

NHS Ayrshire & Arran



Meeting:	Ayrshire and Arran NHS Board
Meeting date:	Monday 30 January 2023
Title:	Patient Experience: Feedback and Complaints – Quarter 2 July – September 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 receive and discuss this report on organisational activity in relation to patient, carer and family feedback and complaints in Quarter 2 (July – September 2022), and to note our 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 2 (July – September 2022) 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

- Stage one performance has dropped due to prison complaint handling performance. Current pressures are affecting all aspects of 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 discuss innovative approaches to learning and improving 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 on 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 2 (July to September 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

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 (RARSAG).

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 submitted to Healthcare Governance Committee on 9 January 2023.

2.4 Recommendation

For discussion. Board Members are asked to receive and discuss this report on organisational activity in relation to patient, carer and family feedback and complaints in Quarter 2 (July to September 2022), and to note our compliance with the complaint handling process.

3. List of appendices

- Appendix 1, Patient Experience: Feedback and Complaints – Quarter 2 (July – September 2022)
- Appendix 2, KPI Template for Quarter 2 (July – September 2022)

Patient Experience: Feedback and Complaints- Quarter 2 (July to September 2022)

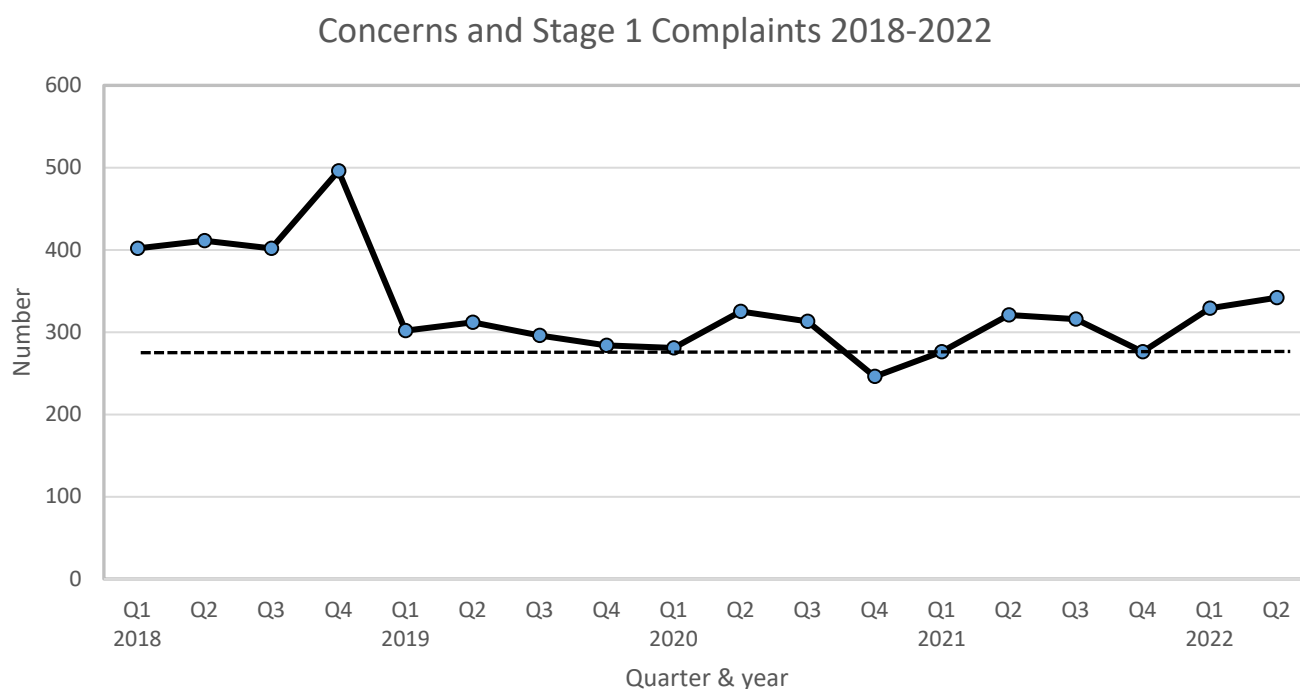
1. Complaint Handling Performance

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: Concerns & Stage 1 Complaints

Chart 1 below demonstrates a slight rise in complaints and concerns from 329 in Q1 to 342 in Q2.



