

DUMFRIES and GALLOWAY NHS BOARD

Health Care Governance Committee

10 June 2019



Annual Report on Feedback, Comments, Concerns and Complaints – 2018-2019

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RECOMMENDATION

The Board is asked **to discuss and note** the Annual Report on Feedback, Comments, Concerns and Complaints for 2018-19 prior to submission to NHS Board, Scottish Government and Scottish Health Council.

CONTEXT

Strategy / Policy:

This paper demonstrates implementation of the Healthcare Quality Strategy (2010), and Patients Rights (Scotland) Act (2012). The Board is required to adhere to the Patients Rights (Scotland) Act (2012) with regard to seeking and responding to patient / family feedback.

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

Patient feedback provides key information about the areas where the Board is performing well and those where there is need for improvement. It also assists the Board in delivering our CORE values and remaining person centred.

Key Messages:

- The Scottish Government recently published a review of the first year of the Model Complaints Handling Procedure. The review identifies a number of areas of good practice within NHS Dumfries and Galloway.
- 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 timescales.
- A number of improvement activities are planned for 2019/20.

MONITORING FORM

Policy / Strategy	<i>Healthcare Quality Strategy Person Centred Health and Care Collaborative</i>
Staffing Implications	<i>Ensuring staff learn from patient feedback in relation to issues raised.</i>
Financial Implications	<i>Not required</i>
Consultation Consideration /	<i>Not required</i>
Risk Assessment	<i>Actions from feedback followed through and reported to General Managers and Nurse Managers who have a responsibility to take account of any associated risk.</i>
Risk Appetite	<div style="display: flex; justify-content: space-around; align-items: center;"> Low <input type="checkbox"/> Medium <input checked="" type="checkbox"/> High <input type="checkbox"/> </div> <p>It is considered that the risk appetite for this paper is medium in the context of Reputational where the Board has an expressed risk appetite of medium.</p>
Sustainability	<i>Not required</i>
Compliance with Corporate Objectives	<i>To promote and embed continuous improvement by connecting a range of quality and safety activities to deliver the highest quality of service across NHS Dumfries and Galloway</i>
Local Outcome Improvement Plan (LOIP)	
Best Value	<i>Commitment and leadership</i> <i>Accountability</i> <i>Responsiveness and consultation</i> <i>Joint Working</i>
Impact Assessment	<i>Not undertaken as learning from patient feedback applies to all users</i>

Glossary of Terms

GLOSSARY OF TERMS	
SPSO	Scottish Public Services Ombudsman
NHS D&G	NHS Dumfries & Galloway
MCHP	Model Complaints Handling Procedure
Complaint	NHS Dumfries and Galloway's definition of a complaint is: <i>'An expression of dissatisfaction by one or more members of the public about the organisation's action or lack of action, or about the standard of service provided by or on behalf of the organisation.'</i>
Comment	Comments, feedback or observations which reflect how someone felt about the service.
Concern	Concerns are matters where people require reassurance, further information or explanation to resolve a matter of concern. These fall short of a complaint as the person is not expressing significant dissatisfaction, but wishes to be more fully informed.
A&D	Acute and Diagnostics
CH&SC	Community Health and Social Care
MH	Mental Health
W,C&SH	Women, Children's and Sexual Health
S1/Stage One	Stage One complaint. This is the 'early resolution' stage of the complaints procedure where complaints are required to be responded to within 5 working days.
S2/ Stage Two	Stage Two complaint. This is the 'investigation' stage of the complaints procedure where complaints are required to be responded to within 20 working days. Complaints can go 'direct' to Stage Two of the procedure or can be 'escalated' to that stage following a Stage One response.
PASS	Patient Advice and Support Service
FHS	Family Health Service Contractors
BSL	British Sign Language
GDPR	General Data Protection Regulation
KPI	Key Performance Indicator
SHC	Scottish Health Council
NES	NHS Education Scotland
PEN	Participation and Engagement Network
NCPAS	NHS Complaints Personnel Scotland

Introduction

Feedback offers a valuable opportunity for us to learn and improve. This report provides an overview of feedback received from 1 April 2018 to 31 March 2019. 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.

In March 2019, the Scottish Government published a report reviewing the first year of the New Model Complaints Handling Procedure (Appendix 1). The report highlighted good practice across NHS Boards and detailed where improvements could be made. This report refers to that review throughout, ensuring that the local approach to managing feedback is consistent with the findings and guidance from the Scottish Government.

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.
- via ContactScotland for British Sign Language (BSL) users

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. As well as promoting the opportunity to provide feedback in dedicated leaflets and communications, information is also included in appointment letters and patient information leaflets. We also promote our commitment to learning and improving to reassure people that their feedback can and will make a difference.

NHS Dumfries and 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 team who manage and oversee feedback and adverse events. The team is currently being reconfigured, with a number of additional staff being recruited. This will ensure enhanced capacity and improved support, systems and processes for patients, families and staff working in both the Acute and Women, Children's and Sexual Health directorates, taking a joint approach to managing feedback and adverse events across both areas.

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.

The Scottish Government's report made six observations in relation to Encouraging and Gathering Feedback:

1. Although understandably challenging for the larger Boards, Boards should consider restructuring to ensure a more integrated approach to feedback and complaints with an effort for a more systematic approach for learning and improvement.
2. Boards should consider reviewing whether they could increase the visibility of the feedback and complaints teams.
3. Healthcare Improvement Scotland and the four participating Boards could share their learning from the Healthcare improvement Scotland real-time and right-time care experience improvement models evaluation for other Boards to consider adopting these feedback models.
4. Boards should consider identifying a person in each service area as a Care Opinion responder. The central team could monitor initial responses to gain quality assurance but staff should be empowered to respond to feedback about their services.
5. Feedback and complaints web pages should aim to be simple to find and simple to understand. Ideally, there is one form or contact for both concerns and complaints and the team then applies the CHP definitions accordingly.
6. Boards need to upload their most recent annual report on their website.

What we are doing well

- Feedback mechanisms are well promoted across all areas, with multiple feedback options available to the public. All feedback is directed in the same way regardless of type.
- Patient Services continue to meet with established community groups to develop relationships and directly promote the Board's feedback mechanisms.
- There is a strong working relationship between complaints leads and Feedback Coordinators across the Board. The Scottish Government report identified the coordinators network as an example of good practice.
- Whilst based in Mountainhall Treatment Centre, the Patient Feedback Manager seeks to work within Dumfries and Galloway Royal Infirmary regularly and also attends other hospital locations throughout the course of the year.
- Patient Services deliver regular training and awareness raising sessions across the Board, which are held in various locations throughout the year. The team also attends team meetings on request. These activities aid the team to build and maintain relationships across services and staff groups. These sessions were also identified as good practice within the Scottish Government's report.
- The Board has Care Opinion responders across the organisation and Patient Services continuously review this to ensure good coverage and an up to date responders list.
- The Board's Annual Report for patient feedback is available on our website.

Where we can improve

- The feedback information available on the NHS Dumfries and Galloway website requires further improvement to ensure it is visible and easy to navigate. A new website is currently being developed and the Patient Services team are working closely with colleagues in Communications to ensure the patient feedback section is prominently positioned and appropriately populated.
- Whilst ContactScotland is promoted as a means for BSL users to communicate their feedback to the Board, there is scope to promote this further. The general feedback leaflet will include details of ContactScotland when it is next reviewed. Patient Services are also developing a guidance document for staff detailing interpretation and translation provisions and that document will also detail ContactScotland.
- There is still scope to improve and further enhance integrated working in relation to handling feedback, which is something that the recently formed Patient Experience Group (PEG) is seeking to achieve. The PEG has representation from all services across the organisation.

Feedback Received

NHS Dumfries and Galloway received 260 comments and concerns in 2018/19, which is less than the 285 received the previous year.

The Board also received 160 compliments in relation to excellent care and treatment, which is a similar number to the previous year when 163 compliments were received. It is also acknowledged that individual wards and departments will have received many compliments directly throughout the year and Patient Services continue to work on ways to better capture this valuable information.

Breakdown of feedback received

Feedback Received	Apr 2018	May 2018	Jun 2018	Jul 2018	Aug 2018	Sep 2018	Oct 2018	Nov 2018	Dec 2018	Jan 2019	Feb 2019	Mar 2019	Total
No. Complaints	41	35	26	31	33	22	44	29	24	35	38	39	397
No. Comments	3	2	5	3	4	4	5	4	2	1	2	3	38
No. Compliments	20	13	6	10	19	9	15	18	11	12	11	16	160
No. Concerns	23	15	30	17	18	17	12	18	18	18	18	18	222
Total	87	65	67	61	74	52	76	69	55	66	69	76	817

Table 1

Feedback by month received

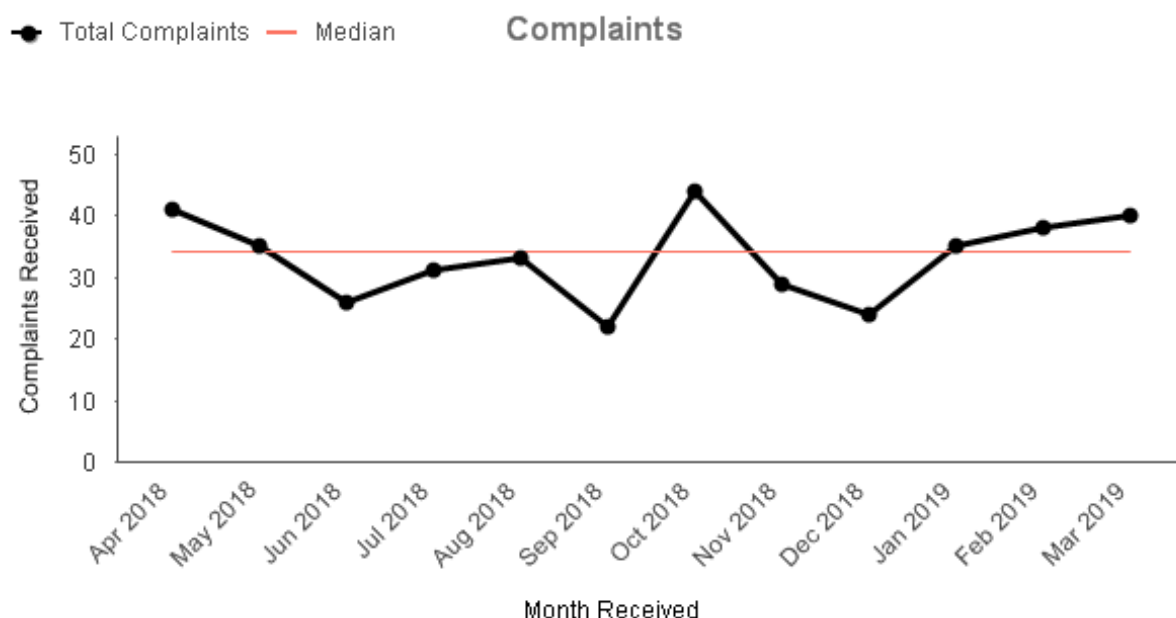


Chart 1

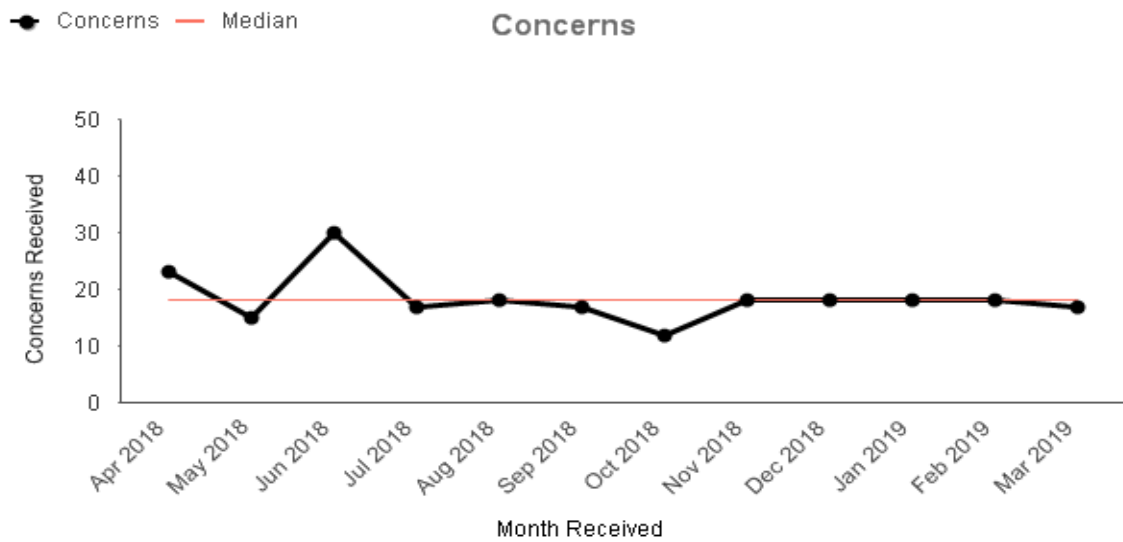


Chart 2

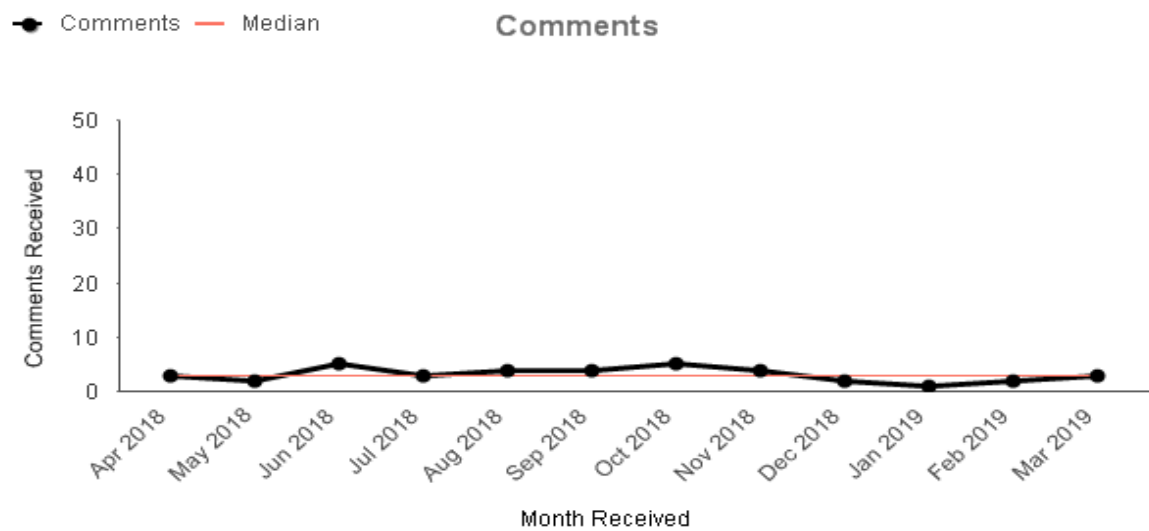


Chart 3

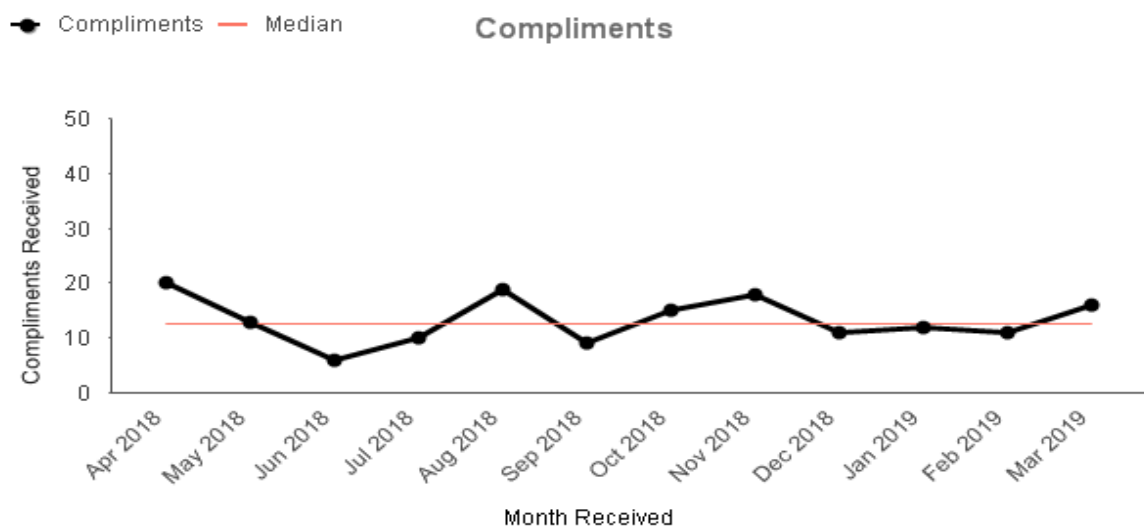


Chart 4

Feedback Themes

Concerns

Themes	Apr 2018	May 2018	Jun 2018	Jul 2018	Aug 2018	Sep 2018	Oct 2018	Nov 2018	Dec 2018	Jan 2019	Feb 2019	Mar 2019	Total
Clinical Treatment	4	2	12	4	1	3	4	1	4	4	5	7	51
Staff Attitude and Behaviour	1	1	2	0	1	1	0	3	1	2	3	2	17
Premises	7	0	1	0	1	4	0	3	5	1	2	1	25
Staff Communication (Oral)	1	1	4	1	0	0	0	0	0	3	3	1	14
Catering	1	0	0	0	0	1	0	0	0	0	0	0	2
Staff Competence	0	0	0	0	0	0	0	1	0	1	0	2	4
Complaint Handling	0	0	0	0	0	1	0	0	0	0	0	0	1
Policy and Commercial Decisions of the Board	1	0	4	2	0	0	2	1	0	0	1	0	11
Patient Property / Expenses	0	1	0	0	0	0	0	0	0	0	0	0	1
Personal Records	1	1	1	1	0	0	0	0	0	0	1	1	6
Waiting Time for Date of Admission / Attendance	1	1	0	1	0	1	0	0	1	0	0	0	5
Patient Status/ Discrimination	0	1	0	0	0	0	0	0	0	0	0	0	1
Patient Privacy / Dignity	0	0	0	0	0	0	1	1	0	0	0	0	2
Delay in Outpatient and Other Clinics	1	1	0	0	1	0	0	0	0	0	0	0	3
Transport	0	0	0	0	0	1	0	0	0	0	0	0	1
Failure to Follow Procedure	0	0	0	0	0	1	0	0	0	0	0	0	1
Aids / Appliances / Equipment	1	0	1	2	1	0	1	0	0	0	0	0	6
Cleanliness	0	1	0	1	1	0	0	1	0	0	0	0	4
Waiting Time for Date for Appointment	2	2	2	2	3	1	3	4	5	7	2	2	35
Staff Communication (Written)	1	2	0	1	2	0	0	0	0	0	0	0	6
Waiting Time for Test Results	0	1	0	0	4	0	0	2	2	0	0	0	9
Delay in Admission / Transfer / Discharge	0	0	0	1	0	1	0	0	0	0	0	2	4
Total	22	15	27	16	15	15	11	17	18	18	17	18	209

NB: Feedback often contains more than one theme

Table 2

Comments

Themes	Apr 2018	May 2018	Jun 2018	Jul 2018	Aug 2018	Sep 2018	Oct 2018	Nov 2018	Dec 2018	Jan 2019	Feb 2019	Mar 2019	Total
Clinical Treatment	0	1	2	0	0	2	1	1	0	0	0	0	7
Staff Attitude and Behaviour	0	0	0	1	0	0	0	0	0	0	0	1	2
Premises	1	0	1	1	1	2	2	0	0	1	2	2	13
Staff Communication (Oral)	1	0	0	1	1	0	0	0	0	0	0	0	3
Catering	0	0	0	0	0	0	1	0	0	0	0	0	1
Staff Competence	0	0	0	0	0	0	0	0	1	0	0	0	1
Policy and Commercial Decisions of the Board	0	0	1	0	0	0	0	0	0	0	0	0	1
Personal Records	0	0	0	0	0	0	0	2	0	0	0	0	2
Delay in Outpatient and Other Clinics	0	0	0	0	1	0	0	0	0	0	0	0	1
Waiting Time for Date for Appointment	0	0	0	0	0	0	1	0	1	0	0	0	2
Staff Communication (Written)	1	1	1	0	0	0	0	0	0	0	0	0	3
Total	3	2	5	3	3	4	5	3	2	1	2	3	36

NB: Feedback often contains more than one theme

Table 3

Compliments

Themes	Apr 2018	May 2018	Jun 2018	Jul 2018	Aug 2018	Sep 2018	Oct 2018	Nov 2018	Dec 2018	Jan 2019	Feb 2019	Mar 2019	Total
Clinical Treatment	9	3	6	8	15	7	21	24	18	8	15	10	144
Staff Attitude and Behaviour	11	5	4	1	6	10	2	9	3	4	2	8	65
Premises	0	0	1	0	2	1	1	0	0	0	0	1	6
Staff Communication (Oral)	0	2	0	1	1	0	0	0	0	0	0	0	4
Catering	0	0	0	0	1	1	0	0	0	0	0	1	3
Staff Competence	0	0	0	1	0	0	0	1	0	1	1	0	4
Complaint Handling	0	1	0	0	0	0	0	0	0	0	0	0	1
Policy and Commercial Decisions of the Board	1	0	0	0	0	0	0	0	0	0	0	0	1
Total	21	11	11	11	25	19	24	34	21	13	18	20	228

NB: Feedback often contains more than one theme

Table 4

Complaints

Themes	Apr 2018	May 2018	Jun 2018	Jul 2018	Aug 2018	Sep 2018	Oct 2018	Nov 2018	Dec 2018	Jan 2019	Feb 2019	Mar 2019	Total
Clinical Treatment	24	19	24	11	32	10	18	13	8	14	26	22	221
Staff Communication (Oral)	10	8	3	1	6	0	10	1	2	8	9	6	64
Staff Attitude and Behaviour	2	9	6	3	5	5	6	6	5	10	7	5	69
Waiting Time for Date for Appointment	5	4	2	9	2	4	2	5	5	8	4	4	54
Personal Records	1	0	2	2	2	2	2	0	1	3	2	2	19
Staff Communication (Written)	0	5	2	0	3	0	2	1	0	0	2	2	17
Waiting Time for Date of Admission / Attendance	0	0	2	0	1	0	2	2	0	1	1	0	9
Staff Competence	0	0	2	0	1	0	3	1	1	2	0	0	10
Premises	3	0	0	1	0	1	0	1	0	0	1	0	7
Waiting Time for Test Results	2	0	0	1	1	0	1	1	0	0	1	0	7
Cleanliness	0	0	0	0	1	0	0	0	0	1	0	1	3
Patient Property / Expenses	1	0	0	1	0	0	0	0	0	0	0	0	2
Policy and Commercial Decisions of the Board	0	0	1	0	0	0	0	0	0	0	0	2	3
Transport	0	1	0	0	0	1	1	0	0	0	0	0	3
Failure to Follow Procedure	0	0	0	0	0	0	0	0	0	0	1	1	2
Patient Privacy / Dignity	0	0	0	0	0	0	0	0	1	0	1	0	2
Aids / Appliances / Equipment	1	0	0	0	0	0	2	0	0	0	0	0	3
Catering	0	0	0	1	0	0	1	0	0	0	0	0	2
Staff Shortage / Availability	0	0	0	0	0	0	0	0	2	0	0	0	2
Patient Status/ Discrimination	0	0	0	0	0	0	0	1	0	0	0	1	2
Delay in Outpatient and Other Clinics	0	0	0	0	1	0	0	0	0	0	0	0	1
Consent To Treatment	0	0	0	0	1	0	0	0	0	1	0	0	2
Bed Shortages	0	0	0	0	0	0	0	0	0	0	0	1	1
Delay in Admission / Transfer / Discharge	0	0	0	0	0	0	0	0	0	0	0	1	1
Total	49	46	44	30	56	23	50	32	25	48	55	48	506

NB: Feedback often contains more than one theme

Table 5

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. The PEN currently has 29 individuals and five groups signed up to receive alerts. Six alerts were sent out over the period.

What we are doing well

We continue to promote the network via leaflets in public facing areas and online through the DG Change website. Leaflets are available in public facing areas across NHS Dumfries and Galloway and have been distributed to a number of partners for promotion.

Where we can improve

There is scope to further promote the PEN to increase the number of individuals and community groups that are signed up for alerts. There is also scope to improve awareness amongst colleagues in the Community Planning Partnership, to ensure all consultations and engagements opportunities are promoted to members of the PEN. The Participation and Engagement Working Group has discussed a draft communication plan for better promoting the PEN during 2019/20 and this is in the process of being finalised. The plan encourages coordinated and consistent promotion of the PEN across all Community Planning Partners to improve awareness and interaction.

At the March 2019 meeting of the multi-agency Participation and Engagement Working Group, it was agreed that the PEN will be the mechanism for the newly formed Youth Council to receive alerts on consultation and engagement activities from Community Planning Partners. This will improve the diversity of the PEN membership and will provide an opportunity for the network to be promoted directly to young people.

1.3 Care Opinion

Care Opinion is an online approach, which enables the public to provide and view feedback on experience of our services. When a story is added to Care Opinion the relevant staff are alerted so that they can view the feedback and respond as required. The majority of the feedback the Board receives through Care Opinion is positive. Where a story is critical the author is invited and encouraged to make direct contact in order that we can provide further advice and support to resolve any issues which are raised.

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, there is a need to continually review and refresh this promotion. At present this is done reactively and therefore is not always as consistent or effective as it should be. To address this, Patient Services are developing a more structured approach to managing promotion.

Care Opinion - Feedback Received

NHS Dumfries and Galloway received 51 Care Opinion stories during the period, which were read a total of 6,698 times.

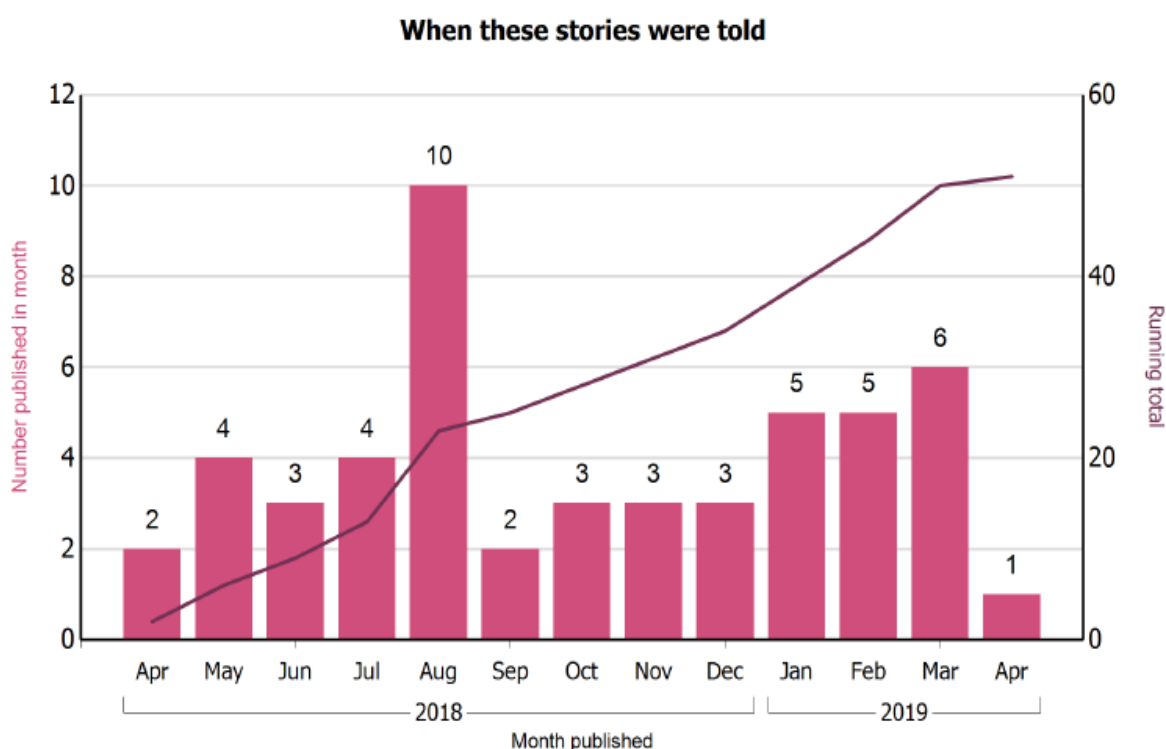


Chart 5

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, Severely critical, indicates the most critical rating, with one – four being minimal, mild, moderate and strongly critical respectively. During the period, the Board received one strongly critical story which can be viewed here - <https://www.careopinion.org.uk/opinions/519327>.

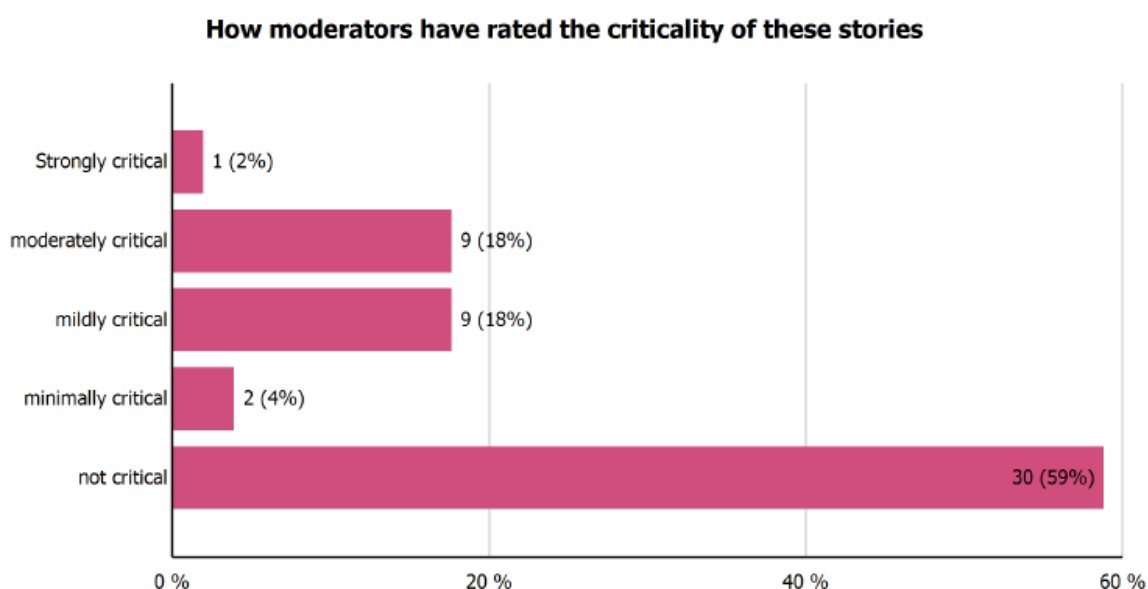


Chart 6

Appendix 2 contains a summary of Care Opinion stories received during the period. Further information on Care Opinion, including details of our stories, can be found at www.careopinion.org.uk.

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.

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.
- the Board's local Feedback Leaflet and form.

As detailed at 1.1 above, there is support available from PASS for those that wish to complain. Dumfries and Galloway Advocacy Service is also promoted in our public facing areas and complaints correspondence, to ensure those that need additional support are aware how to access it. Patient Services also provide support and advice to those that feel they are unable to complain to services directly.

