

NHS Ayrshire & Arran

Meeting:	Ayrshire and Arran NHS Board
Meeting date:	Monday 17 August 2020
Title:	Patient Experience Annual Report 2019-2020
Responsible Director:	Hazel Borland, Executive 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 NHSScotland quality ambition(s):

- Safe
- Effective
- Person Centred

2. Report summary

2.1 Situation

The NHS Board is asked to receive and discuss this report on organisational activity in relation to patient, carer and family feedback and complaints for 2019-2020 and to note our continued compliance with the complaint handling process.

2.2 Background

Each NHS Board is required to provide an annual report to provide assurance that the Board has discharged its role as set out in the Complaint Handling Process (CHP).

Once approved by the NHS Board, the report is submitted to Scottish Government (SG) as per terms of the national CHP.

2.3 Assessment

Due to the COVID-19 pandemic, SG have requested a shortened version of the Annual Report and extended the submission date from June to 30 September 2020.

All Key Performance Indicators have been included as requested. In addition, NHS Ayrshire and Arran have included Feedback and Scottish Public Service Ombudsman (SPSO) data.

Key Messages:

- The report highlights improvements made in our handling of feedback and complaints with improved compliance against the target timescales
- SPSO activity has reduced significantly this year and this is an excellent measure of complainant satisfaction with our complaint handling process
- Examples of feedback, improvement and learning are highlighted in the report
- Future key outcomes are identified

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

This annual report has no workforce implications for the organisation.

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 has not been completed as responding to complaints includes all services users regardless of any protected characteristics.

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

This paper will be shared with all members of the Public Involvement Network (PIN) once approved by the Committee for comment.

2.3.8 Route to the meeting

This paper was presented to the Healthcare Governance Committee on 3 August 2020 prior to submission to the NHS Board.

2.4 Recommendation

For discussion. The NHS Board is asked to receive and discuss this Annual Report on organisational activity in relation to patient, carer and family feedback and complaints in April 2019 – March 2020, and to note our compliance with the complaint handling process.

3. List of appendices

- Appendix 1 – NHS Ayrshire & Arran Patient Experience Annual Report for April 2019 – March 2020

PATIENT EXPERIENCE ANNUAL REPORT 2019 - 2020



(Illustration provided with the consent of Ms Loren Craig, Aged 9 years old)

AT A GLANCE

As a learning organisation, NHS Ayrshire and Arran has a clear quality ambition to ensure that any opportunity for learning and improvement is vigorously pursued. An integral part of that ambition is to ensure that there is clear evidence of sustained improvement as a result of feedback and complaints. In order to do that, a significant focus this year has been around promoting the value of feedback & complaints across the organisation and supporting services to use all feedback in a consistent manner.

Some interesting details of the past year are displayed below;



502 posts were viewed 75,275 times in the last year. 93% of posts were mildly critical or positive

2153

2153 complaints were received this year. 472 related to prison healthcare, and 888 were for primary care contractors

99%

Of complaints were acknowledged within three working days

27

Referrals were made to the SPSO, of which, only 14 progressed to an investigation. Only 3 were fully upheld & 3 partially upheld

FEEDBACK

This section will outline the methods that NHS Ayrshire & Arran use to gather feedback from patients, carers, families and the public.

1.1 NHS Ayrshire and Arran Local Feedback

Since its launch in 2017, we have seen a yearly increase in feedback received from the various platforms promoted by our owl feedback form. In the year 2019 – 2020, we received 512 feedback forms; 399 via our Owl Feedback forms, 53 via our website, 60 via smartphones.

For all forms of feedback, an average of 96% were positive as demonstrated in Figure 1 below.

Figure 1 – Graded Experience received from Feedback

	Very Happy	Happy	Neutral	Unhappy	Very Unhappy	% Positive	% Negative
Attention given	435	5	6	4	10	94%	4%
Attitudes of staff	410	12	5	6	6	95%	4%
Availability of staff	381	19	8	4	5	95%	3%
Bedside Manner	291	9	3	5	2	95%	4%
Caring	271	4	1	3	1	98%	1%
Cleanliness	249	24	10	2	1	94%	5%
Clinical Care	333	12	8	3	1	96%	4%
Communication	402	6	4	3	3	97%	3%
Consulted/ Included	340	4	3	4	4	95%	4%
Continuity of Care	320	9	3	2	1	98%	1%
Felt Safe	298	3	1	2	2	99%	0%
Dietary Needs Met	184	8	3	1	2	98%	1%
Dignity	321	11	6	4	1	96%	2%
Discharge	204	4	3	2	1	98%	2%
Discharge Lounge	87	1	1	1	-	98%	2%
Empathy	189	4	2	2	3	98%	2%
End of Life care	142	5	4	4	1	97%	2%
Food	197	8	2	2	2	97%	3%
Information	305	17	2	1	1	98%	1%

Listened To	298	10	1	3	2	96%	2%
Medical Treatment	304	4	3	2	2	97%	2%
Media Use	87	1	1	1	-	99%	1%
Organisation	206	-	-	-	1	99%	-
Pain Control	236	4	6	1	2	97%	2%
Respect	351	5	2	3	1	97%	2%
Staff Care	324	3	1	2	2	98%	2%
Service from Staff	364	6	2	2	1	97%	3%
Teamwork	243	7	4	1	2	96%	3%
Waiting time for appt.	289	5	2	1	1	98%	2%
Waiting time at appt.	314	8	4	2	2	95%	5%

Below are a few quotes from the positive feedback we have received this year.

Thank you from the bottom of my heart. The care and compassion shown to my wife was very appreciated and made a difficult time much more *bearable*

Feedback from a relative to inpatient ward, University Hospital Ayr

The way the ED Doctor reassured and calmed down my son prior to getting his knee stitched was amazing!

Online feedback from a parent using our Emergency Department at University Hospital Crosshouse

Whilst the wait was quite long, the nurse was excellent at keeping us updated on progress and even offered refreshments

Feedback from a patient attending an outpatient appointment at Ayrshire Central Hospital

1.2 National Feedback

NHS Ayrshire was an early adopter of Care Opinion and continues to promote it as an excellent feedback platform for all service users and their families. This year, NHS Ayrshire and Arran has rated as 7th out of over 300 organisations in both our use and engagement with the Care Opinion platform, and one of only three NHS Scotland organisations that are in the Top Ten. **Figure 2 – 4** demonstrate usage per year, activity in 2019-2020, and the criticality of posts over the last calendar year.

