

# NHS Shetland

<b>Meeting:</b>	<b>Shetland NHS Board</b>
<b>Meeting date:</b>	<b>22 June 2023</b>
<b>Agenda reference:</b>	<b>Board Paper 2023/24</b>
<b>Title:</b>	<b>Feedback Monitoring Report Q4</b>
<b>Responsible Executive/Non-Executive:</b>	<b>Michael Dickson</b>
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## 1 Purpose

**This is presented to the Board for:**

- Awareness

**This report relates to:**

- Government policy/directive

**This aligns to the following NHSScotland quality ambition(s):**

- Safe
- Effective
- Person Centred

## 2 Report summary

### 2.1 Situation

All NHS Boards in Scotland are required to monitor patient feedback and to receive performance reports 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 January 2023 to March 2023 (Q4).

The Board is receiving the report for awareness.

### 2.2 Background

The Patient Rights (Scotland) Act 2011 and associated Regulations place a duty on all Boards to receive, log and respond to complaints, with an emphasis on supporting individual complainants and also taking forward organisational learning. There is a requirement for complaint handling data to be brought to the attention of NHS Boards.

A national Model Complaint Handling Procedure was implemented by all NHS Scotland Boards in April 2017 and this introduced nine key performance indicators for compliance to be measured against.

## **2.3 Assessment**

Complaint numbers are relatively small owing to the size of the Board and trend analysis is less possible because of this. Low numbers can also skew performance statistics, however the narrative for the more significant Stage 2 complaints allows Board and Committee Members the ability to seek clarity and additional assurance as required.

### **2.3.1 Quality/ Patient Care**

Learning from feedback and complaints is one of a number of ways of improving patient safety and the quality of patient care.

### **2.3.2 Workforce**

Staff involved in complaint investigations receive support as required.

### **2.3.3 Financial**

Ineffectual complaint handling has the potential to lead to litigation.

### **2.3.4 Risk Assessment/Management**

The complaint handling service is fragile and efforts continue to try and introduce additional capacity. The ability of managers to give complaint investigations the attention they require also remains challenging due to service pressures.

### **2.3.5 Equality and Diversity, including health inequalities**

The Complaints Handling Procedure is operated in line with the Board's equality duties.

### **2.3.6 Other impacts**

N/a

### **2.3.7 Communication, involvement, engagement and consultation**

N/a

## **2.4 Recommendation**

- **Awareness** – For Members' information only.

## NHS Shetland Feedback Monitoring Report 2022\_23 Quarter 4

All NHS Boards in Scotland are required to monitor patient feedback and to receive and consider performance information against a suite of high level indicators as determined by the Scottish Public Services Ombudsman (SPSO). A standardised reporting template regarding the key performance indicators has been agreed with complaints officers and the Scottish Government. This report outlines NHS Shetland's performance against these indicators for the period January to March 2023 (Quarter 4).

Further detail, including the actions taken as a result of each Stage 2 complaint from 1 April 2022 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 in a subsequent iteration of the report). All Stage 2 complaint learning from 2022/23 is included in the Feedback and Complaints Annual Report that will be presented to the Board in August 2023.

A summary of cases taken to the Scottish Public Services Ombudsman from April 2020 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 42 pieces of feedback in Quarter 4 of 2022/23 (1 January 2023 – 31 March 2023):

Feedback Type	01.01.23 – 31.03.23		01.10.22 – 31.12.22 (previous quarter)	
	Number	%	Number	%
Compliments	1	2.4	7	15.2
Concerns	21	50	18	39.1
Complaints	20	47.6	21	45.7
<b>Totals:</b>	<b>42</b>		<b>46</b>	

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

Service	01.01.23 – 31.03.23		01.10.22 – 31.12.22 (previous quarter)	
	Number	%	Number	%
Directorate of Acute and Specialist Services	7	35	7	33.3
Directorate of Community Health and Social Care	9	45	10	47.6
Acute and community	1	5	-	-
Corporate	2	10	1	4.8
Other	1	5	3	14.3
Withdrawn	-		-	-
<b>Totals:</b>	<b>20</b>		<b>21</b>	

## Key highlights

- Complaint numbers remain steady from quarter to quarter.
- Performance regarding length of time to respond to Stage 1 complaints has improved again. Responding to Stage 2 complaints within 20 working days remains challenging. This is not unique to NHS Shetland. Stage 2 complaints are often complex and some require input from other Boards and partner organisations which can further elongate the response time.
- We have seen an increase in concerns and complaints about access to dental treatment, including orthodontic care.
- Compliance with complaint returns from Family Health Service providers remains minimal and for those areas that do submit the numbers of complaints recorded are negligible. This will continue to be picked up through professional leads.
- Feedback received in relation to the complaints service provided for Stage 1 and Stage 2 complaints for 2022/23 will be included in the annual report.
- We were given notice of one new case submitted to SPSO. No action is to be taken from this.

