

NHS Ayrshire & Arran



Meeting:	Ayrshire and Arran NHS Board
Meeting date:	Monday 15 August 2022
Title:	Patient Experience: Feedback and Complaints – Quarter 4 January to March 2022
Responsible Director:	Jennifer Wilson, Nurse Director
Report Author:	Laura Harvey, QI Lead for Patient Experience

1. Purpose

This is presented to the Board for:

- Discussion

This paper relates to:

- Government policy/directive

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

- Safe
- Effective
- Person Centred

2. Report summary

2.1 Situation

The Board is asked to discuss this report on organisational activity in relation to patient, carer and family feedback and complaints in Quarter 4 (January to March 2022), and to note our continued compliance with the complaint handling process.

2.2 Background

This report provides information in keeping with the NHS Complaint Handling Process and the annual requirements as laid out by Scottish Government. It provides information on our performance for Quarter 4 when responding to patient, carer and family complaints, including:

- Feedback and Care Opinion (CO) data
- Number of complaints each month
- Compliance and performance for all stages of the complaint process
- Scottish Public Services Ombudsman (SPSO) referrals and decisions
- Themes and Outcomes
- KPI Template outlining performance in accordance with SPSO requirements

2.3 Assessment

- Our approaches to feedback are currently being reviewed
- Current pressures are affecting our complaint handling performance but plans are in place to improve performance going forward
- More detail in relation to complaint themes is now being collected to help prioritise improvement and learning
- Continued spread of CO responders across all services is ongoing

2.3.1 Quality/Patient Care

The approach to complaint handling ensures that learning and improvement is progressed for all upheld complaints and shared across all relevant services.

Learning from complaints, completing the learning cycle and feedback has the best evidence for bringing about sustainable change and forms the basis for any quality improvement programme. Patient complaints offer the opportunity to change practice and improve patient experience and outcomes.

We are currently reviewing how we evidence improvement from feedback and complaints and have commissioned an Extreme Team to explore and lead on innovative approaches to learning and improvement from complaints.

2.3.2 Workforce

Clinical and management staff are under significant pressure due to the continuing high levels of activity across our services which is impacting their ability to investigate complaints. The QI Lead for Patient Experience and the Complaints Team are working with operational teams to reduce pressure on clinical staff.

2.3.3 Financial

There are no financial implications.

2.3.4 Risk assessment/management

Failure to have in place and to maintain an appropriate feedback, comments, concerns and complaints process could have a significant impact upon NHS Ayrshire and Arran's ability to demonstrate that it firmly understands the risks associated with complaints and the requirement for organisational learning.

2.3.5 Equality and diversity, including health inequalities

An impact assessment is not required as this is an internal document.

2.3.6 Other impacts

This will support the requirements of the Patient Rights (Feedback, Comments, Concerns and Complaints) (Scotland) Directions 2012.

- Best value
 - Performance management
 - The delivery of an effective process for patient experience including feedback, comments, concerns and complaints will support the Board's commitment to safe, effective and person-centred care.

- Compliance with Corporate Objectives
 - Create compassionate partnerships between patients, their families and those delivering health and care services which respect individual needs and values; and result in the people using our services having a positive experience of care to get the outcome they expect.
- Local outcomes improvement plans, community planning
 - Effective feedback, comments, concerns and complaints handling supports the delivery of the Healthcare Quality Strategy.

2.3.7 Communication, involvement, engagement and consultation

This is an internal report to update members on organisational activity in relation to patient, carer and family feedback and complaints in Quarter 4 (January to March 2022) and our compliance with the complaints process. There was therefore no requirement to consult with stakeholders in relation to the formulation of this report.

2.3.8 Route to the meeting

The process for reporting complaint performance has recently been developed to ensure the correct information is shared to inform learning and improvement and support robust governance of all aspects of the complaint handling process at all levels of the organisation.

Site based reports are prepared and shared with the relevant management teams and the site-based governance groups. This information is then combined and shared with the Acute Services Clinical Governance Steering Group who will inform and approve agreed improvement actions. Emerging themes and potential adverse events identified from complaints are reported into the Risk and Resilience Scrutiny and Assurance Group (RASAG).

The above reports are shared on a monthly basis.

Quarterly performance is shared in this report for the Board.

A version of this report was presented to Healthcare Governance Committee on 6 June 2022.

2.4 Recommendation

For discussion. Members are asked to discuss this report on organisational activity in relation to patient, carer and family feedback and complaints in Quarter 34 (January to March 2022), and to note our compliance with the complaint handling process.

