

## Shetland NHS Board

### Board Paper 2021/22/18

|   |  |                   |                            |
|---|--|-------------------|----------------------------|
| <b>Meeting:</b>   | Shetland NHS Board   |                   |                            |
| <b>Paper Title:</b>   | Feedback and Complaints Reporting Quarters 3 and 4                     |                   |                            |
| <b>Date:</b>  | 25 June 2021   |                   |                            |
| <b>Author:</b>  | Carolyn Hand   | <b>Job Title:</b> | Corporate Services Manager |
| <b>Executive Lead:</b>  | Michael Dickson  | <b>Job Title:</b> | Chief Executive            |
| <b>Decision / Action required by meeting:</b>   |  |                   |                            |
| <p>i) <b>Note</b> and consider the information in the report.</p> <p>ii) To <b>determine</b> if Board Members are satisfied appropriate actions are being taken regarding the feedback that has been received.</p>  |  |                   |                            |
| <b>High Level Summary:</b>  |  |                   |                            |
| <p>This report contains feedback and complaint handling information for Quarters 3 and 4 of 2020/21 in relation to the key performance indicators identified in the Model Complaint Handling Procedure. It also provides a summary of the Stage 2 complaints received and the actions that have been taken as a result of these, as well as an update on cases that have been escalated to the Scottish Public Services Ombudsman.</p> <p>Quarterly complaint information is routinely included as an appendix to the Quality Report, however this was not completed in time for the April Board papers. All Quarter 4 complaints are now closed to allow a full summary to be provided to the Board.</p> |  |                   |                            |
| <b>Key Issues for attention of meeting:</b>   |  |                   |                            |
| <ul style="list-style-type: none"> <li>• The impact of the COVID-19 Pandemic and the vaccination roll out on capacity and response times.</li> <li>• The Scottish Government has again extended the deadline for the submission of the Annual Feedback and Complaints report to the end of September and it is anticipated this will be included at the August Board.</li> </ul>  |  |                   |                            |
| <b>Corporate Priorities and Strategic Aims:</b>   |  |                   |                            |
| <p>The learning from feedback and complaints underpins four of the corporate objectives:</p> <ul style="list-style-type: none"> <li>• To improve and protect the health of the people of Shetland</li> <li>• To provide quality, effective and safe services, delivered in the most appropriate setting for the patient</li> <li>• To redesign services where appropriate, in partnership, to ensure a modern sustainable local health service</li> <li>• To provide best value for resources and deliver financial balance</li> </ul>  |  |                   |                            |
| <b>Implications</b> : <i>Identify any issues or aspects of the report that have implications under the following headings</i>   |  |                   |                            |
| <b>Service Users,</b>   | <i>Provides evidence on patient and public views of patient safety</i> |                   |                            |

|  |  |          |
|--|--|----------|
| <b>Patients and Communities:</b>                       | <i>and quality. Feedback and complaints can contribute significantly to the development of our work on this.</i> |          |
| <b>Human Resources and Organisational Development:</b> | <i>Provides an important learning tool for staff.</i>  |          |
| <b>Equality, Diversity and Human Rights:</b>           | <i>No new issues identified.</i>   |          |
| <b>Partnership Working</b>                             | <i>No specific issues identified</i>   |          |
| <b>Legal:</b>  | <i>No specific issues identified</i>   |          |
| <b>Finance:</b>  | <i>No financial implications</i>   |          |
| <b>Assets and Property:</b>                            | <i>No specific issues identified</i>   |          |
| <b>Environmental:</b>                                  | <i>No specific issues identified</i>   |          |
| <b>Risk Management:</b>                                | <i>No current issues</i>   |          |
| <b>Policy and Delegated Authority:</b>                 |  |          |
| <b>Previously considered by:</b>                       | Data in this report is also shared with the Joint Governance Group   | 21.06.21 |
| <b>“Exempt / private” item</b>                         | <i>Public document</i>   |          |

## NHS Shetland Feedback Monitoring Report 2020\_21 Q3 & Q4

Since April 2017 all NHS Boards in Scotland have been required to monitor patient feedback and to report performance to the Board against a suite of high level indicators determined by the Scottish Public Services Ombudsman (SPSO). This report outlines NHS Shetland's performance against these indicators for the period October 2020 to March 2021 2020\_21 (Q3 & Q4).

