

NHS Ayrshire & Arran



Meeting:	Ayrshire and Arran NHS Board
Meeting date:	Monday 31 January 2022
Title:	Patient Experience: Feedback and Complaints – Quarter 2 July - September 2021
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

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 2 (July - September 2021), 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 2 (July to September 2021) 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
- KPI Template outlining performance in accordance with SPSO requirements

2.3 Assessment

- Our approaches to feedback are currently being reviewed
- Current pressures are affecting our complaint handling performance but plans are in place to improve performance going forward
- 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.

We are currently reviewing how we evidence improvement from feedback and complaints, and have commissioned an Extreme Team to discuss innovative approaches to learning and improving from complaints.

2.3.2 Workforce

Clinical and management staff are under significant pressure due to the continuing high levels of activity across our services which is impacting their ability to investigate complaints. The QI Lead for Patient Experience and the Complaints Team are trying to pick up some of this work as able, to reduce pressure on clinical staff.

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 is not required as this is an internal document.

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 (July to September 2021) 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.

An earlier version of this report was presented to Healthcare Governance Committee on 10 January 2022.

2.4 Recommendation

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 to September 2021), and to note our compliance with the complaint handling process.

3. List of appendices

- Appendix 1 - Patient Experience: Feedback and Complaints – Quarter 2 (July to September 2021)
- Appendix No 2 - KPI Template for Quarter 2 (July to September 2021)

Appendix 1

Patient Experience: Feedback and Complaints- Quarter 2 July to September 2021-2022.

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 & Stage 1 Complaints

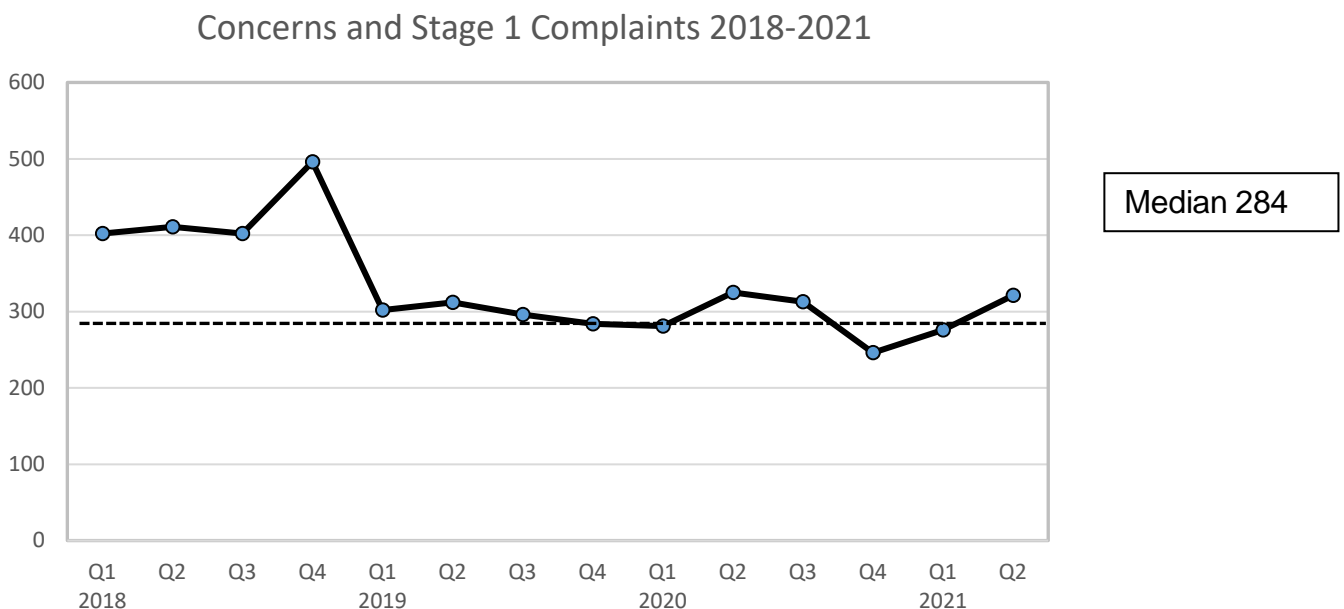


Chart 1 above demonstrates a continued increase in concerns and Stage 1 complaints, from 276 in the last quarter to 321 in this quarter. The current complaint activity remains very high with the Complaints Team under significant pressure due to the volume of complaints.

