

NHS Ayrshire & Arran



Meeting:	Ayrshire and Arran NHS Board
Meeting date:	Monday 3 October 2022
Title:	Patient Experience: Feedback and Complaints – Quarter 1 April to June 2022
Responsible Director:	Jennifer Wilson, 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 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 to June 2022), and to note our 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 to June 2022) 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 on 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 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 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 1 (April to June 2022) 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

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 has been shared with the Healthcare Governance Committee at their meeting on 20 September, and is presented in this report for the Board.

2.4 Recommendation

For discussion. 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 1 (April to June 2022), 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 to June 2022)
- Appendix No 2 - KPI Template for Quarter 1 (April to June 2022)

Patient Experience: Feedback and Complaints- Quarter 1 (April to June 2022)

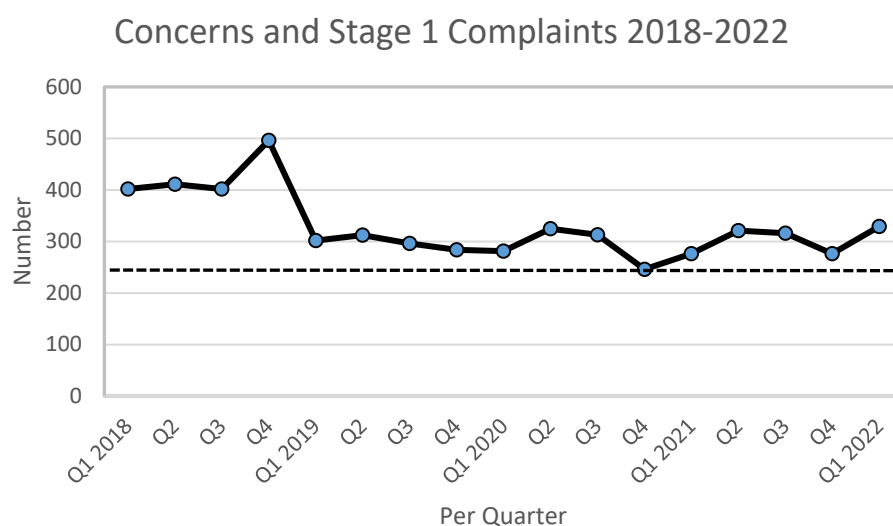
1. Complaint Handling Performance

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 slight rise in complaints and concerns from 276 in Quarter 4 to 329 in Q1.



The majority of Stage 1 complaints and concerns relate to waiting times for appointments, investigations or surgical procedures, all of which have been affected by the pandemic.

The Complaint Team have linked with the access team and developed a standard written template to advise complainants of the issues and direct them to the NHS Inform site which now lists waiting times for each Board.

Any queries relating to this site will also come via the Complaints Team.

Chart 2 below shows the number of Stage 2 complaints received has fallen very slightly from 97 in Quarter 4 to 90 in Quarter 1.

The majority of our current Stage 2 complaints remain complex and the Complaint Team and the QI Lead are doing what they can to support service colleagues in the swift resolution of these complaints where possible. As the pandemic restrictions ease, we are encouraging staff to arrange to meet complainants again.