Figure 2 – Care Opinion Posts per year in NHS Ayrshire & Arran

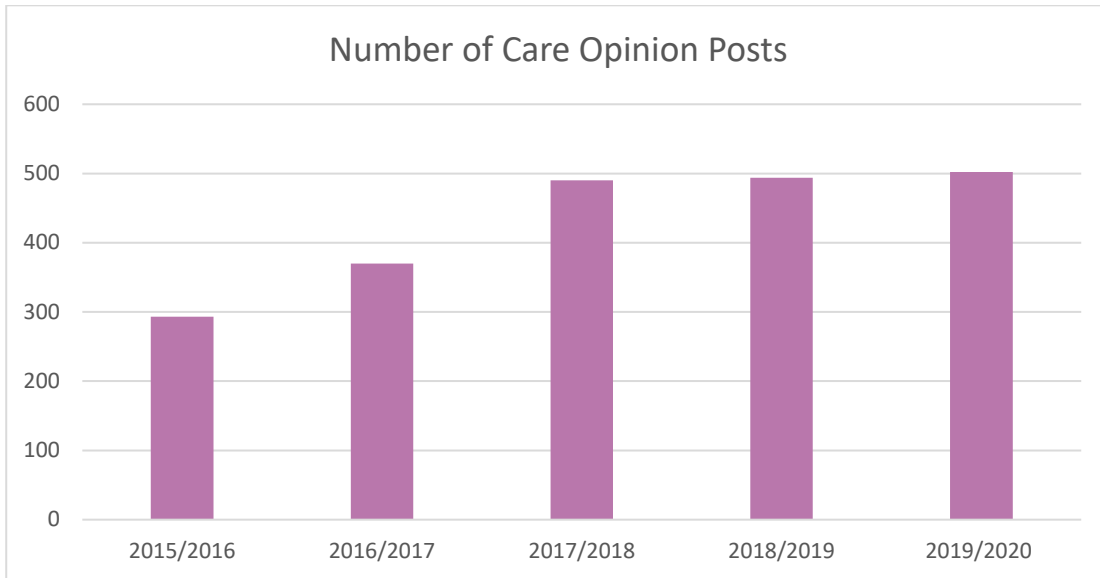


Figure 3 – Care Opinion Posts in 2019-2020

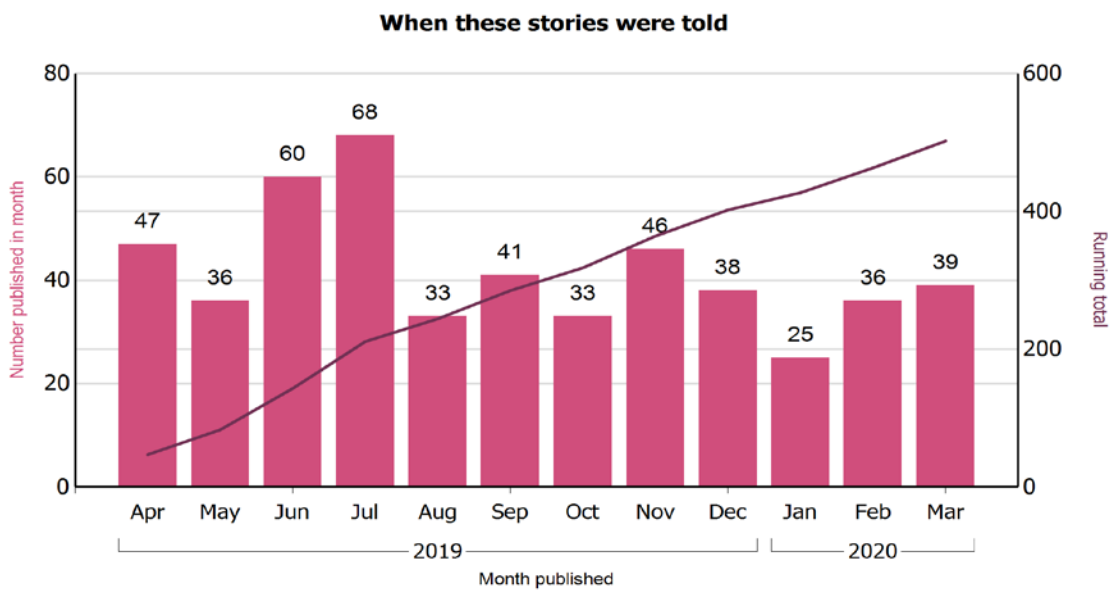
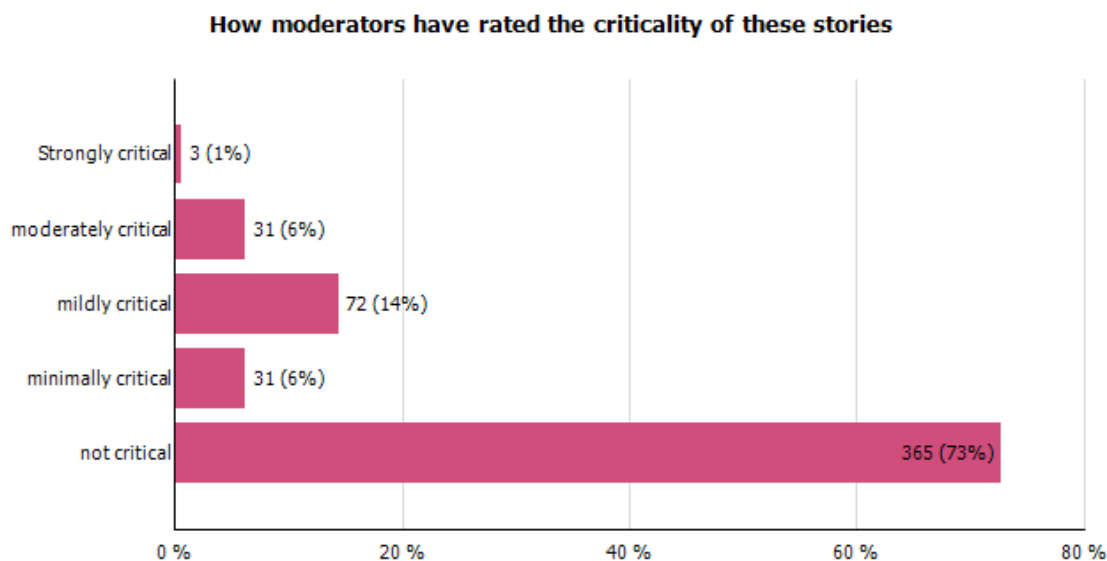


Figure 4 – Criticality of posts in 2019-2020



As can be seen in **Figure 4**, more than 90% of posts are rated as minimally critical to positive (93%) and only 1% is rated as strongly critical.

1.3 Digital Stories

Another format frequently used to share patient experience and feedback is the use of patient stories. In NHS Ayrshire and Arran, a patient or staff story is heard at all Board Meetings and is then used across a variety of settings to share good practice, or learning from when we didn't get it right. In 2019- 2020, five stories were used to share experience covering a range of patient services.

As a result of telling their stories, a number of improvements have been progressed. For example, one story identified a difficult journey for a child and parent accessing mental health services at school. The experience of this family helped to inform improvement and the implementation of a wellness model in the area that supported early access to the local child and adolescent mental health services and improved communication between schools and the other services involved.

All patient stories are held centrally and can be used by any team across the organisation to educate, inspire and inform improvement in a variety of settings.

Stories can be captured in a variety of ways; video, voice recording or written stories.

1.4 Ward Patient Experience

NHS Ayrshire and Arran has a well-developed Ward Experience Programme that is carried out in all inpatient areas by staff and volunteers. Patients, relatives and staff are interviewed to gather feedback on patient and staff experience. The questions asked of staff are in keeping with the Institute of Healthcare Improvement (IHI) Joy in Work programme and the information is used to develop support packages based on identified need.

A number of changes and improvements have resulted from this form of feedback including;

- Communication guidance re updating patients and relatives developed
- Workshops aimed at improving teamworking have been delivered
- Support for new Senior Charge Nurses now in development

1.5 Involving and Engaging People

A full review of how we involve people in all decisions about how healthcare is developed and delivered is currently taking place. Over the last year, it has become apparent that whilst we have a strong history of promoting involvement, we need to update our approaches to reflect the current situation and ensure engaging service users remains a top priority of any service change or the development of any new guidance or policies that directly affect our patients and their families.

Our guiding principles to ensure ongoing public engagement are:

- Mutual consideration, respect, dignity and confidentiality
- Partnership and collaboration
- Early involvement prior to any decision making in relation to service change or review
- Communication, information and feedback
- Inclusion and Accessibility – paying special attention to equality and diversity

In addition, some engagement carried out over the last 12 months has helped us identify our current needs in relation to involvement. These are:

- A new Public Reference Group is required to replace historical structures and encourage meaningful engagement and communication as we develop new services or policy that will directly affect patients or the public
- An improved approach to engaging members of our Public Involvement Network (over 600 individuals & 185 groups currently registered)
- A comprehensive Communication Plan for all levels of communication across NHS Ayrshire and Arran as an integral part of this strategy
- Reinvention and refreshing of the Lay person role that promotes the voice of the patient and the public at all levels of service delivery

- Promotion of virtual and online engagement
- A consistent approach to seeking and responding to feedback as part of our engagement processes

1.6 Learning from Feedback

Promoting feedback and improving service users access to feedback methods is only part of the feedback journey. Using that feedback to inform learning and improvement is equally as important. Whilst, a large percentage of feedback is positive, there are still opportunities to spread good practice or make changes where necessary.