The majority of Stage 1 complaints and concerns continue to relate to waiting times for appointments, investigations or surgical procedures, all of which have been affected by the pandemic.

Chart 2 below shows the number of Stage 2 complaints received has risen slightly from 90 in quarter 1 to 112 in quarter 2.

Whilst the number of Stage 2 meetings being held continues to rise, we have not yet reached the numbers held pre pandemic, though that is our aim.

Chart 2: Stage 2 Complaints

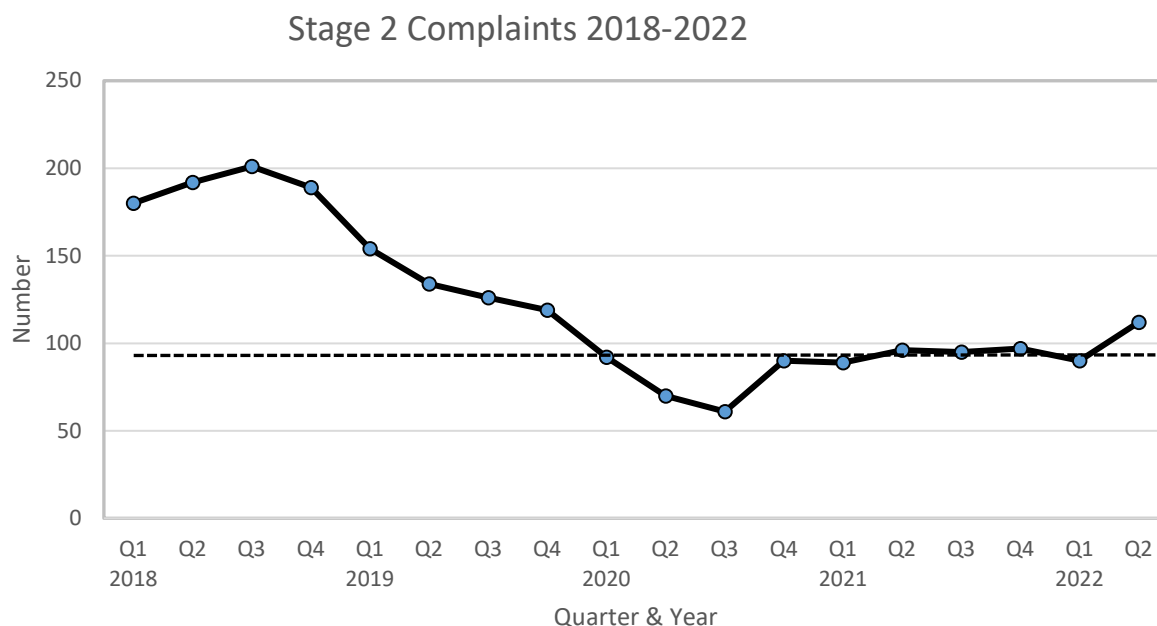
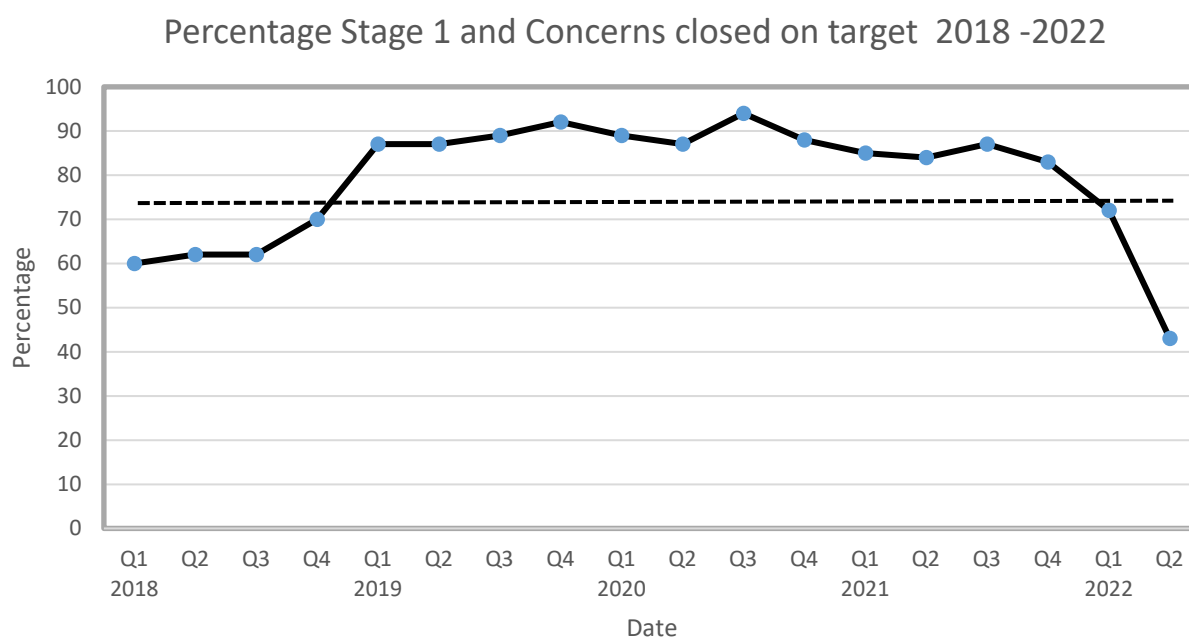