Chart 2: Stage 2 Complaints

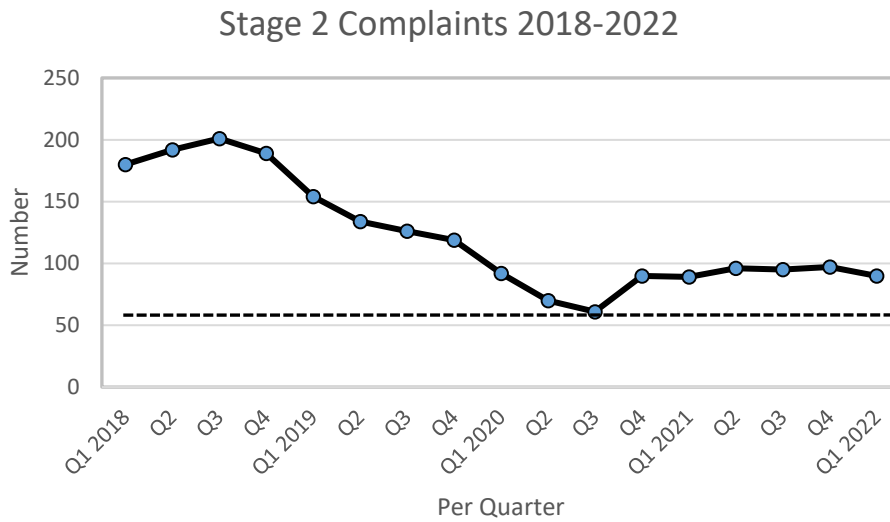
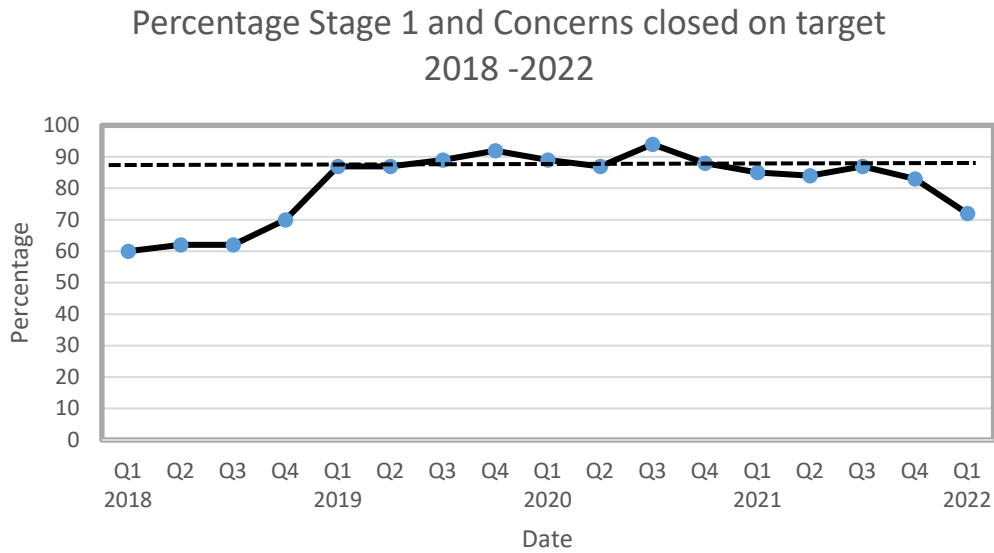


Chart 3: Percentage Stage 1 and Concerns closed on target



In **Chart 3** above, we can see that Stage 1 performance has dropped this quarter from 85% in Quarter 4 to 72 % in Quarter 1. The additional workload the Team have picked up from Service has impacted on our ability to respond in a timely manner to all Stage 1 complaints. Our complaint handling performance for Stage 2 complaints is presented in **Chart 4** below.

Chart 4: Percentage of Stage 2 Complaints Closed on Target

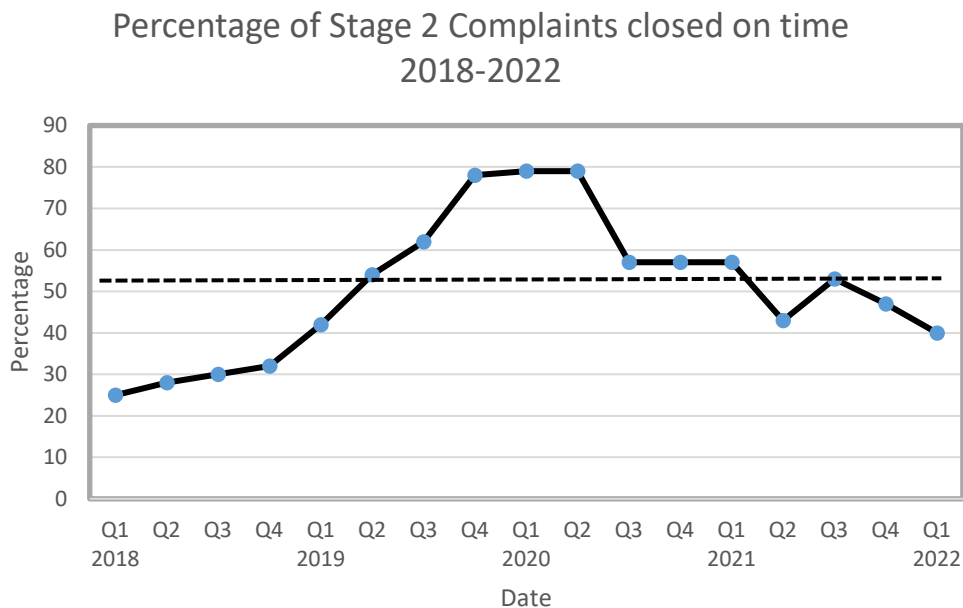


Chart 4 shows our performance has dropped from 57% in the previous quarter, to 40% in this quarter.

