

NHS Ayrshire & Arran



Meeting:	Ayrshire and Arran NHS Board
Meeting date:	Monday 1 February 2021
Title:	Patient Experience: Feedback and Complaints - Quarter 2 July to September 2020
Responsible Director:	Professor Hazel Borland, Nurse Director and Deputy Chief Executive
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
- Person Centred

2. Report summary

2.1 Situation

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 2 (July 2020-September 2020), and to note our continued and improved 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 2 (July 2020 – September 2020) 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

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 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 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

This is an internal report to update members on organisational activity in relation to patient, carer and family feedback and complaints in Quarter 2 2020/21 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

The process for reporting complaint performance has recently been developed to ensure the correct information is shared to inform learning and improvement and support robust governance of all aspects of the complaint handling process at all levels of the organisation.

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. Emerging themes and potential adverse events identified from complaints are reported into the Risk and Resilience Scrutiny and Assurance Group (RASAG)

The above reports are shared on a monthly basis

Quarterly performance is shared in this report for the Board.

This paper has previously been presented to Healthcare Governance Committee at their meeting on 11 January 2021.

2.4 Recommendation

For discussion. Members are asked to receive and discuss this report on organisational activity in relation to patient, carer and family feedback and complaints in Quarter 2 (July 2020 – September 2020), and to note our compliance with the complaint handling process.

3. List of appendices

Appendix 1 - Patient Experience: Feedback and Complaints – Quarter 2 (July 2020-September 2020)

Appendix 1 - Patient Experience: Feedback and Complaints- Quarter 2 July 2020- September 2020

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. 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: Concerns and Stage 1 Complaints 2018-2020

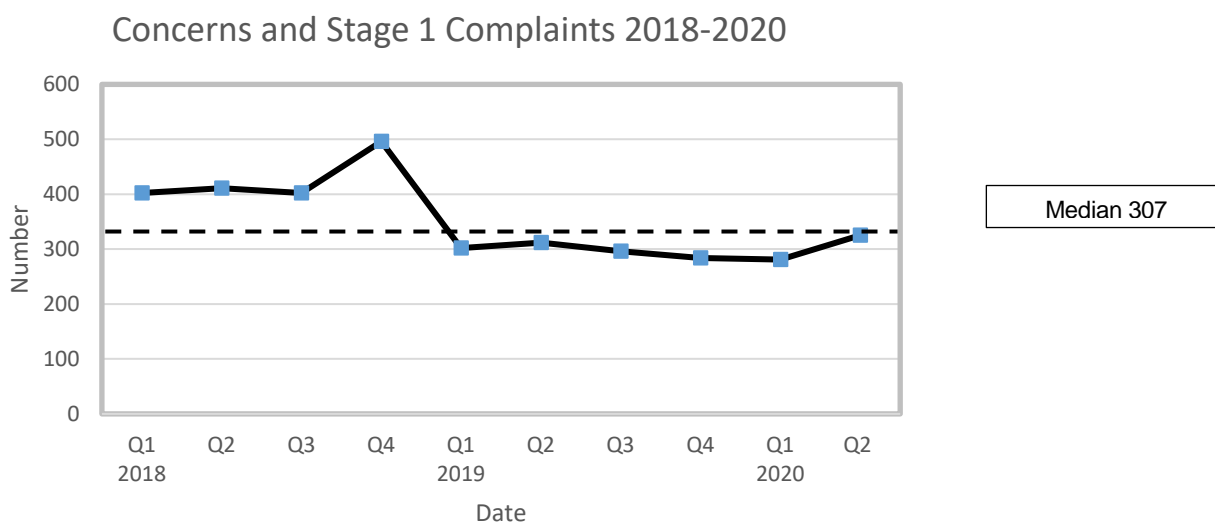


Chart 1 above demonstrates a steady rate of concerns and Stage 1 complaints in both Q1 and Q2 of 2020-2021, with a slight reduction (21 less) evident during the lockdown period of the pandemic. Numbers remain significantly lower than 2018 -2019.

The slight rise evident in Q2 of this year can be attributed to a rise in Stage1 complaints relating to outpatient waiting times, again as a result of the current pandemic.

Stage 2 complaint activity is presented in **Chart 2** below.

