Patient Feedback Report

Version 1.0

Published May 2020

Performance and Intelligence Team

NHS Dumfries and Galloway

Contents

1. Introduction

This report outlines patient feedback activity for NHS Dumfries and Galloway (NHS D&G) and performance against compliance targets, set against a feedback pattern from April 2017 when new reporting measures were introduced. The report also includes details of planned improvement actions.

Unless otherwise stated, data was taken from QlikView.

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

Key notes:

- Data was extracted from QlikView on 6 May 2020 and includes data up to and including 30 April 2020
- Time limits for complaints are based on working days, i.e. Monday to Friday
- Unless otherwise stated, the median in all charts was calculated on the baseline of the first 12 months, April 2017 – March 2018
- To aid interpretation of charts, there are two things to consider:
    - Six points either above / below the line represents a shift
    - Five consecutive points either increasing / decreasing indicate a trend

2. Patient feedback

The following section provides a commentary and summary statistics on the number of compliments, concerns and complaints received since April 2017 throughout NHS Dumfries and Galloway. Data is presented to reflect national indicators as determined by the Scottish Public Services Ombudsman (SPSO) and introduced in April 2017 as part of the new Complaints Handling Procedure (CHP). Full details of these indicators can be found in appendix 6 of the NHS Dumfries and Galloway Complaints Handling Procedure.

2.1. Compliments received

The following chart shows the total number of compliments received, by month, from April 2017 to the end of April 2020. Numbers roughly follow the median for much of this period, although between July 2019 and January 2020 there was a shift above the median. However, since January numbers have fallen steadily, probably due to the Coronavirus outbreak. Further monitoring will show if this is a sustained decrease.

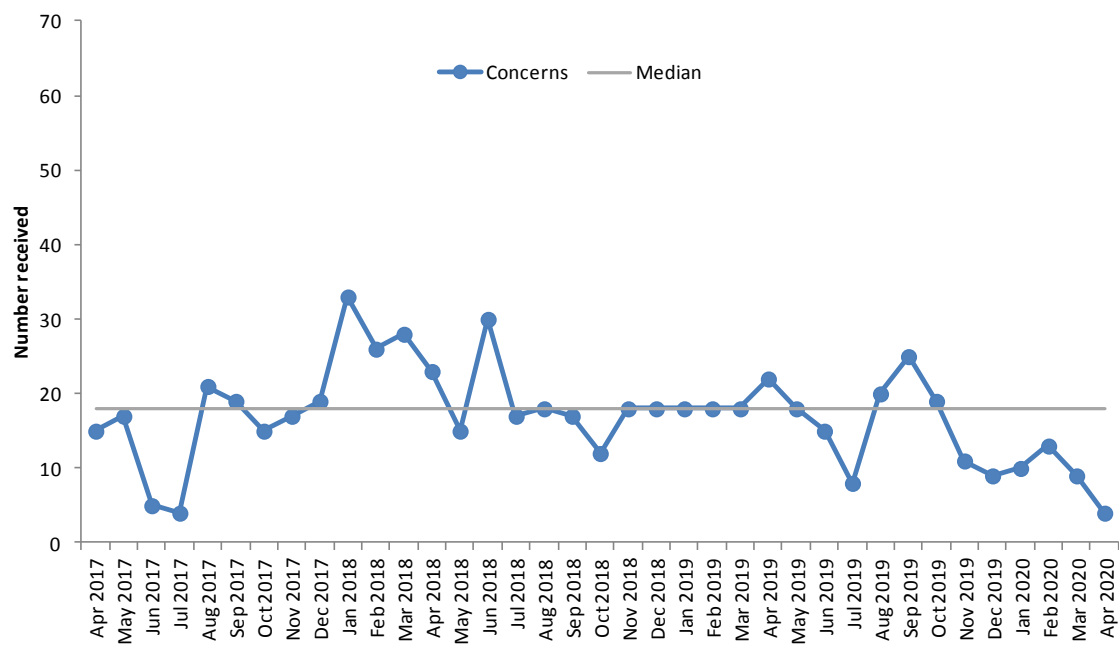**Figure 1: PF1: Compliments received, by month**
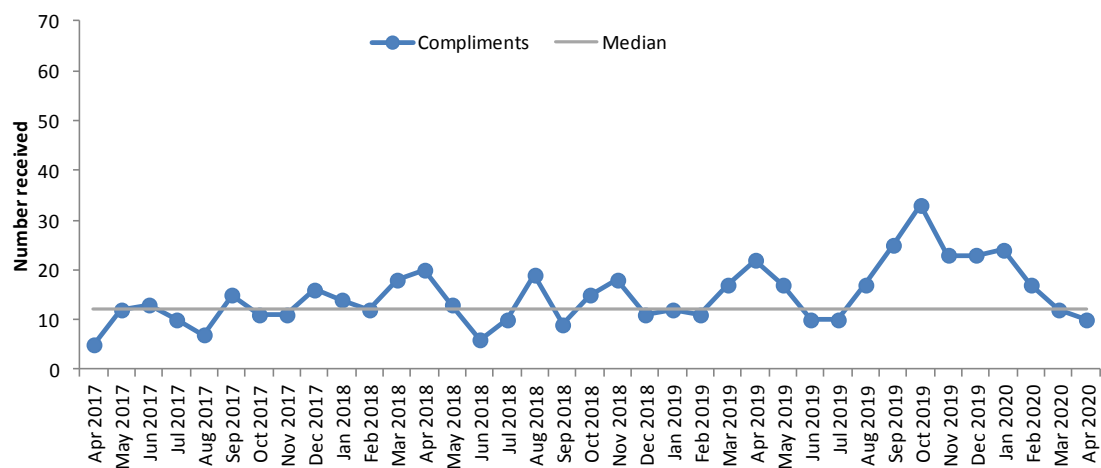
2.2. Concerns received

The following chart shows the total number of concerns received, by month, from April 2017 to the end of April 2020. As with compliments, the numbers generally follow the median although this has fallen steadily since September 2019 and has been under the median from November 2019 to April 2020.

Figure 2: PF2: Concerns received, by month

2.3. Complaints received

The following chart shows the total number of complaints received, by month, from April 2017 to the end of April 2020. Since January 2019, there appears to have been a gradual increase with a sustained shift above the median, although this has dipped in February and March 2020, falling sharply for April 2020. Further investigation may be needed to determine why this is, but better reporting and easier access to feedback forms may explain it.

Figure 3: PF3: Complaints received, by month
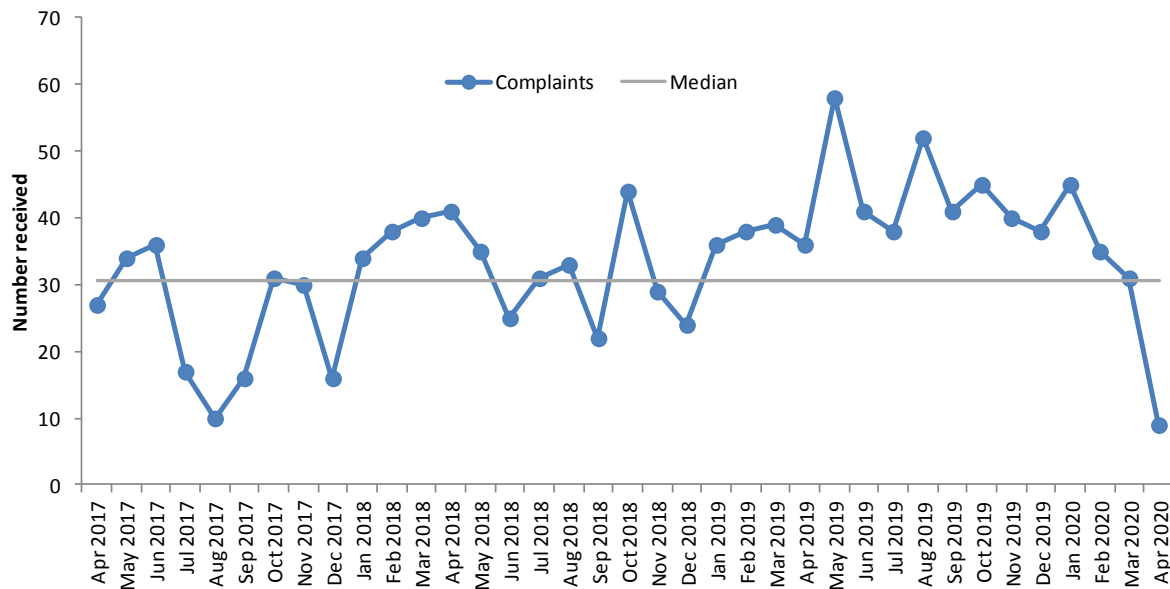
2.4. Overarching themes

This indicator summarises the total number of compliments, comments and complaints together, summarising the top three themes, with clinical treatment the most common. Data covers the period April 2017 to the end of April 2020.

