



Dumfries and Galloway
IJB Clinical and Care Governance Committee

11th November 2021

This Report relates to
Item 6 on the Agenda

Patient Feedback

Joan Pollard

For Noting

Author:	Joan Pollard, Director of Allied Health Professions NHS Dumfries and Galloway
List of Background Papers:	Please add hyperlinks if available
Appendices:	Appendix1 NHS Dumfries and Galloway Board Patient Feedback Report Sept 2021 Appendix 2 Patient Feedback Report June-July 2021

<p>1. Introduction</p> <p>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 its CORE values and remaining person centred. As part of SPSO and Board requirements a regular report is presented to Board. The most recent paper was discussed on the 13th September and is attached for noting.</p>
<p>2. Recommendations</p> <p>2.1 The IJB Clinical and Care Governance Committee is asked to:</p> <ul style="list-style-type: none"> • Note the most recent Patient Feedback Paper presented to NHS Board on the 13th September 2021
<p>3. Background and Main Report</p> <p>3.1 Feedback offers a valuable opportunity for us to learn and improve. This report provides an overview of feedback received from 1 June 2021 to 31 July 2021 set against the details of progress over a rolling 25 month period.</p> <p>3.2 This paper fulfils the Board requirement for reporting to a senior management committee on a quarterly basis</p> <p>3.3 Learning from complaints is not captured within this paper as it is held within the reports presented by the Directorates to Health Care Governance Committee</p> <p>3.4 Board paper attached as main report in Appendix 1 and 2</p>
<p>4. Conclusions</p> <p>4.1 Conclusions are drawn out in the Board paper attached but are here for ease</p> <ul style="list-style-type: none"> • Complaints have increased over recent months and have now returned to pre-pandemic levels. • Average response times for Stage 1 complaints are slightly above the 5 working day timescale with the recently median sitting at 7 working days. • Average response times for escalated Stage 2 complaints continue to fluctuate, which is to be expected due to the low numbers of cases dealt with at this stage. • Average response times for Stage 2 Direct complaints are significantly above the standard and have been above the median for the last six out of the last seven months. This is in part due to staffing and pandemic pressures. The response times have also been influenced by responses being issued to a number of long standing complex complaints. • Compliance with the requirement to arrange extensions has improved

	and there are currently no complaints overdue without extension.				
4.2	Overall, when compared to pre-pandemic levels there does not appear to be an increase in dissatisfaction with our care and in reference to the number of contacts within the system does not appear to indicate that we have a cause for concern at this point.				
5.	Resource Implications				
5.1	There are no additional resource implications as a result of the content of this report.				
6.	Impact on Integration Joint Board Outcomes, Priorities and Policy				
6.1	<p>The content of this report meets with the following National Health and Wellbeing Outcomes for Health and Social Care:</p> <ul style="list-style-type: none"> • Outcome 3 – People who use health and social care services have positive experiences of those services, and have their dignity respected • Outcome 7 – People who use health and social care services are safe from harm 				
7.	Legal and Risk Implications				
7.1	There are no legal or risk implications as a result of the content of this report.				
8.	Consultation				
8.1	The Appendices to this report have been shared with Dumfries and Galloway NHS Board.				
9.	Equality and Human Rights Impact Assessment				
9.1	As this report does not imply a change in policy or service an EQIA is not required.				
10.	Glossary				
10.1	All acronyms must be set out in full the first time they appear in a paper with the acronym following in brackets.				
	<table border="1"> <tr> <td>EQIA</td> <td>Equalities Impact Assessment</td> </tr> <tr> <td>SPSO</td> <td>Scottish Public Services Ombudsman</td> </tr> </table>	EQIA	Equalities Impact Assessment	SPSO	Scottish Public Services Ombudsman
EQIA	Equalities Impact Assessment				
SPSO	Scottish Public Services Ombudsman				

Appendix 1

NHS Dumfries and Galloway



Meeting: Board
Meeting date: September 2021
Title: Patient Feedback Report
Responsible Executive/Non-Executive: Alice Wilson, Nurse Director
Report Author: Joan Pollard, Associate Director of Allied Health Professions

1 Purpose

This is presented to the Board for:

- Assurance

This report relates to a:

- Government policy/directive
- Legal requirement
- Local policy

This aligns to the following NHSScotland quality ambition(s):

- Safe
- Effective
- Person Centred

Please select the level of assurance you feel this report provides to the board/committee and briefly explain why:

Significant	<input type="checkbox"/>	Moderate	<input checked="" type="checkbox"/>	Limited	<input type="checkbox"/>
None	<input type="checkbox"/>	Not yet assessed	<input type="checkbox"/>		<input type="checkbox"/>

Comment:

This paper provides only high level information on our compliance with requirements. Detailed assurance should be sought from the Directorates within their regular Quality paper to Health Care Governance Committee.

From the list below, please select which Board Priority this paper relates to. If none of the priorities suit, please select other and briefly explain why this paper needs to be reviewed at Board/Committee:

COVID-19 Containment Work		Continued Support for Staff Wellbeing	
Delivery of Sustainable Service Models		Delivery of Enhanced Services to address Pandemic Harms	
Other (please explain below)	x		

Comment:

There is a requirement to report complaints performance information to senior management on a quarterly basis. It has been locally agreed that this will be fulfilled through bi-monthly reports to Healthcare Governance Committee and Board.

2 Report summary

2.1 Situation

This paper seeks to provide assurances on the implementation of the Healthcare Quality Strategy (2010) and Patients Rights (Scotland) Act (2011). The Board is required to adhere to the Patients Rights (Scotland) Act (2011) with regard to seeking and responding to feedback.

Board are asked to discuss and note the Patient Feedback Report for June-July 2021 (Appendix 1).

2.2 Background

The Model Complaints Handling Process mandates the following:

- An annual submission of data to Scottish Government
- Publication of annual report on the website
- Local reporting to a senior management committee on a quarterly basis.

This paper fulfils the requirement for reporting to a senior management committee on a quarterly basis and provides details our progress over a rolling 25 month period.

The data for submission are as follows

Indicator One	Learning from complaints
Indicator Two	Complaint Process Experience
Indicator Three	Staff Awareness and Training
Indicator Four	The total number of complaints received
Indicator Five	Complaints closed at each stage
Indicator Six	Complaints upheld, partially upheld and not upheld
Indicator Seven	Average times
Indicator Eight	Complaints closed in full within the timescales
Indicator Nine	Number of cases where an extension is authorised

A detailed analysis of trends in relation to these data is attached in Appendix 1. This paper does not seek to address indicator one. Information around learning from complaints is presented to Health Care Governance Committee by the Directorates in their regular Quality update to committee.

The Model Complaints Handling Procedure sets the following standards:

- Stage 1 complaints should be closed within 5 days
- Stage 2 complaints should be closed within 20 days
- Where a complaint cannot be closed within the standard period of time an extension should be in place

These standards are accepted as good practice and NHS Dumfries and Galloway has adopted them into its internal compliance framework.

2.3 Assessment

The Board manages Feedback within the Model Complaints Handling Process and systems are in place to record feedback appropriately according to Stage and monitor the progress against the response standards.

Indicator One	Learning from complaints	Learning summaries in place
Indicator Two	Complaint Process Experience	Opportunity for feedback offered to all complainants
Indicator Three	Staff Awareness and Training	Link to national e training available via link to Turas Learn on Beacon
Indicator Four	The total number of complaints received	Captured
Indicator Five	Complaints closed at each stage	Captured
Indicator Six	Complaints upheld, partially upheld and not upheld	Captured
Indicator Seven	Average times	Captured
Indicator Eight	Complaints closed in full within the timescales	Captured
Indicator Nine	Number of cases where an extension is authorised	Captured

Detailed performance information in relation to the above standards is contained in Appendix 1, with key points as follows:

- Complaints have increased over recent months and have now returned to pre-pandemic levels.
- Average response times for Stage 1 complaints are slightly above the 5 working day timescale with the recently median sitting at 7 working days.
- Average response times for escalated Stage 2 complaints continue to fluctuate, which is to be expected due to the low numbers of cases dealt with at this stage.

- Average response times for Stage 2 Direct complaints are significantly above the standard and have been above the median for the last six out of the last seven months. This is in part due to staffing and pandemic pressures. The response times have also been influenced by responses being issued to a number of long standing complex complaints.
- Compliance with the requirement to arrange extensions has improved and there are currently no complaints overdue without extension.

