

**DUMFRIES and GALLOWAY NHS BOARD  
Health Care Governance Committee**



**Annual Report on Feedback, Comments, Concerns and  
Complaints – 2017-18**

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**RECOMMENDATION**

Health Care Governance Committee is asked to consider and approve the Annual Report on Feedback, Comments, Concerns and Complaints for 2017-18 prior to submission to NHS Board, Scottish Government and Scottish Health Council.

**CONTEXT**

**Strategy / Policy:**

This work supports delivery of the Healthcare Quality Strategy Person Centred Ambition.

**Organisational Context / Why is this paper important / Key messages:**

Empowering people to be at the centre of their care and listening to them, their carers and families about what is, and is not, working well in healthcare services is a shared priority for everyone involved with healthcare in Scotland. Scottish Ministers want to facilitate cultural change and to create an environment that uses knowledge to inform continuous improvement to services in a culture of openness without censure. [The new NHS Scotland Model Complaints Handling Procedures](#) (CHP) forms an integral part of that vision.

The CHP was introduced across Scotland from 1 April 2017. The key aims are:

- to take a consistently person-centred approach to complaints handling across NHS Scotland
- to implement a standard process
- to ensure that NHS staff and people using NHS services have confidence in complaints handling
- encourage NHS organisations to learn from complaints in order to continuously improve services.

NHS Dumfries and Galloway is committed to being truly person centred learning from patient and family experiences is crucial to enabling us to do so.

**Key Messages:**

- The Scottish Public Services Ombudsman’s Model Complaints Handling Procedure was successfully implemented by the Board in 2017/18.
- A number of improvements have been implemented around the handling of feedback and complaints.
- There are a number of information sources available to staff and the public to increase awareness of our feedback mechanisms.
- There is room for improvement around our compliance with complaints timescales.
- A number of improvement activities are planned for 2018/19.

**MONITORING FORM**

Policy / Strategy	Healthcare Quality Strategy: person centred ambition
Staffing Implications	None
Financial Implications	None
Consultation / Consideration	This paper is for consideration by this committee
Risk Assessment	None
Sustainability	None
Compliance with Corporate Objectives	All corporate objectives
Single Outcome Agreement (SOA)	Listening to our communities
Best Value	Not applicable at this time
Impact Assessment	Not required

**Glossary of Terms**

PASS	Patient Advice and Support Service
PEN	Participation and Engagement Network
CHP	Complaints Handling Procedure
SPSO	Scottish Public Services Ombudsman

## **Introduction**

Feedback offers a valuable opportunity for us to learn and improve. This report provides an overview of feedback received from 1 April 2017 to 31 March 2018. The report is comprised of four sections and is in compliance with guidance issued by the Scottish Government and the requirements set out in the Patient Rights (Scotland) Act 2011.

### **1. Encouraging and Gathering Feedback**

#### **1.1 General Feedback, Comments and Concerns**

NHS Dumfries and Galloway are committed to delivering safe, effective and person-centred care. The use of feedback is central to ensuring delivery of these aims and we offer a variety of approaches which allow people to choose a feedback mechanism that best suits their needs. These include:

- in writing via letters, surveys, consultations and feedback forms.
- by email via our Patient Services and DG Feedback email addresses.
- by telephone via Patient Services and direct to individual services.
- via Care Opinion and our own website.
- on social media via posts, links and direct messages.
- face-to-face via scheduled events and daily contact with the public.

The Patient Advice and Support Service (PASS) provide a further communication route and source of support for anyone wishing to provide feedback or make a complaint. While PASS works independently of NHS Dumfries and Galloway, information about their services is widely available throughout our wards, clinic waiting areas, notice boards and intranet/internet. Their services are also promoted in our feedback leaflets.

Our feedback literature and patient communications make it clear that we welcome and encourage feedback. We also promote our commitment to learning and improving to reassure people that their feedback can and will make a difference.

NHS Dumfries & Galloway has a small Patient Services team who act as a central point of contact for feedback and support. The team deals with daily enquiries, concerns, compliments and complaints ensuring each is logged and directed to the most appropriate team so that it can be responded to appropriately. As part of that process, the team ensure that the person giving the feedback is clear about the next steps and any timescales associated with that.

The majority of feedback is received by the Acute and Diagnostic Services Directorate which covers the largest number of specialties. The Directorate has a dedicated Patient Experience Officer who investigates and responds to feedback for the directorate. Other directorates have identified Feedback Coordinators who are trained to manage, progress, record and track feedback in their area and act as key points of contact for the Patient Services team. By having coordinators in place we can ensure we have strong local knowledge of the processes and procedures as well as support for staff within the local teams. All directorates have access to DATIX

(electronic complaints system) which allows capture of feedback received in real time.

### What we are doing well

On reviewing our feedback mechanisms last year, we established that there was a variety of feedback leaflets in use and we recognised that this could be confusing for both the public and staff. In response to this issue we developed a simple feedback leaflet that could be used across the whole Board. This leaflet details a number of options for providing feedback to the Board and includes a form that can be completed and returned to the Patient Services team. This leaflet was introduced in 2017 and Patient Services are now regularly receiving feedback via this form.

Patient Services began linking directly with local established groups in 2017/18 to better understand how we can make providing feedback as easy as possible. This approach was well received by the groups visited and will be further developed over 2018/19.

### Where we can improve

Whilst we have started to build relationships with some local established groups, there are many more groups that we need to connect with. We also need to build on this further to ensure that the feedback gathered directly influences how we communicate in the future. By better linking our patient feedback and patient information work and practices, we will be able to achieve improved accessibility and equality in this area.

We are conscious that we could still further improve how we learn from feedback. There is still a great deal of work underway around learning and improving from complaints (see section 4 below) and we hope to extend that to all feedback in the near future. We are particularly aware that there is a great deal of learning potential from positive feedback. It is important that we understand what we are doing well in addition to reflecting on the areas in which we need to improve.

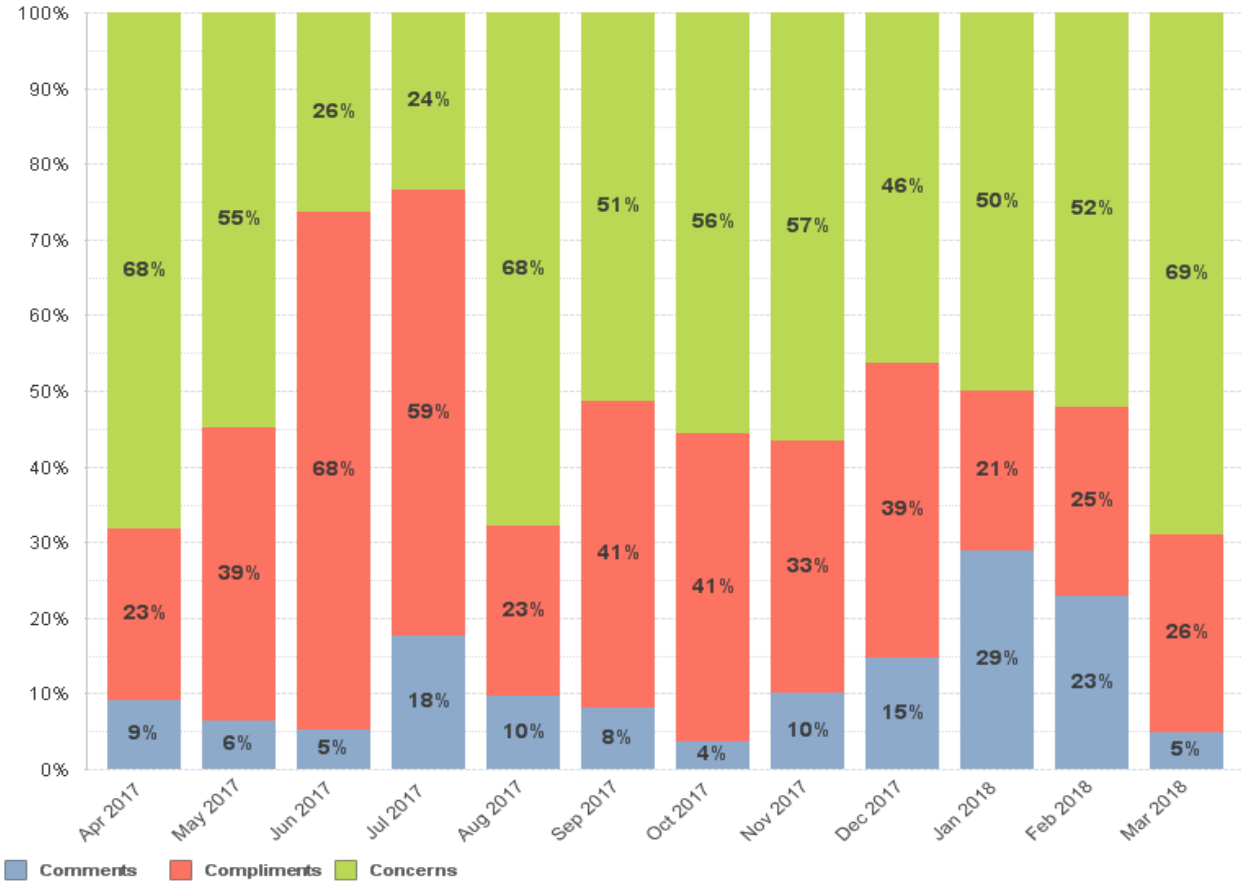
### Feedback Received

NHS Dumfries and Galloway received 275 comments and concerns in 2017/18, significantly more than the 180 items received the previous year. Feedback increased over the last quarter of 2017/18 in response to the opening of the new hospital. Many of the issues raised were resolved at the first point of contact with feedback coordinators.

The Board also received 136 compliments in relation to excellent care and treatment. It is also acknowledged that individual wards and departments will have received many compliments directly throughout the year and Patient Services are working on a system to better capture this valuable information.

**Breakdown of feedback received**

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
Comments	2	2	1	3	3	3	1	3	6	19	11	2	<b>56</b>
Compliments	5	12	13	10	7	15	11	10	16	14	12	11	<b>136</b>
Concerns	15	17	5	4	21	19	15	17	19	33	25	29	<b>219</b>
<b>Total</b>	<b>22</b>	<b>31</b>	<b>19</b>	<b>17</b>	<b>31</b>	<b>37</b>	<b>27</b>	<b>30</b>	<b>41</b>	<b>66</b>	<b>48</b>	<b>42</b>	<b>411</b>



## Top themes

### Comments and Concerns

Issue	Number	% of total
Clinical Treatment	59	21%
Premises	38	14%
Waiting Time for Date of Appointment	33	12%
Staff Attitude and Behaviour	18	7%
Staff Communication (oral)	16	6%

### Compliments

Issue	Number	% of total
Clinical Treatment	30	22%
Staff Attitude and Behaviour	21	15%
Staff competence	4	3%

Themes were not recorded in almost a third of cases. Patient Services will work with colleagues to improve data capture in the Datix system over 2018/19 to ensure information is better captured going forward.

## 1.2 Participation and Engagement Network

As a Board, we are keen to provide opportunities for local residents to participate in the development, design and delivery of our services. Working closely with Community Planning Partnership colleagues, the Board facilitates a Participation and Engagement Network (PEN). The PEN allows members of the public to 'sign up' to become more involved in local consultation and engagement activities.

### What we are doing well

We are committed to building a bank of network members that are representative of the local community. Recognising the importance of promoting the network to the public, we developed clear branding and promotional materials for the PEN.

Leaflets promoting the network are available in public areas across our hospitals. They have also been distributed to our partners and key stakeholders. Information about the network is also available online via the DG Change website and Community Planning Partnership websites.

### Where we can improve

Network membership is still modest and we recognise that this is in part due to limited awareness. Community Planning Partners are in the process of developing a structured communication plan to promote the network more heavily through our websites and social media channels. In addition, we will work closely with local

established groups to ensure they are receiving the information and support they need to encourage their members to sign up and become involved.

To encourage and retain involvement, we recognise the importance of ensuring that network members are kept informed of activities and have opportunities to regularly engage with partners, even when they are not actively participating in formal consultation or engagement activities. This will be considered as part of our communication plan.

In addition to improved promotion, we also want to ensure that the consultation and engagement activities being run through the PEN are of an appropriate quality and standard. This will improve the experience of PEN members and will help to ensure our consultations are meaningful and robust. We have therefore started developing a consultation toolkit, in partnership with the Centre of Excellence in Dumfries and Galloway Council, to assist partners in preparing and delivering their consultations.

### **1.3 Care Opinion**

Care Opinion is an online approach, actively supported by the Scottish Government, which enables the public to provide and view feedback on the health and care services they have received. It encourages people to share their story of their experience with our services and directs those stories to the services that provided them. In turn, we offer a personal response which is public and searchable for visitors to the site. The site is designed to be easy to use and accessible, providing an opportunity for people to provide feedback at a time and place that suits them. It also offers users the opportunity to submit stories by telephone and post.

NHS Dumfries and Galloway's subscription extends across the Health and Social Care Partnership and includes wider community services and GP practices.

#### What we are doing well

Promotional materials for Care Opinion are well distributed and visible across our services. Leaflets are available in public facing areas and on individual wards. Care Opinion is promoted on our website, in our feedback leaflets and stories are shared on our social media pages.

Most stories receive a response within 48 hours and all of our stories have received a reply. Where stories have been critical, we offer an opportunity for people to discuss their concerns with us directly and in a number of cases, this offer has been accepted. Stories are shared with the relevant teams and where possible, we identify learning from the feedback we received.

As well as general promotion of Care Opinion, Patient Services work directly with individual services to plan targeted promotion appropriate to their patients.

