

NHS Ayrshire & Arran



Meeting:	Ayrshire and Arran NHS Board
Meeting date:	Monday 3 February 2020
Title:	Patient Experience: Complaint Handling Improvement Project
Responsible Director:	Hazel Borland, Nurse Director
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1. Purpose

This is presented to the Board for:

- Discussion

This paper relates to:

- Government policy/directive
- Legal requirement
- Local policy

This aligns to the NHS Scotland quality ambitions of

- Safe
- Effective and
- Person Centred

2. Report summary

2.1 Situation

A Complaint Handling Improvement Project has been undertaken in University Hospital Crosshouse (UHC). This project focuses on ensuring best practice in complaint handling and assuring that organisational learning and improvement is evidenced and sustained. This paper provides assurance to members of improvements delivered at UHC and the plan to spread this approach to University Hospital Ayr (UHA) and provides an opportunity for discussion.

2.2 Background

In 2018/19 our performance in meeting the targets set by the Complaint Handling Process averaged 75% for Stage 1 complaints and 45% for Stage 2 complaints. In addition, findings from the Ombudsman indicated that we needed to improve our local complaint handling processes.

2.3 Assessment

As a result of the Complaint Handling Improvement Project in UHC, we have been able to evidence the following improvements in complaint performance:

- 20 working day target compliance has improved from 45% to 75%
- 100% of complainants have been contacted on receipt of their complaint and where appropriate a meeting offered
- Improved complainant experience reported

In addition to the improvements made, the project has provided the opportunity to ensure our current structures in relation to governance and shared learning are in place.

As a result of the significant improvements in this test, plans are already in place to spread this approach to UHA. A smaller corporate Complaint Team will remain for all non-acute feedback and complaint activity, but this will also be reviewed to ensure that our approaches reflect the improved ways of working, where appropriate and feasible.

2.3.1 Quality/patient care

This new 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 feedback, and subsequent completion of the learning cycle provides good 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

The impact on the UHC Management Team has been significant as the Complaint Manager takes a more active role in handling the complaint. This ensures that our Management Teams are not spending time on administrative tasks associated with complaint handling, and will free up time to progress learning and improvement, with the full support of the QI Lead.

2.3.3 Financial

The funding of the Complaints Manager role as part of this improvement project has been met from the current Complaints Team budget and will become a permanent post, the funding will transfer with the post, assuring there is no additional cost.

To spread this work to our other acute site will represent a small increase in the staff budget.

2.3.4 Risk assessment/management

Failure to have a robust feedback, comments, concerns and complaints process could have a significant impact upon NHS Ayrshire & Arran's ability to demonstrate that it listens sufficiently to patients, learns from their complaints and does not miss the opportunity for organisational learning.

An identified risk from the outset of the project was a possible negative impact on non-acute complaint handling and the capacity of the reduced central complaint team. To date, no negative impacts have been identified.

2.3.5 Equality and diversity, including health inequalities

This work does not negatively impact on any protected characteristics.

2.3.6 Other impacts

- 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 and best value in all areas highlighted below:
 - Vision and Leadership
 - Effective Partnerships
 - Governance and accountability
 - Use of resources
 - Performance management
- An effective process will deliver our Corporate Objective to create compassionate partnerships between patients, their families, and those delivering health and social 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.

2.3.7 Communication, involvement, engagement and consultation

Feedback on the new approach to complaint handling has been secured through public consultation of users and further engagement work is planned as the project develops.

2.3.8 Route to the meeting

This paper had been presented to and discussed at Healthcare Governance Committee on 6 January 2020. The committee were supportive of the content.

2.4 Recommendation

Board members are asked to discuss and be assured of improvements to deliver a more effective process from the positive outcomes of the complaint handling improvement project.

