

NHS Ayrshire & Arran



Meeting:	Ayrshire and Arran NHS Board
Meeting date:	Monday 5 February 2024
Title:	Patient Experience: Feedback and Complaints – Quarter 2 July – September 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 2 (July to September 2023), 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 to September 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

During this quarter we embarked on an acute recovery project to reduce the out of time complaints and improve our in time performance. The results of this work will become more evident in future quarters.

Our Quarter 2 Performance (July – September 2023) is presented at **Appendix 1**.

2.3.1 Quality/Patient Care

A person centred 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

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 results 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 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 shared in this report for the Board.

This report was presented to the Healthcare Governance Committee on 15 January 2024.

2.4 Recommendation

For discussion. 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 2023), 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 2023)
- Appendix 2, KPI Template for Quarter 2 (July – September 2023)

Patient Experience: Feedback and Complaints- Quarter 2 (July – September 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

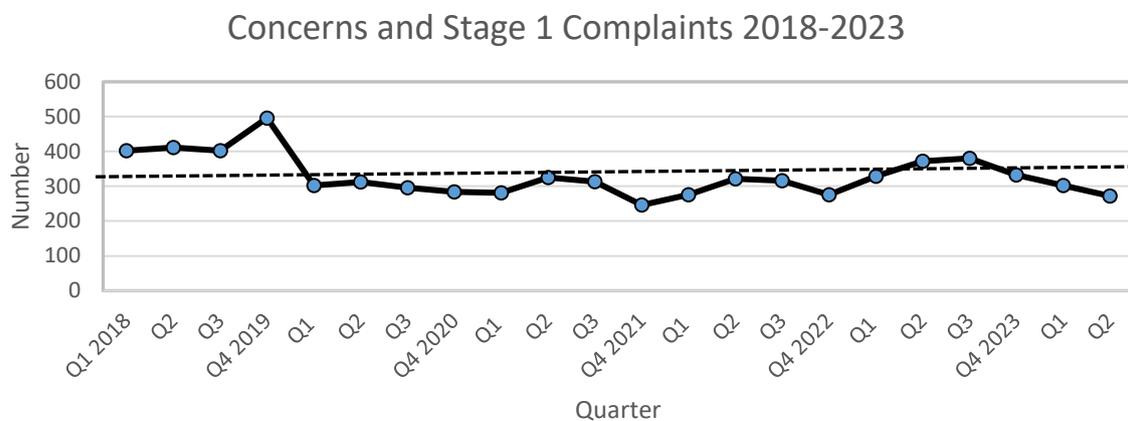


Chart 1 above demonstrates that our complaint numbers remain high with **272** Stage 1 complaints and concerns received in Quarter 2 alone. However, there is the beginning of a downward trend following the peaked activity in Quarters 2 & 3 last year. A large number of Stage 1 complaints are related to waiting times.

Chart 2 below shows Stage 2 complaints received in the quarter under review. Numbers in this quarter are down slightly to **127**, from **132** received in Quarter 1.