A number of factors are affecting our performance in this area;

- Complexity of complaints received meaning statements have to be gathered from a number of different areas
- Ongoing system pressures have had an impact on the ability of operational teams to provide timeous responses– some work is required in this area and the QI lead is liaising with the Interim Site Directors to support improvement.

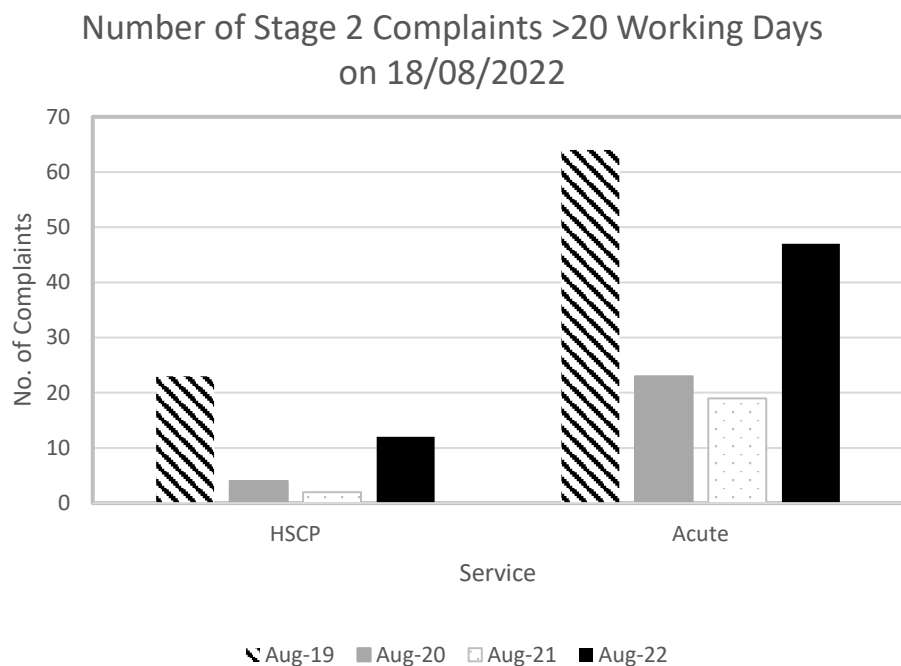
Despite the challenges listed above, the Team are focused on improving this area of performance and have started a weekly catch up with the QI Lead to review all outstanding complaints for the week and agree actions to expedite progress.

Current Activity

Chart 5a shows the number of out of time complaints as at 18 August 2022, in comparison with the previous three years at the same point in time. The chart demonstrates that we currently have 59 out of time complaints across the organisation, with 47 of those in Acute. As identified earlier, the Complaint Team are doing what they can to support service, working with service colleagues to get each complaint to a resolution.

Please note the data below represents a specific point in time and is provided as a reference for current activity. The data in Chart 5a & 5b was extracted on 18 August 2022

Chart 5a: Number of Complaints > 20 Working Days



The figures are broken down further in **Chart 5b** below, with current actions being progressed included.

Chart 5b: Breakdown of Complaints >20 working days (at 18/08/2022)

Service	20-30 days	30-40 days	Over 40 days	Comments
Acute	12	10	25	16 complaints in draft response 14 responses in final stages, 17 require statements to be gathered
EA HSCP	0	0	4	4 still gathering statement
NA HSCP	1	1	2	4 still gathering statement
SA HSCP	3	0	1	1 response in final stages

Chart 5b above shows the breakdown of all out of time complaints. Gathering statements is the part of the process that often takes the longest time and this is exacerbated by our use of paper records as often staff need to wait to receive the notes before completing their statements. In addition, the pressures on service and the need to prioritise patient care, results in challenges in clinical staff making time to complete their statements. This part of the process cannot be expedited by the Complaint Team.

1.2 Outcomes

Chart 6 below demonstrates the complaint outcomes for all complaints resolved in Q1.