Further detail, including the actions taken as a result of each Stage 2 complaint from 1 April 2020 is provided (this allows an overview of types of complaints in year and also for any open complaints at the point of reporting to be completed at a subsequent iteration of the report). All Stage 2 complaint learning from 2019/20 was included in the Feedback and Complaints Annual Report presented to the Board in August 2020.

A summary of cases taken to the Scottish Public Services Ombudsman from April 2019 onwards is included at the end of this report, allowing oversight of the number and progress of these and also the compliance with any learning outcomes that are recommended following SPSO investigation.

### Summary

- Corporate Services recorded 39 pieces of feedback in Quarter 3 of 2020\_21 (1 October 2020 – 31 December 2020) and 47 pieces of feedback in Quarter 4 of 2020\_21 (1 January 2021 – 31 March 2021):

| Feedback Type  | 01.01.21 – 31.03.21 |    | 01.10.20 – 31.12.20<br>(previous quarter) |    |
|----------------|---------------------|----|---|----|
|                | Number              | %  | Number                                    | %  |
| Compliments    | 6                   | 13 | 2   | 5  |
| Concerns       | 27                  | 57 | 22  | 56 |
| Complaints     | 14                  | 30 | 15  | 39 |
| <b>Totals:</b> | <b>47</b>           |    | <b>39</b>                                 |    |

- The Stage 1 and Stage 2 complaints received related to the following areas:

| Service   | 01.01.21 – 31.03.21 |      | 01.10.20 – 31.12.20<br>(previous quarter) |      |
|---|---------------------|------|---|------|
|   | Number              | %    | Number                                    | %    |
| Directorate of Acute and Specialist Services    | 6                   | 42.9 | 5   | 33.3 |
| Directorate of Community Health and Social Care | 6                   | 42.9 | 8   | 53.3 |
| Acute and community                             | 1                   | 7.1  | 0   | -    |
| Corporate                                       | 0                   | -    | 1   | 6.7  |
| Other   | 0                   | -    | 0   | -    |
| Withdrawn                                       | 1                   | 7.1  | 1   | 6.7  |
| <b>Totals:</b>                                  | <b>14</b>           |      | <b>15</b>                                 |      |

## Key highlights

- Complaint numbers are increasing to more typical levels, and in particular there is increased feedback regarding waiting times for non-urgent, but significantly life improving operations, access to dental and mental health services. These pressure areas are not unique to Shetland.
- We received official notification of two complaints referred to the SPSO since the last reporting period (to the end of Q2) but we have not yet heard if they will be investigated. We closed one SPSO set of recommendations in August 2020 and a further referred case to SPSO in Quarter 2 has since been confirmed by them as closed without further investigation.
- ISD no longer collates complaint performance data on a quarterly basis. As NHS Bodies already publish annual reports covering complaints, we are asked instead to include complaints information covering nine Key Performance Indicators (KPIs).

A standardised reporting template regarding the key performance indicators has been agreed with complaints officers and the Scottish Government.

- Compliance with complaint returns from Family Health Service providers remains minimal and for those areas that do submit information the numbers of complaints recorded are negligible. This will continue to be picked up through professional leads.
- Complainant experience in relation to the complaints service provided for Stage 1 and Stage 2 complaints will be included on an annual basis given the low numbers involved.