2.3.1 Quality/ Patient Care

This paper has no direct positive or negative impact upon the quality of care. However as it reports feedback, both positive and negative, on the patient's experience of the quality of care received it serves as a barometer.

Overall, when compared to pre-pandemic levels there does not appear to be an increase in dissatisfaction with our care and in reference to the number of contacts within the system does not appear to indicate that we have a cause for concern at this point.

Learning from complaints is not captured in this paper and is held in the reports presented by the Directorates to Health Care Governance Committee.

2.3.2 Workforce

This paper has no direct positive or negative impact upon the workforce however there is a requirement on behalf of the Board to ensure that staff learn from patient feedback in relation to issues raised.

2.3.3 Financial

There are no financial consequences

2.3.4 Risk Assessment/Management

Risk assessment has not been completed.

2.3.5 Equality and Diversity, including health inequalities

This paper does not support the Boards responsibility within the Public Sector Equality Duty, Fairer Scotland Duty, and the Board's Equalities Outcomes.

An impact assessment has not been completed because learning from patient feedback applies to all patients.

2.3.6 Other impacts

Nil noted

2.3.7 Communication, involvement, engagement and consultation

This paper does not require communication involvement, engagement or consultation.

2.3.8 Route to the Meeting

This paper has not been previously considered by any additional groups as part of its development. This paper fulfils the requirement for reporting to a senior management committee on a quarterly basis as required by the Model Complaints Handling Process.

A similar paper is also presented to each Health Care Governance Committee for more detailed discussion.

2.4 Recommendation

Assurance – To give confidence of compliance with legislation, policy and Board objectives

3 List of appendices

The following appendices are included with this report:



Patient Feedback Report June - July 2021

Version 1.0
Published 13 August 2021
Prepared by Patient Services

Introduction

This report outlines patient feedback activity for NHS Dumfries and Galloway (NHS D&G) and performance against standards set against a 25 month feedback pattern. The report also includes details of planned improvement actions.

At the time of writing, the UK was in the midst of the Coronavirus pandemic. This should be kept in mind when interpreting the charts as it may have an effect on both numbers and the type of concerns or complaints received.

Key notes:

- Data was extracted from Qlikview and Datix on 10 August 2021 and includes data up to and including 31 July 2021.
- Time limits for complaints are based on working days, i.e. Monday to Friday
- Unless otherwise stated, the median in all charts was calculated on the baseline of April 2020 – March 2021.
- To aid interpretation of charts, there are two things to consider:
 - Six points either above / below the line represents a shift
 - Five consecutive points either increasing / decreasing indicate a trend.

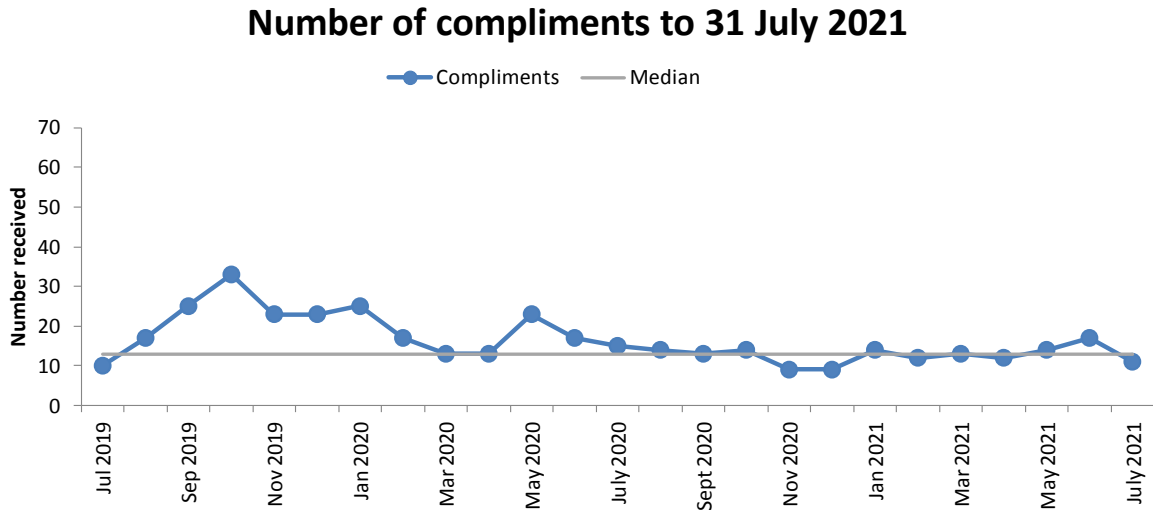
1. Patient Feedback

The following section provides a commentary and summary statistics on the number of compliments, concerns and complaints received over the last 25 months throughout NHS Dumfries and Galloway. Data is presented to reflect national indicators as determined by the Scottish Public Services Ombudsman (SPSO) and introduced in April 2017 as part of the new Complaints Handling Procedure (CHP). Full details of these indicators can be found in Appendix 6 of the NHS Dumfries and Galloway Complaints Handling Procedure (available at <https://www.nhsdg.co.uk/how-did-we-do>)

1.1. Compliments received

The following chart shows the total number of compliments noted on Datix by month to the end of July 2021. This is likely to represent a small proportion of the total compliments and thanks received as no comprehensive process to capture all positive feedback is available.

Figure 1: PF1: Compliments received, by month

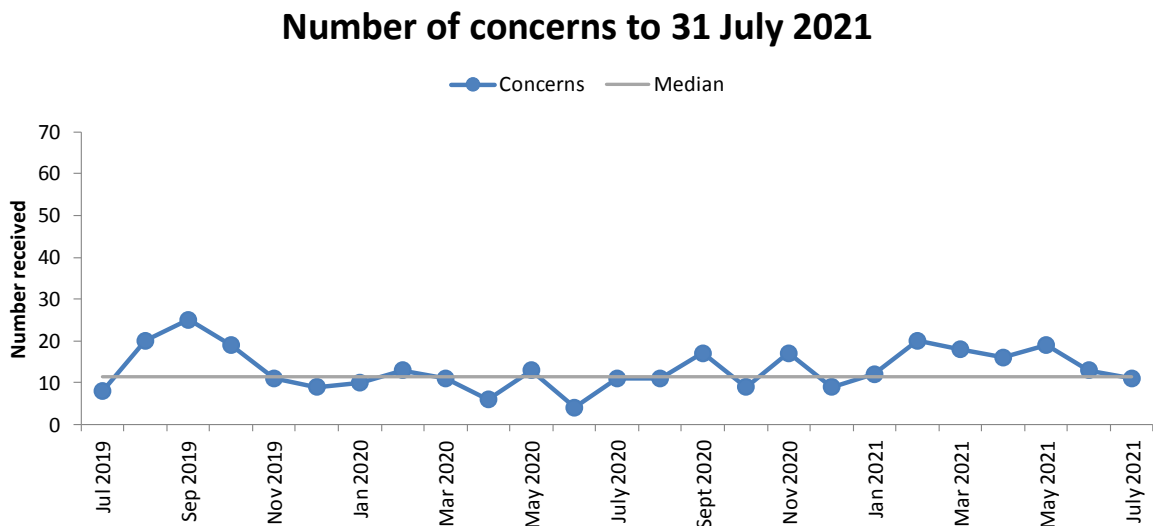


Patient Services only record compliments that are sent directly to them by the public or via services. It is therefore recognised that the numbers recorded do not fully reflect the amount of positive feedback received by the organisation.

1.2. Concerns received

The following chart shows the total number of concerns received by month to the end of July 2021 with numbers returning to the median in July 21.

