

NHS Ayrshire & Arran



Meeting:	Ayrshire and Arran NHS Board
Meeting date:	Tuesday 28 March 2023
Title:	Patient Experience: Feedback and Complaints – Quarter 3 October – December 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 3 (October – December 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 3 (October – December 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

A number of challenges are evident with our complaint handling due to the sustained pressure on services and staff. The Complaints Team continue to provide as much support as possible to assist service colleagues and to keep complainants up to date on progress.

However, the impact is evident in the data presented in this paper.

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 & 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 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. Health and Social Care Partners (HSCP) receive weekly reports to take through their own governance structures. 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 report was submitted to Healthcare Governance Committee on 27 February 2023.

2.4 Recommendation

For discussion. The Board is asked to note feedback and complaint activity and performance in Quarter 3 (October – December 2022). Members are asked to note the challenges evident in this quarter and the actions being progressed by the Complaint Team to improve our complaint handling performance.

3. List of appendices

- Appendix No 1, Patient Experience: Feedback and Complaints – Quarter 3 (October – December 2022)
- Appendix No 2, KPI Template for Quarter 3 (October – December 2022)

Patient Experience: Feedback and Complaints- Quarter 3 (October – December 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 and Stage 1 Complaints

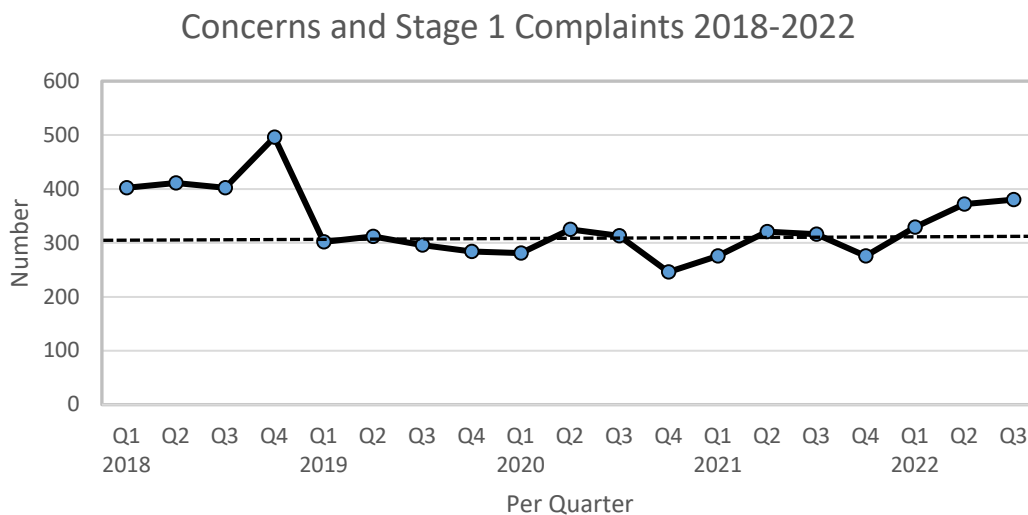


Chart 1 above demonstrates that our complaint numbers continue to increase with **380** Stage 1 complaints received in Quarter 3 alone. In keeping with previous quarters, a significant number of concerns and Stage 1 complaints relate to our current waiting times position.

Chart 2 below shows Stage 2 complaints received in the quarter under review. Numbers remain steady since last quarter with **113** received in Quarter 3, compared to **112** in Quarter 2.