## Complaints Performance

### Definitions:

**Stage One** – complaints closed at Stage One Frontline Resolution;

**Stage Two (direct)** – complaints that by-passed Stage One and went directly to Stage Two Investigation (e.g. complex complaints);

**Stage Two Escalated** – complaints which were dealt with at Stage One and were subsequently escalated to Stage Two investigation (e.g. because the complainant remained dissatisfied)

### 1 Complaints closed (*responded to*) at Stage One and Stage Two as a percentage of all complaints closed.

Description	01.01.23 – 31.03.23	01.10.22 – 31.12.22 (previous quarter)
Number of complaints closed at Stage One as % of all complaints	36.8% (7 of 19)	78.9% (15 of 19)
Number of complaints closed at Stage Two as % of all complaints*	63.2% (12 of 19)	21.1% (4 of 19)
Number of complaints closed at Stage Two after escalation as % of all complaints	0% (0 of 19)	0% (0 of 19)

\* One complaint remains open and is progressing under Duty of Candour

### 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.

#### Upheld

Description	01.01.23 – 31.03.23	01.10.22 – 31.12.22 (previous quarter)
Number of complaints upheld at Stage One as % of all complaints closed at Stage One	42.86% (3 of 7)	53.3% (8 of 15)
Number complaints upheld at Stage Two as % of complaints closed at Stage Two	16.67% (2 of 12)	25% (1 of 4)
Number escalated complaints upheld at Stage Two as % of escalated complaints closed at Stage Two	0% (0 of 0)	0% (0 of 0)

#### Partially Upheld

Description	01.01.23 – 31.03.23	01.10.22 – 31.12.22 (previous quarter)
Number of complaints partially upheld at Stage One as % of complaints closed at Stage One	28.57% (2 of 7)	20% (3 of 15)
Number complaints partially upheld at Stage Two as % of complaints closed at Stage Two	50% (6 of 12)	75% (3 of 4)
Number escalated complaints partially upheld at Stage Two as % of escalated complaints closed at Stage Two	0% (0 of 0)	0% (0 of 0)

#### Not Upheld

Description	01.01.23 – 31.03.23	01.10.22 – 31.12.22 (previous quarter)
Number complaints not upheld at Stage One as % of complaints closed at Stage One	28.57% (2 of 7)	26.7% (4 of 15)
Number complaints not upheld at Stage Two as % of complaints closed at Stage Two	33.33% (4 of 12)	% (0 of 4)
Number escalated complaints not upheld at Stage Two as % of escalated complaints closed at Stage Two	0% (0 of 0)	0% (0 of 0)

<b>3 The average time in working days for a full response to complaints at each stage</b>			
Description	01.01.23 – 31.03.23	01.10.22 – 31.12.22 (previous quarter)	Target
Average time in working days to respond to complaints at Stage One	4	4.86	5 wkg days
Average time in working days to respond to complaints at Stage Two	35	36.25	20 wkg days
Average time in working days to respond to complaints after escalation	-	-	20 wkg days

<b>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</b>			
Description	01.01.23 – 31.03.23	01.10.22 – 31.12.22 (previous quarter)	Target
Number complaints closed at Stage One within 5 working days as % of Stage One complaints	71.4% (5 of 7)	66.7% (10 of 15)	80%
Number complaints closed at Stage Two within 20 working days as % of Stage Two complaints	25% (3 of 12)	0% (0 of 4)	80%
Number escalated complaints closed within 20 working days as % of escalated Stage Two complaints	-	-	80%

<b>5 The number and percentage of complaints at each stage where an extension to the 5 or 20 working day timeline has been authorised.</b>		
Description	01.01.23 – 31.03.23	01.10.22 – 31.12.22 (previous quarter)
% of complaints at Stage One where extension was authorised	28.6%	33.3%
% of complaints at Stage Two where extension was authorised	75%	100%
% of escalated complaints where extension was authorised	-	-

### Staff Awareness and Training

The Feedback and Complaints Officer is available to speak to departments to try and empower more people to feel confident to handle a Stage 1 complaint or signpost effectively to the appropriate support. Reminders have been put in staff briefings and there is a renewed organisational push on mandatory training (for which there is a Feedback and Complaints eLearning module). A more detailed management bundle on feedback and complaints has been developed for delivery by the Feedback and Complaints Officer. Staff are 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 2022 to 31 March 2023