Chart 3 below shows a significant drop in Stage 1 performance from **72%** in Quarter 1 to **43%** in Quarter 2. This marked deterioration in performance can be attributed to current issues with prison complaint handling. If the performance of prison Stage 1 handling was removed from the data above, performance would be **91%**.

In order to address this, the QI Lead and Complaint Manager have been reviewing prison complaint data and have arranged to meet with colleagues at the prison to discuss improved approaches to Stage 1 complaint handling for prison complaints. Staff absence and increasing numbers of Stage 1 complaints being received by the prison team have both contributed to this drop in performance.

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

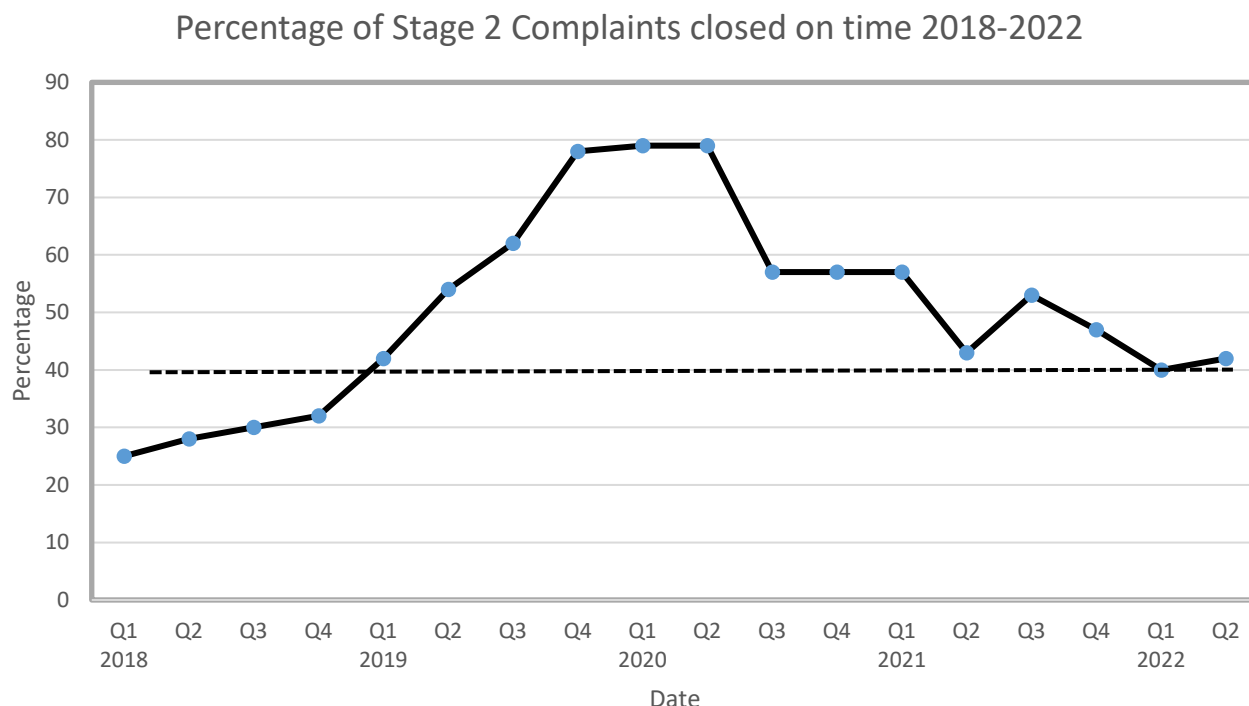


Chart 4 shows our performance has remained largely consistent this quarter at 42%, compared to 40% in Quarter 1.

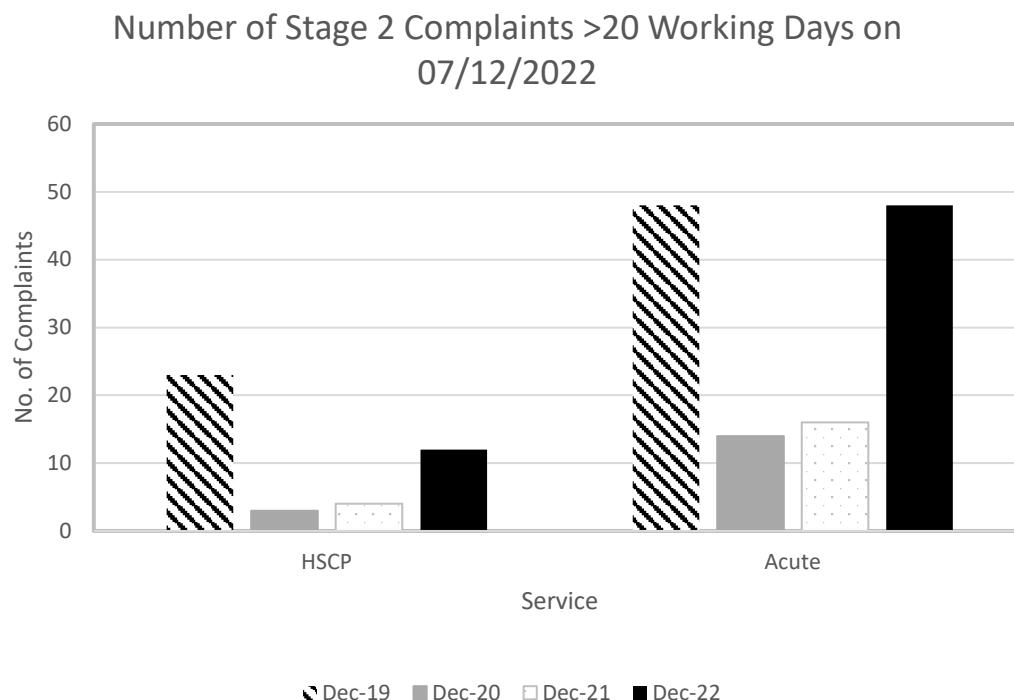
The team continues to work on all aspects of supporting service colleagues to investigate and resolve complaints but the increasing numbers and complexity of complaints being received is challenging in all aspects of the process. The QI Lead is currently reviewing resources to ensure this is sufficient to meet the requirements of the Complaint Handling Process, given the changing landscape of complaints being received.

Current Activity

Chart 5a shows the number of out of time complaints as at 7th December 2022, in comparison with the previous three years at the same point in time. The chart demonstrates that we currently have 60 out of time complaints across the organisation, with 48 of those in Acute. As identified earlier, the Complaint Team are doing what they can to support service, working with service colleagues to get each complaint to a resolution.

Please note the data below represents a specific point in time and is provided as a reference for current activity. The data in Chart 5a & 5b was extracted on 7th December 2022

Chart 5a: Number of Complaints > 20 Working Days



The figures are broken down further in **Chart 5b** below, with current actions being progressed included.

