

DUMFRIES and GALLOWAY NHS BOARD



Annual Report on Feedback, Comments, Concerns and Complaints – 2019-2020

Authors:

Emma Murphy
Patient Feedback Manager

Sponsoring Director:

Alice Wilson
Executive Nurse Director

Joan Pollard, Associate Director, Allied
Health Professions and Patient
Experience Lead

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RECOMMENDATION

The Board is asked **to discuss and note** the Annual Report on Feedback, Comments, Concerns and Complaints for 2019-20 prior to submission to the Scottish Government and Scottish Health Council.

CONTEXT

Strategy / Policy:

This paper demonstrates implementation of the Healthcare Quality Strategy (2010), and Patients Rights (Scotland) Act (2011). The Board is required to adhere to the Patients Rights (Scotland) Act (2011) with regard to seeking and responding to 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:

- There are a number of information sources available to staff and the public to ensure awareness of our feedback mechanisms.
- A number of improvements have been implemented around the handling of feedback and complaints.
- There has been an increase in compliments, Care Opinion stories and complaints during the period.
- Clinical treatment continues to be the main theme for all types of feedback, including compliments and complaints. This is consistent with other Boards.
- There is room for improvement around our compliance with timescales in relation to complaint responses.
- The Board continues to face challenges in gathering complaints data from independent contractors.
- A number of improvement activities are planned for 2020/21.

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 Accountability Responsiveness and consultation 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 2019 to 31 March 2020. The report format is in compliance with guidance issued by the Scottish Government and the requirements set out in the Patient Rights (Scotland) Act 2011.

1. Encouraging and Gathering Feedback

1.1 General Feedback, Comments and Concerns

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

- in writing via letters, surveys, consultations and feedback forms.
- by email via our Patient Services, Patient Experience 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-BSL 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, website and intranet. 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 have 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 associated timescales.

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 and Safety Team who manage and oversee feedback and adverse events. This team also deals with daily enquiries, concerns,

compliments and complaints, ensuring each is logged and directed to the most appropriate team within acute so that it can be responded to appropriately.

Other directorates have identified Feedback Coordinators who are trained to manage, progress, record and track feedback in their area and act as key points of contact for the Patient Services team. By having coordinators in place we can ensure we have strong local knowledge of the processes and procedures as well as support for staff within the local teams. All directorates have access to DATIX (electronic complaints system) which allows capture of feedback received in real time.

What we are doing well

- 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.
- There is a strong working relationship between complaints leads and Feedback Coordinators across the Board.
- Patient Services deliver regular training and awareness raising sessions across the Board, which are held in various locations throughout the year. The team also contributes to other relevant courses and attends team meetings on request. These activities aid the team to build and maintain relationships across services and staff groups.
- 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.
- As part of wider improvements to the NHS Dumfries and Galloway website, the Board has improved the feedback information available. A feedback 'button' is now available on the Board's homepage. The feedback section also includes an online feedback form which can be completed directly from the website.
- The Board's 'We Welcome Your Feedback Leaflet' has been reviewed and updated over the period and now includes details for ContactScotland-BSL, improving accessibility for BSL users.

Where we can improve

- Whilst the Board's annual reports on patient feedback are available on the website, they are in various locations and can be difficult to find. A link to feedback performance reports will be placed on the main feedback page to improve accessibility.

- Whilst interpretation and translation is available as required, the 'We Welcome Your Feedback' leaflet is currently being translated in to the most commonly used languages in our region and British Sign Language.

1.2 Feedback Received

The Board receives a variety of different types of feedback. Where that feedback is shared with Patient Services, Patient Experience and Safety Team, or Feedback Coordinators, it is recorded on our feedback database (Datix).

Comments and concerns are typically observations, suggestions and requests for information or action. NHS Dumfries and Galloway recorded 200 comments and concerns during 2019/20, compared to the 260 received in 2018/19. The most frequently recorded issues related to clinical treatment, premises and waiting times. All other types of feedback increased in number during the period. Whilst it is difficult to know with certainty the reasons that concerns and comments reduced in number, the increased focus on early resolution of issues may be having some impact on those comments and concerns that are more formally shared. The increased use of social media and other communications by the Board to update the community on key issues may also be a factor, as we proactively address emerging issues.

During the period, the Board also received 233 compliments in relation to excellent care and treatment. This is a significant increase on the 160 compliments received in 2018/19. The vast majority of compliments related to the standard of clinical treatment and care. It is acknowledged that individual wards and departments will have received many compliments directly throughout the year and which are not captured in these numbers. Patient Services continue to work on ways to better capture this valuable feedback.

A detailed breakdown of feedback received per month is available in Appendix One.

1.3 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. Seven alerts were sent out over the period.

What we are doing well

- We continue to promote the PEN 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

- As identified in last year's annual report, 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 had planned an awareness raising 'roadshow' with a provisional start date of March 2020, but this plan will need to be revisited in light of the Coronavirus pandemic and associated social distancing.

Further details regarding the PEN, including how to join, can be found at <http://www.dg-change.org.uk/participation-engagement-network/>.

1.4 Care Opinion

Care Opinion is an online approach, which enables the public to provide and view feedback on 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.

During the period, NHS Dumfries and Galloway received 82 Care Opinion stories which were read over 10,000 times. This is an increase on the 51 stories received in 2018-19, which is likely as a result of increased promotion of the service locally.

Criticality ratings are applied to each story by Care Opinion. This ranges from zero to five. Zero indicates a positive story such as a compliment or suggestion with criticality five indicating the most critical rating, severely critical. During the period, the 54% of the stories received by the Board were positive. The Board received no severely critical stories and two strongly critical stories. The two strongly critical stories related to the same person and an investigation in to the concerns was undertaken.

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. There are also Care Opinion 'banners' in a number of public areas across the Board, including waiting rooms and the main atrium in DGRI.

- The organisational structure within Care Opinion has been updated and a further review of memberships and alerts is underway. This will ensure that appropriate staff within services are alerted to stories and are able to respond.
- Most stories receive a response within 48 hours. 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 and support teams and services to proactively promote Care Opinion as a vehicle for receiving feedback. We also intend to increase the number of responders within the system. Patient Services will continue to undertake this work for 2020-21.

More information on the stories received during the period can be found in Appendix Two. 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 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 online via the NHS Dumfries and Galloway website, through NHS Inform and via the Scottish Public Services Ombudsman.

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.

What we are doing well

- The Board has Feedback Coordinators in all services. Those coordinators ensure the accurate recording of complaints and support those involved with the procedure.
- Training is available for staff around conflict management, complaints handling and investigation skills. Patient Services regularly link in with individual teams to raise awareness and offer tailored training for complaints handling and managing feedback. Covid-19 saw the need to suspend face to face training in March. We are currently in the process of refreshing the materials so the training will be able to be delivered in the virtual environment moving forwards.
- A comprehensive 'toolkit' is available to support staff dealing with complaints. This includes step by steps procedures, template letters and signposting to good practice resources.
- 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 where the complaint is received on a working day this is achieved in over 95% of cases.
- The complaints 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 attend and contribute to the national complaints network, NCPAS.
- 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.
- Mediation skills training was undertaken by a number of staff across the Board during 2019/20 and mediation was used with one patient.

Where we can improve

- Whilst awareness of mediation has improved during the period, there is scope to further promote and use alternative dispute resolution in relation to complaints. Patient Services will undertake further awareness raising over 2020-21.
- 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. Following a period of testing, the Healthcare Complaints Analysis Tool will now be in use from 1 April 2020 to assist with this.

More information on the Healthcare Complaints Analysis Tool can be found at <https://qualitysafety.bmj.com/content/25/12/937>.

- 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. At the corporate level Adverse Events and Patient Services teams work together to identify where complaints and adverse events are linked and to capture any shared learning. Within the directorates the feedback managers are usually either the same individuals who support the management of adverse events or work closely together which further provides opportunity for the directorates to analyse and respond to learning from wider sources. This would be enhanced by the ability to have a more systematic analysis across systems and the Board has identified a software tool which would support this in a more robust manner. We await capacity becoming available within the Information Management and Technology Teams to support the purchase and installation.

2.2 Complaints Received

The Board is required to report performance against nine statutory indicators in relation to complaints. A summary of performance against each indicator is included below, with the detail associated with each quantitative indicator included in Appendix One (prepared by the Board's Performance and Intelligence Team).

Indicator 1 - Learning from complaints

"A statement outlining changes or improvements to services or procedures as a result of consideration of complaints including matters arising under the duty of candour."

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

What we are doing well

- A 'learning summary' template is available to capture learning from complaints. Examples of learning summaries are included in Appendix 3.
- Learning summaries are included in bi-monthly feedback reports to Board and Healthcare Governance Committee.
- There is a consistent focus on learning and improvement within the complaints training and supporting materials.
- There is 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.
- The directorate senior management teams are regularly updated on the status of complaints within their services.

Where we can improve

- Learning summaries should be completed for all complaints where there has been an upheld or partially upheld outcome, but this is not always undertaken. Patient Services will continue to work with directorates to support this approach. Recognising the challenges of time our focus for the next year will be that by end of March 21 learning summaries are completed for 90% of stage two complaints.
- There is scope to improve how we share learning within the Board and beyond. This continues to be under discussion nationally.
- Improvement plans are developed and monitored in some directorates but there is a lack of consistency in approach.
- There is scope to improve learning from complex complaints, including those cases that go to the SPSO. From April 2020, those cases will now be considered in more detail by the Board's Patient Safety Group to ensure opportunities for that wider learning are identified and progressed.

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.

During the period 2019/20 we faced licensing and technical issues which restricted our ability to record and report on this information. Additionally, it was recognised at

national level that this indicator requires review as those responding to the survey are in the main commenting on the substantive issues of their complaint rather than their experience with the process. This continues to be under discussion nationally.

The Board did receive a small number of returns in hard copy. The comments provided within those returns mainly related to the substantive issues of the complaint.

What we are doing well

- A survey is available and offered to everyone who receives a complaints response.

Where we can improve

- The approach to gathering this information needs to be reviewed to ensure that feedback relates to the experience of the process rather than the substantive issues of the complaint. As already mentioned there is national work around this area and we will link with any national developments.