3. List of appendices

- Appendix 1 – Complaint Handling Improvement Project Report

Patient Experience: Complaint Handling Improvement Project

1. Introduction

Whilst a number of positive changes have been made to our complaint handling over the last few years, further improvements were required, especially in relation to our performance against the 20 working day target. Whilst we were moving towards a more person centred approach to resolution than in previous years, we also needed to be able to measure this and ensure that we were meeting the needs of our patients and their families in a consistent and timely manner when they raised concerns and complaints.

Using an improvement approach, we identified UHC as our test site and developed the driver diagram shown below to identify our main drivers and desired outcomes;

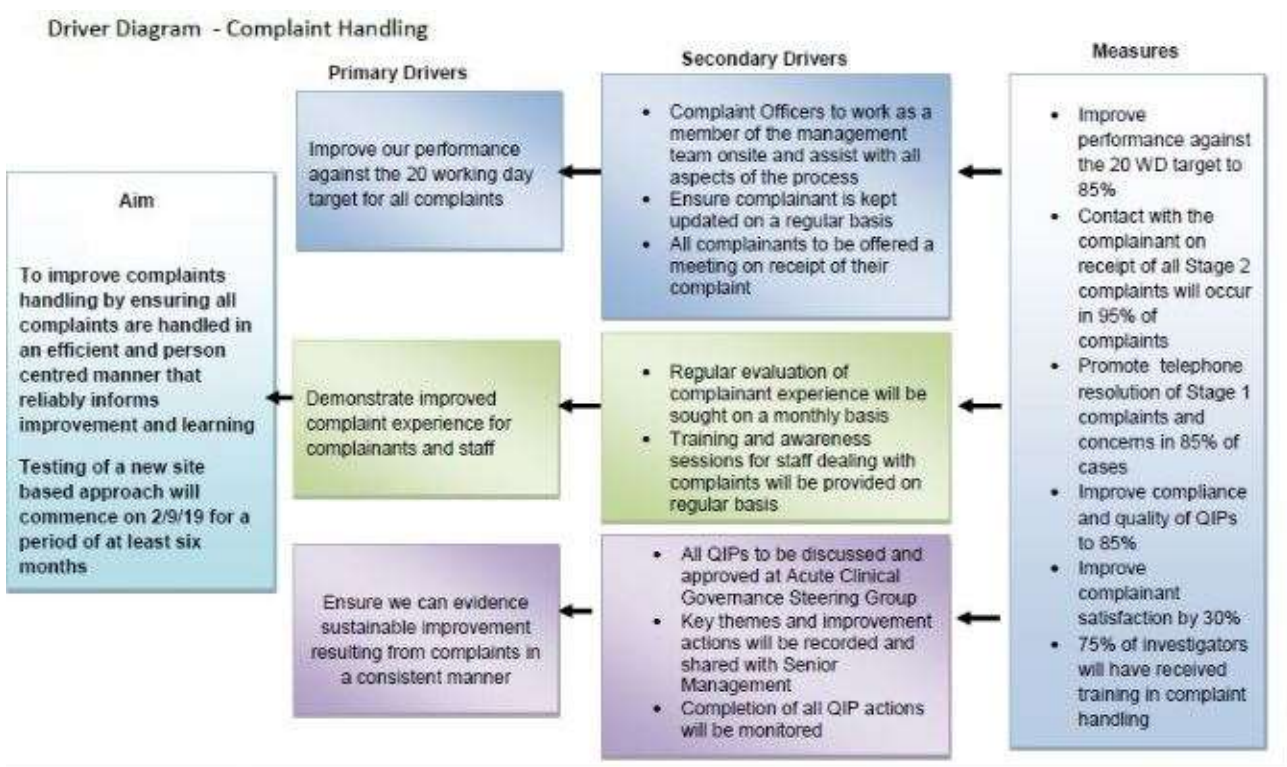


Chart 1 - Driver Diagram – Complaint Handling Improvement Project

A significant aspect of the test is the new role of a site based Complaint Manager with the local management team to support, advise, assist and lead on all complaint activity as required. This process begins with receipt of the complaint through investigation to reporting to the site governance teams to support learning and improvement. For the purpose of the test, our current Team Leader has undertaken this role on the UHC site.