## Complaints Performance

| <b>Definitions:</b>  |                     |  |
|--|---------------------|--|
| <b>Stage One</b> – complaints closed at Stage One Frontline Resolution;  |                     |  |
| <b>Stage Two (direct)</b> – complaints that by-passed Stage One and went directly to Stage Two Investigation (e.g. complex complaints);  |                     |  |
| <b>Stage Two Escalated</b> – complaints which were dealt with at Stage One and were subsequently escalated to Stage Two investigation (e.g. because the complainant remained dissatisfied) |                     |  |
| <b>1 Complaints closed (responded to) at Stage One and Stage Two as a percentage of all complaints closed.</b>   |                     |  |
| Description  | 01.01.21 – 31.03.21 | 01.10.20 – 31.12.20 (previous quarter) |
| Number of complaints closed at Stage One as % of all complaints  | 38.5%<br>(5 of 13)  | 71.4%<br>(10 of 14)                    |
| Number of complaints closed at Stage Two as % of all complaints  | 53.8%<br>(7 of 13)  | 28.6%<br>(4 of 14)                     |
| Number of complaints closed at Stage Two after escalation as % of all complaints   | 7.7%<br>(1 of 13)   | 0%<br>(0 of 14)                        |
| NB One Stage 1 complaint withdrawn in Quarter 3 and one Stage 2 complaint withdrawn in Q4 so not included in these figures   |                     |  |

| <b>2 The number of complaints upheld/partially upheld/not upheld at each stage as a percentage of complaints closed (responded to) in full at each stage.</b> |                     |  |
|---|---------------------|--|
| <b>Upheld</b>   |                     |  |
| Description   | 01.01.21 – 31.03.21 | 01.10.20 – 31.12.20 (previous quarter) |
| Number of complaints upheld at Stage One as % of all complaints closed at Stage One   | 60%<br>(3 of 5)     | 10%<br>(1 of 10)                       |
| Number complaints upheld at Stage Two as % of complaints closed at Stage Two  | 37.5%<br>(3 of 8)   | -                                      |
| Number escalated complaints upheld at Stage Two as % of escalated complaints closed at Stage Two  | 12.5%<br>(1 of 8)   | -                                      |

| <b>Partially Upheld</b>  |                     |  |
|--|---------------------|--|
| Description  | 01.01.21 – 31.03.21 | 01.10.20 – 31.12.20 (previous quarter) |
| Number of complaints partially upheld at Stage One as % of complaints closed at Stage One                  | 40%<br>(2 of 5)     | 40%<br>(4 of 10)                       |
| Number complaints partially upheld at Stage Two as % of complaints closed at Stage Two                     | 25%<br>(2 of 8)     | 100%<br>(4 of 4)                       |
| Number escalated complaints partially upheld at Stage Two as % of escalated complaints closed at Stage Two | -                   | -                                      |

| <b>Not Upheld</b>  |                     |  |
|--|---------------------|--|
| Description  | 01.01.21 – 31.03.21 | 01.10.20 – 31.12.20 (previous quarter) |
| Number complaints not upheld at Stage One as % of complaints closed at Stage One                     | -                   | 50%<br>(5 of 10)                       |
| Number complaints not upheld at Stage Two as % of complaints closed at Stage Two                     | 25%<br>(2 of 8)     | -                                      |
| Number escalated complaints not upheld at Stage Two as % of escalated complaints closed at Stage Two | -                   | -                                      |

| 3 The average time in working days for a full response to complaints at each stage |                     |  |             |
|--|---------------------|--|-------------|
| Description  | 01.01.21 – 31.03.21 | 01.10.20 – 31.12.20 (previous quarter) | Target      |
| Average time in working days to respond to complaints at Stage One                 | 6                   | 4.6                                    | 5 wkg days  |
| Average time in working days to respond to complaints at Stage Two                 | 27.7                | 33.3                                   | 20 wkg days |
| Average time in working days to respond to complaints after escalation             | 37                  | -                                      | 20 wkg days |

\*Response times for Stage 2 complaints remain significantly impacted upon by capacity due to the Covid-19 Pandemic.