Indicator 3 - Staff Awareness and Training

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

Two complaints training courses, Complaints Handling and Investigation Skills are regularly delivered. These sessions are open to staff across Health and Social Care as well as to GPs, dentists, pharmacists and opticians. In addition to offering these regular courses, Patient Services also frequently contribute to other relevant courses and attend development sessions with various teams across the Board.

What we are doing well

Sixty staff were trained in Complaints Handling and 56 staff in Investigation Skills during the period. Bespoke feedback training has also been delivered to a number of individual teams and two cohorts of the ASPIRE course. A complaints handling session was also delivered to 50 independent dental contractors in June 2019. Additionally, a session on patient feedback featured as part of the Scottish Improvement Skills training

- During the period Scottish Mediation delivered three Mediation Skills Workshops, training 38 staff across the Board.

Where we can improve

- Awareness of the benefits of mediation and the support available from Scottish Mediation is still limited. The Mediation Skills Workshops delivered in 2019/20 were well received with excellent feedback provided. Attendees commented that the workshop gave them skills and techniques that could be used in various aspects of their roles beyond just complaints. Further Mediation Skills Workshops are planned for 2020-21.

- Complaints Handling and Investigation Skills training has now been in place for three years and would benefit from a refresh. Plans had been put in place for updated sessions for 2020-21 but the requirement for ongoing social distancing means that these plans need to be reviewed. Training materials will therefore be updated to ensure they can be delivered remotely over the period 2020-21.

Indicator 4: Total number of complaints received

The Board received 500 complaints in 2019/20. Whilst this is a significant increase on the 397 received in 2018/19, the number still remains low in comparison to the number of patient interactions during the period. There are no obvious reasons for the increase in complaints, but as referred above, enhanced promotion of feedback mechanisms is likely to be a contributing factor.

The Acute and Diagnostic Services continue to receive the majority of the complaints, with 69% of those received in 2019-2020 relating to that directorate (compared to 66% last year). Acute and Diagnostic Services is the largest directorate within the Board with the highest number of patient interactions, so it is expected that they will receive a higher level of feedback than other services. This is consistent across other Boards.

Detailed analysis of complaints received (available in Appendix One) shows that the number of complaints began to decrease in the final two months of the period. This is likely linked, at least in part, to the Coronavirus pandemic.

The most reported themes for complaints were clinical treatment, staff attitude and behaviour, and staff communication. This is consistent with previous years and the top themes reported by other Boards.

What we are doing well

- Whilst it is disappointing that people have cause to complain about our services, it is encouraging that the Complaints Handling Procedure remains accessible and that people feel able to engage with it.

Where we can improve

- Patient Services have introduced additional monitoring in to the Datix system for 2020/21 to allow enhanced recording and reporting of themes using the Healthcare Complaints Analysis Tool. This change will support a more detailed understanding of themes going forward.
- Whilst complainant demographics are not currently recorded in the system, we are aware that we record few complaints from children and young people. Further enquiry highlighted that there are a number of feedback initiatives locally within children's services and that these typically receive good levels of engagement. Patient Services are working with the Women, Children's and Sexual Health directorate to ensure that locally captured feedback is recorded so that wider learning can be identified.

Indicator Five: Complaints closed at each stage

The Board responded to 503 complaints during the period compared to 394 in 2018/19. As with the previous period, the majority of those complaints (74%) were dealt with at Stage Two (direct) of the complaints procedure. Stage One responses accounted for 20% of the responses issued, with the remaining 6% being complaints that escalated to Stage Two.

What we are doing well

- Less than a third of the complaints responded to at Stage One escalate to Stage Two. There is clear signposting to the next stage of the procedure if complainants remain dissatisfied and there is a clear and simple process for that escalation. This therefore indicates that the majority of those receiving a Stage One response are satisfied.

Where we can improve

- There may be scope to increase the number of complaints that are resolved at an earlier stage. Patient Services will explore this through analysis of those complaints that escalated.

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.

During the period, 63% of our complaints were fully or partially upheld, which is a decrease on the 70% from 2018/19. In breaking the figures down further we can see that in 2019/20 30% all complaints were fully upheld and 33% partially upheld, which is similar to the previous period in which they were almost evenly split.

What we are doing well

- A reduction in upheld and partially upheld complaints is positive, however more analysis is required to understand this reduction.
- Learning was identified from a number of the upheld and partially upheld cases, but as above there is scope to improve further in that area. Examples of learning summaries are available in appendix 3

Where we can improve

- There may be benefit to exploring why complaints progressed to the complaints procedure. It may be that improved communication at an earlier stage could

have resolved misunderstandings or concerns, particularly where complaints were not upheld.

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 Complaints Handling Procedure requires Boards to respond to Stage One complaints within 5 working days and Stage Two complaints within 20 working days.

During 2019/20 our average response time for Stage One complaints was 7 working days, which is the same as the previous year. Whilst this is above the target timescale for responding to Stage One complaints, more detailed analysis (available in Appendix One) indicates that between February 2019 and October 2019 response times were below this average

Whilst our average response time is still above target for Stage Two complaints, we have improved from 32 days to 29 days for Stage Two Direct complaints and from 32 days to 24 days for Stage Two Escalated. There are times when an extended response time is required to ensure a comprehensive response this is more likely to be a requirement in Stage Two complaints which are typically more complex.

What we are doing well

- Whilst we are still not achieving the target for response times, there has been some improvement since 2018/19.

Where we could improve

- There is scope to further improve our compliance with timescales. Patient Services and the directorates are continuing to work to identify areas where we can improve.

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.”

Of those complaints responded to during the period, 61% of Stage One complaints were closed within timescale. This is slightly lower than the 63% achieved in 2018/29. For Stage Two complaints, 50% of Stage Two Direct complaints were closed within timescale and 53% of Stage Two Escalated complaints. This is similar to the 49% and 50% achieved in the previous period.

Whilst we recognise that it is not possible to respond to all complaints within timescale, we aim to do so in at least 70% of cases. Compliance with timescales is recognised as an ongoing challenge and Patient Services and the Directorates are continuing to work to improve this, as referenced above.

Indicator Nine: Number of cases where an extension was authorised

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

The Complaints Handling Procedure allows for extension to timescales where required. In those cases where extended timescales are required, it is crucial that any extensions are communicated to the complainant.

During 2019/20, extensions were requested in 11% of Stage One complaints, 26% of Stage Two Direct complaints and 16% of Stage Two Escalated.

What we are doing well

- The Datix system identified complaints responses that are due or over timescale. This is reported to directorates weekly to aid the planning of extensions.
- There is a template letter for arranging extensions, to aid a consistent approach.

Where we could improve

- Comparing the figures for this indicator with those in Indicator Eight demonstrates that a number of complaints went over timescale without extension. This has been highlighted in the directorates as a priority area for improvement and enhanced reporting is under development to further aid the tracking of these cases.

2.3 Scottish Public Services Ombudsman

Individuals who are dissatisfied with the Board's handling of their concerns 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 processes are efficient in reaching desired resolution for service users and their families.

If the SPSO investigate and uphold a complaint, they typically make recommendations to assist the Board to ensure learning, improvement and where possible remedy. The SPSO place timescales on those recommendations and require evidence to confirm that they have been undertaken. The case remains open with the SPSO until they have confirmed that they are satisfied with that evidence.

During 2019/20, the SPSO contacted the Board about 26 cases as follows:

- Seven cases required no further action and were therefore not progressed to investigation by the SPSO. One of those cases related to an independent contractor.
- Five cases were not upheld and had no recommendations made.
- Six cases were upheld and recommendations were made to the Board.

In addition to the above, one case was withdrawn, three were referred back to the Board for further complaints actions to be undertaken and four cases remain under investigation by the SPSO.

What we are doing well

- The Board signposts to the SPSO in all complaints correspondence.
- Patient Services manage communications with the SPSO and have robust processes for doing so.

Where we can improve

- There are occasions when the Board are unable to provide information required by the SPSO in line with their timescales. Patient Services and the directorates are working to better understand the reasons for these delays and to ensure support is in place where required.
- As referenced earlier in the report, there is an opportunity to enhance how we learn from SPSO complaints. From April 2020 SPSO complaints will be discussed at the Patient Safety Group to help explore those opportunities further.

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.

2.4 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 overall number of Family Health Service complaints for this year is 81 which is a significant decrease on the 146 complaints in 2018/19 which is likely related to the reduction in contractors submitting performance figures in the last quarter of 2019/20. Some of our pharmacy contractors provide the information on a quarterly basis and therefore this is in part due to the pressures from the Coronavirus pandemic. However the process of submission of data for many of the independent contractors has usually been prompted by a reminder email from Patient Services and due to staff changes in the last quarter these reminders were not sent.

For those submissions that were received, not all contained the information required to report handling performance in detail e.g. timescales and outcomes. Patient

Services will progress this with Primary Care colleagues and contractors to seek to establish a reliable submission process which is not person dependent.

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.

Where we could improve

- As above, there is scope to improve response rates from independent contractors. Patient Services will continue to work with colleagues to support this

Further details of complaints performance for Family Health Service Independent Contractors are included in Appendix Four. Please note this excludes complaints data for the three General Practices managed by the Board as their data is included in the Board numbers reported above and in Appendix One.

2.5 Prison Service Complaints

NHS Dumfries and Galloway is responsible for the provision of healthcare to prisoners at HMP Dumfries. Where Boards are responsible for delivering health care within a prison, there is a requirement to provide narrative on complaints handling specific to that setting.

In 2019/20, NHS Dumfries and Galloway received a total of 27 complaints from patients within the prison. This is an increase on the 16 complaints received in 2018/19. It is worth noting that a small number of patients raised multiple complaints over the period which may account for the increased numbers.

All of the complaints raised were responded to at Stage Two of the complaints procedure and responses were all issued on time. The complaints related in the main to Clinical Treatment, with a small number of complaints relating to Personal Records and Staff Communication. One of the complaints received was upheld, with the remaining 26 complaints not upheld.

3. Accountability and Governance

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. Patients are also invited to attend committee from time to time to share the story of their experience. One of these stories was recorded as a video during the period and shared with committee and the service the experience related to. This approach was well received.

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
- Volunteering and Patient Focus and Public Involvement
- Learning from feedback, comments, concerns and complaints
- Spiritual Care

The committee is supported by individuals who have the above named activities within in their broad remit but 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

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. NHS Dumfries and Galloway will continue to actively encourage patients and service users to provide feedback through the mechanisms described in this report.

