

NHS Ayrshire & Arran



Meeting:	Ayrshire and Arran NHS Board
Meeting date:	Monday 9 October 2023
Title:	Patient Experience: Feedback and Complaints – Quarter 1 April – June 2023
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 NHS Scotland 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 1 (April to June 2023), and to note our compliance with the complaint handling process.

The Board is also asked to note the current measures in place to improve our complaint response performance.

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 1 (April to June 2023) 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

A number of challenges are evident in our complaint handling due to the sustained pressure on services and staff. The Complaints Team continue to provide as much support as possible to assist services and ensure we have a robust investigation and response process in place.

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.

2.3.2 Workforce

Acute Services are currently experiencing high levels of activity and this can impact on complaint performance. The QI Lead for Patient Experience and the Complaints Team are working with operational teams to reduce pressure on clinical staff. Any additional resource requirement that is identified as part of this work will be considered via the appropriate management and governance routes.

2.3.3 Financial

There are currently no financial implications associated with this report. Any additional resource requirement that is identified as part of this work will be considered via the appropriate management and governance routes.

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 & 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 report supports 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 1 (April – June 2023), 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. Health and Social Care Partners (HSCP) receive weekly reports to take through their own governance structures.

The above reports are shared on a monthly basis.

Quarterly performance is then shared with the Healthcare Governance Committee (HCG). This paper was presented to HCG on 11 September 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 1 (April – June 2023), and to note our compliance with the complaint handling process.

3. List of appendices

- Appendix No 1, Patient Experience: Feedback and Complaints – Quarter 1 (April to June 2023)
- Appendix No 2, KPI Template for Quarter 1 (April – June 2023)

Patient Experience: Feedback and Complaints- Quarter 1 (April – June 2023)

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.

Performance and Outcomes

Chart 1: Concerns & Stage 1 Complaints

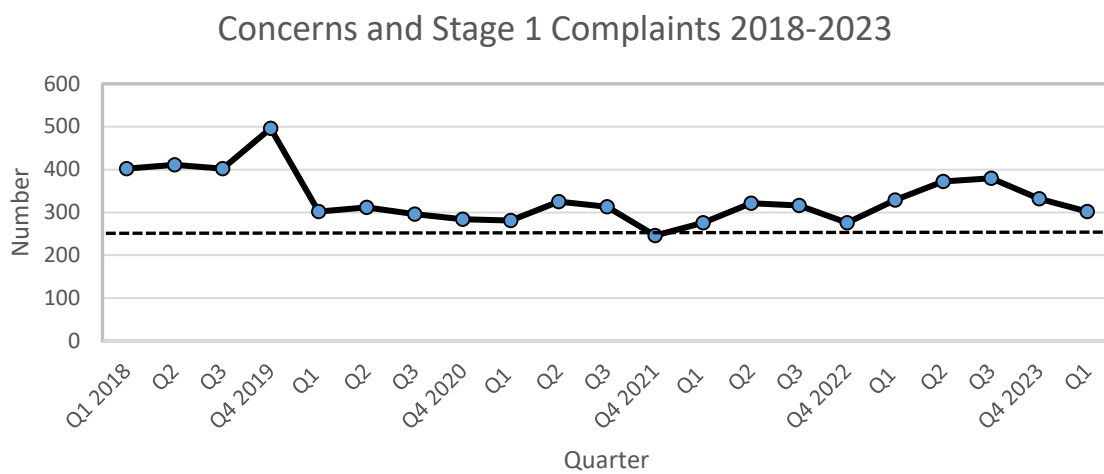


Chart 1 above demonstrates that our complaint numbers continue to drop slightly from 332 in Quarter 45, down to 302 in Quarter 1, whilst **Chart 2** demonstrates that, within the same quarter, the number of Stage 2 complaints has increased to 132 from 100 in the previous quarter.