Chart 2: Stage 2 Complaints

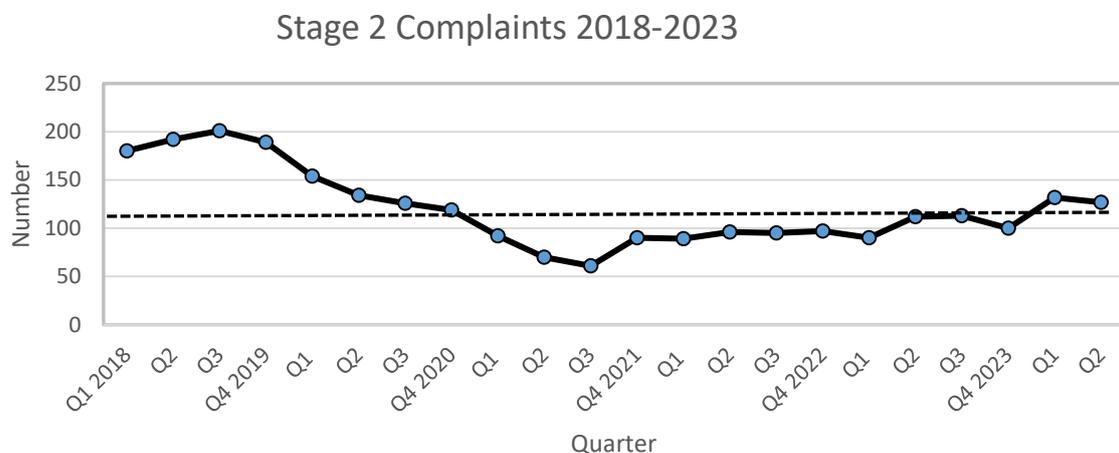
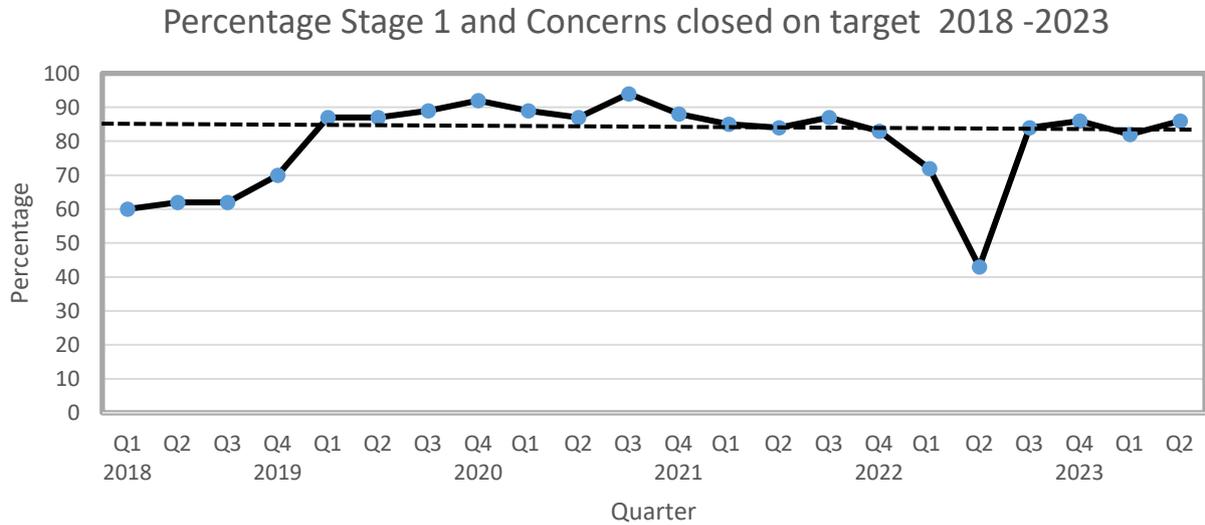


Chart 3 below shows that we have maintained the improvement seen in the last quarter in Stage 1 performance, and increased compliance to 86%, therefore meeting our target. This is mainly attributed to the work done with prison colleagues to improve their Stage 1 performance.

