

NHS Shetland

Meeting:	Board Meeting
Meeting date:	23 June 2022
Paper reference:	Board Paper 2022/23/26
Title:	Feedback and Complaints Reporting Q4
Responsible Executive/Non-Executive:	Michael Dickson
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1. Purpose

This is presented to the Board/Committee 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

This report contains feedback and complaint handling information for Quarter 4 of 2021/22 in relation to 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.

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 presented to the August Board Meeting.

2.2. Background

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.

2.3. Assessment

Complaint numbers remain consistent from previous quarters with no identifiable trends regarding areas of concern.

2.3.1. Quality / patient care

Provides evidence of patient and public views of patient safety and quality. Learning from feedback and complaints is one part of the feedback framework that contributes to organisational work on patient quality and safety.

2.3.2. Workforce

Provides an important learning mechanism for staff.

2.3.3. Financial

No issues identified.

2.3.4. Risk assessment/management

Failure to listen to and learn from patient and public experience can be damaging both to the individuals that provide feedback and also has the potential to cause reputational damage from an external scrutiny perspective. Efforts are sustained by the feedback and complaints service and investigating managers to provide a thorough response and meet the mandated response timescales, seeking the best outcome possible for the complainant/s and the organisation.

2.3.5. Equality and Diversity, including health inequalities

No issues identified.

2.3.6. Other impacts

No issues identified.

2.3.7. Route to the meeting

This has been previously considered by the following groups as part of its development. The groups have either supported the content, or their feedback has informed the development of the content presented in this report.

Clinical Governance Committee June 2022.

3. List of appendices

The following appendices are included with this report:

Quarter 4 Feedback and Complaints Report.

NHS Shetland Feedback Monitoring Report 2021_22 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 2022 (Quarter 4).

Further detail, including the actions taken as a result of each Stage 2 complaint from 1 April 2021 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 2020/21 was included in the Feedback and Complaints Annual Report presented to the Board in August 2021:

https://www.shb.scot.nhs.uk/board/meetings/2021/0817/20210817-21_22_29.pdf

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 46 pieces of feedback in Quarter 4 of 2021_22 (1 January 2022 – 31 March 2022):

Feedback Type	01.01.22 – 31.03.22		01.10.21 – 31.12.21 (previous quarter)	
	Number	%	Number	%
Compliments	4	9	3	7
Concerns	17	37	18	42
Complaints	25	54	22	51
Totals:	46		43	

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

Service	01.01.22 – 31.03.22		01.10.21 – 31.12.21 (previous quarter)	
	Number	%	Number	%
Directorate of Acute and Specialist Services	7	28	9	41
Directorate of Community Health and Social Care	15	60	10	45.5
Acute and community	-	-	2	9
Corporate	-	-	-	-
Other	2	8	1	4.5
Withdrawn	1	4	0	
Totals:	25		22	

Key highlights

- Complaint numbers are fairly consistent from quarter to quarter.
- Performance regarding length of time to respond to Stage 1 complaints remains on target. Responding to Stage 2 complaints within 20 working days remains challenging, however in Quarter 4 there was a significant improvement from the previous quarter, with the average response time dropping from 39 to 24 working days.
- One Stage 2 complaint from a previous quarter remains on hold at the request of the complainants. For reporting purposes this will be considered as closed until it is requested to be reopened.
- We are not aware of any complaints escalated to SPSO within Quarter 4.
- 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 2021/22 will be included in the annual report, however a recent concern raised regarding sensitivity and delays in gathering complainant experience has meant we will be reviewing how this is captured moving forwards.

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	01.01.22 – 31.03.22	01.10.21 – 31.12.21 (previous quarter)
Number of complaints closed at Stage One as % of all complaints	54.2% (13 of 24)	76% (16 of 21)
Number of complaints closed at Stage Two as % of all complaints*	33.3% (8 of 24)	24% (5 of 21)
Number of complaints closed at Stage Two after escalation as % of all complaints	12.5% (3 of 24)	0% (0 of 21)

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	01.01.22 – 31.03.22	01.10.21 – 31.12.21 (previous quarter)
Number of complaints upheld at Stage One as % of all complaints closed at Stage One	23% (3 of 13)	62% (10 of 16)
Number complaints upheld at Stage Two as % of complaints closed at Stage Two	25% (2 of 8)	0% (0 of 5)
Number escalated complaints upheld at Stage Two as % of escalated complaints closed at Stage Two	33.3% (1 of 3)	0% (0 of 5)

