

NHS Ayrshire & Arran



Meeting:	Ayrshire and Arran NHS Board
Meeting date:	Monday 5 October 2020
Title:	Patient Experience: Feedback and Complaints - Quarter 1 April to June 2020
Responsible Director:	Professor Hazel Borland, Nurse Director
Report Author:	Laura Harvey, Quality Improvement Lead

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 and
- 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 1 (April 2020- June 2020), and to note our continued 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 1 (April 2020 – June 2020) when responding to patients, 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

2.3 Assessment

- Feedback is now being collected on a regular basis to provide a more balanced view of feedback and complaint activity
- Improvement work in complaint handling continues to demonstrate positive outcomes
- More detail in relation to complaint themes is now being collected to help prioritise improvement and learning
- Continued spread of CO responders across all services is ongoing

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

There are no workforce implications.

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 has not been completed and this is not required to support this paper.

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

As this is a report on organisational activity, there is no requirement for engagement or consultation on this document.

2.3.8 Route to the meeting

Complaints are discussed as part of clinical and non-clinical teams to ensure learning. This report was presented to the Healthcare Governance Committee on 14 September 2020 prior to submission to the Board.

2.4 Recommendation

For awareness. Members are asked to receive and discuss this report on organisational activity in relation to patient, carer and family feedback and complaints in Quarter 1 (April 2020 – June 2020), and to note our compliance with the complaint handling process.

3. List of appendices

Appendix No 1 - Patient Experience: Feedback and Complaints – Quarter 1 (April 2020-June 2020)

Patient Experience: Feedback and Complaints- Quarter 1 April 2020- June 2020

1. Complaint Handling Performance

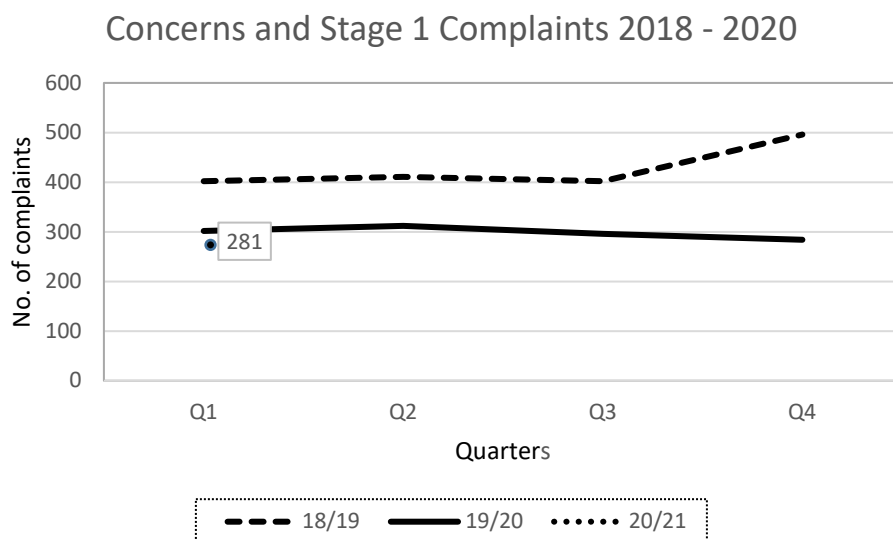
This report provides detail on all complaint activity across the organisation and what actions are being progressed to ensure effective, person centred complaint handling that results in consistent and sustainable improvement. This report will demonstrate our performance in key areas of complaint handling, as well as highlighting outcomes and providing more detail on complaint themes. Over time, this approach will illustrate trends in key areas and more importantly, allow us to evidence necessary improvement and learning in response to the trends and themes demonstrated.

1.1 Performance and Outcomes

Chart 1 below demonstrates concerns and Stage 1 complaints received per quarter over the last two years. Both concerns and Stage 1 complaints are considered as suitable for resolution within 5-10 days. In previous papers, concerns were presented separately but in keeping with the Complaint Handling Process (CHP), moving forward the data will be presented together.