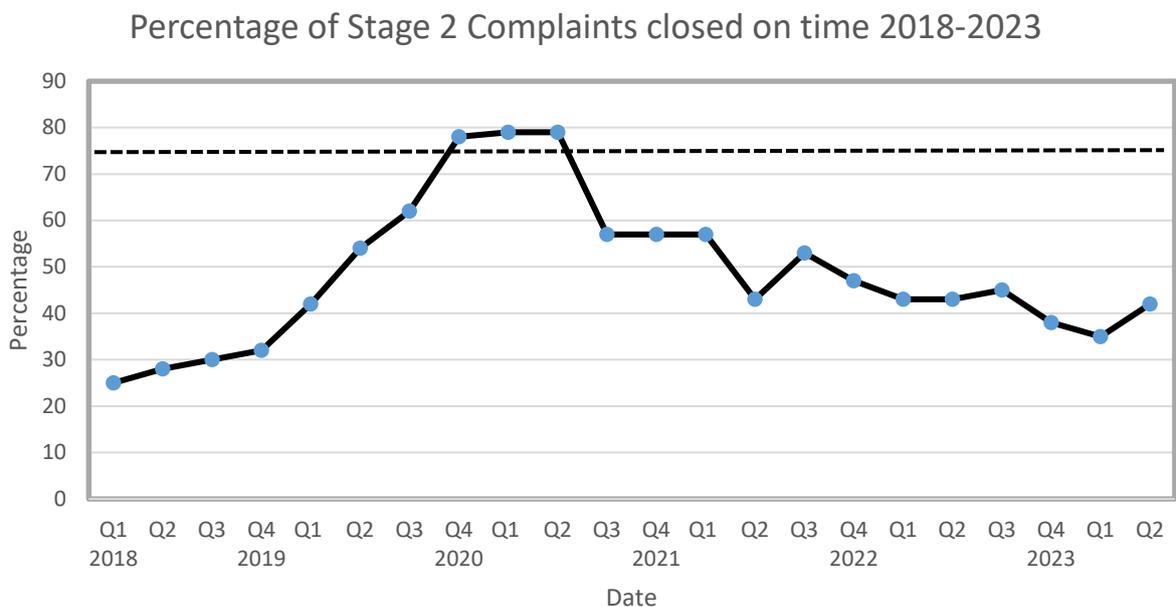
Chart 3: Percentage Stage 1 and Concerns closed on target



Our complaint handling performance for Stage 2 complaints is presented in **Chart 4** below. Improving performance in Stage 2 handling is a main aim of the recovery project which began in late August. As a result, we are only beginning to see the positive impact in Quarter 3 with a rise in performance from 35 to 42%.

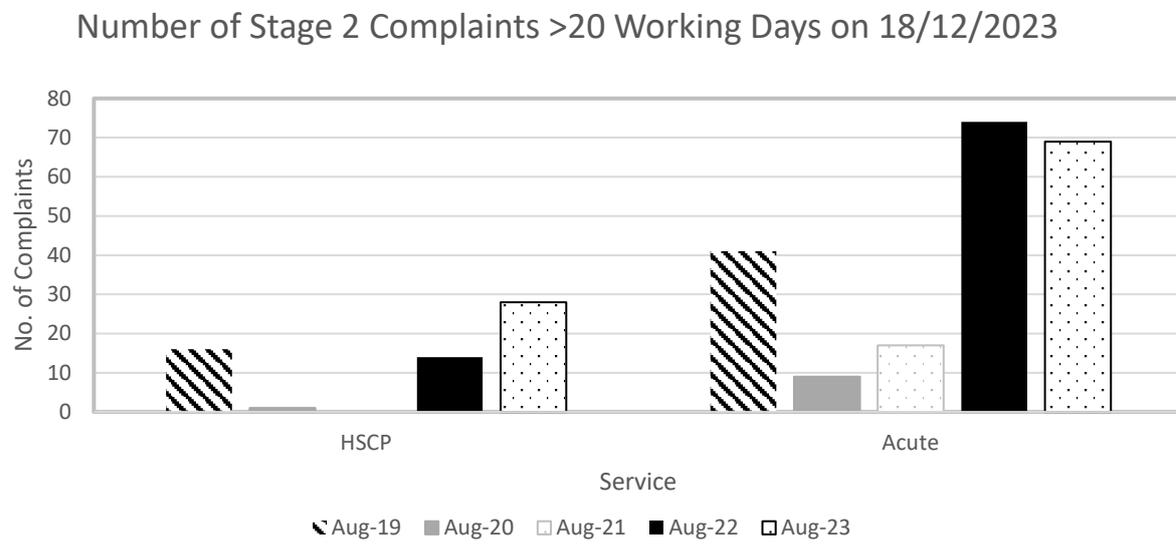
At the time of preparing this report, current performance against the 20 working day target is sitting at **78%**.