Chart 2: Stage 2 Complaints

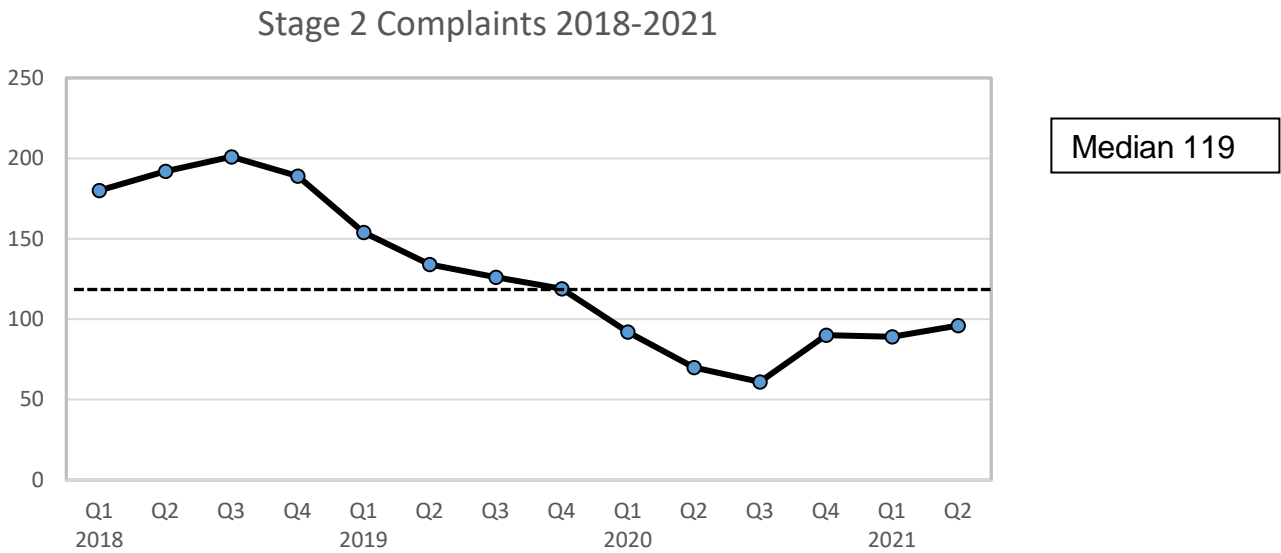
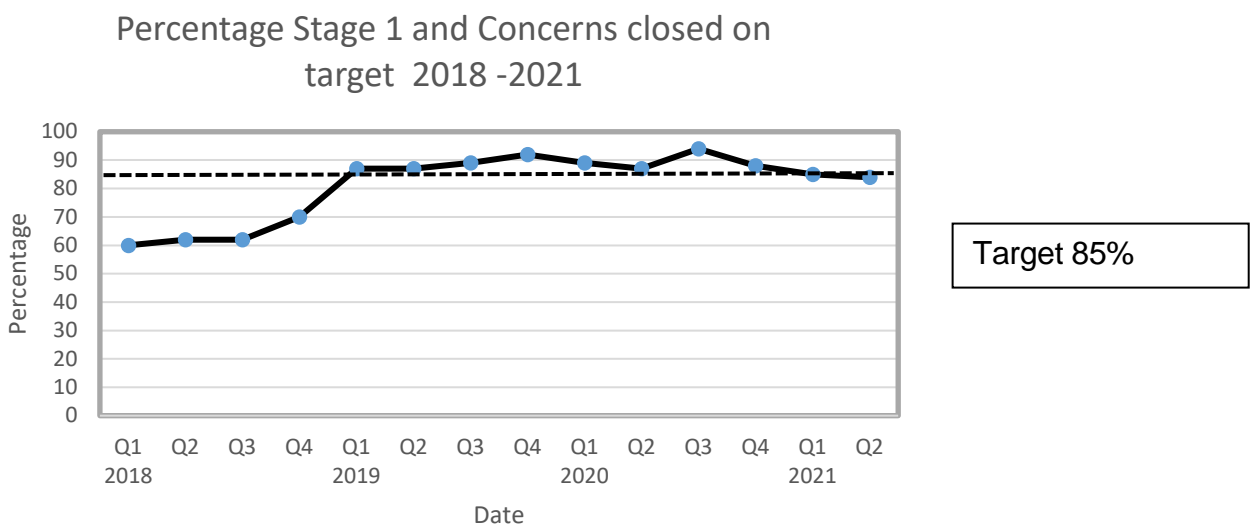


Chart 2 above shows Stage 2 activity has slightly increased in this quarter compared with last quarter, but remains significantly lower than Stage 2 activity in previous years. It is worth noting that we have noticed a difference in complaint complexity in the last year with more Stage 2 complaints involving multiple services. This is representative of the patient journey.