2. Rationale

NHS Ayrshire & Arran must demonstrate that effective complaint handling is an organisational priority and each complaint represents an opportunity for learning and improvement. Currently, we are only achieving resolution within the 20 working day target in

less than 40% of cases and demonstrating learning or improvement to the local team involved in 60% of cases.

Acute Services receive over 60% of all complaint activity with 60% of complaints remaining unresolved at 20 working days and 40% at over 30 working days. Despite previous improvement work, the number of complainants offered meetings had dropped from 80% in 2016-2017 to 30% in August 2019.

More complainants were expressing dissatisfaction with the process with positive feedback decreasing from 80% in March 2019 to 60% in August 2019.

There is also a need to ensure that learning and improvement is consistently demonstrated not just with the local team, but across the wider organisation, where relevant. As part of this improvement project, new governance arrangements will be tested and a more central approach to learning and improvement adopted to oversee this aspect of the complaints process.

3. Outcome Measures

The following measures were identified as part of the project and results to the current date are displayed in the sections below.

3.1 Complaints closed within 20 working days

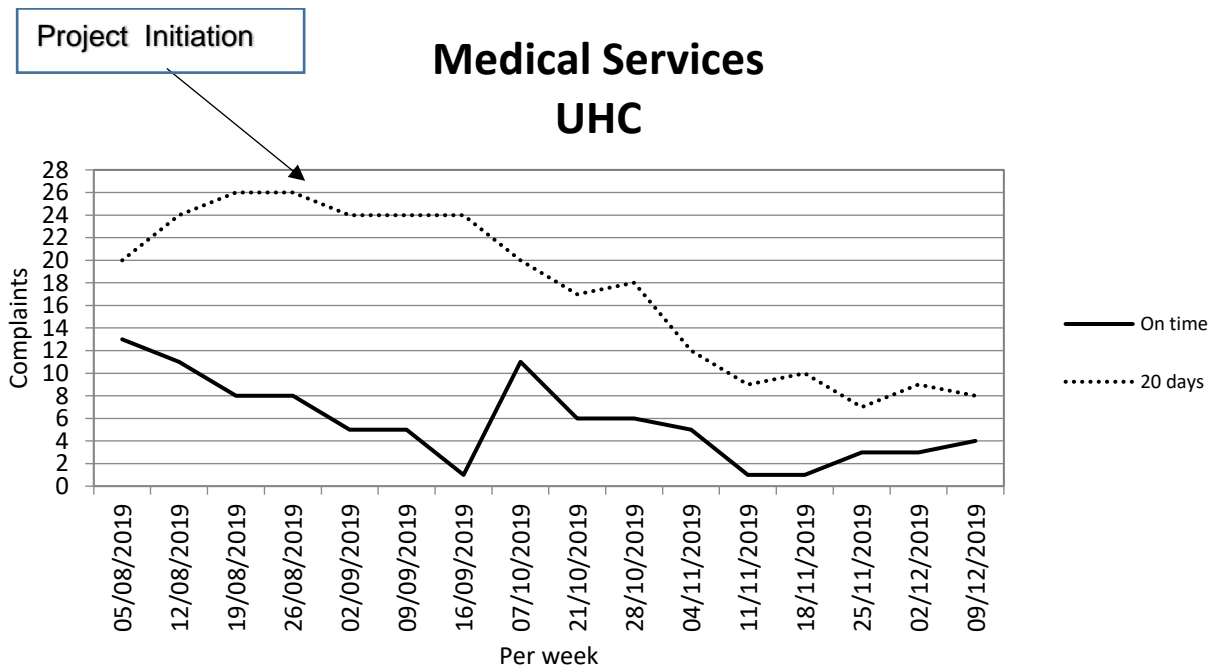


Chart 2 – Complaints closed within 20 working days, Medical Services UHC

*Please note the 20 days data relates to complaints still open after 20 days

Medical services in UHC were the most challenged in meeting the 20 working day target with performance dropping to 23% in July 2019. Since the project initiation in September 2019, clear improvement in meeting the target can be seen and our number of out of time complaints have dropped to eight. These will be cleared this month and the aim moving forward will be to have no out of time complaints at all.

