

NHS Ayrshire & Arran



Meeting: Ayrshire and Arran NHS Board

Meeting date: Monday 25 May 2020

Title: Patient Experience: Patient Complaints

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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):

- Person Centred

2. Report summary

2.1 Situation

The Board is asked to receive and discuss this report on organisational activity in relation to complaint handling during the current COVID-19 pandemic and future plans to ensure compliance with the complaint handling process

2.2 Background

This report provides information in keeping with the NHS Complaint Handling Process (CHP) and the annual requirements as laid out by Scottish Government, and the changes made both during the COVID-19 pandemic and the recovery plans moving forward

Including:

- Compliance and performance for all complaint activity during the COVID-19 restrictions
- Approach to Scottish Public Services Ombudsman (SPSO) referrals and decisions
- Opportunities for learning and improvement

2.3 Assessment

- Adaptations to CHP are required during COVID-19 pandemic
- Changes to the role of Complaints Officers discussed
- Current numbers of complaints presented and our response performance
- Post COVID-19 plans for complaint handling

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. It identifies learning that can be progressed when the current restrictions end.

Completing the learning cycle generated by complaints 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

The revised approach reduces the impact of complaint handling on service managers

2.3.3 Financial

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 we respond to all complaints.

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 etc

- Effective feedback, comments, concerns and complaints handling supports the delivery of the Healthcare Quality Strategy.

2.3.7 Communication, involvement, engagement and consultation

The proposed changes to complaint handling were shared with appropriate stakeholders

2.3.8 Route to the meeting

Complaints are discussed across all levels of the organisation with clinical and non clinical teams to inform learning and improvement. This paper has not been presented to any governance committee prior to coming to Board.

2.4 Recommendation

Members are asked to receive and discuss this report on organisational activity in relation to our complaint handling processes and the adaptations made during the COVID-1 pandemic.

3. List of Appendices

The following appendices are included with this report:

- Appendix 1 – Patient Experience: Complaint handling – Current position & recommendations for future practice

Appendix 1

Patient Experience: Complaint performance and recommendations for future practice

1. Introduction

As a result of the impact of COVID-19 it has been important to ensure our approach to responding to complaints takes into account the limitations the current pandemic imposes on our health and social care system, and our ability to offer meetings to complainants. A great amount of effort has resulted in changing priorities for clinical and non clinical managers. Taking cognisance of this has been an important factor in applying a different approach to complaint handling at this time.

This paper details current complaint activity and steps being taken to ensure the sensitive handling of complaints whilst still progressing any opportunities for learning and improvement both now and post COVID-19.

2. Complaint Handling during COVID-19: Current position

At the beginning of the pandemic, the Scottish Public Services Ombudsman (SPSO) produced guidance regarding complaint handling. The main change being the relaxation of the target times for complaint resolution.

In response to this guidance NHS Ayrshire and Arran (NHSAA) introduced an additional 20 working days to the Stage 2 response target, taking it to 40 working days. All new complaints received, and those currently in process had this increased target applied. All complainants were contacted to inform them of the change in process and given the situation, all complainants understood and agreed to the extended target.