Figure 4: PF4: Complaints by theme, top three
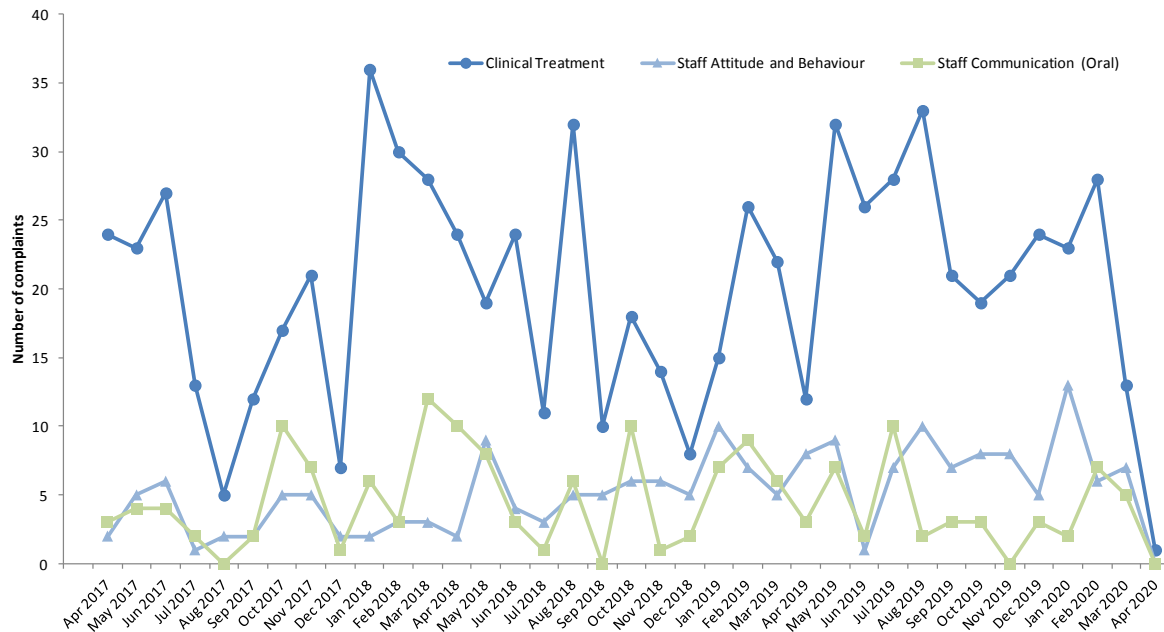
2.5. Complaints by Directorate

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

Acute & Diagnostics shows a sustained shift above the median from October 2018 although this has begun to drop from January 2020 onwards, falling sharply in April 2020.

Figure 5: PF5.1: Complaints by Directorate: Acute & Diagnostics
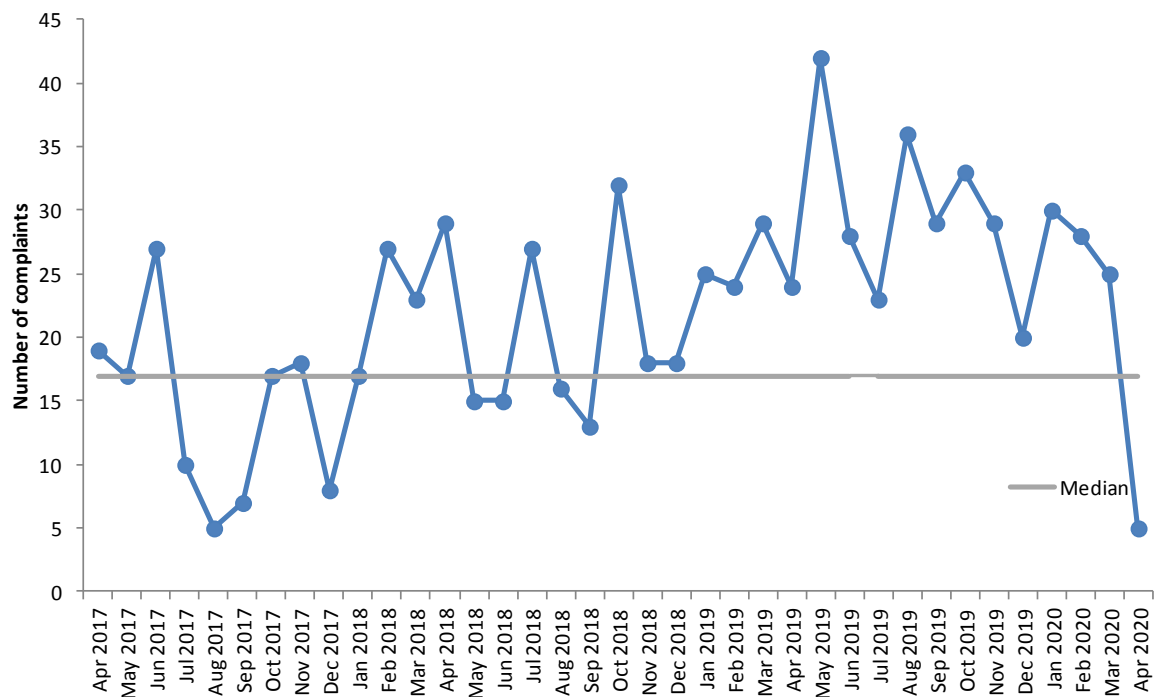
Figure 6: PF5.2: Complaints by Directorate: Women, Children and Sexual Health
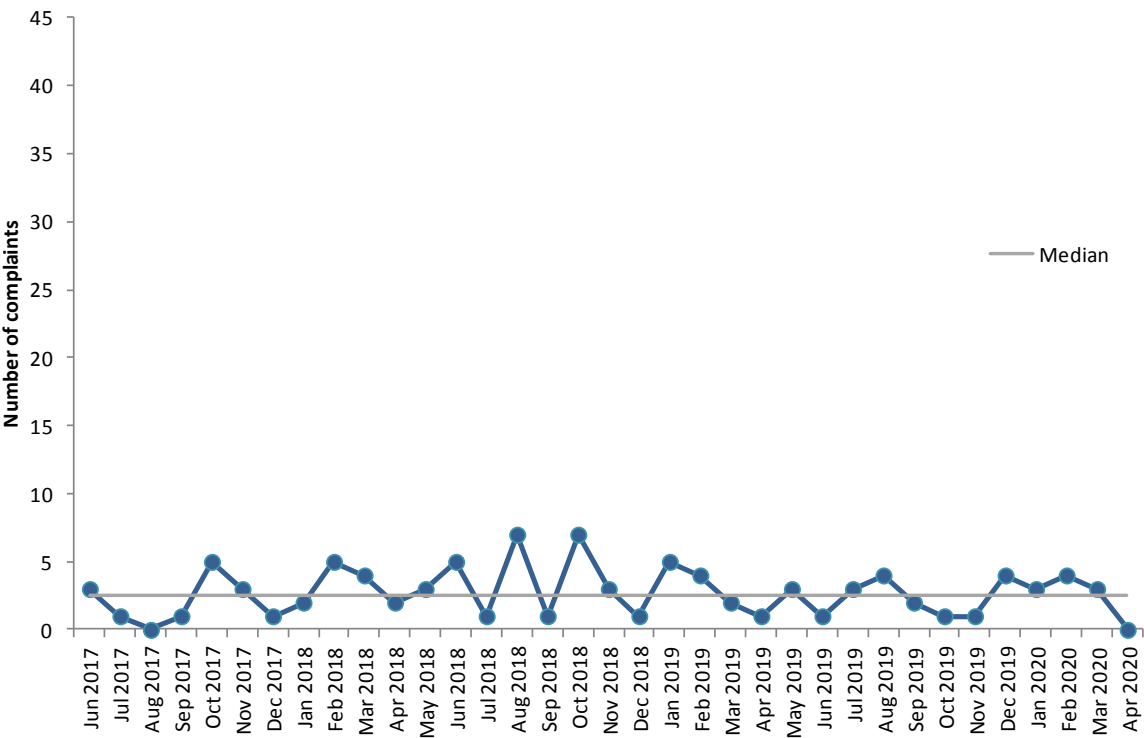
Figure 7: PF5.3: Complaints by Directorate: Community Health and Social Care
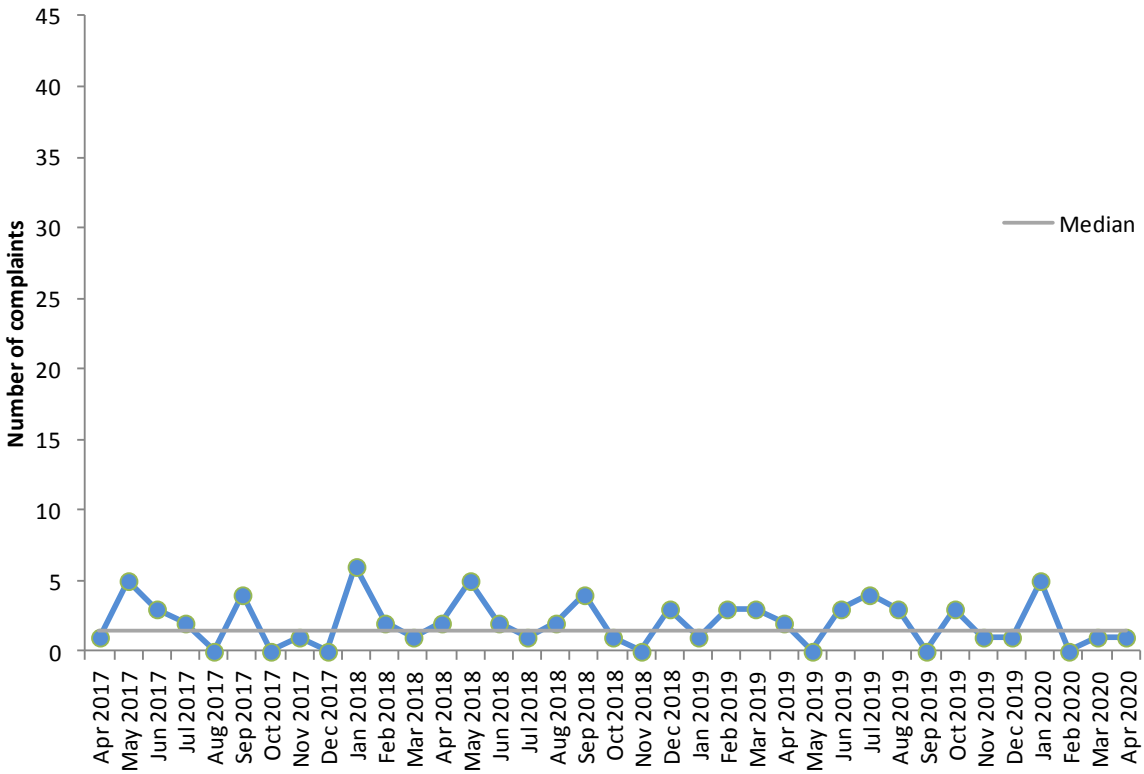
For the Mental Health Directorate, the first 12 months of data (April 2017 – March 2018) was taken directly from Datix. The total number of complaints show an upward shift from August 2019. For February and March 2020, the number of complaints has been zero, rising to one in April 2020.

