

# NHS Ayrshire & Arran



<b>Meeting:</b>	<b>Ayrshire and Arran NHS Board</b>
<b>Meeting date:</b>	<b>Monday 28 March 2022</b>
<b>Title:</b>	<b>Patient Experience: Feedback and Complaints – Quarter 3 October - December 2021</b>
<b>Responsible Director:</b>	<b>Jennifer Wilson, Interim Deputy Nurse Director</b>
<b>Report Author:</b>	<b>Laura Harvey, QI Lead for Patient Experience</b>

## 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 3 (October 2021- December 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 3 (October to December 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 working with operational teams 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 3 (October – December 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 (RARSAG).

The above reports are shared on a monthly basis.

Quarterly performance is shared in this report for the Board.

A version of this paper was presented to Healthcare Governance Committee on 28 February 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 3 (October - December 2021), and to note our compliance with the complaint handling process.

## **3. List of appendices**

- Appendix No 1 - Patient Experience: Feedback and Complaints – Quarter 3 (October - December 2021)

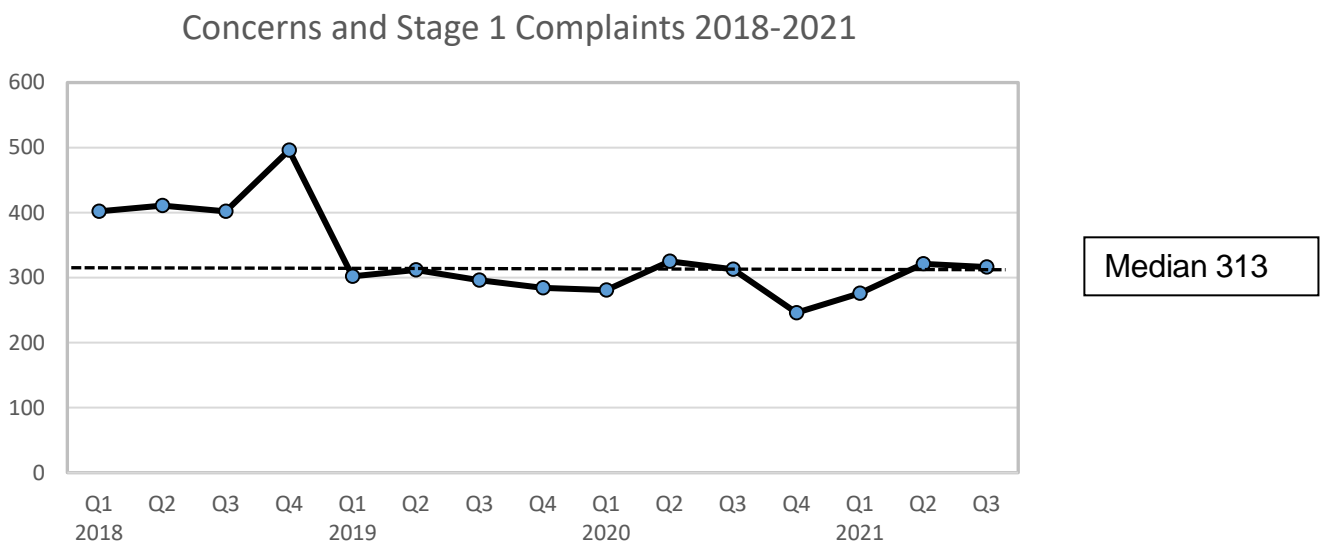
# Appendix 1 - Patient Experience: Feedback and Complaints- Quarter 3 October – December 2021