	Summary	Staff Group(s)	<= 20 wkg days	If not, why	Outcome	Findings/Actions
1	Complainant's procedure which they had travelled away for was cancelled at very short notice for a reason they had already made staff aware of	Public Health/GJNH	Y		Upheld	<ul style="list-style-type: none"> <li>• There were missed opportunities to communicate the current guidelines and procedures with the complainant.</li> <li>• Apologies offered for the impact this had on the complainant and their family.</li> </ul>
2	Poor care and treatment	Intermediate Care Team and SIC care home	N	Complex investigation with a number of staff participating	Part upheld	<ul style="list-style-type: none"> <li>• Family had been involved in discharge discussion.</li> <li>• An internal investigation took place regarding information handling with processes changed and lessons learned.</li> <li>• Explanation provided about how medicine consumption had been supported.</li> </ul>
3	Poor cleanliness of ward and toilets during an inpatient stay and samples not removed in a timely manner	Ward and facilities staff	N	Marginally over the 20 days due to annual leave	Part upheld	<ul style="list-style-type: none"> <li>• Apology given that the experience was not optimal. There had been disturbances in the night and general higher noise levels in an open bed bay.</li> <li>• Observed cleaning standards were found to meet national standards and visitors and carers were supported to meet infection control standards.</li> <li>• New signage already in place about visitors not being permitted to use patient facilities.</li> <li>• Further discussion to occur about storing samples waiting for transport to the lab.</li> </ul>
4	Family member advised they could not stay with patient in the high dependency unit	Nursing	N	Meeting with complainant before finalising complaint response	Upheld	<ul style="list-style-type: none"> <li>• Visiting to HDU is open to next of kin at all times. Staff awareness raising to ensure this is communicated to family members and patients and their wishes are accommodated. Information and posters shared with all staff to inform them HDU is open to patient's families.</li> <li>• Apology given for the miscommunication and the impact this had.</li> </ul>

5	Unhappy with consultation and not being listened to	Medical	N	Delay in investigation completion	Part upheld	<ul style="list-style-type: none"> <li>GP felt they had spent significant time with patient to understand the history and to reach a mutually agreed management plan.</li> <li>Apology given that distress had been caused.</li> </ul>
6	Lack of treatment and care following discharge	Community health and social care	N		Not upheld	<ul style="list-style-type: none"> <li>Clear evidence of appropriate discharge planning found.</li> </ul>
7	Potential treatment error and pain caused	Medical	N	One day late	Upheld	<ul style="list-style-type: none"> <li>Apology given for mistake in preparation for treatment</li> </ul>
8	Failure to diagnose broken bone	Medical	Y		Upheld	<ul style="list-style-type: none"> <li>Apology given for missing the fracture and the way the patient had felt during the consultation</li> <li>Next day surgical review safety netting had not happened and no review appointment made. This has been reviewed by the team</li> </ul>
9	Support in place for family member	Community health and social care	N	Complex across a number of areas	Not upheld	<ul style="list-style-type: none"> <li>Determined an appropriate level of assessment had been carried out, including tools, observational visits and discussions. No evidence found to support concerns raised.</li> </ul>
10	Concerns about service over a prolonged period	Mental health	N	Capacity within team	Upheld	<ul style="list-style-type: none"> <li>Review identified lack of communication and the way the team communicated with the family highlighted as an issue that must be addressed.</li> <li>Signposting and information for patients and carers on how to access mental health services will be addressed.</li> </ul>
11	Painful examination and viewpoint on Covid regulations	Medical	Y		Not upheld	<ul style="list-style-type: none"> <li>No evidence to support concerns raised</li> </ul>
12	Failure to diagnose	Medical and nursing	N	Annual leave	Part upheld	<ul style="list-style-type: none"> <li>Apology given that complainant had suffered pain for such a long time. Whilst the treatment received would not have differed greatly with earlier diagnosis, there would have been a prevention of repeated trips to appointments and a decrease in anxiety due to this.</li> </ul>