Figure 8: PF5.4: Complaints by Directorate: Mental Health
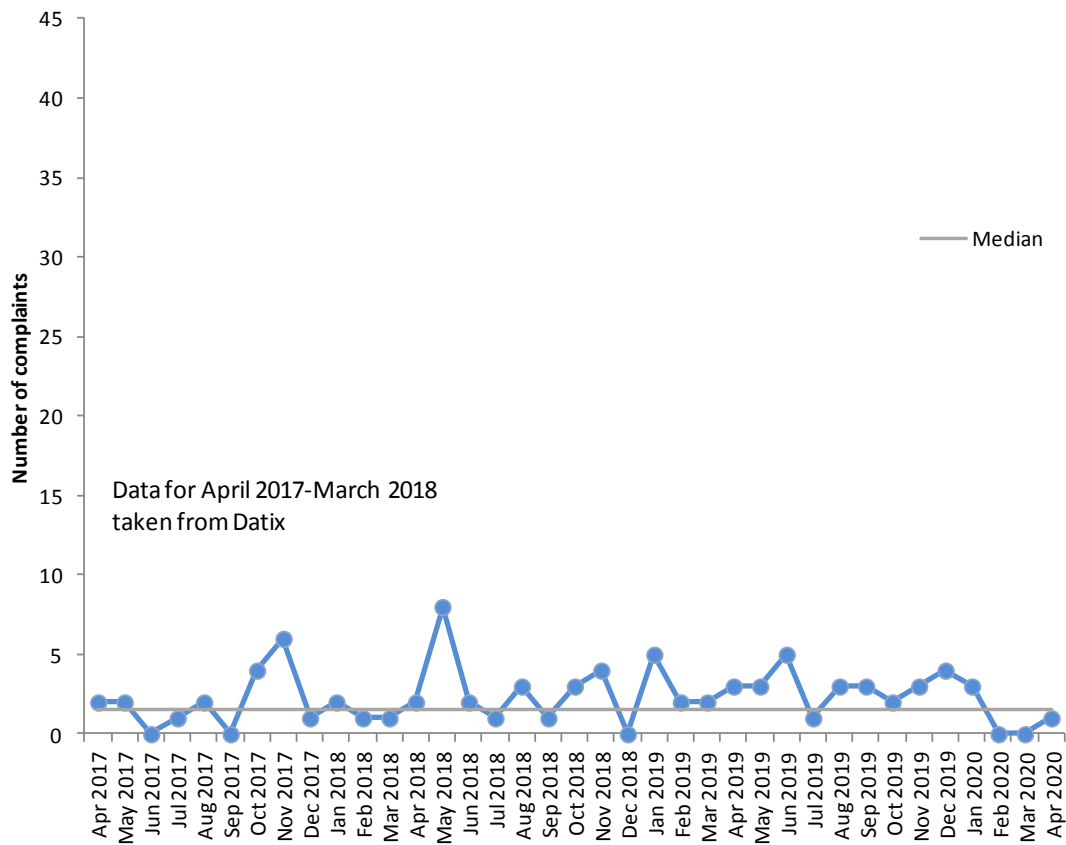
2.6. Complaints closed (Stage 1)

This performance indicator summarises the total number of complaints in the following categories:
- Closed within five days
- Closed within agreed extension
- Closed with no agreed extension
- Open and within five days
- Open more than five days with agreed extension
- Open more than five days without agreed extension

The chart below represents these categories. At the time of writing (5 May 2020) there were no complaints open for more than five days without an agreed extension.

Figure 9: PF6: Complaints closed, Stage 1

2.7. Complaints closed (Stage 2 Direct)

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

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

The chart below represents these categories, with particular attention drawn to the red section – Open more than 20 days without agreed extension. Some of these have been open since December 2019 and warrant further investigation.

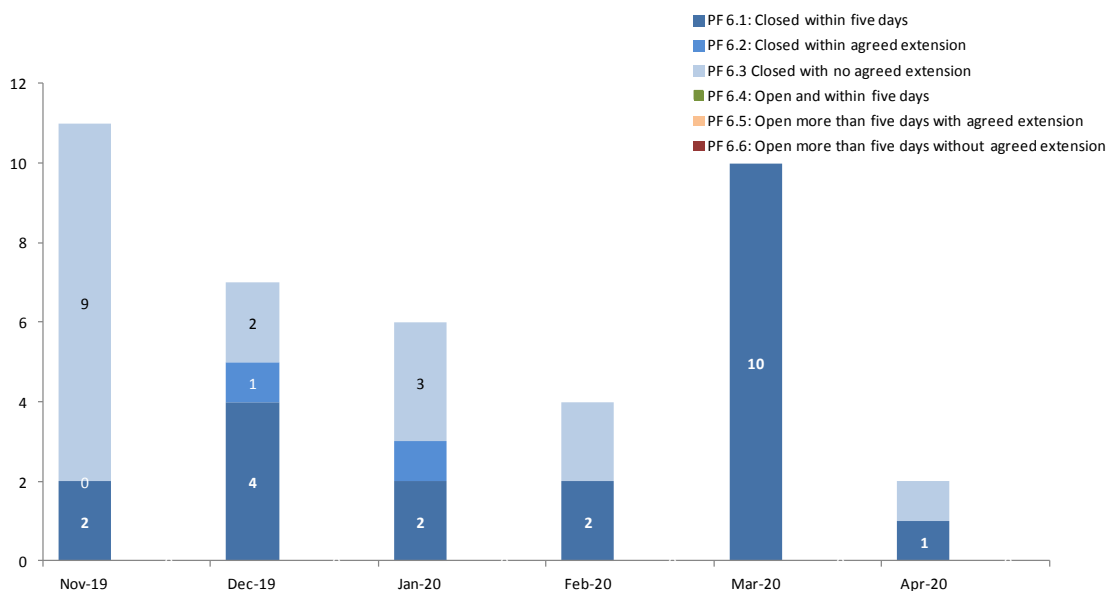**Figure 10: PF7: Complaints open / closed, Stage 2 Direct**
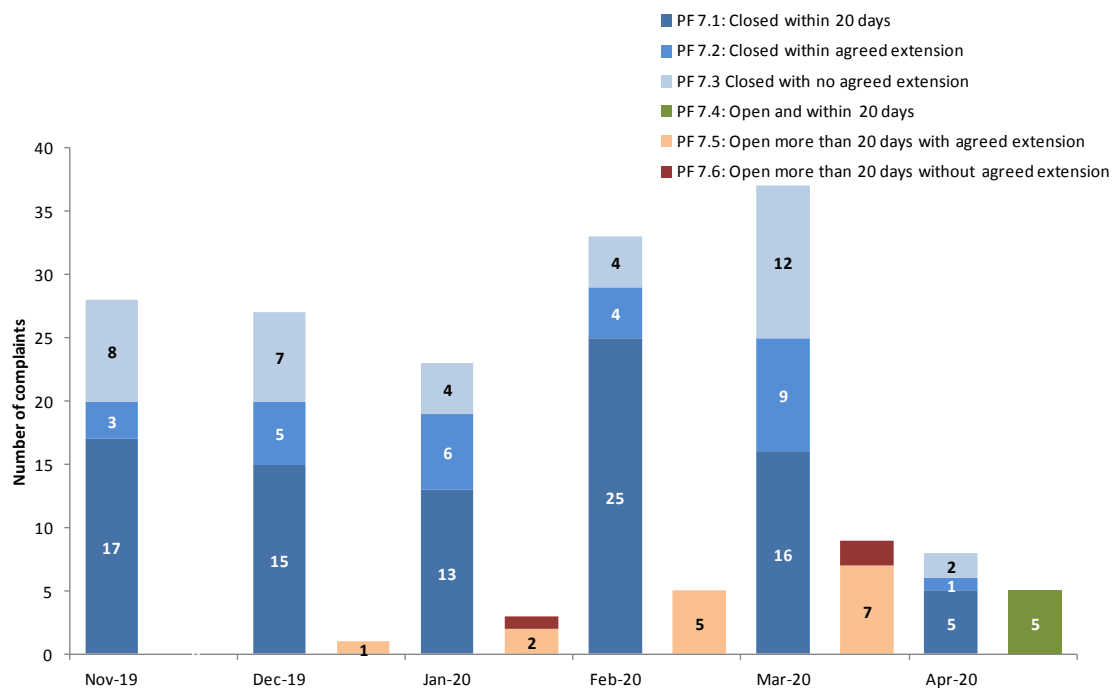
2.8. Complaints closed (Stage 2 Escalated)

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

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

The chart below represents these categories. At the time of writing (5 May 2020), there were no complaints open more than 20 days without an agreed extension.