## 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.

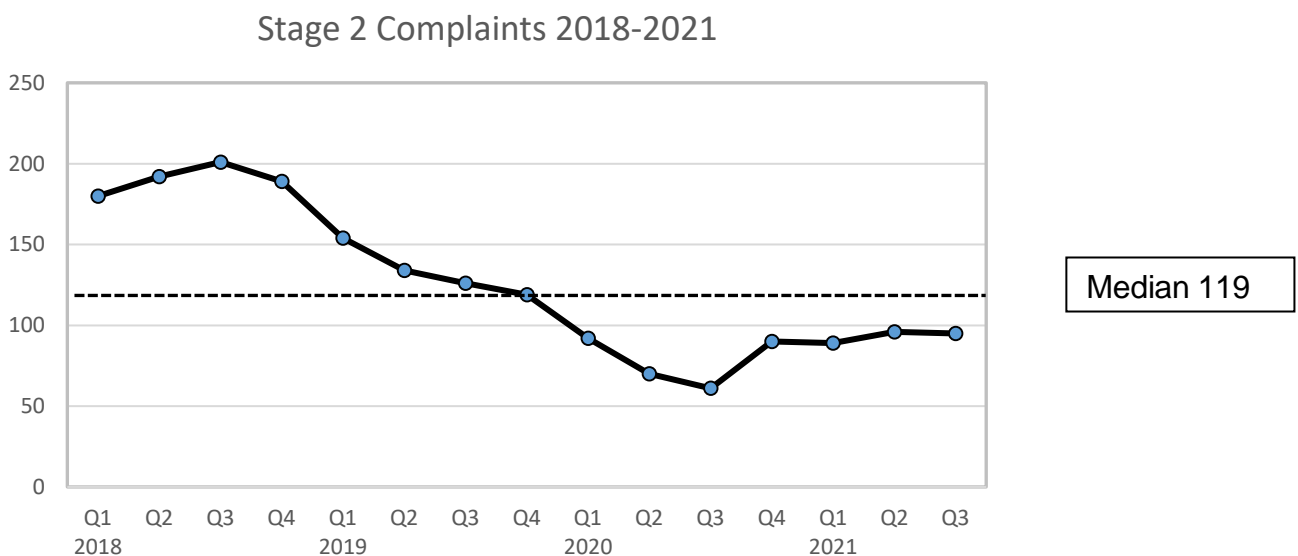
### 1.1 Performance and Outcomes

**Chart 1: Concerns & Stage 1 Complaints**



**Chart 1** above demonstrates a slight drop in concerns and Stage 1 complaints, from 321 to 316 in this quarter.

**Chart 2: Stage 2 Complaints**

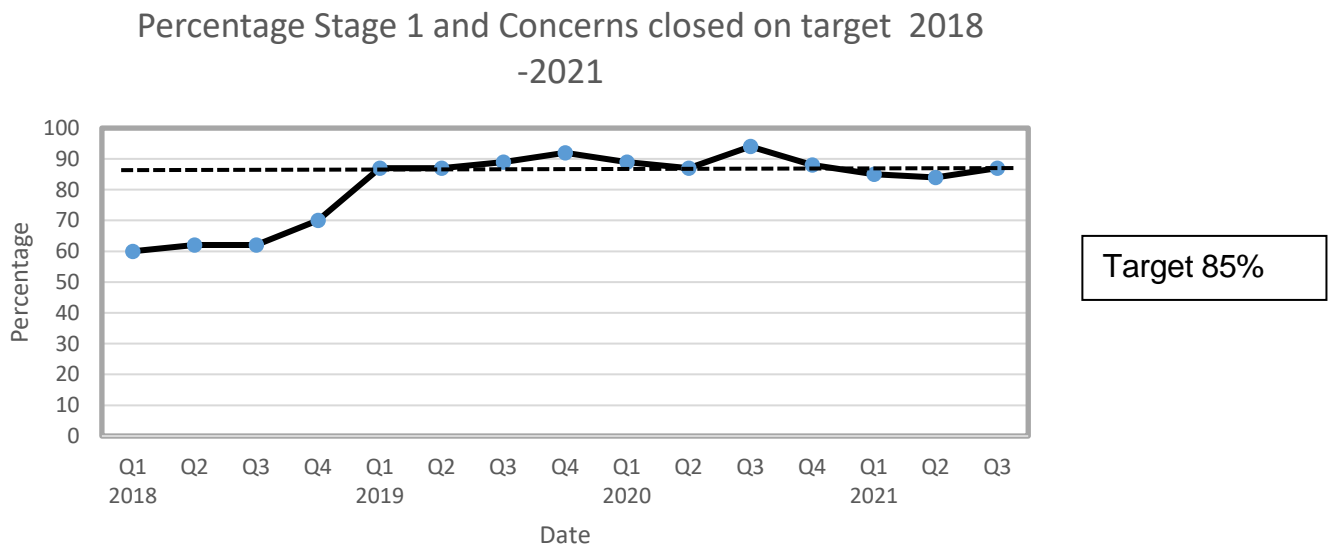


**Chart 2** above shows Stage 2 activity has remained steady in this quarter but remains significantly lower than Stage 2 activity in previous years. It is worth noting that we have noticed a difference in complaint complexity in the last year with more Stage 2 complaints involving multiple services. 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. In this quarter, we have met target again (87%) following a slight drop in Q2.