Chart 2: Stage 2 Complaints

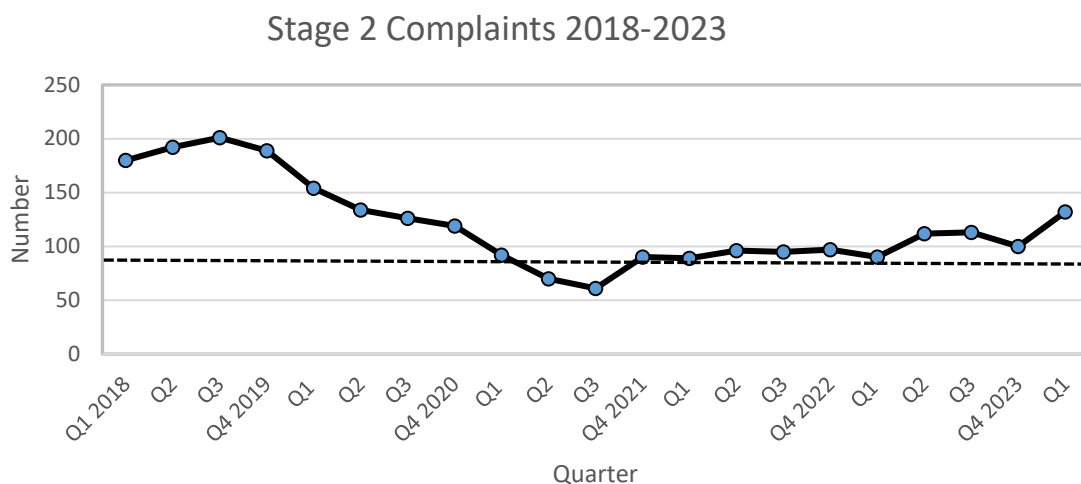
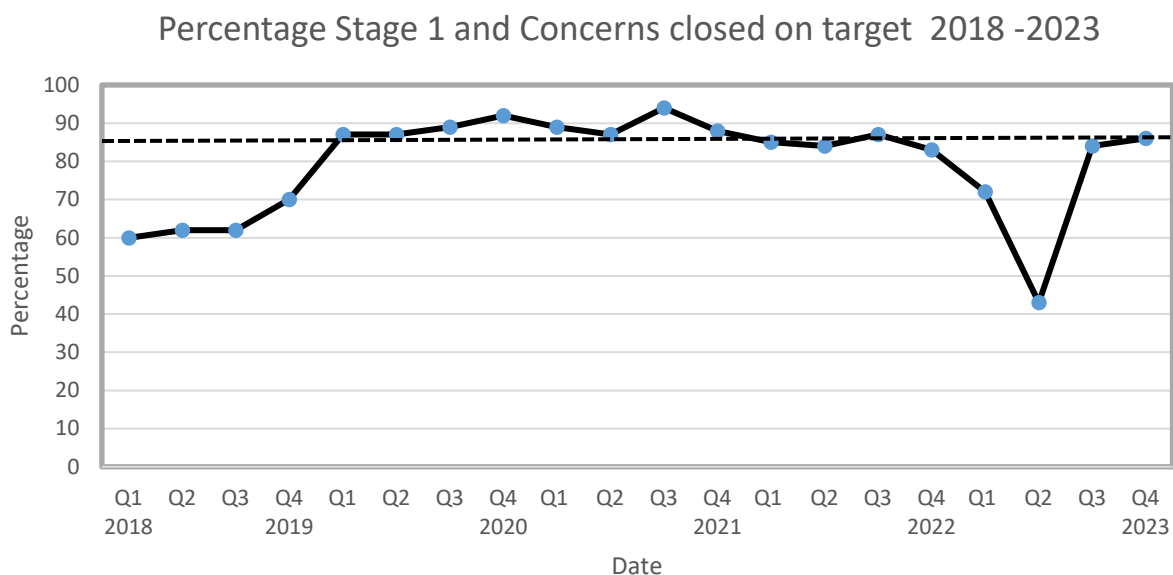