Figure 11: PF8: Complaints closed, Stage 2 Escalated
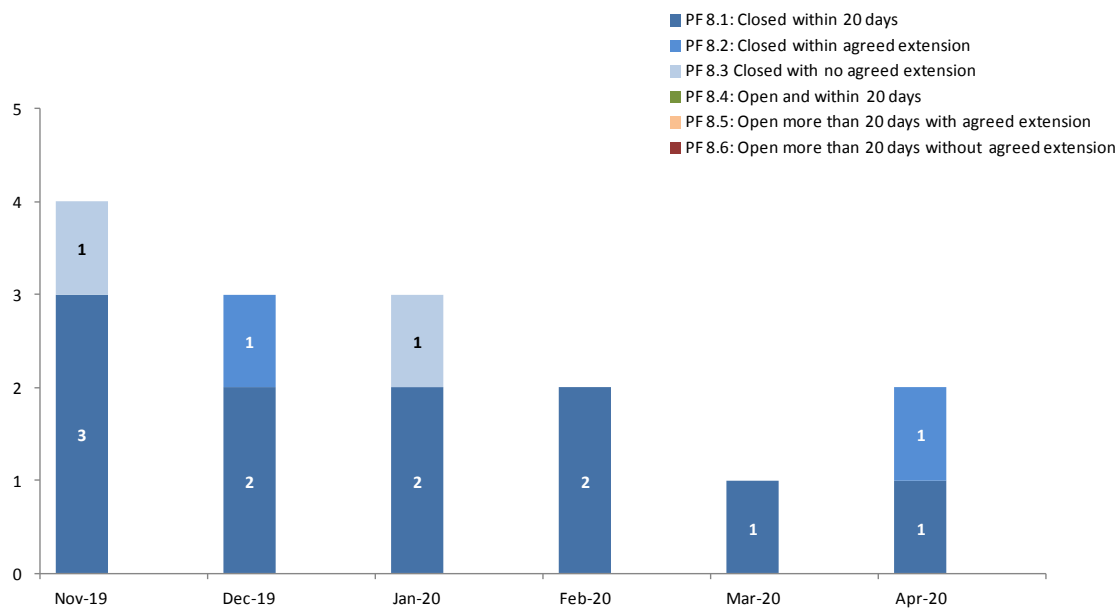
2.9. Average response time to close (Stage 1)

Performance indicator summaries how long it takes, in days, to close a compliant at Stage 1 of the Complaints Handling Process. Between February and October 2019 there was a shift below the median. While this went above the median between November 2019 and January 2020, the response time for February to April 2020 has decreased, returning once more under the median.

Figure 12: PF9: Average response time (days), Stage1
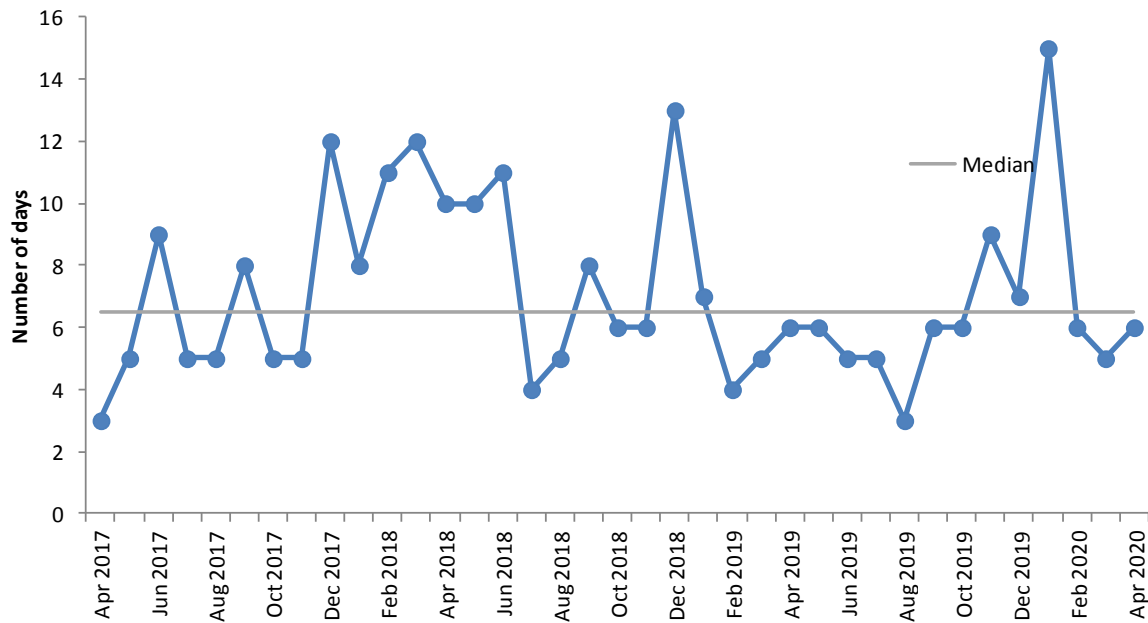
2.10.   Average response time to close (Stage 2 Direct)

Performance indicator summaries how long it takes, in days, to close a complaint at the Stage 2 Direct point of the Complaints Handling Procedure. Apart from September and October 2019, response times have generally been below the median since the beginning of 2019, with data for 2020 showing a gradual improvement in the time it takes to respond to a Stage 2 Direct complaint. March 2020 shows a longer response time but this fell again in April which could be due to different working practices through the pandemic.

Figure 13: PF10: Average response times (days), Stage 2 Direct
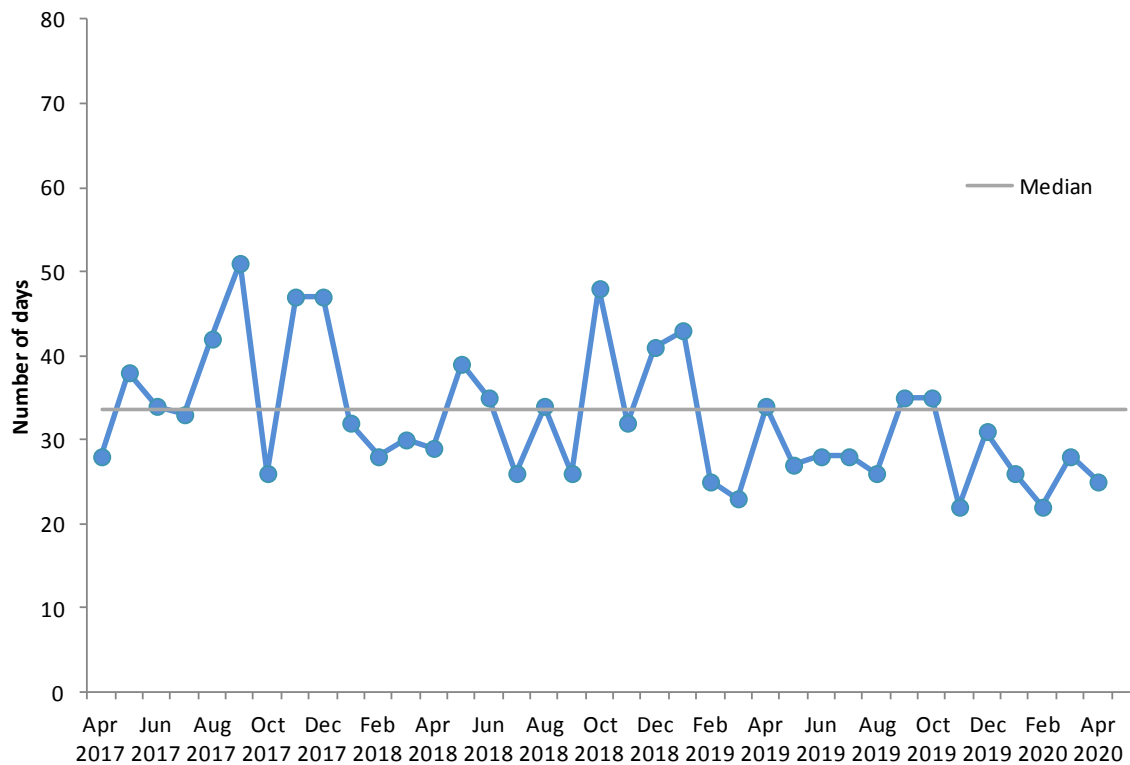
2.11.   Average response time to close (Stage 2 Escalated)

Performance indicator summaries how long it takes, in days, to close a compliant at the Stage 2 Escalated phase of the Complaints Handling Process. Although there was a spike in June 2019, the general trend appears to be down, meaning a lower average response time for Stage 2 Escalated complaints. A slight rise in February and March 2020 may be due to different working practices while the Board dealt with Coronavirus concerns but a spike in April 2020 warrants further exploration. Further monitoring will show if this trend is sustained.