Chart 2: Stage 2 Complaints

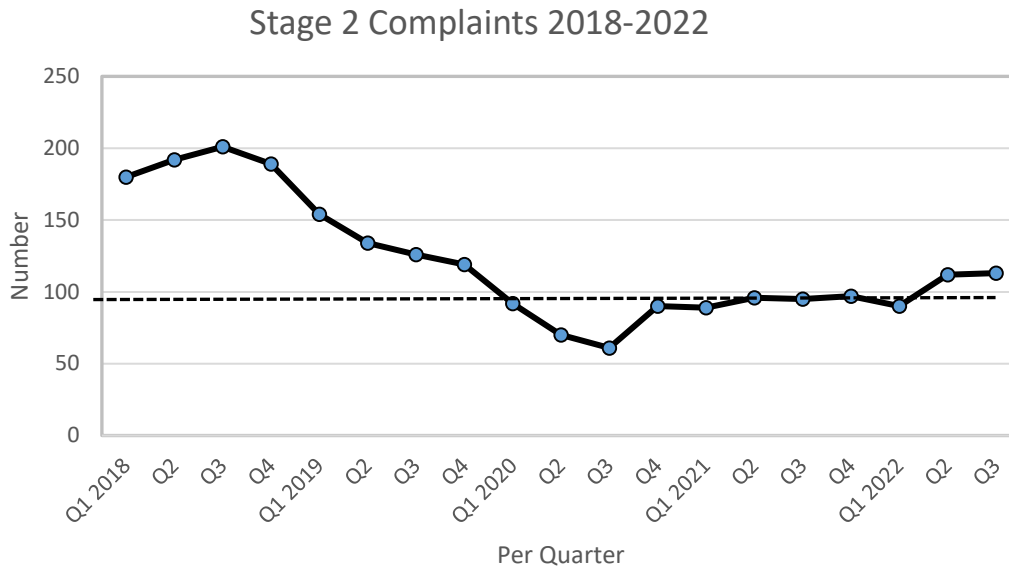
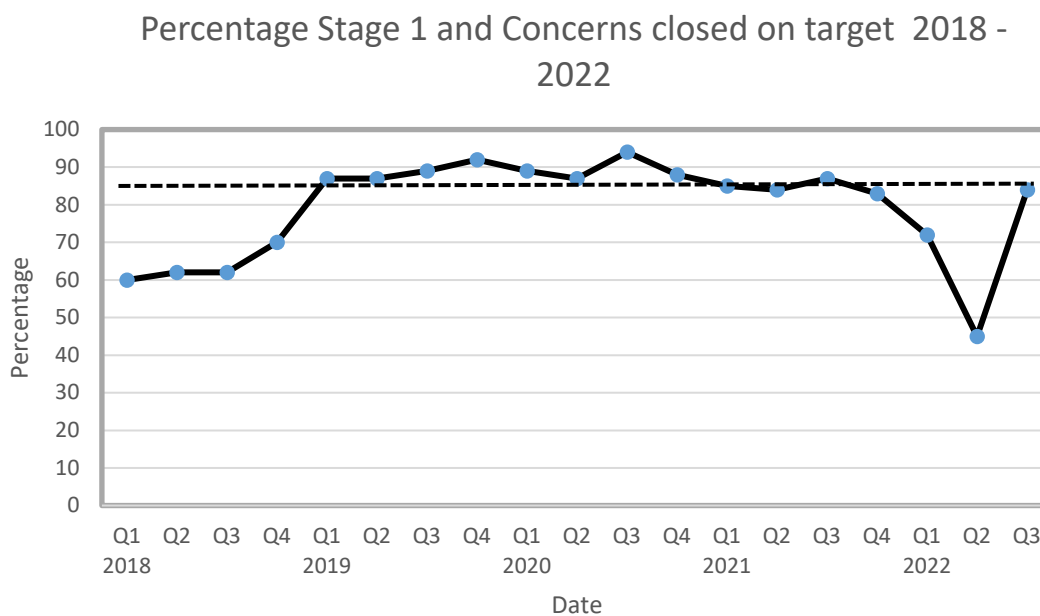


Chart 3 below shows a vast improvement from last quarter in Stage 1 performance. This is due to additional work being undertaken by prison colleagues to improve complaint handling practices. Whilst the prison healthcare team remain under pressure due to vacancies, the Complaints Team are assisting them to triage complaints and this is having a positive impact on their complaint handling processes. A large number of concerns being raised are requests for medication changes or access to medical staff. Historically, these were progressed via the complaints process when they were not strictly complaints. By redirecting these requests via the appropriate route, the number of prison complaints has dropped and their performance has improved.