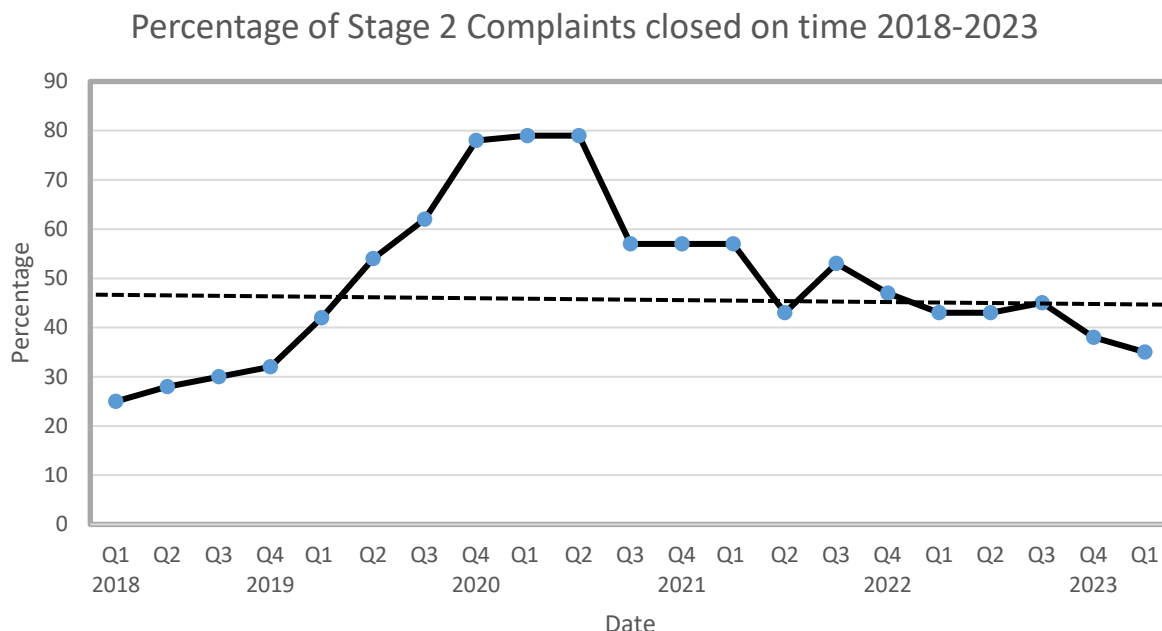
Chart 3 below shows that we have maintained the previous improvement seen in Stage 1 complaint performance and despite the significant challenges, this has increased slightly to 86%, which is above the target set of 85%.

Chart 3: Percentage Stage 1 and Concerns closed on target



However, as demonstrated in **Chart 4** below, Stage 2 performance remains poor, dropping to 35% of complaints managed within the 20 working day target. This is a reduction from 38% in the previous quarter and continuing the fall in performance noted from Quarter 3 of 2022.

Chart 4: Percentage of Stage 2 Complaints Closed on Target



Plans are currently in place to recover our performance, as detailed in section 5 of this paper.

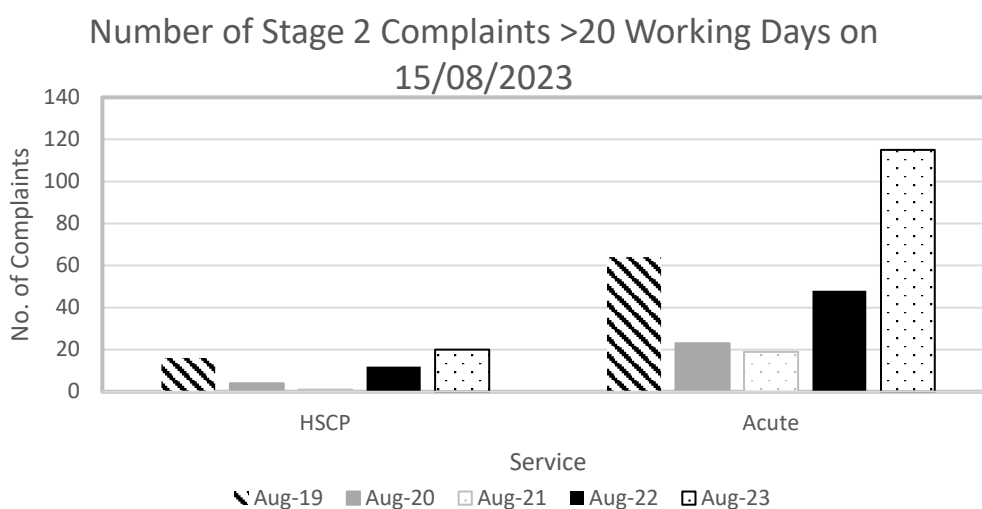
Current Activity

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 15 August 2023.

Chart 5a shows the number of out of time complaints on 15 August 2023 and the comparative period in the previous years. This figure demonstrates the impact of service pressures on complaint handling with a much higher number of out of time complaints than any of the previous 4 years.

On 15 August 2023, we had **20** out of time complaints across the Health and Social Care Partnerships (HSCP) and **115** for Acute Services alone.