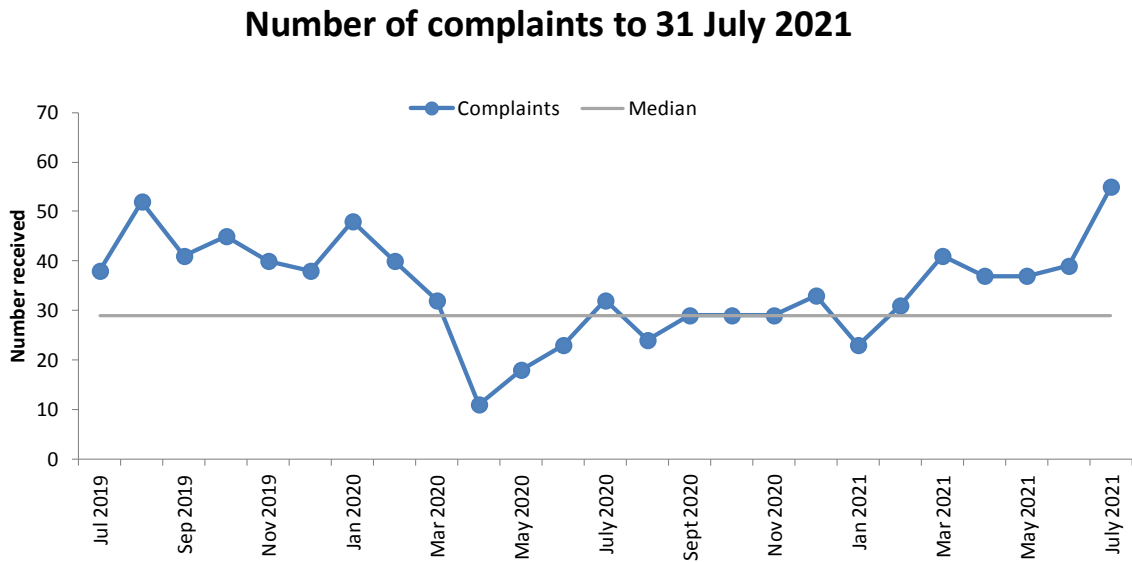
Figure 2: PF2: Concerns received, by month



1.3. Complaints received

The following chart shows the total number of complaints received by month to the end of April 2021. Complaints fell sharply in April 2020 during the early period of the pandemic. Numbers have increased since, with the last six points above the median, representing a shift and returning towards pre-pandemic levels.

Figure 3: PF3: Complaints received, by month



1.4. Overarching themes

This indicator summarises the themes associated with complaints received, using the nationally agreed themes. The national theme codes were reviewed and updated from 1 April 2020. Note that individual complaints may have more than one theme. There were three complaints relating to COVID-19 during the period.

Figure 4.1: PF4: Complaints by theme, top themes from 1 April 2020

Figure 4.1: PF4: Complaints by theme, top three themes from 1 April 2020

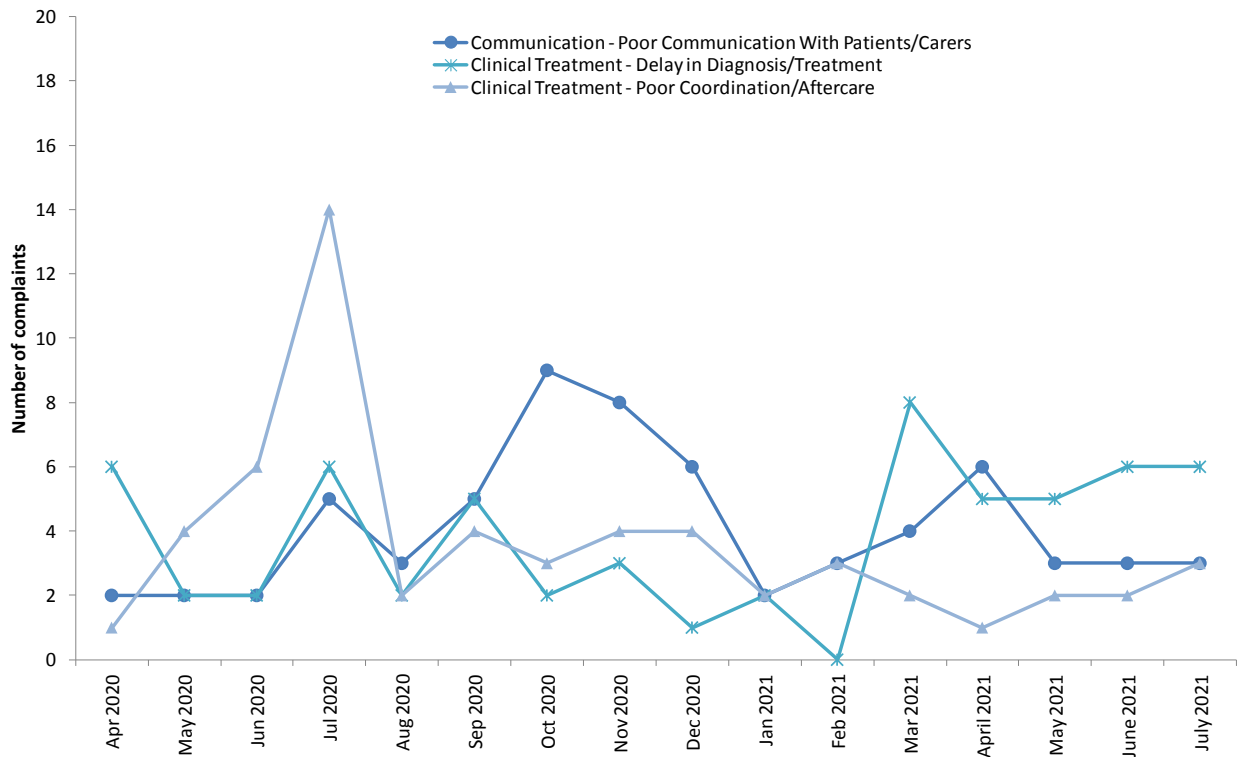
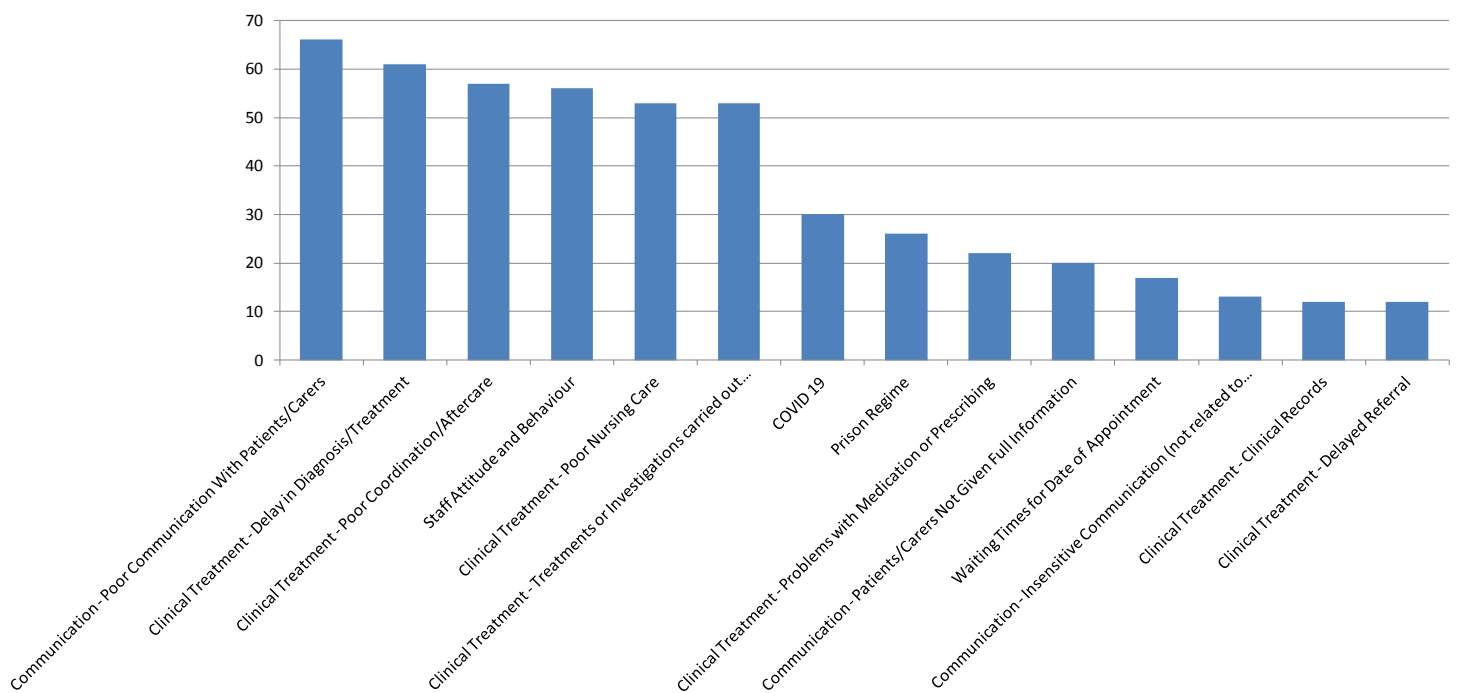


Figure 4.2: PF4: Complaints by theme, top themes (>10 complaints) from 1 April 2020



1.5. Complaints by Directorate

This indicator summarises the total number of complaints by Directorate, in the following four areas: Acute and Diagnostics, Women and Children’s Services, Mental Health (including Prison complaints) and Community Health and Social Care. Each appears below.