3. List of appendices

- Appendix No 1 - Patient Experience: Feedback and Complaints – Quarter 4 (January to March 2022)
- Appendix No 2 - KPI Template for Quarter 4 (January to March 2022)

Appendix 1

Patient Experience: Feedback and Complaints- Quarter 4 (January to March 2022)

1. Complaint Handling Performance

This report provides details of all complaint activity across the organisation and the actions being progressed to ensure effective, person centred complaint handling. This report will demonstrate our performance in key areas of complaint handling, as well as highlighting outcomes and providing more detail on complaint themes. Over time, this approach will illustrate trends in key areas and more importantly, allow us to evidence necessary improvement and learning in response to the trends and themes demonstrated.

1.1 Performance and Outcomes

Chart 1 below demonstrates a slight drop in concerns and Stage 1 complaints, from 316 in Q3 to 276 in Q4.

Chart 1: Concerns & Stage 1 Complaints

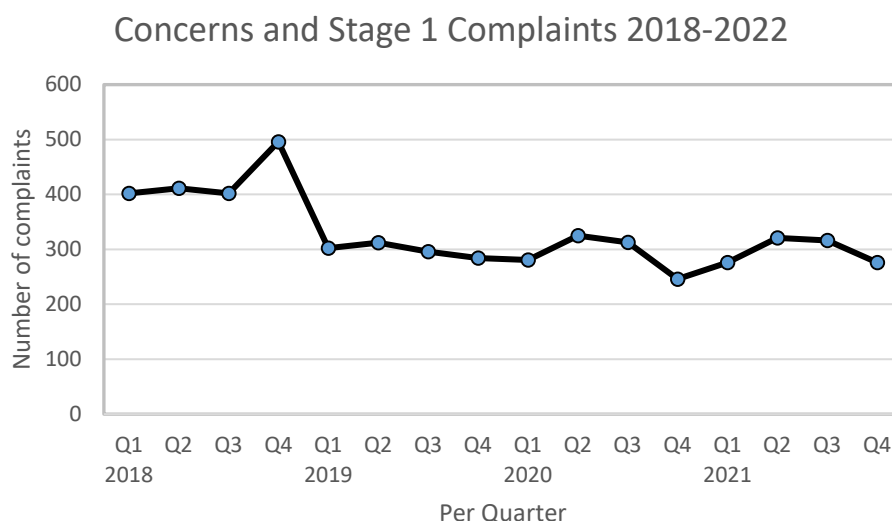


Chart 2 below demonstrates that the number of Stage 2 complaints received continues to rise at 97 this quarter, from 95 in Q3. These complaints tend to be complex and require thorough investigation.

Due to the continued pressure on our system, especially within acute services, the complaints managers and their teams are doing what they can to assist our service colleagues to reach resolution.

Chart 2: Stage 2 Complaints

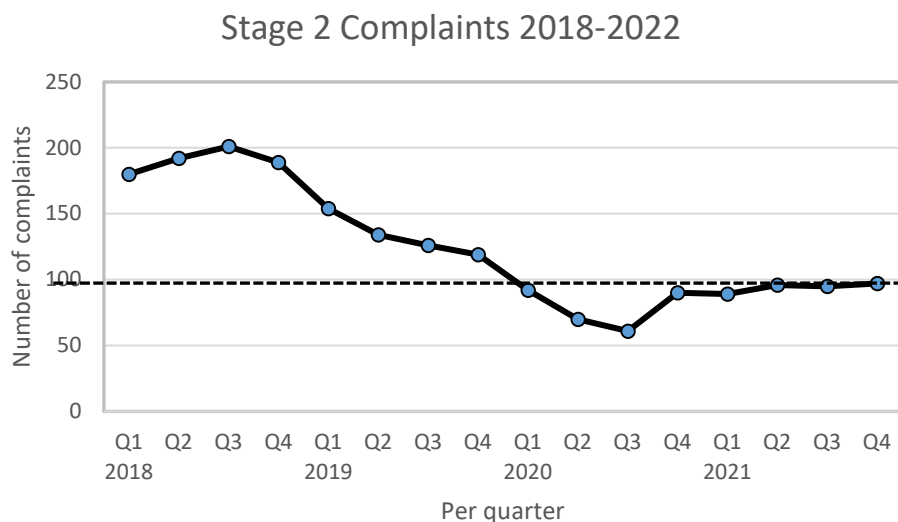
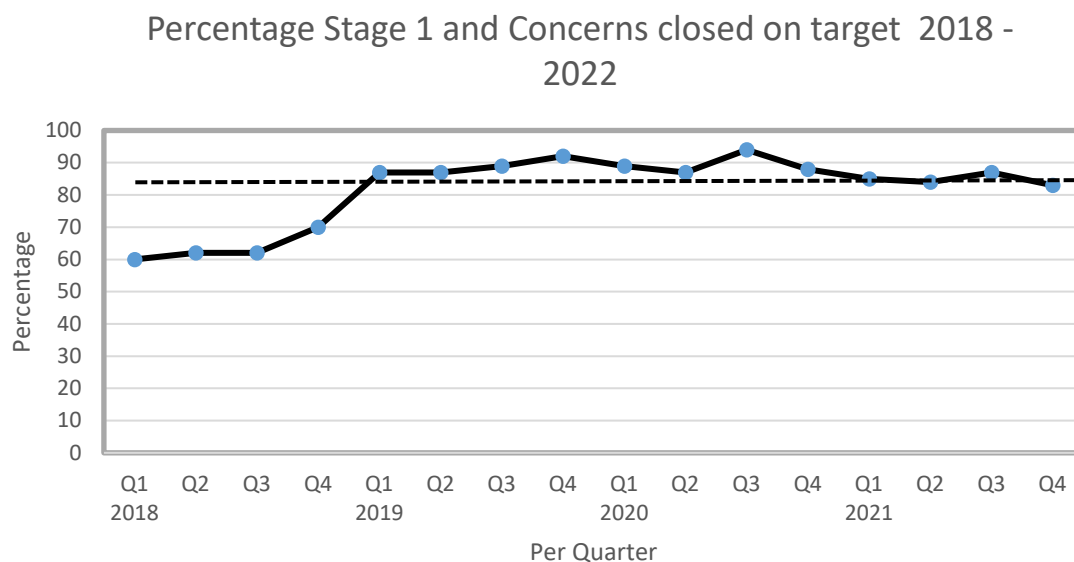