Chart 5a: Number of Complaints > 20 Working Days



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

Service	20-30 days	30-40 days	Over 40 days	Comments
Acute	15	13	87	71 x to draft response 17 x response in final stages 27 x still gathering statements
EA HSCP	2	1	1	2 x response in final stages 2 x still gathering statements
NA HSCP	2	1	10	12 x response in final stages 1 x still gathering statements
SA HSCP	0	0	3	3 x still gathering statements

Actions to ensure all out of time responses are progressed without further delay are in place as described in **section 5**.

1.2 Outcomes

Chart 6 below demonstrates the complaint outcomes for all complaints resolved in Quarter 1.

The figures in **Chart 6** below demonstrates 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 Procedure (SOP), which is currently being updated.

Chart 6: Complaint Outcomes

Service	Not Upheld	Partially Upheld	Fully Upheld	Still Open
Concern / Stage 1	187	55	60	0
Stage 2	32	9	10	81

The outcomes are in keeping with previous quarters.

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, we have a slight drop in referrals from 8 to 7. To date, the predicted rise in activity has not materialised which would indicate that, despite our drop in performance, the quality of our responses has been maintained.

Chart 7: SPSO Referral Rates 2018 – 2023

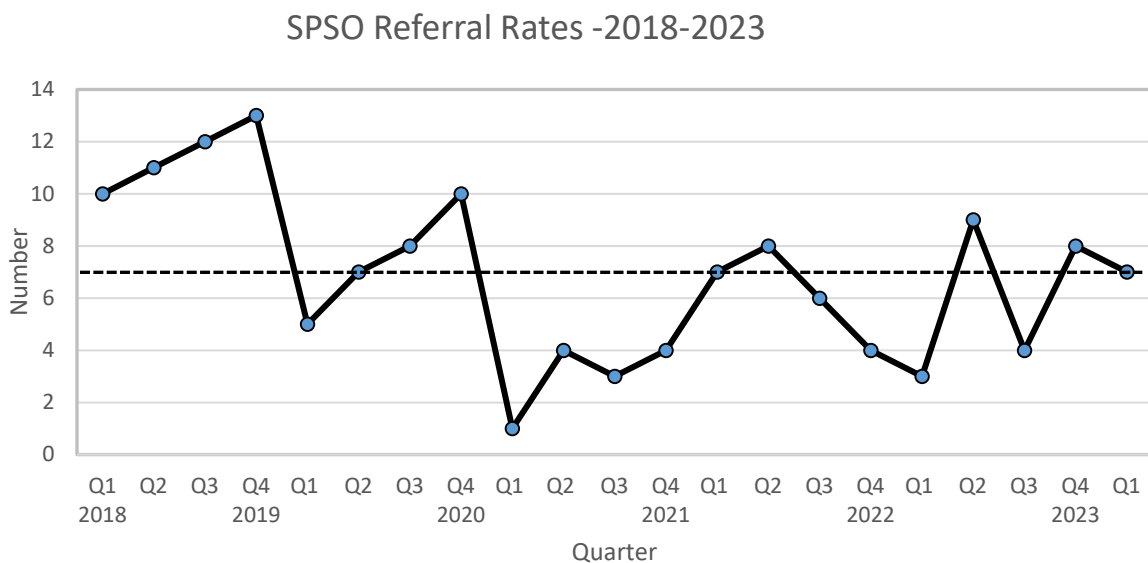
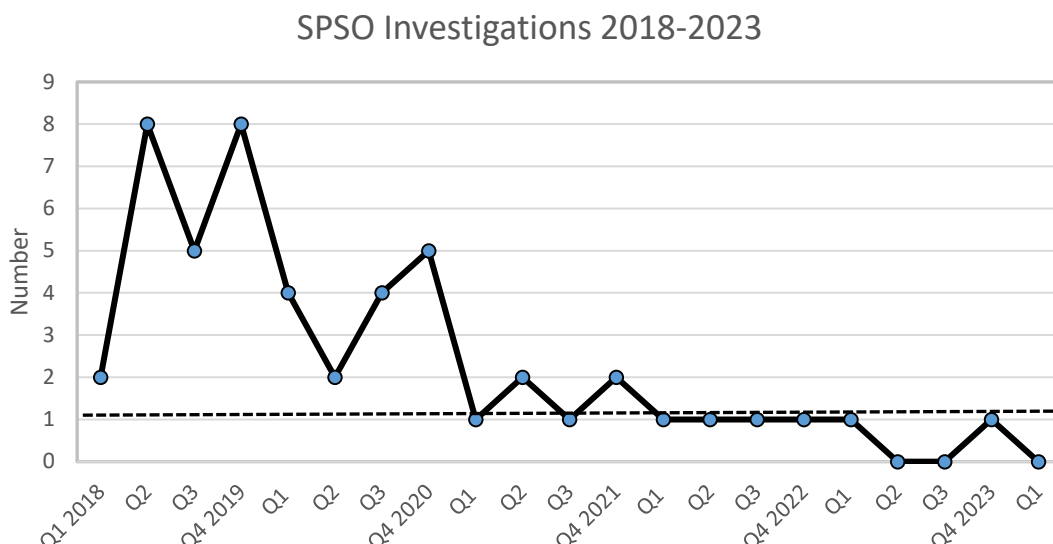


