

NHS Ayrshire & Arran



Meeting:	Ayrshire and Arran NHS Board
Meeting date:	Tuesday 26 March 2024
Title:	Patient Experience: Feedback and Complaints – Quarter 3 October - December 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 3 (October – December 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 3 (October – December 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

Complaint handling across NHS Ayrshire & Arran remains challenging in the current climate, with the ongoing pressures on all areas of our services impacting on staff's ability to undertake timely investigations. Despite this, we continue to strive to deliver high quality person centred complaint handling.

The Complaints Team continue to provide as much support as possible to assist services and to keep complainants up to date on progress.

The ongoing impact of increased complaint activity, and sustained pressure on services is evident in the data presented in this paper at **Appendix 1**.

2.3.1 Quality/patient care

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

Learning from complaints and completing the learning cycle provides the ideal opportunities to progress 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 based on the lived experiences of our patients and their loved ones.

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 & 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 3 (October – December 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 paper was presented to the Healthcare Governance Committee on 4th March 2024

2.4 Recommendation

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 3 (October – December 2023), and to note our compliance with the complaint handling process.

3. List of appendices (where required)

The following appendix is included with this report:

- **Appendix No 1**, Patient Experience: Feedback and Complaints – Quarter 3 (October – December 2023)

Patient Experience: Feedback and Complaints- Quarter 3 (October – December 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 Activity

Chart 1: Concerns & Stage 1 Complaints

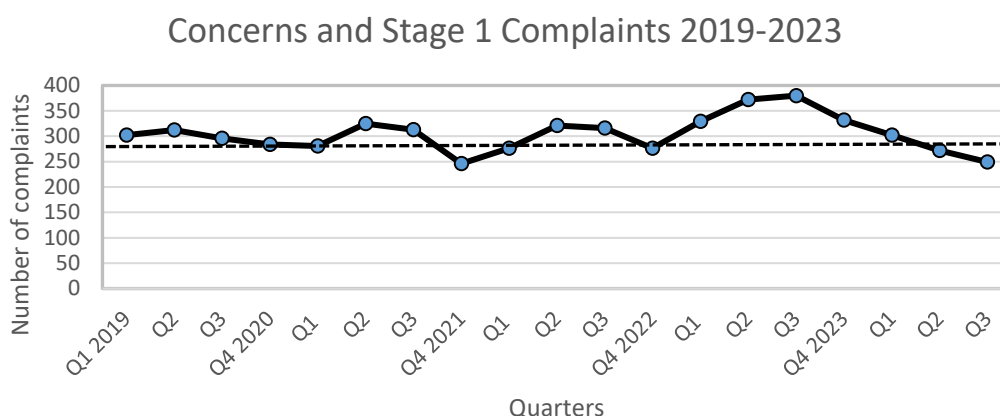


Chart 1 above demonstrates that there has been a decrease in the number of concerns and stage 1 complaints over the last four quarters. This reduction is due to improvement work taking place within the prison service in relation to categorising of complaints. We identified that a number of service enquiries or requests for medical appointments were being categorised as complaints and as this has now been addressed, our Stage 1 activity has reduced. In keeping with previous quarters, a significant number of concerns and Stage 1 complaints relate to our current waiting times position.

Chart 2 below shows Stage 2 complaints received in the quarter under review. Numbers have increased in the last 12 months.