Appendix One – Patient Feedback Report

Patient Feedback Report

Version 1.0

Published May 2020

Performance and Intelligence Team

NHS Dumfries and Galloway

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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

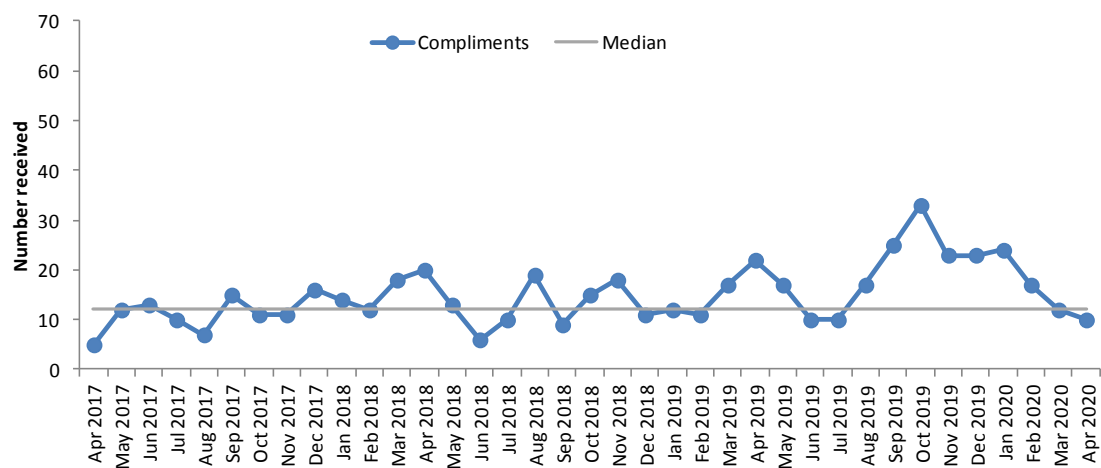
2. Patient feedback

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.

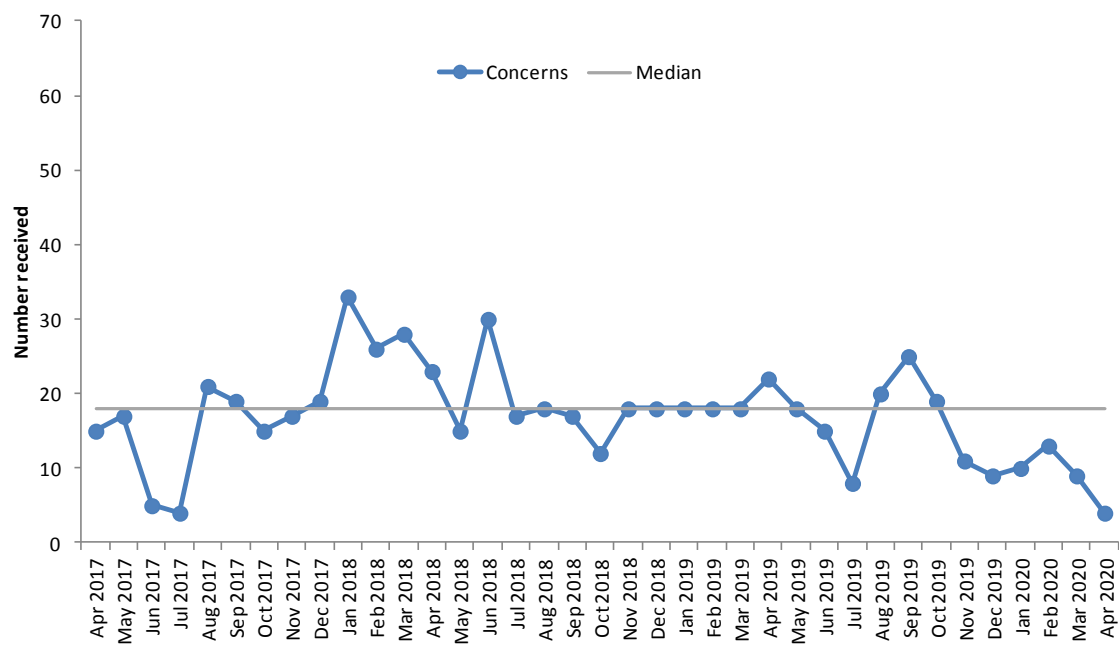
Figure 1: PF1: Compliments received, by month



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.

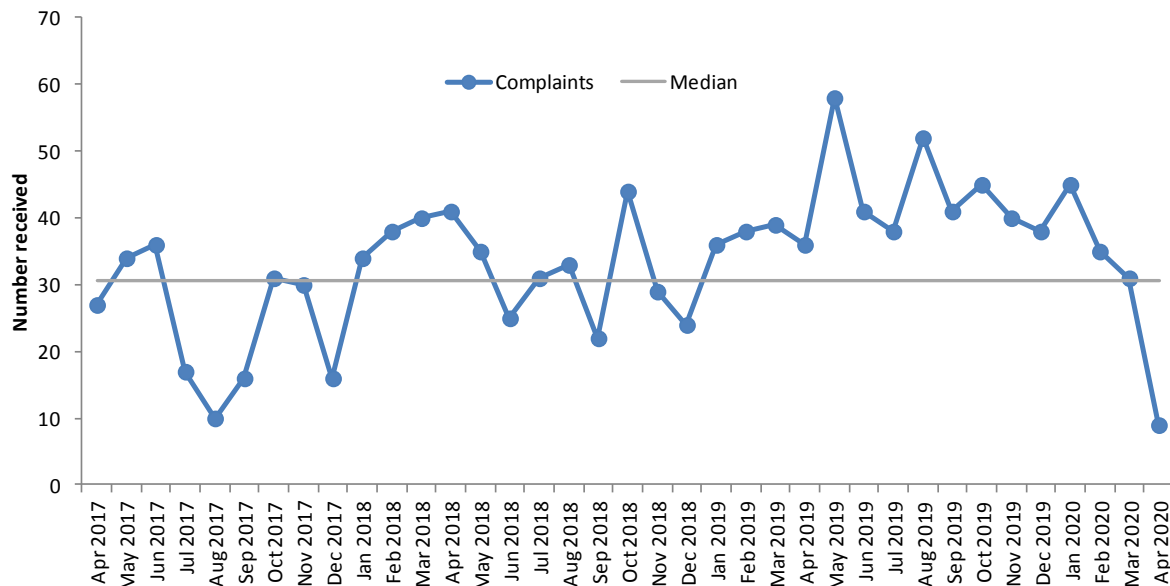
Figure 2: PF2: Concerns received, by month



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.

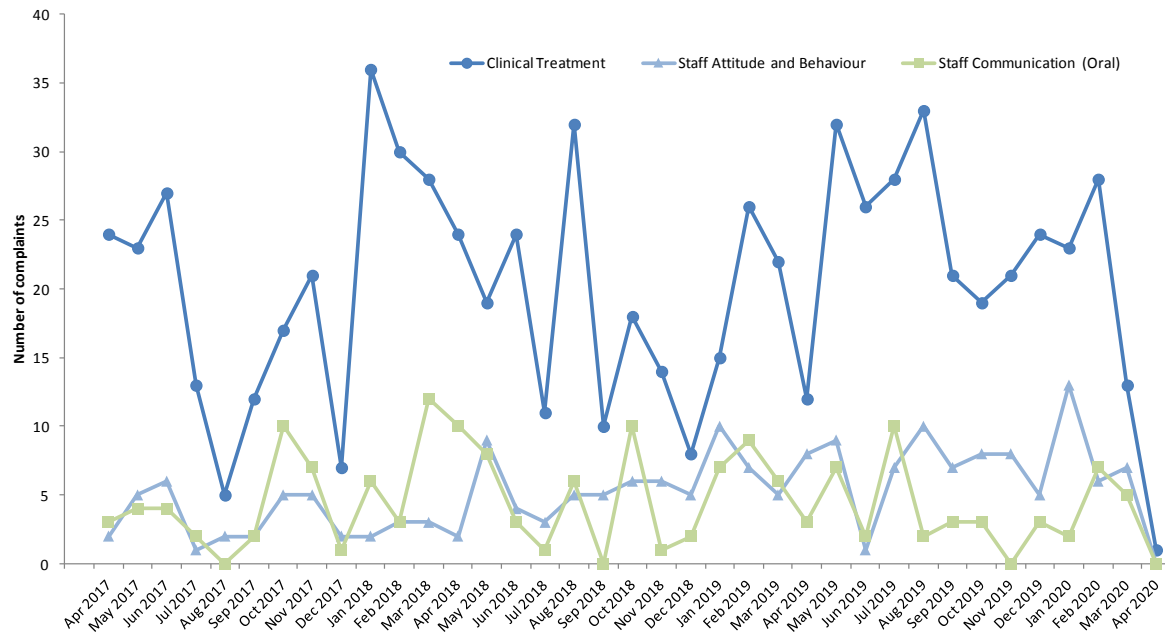
Figure 3: PF3: Complaints received, by month