#### Where we can improve

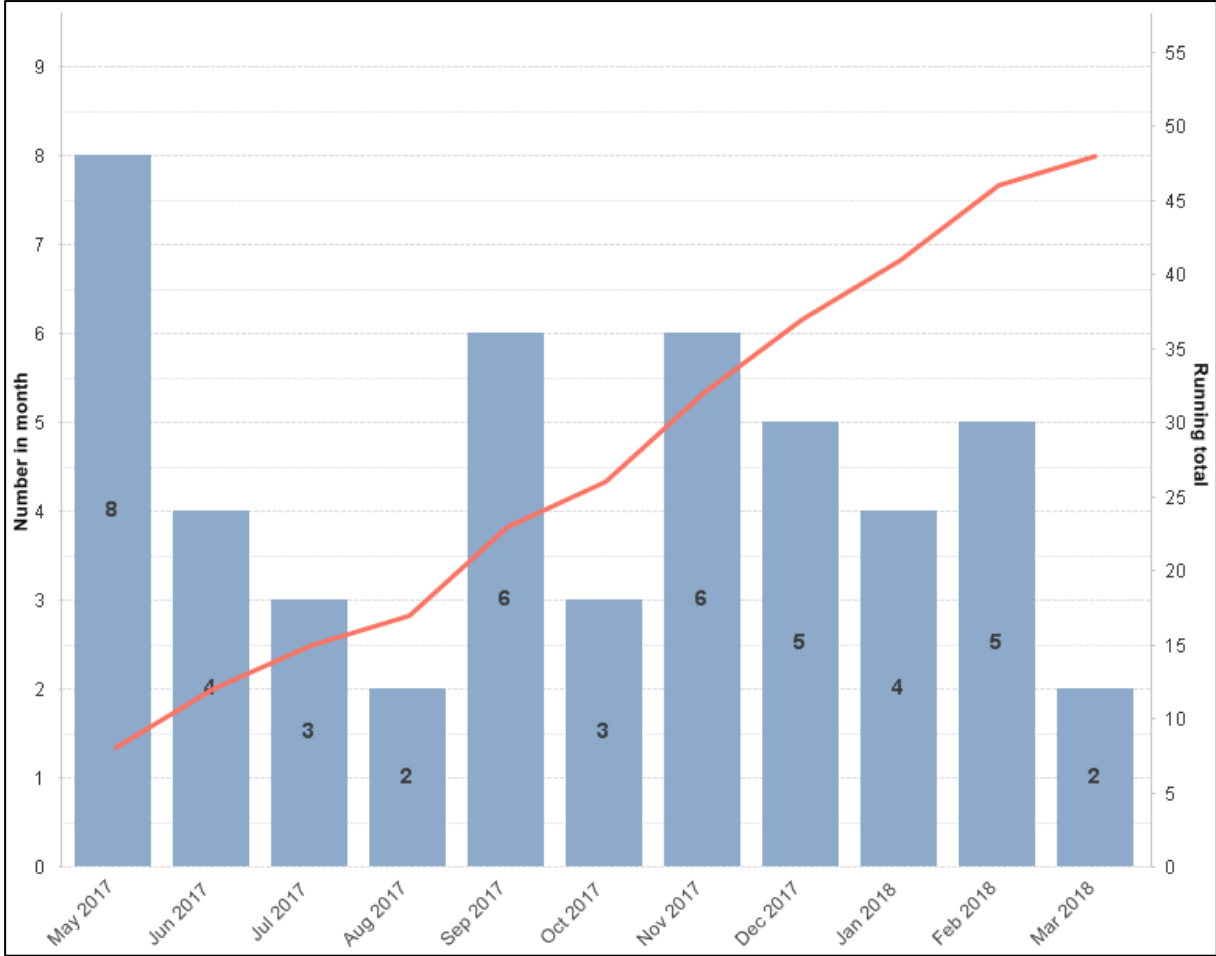
Whilst Care Opinion is well promoted across the Board, we recognise there is still room to improve. A communication plan is being developed to ensure we are

maximising opportunities for promoting Care Opinion. This will include better use of technology to promote the service at the point of experience.

Further information on Care Opinion, including details of our stories, can be found at [www.careopinion.org.uk](http://www.careopinion.org.uk).

Feedback Received

NHS Dumfries and Galloway received 47 Care Opinion stories during the period, many of which were positive.





**Criticality of Stories**

Criticality ratings are applied to each story by Care Opinion staff. This ranges from zero to five. Zero indicates a positive story such as a compliment or suggestion. Criticality Five, Strongly critical, indicates the most critical rating, with one – four being minimal, mild, moderate and strongly critical respectively. NHS Dumfries and Galloway has not received a story rated ‘strongly critical’. Below is the summary of criticality rating for this year.

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
<b>0 - Not Critical</b>	0	2	1	1	0	5	2	3	2	2	2	0	20
<b>1 - Minimally Critical</b>	0	1	2	1	0	0	1	1	2	0	0	1	9
<b>2 - Mildly Critical</b>	0	1	0	1	2	1	0	1	0	2	2	0	10
<b>3 - Moderately Critical</b>	0	4	1	0	0	0	0	1	0	0	1	1	8
<b>Total</b>	<b>0</b>	<b>8</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>6</b>	<b>3</b>	<b>6</b>	<b>4</b>	<b>4</b>	<b>5</b>	<b>2</b>	<b>47</b>

**2. Encouraging and Handling Complaints**

**2.1 Handling Complaints**

NHS Dumfries and Galloway implemented the NHS Scotland Model Complaints Handling Procedure (MCHP) from 1 April 2017. The new procedure saw the move to a two stage complaints procedure for NHS Boards. The first stage of the procedure focuses upon the early resolution of complaints and the second stage provides the opportunity for detailed investigation of the issues raised.

What we are doing well

The public have access to a number of information sources regarding our complaints procedure, including:

- Web information locally, through NHS Inform and via the Scottish Public Services Ombudsman.
- NHS Inform leaflets detailing how to provide feedback and make complaints.
- Our local Feedback Leaflet and form also provides information.

We recognise that making a complaint can be a daunting and at times, an intimidating prospect, particularly when you are also dealing with difficult personal circumstances such as illness or loss. There is support available to our patients, service users, carers and visitors via locally advocacy and support services and through the Patient Service team and local staff. We ensure this support is promoted in our literature and web information. This ensures that people can choose how involved they wish to be with the complaint.

In implementing the new procedure, we introduced a significant number of improvements to our complaints handling including:

- Introducing detailed Complaints Handling Procedure documents including our full Board procedure and the summarised ‘public facing’ procedure.

- Identifying 'Feedback Coordinators' in each service to ensure local accountability and expertise.
- Introducing customer satisfaction measuring for those that have been through the Complaints Handling Procedure.
- Improving the training options available to staff around managing feedback and in particular, complaints.
- Improving our performance reporting to ensure we are meeting the requirements of the Scottish Public Services Ombudsman's key performance indicators.
- Revising our complaint response templates to ensure they are person centred and easy to read.

### Where we can improve

Whilst our complaints handling is improving, we recognise that there is work still to do, including:

- Improving how we capture, analyse and respond to learning from complaints including linking that analysis and learning to other relevant sources of information such as adverse events.
- Improving our analysis of complaints trends in order that we can learn in a wider sense and become more proactive in our approach to dealing with arising issues.
- Improving the accessibility to the Complaints Handling Procedure through an Equality Impact Assessment and work with local established groups.
- Improving how we manage complex and challenging complaints to ensure consistency and learning.

There are plans in place to address each of the above and we are confident that 2018/19 will see further improvements to how complaints are handled and how the public experience the complaints procedure.

## **2.2 Summary Complaints Data**

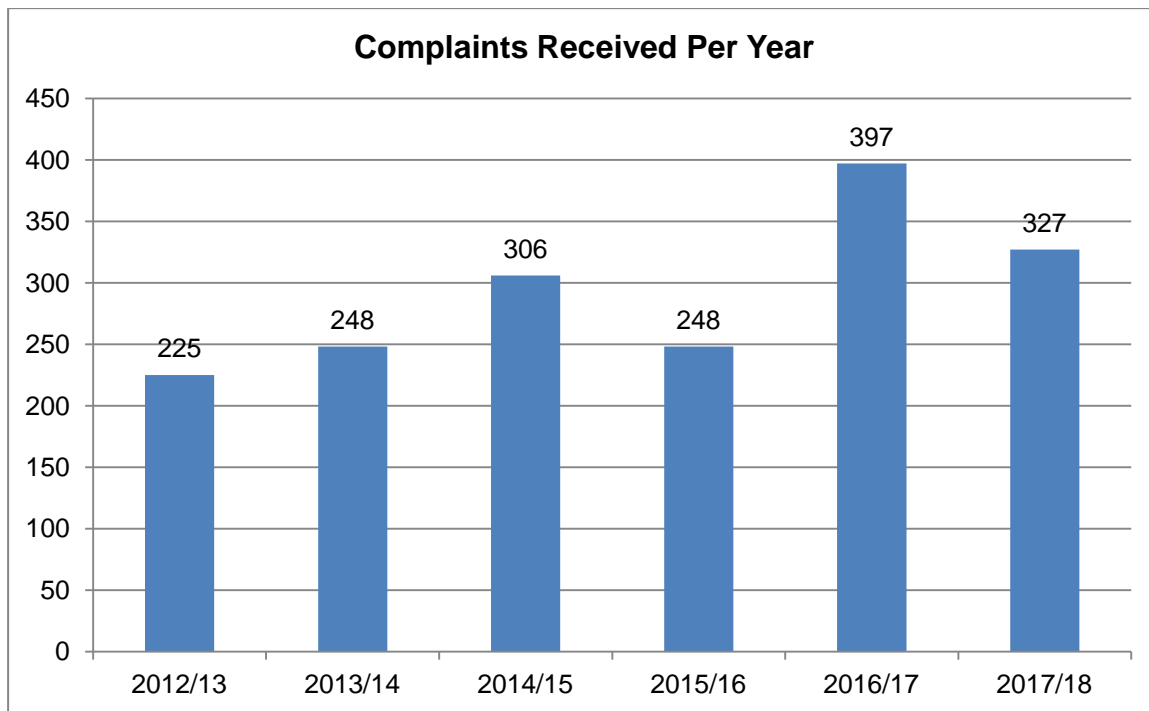
In the past year, NHS Dumfries & Galloway received a total of 327 complaints. This is a decrease on 2016/17 in which we received 398 complaints. These numbers remain low in the context of the number of episodes of care delivered across the Board each year.

Definitions:

**Stage One:** Complaints closed at Stage One Frontline Resolution

**Escalated to 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)

**Stage Two (direct):** Complaints that went directly to Stage Two Investigation due to their complexity or the level of investigation required.

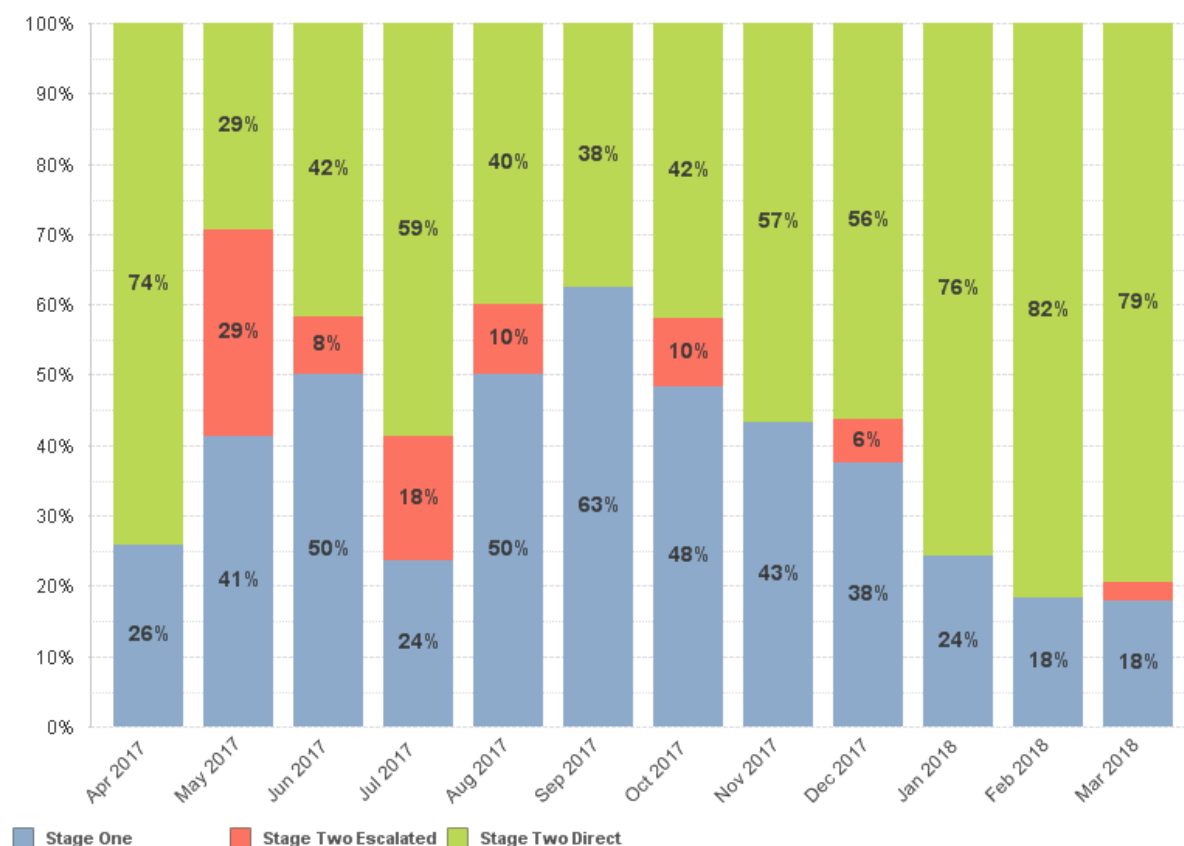


*(Please note: 2017/18 is a total of Stage 1 and Stage 2 complaints combined)*

### Summary Complaints Data by Month & Annual Total (2017/18)

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Tot
<b>Total Complaints received</b>	<b>27</b>	<b>34</b>	<b>36</b>	<b>17</b>	<b>10</b>	<b>16</b>	<b>31</b>	<b>30</b>	<b>16</b>	<b>33</b>	<b>37</b>	<b>39</b>	<b>327</b>
<b>Stage 1</b>	7	14	18	4	5	10	15	13	6	8	7	7	<b>114</b>
<b>Stage 2 Direct</b>	20	10	15	10	4	6	13	17	9	25	31	31	<b>191</b>
<b>Escalated to Stage 2</b>	0	10	3	3	1	0	3	0	1	0	0	1	<b>22</b>