Surgical Services is also now being supported to eliminate out of time complaints and ensure all Stage 2 complaints are resolved within the 20 working day target. Progress though slower, is demonstrated in Chart 3 below.

Across UHC, performance against the 20 working day target has improved from a compliance of 51% for all areas in Quarter 2 2019-20 to an average of 75% in UHC since the improvement project began in September 2019 (this includes complaints that remained open when the test commenced).

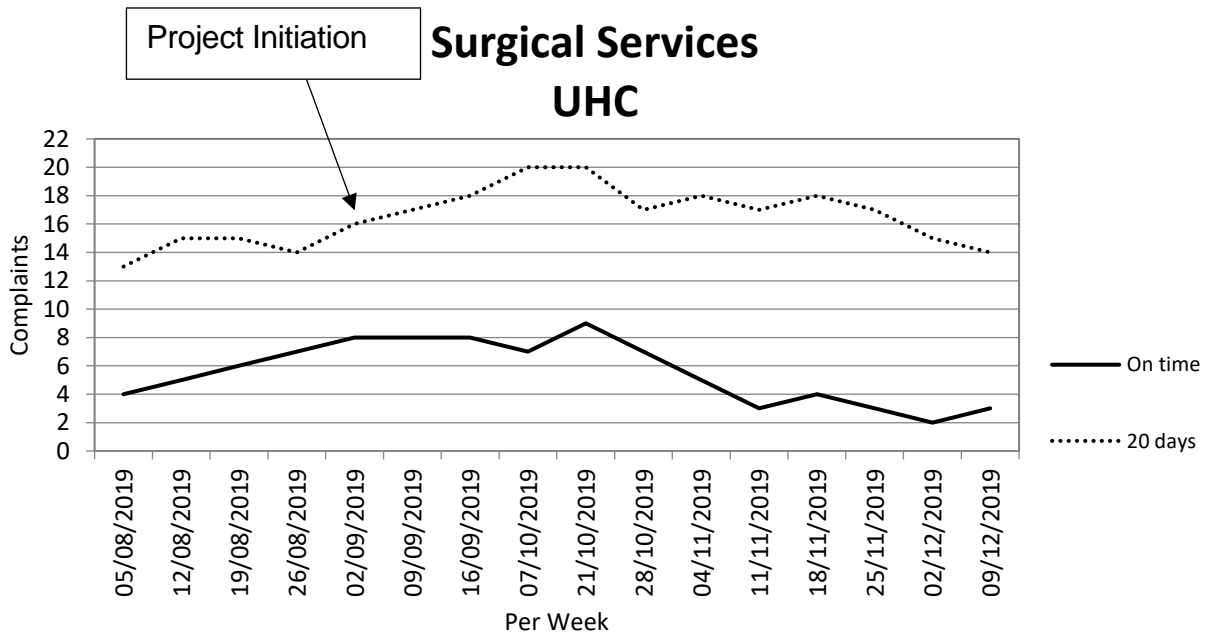


Chart 3 – Complaints closed within 20 working days – Surgical Services, UHC

*Please note the 20 days data relates to complaints still open after 20 days.

3.2 Performance against other areas

Chart 4 below shows percentage compliance for UHC and University Hospital Ayr (UHA). Data demonstrates improved performance in UHC from September 2019 when the improvement project was established.