Chart 3 below demonstrates our complaint handling performance in resolving concerns and Stage 1 complaints within the target of 5-10 days. In this quarter, we have dipped just under the 85% target to 83%. This is mainly due to the additional roles the team are taking on to assist service with the more complex Stage 2 complaints.

Stage 1 concerns, where possible, are handled exclusively by the Complaints Team to ensure a swift resolution is reached. We have recently appointed a new Complaint Manager who has a clinical background which has proved helpful in efficiently managing Stage 1 complaints where appropriate.

Chart 3: Percentage Stage 1 and Concerns closed on target



Our complaint handling performance for Stage 2 complaints is presented in **Chart 4** below.

Chart 4: Percentage of Stage 2 Complaints Closed on Target

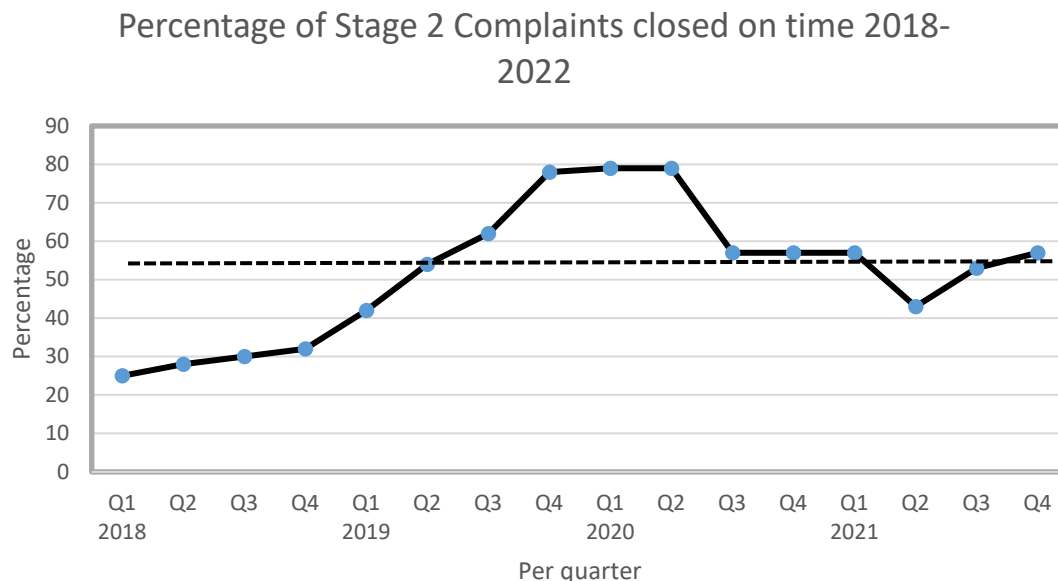


Chart 4 shows that our performance continues to improve. This quarter we resolved 57% of Stage 2 complaints within the 20 working day target, which is up from 53% in the previous quarter.

Working to increase our performance in this area is a priority of the Complaint Teams and the Complaint Managers will now have dedicated time based on each acute site, with a view to working more proactively with the service managers to improve performance.

