

NHS Shetland

Meeting:	Shetland NHS Board
Meeting date:	25 June 2024
Agenda reference:	Board Paper 2024/25/19
Title:	Feedback Monitoring Report Q4
Responsible Executive/Non-Executive:	Brian Chittick
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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 2024 to March 2024 (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 work is progressing to 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 2023_24 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 2024 (Quarter 4).

Further detail, including the actions taken as a result of each Stage 2 complaint from 1 April 2023 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: <https://www.nhsshotland.scot/downloads/file/1417/feedback-and-complaints-annual-report-2022-23>.

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.

In liaison with the clinical directors who handle the investigation of the majority of complaints received, the Feedback and Complaints team is considering ways in which assurance can be provided to the committee regarding whether actions have been concluded and the sharing of organisational learning. Less progress has been made than had been hoped but it has been agreed, through the consideration of budgetary cost pressures, to create a Feedback and Complaints administrative post that will in part support this agenda.

Summary

- Corporate Services recorded 56 pieces of feedback in Quarter 4 of 2023/24 (1 January 2024 – 31 March 2024). For clarity these figures include all salaried GP practices (note this has become 9 of 10 practices in Shetland for the purposes of Quarter 4 reporting):

Feedback Type	01.01.24 – 31.03.24		01.10.23 – 31.12.23 (previous quarter)	
	Number	%	Number	%
Compliments	3	5.4	5	10.6
Concerns	30	53.6	21	44.7
Complaints	22	41	21	44.7
Totals:	55		47	

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

Service	01.01.24 – 31.03.24		01.10.23 – 31.12.23 (previous quarter)	
	Number	%	Number	%
Directorate of Acute and Specialist Services	7	34.8	7	33.3
Directorate of CH&SC	10	43.5	11	52.4
Acute and community	4	17.4	1	4.8
Corporate	1	4.3	-	-
Other	-		2	9.5
Totals:	22		21	

Key highlights

- Feedback numbers increased in Quarter 4 and unfortunately there were a number of Stage 2 complaints received at the same time, which then means they are due out at the same time.
- Performance regarding length of time to respond to Stage 1 complaints has decreased from the last quarter. Responding to Stage 2 complaints within 20 working days remains challenging, and for the second quarter running no Stage 2 complaints met the target. 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.
- Complaint returns from Family Health Service providers are being sought on an annual basis and for those areas that do submit returns the numbers of complaints recorded are low. This will continue to be picked up as a reporting requirement through professional leads.
- With regard to the two cases submitted to SPSO in the time period, these are now closed, other than to try to meet with one of the complainants. We are waiting to hear if they still wish to pursue this. We have one new litigation case regarding a delayed diagnosis which is in an early stage of information gathering.

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	01.01.24 – 31.03.24	01.10.23 – 31.12.23 (previous quarter)
Number of complaints closed at Stage One as % of all complaints	70% (14 of 20)	57% (12 of 21)
Number of complaints closed at Stage Two as % of all complaints	20%* (4 of 20)	43% (9 of 21)
Number of complaints closed at Stage Two after escalation as % of all complaints	10% (2 of 20)	0% (0 of 21)

*Two Stage 2 complaints remain open at the time of report writing

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	01.01.24 – 31.03.24	01.10.23 – 31.12.23 (previous quarter)
Number of complaints upheld at Stage One as % of all complaints closed at Stage One	64.3% (9 of 14)	50% (6 of 12)
Number complaints upheld at Stage Two as % of complaints closed at Stage Two	25% (1 of 4)	33.33% (3 of 9)
Number escalated complaints upheld at Stage Two as % of escalated complaints closed at Stage Two	0% (0 of 2)	-

Partially Upheld

Description	01.01.24 – 31.03.24	01.10.23 – 31.12.23 (previous quarter)
Number of complaints partially upheld at Stage One as % of complaints closed at Stage One	21.4% (3 of 14)	16.67% (2 of 12)
Number complaints partially upheld at Stage Two as % of complaints closed at Stage Two	50% (2 of 4)	55.56% (5 of 9)
Number escalated complaints partially upheld at Stage Two as % of escalated complaints closed at Stage Two	100% (2 of 2)	-

Not Upheld

Description	01.01.24 – 31.03.24	01.10.23 – 31.12.23 (previous quarter)
Number complaints not upheld at Stage One as % of complaints closed at Stage One	14.3% (2 of 14)	33.33% (4 of 12)
Number complaints not upheld at Stage Two as % of complaints closed at Stage Two	25% (1 of 4)	11.11% (1 of 9)
Number escalated complaints not upheld at Stage Two as % of escalated complaints closed at Stage Two	0% (0 of 2)	-