## Complaints breakdown per month



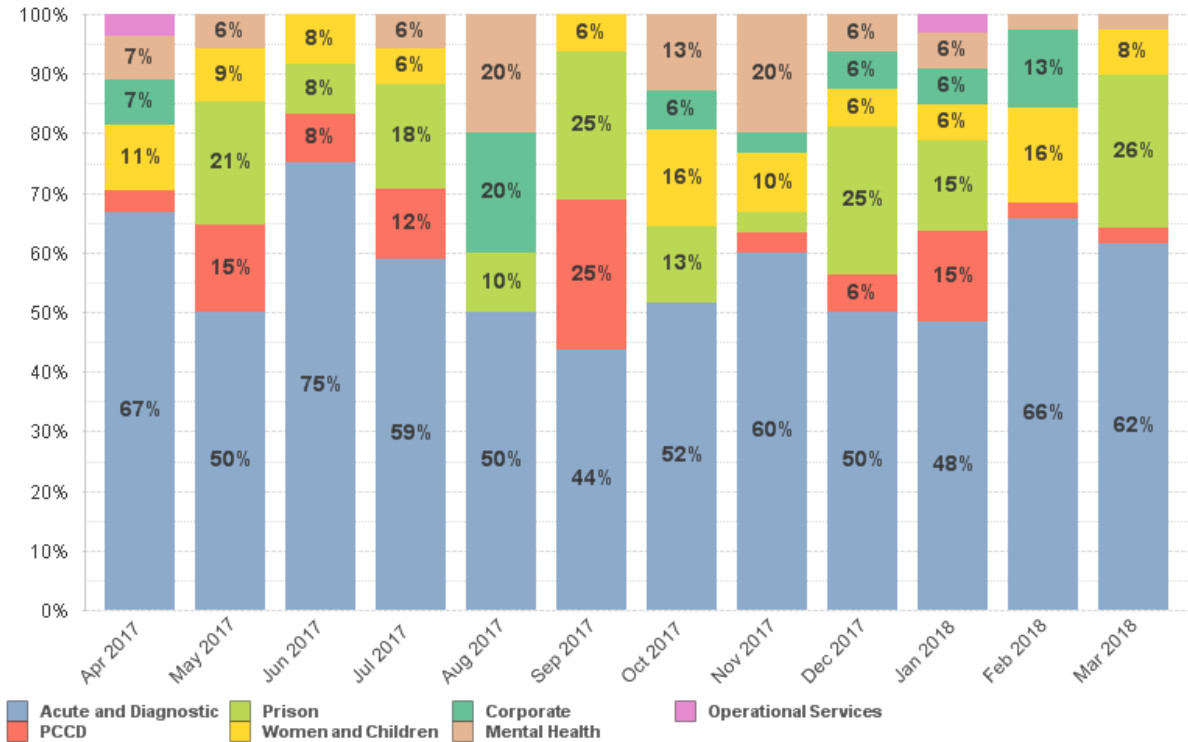
## Complaints by Directorate

The complaints received related to the following areas:

Service	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Tot
Acute Diagnostic and	18	17	27	10	5	7	16	18	8	16	25	24	191
Community Health & Social Care	1	5	3	2	0	4	0	1	1	5	1	1	24
Prison	0	7	3	3	1	4	4	1	4	5	0	10	42
Women and Children	3	3	3	1	0	1	5	3	1	2	6	3	31
Corporate	2	0	0	0	2	0	2	1	1	2	5	0	15
Mental Health	2	2	0	1	2	0	4	6	1	2	1	1	22
Operational Services	1	0	0	0	0	0	0	0	0	1	0	0	2
<b>Totals:</b>	<b>27</b>	<b>34</b>	<b>36</b>	<b>17</b>	<b>10</b>	<b>16</b>	<b>31</b>	<b>30</b>	<b>16</b>	<b>33</b>	<b>38</b>	<b>39</b>	<b>327</b>

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

### Complaints by first received date and service

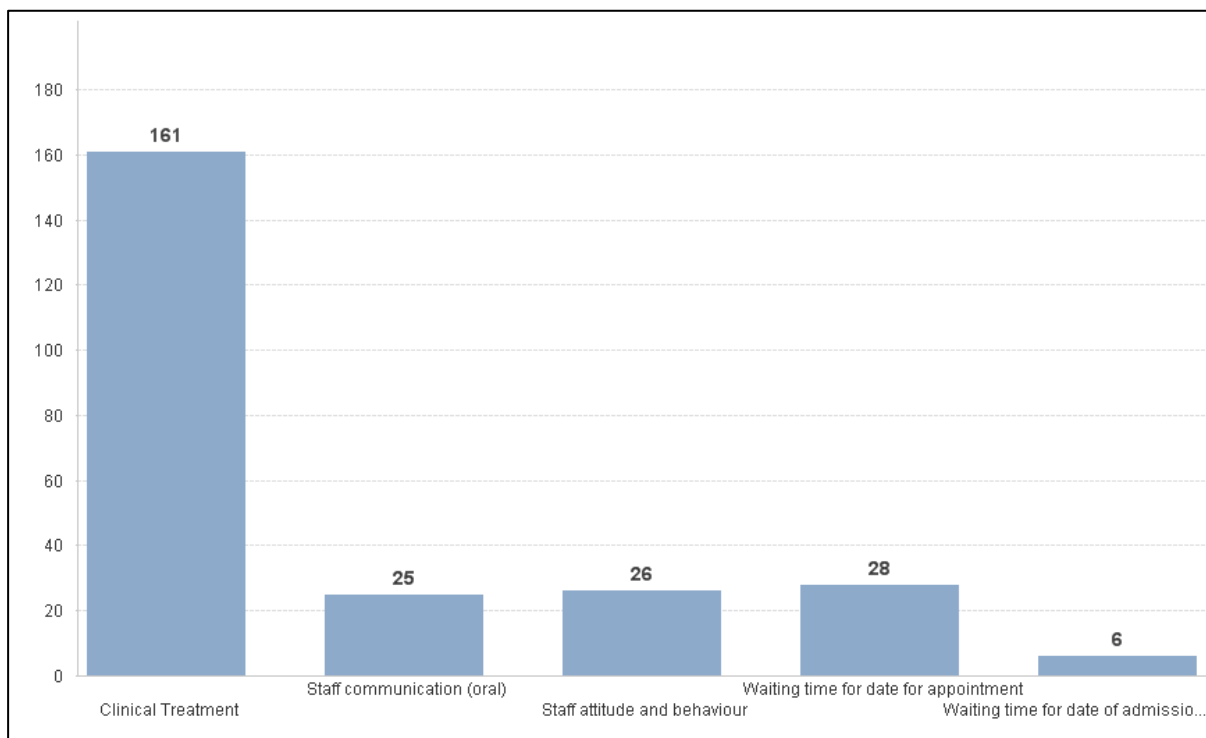


### Complaint Themes

The table below identifies the top five issues that were complained about. A complaint may be recorded under one issue or several different issues, depending upon the nature and complexity of the complaint.

Issue	Total	% of total
Clinical Treatment	161	49%
Staff Communication (oral)	25	8%
Staff Attitude and Behaviour	26	8%
Waiting Time for Date of Appointment	28	9%
Waiting time for date of admission	6	2%

## Top 5 Themes



### 2.3 Complaints Handling Performance Indicators

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
<b>Indicator One:</b> 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.
<b>Indicator Two:</b> Complaint process experience	A statement to report the person making the complaint's experience in relation to the complaints service provided.
<b>Indicator Three:</b> Staff awareness and training	A statement to report on levels of staff awareness and training.
<b>Indicator Four:</b> 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.
<b>Indicator Five:</b> Complaints closed at each stage	Details of the number of complaints responded to at each stage of the Complaints Handling Procedure.

<b>Indicator Six:</b> Complaints upheld, partially upheld and not upheld	Details of the number of complaints that had each of the above listed outcomes.
<b>Indicator Seven:</b> Average response times	Details of the average time in working days to close complaints at each stage of the Complaints Handling Procedure.
<b>Indicator Eight:</b> Complaints closed in full within the timescales	Details of how many complaints were responses to within the timescales required of the Complaints Handling Procedure.
<b>Indicator Nine:</b> 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**

*"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."*

Feedback provides a valuable opportunity for us to learn from the experiences of our patients, service users, carers and visitors. As well as our local commitment to learning and improving, we are also obliged to identify, record and report on learning under our Performance Indicators.

#### What we are doing well

As part of the information captured on Datix around complaints, we record any improvements actions taken. The table below demonstrates that we identified 298 improvement actions during 2017/18.

	<b>Total</b>
<b>No Action Taken</b>	90
<b>Improvements in communication</b>	51
<b>Action plan instigated</b>	22
<b>Conduct issues addressed</b>	5
<b>Share lessons with staff/patient/public</b>	99
<b>Education/Training of staff</b>	10
<b>Improvements made to service access</b>	2
<b>Policy/Procedure Review</b>	6
<b>Change to system</b>	7
<b>Review of waiting times</b>	6
<b>Totals:</b>	298

## Where we can improve

Whilst we do regularly identify learning and improvements from complaints and other types of feedback, we recognise that our tracking and sharing of that information could be better. This is a challenge that is reflected nationally across the public sector. We are still working to improve in this respect and continue to look at our own local processes and systems to help us capture, analyse and track these learning opportunities including:

- Looking at potential technical solutions to analyse trends and complaints data.
- Assessing how we can better share and analyse complaints learning against the learning from adverse events.
- Introducing improved templates and guidance for staff dealing with complaints.
- Ensuring learning and improving is a key focus of our training and promotional materials.
- Improving our performance reporting to ensure managers and key staff are getting a regular and comprehensive overview of the feedback their area is receiving.

This work is a key priority for 2018/19.

## Examples of Learning

Below are a number of examples of learning implemented by our services over the period 2017/18.

### **Acute Services Directorate**

- a) There was a complaint relating to the length of time taken to be seen in Accident and Emergency at Galloway Community Hospital. Patients were advising that staff did not always keep them informed of the reason for the delay.

As a result of the feedback, printed notices about triage and the aim of the department, in line with national/government guidelines, were produced. The department also began displaying a notice for patients to advise them to alert the reception staff if they have been waiting for more than one hour to be seen.

The staff were also reminded of the importance of communication with patients during the triage process.

- b) A patient contacted their MSP regarding their concerns that NHS Dumfries and Galloway were no longer offering treatment to patients suffering from sleep apnoea.

The Board's response highlighted that we continue to provide a service for sleep breathing disorders; however the new patient diagnostic component was temporarily suspended between January and June 2017. This was due to a



high number of new referrals plus an increasing number of existing patients due for review which presented an unsustainable pressure on clinical staff.

Senior Management review of the situation and an increase in staffing resources resulted in the new patient diagnostic service being resumed.

- c) A patient complaint identified a need for improved support to inpatients with Autism Spectrum Disorder. As a result of the complaint, the service developed a plan to ensure improved support was in place.

### **Mental Health, Intellectual Disability and Psychology**

- d) In response to a complaint about communication, the service reviewed their telephone message system and implemented a number of improvements to ensure messages were logged, forwarded and actioned consistently and efficiently.

### **Women, Children's and Sexual Health**

- e) In reviewing historic notes as part of a complaint investigation, it was difficult to identify with certainty a particular detail relating a surgery that had been performed. Whilst sufficient information was available to respond to the complaint and offer an outcome, the service identified an opportunity to remind staff about the importance of clear and accurate notes.
- f) A complaint was received regarding the appointment system for the Child and Adolescent Mental Health Service (CAMHS) Team. The patient cancelled an appointment and was sent another date, however, they felt the new appointment was too long a wait. When they contacted the administrative team they did not have access to the Consultant's diary in order to arrange a more convenient appointment.

As a result administrative staff in CAMHS now have access to the Consultant diaries which allows the service to respond to appointment queries and requests in a timely way without the need to discuss with the Consultants first.

- g) In response to a complaint the service updated their care plan forms to include additional guidance and review date information.

## **Indicator 2 - Complaints Process Experience**

*“A statement to report the person making the complaint’s experience in relation to the complaints service provided.”*

### What we are doing well

Complainants have been invited to share their experience of the Complaints Handling Procedure with the Board since February 2018. By seeking this feedback, we are able to identify if any adjustments are required to the complaints service offered by NHS Dumfries and Galloway.

Our survey questions are based on the suggested themes in the model Complaints Handling Procedure from the SPSO and are consistent with the questions being asked by other Boards. The survey seeks to measure:

- Ease of access to the process, including how easy it is to find on websites and via search engines.
- How the person making the complaint was treated by staff (for example were they professional, friendly, polite, courteous etc).
- Whether empathy was shown or an apology offered.
- Timescale in terms of responses being issued or updates as the case may be.
- Clarity of decision and clarity of reasoning.

The survey is made available to anyone who has made a complaint. A link to the online survey is provided in complaints response letters and paper copies can be requested via Patient Services.

We have received two responses since the introduction of the survey.