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

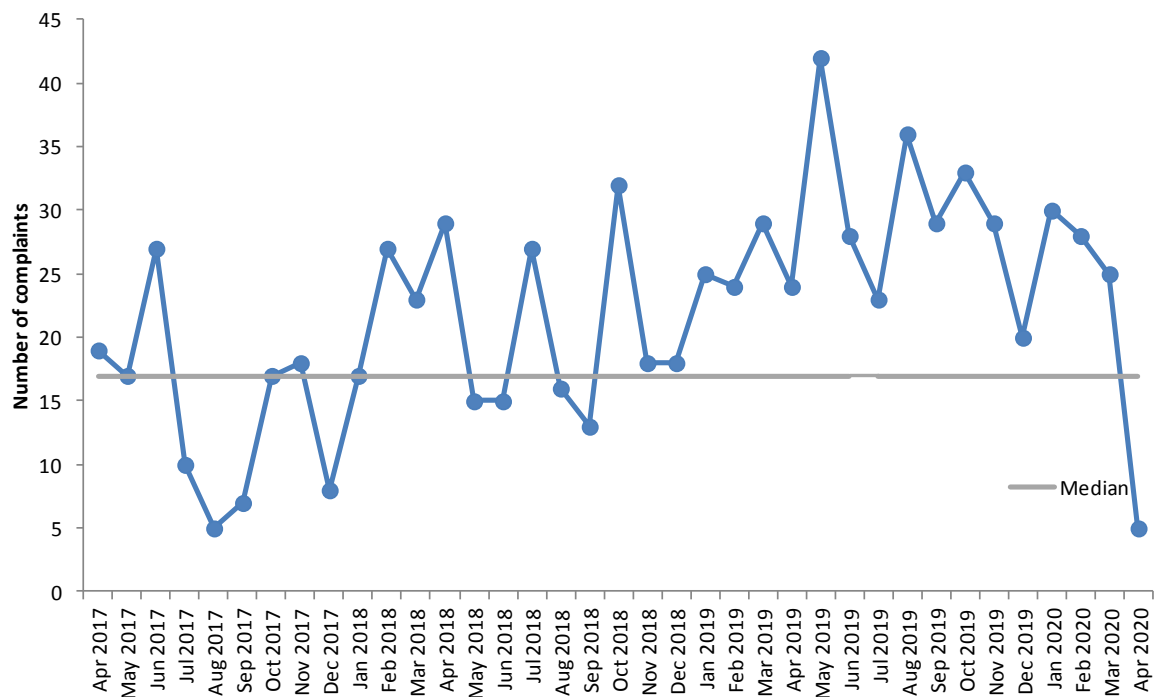


Figure 6: PF5.2: Complaints by Directorate: Women, Children and Sexual Health

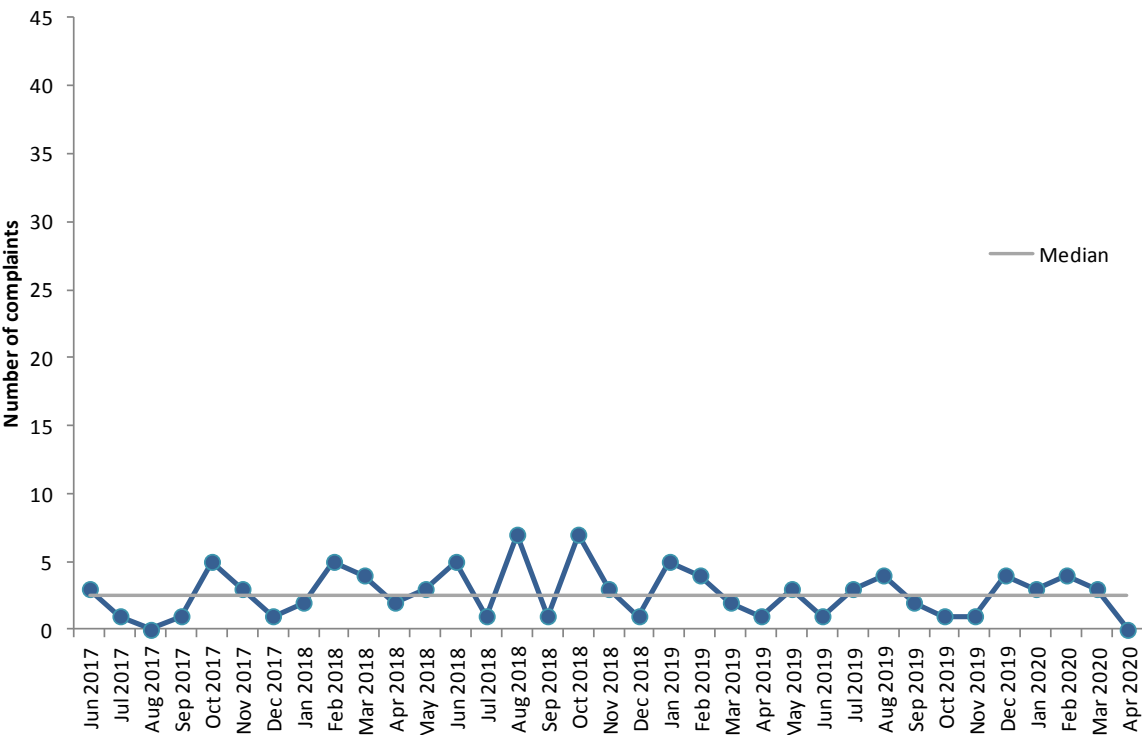
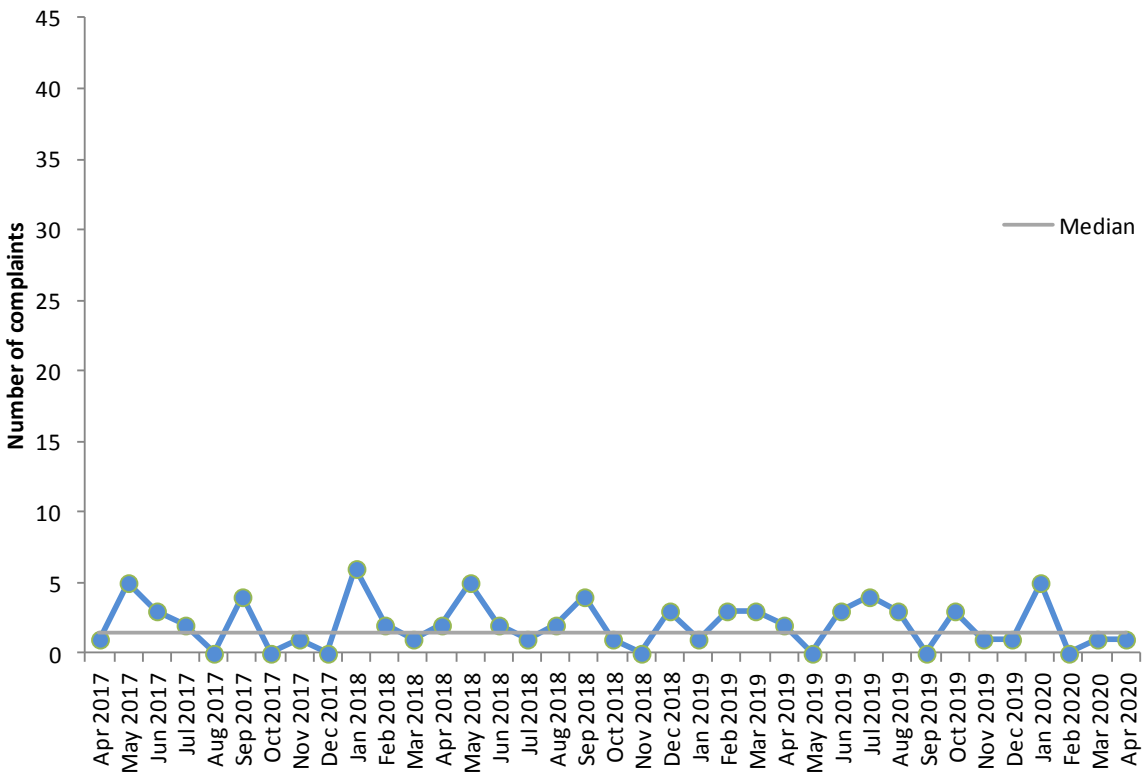
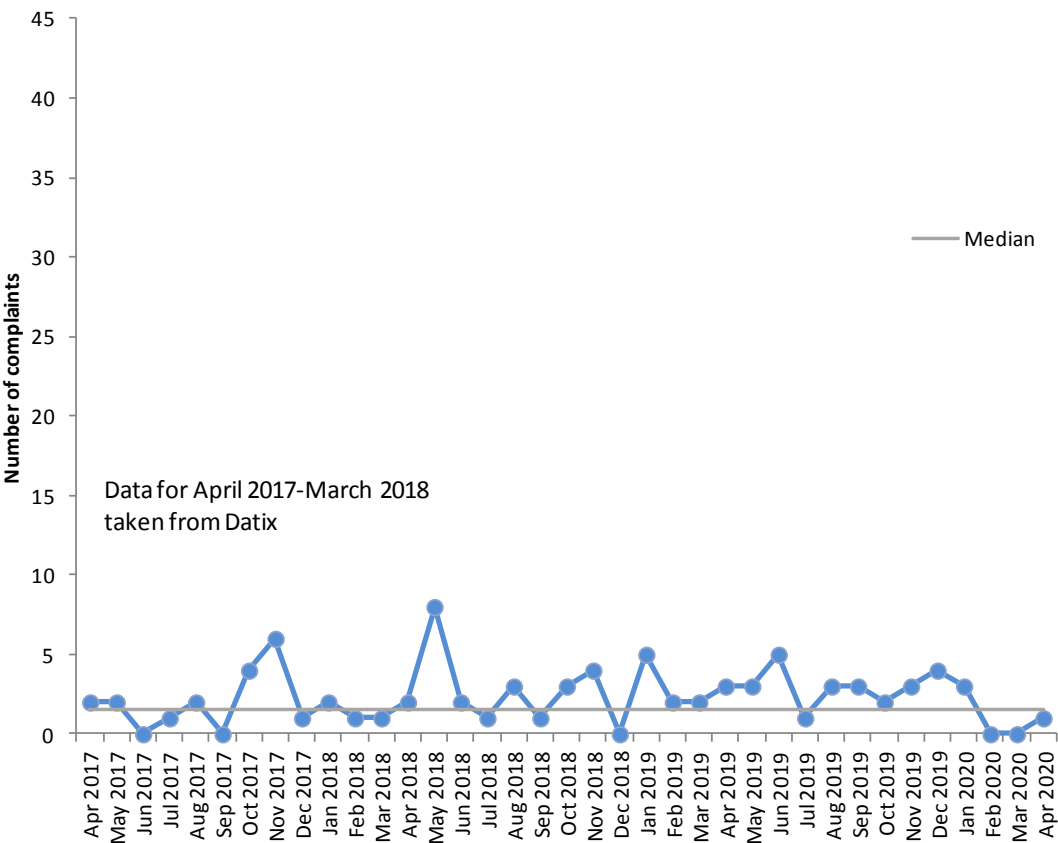