The Scottish Government's report made nineteen observations in relation to Encouraging and Handling Complaints:

1. Boards to consider some access to the complaints system for services for slicker communication between the central and local teams e.g. on pending actions or upcoming deadlines.
2. Continue to raise awareness among staff on MCHP and empower them for early local resolution.
3. More effort for increasing contact with complainants at the beginning to clarify issues, manage expectations and explain the process.
4. Develop structured guidance for meetings.
5. Offer a debrief for staff and patients/family after a meeting for complex/sensitive cases.
6. Boards to consider reviewing whether the central complaints team have the capacity to send complaints out to relevant services soon after they are received, preferably the same day to allow enough time for care teams to investigate.
7. Boards to ensure sign off responsibilities are not delaying closure of complaints.
8. Continue to build the complaints teams and staff's confidence around closing complaints and directing to Scottish Public Services Ombudsman (SPSO) if a complainant is still unhappy once they have completed the investigation and issued their response.
9. Boards could highlight their consent issues through NCPAS whilst considering the general guidance provided in the CHP appendix 8.
10. Scottish Government to consider the impact of their requests on the NHS. They could ensure consent from the patient has been given and that the patient fully understands what information will be shared and with whom.
11. When dealing with joint complaints, Boards need to have clear communication and agreement between the organisations involved and refer to the CHP guidance.
12. It would be helpful if the NHS National Services Scotland assists with the provision of a common system and version for the territorial boards. This would ensure Datix is fit for purpose and that all Boards benefit from any changes and

improvements to the system as well as ensure consistency in recording and reporting.

13. It could be useful for complaints team that have not yet done so to arrange a visit to SPSO to get a clearer understanding of their procedures.
14. SPSO could clarify their own timescales.
15. SPSO could ensure there is consistency between their investigation handlers e.g. in what type of evidence is acceptable.
16. SPSO could offer more guidance on how frequently to keep complainant updated and how long is it acceptable to extend the timescale.
17. The mediation network could continue to clarify how mediation fits in the CHP. They could share this information along with testimonials from public services, particularly within health.
18. Boards should continue to increase the knowledge of staff in relation to the benefits of mediation and identification of where it may be appropriate within the complaints handling process. Taking up the Scottish Mediation offer of delivering workshops for staff may be beneficial in supporting this.
19. The demands on the PASS service should be monitored closely to ensure resources are sufficient to meet demands.

What we are doing well

- The Board has Feedback Coordinators in all services. Staff linked to a complaint also has access to the relevant Datix record, including the Responsible Manager and Investigating Officer.
- Training is available for Complaints Handling and Investigation Skills. Patient Services regularly link in with individual teams to raise awareness and offer support for complaints handling and managing feedback.
- The importance of regular and direct communication is embedded in to national and local procedures, as well as being covered in the training.
- For any complaint received centrally Patient Services aim to send complaints to services the same day and this is achieved in the vast majority of cases.
- The training spends some time focussing on the appropriate closing of complaints and when to signpost to SPSO. Patient Services regularly review outstanding cases in order to identify any that should be directed to the SPSO.
- Patient Services are contributing to NCPAS discussions in relation to consent and the challenges that can pose for complaints handling.

- The Board has established processes for managing joint complaints. Services are advised through the CHP, training and guidance that where possible there needs to be one coordinated response to a complaint. Whilst we have improved in this respect, there is still work to do to ensure we consistently take a joint approach.

Where we can improve

- The guidance and support tools available to staff in relation to complaints meetings could be enhanced. Patient Services will review the information and guidance available with a view to introducing improvements as required.
- Debriefs are recommended through local and national procedures; however they are not consistently offered. This will be considered as part of the review referenced above.
- Some complaints are delayed due to the availability of the Responsible Manager who is required to 'sign off' the complaint. Patient Services will work with directorates to review their sign off arrangements.
- Few staff within the organisation have visited the SPSO's offices and such a visit would be beneficial to those regularly dealing with complaints. Patient Services will coordinate a visit for staff this year.
- Awareness and use of mediation could be improved within the Board. Scottish Mediation attended a General Managers' meeting in February 2019 and Mediation Skills workshops for staff are planned for 2019.
- There is scope to improve how regularly directorates communicate with complainants during the complaints process. Patient Services will work with feedback coordinators to review and improve in this area.
- There is scope to improve 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. This was identified as an area for learning last year and Patient Services have since introduced learning summaries in some areas. There is however still work to do to ensure that learning is recorded, progressed and shared more consistently (see section 2.3 Complaints Handling Performance Indicators).
- The Board would benefit from improving 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. The Healthcare Analysis Tool is being tested in Patient Services to assist with this and supporting technology has been purchased to support the Board's ability to analyse related data.

2.2 Summary Complaints Data

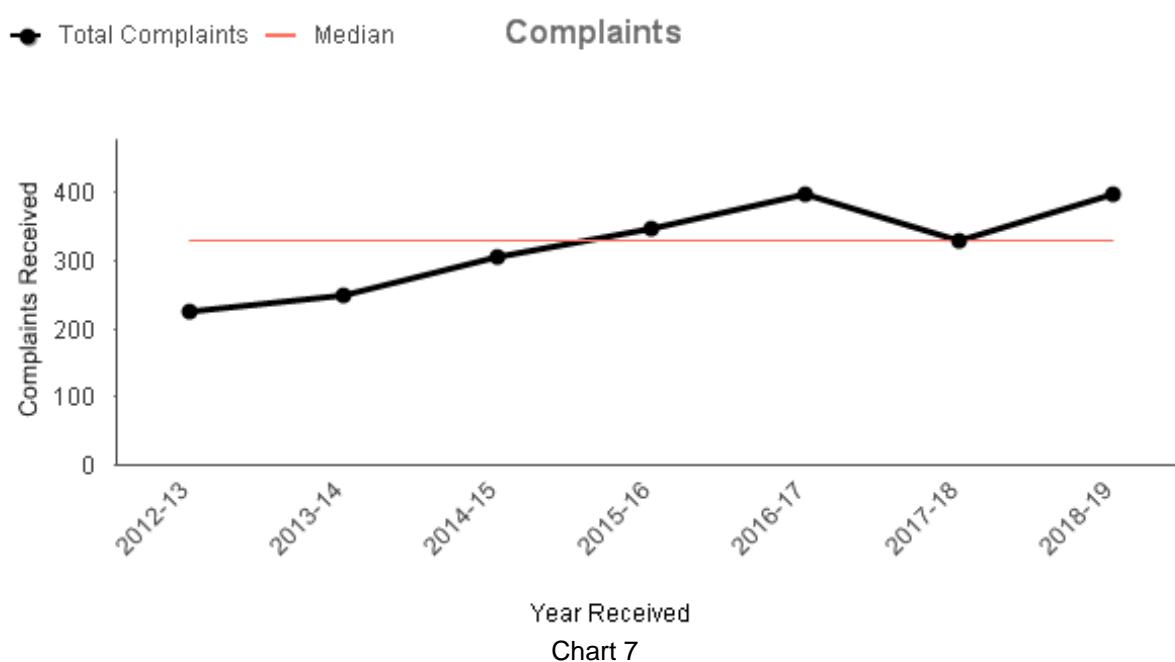
In the past year, NHS Dumfries & Galloway received a total of 397 complaints. This is an increase on 2017/18 in which we received 327 complaints. These numbers remain low in the context of the number of episodes of care delivered across the Board each year.

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.



Summary Complaints Received by Month & Annual Total (2018/19)

Feedback Received	Apr 2018	May 2018	Jun 2018	Jul 2018	Aug 2018	Sep 2018	Oct 2018	Nov 2018	Dec 2018	Jan 2019	Feb 2019	Mar 2019	Total
Stage One	23	13	6	14	11	5	17	7	5	4	9	10	124
Stage Two - Direct	17	20	19	16	20	17	22	20	18	30	27	23	249
Stage Two - Escalated	1	2	1	1	2	0	5	2	1	1	2	6	24
Total	41	35	26	31	33	22	44	29	24	35	38	39	397

Table 6

Complaints by complaint type by month received

- Stage 1
- Stage 2 - Direct
- ▲ Stage 2 - Escalated

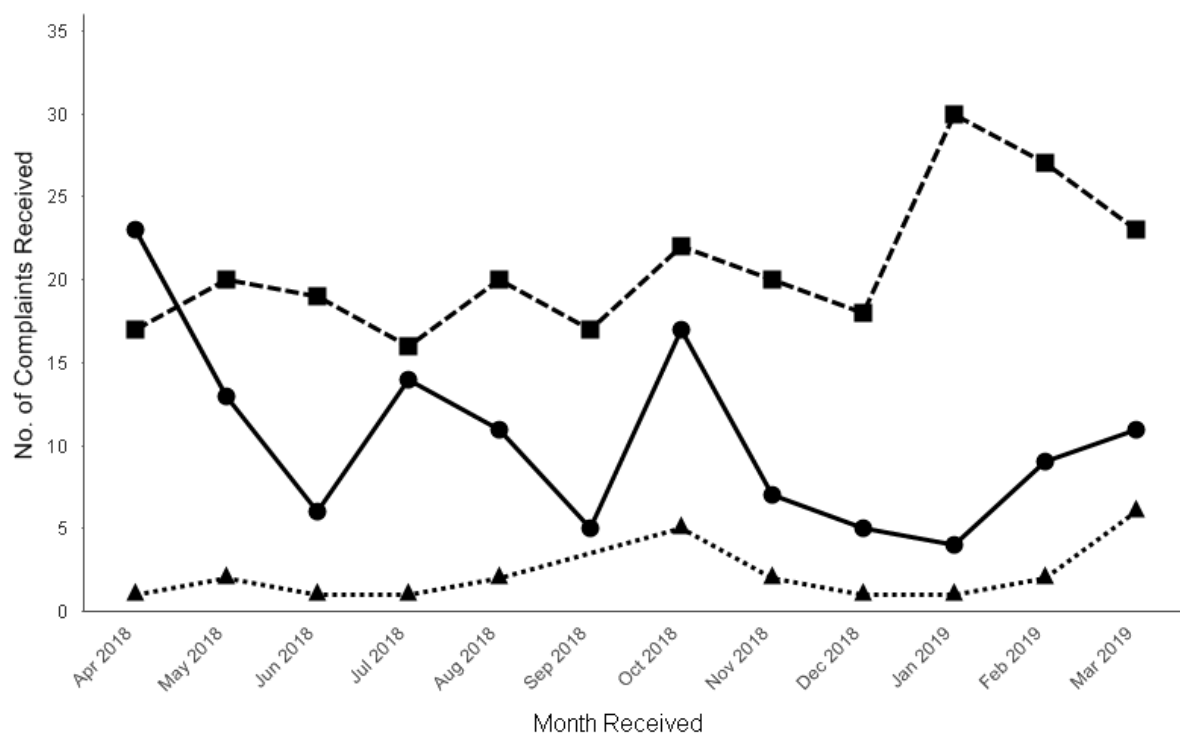


Chart 8

Complaints received by Directorate

The complaints received related to the following areas:

Service Area	Apr 2018	May 2018	Jun 2018	Jul 2018	Aug 2018	Sep 2018	Oct 2018	Nov 2018	Dec 2018	Jan 2019	Feb 2019	Mar 2019	Total
Acute & Diagnostics	29	15	16	27	15	14	32	18	18	25	24	29	262
CH&SC	2	6	2	1	2	4	1	0	3	0	4	1	26
Prison	2	3	0	0	2	0	1	3	1	0	2	2	16
Women's and Children	2	3	5	1	7	1	7	3	1	5	4	2	41
Corporate	2	0	1	1	4	1	0	1	1	0	1	3	15
Mental Health	2	8	2	1	3	1	3	4	0	5	2	2	33
Operational Services	2	0	0	0	0	1	0	0	0	0	1	0	4
Total	41	35	26	31	33	22	44	29	24	35	38	39	397

Table 7

Complaints by first received date and service

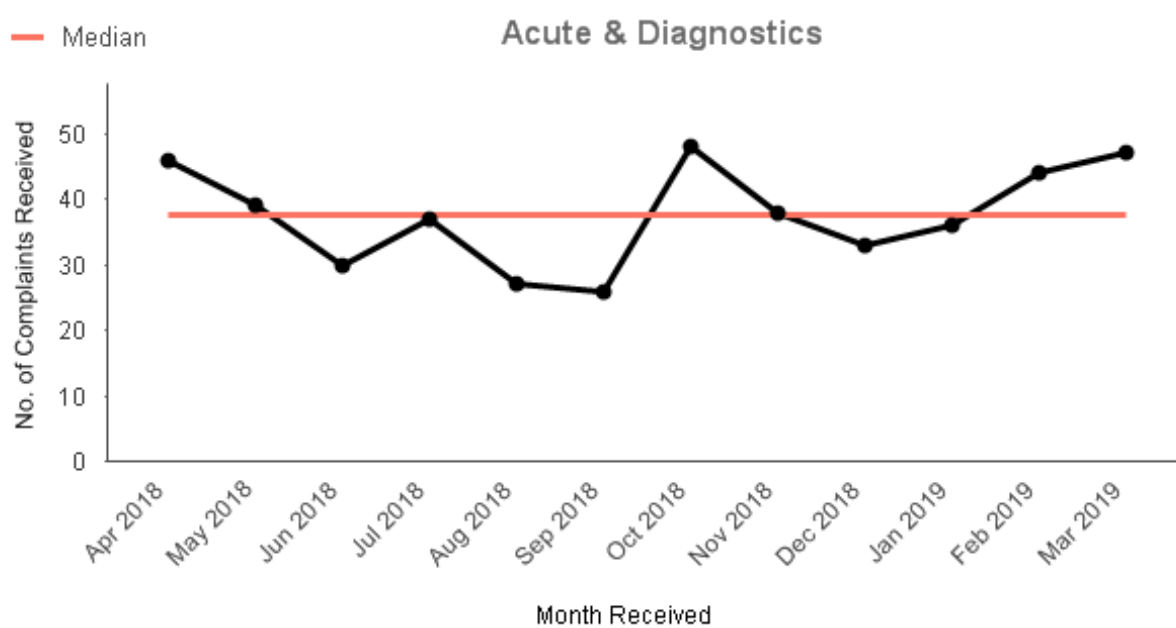
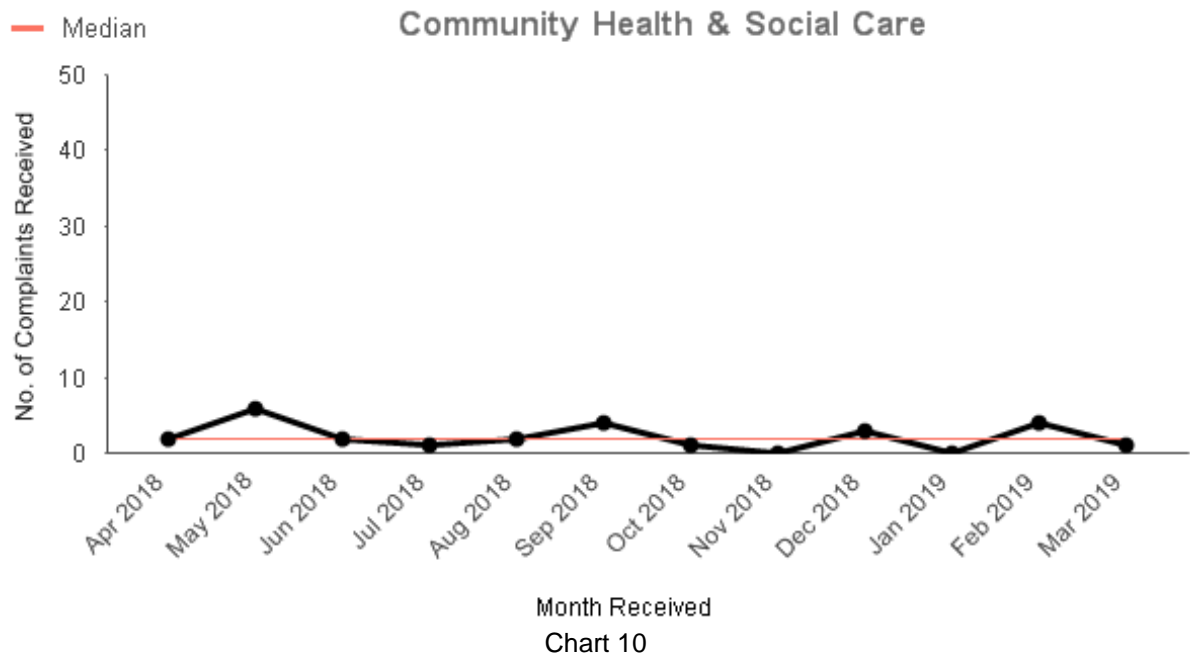
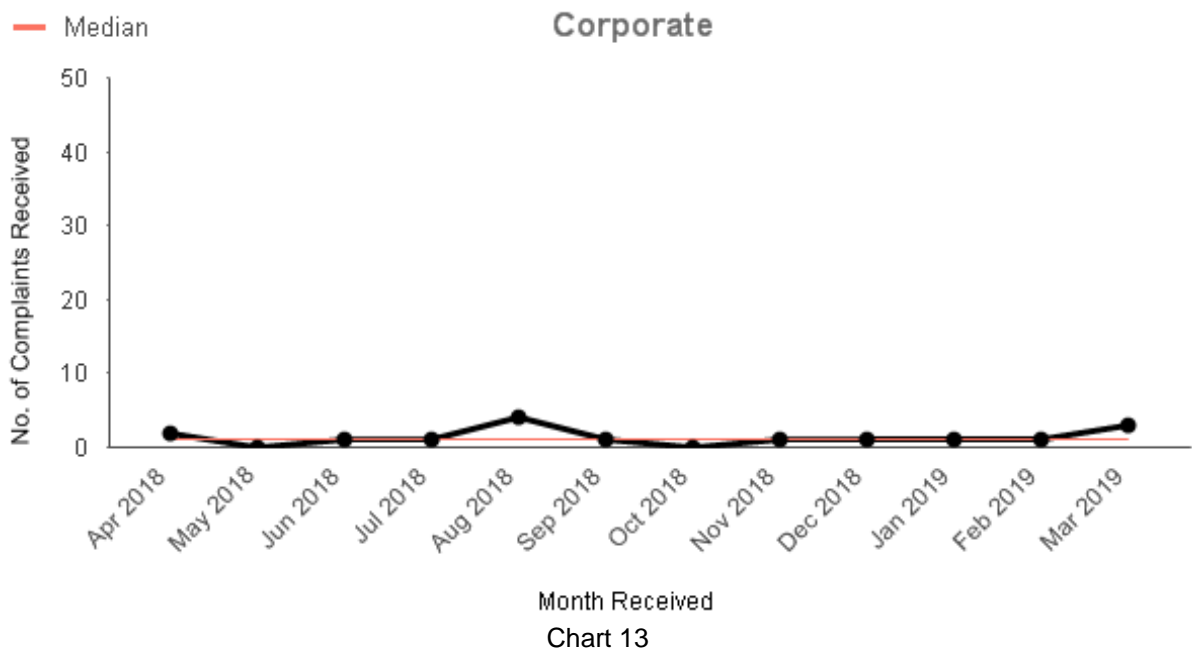
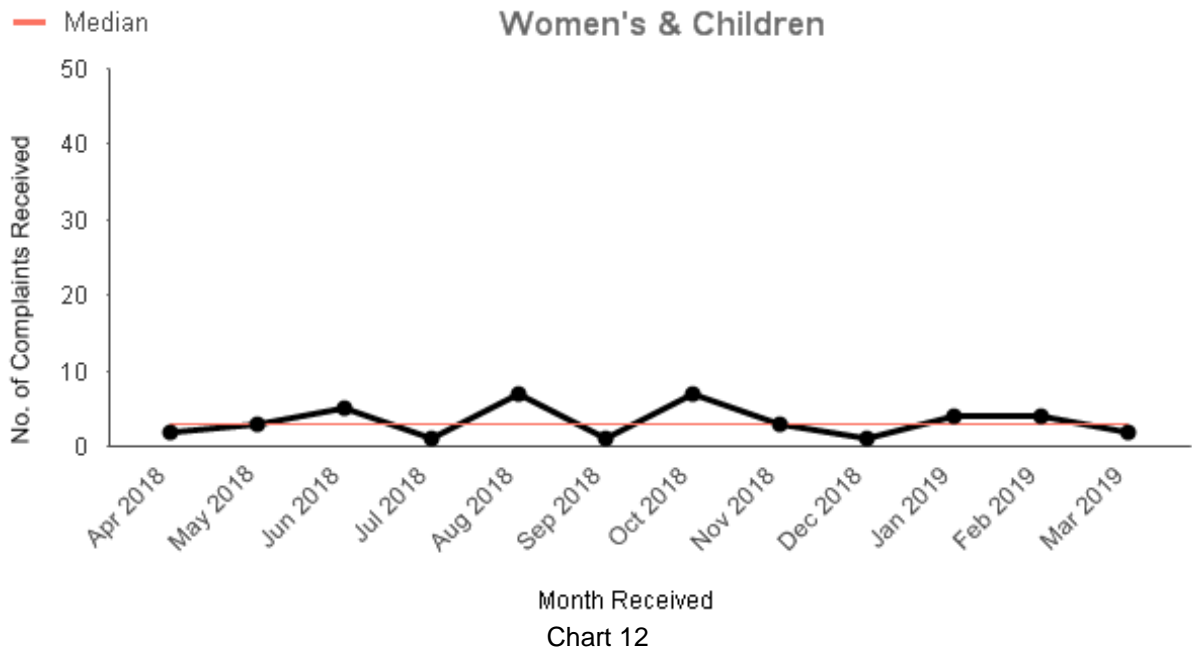
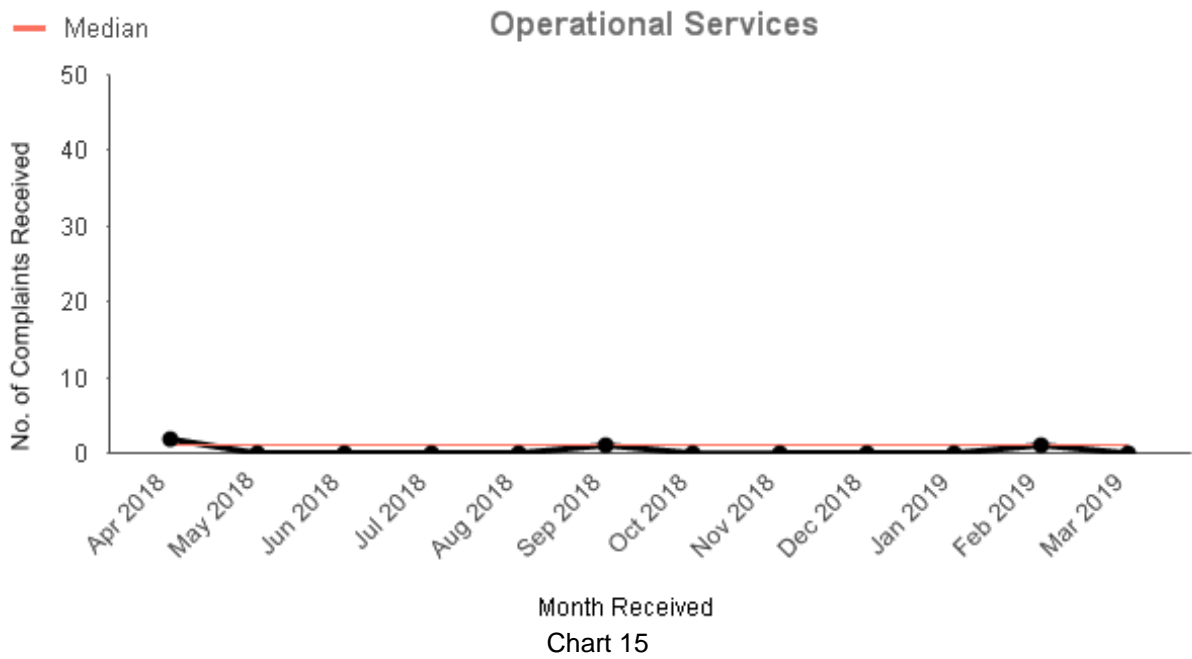
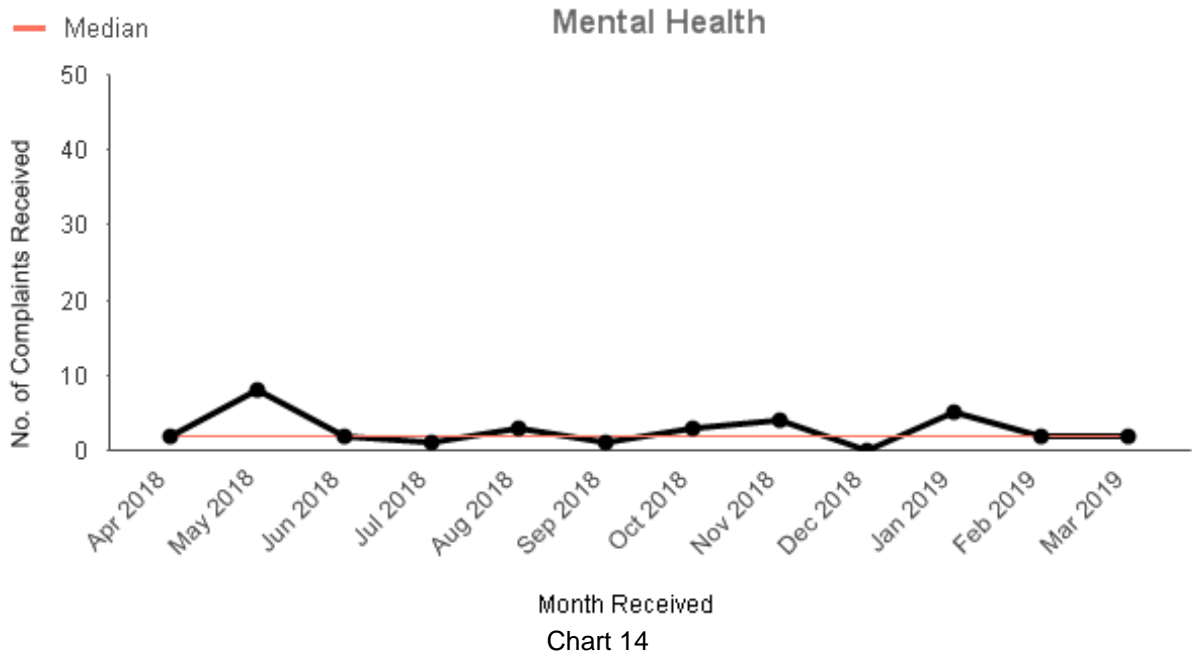


Chart 9







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

Further details of the indicators can be found in appendix six of NHS Dumfries and Galloway's Complaints Handling Procedure.

Indicator 1 - Learning from complaints

“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.

As part of the information captured on Datix around complaints, we record any improvements actions taken. The table below demonstrates that we identified 229 improvement actions during 2018/19.

	Apr 2018	May 2018	Jun 2018	Jul 2018	Aug 2018	Sep 2018	Oct 2018	Nov 2018	Dec 2018	Jan 2019	Feb 2019	Mar 2019	Total
No Action Taken	6	12	9	5	14	9	9	3	3	7	7	14	98
Communication	1	5	4	4	3	3	6	1	2	0	0	0	29
Action Plan	2	2	2	0	2	2	2	2	3	3	4	2	26
Conduct Issues	1	2	1	0	0	2	0	1	0	0	0	0	7
Share Lessons	24	15	12	21	11	7	18	9	6	4	7	4	138
Education	0	2	1	0	1	0	4	1	0	0	0	0	9
Service Access	0	0	1	1	0	0	1	1	0	0	0	0	4
Policy Review	0	0	2	0	1	0	1	0	0	0	0	0	4
Change to System	2	1	0	0	1	0	2	0	1	0	0	1	8
Review Waiting Times	0	0	0	2	2	0	0	0	0	0	0	0	4
Total	36	39	32	33	35	23	43	18	15	14	18	21	327

Table 8

The Scottish Government's report made twelve observations in relation to Learning from Complaints:

1. Consider including an actions tracker on Datix.
2. Service reviews could incorporate an analysis of feedback and complaints to ensure themes and matters that require more significant/wider service improvement and/or resource from the Boards are identified.
3. Boards could share resources they have for capturing learning such as reflective learning forms and response templates.

4. Continue to remind staff to include actions and learning in response letters.
5. Consider having a learning summary/form for stage two complaints including what went well and improvements identified. The management team need to commit to at least one improvement action.
6. Boards to encourage monitoring of actions/quality improvement plans.
7. Consider the healthcare analysis tool used by NHS Dumfries and Galloway to help analyse complaints and identify themes and trends.
8. Complaints teams could ask for evidence of actions to be provided immediately. This provides assurance to the Boards and they are prepared ahead for any cases that go to SPSO.
9. Complaints teams could seek opportunities for sharing learning and improvements carried out by services or the organisation via internal communications.
10. To encourage services to share learning summaries that might be beneficial for other services as well as patients.
11. Staff named in complaints could be kept informed of investigation and actions and receive a copy of the final response letter.
12. Arrangements could be put in place to support staff who are the subject of complaints.

What we are doing well

- A 'Learning Summary' template has been introduced to capture learning from complaints. The Acute and Diagnostic Services Directorate and Women, Children's and Sexual Health Directorate are starting to use these for complaints which have been upheld or partially upheld.
- Learning Summaries are included in bi-monthly feedback reports to Board and Healthcare Governance Committee.
- There is an increased focus on learning and improvement within the complaints training and supporting materials.
- There is improved joint working between Patient Services and the Patient Safety team in relation to complaints and adverse events.
- The information contained within our performance reports has been reviewed and refined several times to ensure improved relevance and assurance.

- Additional performance reporting has been introduced to ensure that the senior management team are regularly updated on the status of complaints within their service.

Where we can improve

- Learning Summaries should be used consistently for all complaints where there has been an upheld or partially upheld outcome. Patient Services will work with directorates to agree an implementation plan for this approach.
- Datix contains the appropriate fields to capture and report on learning, but these are not consistently completed. Patient Services are working with Feedback Coordinators to support comprehensive completion of records.
- There is scope to improve how we share learning within the Board and beyond. Patient Services are working with complaints leads locally and nationally to explore practical solutions to aid this sharing of learning.
- The University of Glasgow and Hirst Works have developed guidelines to aid organisations to better support staff that are subject of a complaint. The 'Being Complained About' guidelines were considered by the Patient Experience Group and it was agreed that the Board would be a case study for the University in their testing of the document. Patient Services are in the processes of reviewing complaint procedures to ensure key actions from the guidance are included.
- Improvement plans are developed and monitored in some directorates but there is a lack of consistency in approach. This will be discussed at a future Patient Experience Group to explore and agree how the Board can improve in this respect.
- Evidence of actions is monitored by Responsible Managers in some instances, but again there is a lack of consistency in approach. This will also be considered at the Patient Safety Group as part of the discussion referenced above.

Examples of Learning

Appendix 3 contains a number of Learning Summaries from the period 2018/19.

Indicator 2 - Complaints Process Experience

"A statement to report the person making the complaint's experience in relation to the complaints service provided."

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.

During the period 2018/19 we had 31 responses. A summary of the findings is included in Appendix 4. A number of the responses included comments providing personal accounts of experiences. These have been removed from this report as many contain identifiable information.

It is recognised that those that are motivated to respond are likely to have strong views on their experience and the National Complaints Personnel Association Scotland (NCPAS) have discussed the challenges associated with this. One of the key challenges being that satisfaction with the outcome of the complaint will have some bearing on the level of satisfaction with the process. The results of the surveys have informed the Board's planned actions as detailed below.

The Scottish Government's report made five observations in relation to Complaints Process Experience:

1. A national approach could be developed with discussion in NCPAS to discuss Boards' concerns, challenges and ideas for solutions.
2. Consider involvement of the Scottish Health Council (SHC) to identify a national approach – e.g. NHS Forth Valley have been working with SHC on this KPI and have a revised survey form and are considering other feedback formats. It would be good if their experience were shared with other Boards. Also, it might provide better response if data is collected by an organisation independent of the Board to reduce bias and because people that were not satisfied might not see value of providing feedback.

3. SPSO could advise on the processes that are successful for this KPI in other public sectors to discuss if they could be adapted for the NHS.
4. NHS Boards to ask for guidance from the Information Commissioner about consent required for KPI 2 to ensure GDPR compliance.
5. Consider learning from the HIS real-time and right-time model, namely that qualitative feedback might be more valuable than survey data.