### Where we can improve

We recognise that we are in the early stages of gathering this feedback and therefore response rates are understandably low. It’s important that we monitor those response rates in the coming year to ensure that they increase and that we are consistently receiving feedback from complainants. It is also important that we promote the opportunity to provide feedback on the complaints service and that we make it as easy as possible for the public to provide that feedback. We will do so by improved promotion of the survey via our social media channels and through direct communications with local established groups and the wider public.

## **Indicator 3 - Staff Awareness and Training**

*“A statement to report on levels of staff awareness and training.”*

### What we are doing well

Patient Services currently deliver two complaints training courses, Complaints Handling and Investigation Skills. These sessions are open to staff across Health and Social Care as well as to GPs, dentists, pharmacists and opticians.

In 2017/18, 123 staff attended Complaints Handling training and 94 staff attended Investigation Skills training. Feedback and complaints awareness training was also delivered directly to a number of teams.

Attendees are invited to provide feedback on the training after the event. All of those that responded, rated the training as either 'very good' or 'excellent'. The comments provided by attendees confirm the value of the training and demonstrate that it is improving confidence around complaints handling:

*'The training was practical and comprehensive. The trainer provided reassurance on gaining support should a complaint or investigation present with challenges which was reassuring. The links and further reading was extremely helpful. Excellent training, thank you.'*

*'Think the balance between presentation, group activity and also time allowed for discussion of tactic learning was perfect. This blended learning approach allowed for perhaps even more learning and outcomes being achieved within the group than expected.'*

*'It was excellent and now plan to roll out to my team.'*

The 2018/19 training schedule has been finalised and circulated with names already confirmed for attendance.

As well as complaints training, we also delivered Significant Adverse Event training to 70 staff, Human Factors training to 34 staff and Duty of Candour training to 132 staff.

#### Where we can improve

We recognise that not all staff will require detailed complaints training and that feedback is wider than complaints. We have therefore introduced one hour 'feedback open sessions' for staff over 2018/19. The aim of these sessions is to give attendees a basic awareness of the different options available to the public when they wish to provide feedback about our services. The sessions touch on Care Opinion, the Complaints Handling Procedure and the role of advocacy services. An opportunity will be given at the end of the sessions for questions and discussion.

To further bolster awareness and understanding of advocacy and support services, we have scheduled a focussed awareness session in June 2018 in Dumfries for staff to learn more about Dumfries and Galloway Advocacy Service and the Patient Advice and Support Service. If this session is well received, it will be delivered again in the West of the region later in the year.

We also recognise that staff awareness of mediation services is limited and that mediation is underused by NHS Dumfries and Galloway. We are working with the Scottish Mediation Network to deliver an awareness raising event in Dumfries in July 2018 with the intention of again delivering a further session in the West of the region later in the year.

The Patient Feedback Manager is currently undertaking a mediation qualification and will become a qualified and registered mediator during 2018/19.

**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.”*

Description	2017/18
Per 1000 population	2.2
Prisoner complaints per average population	0.3

*It is currently not possible to provide this information per patient episode due to lack of completeness of electronic data across the system.*

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

**NB - All information from this point forwards relates to Complaints which have been completed.**

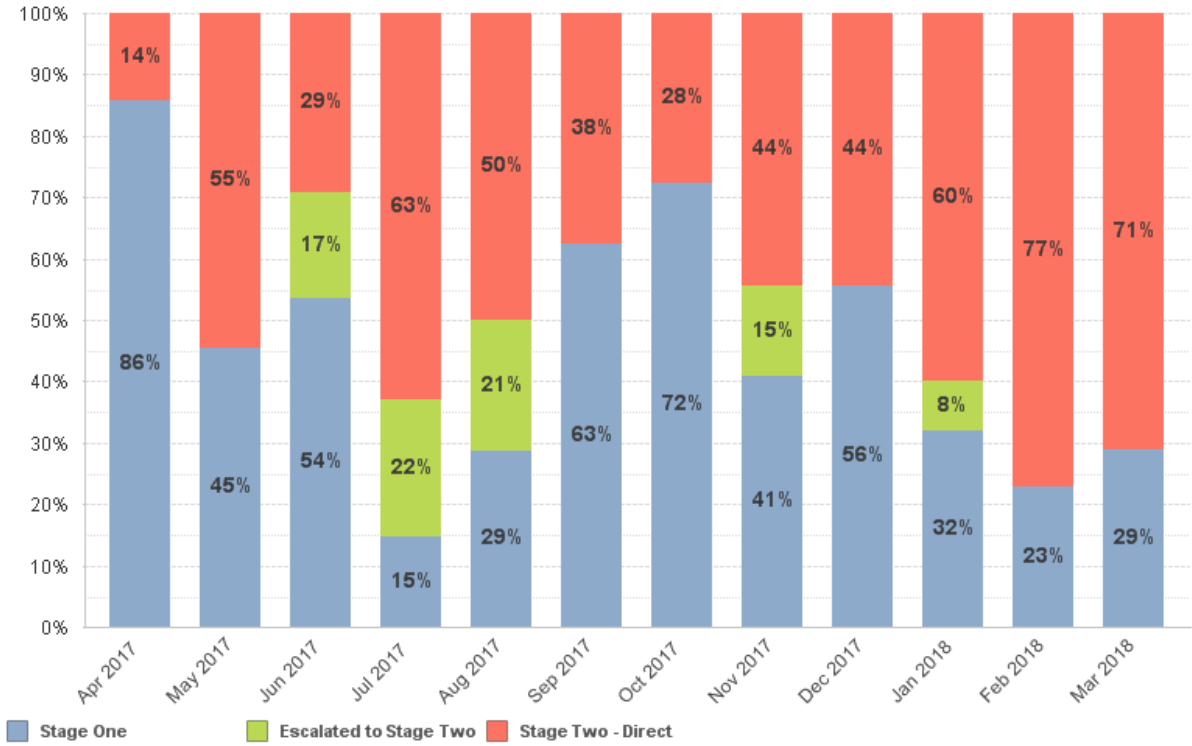
**Indicator Five: Complaints closed at each stage**

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

The Board responded to 268 complaints over the period. The tables below demonstrate at what stage each complaint was responded to under.

<b>Indicator 5 - Complaints closed (responded to) at Stage One and Stage Two as a percentage of all complaints closed (responded to).</b>													
	<b>Apr</b>	<b>May</b>	<b>Jun</b>	<b>Jul</b>	<b>Aug</b>	<b>Sep</b>	<b>Oct</b>	<b>Nov</b>	<b>Dec</b>	<b>Jan</b>	<b>Feb</b>	<b>Mar</b>	<b>Total</b>
<b>Stage One</b>	86% (6 of 7)	45% (10 of 22)	54% (22 of 41)	15% (4 of 27)	29% (4 of 14)	63% (10 of 16)	72% (13 of 18)	41% (11 of 27)	56% (10 of 18)	32% (8 of 25)	23% (5 of 22)	29% (9 of 31)	42% (112 of 268)
<b>Escalated to Stage Two</b>	0% (0 of 7)	0% (0 of 22)	17% (7 of 41)	22% (6 of 27)	21% (3 of 14)	0% (0 of 16)	0% (0 of 18)	15% (4 of 27)	0% (0 of 18)	8% (2 of 25)	0% (0 of 22)	0% (0 of 31)	8% (22 of 268)
<b>Stage Two Direct</b>	14% (1 of 7)	55% (12 of 22)	29% (12 of 41)	63% (17 of 27)	50% (7 of 14)	38% (6 of 16)	28% (5 of 18)	44% (12 of 27)	44% (8 of 18)	60% (15 of 25)	77% (17 of 22)	71% (22 of 31)	50% (134 of 268)

**Complaints Closed, based on closed date**



**Indicator Six: Complaints upheld, partially upheld and not upheld**  
*“Details of the number of complaints that had each of the above listed outcomes.”*

As well as the speed of our responses, it is important for us to consider and understand the outcome of complaints. Where possible, we aim to have a clear outcome detailing whether the complaint was upheld, not upheld or partially upheld.

In 2017/18 60% of our complaints were fully or partially upheld. This demonstrates an increase on the figures for 2016/2017 which recorded 44% of complaints as fully or partially upheld. In breaking the figures down further we can see that in 2017/18, 19% of all complaints were fully upheld and 41% partially upheld. Of those fully upheld, most were dealt with at Stage 1 which demonstrates our commitment to early resolution.

The tables below detail a full breakdown of our response 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.**

**Stage One**

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
<b>Upheld</b>	17% (1 of 6)	50% (5 of 10)	18% (4 of 22)	0% (0 of 4)	50% (2 of 4)	30% (3 of 10)	15% (2 of 13)	36% (4 of 11)	40% (4 of 10)	38% (3 of 8)	40% (2 of 5)	22% (2 of 9)	28% (32 of 112)
<b>Partially Upheld</b>	0% (0 of 6)	20% (2 of 10)	36% (8 of 22)	25% (1 of 4)	0% (0 of 4)	10% (1 of 10)	38% (5 of 13)	9% (1 of 11)	50% (5 of 10)	50% (4 of 8)	40% (2 of 5)	67% (6 of 9)	31% (35 of 112)
<b>Not Upheld</b>	83% (5 of 6)	30% (3 of 10)	45% (10 of 22)	75% (3 of 4)	25% (1 of 4)	20% (2 of 10)	46% (6 of 13)	36% (4 of 11)	10% (1 of 10)	13% (1 of 8)	0% (0 of 5)	11% (1 of 9)	33% (37 of 112)
<b>Other</b>	0% (0 of 6)	0% (0 of 10)	0% (0 of 22)	0% (0 of 4)	25% (1 of 4)	40% (4 of 10)	0% (0 of 13)	18% (2 of 11)	0% (0 of 10)	0% (0 of 8)	20% (1 of 5)	0% (0 of 9)	7% (8 of 112)

**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.**

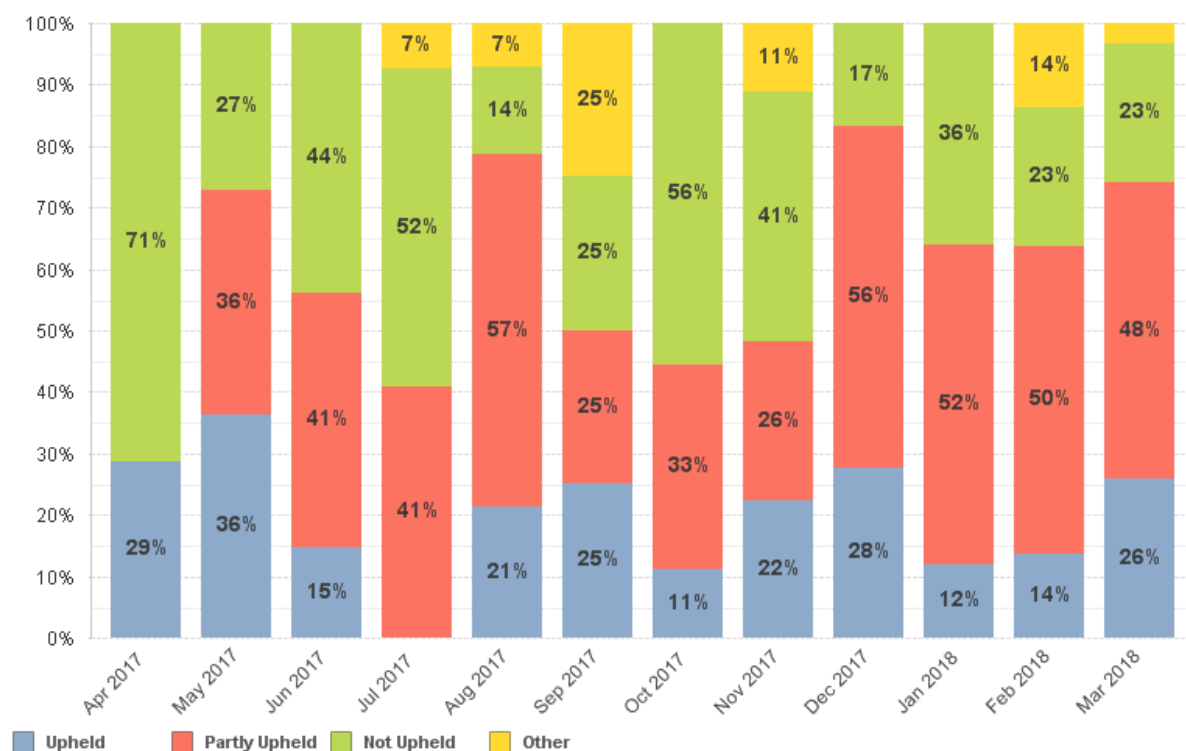
**Escalated to Stage Two**

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
<b>Upheld</b>	0% (0 of 0)	0% (0 of 0)	0% (0 of 7)	0% (0 of 6)	0% (0 of 3)	0% (0 of 0)	0% (0 of 0)	0% (0 of 4)	0% (0 of 0)	0% (0 of 2)	0% (0 of 0)	0% (0 of 0)	0% (0 of 22)
<b>Partially Upheld</b>	0% (0 of 0)	0% (0 of 0)	29% (2 of 7)	17% (1 of 6)	67% (2 of 3)	0% (0 of 0)	0% (0 of 0)	25% (1 of 4)	0% (0 of 0)	50% (1 of 2)	0% (0 of 0)	0% (0 of 0)	32% (7 of 22)
<b>Not Upheld</b>	0% (0 of 0)	0% (0 of 0)	71% (5 of 7)	83% (5 of 6)	33% (1 of 3)	0% (0 of 0)	0% (0 of 0)	75% (3 of 4)	0% (0 of 0)	50% (1 of 2)	0% (0 of 0)	0% (0 of 0)	68% (15 of 22)
<b>Other</b>	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%