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, performance has dipped marginally below the target of 85% for the first time since 2019.

Moving forward, we expect to see an improvement in this as we currently have a member of clinical staff redeployed to our team and their role will include handling Stage 1 complaints. Having an additional team member with a clinical background is proving to be very helpful as it increases our scope in terms of assisting our operational colleagues.

Chart 3: Percentage Stage 1 and Concerns closed on target



Our complaint handling performance for Stage 2 complaints is presented in **Chart 4** below.

Chart 4: Percentage of Stage 2 Complaints Closed on Target

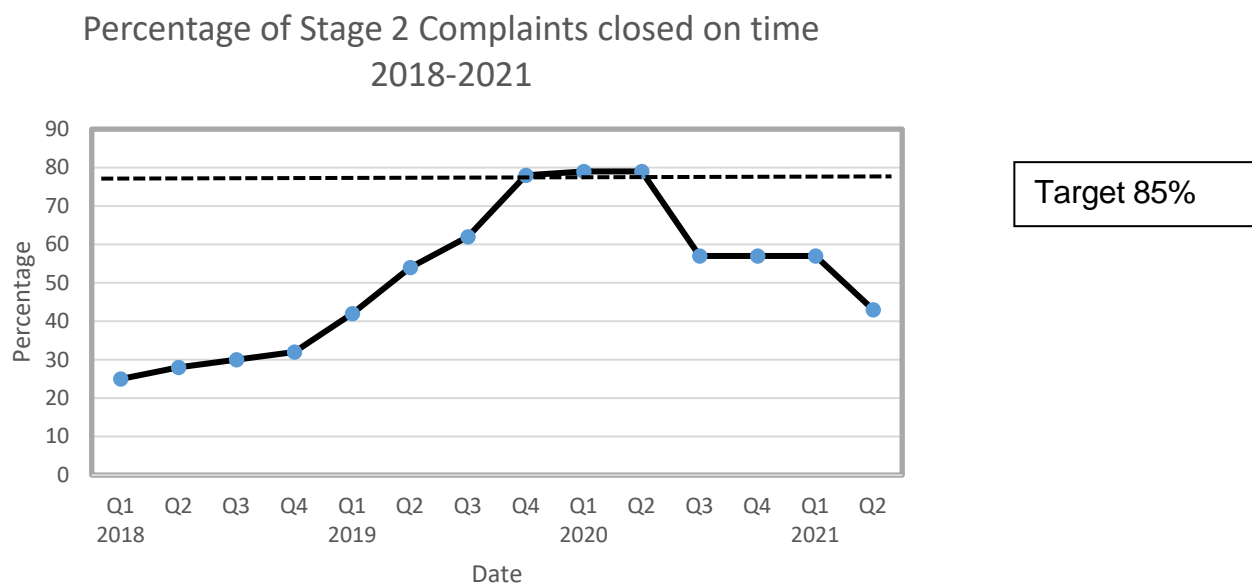


Chart 4 also demonstrates a drop in our performance in meeting the 20 working day target. In this quarter, we have only met the target for 43% of complaints, compared to 57% in the previous quarter. This is a significant drop compared to at this time in 2020. This is in large part due to the increased numbers of complaints and the availability of clinical and management staff to investigate these.

This drop in compliance with the 20 working day target is reflective of the pressures across the healthcare system at present and we are continuing to do what we can to improve this aspect of our complaint handling performance.

A number of actions are currently being progressed to ensure our performance improves in future quarters. These include;

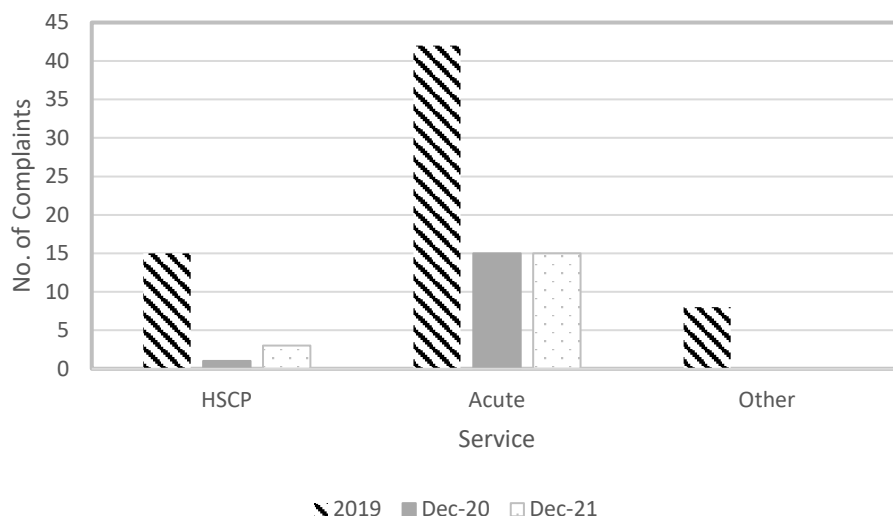
- A vacant Complaint Manager role due to retirement in the Complaints team will be progressing to recruitment
- Regular meetings between Investigation Leads and a member of the complaints team to ensure we are providing maximum assistance
- Assistance from the QI Lead in response writing
- An improved approval and sign off process to reduce time taken to close complaints
- Extension to timescale from 30 to 40 days being applied in next quarter to reflect current service pressures will help to improve performance in future quarters