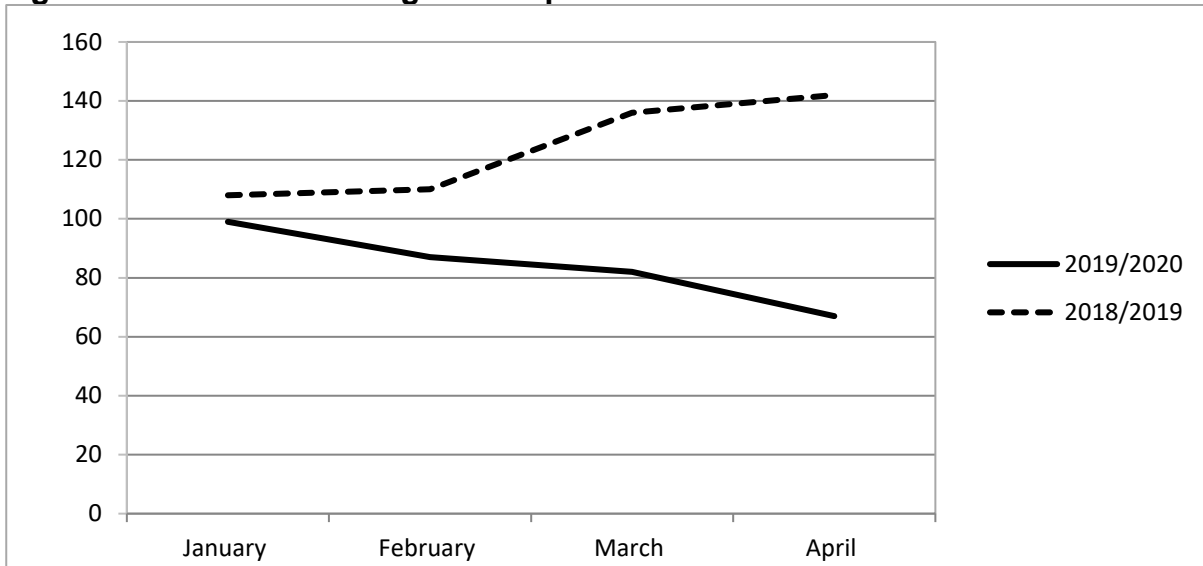
As the situation has evolved, the SPSO has updated their guidance giving autonomy to Boards, recognising that key complaint staff may be redeployed to other roles and as such the Boards' capacity to handle complaints may have been affected. The current position in NHSAA has been reviewed and plans put in place to manage complaints in a timeous, person centred manner as we move forward. Details of our approach are outlined below for your information.

2.1 Concerns and Stage 1 Complaints

Throughout the pandemic our complaint officers have dealt with all concerns and Stage 1 complaints. When possible, complainants have been contacted directly and the concerns resolved. If required, the complaint officer will discuss with the relevant manager or the appropriate members of the clinical team prior to making contact with the complainant and seeking to resolve the concern raised.

Figure 1 below highlights the number of concerns and Stage 1 complaints received from January to the end of April over a 2 year for comparison purposes (April has been included to highlight the reduction in complaints received during the COVID-19 pandemic).

Figure 1 – Concerns & Stage 1 Complaints 2018/2019 & 2019/2020



As demonstrated in Figure 1 the numbers of concerns and Stage 1 complaints have reduced in 2019/2020:

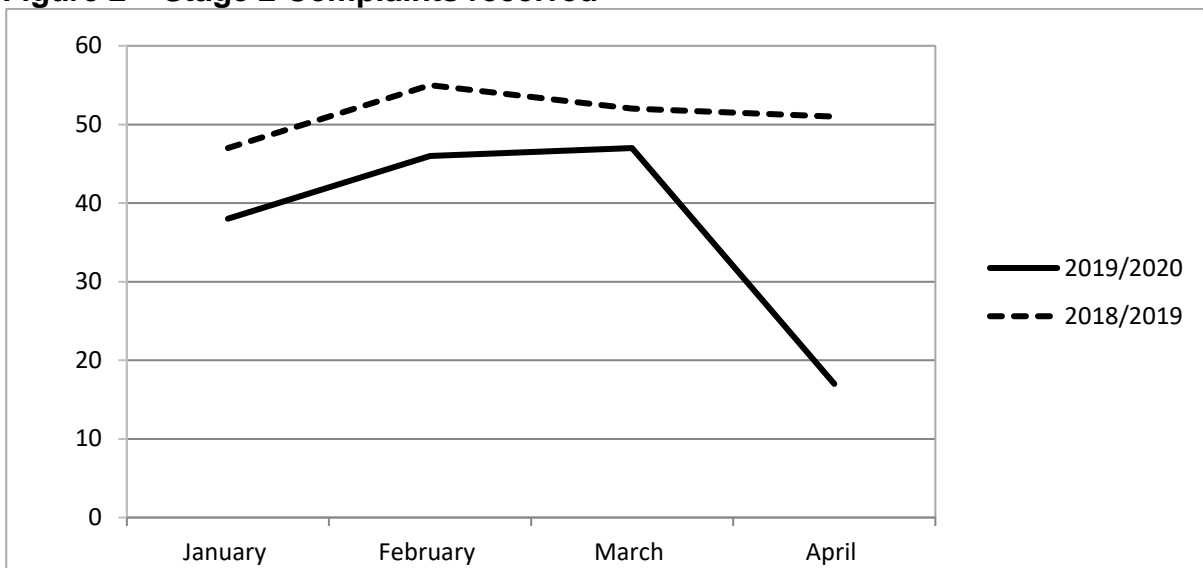
- In Q4, 335 concerns and stage 1 complaints were received in the current year 2019/2020 – a reduction of 161 since the same quarter in 2018/2019 when 496 were recorded
- In the month of April 2020 the difference is more significant with 67 received compared to 142 in April in 2019 – a difference of 75. . There is no doubt that the current COVID-19 pandemic has impacted on this figure.