Chart 5: Number of Complaints > 20 Working Days

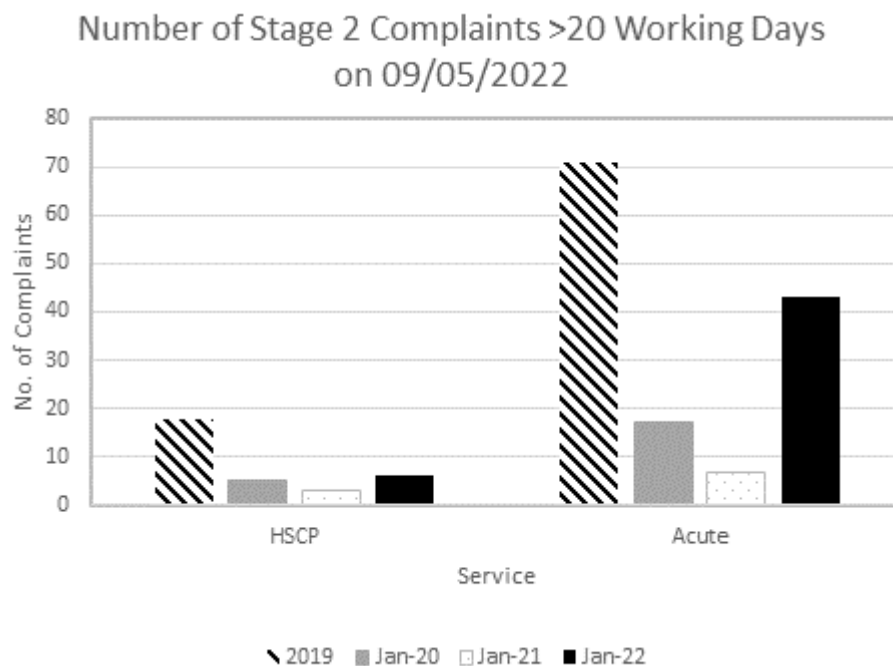


Chart 5 above shows the current position relating to performance against the 20 working day target, taken at a point in time. These figures are intended to provide the Board with an up to date view of complaint activity and performance. The chart shows the number of Stage 2 complaints outstanding which have exceeded the 20 working day standard, taken at a point in time, and how this compares over previous years.

Whilst the aim is to always resolve Stage 2 complaints within the target timeline, and it is noted that currently we are not achieving that, **Chart 5** above demonstrates sustained improvement in performance when compared with previous years (including pre-pandemic), which can be attributed to improvements made in our complaint handling processes.

The figures are broken down further in **Chart 6** below, with current actions being progressed included.

Chart 6: Breakdown of Complaints >20 working days (at 09 May 2022)

Service	20-30 days	30-40 days	Over 40 days	Comments
Acute	9	10	23	9 x to draft response, 6 x response in final stages, 8 x still gathering statements
EA HSCP	2	0	3	1 x draft response, 2 x draft in final stages, 2 x still gathering statement
NA HSCP	0	0	1	1 x response in final stages
SA HSCP	0	0	1	1 x response in final stages

Chart 6 above demonstrates a significant rise in the number of complaints over 40 days but this is in the context of raising the target timeline in a number of complaints to 40 days in response to service pressures. Of the 23 acute complaints listed above, 18 of them were allocated a 40 working day target and so only 5 are significantly out of time.

With the out of time complaints, we have maintained regular contact with the complainants and the complaint team continues to support service in providing high quality responses to resolve these.

1.2 Outcomes

Chart 7 below demonstrates the complaint outcomes for all complaints resolved in Q4.

The figures in **Chart 7** below shows that the number of complaint outcomes that are fully upheld remains low. The criteria now in use clearly defines how to categorise a fully or partially upheld complaint and this is outlined in the Standardised Operational Procedures (SOP).

Chart 7: Complaint Outcomes in Quarter 4 (2021-2022)

Service	Not Upheld	Partially Upheld	Fully Upheld	Still Open
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Concern / Stage 1	200	31	45	0
Stage 2	32	13	6	46

A significant number of Stage 1 complaints relate to waiting times and these are classified as upheld where we have not met the treatment time guarantee.

1.3 SPSO Referrals and Investigations

A clear indicator of complainant satisfaction can be derived from the number of complaints that are escalated to the Ombudsman. Historically, NHS Ayrshire and Arran was considered to have a higher than average number of SPSO referrals. Significant work has been undertaken over the past three years to promote a more person-centred approach to complaint handling.

As a result of improvements made, our number of SPSO referrals and investigations have dropped significantly.

As shown in **Chart 8** below, only four referrals were made to the Ombudsman in quarter 4.