Chart 4: Percentage of Stage 2 Complaints Closed on Target



Of note, Boards are currently set a target of 75% compliance for closing stage 2 concerns within timescale (represented as dotted line on chart above). Current activity and status of out of time complaints is provided below for our Health and Social Care Partners and Acute Services

Chart 5a Current HSCP & Acute complaints over 20 working days at 18/12/23



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

Chart 5b Current HSCP & Acute complaint Activity at 18/12/23

Service	20-30 days	30-40 days	Over 40 days	Comments
Acute	14	12	43	14 responses in final stages/approval process 15 still being investigated 40 responses to be drafted
EA HSCP	1	1	5	5 x response in final stages 2 x still gathering statements
NAHSCP	0	3	7	1 x to draft response 6 x response in final stages 3 x still gathering statements
SA HSCP	0	1	1	1 x response in final stages 1 x still gathering statements

1.2 Outcomes

Chart 6 below demonstrates the complaint outcomes for all complaints resolved in Quarter 4

The figures in **Chart 6** below demonstrates that the number of complaint outcomes that are fully upheld has risen from **60** in the previous quarter, to **75** in Quarter 2. 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).

Chart 6: Complaint Outcomes

Service	Not Upheld	Partially Upheld	Fully Upheld	Still Open
Concern / Stage 1	150	47	75	0
Stage 2	20	17	9	81

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 7a** below, this quarter we see a rise in SPSO referrals from **7** to **11**. This rise was predicted due to the drop in our performance against the 20 working day target.

Chart 7a: SPSO Referral Rates 2018 – 2023

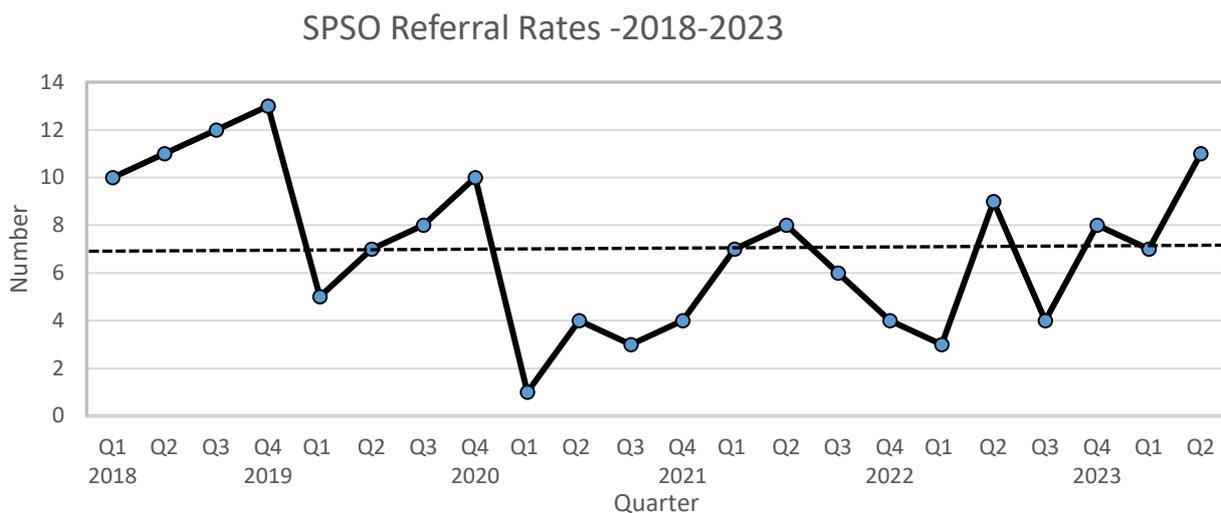
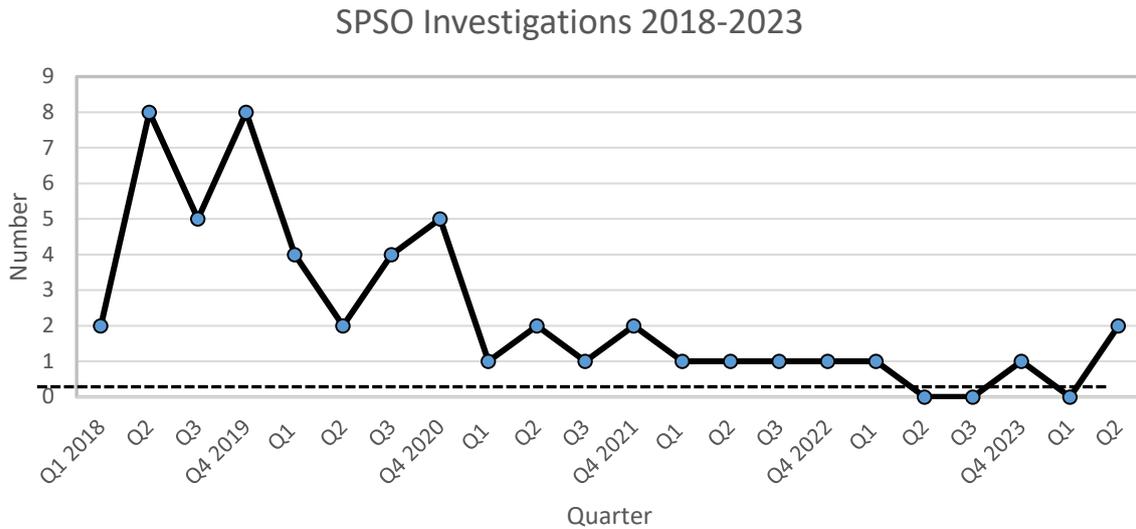