Figure 7: PF5.3: Complaints by Directorate: Community Health and Social Care



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



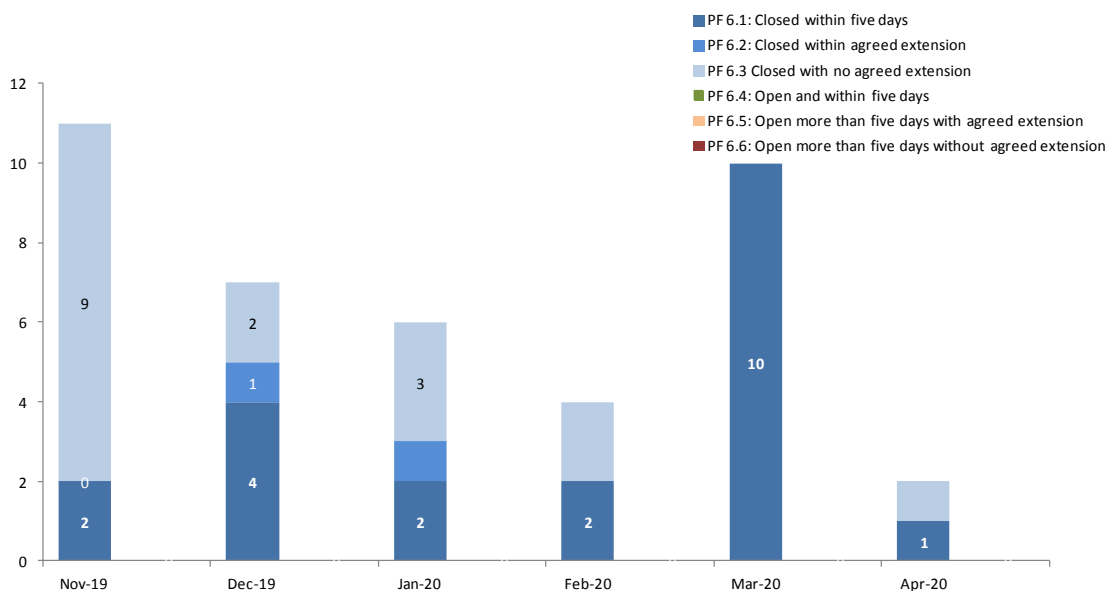
2.6. Complaints closed (Stage 1)

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



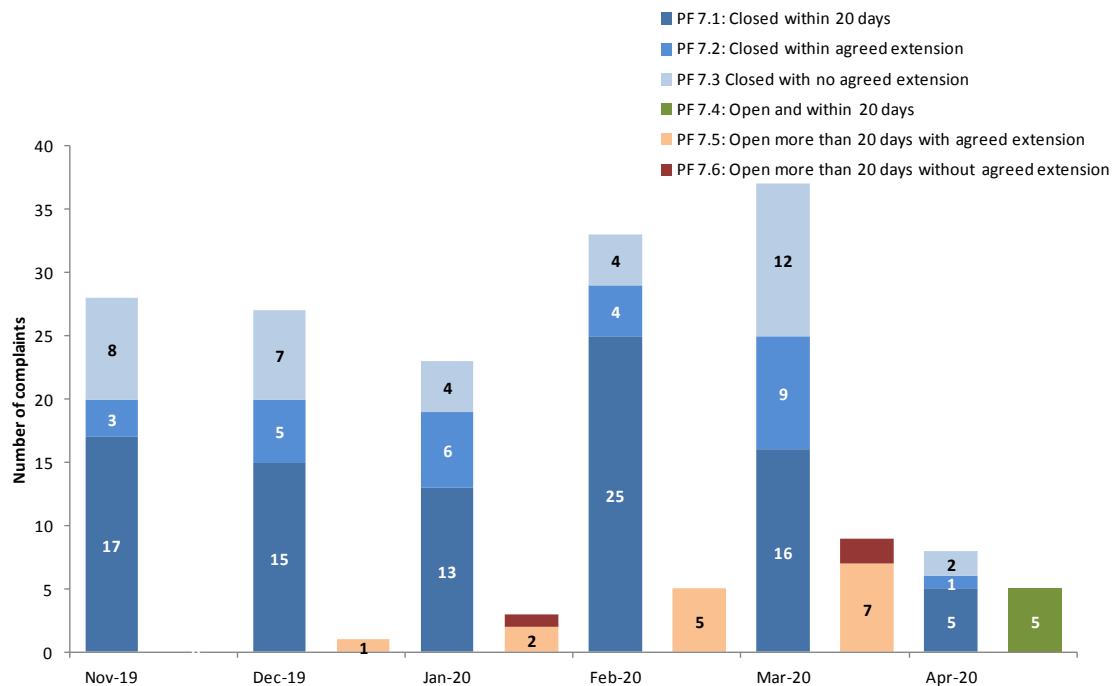
2.7. Complaints closed (Stage 2 Direct)

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



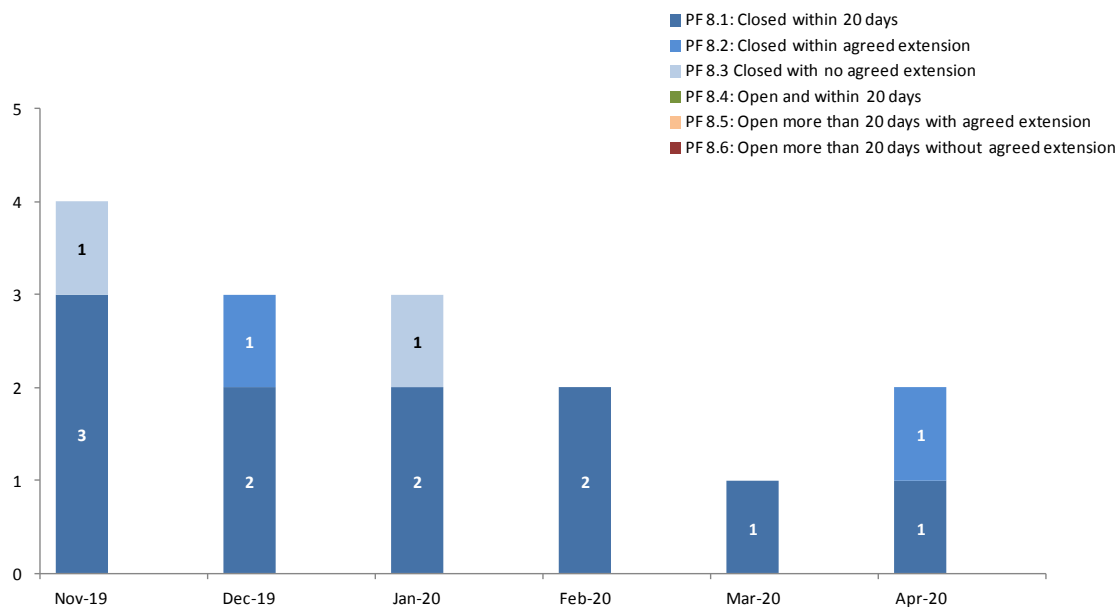
2.8. Complaints closed (Stage 2 Escalated)

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.

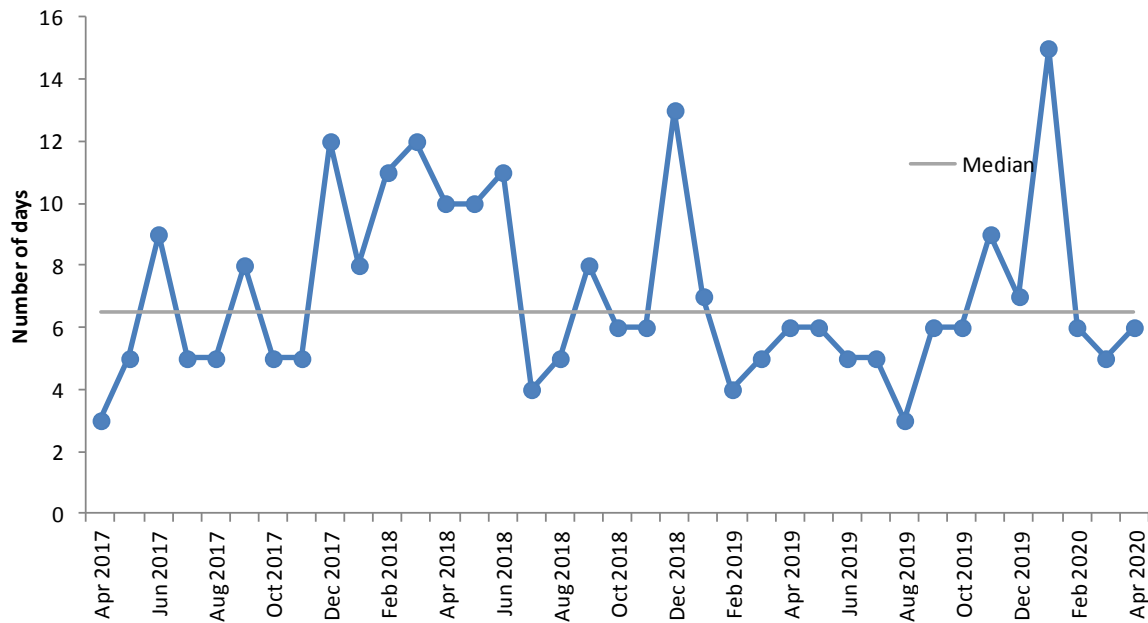
Figure 11: PF8: Complaints closed, Stage 2 Escalated



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.