Chart 8: SPSO Investigations 2018 - 2023



No investigations took place in Quarter 1 which is reassuring.

2. Complaint Themes

Work has been progressed to provide more accurate information from complaints and **Chart 9** below outlines the main and subthemes 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. As a number of complaints contain more than one theme or subtheme, numbers have been removed.

Chart 9: Complaint Themes & Sub themes

Clinical Treatment
Disagreement with treatment / care plan
Problems with medication
Co-ordination of Clinical treatment
Poor nursing care
Poor medical treatment
Poor aftercare
Waiting Times
Unacceptable time to wait for the appointment
Waiting too long for test results
Cancellation of appointment
Date for appointment cannot be given to patient
Appointment date continues to be rescheduled
Date for admission cannot be given to patient
Communication
Attitude and Behaviour
Insensitive to patients needs

Lack of clear explanation
Telephone
Conduct
Lack of support
Other
Availability of items
Smoking
Accuracy of records
Patients' rights
Availability of beds
Condition of items

Themes this quarter remain similar to previous quarters. Waiting Times remains one of the top themes for Stage 1 complaints, whilst clinical treatment and communication remain the top themes for Stage 2 complaints.

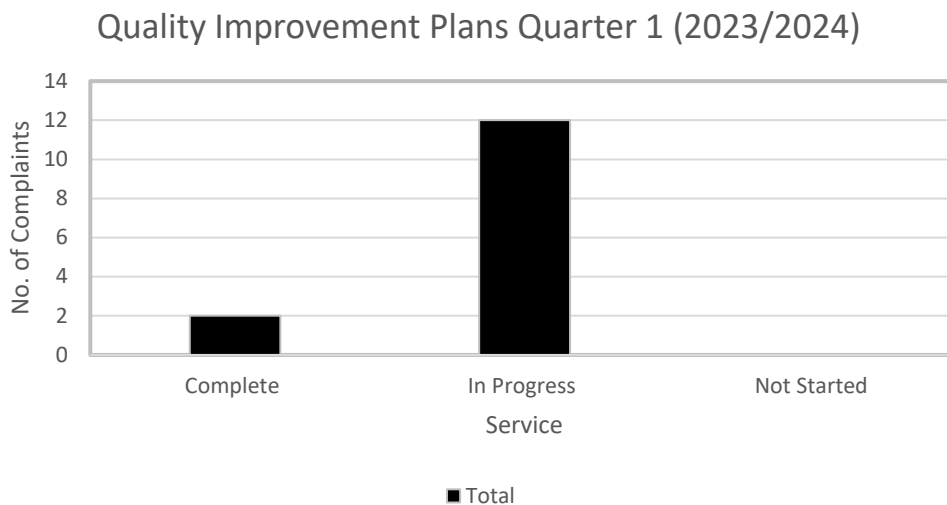
2.2 Quality Improvement Plans (QIP)

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.

Once we have recovered our performance, progressing new, improved approaches to monitoring, implementing and sharing learning and improvement from complaints will be implemented and reported in future papers.