Following the sharp drop below in April 2020 complaints for Acute and Diagnostics have showed a steady increase, largely remaining above the median since September 2020. There have been a relatively high number of complaints in July compared to previous months. Complaints received during the period relate to Clinical Treatment in the main, with Communication issues also being raised.

Figure 5: PF5.1: Complaints by Directorate: Acute & Diagnostics

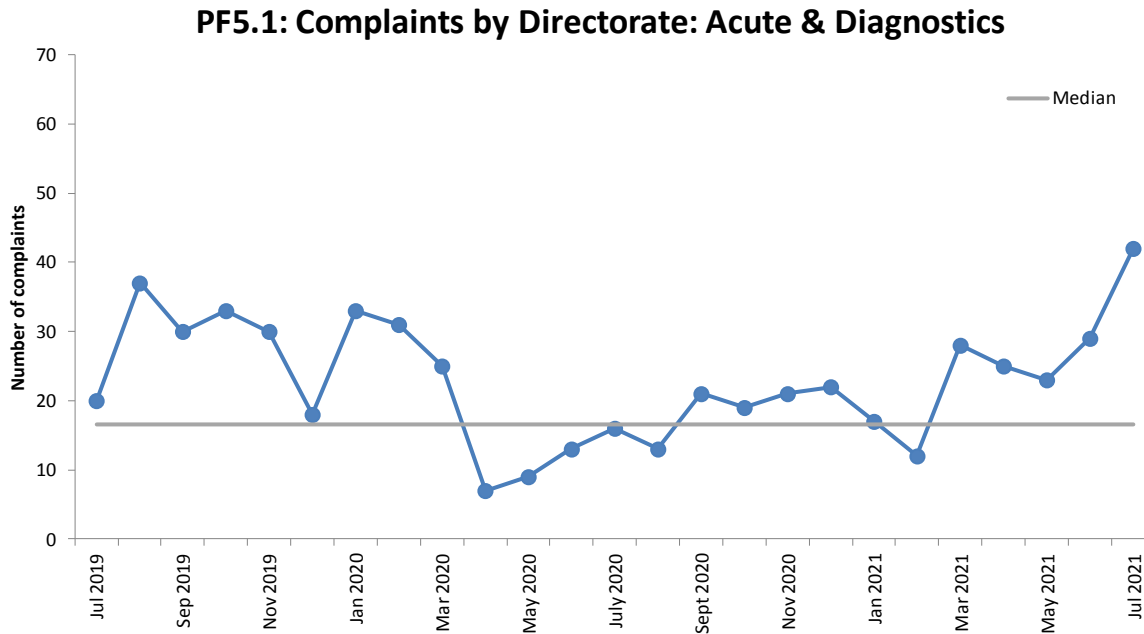


Figure 6: PF5.2: Complaints by Directorate: Women, Children and Sexual Health

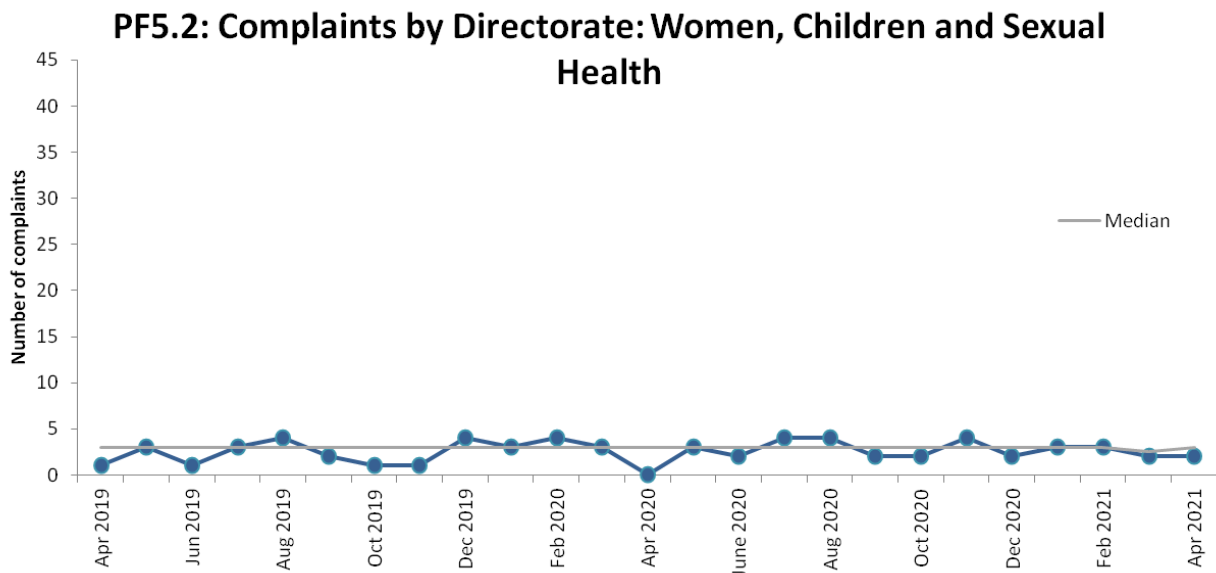


Figure 7: PF5.3: Complaints by Directorate: Community Health and Social Care

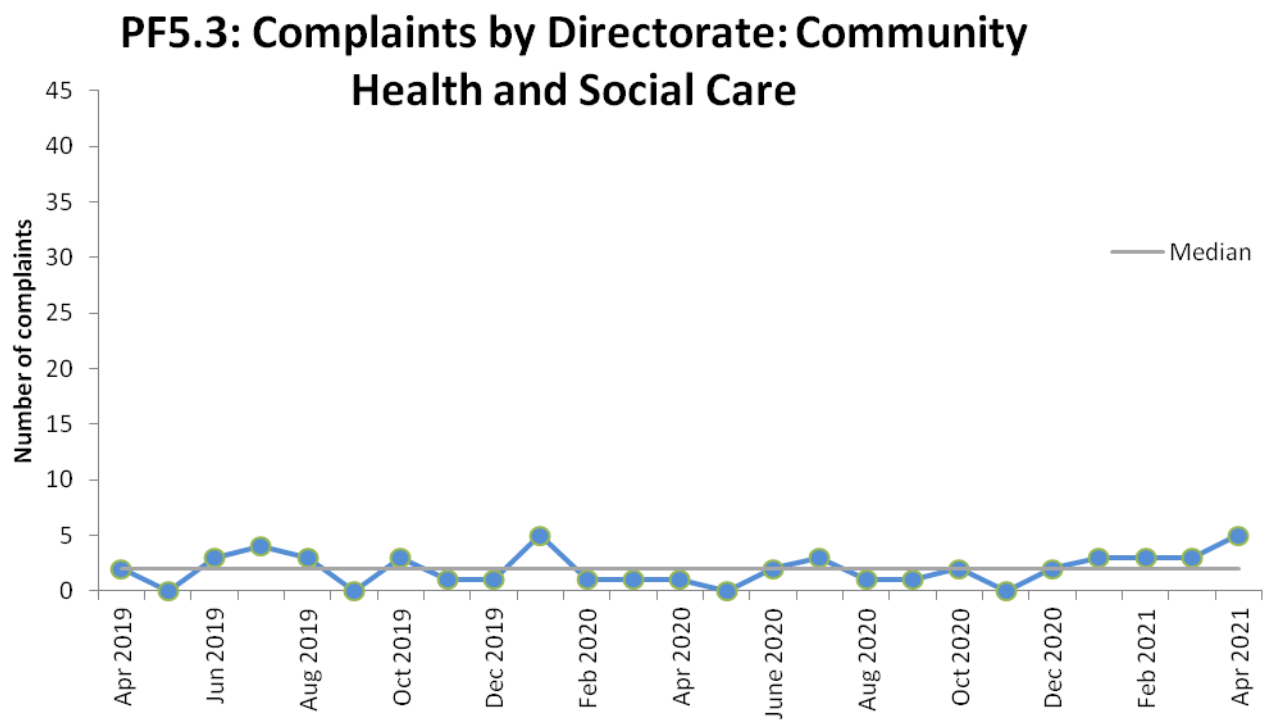
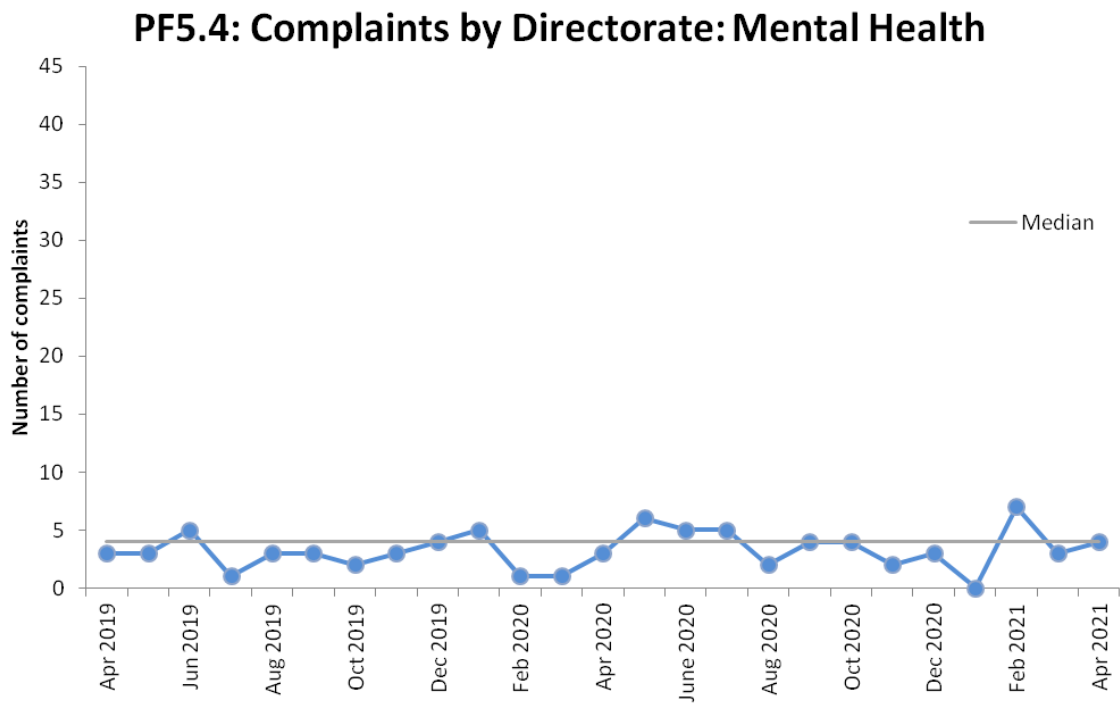


Figure 8: PF5.4: Complaints by Directorate: Mental Health

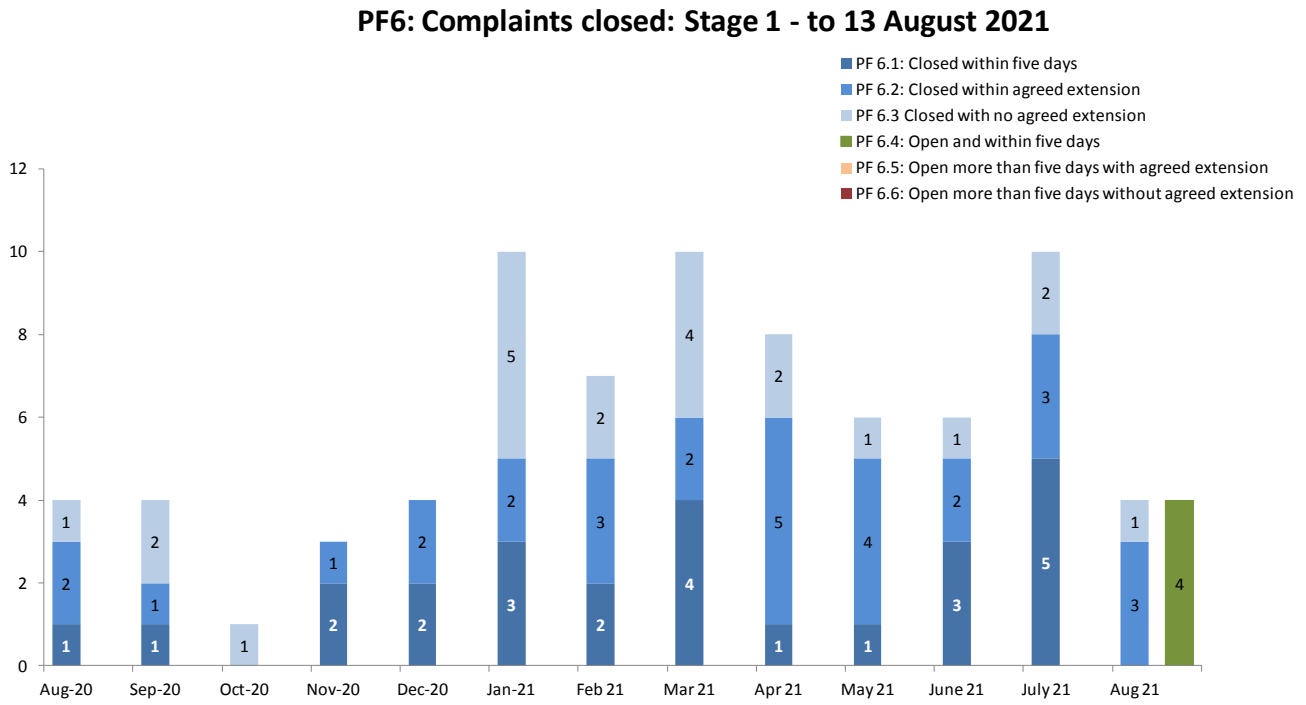


1.6. Complaints closed (Stage 1)

This performance indicator summarises the total number of complaints in the following categories:

- Closed within five days