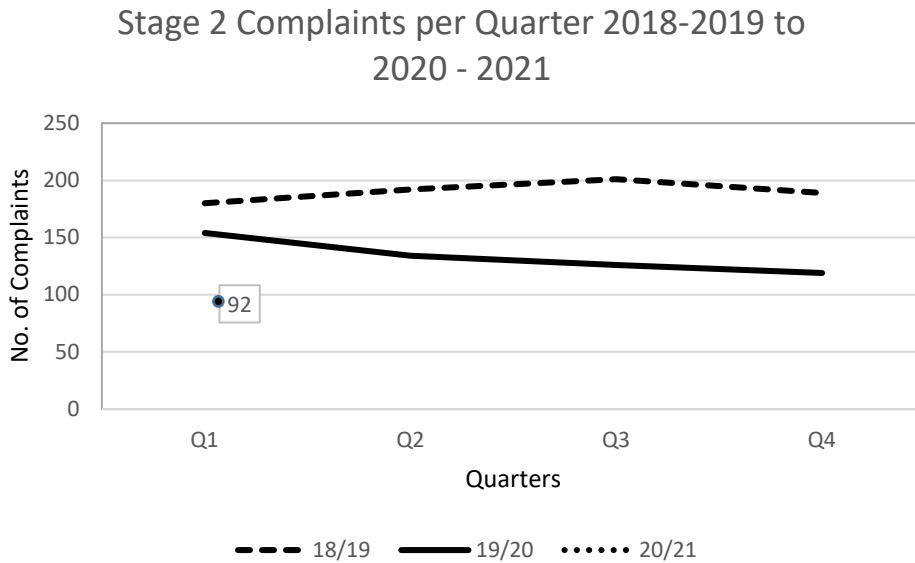
As shown below, activity this quarter is in keeping with the last quarter with a total of 281 concerns and Stage 1 complaints compared to 302 in Q4 of 2019-2020. Please note the data for Q1 2020-2021 is presented on the chart by a number as there is only one data point so far for the year.

Chart 1: Concerns and Stage 1 Complaints 2018-2019 and 2019-2020



Stage 2 complaint activity is presented in Chart 2 below.

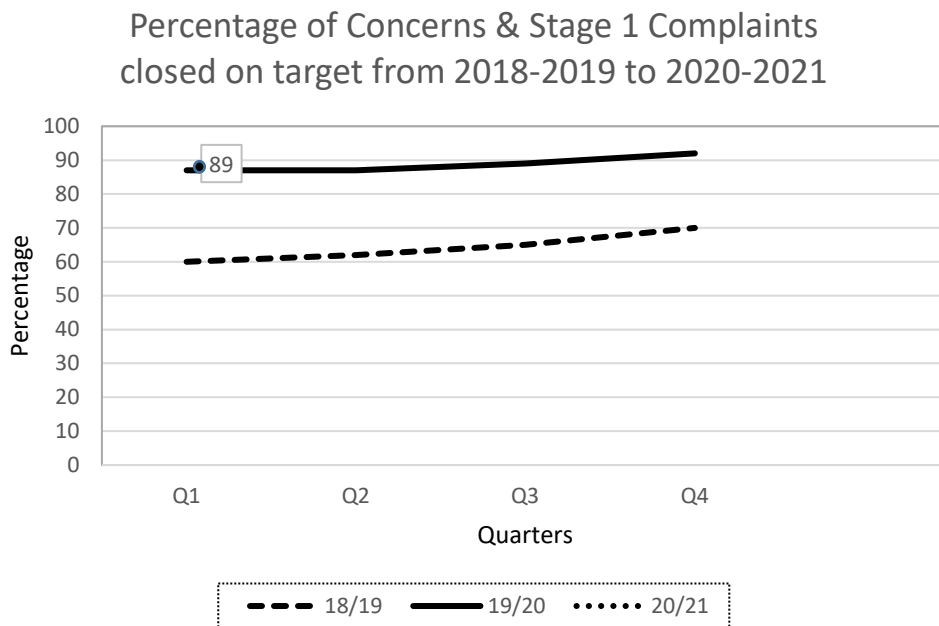
Chart 2: Stage 2 Complaints received per quarter 2018-2019 to 2020 – 2021



As shown in **Chart 2** above, there has been a reduction in Stage 2 complaints in this quarter, down to 92 from 119 in the previous quarter. When compared to the same quarter of the previous year, a more significant reduction from 154 to 92 is evident. This can be mainly attributed to COVID-19. Interestingly, the number of concerns and Stage 1 remains similar to the previous year which would indicate that it was not affected by the recent pandemic.

Chart 3 below demonstrates our complaint handling performance in resolving concerns and Stage 1 complaints within the target of 5-10 days.