Figure 14: PF11: Average response time (days), Stage 2 Escalated
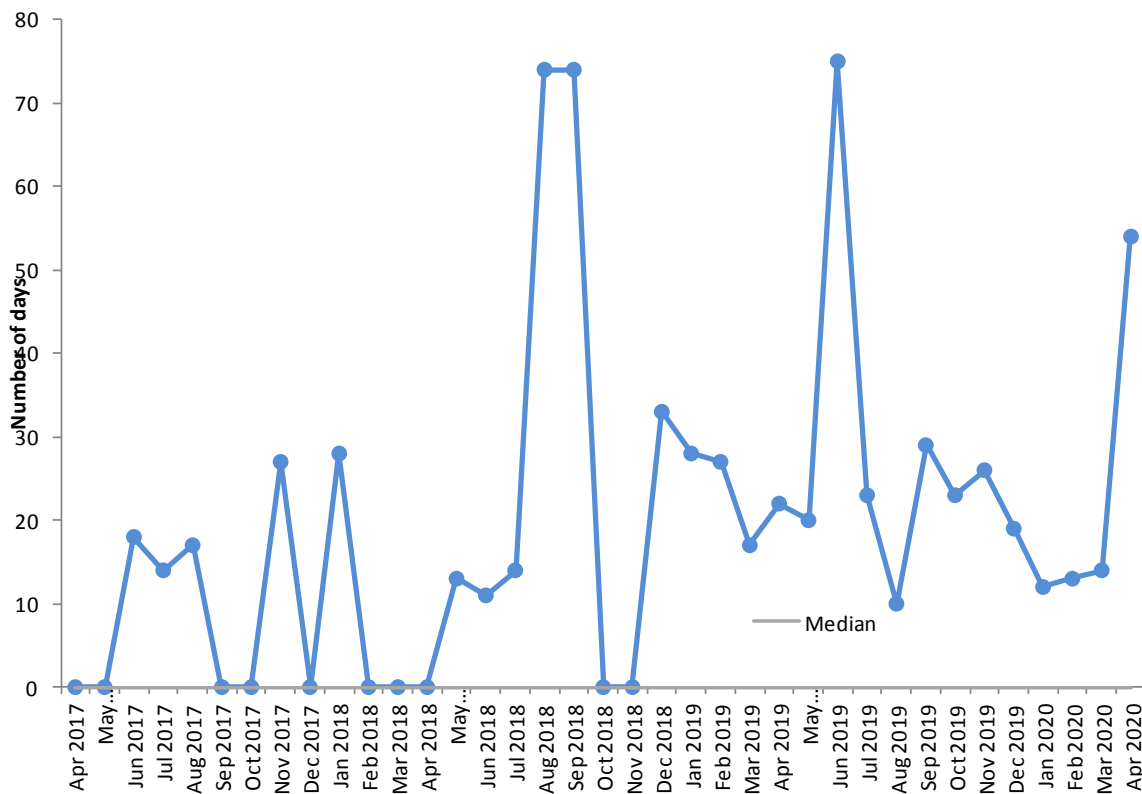
2.12.   Complaints upheld, partially upheld, not upheld

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

Figure 15: PF12.1: % complaints, Stage 1 (Upheld)
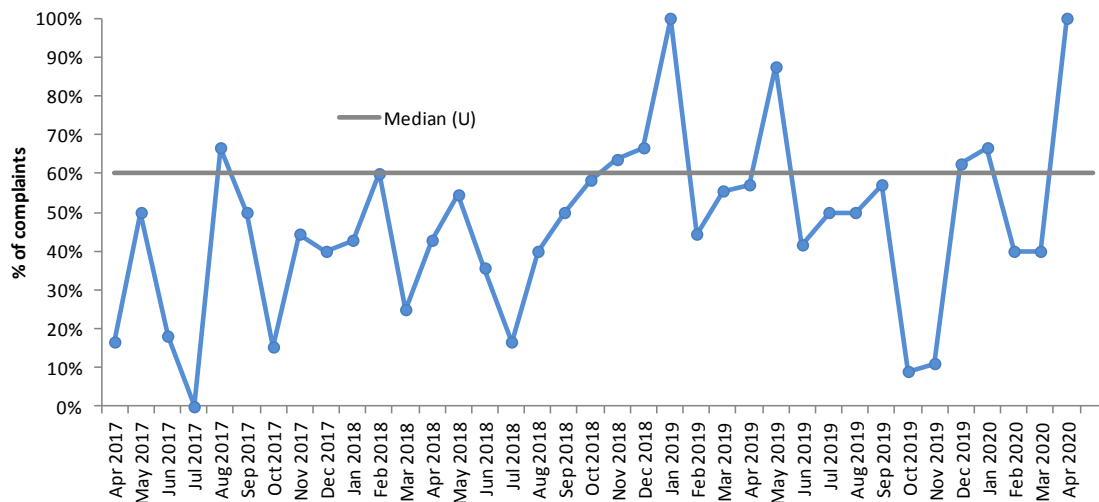
Figure 16: PF12.2: % complaints, Stage 1 (Partially upheld)
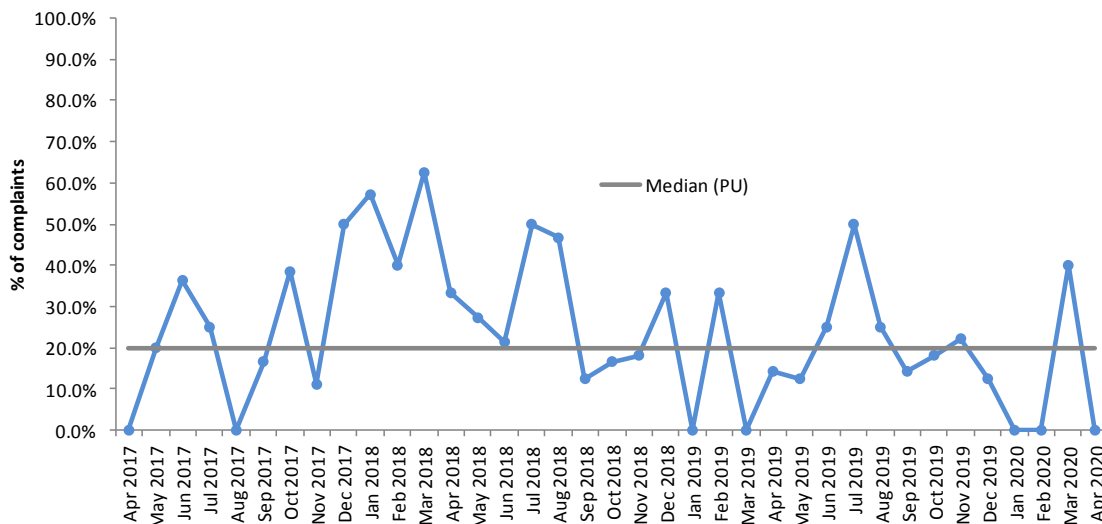
For Stage 2 Direct complaints that were upheld, there has been shift above the median for the past year, although this is gradually coming down. Stage 2 Escalated complaints have also seen a gradual rise over time.

Figure 17: PF12.3: % complaints, Stage 2 (Upheld)
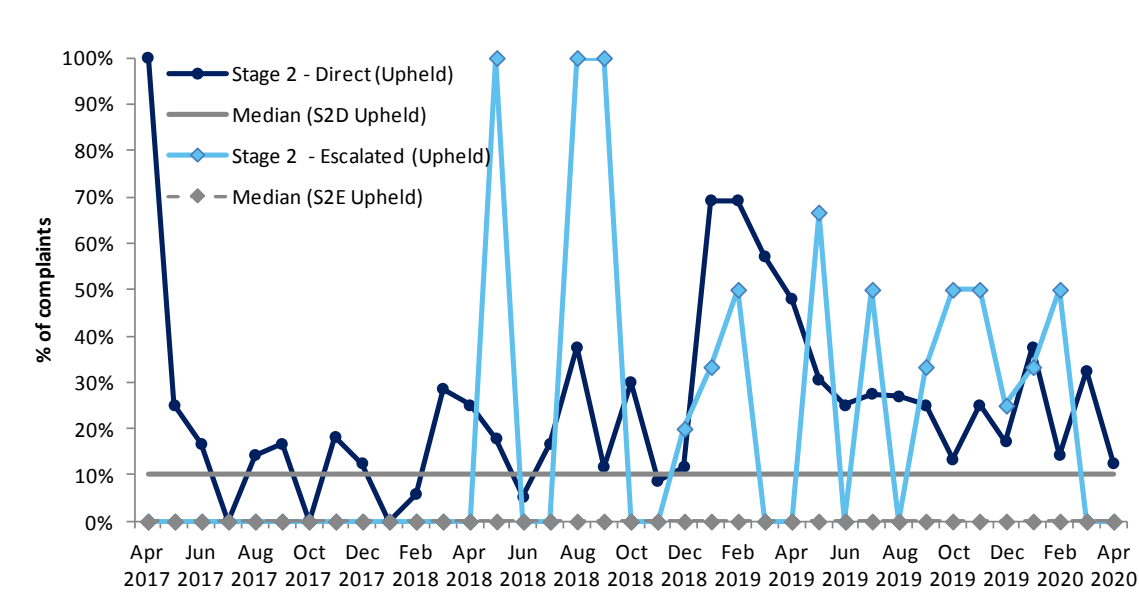
A similar shift can be seen, this time below the median, from May 2019 onwards, for Stage 2 Direct complaints that have been partially upheld.