What we are doing well

- Patient Services found that response rates for the survey were low when it was initially introduced. To try to address this, the survey was promoted through social media channels, which saw an increase in responses. The Scottish Government report identified this approach as good practice.

Where we can improve

Responses indicated that we could improve in the following areas:

- Respondents commented that it was difficult to find information on how to make a complaint. Information is widely available as detailed earlier in the report however comments accompanying the survey suggested that some frontline staff were still unaware as how best to manage complaints. Patient Service will review the information made available to frontline staff regarding managing feedback and will seek to further raise awareness about the complaints procedure.
- Some respondents commented that they did not speak to any member of staff about their complaint and all correspondence was in writing. A number also commented that they were not happy with how their complaint was handled and that it was difficult to get in touch with staff or requests for contact were not met. Communicating with people making complaints at the initial stage of their complaint is of paramount importance to ensure clarity of issues and agree preferred resolutions and outcomes. This features prominently in the procedure and associated guidance and is also a focus within the training. Patient Services are introducing further quality monitoring of live cases and as part of that communication will be reviewed in those cases to ensure it is of an appropriate frequency.
- There were a number of comments made from respondents that their complaint was not dealt with in a timely manner; that they were not kept informed about the progress of their complaint and that the complaints process was not fully explained to them. Patient Services continue to work with front line staff dealing with complaints to highlight the importance of good communication with people making complaints to ensure that they are kept updated of any delays in responding to their complaint. Patient Services have provided a number of templates for use when responding to complaints, which include guidance on the information which should be included in the complaint response. Patient Services will continue to promote and encourage the use of

these templates to ensure responses follow best practice guidance from the SPSO Valuing Complaints website.

- Majority of respondents reported that they had not received an apology from the Board in relation to their concerns. Apologies are strongly encouraged within procedures and guidance, and in some cases is a statutory requirement, including Duty of Candour. Quality monitoring demonstrates that apologies are included in the majority of response letters, including in those cases where complaints are not upheld.
- Respondents also commented that the response they received did not answer all of the issues they raised and it was not clear what the outcome of their complaint was. Procedures and templates include a requirement for this. Quality monitoring demonstrates that these templates are not being used in all cases and that in some cases issues are not being fully addressed and outcomes not included. Patient Services will highlight this issue to Coordinators and Responsible Managers and will continue to monitor compliance with this requirement.

Indicator 3 - Staff Awareness and Training

"A statement to report on levels of staff awareness and training."

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.

The Scottish Government's report made eleven observations in relation to Staff Training and Development:

1. Scottish Government could clarify the level of detail required in reporting this KPI.
2. Boards to consider whether some of the complaints related training could be made mandatory to certain staff groups or at least highly encouraged.
3. Complaints teams could seek opportunities to attend staff meetings/huddles to raise awareness of complaints issues, resources available and training.
4. Promote training and SPSO resources to contractors.
5. More training considered for frontline staff related to building confidence and managing difficult conversations.
6. Boards could review whether complaints and learning from complaints is included in senior managers' performance objectives and to consider adding these objectives if absent.
7. Frequent internal communication such as sharing Care Opinion stories, learning from complaints, patient experiences or promotion of training to maintain awareness of CHP among staff.

8. Could increase opportunities for face-to-face training for complaints teams and for contractors.
9. Could commission a training impact evaluation.
10. To discuss with NES the possibility of developing a learning network for complaints and adverse events teams.
11. To have discussions at NCPAS about the development and use of the complaints website within the knowledge network to coincide with NES' move to the new system. This could be used as a discussion forum and for sharing resources.

What we are doing well

- Patient Services have trained 153 staff in Complaints Handling and 121 staff in Investigation Skills since sessions began in 2017. Bespoke feedback training has also been delivered to a number of individual teams and three cohorts of the ASPIRE course.
- In June 2018, an awareness raising event was organised for staff with PASS and Dumfries and Galloway Advocacy Service. Both organisations have also worked with individual directorates to promote their services.
- The Board's Patient Feedback Manager is currently undertaking a Masters in Dispute Resolution through Queen Margaret University. The course content is directly informing complaints and conflict management work within the Board.

Where we can improve

- Awareness of the benefits of mediation and the support available from Scottish Mediation is still limited. There is further work to be done to address this, to ensure that the Board are making full use of this valuable service. A Mediation Skills workshop is scheduled for June 2019 to give staff the opportunity to learn more.
- There is an opportunity to streamline training across adverse events and complaints. The Patient Services and Patient Safety teams are exploring this for the period ahead.
- During most training sessions staff have expressed a desire for more support and training regarding managing conflict. Patient Services are developing additional resources to assist.
- Whilst the training is evaluated by Patient Services, there is no external evaluation. This would be helpful to ensure the training continues to meet its objectives. Patient Services will work with Organisational Development to explore this further.

- Whilst Care Opinion and other patient stories are shared, there is not a consistent approach to that sharing. Patient Services will develop a communication plan to aid that.

Indicator 4: Total number of complaints received

Number of complaints received by the NHS Board Complaints and Feedback Team	397
Number of complaints received by NHS Contractors	146
Total number of complaints received in NHS Board	543

NHS Board – Subgroups

Acute & Diagnostic	262
Women & Children's	41
Community Health and Social Care	26
Operational Services	4
Mental Health (excl Prison Services)	33
Prison Services	16
Corporate	15
Total	397

Independent Contractors

General Practitioners	84
General Dental Practitioners	6
Ophthalmic Contractors	0
Pharmacy Contractors	56
Total Independent Contractors	146

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

Indicator 4 - The total number of complaints received per 1000 population	
Description	2018/19
Per 1000 population	2.7

Rate of Complaints received by service area (Rate per 1,000 staff)

Month	Apr 2018	May 2018	Jun 2018	Jul 2018	Aug 2018	Sep 2018	Oct 2018	Nov 2018	Dec 2018	Jan 2019	Feb 2019	Mar 2019	Avg.
Acute & Diagnostics	15.1	7.8	8.3	14.1	7.8	7.3	16.7	9.4	9.4	13.0	12.5	15.1	11.4
CH&SC	2.2	6.6	2.2	1.1	2.2	4.4	1.1	0.0	3.3	0.0	4.4	1.1	2.4
Women's and Children	4.6	6.9	11.6	2.3	16.2	2.3	16.2	6.9	2.3	11.6	9.3	4.6	7.9
Corporate	3.7	0.0	1.9	1.9	7.5	1.9	0.0	1.9	1.9	0.0	1.9	5.6	2.3
Mental Health	4.3	17.0	4.3	2.1	6.4	2.1	6.4	8.5	0.0	10.6	4.3	4.3	5.9
Operational Services	21.3	0.0	0.0	0.0	0.0	10.6	0.0	0.0	0.0	0.0	10.6	0.0	3.5
Total	6.7	3.4	3.7	6.2	3.4	3.2	7.3	4.1	4.1	5.7	5.5	6.7	5.0

Table 10

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"

Complaint Type		Apr 2018	May 2018	Jun 2018	Jul 2018	Aug 2018	Sep 2018	Oct 2018	Nov 2018	Dec 2018	Jan 2019	Feb 2019	Mar 2019	Total
Stage 1	Closed	21	11	14	6	15	8	12	11	6	3	9	9	125
	% of all Closed	39.6%	27.5%	41.2%	24.0%	45.5%	30.8%	37.5%	32.4%	21.4%	15.8%	24.3%	27.3%	31.7%
Stage 2 - Direct	Closed	32	28	19	18	16	17	20	23	17	13	26	22	251
	% of all Closed	60.4%	70.0%	55.9%	72.0%	48.5%	65.4%	62.5%	67.6%	60.7%	68.4%	70.3%	66.7%	63.7%
Stage 2 - Escalated	Closed	0	1	1	1	2	1	0	0	5	3	2	2	18
	% of all Closed	0.0%	2.5%	2.9%	4.0%	6.1%	3.8%	0.0%	0.0%	17.9%	15.8%	5.4%	6.1%	4.6%
	Total Closed	53	40	34	25	33	26	32	34	28	19	37	33	394

Table 11

Complaints by stage by month complaint closed

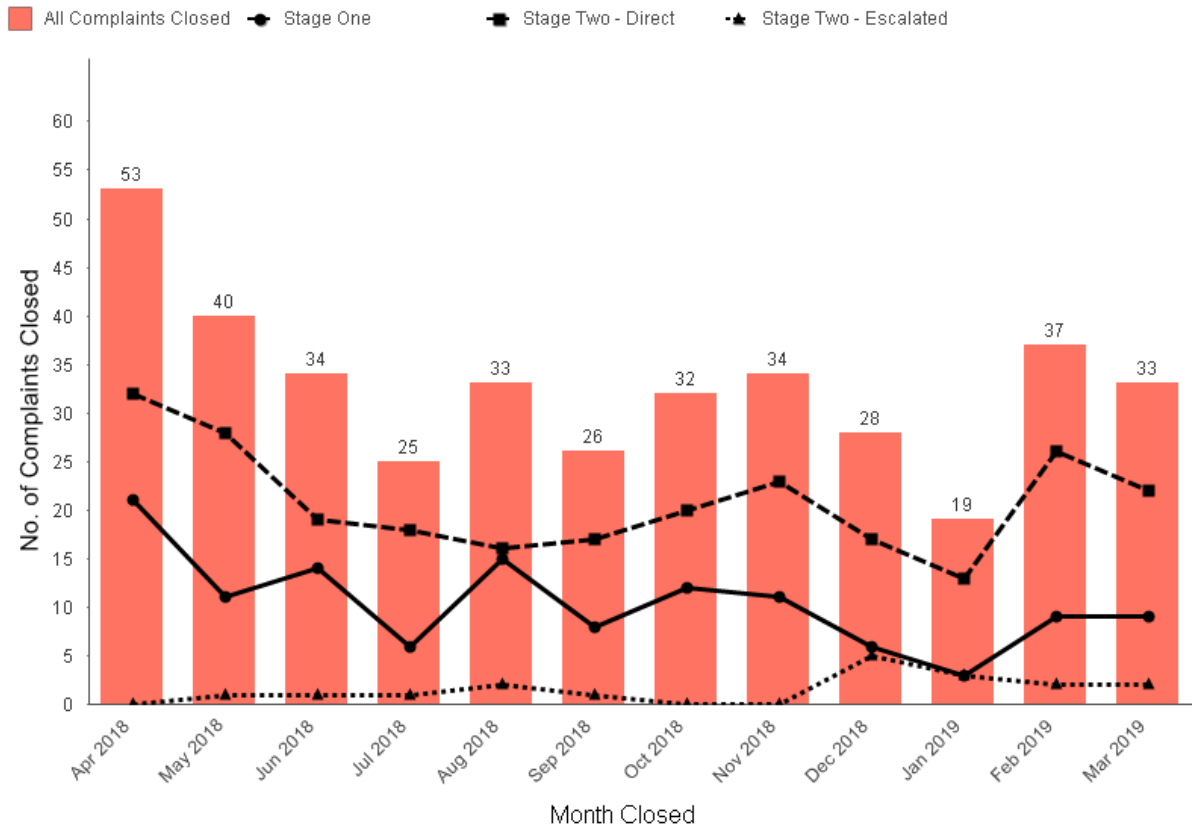


Chart 16

Indicator Six: Complaints upheld, partially upheld and not upheld

"Details of the number of complaints that had each of the above listed outcomes and as a % of all complaints closed at the various stages."

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 2018/19 70% of our complaints were fully or partially upheld. This demonstrates an increase on the figures for 2017/18 where 60% were fully or partially upheld. In breaking the figures down further we can see that in 2018/19, 36% of all complaints were fully upheld (compared to 19% the previous year) and 35% partially upheld (compared to 41% the previous year).

This increase will be further analysed by the Patient Services team and report on findings presented to a future Board meeting.

Complaints Upheld or Partially Upheld by month complaint closed

The table below details a full breakdown of our response outcomes.

Complaint Type	Outcome		Apr 2018	May 2018	Jun 2018	Jul 2018	Aug 2018	Sep 2018	Oct 2018	Nov 2018	Dec 2018	Jan 2019	Feb 2019	Mar 2019	Total
Stage 1	Upheld	#	9	6	5	1	6	4	7	7	4	3	4	5	61
		%	42.9%	54.5%	35.7%	16.7%	40.0%	50.0%	58.3%	63.6%	66.7%	100.0%	44.4%	55.6%	52.4%
	Partially Upheld	#	7	3	3	3	7	1	2	2	2	0	3	0	33
		%	33.3%	27.3%	21.4%	50.0%	46.7%	12.5%	16.7%	18.2%	33.3%	0.0%	33.3%	0.0%	24.4%
	Not Upheld	#	5	2	6	2	2	3	3	2	0	0	2	4	31
		%	23.8%	18.2%	42.9%	33.3%	13.3%	37.5%	25.0%	18.2%	0.0%	0.0%	22.2%	44.4%	23.2%
	Total		21	11	14	6	15	8	12	11	6	3	9	9	125
Stage 2 - Direct	Upheld	#	8	5	1	3	6	2	6	2	2	9	18	12	74
		%	25.0%	17.9%	5.3%	16.7%	37.5%	11.8%	30.0%	8.7%	11.8%	69.2%	69.2%	54.5%	29.8%
	Partially Upheld	#	11	15	9	10	5	7	8	17	9	2	4	2	99
		%	34.4%	53.6%	47.4%	55.6%	31.3%	41.2%	40.0%	73.9%	52.9%	15.4%	15.4%	9.1%	39.2%
	Not Upheld	#	13	8	9	5	5	8	6	4	6	2	4	8	78
		%	40.6%	28.6%	47.4%	27.8%	31.3%	47.1%	30.0%	17.4%	35.3%	15.4%	15.4%	36.4%	31.0%
	Total		32	28	19	18	16	17	20	23	17	13	26	22	251
Stage 2 - Escalated	Upheld	#	0	1	0	0	2	1	0	0	1	1	1	0	7
		%	0.0%	100.0%	0.0%	0.0%	100.0%	100.0%	0.0%	0.0%	20.0%	33.3%	50.0%	0.0%	33.6%
	Partially Upheld	#	0	0	0	1	0	0	0	0	2	1	1	0	5
		%	0.0%	0.0%	0.0%	100.0%	0.0%	0.0%	0.0%	0.0%	40.0%	33.3%	50.0%	0.0%	18.6%
	Not Upheld	#	0	0	1	0	0	0	0	0	2	1	0	2	6
		%	0.0%	0.0%	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	40.0%	33.3%	0.0%	100.0%	22.8%
	Total		0	1	1	1	2	1	0	0	5	3	2	2	18

Table 12

Stage 1 Complaints

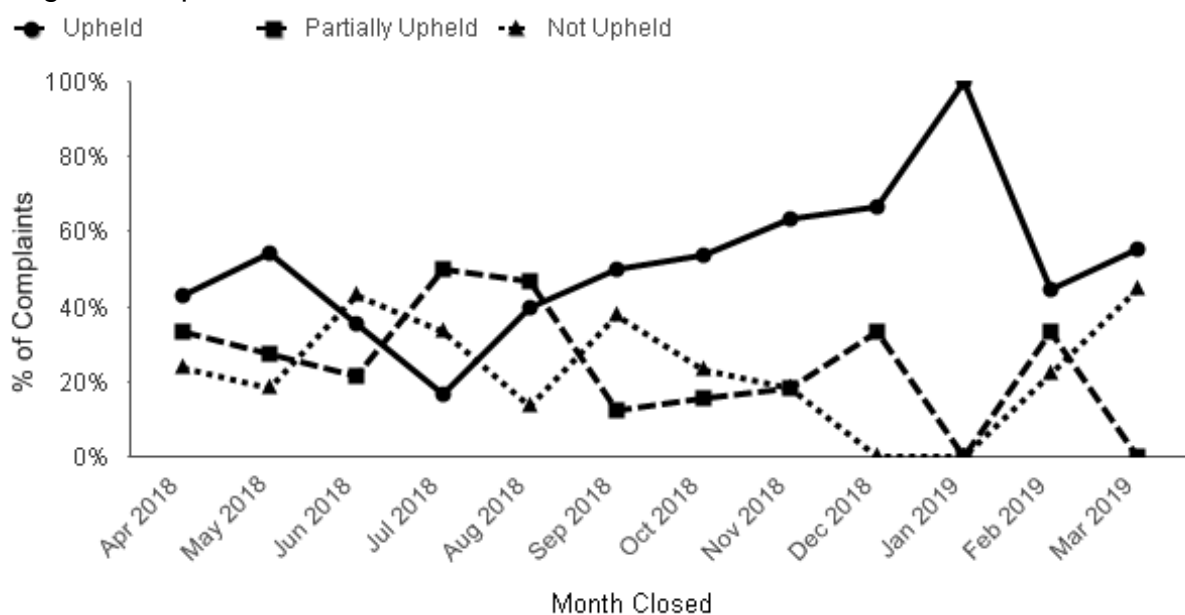


Chart 17

Direct to Stage 2

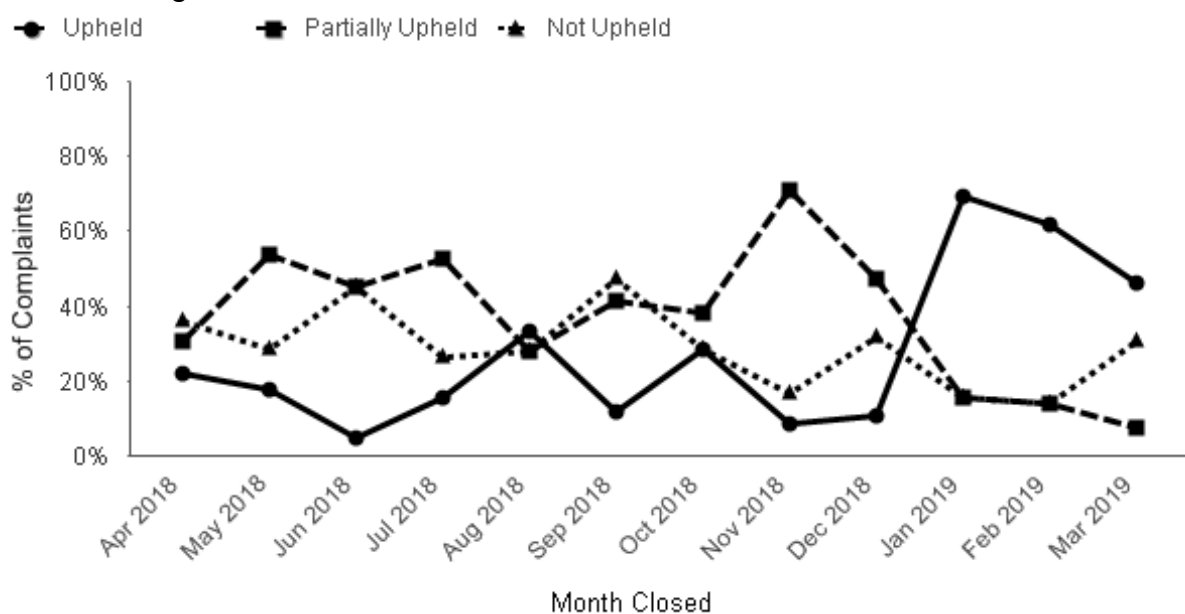


Chart 18

Escalated to Stage 2

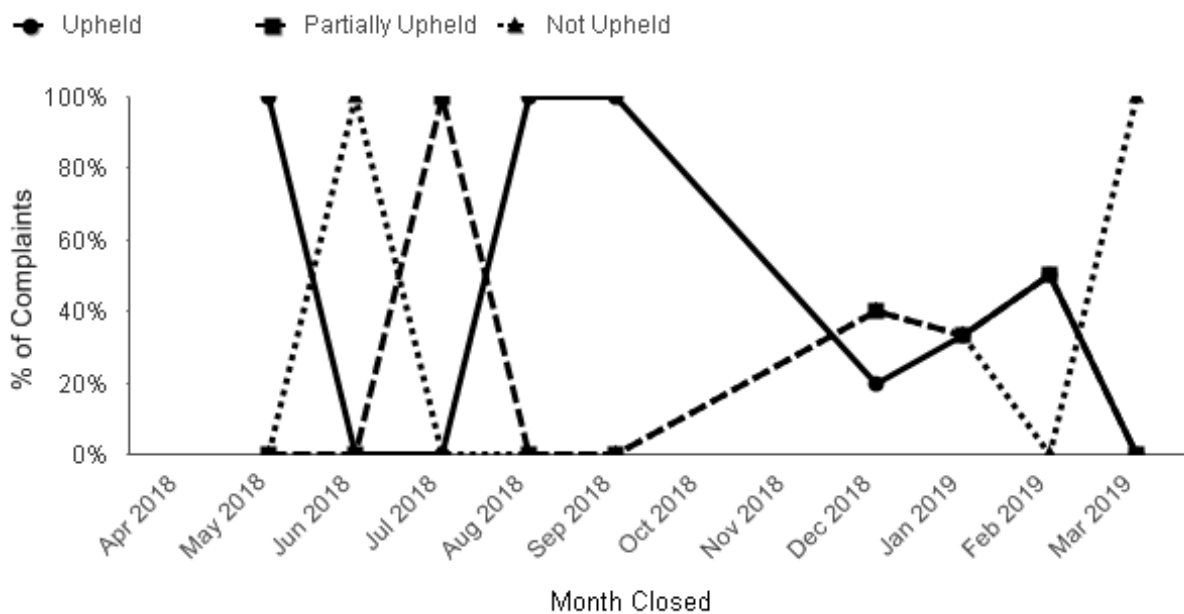


Chart 19

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.

Compliance with statutory timescales continues to pose a challenge and does fluctuate. There are times when an extended response time is required to ensure a comprehensive response. In those cases, it is crucial that any extensions are communicated to the complainant. Patient Services continue to work closely with Directorates to support them with their complaints handling and to identify any areas where timeliness or quality could potentially be improved.

MonthYear	Apr 2018	May 2018	Jun 2018	Jul 2018	Aug 2018	Sep 2018	Oct 2018	Nov 2018	Dec 2018	Jan 2019	Feb 2019	Mar 2019	Avg.
Stage One (5 Working Days)	9	9	10	3	4	7	5	5	12	6	4	4	7
Stage Two - Direct (20 Working Days)	31	38	40	24	30	25	42	30	37	42	23	23	32
Stage Two - Escalated (20 Working Days)	0	12	10	13	73	73	0	0	32	27	26	16	32
All Complaints	23	29	27	19	22	21	28	22	31	34	19	18	24

Table 13

Average time for complaint to be closed

Stage 1 Complaints

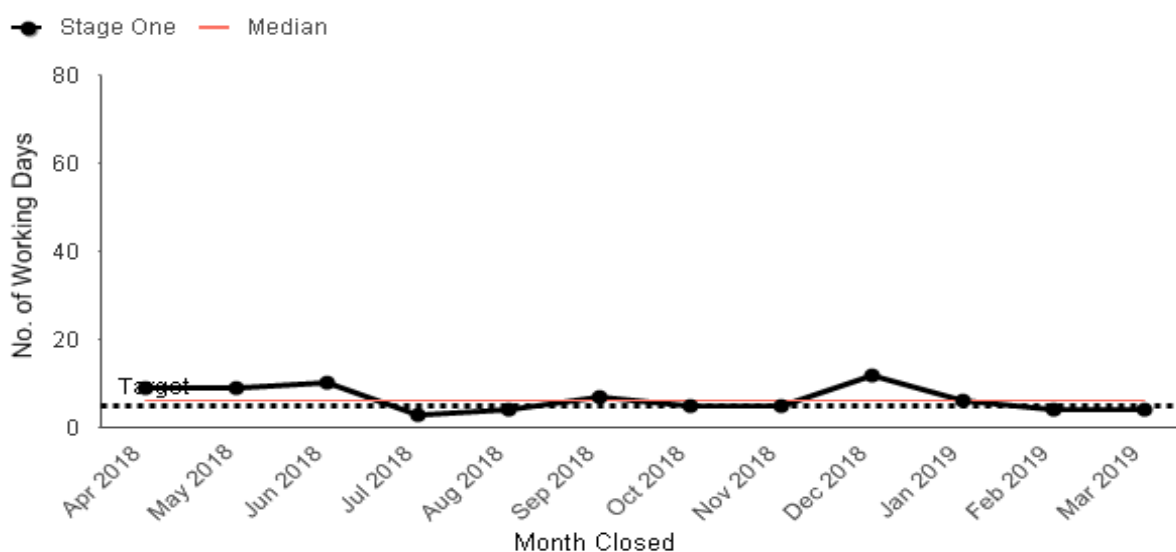


Chart 20

Direct to Stage 2

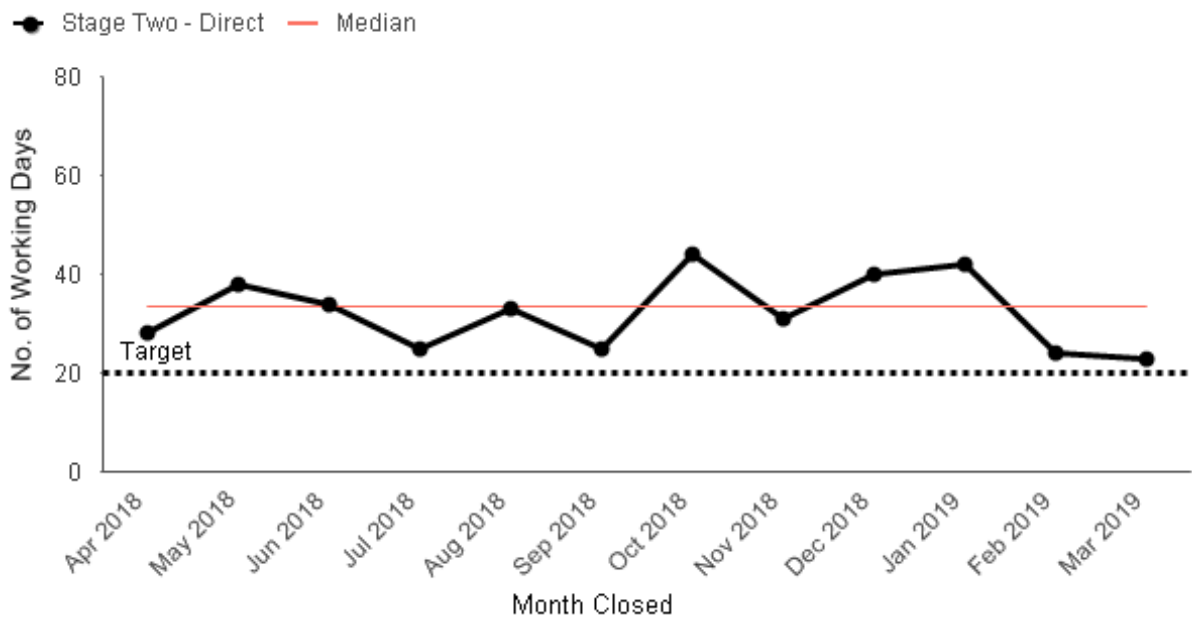


Chart 21

Escalated to Stage 2

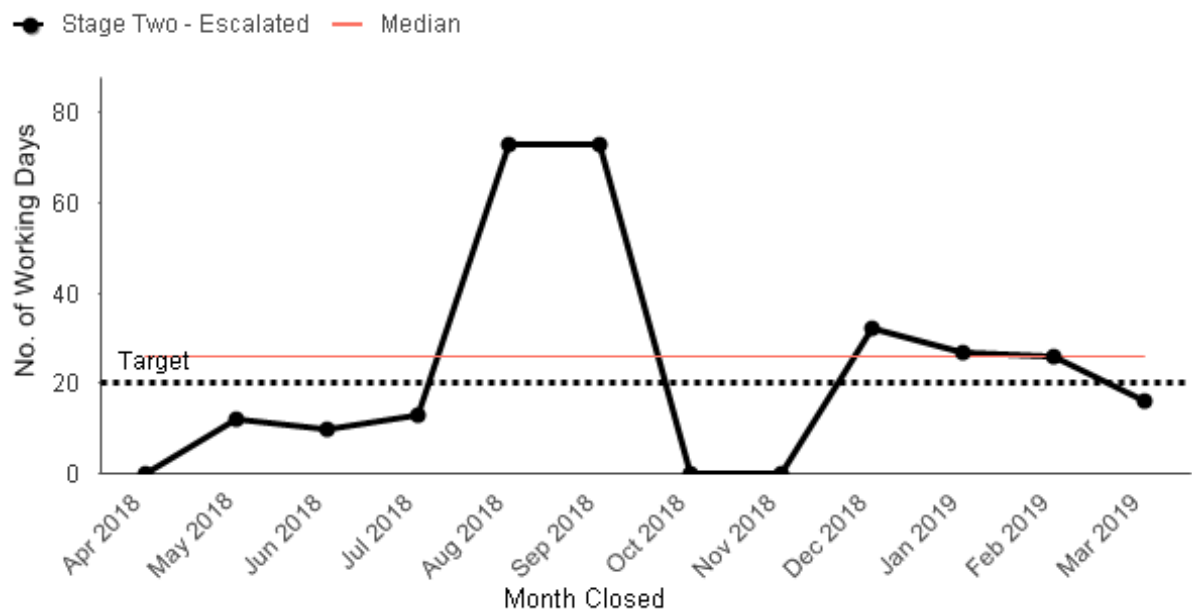


Chart 22

All received to closed – 01/04/2018 – 31/03/2019

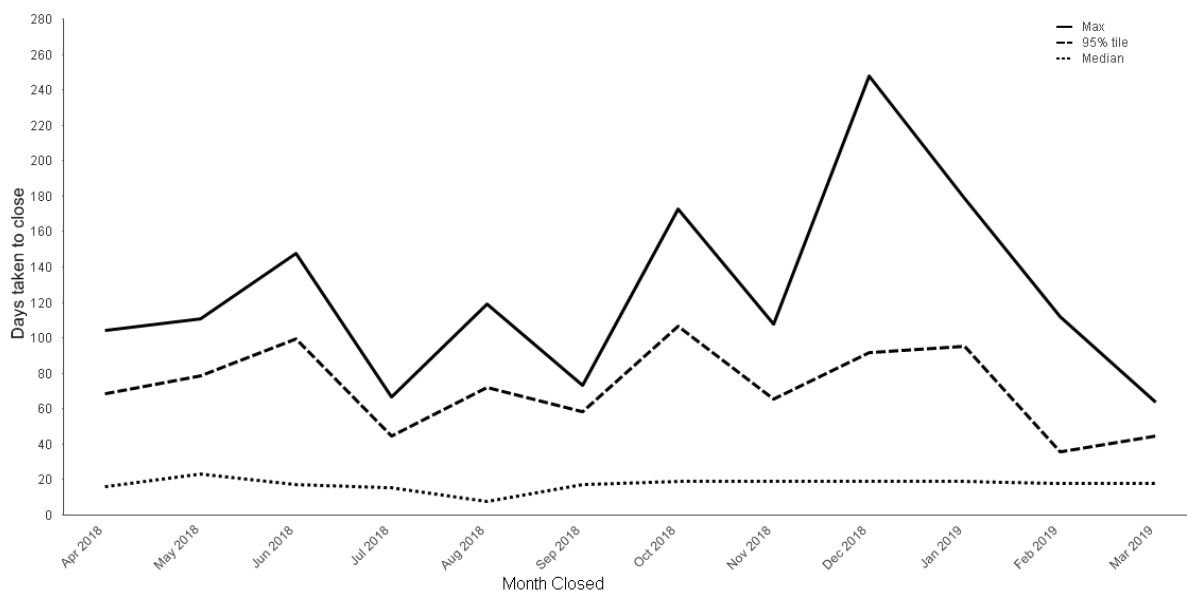


Chart 23

Stage 1 received to closed – 01/04/2018 – 31/03/2019

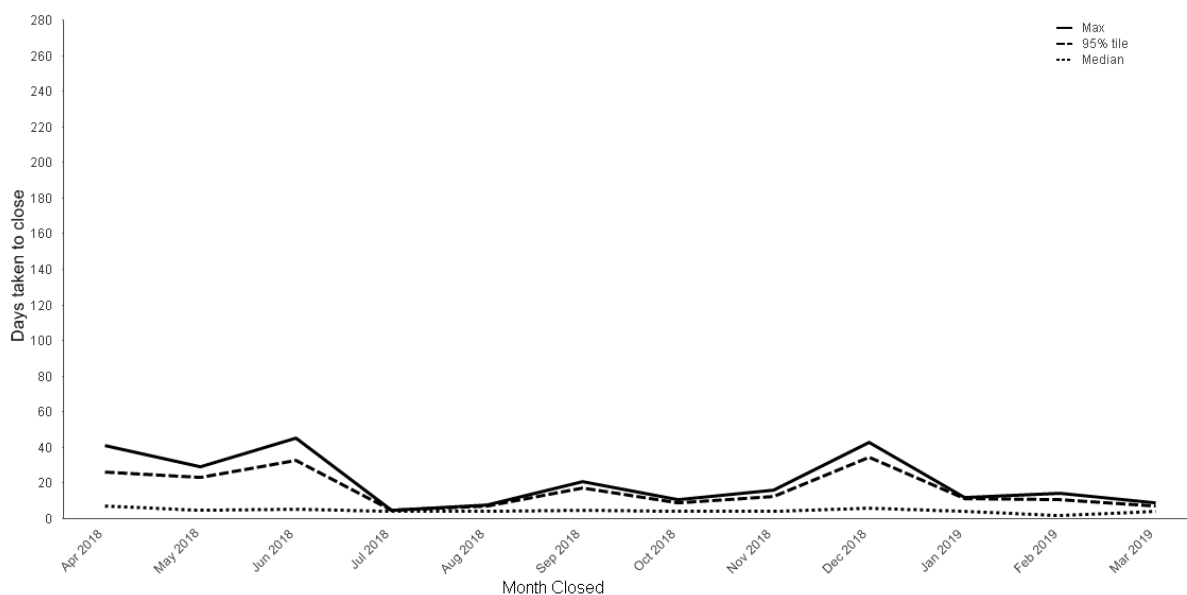


Chart 24

Stage 2 received to closed – 01/04/2018 – 31/03/2019

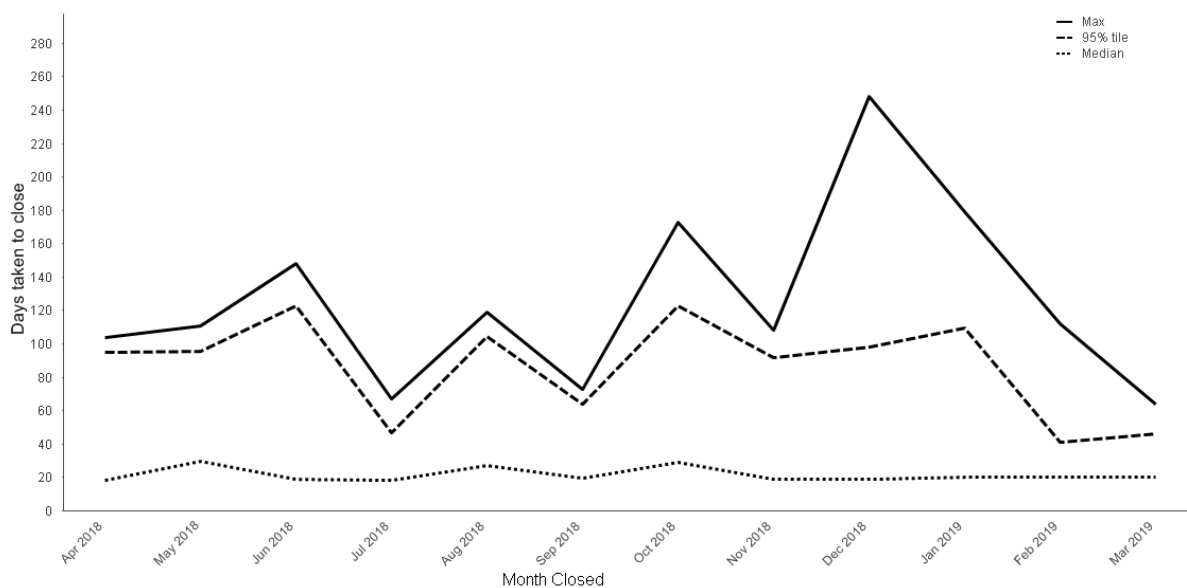


Chart 25

Indicator Eight: Complaints closed in full within the timescales

“Details of how many complaints were responded 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.