Here we can see a significant reduction in the number of Stage 2 complaints in both Q1 and Q2 of 2020-2021. In Q2, we received 70 Stage 2 complaints, which is a reduction of over 60% from the 192 measured in the same period of 2018-2019.

Whilst there is no doubt that the pandemic and public support for the NHS has had a positive impact, a more proactive approach to Stage 1 handling by the complaints team has contributed to a decrease in Stage 1 complaints being escalated to Stage 2. This has also contributed to a more manageable complaint workload for senior managers.

Chart 2: Stage 2 Complaints received per quarter 2018- 2020

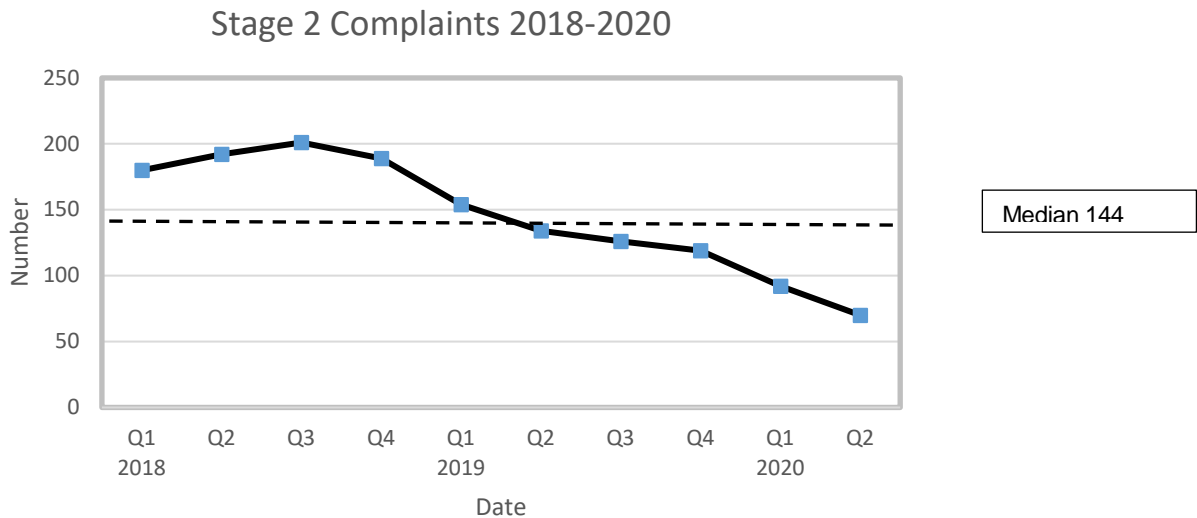
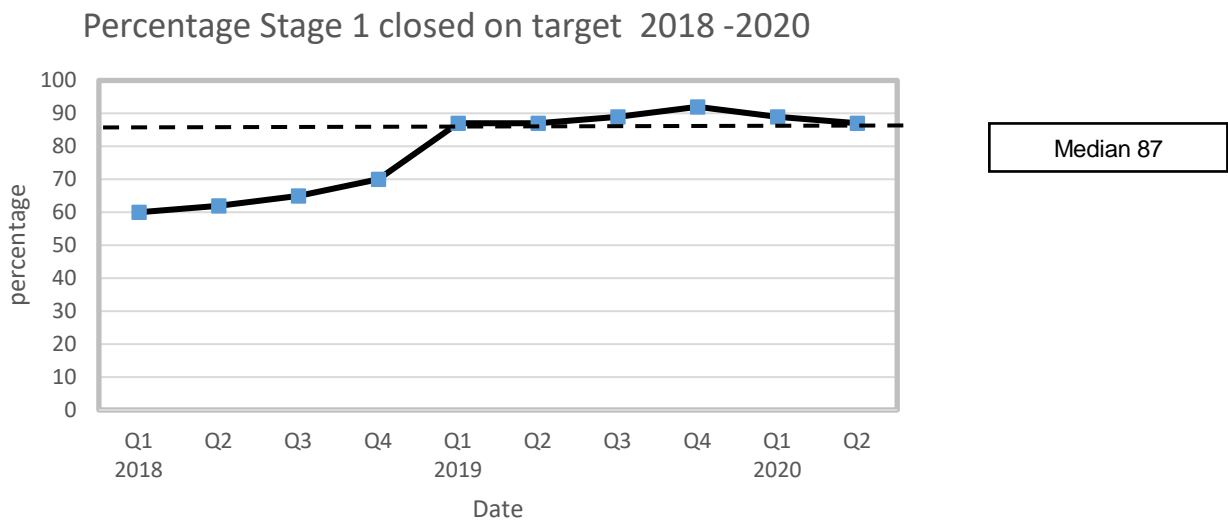