The figures in **Chart 6** 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 Procedure (SOP).

Chart 6: Complaint Outcomes

Service	Not Upheld	Partially Upheld	Fully Upheld	Still Open
Concern / Stage 1	190	30	52	0
Stage 2	31	8	6	45

A significant number of Stage 1 complaints relate to waiting times and these are classified as upheld where we have not met the treatment time guarantee.

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.

As shown in **Chart 7** below, three referrals were made to the Ombudsman in Quarter 1, down from four in the previous quarter. This is an excellent indicator of complainant satisfaction with our complaint process and it is especially important with the current pressures. Despite it taking longer for us to get to a response stage, the efforts of the Complaint Team to keep complainants updated on progress is resulting in increased complainant satisfaction.

Chart 7: SPSO Referral Rates 2018 – 2022

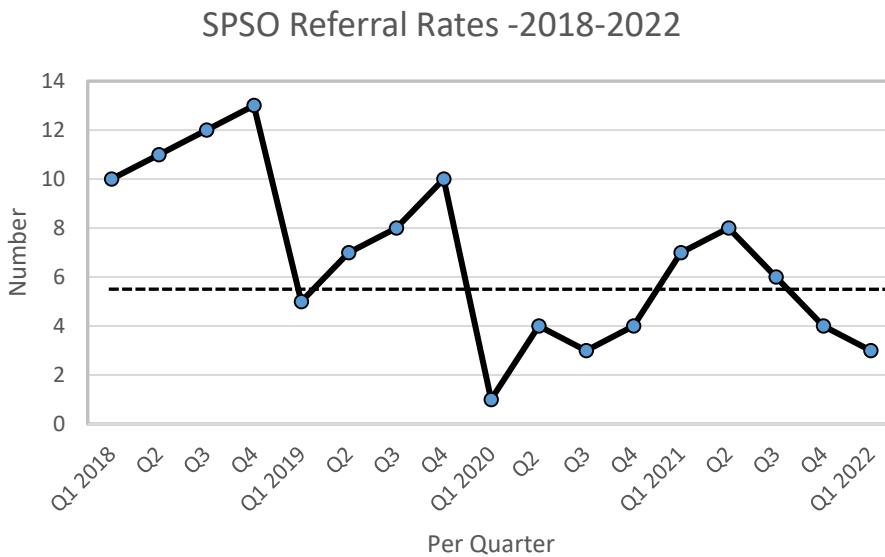
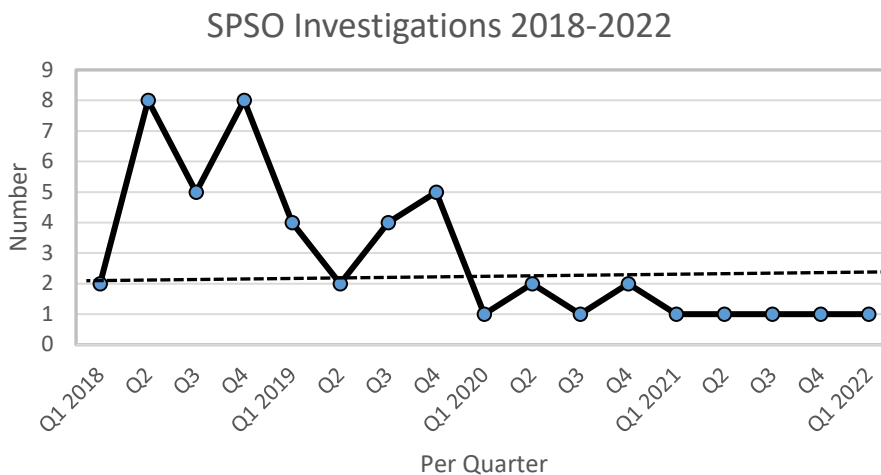


Chart 8: SPSO Investigations 2018 - 2022



2. Complaint Themes

Work has been progressed to provide more accurate information from complaints and **Chart 9** 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 9 below shows top themes and the most common subthemes

Please note, as most Stage 2 complaints contain more than one theme and/or subtheme, the amounts are for reference only and have not been totalled.