- Closed within agreed extension
- Closed with no agreed extension
- Open and within five days
- Open more than five days with agreed extension
- Open more than five days without agreed extension

Figure 9: PF6: Complaints closed, Stage 1



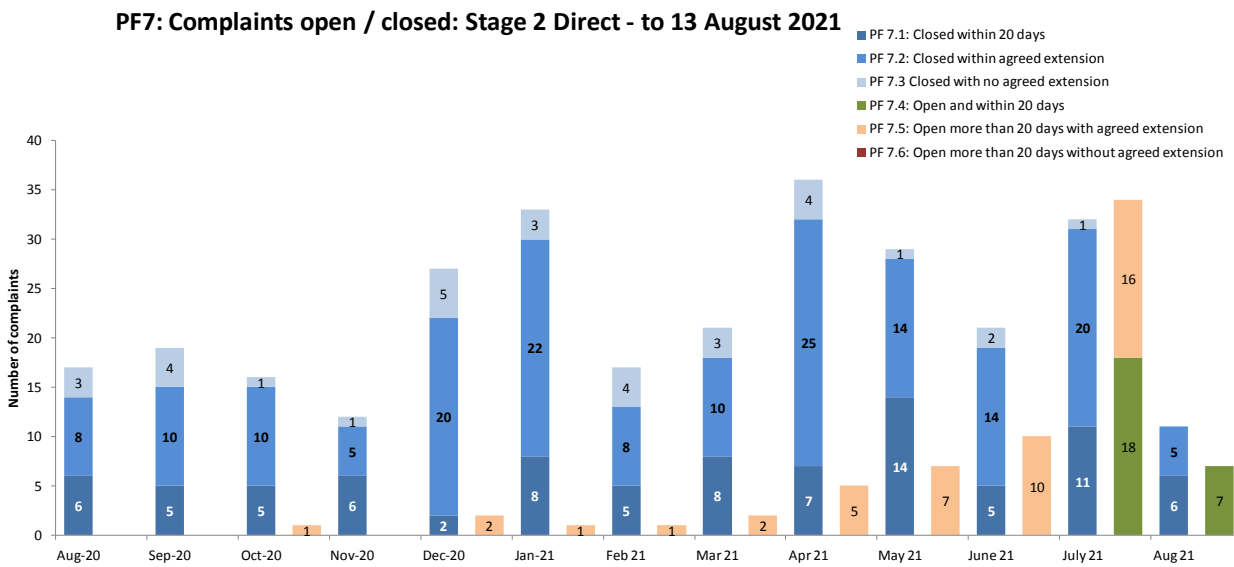
1.7. Complaints closed (Stage 2 Direct)

This performance indicator summarises the total number of complaints in the following categories:

- Closed within 20 days
- Closed within agreed extension
- Closed with no agreed extension
- Open and within 20 days
- Open more than 20 days with agreed extension
- Open more than 20 days without agreed extension

The chart below represents these categories. There are several Stage 2 Direct complaints about the Acute and Diagnostics Directorate that have been open for a number of months due to the complexity of the cases. A number of those cases have been closed over the period and Acute continue to progress the remaining outstanding cases. Each of these cases has an extension in place.