Below are some examples of improvements and learning that has resulted from feedback in 2019-2020;

- Increased use of reflection amongst staff and as groups to learn from specific incidents or complaints.
- Current development of “Reflection Days” as an opportunity for teams to reflect on the cause and impact our actions, words and approach to care can have on patients and their families.
- Completion of an upgrade & refurbishment on both our acute sites to previously called “Relatives Rooms”. These spaces are now more suitable for relatives and have been renamed “Quiet Rooms” (as seen below)



Our mortuary viewing room has also been decorated in University Hospital Ayr (UHA) as a result of family feedback. This work was progressed by one of our Chaplains

- Feedback has helped identify when specific equipment is required in areas. This has included; toiletries, shaving mirrors, hair dryers and combs
- The Emergency Department (ED) viewing room was identified for refurbishment following feedback from staff and families (pictured below)

Before



After



1.7 Future Developments

In addition to the learning and improvement we have already progressed, feedback from service users, staff and families provide us with really important information that helps us develop and deliver better services. Some important work currently being developed as a result of feedback received in the last year is:

- A universal approach to “What Matter’s to Me” across all inpatient sites to reduce variation and practice and ensure the patient’s voice is heard
- Update to our Customer Care Commitments to ensure they are relevant and reflective of our values of Caring, Safe and Respectful
- New Learnpro modules in development for Customer Care and Feedback
- Evaluation of our Volunteer service and the development of new roles for volunteers.

ENCOURAGING & HANDLING COMPLAINTS

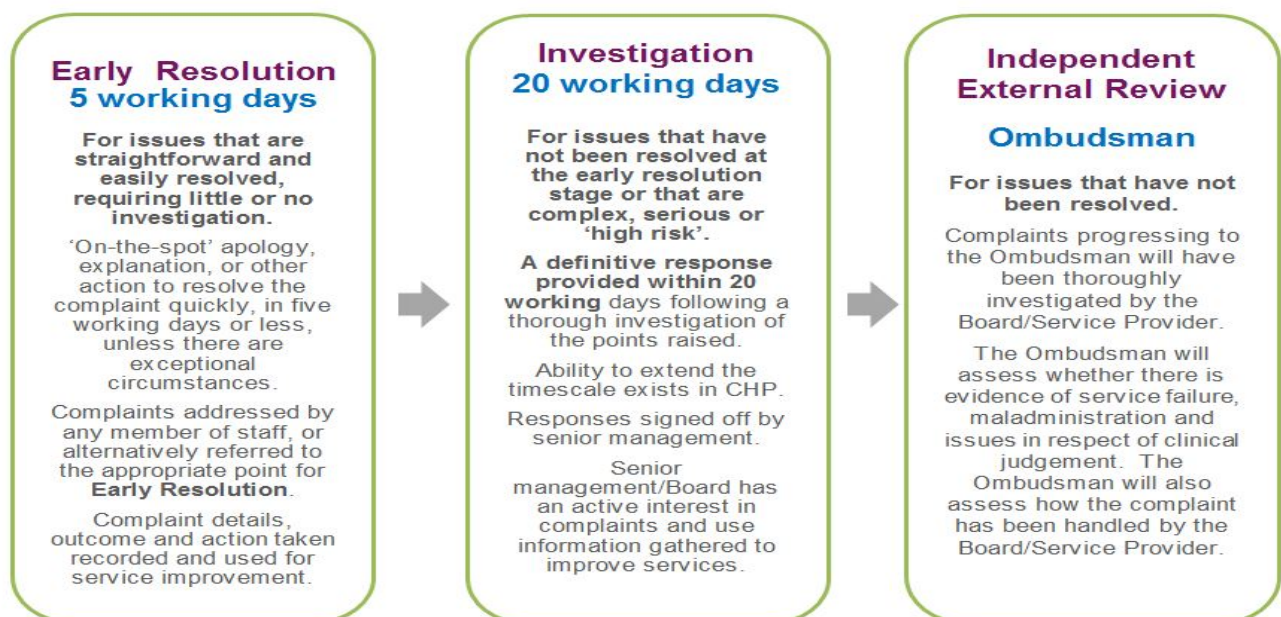
Responding to complaints in a timeous, respectful and person centred manner is a clear ambition of NHS Ayrshire and Arran. In order to achieve this in a reliable manner, we are continually looking at ways to support service leads and clinical staff in their complaint handling processes and this year we have been able to progress with an improvement programme designed to meet these ambitions in a consistent manner and details of this will be shared in this years' report.

This section of the report presents information about all complaints received by NHS Ayrshire and Arran and our Family Health Service (FHS) contractors. In line with Scottish Government requirements the results are presented in order of the Key Performance Indicators (KPIs)

2.1 Complaint Handling Procedure

Below is the current NHS Model Complaints Handling Process (CHP)

The NHS Model Complaints Handling Procedure



The Complaint Handling Process for NHS Scotland changed from the 1st April 2017. The process aims to provide a quick, simple streamlined process. The procedure provides two opportunities to resolve complaints internally;

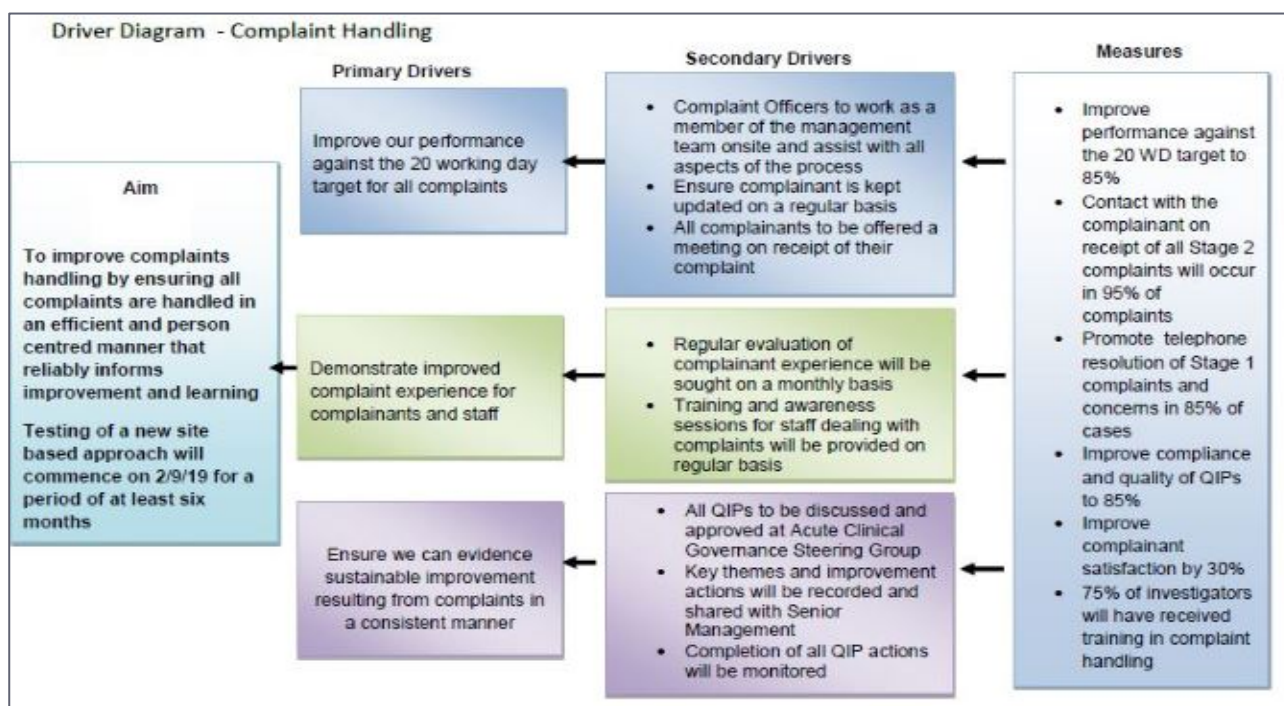
- Early Resolution (Stage 1)
- Investigation (Stage 2) – for issues unresolved at Stage 1 or complex, serious, or high risk concerns

Complainants who remain unhappy with the response they receive from NHS Ayrshire & Arran can ask the Scottish Public Services Ombudsman (SPSO) to review their complaint and our handling of it.