Our current performance taken at a set point in time (06 December 2021) breaks down what the 43% performance means in terms of numbers and you can see that in this quarter, 15 Acute complaints and 3 HSCP complaints are currently live and out of time. If we view in context against pre pandemic figures, this is still a significant drop from 65 in 2019-2020.

Closing these complaints is a priority and the Complaint Manager is currently working with the Business Manager from UHC and the appropriate managers at UHA to get these complaints progressed to closure.

Chart 5: Number of Complaints > 20 Working Days

Number of Stage 2 Complaints >20 Working Days on 06/12/21



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	9	3	3	To draft response x 5, Draft in final stages x 5, Waiting on statements x 5.
EA HSCP	1	0	1	Draft response in final stages x 2.
NA HSCP	1	0	0	Draft response in final stages x 1.
SA HSCP	0	0	0	

With these out of time complaints, we have maintained regular contact with the complainants and the complaint team continues to support service to provide complainants with good quality responses to resolve their complaints.

1.2 Outcomes

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

Chart 7: Complaint Outcomes in Quarter 2 (2021-2022)

Service	Not Upheld	Partially Upheld	Fully Upheld	Still Open
Concern / Stage 1	211	54	56	0
Stage 2	46	26	15	9

The figures in **Chart 7** above demonstrate that the number of complaint outcomes that are fully upheld remains low. The criteria now in use clearly defines how to categorise a fully or partially upheld complaint and this is outlined in the Standardised Operational Procedures (SOP).

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.

This quarter, there has been a slight rise in referrals, up to eight from seven in the previous quarter. However, investigation rate remains at its lowest, with only one current investigation underway.