Partially Upheld

Description	01.01.22 – 31.03.22	01.10.21 – 31.12.21 (previous quarter)
Number of complaints partially upheld at Stage One as % of complaints closed at Stage One	54% (7 of 13)	19% (3 of 16)
Number complaints partially upheld at Stage Two as % of complaints closed at Stage Two	62.5% (5 of 8)	60% (3 of 5)
Number escalated complaints partially upheld at Stage Two as % of escalated complaints closed at Stage Two	0% (0 of 3)	0% (0 of 5)

Not Upheld

Description	01.01.22 – 31.03.22	01.10.21 – 31.12.21 (previous quarter)
Number complaints not upheld at Stage One as % of complaints closed at Stage One	23% (3 of 13)	19% (3 of 16)
Number complaints not upheld at Stage Two as % of complaints closed at Stage Two	12.5% (1 of 8)	40% (2 of 5)
Number escalated complaints not upheld at Stage Two as % of escalated complaints closed at Stage Two	66.7% (2 of 3)	0% (0 of 6)

3 The average time in working days for a full response to complaints at each stage			
Description	01.01.22 – 31.03.22	01.10.21 – 31.12.21 (previous quarter)	Target
Average time in working days to respond to complaints at Stage One	4.6	4.4	5 wkg days
Average time in working days to respond to complaints at Stage Two	24.6	39	20 wkg days
Average time in working days to respond to complaints after escalation	31	-	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	01.01.22 – 31.03.22	01.10.21 – 31.12.21 (previous quarter)	Target
Number complaints closed at Stage One within 5 working days as % of Stage One complaints	84.6% (11 of 13)	87.5% (14 of 16)	80%
Number complaints closed at Stage Two within 20 working days as % of Stage Two complaints	37.5% (3 of 8)	0% (0 of 5)	80%
Number escalated complaints closed within 20 working days as % of escalated Stage Two complaints	33.3% (1 of 3)	-	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		01.10.21 – 31.12.21 (previous quarter)
% of complaints at Stage One where extension was authorised	15.4%	12.5%
% of complaints at Stage Two where extension was authorised	62.5%	100%
% of escalated complaints where extension was authorised	66.7%	-

Learning from complaints

For Quarter 4 there are again no noticeable trends, however one complaint has led to further consideration of the zero tolerance process to determine the criteria for when the procedure is triggered and the checks and balances that are required.

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. A management bundle on feedback and complaints has been developed for delivery by the Feedback and Complaints Officer. 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 2021 to 31 March 2022

	Summary	Staff Group(s)	<= 20 wkg days	If not, why	Outcome	Findings/Actions
1	Treatment and care in the hospital	Medical and nursing	N	Availability of key personnel	Part upheld	<ul style="list-style-type: none"> • Diagnosis and treatment considered reasonable given the medical background the patient presented with. • Learning points identified with aspects of the nursing care.
2	Lack of care following injury, and concerns about treatment thereafter	Medical	N	Delay in final statement	Part upheld	<ul style="list-style-type: none"> • No evidence found to support that the clinical team had acted inappropriately in terms of treatment, however it was recognised the complainant had found certain aspects of their hospital stay unprofessional and an apology was provided for this.
3	Repeated failure to listen to patient and family about diagnosis	Medical	Y		Part upheld	<ul style="list-style-type: none"> • No evidence to suggest the miscommunication had any influence on the treatment plan, however the medical team recognised they could have resolved the patient's concerns earlier and apologised for the frustration this had caused. • Meeting with patient and family about this matter and ongoing health concerns.
4	Concerns about treatment over a number of years and failure to listen to patient about pain levels	Medical and AHP	N	Delay in a statement and capacity to conclude investigation	Part upheld	<ul style="list-style-type: none"> • Concluded that the medical team had made an effort to listen and all recognised the pain experienced was causing disability, however despite best intentions they had not managed to effectively manage pain. • Primary Care team to reflect on learning where there are multiple teams and clinicians involved as to how to create the best person-centred approach and consistency of messaging.
5	Care provided following falls	Medical and Social Care	N	Broad investigation across two organisations	Upheld	<ul style="list-style-type: none"> • Communication failures identified, which had they been avoided may have resulted in a better outcome for the patient. • Review of medical status of patients within health and care services to ensure the information provided is