Chart 2: Stage 2 Complaints

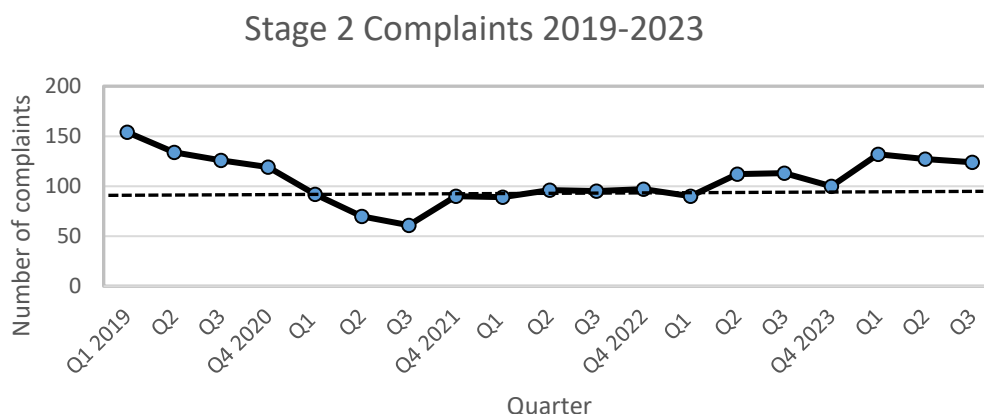
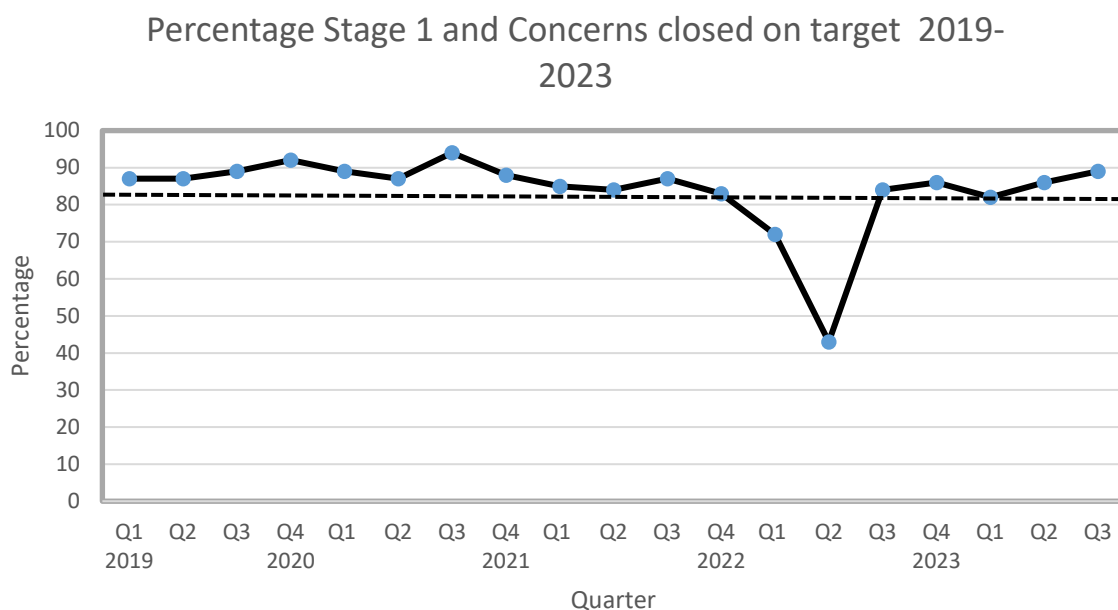


Chart 3 below shows that we have maintained the improvement seen in the last quarter in Stage 1 performance. This is mainly attributed to the work done with prison colleagues to improve their Stage 1 performance.

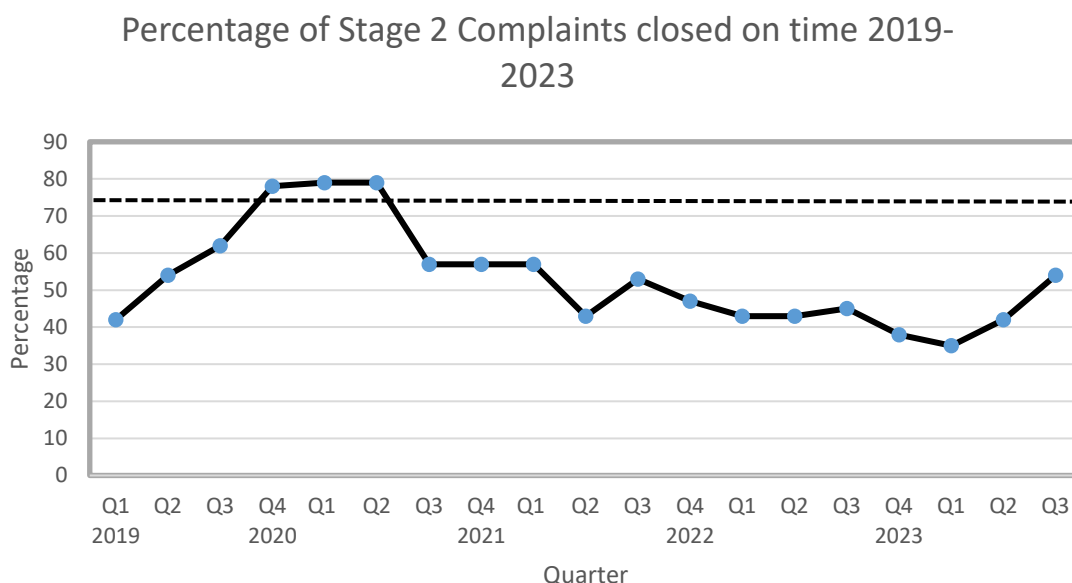
Chart 3: Percentage Stage 1 and Concerns closed on target