Chart 8: SPSO Referral Rates 2018 - 2021

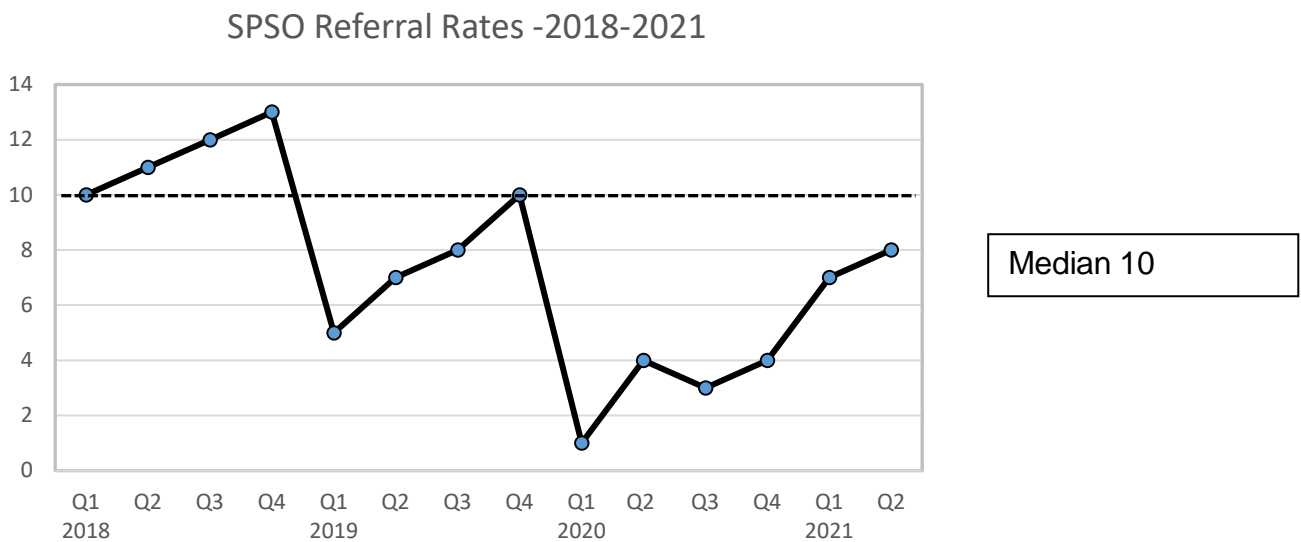
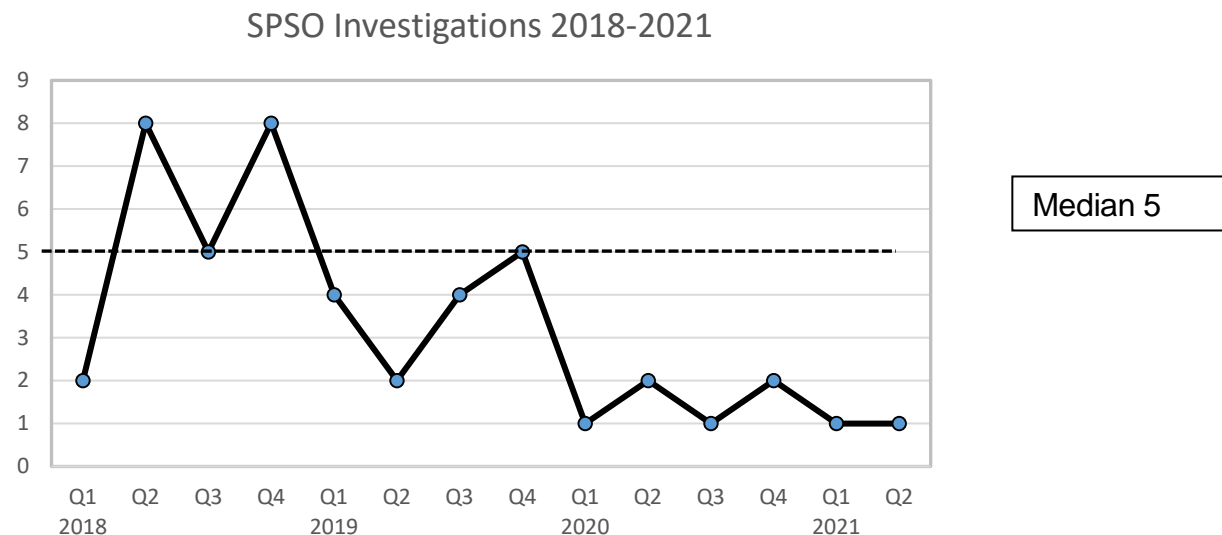


Chart 9: SPSO Investigations 2018 – 2020



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 top themes and the most common subthemes. Please note all complaints are included in themes below to demonstrate all sub themes.

Chart 10: Complaint Themes & Sub themes

Clinical Treatment	237
Co-ordination of Clinical treatment	94
Disagreement with treatment / care plan	49
Problems with medication	46
Poor nursing care	35
Poor medical treatment	7
Lack of pain management	6
Waiting Times	108
Unacceptable time to wait for the appointment	70
Appointment date continues to be rescheduled	6
Waiting too long for test results	23
Delays in admission/ discharge / transfer	4
Cancellation of admission	3
Cancellation of appointment	2
Communication	104
Inappropriate comments / Insensitive to patient needs	38
Staff attitude / conduct	32
Lack of a clear explanation	27
Letter wording	5
Inefficient	1
Rough handling of patient	1
Other	33
COVID-19	12
Lost property / damaged property	2
Accuracy of records	3
Availability of items / beds	12
Confidentiality	2
Hospital Visiting	2

2.2 Quality Improvement Plans (QIP)

Chart 11 below represents the QIPS developed by the Investigation Leads when a learning or improvement opportunity has presented itself as a result of feedback or complaints.