Chart 3 below demonstrates our complaint handling performance in resolving concerns and Stage 1 complaints within the target of 5-10 days. As the chart demonstrates, we have consistently met and exceeded the 85% target since Q1 of 2019.

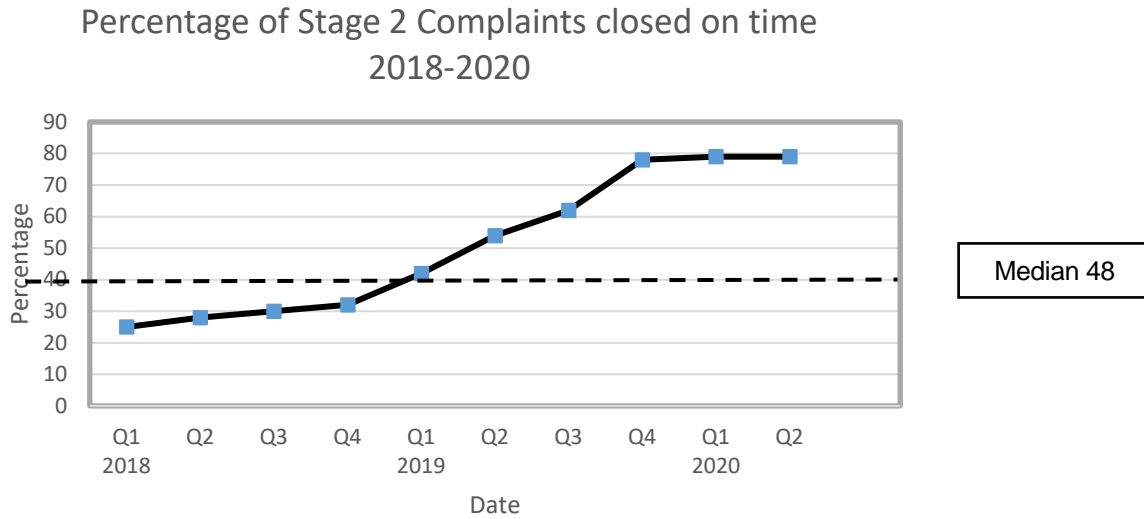
Chart 3: Percentage of Concerns and Stage 1 Complaints closed on target 2018 - 2020 (Compliance Target = 85%)



Our complaint handling performance is also demonstrated in our Stage 2 complaint handling (**Chart 4 below**).

Performance in Stage 2 handling has improved significantly over the past 18 months to our current performance of 79%. Whilst this remains below our target, the improvements made over the last 12 months in particular are having a positive impact and our aim over the next two quarters will be to meet our target and sustain performance.

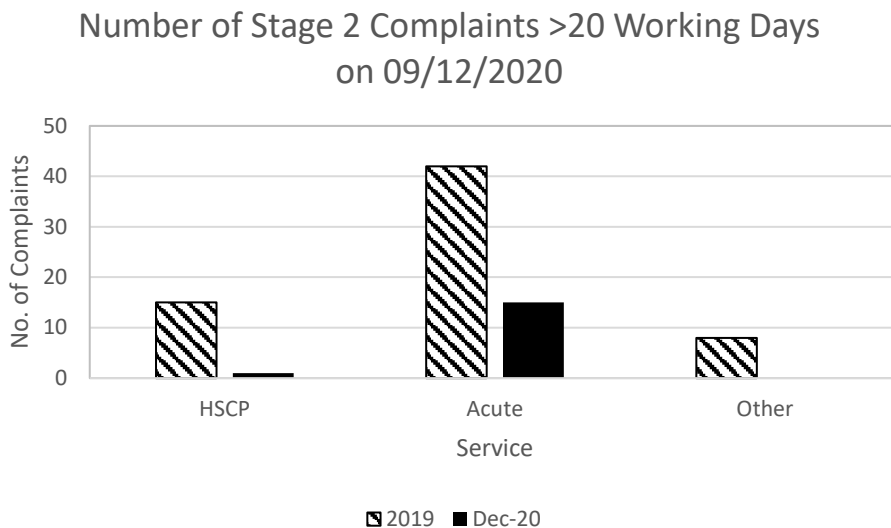
**Chart 4: Percentage of Stage 2 Complaints Closed on Target 2018-2020
(Compliance Target = 85%)**