Chart 3: Percentage of Concerns and Stage 1 Complaints closed on target 2018-2019 to 2020-2021 (Compliance Target = 85%)

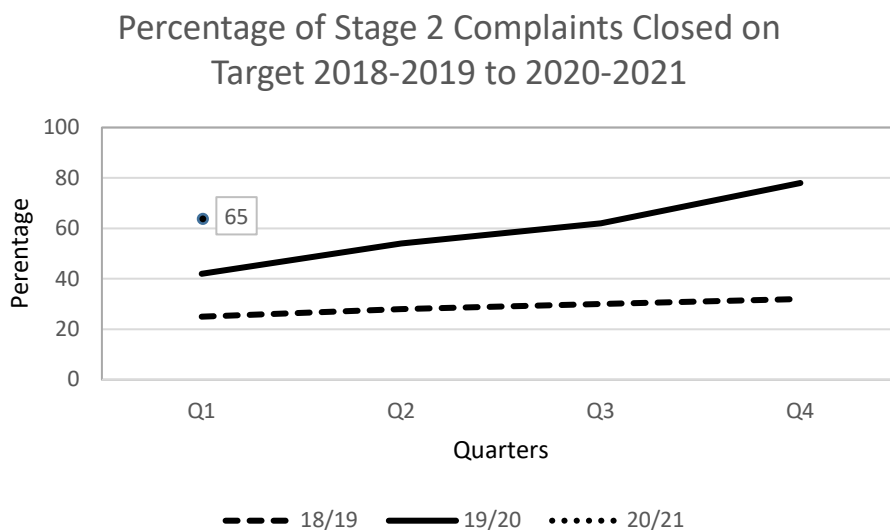


The compliance has dropped slightly in this last quarter to 89% from 92% in the previous quarter. Whilst we remain above target, work will contain to maintain compliance for all concerns and stage1 complaints performance and ensure no further slippage occurs.

Our complaint handling performance is also demonstrated in our Stage 2 complaint handling (**Chart 4 below**). These, often complex complaints, should be resolved within 20 working days but a number of factors often make that difficult to achieve, particularly when a meeting is being arranged. However, despite this, we have made a number of improvements to reduce administrative delays and ensure managers are supported at all stages of the process by the complaint team. As a result, our compliance with the target has improved significantly from last year, although a reduction has been measured in Q1, down to 65% from 78% in the previous quarter.

This can be attributed to the number of complex complaints and a number that had been suspended during the COVID-19 pandemic. This figure will improve in future quarters.

Chart 4: Percentage of Stage 2 Complaints Closed on Target 2018-2019 and 2019-2020 (Compliance Target = 85%)



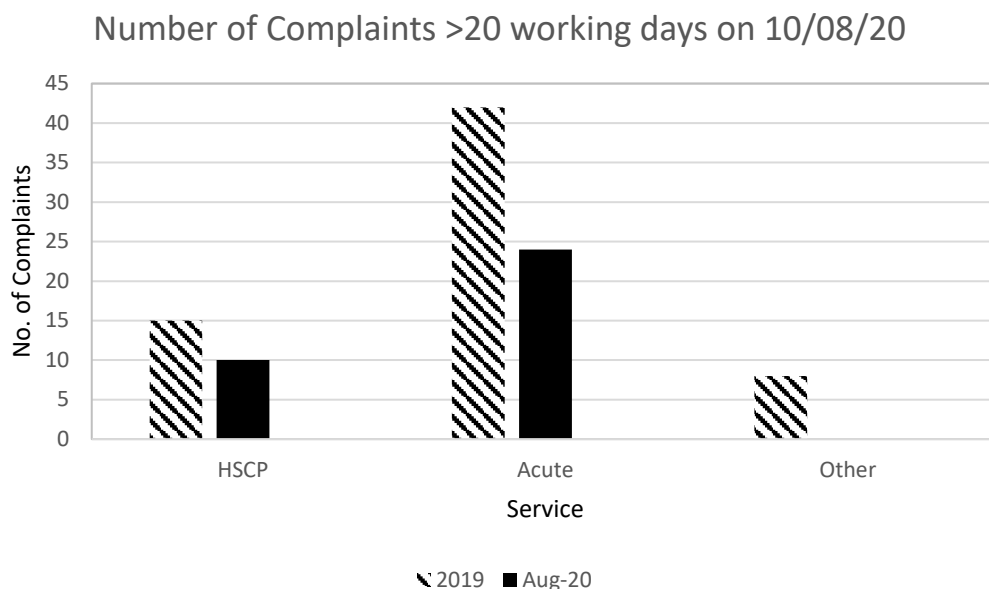
Reducing our number of complaints at >20 working days has remained a priority for the complaint team over the last quarter. Working closely with complaint investigators in a coordinated approach has been very successful and **Chart 5** below demonstrates our current number (as of 8th August 2020) of out of time complaints still in process. For comparison, the number of out of time complaints at the same point last year has been included as these numbers can change on a daily basis.