| 4 The number and percentage of complaints at each stage which were closed (responded to) in full within the set timescales of 5 and 20 working days |                     |  |        |
|---|---------------------|--|--------|
| Description   | 01.01.21 – 31.03.21 | 01.10.20 – 31.12.20 (previous quarter) | Target |
| Number complaints closed at Stage One within 5 working days as % of Stage One complaints  | 40%<br>(2 of 5)     | 90%<br>(9 of 10)                       | 80%    |
| Number complaints closed at Stage Two within 20 working days as % of Stage Two complaints   | 43%<br>(3 of 7)     | 75%<br>(3 of 4)                        | 80%    |
| Number escalated complaints closed within 20 working days as % of escalated Stage Two complaints  | 0%<br>(0 of 1)      | -                                      | 80%    |

| 5 The number and percentage of complaints at each stage where an extension to the 5 or 20 working day timeline has been authorised. |                     |  |
|---|---------------------|--|
| Description   | 01.01.21 – 31.03.21 | 01.10.20 – 31.12.20 (previous quarter) |
| % of complaints at Stage One where extension was authorised   | 60%<br>(3 of 5)     | 10%<br>(1 of 10)                       |
| % of complaints at Stage Two where extension was authorised   | 57%<br>(4 of 7)     | 25%<br>(1 of 4)                        |
| % of escalated complaints where extension was authorised  | 100%<br>(1 of 1)    | -                                      |

## Learning from complaints

For Quarters 3 and 4, as noted above, restrictions resulting from the Covid-19 Pandemic have contributed to concerns being raised about potential waiting times, in particular for orthopaedic surgery and for access to dental services. We have also seen an increase in mental health complaints.

## Staff Awareness and Training

Staff are provided with key information on feedback and complaint handling at each induction session. The Feedback and Complaints Officer is available to speak with departments to try and empower more people to feel confident to handle a Stage 1 complaint or signpost effectively to the appropriate support. Reminders about the process and the value of feedback have been put in staff briefings.

A management bundle on feedback and complaints has been developed for delivery by the Feedback and Complaints Officer through 2020. Work will be done to consider how best to deliver this virtually in 2021. Staff are also able to access excellent national e-learning resources regarding feedback and complaint handling, including investigation skills, through TURAS Learn.

Stage 2 complaints received 1 April 2020 to 31 March 2021

|   | Summary   | Staff Group(s)      | <= 20 wkg days | If not, why  | Outcome     | Findings/Actions  |
|---|---|---------------------|----------------|--|-------------|---|
| 1 | Complainant felt there could have been an earlier diagnosis of cancer | Consultant/GP       | Yes            |  | Part upheld | <ul style="list-style-type: none"> <li>No evidence to suggest outcome would have been different with an earlier diagnosis. Decision making at each stage found to be understandable in the circumstances.</li> <li>Review of systems to ensure a safe process for the review and communication of results.</li> </ul> |
| 2 | Availability of results and potential harm in delay                   | Medical Records/A&E | Yes            |  | Upheld      | <ul style="list-style-type: none"> <li>Longer term looking at an electronic ordering system. Until then a daily histology report from Aberdeen has been put in place to avoid issues with postal delays.</li> </ul>   |
| 3 | Late diagnosis and not informed directly                              | Consultant          | N              | Delay in investigation due to leave                            | Upheld      | <ul style="list-style-type: none"> <li>Patient offered consultation with consultant to discuss concerns raised and also to identify any ongoing clinical issues. Patient has confirmed they are satisfied with the outcome.</li> </ul>  |
| 4 | Significant delay in diagnosing rare disease                          | Consultant          | N              | Input from a number of clinicians including out with NHSS      | Upheld      | <ul style="list-style-type: none"> <li>Full apology given and meeting offered to discuss pathway to diagnosis.</li> <li>Medical training session organised with specialist consultant to raise awareness of distinct, but rare symptoms.</li> </ul>   |
| 5 | Staff attitude  | Consultant          | N              | Delay in investigation due to leave and capacity in department | Part upheld | <ul style="list-style-type: none"> <li>Acceptance that manner may have been brusque and apologies given for causing distress, however the message was seen to have been professionally necessary to impart.</li> </ul>  |
| 6 | Poor experience of appointment, including staff attitude              | Consultant          | N              | Capacity to conclude investigation                             | Upheld      | <ul style="list-style-type: none"> <li>Full apology given for patient's perception of appointment which was recognised to be rushed, despite best intentions.</li> </ul>  |