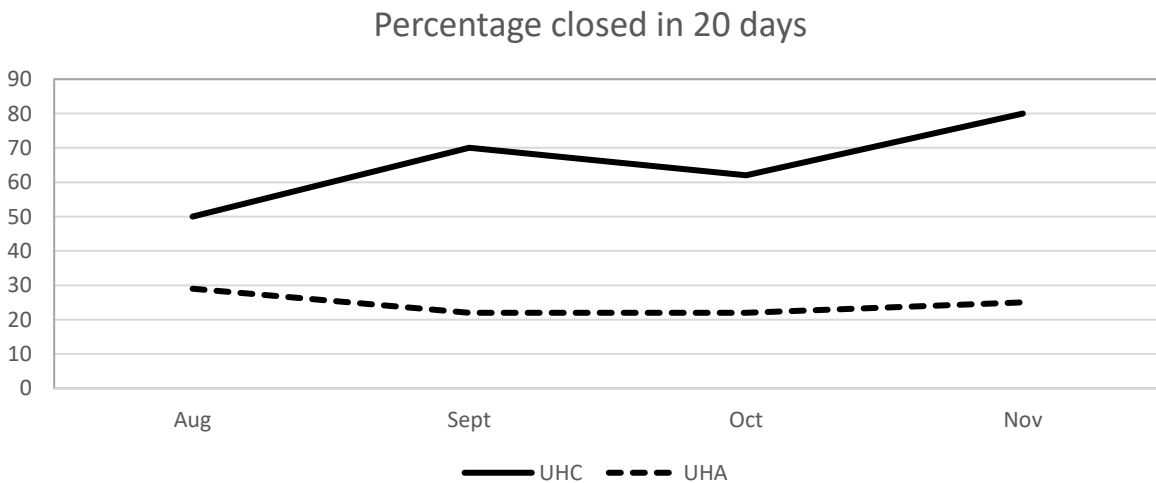


Chart 4 – percentage closed in 20 working days

Another important aspect of delivering a person centred and responsive complaint experience is establishing early contact with complainants to ensure we have all the necessary information and to arrange a meeting where appropriate. Data showed that the number of meetings being offered had dropped significantly in Quarter 2 to around 30%, and that contact with complainants often did not take place until two to three weeks after their complaint had been received.

Since the project began at UHC, 100% of all Stage 2 complainants have been contacted on receipt of their complaint and offered a meeting.

3.3 Concerns Performance

Whilst improving our handling of Stage 2 complaints is a priority of the improvement work, improvement is also evident in our handling of concerns and Stage 1 complaints.

As part of the test, all concerns and Stage 1 complaints received are handled by the Complaints Manager on behalf of the Service Managers. Where at all possible, resolution is achieved verbally. **Chart 5 below** demonstrates the number of concerns closed on time. Of these, 75% were resolved verbally and closed within one working day of receipt.

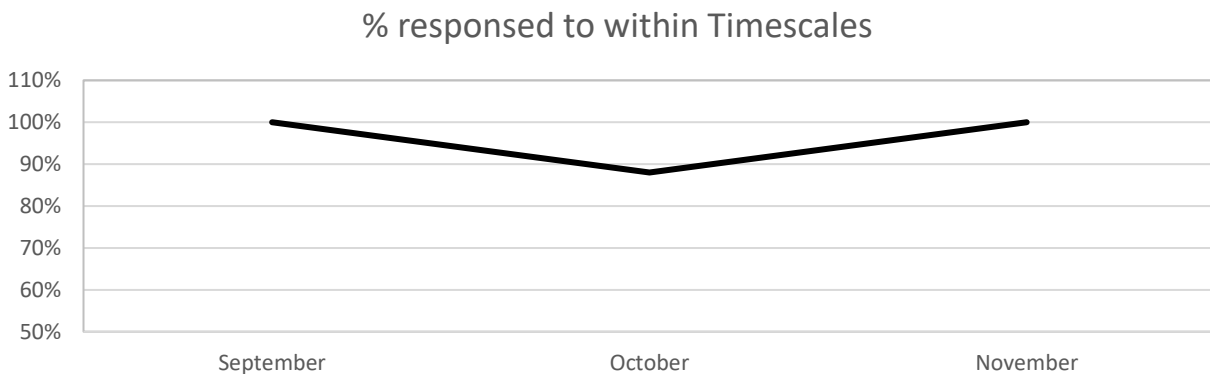


Chart 5 - Concerns closed on target (5 days) UHC since project began

Like concerns, all patients lodging Stage 1 complaints are contacted on receipt of their complaint and where possible, resolved verbally. **Chart 6 below** displays performance for Stage 1 resolution against the five-ten working day target.

