# NHS Golden Jubilee

### **Meeting: NHS Golden Jubilee Board**

### **Meeting date: 28 September 2023**

### **Title: Quarter 1 Feedback Report with Key Performance Indicators (KPI)**

### **Responsible Executive/Non-Executive: Mark MacGregor, Medical Director**

### **Report Author: Katie Bryant, Head of Clinical Risk and Governance**

## 1 Purpose

### This is presented to the Clinical Governance Committee for:

### **Discussion and Noting**

### This report relates to a:

* **Government policy/directive**

### This aligns to the following NHS Scotland quality ambition(s):

* **Safe**
* **Effective**
* **Person Centred**

**This aligns to the following NHSGJ Corporate Objectives:**

* High Performing Organisation – Establishing the conditions for success to enable excellent outcomes and experience for patients and staff

## 2 Report summary

## 2.1 Situation

This paper provides an overview of the quarter 1 activity (April 2023 to June 2023) including the nine Key Performance Indicators (KPI’s) introduced with the revised guidance.

## 2.2 Background

In April 2017 all Health Boards across Scotland implemented the New Scotland complaints Handling Procedure which was led by The Scottish Public Services Ombudsman.  The New Scotland Complaints Handling Procedure Scotland (CHP) has been implemented very well within the NHS Golden Jubilee. The new revised reporting structure with 9 new Key Performance Indicators (KPI) and is reported appropriately through the Clinical Governance structure within the GJ.

## 2.3 Assessment

Appendix 1 provides a report of feedback activity for the period 1st April 2023 – 30th June 2023.

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

Work is ongoing with Division Management Teams to continually monitor and improve our current process to ensure a high quality of responses to patient feedback.  Development of Division Assurance Templates to support the Divisions Confirm and Challenge reports is currently in process. Development of supporting guidance is also under development to provide those investigating and responding to complaints with some useful tools/support to facilitate improved timescales and a more efficient process for developing responses.

### **2.3.2 Workforce**

The patient feedback process undoubtedly presents challenges in various forms to the workforce both from a psychological and capacity perspective.  The organisation is reinforcing support mechanisms for those involved whilst ensuring that learning is the focus of the outcome of patient feedback.

### **2.3.3 Financial**

There is a potential for financial impact to the organisation in relation to claims as a result of adverse events.

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

Patient feedback is managed on a case by case basis and risk assessment is supported where required with escalation to the Significant Adverse Event process if necessary.

### **2.3.5 Equality and Diversity, including health inequalities**An impact assessment has not been completed as this paper provides a report following an analysis of data.

### **2.3.6 Other impacts**

Potential for reputational impact due to the nature and content of the report.

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

The Board has carried out its duties to involve and engage external stakeholders where appropriate:

State how his has been carried out and note any meetings that have taken place.

* Service Clinical Governance Groups, May – July 2023
* Clinical Governance Risk Management Group August 2023

### **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.

* Service Clinical Governance Groups, May – July 2023
* Clinical Governance Risk Management Group August 2023

### **2.4 Recommendation**

* **Awareness** – For Members’ information only.

### **3 List of appendices**

The following appendices are included with this report:

* Appendix No 1, Quarter 1 Feedback Report

**Complaints Report**

Quarter 1 (April 2023 – June 2023)

**Prepared by Paula McPhail, Risk, Feedback and Legal co-ordinator**

1. Overview

The number of formal complaints (24 stage 1 and 16 stage 2) has increased (82%) from the same quarter during 2022-23 (10 stage 1 and 12 stage 2). However, this is a slight decrease (13%) from the previous quarter 4 (27 stage 1 and 19 stage 2).

During quarter 1 there were 17 not upheld, 12 fully upheld, 6 partially upheld, 3 withdrawn, 1 consent not obtained. One complaint was progressed via the Significant Adverse Event process, with an outcome code of 2 (not upheld).

Table 1 – Complaints by Quarter 2022-23 and 2023-24

|  |  |  |  |
| --- | --- | --- | --- |
| **Quarter 2022-23** | **Stage 1** | **Stage 2** | **Total** |
| Quarter 1 (2023-24) | 24 | 16 | 40 |
| Quarter 4 (2022-23) | 27 | 19 | 46 |
| Quarter 3 (2022-23) | 1 | 17 | 18 |
| Quarter 2 (2022-23) | 7 | 14 | 21 |

Timelines for responses continue to remain challenging in terms of completing investigation findings and sign off at Exec level.