Whilst there has been a slight rise in out of time complaints from last quarter from our Health and Social Care Partners, the number in Acute has remained stable at 24.

Closing these remains a priority for the complaint team and they are progressing a number of approaches to resolve these out of time complaints that includes;

- Drafting response letters
- Maintaining contact with the complainants
- Supporting virtual meetings using the “Near Me” application

Chart 5: Number of Complaints > 20 Working Days



The figures above can be further broken down as shown below, with current actions being progressed to achieve resolution;

Chart 6 – Breakdown of Complaints >20 working days

Service	20-30 days	30-40 days	Over 40 days	Comments
Acute	5	3	6	All complex complaints involving multiple services. 2 have proceeded to SAERs
EAHSCP	1	0	1	Complex – awaiting statements from staff no longer employed by NHSAA.
NAHSCP	2	2	0	CAMHS complaints with multiple services involved- complaint manager helping coordinate
SAHSCP	0	0	0	All complaints within target time

Resolving complaints that have been in process for > 40 days is a priority.

1.2 Outcomes

Chart 7 below demonstrates the complaint outcomes for all complaints resolved in Q1.

Chart 7 – Complaint Outcomes in Quarter 1 (2020-2021)

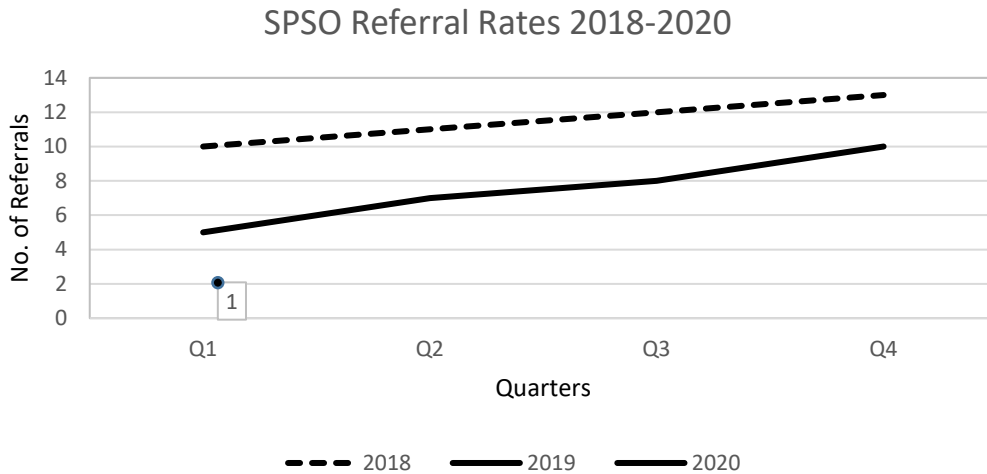
	Not upheld	Partly upheld	Fully upheld
Concern/Stage1	42	32	17
Stage 2	15	11	7

As demonstrated above, the number of fully upheld complaints is low but these are where the opportunities for learning and improvement lie. A more detailed paper on learning from complaints has also been prepared for the Board.