Figure 18: PF12.4: % complaints, Stage 2 (Partially Upheld)
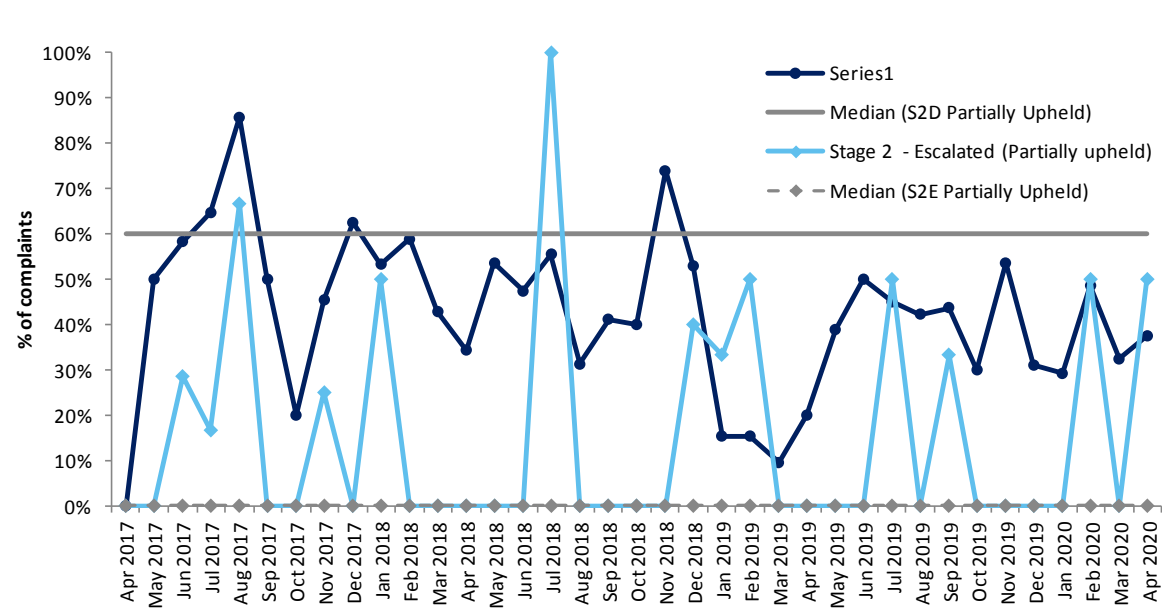
Appendix (Patient Feedback Report)

Meta Data

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PF 10: Average response time to close (Stage 2 Direct)

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PF 16: Independent contractors

PF 17: SPSO Ombudsman complaints

***NB** – PF 13 - 17 are reported in the main Patient Feedback report rather than within Appendix One.*

PF 1: Compliments received

Indicator summarises total number of compliments received, covering the time period from April 2017 onwards (SPSO Indicator 4)

Why has this indicator been chosen?	National indicator determined by Scottish Public Services Ombudsman as part of the new Complaints Handling Procedure (CHP) introduced in April 2017
Where does this indicator come from?	Complaints Handling Procedure / Scottish Public Services Ombudsman
Where does the data come from?	Datix via QlikView Complaints local database
How frequently is this indicator updated?	Daily via QlikView
What type of performance information does this indicator use?	Strategic (long-term) outcomes focussed
What type of data does this indicator use?	Quantitative: Count of responses
What aspect of health and social care service does this indicator monitor?	Whole system
Which theme is this indicator mapped to?	Stakeholder Experience
What national outcomes is this indicator mapped to?	3
Which priority areas is this indicator mapped to?	1, 5, 9
What background information is there?	Information provided supports Healthcare Quality Strategy (2010) and Patients Rights (Scotland) Act (2012); it also takes account of the SPSO Statement of Complaints Handling Principles and best practice guidelines on complaints handling
What is considered 'success'?	Increase the overall level of compliments
In real terms, how much change is required to alter this performance indicator?	In 2019 results were: Total 220 To change the result by 1%, the following number of people would need to change their response in the same direction: 2
Where is this indicator reported?	Quarterly reports; Annual report
When was this indicator first included?	April 2017
Numerator	Count
Denominator	
10^n	

PF 2: Concerns received

Indicator summarises total number of concerns received, covering the time period from April 2017 onwards (SPSO Indicator 4)

Why has this indicator been chosen?	National indicator determined by Scottish Public Services Ombudsman as part of the new Complaints Handling Procedure (CHP) introduced in April 2017
Where does this indicator come from?	Complaints Handling Procedure / Scottish Public Services Ombudsman
Where does the data come from?	Datix via QlikView Complaints local database
How frequently is this indicator updated?	Daily via QlikView
What type of performance information does this indicator use?	Strategic (long-term) outcomes focussed
What type of data does this indicator use?	Quantitative: Count of responses
What aspect of health and social care service does this indicator monitor?	Whole system
Which theme is this indicator mapped to?	Stakeholder Experience
What national outcomes is this indicator mapped to?	3
Which priority areas is this indicator mapped to?	1, 5, 9
What background information is there?	Information provided supports Healthcare Quality Strategy (2010) and Patients Rights (Scotland) Act (2012); it also takes account of the SPSO Statement of Complaints Handling Principles and best practice guidelines on complaints handling
What is considered 'success'?	Reduce the overall level of concerns

In real terms, how much change is required to alter this performance indicator?	In 2019 results were:
	    Total 201
	To change the result by 1%, the following number of people would need to change their response in the same direction:
	    2

Where is this indicator reported?	Quarterly reports; Annual report
When was this indicator first included?	April 2017
Numerator	Count
Denominator	
10^n	

PF 3: Complaints received

Indicator summarises total number of complaints received, covering the time period from April 2017 onwards (SPSO Indicator 4)

Why has this indicator been chosen?	National indicator determined by Scottish Public Services Ombudsman as part of the new Complaints Handling Procedure (CHP) introduced in April 2017
Where does this indicator come from?	Complaints Handling Procedure / Scottish Public Services Ombudsman
Where does the data come from?	Datix via QlikView Complaints local database
How frequently is this indicator updated?	Daily via QlikView
What type of performance information does this indicator use?	Strategic (long-term) outcomes focussed
What type of data does this indicator use?	Quantitative: Count of responses
What aspect of health and social care service does this indicator monitor?	Whole system
Which theme is this indicator mapped to?	Stakeholder Experience
What national outcomes is this indicator mapped to?	3
Which priority areas is this indicator mapped to?	1, 5, 9
What background information is there?	Information provided supports Healthcare Quality Strategy (2010) and Patients Rights (Scotland) Act (2012); it also takes account of the SPSO Statement of Complaints Handling Principles and best practice guidelines on complaints handling
What is considered 'success'?	Reduce the overall level of complaints; deal with those submitted within SPSO guidelines and timescales

In real terms, how much change is required to alter this performance indicator?	In 2019 results were:
	    Total 502
	To change the result by 1%, the following number of people would need to change their response in the same direction:
	    5

Where is this indicator reported?	Quarterly reports; Annual report
When was this indicator first included?	April 2017
Numerator	Count
Denominator	
10^n	

PF 4: Overarching themes

Indicator summarises the total number of all compliments, comments and complaints together, mapping them to HCAT and national themes and giving totals for each relevant theme

Why has this indicator been chosen?	National indicator determined by Scottish Public Services Ombudsman as part of the new Complaints Handling Procedure (CHP) introduced in April 2017
Where does this indicator come from?	Complaints Handling Procedure / Scottish Public Services Ombudsman
Where does the data come from?	Datix via QlikView Complaints local database
How frequently is this indicator updated?	Daily via QlikView
What type of performance information does this indicator use?	Strategic (long-term) outcomes focussed
What type of data does this indicator use?	Quantitative: Count of responses matched to HCAT / National themes
What aspect of health and social care service does this indicator monitor?	Whole system
Which theme is this indicator mapped to?	Stakeholder Experience
What national outcomes is this indicator mapped to?	3
Which priority areas is this indicator mapped to?	1, 5, 9
What background information is there?	Information provided supports Healthcare Quality Strategy (2010) and Patients Rights (Scotland) Act (2012); it also takes account of the SPSO Statement of Complaints Handling Principles and best practice guidelines on complaints handling
What is considered 'success'?	Reduce the overall level of concerns; address those concerns presented
In real terms, how much change is required to alter this performance indicator?	In 2019 results were: Total To change the result by 1%, the following number of people would need to change their response in the same direction:
Where is this indicator reported?	Quarterly reports; Annual report
When was this indicator first included?	April 2017
Numerator	Count
Denominator	
10^n	

PF 5: Complaints by Directorate

Indicator summarises total number of complaints by Directorate: Acute and Diagnostics, Women and Children, Mental Health, Community Health and Social Care (SPSO Indicator 4). Filter out Operational Services / Corporate / Prison.