	(0 of 0)	(0 of 0)	(0 of 7)	(0 of 6)	(0 of 3)	(0 of 0)	(0 of 0)	(0 of 4)	(0 of 0)	(0 of 2)	(0 of 0)	(0 of 0)	(0 of 22)
<b>Indicator 6 - The number of complaints upheld/ partially upheld/ not upheld at each stage as a percentage of complaints closed (<i>responded to</i>) in full at each stage.</b>													
<b>Stage Two Direct</b>													
	<b>Apr</b>	<b>May</b>	<b>Jun</b>	<b>Jul</b>	<b>Aug</b>	<b>Sep</b>	<b>Oct</b>	<b>Nov</b>	<b>Dec</b>	<b>Jan</b>	<b>Feb</b>	<b>Mar</b>	<b>Total</b>
<b>Upheld</b>	100% (1 of 1)	25% (3 of 12)	17% (2 of 12)	0% (0 of 17)	14% (1 of 7)	17% (1 of 6)	0% (0 of 5)	17% (2 of 12)	13% (1 of 8)	0% (0 of 15)	6% (1 of 17)	27% (6 of 22)	13% (18 of 134)
<b>Partially Upheld</b>	0% (0 of 1)	50% (6 of 12)	58% (7 of 12)	53% (9 of 17)	86% (6 of 7)	50% (3 of 6)	20% (1 of 5)	42% (5 of 12)	63% (5 of 8)	53% (8 of 15)	53% (9 of 17)	41% (9 of 22)	51% (68 of 134)
<b>Not Upheld</b>	0% (0 of 1)	25% (3 of 12)	25% (3 of 12)	35% (6 of 17)	0% (0 of 7)	33% (2 of 6)	80% (4 of 5)	33% (4 of 12)	25% (2 of 8)	47% (7 of 15)	29% (5 of 17)	27% (6 of 22)	31% (42 of 134)
<b>Other</b>	0% (0 of 1)	0% (0 of 12)	0% (0 of 12)	12% (2 of 17)	0% (0 of 7)	0% (0 of 6)	0% (0 of 5)	8% (1 of 12)	0% (0 of 8)	0% (0 of 15)	12% (2 of 17)	5% (1 of 22)	4% (6 of 134)



### Outcome of All Complaints Closed, based on closed date



### Indicator Seven: Average response times

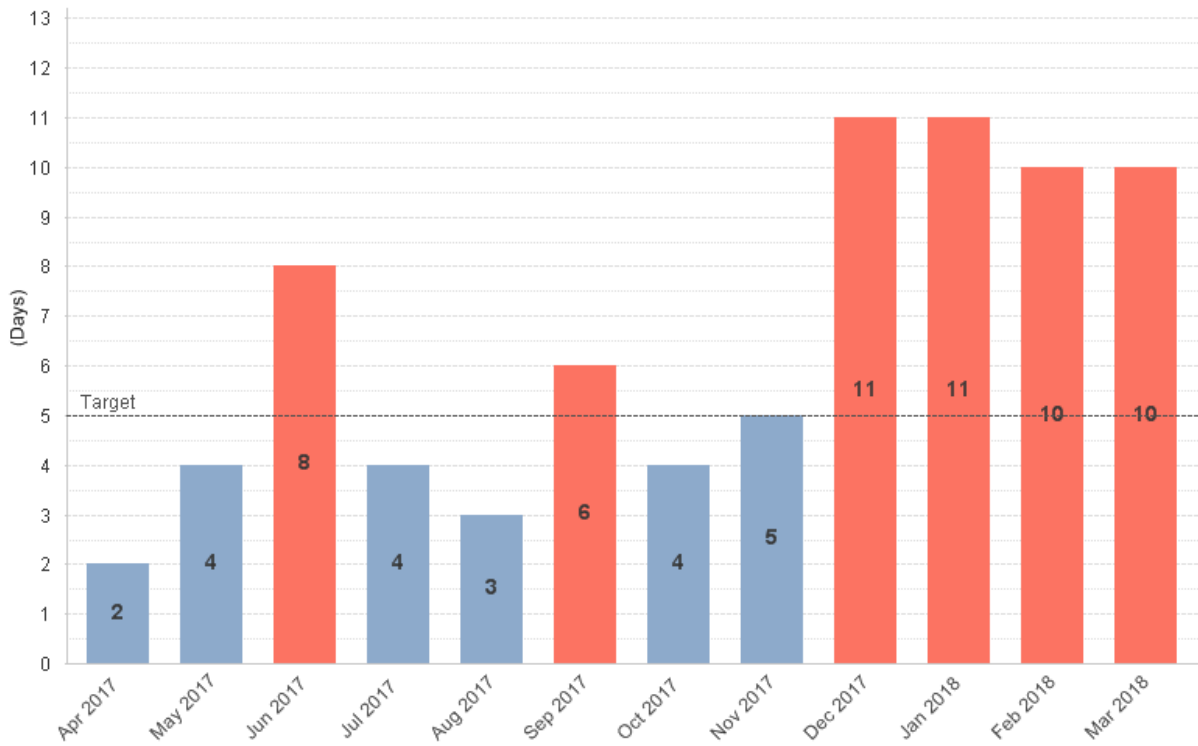
“Details of the average time in working days to close complaints at each stage of the Complaints Handling Procedure.”

The tables below detail how long it took us on average to respond to complaints at each stage. The Complaints Handling Procedure requires us to respond to Stage One complaints within 5 working days and Stage 2 complaints within 20 working days.

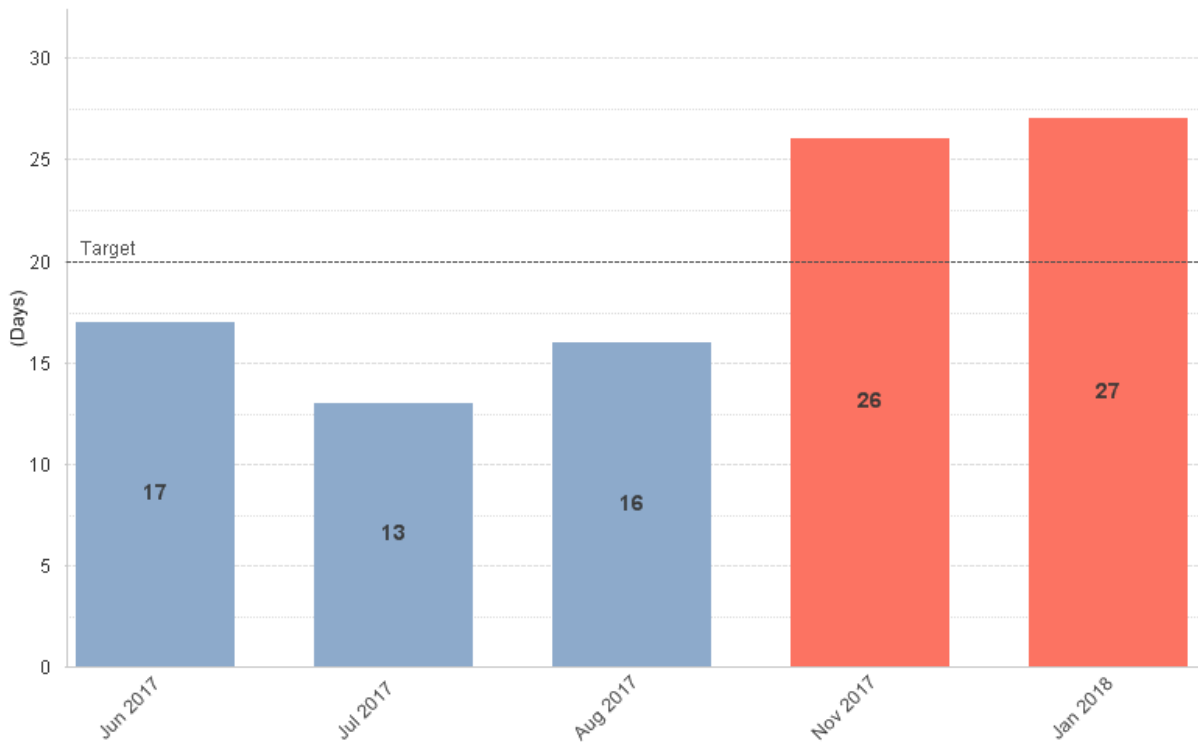
Our average response times were slightly above the required timescales with a noticeable decline in compliance around Stage 1 from December onwards. This was in large part due to the other pressures on staff at that time, including the opening of the new hospital and the flu outbreak.

Indicator 7 - The average time in working days for a full response to complaints at each stage													
Extensions	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Avg
Stage 1	2	4	8	4	3	6	4	5	11	11	10	10	7
Escalated to Stage 2	0	0	17	13	16	0	0	26	0	27	0	0	20
Stage 2 Direct	4	25	33	29	24	50	25	44	28	31	25	28	29

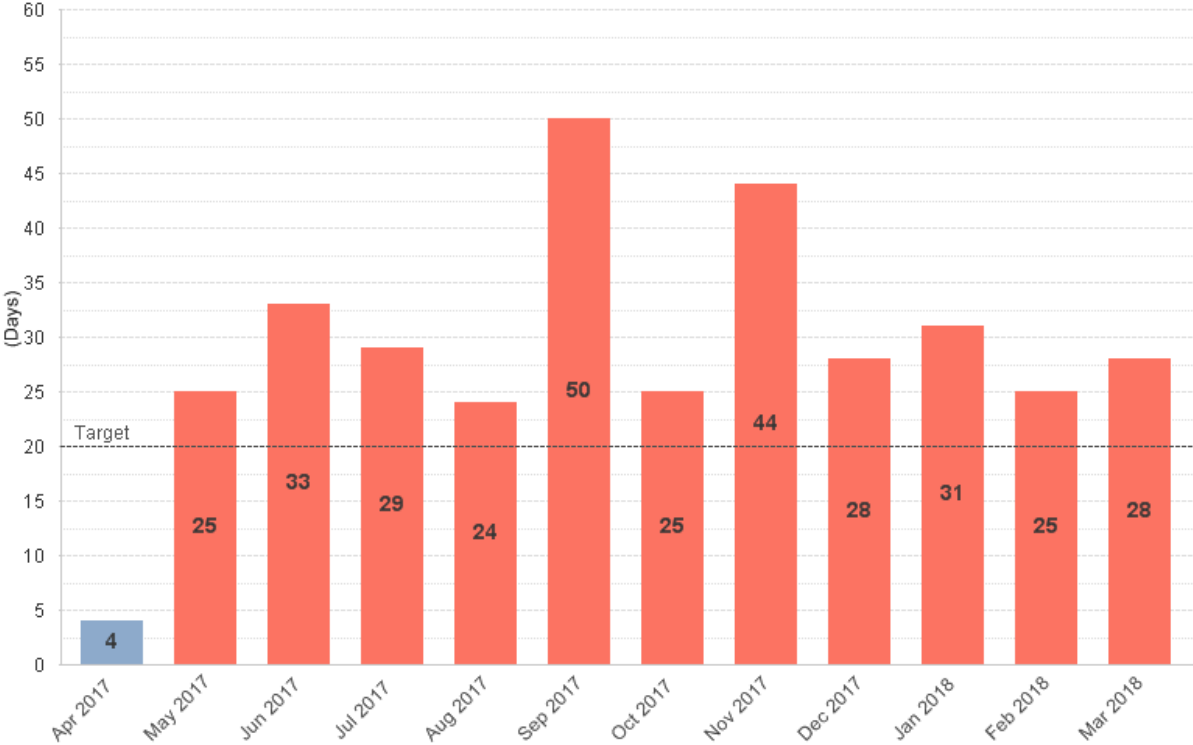
**Stage One – Average Time for Complaint to be Closed, based on closed date**



**Escalated to Stage Two – Average Time for Complaint to be Closed, based on closed date**



**Stage Two Direct – Average Time for Complaint to be Closed, based on closed date**



**Indicator Eight: Complaints closed in full within the timescales**

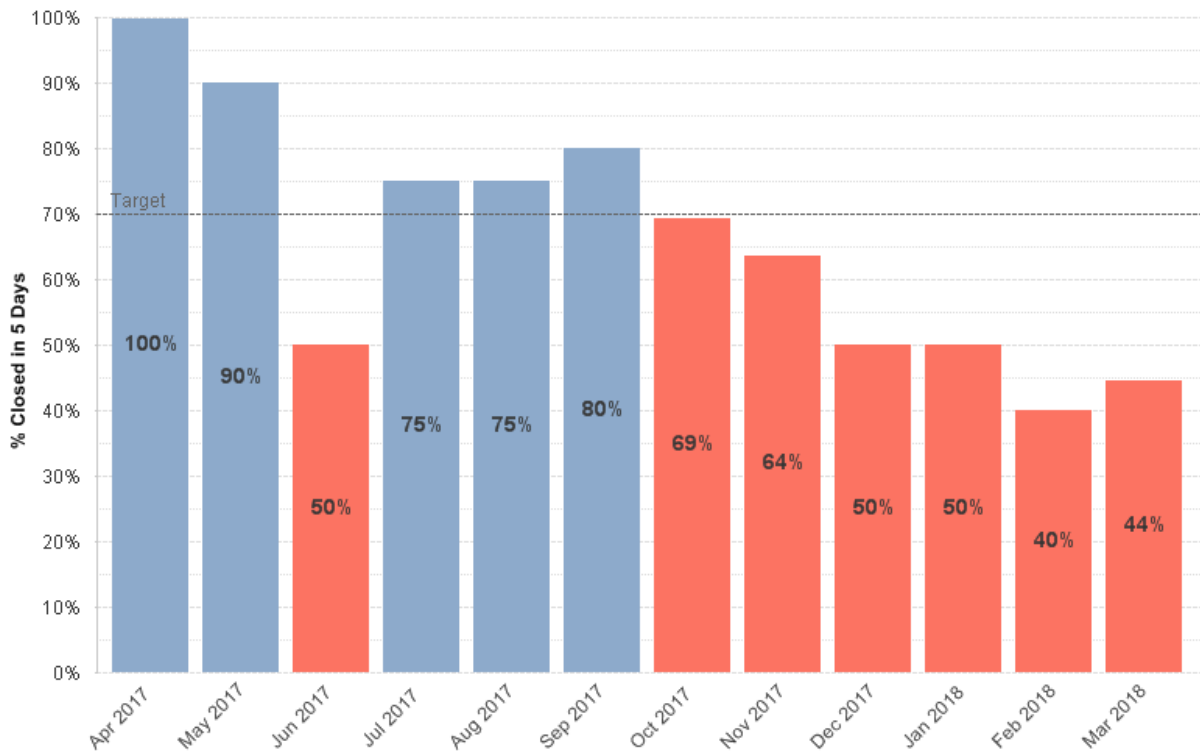
*“Details of how many complaints were responses to within the timescales required of the Complaints Handling Procedure.”*

The tables below detail how many complaints were responded to within timescale at each stage. We aim to respond to 70% of complaints within timescale at each stage.