1.3 SPSO Referrals and Investigations

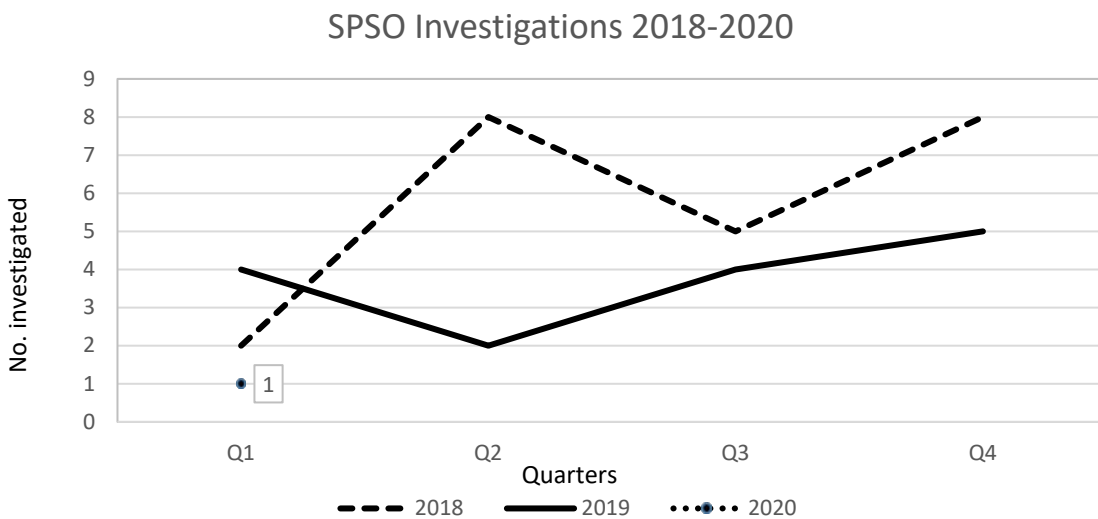
SPSO activity remains low compared to previous years. In Q1, the number of referrals has reduced significantly from 10 in the previous quarter, to 1 in this quarter.

Chart 8: SPSO Referral Rates 2018 - 2020



Whilst this is a welcomed reduction, it may rise in future quarters. The Ombudsman’s office is working on reduced hours during the pandemic so there may have been other referrals not yet processed. This will be closely monitored. The same reduction can be seen in the number of referrals that progress to investigation, in **chart 9** below.

Chart 9: SPSO Investigations 2018 – 2020



2. Complaint Themes

2.1 Themes

Chart 10 below shows all complaint themes and sub themes

Chart 10 – Complaint Themes

Clinical Care	227
Medical Treatment	162
Discharge	11
Nursing Care	54
Communication	25
End of Life and DNACPR	5
Condition Updates	20
Attitudes and Behaviour	29
Medical Staff	20
Nursing	9
Appointments	13
Waiting Times	10
Correspondence	3
COVID-19 Related	11
Condition Updates and Communication /Visiting	6
Appointments	5

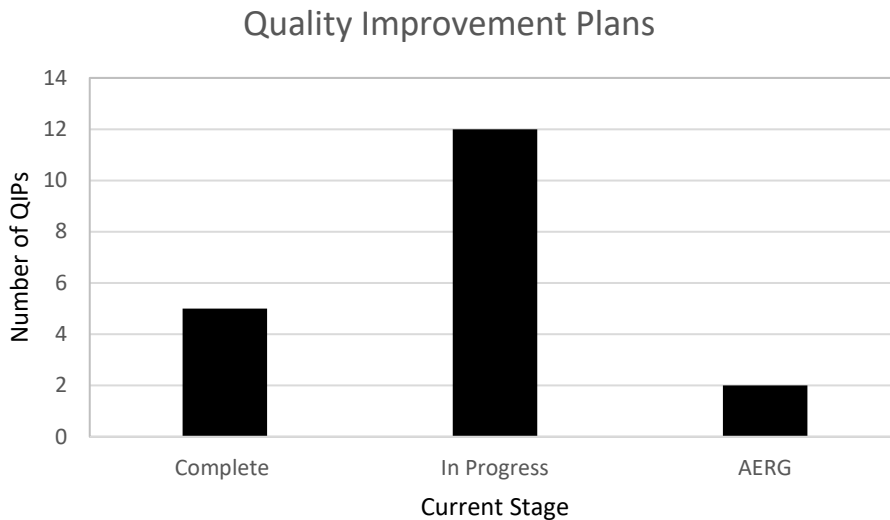
Any complaint with an upheld component is reviewed to identify any learning or improvement requirements. If the learning is considered only to apply to the local area, the manager is responsible for sharing the complaint and the outcome with staff and may even develop a local learning summary to highlight any learning or to support staff reflection.

Work on further breaking down themes so all detail is captured is discussed in the paper on learning from complaints also being presented to the Board. Ensuring the right learning is identified, and any improvements made is only achievable when we can extract accurate themes from complaints, and achieving this is a current priority for the Quality Improvement (QI) Lead.