Chart 10: Progress of Quality Improvement Plans

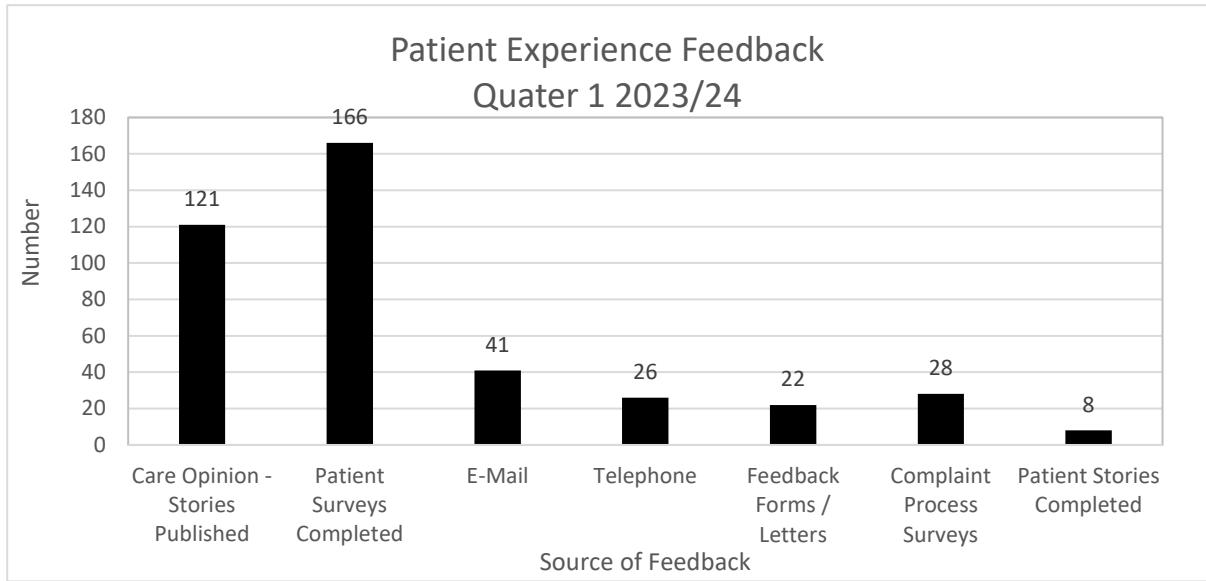


3. Feedback

3.1 Local Feedback

Chart 11 below displays all feedback received in this quarter and the source of that feedback. You will see that in the quarter reported, 166 inpatient surveys were carried out. Over 85% of these surveys provided positive returns. The most commonly complained about aspect of inpatient care continues to be noise at night. This is despite wards providing ear plugs on request.

Chart 11 – Feedback Received Quarter 1 (April to June 2023)

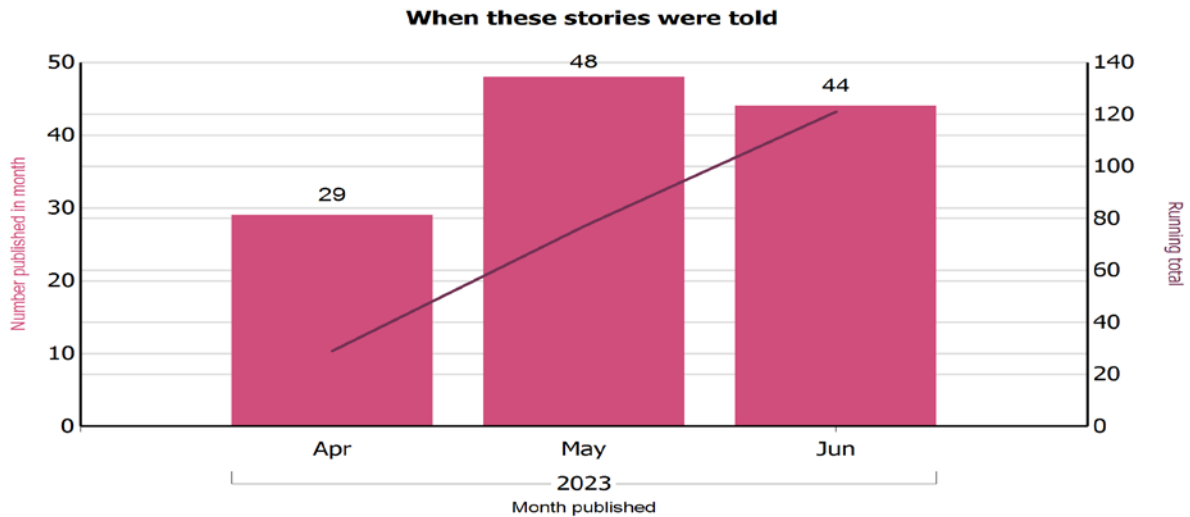


3.2 National Feedback

121 stories were posted in Quarter 1, which is down from **132** in Quarter 4. These stories were viewed **9910** times.