2.2 Stage 2 Complaints

Whilst a number of our Stage 2 complaints were initially delayed or placed on hold pending a meeting at the start of the pandemic, over the last month we have reviewed all current Stage 2 complaints and are progressing responses, working closely with managers to support them to provide written responses and seek resolution as efficiently as possible.

Figure 2 captures the number of stages 2 complaints received in the months of January to April in both 2018/2019 and 2019/2020

Figure 2 – Stage 2 Complaints received



The same trend is evident in Stage 2 numbers particularly in the month of April, with a total of 17 received this year, a reduction of 34 from the 51 Stage 2 complaints received in April 2019.

Whilst there has been a significant reduction, we are still cognisant of the additional workload our managers are facing at this time so where possible, the complaint officers are assisting to gather statements, prepare written responses and keep complainants updated on progress.

This approach is designed to ensure we can continue to meet our response target and prevent a backlog of complaints to manage once pandemic restrictions are lifted.

2.3 Postponed Meetings

A number of Stage 2 complaints were in process prior to COVID-19 and in particular, a number of meetings had been arranged. With the introduction of social distancing, it was agreed locally that these meetings would be postponed or cancelled.

Initially a total of 15 meetings were postponed and complainants informed. These complaints were put on hold with a view to progressing investigation once the current restrictions were lifted. However, in order to avoid a large backlog, the decision was taken locally to reopen these complaints and progress with written responses. All complainants were informed and agreed with this approach given the circumstances.

2.4 Out of Date Complaints

A number of complaints received prior to COVID-19 remained open and were significantly past the 20 working day target. As a result of a reduction in new complaints being received the complaints team have been able to devote more time in assisting managers to progress these to resolution and closure.

Figures 3a & 3b below demonstrate the progress being made within medical and surgical services in acute services with regard to the original 20 working day target.

Figure 3a

UHA & UHC Medical Complaints > 20 days

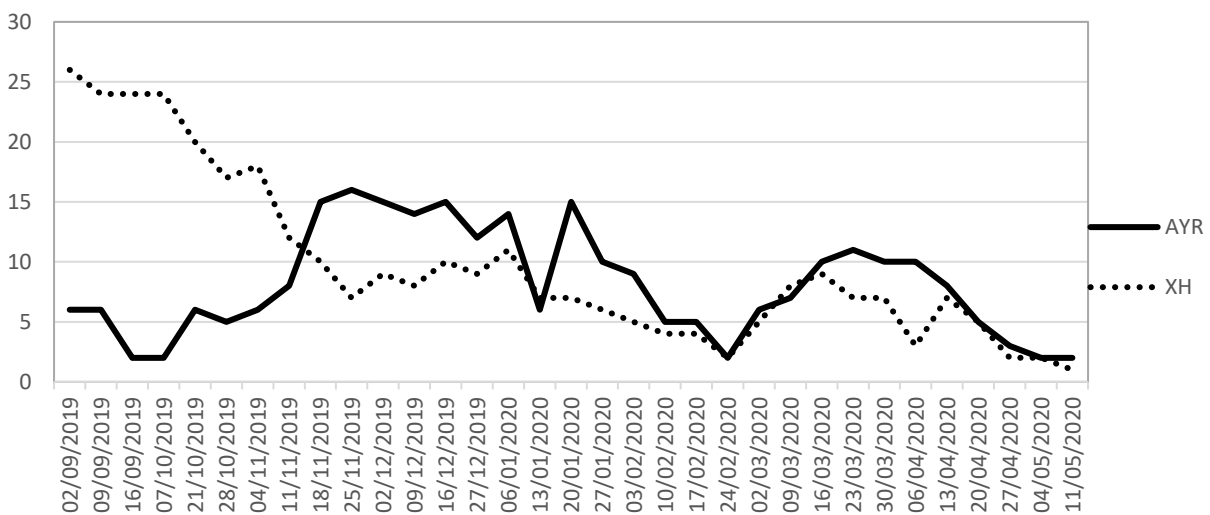
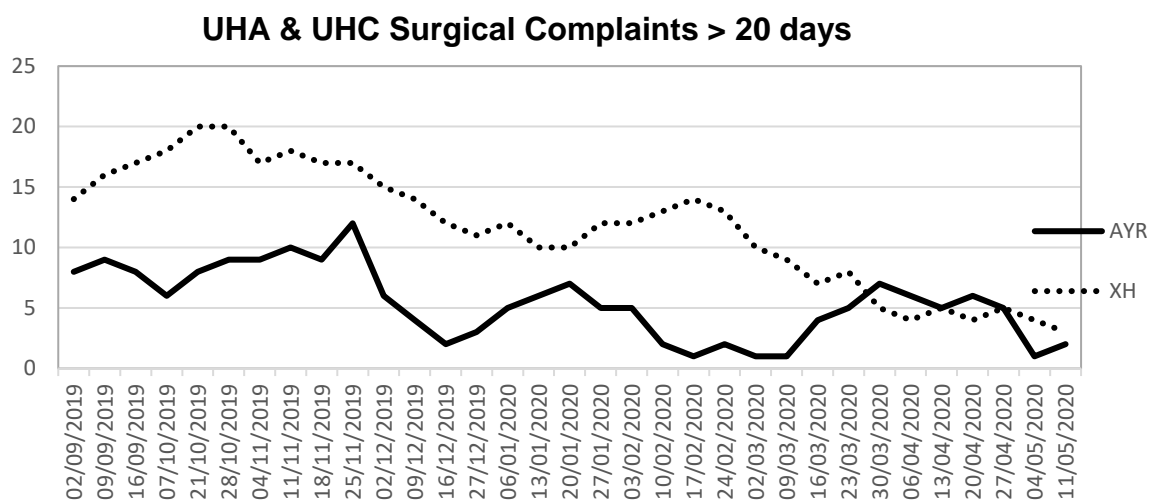