Chart 9: Complaint Themes & Sub themes

Clinical Treatment	
Co-ordination of Clinical treatment	79
Disagreement with treatment / care plan	48
Problems with medication	52
Poor medical treatment	36
Poor nursing care	25
Poor aftercare	7
Waiting Times	
Unacceptable time to wait for the appointment	77
Delays in admission/ discharge / transfer	12
Cancellation of admission/ appointment	7
Appointment continues to be rescheduled	3
Date for admission cannot be given to patient	1
Communication	
Lack of a clear explanation	26
Staff attitude / conduct	22
Insensitive to patient needs	15
Inappropriate comments	14
Letter wording	7
Patient not verbally being told things	6
Other	
COVID-19	8
Availability of items	6
Visitors not permitted	6
Lost property / damaged property	5
Availability of beds	4
Confidentiality	3

Themes this quarter remain similar to previous quarters. Waiting Times remain one of the top themes for complaints, alongside clinical treatment and communication

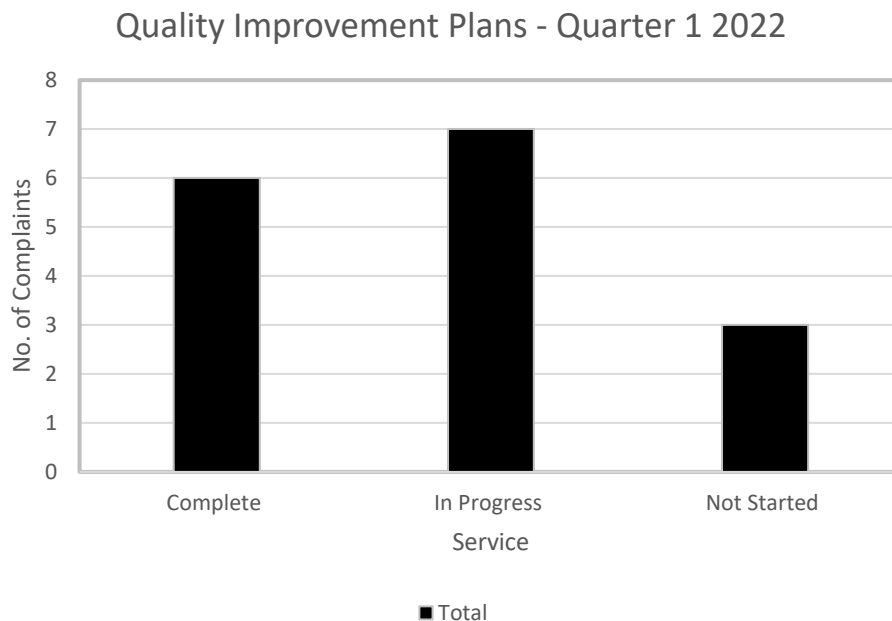
2.2 Quality Improvement Plans (QIP)

Chart 10 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.

A number of improvement plans are currently in progress and this is monitored by the QI Lead to see if any improvement support is required and to assure the quality of the QIPs in use.

The outputs from the Extreme Team commissioned by the Nurse Director to look at learning and improvement from complaints is currently awaiting feedback from the commissioner before it is progressed. The team are optimistic that we will be able to demonstrate improvement linked to complaints in a more consistent manner once the suggested changes are implemented and progress here will be reported regularly to the Board.