13	Prescribing error	Medical	N	Annual leave	Part upheld	<ul style="list-style-type: none"> <li>• Care actioned in a timely and appropriate manner, with medication prescribed that was felt would help the condition, with full understanding of medical history.</li> <li>• Clinician to reflect on communication about this as part of their annual appraisal.</li> </ul>
14	Care provided	Mental health	N	Annual leave and capacity within team	Not upheld	<ul style="list-style-type: none"> <li>• Treatment offered was appropriate, but apology given if manner came across as curt.</li> </ul>
15	Premature discharge	Acute	N	Annual leave and capacity within team	Part upheld	<ul style="list-style-type: none"> <li>• Patient transferred between wards before discharge which led to a failure in the process. Full apologies given and learning implemented.</li> <li>• Patient was very keen for discharge and multidisciplinary team had undertaken appropriate assessments.</li> </ul>
16	Treatment and care of family member	GP	N	Annual leave and capacity within team	Part upheld	<ul style="list-style-type: none"> <li>• In person appointment offered but declined due to transport issues. Follow up reasonable but with hindsight GP regrets not seeing patient when contacted several days later.</li> </ul>
17	Significant delay in diagnosis and dismissal of pain – lack of apology	GP	N	Delayed due to seeking clarity on repeated complaint	Upheld	<ul style="list-style-type: none"> <li>• Corporate apology given and commitment to support forward treatment plan reiterated.</li> </ul>
18	Communication and treatment following diagnosis	Acute	N	Annual leave and capacity within team	Part upheld	<ul style="list-style-type: none"> <li>• Found communication regarding treatment waits and support available could have been improved.</li> </ul>
19	Staff attitude	GP and admin	N	Complex, and additional information being added to complaint	Not upheld	<ul style="list-style-type: none"> <li>• Explanation provided that the issue had not arisen where the complainant felt it had.</li> <li>• No evidence to suggest inappropriate behaviour.</li> </ul>
20	Diagnosis and treatment	Medical and admin	Y		Upheld	<ul style="list-style-type: none"> <li>• Apology given for the delay in referral to specialist services, including an error in process. Referral now in place and awaiting appointment.</li> </ul>
21	Miscommunication regarding procedure	GP	N	Annual leave and capacity within team	Part upheld	<ul style="list-style-type: none"> <li>• Apology given for distress caused.</li> </ul>

						<ul style="list-style-type: none"> <li>Practice undertaking a process to take to the GP cluster, and a Learning Event Review with outcome to be shared with the Medical Director.</li> </ul>
22	Failure to treat	Medical	N	Annual leave	Not upheld	<ul style="list-style-type: none"> <li>Apology offered if manner appeared blunt but information was necessary to explain treatment options open.</li> </ul>
23	Policy/lack of service provision	Community nursing	N	Complex complaint, also staff absences	Part upheld	<ul style="list-style-type: none"> <li>Ex-gratia payment to be made to cover expenses.</li> <li>Wider discussion to be revisited with the community regarding provision.</li> </ul>
24	Parental consent to assessment	AHP	N	Pressure on service	Not upheld	<ul style="list-style-type: none"> <li>No record found that permission was required from both parents. After the age of 12, a child may be considered responsible enough to give their own consent. Explanation given that assessment had not been progressed.</li> </ul>
25	Inappropriate assessment as end of life	Medical	N	Complex, multi responses	Not upheld	<ul style="list-style-type: none"> <li>Patient considered to have received appropriate care, with the team acting in good faith in line with the clinical information available to them.</li> </ul>
26	Miscommunication regarding medication/staff attitude	Consultant/Independent Provider	N		Part upheld	<ul style="list-style-type: none"> <li>Highlighted a system issue where certain patients need to be communicated with at a different level. Work to be done with a view to improving communication around time sensitive medication and supply expectations.</li> <li>Independent provider to respond directly regarding staff attitude.</li> </ul>
27	End of life care	GP	Y		Part upheld	<ul style="list-style-type: none"> <li>Apologies offered concerning end of life experience, with explanation given that it was felt the treatment would alleviate distress.</li> </ul>
28	Lack of dental service	Dental	N	Staff absence	Part upheld	<ul style="list-style-type: none"> <li>Previous issues explained in relation to understanding when it would be appropriate to receive treatment.</li> <li>Referral error apologised for.</li> </ul>

29	Poor experience	Dental	N	Staff absence	Not upheld	<ul style="list-style-type: none"> <li>Treatment was necessary and no breach of duty was found to have occurred.</li> </ul>
30	Letter written by consultant to GP	Medical	N	Staff absence	Part upheld	<ul style="list-style-type: none"> <li>Explained had the patient's best intentions in mind when writing the letter and apology given for the upset that was caused.</li> </ul>
31	Travel expenses caused by cancelled appointment	Patient Travel	Y		Upheld	<ul style="list-style-type: none"> <li>Apology given for experience. The advice given was correct but due to timing it would not have averted the issue.</li> </ul>
32	Missed diagnosis	Medical			Open	

Cases escalated to the Scottish Public Services Ombudsman from 1 April 2020 to May 2023

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 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	26.08.21	Will not take forward	Has determined the Board's responses to be reasonable and no significant issues overlooked.	Files submitted for review	Closed
<b>Notified 2021/22</b>								
30.04.21	2020_21_18	202008807	Care provided by CMHT	07.07.21	Will not take forward	Response reasonable based on the advice received.	Files submitted for review	Closed
<b>Notified 2022/23</b>								
30.11.22	2021_22_24	202111117	Potential long Covid treatment	30.11.22	Will not take forward	None		Closed
<b>Notified 2023/24</b>								
05.04.23	2021_22_08	202200363	Provision of physiotherapy	05.04.23	Will not take forward	None – advised timed out		Closed

**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