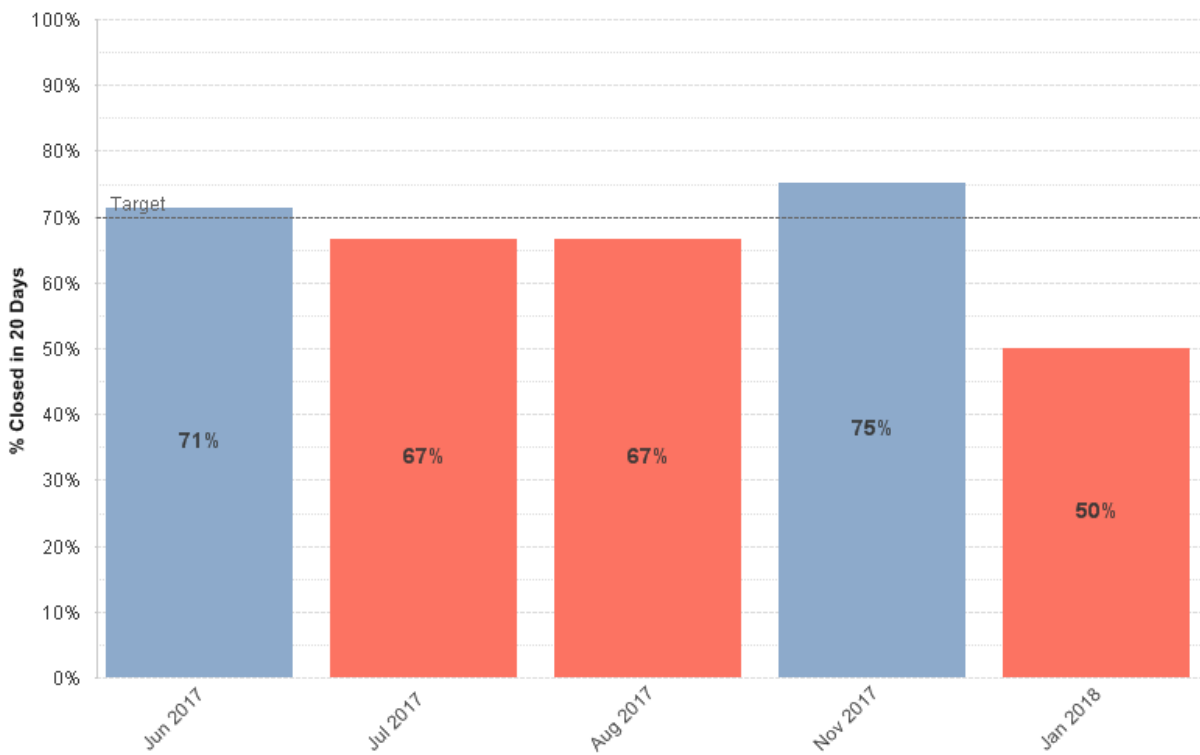
Our compliance with timescales continues to be below target and tends to fluctuate, particularly for those complaints that go directly to Stage 2 and are therefore often more complex. Extending the response beyond the statutory timescale is acceptable where such an extension has been agreed and aids an effective response and resolution to the complaint. We recognise however that there are times where these extensions have not been agreed and that is an area where we are committed to improving. The introduction of additional regular performance reports and more rigorous management of live cases will aid this in 2018/19.

<b>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</b>													
<b>Board target for complaints responded to within appropriate timescale is 70%</b>													
	<b>Apr</b>	<b>May</b>	<b>Jun</b>	<b>Jul</b>	<b>Aug</b>	<b>Sep</b>	<b>Oct</b>	<b>Nov</b>	<b>Dec</b>	<b>Jan</b>	<b>Feb</b>	<b>Mar</b>	<b>Total</b>
<b>Stage One Closed Within 5 Working Days</b>	100% (6 of 6)	90% (9 of 10)	50% (11 of 22)	75% (3 of 4)	75% (3 of 4)	80% (8 of 10)	69% (9 of 13)	64% (7 of 11)	50% (5 of 10)	50% (4 of 8)	40% (2 of 5)	44% (4 of 9)	63% (71 of 112)
<b>Escalated to Stage Two Closed Within 20 Working Days</b>	0% (0 of 0)	0% (0 of 0)	71% (5 of 7)	67% (4 of 6)	67% (2 of 3)	0% (0 of 0)	0% (0 of 0)	75% (3 of 4)	0% (0 of 0)	50% (1 of 2)	0% (0 of 0)	0% (0 of 0)	68% (15 of 22)
<b>Stage Two Direct Closed Within 20 Working Days</b>	100% (1 of 1)	33% (4 of 12)	17% (2 of 12)	35% (6 of 17)	43% (3 of 7)	17% (1 of 6)	40% (2 of 5)	42% (5 of 12)	63% (5 of 8)	40% (6 of 15)	71% (12 of 17)	50% (11 of 22)	43% (58 of 134)

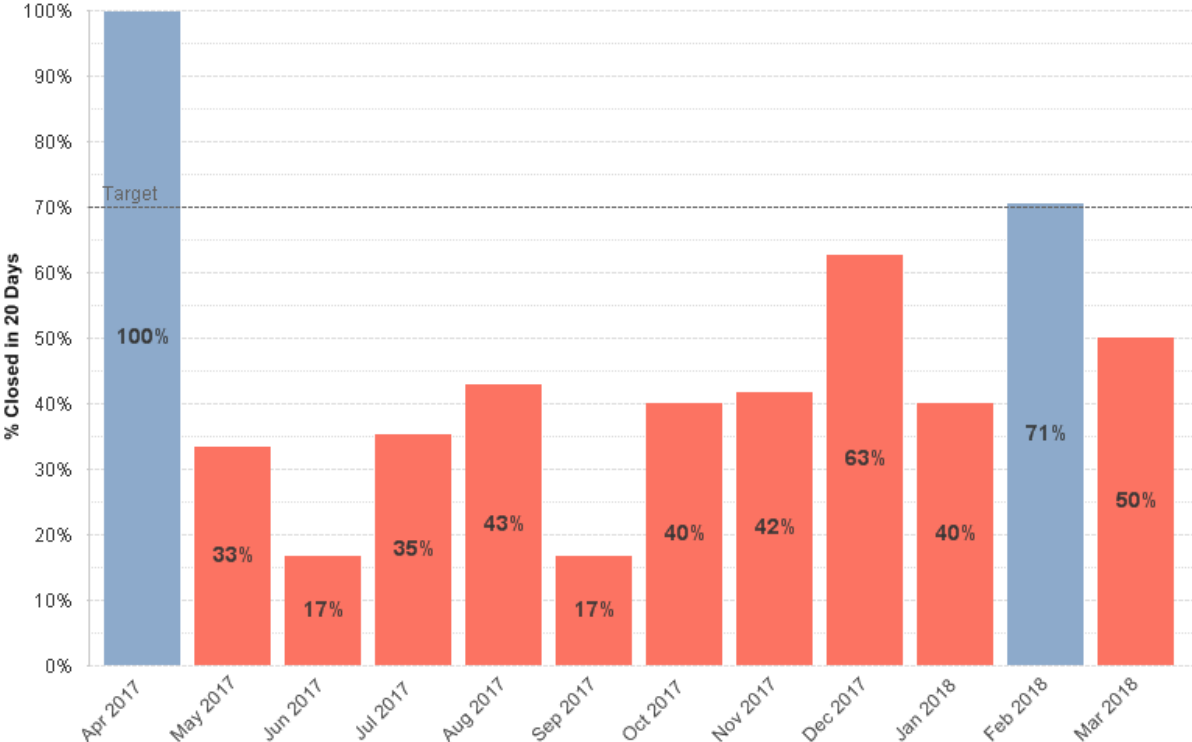
**Stage One - Complaints Closed in Set Timescale, based on closed date**



**Escalated to Stage Two - Complaints Closed in Set Timescale, based on closed date**



**Stage Two Direct - Complaints Closed in Set Timescale, based on closed date**

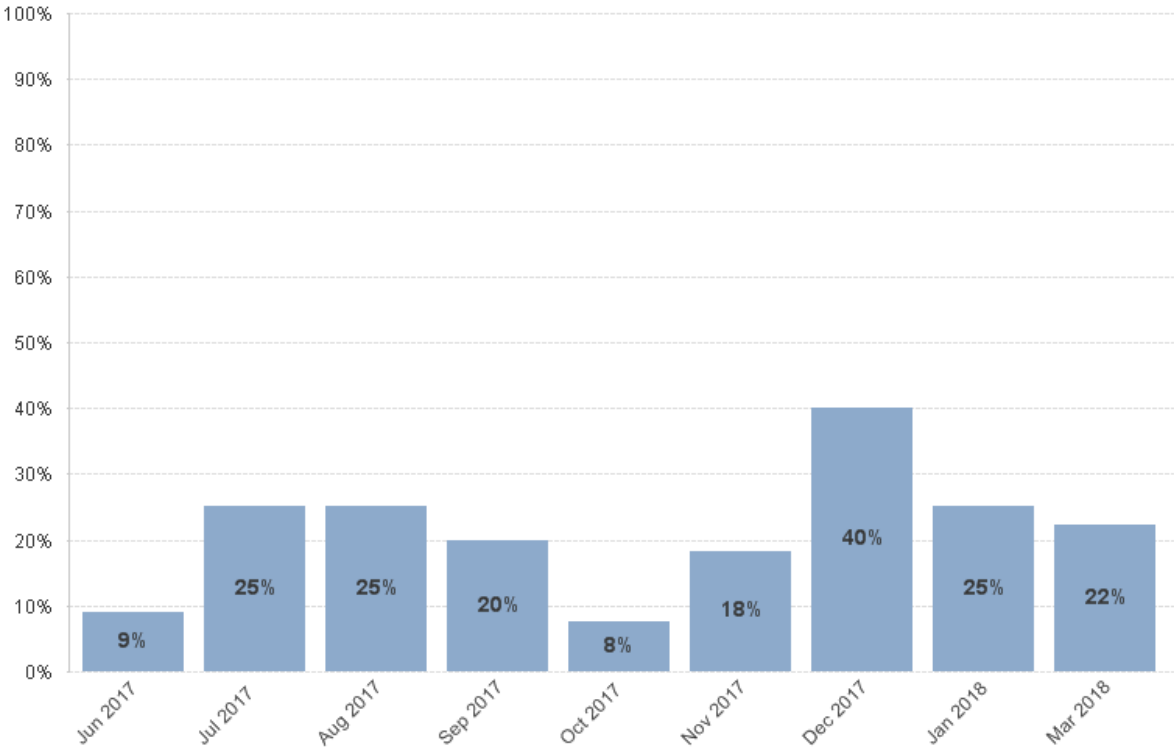


### Indicator Nine: Number of cases where an extension was authorised

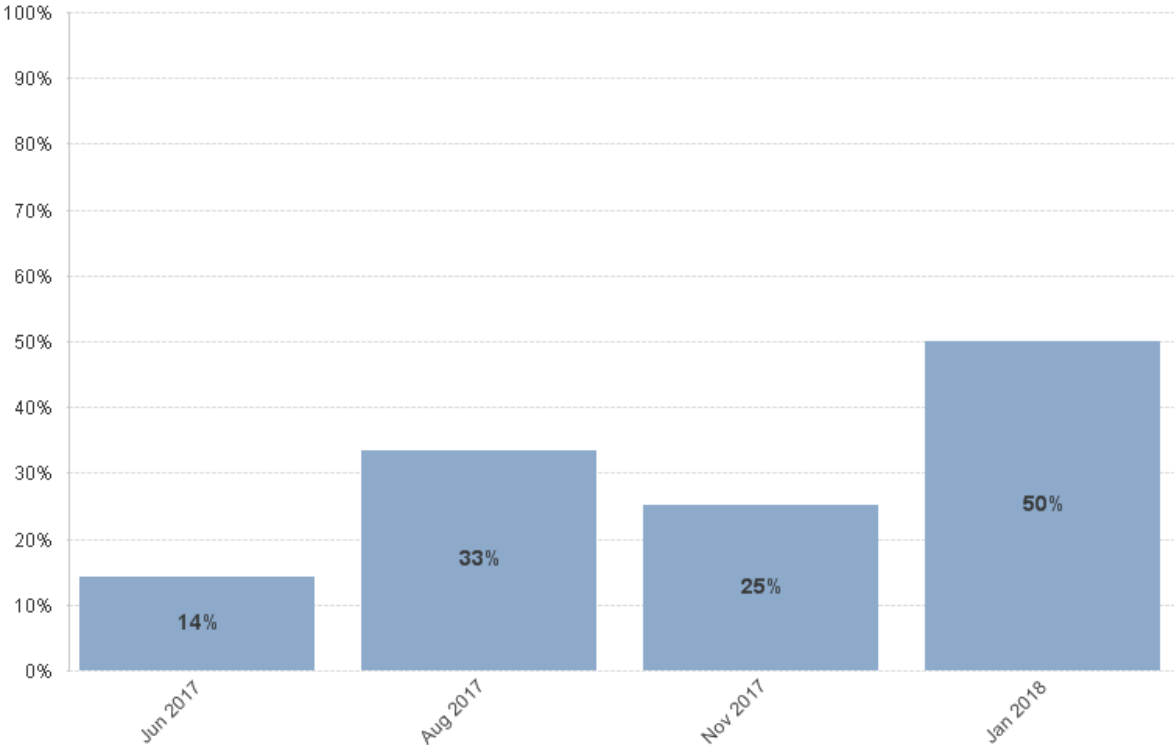
*"Details of how many complaints required an extension to the standard timescales."*