Chart 5b: Breakdown of Complaints >20 working days (at 07/12/2022)

Service	20-30 days	30-40 days	Over 40 days	Comments
Acute	9	11	48	32 x to draft response 6 x response in final stages, 30 x still gathering statements
EA HSCP	1	1	3	1 x to draft response, 1x response in final stages 3 x still gathering statement
NA HSCP	2	1	4	1 x to draft response 1 x response in final stages 5 x still gathering statement
SA HSCP	0	0	0	

Chart 5b above shows the breakdown of all out of time complaints. In this quarter, there is a delay in writing responses. All responses are written by the Complaints Team, who are working under significant pressures due to increased activity and staff changes. Recovering this position is a priority for the QI Lead and the Complaints Team.

Gathering statements can also be an area of significant delay due to availability of clinical colleagues, particularly during periods of increased system pressures. The QI Lead is linking with Clinical Nurse Managers (CNMs) and General Managers (GMs) to discuss options to improve this aspect of complaint handling.

1.2 Outcomes

Chart 6 below demonstrates the complaint outcomes for all complaints resolved in Q2.

The figures in **Chart 6** below demonstrates 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 Standard Operational Procedure (SOP).

Chart 6: Complaint Outcomes

Service	Not Upheld	Partially Upheld	Fully Upheld	Still Open
Concern / Stage 1	243	32	67	0
Stage 2	38	14	12	48

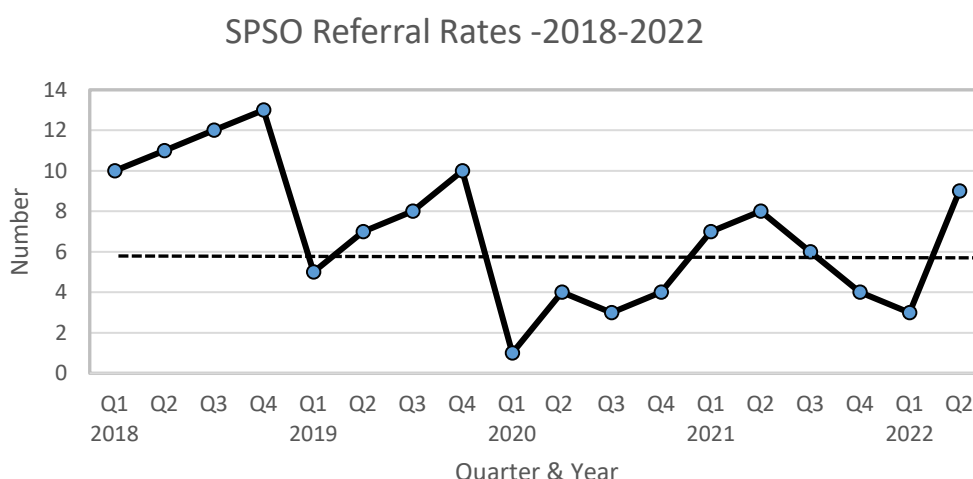
A significant number of Stage 1 complaints relate to waiting times and these are classified as upheld where we have not met the treatment time guarantee.

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.

As shown in **Chart 7** below, SPSO referrals have increased from 3 in Quarter 1 to 8 in Quarter 2. This would correlate with the increase in out of time complaints and the drop in complainant satisfaction and it is also an area we wish to recover as quickly as possible. All efforts are being made to improve complaint handling, as highlighted in this paper, and it is expected that the improvements resulting from this work will in turn impact on our SPSO referral rate.

Chart 7: SPSO Referral Rates 2018 – 2022



Whilst no rise in investigations is yet evident in **Chart 8** below, this will only be evident in later Quarters once the investigation decision is made, and this is predicted to rise given the rise in referrals.

Chart 8: SPSO Investigations 2018 - 2022



2. Complaint Themes

Work has been progressed to provide more accurate information from complaints and **Chart 9** 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 9 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 amounts are for reference only and have not been totalled.