Chart 7b: SPSO Investigations 2018 – 2023



A slight increase is evident with two cases progressing to investigation this quarter. The QI Lead expects to see this number rise as a result of the challenges we have faced that has impacted on our performance against the 20 working day target. However, this may take some time to be evidenced as the Ombudsman is currently taking up to four months to review and allocate new referrals. The decision to investigate and the investigation is currently taking up to 12 months.

2. Complaint Themes

Work has been progressed to provide more accurate information from complaints and **Chart 8** 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 8 below shows top themes and the most common subthemes

As a number of complaints contain more than one theme or subtheme, numbers are not provided

Chart 8: 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
Patient's rights
Availability of beds
Condition of items

Themes this quarter remain similar to previous quarters. Waiting Times remain one of the top themes for complaints, alongside clinical treatment and communication. A large percentage of medication complaints arise in the prison from prisoners unhappy when changes are made to their medication regimes.

2.2 Quality Improvement Plans (QIP)

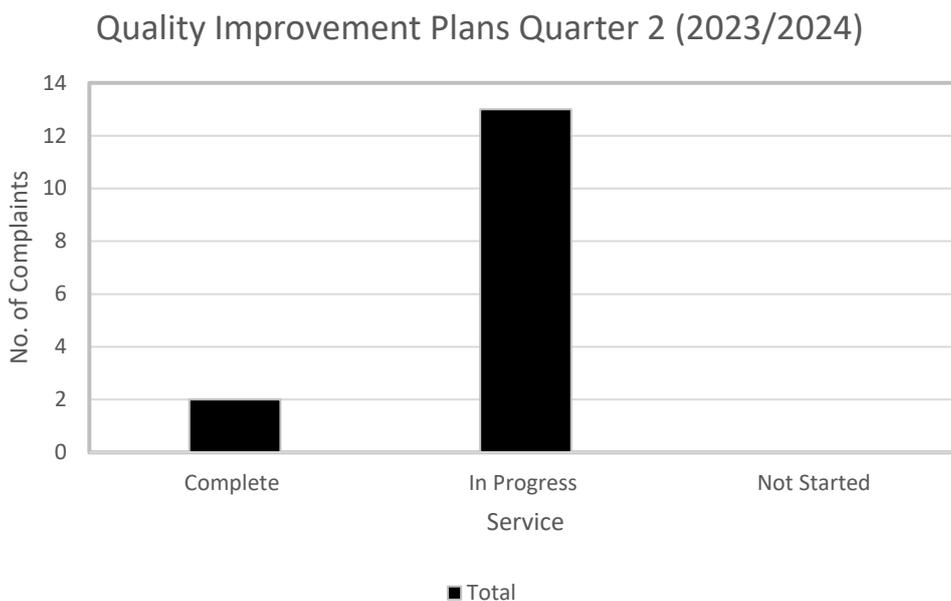
Chart 9 below represents the QIPs developed by the Investigation Leads when a learning or improvement opportunity has presented itself as a result of feedback or a complaint.