Indicator Nine: Number of cases where an extension was authorised													
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
<b>Stage One Extension</b>	0% (0 of 6)	0% (0 of 10)	9% (2 of 22)	25% (1 of 4)	25% (1 of 4)	20% (2 of 10)	8% (1 of 13)	18% (2 of 11)	40% (4 of 10)	25% (2 of 8)	0% (0 of 5)	22% (2 of 9)	14% (17 of 112)
<b>Escalated to Stage Two Extension</b>	0% (0 of 0)	0% (0 of 0)	14% (1 of 7)	0% (0 of 6)	33% (1 of 3)	0% (0 of 0)	0% (0 of 0)	25% (1 of 4)	0% (0 of 0)	50% (1 of 2)	0% (0 of 0)	0% (0 of 0)	18% (4 of 22)
<b>Stage Two Direct Extension</b>	0% (0 of 1)	8% (1 of 12)	17% (2 of 12)	24% (4 of 17)	14% (1 of 7)	67% (4 of 6)	40% (2 of 5)	42% (5 of 12)	38% (3 of 8)	47% (7 of 15)	29% (5 of 17)	27% (6 of 22)	30% (40 of 134)

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

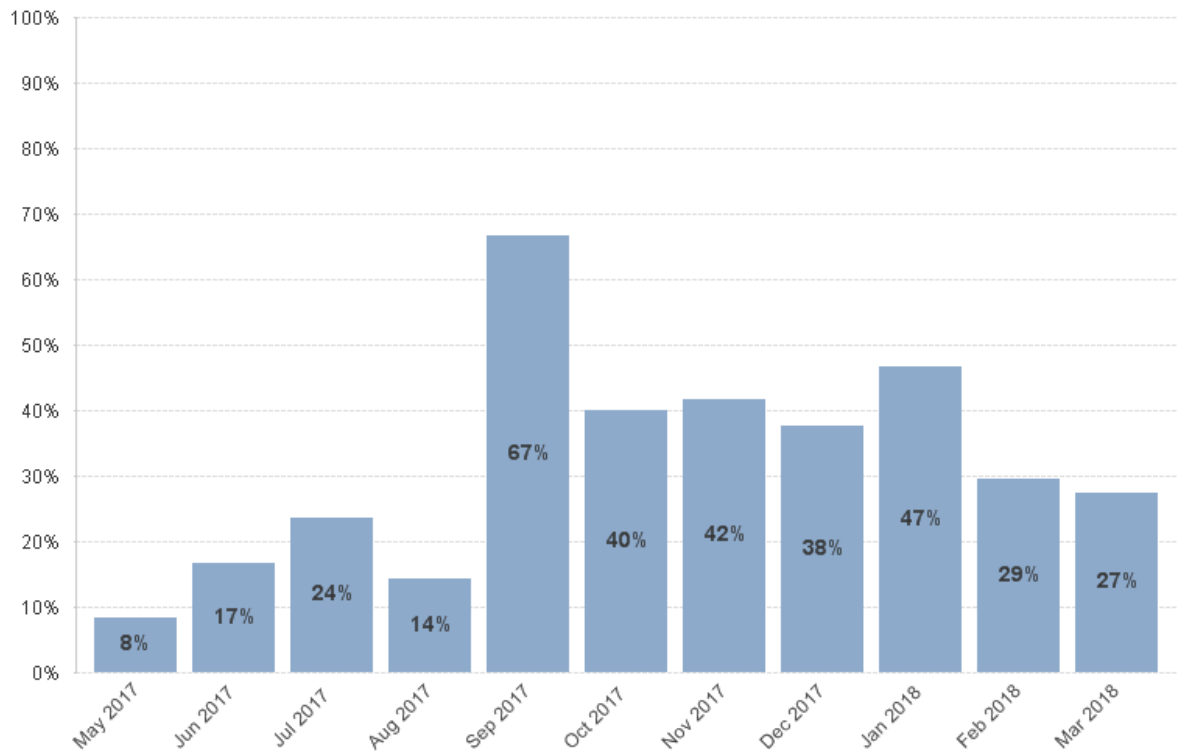


**Escalated to Stage Two - Complaints Closed where Extension Authorised, based on closed date**





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



## 2.4 Scottish Public Services Ombudsman

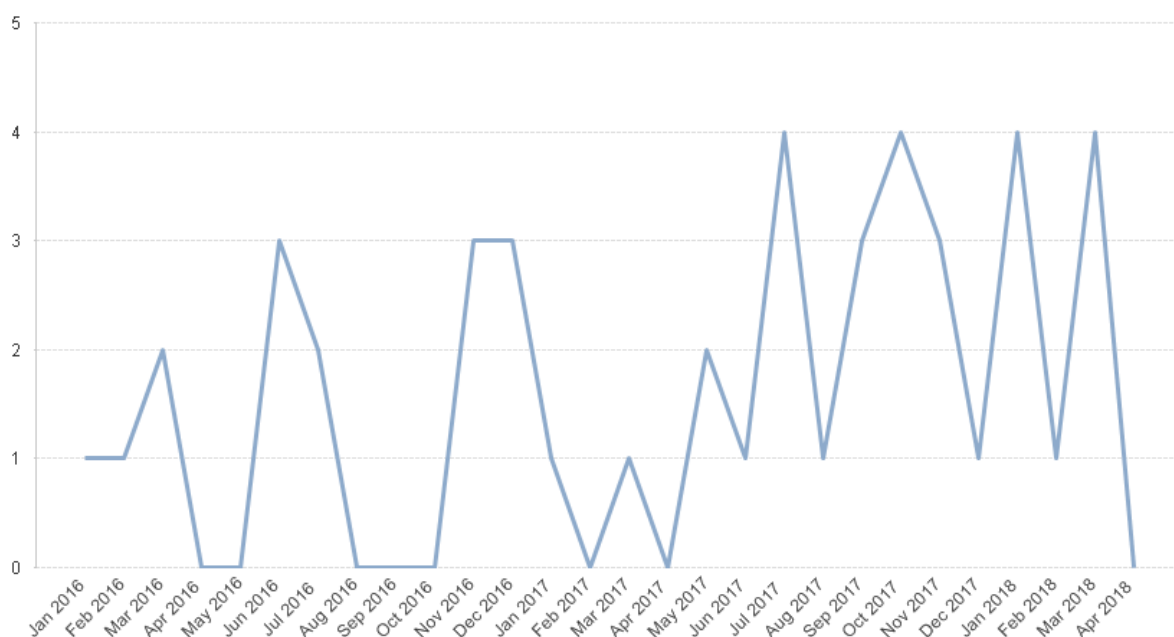
Individuals who are dissatisfied with NHS Dumfries & Galloway's complaint handling or response can refer their complaint for further investigation to the Scottish Public Services Ombudsman (SPSO).

The number of complainants who progress their complaint to the SPSO is a useful indication of the effectiveness of the complaints handling procedure. This is closely monitored by Patient Services to ensure that our processes are efficient in reaching desired resolution for service users and their families.

### SPSO cases

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Tot
<b>Complaint Raised with SPSO</b>	0	2	1	4	1	3	4	3	1	4	1	4	<b>28</b>
<b>Decision Letters Received from SPSO</b>	3	2	1	2	1	1	2	3	0	1	0	2	<b>18</b>
<b>Reports laid before Parliament</b>	0	0	0	0	0	1	0	0	0	0	0	0	<b>1</b>
<b>Number of Recommendations made by SPSO</b>	5	8	4	1	0	0	2	0	0	3	0	10	<b>33</b>

## SPSO Complaints Received per Month



## SPSO Complaint Outcomes

	2016/17	2017/18
Upheld	13	1
Partially Upheld	0	5
Not Upheld	11	12
SPSO Not Investigating	5	0

Of the 28 complaints the SPSO made 33 Recommendations to the Board. For each recommendation made by the SPSO, the Board develops an action plan, detailing the recommendations made and the actions taken to implement the recommendations. Each completed action plan is laid before the Board's Healthcare Governance Committee to provide assurance that the recommendations have been implemented and appropriate lessons have been learned and action taken to improve services.

The complaint which was laid before Parliament was a complaint relating to the care and treatment of a patient in one of our hospitals and in particular, the decision to move him to a nursing home. The Scottish Public Services Ombudsman investigated four points, two were upheld:

- a) The Board's decision to move Mr A from the hospital to the nursing home was unreasonable; **(Upheld)**
- b) It was unreasonable that the Board did not make it clear to Mr A before he accepted the move to the nursing home that he would be charged for his stay there; **(Upheld)**
- c) the Board's decision not to pay the nursing home charges themselves was not made in line with policy; **(Not Upheld)**

- d) The Board's delay in reaching a decision about his operation was unreasonable. **(Not Upheld)**

The Scottish Public Service Ombudsman offered the following summary of the complaint:

*'Mr C, who works for an advocacy and support agency, complained on behalf of Mr A about a number of issues relating to Mr A's discharge to a nursing home following an admission to Newton Stewart Hospital. First, Mr C complained about the length of time it took clinicians to tell Mr A that an operation to help with a complex medical condition was not going to be possible for him despite it being initially proposed. Had Mr A known that the operation would not be possible, Mr C said Mr A would not have allowed himself to be discharged to the nursing home. Instead, when Mr A was discharged, he believed that he would be able to return home after a short time in the nursing home following the operation. Second, Mr C said that Mr A had not been given the option to return home with a funded care package before being discharged to the nursing home. Third, Mr C said that board staff had failed to explain clearly to Mr A the financial repercussions of his discharge to the nursing home before discharge and then, given his mental health issues, unreasonably failed to arrange an advocate for him to help him throughout the discharge process. Finally, Mr C said that Mr A's time in the nursing home should be considered as NHS continuing care because he was waiting for an NHS funded operation.'*

*We took independent advice from a consultant in care of the elderly and considered guidance on choosing a care home on discharge from hospital and on hospital-based complex care (ongoing hospital care) in place at the time of the complaint. We found that when Mr A was discharged, he did not need hospital care and so it was reasonable to discharge him given his clinical needs at the time. Given this, we also found that the board's decision not to pay the nursing home charges was made in line with the guidance on ongoing hospital care. In relation to the time it took the board to reach a decision about Mr A's operation, the advice we accepted was that the operation was specialist and complex and so it was reasonable for the decision to take as long as it did. However, we identified a number of significant failings about the way Mr A was discharged.*

*We found that the board failed to take all reasonable steps to ensure Mr A was in a position to make an informed decision about the move to a nursing home and that an opportunity for discharge home was missed. Staff failed to explore with Mr A the option of discharge home with a care package in a reasonable way, and failed to provide clear written information to Mr A about his discharge, particularly around the financial implications of the move. Staff also let Mr A retain an over-optimistic view about the potential of an NHS-funded operation to improve his health when clinicians considered this was unlikely. Finally, we found that the board should have offered advocacy services to Mr A given his mental health problems to support him during a complex and uncertain time with extremely significant implications.'*

The Scottish Public Services Ombudsman provided the following recommendations:

<b>Complaint number</b>	<b>What the SPSO found</b>	<b>What the Board should do</b>
(a) and (b)	The Board failed to take all reasonable steps to ensure Mr A was in a position to make an informed decision about the move to a nursing home, in line with the guidance, and an opportunity for discharge home was missed	Cover the costs of the nursing home fees Mr A has paid for the time he was in the nursing home on production of an invoice or receipt (or other evidence it was paid).  The resulting payment should be made by the date indicated: if payment is not made by that date, interest should be paid at the standard interest rate applied by the courts from that date to the date of payment
(a) and (b)	The Board failed to take all reasonable steps to ensure Mr A was in a position to make an informed decision about the move to a nursing home, in line with the guidance, and an opportunity for discharge home was missed	Apologise to Mr A for failing to ensure he was discharged in a reasonable way and, in particular, in a position to make an informed decision about the move to a nursing home.  The apology should comply with the SPSO guidelines on making an apology, available at <a href="https://www.spsso.org.uk/leaflets-and-guidance">https://www.spsso.org.uk/leaflets-and-guidance</a>

The SPSO asked the Board to improve the following:

<b>Complaint number</b>	<b>What we found</b>	<b>What should change</b>
(a) and (b)	Staff failed to follow elements of the guidance on choosing a care home on discharge from hospital and hospital-based complex clinical care to ensure Mr A was discharged in a reasonable way	Staff should comply with the relevant guidance when arranging discharge
(a) and (b)	Staff failed to provide clear written information in line with the hospital-based complex clinical care guidance about discharge to Mr A to ensure Mr A was discharged in a reasonable way	Staff should ensure information is provided as part of the hospital based complex clinical care guidance
(a) and (b)	Staff failed to offer advocacy service to Mr A to ensure he was in a proper position to make an informed choice about his discharge	Staff should ensure patients are offered advocacy services where appropriate

The Board accepted and completed all of the above, providing evidence to the Scottish Public Services Ombudsman to confirm our compliance.