Complaint Type		Apr 2018	May 2018	Jun 2018	Jul 2018	Aug 2018	Sep 2018	Oct 2018	Nov 2018	Dec 2018	Jan 2019	Feb 2019	Mar 2019	Total
Stage 1 (5 Working Days)	Closed Within Target	9	6	7	6	11	4	9	8	2	2	7	8	79
	% Closed	42.9%	54.5%	50.0%	100.0%	73.3%	50.0%	75.0%	72.7%	33.3%	66.7%	77.8%	88.9%	63.2%
	Total Closed	21	11	14	6	15	8	12	11	6	3	9	9	125
Stage 2 Direct (20 Working Days)	Closed Within Target	17	7	11	9	6	10	8	13	10	6	14	11	122
	% Closed	53.1%	25.0%	57.9%	50.0%	37.5%	58.8%	40.0%	56.5%	58.8%	46.2%	53.8%	50.0%	48.6%
	Total Closed	32	28	19	18	16	17	20	23	17	13	26	22	251
Stage 2 Escalated (20 Working Days)	Closed Within Target	0	1	1	1	0	0	0	0	1	2	1	2	9
	% Closed	0.0%	100.0%	100.0%	100.0%	0.0%	0.0%	0.0%	0.0%	20.0%	66.7%	50.0%	100.0%	50.0%
	Total Closed	0	1	1	1	2	1	0	0	5	3	2	2	18

Table 14

Complaints closed in Set Timescale by month closed

Stage 1 Complaints closed in 5 days

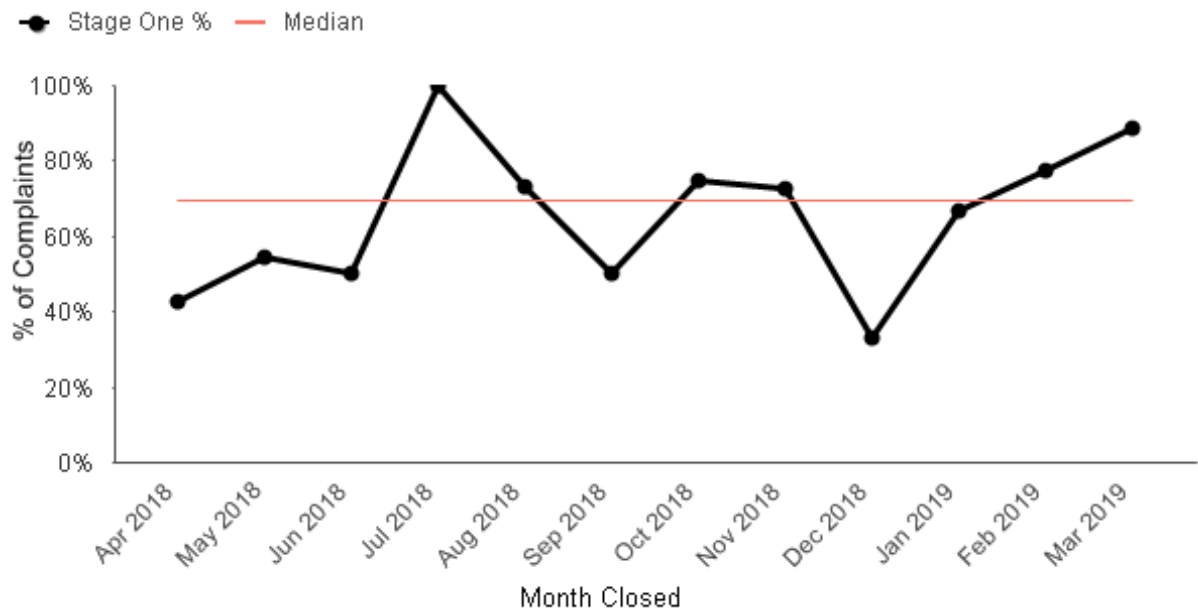


Chart 26

Stage 2 Direct closed in 20 days



Chart 27

Escalated to Stage 2 closed in 20 days

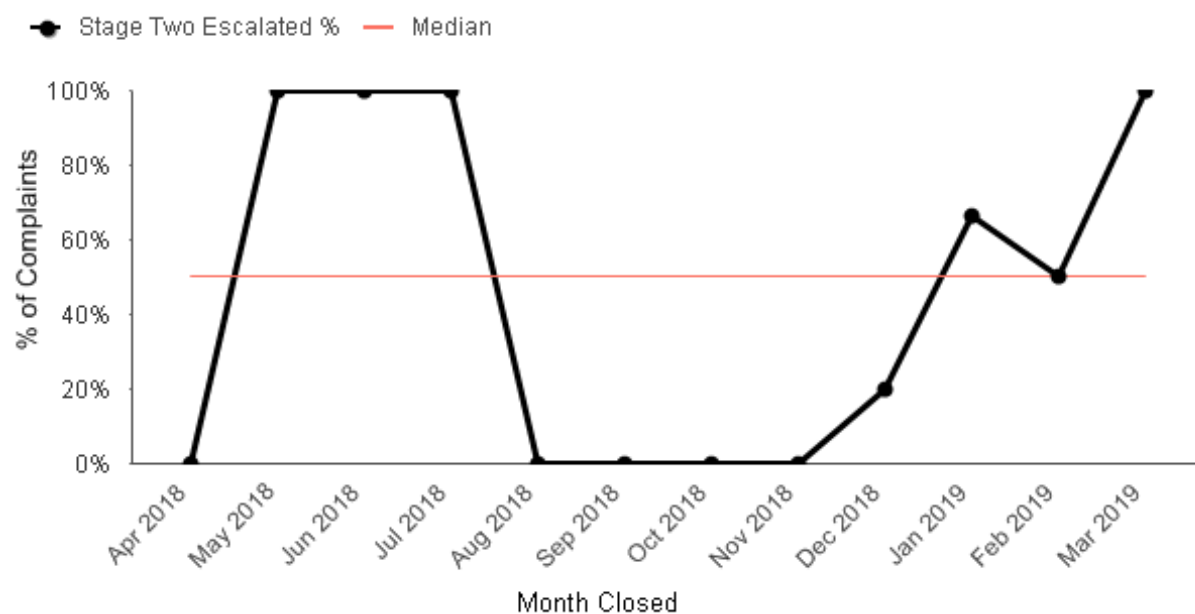


Chart 28

Indicator Nine: Number of cases where an extension was authorised

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

Complaint Type	Extend.	Apr 2018	May 2018	Jun 2018	Jul 2018	Aug 2018	Sep 2018	Oct 2018	Nov 2018	Dec 2018	Jan 2019	Feb 2019	Mar 2019	Total
Stage 1 (5 Working Days)	No. Extend.	3	3	3	0	2	0	1	2	1	1	0	0	16
	% Extend.	14.3%	27.3%	21.4%	0.0%	13.3%	0.0%	8.3%	18.2%	16.7%	33.3%	0.0%	0.0%	12.8%
	Total Closed	21	11	14	6	15	8	12	11	6	3	9	9	125
Stage 2 - Direct (20 Working Days)	No. Extend.	12	17	7	8	6	6	8	10	6	5	3	5	93
	% Extend.	37.5%	60.7%	36.8%	44.4%	37.5%	35.3%	40.0%	43.5%	35.3%	38.5%	11.5%	22.7%	37.1%
	Total Closed	32	28	19	18	16	17	20	23	17	13	26	22	251
Stage 2 - Escalated (20 Working Days)	No. Extend.	0	0	1	1	1	1	0	0	3	1	1	0	9
	% Extend.	0.0%	0.0%	100.0%	100.0%	50.0%	100.0%	0.0%	0.0%	60.0%	33.3%	50.0%	0.0%	50.0%
	Total Closed	0	1	1	1	2	1	0	0	5	3	2	2	18

Table 15

Complaints closed where extension to set timescale authorised by month closed

Stage 1 Complaints with authorised extension

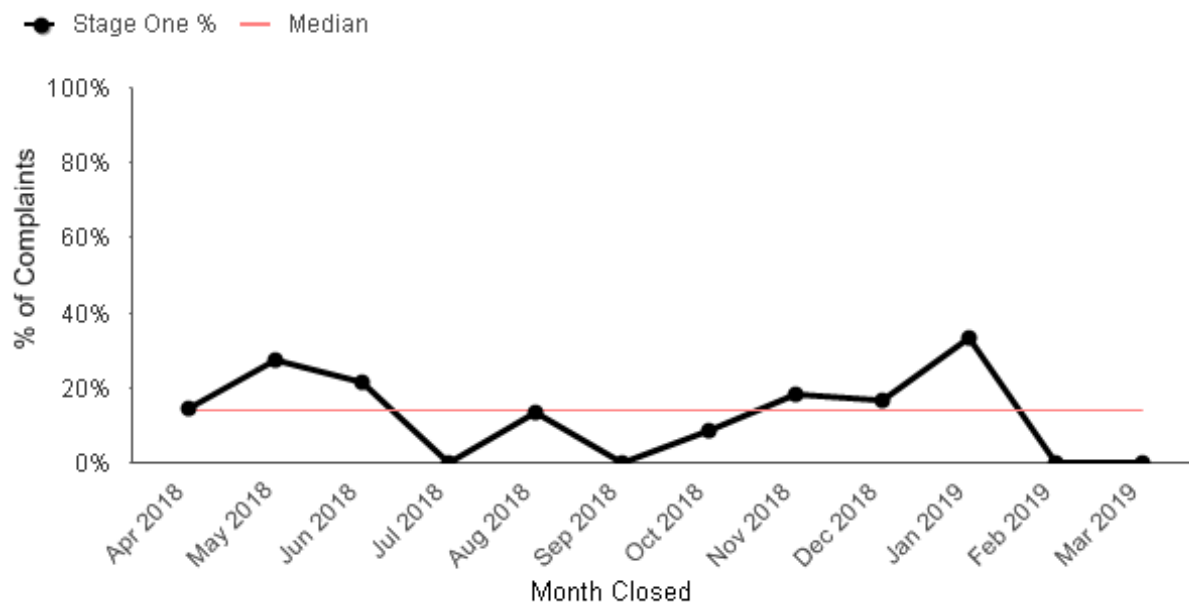


Chart 29

Stage 2 Direct Complaints with authorised extension

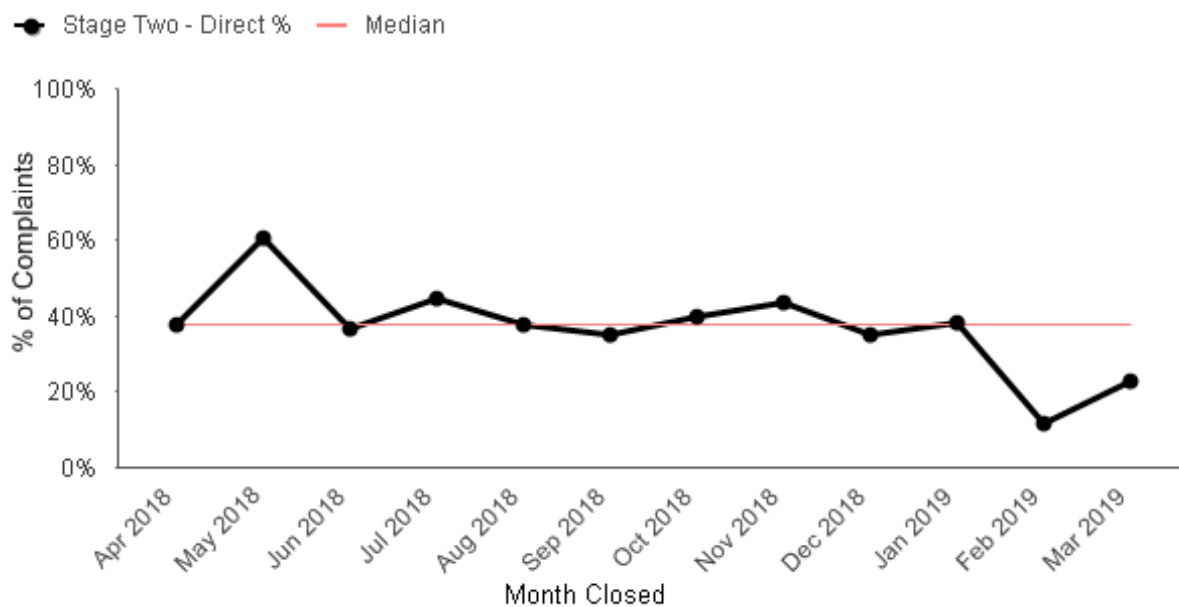


Chart 30

Escalated to Stage 2 Complaints with authorised extension

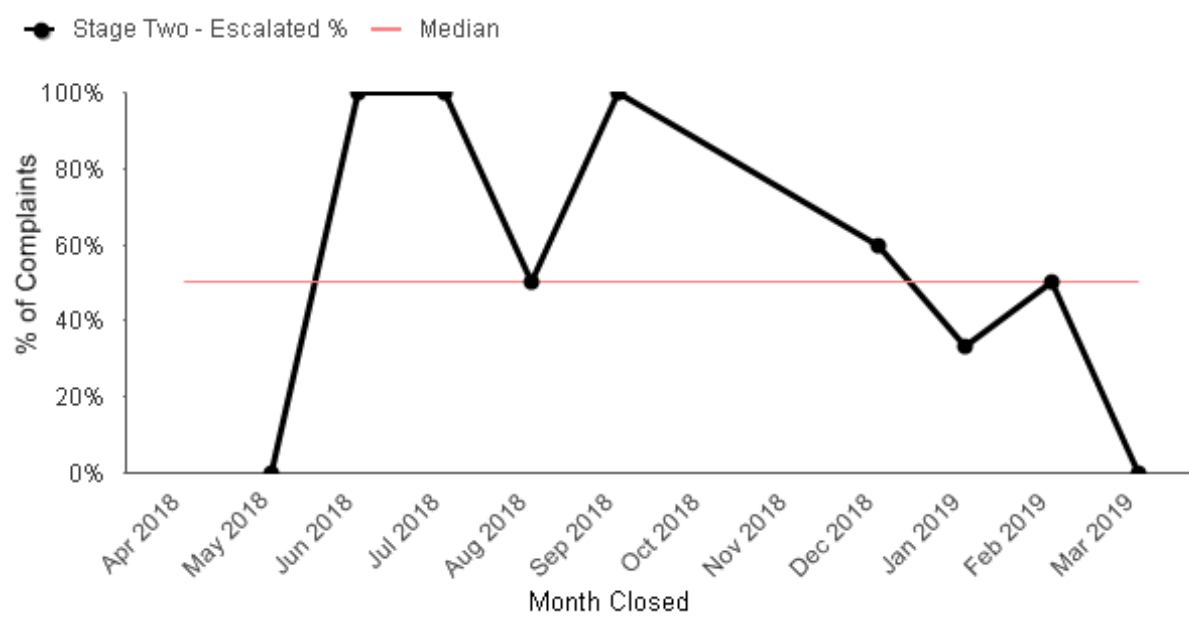


Chart 31

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 2018	May 2018	Jun 2018	Jul 2018	Aug 2018	Sep 2018	Oct 2018	Nov 2018	Dec 2018	Jan 2019	Feb 2019	Mar 2019	Total
Complaints Raised with SPSO	4	1	1	1	3	3	2	1	1	1	4	1	23
Decision Letters Received	1	6	0	1	2	2	3	2	2	2	0	2	23
Laid Before Parliament	0	1	0	0	0	0	0	1	0	0	0	0	2
Number Recommendations	0	9	0	0	4	8	16	8	2	3	0	4	54
Total	5	17	1	2	9	13	21	12	5	6	4	7	102

Table 16

SPSO Complaints Received per Month

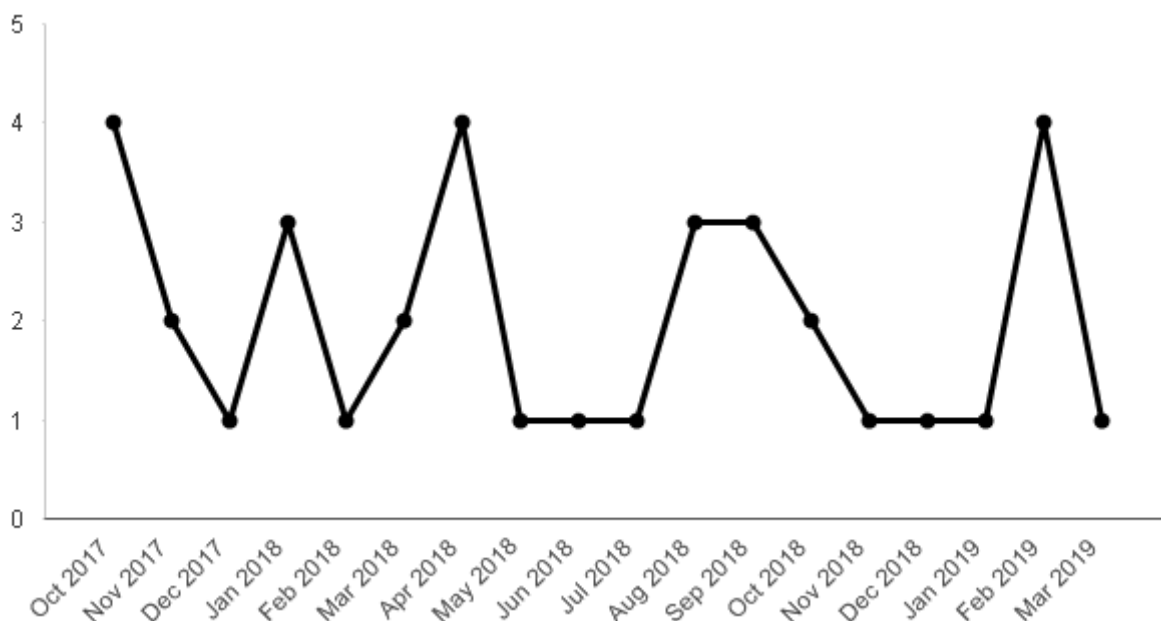


Chart 32

SPSO Complaint Outcomes

	Apr 2018	May 2018	Jun 2018	Jul 2018	Aug 2018	Sep 2018	Oct 2018	Nov 2018	Dec 2018	Jan 2019	Feb 2019	Mar 2019	Total
Upheld	0	2	0	0	1	1	2	1	0	0	0	1	8
Partially Upheld	0	0	0	0	0	1	0	0	1	1	0	1	4
Not Upheld	0	2	0	1	0	0	0	1	0	0	0	0	4
Not Investigating	1	2	0	0	1	0	1	0	1	1	0	0	7
Total	1	6	0	1	2	2	3	2	2	2	0	2	23

Table 17

Of the 23 decision letters received, the SPSO made 54 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 address them. Evidence that the recommendations have been undertaken is presented to the SPSO and the case is not closed with their offices until they are satisfied with the Board's actions.

All of the SPSO's decisions are published on their website and can be viewed here <https://www.spsso.org.uk/our-findings>. Patient Services can assist if there are any difficulties accessing reports.

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

Local GPs, Dentists, Opticians and Pharmacists provide the Board with monthly performance information relating to the number of complaints they have received. In accordance with the Complaints Directions, relevant NHS Bodies have a responsibility to gather and review information from their own services and their service providers. Service providers also have a duty to supply this information to their relevant NHS Body as soon as is reasonably practicable after the end of the month to which it relates.

The collation of information in relation to Family Health Service Contractors remains challenging both from concordance and a quality perspective. Patient Services continues to work with Contractors to ensure concordance with providing information.

The Scottish Government's report made five observations in relation to Independent Contractors:

1. Discuss the conflicting feelings of collecting and reporting performance data for independent contractors with the Scottish Government.

2. Consider a national effort for engaging contractors including opening and promoting training to them.
3. Could review the possibility of providing access to systems (e.g. Datix) to contractors with shared experiences from Boards.
4. Could offer a point of contact in the complaints team who can offer advice and support to contractors.
5. Independent contractors could complete the CHP compliance self-assessment.

What is working well

- The Board extends its Complaints Handling and Investigation Skills training to independent contractors and uptake is good. Through that training and links with Primary Care Development, contractors are aware that they can contact Patient Services for advice and support.
- The Board has improved the response rate in relation to independent contractor complaints. The approach taken by Patient Services to gather this information has been identified as good practice within the Scottish Government review report.

Where we could improve

- Patient Services will discuss with Primary Care Development the option of sharing the SPSO's self assessment framework with independent contractors.
- The use of Datix by independent contractors was previously discussed and did not progress for a variety of reasons. The review findings will be shared with Primary Care Development to consider if this is worth re-visiting.

Family Health Service/Independent Contractor Complaints

Complaints Received	General Practitioner	Dentist	Pharmacist	Optician	Total
Total Number of contractors	29	33	34	21	90
Avg No of Contractors replying over period	24	16	11	10	
Complaints received:	84	6	56	0	146
Stage 1	48	5	37	0	90
Stage 2 Direct	25	1	19	0	45
Stage 2 Escalated	0	0	0	0	0
Stage not known	11	0	0	0	11

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

Table 18

Complaint Response times:	General Practitioner	Dentist	Pharmacist	Optician	Total
Complaints closed at Stage 1 within 5 working days as % of Stage 1 Complaints	36%	6%	39%	0	81%
Complaints closed at Stage 2 within 20 working days as % of Stage 2 Complaints	56%	2%	38%	0	96%
Complaints closed at Stage 2 Escalated within 20 working days as % of Stage 2 Escalated complaints	0	0	0	0	0

Table 19

Complaint Outcomes:	General Practitioner	Dentist	Pharmacist	Optician	Total
Stage One					
Complaints upheld at Stage 1 as % of all complaints closed at Stage 1	9%	0	31%	0	40%
Complaints partially upheld at Stage 1 as % of all complaints closed at Stage 1	4%	0	3%	0	8%
Complaints not upheld at Stage 1 as % of all complaints closed at Stage 1	10%	2%	3%	0	16%
Stage Two Direct					
Complaints upheld at Stage 2 Direct as % of all complaints closed at Stage 2	11%	0	40%	0	51%
Complaints partially upheld at Stage 2 Direct as % of all complaints closed at Stage 2	4%	0	0	0	4%
Complaints not upheld at Stage 2 Direct as % of all complaints closed at Stage 2	16%	2%	0	0	18%
Stage Two Escalated					
Complaints upheld at Stage 2 Escalated as % of all complaints closed at Stage 2	0	0	0	0	0
Complaints partially upheld at Stage 2 Escalated as % of all complaints closed at Stage 2	0	0	0	0	0
Complaints not upheld at Stage 2 Escalated as % of all complaints closed at Stage 2	0	0	0	0	0
Outcome unknown	26%	2%	3%	0	31%

Table 20

Extensions	General Practitioner	Dentist	Pharmacist	Optician	Total
% of complaints at Stage 1 where extension was authorised	4%	0	0	0	4%
% of complaints at Stage 2 Direct where extension was authorised	12%	0	0	0	12%
% of complaints at Stage 2 Escalated where extension was authorised	0	0	0	0	0

Table 21

Compliance with reporting this indicator is poor. Patient Services are working with contractors to try and improve quality of data capture.

Themes of Family Health Service Complaints

Themes of Complaints	Number
Staff Attitude and Behaviour	31
Medication and Prescribing/Dispensing	28
Clinical Treatment	25
Staff Communication	7
Delays in appointments/clinic	12
Patient Privacy and Dignity	7
Patient Status/Discrimination	4
Staff failure to follow procedure	3
Delayed test Results	2
Other/Unknown	15
Total	134

Table 22

Compliance and response rate

The overall number of Family Health Service complaints for this year is 146 which is a slight increase on the number of complaints in 2017/18 which was 140.

The number of Stage 1 complaints responded to within 5 working days is 73 (81%). The number of Stage 2 complaints responded to within 20 working days is 43 (96%). Compliance with the national complaints response times has improved from 2017/18 of 11% at Stage 1 and 22% at Stage 2. This improvement may be due to the embedding of the new complaints procedure in its second year. However it is recognised that the process and format in which the Board currently collate the data from Family Health Service contractors is not robust and does not allow for quality monitoring of the data provided.

Patient Services are currently undertaking a project as part of the Scottish Improvement Skills Cohort 5 which aims to improve the quality of the information recorded by General Practitioners in relation to complaints in order to be able to report on key performance indicators as set out in the Complaints Handling Procedure. This project is well underway and the findings will be shared with Board and the Healthcare Governance Committee in a future paper.

Board Managed Practices – “2C”

There has been a significant recruitment challenge in general practice across Scotland, with some areas finding it more difficult to recruit than others. This has had multiple impacts, including a number of practices relinquishing their contracts, requiring Health Boards to deliver a directly managed GP service for a period of time until new arrangements are put in place. The Board has taken over management of three General Practices:

- Moffat Church Place Surgery amalgamated into Moffat High Street Surgery and moved under Board management on 1 October 2016.
- Lochinch moved under Board management on 1 April 2017.
- Lockerbie Medical Centre moved under Board management on 3 October 2018.

These practices originally came under the management of the Community Health and Social Care Localities and moved to sit under Primary Care Development from 1 March 2019.

Patient Services are working with colleagues in Primary Care Development to make necessary changes to management structures within DATIX to allow accurate recording and reporting of complaints and patient feedback for these practices.

Complaints Handling training is being arranged for Primary Care Development and GP Practice staff to ensure continuity and consistency in how complaints and patient feedback will be managed.

2.6 Prison Service Complaints

There has been a request that where an NHS Board is responsible for delivering health care within a prison service that narrative is provided across the indicators. NHS Dumfries & Galloway is responsible for the provision of healthcare to prisoners at HMP Dumfries and the following section provides this focus. In 2018/19, NHS Dumfries & Galloway received a total of 16 complaints from prisoners.

Summary of Prison Service Complaints Data by Month and Annual Total

Feedback Received	Apr 2018	May 2018	Jun 2018	Jul 2018	Aug 2018	Sep 2018	Oct 2018	Nov 2018	Dec 2018	Jan 2019	Feb 2019	Mar 2019	Total
Stage One	0	0	0	0	0	0	0	0	0	0	0	0	0
Stage Two - Direct	2	3	0	0	0	0	0	3	1	0	2	1	12
Stage Two - Escalated	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	2	3	0	0	0	0	0	3	1	0	2	1	12

Table 23

Prison Healthcare Complaints by Issue Category

Themes	Apr 2018	May 2018	Jun 2018	Jul 2018	Aug 2018	Sep 2018	Oct 2018	Nov 2018	Dec 2018	Jan 2019	Feb 2019	Mar 2019	Total
Clinical Treatment	0	4	0	0	2	0	0	3	0	0	2	2	13
Staff Communication (Oral)	2	0	0	0	0	0	0	0	0	0	0	0	2
Personal Records	0	0	0	0	0	0	1	0	0	0	0	0	1
Patient Privacy / Dignity	0	0	0	0	0	0	0	0	1	0	0	0	1
Total	2	4	0	0	2	0	1	3	1	0	2	2	17

NB a complaint may relate to more than one issue

Table 24

Most of the complaints received about clinical treatment relate to drug administration.

As previously the following tables relate to complaints which were closed during this time period.

Indicator 5: complaints closed at each stage and %

Complaint Type		Apr 2018	May 2018	Jun 2018	Jul 2018	Aug 2018	Sep 2018	Oct 2018	Nov 2018	Dec 2018	Jan 2019	Feb 2019	Mar 2019	Total
Stage 1	Closed	0	0	0	0	0	0	0	0	0	0	0	0	0
	% of all Closed	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Stage 2 - Direct	Closed	9	2	3	0	0	0	0	0	3	1	0	2	20
	% of all Closed	100.0%	100.0%	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	100.0%	0.0%	100.0%	100.0%
Stage 2 - Escalated	Closed	0	0	0	0	0	0	0	0	0	0	0	0	0
	% of all Closed	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
	Total Closed	9	2	3	0	0	0	0	0	3	1	0	2	20

NB. Complaints closed by month may include complaints from 2017/18; stage 1 complaint received in October 2018 was withdrawn

Table 25

The Stage One complaint referred in Table 23 is not referenced as receiving a response, as the patient withdrew the complaint following a meeting with staff.