Chart 9: Complaint Themes & Sub themes

Clinical Treatment	
Co-ordination of Clinical treatment	87
Problems with medication	87
Disagreement with treatment / care plan	53
Poor medical treatment	30
Poor nursing care	19
Poor aftercare	9
Waiting Times	
Unacceptable time to wait for the appointment	68
Waiting too long for test results	9
Cancellation of admission/ appointment	7
Date for admission cannot be given to patient	4
Unacceptable time to wait for admission	3
Appointment / admission continues to be rescheduled	3
Communication	
Staff attitude / conduct	56
Insensitive to patient needs	36
Lack of clear explanation	15
Telephone	12
Patient not verbally being told things	6
Letter wording	5

Other	
Waiting time too long in reception to see consultant / doctor / nurse	8
Availability of items	6
Delay in discharge / transfer	6
Smoking	4
Accuracy of records	2
Covid	2

Themes this quarter remain similar to previous quarters. Waiting Times remain one of the top themes for complaints, alongside clinical treatment and communication.

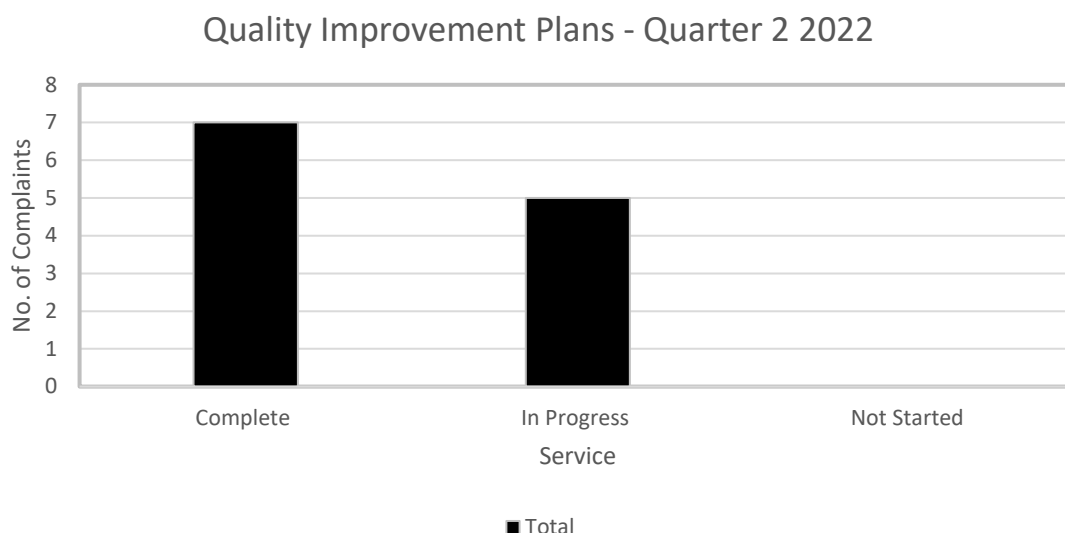
2.2 Quality Improvement Plans (QIP)

Chart 10 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.

A number of improvement plans are currently in progress and this is monitored by the QI Lead to see if any improvement support is required and to assure the quality of the QIPs in use.

New planned approaches to evidencing improvement and learning from complaints will be presented in a future paper as the work progresses