						sufficient to enable the most appropriate care for the needs of the individual.
6	Staff attitude (escalated from Stage 1)	Admin	Y		Part upheld	<ul style="list-style-type: none"> Recognised interaction was not positive for either party. Apologies offered for the delay in getting answers about family member care resulting from the pandemic, and explanation provided about next steps. Consideration of recording calls if and when the functionality becomes available to the department.
7	Concern prescription is incorrect and patient is not being listened to due to racial prejudice	Medical	Y		Part upheld	<ul style="list-style-type: none"> Medication was correct but the patient's wish for two lower doses had not been explained. No evidence found to support patient's view of racial prejudice. As a newly registered patient a telephone consultation would have been beneficial given the medication required. Medication review to be carried out.
8	Lack of treatment following injury	AHP	N	Complexity of response including input from a number of external clinicians	Not upheld	<ul style="list-style-type: none"> Wording of discharge letter clarified with author and further explained to family. Professionals meeting to be held to enable a holistic discussion of ongoing care needs. Recommendation to adopt a case specific professional group for patients discharged to NHS Shetland in order to provide an early opportunity for all those involved in an individual's care to fully discuss discharge advice and ongoing care requirements.
9	Complainant not satisfied with level of care for family member compared to in another country	Medical	N	Response needed from a number of individuals and also annual leave	Part upheld	<ul style="list-style-type: none"> Investigation found the perceived level of urgency and diagnostic significance attached to a procedure was at odds with previous reported findings. Apology offered for miscommunication regarding a cancelled x-ray.

10	Care and attitude of GP and care in GBH	Primary and secondary care	Y		Part upheld	<ul style="list-style-type: none"> No medical neglect found but appeared to have been some miscommunication and a perceived lack of care for which an apology was offered.
11	Centralised service and travel difficulties for family planning services	Primary care	Y		Part upheld	<ul style="list-style-type: none"> Agreed there had been a reduction in service in part due to the pandemic and in part due to loss of skills within primary care. Explained it was not possible to expect smaller, rural practices to provide all services, and that it is proposed to run a service from two health centres and recruit a new sexual health lead nurse to redesign the provision.
12	Unhappy that options given for place of treatment had not happened in reality	Nursing	Y		Part upheld	<ul style="list-style-type: none"> Despite best efforts it had not been possible to deliver all treatment in Shetland, but this had been met wherever possible.
13	Felt clinical outcome could have been avoided had they received the right treatment. Also felt not being listened to	Medical	N		Not upheld	<ul style="list-style-type: none"> Actions of the team were appropriate and timely, but the patient had severe disease that did not respond to treatment.
14	Concerned symptoms had been missed over the years before a sudden death	Medical	Y		Not upheld	<ul style="list-style-type: none"> Individual had been appropriately investigated and treated for the symptoms presented with. Explained the sudden death could not have been predicted.
15	Lack of assessment for condition	CMHT	N		Part upheld	<ul style="list-style-type: none"> Administrative error apologised for, however the individual did not meet the criteria for assessment.
16	Lack of support from local health centre	Health centre - various	Y		Not upheld	<ul style="list-style-type: none"> No evidence found that the patient was not receiving appropriate care and support, however communication difficulties were evident for all parties.
17	Release of information delayed and incomplete	Corporate	N		Upheld	<ul style="list-style-type: none"> Agreed failure to meet statutory obligations. Review of process and procedures and to ensure all staff are clear about their obligations in this regard.