Indicator 6: Complaints upheld, partially upheld and not upheld

All of the Prison complaints closed during the period were 'Not Upheld'.

Indicator 7 Details of the average time in working days to close complaints at each stage of the Complaints Handling Procedure.

MonthYear	Apr 2018	May 2018	Jun 2018	Jul 2018	Aug 2018	Sep 2018	Oct 2018	Nov 2018	Dec 2018	Jan 2019	Feb 2018	Mar 2019	Avg.
Stage One (5 Working Days)	0	0	0	0	0	0	0	0	0	0	0	0	0
Stage Two - Direct (20 Working Days)	15	16	19	0	11	0	0	0	19	16	0	10	15
Stage Two - Escalated (20 Working Days)	0	0	0	0	0	0	0	0	0	0	0	0	0
All Complaints	15	16	19	0	11	0	0	0	19	16	0	10	15

Table 26

Indicator 8: Complaints closed in full within the timescales

All complaints closed during this period were closed within target

Indicator 9: Number of cases where an extension was authorised

During the period there were no extensions authorised

3. Accountability and Governance

The Scottish Government's report made one observation in relation to Accountability and Governance:

1. Boards should consider completion of the Complaints Improvement Framework self-assessment for all areas/services, including contractors.

This work is currently underway within the Board and is being overseen by the Patient Experience Group.

NHS Board

The Executive Nurse Director presents a bi-monthly Patient Feedback report at NHS Board meetings. The report provides summary statistics and commentary on complaints handling throughout NHS Dumfries and 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 and Galloway and ask questions on any points of detail, trends or new and recent development.

Healthcare Governance Committee

A more detailed Patient Feedback report is presented bi-monthly at Healthcare Governance Committee. This report contains anonymised summaries of individual concerns, complaints and compliments, together with the associated learning.

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.

Appendix 1 – Scottish Government Review

Appendix 2 – Care Opinion Summary Report

Appendix 3 – Learning Summaries

Appendix 4 – Complaints Process Experience Surveys

The New Model NHS Complaints Handling Procedure – Review of First Year

Bernadette Bonello
SGSSS Intern

March 2019



Scottish Government
Riaghaltas na h-Alba
gov.scot

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Executive Summary

This report presents the first year experience of NHS Boards of the new Complaints Handling Procedure (CHP) implemented in April 2017. The findings highlight the progress in complaints handling, the culture around complaints as well as the challenges and barriers faced by Boards. The report was informed by reviewing the 2017/18 feedback and complaints annual reports as well as discussions with key staff from several NHS complaints teams and with stakeholders from the Scottish Public Services Ombudsman's office, NHS Education for Scotland, the Patient Advice and Support Service and the Scottish Mediation Network.

Key findings

The finding and suggestions detailed in the report focus on:

- How NHS Boards are encouraging and gathering feedback;
- How the CHP is working in the Boards and the differences it has made;
- How learning is captured and is used to drive improvements;
- The complaint process experience for complainants;
- Staff training and development and sharing between Boards;
- How the CHP is working for independent contractors and in prisons;
- Accountability and governance mechanisms;
- Reporting and benchmarking.

The findings show that the NHS Boards have made progress in various aspects of complaints handling. The key findings that emerged were:

1. **Progress in culture:** The CHP implementation has been positive for the Boards with progress in the culture around complaints, embracing learning and steadily moving away from the blame culture. Moreover, the feedback and complaints teams have been empowered by the CHP as it has enabled them to compel staff to follow their complaints process and it increased their visibility in the organisation. They are also more positively received by staff and complaints and learning are regarded more highly by senior management.

2. **Early resolution is encouraged and getting better:** The formalisation of stage one complaints and the focus on early resolution is viewed positively by the Boards. It is seen as opportunity for work done by frontline staff to be recognised and supported. Although challenges still exist, Boards are satisfied with their progress.

3. **Increased involvement of complainants and their families in the process:** Meetings with complainants and their families have increased. Boards see that the benefits of meetings outweigh the cost (timescale) as they often increase clarity of the complaint issues and expectations, lead to a quicker resolution and higher satisfaction for both patients and staff.

4. [The complaint process experience measure is a challenge](#): Boards are dissatisfied with this KPI with challenges around collecting the data and analysing and using the data to inform improvement.

Key observations

Encouraging and Gathering Feedback

1. Although understandably challenging for the larger Boards, Boards should consider restructuring to ensure a more integrated approach to feedback and complaints with an effort for a more systematic approach for learning and improvement.
2. Boards should consider reviewing whether they could increase the visibility of the feedback and complaints teams.
3. Healthcare Improvement Scotland and the four participating Boards could share their learning from the [Healthcare improvement Scotland real-time and right-time care experience improvement models evaluation](#) for other Boards to consider adopting these feedback models.
4. Boards should consider identifying a person in each service area as a Care Opinion responder. The central team could monitor initial responses to gain quality assurance but staff should be empowered to respond to feedback about their services.
5. Feedback and complaints webpages should aim to be simple to find and simple to understand. Ideally, there is one form or contact for both concerns and complaints and the team then applies the CHP definitions accordingly.
6. Boards need to upload their most recent annual report on their website.

Encouraging and Handling Complaints

1. Boards to consider some access to the complaints system for services for slicker communication between the central and local teams e.g. on pending actions or upcoming deadlines.
2. Continue to raise awareness among staff on CHP and empower them for early local resolution.
3. More effort for increasing contact with complainants at the beginning to clarify issues, manage expectations and explain the process.
4. Develop structured guidance for meetings.
5. Offer a debrief for staff and patients/family after a meeting for complex/sensitive cases.
6. Boards to consider reviewing whether the central complaints team have the capacity to send complaints out to relevant services soon after they are received, preferably the same day to allow enough time for care teams to investigate.
7. Boards to ensure sign off responsibilities are not delaying closure of complaints.

8. Continue to build the complaints teams and staff's confidence around closing complaints and directing to SPSO if a complainant is still unhappy once they have completed the investigation and issued their response.
9. Boards could highlight their consent issues through NCPAS whilst considering the general guidance provided in the CHP appendix 8.
10. Scottish Government to consider the impact of their requests on the NHS. They could ensure consent from the patient has been given and that the patient fully understands what information will be shared and with whom.
11. When dealing with joint complaints, Boards need to have clear communication and agreement between the organisations involved and refer to the CHP guidance.
12. It would be helpful if the NHS National Services Scotland assists with the provision of a common system and version for the territorial boards. This would ensure Datix is fit for purpose and that all Boards benefit from any changes and improvements to the system as well as ensure consistency in recording and reporting.
13. It could be useful for complaints team that have not yet done so to arrange a visit to SPSO to get a clearer understanding of their procedures.
14. SPSO could clarify their own timescales.
15. SPSO could ensure there is consistency between their investigation handlers e.g. in what type of evidence is acceptable.
16. SPSO could offer more guidance on how frequently to keep complainant updated and how long is it acceptable to extend the timescale.
17. The mediation network could continue to clarify how mediation fits in the CHP. They could share this information along with testimonials from public services, particularly within health.
18. Boards should continue to increase the knowledge of staff in relation to the benefits of mediation and identification of where it may be appropriate within the complaints handling process. Taking up the Scottish Mediation offer of delivering workshops for staff may be beneficial in supporting this.
19. The demands on the PASS service should be monitored closely to ensure resources are sufficient to meet demands.

Key Performance Indicator One: Learning from Complaints

1. Consider including an actions tracker on Datix.
2. Service reviews could incorporate an analysis of feedback and complaints to ensure themes and matters that require more significant/wider service improvement and/or resource from the Boards are identified.
3. Boards could share resources they have for capturing learning such as reflective learning forms and response templates.
4. Continue to remind staff to include actions and learning in response letters.

5. Consider having a learning summary/form for stage two complaints including what went well and improvements identified. The management team need to commit to at least one improvement action.
6. Boards to encourage monitoring of actions/quality improvement plans.
7. Consider the healthcare analysis tool used by NHS Dumfries and Galloway to help analyse complaints and identify themes and trends.
8. Complaints teams could ask for evidence of actions to be provided immediately. This provides assurance to the Boards and they are prepared ahead for any cases that go to SPSO.
9. Complaints teams could seek opportunities for sharing learning and improvements carried out by services or the organisation via internal communications.
10. To encourage services to share learning summaries that might be beneficial for other services as well as patients.
11. Staff named in complaints could be kept informed of investigation and actions and receive a copy of the final response letter.
12. Arrangements could be put in place to support staff who are the subject of complaints.

Key Performance Indicator Two: Complaints Process Experience

1. A national approach could be developed with discussion in NCPAS to discuss Boards' concerns, challenges and ideas for solutions.
2. Consider involvement of the Scottish Health Council (SHC) to identify a national approach – e.g. NHS Forth Valley have been working with SHC on this KPI and have a revised survey form and are considering other feedback formats. It would be good if their experience were shared with other Boards. Also, it might provide better response if data is collected by an organisation independent of the Board to reduce bias and because people that were not satisfied might not see value of providing feedback.
3. SPSO could advise on the processes that are successful for this KPI in other public sectors to discuss if they could be adapted for the NHS.
4. NHS Boards to ask for guidance from the Information Commissioner about consent required for KPI 2 to ensure GDPR compliance.
5. Consider learning from the HIS real-time and right-time model, namely that qualitative feedback might be more valuable than survey data.

Key Performance Indicator Three: Staff Training and Development

1. Scottish Government could clarify the level of detail required in reporting this KPI.
2. Boards to consider whether some of the complaints related training could be made mandatory to certain staff groups or at least highly encouraged.
3. Complaints teams could seek opportunities to attend staff meetings/huddles to raise awareness of complaints issues, resources available and training.

4. Promote training and SPSO resources to contractors.
5. More training considered for frontline staff related to building confidence and managing difficult conversations.
6. Boards could review whether complaints and learning from complaints is included in senior managers' performance objectives and to consider adding these objectives if absent.
7. Frequent internal communication such as sharing Care Opinion stories, learning from complaints, patient experiences or promotion of training to maintain awareness of CHP among staff.
8. Could increase opportunities for face-to-face training for complaints teams and for contractors.
9. Could commission a training impact evaluation.
10. To discuss with NES the possibility of developing a learning network for complaints and adverse events teams.
11. To have discussions at NCPAS about the development and use of the complaints website within the knowledge network to coincide with NES' move to the new system. This could be used as a discussion forum and for sharing resources.

Independent Contractors

1. Discuss the conflicting feelings of collecting and reporting performance data for independent contractors with the Scottish Government.
2. Consider a national effort for engaging contractors including opening and promoting training to them.
3. Could review the possibility of providing access to systems (e.g. Datix) to contractors with shared experiences from Boards.
4. Could offer a point of contact in the complaints team who can offer advice and support to contractors.
5. Independent contractors could complete the CHP compliance self-assessment.

Accountability and Governance

1. Boards should consider completion of the Complaints Improvement Framework self-assessment for all areas/services, including contractors.

Reporting and Benchmarking

1. It would be helpful to have clear annual figures and percentages in the annual complaints and feedback reports. Although graphs by month are helpful to observe trends and patterns within the Board, the annual figures are important for benchmarking.
2. To discuss KPIs 1-3, especially the patient experience measure during the NCPAS meeting to clarify the requirements, discuss the challenges and to reach an agreement on what is and what is not feasible in terms of measuring, collecting and analysing this information and ultimately guidance on using this information.

1. Introduction and policy background

1.1 Introduction

This report is a review of the NHS Scotland's first year experience of the model Complaints Handling Procedure. Scotland has 14 territorial health boards, 7 special health boards and 1 public health body.

The findings and observations have been informed by:

- 22 feedback and complaints 2017/18 annual reports;
- visits to 12 NHS boards (10 territorial and 2 special Boards);
- visits to 4 stakeholders.

See Appendix 4.1 for a list of the NHS Boards and stakeholders visited.

1.2 Background and policy context

[The Patient Rights Act \(Scotland\) 2011](#) was established to improve patient's experiences and involvement in their health and NHS services. The Act required NHS Boards to seek feedback, comments, concerns and complaints from all patients and to use the information to improve the services and the patient experience. Every patient has the right to give feedback or to raise concerns or complaints. Healthcare needs to be patient focused, with focus on the patient's needs and health and wellbeing.

The Scottish Health Council's '[Listening and Learning](#)' report published in April 2014 found that while all Boards could demonstrate clear progress in terms of responding to the requirements of the Patient Rights (Scotland) Act 2011, there were significant learning points for NHS Scotland in terms of welcoming feedback, removing the 'fear factor' and demonstrating improvement. It also recommended a more standardised approach for complaints management to address the inconsistencies between health Boards in process, procedures and implementation.

The Scottish Government agreed with the report's observation that the Complaints Standards Authority (CSA) should work with NHS Boards to develop a revised NHS model complaints handling procedure and associated information materials for all NHS boards and providers.

1.2.1 New model Complaints Handling Procedure

[The model CHP](#) has been developed through a partnership approach, led by a steering group involving the Scottish Public Services Ombudsman (SPSO) and representatives from across NHS Scotland including territorial boards, the Scottish Health Council, NHS Education for Scotland, NHS National Services Scotland, the National Prisoner Healthcare Network, primary care and the NHS Complaints Personnel Association Scotland (NCPAS). The independent Patient Advice and Support Service (PASS) and Healthcare Improvement Scotland public partners were also actively involved.

Feedback and complaints are extremely important for NHS Scotland, and for patients and carers who access healthcare services. Not only do they provide a route for people's views to be heard, they also provide a rich source of information for Boards and healthcare staff to understand what needs to be considered to make improvements in healthcare delivery.

The revised procedure is intended to support a more consistently person-centred approach to complaints handling across NHS Scotland, and bring the NHS into line with other public service sectors by introducing a distinct, five working day stage one process for early, local resolution, ahead of the twenty working day stage two process for complaint investigations. It reflects the broader ambition for the NHS in Scotland to be an open, learning organisation that listens and acts when unintended harm is caused. The procedure complements the Duty of Candour provisions in the Health (Tobacco, Nicotine etc. and Care) (Scotland) Act, and the development of a national approach to reviewing and learning from adverse events. It is also complemented by the Apologies (Scotland) Act 2016, which is intended to encourage apologies being made, by making it clear that apologising is not the same as admitting liability. The CHP has a strong emphasis on frontline resolution and on monitoring, reporting and learning from complaints.

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.

The new CHP introduced nine key performance indicators (see Appendix 4.2 for full list of indicators) by which NHS Boards and their service providers should measure and report performance. These indicators, together with reports on actions taken to improve services as a result of feedback, comments and concerns provide valuable performance information about the effectiveness of the process, the quality of decision-making, learning opportunities and continuous improvement. NHS Boards are required to review and report internally on complaints handling information quarterly, including SPSO observations with a view to identifying areas of concern, agreeing remedial action and improving performance. Boards must then publish their complaints handling performance annually. Directions require that the annual complaints statistics must be submitted by Boards to the ISD at National Services Scotland, within three months of the year-end.

1.3 Project aim and objectives

The aim of this research project was to examine the experience of NHS Boards with regard to the first year of the new model CHP. The project was undertaken by an SGSSS intern over three months (October 2018 – January 2019). The internship project briefing is in Appendix 4.3.

Objectives:

- To review the NHS Boards' annual reports (particularly the qualitative indicators 1 to 3, Appendix 4.2);
- To meet with NHS Boards' key staff and stakeholders;
- To identify what difference the CHP has made and whether it has been embedded into the NHS culture;
- To explore how it has influenced learning and service improvements;
- To explore effectiveness of internal communication of complaints information;
- To identify how the CHP is working in prisons;
- To highlight examples of good practice;
- To identify challenges and areas of concern;
- To produce a report that sets out the findings of this research project and observations.

1.4 Method

Between November and December 2018, NHS Boards' complaints and feedback annual reports were reviewed. The intern arranged visits to ten NHS territorial Boards and two special Boards to gather more qualitative information about the experience of the new model CHP, identify the challenges and examples of good practice. The intern also spoke with stakeholders to get more information on their involvement in the CHP development, their work with NHS Boards, patients and the public, and their views on the first year of CHP within the NHS and areas for improvement.

All NHS Boards responded positively to the request for their involvement in the review process and indicated that they looked forward to receiving the findings and observations that will support their improvement as well as help address common challenges. Visits lasted 1.5 to 3 hours and involved the complaints manager or team lead and sometimes additional team members or other staff involved in quality improvement.

During the visits, their annual report was considered in more detail, with particular focus on KPIs 1, 2 and 3. We discussed their experience and challenges for stage 1 and stage 2 processes, the Boards' culture around complaints and their work with independent contractors and prisons. Appendix 4.4 provides the briefing email sent to NHS Boards regarding the visits and review and Appendix 4.5 provides the topic guide sent to NHS Boards ahead of the visit. There were several examples of good practice happening in all Boards and some are highlighted in this report.

2. Findings and observations

This section describes the review findings, which are informed by the annual reports and visits to NHS Boards and stakeholders. The sections reflect the Listening and Learning report headings as well as the structure of most Boards' annual reports and the topic guide (Appendix 4.5). The findings and associated observations are aimed at NHSScotland rather than any particular Board.

2.1 Encouraging and Gathering Feedback

2.1.1 Team structure and function

The NHS Boards complaints' teams vary in their structure and function. For example, some teams sit within quality improvement while others sit in communications. Some teams are responsible for all feedback, comments, concerns and complaints while others deal with complaints only with other feedback being the function of another team. The Listening and Learning report recommended an integrated approach to feedback and complaints with systems that support the recording of all types of feedback. This was the case for several Boards but others remain quite fragmented in their approach towards feedback and towards complaints. From the visits, it was also noted that it seemed beneficial when the complaints team was located closer to the services and staff such as in a hospital rather than a separate central building. Some said that this gave them the advantage of being more visible to staff and of being able to talk to the public and complainants more quickly.

Observations:

1. Although understandably challenging for the larger Boards, Boards should consider restructuring to ensure a more integrated approach to feedback and complaints with an effort for a more systematic approach for learning and improvement.
2. Boards should consider reviewing whether they could increase the visibility of the feedback and complaints teams.

2.1.2 Equalities

All NHS Boards have a wide range of methods in place for gathering feedback and this was evidenced in the annual reports and during Board visits. The public has increasingly more opportunities to provide solicited and unsolicited feedback. There has been progress in the availability of mechanisms to capture feedback including different approaches to ensure equality and accessibility to all. Boards gave examples of mechanisms for gathering feedback across a spread of services, e.g. an inpatient survey, and of several initiatives taken by staff in their local services/areas. Annual reports evidence work around increasing awareness of PASS and advocacy services. Boards reported targeted approaches to capture feedback from minority groups and from 'seldom heard' groups.

Furthermore, many Boards reported on work with minority and hard to reach groups, establishing links and partnerships to involve patient representatives, public engagement networks and community groups. They seek their input and feedback

on services and developments to help improvements and ensure accessibility and responsiveness to people's needs.

Examples of good practice:

- NHS Greater Glasgow and Clyde have a system to pull together the feedback from their three main feedback systems each month. Each directorate gets a monthly report and directorates update reports every three months with information on actions taken to address the issues. NHS Fife created drop ins for some of the community groups and take complaints there and then. NHS Dumfries and Galloway have introduced one hour feedback open sessions for staff to raise awareness on public feedback options and advocacy and support services.
- Four Boards were involved in the [Healthcare improvement Scotland real-time and right-time care experience improvement models evaluation](#). In brief, this involved gathering feedback through a brief themed conversation in real-time i.e. close to point of care and at the right time i.e. about 2-3 weeks after discharge. Boards use volunteers to gather this feedback and shared with the care teams for reflection and learning. Improvements are then identified, tested and implemented. These Boards' experience has been positive and they continued to use the model although with more limited resources. The models have now been evaluated and published with positive outcomes.

Observation:

1. Healthcare Improvement Scotland and the four participating Boards could share their learning from the real-time and right-time project for other Boards to consider adopting these feedback models.

2.1.3 Use of Care Opinion

The use of [Care Opinion](#) as an independent online feedback platform has grown immensely both in terms of the public sharing stories and in the number of staff reading and responding to stories about their care services. Many expressed that there was a slight apprehension around Care Opinion in the beginning especially by staff. However, all the Boards are positive about Care Opinion.

There is variation in how Boards manage the responsibility for responding to stories and comments posted on Care Opinion. Some only provide responses through the feedback/complaints team and others allow any staff to respond. Those that have responders across different levels of staff and services expressed that this has been positive and empowering for staff. Stories were shared on social media and some added that they were shared at Clinical Governance Committee. There is also variation on whether responders went back to Care Opinion to inform that an investigation was underway or to describe the actions that were taken.

Example of good practice:

- NHS Lanarkshire and NHS Fife have a process for staff to become Care Opinion responders with the former providing a protocol for staff responders and induction training and in the latter staff go through a process of drafting responses and checked by the feedback/complaints team until they can

respond immediately. Both Boards also encourage staff to go back to the platform with updates, such as actions taken and improvements planned.

Observation:

1. Boards should consider identifying a person in each service area as a Care Opinion responder. The central team could monitor initial responses to gain quality assurance but staff should be empowered to respond to feedback about their services.

2.1.4 Feedback and Complaints website

All NHS Boards' feedback and complaints webpage was found in 4 clicks or fewer from the NHS Boards' home page. They all included an explanation of the CHP with SPSO and PASS contacts. Some Boards had different forms or contacts for compliments, comments, concerns and complaints. This could be confusing for the public particularly to differentiate between concerns and complaints. At this time, Annual Feedback and Complaints reports for 2017/18 were published by 14 of the 22 Boards on their website.

Observations:

1. Feedback and complaints webpages should aim to be simple to find and simple to understand. Ideally there is one form or contact for both concerns and complaints and the team then applies the CHP definitions accordingly.
2. Boards, who have not already done so, need to upload their most recent Annual Feedback and Complaints report on their website.

2.2 Encouraging and Handling Complaints

2.2.1 First year overview

Generally, the first year was described as a slow start with some teething issues getting better as the year went along mostly due to the early work and preparation taken by the complaints' teams and the Board ahead of April 2017. Most Boards experienced an increase in complaints in 2017/18 after the CHP implementation compared to the year before implementation. This was explained by Boards as due to the change in categorisation – concerns are now more likely to be categorised as stage one complaints. SPSO also said that a first year spike was expected and a good sign, as previously there probably was an underreporting of complaints in the NHS. Overall, the CHP has been helpful in providing clarity between the stages - provided local ownership for stage one and gave more coordination and authority to the complaints teams. It was also an opportunity for certain Boards to restructure.

The CHP was an opportunity to standardise recording and reporting of complaints within Boards' services especially for the larger Boards where variation existed. However, some variations still exist across all Boards in terms of the management of complaints, the level to which service users, carers and families are involved and the compliance with timescales and reporting. While progress towards standardisation is clear, this is not fully accomplished.

2.2.2 Early resolution

An emphasis in the Listening and Learning report and in the developed CHP is early resolution and frontline ownership. The formalisation of stage one and focus on early resolution is viewed positively by Boards. For most Boards the addition of stage one has not resulted in more work but was an opportunity for work that was already being done by frontline staff to be recognised and to be more supported.

Some Boards gave full access to Datix to staff for recording complaints, others gave limited access while at other Boards staff do not have access to the system. Stage one complaints recorded are often the ones that are received centrally, categorised as stage one and sent to the relevant service. During visits, Boards said that it is unrealistic to expect staff to record all the complaints that come in locally especially the ones that are resolved quickly. They do not expect them to do this and the emphasis should be on empowering staff to resolve things at point of contact rather than capturing everything. They said that staff are getting more confident at handling issues locally although it is more difficult for junior staff.

Observations:

1. Boards to consider some access to the complaints system for services for slicker communication between the central and local teams e.g. on pending actions or upcoming deadlines.
2. Continue to raise awareness among staff on CHP and empower them for early local resolution.

2.2.3 Investigations

The investigation of complaints is handled differently by different Boards. The CHP has helped streamline the process and given the complaints team more authority to pursue compliance with the procedure. Teams that have regular meetings with senior management find it helpful as management take complaints seriously and get the staff to deal with things more quickly, something which is sometimes hard for the complaints team to do e.g. to get consultants to respond to them.

Examples of good practice:

- NHS Dumfries and Galloway have built a network of feedback coordinators. They are used for triage, allocating complaints to the right person and use Datix to login details and do the administrative work e.g. keeping an eye on timescales and sending letters.
- NHS Fife have single points of contacts for stage one and stage two complaints and they hold weekly meetings with their contacts keeping them updated on open complaints.

2.2.4 Meeting with complainants

The Listening and Learning report had found inconsistencies in the level of involvement of service users, carers and families in the management of complaints. The CHP encourages meetings with complainants. Most Boards reported an

increase in contact with complainants and their carers/families some on a consistent basis. Meetings are more likely to happen towards or at the end of the complaint process. The staff named in the complaints are not usually in the meeting but their manager/senior is. Many of the complaints teams said that someone from their team tries to attend meetings too to facilitate and take notes.

Contact with complainants at the beginning of a complaint varied but is still quite limited. Some Boards did not think such clarification was needed for most cases so only contacted the complainant if they were not clear, others saw the importance of clarifying issues but lack the resource to call complainants, while others invested in contacting all complainants. Some agreed that they need to get better at clarifying the complaint issues and the complainant's expectations but many also stated that they lack the resource to do this.

A challenge for meetings is the time needed to arrange them especially when they involve senior staff/consultants that need to take time out of their surgical/medical duties and so it is a challenge to meet the 20 working day timescale when such meetings are arranged. Some Boards recognise that they need more structure in meetings, such as making sure the expected outcomes and next steps are clear. However, all Boards agree that the benefits of meetings outweigh the cost as they very often increase clarity of the complaint issues and expectations, lead to better discussion and a quicker resolution. Both staff and complainants tend to be more satisfied with face-to-face meetings.

Examples of good practice:

- NHS 24 call complainants before sending the response out to talk them through it and offer a meeting with the response letter.
- NHS Forth Valley use a pro-forma for meetings to enable staff to have a consistent approach in planning meetings, providing guidance for meeting, informing appropriate staff, actions following meeting and re-assurance actions are followed and monitored.
- NHS Grampian call all stage 2 complainants to clarify issues, explain the process and offer a meeting.
- NHS Borders aim to contact complainants within 24 hours of complaint receipt to clarify issue to be addressed, to establish what outcome they want to achieve and explain the complaints process.

Observations:

1. More effort for contacting complainants at the beginning to clarify issues, manage expectations and explain the process.
2. Develop structured guidance for meetings.
3. Offer a debrief for staff and patients/family after a meeting for complex/sensitive cases.

2.2.5 Timescale

Most Boards are happy with the 5 days' timescale and achieve it for most stage one complaints. The timescale for stage one complaints is particularly challenging for special Boards that do not have the same amount of direct access to patients as other Boards and/or that have frontline staff that are mobile, e.g. NHS 24 and the Scottish Ambulance Service.

Some Boards said that they experience problems with cases not always being escalated to stage two after the maximum of 10 days allowed as set out in the CHP. This is because either the frontline staff struggled to notify when they needed more time or because the complaints team are hesitant in escalating them. It is likely that this is because staff feel they will be penalised for asking for extensions and complaints team feel like they are penalising them if they immediately escalate. Others reported problems recording the number of complaints that escalated from stage one to stage two but have resolved the issue in the second year. Therefore, this KPI may not be accurate in the first year.

Compliance with closing stage two complaints within 20 working days varied widely. Some Boards find it particularly challenging with less than half of cases closed within the target timescale. Variation in team personnel and resources available to support investigations e.g. not having the resources to make phone contact with all stage two complainants or to pass on complaints from the central team to local teams quickly. Another challenge mentioned by a few Boards was that their responses were looked at by several senior people and/or they were all signed off by one person making it a challenge to meet timescales.

Boards felt that success and failure are attached to the timescale and quantitative measures which means it is a challenge to draw a line between meeting targets and ensuring thorough investigations and quality responses. Most expressed that quality preceded importance to timeliness although they thought it would be hard to measure quality.

A common finding was that the CHP was helpful for giving them the confidence and authority to close complaints once they have issued their final response. Previously some cases would have been left open or re-opened when a complainant was unhappy, for example continuing to respond to the complainant's contact and continuing to meet them. With the new CHP, they are better at informing the complainant that once their final response is issued they need to go to SPSO if they are not satisfied with the decision.

Observations:

1. Boards to consider reviewing whether the central complaints team have the capacity to send complaints out to relevant services soon after they are received, preferably on the day to warrant enough time for care teams to investigate.
2. Boards to ensure sign off responsibilities are not delaying closure of complaints.
3. Continue to build the complaints teams and staff's confidence around closing complaints and directing to SPSO if a complainant is still unhappy once they have completed the investigation and issued their response.

2.2.6 Consent

When someone who is not a patient makes a complaint, the Board requests the patient's consent at the start and sends reminders at different time points. Investigations are still conducted but if no consent is received by day 20, they close and withdraw the complaint while informing the complainant. Several challenges around consent from the patient to pursue the complaint and share medical records were raised by NHS Boards visited. First, as the time is not stopped while waiting for consent this sometimes resulted in going over the 20 days. It was taxing when time and resources were used to investigate a complaint which was later withdrawn as consent was not received by 20 days. Although some said the investigation is still useful when there is learning, but for certain complaints that are specific to the individual with limited related service improvement it feels like a waste of resources.

Some Boards also spoke about the challenge of responding to Scottish Government requests such as a when a complainant contacts an MSP and the MSP requests information about the case. Boards said that timescales were often unrealistically short and it was especially contentious when there was no consent from the patient for sharing that information. They also said that they fear that patients may not understand how much of their personal information will be exposed when they go to a MSP. If an investigation is already happening, MSP requests cause more work and make the process slower.

Observations:

1. Boards could highlight their consent issues through NCPAS whilst considering the general guidance provided in the CHP appendix 8.
2. Scottish Government to consider the impact of their requests on the NHS. They could ensure consent from the patient has been given and that the patient fully understands what information will be shared and with whom.

2.2.7 Joint complaints

A couple of Boards indicated issues with joint complaints, namely that at times responses are provided separately and other times jointly. For joint responses, it seems like the lead Board provides the response letter with a statement included from any other Boards involved.

Observation:

1. When dealing with joint complaints, Boards need to have clear communication and agreement between the organisations involved and refer to the CHP guidance.

2.2.8 Recording complaints

Most Boards use Datix as a system for recording information on complaints and their management. During the first year, there were some challenges around fitting Datix with the CHP reporting requirements. Furthermore, the ones that use Datix are using different versions. This provides a challenge for ensuring consistency in data recording and reporting. Boards using older versions said this is a Board's funding

issue and it is challenging for them as the old system cannot be updated anymore. The Datix team need more resources to update each one individually.

Observation:

1. It would be helpful if the NHS National Services Scotland assists with the provision of a common system and version for the territorial boards. This would ensure Datix is fit for purpose and that all Boards benefit from any changes and improvements to the system as well as ensure consistency in recording and reporting.

2.2.9 The role of the SPSO

When asked about their relationship with SPSO, all Boards described this as positive. A number mentioned that since the change in Ombudsman things have been more positive with SPSO – for example more supportive language used. Several Boards also mentioned that they have visited to get a better understanding of their process that was helpful and other planned to visit them.

Everyone spoken to said that there were occasions when they did not agree with SPSO's decision to uphold some things and/or the observations given. Most said that they were happy to challenge these observations. Another common finding is that Boards feel that while SPSO expect evidence and responses very quickly from the Boards, the SPSO's timescales are not clear and too long. Boards visited said that one of the most common things picked up by SPSO is that they did not always keep complainants informed when a case went over 20 days and how long it would be extended for.