3 The average time in working days for a full response to complaints at each stage			
Description	01.01.24 – 31.03.24	01.10.23 – 31.12.23 (previous quarter)	Target
Average time in working days to respond to complaints at Stage One	8.6	4	5 wkg days
Average time in working days to respond to complaints at Stage Two	41.8	36.4	20 wkg days
Average time in working days to respond to complaints after escalation	43	-	20 wkg days

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	01.01.24 – 31.03.24	01.10.23 – 31.12.23 (previous quarter)	Target
Number complaints closed at Stage One within 5 working days as % of Stage One complaints	29% (4 of 14)	83% (10 of 12)	80%
Number complaints closed at Stage Two within 20 working days as % of Stage Two complaints	0% (0 of 4)	0% (0 of 9)	80%
Number escalated complaints closed within 20 working days as % of escalated Stage Two complaints	0% (0 of 2)	-	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	01.01.24 – 31.03.24	01.10.23 – 31.12.23 (previous quarter)
% of complaints at Stage One where extension was authorised	71%	17%
% of complaints at Stage Two where extension was authorised	100%	100%
% of escalated complaints where extension was authorised	100%	-

Staff Awareness and Training

The Feedback and Complaints Officer is available to speak to individuals or 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 as required. 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 2023 to 31 March 2024

	Summary	Staff Group(s)	<= 20 wkg days	If not, why	Outcome	Findings/Actions
1	Concerns about care provided	Maternity	Y		Part upheld	<ul style="list-style-type: none"> Full review previously conducted that did not identify negligent practice, however learning was identified which was disseminated within the team.
2	Holistic care concerns	Dental	N	Complex and requiring input from a number of clinicians	Part upheld	<ul style="list-style-type: none"> Treatment sought not felt to be clinically indicated, however outcomes had not been patient centred and there had been a breakdown in communication and shared decision making. MDT meeting recommended to discuss treatment options moving forwards.
3	Lack of access to appropriate disabled changing facilities	Acute/Estates	Y		Upheld	<ul style="list-style-type: none"> Apology given and an acknowledgement of the confines of the older estate. Steps taken to improve the current facilities with short and longer term solutions planned.
4	Lack of treatment at A&E	Nursing	N	Complexity and availability of staff	Upheld	<ul style="list-style-type: none"> No record of attendance, nor recollection so unable to verify exactly what happened. Measures put in place to ensure policies are upheld, and staff will be reminded of the importance of entering data for each patient visit to A&E.
5	Poor communication and access to treatment	Dental	Y		Upheld	<ul style="list-style-type: none"> Explanation given about dental services and additional fixed term funding received which may alleviate the pressure on a short term basis.
6	Consent to share information	A&E	Y		Part upheld	<ul style="list-style-type: none"> In certain circumstances disclosure is deemed to be in the public interest. However staff failed to uphold the data minimisation principle of the UK GDPR and the Board therefore self-reported to the Information Commissioner.

7	Breach of confidentiality	Corporate	N	Slightly delayed getting response out	Upheld	<ul style="list-style-type: none"> Apology given as small numbers in FOI response had the potential to be patient identifiable
8	Staff attitude	A&E	N	Slightly delayed getting response out	Part upheld	<ul style="list-style-type: none"> No evidence of deliberate assumptions being made regarding patient but in future staff asked to take a more sensitive approach
9	Diagnosis and treatment	A&E/GP	N	Complexity and availability of staff	Part upheld	<ul style="list-style-type: none"> Doctor acted appropriately, and worsening advice given regarding returning to A&E but test results not shared with senior. Medication tweaked by GP.
10	Staff attitude	GP	N	Slightly delayed getting response out	Part upheld	<ul style="list-style-type: none"> Both patient and GP felt it had been a difficult consultation. Explanation provided about what had been said, and options for future care outlined
11	Care provided	AHP	N	Delay at start of process due to request for a change in investigator	Upheld	<ul style="list-style-type: none"> Apology given about issues to date and explanation about capacity and fragility of service Meeting arranged to discuss investigation findings and plans for service improvement moving forwards
12	Missed diagnosis and treatment	A&E	N	Staff availability	Part upheld	<ul style="list-style-type: none"> Explanation given about decision not to perform scan which was found to be understandable at the time due to the clinical picture. Greater oversight and holistic treatment would have benefitted the patient, given how busy the department had been. Apology given for long wait and prolonged delay in offering refreshments. Review of how patient comfort is assessed is being completed by the SCN.
13	Treatment and care in hospital	Acute	N	Staff availability	Part upheld	<ul style="list-style-type: none"> Care felt to be appropriate but evidence of poor communication which had led to expectations not being met. Gap in third sector/volunteering noted and fed into partner discussions
14	False information in discharge summary	Acute	N	Staff availability	Upheld	<ul style="list-style-type: none"> Checks should have been done first before further medication offered.