Figure 4: PF7: Complaints open / closed, Stage 2 Direct



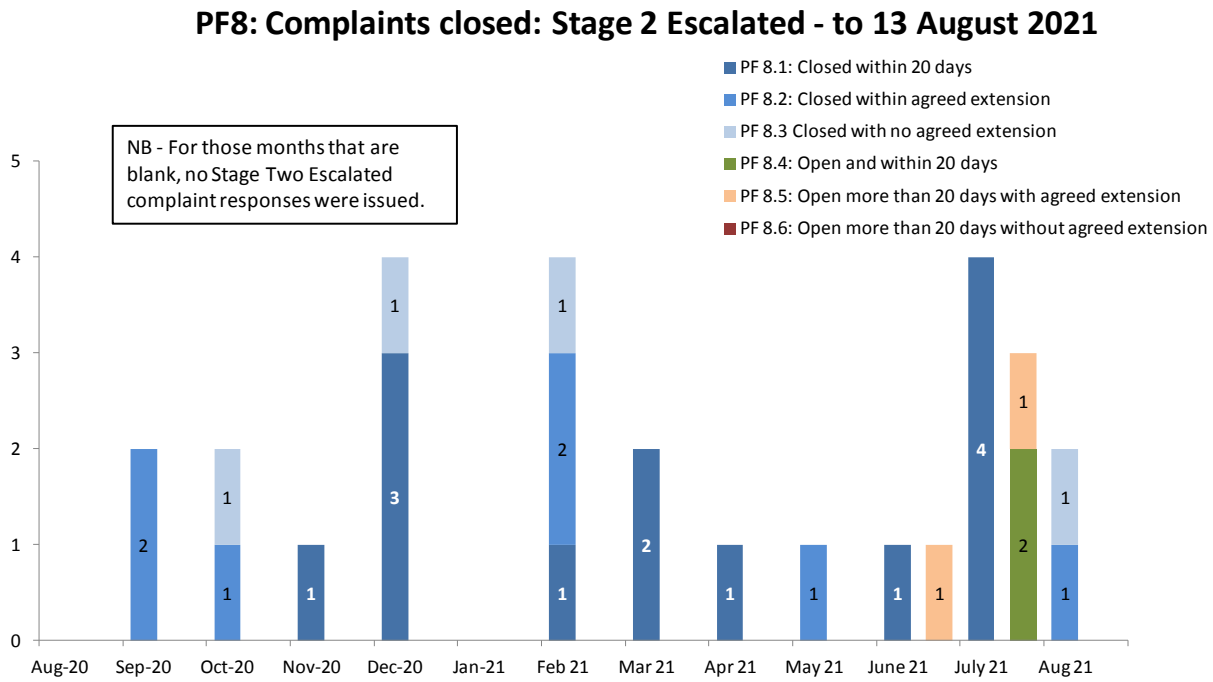
1.8. Complaints closed (Stage 2 Escalated)

This performance indicator summarises the total number of complaints in the following categories:

- Closed within 20 days
- Closed within agreed extension
- Closed with no agreed extension
- Open and within 20 days
- Open more than 20 days with agreed extension
- Open more than 20 days without agreed extension

The chart below represents these categories.

Figure 5: PF8: Complaints closed, Stage 2 Escalated

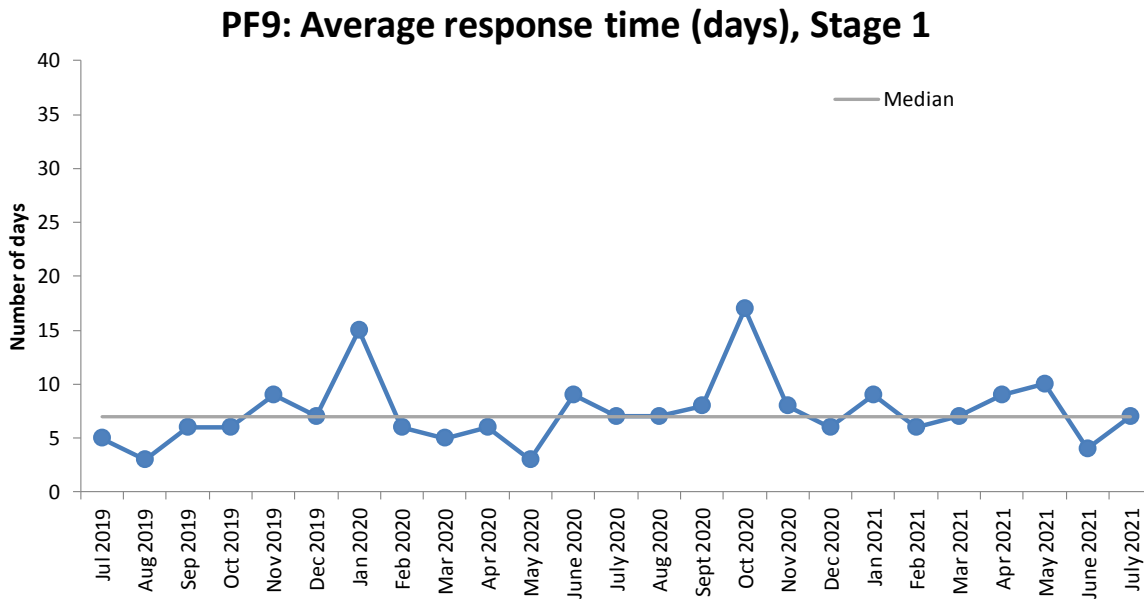


1.9. Average response time to close (Stage 1)

Performance indicator summarises how long it takes, in days, to close a complaint at Stage 1 of the Complaints Handling Procedure.

The statutory timescale for responding to Stage 1 complaints is 5 working days. The median currently sits at 7 working days.

Figure 6: PF9: Average response time (days), Stage1



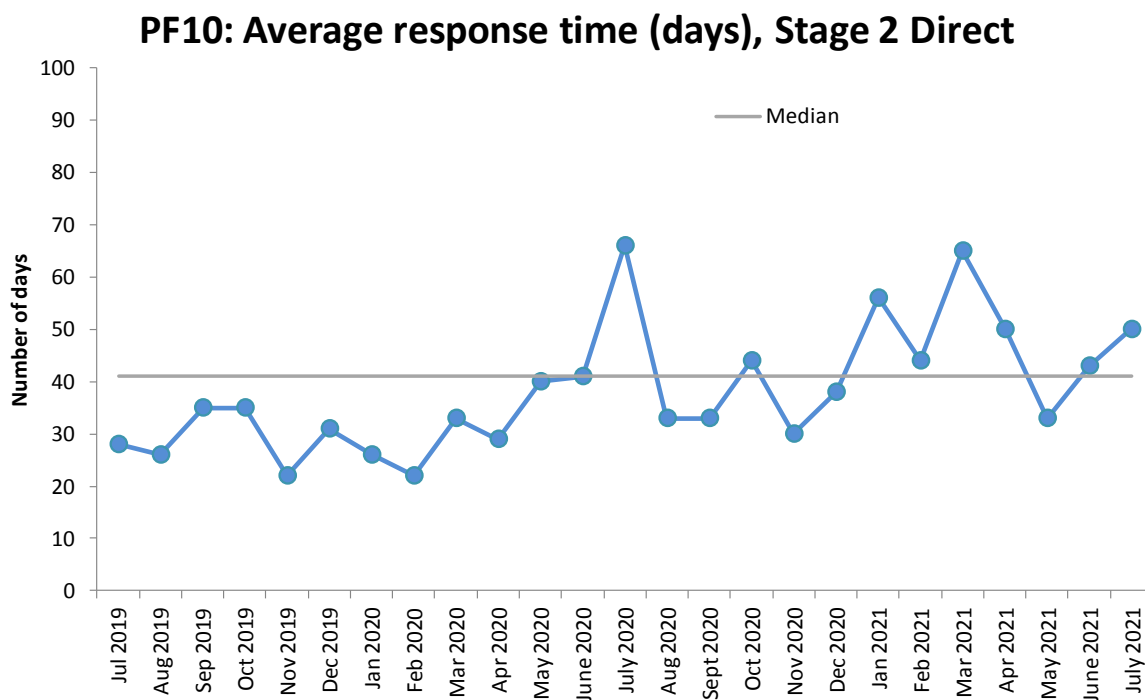
1.10. Average response time to close (Stage 2)

Performance indicator summarises how long it takes, in days, to close a complaint at the Stage 2 Direct point of the Complaints Handling Procedure.