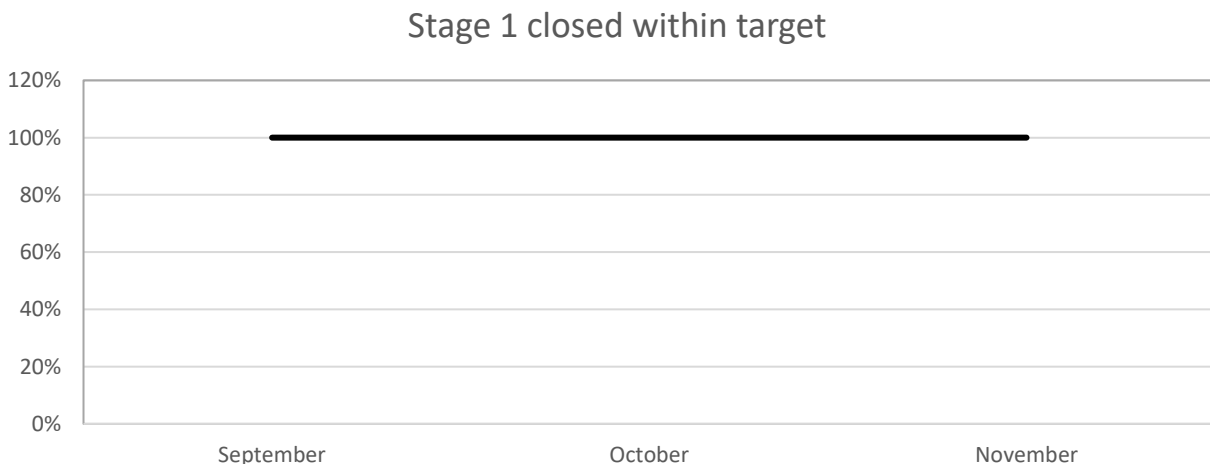


Chart 6 – Stage 1 Performance UHC since project began

The chart above demonstrates 100% compliance in closing Stage 1 complaints on target has been achieved. In addition to this, no Stage 1 complaints have required escalation to Stage 2 - when historically 25% of Stage 1 complaints would require escalation to a Stage 2.

Since the project began in September 2019, we have also witnessed a reduction in Stage 2 complaints. With each complainant contacted on receipt of their complaint, it has been possible to reclassify complaints once a conversation has taken place. This then ensures that the senior managers are only receiving those complaints that require their input.

3.4 Scottish Patient Safety Ombudsman (SPSO) Performance and Complainant Experience

SPSO performance and complainant experience are important indicators of how content complainants are with our complaint handling. Whilst we have seen a general reduction in SPSO activity over the last couple of years, further improvement can be noted below since September 2019 as demonstrated in **table 1**.

	No. of Referrals	No. Proceed to Investigation	No. making recommendations about complaint handling
UHC	2	0	0
Other	4(7)	3(3)	1(2)

Table 1 – SPSO performance

Figures for Quarter 3 (all areas) are in brackets.

Table 2 below highlights complainant experience. Each month, five complainants have been contacted via telephone and email to request feedback on their experience of using our complaint process. The results for UHC complainants since the project began as below;

Feedback	Yes	No	NA
Were you happy with the response time?	13		
Did you find it easy to complain?	10	2	
Were you offered a meeting to discuss your complaint?	13		
Were we empathetic in our communication?	13		
Were you given an apology?	13		
Were you kept up to date with the progress of your complaint?	12		
Did you feel you were listened to?	13		

*Please note two complainants contacted by email did not respond.