During the SPSO visit, they said that the CHP has brought about a shift from SPSO as an external expert to partner with NHS Boards. SPSO said that Boards are getting better at giving them information on their complaints handling, the Boards' responses are more detailed and they are providing reasons to complainants for upholding complaints. Each SPSO investigation has a reflective learning form for Boards to complete. SPSO holds statistics against CHP markers. These are tracked more closely now as they need to know how learning is happening. SPSO also had some internal changes to their teams' structure which increased the focus on learning and improvement. They have also changed the way they word the recommendations given to Boards. They are now more outcomes focused rather than pathway. The change was due to their internal research and new Ombudsman. The outcome-focused recommendations have helped Boards improve their execution of recommendations. It also helps SPSO check if something similar has been investigated before. Furthermore, SPSO is developing a support and intervention policy to address the support available for organisations including triggers for different levels of support and intervention for organisations based on patterns.

SPSO thinks that the CHP experience has been positive and think that Boards have no significant concerns except that the timescales might be too tight. SPSO said that the purpose of the KPIs should be an assurance for managers and provide a local understanding of performance against indicators and benchmarking. However, they added that in the first year there is not much capacity for benchmarking.

Observations:

1. It could be useful for complaints team that have not yet done so to arrange a visit to SPSO to get a clearer understanding of their procedures.
2. SPSO could clarify their own timescales.
3. SPSO could ensure there is consistency between their investigation handlers e.g. in what type of evidence is acceptable.
4. SPSO could offer more guidance on how frequently to keep complainant updated and how long is it acceptable to extend the timescale.

2.2.10 Adverse events

The Listening and Learning report recommended that the processes for complex complaints and management of serious and adverse events (SAE) be integrated. There is now better integration of complaints and serious and adverse events. All Boards said that there is some integration between the complaints and adverse events system, with cross checking taking place. Some Boards spoke of a restructuring for their team moving to Quality Improvement/Assurance department. This is seen as a positive move, showing commitment by the Board which will provide better integration with adverse events and better align the learning and quality improvement.

However, there is variation in how they deal with a complaint that is also a SAE. For complaints that come in that are also being reviewed as a SAE, with the complaint is closed and the case is reviewed by the adverse events team; with complainant being informed of this. If there are other issues associated with the complaint that are not being looked at by the adverse events team, most complaints teams would deal with those using the CHP and give a response as soon as available while others give one response at the end of SAE. Some complaints team would still be involved in meeting the family while others said it is only the service that meet the family.

In terms of Duty of Candour, it appears that this is very similar to their usual process but it is now backed up by legislation.

Examples of good practice:

- NHS 24 use a single data capture system for processing feedback from all sources including adverse event for effective cross-referencing.
- The Scottish Ambulance Service patient experience manager sits on the Significant Adverse Event Review group to ensure complaints' themes are cross-referenced against SAEs.

NHS Borders' feedback and complaints team is co-located within the adverse events team that enables frequent exchange of information and collaborative working achieving a timely, person centred response and joined up approach for combined complaints and adverse events. This has increased the organizational learning.

2.2.11 PASS and Mediation

As part of the visits, NHS Boards were asked about mediation use. All the Boards were aware of the service, albeit some only in the past year. This was due to the Scottish Mediation Network delivering several seminars/presentations at health Boards and the Scottish Government has raised awareness of the availability of the mediation services for free to Boards. The Scottish Mediation Network also participate in NCPAS meetings. None of the Boards visited have used the mediation service since CHP implementation with a few that have used it years ago. Several Boards had mediation training or have arranged for representative/s of the Scottish Mediation Network to provide training to their team. Reasons for not using this service were generally that they did not recognise that they needed it, not understanding where it fits in the CHP process or forgetting it is available. As several Boards have recently undertaken mediation training or will be getting it in the upcoming year, it is expected that mediation will be offered more.

PASS services are frequently demanded by patients. As explained during the visit to PASS and presented in their annual report, since the introduction of the PASS helpline demand has continued to soar even though they are not actively advertising the helpline. All Boards recognise the importance of PASS and promote it in their hospitals, website and information material.

Observations:

1. The mediation network could continue to clarify how mediation fits in the CHP. They could share this information along with testimonials from public services, particularly within health.
2. Boards should continue to increase the knowledge of staff in relation to the benefits of mediation and identification of where it may be appropriate within the complaints handling process. Taking up the Scottish Mediation offer of delivering workshops for staff may be beneficial in supporting this.
3. The demands on the PASS service should be monitored closely to ensure resources are sufficient to meet demands.

2.3 Key Performance Indicator One: Learning from Complaints

2.3.1 Key themes for complaints

Most common complaints themes were:

- Clinical treatments, staff attitudes, behaviour and communications. Waiting times was also a top theme for stage one complaints.
- The increase in waiting times is a challenge for all Boards especially when obliged to send out treatment time guarantee letters that they know they cannot meet.

2.3.2 Improvement

The CHP has a focus on learning from feedback and complaints and on improvements. Several Boards record actions and learning on Datix or the system

that they use. Some also assign a name and give a deadline for actions and staff need to report to the complaints team that they completed it. Some do not close a complaint before these are completed. Most recognise that there is room for improvement for including actions and learning in response letters. Several Boards have or are working on response letter templates.

Challenges still exist on adopting whole systematic approaches for learning and improvement. The larger Boards feel that they are good at learning from individual complaints but not as good at getting the bigger picture for wider improvement.

Examples of good practices:

- NHS 24 created a team led by NHS 24 Excellence in Care lead nurse to improve interpersonal skills and reduce interpersonal reasons for complaints.
- NHS Great Glasgow & Clyde are developing a dashboard so services are more aware of their complaints' trends including regular reports.
- NHS Dumfries and Galloway are using a healthcare analysis tool to analyse complaints and identify themes, trends and hotspots.
- NHS Ayrshire and Arran and NHS Fife use Quality care indicators that consider feedback and complaints to assess the patient experience and the services/wards need to identify and show improvements.
- NHS Forth Valley feed data from the complaints system and a patient experience survey to the nurse assurance better care dashboard so teams can easily access information about their patients' experience and complaints and use themes and learning to drive improvement.
- NHS Grampian service managers must demonstrate what the feedback tells them about their services, identify learning for service improvement and record actions taken. These are documented on Datix and shared with Clinical Governance.
- NHS Ayrshire and Arran do not fully close a complaint before the service provides a quality improvement plan. The team chases services for these plans and they have been getting more since CHP.
- NHS Forth Valley's Patient Relations team oversees closure of stage one complaints so staff need to add actions and learning including email with evidence before the complaint is closed.
- NHS Fife and NHS Grampian have actions and learning on Datix and ask services to upload evidence of actions taken immediately rather than waiting for a case to go to SPSO.
- NHS Tayside's clinical care groups have performance reviews every 8-9 weeks, which asks about complaints and learning. The clinical governance lead and performance review seek assurance that they are undertaking actions planned and flag when there are bigger organisational issues to be addressed.
- NHS Orkney use a complaints reporting template for staff to clearly identify actions, improvements and recommendations.

- NHS Shetland handle repeated staff attitude complaints via discussions with staff member and their professional lead to allow staff to reflect on the feedback and determine what further supportive measures are required for better practice.

Observations:

1. Consider including an actions tracker on Datix.
2. Service reviews could incorporate an analysis of feedback and complaints to ensure themes and matters that require more significant/wider service improvement and/or resource from the Boards are identified.
3. Boards could share resources they have for capturing learning such as reflective learning forms and response templates.
4. Continue to remind staff to include actions and learning in response letters.
5. Consider having a learning summary/form for stage two complaints including what went well and improvements identified. The management team need to commit to at least one improvement action.
6. Boards to encourage monitoring of actions/quality improvement plans.
7. Consider the healthcare analysis tool used by NHS Dumfries and Galloway to help analyse complaints and identify themes and trends.
8. Complaints could ask for evidence of actions to be provided immediately. This provides assurance to the Boards and they are prepared ahead for any cases that go to SPSO.

2.3.3. Sharing of learning

The types of sharing of learning described were sharing in staff newsletters, patient forums and staff meetings. Sharing of learning is limited especially in the larger Boards. Learning is more widely shared with the Boards' senior management and committees and this is covered in section 2.8 (Accountability and Governance).

Example of good practice:

- NHS Shetland developed a flow chart describing the process for staff to follow when learning is identified. This includes completion and sharing of a lessons learnt summary. Their Datix includes a section for adding whom the learnings have been shared with.

Observations:

1. Complaints teams could seek opportunities for sharing learning and improvements carried out by services or the organisation via internal communications.
2. To encourage services to share learning summaries that might be beneficial for other services as well as patients.

2.3.4 Culture

Culture around complaints was discussed at all visits. All Boards believe there has been progress in their Board's culture. They spoke of buy in and support from the Boards' executives and other senior management. Feedback and complaints reports including SPSO decisions are sent to them regularly. All Boards pass on positive feedback to the respective staff and positive stories are often shared in internal communications, social media and at staff and committee meetings.

Staff that have been working in complaints for a number of years expressed the view that the sentiment towards the complaints department has changed over the years. In the past staff more negatively received them while in recent times they are well received with more staff proactively asking for their advice or support. They also feel they were more visible within the organisation. Examples of positive change witnessed are consultants being more likely to be open and have a conversation with the complaints team. Newer members of staff including medical staff are more on board with being open and transparent and bringing about a positive culture change and therefore the people interviewed were optimistic that the attitude to complaints is moving towards the right direction.

Furthermore, they did not think there is a fear of repercussions among staff – although there are occasions when a staff member gets defensive, they believe line managers are not using complaints as a disciplinary action but are supportive and encourage personal reflection and learning. They feel that staff are getting better at offering apologies and understanding that an apology is not a liability and they are moving away from the blame culture. However, a challenge frequently mentioned is that some staff that are harder to work with, mostly those that have been working there a long time and may be set in their ways.

Examples of good practices:

- NHS Forth Valley have an Excel programme where staff can thank other staff members for good practice. The staff member receives a letter of appreciation, which is copied to their line manager.
- NHS Highland introduced a process whereby the complaints and responses must be shared with staff involved and everybody named in a letter gets a copy of the response.
- NHS Tayside are participating in a culture programme to understand the Board's leadership capabilities and culture. They carried out a survey and interviews on the culture of the organisation and then worked on engagement and co-production via workshops and generated a set of strategic priorities for the Board. They are now refining these to support an environment that encourages feedback and is open to concerns e.g. looking how to improve coaching and mentoring for staff.

Observations:

1. Staff named in complaints could be kept informed of investigation and actions and receive a copy of the final response letter.

2. Arrangements could be put in place to support staff who are the subject of complaints.

2.4 Key Performance Indicator Two: Complaint Process Experience

The Listening and Learning report's observations state the Scottish Health Council, the Patient Advice and Support Service and NHS Boards could work together to agree on a national approach for measuring complainant satisfaction with the complaints process. The aim of this is to help demonstrate the quality of the process, measuring impact and identifying areas for improvement. From the analyses of the annual reports and the experience shared by visited health Boards, a national approach has not happened. Instead, the effort was disjointed and NHS boards have developed their own methods for addressing this KPI.

Most Boards have rolled out a survey to collect data related to this KPI, such as the ease of making a complaint, how the complainant was treated by staff, and clarity on decision and reasoning. Although some Boards said they have consulted with others and used the examples in the CHP for questions to ask, the feeling of dissatisfaction with this KPI was apparent. A mixture of postal and online questionnaires is often used (NHS 24, NHS Glasgow and NHS Lanarkshire have developed a survey but it has not yet been rolled out; SAS collected data for a while and stopped due to no responses). Response rates ranged from 1.6% to 35%.

2.4.1 Challenges around collecting the data

A challenge across Boards is that they have concerns about contacting complainants to collect this information. The most common reason expressed was the sensitivity around contacting persons that might be going through bereavement or other significant events as well as mental health and repeat complainants. Another reason raised was around data protection especially since the implementation of GDPR – for example some Boards were advised by their Information Governance that contacting complainants after closing their case was not GDPR compliant while other Boards were not given such restrictions.

2.4.2 Challenges around analysing the data

All Boards believe that although there is room for improvement, their process is good. They expressed dissatisfaction with the low response rates and that the survey responses are from persons that are unhappy with the outcome. They do not think the survey could be used as a quality measure for their complaints' process. There was a consensus that this should not be a tick box exercise.

The current KPI and the way it is being measured in most of the Boards indicates that this is not an effective measure, that it is not a good use of resources and that Boards are unsure of how to use the data that is collected.

Examples of good practice:

- NHS Dumfries and Galloway had an increase in responses when they shared the survey on social media.

- NHS Ayrshire and Arran have recently taken a new approach. Each month complainants' details are sent to the patient feedback team removing anyone that would not be appropriate to contact e.g. bereavement. The Feedback manager phones people for the customer satisfaction phone survey with a set of yes/no questions and ask a bit more detail about what they did or did not like. As the feedback manager is not part of the complaints team, she sends responses to the complaints team anonymously. This is working better than previous email and post surveys.
- Golden Jubilee Foundation observed a trend from their complainant process experience survey that stage one complainants were not satisfied with the outcome. They implemented a follow up call prior to closure to confirm issues have been addressed and consequently seen an improvement in the survey responses.

Observations:

1. A national approach could be developed with discussion in NCPAS to discuss Boards' concerns and challenges and ideas for solutions.
2. Consider involvement of the Scottish Health Council (SHC) to identify a national approach – e.g. NHS Forth Valley have been working with SHC on this KPI and have a revised survey form and are considering other feedback formats. It would be good if their experience were shared with other Boards. In addition, it might provide better response if data is collected by an organisation independent of the Board to reduce bias and because people that were not satisfied might not see value of providing feedback.
3. SPSO could advise on the processes that are successful for this KPI in other public sectors to discuss if they could be adapted for the NHS.
4. NHS Boards to ask for guidance from the Information Commissioner about consent required for KPI 2 to ensure GDPR compliance.
5. Consider learning from the HIS right-time model, namely that qualitative feedback might be more valuable than survey data.

2.5 Key Performance Indicator Three: Staff Awareness and Training

Information about the CHP was well circulated by the Boards amongst staff in the year preceding and during the first year of CHP via internal communications, staff awareness training and complaints teams attending staff briefs and meetings. Feedback-related training tended to be included in staff induction and additional training was optional rather than mandatory. Including complaints awareness in induction training is important to help bring about the culture change especially when this is focused on person centeredness and being open. Some Boards are also involved in nursing and medical staff education. The SPSO resources are useful but could be shared more among staff.

There was not a consistency in reporting for this KPI with some Boards providing precise number of staff members that completed different training related to feedback and complaints while others simply provided a general overview. Therefore, the numbers could not be compiled. A couple of complaints teams said

they did not deliver complaints-related staff training in the past but have recently begun or are planning to introduce this in the coming year.

The Listening and Learning report set out that the e-learning modules should be recognised as an essential basic training requirement for all staff providing direct services for patients as a priority. NES stated that about 20,000 staff have completed the e-modules. While increasing number of staff are accessing this training, further work is needed to prioritise it for certain groups of staff.

As part of the CHP, NES has delivered national events with SPSO as well as delivered bespoke face-to-face training, webinars and conference workshops for Boards and independent contractors. However, NES is experiencing funding challenges and therefore is limited in the amount of training they can provide. Training events are heavily oversubscribed by contractors.

NES is developing training for supporting staff covering complaints, adverse events and Duty of Candour. It also includes training for complaints team on how to deal with SPSO upheld complaints about their complaints handling. It aims to address the power imbalance between complaints teams and senior staff and works on changing the blame culture.

There is limited evaluation of training within NHS Boards. During visits, complaints teams said the training that they offered was well received. NES carry out post-event evaluation of their training through evaluation forms. They would like to carry out an impact evaluation i.e. how the training was put into practice and how it improved staff's confidence and skills however, they do not currently have the resource to do this.

Good practice:

- NHS Tayside are doing an exercise of identifying which staff groups should be encouraged to do certain training and monitor this e.g. by including it in the staff's competency framework and appraisal.
- NHS Shetland provide staff with a feedback and complaints factsheet as part of their mandatory refresher training every 18 months.

It was not clear from reports and visit whether complaints are included in senior management's performance objectives due to lack of reporting on this or being unsure when asked about this. However, NHS Boards said that complaints are in the interest of senior managers.

Observations:

1. Scottish Government could clarify the level of detail required in reporting this KPI.
2. Boards could consider whether some of the complaints related training could be made mandatory to certain staff groups or at least highly encouraged.
3. Complaints teams could seek opportunities to attend staff meetings/huddles to raise awareness of complaints issues, resources available and training.

4. Promote training and SPSO resources to contractors.
5. More training considered for frontline staff related to building confidence and managing difficult conversations.
6. Boards could review whether complaints and learning from complaints is included in senior managers' performance objectives and to consider adding these objectives if absent.
7. Frequent internal communication such as sharing Care Opinion stories, learning from complaints, patient experiences or promotion of training to maintain awareness of CHP among staff.
8. Could increase opportunities for face-to-face training for complaints teams and for contractors.
9. Could commission a training impact evaluation.

2.5.1 NCPAS and sharing between Boards

NCPAS is seen as very beneficial for sharing between NHS Boards. During the visits, Boards mentioned that although NCPAS only met twice a year, they regularly communicated via email. The presence of stakeholders at NCPAS was seen as valuable and stakeholders were happy to be part of the discussions at NCPAS.

NES suggested developing a learning network where complaints teams can learn and showcase good practice e.g. through a conference for complaints/adverse events personnel. NHS Boards were asked about this and it was positively received especially for getting complaints handlers networking and not just the team's manager/lead. NES would like to promote the use of the complaints website within the knowledge network to facilitate sharing of resources between Boards and as a discussion forum. NHS Boards also think this could be useful.

Observations:

1. To discuss with NES the possibility of developing a learning network for complaints and adverse events teams.
2. To have discussions at NCPAS about the development and use of the complaints website within the knowledge network to coincide with NES' move to the new system. This could be used as a discussion forum and for sharing resources.

2.6 Independent contractors

Contractors remain a challenge for Boards in relation to complaints handling reporting. The Listening and Learning report recommended that Boards should work with all independent contractors locally to monitor how feedback is used to drive improvements and to actively manage any challenges that arise. This still seems far from reality. Boards have done work on raising awareness of CHP among contractors before implementation. However, most have not dealt with them much since then.

Boards explained that contractors send them limited data on patient complaints if any e.g. they might send figures but no information on actions and learning. There is

a recognition that GPs were the most engaged group of contractors and have seen improvements in their compliance with CHP and in reporting but compliance is still poor for the other contractor groups.

Inconsistencies exist over definitions of feedback, comments, concerns and complaints between different contractors and between the contractors and the Board. This seems to be happening in few of the boards. A couple of Boards are working on making their recording system available for contractors to ease reporting.

It was also raised that NHS Boards are very often not involved in contractors' investigations and not involved in SPSO investigations related to their contractors. Therefore, it is challenging for the boards to get a real insight into what mechanisms they have for complaints handling, the number of complaints they get and their teams and especially any learning. A couple raised that it would be helpful for SPSO to share information when a contractor has an investigation.

Examples of good practice:

- NHS Greater Glasgow and Clyde reported an increase in the contractors' compliance with 67% and more than half of these reported on changes and improvements they have done on collecting feedback and a number listed the action taken as a result of complaints. They also have a development team for each contractor group to support them.
- NHS Dumfries and Galloway had 76% response rate from contractors. They ask for information using a simple form to capture KPIs, they send reminders and phone non-responders.
- NHS Orkney's independent contractors are all compliant with the CHP and have completed a self-assessment.

Observations:

1. Discuss the conflicting feeling of collecting and reporting performance data for independent contractors with the Scottish Government.
2. Consider a national effort for engaging contractors including opening and promoting training to them.
3. Could review the possibility of providing access to systems (e.g. Datix) to contractors with shared experiences from Boards.
4. Could offer a point of contact in the complaints team who can offer advice and support to contractors.
5. Independent contractors could complete the CHP compliance self-assessment.

2.7 Prisons

Previous [reports](#) on complaints handling have found several issues with complaints management in prisons. Therefore, an aim of this project was to ask Board representatives for their experience of the new CHP in the prisons. There was a unanimity that complaints handling in prisons is working well. The CHP has helped

the procedure become more standardised. Prison healthcare staff have been trained to use it and lead both stage one and stage two complaints. Most Boards have provided Datix access to the prison staff that allows to them to input all complaints received and relevant actions. Some complaint teams had the team manager or a team member visit the prisons on a regular basis to get updates and assist the healthcare staff with complaints.

Most Boards but not all saw a sharp increase in prison complaints because the complaints, which are mostly stage one, are now being formally recorded. A challenge mentioned was that recurrent complainants in prisons drive numbers up.

Examples of good practice:

- NHS Forth Valley identified two nurses and an administrator to be a patient relations team in a prison and deal with complaints locally. These healthcare staff set up forums in each prison hall with floor prisoner representatives. They hold drop in clinics for prisoners to speak to them and raise concerns. This worked well and is now set up in all three prisons.
- NHS Forth Valley introduced a medical query slip e.g. for not receiving repeat prescriptions. Pharmacy staff investigate the query and provide response to prisoner within 24 hours.

2.8 Accountability and Governance

All Boards stated that complaints reports are compiled and shared on a quarterly basis. All mentioned Clinical Governance committees and Board committees. These reports include complaints figures, timescales, actions, learning and improvements done. Feedback and complaints are also on the agenda at other staff meetings such as Senior Charge Nurses meetings. SPSO reports are shared with committees as well as Care Opinion reports.

Examples of good practice:

- NHS Dumfries and Galloway's directorates are undergoing the SPSO's Complaints Improvement Framework self-assessment together with HSCP and primary care. They have set up an assurance short working life group to look at the self-assessments and then will develop action plans accordingly.
- NHS Fife have developed a quality check document and are doing an exercise of checking five responses a month. Any poor responses are fed back to the service.

Observation:

1. Boards should consider completion of the Complaints Improvement Framework self-assessment for all areas/services, including HSCP and contractors.

2.9 Reporting and benchmarking

The new CHP introduced nine key performance indicators by which NHS Boards should measure and report performance (Appendix 4.2). 2017/18 was the first year that NHS Boards were asked to report against these indicators. Although there is guidance on the KPIs and the type of things suggested for inclusion, reports varied in format and level of content. Boards expressed the view that clearer guidance was required earlier and it was frustrating that it took a long time to come to an agreement on a reporting template for the quantitative measures. The issues around the first year annual report could have been anticipated but they all seem satisfied with the recently agreed template.

During the visits, a couple of Boards said that the benchmarking was focused on the quantitative aspects of CHP, namely timescales, but this does not necessarily measure quality. From annual reports and discussions with Boards and stakeholders, it was indicated the first year of CHP might not be a suitable baseline for the KPIs.

Particularly, as the KPIs 4-9 reporting template was agreed in the mid of the second year of CHP, it is likely that the first year data is not an accurate picture of the Boards' activities and that variation in measurement and recording might not allow benchmarking.

Most Boards said that they find benchmarking useful. However, there needs to be an agreement on what they are measuring, for example, there might still be some variation in how the timescale is measured across Boards, and why they are measuring it.

Observations:

1. It would be helpful to have clear annual figures and percentages in the report. Although graphs by month are helpful to observe trends and patterns within the Board, the annual figures are important for benchmarking.
2. To discuss KPIs 1-3, especially the patient experience measure during the NCPAS meeting to clarify the requirements, discuss the challenges and to reach an agreement on what is and what is not feasible in terms of measuring, collecting and analysing this information and ultimately guidance on using this information.

3. Next steps

As the Board visits were carried out in November and December 2018 and therefore in the second half of second year of the CHP some insight was gained into changes planned and further improvements. Many agreed that the first year reporting was not consistent. A template has been agreed in October 2018 and therefore expect the second year reporting to be more standardised.

The Scottish Government appreciates the feedback provided by everyone who took part in this review. We appreciate the willingness to share views and opinions as well as the opportunity for honest discussions. The input received from everyone have helped us to get an understanding of the changes introduced by the model CHP. Through this report, we have identified progress and good practice as well as challenges that will now be shared with all NHS boards and stakeholders across Scotland. The Scottish Government will continue to work with NHS Boards and stakeholders to help drive improvement in NHSScotland in terms of improved handling and use of feedback, comments, concerns and complaints, the Key Performance Indicators and annual reporting.

4. Appendices

4.1 List of NHS Boards and stakeholders visited

NHS 24

Scottish Ambulance Service

NHS Forth Valley

NHS Greater Glasgow & Clyde

NHS Fife

NHS Ayrshire & Arran

NHS Dumfries & Galloway

NHS Highland

NHS Grampian

NHS Tayside

NHS Lanarkshire

NHS Lothian

Scottish Public Services Ombudsman

Patient Advice and Support Service

NHS Education for Scotland

Scottish Mediation Network

4.2 CHP Key Performance Indicators

1. Learning from complaints
2. Complaint process experience
3. Staff awareness and training
4. The total number of complaints received
5. Complaints closed at stage one and stage two as a percentage of all complaints closed
6. Complaints upheld, partially upheld and not upheld at each stage as a percentage of complaints closed in full at each stage
7. Average times
8. The number and percentage of complaints at each stage that were closed in full within the set timescales of 5 and 20 working days.
9. Number of cases where an extension is authorised

4.3 Internship project briefing

Scottish Government / Scottish Graduate School of Social Science Internship Scheme

DIRECTORATE GENERAL:

Directorate: Healthcare Quality and Improvement

Division/Team: Planning and Quality / Openness and Learning

Internship: The new model NHS Complaints Handling procedure (CHP) – analysis of the first year's annual reports

Policy Context:

Scottish Ministers are committed to an integrated programme of measures to facilitate cultural change to achieve openness and transparency without blame in the provision of NHS health and social care services. Central to this is the revised NHS Complaints Handling Procedure, which came into effect on 1 April 2017.

The Openness and Learning Unit was established in September 2017 in the Scottish Government to work with stakeholders in developing an approach that is accessible and meaningful for front-line professionals and national bodies to support improvements in health and social care outcomes. The aim is to create an environment that uses knowledge to inform continuous improvement to services in a culture of openness without censure.

NHS Model Complaints Handling Procedures (CHP)

The new, standardised NHS Model Complaints Handling Procedure (CHP)¹ was introduced across Scotland from 1 April 2017. The revised procedure is intended to support NHS Boards and their service providers to take a consistently person-centred approach to complaints handling across NHS Scotland. In particular, the aim is to implement a standard process, which ensures that NHS staff and people using NHS services have confidence in complaints handling, and encourages NHS organisations to learn from complaints in order to continuously improve services.

The new, model CHP introduced nine newly developed key performance indicators, by which NHS Boards and service providers should measure and report performance. These indicators are a mix of quantitative and qualitative measures, which taken together with reports on actions taken to improve services as a result of feedback, comments and concerns will provide valuable performance information about the effectiveness of the process, the quality of decision-making, learning opportunities and continuous improvement.

NHS Boards are required to review and report internally on complaints handling information quarterly, including any recommendations made by the Scottish Public Service Ombudsman (SPSO) in relation to the investigation of NHS Complaints, with a view to identifying areas of concern, agreeing remedial action and improving performance. Boards must then publish their complaints handling performance information annually.

¹ [http://www.sehd.scot.nhs.uk/dl/DL\(2016\)19.pdf](http://www.sehd.scot.nhs.uk/dl/DL(2016)19.pdf)

Project details:

This is an opportunity to work closely with the Scottish Government policy team relevant stakeholders including NHS Boards, government analysts and potentially patients, taking a 360 degree view on the effectiveness of the new Complaints Handling procedure. The project will be focussed on reviewing and analysing the NHS Boards' annual reports (particularly the qualitative indicators) and meeting with relevant stakeholders to gain a deeper insight into the content of the reports.

The project aims to identify what difference the new CHP has made, whether it has been embedded into the NHS culture and to what extent has it influenced learning and service improvements. The project also aims to identify if there is consistency of patient experience of the CHP, to explore how effective internal communications of complaints information is across Boards and to highlight any good practice or particular areas of concern.

The project output will be a report focussed on the learning and patient experience, outlining the experience of the first year of the CHP, highlighting the challenges and developing some conclusions / potential recommendations for going forward.

Some useful reading for those considering applying for this post:

Listening and Learning report which informed development of the new complaints handling process (CHP) – Scottish Health Council -

www.scottishhealthcouncil.org/publications/research/listening_and_learning.aspx

Scottish Public Service Ombudsman report – making Complaints Work for Everyone

https://www.spsso.org.uk/sites/spso/files/communications_material/Thematic_Reports/MakingComplaintsWorkForEveryoneFinalWeb.pdf

The intern would be co-located within the Openness and Learning Unit and will work with other teams as needed, including the Person-Centred and Quality Unit.

Skills required:

This project would suit someone who is keen to apply their skills to an analytical research project. Knowledge of the health and social care landscape including complaints resolution would be useful but excellent analytical skills are more important than any prior subject knowledge. The following are required:

- Strong written and oral communication skills
- An ability to analyse and synthesise varied data and evidence;
- An ability to work independently and flexibly as part of a team.

Please detail the full range of your research and analytical skills in your application and indicate particular strengths.

Timing:

The timing of the internship will be agreed with the successful applicant.

4.4 Briefing email for NHS Boards regarding Scottish Government review on the first year of CHP

Dear Feedback and Complaints managers,

I am a research intern working with Linda Kirk in the Scottish Government. The project I am involved in is an analysis of the first year of the new model NHS Complaints Handling procedure.

The aim of the project is to find out how the implementation of the new CHP has impacted the learning and improvements, the process, and the culture around complaints. We would like to obtain a fuller account of feedback and complaints in your Board services especially on indicators 1-3. This is an opportunity for you to share your good practice and improvements but also to help us identify the challenges and barriers that still exist. For boards with prisons, we would also like to know more about the prisoners' complaints handling.

To gather this information, I would like to visit you and your teams in November. I will be getting in touch with each of you during this week to arrange this. Please allow at least two hours for the meeting.

The findings from reviewing your annual reports and these meetings will be compiled in a report outlining the experience of the first year of the CHP.

Thanks in advance for your cooperation. Looking forward to speaking with you soon.

Kind regards,

Bernardette

Bernardette Bonello, Research intern | Openness and Learning Team | Planning and Quality Division | Directorate for Healthcare Quality and Improvement | Scottish Government | Room G. ER, St Andrew's House | Regent Road | Edinburgh EH1 3DG

T: 0131 244 9979

e-mail: bernardette.bonello@gov.scot

4.5 Topic guide for NHS Boards visits

1. Collecting feedback

Ways of collecting feedback and complaints

- Changes since new CHP

Use of Care Opinion

- Staff engagement
- How learning is shared
- Challenges

Work with equality groups, advocacy and user and support services.