Chart 8: SPSO Referral Rates 2018 - 2022

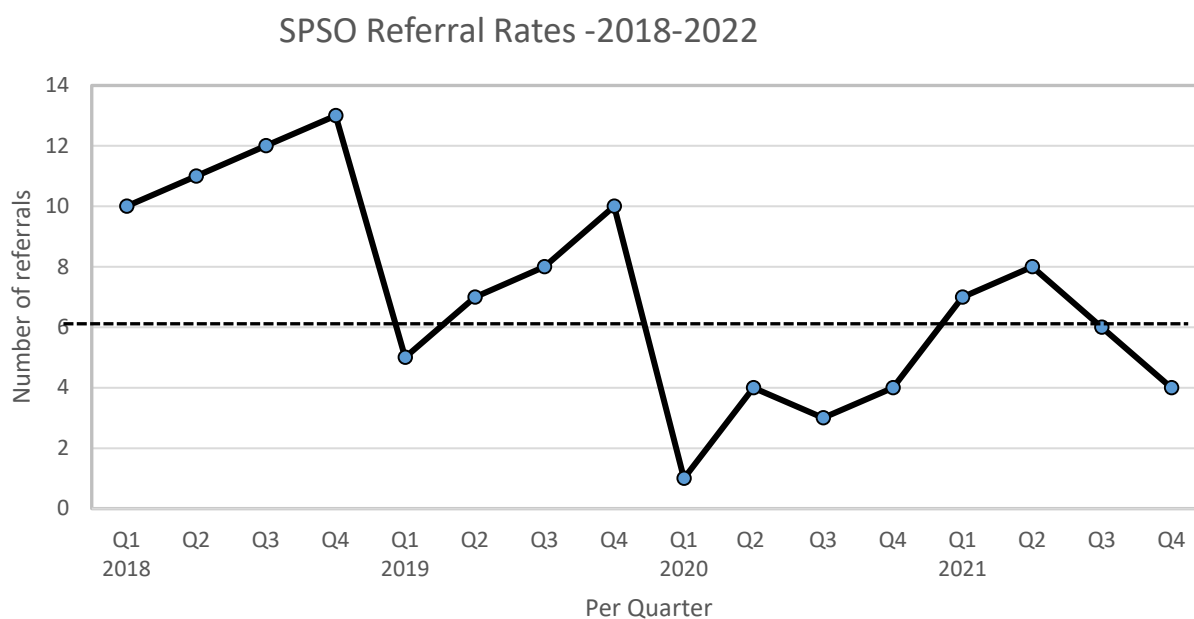


Chart 9: SPSO Investigations 2018 - 2022

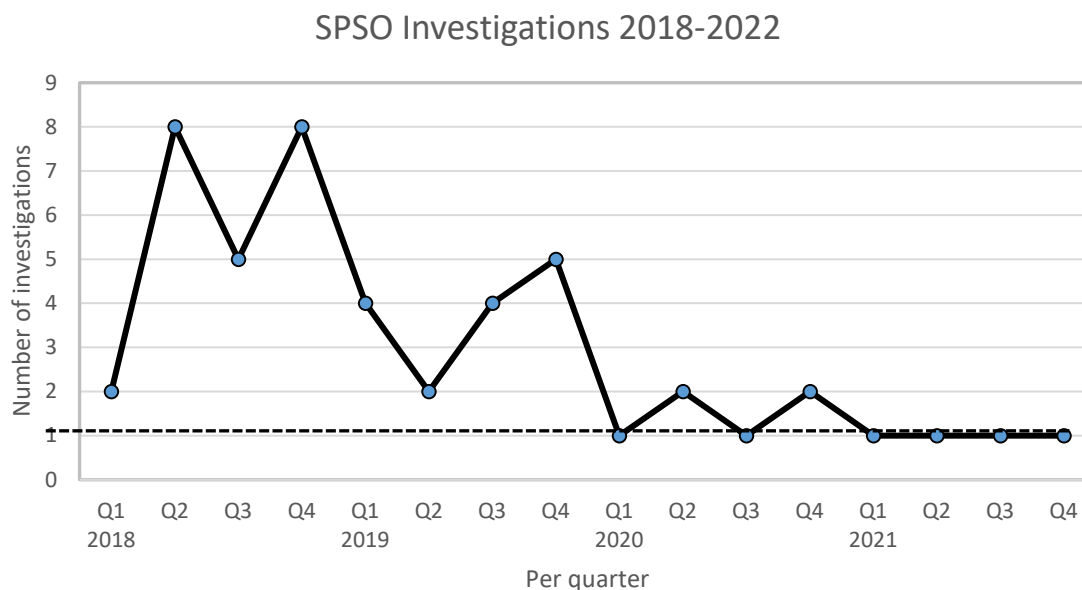


Chart 9 above demonstrates the number of referrals progressing to investigation remains low at 1. In the whole of 2021-2022, we have only had 3 upheld investigations, which can be compared to 21 in 2018.

2. Complaint Themes

Work has been progressed to provide more accurate information from complaints and **Chart 10** below outlines the main and sub themes of recent complaint activity. This level of detail is necessary to progress learning and improvement in a targeted manner.