The statutory timescale for responding to Stage 2 complaints is 20 working days. The median currently sits at 41 working days and response times have largely been above the median from January 2021 onwards. This relates in part to staffing and pandemic pressures. Responses continue to be issued to long standing, complex complaints which also influences performance.

Where we are unable to issue a response within the 20 working day timescale, the Complaints Handling Procedure allows for extensions to be put in place. We currently have no complaints overdue without extension.

Figure 7: PF10: Average response times (days), Stage 2 Direct

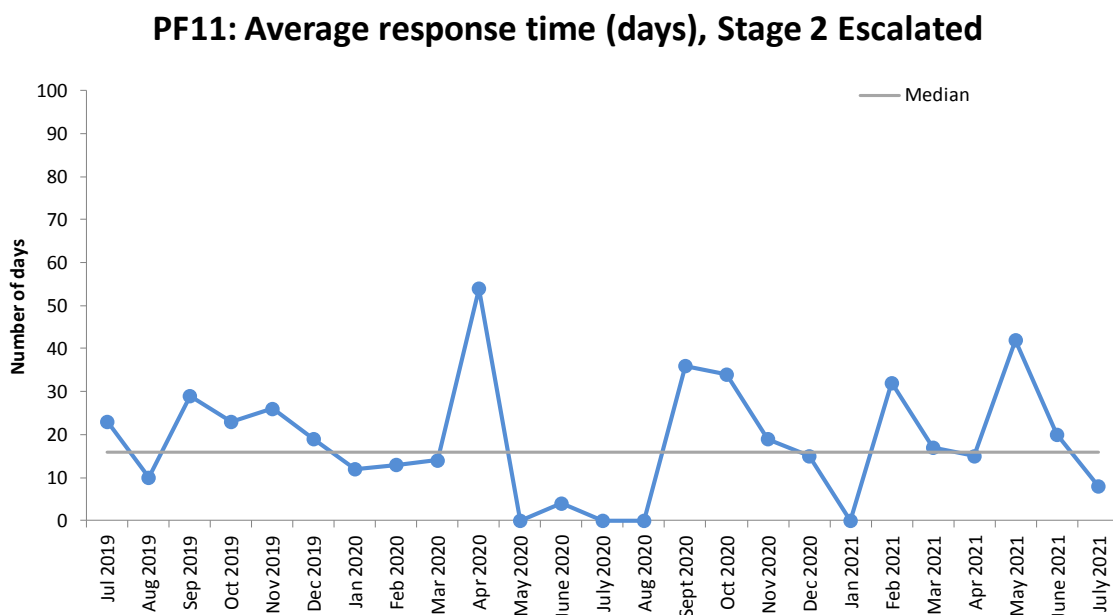


1.11. Average response time to close (Stage 2 Escalated)

Performance indicator summarises how long it takes, in days, to close a complaint at the Stage 2 Escalated phase of the Complaints Handling Procedure. As with Stage 2 Direct complaints, the statutory timescale is 20 working days to respond. The median currently sits at 16 days.

Few of our complaints are handled at this stage and therefore timescales tend to fluctuate due to low numbers.

Figure 8: PF11: Average response time (days), Stage 2 Escalated



1.12. Complaints upheld, partially upheld, not upheld

This performance indicator summarises the total number of complaints upheld, partially upheld and not upheld. Success can be considered to be a decrease over time of those complaints which were upheld or partially upheld (as a proportion of all complaints), for clarity the charts do not show complaints that were not upheld.

Figure 9: PF12.1: % complaints, Stage 1 (Upheld)

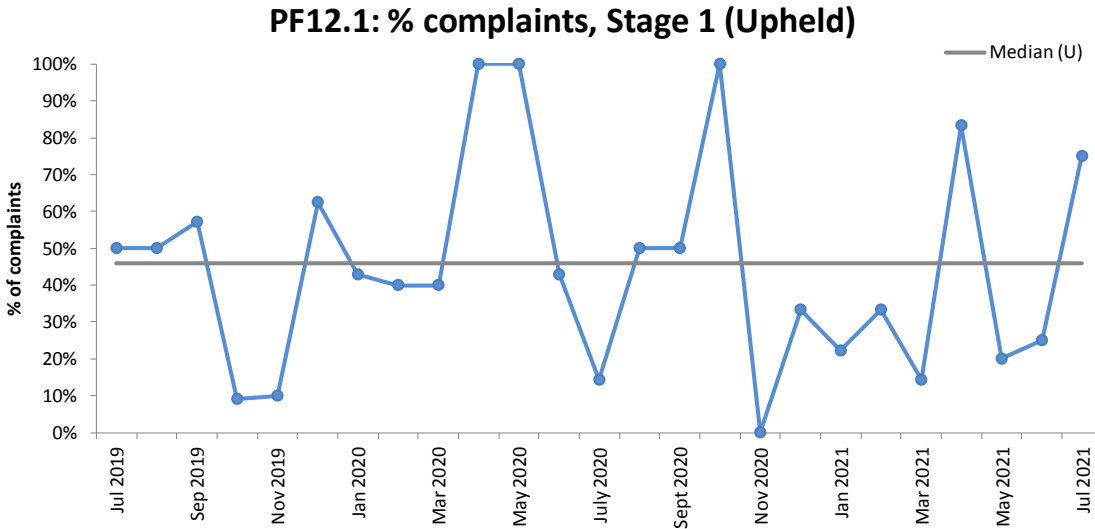


Figure 10: PF12.2: % complaints, Stage 1 (Partially upheld)

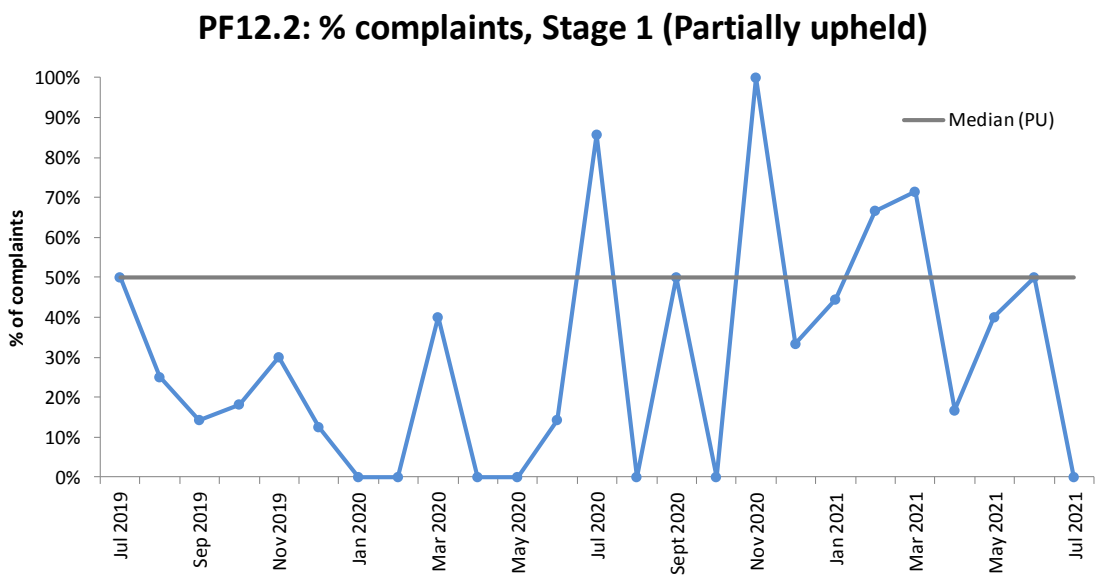


Figure 11: PF12.3: % complaints, Stage 2 (Upheld)