As our performance improves, the Complaints Team have dedicated time to assisting Service Managers to close out of date complaints in a timelier manner and this additional effort has demonstrated improvement as demonstrated below in **Chart 5**.

It is evident that there has been a significant reduction in out of time complaints and maintaining this position is now a priority for the team. We are confident that further improvements can be made, and our aim is to close all complaints on target by Q4.

Chart 5: Number of Complaints > 20 Working Days



The figures are broken down further in **Chart 6** below, with current actions being progressed included.

Chart 6 – Breakdown of Complaints >20 working days

Service	20-30 days	30-40 days	Over 40 days	Comments
Acute	8	4	3	5 complaints responses in final stages, 4 responses currently being drafted, 4 still investigating and 3 waiting on final signature. Projected completion in 7 days
EA HSCP	0	1	0	Draft response ready for approval
NA HJSCP	0	0	0	No out of time complaints
SA HJSCP	0	0	0	No out of time complaints

Resolving complaints that have been in process for > 40 days is a priority. In these three cases, the complaints are complex and involve several specialties and in one, outside agencies are also involved.

1.2 Outcomes

Chart 7 below demonstrates the complaint outcomes for all complaints resolved in Q2.

Chart 7 – Complaint Outcomes in Quarter 2 (2020-2021)

Service	Not Upheld	Partially Upheld	Fully Upheld	Still Open
Concern / Stage 1	186	72	67	0
Stage 2	33	28	7	2

Current work is being progressed to establish clear criteria to supplement the Ombudsman's definitions of when to classify a complaint as upheld or not upheld. As Chart 7 above shows, a very small number of Stage 2 complaints are classified as fully upheld.

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. Historically, NHS Ayrshire and Arran was considered to have a higher than average number of SPSO referrals. Significant work has been undertaken over the past three years to promote a more person-centred approach to complaint handling. As a result of this work, our referral rate has reduced significantly and the number of referrals progressing to investigation have also reduced.

At this current time, there is only one active SPSO investigation in process. In this quarter in 2018 we had eight. Maintaining this low level of SPSO activity is our ambition over the coming quarters.

Investigation rates (**Chart 9**) show a similar trend and will be closely monitored in the coming quarters. Reducing variation in these figures will also be a priority moving forward.