Of note, Boards are currently set a target of 85% compliance for closing stage 1 concerns within timescale (represented as dotted line on chart above). As a Board, we currently have one of the best performances for Stage 1 handling.

Our complaint handling performance for Stage 2 complaints is presented in **Chart 4**. This performance has improved as a result of our acute complaints recovery project and our aim is to continue to measure improvement to reach and maintain our 75% target. Nationally, current average performance is below 50%, with the Ombudsman also facing challenges to meet their own timescales.

Chart 4: Percentage of Stage 2 Complaints Closed on Target



Current Activity

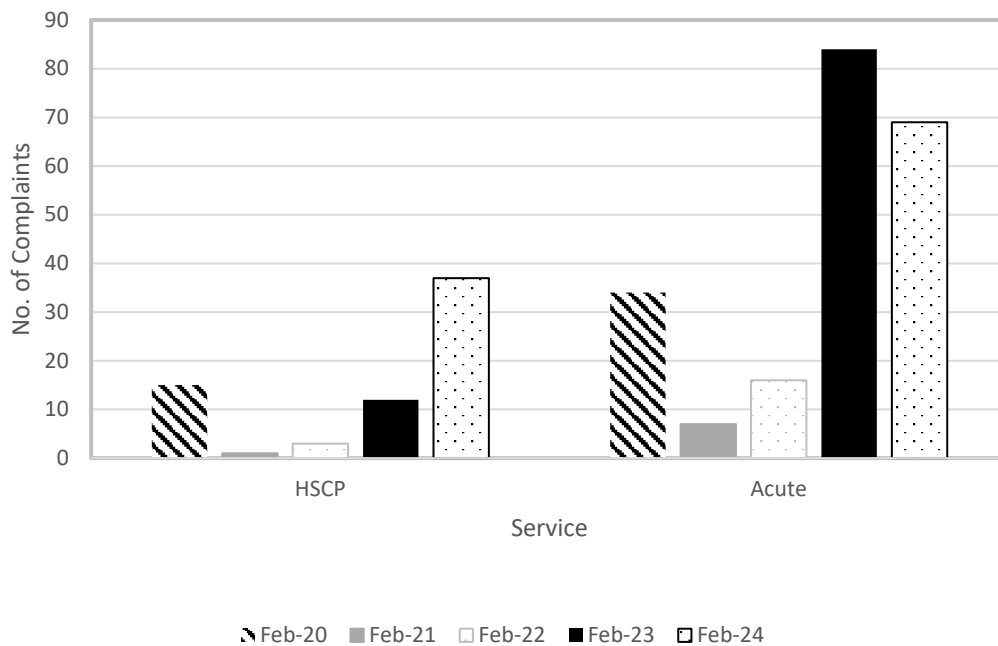
Please note the data below represents a specific point in time and is provided as a reference for current activity. The data in Chart 5a & 5b was extracted on 5 February 2024.

Chart 5a shows the number of out of time complaints on 5 February 2024 and the comparative period in the previous years. This figure demonstrates the impact of the ongoing recovery work and reducing out of time complaints over 20 working days remains a key objective.

On 5 February 2024, we had **37** out of time complaints across the Health and Social Care Partnerships (HSCP) and **69** for Acute Services alone.

Chart 5a: Number of Complaints > 20 Working Days

Number of Stage 2 Complaints >20 Working Days on
05/02/2024



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	5	8	69	42 x to draft response 9 x response in final stages 2 x meetings 29 x still gathering statements
EA HSCP	3	2	11	8 x response in final stages 8 x still gathering statements
NA HSCP	1	2	13	14 x response in final stages 2 x still gathering statements
SA HSCP	1	0	4	3 x response in final stages 2 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 is around 20%. 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). The data shows that 60% of stage 1 complaints are not upheld. The majority of those upheld at stage 1 are breaches of the treatment time guarantee.