We continue to receive a high number of compliments from patients; during quarter 1 there were 61 received and shared with the clinical teams.

Complaint Levels and Response Times within Quarter 1

The below table provides a breakdown of all quarter 1 complaints received by stage and provides reasons for those not responded to within timescale. Two complaints remains open and is over timescales.

Table 2 – Quarter 1 Complaints Breakdown by Stage

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Total rcvd** | **Stage** | **Fully Upheld** | **Partially Upheld** | **Not Upheld** | **Closed within 5 days/20 days** | **Average response times** | **Range****In days** |
| **Q1** | **40** | **Stage 1 = 24\*** | 10 | 10 | 3 | 17 (74%) | 5days | 3 -10 |
| **Stage 2 = 16\*\*** | 2 | 3 | 7 | 7 (58%) | 26.4%\*\*\* | 16-53 |

 \* One complaint was withdrawn (n=23)

\*\*Two withdrawn, one no consent obtained and one progressed to SAER (n=12)

\*\*\* Two remain open at the time of the report (n=10)

Table 3 – Quarter 1 Stage 1 Complaints out with 5 Days

| **Total Overdue** | **Response in days for each complaint** | **Reason for complaint response overdue** |
| --- | --- | --- |
| 6 (42%) | 6 | Delay in receiving patient details and then not sent out by CG until day 4 |
| 6  | Investigating team did not make CG aware that pt has called back and been given date |
| 7 | Unable to contact patient on Day 5 so messages left |
| 7 | Investigator on unplanned leave and then on day off. |
| 9 | CNM unavailable to call patient on day 5 and had to wait on SCN to return from leave and speak with staff |
| 10 | Staff investigating on annual leave and then complex investigation requiring multiple teams input only realised once investigation had come back from others |

**Table 4 – Quarter 1 Stage 2 Complaints out with 20 Days**

|  |  |  |
| --- | --- | --- |
| **Total Overdue** | **Response in days for each complaint** | **Reason for complaint response overdue** |
| 5 (22%) | 29 | Delay in draft response being approved by service |
| 33 | Delay in response being signed off from Exec and DMT level |
| 53 | Complex investigation, delay with sign off due to draft going back and forward |
| 44 | Delay in response being signed off from Exec and DMT level |
| 22 | Contact with patient and investigation findings  |
| Remains open | delay in health board involved response and then delay in sign off of draft response with further questions asked |
| Remains open | Consultant involved on AL, further delay in AMD sign off  |

**Themes and Outcomes of Complaints**

During quarter 1 the following themes were identified.

|  |  |  |
| --- | --- | --- |
| **Theme** | **Number** | **Service** |
| Clinical Treatment  | 10 | General Surgery (3), Orthopaedic (3), Anaesthesia (1), Cardiac (1), Critical Care (1), National Services Division (1) |
| Cancellation of surgery/procedure | 7 | Cardiac Services (4), Orthopaedic (3) |
| Communication | 6 | Business Services (2), Cardiac (1), Corporate Governance (1), Orthopaedic (1), Thoracic (1)  |
| Patient Journey | 6 | Cardiac Services (3), Orthopaedic (2), Ophthalmology (1) |
| Waiting List | 6 | Orthopaedic (4), Interventional Cardiology (2) |
| Administration error | 2 | Orthopaedic (2) |
| Staff Attitude | 1 | Radiology (1) |
| Waiting time for test Results | 1 | Radiology (1) |
| Transport | 1 | Business Services (1) |

There has been an increase in Clinical Treatment complaints (66.6%) since quarter 1 2022/2023. There has been a significant increase in cancellation of surgery/procedure, with only one received in quarter 1 2022/2023.

1. Feedback forms

During Quarter 1 there was one feedback form received which was a compliment for the Coronary Care unit.

1. Other feedback

Detailed below is all other feedback (124) received during Quarter 1.

The below chart shows that compliments were the highest during this period.