- Changes in how you work with them and
- Feedback from seldom heard groups

2. Complaints handling procedure

CHP implementation

- Clarity of concerns and complaints
- Difference in upheld complaints since new CHP
- Difference in complainants contacting SPSO
- Change in systems for capturing data
- Monitoring of CHP compliance
- Areas for improvement and support needed

Early resolution

- Experience of shift to early, local resolution
- Methods used to resolve complaints locally
- Staff confidence and compliance with stage 1 procedure
- How you ensure actions are taken and recorded
- Challenges

Stage 2 investigations

- Experience of getting information required for your investigations
- Meetings with complainants at onset of investigation (clarification)
- Meeting with complainants at the end of investigation (explanatory)
- Use of mediation
- Challenges

SPSO

- Change in relationship with SPSO
- SPSO observations – issues and improvements made
- Difference in premature complaints and complaints upheld by SPSO
- Support from SPSO

Adverse events

- Link with adverse events management
- Duty of candour lead
- Procedure for capturing learning from adverse events/duty of candour

Reporting and standardisation

- Changes in internal/external reporting
- Thoughts on indicators 1-3
- Consistency and sharing between boards
- Benchmarking
- Areas for improvements and support needed

3. Indicator 1 – Learning from complaints

Capturing learning

- How trends identified are used
- Experience of CHP for learning and improvement
- Challenges

Service changes

- Most significant service changes/improvements in the first year
- Involvement of patients and the public in identifying/reviewing service improvements
- Procedure for ensuring learning is identified and implemented

Sharing of learning

- Change in ways learning is shared with public
- Progress on increasing focus on learning and improvement
- Extent of internal communications on complaints and learning
- Extent of learning used by line managers and staff
- Extent of learning reviewed by senior management
- Challenges

Culture

- Progress in culture around complaints
- Changes in apologies
- Examples of culture change in the organisation
- Gap between organisation's learning intent and staff experience
- Difference in fear of repercussions amongst patients and staff
- Challenges

Supporting staff

- Support for staff being complained about
- Sharing of positive feedback

4. Indicator 2 – Complaint process experience

Patient experience

- Ways of collecting feedback on complaints procedure
- Satisfaction with: Ease of access to the process; How they were treated by staff; With empathy or apology offered, if any. Timescale in terms of updates/responses; Clarity of decision and clarity of reasoning.
- Response rate
- Areas for improvement and support needed
- Feedback from staff involved in complaints

5. Indicator 3 – Staff awareness and training

Training offered (if not covered in annual report)

- Staff awareness on dealing with complaints
- Any mandatory training on complaints
- Complaints as part of staff inductions
- Adverse events and duty of candour training
- Root cause analysis and human factors training
- Mediation training
- Internal communications on training

Evaluation of training

- Uptake
- Satisfaction with training
- Staff confidence in using knowledge

Performance objects

- Complaints in job descriptions or performance objects for senior managers

6. Overview of first year experience

- Summary of your first year experience
- Advantages and disadvantages of new CHP
- Progress on standardisation of complaints handling
- Listening and learning report observations

7. Contractors

- CHP reception
- Changes in contractors providing data
- Relationship with contractors
- Support needed

8. Prisons

- Difference in prison complaints since CHP
- Relationship with prison healthcare staff
- Complaints handling procedure in prisons
- Awareness and support for prisoners
- Prison staff training
- Learnings from prisons
- Areas for improvement



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Stories in summary

About this report

This report shows summary information about a selection of stories published on Care Opinion.

It was created on **08 April 2019**.

Which postings are included?

This report shows stories in the **NHS Dumfries and Galloway** subscription, which includes All stories about NHS Dumfries and Galloway.

The report is also filtered to show only All stories submitted between 01/04/2018 and 31/03/2019

Frequently asked questions

How is story criticality rated?

Story criticality is rated by our moderations at the time each story is moderated. It is a measure of how critical the most critical part of a story is, according to a criterion-based system. Criticality is rated in order to support our filtered email alerting system for staff, and is not intended for publication.

What do the story counts mean?

To the right of an organisation/service you will see a count. This tells you the number of stories listed in the report about that organisation or service (including any services run by that organisation/service).

What does "most popular" mean?

The most popular stories are those which have been read most often per day, since publication. This measure does produce a small bias towards more recent stories, but at least it is simple to understand.

Why might unexpected services appear in my report?

The services listed in the report depend on the stories that are included, and that depends on how you have filtered the report. So, for example, if you have filtered only according to where authors live, you may find they have used services some distance away.

Sharing and reuse

Contributors to Care Opinion want their stories to get to those who can use them to make a difference, so we encourage you to share this information with others.

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About Care Opinion

Care Opinion is a not-for-profit social enterprise which enables people to share the story of their care, and perhaps help care services make changes.

For more information, contact us via: <https://www.careopinion.org.uk>

This report summarises **51** stories

To date, the stories in this report have been viewed on Care Opinion **6,698** times in all

These are the three most popular stories, out of all the stories included in this report

You can click the story title to see the story online

Hospital stay following surgery - 2133 views

Posted by **Ash79** as a service user 7 months ago

I was admitted into hospital with my gallbladder and had to undergo surgery to have it removed. During my stay the staff in both the wards and in theatre were fantastic.

The staff nurse who was with me in recovery made sure my pain was under control and helped me feel more relaxed by chatting with me and showing a genuine interest in me. He was a very calming presence. The staff on D9 were kind and attentive and ensured I was comfortable

Indifferent attitude and lack of diligence - 247 views

Posted by **Patient with concern** as a service user 11 months ago

Over a 2 year period, starting summer of 2016, I had x2 Gastro appointments - symptoms: severe right lower abdominal pain, diarrhoea and significant swelling to stomach. Both consultants dismissed my concerns as to having a potentially serious condition. No endoscopy or CT arranged. Neither Dr even physically examined me. They promoted that I had work stress and anxiety related IBS. I was also diagnosed with non alcohol related 'fatty liver'...

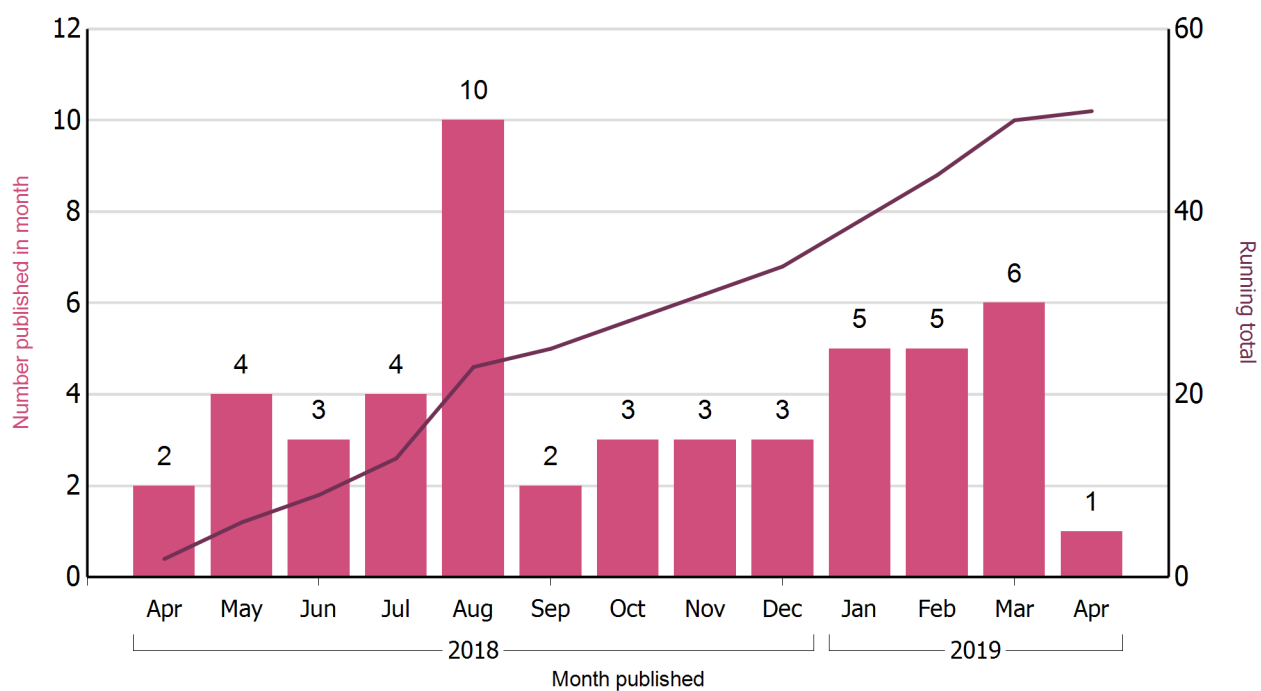
Excellent staff but lacking aftercare information - 202 views

Posted by **Fefe** as a service user 5 months ago

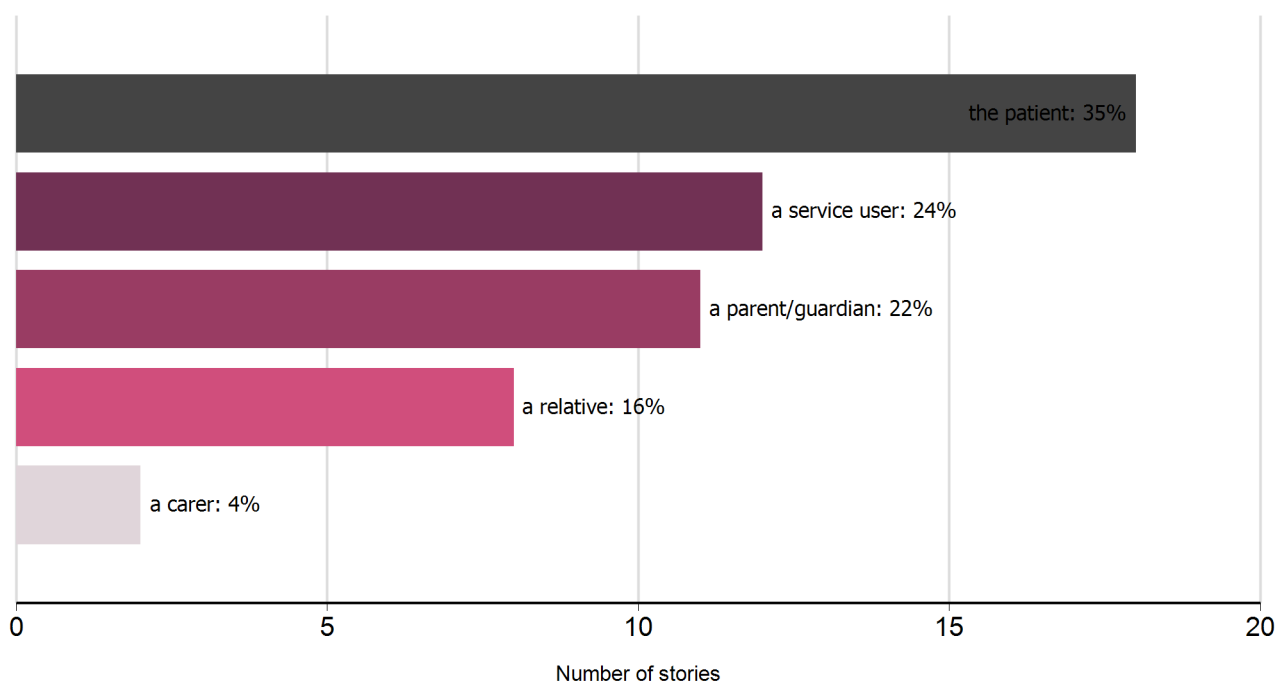
I attended Dumfries Hospital at the end of April this year and after an X-ray was advised I had a left neck of humerus fracture. I was told it would heal naturally and given a collar/ cuff sling and painkillers.

I was asked to return to the fracture clinic and when I explained we were only visiting the area, I was then given a letter to hand in to my local hospital. The staff in Dumfries A&E were lovely and I was fortunate that it was not...

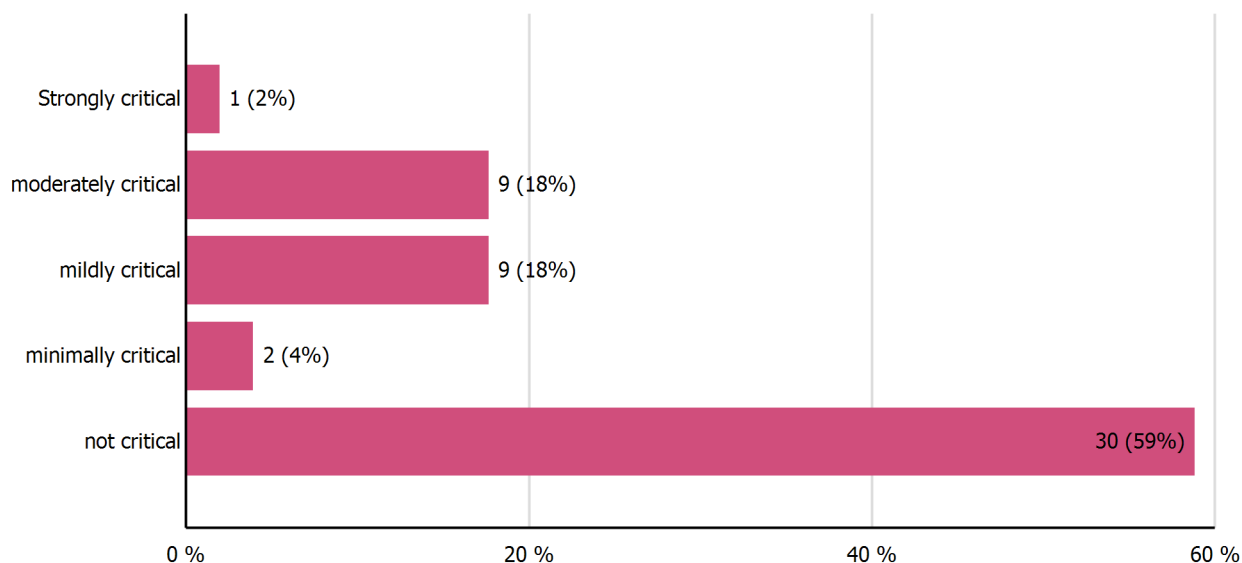
When these stories were told



How the authors of these stories identify themselves



How moderators have rated the criticality of these stories



NB: criticality scores are assigned by moderators (not the public) to stories to support our alerting service. They are assigned *per story* not *per service*, so may reflect criticism of services other than your own. We provide them here purely for information, with these caveats in mind.

Where these stories have come from

NHS Dumfries and Galloway	48	<div style="width: 48%;"></div>
NHS Herts Valleys CCG	1	<div style="width: 1%;"></div>
NHS Lanarkshire	1	<div style="width: 1%;"></div>
Unknown	1	<div style="width: 1%;"></div>

Most common tags added by authors to these stories

What's good?

staff	13
friendly	9
professional	7
Care	6
caring	5
kind	4
Listened to	4
nurses	4
professionalism	4
communication	3
environment	3
explanations	3
kindness	3

What could be improved?

communication	8
communication between departments	2
not being listened to	2
understanding	2
aftercare advice	1
attention to detail	1
cancelled appointments	1
Care	1
child friendliness	1
child-centred	1
clear explanation	1
communication with family	1

Feelings

thank you	12
grateful	4
at ease	3
happy	3
reassured	3
supported	3
concern	2
feel at ease	2
ignored	2
impressed	2
let down	2
not cared for	2
relaxed	2

thorough 3

confidentiality	1
consultant	1
ct scan interpretation	1
delays	1
disjointed	1
Dismissive treatment	1
doctor's manner	1
explaining	1
facilities	1
family kept informed	1
follow up	1
gp referral	1
hospital discharge	1
information	1
information given	1
information leaflet	1
Listened to	1
manner	1
missed appointment	1
more information	1
more time	1
needs met	1
pain relief	1
parent care	1
physiotherapy	1
reading notes	1
response time	1
rude	1
Should listen	1
staff introduction	1
staffing levels	1
The wait	1
treatment	1
understaffed	1
understanding autism	1
unnecessary tests	1
unsanitary	1
urine sample	1
use of resources	1
wait for assessment	1
waiting	1

stress	2
terrified	2
Thankful	2
uncomfortable	2
upset	2
valued	2
very upset	2

Services the stories are about	Number of stories	Latest story
NHS Dumfries and Galloway	51	02/04/2019
Crichton Royal Hospital	1	15/10/2018
General Psychiatry	1	15/10/2018
Dumfries & Galloway Community Services	7	19/03/2019
Children and Adolescents Mental Health Service	2	21/02/2019
Community Mental Health Team	5	19/03/2019
Dumfries & Galloway Royal Infirmary	37	19/03/2019
Accident & Emergency	10	01/03/2019
Audiology	2	06/12/2018
Cancer care	1	07/09/2018
Cardiology	2	20/02/2019
Care of the Elderly	2	14/01/2019
Day Surgery	7	01/03/2019
Ear, Nose & Throat	1	06/12/2018
Gastroenterology	2	22/06/2018
General Medicine	1	07/03/2019
General Surgery	3	10/01/2019
Geriatric Assessment	1	22/08/2018
Haematology	1	07/03/2019
Maternity care	2	24/01/2019
Paediatrics	4	10/01/2019
Radiography	1	19/03/2019
Radiology	2	14/11/2018
Galloway Community Hospital	2	02/04/2019
Accident & Emergency	1	27/08/2018
Cardiology	1	02/04/2019
General practices in Dumfries and Galloway	2	20/02/2019
Innistaigh	1	09/05/2018
Nithbank Hospital	2	13/08/2018
Community Rehabilitation	1	13/08/2018
Rehabilitation	1	20/04/2018

Appendix 3 – Learning from Complaints

Directorate: Acute & Diagnostics

Key Complaint Issues: Clinical Treatment

What happened?

Since opening the Combined Assessment Unit (CAU) in December of 2017, it was evident through patient complaints, exit blocking from the Emergency Department (ED) and an over filled waiting area in CAU, that patient flow was sub optimal.

Discussions with the surgeons at the surgical meeting identified the requirement to have a dedicated area to cohort the surgical patients in CAU. This was straight forward to implement the changes after discussions with the SCN in CAU, the lead surgeon for SAU and the CSM.

Nursing staff and the CSM visited another CAU at Ayr Hospital to gain knowledge and information sharing. This took planning and working with High Wood Health to make the environmental changes to adapt the Capacity Manager's office into test of change NTA area.

What went well?

A dedicated Surgical Assessment Area defined in Pod A of CAU, allocating 8 surgical assessment spaces. This provided us to cohort surgical patients.

Nurse triage area (NTA)

Communications between ED and CAU coordinators improving

What, if anything, could we improve?

Future plans to exchange hospital beds in CAU to patient trolleys

Place CAU on a local 4 hour target

Aim to improve discharges directly from CAU back to usual place of residence/care home – current performance is 41%.

What have we learnt?

Understanding of each other's department in ECC (ED & CAU).

Close working relationships with SAS & GPs required promoting patient flow.

Patient information prior to attending CAU would inform patients what to expect when attending for assessment.

What actions are planned or have been taken?

1. Improve communication and co-ordinated working practices between ED and CAU
2. Dedicated surgical assessment area identified
3. Improved communications with Scottish Ambulance Service (SAS)
4. Nurse Led Triage Area (NTA) identified
5. Patient information literature in progress
6. Close working and improved communications with Support Services supporting patient flow

Care Assurance Learning Summary

Key Complaint Issues: Clinical Treatment

What happened?

As part of the Care Assurance process, patients are asked about their experience on the ward. This feedback showed that across many ward areas in DGRI, patients were complaining about the quality of the cups of tea.

What went well?

- Excellence in Care Lead fed patient feedback to the catering department.
- The Catering department through the Catering Dietician implemented a test of change on a couple of wards.
- Patients liked the new tea bags.
- Catering Department have changed supplier of tea bags
- The new tea bags are being rolled
- Patient feedback through Care Assurance is shared with the Menu and Delivery and with the Food and Hydration strategic group

What, if anything, could we improve?

What have we learnt?

- It's important to ensure that relevant teams are aware of the patient feedback gathered through the Care Assurance process.
- Considering other people's perspectives is vital in order to improve patient's experiences.
- Small tests of change are safe, non expensive and don't intrude in patient care

What actions are planned or have been taken?

1. Excellence in Care Lead to continue to give feedback on all matters relating to food fluid and hydration to the Catering Dietician.

Directorate: **Acute & Diagnostics**

Key Complaint Issues: Complaint Handling

Datix Reference: 5520

SPSO Ref: 201800972

What happened?

Patient was admitted to DGRI following vomiting and congestive cardiac failure. Patient was transferred to a cottage hospital for further rehabilitation and then discharged to a care home.

Patient's daughter submitted a complaint to DGRI but the patient's daughter had concerns with response and escalated to the SPSO. The SPSO has highlighted the specific concerns regarding the response as:

- Concerns with the tone of the response
- Concerns that the response did not reasonably address the complaints raised
- Concerns with the time taken to respond
- Concerns with the efforts to communicate the response
- Concerns with the failure to call the patient's daughter back when promised

Findings

These are the findings to each of the specific concerns listed:

- **Concerns with the tone of the response:**
The patient's daughter found the tone of our response to be inappropriate and upsetting. We strive to provide a person centred approach to our responses and it is disappointing to find that we did not achieve that and in fact caused further distress to the patient's daughter.
- **Concerns that the response did not reasonably address the complaints raised:**
Our responses did not reasonably address all of the points raised. Evidence that these areas have been addressed with our teams will be provided separately as per the full SPSO action plan.
- **Concerns with the time taken to respond**
The response was issued within the 20 working days timescale as per the Complaints Handling Procedure (CHP). However as an acknowledgement letter was not issued as per the CHP, the patient's daughter was not aware of the timeframe we were working towards. This should not have happened..
- **Concerns with the efforts to communicate the response**
The patient's daughter had asked for the response to be issued as soon as possible as she wanted her father to hear the response before he passed away. On being advised that the letter was awaiting signing, she asked if the letter could be read to her over the telephone but this request was declined. It is recognised that there may have been anxieties about reading out an unverified letter but it would have been reasonable to explain that changes might be made and read the letter as long as it was understood to be a draft. Failure to do so is recognised as showing a lack of compassion.
- **Concerns with the failure to call the patient's daughter back when promised**
There is no record to indicate that a phone call had been promised. At this point not all communications were logged.

What have we learnt?

We are continually reviewing our complaints handling process and this feedback has given us the opportunity to reflect and learn from a number of areas;

- Language used in our response letters
- Ensuring that all points of complaint are answered appropriately
- Timescales are adhered to
- Clear and regular communication with complainants

Our aim is to provide a quality and meaningful complaints procedure experience with regular contact with our complainants, however we have not yet reached that standard for all of our complaints.

From this particular complaint it is clear that the content and language of our response was unacceptable with specific complaints not being fully addressed. We do ask ourselves 'would I be happy to receive that response?' and 'does this address all points of complaint?' when looking at our letters, and it is not always clear what level of detail is needed or wanted, however regular communication with complainants would aid a better understanding of what is required, and this is an area we wish to improve upon.

All complaints should be acknowledged as per the CHP in a timely manner. Improved communication as above, will help in this area.

All feedback received by the Acute & Diagnostic Services Directorate is now shared with the management team in order to triage and appropriately assign each case. Weekly meetings are held with the management team to track the progress of responses and this allows the opportunity for escalation if challenges are identified.

What actions are planned or have been taken?

1. Learning from this complaint will be shared with the relevant staff; the Senior Charge Nurse and Nurse Manager assigned to this case (in relation to addressing each point of complaints), by way of distribution of this learning summary.
2. We will explore where learning summaries are shared, this will include a variety of forums, for example SNAG (Senior Nurses Acute Group), SMT's (Speciality Management Teams), AMB (Acute Management Board)
3. A change in personnel within the Patient Experience Team has allowed a refocus on complaint handling, with support from the management team, including regular contact and updates.
4. All communications with patients / families is now logged on Datix.
5. The Patient Experience Team now has a weekly meeting with the General Manager, Lead Nurse and Associate Medical Director to review all complaints.
6. All complaints are reviewed by and signed off by an appropriate senior manager.
7. Complaints database to include response dates to ensure timely feedback.

As a result of this complaint were any services – CHANGED ☐ IMPROVED ☒
WITHDRAWN ☐

What happened?

It was found that during the patient's admission, the following failures occurred:

- Fluid balance charts were not completed appropriately, with family finding that they needed to prompt staff to complete these charts
- The patient experienced a fall which was not recorded or followed up when the family raised this with staff
- The patient developed a pressure ulcer which was not identified until transfer to another hospital

Findings

The completion of fluid balance charts was vital to the patient's wellbeing and the daily monitoring of his underlying kidney condition. The patient was on a restricted fluid intake due to fluid retention but with inaccurate records staff were unable to recognise that his weight gain was due to fluid retention, not oral intake.

- Following the patient's fall, there was no entry in his notes, no Datix report logged, and it would appear that no 'post fall bundle' was completed, all of which should have been completed as per our fall risk assessment guidance.
- The grade 1 pressure ulcer was identified on transfer to a community hospital but there was no entry of this being identified on the ward prior to his transfer. It was also found that the risk assessment to determine the risk of developing a pressure ulcer was not completed correctly, with the patient being assessed at a lower risk than he should have been. The risk assessment did not include the patient's oedema, organ failure and suspected bowel cancer and palliative status. This resulted in the patient not receiving the appropriate level of skin checking and prevention required to prevent a pressure ulcer from developing. Additionally, the pressure ulcer was graded as 1, whereas the patient's skin was broken and therefore this should have been assessed as a grade 2.

What actions are planned or have been taken?

The Board has a local Care Assurance process, which incorporates a number of national HIS standards including the care of older people in hospital, fluid and nutrition, falls and pressure ulcer standards. Within our main hospital, Dumfries and Galloway Royal Infirmary, Care Assurance standards are reviewed in all but one inpatient ward (Combined Assessment). They are also reviewed in our Community Hospitals, including Kirkcudbright. The Board currently has a plan to roll out a local Care Assurance programme across all of our hospitals. Care Assurance standards are reviewed at three levels:

Level 1 – Performed twice per week by Senior Charge Nurses and Band 6s.

Level 2 – Performed once a month by Nurse Managers.

Level 3 – Performed twice per year as an unannounced visit by someone independent of the ward.

Findings and improvement plans are discussed through various forums with assurance sought formally through our Health Care Governance Committee.

What actions are planned or have been taken? cont....

Compliance with HIS standards is also measured by HIS and their inspection reports are available

here: http://www.healthcareimprovementscotland.org/system_pages/published_resources_search.aspx?f=5%3a308&town=dumfries&q=

In response to this complaint, the concerns raised within were discussed at nurse handover huddles. These meetings are not currently minuted and therefore there is no evidence to demonstrate this took place. The Lead Nurse has shared with her team the importance of recording such discussions and teams are now encouraged to take a brief note of topics discussed and agreed actions.

Fluid Balance

Since this complaint, we have introduced a new fluid balance chart with training provided to staff by one of our Specialist Nurses. The new chart and training was trialled in the ward concerned with this complaint



Daily Adult
Intravenous Subcuta

A fluid balance guidance chart is now included in every patient's notes



Fluid balance
volumes pg2 version

Falls

Falls have been discussed at Nurse Quality and Safety Meetings



Nursing Safety and
Quality Meeting - 6 Ju



Nursing Safety
Meeting - 7 Nov 2018

Skin Health

A Tissue Viability Nurse has commenced post and has been tasked with reviewing the compliancy of skin bundles and our equipment to aid skin health. This work is in the very early stages. Progress and findings will be fed back to the Nurse Quality and Safety Meeting.

Directorate:
Key Complaint Issues:
Datix Reference:

Women & Children's Services
Staff attitude and behaviour
6125

What happened?

The woman and her partner had contacted the Maternity Assessment Unit as she felt she was in labour. Following assessment the midwife felt that the woman was not in established labour but in the latent phase of labour and the best course of action would be for her to return home which she did and presented for a second time to MAU as her contractions were increasing. Again she was advised to go home but declined due to the distance and to avoid a repeat of her previous labour where she had gone home and delivered very soon after arriving back at the hospital. The couple felt unsupported in their care and felt that the midwife present at the delivery was not prepared as she did not believe the woman was in labour.

What went well?

The woman and her partner were provided with one to one care when she was in established labour.

What, if anything, could we improve?

Communication could be improved particularly around listening and shared understanding.

The care of women in the latent phase of labour could be improved.

What have we learnt?

We need to improve listening skills of midwives and ensuring that the women have a shared understanding of decisions being made and agreed.

We need to review the guidance for latent phase of labour.

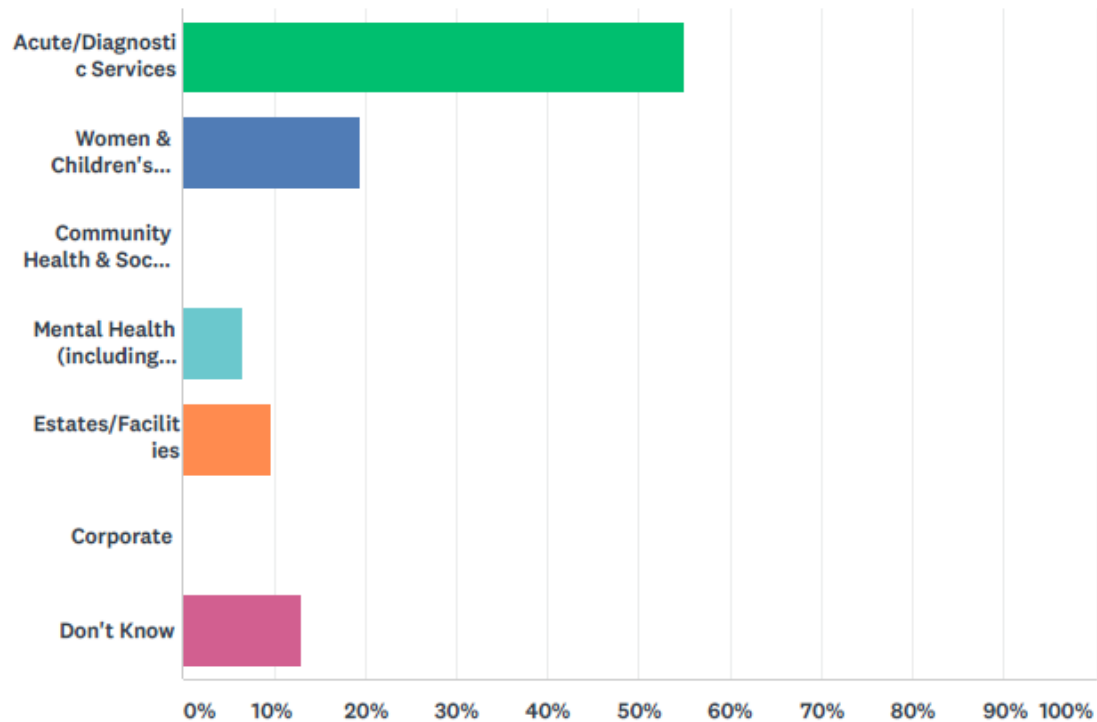
What actions are planned or have been taken?

1. The maternity service plan to work with organisational learning and development to provide interactive sessions to address attitudes and behaviours.
2. Senior Charge Midwives have been asked to review how midwives are allocated to care for women not in established labour but staying within the hospital environment for reassurance.
3. Monitoring of guidance relating to the latent phase of labour.

Appendix 4 – Complaints Process Experience

Q1 Which Service did your complaint relate to (optional)

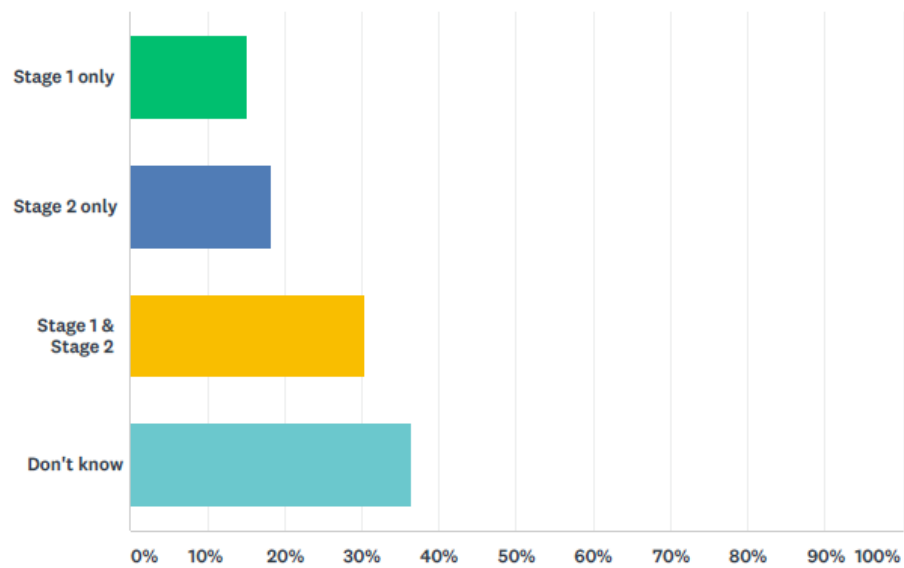
Answered: 31 Skipped: 3



ANSWER CHOICES	RESPONSES	
Acute/Diagnostic Services	54.84%	17
Women & Children's Services	19.35%	6
Community Health & Social Care	0.00%	0
Mental Health (including Prison Healthcare)	6.45%	2
Estates/Facilities	9.68%	3
Corporate	0.00%	0
Don't Know	12.90%	4
Total Respondents: 31		

Q2 Which stage of the complaints procedure have you completed?