Chart 6: Complaint Outcomes

Service	Not Upheld	Partially Upheld	Fully Upheld
Concern / Stage 1	151	30	68
Stage 2	15	11	12

The stage 2 outcomes demonstrate that approximately 60% have some aspect upheld. Given the complexity and number of issues raised in the majority of stage 2 complaints, this is to be expected.

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, there is a significant rise in SPSO referrals in recent months with **7** in Quarter 1 and **11** in Quarter 2. This rise was predicted due to the drop in our performance against the 20 working day target.

Chart 7: SPSO Referral Rates 2018 – 2023

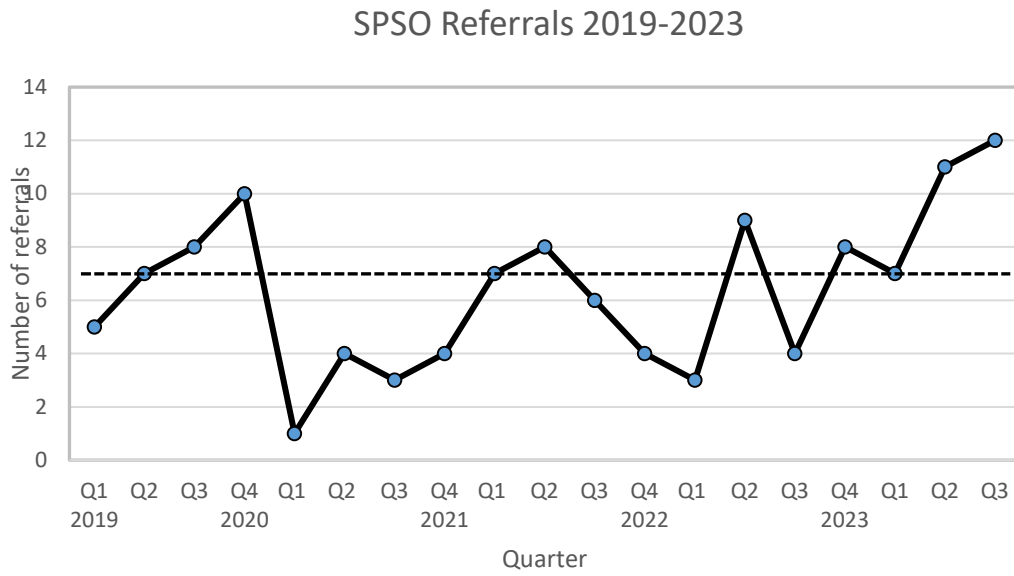
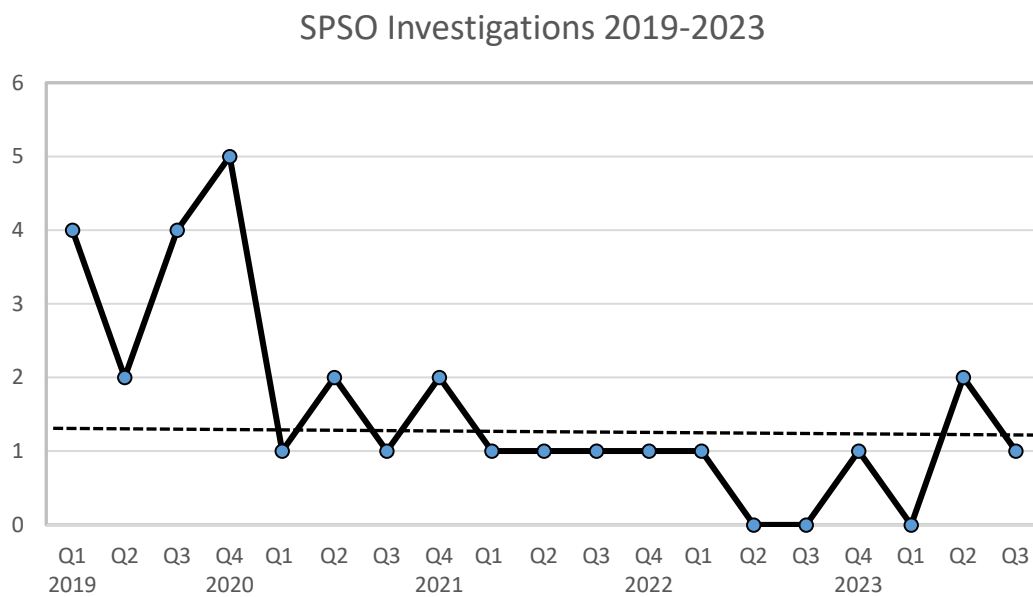


Chart 8: SPSO Investigations 2018 – 2023



The number of cases progressing to investigation remains low but will increase in future quarters in keeping with the increased referral rates being seen.