2.2 Development of Complaint Handling in NHS Ayrshire & Arran

NHS Ayrshire and Arran are constantly looking at ways to improve our handling of complaints. In September 2019 we tested a new role for a Complaint Manager on our acute sites.

The aims of our improvement project was to provide additional assistance on site to support managers in all aspects of complaint handling and improve our performance against the 20 working day target. Details of the project can be seen in driver diagram below.



In the initial six months of the improvement project at our biggest acute site, we were able to demonstrate an increase in 20 working day compliance from 52% to 78%. Feedback from managers has been positive and our compliance meeting Stage 1 timescales has also improved significantly from 75% to 95%.

As a result of the improvement measured using this approach, we will spread this to our other acute site in the near future.

A further project is currently being progressed to improve recording of complaint themes that provides more detail of the main points of complaint. The more detail we can extract, the more relevant any learning or improvement will be.

2.3 Complaints Key Performance Indicators

The CHP introduced nine Key Performance Indicators (KPIs) by which each NHS Board and their service providers should measure and report on their performance. Using the KPIs to present our complaint handling performance provides valuable information that allows us to benchmark against other Boards and also highlights the effectiveness of our processes, the quality of decision making, learning opportunities and sustainable improvement.

This year's report will provide information on all the KPIs as requested by Scottish Government.

2.3.1 KPI One – Learning from Complaints

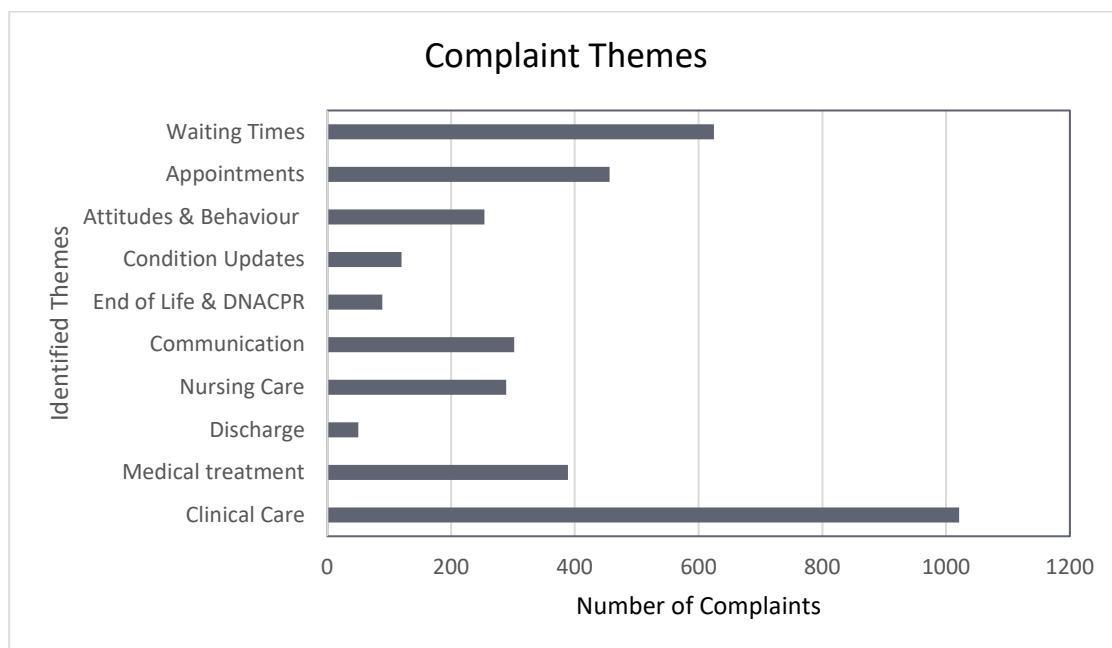
NHS Ayrshire and Arran are committed to learning from complaints, and recognise this as a key driver of the Complaint Handling Process. This is an area we are currently developing to ensure we get relevant spread of any learning or improvements made in one area to others and to ensure the correct governance is in place in relation to all improvement.

Being able to extract accurate information and identifying the main themes of complaints is essential to ensuring learning and improvement is targeted to the areas of identified need.

To ensure we can achieve this, we are initiating a shared improvement project between members of the complaint team and service managers to ensure that a minimum 75% of upheld or partially upheld Stage 2 complaints have a completed Quality Improvement Plan (QIP). This will then enable further improvements in completion from a strong foundation.

In order to progress improvement, it is necessary to identify the top themes of all complaints received. Whilst we are progressing work to improve identification of themes, we are able to demonstrate below the main themes from complaints received in 2019-2020.

Figure 5 – Complaint Themes



Details of some improvements that have been progressed in 2019-2020 are outlined below:

- On numerous occasions, staff have used feedback to facilitate reflection and learning and for discussion at directorate and educational meetings
- Development of our services for hearing impaired patients and those whose primary language is not English by supplying iPads to access online British Sign Language (BSL) support and Interpretation services. In addition to this, we are currently testing the use of a speech to text application.
- Guidance on communicating condition updates to families to ensure clear and concise information sharing
- Development of bereavement packs in acute services
- Updated Bereavement guidance.

Treatment Escalation Plan (TEP)
 Orthopaedic High Care Unit
 Crosshouse Hospital

NHS
 Ayrshire & Arran

Instructions for Completion - complete in the context of patient's current condition only. Further guidance notes on the reverse side.
 Circle Yes or No to indicate appropriate course of treatment on the flow diagram.
 * When possible involve patient/next of kin in decision making and assessment in medical & nursing notes.
 * If this conversation has not been possible summarise below and document rationale in medical & nursing notes.
 * TEP should be reviewed at every ward round or whenever clinical circumstances change & documented in patient's daily progress sheet.
Valid Only in Ward 2C

Affix patient ID label
 Surname
 First name
 Address
 DOB
 CHI No.

Yes / No For full escalation
Yes / No For CPR
Yes / No For Theatre
Yes / No Referral to ICU
Yes / No Referral to Medical HDU
Yes / No IV antibiotics
Yes / No IV fluids
Yes / No DVT prophylaxis
Yes / No Central line
Yes / No Hi flo O² delivery
Yes / No NG/PEG feeding
Yes / No * specify other
Yes / No Discussion documented in notes

Other instructions/comments:

What communication has occurred with patient/family? (See guidance notes on reverse - point 3)

Does patient have capacity Yes/No (if No then please complete AWI form/treatment plan)

Consultant signature and stamp Date
 Time

Treatment Escalation Plan - Further spread of Treatment Escalation Plans (TEPS) as a result of poor Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) and treatment escalation decisions and communication.



Introduction of Ring Cards for returning wedding rings to the family of recently deceased patients

- Introduction of learning packages for complaint handling including process guidance and the power of apology

2.3.2 KPI Two – Complaint Process Experience

NHS Ayrshire and Arran has been collecting feedback from our complainants for over two years now and in that time, our approach and methods of securing feedback has developed. The results of our feedback are displayed below:

Figure 6 – Complaint Experience Survey

Questions	Yes	No
Were you happy with the response to your complaint?	89	28
Did you find it easy to complain?	110	7
Did the staff member you dealt with display empathy?	86	31
Were you offered an apology at any point in the process?	95	22
Were you happy with the response time?	70	47
Were you kept informed of the progress of your complaint?	68	49
Did you feel that staff were listening to you?	73	44
Did you feel the outcome of your complaint was fair?	92	25
Do you wish to provide any further comment about your experience using our complaint process?	76	41

These results demonstrate the feedback received from 10 complaints per month over the 12 months from April 2019 to March 2020. We have previously tested our approach to securing feedback using email, paper mail and telephone calls of a random selection each month. We found that telephone calls were on the whole well received and ensure a better return rate. A selection of the comments received are displayed below.