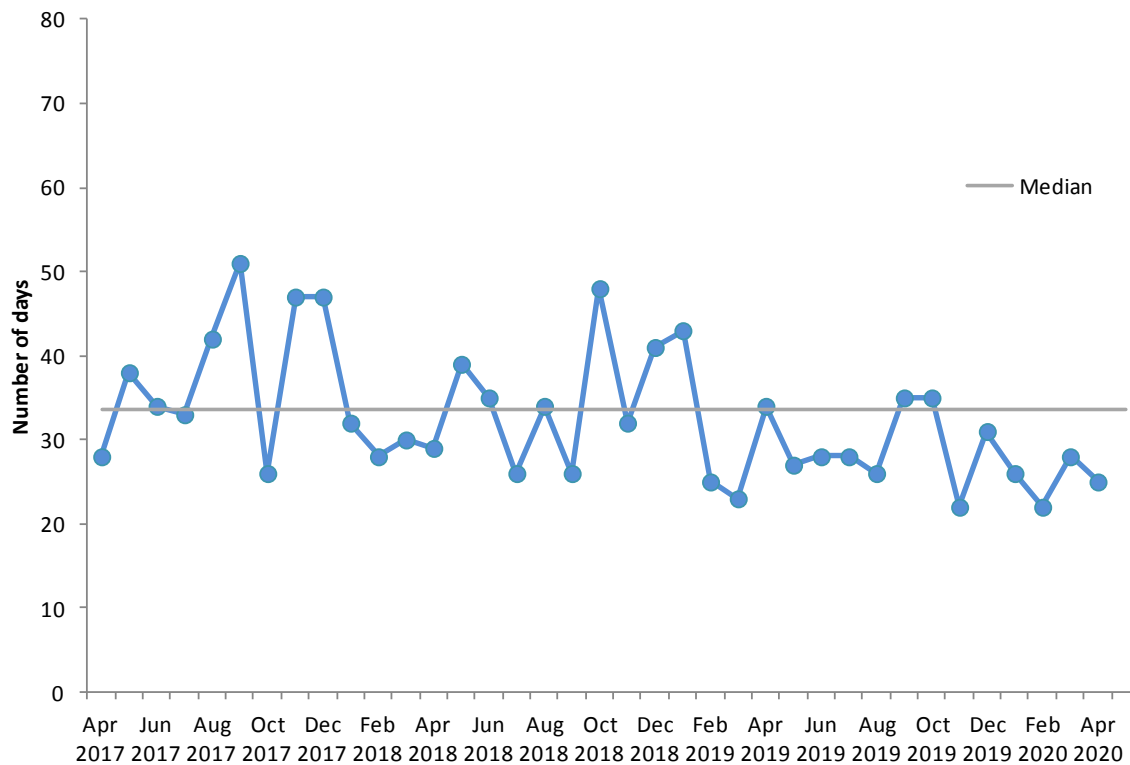
Figure 12: PF9: Average response time (days), Stage1



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.

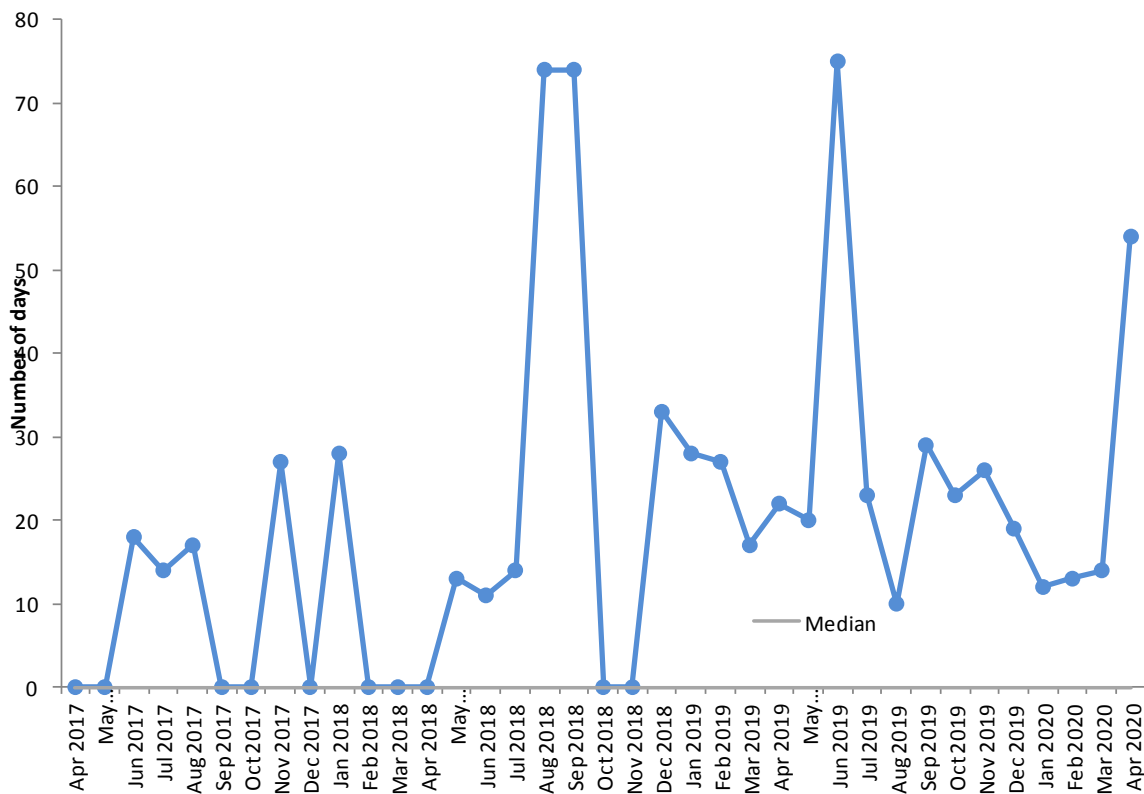
Figure 13: PF10: Average response times (days), Stage 2 Direct



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

Performance indicator summaries how long it takes, in days, to close a complaint 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)

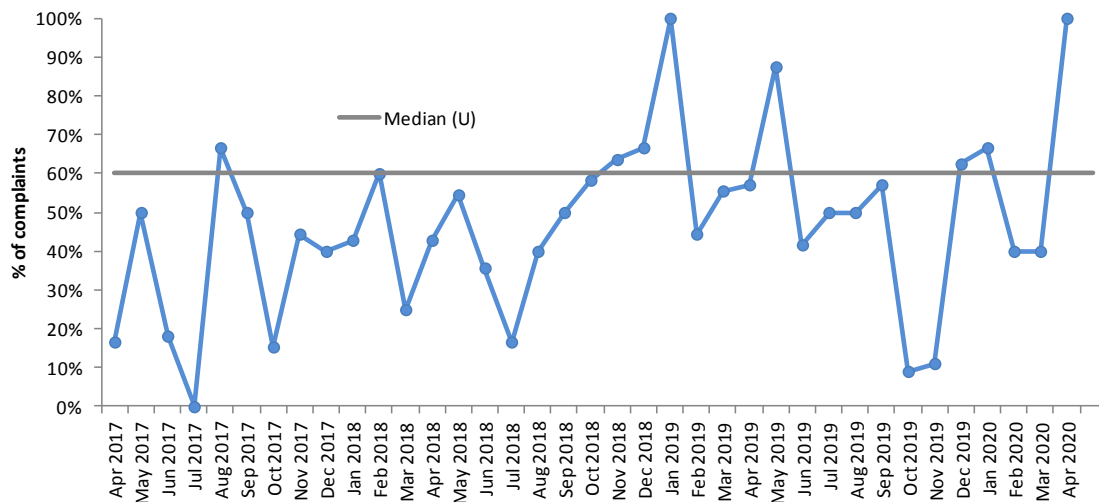
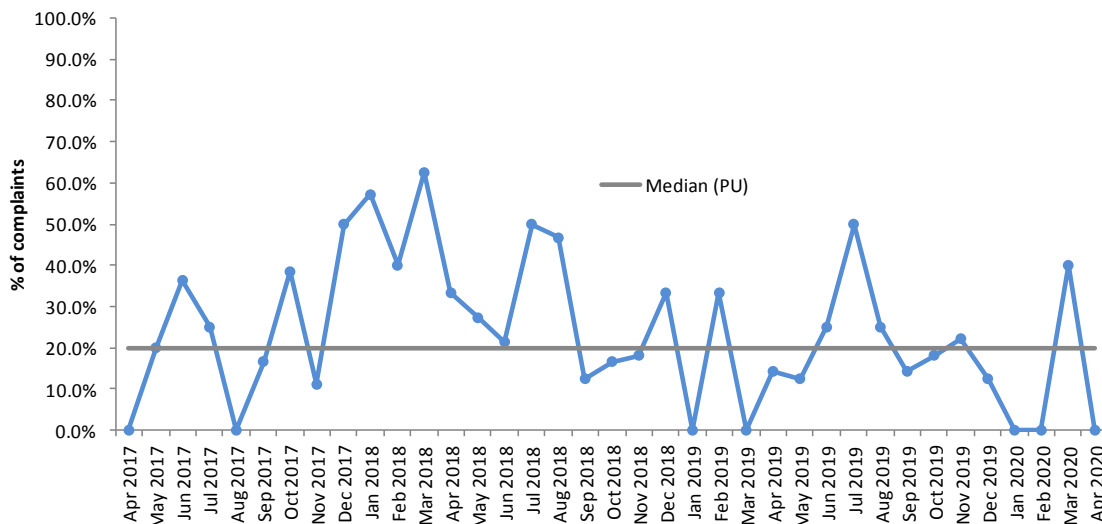
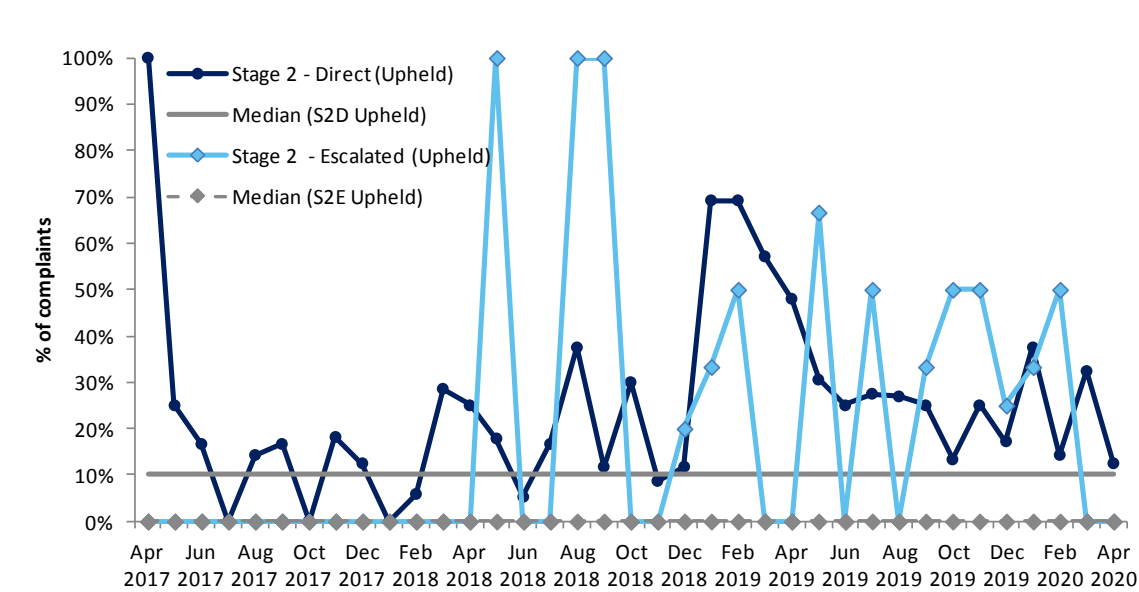