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

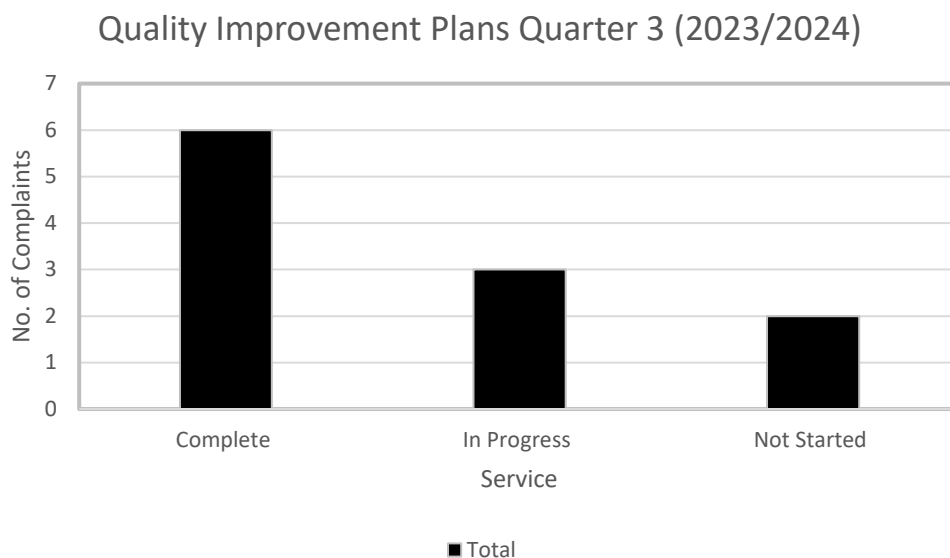
Clinical Treatment
Disagreement with treatment / care plan
Problems with medication
Co-ordination of Clinical treatment
Poor nursing care
Poor medical treatment
Poor aftercare
Waiting Times
Unacceptable time to wait for the appointment
Waiting too long for test results
Cancellation of appointment
Date 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
Telephone
Conduct
Lack of support /explanation
Other
Availability of items
Smoking
Accuracy of records
Patient's rights
Availability of beds
Condition of items

Themes are in keeping with previous quarters with no new emerging themes evident.

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.

Chart 10: Progress of Quality Improvement Plans



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.

On completion of the Recovery Project, the QI Lead will progress some further improvement work to support learning and improvement from feedback and complaints and to ensure this is being captured, shared and spread, and reported appropriately and regularly.

3. Feedback

3.1 Local Feedback

Our recently launched feedback forms and promotional posters etc have been well received and we are able to demonstrate a steady increase in the amount of feedback being received. The majority of feedback is positive and therefore important to share with the clinical teams involved and to allow us to report a more accurate picture.

Chart 11 – Feedback received in Quarter 3 (October – December 2023)