Chart 10: Progress of Quality Improvement Plans



3. Feedback

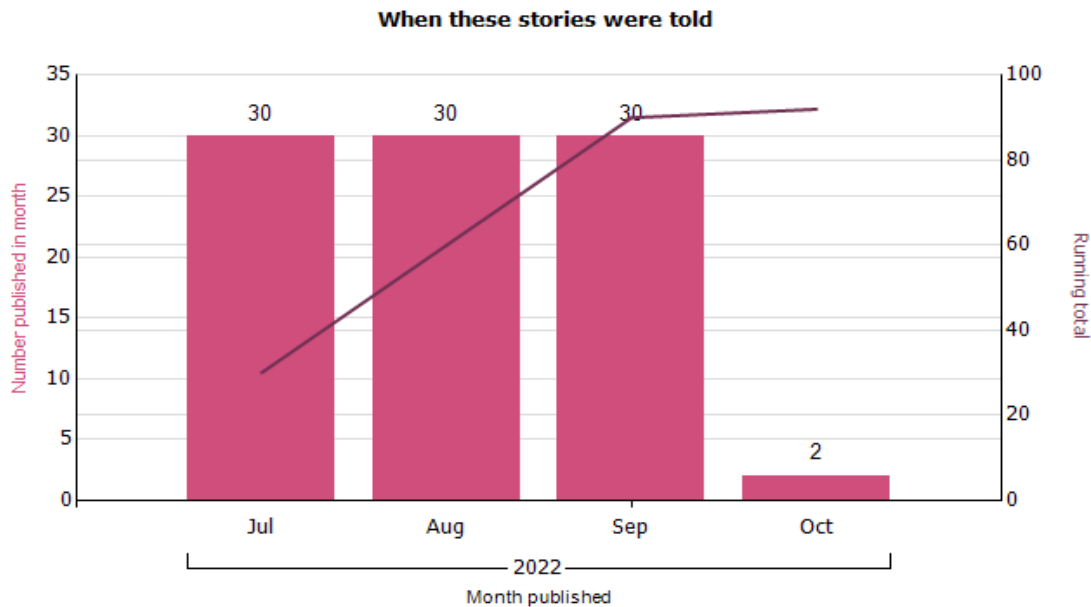
3.1 Local Feedback

The new Feedback Forms have now been launched and are being advertised across all hospital sites. The volume of feedback now being received locally is rising again and will be reported to Board from April 2023. However, Care opinion currently remains our most used source of feedback and will also continue to be promoted across the organisation.

3.2 National Feedback

Chart 11 demonstrates Care Opinion activity this quarter has risen to 92, from 84 in Quarter 1. Views this quarter have also risen from 11,645 in Quarter 1 to 13,144 in Quarter 2.

Chart 11: Care Opinion Posts Quarter 2 – July to September 2022



The criticality of posts is demonstrated in **Chart 12** below.

Chart 12: Criticality of Posts in Quarter 2 July to September 2022

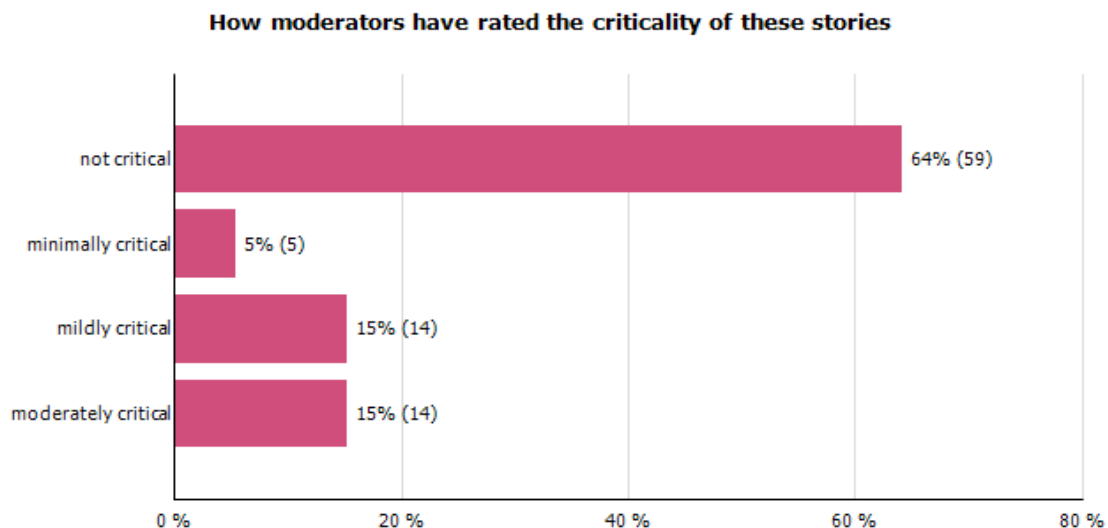


Chart 12 shows criticality of posts. In the reporting quarter, 84% of posts were considered non critical, minimally critical or mildly critical, down slightly from 87 in Quarter 1 but in keeping with previous quarters.

Our response compliance against the 72 hour target remains good at 92%.