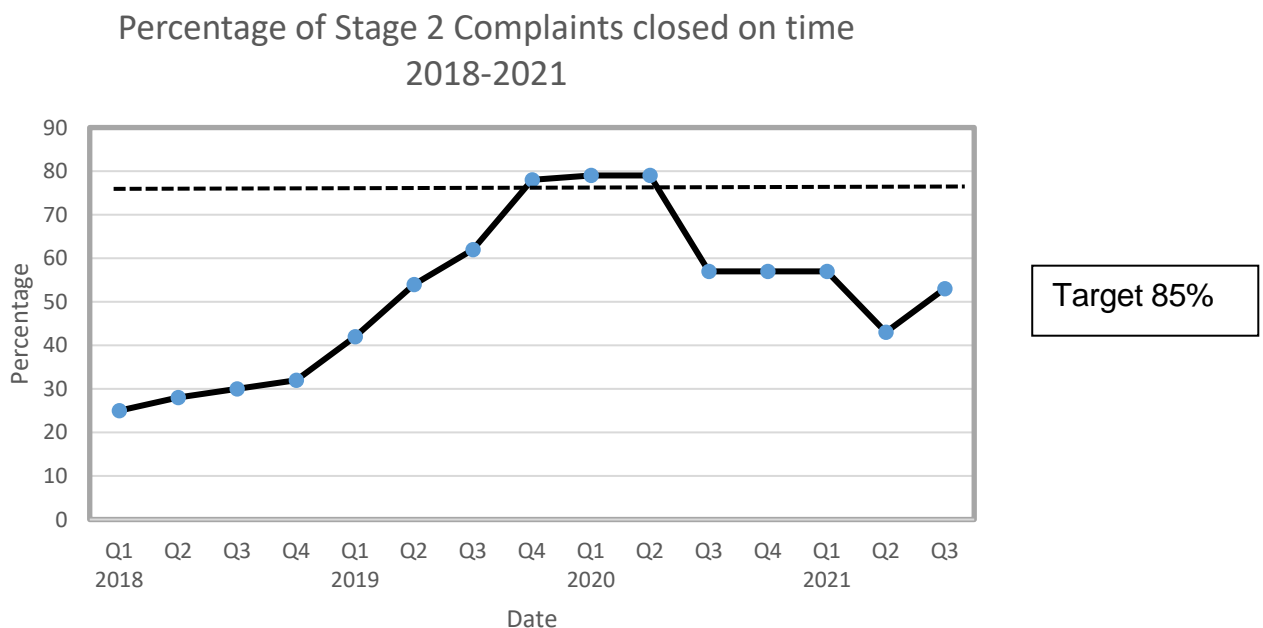
Stage 1 concerns where possible, are handled exclusively by the Complaints Team to ensure a swift resolution is reached. The inclusion of a new team member with a clinical background has had a significantly positive effect on our Stage 1 performance.

**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** demonstrates a drop in our performance in meeting the 20 working day target in the previous quarter. A slight rise is noted in quarter 3 with performance up from 43% to 53%. The Complaints Team will continue to focus on out of time complaints to improve performance and ensure a person centred service. In addition, the QI Lead is supporting clinical colleagues and providing assistance in response writing.

As previously identified, we are taking a number of actions to improve performance. Extending our timescale to 40 working days for complex complaints continues and will be reflected in next quarter’s paper. Recruitment is also underway for our vacant Complaint Manager role.