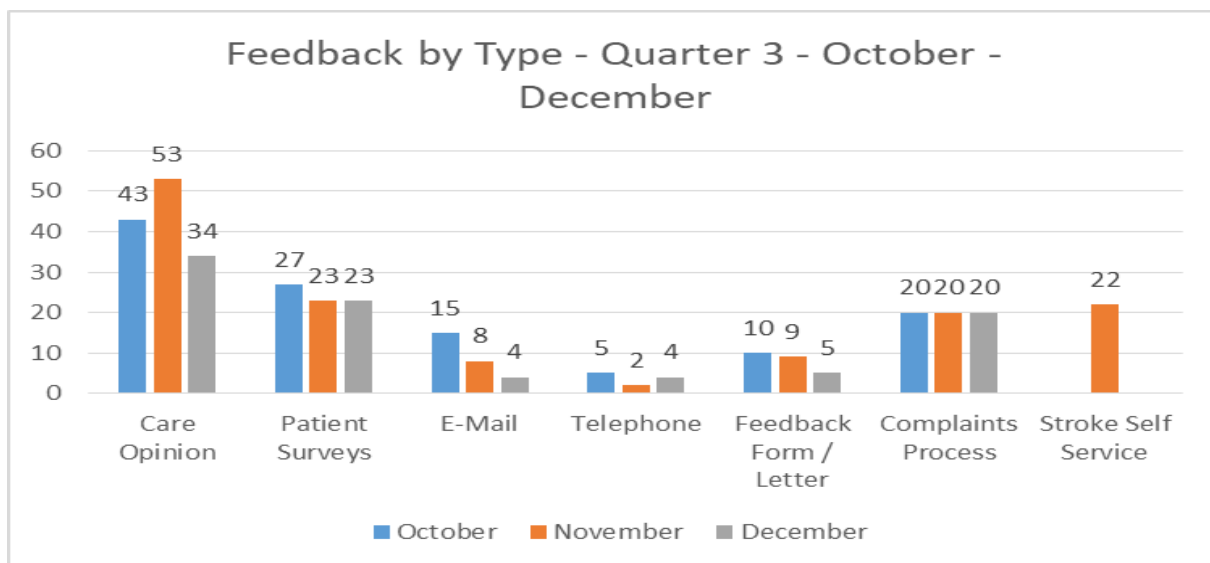
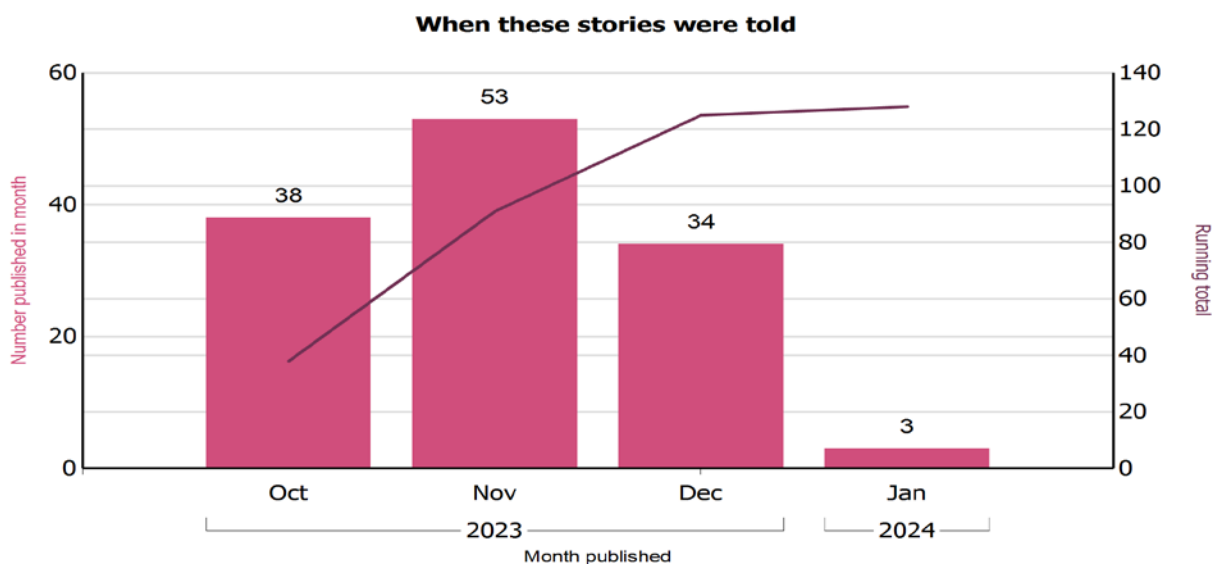


Chart 11 above outlines all feedback received and the format used to gather and record each feedback opportunity. Overall, over 75% of the feedback is considered positive.

3.2 National Feedback

Chart 12 demonstrates activity this quarter where **128** stories were told using Care Opinion. This is in keeping with the previous quarter. These stories were viewed **12,642** times.