2.1 Themes

Chart 10 below shows top themes and the most common subthemes

Please note, as most Stage 2 complaints contain more than one theme and/or subtheme, the numbers are for reference only and have not been totalled.

Chart 10: Complaint Themes & Sub themes

Clinical Treatment	
Disagreement with treatment / care plan	84
Co-ordination of Clinical treatment	60
Problems with medication	56
Poor medical treatment	21
Poor nursing care	23
Lack of pain management	8
Waiting Times	
Unacceptable time to wait for the appointment	50
Delays in admission/ discharge / transfer	13
Waiting too long for test results	10
Cancellation of appointment	5
Communication	
Staff attitude / conduct	30
Inappropriate comments / Insensitive to patient needs	28
Lack of a clear explanation	16
Telephone	16
Patient sent no communication	5
Lack of support	3
Other	
COVID-19	12
Availability of bed	10
Visitors not permitted	8
Lost property / damaged property	5
Access to premises	3
Confidentiality	3

2.2 Quality Improvement Plans (QIP)

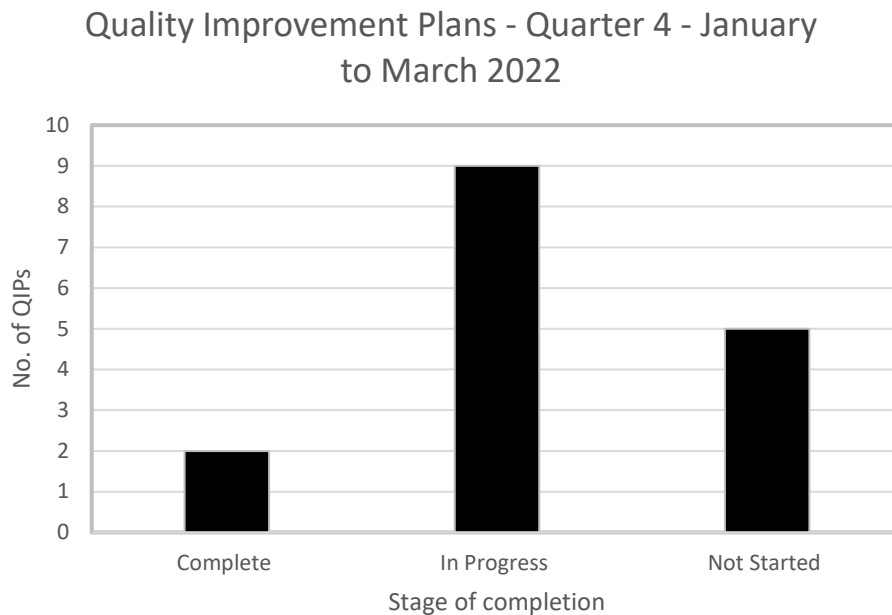
Chart 11 below represents the QIPs developed by the Investigation Leads when a learning or improvement opportunity has presented itself as a result of feedback or a complaint.

Work is continuing to ensure we can more effectively capture any learning or improvement resulting from complaints. As part of the Extreme Team's progress, a number of staff were surveyed in relation to their experience of complaints handling and almost 70% documented that they had made a change or improvement as a result of a complaint but that this was not fed back to the team or investigation lead, therefore it was not captured.

How we can share learning and capture all improvements made from complaints remains a high priority for the Extreme Team and progress will be shared in future papers to the Board.

The current position is reflected across other NHS Boards so NHS Ayrshire and Arran hopes to lead the way in evidencing improvement from complaints.

Chart 11: Progress of Quality Improvement Plans



3. Feedback

3.1 Local Feedback

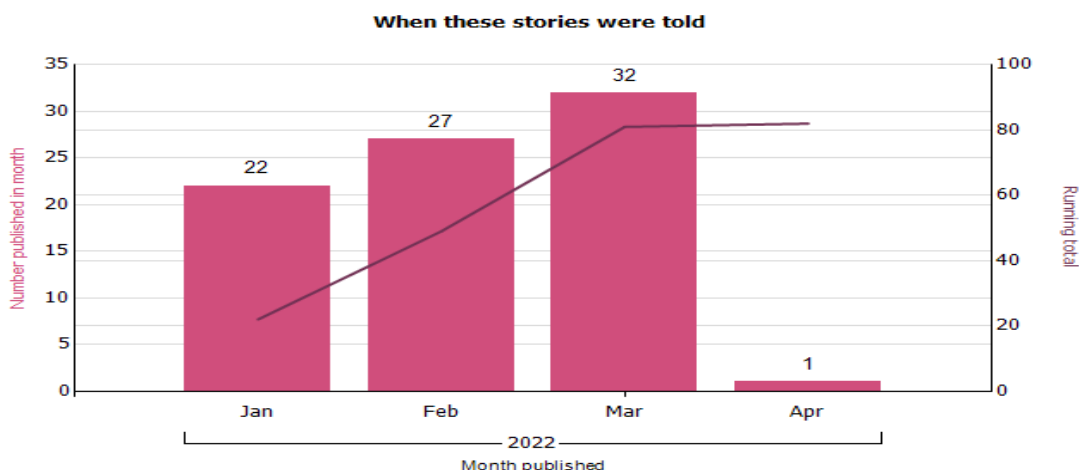
Our new processes for securing local feedback are currently being tested and data will be reported from the next quarter. Plans to report in the current quarter were delayed as this has not yet been launched.