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.

A number of actions are now being progressed as part of the Extreme Team findings to work with Divisional General Managers to theme complaints and improvement actions, to ensure scrutiny and assurance at the correct level. This will be the main focus when the Recovery Project has been completed.

In addition, the QI Lead and Complaint Managers are reviewing current remit and reporting structures to ensure all appropriate staff are aware of current complaint activity and are working with the Complaints Team to recover our performance.

Chart 9: Progress of Quality Improvement Plans



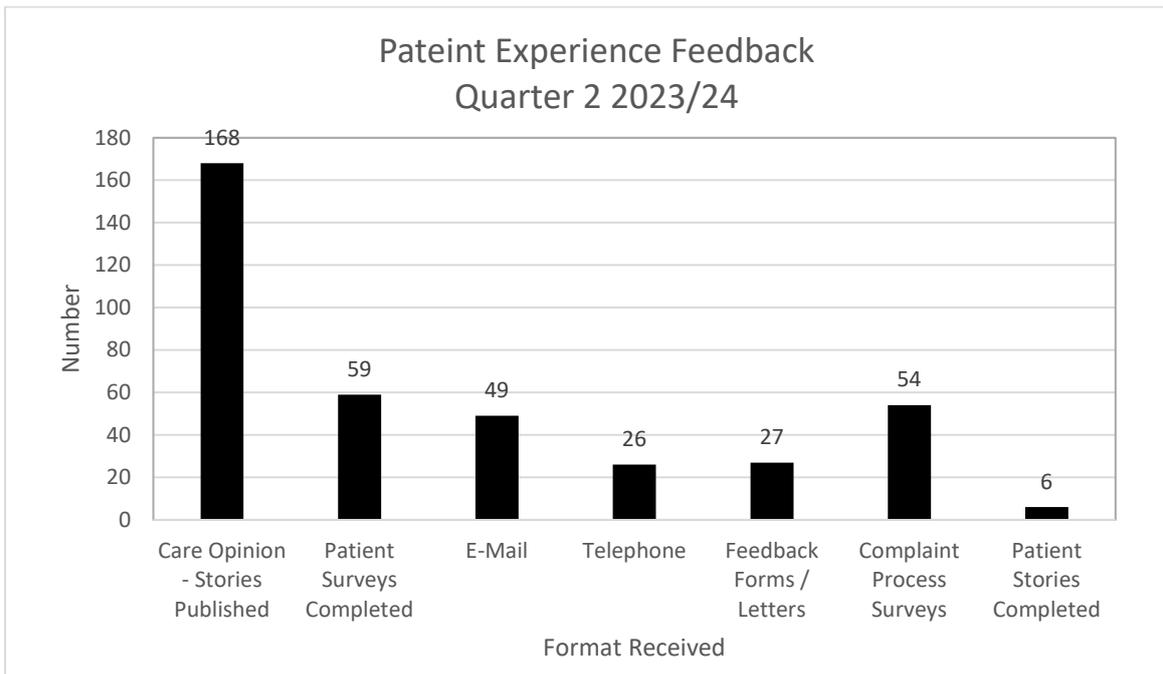
3. Feedback

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 quarterly moving forward.

Promoting Care Opinion as the preferred route for feedback is still a key objective.

Chart 10 below demonstrates feedback received in this quarter and it outlines the format in which the feedback was received.