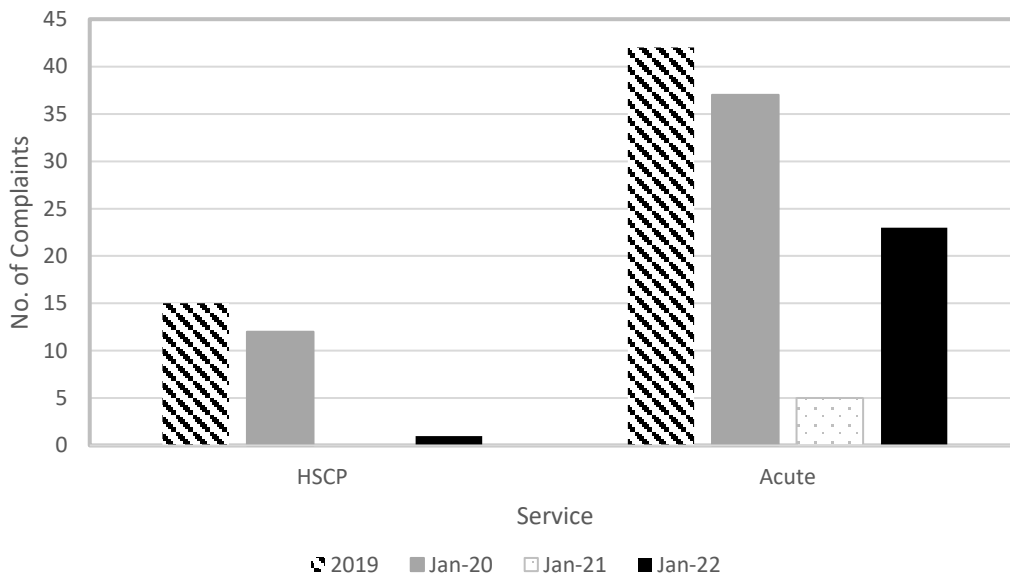
Our current performance taken at a set point in time (24 January 2022) breaks down what the 53% performance means in terms of numbers and you can see that in this quarter, out of time complaints have risen in Acute (from 15 to 23), whilst those in Health and Social Care Partnerships have dropped significantly with minimal out of time activity evident.

Year on year comparison still highlights significantly improved performance compared to previous years.

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

**Chart 5: Number of Complaints > 20 Working Days**

Number of Stage 2 Complaints >20 Working Days on 24/01/2022



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	10	3	14 x still gathering statements, 9 x draft in final stages
EA HSCP	0	1	0	1 x still gathering statements.
NA HSCP	0	0	0	
SA HSCP	0	0	0	

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

## 1.2 Outcomes

**Chart 7** below demonstrates the complaint outcomes for all complaints resolved in Q3.

The figures in **Chart 7** below demonstrates 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).

### Chart 7: Complaint Outcomes in Quarter 3 (2021-2022)

Service	Not Upheld	Partially Upheld	Fully Upheld	Still Open
Concern / Stage 1	191	40	43	0
Stage 2	38	18	4	35

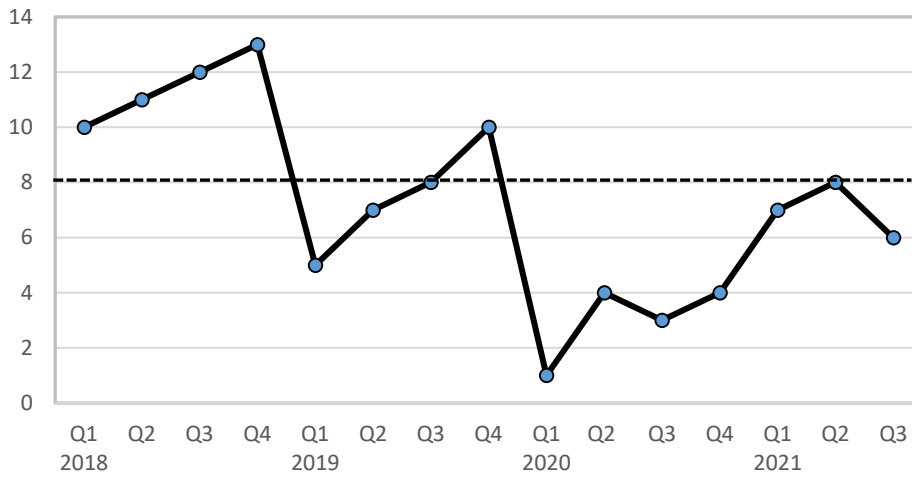
## 1.3 SPSO Referrals and Investigations

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 drop in referrals, from 8 in the previous quarter, down to 6 in quarter 3. However, investigation rate remains at its lowest, with only one current investigation underway, the same as the previous quarter.