The new feedback forms will launch in June as part of our What Matters to You activity.

3.2 National Feedback

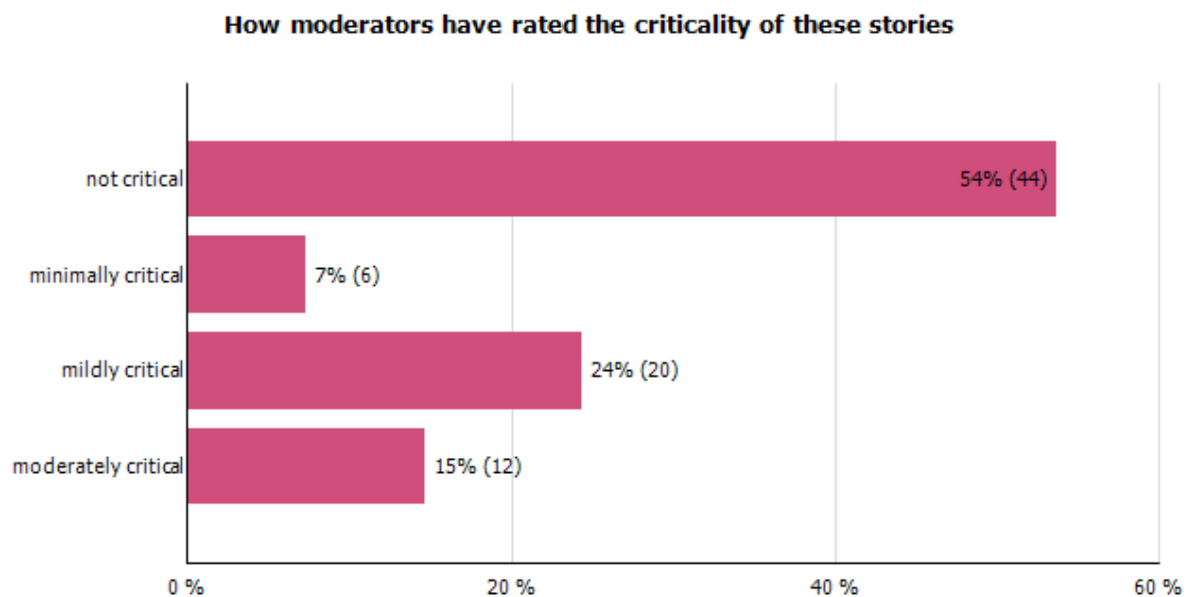
Chart 12 below demonstrates that Care Opinion (CO) activity in Quarter 4 is similar to the previous quarter. This quarter we had 82 posts, compared to 80 in Q3, and these posts generated 10652 views.

Chart 12: Care Opinion Posts Quarter 4 – (January to March 2022)



The criticality of posts is demonstrated in **Chart 13** below.

Chart 13: Criticality of Posts in Quarter 4 2021-2022



As the chart demonstrates, the majority of posts remain positive or mildly critical.

Of the 82 stories posted, 70 fall within this range, with 12 posts considered moderately critical.

During this quarter, our response rate has risen to 92% and both South and East Ayrshire are bringing more services on board.

A key objective of the Patient Experience Facilitator remains to spread training and engage more frontline staff to respond to care opinion posts.

4. Complainant Satisfaction

Gathering complainant experience is an important process that helps provide assurance that our approach to complaint handling is appropriate and helpful, and that when someone complains, they feel listened to and that their experience is important to us.

As previously mentioned, we are now carrying out 20 calls per month to secure feedback, the results of which are shown below.

Table 14: Complainant Experience

Question	Yes	No	NA/NR
Were you happy with the response times of your complaint?	75%	25%	-
Did you find it easy to complain?	90%	10%	-
Were we empathetic in our handling of your complaint?	85%	10%	5%
Were you given an apology?	92%	5%	3%
Did you feel listened to by the Complaint team?	97%	3%	
Did you have contact with the member of service investigating your complaint? (Stage 2 complaints only)	48%	42%	10%
Did you feel the outcome of your complaint was fair?	65%	30%	5%
Were you kept up to date on the progress of your complaint?	84%	12%	4%

As expected, many of our complainants remain unsatisfied with our response times; however some improvement is noted in other aspects of our complaint handling. Changes to our website have improved access and this is reflected in the complainants' experience.