“All I wanted was for someone to say sorry..... Surely that’s not difficult? The first person I spoke to from complaints was the first person to apologise and it really meant a lot”

“Making my complaint has made me completely change my mind about NHS Ayrshire & Arran – when my husband’s care went wrong I lost all faith but the way they approached my complaint showed me that they do care and that has renewed my faith in using their service in the future”

“Even though I had to wait longer for a full response, it was very detailed and answered every point I made so in my opinion, worth the wait”

“The decision to make a complaint isn’t always easy so being helped and kept informed of what happens next is really helpful. The girls in the complaint office are really helpful”

Comments received as part of Complaint Experience Questionnaires – 2019-2020

2.3.3 KPI Three – Staff Awareness & Training

Staff were provided with continued guidance, training and support during 2019-2020. The Complaints Team provide one to one support on a daily basis with complaint investigators and, in addition, we deliver training across the organisation.

In 2019-2020 the following training and support was delivered;

- The Power of Apology – bespoke workshops for specific teams. This included training with health visitors, community nursing and child protection nurses.
- Customer Care – This Learnpro module is completed by all new staff joining the organisation at induction
- Complaint Handling – delivered as part of Line Manager’s Support Programme
- Complaint Handling for Admin Staff - a number of administration teams have now attended these sessions
- Members of the Complaints Team have attended a number of meetings and events to provide training and raise awareness of effective complaint handling including; directorate meetings, consultant meetings, governance groups, site team meetings.

In addition to this, we have organised an in house cohort of staff to attend Queen Margaret University’s Excellence in Public Service Complaint Management Award. Originally planned for May 2020, this is now being provided later this year to 15 members of staff across the organisation.

Similarly, a two day course on self-compassion, kindness and the power of apology has been postponed but will be delivered to approximately 25 staff in the next quarter.

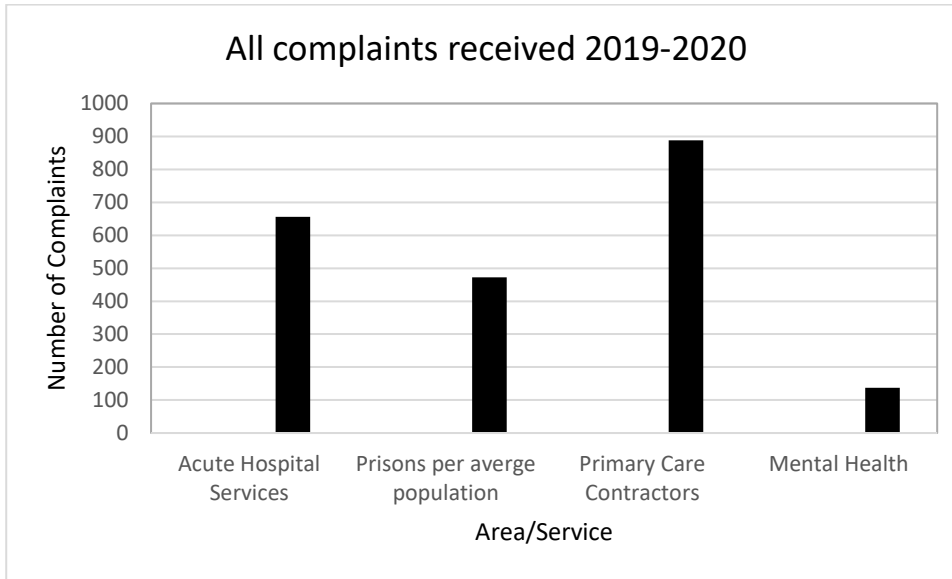
Moving forward into 2020-2021, we are developing our intranet site and will provide a number of training packages that staff can work through as individuals or teams with support from the complaints team. In addition, a training calendar will be available on Microsoft Teams.

2.3.4 KPI Four – The Total Number of Complaints Received

From 1st April 2019 until 31st March 2020, there were **2153** complaints received of which **472** were from prisoners of HMP Kilmarnock.

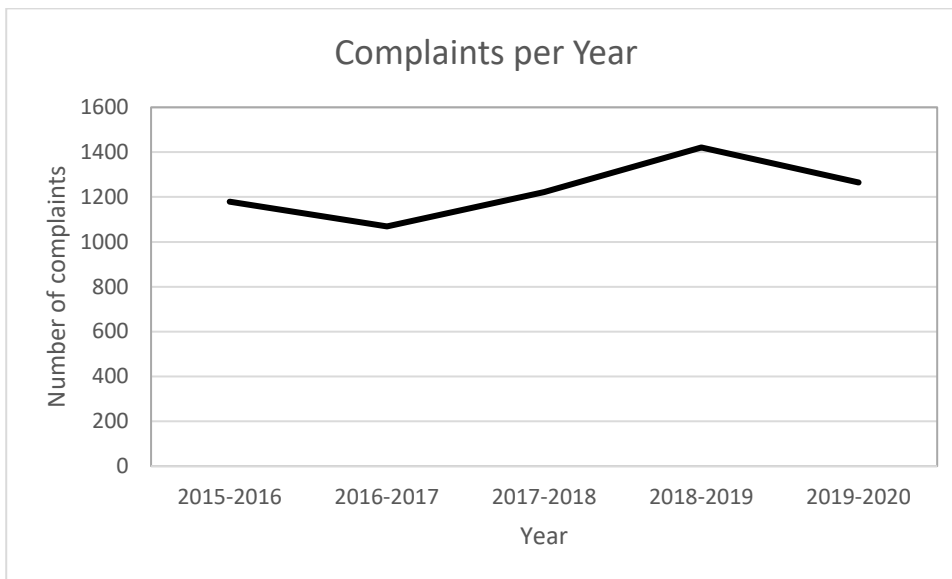
888 complaints were recorded against primary care contractors, including dental, pharmacy and board managed contractors.

Figure 7 – Total Complaints Received in 2019-2020



Complaint activity over the last five years (excluding primary care contractors) is displayed in **Figure 8** below

Figure 8 – Complaints received from 2015 - 2020



This year there has been a small decrease in complaints received, down from **1,421** last year, to **1,265** this year, a decrease of **156**.

2.3.5 KPI Five – Complaints closed at each stage

In keeping with national reporting requirements, all primary care contractors are excluded from this measure.

Therefore, **1,265** complaints were eligible for this measure.

Figure 9

Stage	Number	Percentage
Stage 1	822	66%
Stage 2	429	34%
Total	1,251*	

*Please note this number differs from 1265 total number above due to some Stage 2 complaints with extensions remaining open

Figure 9 highlights that 66% of complaints were closed at Stage 1 which is an increase from 59% in the year 2018-2019. This demonstrates that a large proportion of our complaints are classified as Stage 1. Our performance against all Stage 1 complaints is detailed at KPI 8.

In addition of those complaints classified as Stage 2, 22% were escalated from Stage 1. This may indicate wrong classification at the point of receipt. We will be monitoring this number over the coming year and we predict it will decrease once a Complaint Manager is in post on our second acute site.

2.3.6 KPI Six – Complaint Outcomes – Upheld, Partially Upheld, Not upheld

The outcome of all Stage 1 complaints per month are displayed in Figure 10 below. This amounts to 164 Stage 1 complaints being upheld. This is only 20% of all Stage 1 complaints received. 67% of Stage 1 complaints were not upheld with 13% Stage 1 complaints partially upheld.