|    |  |                     |   |  |             |   |
|----|--|---------------------|---|--|-------------|---|
| 7  | Treatment and staff attitude   | GP                  | Y |  | Part upheld | <ul style="list-style-type: none"> <li>No evidence to support concern about staff attitude, however learning points identified regarding process. Education session put in place.</li> </ul>  |
| 8  | Data protection concerns   | GP/Admin            | N | Capacity due to Covid-19 response, plus additional concerns raised                   | Part upheld | <ul style="list-style-type: none"> <li>Miscommunication and misunderstanding of what records would be released.</li> <li>Process for handling Subject Access Requests under review.</li> <li>No evidence of fraudulent access.</li> </ul>   |
| 9  | Concerns about physical and mental health issues                                     | Acute and community | N | Complexity across multiple health disciplines and capacity to conclude investigation | Part upheld | <ul style="list-style-type: none"> <li>Despite delay to final written sign off, the complaint was handled immediately on receipt due to impact on care being provided, including prescribing plans.</li> <li>Process reviewed regarding follow up for patient.</li> </ul>   |
| 10 | Concern about discharge and care at home   | Acute and community | Y |  | Not upheld  | <ul style="list-style-type: none"> <li>Discharge process found to be in line with best practice in terms of NoK contact.</li> </ul>   |
| 11 | Treatment by and behaviour of consultant and nurses on ward                          | Medical/nursing     | N | Capacity to conclude investigation, plus annual leave                                | Part upheld | <ul style="list-style-type: none"> <li>Treatment in line with diagnosis, however it was felt communication with the complainant could have been better.</li> </ul>  |
| 12 | Upset at the way family members were treated when trying to access help out of hours | Acute               | Y |  | Part upheld | <ul style="list-style-type: none"> <li>Correct procedure had been followed initially but the delay led the family to contact the hospital with an outcome that was not as helpful as it could have been. In future, should a similar situation arise, the Senior Nurse for the hospital will contact the District Nurse directly to arrange to visit and assess the patient.</li> </ul> |
| 13 | Lack of service and staff attitude   | Mental health       | Y |  | Part upheld | <ul style="list-style-type: none"> <li>Satisfied a process was being following to try and support the patient with the aim of finding an appropriate treatment plan.</li> <li>No evidence to support staff had been abrupt.</li> <li>Communication could have been improved.</li> </ul>   |
| 14 | Staff behaviour during home visits   | Child Health        | Y |  | Part upheld | <ul style="list-style-type: none"> <li>Staff were carrying out duties as expected, including trying to give specific techniques to help reach developmental milestones.</li> </ul>  |

|    |  |                 |   |  |  |   |
|----|--|-----------------|---|--|--|---|
|    |  |                 |   |  |  | <ul style="list-style-type: none"> <li>• Communication about timing of visits considered and meeting offered to try and resolve concerns.</li> </ul>  |
| 15 | Care and treatment by nursing and medical staff during inpatient stays                           | Medical/nursing | N | Complex complaint and capacity to conclude investigation | Part upheld  | <ul style="list-style-type: none"> <li>• Lack of evidence found through investigation to feel assured that nursing care had been satisfactory – unreserved apology given. Improvement plan in place on ward.</li> <li>• Discussions with patient and family member about end of life care were necessary but communication was recognised as very difficult, despite everyone’s best intentions.</li> <li>• Meeting offered to discuss ongoing concerns.</li> </ul>   |
| 16 | Concerns regarding a lack of communication, staff rudeness and perceived failure in duty of care | Medical/nursing | Y |  | <ul style="list-style-type: none"> <li>• Upheld</li> </ul> | <ul style="list-style-type: none"> <li>• Where visiting is restricted, the medical and nursing teams will seek the consent of the patient and will provide daily updates to the identified next of kin.</li> <li>• Work is being done with the nursing team to review daily communications and thorough discharge planning with a checklist so that it is clearly documented what support is required to ensure a patient is supported to be discharged safely.</li> <li>• Medical staff to receive a refresher in cognitive assessments, concentrating on when collateral history taking is appropriate (this means as well as speaking to the patient they take into account the perspective of loved ones or carers).</li> </ul> |
| 17 | Concerns about care and treatment  | Mental health   | Y |  | Not upheld   | <ul style="list-style-type: none"> <li>• No evidence found to support the complainant’s view, however staff have been asked to reflect on how they communicate with patients in distress around discharge and onward referral, ensuring that any decisions around treatment, discharge and/or onward referrals are understood at the time by the patient.</li> </ul>  |
| 18 | Emergency response and care  | Out of hours GP | N | Delayed to check information with SAS                    | Part upheld  | <ul style="list-style-type: none"> <li>• Out of Hours locum pack to be reviewed and updated with specific information in order to take cognisance of the non-doctor island communities – Bressay, Foula,</li> </ul>   |