**Chart 8: SPSO Referral Rates 2018 - 2021**

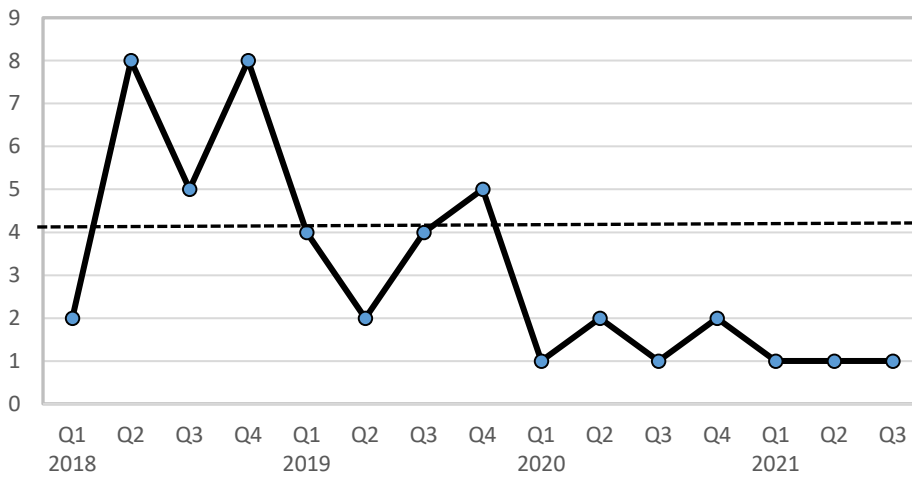
SPSO Referral Rates -2018-2021



Median 8

**Chart 9: SPSO Investigations 2018 – 2021**

SPSO Investigations 2018-2021



Median 4



## 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 have been included in themes below to demonstrate all sub themes.

**Chart 10: Complaint Themes & Sub themes**

<b>Clinical Treatment</b>	<b>280</b>
Disagreement with treatment / care plan	92
Co-ordination of Clinical treatment	77
Problems with medication	46
Poor medical treatment	28
Poor nursing care	23
Wrong treatment / diagnosis	5
Delayed diagnosis	9
<b>Waiting Times</b>	<b>68</b>
Unacceptable time to wait for the appointment	40
Appointment date continues to be rescheduled	8
Waiting too long for test results	11
Delays in admission/ discharge / transfer	8
Cancellation of appointment	1
<b>Communication</b>	<b>112</b>
Staff attitude / conduct	44
Inappropriate comments / Insensitive to patient needs	29
Lack of a clear explanation	25
Telephone	8
Face to face	3
Lack of support	3
<b>Other</b>	<b>28</b>
Lost property / damaged property	10
COVID-19	8
Visitors not permitted	3
Accommodation	3
Access to premises	2
Availability of bed /items	2

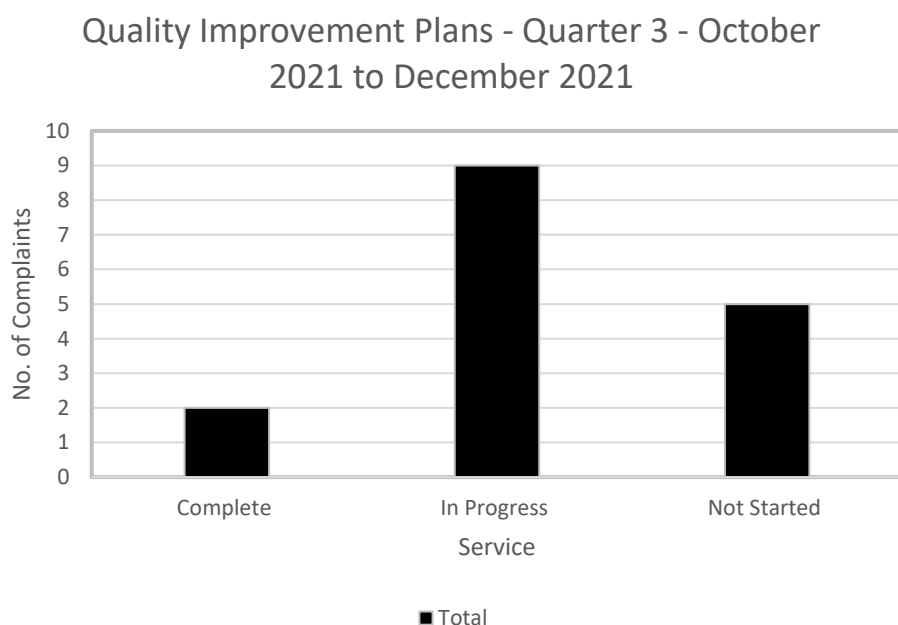
## 2.2 Quality Improvement Plans (QIP)