Chart 12: Care Opinion Posts Quarter 3



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

Chart 13: Criticality of Posts in Quarter 3

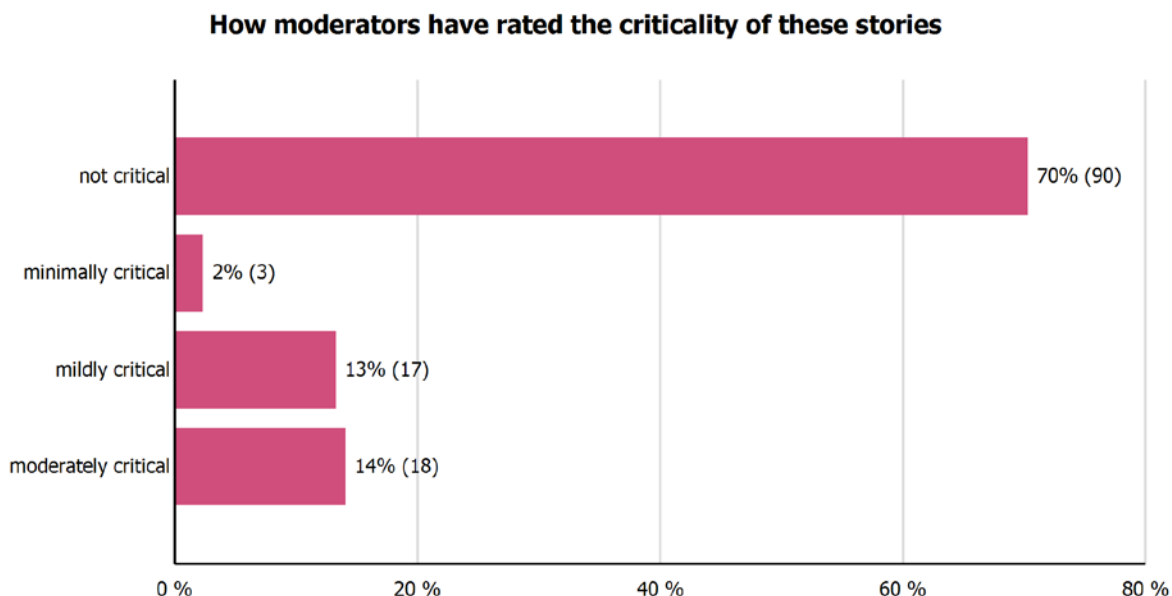


Chart 13 above demonstrates that the majority of posts are considered as mildly critical to positive at 85%. Only 18 posts in total from the 128 stories being reviewed were considered moderately critical. In this quarter, there were no posts considered to be strongly critical meaning most posts had at least one positive element. Again, this is valuable feedback for staff in our clinical areas and the Patient Experience Facilitators continue to roll out Care Opinion Training to ensure staff are regularly accessing feedback.

4. Complainant Satisfaction

This is the third quarter collecting complainant feedback using the updated questionnaire. Below are the results of contacting a total of 60 complainants. The Patient Experience Facilitator is currently streamlining this audit.

	Question	Yes	No	NA/NR
1	Form number listed on excel for all respondents			
2	Did you have access to information on how to lodge your complaint?	85%	15%	
3	Was your complaint acknowledged?	90%	5%	5%
4	Did you speak to a member of the Complaints Team?	100%		
5	Was the process explained to you?	90%		10%
6	Did you receive an apology for your poor experience?	90%		10%
7	Were you kept updated during the handling of your complaint?	75%	10%	15%
8	Were you advised of any delays in advance?	45%	5%	50%

	Question	Yes	No	NA/NR
9	Did you speak to any other staff regarding your complaint?	25%	70%	5%
10	If you answered yes to Q9 – Was this conversation helpful?		25%	75%
11	Were you informed of the outcome of your complaint?	90%	10%	
12	Did you agree with this outcome?	80%	10%	10%
13	Did you feel your complaint was dealt with in a respectful and person centred manner?	85%	15%	

From the responses received, there has been a definite improvement in complainant satisfaction in this quarter. This is likely to have been impacted by the start of the Acute Complaints Recovery Project within this time. A clear initial action of the project was to get in touch with every complainant to apologise for and explain the reason for any delays they had encountered whilst their complaint was being progressed.

5. Acute Complaint Recovery Project

As reported in the January Healthcare Governance Paper, the project will be extended to all complaints over 20 working days, an addition from the original scope of 40 working days. Progress on this will be reported in a follow up paper to a future Healthcare Governance Committee Meeting.

The data in **Chart 5** taken on 5 February 2024 shows a further decrease in out of time complaints, whilst Stage 2 performance has been maintained above 75% (the target). This is evidence of the success of the improvement actions identified and progressed as part of the recovery project.

As we reach our aims, the QI Lead will apply a quality improvement lens to the current systems and processes in place to ensure that we maintain the improved position reached and this will be regularly reported to the committee.

6. Conclusion

The Board is asked to note feedback and complaint activity and performance in Quarter 3 (October – December 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.