Chart 10: Progress of Quality Improvement Plans



3. Feedback

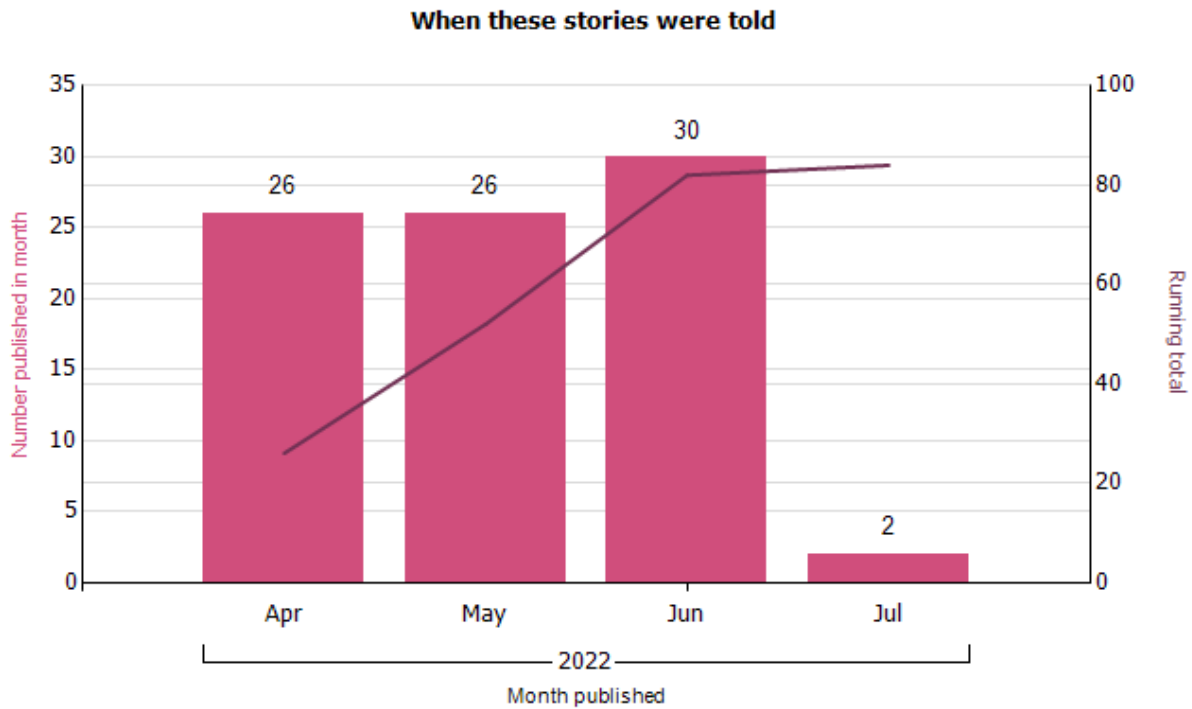
3.1 Local Feedback

The Launch of our new feedback resources were delayed due to an issue with the printer and the Patient Experience Facilitator is now working to implement this across the organisation. Feedback received is now being uploaded to Datix so that reports can be easily pulled and included in these quarterly papers.

3.2 National Feedback

Chart 11 demonstrates activity this quarter is similar to that in the previous quarter. Posts have increased slightly from 82 in Q4 to 84 in Q1. These posts have been viewed 11,645 times, up from 10652 in the previous quarter.

Chart 11: Care Opinion Posts Quarter 1 – April to June 2022



The criticality of posts is demonstrated in **Chart 12** below.