Stage 2 handling remains our biggest area for improvement. Now that Complaint Managers have been established on both acute sites, this is hoped to be a main contributor in improving our Stage 2 performance in terms of that dedicated support to the acute teams.

Figures around complainants acceptance of outcome is similar to last quarter at 65%. The QI Lead hopes to carry out some work around this to educate staff and complainants as to how we reach the outcomes we do. Staff in particular believe that if we provide an apology, it means we are upholding the complaint which is not the case.

The findings from our Extreme Team survey, along with these feedback questionnaires will be used by the Quality Improvement (QI) Lead and the Complaints Team to develop new training for staff as relevant.

5. Conclusion

The Board is asked to note feedback and complaint activity and performance in Quarter 4 (January to March 2022). Members are asked to note the actions being progressed to improve overall performance and the work being progressed to evidence sustainable improvement from complaints.

Appendix 2

NHS Ayrshire and Arran

Quarterly on Feedback and Complaints Performance Indicator Data collection

Year: January to March 2022

Quarter: Quarter 4

Performance Indicator Four:

4. Summary of total number of complaints received in the reporting quarter

4a. Number of complaints received by the NHS Territorial Board or NHS Special Board Complaints and Feedback Team	410
4b. Number of complaints received by NHS Primary Care Service Contractors (<i>Territorial Boards only</i>)	63
4c. Total number of complaints received in the NHS Board area	473

NHS Board - sub-groups of complaints received

*Some of the Independent Contractors have still to return figures

NHS Board Managed Primary Care services;	
4d. General Practitioner	52
4e. Dental	6
4f. Ophthalmic	0
4g. Pharmacy	5
Independent Contractors - Primary Care services;	
4h. General Practitioner	195
4i. Dental	64
4j. Ophthalmic	2
4k. Pharmacy	22
4l. Total of Primary Care Services complaints	346
4m. Total of prisoner complaints received (<i>Boards with prisons in their area only</i>)	95
Note: Do not count complaints which are unable to be concluded due to liberation of prisoner / loss of contact.	

Performance Indicator Five

5. The total number of complaints closed by NHS Boards in the reporting quarter (do not include contractor data, withdrawn cases or cases where consent not received).

Number of complaints closed by the NHS Board	Number	As a % of all NHS Board complaints closed (not contractors)
5a. Stage One	215	100%
5b. Stage two – non escalated	39	57%
5c. Stage two - escalated	12	43%
5d. Total complaints closed by NHS Board	266	

Performance Indicator Six

6. Complaints upheld, partially upheld and not upheld

Stage one complaints

	Number	As a % of all complaints closed by NHS Board at stage one
6a. Number of complaints upheld at stage one	33	14%
6b. Number of complaints not upheld at stage one	152	65%
6c. Number of complaints partially upheld at stage one	50	21%
6d. Total stage one complaints outcomes	235	

Stage two complaints (*30 remain open)

Non-escalated complaints	Number	As a % of all complaints closed by NHS Boards at stage two
6e. Number of non-escalated complaints upheld at stage two	3	7%
6f. Number of non-escalated complaints not upheld at stage two	26	67%
6g. Number of non-escalated complaints partially upheld at stage two	10	26%
6h. Total stage two, non-escalated complaints outcomes	39	

Stage two escalated complaints (*16 still open)

Escalated complaints	Number	As a % of all escalated complaints closed by NHS Boards at stage two
6i. Number of escalated complaints upheld at stage two	2	17%
6j. Number of escalated complaints not upheld at stage two	7	58%
6k. Number of escalated complaints partially upheld at stage two	3	25%
6l. Total stage two escalated complaints outcomes	12	

Performance Indicator Eight

8. Complaints closed in full within the timescales

This indicator measures complaints closed within 5-10 working days at stage one and 20 working days at stage two.

	Number	As a % of complaints closed by NHS Boards at each stage
8a. Number of complaints closed at stage one within 5 working days.	188	88%
8b. Number of non-escalated complaints closed at stage two within 20 working days	13	33%
8c. Number of escalated complaints closed at stage two within 20 working days	11	92%
8d. Total number of complaints closed within timescales	212	

Performance Indicator Nine

9. Number of cases where an extension is authorised

This indicator measures the number of complaints not closed within the CHP timescale, where an extension was authorised.*

	Number	As a % of complaints closed by NHS Boards at each stage
9a. Number of complaints closed at stage one where extension was authorised	13	48%

9b. Number of complaints closed at stage two where extension was authorised (this includes both escalated and non-escalated complaints)	14	52%
9c. Total number of extensions authorised	27	