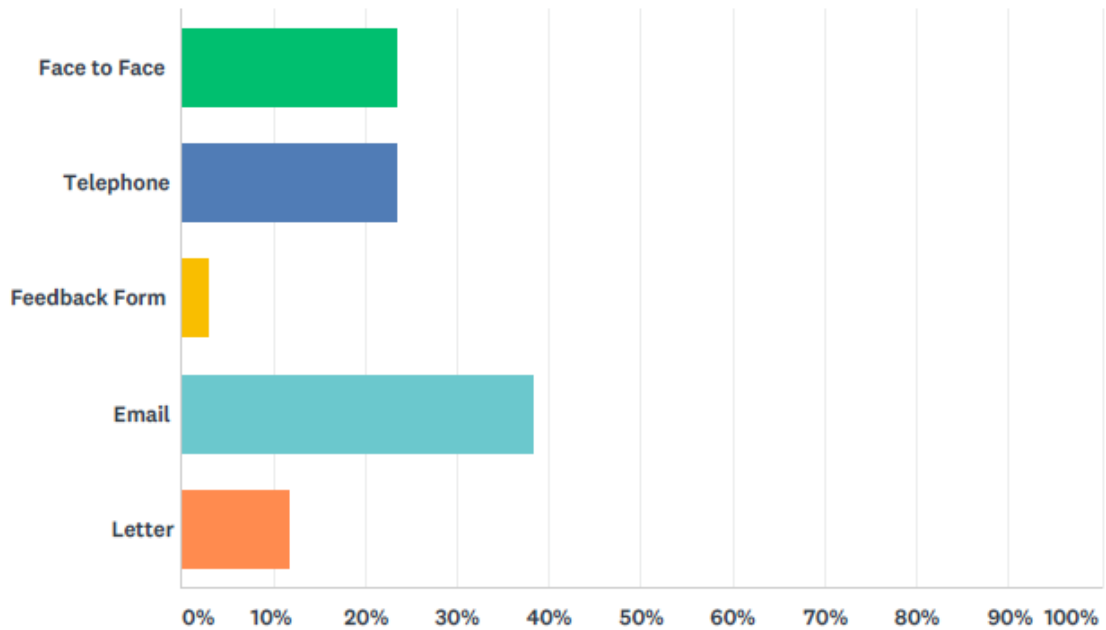
Answered: 33 Skipped: 1



ANSWER CHOICES		RESPONSES	
Stage 1 only		15.15%	5
Stage 2 only		18.18%	6
Stage 1 & Stage 2		30.30%	10
Don't know		36.36%	12
TOTAL			33

Q3 How did you first make contact?

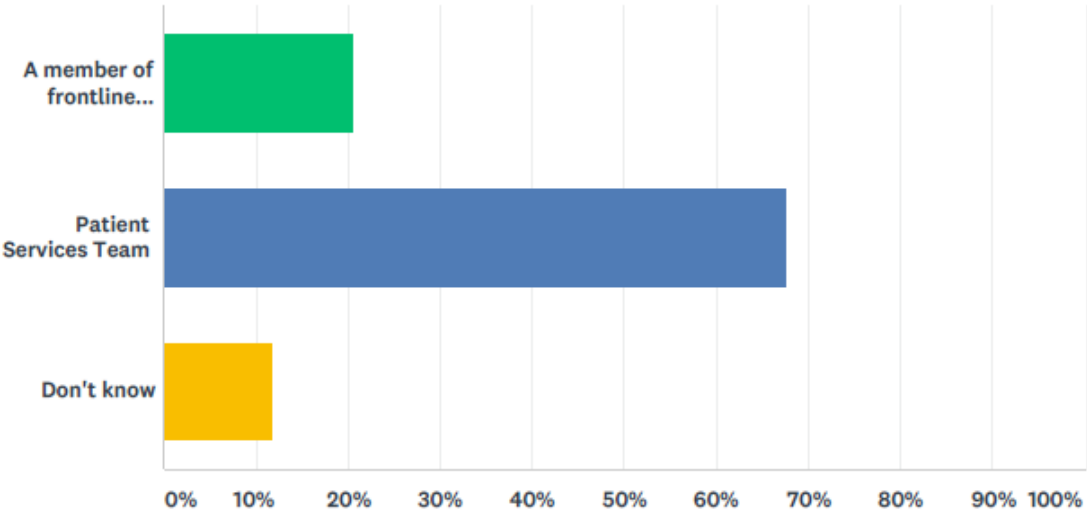
Answered: 34 Skipped: 0



ANSWER CHOICES	RESPONSES	
Face to Face	23.53%	8
Telephone	23.53%	8
Feedback Form	2.94%	1
Email	38.24%	13
Letter	11.76%	4
TOTAL		34

Q4 Who did you first report your complaint to?

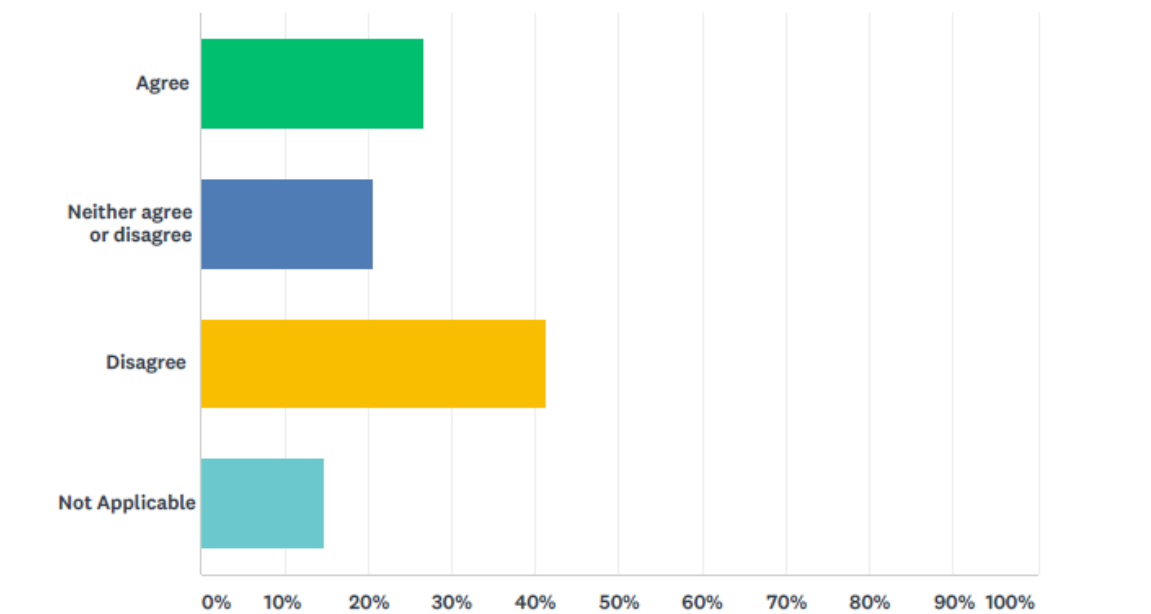
Answered: 34 Skipped: 0



ANSWER CHOICES	RESPONSES	
A member of frontline staff, e.g. a receptionist, nurse or doctor	20.59%	7
Patient Services Team	67.65%	23
Don't know	11.76%	4
TOTAL		34

Q5 Finding information on how to make a complaint was easy

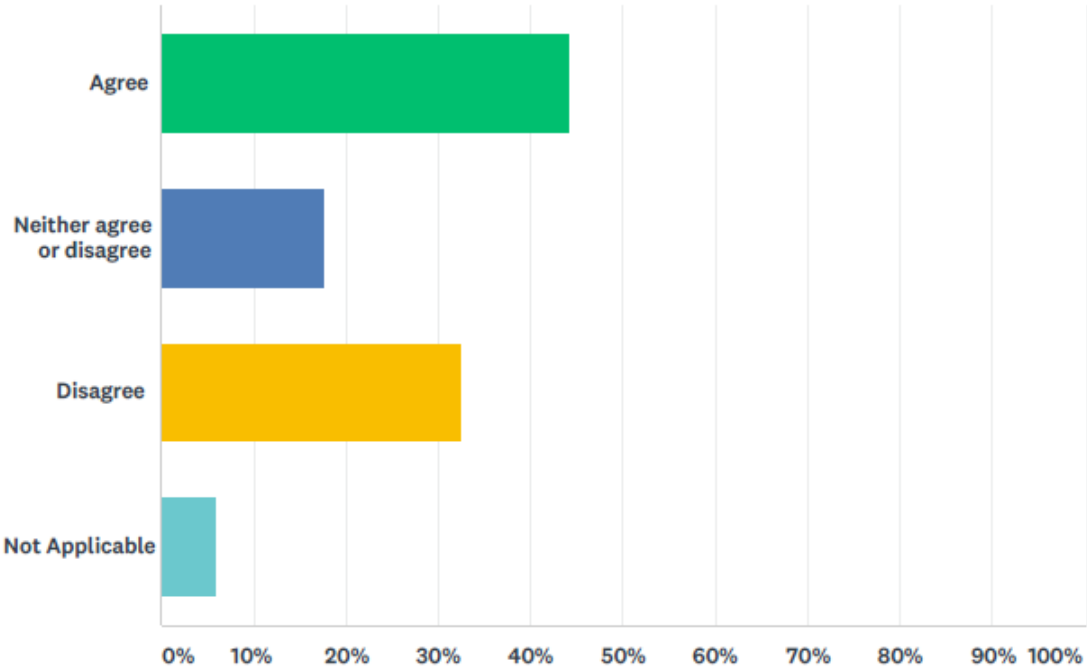
Answered: 34 Skipped: 0



ANSWER CHOICES	RESPONSES	
Agree	26.47%	9
Neither agree or disagree	20.59%	7
Disagree	41.18%	14
Not Applicable	14.71%	5
Total Respondents: 34		

Q6 Submitting a complaint was easy

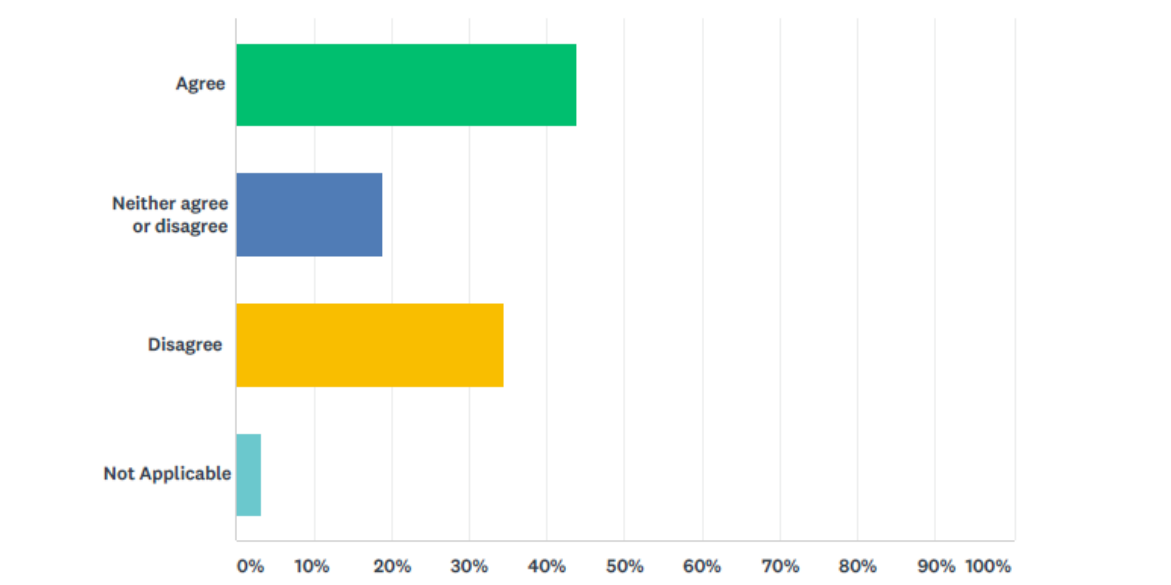
Answered: 34 Skipped: 0



ANSWER CHOICES	RESPONSES	
Agree	44.12%	15
Neither agree or disagree	17.65%	6
Disagree	32.35%	11
Not Applicable	5.88%	2
Total Respondents: 34		

Q7 The staff dealing with my complaint were helpful, courteous and professional

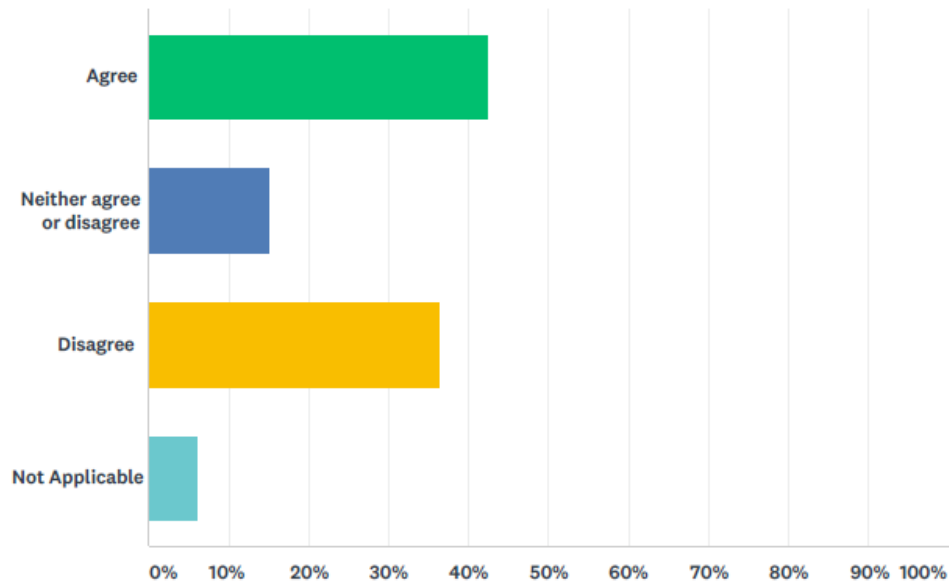
Answered: 32 Skipped: 2



ANSWER CHOICES	RESPONSES	
Agree	43.75%	14
Neither agree or disagree	18.75%	6
Disagree	34.38%	11
Not Applicable	3.13%	1
Total Respondents: 32		

Q8 The staff dealing with my complaint showed empathy and/or compassion

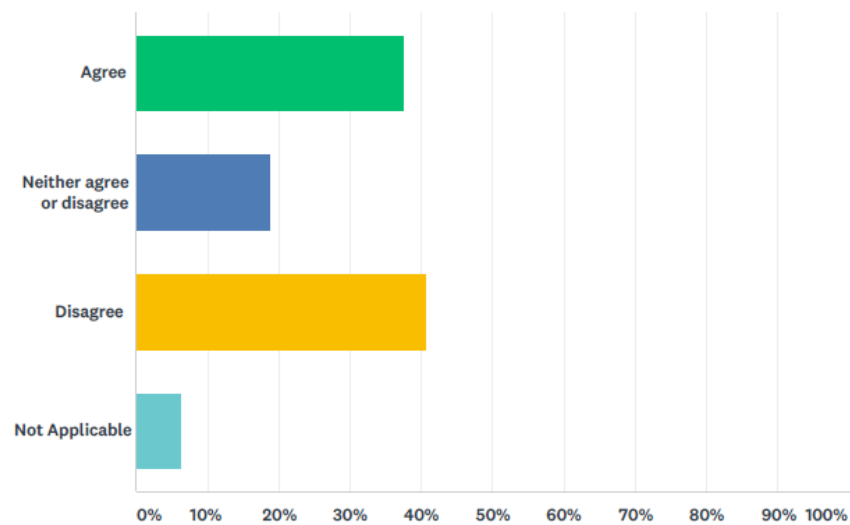
Answered: 33 Skipped: 1



ANSWER CHOICES	RESPONSES	
Agree	42.42%	14
Neither agree or disagree	15.15%	5
Disagree	36.36%	12
Not Applicable	6.06%	2
Total Respondents: 33		

Q9 The staff dealing with my complaint listened to me and understood my complaint

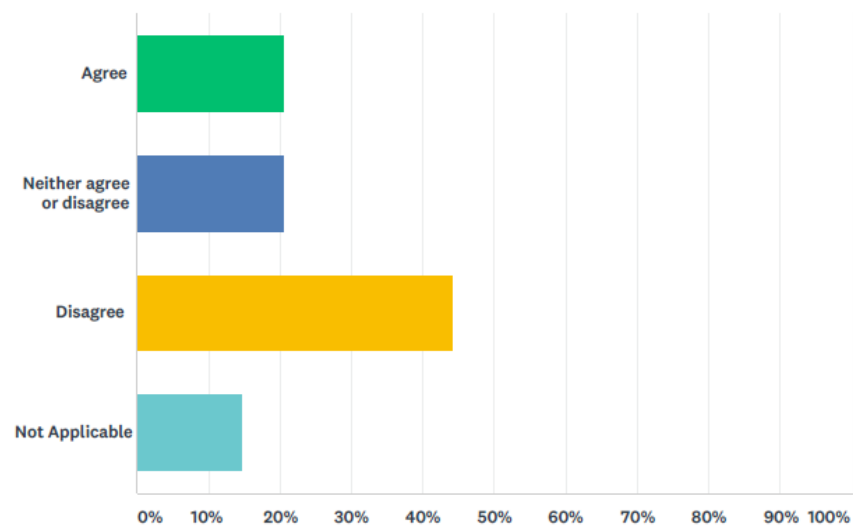
Answered: 32 Skipped: 2



ANSWER CHOICES	RESPONSES	
Agree	37.50%	12
Neither agree or disagree	18.75%	6
Disagree	40.63%	13
Not Applicable	6.25%	2
Total Respondents: 32		

Q10 The staff dealing with my complaint checked what outcome I wanted

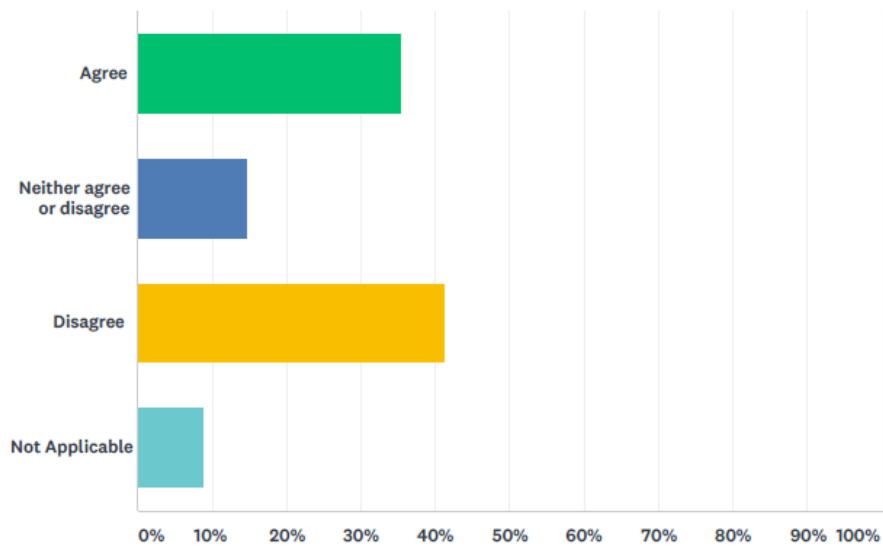
Answered: 34 Skipped: 0



ANSWER CHOICES	RESPONSES	
Agree	20.59%	7
Neither agree or disagree	20.59%	7
Disagree	44.12%	15
Not Applicable	14.71%	5
Total Respondents: 34		

Q11 Staff dealing with my complaint explained the complaints process

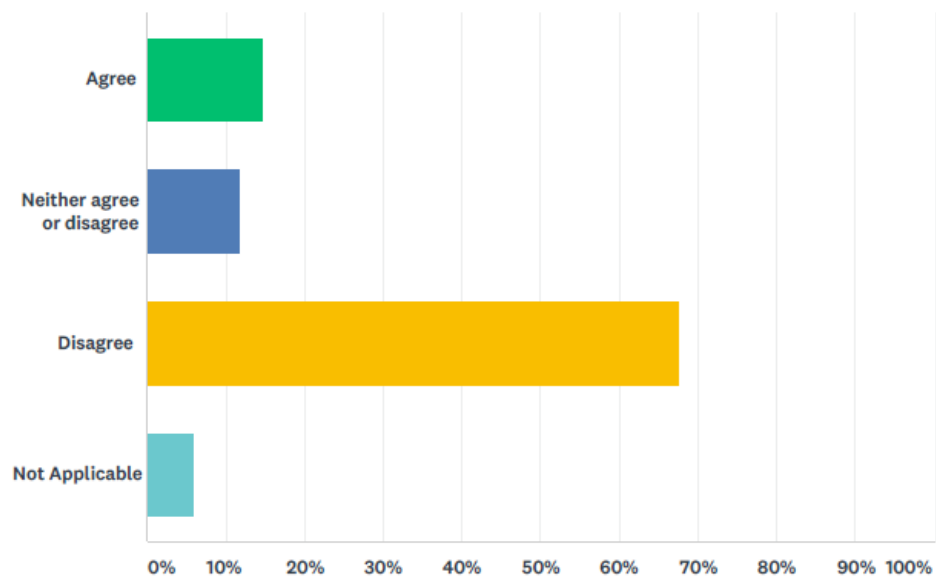
Answered: 34 Skipped: 0



ANSWER CHOICES	RESPONSES	
Agree	35.29%	12
Neither agree or disagree	14.71%	5
Disagree	41.18%	14
Not Applicable	8.82%	3
Total Respondents: 34		

Q12 My complaint was handled in a timely manner and I was kept informed of any delays

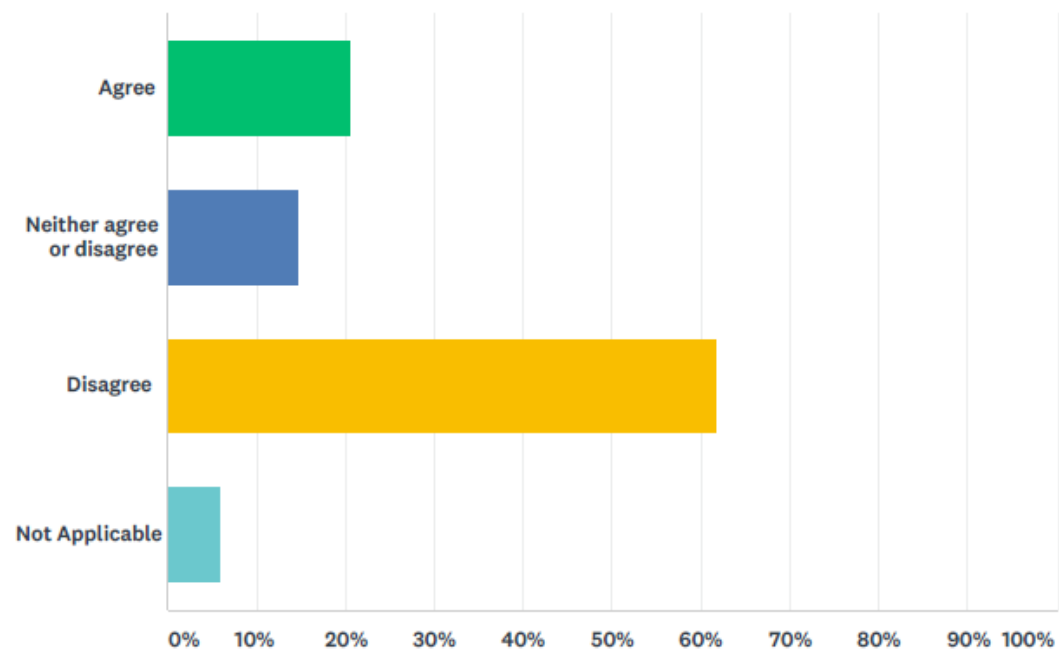
Answered: 34 Skipped: 0



ANSWER CHOICES	RESPONSES	
Agree	14.71%	5
Neither agree or disagree	11.76%	4
Disagree	67.65%	23
Not Applicable	5.88%	2
Total Respondents: 34		

Q13 All my complaint points were answered

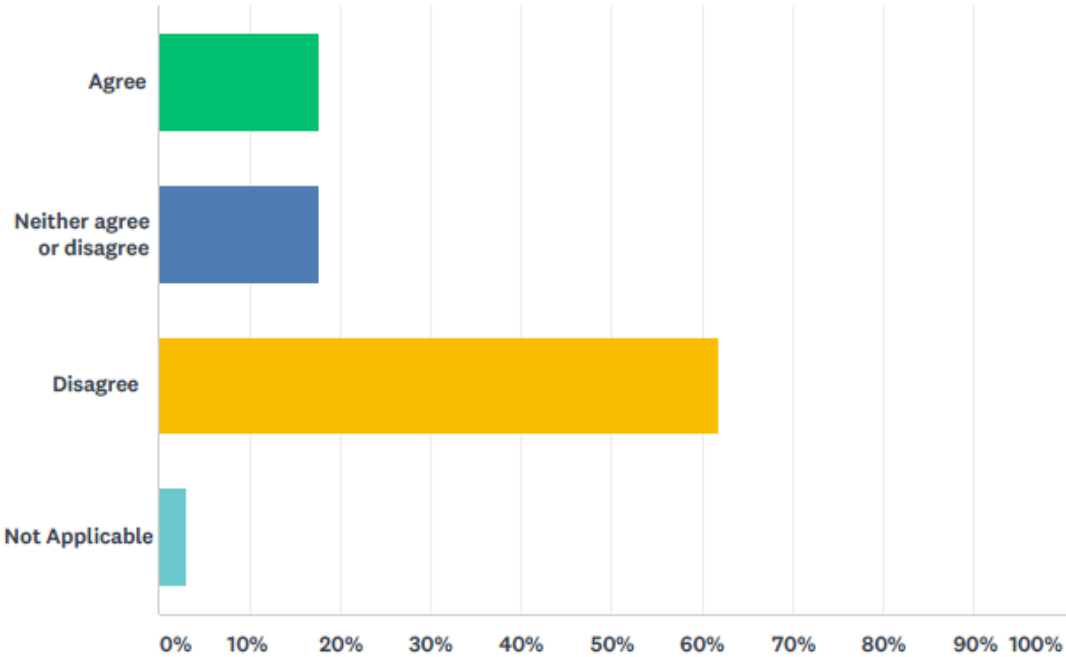
Answered: 34 Skipped: 0



ANSWER CHOICES	RESPONSES	
Agree	20.59%	7
Neither agree or disagree	14.71%	5
Disagree	61.76%	21
Not Applicable	5.88%	2
Total Respondents: 34		

Q14 It was clear what the outcome of my complaint was

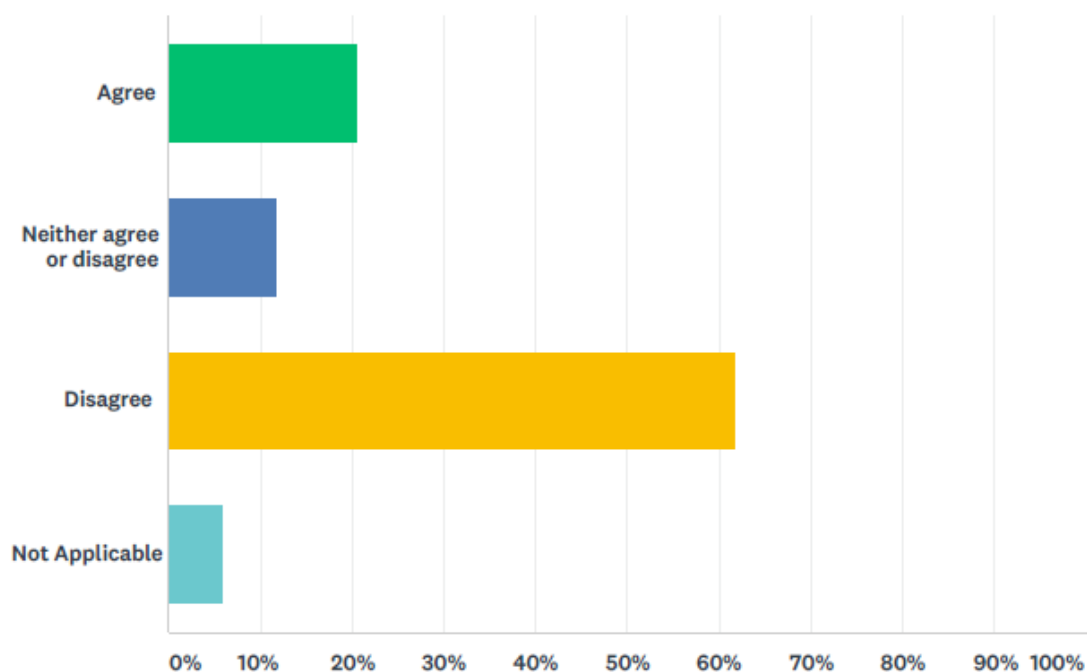
Answered: 34 Skipped: 0



ANSWER CHOICES	RESPONSES	
Agree	17.65%	6
Neither agree or disagree	17.65%	6
Disagree	61.76%	21
Not Applicable	2.94%	1
TOTAL		34

Q15 The reasons for the outcome were clear

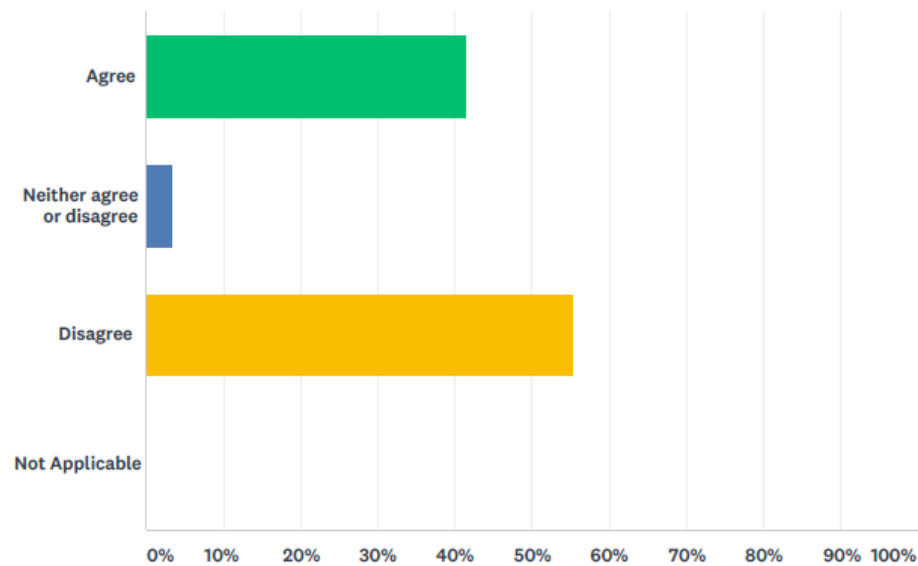
Answered: 34 Skipped: 0



ANSWER CHOICES	RESPONSES	
Agree	20.59%	7
Neither agree or disagree	11.76%	4
Disagree	61.76%	21
Not Applicable	5.88%	2
Total Respondents: 34		

Q16 I was offered an apology by the staff dealing with my complaint

Answered: 29 Skipped: 5



ANSWER CHOICES		RESPONSES	
Agree		41.38%	12
Neither agree or disagree		3.45%	1
Disagree		55.17%	16
Not Applicable		0.00%	0
TOTAL			29