Chart 8: SPSO Referral Rates 2018 - 2020

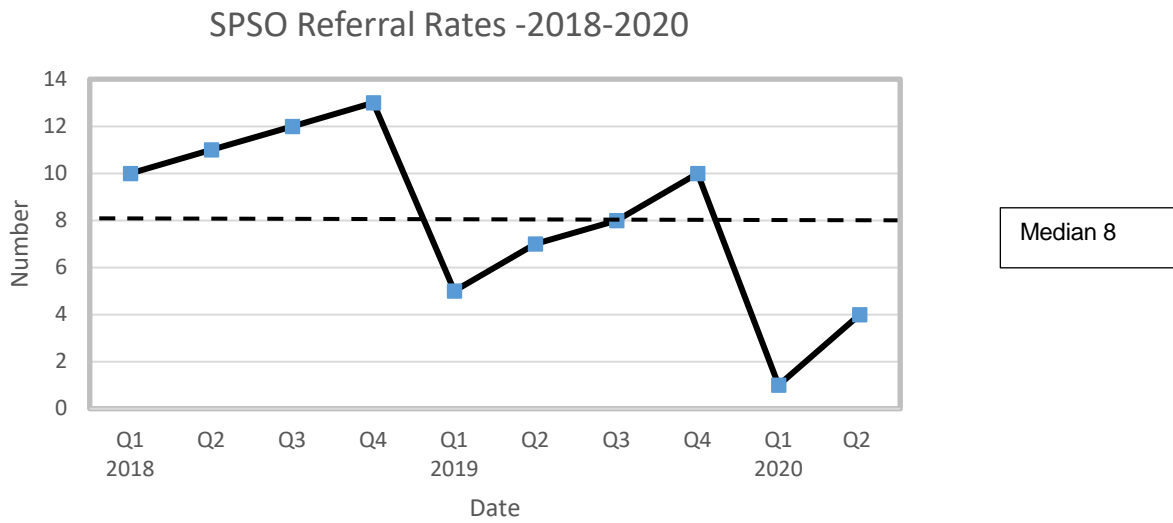
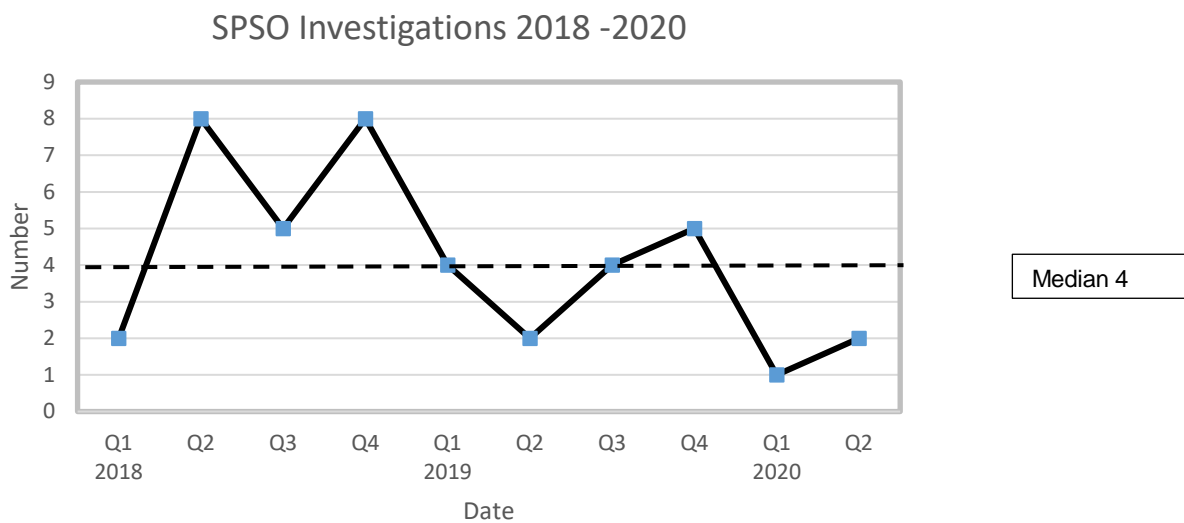


Chart 9: SPSO Investigations 2018 – 2020



2. Complaint Themes

Work has been progressed to provide more accurate information from complaints and **Chart 10** below outlines the main and sub themes of recent complaint activity. This level of detail is necessary to progress learning and improvement in a targeted manner.

2.1 Themes

Chart 10 below shows all complaint themes and sub themes

Chart 10 – Complaint Themes & Sub themes

Chart 10 below shows top themes and the most common subthemes. (Please note there are some other subthemes in each category that represent a small number of complaints and are therefore not included.)

Clinical Treatment	221
Problems with medication	80
Co-ordination of Clinical treatment	60
Disagreement with treatment / care plan	29
Poor nursing care	15
Treatment didn't have expected outcome	13
Poor medical treatment	10
Waiting Times/Appointment	46
Unacceptable time to wait for the appointment	35
Date for appointment cannot be given to the patient	4
Cancellation of appointment	3
Appointment date continues to be rescheduled	1
Cancellation of admission	1
Date for admission cannot be given to the patient	1
Communication	74
Staff attitude	38
Lack of a clear explanation	4
Lack of support	4
Inappropriate comments	4
Insensitive to patient needs	4
Telephone	8
Other	38
COVID-19	14
Detox problems	4
Availability of items	3
Lost property	3
Conduct	3
Discharge arrangements	3

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.

For Stage 2 or complex complaints, improvement will be progressed using a Quality Improvement Plan.

2.2. Quality Improvement Plans (QIP)

Chart 11 below outlines the current progress of QIPs in this quarter.