2.2. Quality Improvement Plans (QIPs)

Chart 11 below outlines the current progress of QIPs in this quarter. QIPs are used when significant improvement is required as the result of an upheld complaint. (Details of complaint outcomes is shown in **Chart 7** above)

Chart 11- Progress of Quality Improvement Plans



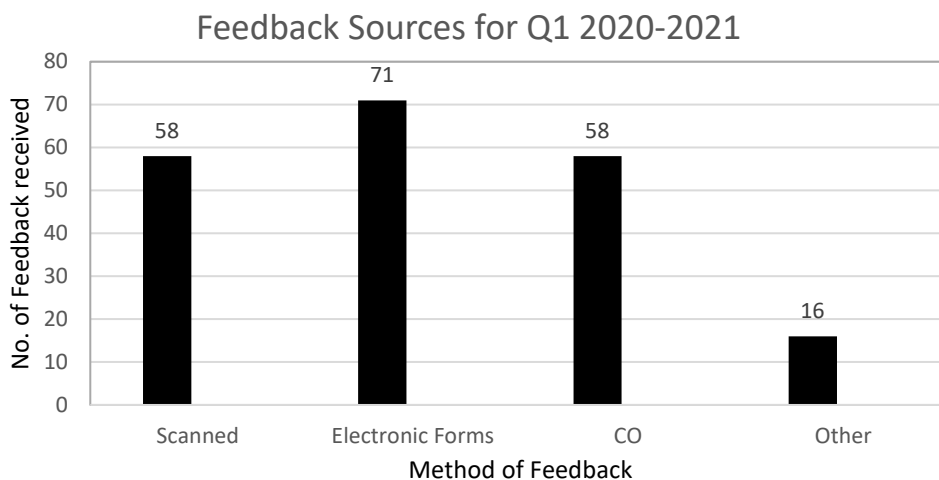
Learning identified and currently being progressed in Quarter 1 includes;

- Communication survey carried out in acute medical wards in University Hospital, Ayr (UHA) and key findings shared with medical and nursing teams with identified actions to improve attitudes and behaviour of clinical staff
- End of Life Care experience being measured to identify key issues for improvement.
- Virtual Visiting information being updated and shared across all inpatient areas in response to concerns expressed by families.
- Daily spot checks by Senior Charge Nurse in elderly care to ensure patient needs and preferences being met.

3. Feedback

3.1 Local Feedback

Chart 12 Summary of Feedback for Quarter 1 2020-2021



How we record and share feedback is currently being reviewed to find a more cost effective approach. As a result, our feedback forms will be updated whilst maintaining the same “owl” branding. Communication and promotion will be carried out as we ask for patient and public input in updating our Customer Care Commitments to reflect our values.

The volume of feedback received in this quarter remains in keeping with previous quarters, with the majority of feedback being positive – 86% up slightly from 82% in previous quarter.

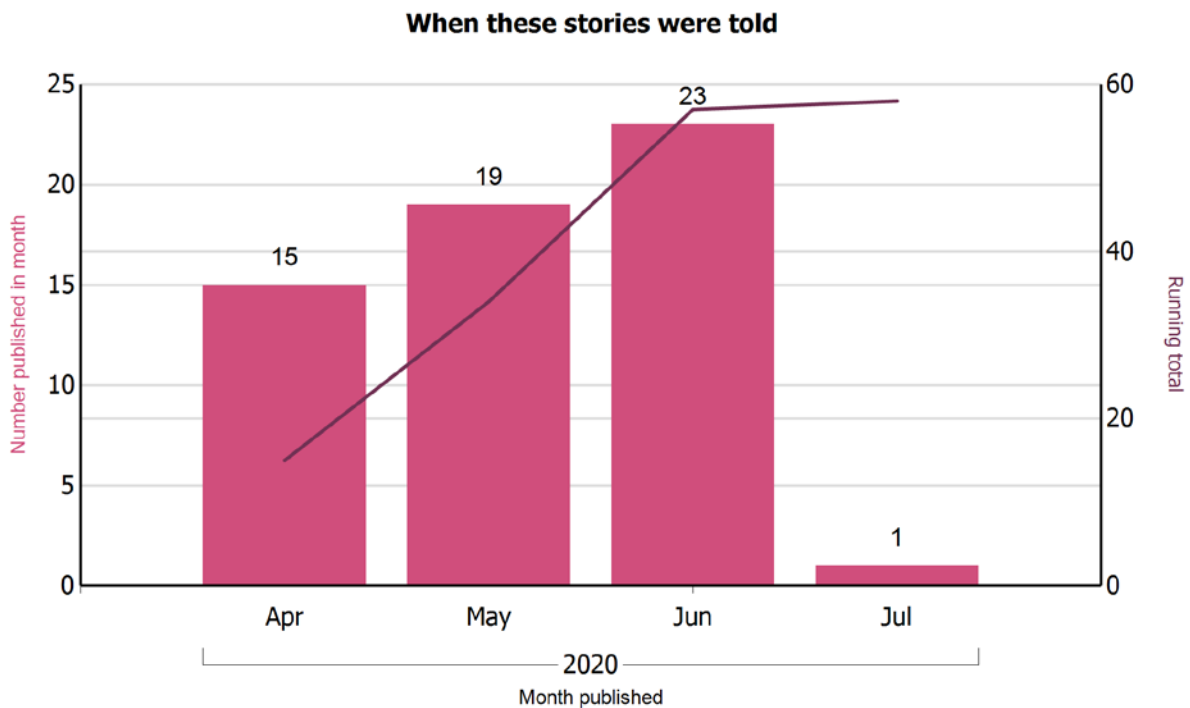
In addition, we believe that Care Opinion (CO) remains the best tool for recording feedback and we will be promoting its use as the preferred method of feedback. This work will progress in September and will include some data collection using CO’s new kiosk mode, in conjunction with a drive to recruit more responders.