Chart 12 below shows posts per month for Quarter 1 (April to June 2023)

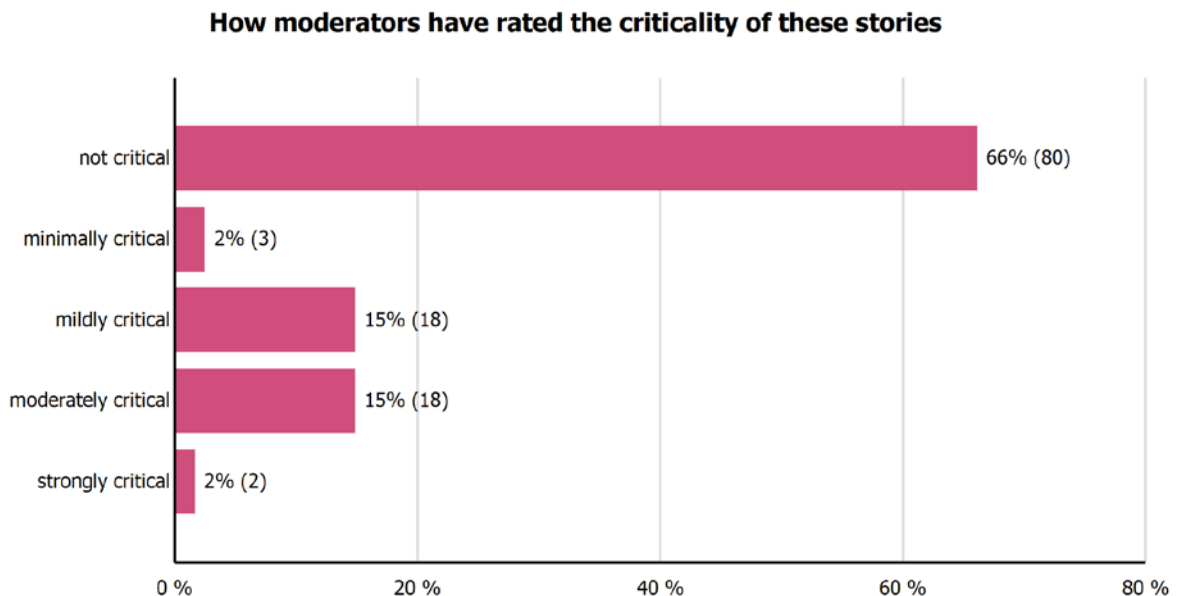
Chart 12: Care Opinion Posts Quarter 1



The criticality of posts is demonstrated in **Chart 13** below. In keeping with previous quarters, over 80% are classified positive to mildly critical. Criticality of posts are assigned by site moderators who apply set criteria to the sentence considered the most negative in the post.

The QI Lead has reached out to Care Opinion for a copy of the set criteria used; however they have been unable to share this without permission as it is considered intellectual property. The QI Lead will provide a further update on this in future papers if any further information is provided.

Chart 13: Criticality of Posts in Quarter 1



4. Complainant Satisfaction

This is the third quarter collecting complainant feedback using the updated questionnaire. Below are the results of contacting a total of 28 complainants. The reduced number this quarter is a result of testing different formats of collecting feedback, including questionnaires via post and email. This has confirmed that a better return is secured by telephone and this method will be continued in subsequent quarters.

Results in this quarter remain consistent with previous quarters though there is a significant drop in people being informed in advance of delays. This is representative of the pressures staff have been under and is being addressed as part of the recovery plan. In the last three weeks, over 100 complainants have been contacted to receive an apology for the delays and to provide an estimated response date. Most of these calls and emails have had a positive reception.

There is also a drop in complainants who are happy with the outcome of their complaint. A number of these relate to waiting time responses as we are unable to give complainants an estimated date for their planned procedure or clinic appointment.