Compliance with QIP completion and spread as a result of complaints has not been robust in the past, nor has the governance of the process been adequate. The QI Lead is currently

developing a process with our risk management colleagues to establish a more reliable process to progress improvement from complaints.

Chart 11- Progress of Quality Improvement Plans



From January 2021, we will be progressing improvement from complaints in a new way. The QI Lead will work with Service Managers to identify key improvement outcomes and actions emerging from complaint themes. When it is decided that local learning is required, the service lead will take full responsibility for ensuring this is progressed.

When improvement actions are identified, this is shared with the appropriate managers and reported via the site governance structures where agreement on the specific actions and spread are agreed. The QI Lead will work with the service or clinical lead to progress all improvement activity. Progress will be reported back at site governance level and progressed to the Governance Steering Group for agreement and sign off.

In addition to this, key themes and details of any complaints that have been progressed via the Adverse Event Process will be presented to Directorates on a monthly basis as part of the risk management report.

Full reporting of complaint activity will take place on a monthly basis to both acute sites and HSCPs prior to progressing via our governance structures.

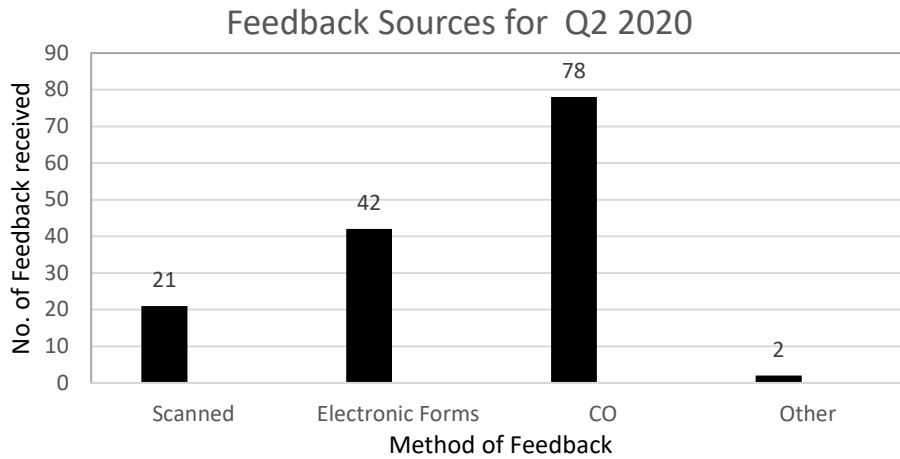
A themed paper on how these new approaches to evidencing improvement and providing assurance at all levels of the organisation will be presented at a future Board meeting.

3. Feedback

3.1 Local Feedback

How we record and share feedback is currently being reviewed to find a more 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.

Chart 12 Summary of Feedback for Quarter 2 2020-2021



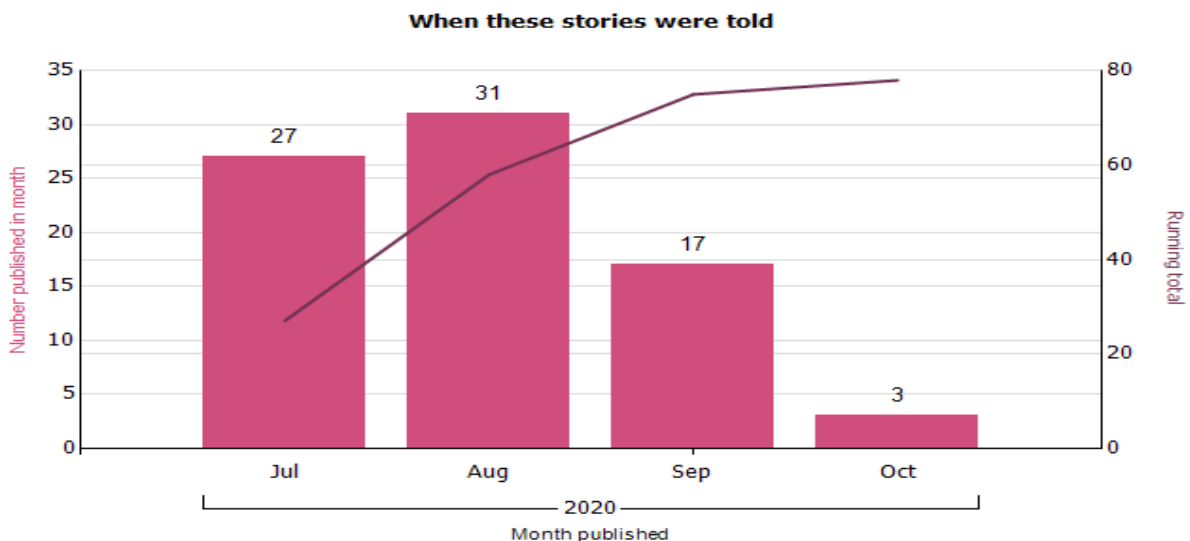
Whilst the amount of feedback received has decreased in this quarter (from 203 to 143), the majority remains positive at 88%.