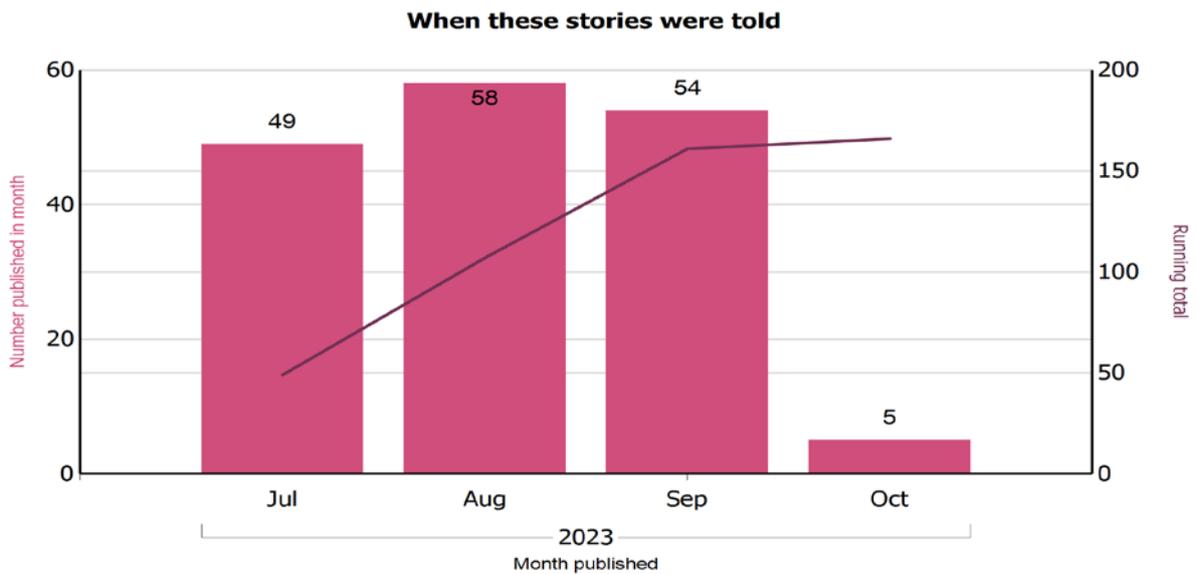


3.2 National Feedback

Chart 11 demonstrates activity this quarter where **166** stories were told using Care Opinion (CO). This is another large increase from **134** the previous quarter, and is reflective of ongoing promotion of CO as the preferred source of feedback. These stories were viewed **20,860** times.