On review of Stage 1 complaints, a high percentage are in relation to appointment waiting times but of the 67% not upheld a large number refer to clinical care. Often it is identified that care was good but communication could be improved. It is the poor communication that leads to complainants believing care was not sufficient.

Over the coming year, the Quality Improvement Lead and her team will be focusing on supporting clinical areas to improve information sharing by spreading guidance.

Figure 10 – Stage 1 Outcomes

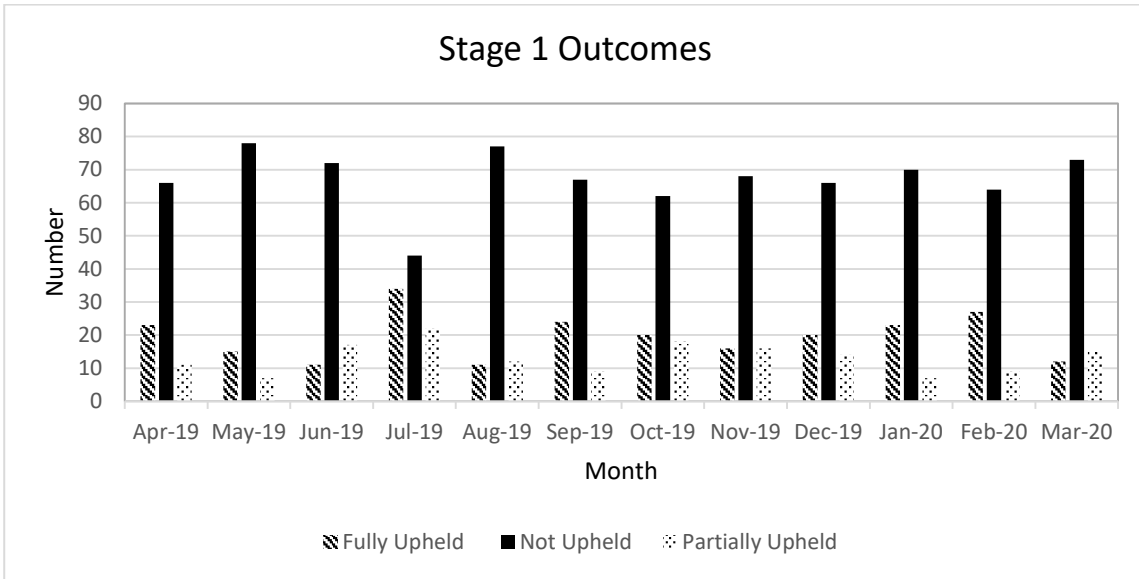
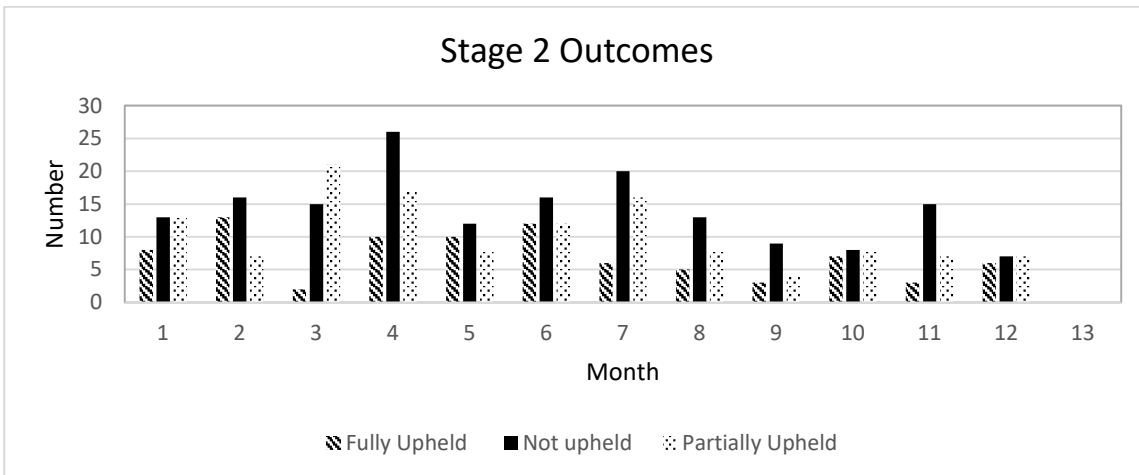


Figure 11 below displays the outcomes for Stage 2 complaints. These refer to all complaints classified as Stage 2 on receipt, whilst **Figure 12** shows the outcomes of the 22% of Stage 1 complaints that were escalated to Stage 2 during the process.

Figure 11 – Stage Two Outcomes



23% of Stage 2 complaints were fully upheld, 52% were not upheld and 25% were partially upheld.

Figure 12 – Escalated Stage 2 Outcomes

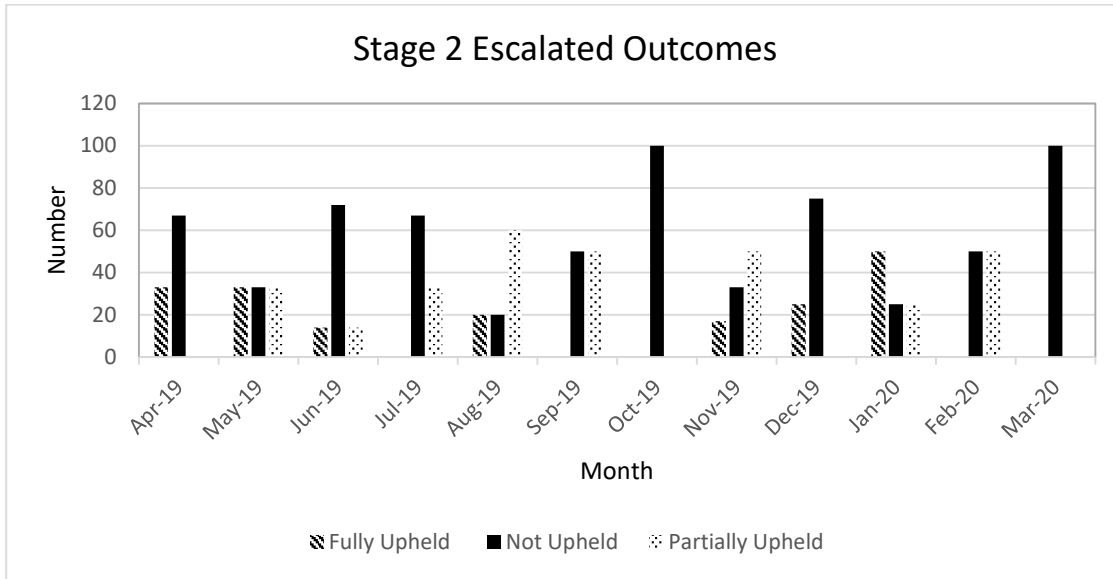


Figure 12 above outlines the outcomes of the 276 complaints which were escalated from Stage 1 to Stage 2. As discussed previously, reducing this number is one of the key aims for the complaint team in the coming year.