						<ul style="list-style-type: none"> • Unreserved apology offered for the distress caused by some of the content in the discharge letter.
15	Lack of diagnostic test	A&E/GP	N	Marginally delayed (2 days)	Not upheld	<ul style="list-style-type: none"> • Outcome would not have changed had the x-ray been completed sooner • No obligation for the NHS to provide a fit note to an employer for the first seven days of absence
16	No clear route for assessment for child ASN pathway and sense of lack of accountability between departments	Acute and community	N	Verification of findings process delayed	Upheld	<ul style="list-style-type: none"> • Issues described already recognised across departments and progress to implement improvements to the service are underway • Recruitment to two new posts key to this
17	Various issues including a proposed move in GP, lack of progress regarding a new issue and deterioration of underlying health concern	Medical/Primary Care	N	Verification of findings process delayed	Part upheld	<ul style="list-style-type: none"> • Condition found to be being managed in a timely manner, but apology given for experience of being passed between primary and secondary care • Referral for separate issue had not been made due to mild discomfort and surgical risk, but this had now been actioned • Apology given for perceived staff rudeness in A&E • Apology given for ambiguity in reasons given for needing to move health centre
18	Lack of examination and felt to be wasting clinical time	GP	N	Verification of findings process delayed	Part upheld	<ul style="list-style-type: none"> • Issues were found to be dental in nature • Apology offered that complainant had felt the consultation had not gone well, with recognition that a better explanation could have been offered about the decisions taken
19	Delay in treatment, which complainant had previously been advised would not be effective for the particular health issue	Medical	N	Verification of findings process delayed	Part upheld	<ul style="list-style-type: none"> • NICE guidelines referred to and followed • AHP input appropriate but medication prescribed did not follow a fully informed conversation
20	Treatment of child after accident	GBH	N	Delay with a statement and then verification process	Part upheld	<ul style="list-style-type: none"> • The RACH Multi-Disciplinary Team's (MDT) initiative for a more comprehensive plan for patient will help improve the team's response if there are further admissions to the Gilbert Bain Hospital.

						<ul style="list-style-type: none"> • Apology offered for response on the ward round. • Found that the team escalated, reviewed and managed worsening in condition in a timely way. • Although possible a fracture was missed, further imaging was not indicated. Explanation given that the risk of harm from a CT needs to be balanced in each presentation.
21	Staff attitude regarding diagnostic test/consultation	Consultant	N	Staff leave during holiday period	Upheld	<ul style="list-style-type: none"> • Further explanation about clinical findings offered and apology given that offence had been caused. Reflection on case and discussion at medical appraisal regarding the findings
22	Mismanagement of care and stigma	Acute and community	N	Multi-professional response required	Open	
23	Unprofessional behaviour	Consultant	N		Part upheld	<ul style="list-style-type: none"> • Clinically sound but recognition is was a poor consultation. Apology offered and case to be reflected on at appraisal
24	Care and treatment decisions provided to relative	Acute	N	Delay in drafting reply by investigator	Not upheld	<ul style="list-style-type: none"> • Care found to be appropriate in the circumstances, including decision to not immediately transfer • Explanation provided about decisions taken
25	Lack of treatment	A&E	N	Staff annual leave	Upheld	<ul style="list-style-type: none"> • Agreed patient had been failed by poor standard of care on this occasion – diagnosis and appropriate treatment should have been far quicker
26	Lack of care	AHP	N	Delay in drafting reply by investigator	Part upheld	<ul style="list-style-type: none"> • Complainant incorrectly advised about referral • Apology given for this, and for the lack of joined up thinking about the care provided
27	Staff attitude	Consultant	N	Delayed for meeting	Part upheld	<ul style="list-style-type: none"> • Differing recollection of the exact words used but apology given that the consultation had caused distress
28	Failings within service	CMHT	N	Waiting for input from partner Board	Open	

29	Failure to take symptoms seriously leading to delayed diagnosis and treatment	GPs	N		Part upheld	<ul style="list-style-type: none"> Initial presentations did not point to something more serious, however patient should have been given clear safety netting advice to escalate concerns – apology given
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Cases escalated to the Scottish Public Services Ombudsman from 1 April 2020 to May 2024

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
Notified 2020/21								
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
Notified 2021/22								
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
Notified 2022/23								
30.11.22	2021_22_24	202111117	Potential long Covid treatment	30.11.22	Will not take forward	None		Closed
Notified 2023/24								
05.04.23	2021_22_08	202200363	Provision of physiotherapy	05.04.23	Will not take forward	None – advised timed out		Closed
22.02.24	2022_23_18	202302219	Cancer care waits and communication	25.03.24		Seeking early resolution by requesting a meeting takes place	Written to patient offering meeting – not heard back to date	
11.03.24	23_24_02	20230680	Dental care	01.05.24	Will not take forward	The Board's investigation found to be thorough and response supported by evidence	Sent complaint file and clinical records	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