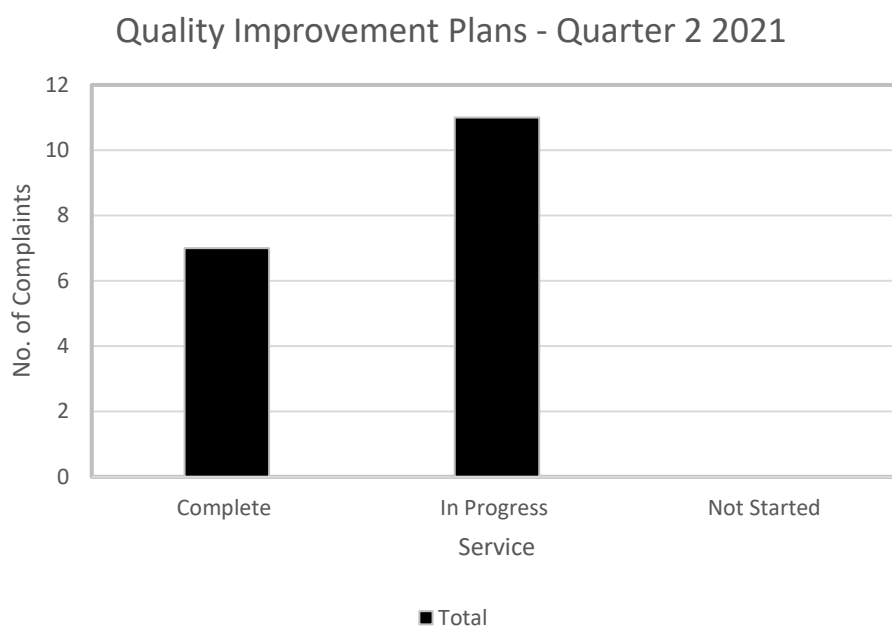
Unfortunately, this approach has not resulted in the type of improvement required to affect future complaint activity and as a result, a new approach is currently being tested.

The QI Lead now attends the Chief Nurse monthly Quality and Safety Meetings and emerging complaint themes are discussed and agreement sought from the staff present to consider what improvement ideas should be progressed.

In addition, the QI Lead is attending the site governance meetings where the emerging theme relating to medical staff will be highlighted and agreement sought on which improvement priorities should be progressed as a result.

To ensure that we are able to take an innovative and sustainable approach to improvement from patient experience, an Extreme Team has been commissioned by the Deputy Nurse Director to progress this aspect of patient experience and outcomes from the team will be reported in future papers.

Chart 11: Progress of Quality Improvement Plans



3. Feedback

3.1 Local Feedback

Following the appointment of the new Patient Experience Facilitator, we are currently reviewing our approaches to improve complaint feedback, especially at the point of care. As a result, all feedback recording has been suspended. A review of the Owl feedback material has found it is not cost effective. The number of feedback cards completed is low and therefore a review of how we progress moving forward is required.

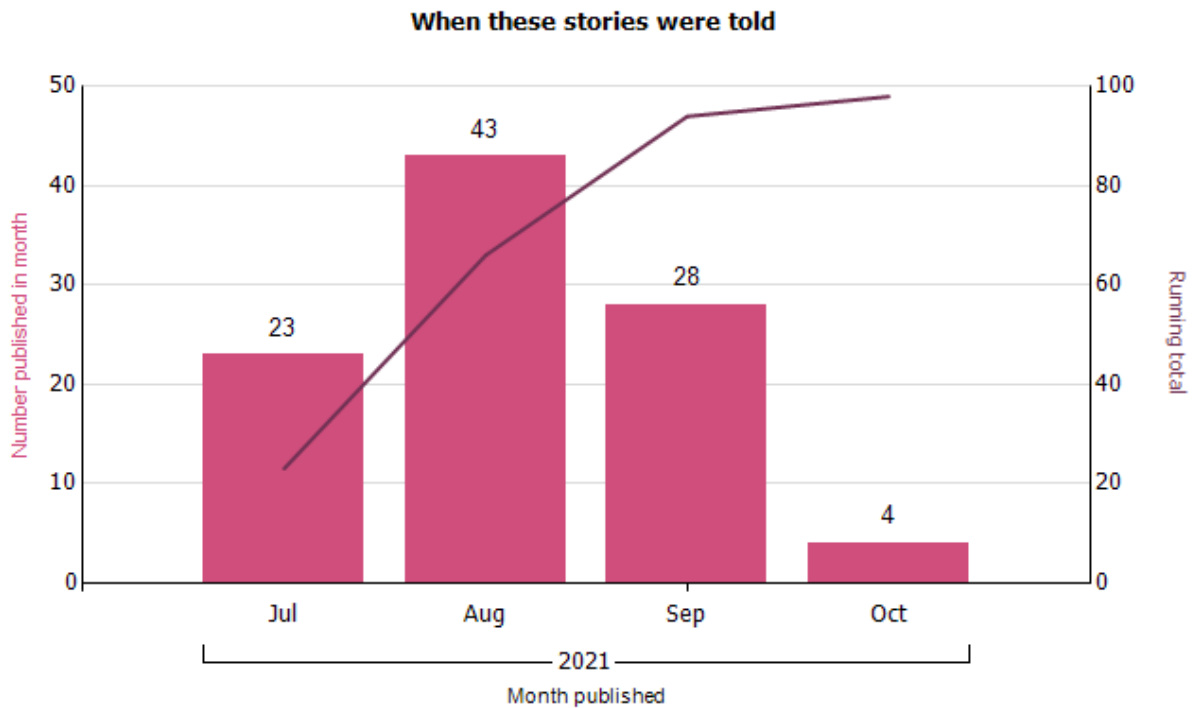
A new feedback process has been designed and will be tested in the coming weeks.