2.3.7 KPI Seven – Average Response Times

Figure 13 – Average Response Times per Stage

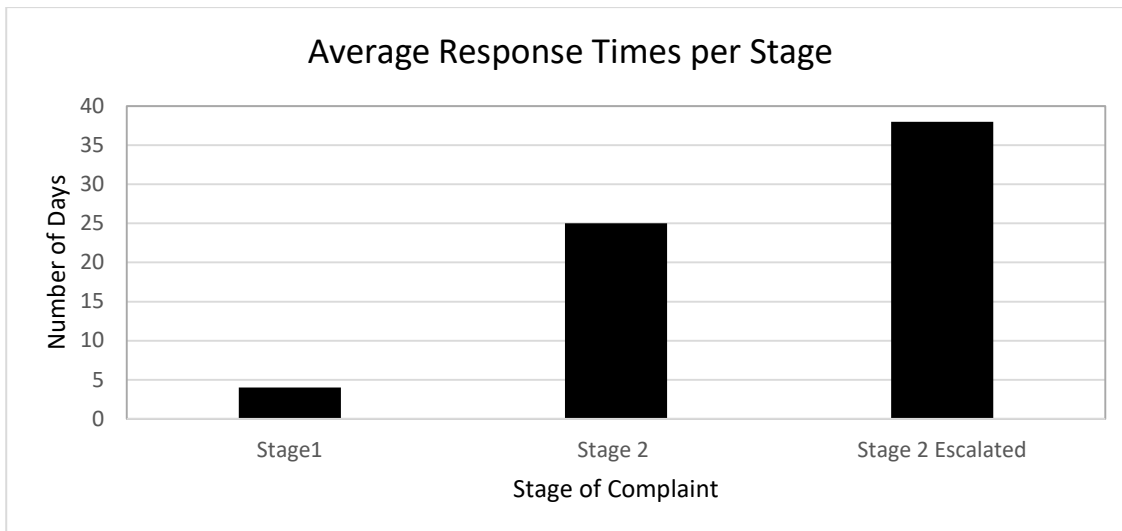


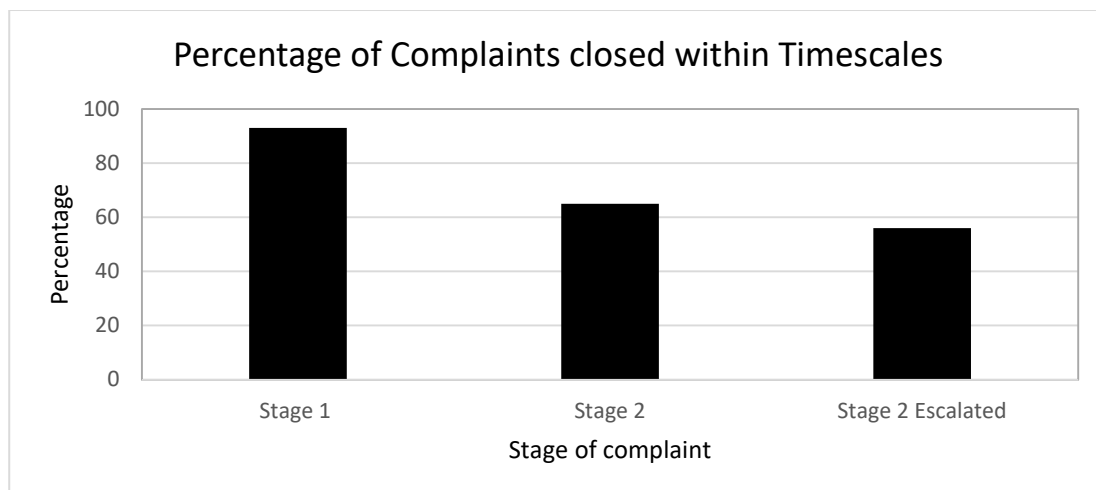
Figure 13 above demonstrates our average times to close complaints per stage. Whilst our Stage 2 performance has improved from last year from 30 days to 25 days, there is still room for improvement and this will also be a key outcome in the coming year for the new Complaint Manager role.

Escalated complaints on average take 38 days as they have often breached the Stage 1 timescale before they are escalated. Ensuring accurate staging at the point of receipt and supporting investigation leads to close Stage 1's on time will all help to reduce the number of escalations and the time it therefore takes to resolve.

2.3.8 KPI Eight - Complaints closed in full within the timescales

This indicator measures the number and percentage of complaints closed within the target for each stage; Stage 1 – 5-10 working days and Stage 2 – 20 working days.

Figure 14 – Complaints Closed in Full within Timescales



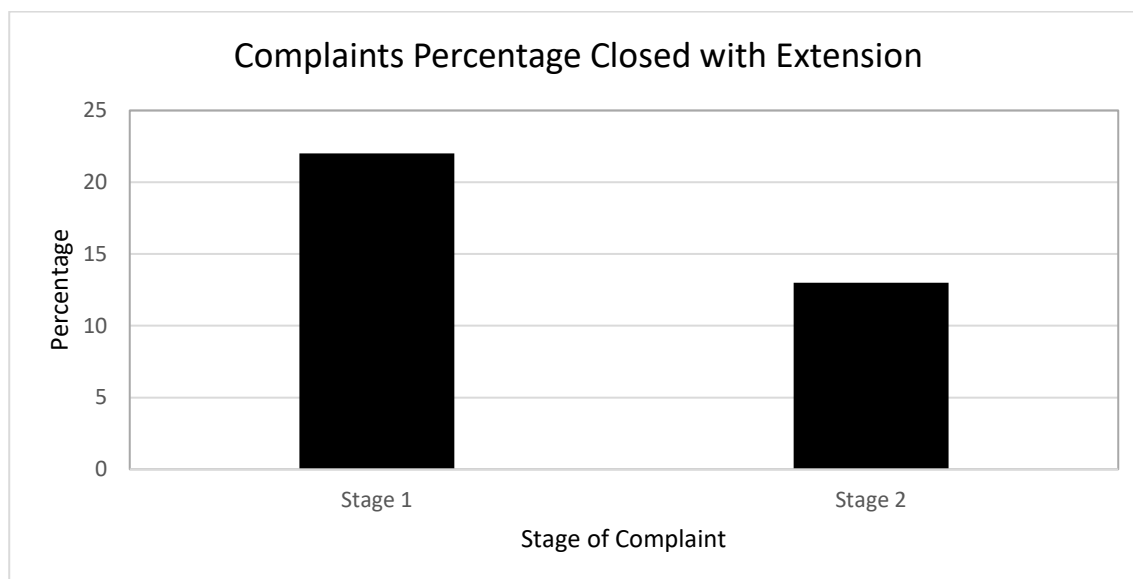
As demonstrated above, our performance in resolving Stage 1 complaints is comparable to last year and remains good at 93% (compared to 94%) last year.

Stage 2 complaints, often more complex in nature have improved from 50% in 2018-2019 to 65% in 2019-2020. Further improvement is required to reach the national target of 75%. This is another of the coming year's key outcomes for the NHS Ayrshire and Arran complaint team and the managers they work with.

2.3.9 KPI Nine – Number of extensions granted per Stage

In order to manage expectations and to keep complainants updated on the progress of their complaint, the CHP indicates granting extensions beyond the target timescales as the most appropriate way to manage complaints that will not achieve the target guidance. There can be many reasons for granting extensions but in our experience, the most common reason is where a meeting with clinicians is required. In these cases, it can be difficult to coordinate everyone's diaries and often exceeds the 20 working day target. Granting an extension means the complaint team and the complainant are sighted on next steps and progress.

Figure 15 – Percentage of complaints granted extension per stage



As demonstrated above, 22% of Stage 1 complaints and 13% of Stage 2 complaints have been granted an extension in the last year. This clearly demonstrates that we need to improve this aspect of the complaint handling process to ensure complainants are kept informed and up to date on the progress of their complaint. These figures are similar to last year (29% and 10%), with a small improvement noted for Stage 1 complaints this year.