18	Treatment and attitude of consultant	Medical	N	Unexpected leave	Part upheld	<ul style="list-style-type: none"> • Treatment appropriate but pain scores not regularly recorded, and difference in treatment decisions noted. • Some discussions not appropriate on an open ward.
19	Delay in diagnosis	Medical			On hold	
20	Concern about place of treatment	Dental	N	Meeting delayed response	Part upheld	<ul style="list-style-type: none"> • Complex needs of patient recognised, however some treatments are not possible in all locations. • Communication felt at times to be confused between the dental team and the patient.
21	Perceived lack of continuity of care and diagnostic test not carried out	Medical	N	Annual leave of key individuals	Part upheld	<ul style="list-style-type: none"> • No evidence to suggest a lack of continuity of care but there were communication and information issues to be addressed, flagging a need to improve digital communication for results.
22	Delay in appropriate pain relief and treatment for condition	Medical / nursing	N	Annual leave of key individual	Part upheld	<ul style="list-style-type: none"> • Level of diagnostic assessment and monitoring appeared reasonable, however it became clear the condition was relatively rare and the pathway not well understood. This learning has now been communicated to primary care and hospital based staff.
23	Delay in diagnosis and adequate pain relief	Medical	N	Special leave of key individual	Not upheld	<ul style="list-style-type: none"> • It was considered the patient did receive the correct medication within an appropriate timescales but had then gone on to develop a complication.
24	Inaccurate referral which led to a declined referral	Medical	N	Annual leave of key individuals	Not upheld	<ul style="list-style-type: none"> • Explanation provided about the medical rationale for declining the referral which was not due to the way it had been completed.
25	Difficulty in seeking medical assistance for family member and letter sent re zero tolerance	Medical/admin	Y		Part upheld	<ul style="list-style-type: none"> • An error had been made documenting the correct phone number for call back. • No formal consent found to be in place in records to speak on behalf of the patient. • Recognised by all parties the conversations had been difficult but within the context of the errors and stress of the day it was not clear that a zero tolerance letter

						should have been issued. Procedure to be revisited through the Local Medical Committee to determine the criteria for when the procedure is triggered and the checks and balances that are required.
26	Escalated from S1. Significant delay in receiving antibiotics for relative. NHSS led on complaint on behalf of NHS24 and Highland Hub.	Highland Hub/PCEC	Y		Upheld	<ul style="list-style-type: none"> • Error that the message for required antibiotics was not passed on from Highland Hub to the PCEC. • All parties involved sorry for the patient and family experience – changes to be made to standardise procedures for communicating in the Highland Hub.
27	Concern that health complaint was dismissed as not serious	Medical	N	Minor delay in finalising response (22 wkg days)	Part upheld	<ul style="list-style-type: none"> • Reassurance offered about condition and apology given for communication in the appointment which was recognised had come across as brusque.
28	Communication in regard to treatment understood to be planned following discharge	Mental Health	Y		Not upheld	<ul style="list-style-type: none"> • Apology given that the service and the complainant had a different understanding of next steps and it was acknowledged a face to face meeting may have been beneficial, however there was no indication the treatment would have been appropriate at that point.
29	Prescribing error	Medical	N	Staff absence delayed investigation conclusion	Upheld	<ul style="list-style-type: none"> • Apology given for the prescribing error and a wider review and prescribing audit planned for the practice. • Error was mitigated by pharmacist check and prescription changed.
30	Staff attitude and behaviour	Nursing	N		Part upheld	<ul style="list-style-type: none"> • The information provided was factually correct but the location and manner in which the complainant was informed of this was not appropriate and the staff member was asked to reflect on this.
31	Painful treatment/outcome, and disconnect between associated services	Dental	N	Minor delay in finalising response (22 wkg days)	Part upheld	<ul style="list-style-type: none"> • Treatment clearly detailed in correspondence and in line with review appointment, however there was no defined means of sharing relevant information between teams within the service which is under review by the Information Governance Team.

32	Staff attitude/behaviour	Admin	Y		Part upheld	<ul style="list-style-type: none"> No evidence to suggest the question asked was inappropriate, however it would have preferably not have taken place in front of another family member.
33	Escalated from Stage 1. Treatment	AHP	N	Complex investigation report	Not upheld	<ul style="list-style-type: none"> Sufficient evidence that treatment had not been inappropriate from AHP but that the issue had occurred during previous surgery.
34	Assessment and treatment	Medical	N	Staff absence delayed investigation conclusion	Upheld	<ul style="list-style-type: none"> Assessment was found to be incomplete – individual to reflect on this during appraisal process. Delay in sending notes from one area to another – steps have now been taken to improve this process.
35	Escalated from Stage 1. Procedure	Public Health	N	Staff absence delayed investigation conclusion	Not upheld	<ul style="list-style-type: none"> There was an inability to reconcile the events as described by the complainant and the staff involved but it had been recognised by all as a difficult interaction. No similar feedback received regarding the service.

Cases escalated to the Scottish Public Services Ombudsman from 1 April 2019 to 31 March 2022

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 2019/20								
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 2. Evidence that this matter has been fed back to relevant medical staff in a supportive manner that encourages learning by 09.10.20 3. Evidence that the junior doctor included this case in their appraisal by 10.08.20	File submitted 07.11.19 Letter of apology sent to family 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
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

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