## 2.5 Family Health Services (FHS), Independent Contractors Feedback, Comments and Complaints

Since April 2012 FHS contactors (GPs, Dentists, Pharmacies and Opticians) have been required by law to provide NHS Dumfries & Galloway with data on complaints they have received about their services.

### Family Health Service/Independent Contractor Complaints

	General Practitioner	Dentist	Pharmacist	Optician
Total Number of contractors	31	34	33	21
<b>No of Contractors replying</b>	67% (29 of 31)	50% (17 of 34)	85% (28 of 33)	76% (16 of 21)
<b>Complaints received:</b>	54	9	77	0
Stage 1	36	6	47	0
Stage 2 Direct	18	1	21	0
Stage 2 Escalated	0	0	1	0
Stage not known		2	8	

*NB: Some Pharmacy contractors do not provide the Board with detailed information*

Complaint Response times:	General Practitioner	Dentist	Pharmacist	Optician
Complaints closed at Stage 1 within 5 working days as % of Stage 1 Complaints	11% (4 of 36)	0%	0%	0%
Complaints closed at Stage 2 within 20 working days as % of Stage 2 Complaints	22% (4 of 18)	0%	0%	0%
Complaints closed at Stage 2 Escalated within 20 working days as % of Stage 2 Complaints Escalated	0	0%	0%	0%

<b>Complaint Outcomes:</b>	<b>General Practitioner</b>	<b>Dentist</b>	<b>Pharmacist</b>	<b>Optician</b>
Complaints upheld at Stage 1 as % of all complaints closed at Stage 1	20% (7 of 36)	33% (2 of 6)	78% (36 of 47)	0%
Complaints upheld at Stage 2 Direct as % of all complaints closed at Stage 2	22% (4 of 18)	0%	76% (16 of 21)	0%
Complaints upheld at Stage 2 Escalated as % of all complaints closed at Stage 2	0%	0%	100% (1 of 1)	0%
Complaints partially upheld at Stage 1 as % of all complaints closed at Stage 1	8% (3 of 36)	0%	0%	0%
Complaints partially upheld at Stage 2 Direct as % of all complaints closed at Stage 2	6% (1 of 18)	0%	0%	0%
Complaints partially upheld at Stage 2 Escalated as % of all complaints closed at Stage 2	0%	0%	0%	0%
Complaints not upheld at Stage 1 as % of all complaints closed at Stage 1	14% (5 of 36)	33% (2 of 6)	2% (1 of 47)	0%
Complaints not upheld at Stage 2 Direct as % of all complaints closed at Stage 2	11% (2 of 18)	0%	0%	0%
Complaints not upheld at Stage 2 Escalated as % of all complaints closed at Stage 2	0%	0%	0%	0%
Outcome unknown	58% (21 of 36)	67% (4 of 6)	23% (10 of 47)	0%

<b>Extensions</b>	<b>General Practitioner</b>	<b>Dentist</b>	<b>Pharmacist</b>	<b>Optician</b>
% of complaints at Stage 1 where extension was authorised	0%	0%	0%	0%
% of complaints at Stage 2 Direct where extension was authorised	0%	0%	0%	0%
% of complaints at Stage 2 Escalated where extension was authorised	0%	0%	0%	0%

### **Themes of Family Health Service Complaints – Top 5**

<b>Theme of Complaint</b>	<b>Number</b>
Staff Communication	29
Consent to Treatment	16
Staff Attitude and Behaviour	6
Complaint Handling	4
Delays in appointments/clinic	4
Total	59

The overall number of contractors replying has reduced from 102 in 2016/17 to 90 in 2017/18 with an overall response rate of 76%. Following poor response rates in previous years Patient Services have spent a considerable amount of time trying to simplify the reporting process by designing a simplified form to capture the information required for the key performance indicators. Contractors are requested to provide their information on a monthly basis, however some contractors have chosen to continue to send their information on a quarterly basis. Reminders are sent on a monthly basis to all contractors, reminding them of their obligation to provide the information. Each outstanding contractor is contacted by telephone to try and ensure compliance. Despite these efforts compliance remains a challenge for the Board.

The overall number of complaints for this year is 140 which is a slight decrease on the number of complaints in 2016/17 which was 154.

The number of Stage 1 complaint responded to within 5 working days is 11%. The number of Stage 2 complaints responded to within 20 working days is 22%. Compliance with the national complaints response times has significantly decreased from 2016/17.

Patient Services will continue to work with Independent Contractors and Primary Care colleagues over the coming year with the aim of achieving improved compliance and better understanding of the data received to improve the complaints experience for Family Health Service users.

## **Learning from Complaints**

- a) In relation to a complaint about care and treatment received from a GP practice, the complaint has been discussed with the clinical staff and the importance of following protocols highlighted. Guidance on the procedure has been made available for all staff within the practice. As a result the practice have had a wider discussion around such procedures and this has resulted in a revised protocol for doctors to use so that they can refer, within the practice, to the GPs that are best placed to offer advice. In doing so the practice can offer a better patient experience and reduce pressure on appointments. Practice staff now have updated guidance on appointment issuing for the clinical procedure in question.
- b) In relation to a complaint received by a GP practice, improvements were made to written communication procedures. If a GP agrees with a Patient to complete a Form/Paperwork etc – this must be clearly recorded in the Patient Record and a TASK (Practice electronic messaging system) forwarded to other GP's stating this. The GP must also make the patient aware that there may be a delay in completing the form/paperwork due to GP Rotas/holidays/sickness as appropriate.
- c) In relation to a complaint received by a pharmacy relating to patient confidentiality, the Pharmacy team have worked with the patient to put in place a system that the patient is satisfied with and protects their identity.

## **2.6 Prison Service Complaints**

NHS Dumfries & Galloway is responsible for the provision of healthcare to prisoners at HMP Dumfries. In 2017/18, NHS Dumfries & Galloway received a total of 42 formal complaints from prisoners.



**Summary of Prison Service Complaints Data by Month and Annual Total**

Complaints Received	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
Stage One	0	3	1	2	1	3	1	0	0	0	0	0	11
Escalated to Stage Two	0	4	0	1	0	0	3	0	0	0	0	0	8
Stage Two Direct	0	0	2	0	0	1	0	1	4	5	0	10	23

Complaint Response Time	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Avg
Stage One	0	4	3	4	0	5	3	0	0	0	0	0	3
Escalated to Stage Two	0	17	0	10	0	0	12	0	0	0	0	0	13
Stage Two Direct	0	0	18	0	0	13	0	18	16	14	0	15	16

## Prison Service Complaint Outcomes

Complaints Outcomes as % of all complaints closed	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
<b>Stage One</b>													
<b>Upheld</b>	0% (0 of 0)	33% (1 of 3)	0% (0 of 1)	0% (0 of 1)	0% (0 of 2)	0% (0 of 3)	0% (0 of 1)	0% (0 of 0)	0% (0 of 0)	0% (0 of 0)	0% (0 of 0)	0% (0 of 0)	<b>(1 of 11)</b>
<b>Partially Upheld</b>	0% (0 of 0)	0% (0 of 3)	0% (0 of 1)	0% (0 of 1)	0% (0 of 2)	0% (0 of 3)	0% (0 of 1)	0% (0 of 0)	0% (0 of 0)	0% (0 of 0)	0% (0 of 0)	0% (0 of 0)	<b>(0 of 11)</b>
<b>Not Upheld</b>	0% (0 of 0)	67% (2 of 3)	100% (1 of 1)	100% (1 of 1)	50% (1 of 2)	0% (0 of 3)	100% (1 of 1)	0% (0 of 0)	0% (0 of 0)	0% (0 of 0)	0% (0 of 0)	0% (0 of 0)	<b>(6 of 11)</b>
<b>Other</b>	0% (0 of 0)	0% (0 of 3)	0% (0 of 1)	0% (0 of 1)	50% (1 of 2)	100% (3 of 3)	0% (0 of 1)	0% (0 of 0)	0% (0 of 0)	0% (0 of 0)	0% (0 of 0)	0% (0 of 0)	<b>(4 of 11)</b>
<b>Escalated to Stage Two</b>													
<b>Upheld</b>	0% (0 of 0)	0% (0 of 0)	0% (0 of 4)	0% (0 of 0)	0% (0 of 1)	0% (0 of 0)	0% (0 of 0)	0% (0 of 3)	0% (0 of 0)	0% (0 of 0)	0% (0 of 0)	0% (0 of 0)	<b>(0 of 8)</b>
<b>Partially Upheld</b>	0% (0 of 0)	0% (0 of 0)	0% (0 of 4)	0% (0 of 0)	0% (0 of 1)	0% (0 of 0)	0% (0 of 0)	33% (1 of 3)	0% (0 of 0)	0% (0 of 0)	0% (0 of 0)	0% (0 of 0)	<b>(1 of 8)</b>
<b>Not Upheld</b>	0% (0 of 0)	0% (0 of 0)	100% (4 of 4)	0% (0 of 0)	100% (1 of 1)	0% (0 of 0)	0% (0 of 0)	67% (2 of 3)	0% (0 of 0)	0% (0 of 0)	0% (0 of 0)	0% (0 of 0)	<b>(7 of 8)</b>
<b>Other</b>	0% (0 of 0)	0% (0 of 0)	0% (0 of 4)	0% (0 of 0)	0% (0 of 1)	0% (0 of 0)	0% (0 of 0)	0% (0 of 3)	0% (0 of 0)	0% (0 of 0)	0% (0 of 0)	0% (0 of 0)	<b>(0 of 8)</b>
<b>Stage Two Direct</b>													
<b>Upheld</b>	0% (0 of 0)	0% (0 of 0)	0% (0 of 0)	0% (0 of 2)	0% (0 of 0)	0% (0 of 0)	0% (0 of 1)	0% (0 of 0)	0% (0 of 1)	0% (0 of 5)	0% (0 of 4)	0% (0 of 0)	<b>(0 of 13)</b>
<b>Partially Upheld</b>	0% (0 of 0)	0% (0 of 0)	0% (0 of 0)	0% (0 of 2)	0% (0 of 0)	0% (0 of 0)	0% (0 of 1)	33% (0 of 0)	0% (0 of 1)	0% (0 of 5)	0% (0 of 4)	0% (0 of 0)	<b>(0 of 13)</b>
<b>Not Upheld</b>	0% (0 of 0)	0% (0 of 0)	0% (0 of 0)	100% (2 of 2)	0% (0 of 0)	0% (0 of 0)	100% (1 of 1)	0% (0 of 0)	100% (1 of 1)	100% (5 of 5)	50% (2 of 4)	0% (0 of 0)	<b>(11 of 13)</b>

<b>Other</b>	0% (0 of 0)	0% (0 of 0)	0% (0 of 0)	0% (0 of 2)	0% (0 of 0)	0% (0 of 0)	0% (0 of 1)	0% (0 of 0)	0% (0 of 1)	0% (0 of 5)	50% (2 of 4)	0% (0 of 0)	<b>(2 of 13)</b>
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In 2017/18, less than 10% of prison healthcare complaints were upheld which is consistent with the previous two years. Table 10 below provides a breakdown of prison healthcare complaints by issue. Most of the complaints received about clinical treatment relate to drug administration and the numbers of complaints are very high for the relative size of the population. NHS Dumfries & Galloway has been worked closely with HMP Dumfries to ensure that appropriate information on how to complain is available and that healthcare staff are aware of the NHS Dumfries & Galloway complaints process.

### Top Prison Healthcare Complaints by Issue Category

Theme of Complaint	Number
Clinical Treatment	27
Other	2
Staff Attitude and Behaviour	3
Staff Communication	3
Waiting times for date of appointment	4

### **3. Accountability and Governance**

#### **NHS Board**

The Executive Nurse Director presents a bi-monthly Patient Experience Report at NHS Board meetings. The report provides summary statistics and commentary on complaints handling throughout NHS Dumfries & Galloway. The report contains statistical summaries of complaints, complaint themes, information on the timeliness of responses, Scottish Public Service Ombudsman referrals and details of service improvements and development. This allows Board Members to review the arrangements and handling of complaints within NHS Dumfries & Galloway and ask questions on any points of detail, trends or new and recent development.

#### **Healthcare Governance Committee**

A more detailed Patient Experience Report is presented at every Healthcare Governance Committee. This report contains anonymised summaries of individual concerns, complaints and compliments, together with the associated action plans and learning. All upheld SPSO complaints, recommendation and actions are presented at the Healthcare Governance Committee for further scrutiny.

#### **Person Centred Health and Care Committee**

The Person Centred Health and Care Committee is chaired by a Non-Executive Member of the Board and includes patient and public representatives. The committee feeds into the NHS Dumfries & Galloway Healthcare Governance Committee, which in turn reports to the NHS Board. The committee receives information, updates, reports and commission specific actions to enhance person centeredness and the quality of care delivery from the sources outlined below:

- Care environment observations
- Patient Experience Indicators
- Staff Experience Indicators
- Leading Better Care
- Volunteering and Patient Focus and Public Involvement
- Older People In Acute Hospitals work
- Learning from feedback, comments, concerns and complaints
- Spiritual Care
- Any actions arising from the Francis enquiry specific to this area
- Integrated Health and Social Care

The committee is supported by individuals who have the above named activities within in their broad remit and is not supported by a dedicated person-centred/patient experience team or programme manager. However, the committee is responsible for identifying new and current initiatives, supporting measurement and reporting improvement. The committee also works proactively to anticipate or act on person centred health and care governance issues. This includes ensuring that causal links are made and that organisational learning opportunities are recognised, shared and used to direct improvement activities.

#### **4. Conclusion**

NHS Dumfries & Galloway will continue to actively encourage patients and service users to provide feedback through the mechanisms described in this report. This report highlights that whilst much has been achieved in the last year, more needs to be done to ensure complainants receive a timely and quality response with a focus on learning. The positive work that is being done provides opportunity to build on the current foundation in order that we can deliver improved services going forward.