A key objective of the Patient Experience Facilitator remains to spread training and engage more frontline staff to respond to Care Opinion posts, and Care Opinion will be promoted during the launch of our new feedback forms.

4. Complainant Satisfaction

This is the first quarter collecting complainant feedback using the updated questionnaire. Below are the results of contacting a total of 60 complainants in Quarter 2 – 20 per month in July, August and September 2022.

	Question	Yes	No	NA/NR
1	Did you have access to information on how to lodge your complaint?	92%	8%	
2	Was your complaint acknowledged?	96%	4%	
	Did you speak to a member of the Complaints Team?	89%	4%	7%
3	Was the process explained to you?	87%	9%	4%
4	Did you receive an apology for your poor experience?	85%	12%	3%
5	Were you kept updated during the handling of your complaint?	78%	18%	4%
6	Were you advised of any delays in advance?	68%	4%	28%
7	Did you speak to any other staff regarding your complaint?	34%	21%	45%
8	If you answered yes to Q7 – Was this conversation helpful?	90%	10%	
9	Were you informed of the outcome of your complaint?	92%	6%	2%
10	Did you agree with this outcome?	67%	33%	
11	Did you feel your complaint was dealt with in a respectful and person centred manner?	82%	18%	
12	Please provide any information below you think would be helpful in our review of our complaint handling processes;			

The most common comments provided were;

- The time taken to respond to my complaint was too long
- I expected to hear from clinical staff or a manager, not just the complaints team
- The complaints team were very helpful

From the results above, it is clear the current challenges are impacting on complainant experience; however, we have made improvements in communicating with complainants and advising them in advance of any likely delays.

Some work on explaining outcomes is required but it is unlikely that we will get complete resolution when complaints are not upheld.

Given the current pressures on the Complaint Team and Service, the current performance and satisfaction of complainants is better than expected but improving on all aspects of complainants experience remains a priority and is reflected in the improvement work being progressed.

5. Conclusion

The Board is asked to note feedback and complaint activity and performance in Quarter 2 (July to September 2022). Members are asked to note the challenges evident in this quarter and the actions being progressed by the Complaint Team to improve our complaint handling performance.

Appendix 2 – Key Performance Indicators for Quarter 2 (July to September 2022)

NHS Ayrshire and Arran

Quarterly on Feedback and Complaints Performance Indicator Data collection

Year: July to September 2022

Quarter: Quarter 2

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	484
4b. Number of complaints received by NHS Primary Care Service Contractors (<i>Territorial Boards only</i>)	324
4c. Total number of complaints received in the NHS Board area	808

NHS Board - sub-groups of complaints received

NHS Board Managed Primary Care services;	
4d. General Practitioner	32
4e. Dental	4
4f. Ophthalmic	1
4g. Pharmacy	4
Independent Contractors - Primary Care services;	
4h. General Practitioner	188
4i. Dental	28
4j. Ophthalmic	4
4k. Pharmacy	104
4l. Total of Primary Care Services complaints	365
4m. Total of prisoner complaints received (<i>Boards with prisons in their area only</i>)	117
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	287	100%
5b. Stage two – non escalated	37	50%
5c. Stage two - escalated	27	73%
5d. Total complaints closed by NHS Board	351	

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	55	19%
6b. Number of complaints not upheld at stage one	202	70%
6c. Number of complaints partially upheld at stage one	30	11%
6d. Total stage one complaints outcomes	287	

Stage two complaints (*37 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	4	11%
6f. Number of non-escalated complaints not upheld at stage two	23	62%
6g. Number of non-escalated complaints partially upheld at stage two	10	27%
6h. Total stage two, non-escalated complaints outcomes	37	

Stage two escalated complaints (*11 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	8	30%
6j. Number of escalated complaints not upheld at stage two	15	56%
6k. Number of escalated complaints partially upheld at stage two	4	14%
6l. Total stage two escalated complaints outcomes	27	

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 -10 working days.	143	42%
8b. Number of non-escalated complaints closed at stage two within 20 working days	42	38%
8c. Number of escalated complaints closed at stage two within 20 working days	11	5%
8d. Total number of complaints closed within timescales	196	

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	