Chart 11 below shows posts per month for Quarter 2 – July to September 2023

Chart 11: Care Opinion Posts Quarter 2



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

Chart 12: Criticality of Posts in Quarter 2

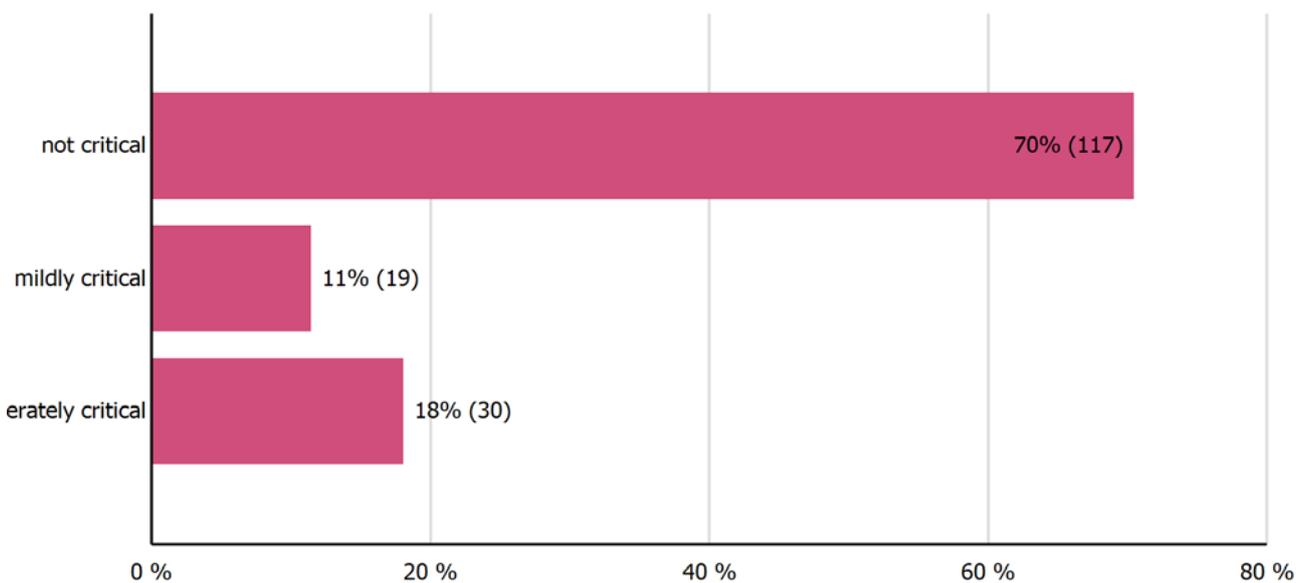


Chart 12 above demonstrates that the majority of posts are considered as mildly critical to positive. However, in this quarter, there is a rise in those posts considered moderately critical, up from **18** in the previous quarter, to **30** in Quarter 2.

4. Complainant Satisfaction

Below are the results of contacting a total of 54 complainants in this quarter via telephone. Return rate for other methods of feedback such as email is much lower so moving forward telephone contact will remain the preferred source for complainant feedback.

	Question	Yes	No	NA/NR
1	Did you have access to information on how to lodge your complaint?	86%	14%	-
2	Was your complaint acknowledged?	94%	6%	-
3	Did you speak to a member of the Complaints Team?	100%	-	-
4	Was the process explained to you?	92%	8%	-
5	Did you receive an apology for your poor experience?	88%	12%	-
6	Were you kept updated during the handling of your complaint?	63%	22%	15%
7	Were you advised of any delays in advance?	25%	18%	57%
8	Did you speak to any other staff regarding your complaint?	40%	56%	4%
9	If you answered yes to Q8 – Was this conversation helpful?	82%	18%	-
10	Were you informed of the outcome of your complaint?	92%	8%	
11	Did you agree with this outcome?	58%	42%	
12	Did you feel your complaint was dealt with in a respectful and person centred manner?	82%	10%	8%

The experience of our complainants is similar in this quarter to the previous. One area where we will be able to demonstrate performance moving forward is in the updating of complainants during the process. As part of the Acute Recovery Project, all complainants have been contacted and provided with an update.

5. Conclusion

The Board is asked to note feedback and complaint activity and performance in Quarter 2 (July to September 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 2 (July - September 2023)

NHS Ayrshire and Arran

Quarterly on Feedback and Complaints Performance Indicator Data collection

Year: July to September 2023

Quarter: Quarter 2

Performance Indicator One:

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	399
4b. Number of complaints received by NHS Primary Care Service Contractors (<i>Territorial Boards only</i>)	0
4c. Total number of complaints received in the NHS Board area	399

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	185
4i. Dental	23
4j. Ophthalmic	1
4k. Pharmacy	21
4l. Total of Primary Care Services complaints	230
4m. Total of prisoner complaints received (<i>Boards with prisons in their area only</i>)	63

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	234	84%
5b. Stage two – non escalated	26	9%
5c. Stage two - escalated	20	7%
5d. Total complaints closed by NHS Board	280	

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	67	29%
6b. Number of complaints not upheld at stage one	122	52%
6c. Number of complaints partially upheld at stage one	45	19%
6d. Total stage one complaints outcomes	234	

Stage two complaints (*59 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	15%
6f. Number of non-escalated complaints not upheld at stage two	12	46%
6g. Number of non-escalated complaints partially upheld at stage two	10	39%
6h. Total stage two, non-escalated complaints outcomes	26	

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	5	25%
6j. Number of escalated complaints not upheld at stage two	8	40%
6k. Number of escalated complaints partially upheld at stage two	7	35%
6l. Total stage two escalated complaints outcomes	20	

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.	87	37%
8b. Number of non-escalated complaints closed at stage two within 20 working days	11	42%
8c. Number of escalated complaints closed at stage two within 20 working days	6	30%
8d. Total number of complaints closed within timescales	104	

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	147	63%
9b. Number of complaints closed at stage two where extension was authorised (this includes both escalated and non-escalated complaints)	46	36%
9c. Total number of extensions authorised	193	