3.2 National Feedback

Chart 13 below shows all CO posts in Quarter 1 which has reduced for a second quarter from 99 in Quarter 4 to 57 in this quarter. Again, this is attributed to COVID-19 and will be closely monitored. The proposed promotion of CO in September will help improve use.

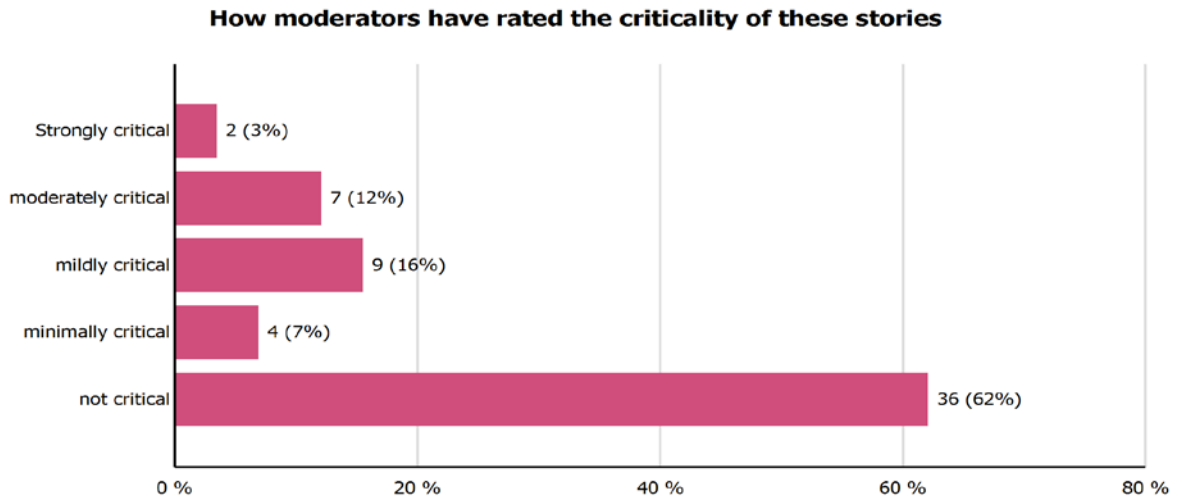
Whilst the number of posts has decreased, this form of feedback still has a significant reach with these posts being viewed 8,599 times.

Chart 13: Care Opinion Posts Quarter 1 2020 – 2021



The criticality of posts is demonstrated in **Chart 14** below;

Chart 14 – Criticality of Posts in Quarter 1 2020 – 2021



This quarter, positive posts have decreased from 77% last quarter to 69%. However, only 15% are considered to be moderately to strongly critical. Monitoring this and improving engagement across the organisation with Care Opinion a key objective.

4. Conclusion

The impact of COVID-19 is evident in this quarter's complaint and feedback activity. However, this has given us the opportunity to increase our focus on out of time complaints and to ensure we have the right processes in place to promote a person centred approach to our complaint handling processes.