Figure 16: PF12.2: % complaints, Stage 1 (Partially upheld)



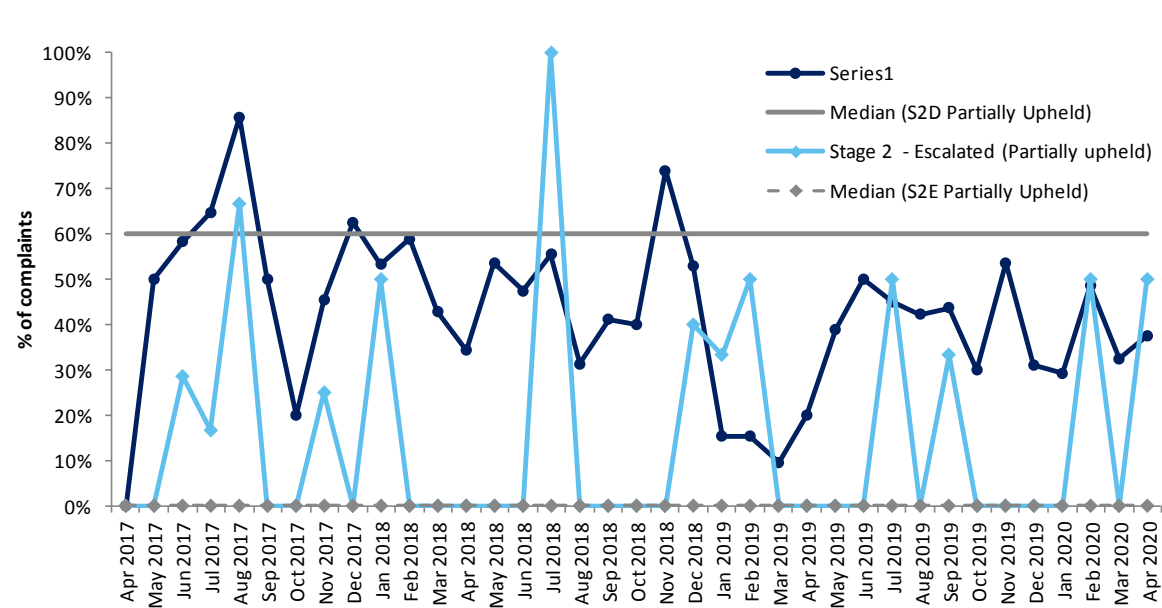
For Stage 2 Direct complaints that were upheld, there has been shift above the median for the past year, although this is gradually coming down. Stage 2 Escalated complaints have also seen a gradual rise over time.

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

PF 1: Compliments received

PF 2: Concerns received

PF 3: Complaints received

PF 4: Overarching themes

PF 5: Complaints by Directorate

PF 6: Complaints closed (Stage 1)

PF 7: Complaints closed (Stage 2 Direct)

PF 8: Complaints closed (Stage 2 Escalated)

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

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

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

PF 12: Complaints upheld, partially upheld and not upheld

PF 13: Learning from complaints (SPSO Indicator 1)

PF 14: Complaint process experience (SPSO Indicator 2)

PF 15: Staff awareness and training

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	

Appendix Two – Care Opinion Summary Report



Stories in summary

About this report

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

It was created on **25 May 2020**.

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 01/04/2019 and 31/03/2020

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.

Postings submitted via Care Opinion itself can be shared subject to a **Creative Commons** licence. You can copy, distribute and display postings, and use them in your own work, so long as you credit the source.

Material submitted via NHS Choices is licenced under **Crown Copyright**.

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 **82** stories

To date, the stories in this report have been viewed on Care Opinion **10,380** 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

My first admission - 766 views

Posted by **EvBly88** as the patient 2 months ago

I have nothing but praise for every member of the hospital staff in Dumfries hospital. As it was my first time ever being admitted I was very worried how it would be. All the staff were very friendly and caring. No issue was too big. I was in a lovely private room with my own bathroom. The food was absolutely amazing, I've no idea why anyone would complain about it. Every nursing staff I met spent time with me and almost felt like friends. It...

I am sick to the back teeth of complaining - 335 views

Posted by **vexed** as a carer 12 months ago

My husband was discharged from Langham Cottage hospital recently. It was postponed twice as I wasn't very well and when I went in the day before he was discharged, the last thing the staff did before I left, was the staff said they would phone me and let me know that he was coming home.

The first I knew of him coming home was when an ambulance member was peering in through my window. He asked me if I was expecting him, I said no, he said what...

Poor communications and care failures - 261 views

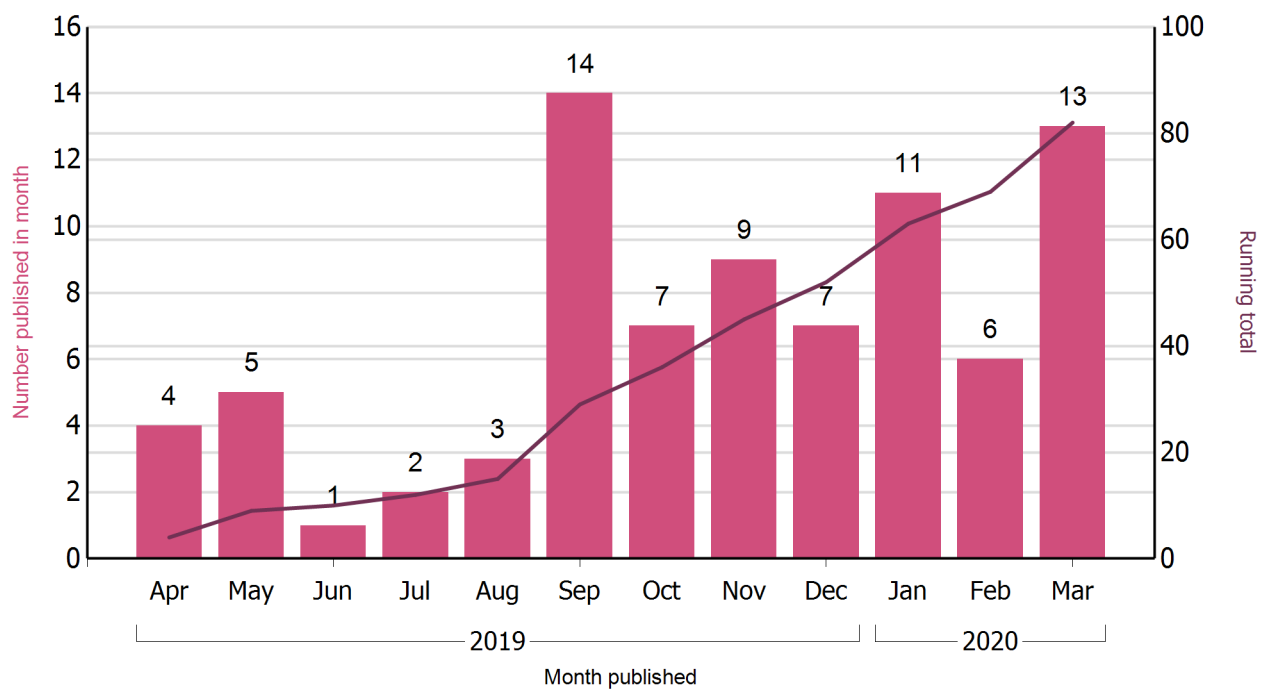
Posted by **squeaky13** as a carer 8 months ago

Husband was admitted to DGRI Dumfries on the evening of 6th. On 7th staff at the assessment unit were given a copy of his Cardiology outpatients appointment also at DGRI for 11th. The ward staff would liaise with Cardiology.

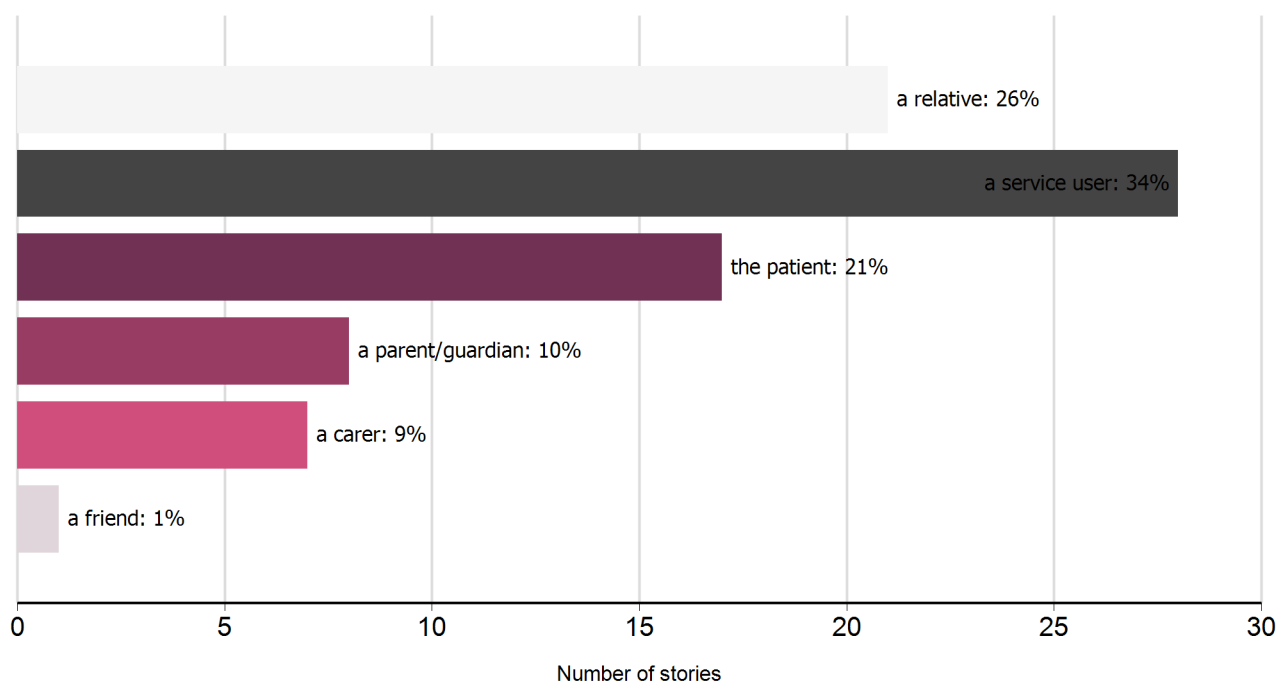
On 8th he was transferred to ward D7 room 18. Staff here were also informed of the Cardiology appt.