**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 a complaint.

As previously stated, we do not believe this is the best approach to ensuring sustained improvement. An Extreme Team has therefore been commissioned to look at how we currently evidence improvement from complaint themes and how we can improve our processes. The first meeting has taken place and progress will be reported regularly via the Corporate Management Team (CMT)

The current position is reflected across other NHS Boards so NHS Ayrshire and Arran hopes to lead the way in evidencing improvement from complaints.

### Chart 11: Progress of Quality Improvement Plans



## 3. Feedback

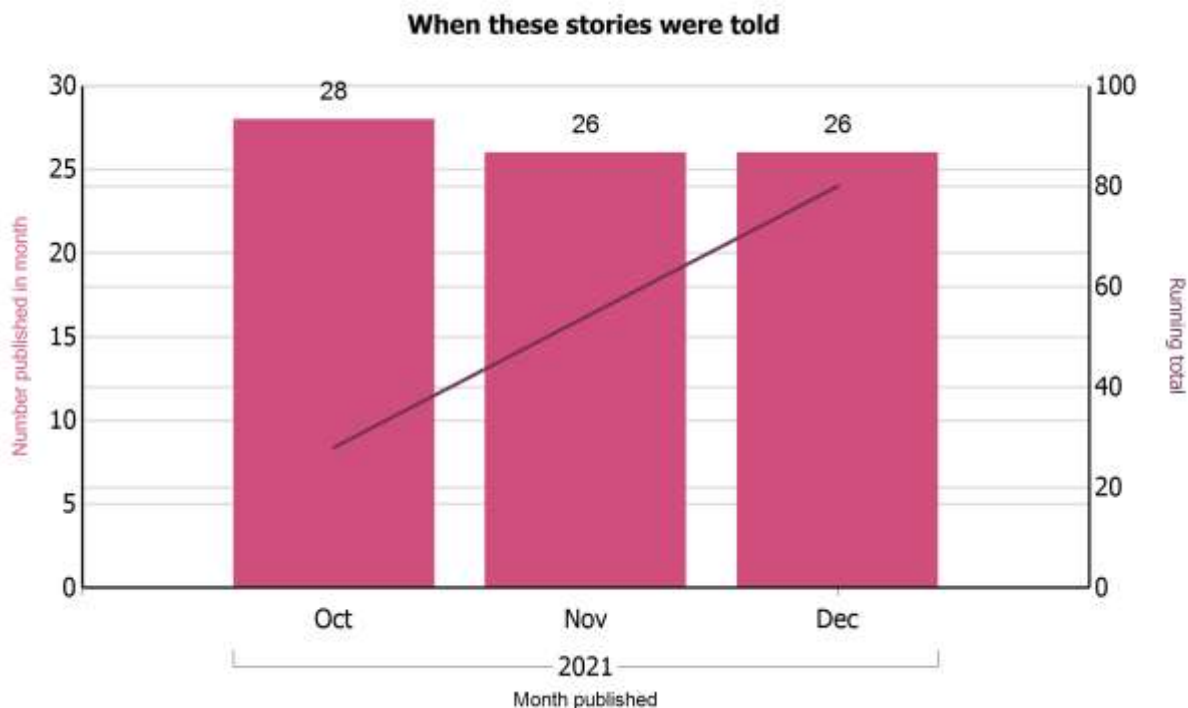
### 3.1 Local Feedback

Our new processes for securing local feedback are currently being tested and data will be reported from the next quarter.

### 3.2 National Feedback

**Chart 12** below shows 80 Care Opinion (CO) posts were received in Quarter 3, compared to 98 in the previous quarter. These posts were viewed 16,062 times.