Figure 3a shows the number of out of date complaints has dropped from 26 at the beginning of February 2020, to 3 currently. It is envisaged that the 3 remaining will be closed over the coming week.

In surgical services the number out of time has reduced from 20 to 5 (**Figure 3b**)

Figure 3b



Within our Women & Children Services, there are currently 9 out of time complaints and these are being prioritised by the Assistant General Manager with assistance from the UHC Complaint Manager.

In our health and social care partnerships only five complaints are out of time and these are in the East and include urgent care. There are currently no out of time complaints in the North or South partnerships.

Reducing overall out of time activity is a positive outcome of these challenging times and will ensure our capacity to deal with a potential increase in complaints as the pandemic approaches its later stages.

3. SPSO Investigations

The SPSO has indicated that they will be working reduced hours due to COVID19 and as a result any investigations will be severely delayed by months. They are not providing the public with timescales and are being flexible with Boards which have asked to provide information

SPSO outcomes and recommendations will be continue to be progressed by the complaint & governance teams and information only sought from service where required.

All SPSO cases will continue to be reported via the agreed governance committees.

SPSO activity remains low with only two investigations progressing from a total of five referrals at this present time.

4. Capturing Learning and Improvement

It is vitally important that any opportunities for learning and improvement are still identified during the current restrictions, and where appropriate improvement can be progressed.

Currently the complaints received during the pandemic have had similar themes with communication around end of life care, end of life visiting arrangements and general communication during restricted visiting being the most common complaints.

In response to this a COVID-19 Bereavement & Visiting guideline has been developed and is currently being progressed via our governance structures prior to dissemination.

In addition communication guidance is also being prepared to support staff and ensure consistent information is shared with family members over the telephone in the absence of visiting.

Capturing patient stories during these challenging times is also being progressed to highlight positive experience and support learning where the experience of the patient or their families could have been improved.

5. Planning for the Future

Prior to this pandemic we were testing an improved approach to complaint handling on the University Hospital Crosshouse site. This entailed a Complaint Manager on site working in liaison with managers to improve the administrative management of complaints and

ensure effective communication is maintained with all complainants. The success of this approach was reported to Board in previous papers.

The plan to embed this and spread to University Hospital, Ayr remains our focus and the recruitment of a Complaint Manager for this site is being progressed.

6. Conclusion

During this time complaint handling remains a priority and by adapting our complaint handling approaches, we are assuring that complainants still feel their feedback is important to us and is progressed in the most appropriate manner.

Furthermore, the reduction in activity has allowed the team to work on resolving out of time complaints which can then be maintained should activity begin to increase over the coming months.