We are currently developing our use of surveys to gather feedback and to allow us to support individual projects that requires patient or public feedback.

3.2 National Feedback

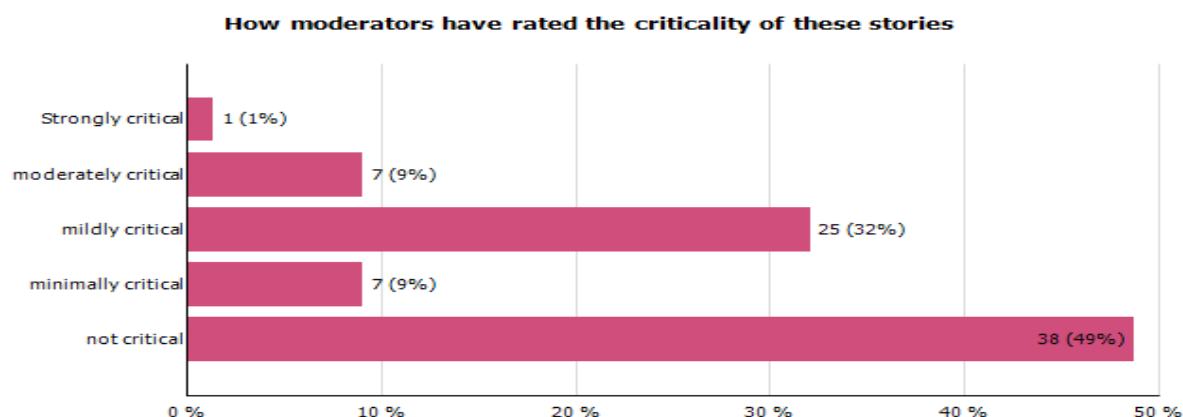
Chart 13 below shows CO posts in Quarter 2 have risen slightly from 57 in Quarter 1 to 78 in Q2. These 78 posts have been viewed 12,120 times.

Chart 13: Care Opinion Posts Quarter 2 2020 – 2021



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

Chart 14 – Criticality of Posts in Quarter 2 2020 – 2021



This quarter, positive posts have decreased again from 69% to 49%. However, only 10% are considered to be moderately to strongly critical. Monitoring this and improving engagement across the organisation with Care Opinion is a key objective.

There has been a reduction in manager responses over the past two quarters. This is likely to be a temporary setback due to the ongoing pandemic. Plans to relaunch Care Opinion across the organisation have been paused until appropriate to do so.

4. Complainant Satisfaction

We are currently testing a new approach to securing feedback from complainants on the handling of their complaints and will present these in future papers.

5. Changes to Complaint Handling Approaches

Recent improvement work at UHC has no doubt contributed to the improvements demonstrated in our complaint handling processes. In particular, the co-location of a Complaint Manager on site to assist and support in the investigation and resolution of complaints has proved to be very successful. The feedback from managers has been very positive and as a result, we have now recruited a further Complaint Manager to work from UHA to support complaint activity in acute and in our health and social care partnerships.

In addition to this, a complaint officer will work on site with the Complaint Managers to support all complaint activity.

Further work is being progressed to ensure our new processes are robust and support effective and person-centred complaint handling. This will see the responsibility for written responses move to the Complaint Managers in order to promote a more consistent approach.

6. Conclusion

There is clear evidence this quarter of the improvements made to our complaint handling processes and the actions being progressed to ensure this progress is maintained and built upon moving forward.

The Board is asked to note the work currently being undertaken and the future plans to ensure a robust approach to evidencing improvement from feedback and complaints.