On 11th I arrived at the ward around 1000. He was brighter. He was sitting in bed attempting to take his tablets from...

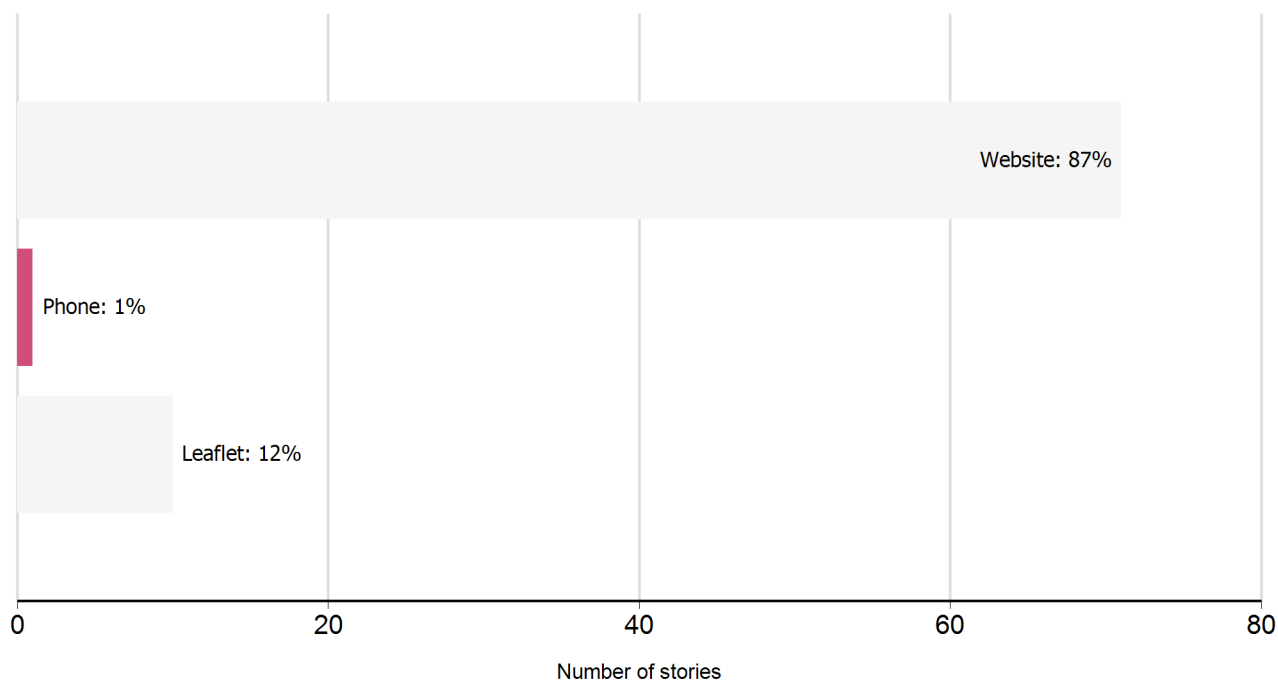
When these stories were told



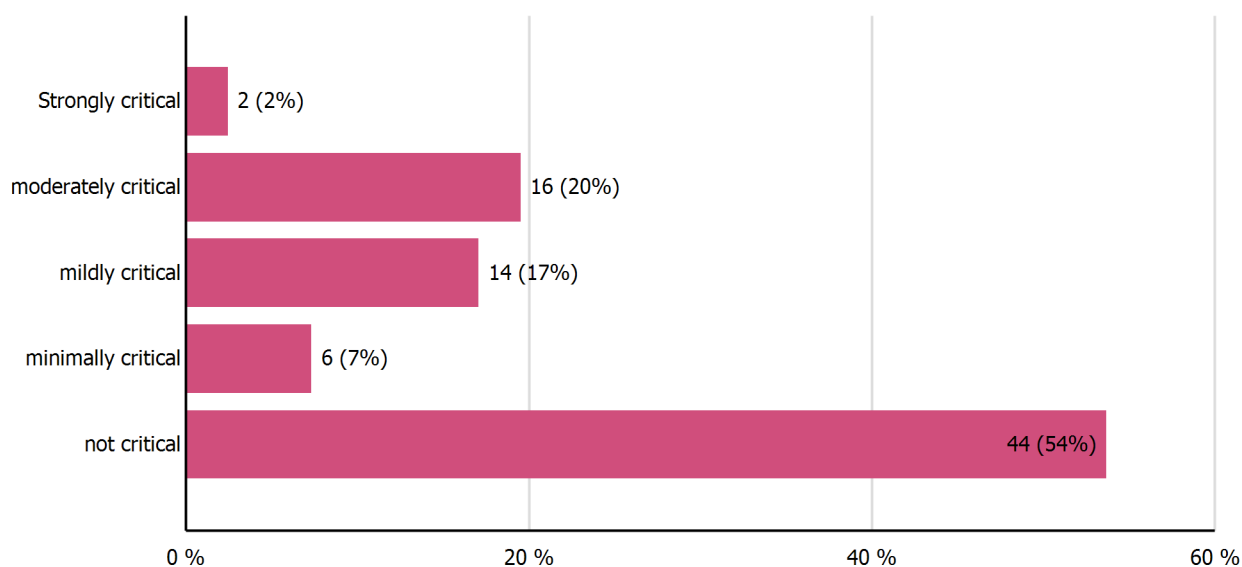
How the authors of these stories identify themselves



How these stories were submitted



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	71	<div></div>
Unknown	8	<div></div>
NHS Coventry and Rugby CCG	1	<div></div>
NHS Ayrshire & Arran	1	<div></div>
NHS Newcastle West CCG	1	<div></div>

Most common tags added by authors to these stories

What's good?

staff	18
Care	8
helpful	6
explanations	5
friendly	5
attentive	4
caring	4
doctors	4
information	4
kindness	4
professionalism	4
service	4
support	4
treatment	4

What could be improved?

communication	14
Care	5
kept informed	4
staff attitude	3
access to water	2
compassion	2
delays	2
examination	2
hospital discharge	2
patient records	2
respect	2
waiting time	2

Feelings

thank you	28
fantastic	6
safe	6
angry	5
disgusted	5
let down	5
good	4
nervous	4
shocked	4
worried	4

Appendix Three – Learning Summaries



Directorate: Women, Children's & Sexual Health Services

Key Complaint Issues: Administrative process for added patient at short notice to clinic lists

If other, please specify: N/A

Datix Reference: 6329

What happened? *Provide a brief background to the complaint (anonymised)*

A complaint was received following a gynaecology appointment as there was a delay in issuing the clinic letter to the GP. This caused difficulties for the patient securing the prescribed medication.

What went well?

A review was undertaken of the current administrative arrangements for when patients are added at short notice to clinic lists. This involved a meeting between the IO, the Gynaecology secretarial staff and staff from PFB.

A meeting was held with the complainant to discuss her concerns.

What, if anything, could we improve?

The previous administrative process for adding patient's to clinic lists at short notice without the clinic paperwork being produced on the same day as this created the opportunity for clinic letters to be missed and this is what happened on this occasion.

What have we learnt?

That the previous arrangements created the opportunity for clinic letters to be missed. The previous administrative system was therefore not robust.

What actions are planned or have been taken?

We have now put measures in place with immediate effect so that when patients are added onto the clinic list at short notice, the necessary clinic paperwork will be produced on the same day. The aim of this is to minimise the likelihood of clinic letters being missed in the future.

As a result of this complaint were any services – CHANGED - Yes IMPROVED - Yes

Directorate: Acute & Diagnostics

Key Complaint Issues: Staff communication (oral)

If other, please specify:

Datix Reference: 6402



What happened?

Patient was brought into DGRI following a collapse. The patient's family were not contacted by the hospital despite his brother being listed as the patient's next of kin. The patient was admitted to a ward where he suffered a cardiac arrest and passed away. The family were unaware of the patient's admission or pathway through the hospital until they received a call informing them of his death.

What went well?

The patient's care worker who accompanied him to hospital was informed of his admission.

What, if anything, could we improve?

Communication:

The family were extremely upset that they were not informed of the patient's admission or subsequent transfers within the hospital. They are distressed that the patient therefore did not have any visitors in hospital in his final days.

What have we learnt?

On discussion at the ward de-brief following the patient's passing away, it was identified that there is an assumption that patient's families are informed of admission prior to their transfer to the receiving ward, or that care workers will relay this information. See actions planned.

What actions are planned or have been taken?

The SCN for the ward will introduce a practice of informing a patient's next of kin of the patient's transfer to the ward at the time of transfer or the following morning if the transfer is overnight.

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

Directorate: Women, Children's & Sexual Health

Key Complaint Issues: Woman did not feel listened to

If other, please specify:

What happened?

A woman advised that she felt she was not listened to or believed when she said she was in labour. She also had concerns about the use of Propess.

What went well?

The midwife responded each time the woman asked for assistance.

The midwife apologised to the woman for her experience.

What, if anything, could we improve?

Spending more time with women during the induction stage of labour and listening to what they say they are experiencing.

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 Senior Charge Midwife will consider the use of guidance for the latent phase of labour and how that may apply to induction of labour – Deadline 30 June 2019
2. Reflection sessions with staff have already taken place and individual learning has been identified.

Appendix Four - Family Health Service Independent Contractor Complaints

Complaints Received	General Practitioner	Dentist	Pharmacist	Optician	Total
Total Number of contractors	28	34	34	21	117
Complaints received:	36	8	37	0	81
Stage 1	7	7	23	0	37
Stage 2 Direct	10	1	13	0	24
Stage 2 Escalated	2	0	0	0	2
Stage not known	17	0	1	0	18

Table 1

NB - As referred in 2.4 above, return numbers are variable each month and not all returns contain the level of detail required.

Themes of Family Health Service Complaints

Themes of Complaints	Number
Staff Attitude and Behaviour	14
Medication and Prescribing/Dispensing	8
Clinical Treatment	10
Staff Communication	2
Delays in appointments/clinic	7
Patient Privacy and Dignity	1
Delayed test Results	1
Other/Unknown	38
Total	81