**Figure 1 – All Other Feedback Received Quarter 1**

Some of our compliments are noted below:

* Patient wishes to thank Mr Green and the team for the excellent care and treatment they provided
* Patient wishes to thank Martin Hall, nursing team, booking office team for the excellent care whilst attending the hospital. Everyone was professional throughout
* Patient wishes to compliment staff from the moment they arrived they felt in safe hands and reassured at all times (Orthopaedic)
* Family wished to thank all staff in ward 3 East, ICU and HDU. The care, attention and passion received was wonderful
* Patient sent lovely thank you card to Dr. Rocchiccioli and noted the amazing treatment and precise medical care she received and for the dignity and respect she was shown which she will never forget
* Patient wishes to thank staff for the care they received as all staff were friendly and approachable and the ward had a lovely atmosphere (Cardiac Day Unit)
* Thank you to Dr Park and team (Eye Centre)

There are different methods by which patients/visitors can provide feedback to the hospital. Detailed below in Table 5 is the variety of methods that were used during Quarter 1.

Table 5 – Feedback Methods

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|   | Feedback form | Email | Letter | In person | Telephone | Care Opinion | Total |
| Compliment | 1 | 22 | 26 | 0 | 2 | 7 | 58 |
| Stage 1 | 0 | 17 | 1 | 1 | 5 | 0 | 24 |
| Stage 2 | 0 | 10 | 3 | 1 | 2 | 0 | 16 |
| Query | 0 | 8 | 1 | 0 | 4 | 0 | 13 |
| Concern | 0 | 3 | 0 | 0 | 4 | 0 | 7 |
| Shared Complaint | 0 | 4 | 0 | 0 | 0 | 0 | 4 |
| Suggestion | 0 | 1 | 0 | 0 | 0 | 0 | 1 |
| Comment | 0 | 1 | 0 | 0 | 0 | 0 | 1 |
| Total | 1 | 66 | 31 | 2 | 17 | 7 | 124 |

1. SPSO Complaints

There have been five new SPSO requests since the last report and none closed.

| ID | Type | First received | Description | Final outcome | Current Stage | Date requested by SPSO |
| --- | --- | --- | --- | --- | --- | --- |
| 2653 | Stage 2 | 25/07/2022 | Patient unhappy that hip replacement surgery has resulted in a foot drop.  | Partially Upheld | Under SPSO investigation | 17/04/2023 |
| 2108 | Stage 2 | 23/03/2021 | Pt wishes to complain regarding her care in GJ when in for surgery. Room cold, woke up during surgery and specific requested diet not available for patient | Partially Upheld | SPSO Level 2 - request for full investigation | 14/04/2023 |
| 2470 | Stage 2 | 09/02/2022 | Pt would like to know what happened during procedure as they took allergic reaction to a medication we were aware they had an allergy to | Not Upheld | SPSO Level 1 - request info for consideration | 12/04/2023 |
| 2753 | Stage 2 | 13/10/2022 | Patient wishes to make a complaint about his surgeon's professionalism and would like to know the outcome of the follow up appointment and that he has contacted the secretary on 5 occasions with no reply.  | Partially Upheld | SPSO Level 1 - request info for consideration | 12/04/2023 |
| 2474 | Stage 2 | 18/02/2022 | Pt's wife wishes to know details around pt's care.  | Not Upheld | SPSO Level 1 - request info for consideration | 10/05/2023 |
| 2730 | Stage 2 | 28/09/2022 | Patient wishes to complain that after their surgery they were suffering from low oxygen levels and pain however were discharged and subsequently had a DVT | Not Upheld | SPSO Level 1 - request info for consideration | 30/05/2023 |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **ID** | **Type** | **First received** | **Description** | **Final outcome** | **Current Stage**  | **Date requested by SPSO** |
| 2377 | Stage 2 | 25/11/2021 | Patient had surgery in 2018 and since has had ongoing (still to date) issues with wound | Not upheld | Under SPSO Investigation | 02/09/2022 |
| 2502 | Stage 2 | 24/03/2022 | Patient advising they were not briefed prior to procedure, felt pain during procedure and unhappy with the care during/after procedure | Partiallyupheld | Under initial SPSO investigation | 20/12/2022 |

Table 6 – SPSO Complaints open