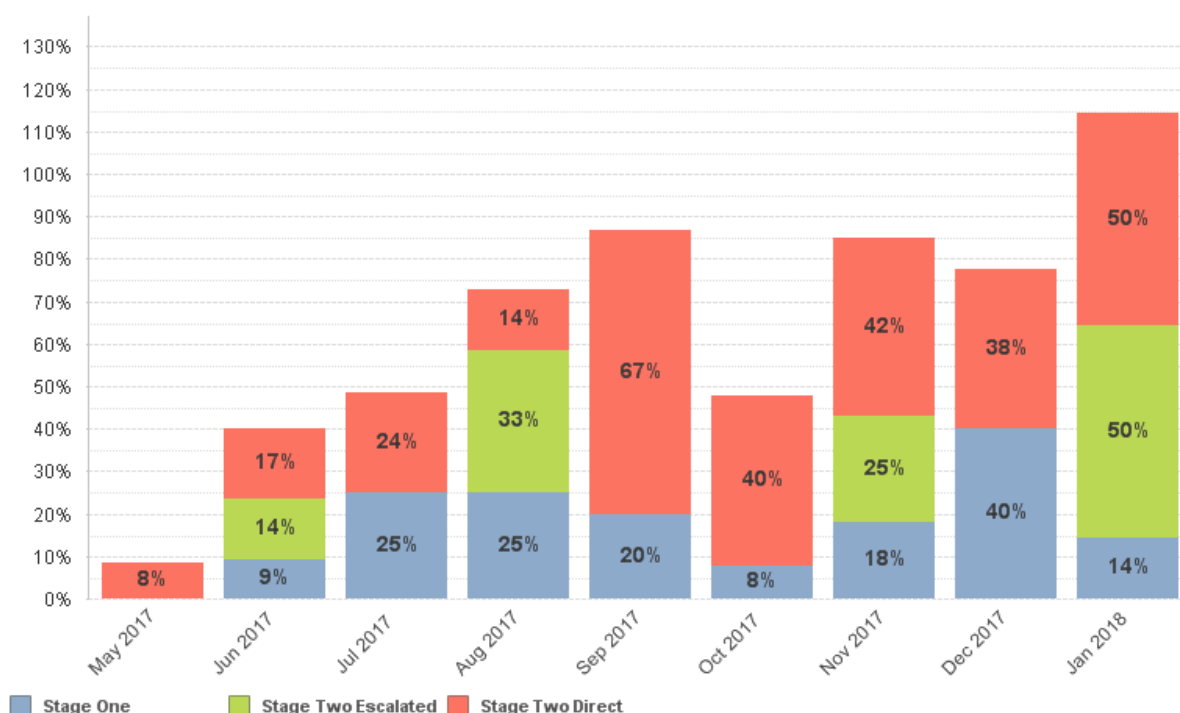
Stage Two Direct - Complaints Closed in Set Timescale, based on closed date (month and year)



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	December 2017	January 2018
% of complaints at Stage One where extension was authorised	40% (4 of 10)	14% (1 of 7)
% of Escalated to Stage Two complaints where extension was authorised	- (0 of 0)	50% (1 of 2)
% of complaints at Stage Two where extension was authorised	38% (3 of 8)	50% (8 of 16)

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



Scottish Public Services Ombudsman Complaints

Individuals who are dissatisfied with NHS Dumfries and Galloway’s complaint handling or response can refer their complaint for further investigation to the Scottish Public Services Ombudsman (SPSO).

There are currently 18 complaints with the SPSO for their consideration. Four files have been requested and are being prepared for submission to the SPSO; 11 complaints are currently under investigation and await the Ombudsman’s decision on these complaints.

The SPSO have issued two decision letters regarding complaints and the recommendations are currently being actioned. Once complete an action plan will be sent to the SPSO for their consideration.

One complaint was laid before Parliament in November 2017 and the Board are currently implementing actions to address the recommendations made. An action plan has been sent to the SPSO for their consideration with some outstanding actions being progressed by the Board.

5. Conclusion

Progress continues within Spiritual Care and Volunteering.

Compliance with timescales for complaints continues to fall below target and is fluctuating month by month. Extensions are increasingly being discussed and agreed with complainants to ensure that they are aware of the delays, however there are still some cases where this isn't the case. Patient Services continue to work with services to assist with this.

SECTION 2: COMPLIANCE WITH GOVERNANCE STANDARDS

6. Resource Implications

6.1. There are no resource implications within this paper.

7. Impact on Integration Joint Board Outcomes, Priorities and Policy

7.1. A statement regarding how the subject links with/contributes to the local integration 9 national outcomes, principles (refer to the IJB Strategic Plan 2016-2019) and also links with any national or local policy.

Provides 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
- Spiritual Care in NHS National Services Scotland, NHS National Services
- Refreshed Strategy for Volunteering in the NHS in Scotland and in the supporting Volunteering in NHS Scotland A Handbook for Volunteering (2014).
- A nation with Ambition

8. Legal & Risk Implications

8.1. None Identified

9. Consultation

9.1. Consultation not required.

10. Equality and Human Rights Impact Assessment

10.1. Not undertaken as learning from patient feedback and access to Spiritual Care and Volunteering Opportunities 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
GCH	Galloway Community Hospital
iV	Investing in Volunteers
HDL	Health Department Letters