Chart 12: Criticality of Posts in Quarter 1 April to June 2022

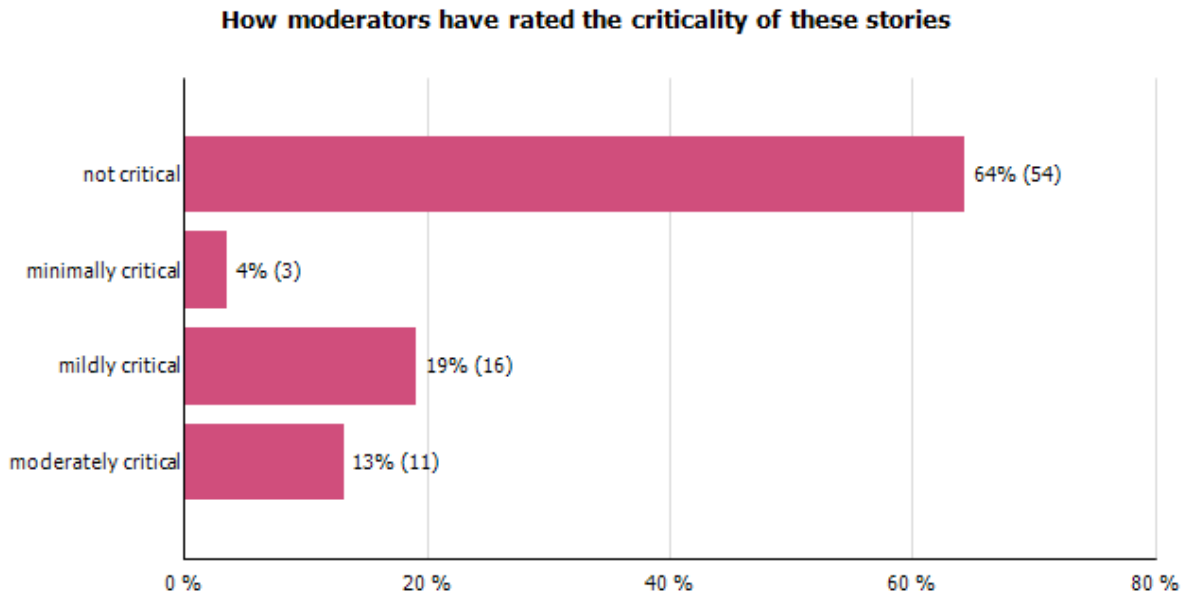


Chart 12 shows criticality of posts. In the reporting quarter, 87% of posts were considered non critical, minimally critical or mildly critical, which is in keeping with previous quarters.

Our response compliance against the 72 hour target remains good at 94%.

A key objective of the Patient Experience Facilitator remains to spread training and engage more frontline staff to respond to Care Opinion posts, and Care Opinion will be promoted during the launch of our new feedback forms.

4. Complainant Satisfaction

As demonstrated in the last quarter and the subsequent annual report, we identified the need to update our complainant satisfaction questionnaire and this has been the focus in the last quarter. In order to capture the required information relating to the Complaint Key Performance Indicators and also the information required to ensure we provide the best complaint experience, this quarter has been taken up with focus groups and testing of our new questionnaire.

This means we have not yet gathered any questionnaires for Quarter 1 but this information will be gathered along with Quarter 2 data and reported in the next paper to the Board.

Below is an example of the updated questionnaire and your feedback would be welcomed;

	Question	Yes	No	NA/NR
1	Did you have access to information on how to lodge your complaint?			
2	Was your complaint acknowledged?			
	Did you speak to a member of the Complaints Team?			
3	Was the process explained to you?			
4	Did you receive an apology for your poor experience?			
5	Were you kept updated during the handling of your complaint?			
6	Were you advised of any delays in advance?			
7	Did you speak to any other staff regarding your complaint?			
8	If you answered yes to Q7 – Was this conversation helpful?			
9	Were you informed of the outcome of your complaint?			
10	Did you agree with this outcome?			
11	Did you feel your complaint was dealt with in a respectful and person centred manner?			
12	Please provide any information below you think would be helpful in our review of our complaint handling processes;			

5. Conclusion

The Board is asked to note feedback and complaint activity and performance in Quarter 1 (April to June 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 report on Feedback and Complaints Performance Indicator Data collection

Year: April to June 2022

Quarter: Quarter 1

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	328
4b. Number of complaints received by NHS Primary Care Service Contractors (<i>Territorial Boards only</i>)	74
4c. Total number of complaints received in the NHS Board area	402

NHS Board - sub-groups of complaints received

*Some of the Independent Contractors have still to return figures

NHS Board Managed Primary Care services;	
4d. General Practitioner	60
4e. Dental	9
4f. Ophthalmic	1
4g. Pharmacy	4
Independent Contractors - Primary Care services;	
4h. General Practitioner	208
4i. Dental	Figures not available
4j. Ophthalmic	2
4k. Pharmacy	87
4l. Total of Primary Care Services complaints	371
4m. Total of prisoner complaints received (<i>Boards with prisons in their area only</i>)	84
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	221	100%
5b. Stage two – non escalated	34	45%
5c. Stage two - escalated	11	37%
5d. Total complaints closed by NHS Board	266	

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	16%
6b. Number of complaints not upheld at stage one	157	71%
6c. Number of complaints partially upheld at stage one	28	13%
6d. Total stage one complaints outcomes	221	

Stage two complaints

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	2	6%
6f. Number of non-escalated complaints not upheld at stage two	26	76%
6g. Number of non-escalated complaints partially upheld at stage two	6	18%
6h. Total stage two, non-escalated complaints outcomes	34	

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	17%
6j. Number of escalated complaints not upheld at stage two	7	58%
6k. Number of escalated complaints partially upheld at stage two	3	25%
6l. Total stage two escalated complaints outcomes	12	

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.	188	72%
8b. Number of non-escalated complaints closed at stage two within 20 working days	13	33%
8c. Number of escalated complaints closed at stage two within 20 working days	11	92%
8d. Total number of complaints closed within timescales	212	

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	13	48%
9b. Number of complaints closed at stage two where extension was authorised (this includes both escalated and non-escalated complaints)	14	52%
9c. Total number of extensions authorised	27	