|    |   |                     |   |   |        |   |
|----|---|---------------------|---|---|--------|---|
|    |   |                     |   |   |        | <p>Papa Stour and Fair Isle and how to arrange ferries and transport links should they be required.</p> <ul style="list-style-type: none"> <li>• Recommendation that SAS updates its processes to be clear regarding the inter-Island transport links for Shetland.</li> </ul>  |
| 19 | Delay in providing supportive information for external agency claim | Mental health       | N | Capacity in team to respond   | Upheld | <ul style="list-style-type: none"> <li>• Training will be provided for staff on how to complete forms requesting information about patients. The forms will be given to the member of staff who has the best or closest relationship with the patient, as they will be best placed to complete the form.</li> <li>• Timescales will be taken into account when information is requested about patients and/or forms need to be completed. Both staff and patients will have a clearer understanding of the time that is required to complete a form or obtain information.</li> </ul> |
| 20 | Family of patient raised concerns about end of life care provided   | Acute and community | N | Complex complaint involving a number of individuals including a former employee | Upheld | <ul style="list-style-type: none"> <li>• A number of failings identified in end of life care – unreserved apology given.</li> <li>• Significant communication issues across teams and some decisions made that, had they been reviewed, may have resulted in a more patient centred pathway that would have also been of comfort to the family.</li> </ul>  |

Cases escalated to the Scottish Public Services Ombudsman from 1 April 2019 to 19 May 2021

| Date notified with SPSO | Our complaint ref | SPSO ref  | Area of complaint  | Date of SPSO outcome | SPSO outcome          | SPSO recommendations   | Action update   | Board/SPSO status         |
|-------------------------|-------------------|-----------|--|----------------------|-----------------------|--|---|---------------------------|
| <b>Notified 2019/20</b> |                   |           |  |                      |                       |  |   |                           |
| 21.10.19                | 2018_19_24        | 201902265 | Unreasonable attempt to continue procedure and should have been stopped sooner | 09.06.20             | Upheld                | 1. letter of apology for the failings identified by 10.08.20<br>2. Evidence that this matter has been fed back to relevant medical staff in a supportive manner that encourages learning by 09.10.20<br>3. Evidence that the junior doctor included this case in their appraisal by 10.08.20 | File submitted 07.11.19<br>Letter of apology sent to family<br>Evidence sent to SPSO for all three actions 10.08.20 | Considered closed by SPSO |
| 09.01.20                | 2019_20_16        | 201908764 | GP attitude during consultation  | 09.01.20             | Will not take forward | None   |   | Closed                    |
| <b>Notified 2020/21</b> |                   |           |  |                      |                       |  |   |                           |
| 12.08.20                | 2018_19_18        | 201907983 | Complication following surgical procedure                                      | 07.01.21             | Will not take forward | None   | Additional information submitted for consideration  | Closed                    |
| 02.03.21                | 2019_20_08        | 202007880 | Care provided following off island procedure                                   |                      |                       |  | Files submitted for review  | Open                      |
| <b>Notified 2021/22</b> |                   |           |  |                      |                       |  |   |                           |
| 30.04.21                | 2020_21_18        | 202008807 | Care provided by CMHT  |                      |                       |  | Files submitted for review  | Open                      |

**Key:**

Grey – no investigation undertaken nor recommendations requested by SPSO  
 Green – completed response and actions  
 Amber – completed response but further action to be taken at the point of update  
 No colour – open case