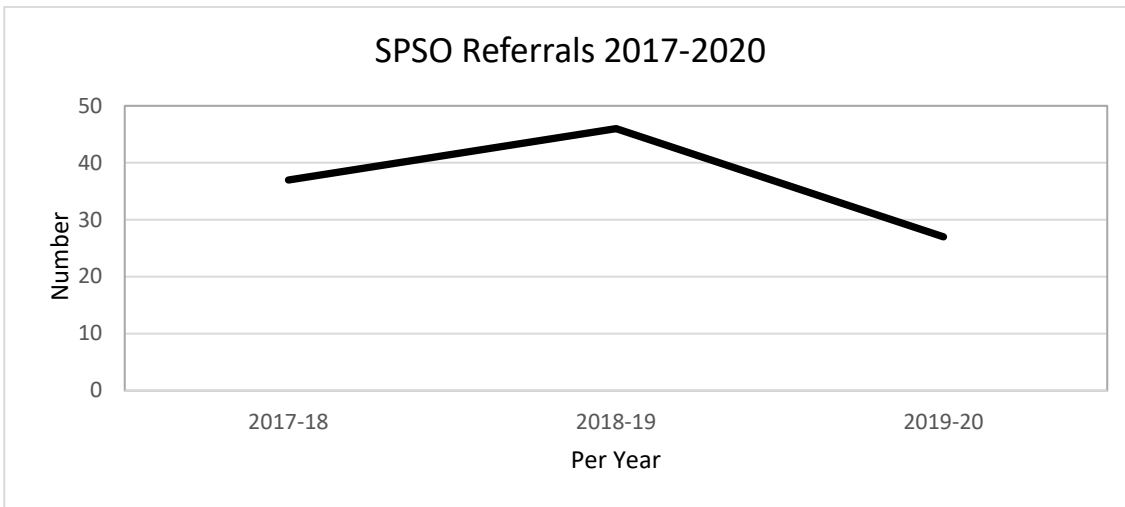
In relation to granting extensions, the SPSO has confirmed that there is no prescriptive approach about who exactly should authorise an extension – only that each organisation’s approach to determining when and who grants an extension should be clearly specified in their process. Within NHS Ayrshire and Arran extensions are granted by the Quality Improvement Lead in liaison with the senior manager responsible for the complaint.

2.4 Scottish Public Services Ombudsman (SPSO)

NHS Ayrshire and Arran has made remarkable progress in the last three years in reducing the number of complainants referring their complaints to the Ombudsman which is often an indicator that resolution was achieved locally and the complainant is satisfied with our handling of their complaint.

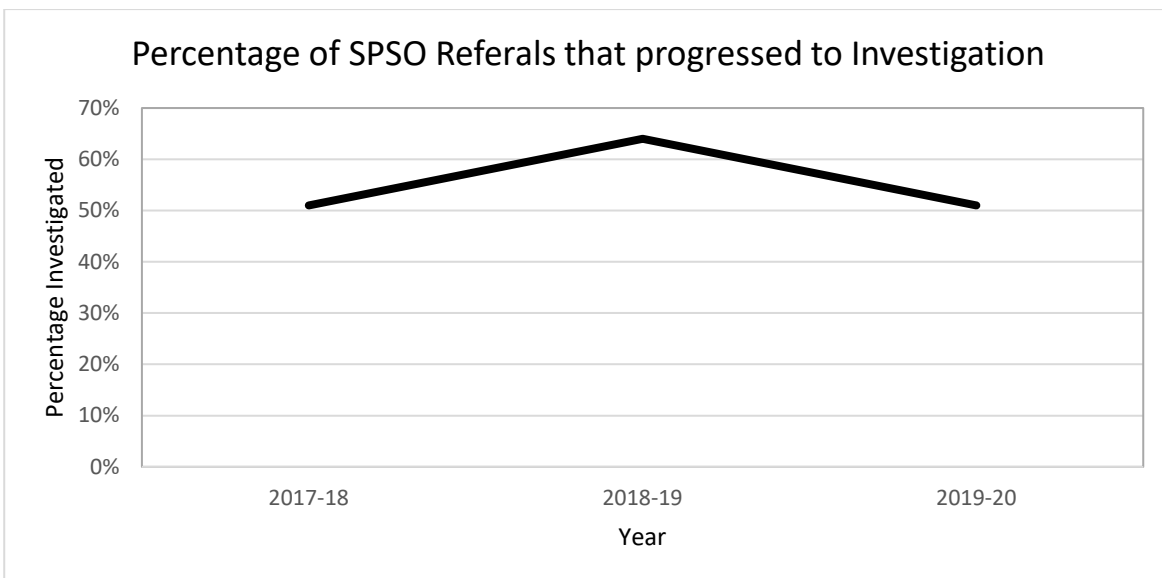
In 2019-2020, only 27 SPSO referrals were recorded. This is a significant reduction from last year’s 46 referrals.

Figure 16 – SPSO Referrals 2017-2020



Of the 27 referrals, only 14 progressed to investigation in 2019-2020. As demonstrated in **Figure 17** below, this represents 51%, a significant reduction from the 64% investigated in the previous calendar year.

Figure 17 – Percentage of SPSO referrals that progressed to Investigation



Of the 14 cases investigated, 3 were fully upheld, 3 were partially upheld, 6 were not upheld and 2 remain in progress. Therefore, **50%** of cases investigated were upheld.

2.5 Future Key Outcomes

Whilst we have been able to demonstrate improvement in many aspects of our complaint handling processes, we do still have a number of key outcomes to progress in the coming year. This includes:

- The spread of the Complaint Manager role to our other acute site and consideration of role for other services
- A deep dive into complaint themes to extract detail that will support improvement
- A new approach to implementing and achieving Quality Improvement Plans that result from feedback and complaints
- A 30% reduction in the number of complaints that escalate from Stage 1 to Stage 2
- Monitor the number of extensions granted to Stage 2 complaints that will not meet the 20 working day target for acceptable reasons, to ensure that extensions are put in place in a timely manner.

GOVERNANCE

NHS Ayrshire and Arran values the opportunity to learn from the patient and carer experience and this learning is shared widely at all appropriate governance and Board meetings. Feedback and complaints is reported through the Person Centred Care: Patient Experience framework

3.1 Board Reporting Structure

3.1.1 NHS Ayrshire & Arran Board

At each Board meeting a specific issue related to feedback and complaints is submitted to provide assurance of improvements being made. A quarterly data report is also provided and a patient story is heard at each meeting which highlights service users' positive and negative experiences and helps to inform improvement and learning. Improvement resulting from complaints is also reported in detail in a separate paper.

3.1.2 Healthcare Governance Committee

Chaired by a Non-Executive Director, with membership consisting of Non-Executive Board members and Directors in attendance; this Committee provides an assurance/scrutiny role for the Board. A quarterly report of feedback and complaints data and improvements is provided to this Committee, as is an SPSO update.

3.1.3 Management Level - Corporate Management Team

This is the strategic Director team and a quarterly report on feedback and complaints is submitted to this group.

3.1.4 Directorate Level – Partnerships/Directorates

A monthly feedback and complaint report is prepared for service leads that details current activity and actions required. The Quality Improvement Lead or Feedback and Complaints Team Leader meet with the identified leads to offer support and assistance with process.

A themed report that links feedback and complaint information and data with adverse events in acute services is now provided to the governance steering group and the clinical governance site teams. The aim of this reporting structure is to ensure early identification of learning and improvement needs.

3.1.5 Operational Level – Department/Ward Level

To ensure all learning and improvement occurs in relation to feedback and complaints, all wards and departments have to provide assurance that all learning has been shared with the relevant teams.

3.2 Assurance

For complaints that contain any element which has been upheld, the manager responsible will set improvement aims and these are then reviewed by the Quality Improvement Lead and presented to the clinical governance group to determine if the identified improvement is supported and what spread is required. Once agreed, the service has responsibility to implement but improvement support will be provided if required.

SPSO recommendations are coordinated by the governance and assurance team and reported via the Healthcare Governance Committee on completion

It is expected that each Directorate / Partnership Governance system has a mechanism in place to gain assurance on complaint improvement actions required.

3.3 Conclusion

NHS Ayrshire and Arran is committed to learning and improving from feedback and complaints. A great deal of work has recently been carried out to improve our processes and to develop a more person centred and effective approach to how feedback and complaints are dealt with, and our commitment to becoming a learning organisation that confidently embraces every opportunity to improve patient experience continues.

In the coming year we will be pursuing Excellence in Ayrshire, as laid out by our Quality Strategy, published in 2019.