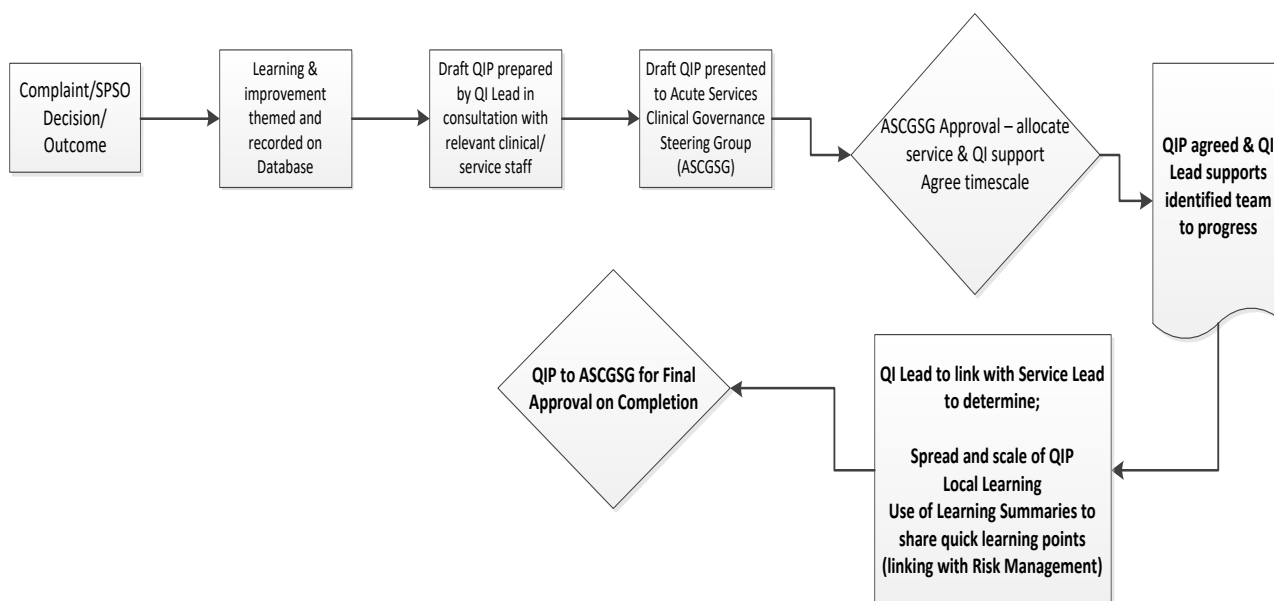
Table 2 – Complainant experience

The feedback indicates the experience of complainants making complaints to UHC is significantly more positive than other areas who do not have a Complaints Manager in post.

4. Learning and Improvement

A significant challenge has always been to ensure spread of any learning or improvement that results from concerns and complaints, including SPSO recommendations. Whilst we are able to demonstrate local learning, spreading across relevant areas of the organisation has often proved challenging.

As part of the current improvement work, the Assistant Director for QI and the QI Lead for Customer Care have been working together to identify an effective process to provide assurance for spread and sustainability of all learning and improvement related to complaints. The Flowchart below outlines the proposed process:



This will be tested and reported to the Acute Services Clinical Governance Steering Group and adapted as required to ensure consistent and sustainable improvement and learning can be evidenced across our system in response to feedback and complaints.

5. Next Steps and Conclusion

The results to date are extremely encouraging and we are confident that these can improve further as we eliminate our out of date complaints and find the best ways of working with service and clinical colleagues on site.

As a result of the significant improvements in this test, plans are already in place to spread this approach to UHA – a new job description is currently being evaluated after which recruitment can progress. Part funding will come from the existing complaint establishment with Acute Services contributing. A smaller corporate Complaint Team will remain for all non-acute feedback and complaint activity, but this will also be reviewed to ensure that our approaches reflect the improved ways of working, where appropriate and feasible.