**Chart 12: Care Opinion Posts Quarter 3 2021-2022**



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

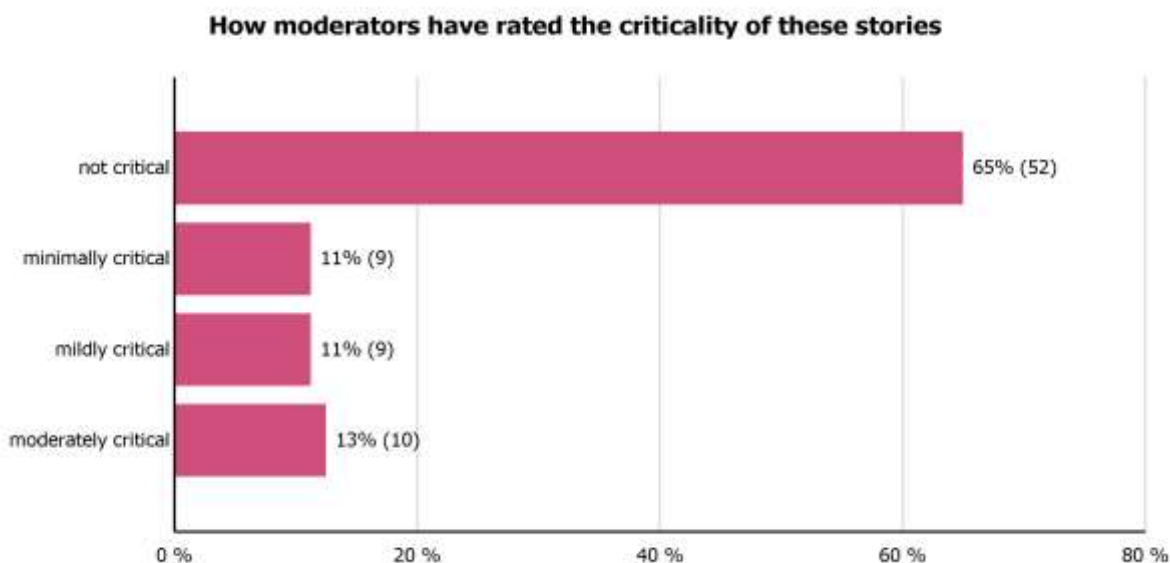
As the chart demonstrates, the majority of posts remain positive or mildly critical.

Of the 80 stories posted, 70 fall within this range, with 10 posts considered moderately critical.

During this quarter, our response rate has risen to 88%. A number of out of date responses are counted in our performance so a level of 92% would represent full compliance.

A key objective of the Patient Experience Facilitator is to spread training and engage more frontline staff to respond to care opinion posts.

**Chart 13: Criticality of Posts in Quarter 3 2021-2022**



#### 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?	81%	18%	1%
Did you find it easy to complain?	75%	5%	20%
Were we empathetic in our handling of your complaint?	82%	10%	8%
Were you given an apology?	90%	7%	3%
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)	56%	40%	4%
Did you feel the outcome of your complaint was fair?	62%	31%	7%
Were you kept up to date on the progress of your complaint?	80%	18%	2%

Some improvement has been made in complainant satisfaction with 81% stating they were happy with the handling of their complaint compared to 74% in the last quarter. However, there was a decrease in complainants stating they were kept up to date with the progress of their complaint, down from 85% to 80%.

Contacting complainants and dealing with often difficult conversations can cause anxiety in some staff. To address this, the complaints team have developed new training packs, including one on managing difficult conversations and a further one on the power of apology. These packs can be delivered in a variety of ways or used for self-directed learning.

The Training Packs currently available will be promoted and a training calendar with drop in sessions for all staff is being developed to allow all staff who deal with complaints, either directly at ward level or via the complaint process, to be equipped with the necessary skills to manage complaints effectively.

In addition to this, we have a Complaint Coach programme running from February until April 2022 with four cohorts providing training for over 100 staff members. The programme focusses on how to manage complaints by recognising emotional triggers and responses, and how to protect the wellbeing of the complainants and staff dealing with complaints, whilst reaching the best possible resolution. The first session has been delivered and has received very positive feedback. To date, a variety of staff have secured places including, medical staff and consultants, Senior Charge Nurses (SCN) and Service Managers.

#### 5. Conclusion

The Board is asked to note feedback and complaint activity and performance in Quarter 3 (October – December 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.