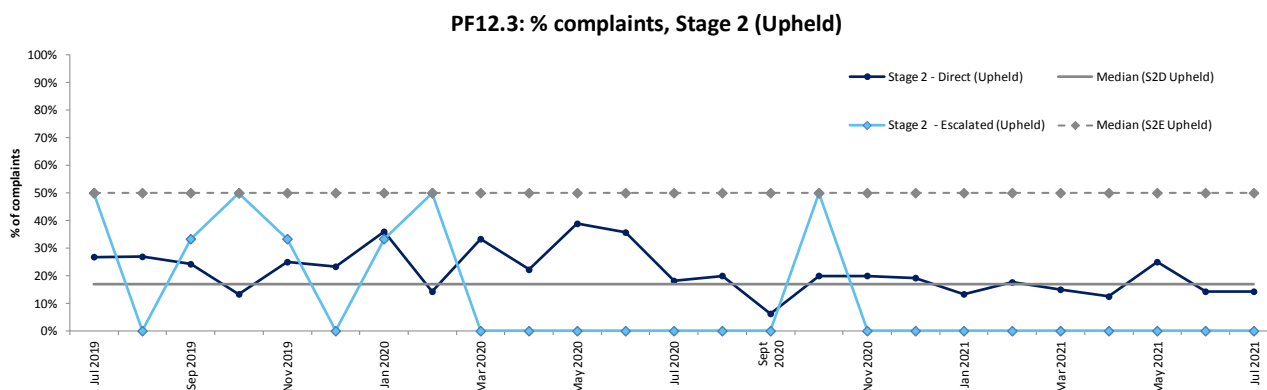
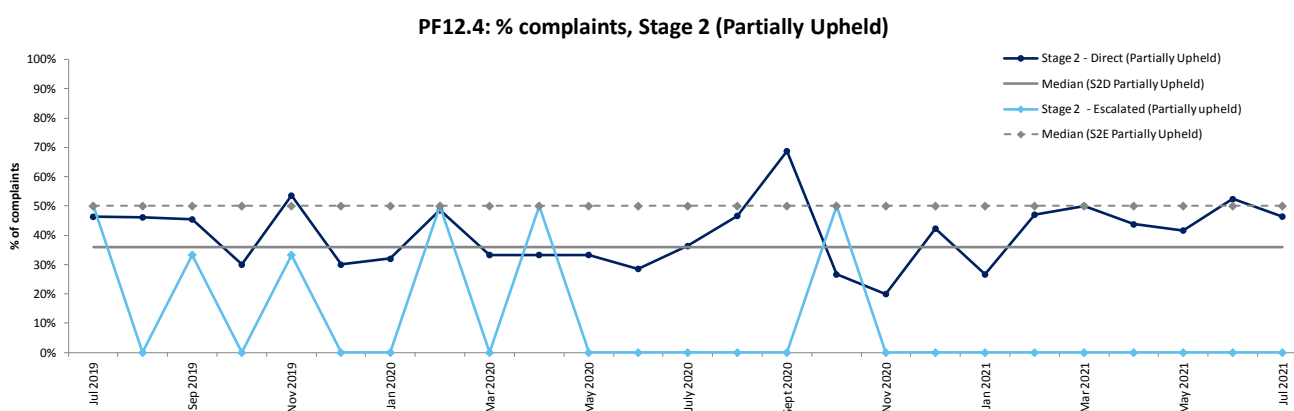


Figure 12: PF12.4: % complaints, Stage 2 (Partially Upheld)



1.13. Staff awareness and training

No training courses were delivered during the period. As previously reported, Patient Services have developed a Beacon page to support staff dealing with patient feedback and complaints. The page includes links to relevant training resources and courses. The page is now being promoted and has been accessed by a number of staff.

A number of teams have approached Patient Services to request training over the coming months.

2.14. Complaint Satisfaction Surveys

Complaint response letters offer complainants the opportunity to complete a survey about their experience with the complaints process. Patient Services received one completed survey during the period. The respondent indicated they were dissatisfied with the complaints process.

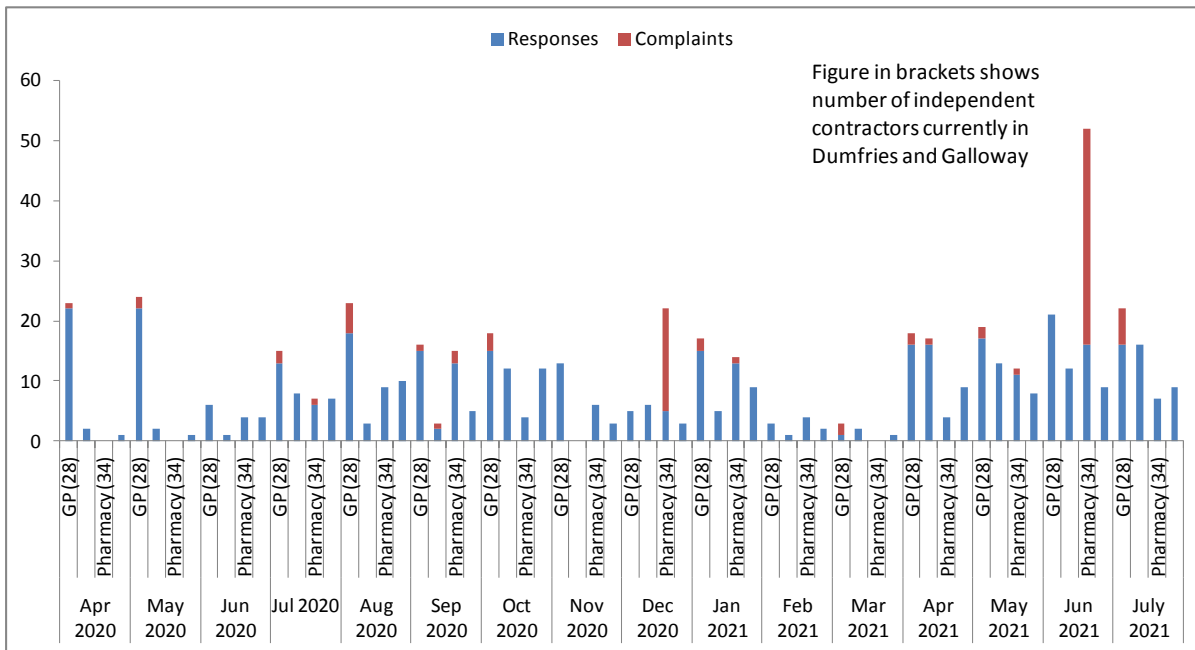
A full breakdown of satisfaction survey responses is included in the Board’s annual report.

2.15. Independent contractors

This performance indicator comprises a summary of the total number of complaints received from independent contractors delivering services on behalf of NHS Dumfries and Galloway: GP, Pharmacy, Dental, Opticians.

The chart, below, shows the number of responses received from independent contractors for the period April 2020 to July 2021.

Figure 13: PF16: Responses received via independent contractors



Data taken from excel 12/08/2021

2.16. Scottish Public Services Ombudsman (SPSO) 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). At the time of producing this report there were 13 live complaints with the SPSO for their consideration. The status of these complaints was recorded as follows:

Figure 14: PF17: SPSO Ombudsman complaints

	Acute & Diagnostics	Community Health & Social Care	Mental Health	Women & Children's Services	Other	Total
File Requested by SPSO	1	0	1	0	0	2
File sent to SPSO - Await outcome	2	0	2	1	0	5
Under investigation by SPSO - Await outcome	2	0	1	0	0	3
SPSO deferred complaint back to Board	1	0	0	0	0	1
Provisional decision letter received	0	0	0	0	0	0
Decision letter received - Recommendations made by SPSO	0	0	0	0	0	0
Decision letter received - No recommendations made by SPSO	0	0	0	0	0	0
Action plan sent to SPSO - Await outcome	2	0	0	0	0	2
Further information requested	0	0	0	0	0	0
Closed/Complete	0	0	0	0	0	0
Withdrawn	0	0	0	0	0	0
Total	8	0	4	1	0	13

Further information on SPSO decision letters and investigations can be found on their website at <https://www.spsso.org.uk/our-findings>

Patient Services can assist if there are any difficulties accessing reports.