Chart 14 – Complainant Satisfaction Surveys

	Question	Yes	No	NA/NR
1	Did you have access to information on how to lodge your complaint?	77%	23%	
2	Was your complaint acknowledged?	100%		
3	Did you speak to a member of the Complaints Team?	100%		
4	Was the process explained to you?	89%	11%	
5	Did you receive an apology for your poor experience?	85%	4%	11%
6	Were you kept updated during the handling of your complaint?	79%	8%	13%
7	Were you advised of any delays in advance?	25%	28%	47%
8	Did you speak to any other staff regarding your complaint?	35%	34%	31%
9	If you answered yes to Q7 – Was this conversation helpful?	67%	33%	
10	Were you informed of the outcome of your complaint?	94%	6%	
11	Did you agree with this outcome?	65%	35%	
12	Did you feel your complaint was dealt with in a respectful and person centred manner?	93%		7%
13	Please provide any information below you think would be helpful in our review of our complaint handling processes;			

5. Complaint Recovery Plan

The ongoing pressures across our system during our recovery from the pandemic has seen an increase in complex Stage 2 complaints within our Acute Services.

Our Stage 2 performance continues to drop and immediate action is required to address the backlog and improve our in time performance moving forward.

The QI Lead and Complaint Managers have worked with Acute Colleagues to develop a recovery plan for the current backlog and to establish improved complaint handling practice to ensure complaints are handled more effectively and within the time restrictions imposed by the Complaint Handling Process. Full details of the plan have been shared with the Corporate Management Team (CMT) and HCG.

The agreed Recovery Action Plan is currently being progressed. We estimate the recovery period will be no more than 6-8 weeks and an updated position will be provided in future papers.

In addition to the recovery actions, it has been agreed that additional resource within the Complaint Team is required, given the increased responsibilities the team have absorbed over the last two years, including response writing. It is estimated that a further 0.8-1.0 WTE permanent Band 4 Complaint Coordinator is required in addition to a temporary 0.8 WTE to support the recovery plan and to help support any further changes over the next 12 months. Acute Services have provided funding for the temporary post and interviews for this are currently planned. Whilst CMT agreed the need for additional staff, funding for a permanent post is still to be sourced.

6. Conclusion

The Board is asked to note feedback and complaint activity and performance in Quarter 1 (April to June 2023). 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 1 (April to June 2023)

NHS Ayrshire and Arran

Quarterly on Feedback and Complaints Performance Indicator Data collection

Year: April to June 2023

Quarter: Quarter 1

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	434
4b. Number of complaints received by NHS Primary Care Service Contractors (<i>Territorial Boards only</i>)	216
4c. Total number of complaints received in the NHS Board area	650

NHS Board - sub-groups of complaints received

NHS Board Managed Primary Care services;	
4d. General Practitioner	0
4e. Dental	0
4f. Ophthalmic	0
4g. Pharmacy	0
Independent Contractors - Primary Care services;	
4h. General Practitioner	174
4i. Dental	23
4j. Ophthalmic	3
4k. Pharmacy	16
4l. Total of Primary Care Services complaints	216
4m. Total of prisoner complaints received (<i>Boards with prisons in their area only</i>)	111

Performance Indicator Five

5. The total number of complaints closed by NHS Boards in the reporting quarter

Number of complaints closed by the NHS Board	Number	As a % of all NHS Board complaints closed (not contractors)
5a. Stage One	232	85%
5b. Stage two – non escalated	25	9%
5c. Stage two - escalated	18	6%
5d. Total complaints closed by NHS Board	275	

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	49	21%
6b. Number of complaints not upheld at stage one	136	59%
6c. Number of complaints partially upheld at stage one	47	20%
6d. Total stage one complaints outcomes	232	

Stage two complaints (*45 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	1	2%
6f. Number of non-escalated complaints not upheld at stage two	20	42%
6g. Number of non-escalated complaints partially upheld at stage two	26	56%
6h. Total stage two, non-escalated complaints outcomes	47	

Stage two escalated complaints (*22 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	7	39%
6j. Number of escalated complaints not upheld at stage two	8	44%
6k. Number of escalated complaints partially upheld at stage two	3	17%
6l. Total stage two escalated complaints outcomes	18	

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.	201	86%
8b. Number of non-escalated complaints closed at stage two within 20 working days	7	8%
8c. Number of escalated complaints closed at stage two within 20 working days	12	24%
8d. Total number of complaints closed within timescales	220	

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	8	31%
9b. Number of complaints closed at stage two where extension was authorised (this includes both escalated and non-escalated complaints)	14	12%
9c. Total number of extensions authorised	22	