Recent testing of Inpatient Surveys has proved valuable and a rolling calendar is being prepared to ensure we continually collect patient experience feedback at the point of care.

3.2 National Feedback

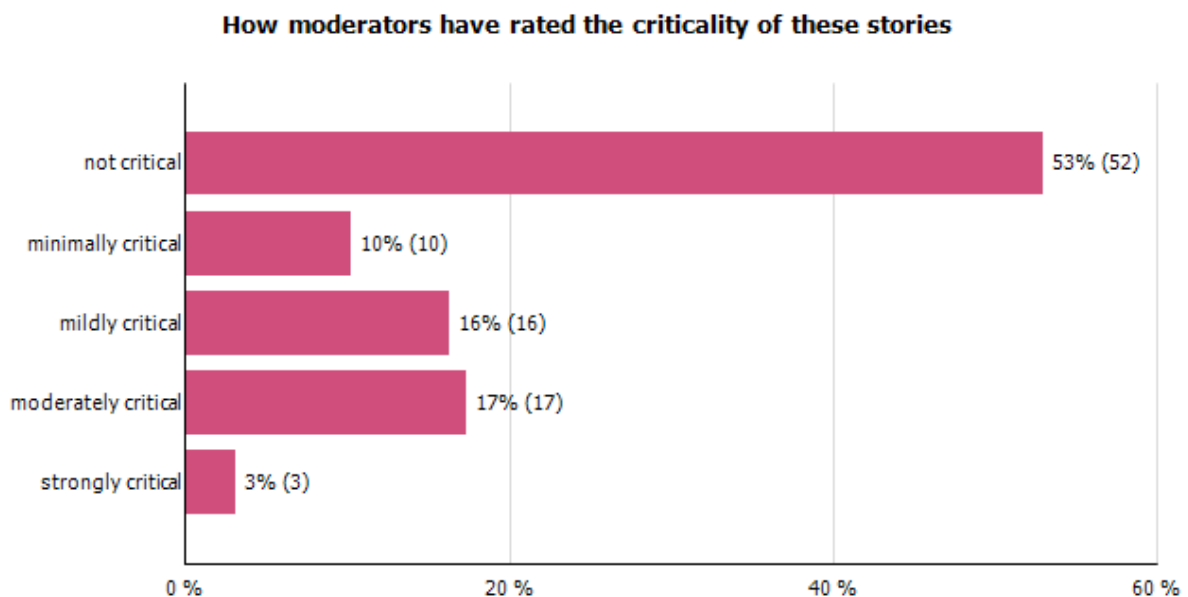
Chart 12 below shows 98 Care Opinion (CO) posts were received in Quarter 2, compared to 101 in the previous quarter. The numbers are similar, but interestingly, this quarter's posts have been viewed over 18,000 times, compared to only 10,000 views last quarter.

Chart 12: Care Opinion Posts Quarter 2 2021-2022



The criticality of posts is demonstrated in **Chart 13** below.

Chart 13: Criticality of Posts in Quarter 2 2021-2022



As the chart above demonstrates, 79% of posts are considered as positive to mildly critical. 3% are recorded as strongly critical. These figures reflect previous quarters and demonstrates that CO continues to be used to provide more positive than negative feedback which is why it is so important for staff to be aware of the site.

To that end, work continues in rolling out responder rights to Care Opinion. The new Patient Experience Facilitator is engaging with service colleagues and Senior Charge Nurses (SCN) to provide training, access to reports and responder rights across the organisation.

Our current compliance in relation to responses has improved significantly with 85% of posts responded to within 72 hours.

4. Complainant Satisfaction

Gathering complainant experience is an important process that helps provide assurance that our approach to complaint handling is appropriate and helpful, and that when someone complains, they feel listened to and that their experience is important to us.

As previously mentioned, we are now carrying out 20 calls per month to secure feedback, the results of which are shown below.