Why has this indicator been chosen?	National indicator determined by Scottish Public Services Ombudsman as part of the new Complaints Handling Procedure (CHP) introduced in April 2017
Where does this indicator come from?	Complaints Handling Procedure / Scottish Public Services Ombudsman
Where does the data come from?	Datix via QlikView Complaints local database
How frequently is this indicator updated?	Daily
What type of performance information does this indicator use?	Strategic (long-term) outcomes focussed
What type of data does this indicator use?	Quantitative: Count of responses
What aspect of health and social care service does this indicator monitor?	Whole system
Which theme is this indicator mapped to?	Stakeholder Experience
What national outcomes is this indicator mapped to?	3
Which priority areas is this indicator mapped to?	1, 5, 9
What background information is there?	Information provided supports Healthcare Quality Strategy (2010) and Patients Rights (Scotland) Act (2012); it also takes account of the SPSO Statement of Complaints Handling Principles and best practice guidelines on complaints handling
What is considered 'success'?	Reduce the overall level of complaints; reduce number of complaints from directorates with high occurrences
In real terms, how much change is required to alter this performance indicator?	In 2019 results were: Total To change the result by 1%, the following number of people would need to change their response in the same direction:
Where is this indicator reported?	Quarterly reports; Annual report
When was this indicator first included?	April 2017
Numerator	Count
Denominator	
10^n	

PF 6: Complaints closed (Stage 1)

Indicator summarises total number of complaints open / closed, closed within / outside timescale and with / without an extension by the month the complaint was opened (SPSO Indicator 5, 8 and 9)

Why has this indicator been chosen?	National indicator determined by Scottish Public Services Ombudsman as part of the new Complaints Handling Procedure (CHP) introduced in April 2017
Where does this indicator come from?	Complaints Handling Procedure / Scottish Public Services Ombudsman
Where does the data come from?	Datix via QlikView Complaints local database
How frequently is this indicator updated?	Daily
What type of performance information does this indicator use?	Strategic (long-term) outcomes focussed
What type of data does this indicator use?	Quantitative: Count of responses
What aspect of health and social care service does this indicator monitor?	Whole system
Which theme is this indicator mapped to?	Stakeholder Experience
What national outcomes is this indicator mapped to?	3
Which priority areas is this indicator mapped to?	1, 5, 9
What background information is there?	Information provided supports Healthcare Quality Strategy (2010) and Patients Rights (Scotland) Act (2012); it also takes account of the SPSO Statement of Complaints Handling Principles and best practice guidelines on complaints handling
What is considered 'success'?	Increase number of complaints closed within timescale, including with extension. Reduce those needing an extension; avoid complaints being escalated
In real terms, how much change is required to alter this performance indicator?	In 2019 results were: Total To change the result by 1%, the following number of people would need to change their response in the same direction:
Where is this indicator reported?	Quarterly reports; Annual report
When was this indicator first included?	April 2017
Numerator	Count for each of the following: PF 6.1: Closed within five days PF 6.2: Closed within agreed extension PF 6.3 Closed with no agreed extension PF 6.4: Open and within five days PF 6.5: Open more than five days with agreed extension PF 6.6: Open more than five days with agreed extension
Denominator	
10^n	

PF 7: Complaints closed (Stage 2 Direct)

Indicator summarises total number of complaints open / closed, closed within / outside timescale and with / without an extension by the month the complaint was opened (SPSO Indicator 5, 8 and 9)

Why has this indicator been chosen?	National indicator determined by Scottish Public Services Ombudsman as part of the new Complaints Handling Procedure (CHP) introduced in April 2017
Where does this indicator come from?	Complaints Handling Procedure / Scottish Public Services Ombudsman
Where does the data come from?	Datix via QlikView Complaints local database
How frequently is this indicator updated?	Daily
What type of performance information does this indicator use?	Strategic (long-term) outcomes focussed
What type of data does this indicator use?	Quantitative: Count of responses
What aspect of health and social care service does this indicator monitor?	Whole system
Which theme is this indicator mapped to?	Stakeholder Experience
What national outcomes is this indicator mapped to?	3
Which priority areas is this indicator mapped to?	1, 5, 9
What background information is there?	Information provided supports Healthcare Quality Strategy (2010) and Patients Rights (Scotland) Act (2012); it also takes account of the SPSO Statement of Complaints Handling Principles and best practice guidelines on complaints handling
What is considered 'success'?	Increase number of complaints closed within timescale, including with extension. Reduce those needing an extension; avoid complaints being escalated
In real terms, how much change is required to alter this performance indicator?	In 2019 results were: Total To change the result by 1%, the following number of people would need to change their response in the same direction:
Where is this indicator reported?	Quarterly reports; Annual report
When was this indicator first included?	April 2017
Numerator	Count for each of the following: PF 7.1: Closed within 20 days PF 7.2: Closed within agreed extension PF 7.3 Closed with no agreed extension PF 7.4: Open and within 20 days PF 7.5: Open more than 20 days with agreed extension PF 7.6: Open more than 20 days without agreed extension
Denominator	
10^n	

PF 8: Complaints closed (Stage 2 Escalated)

Indicator summarises total number of complaints open / closed, closed within / outside timescale and with / without an extension by the month the complaint was opened (SPSO Indicator 5, 8 and 9)

Why has this indicator been chosen?	National indicator determined by Scottish Public Services Ombudsman as part of the new Complaints Handling Procedure (CHP) introduced in April 2017
Where does this indicator come from?	Complaints Handling Procedure / Scottish Public Services Ombudsman
Where does the data come from?	Datix via QlikView Complaints local database
How frequently is this indicator updated?	Daily
What type of performance information does this indicator use?	Strategic (long-term) outcomes focussed
What type of data does this indicator use?	Quantitative: Count of responses
What aspect of health and social care service does this indicator monitor?	Whole system
Which theme is this indicator mapped to?	Stakeholder Experience
What national outcomes is this indicator mapped to?	3
Which priority areas is this indicator mapped to?	1, 5, 9
What background information is there?	Information provided supports Healthcare Quality Strategy (2010) and Patients Rights (Scotland) Act (2012); it also takes account of the SPSO Statement of Complaints Handling Principles and best practice guidelines on complaints handling
What is considered 'success'?	Increase number of complaints closed within timescale, including with extension. Reduce those needing an extension; avoid escalation
In real terms, how much change is required to alter this performance indicator?	In 2019 results were: Total To change the result by 1%, the following number of people would need to change their response in the same direction:
Where is this indicator reported?	Quarterly reports; Annual report
When was this indicator first included?	April 2017
Numerator	Count for each of the following: PF 8.1: Closed within 20 days PF 8.2: Closed within agreed extension PF 8.3 Closed with no agreed extension PF 8.4: Open and within 20 days PF 8.5: Open more than 20 days with agreed extension PF 8.6: Open more than 20 days without agreed extension
Denominator	
10^n	

PF 9: Average response time to close (Stage 1)

Indicator summarises the response time (in number of days) to close a complaint at Stage 1 (SPSO Indicator 7)

Why has this indicator been chosen?	National indicator determined by Scottish Public Services Ombudsman as part of the new Complaints Handling Procedure (CHP) introduced in April 2017
Where does this indicator come from?	Complaints Handling Procedure / Scottish Public Services Ombudsman
Where does the data come from?	Datix via QlikView Complaints local database
How frequently is this indicator updated?	Daily
What type of performance information does this indicator use?	Strategic (long-term) outcomes focussed
What type of data does this indicator use?	Quantitative: Count of responses
What aspect of health and social care service does this indicator monitor?	Whole system
Which theme is this indicator mapped to?	Stakeholder Experience
What national outcomes is this indicator mapped to?	3
Which priority areas is this indicator mapped to?	1, 5, 9
What background information is there?	Information provided supports Healthcare Quality Strategy (2010) and Patients Rights (Scotland) Act (2012); it also takes account of the SPSO Statement of Complaints Handling Principles and best practice guidelines on complaints handling
What is considered 'success'?	Improve response time; increase number of complaints closed within timescale at Stage 1, including with extension. Reduce those needing an extension; avoid escalation
In real terms, how much change is required to alter this performance indicator?	In 2019 results were: Total To change the result by 1%, the following number of people would need to change their response in the same direction:
Where is this indicator reported?	Quarterly reports; Annual report
When was this indicator first included?	April 2017
Numerator	Count
Denominator	
10^n	

PF 10: Average response time to close (Stage 2 Direct)

Indicator summarises the response time (in number of days) to close a complaint at Stage 2 Direct (SPSO Indicator 7)

Why has this indicator been chosen?	National indicator determined by Scottish Public Services Ombudsman as part of the new Complaints Handling Procedure (CHP) introduced in April 2017
Where does this indicator come from?	Complaints Handling Procedure / Scottish Public Services Ombudsman
Where does the data come from?	Datix via QlikView Complaints local database
How frequently is this indicator updated?	Daily
What type of performance information does this indicator use?	Strategic (long-term) outcomes focussed
What type of data does this indicator use?	Quantitative: Count of responses
What aspect of health and social care service does this indicator monitor?	Whole system
Which theme is this indicator mapped to?	Stakeholder Experience
What national outcomes is this indicator mapped to?	3
Which priority areas is this indicator mapped to?	1, 5, 9
What background information is there?	Information provided supports Healthcare Quality Strategy (2010) and Patients Rights (Scotland) Act (2012); it also takes account of the SPSO Statement of Complaints Handling Principles and best practice guidelines on complaints handling
What is considered 'success'?	Improve response time; increase number of complaints closed within timescale at Stage 2 Direct, including with extension. Reduce those needing an extension; avoid escalation
In real terms, how much change is required to alter this performance indicator?	In 2019 results were: Total To change the result by 1%, the following number of people would need to change their response in the same direction:
Where is this indicator reported?	Quarterly reports; Annual report
When was this indicator first included?	April 2017
Numerator	Count
Denominator	
10^n	

PF 11: Average response time to close (Stage 2 Escalated)

Indicator summarises the response time (in number of days) to close a complaint at Stage 2 Escalated (SPSO Indicator 7)

Why has this indicator been chosen?	National indicator determined by Scottish Public Services Ombudsman as part of the new Complaints Handling Procedure (CHP) introduced in April 2017
Where does this indicator come from?	Complaints Handling Procedure / Scottish Public Services Ombudsman
Where does the data come from?	Datix via QlikView Complaints local database
How frequently is this indicator updated?	Daily
What type of performance information does this indicator use?	Strategic (long-term) outcomes focussed
What type of data does this indicator use?	Quantitative: Count of responses
What aspect of health and social care service does this indicator monitor?	Whole system
Which theme is this indicator mapped to?	Stakeholder Experience
What national outcomes is this indicator mapped to?	3
Which priority areas is this indicator mapped to?	1, 5, 9
What background information is there?	Information provided supports Healthcare Quality Strategy (2010) and Patients Rights (Scotland) Act (2012); it also takes account of the SPSO Statement of Complaints Handling Principles and best practice guidelines on complaints handling
What is considered 'success'?	Improve response time; increase number of complaints closed within timescale at Stage 2 Escalated, including with extension. Reduce those needing an extension; avoid escalation
In real terms, how much change is required to alter this performance indicator?	In 2019 results were: Total To change the result by 1%, the following number of people would need to change their response in the same direction:
Where is this indicator reported?	Quarterly reports; Annual report
When was this indicator first included?	April 2017
Numerator	Count
Denominator	
10^n	

PF 12: Complaints upheld, partially upheld and not upheld

Indicator summarises the total number of complaints upheld, partially upheld and not upheld by Stage (SPSO Indicator 6)

Why has this indicator been chosen?	National indicator determined by Scottish Public Services Ombudsman as part of the new Complaints Handling Procedure (CHP) introduced in April 2017
Where does this indicator come from?	Complaints Handling Procedure / Scottish Public Services Ombudsman
Where does the data come from?	Datix via QlikView Complaints local database
How frequently is this indicator updated?	Daily
What type of performance information does this indicator use?	Strategic (long-term) outcomes focussed
What type of data does this indicator use?	Quantitative: Count of responses
What aspect of health and social care service does this indicator monitor?	Whole system
Which theme is this indicator mapped to?	Stakeholder Experience
What national outcomes is this indicator mapped to?	3
Which priority areas is this indicator mapped to?	1, 5, 9
What background information is there?	Information provided supports Healthcare Quality Strategy (2010) and Patients Rights (Scotland) Act (2012); it also takes account of the SPSO Statement of Complaints Handling Principles and best practice guidelines on complaints handling
What is considered 'success'?	Number of upheld / partially upheld complaints decrease over time as a proportion of all complaints
In real terms, how much change is required to alter this performance indicator?	In 2019 results were: Total To change the result by 1%, the following number of people would need to change their response in the same direction:
Where is this indicator reported?	Quarterly reports; Annual report
When was this indicator first included?	April 2017
Numerator	Count
Denominator	
10^n	

PF 13: Learning from complaints (SPSO Indicator 1)

Statement outlining changes or improvements to service or procedures as a result of consideration of complaints, including matters arising under the duty of candour

Why has this indicator been chosen?	National indicator determined by Scottish Public Services Ombudsman as part of the new Complaints Handling Procedure (CHP) introduced in April 2017
Where does this indicator come from?	Complaints Handling Procedure / Scottish Public Services Ombudsman
Where does the data come from?	Patient Feedback Manager
How frequently is this indicator updated?	Quarterly
What type of performance information does this indicator use?	Strategic (long-term) outcomes focussed
What type of data does this indicator use?	Narrative
What aspect of health and social care service does this indicator monitor?	Whole system
Which theme is this indicator mapped to?	Stakeholder Experience
What national outcomes is this indicator mapped to?	3
Which priority areas is this indicator mapped to?	1, 5, 9
What background information is there?	Information provided supports Healthcare Quality Strategy (2010) and Patients Rights (Scotland) Act (2012); it also takes account of the SPSO Statement of Complaints Handling Principles and best practice guidelines on complaints handling
What is considered 'success'?	Improvements to service or procedure as a result of consideration of complaints
In real terms, how much change is required to alter this performance indicator?	
Where is this indicator reported?	Quarterly reports; Annual report
When was this indicator first included?	April 2017
Numerator	
Denominator	
10^n	

PF 14: Complaint process experience (SPSO Indicator 2)

Statement to report the person making the complaint's experience in relation to the complaints service provided

Why has this indicator been chosen?	National indicator determined by Scottish Public Services Ombudsman as part of the new Complaints Handling Procedure (CHP) introduced in April 2017
Where does this indicator come from?	Complaints Handling Procedure / Scottish Public Services Ombudsman
Where does the data come from?	Patient Feedback Manager
How frequently is this indicator updated?	Quarterly
What type of performance information does this indicator use?	Strategic (long-term) outcomes focussed
What type of data does this indicator use?	Narrative
What aspect of health and social care service does this indicator monitor?	Whole system
Which theme is this indicator mapped to?	Stakeholder Experience
What national outcomes is this indicator mapped to?	3
Which priority areas is this indicator mapped to?	1, 5, 9
What background information is there?	Information provided supports Healthcare Quality Strategy (2010) and Patients Rights (Scotland) Act (2012); it also takes account of the SPSO Statement of Complaints Handling Principles and best practice guidelines on complaints handling
What is considered 'success'?	Improvements to complainant's experience in relation to complaints service provided
In real terms, how much change is required to alter this performance indicator?	
Where is this indicator reported?	Quarterly reports; Annual report
When was this indicator first included?	April 2017
Numerator	
Denominator	
10^n	

PF 15: Staff awareness and training

Statement to report on levels of staff awareness and training

Why has this indicator been chosen?	National indicator determined by Scottish Public Services Ombudsman as part of the new Complaints Handling Procedure (CHP) introduced in April 2017
Where does this indicator come from?	Complaints Handling Procedure / Scottish Public Services Ombudsman
Where does the data come from?	Patient Feedback Manager
How frequently is this indicator updated?	Quarterly
What type of performance information does this indicator use?	Strategic (long-term) outcomes focussed
What type of data does this indicator use?	Narrative
What aspect of health and social care service does this indicator monitor?	Whole system
Which theme is this indicator mapped to?	Stakeholder Experience
What national outcomes is this indicator mapped to?	3
Which priority areas is this indicator mapped to?	1, 5, 9
What background information is there?	Information provided supports Healthcare Quality Strategy (2010) and Patients Rights (Scotland) Act (2012); it also takes account of the SPSO Statement of Complaints Handling Principles and best practice guidelines on complaints handling
What is considered 'success'?	Improvements to staff awareness around complaints; increase in training levels among staff
In real terms, how much change is required to alter this performance indicator?	
Where is this indicator reported?	Quarterly reports; Annual report
When was this indicator first included?	April 2017
Numerator	
Denominator	
10^n	

PF 16: Independent contractors

Summary of total number of complaints received from independent contractors; split into GP, Pharmacy, Dental, Opticians

Why has this indicator been chosen?	National indicator determined by Scottish Public Services Ombudsman as part of the new Complaints Handling Procedure (CHP) introduced in April 2017
Where does this indicator come from?	Complaints Handling Procedure / Scottish Public Services Ombudsman
Where does the data come from?	Patient Feedback Manager
How frequently is this indicator updated?	Quarterly
What type of performance information does this indicator use?	Strategic (long-term) outcomes focussed
What type of data does this indicator use?	Narrative
What aspect of health and social care service does this indicator monitor?	Whole system
Which theme is this indicator mapped to?	Stakeholder Experience
What national outcomes is this indicator mapped to?	3
Which priority areas is this indicator mapped to?	1, 5, 9
What background information is there?	Information provided supports Healthcare Quality Strategy (2010) and Patients Rights (Scotland) Act (2012); it also takes account of the SPSO Statement of Complaints Handling Principles and best practice guidelines on complaints handling
What is considered 'success'?	Reduce overall level of complaints from independent practitioners; increase in awareness around complaints among staff
In real terms, how much change is required to alter this performance indicator?	In 2019 results were: Total To change the result by 1%, the following number of people would need to change their response in the same direction:
Where is this indicator reported?	Quarterly reports; Annual report
When was this indicator first included?	April 2017
Numerator	Count
Denominator	
10^n	

PF 17: SPSO Ombudsman complaints

Indicator summarises the number of live complaints currently with SPSO

Why has this indicator been chosen?	National indicator determined by Scottish Public Services Ombudsman as part of the new Complaints Handling Procedure (CHP) introduced in April 2017
Where does this indicator come from?	Complaints Handling Procedure / Scottish Public Services Ombudsman
Where does the data come from?	Scottish Public Services Ombudsman
How frequently is this indicator updated?	Monthly?
What type of performance information does this indicator use?	Strategic (long-term) outcomes focussed
What type of data does this indicator use?	Quantitative: Count
What aspect of health and social care service does this indicator monitor?	Whole system
Which theme is this indicator mapped to?	Stakeholder Experience
What national outcomes is this indicator mapped to?	3
Which priority areas is this indicator mapped to?	1, 5, 9
What background information is there?	Information provided supports Healthcare Quality Strategy (2010) and Patients Rights (Scotland) Act (2012); it also takes account of the SPSO Statement of Complaints Handling Principles and best practice guidelines on complaints handling
What is considered 'success'?	Reduction in overall level of complaints; reduction in number of complaints escalated to investigation by SPSO (all stages)
In real terms, how much change is required to alter this performance indicator?	In 2019 results were: Total 8 (at time of report) To change the result by 1%, the following number of people would need to change their response in the same direction: 0.01
Where is this indicator reported?	Quarterly reports; Annual report
When was this indicator first included?	April 2017
Numerator	Count
Denominator	
10^n	