Table 14: Complainant Experience

Question	Yes	No	NA/NR
Were you happy with the response times of your complaint?	74%	18%	8%
Did you find it easy to complain?	62%	18%	20%
Were we empathetic in our handling of your complaint?	75%	19%	6%
Were you given an apology?	92%	8%	0%
Did you feel listened to by the Complaint team?	97%	2%	1%
Did you have contact with the member of service investigating your complaint? (Stage 2 complaints only)	44%	52%	4%
Did you feel the outcome of your complaint was fair?	59%	40%	1%
Were you kept up to date on the progress of your complaint?	85%	12%	3%

Complainant satisfaction has dropped slightly in this quarter and is no doubt related to the drop in our performance in meeting the target timelines.

We are running a new complaint course in the New Year called 'the Complaint Coach' which focuses on staff wellbeing, their response to complaints and how to prevent taking a defensive stance. Over 100 people have registered for the course which will be beneficial to any staff member involved in complaint handling.

5. Conclusion

The Board is asked to note feedback and complaint activity and performance in Quarter 2 (July to September 2021-2022). Members are asked to note the actions being progressed to improve overall performance and the work being progressed to evidence sustainable improvement from complaints.

Appendix 2

NHS Ayrshire and Arran

Quarterly on Feedback and Complaints Performance Indicator Data collection

Year: 2021-2022

Quarter: 2 (July – September 2021)

Performance Indicator Four:

4. Summary of total number of complaints received in the reporting quarter

4a. Number of complaints received by the NHS Territorial Board or NHS Special Board Complaints and Feedback Team	417
4b. Number of complaints received by NHS Primary Care Service Contractors (<i>Territorial Boards only</i>)	67
4c. Total number of complaints received in the NHS Board area	484

NHS Board - sub-groups of complaints received

NHS Board Managed Primary Care services;	
4d. General Practitioner	59
4e. Dental	5
4f. Ophthalmic	1
4g. Pharmacy	2
Independent Contractors - Primary Care services;	
4h. General Practitioner	307
4i. Dental	28
4j. Ophthalmic	2
4k. Pharmacy	63
4l. Total of Primary Care Services complaints	467
4m. Total of prisoner complaints received (<i>Boards with prisons in their area only</i>)	121
Note: Do not count complaints which are unable to be concluded due to liberation of prisoner / loss of contact.	

Performance Indicator Five

5. The total number of complaints closed by NHS Boards in the reporting quarter (*do not include contractor data, withdrawn cases or cases where consent not received*).

Number of complaints closed by the NHS Board	Number	As a % of all NHS Board complaints closed (not contractors)
5a. Stage One	248	100%
5b. Stage two – non escalated	73	97%
5c. Stage two - escalated	21	100%
5d. Total complaints closed by NHS Board	342	

Performance Indicator Six

6. Complaints upheld, partially upheld and not upheld

Stage one complaints

	Number	As a % of all complaints closed by NHS Board at stage one
6a. Number of complaints upheld at stage one	36	15%
6b. Number of complaints not upheld at stage one	169	68%
6c. Number of complaints partially upheld at stage one	43	17%
6d. Total stage one complaints outcomes	248	

Stage two complaints (2 remain open)

Non-escalated complaints	Number	As a % of all complaints closed by NHS Boards at stage two
6e. Number of non-escalated complaints upheld at stage two	14	19%
6f. Number of non-escalated complaints not upheld at stage two	36	49%
6g. Number of non-escalated complaints partially upheld at stage two	23	32%
6h. Total stage two, non-escalated complaints outcomes	73	

Stage two escalated complaints

Escalated complaints	Number	As a % of all escalated complaints closed by NHS Boards at stage two
6i. Number of escalated complaints upheld at stage two	2	9%
6j. Number of escalated complaints not upheld at stage two	14	67%
6k. Number of escalated complaints partially upheld at stage two	5	24%
6l. Total stage two escalated complaints outcomes	21	

Performance Indicator Eight

8. Complaints closed in full within the timescales

This indicator measures complaints closed within 5-10 working days at stage one and 20 working days at stage two.

	Number	As a % of complaints closed by NHS Boards at each stage
8a. Number of complaints closed at stage one within 5 working days.	221	89%
8b. Number of non-escalated complaints closed at stage two within 20 working days	25	33%
8c. Number of escalated complaints closed at stage two within 20 working days	18	86%
8d. Total number of complaints closed within timescales	264	

Performance Indicator Nine

9. Number of cases where an extension is authorised

This indicator measures the number of complaints not closed within the CHP timescale, where an extension was authorised*

	Number	As a % of complaints closed by NHS Boards at each stage
9a. Number of complaints closed at stage one where extension was authorised	60	65%

9b. Number of complaints closed at stage two where extension was authorised (this includes both escalated and non-escalated complaints)	11	20%
9c. Total number of extensions authorised	71	