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

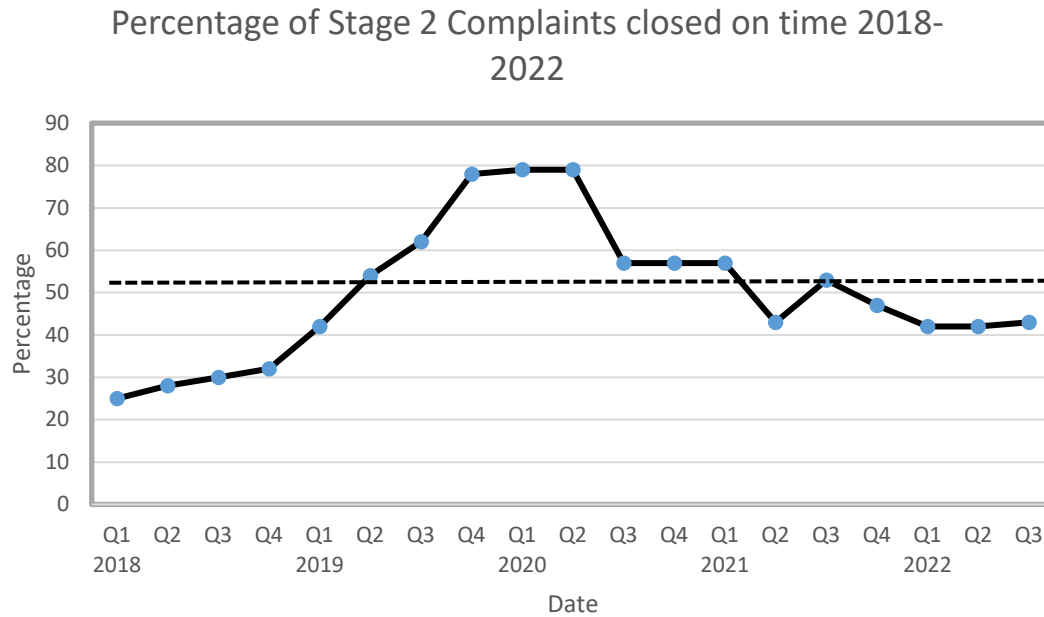


Chart 4 shows our performance for Stage 2 complaints remains around the **40%** mark with **43%** closed within the target time in Quarter 3.

The increasing numbers and complexity of complaints being received is challenging in all areas of the process. The complaints team continues to work on all aspects of supporting service colleagues to investigate and resolve complaints with the aim of improving our complaint handling times and reducing the number of out of time Stage 2 complaints.

Current Activity:

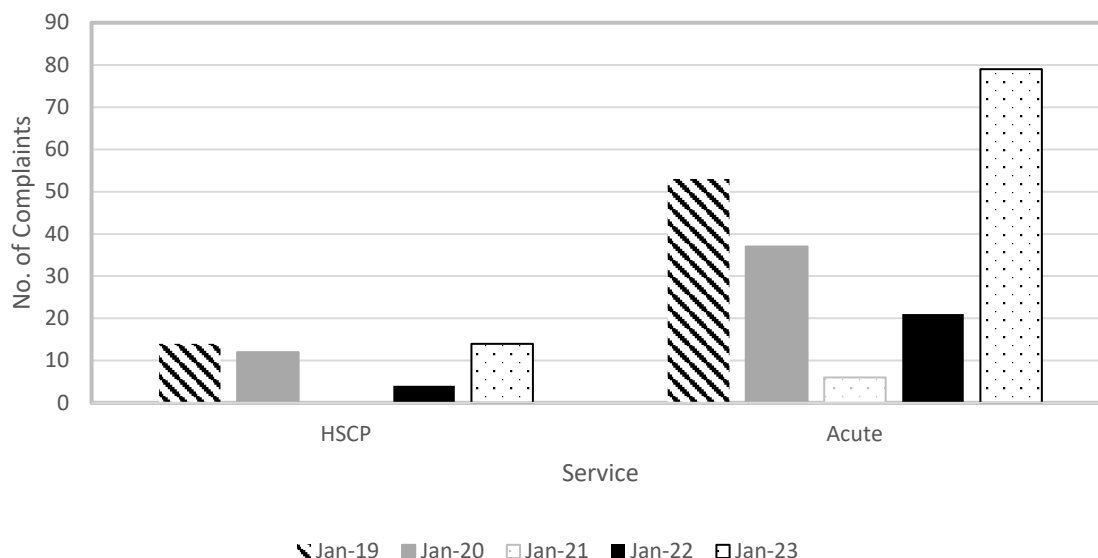
Please note the data below represents a specific point in time and is provided as a reference for current activity. The data in Chart 5a & 5b was extracted on 30 January 2023.

Chart 5a shows the number of out of time complaints on 30 January 2023 and the comparative period in the previous years. This figure demonstrates the impact of service pressures on complaint handling with a much higher number of out of time complaints than any of the previous 4 years.

On 30 January 2023, we had **14** out of time complaints across the Health and Social Care Partnerships (HSCP) and **79** for Acute Services alone.

Chart 5a: Number of Complaints > 20 Working Days

Number of Stage 2 Complaints >20 Working Days on 30/01/2023



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

Chart 5b: Breakdown of Complaints >20 working days

Service	20-30 days	30-40 days	Over 40 days	Comments
Acute	7	9	63	32 x to draft response 23 x response in final stages 24 x still gathering statements
EA HSCP	0	1	4	2 x response in final stages 3 x still gathering statements
NA HSCP	2	1	5	3 x to draft response, 1 x response in final stages 4 x still gathering statements
SA HSCP	0	1	0	1 x still gathering statements

In addition to the current workload, the Complaints Team have been working on improving the quality of complaint responses and are developing updated guidance for all investigation leads to ensure a person centred, compassionate approach is used consistently in all responses.

1.2 Outcomes

Chart 6 below demonstrates the complaint outcomes for all complaints resolved in Quarter 3

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	236	43	65	0
Stage 2	16	4	8	85

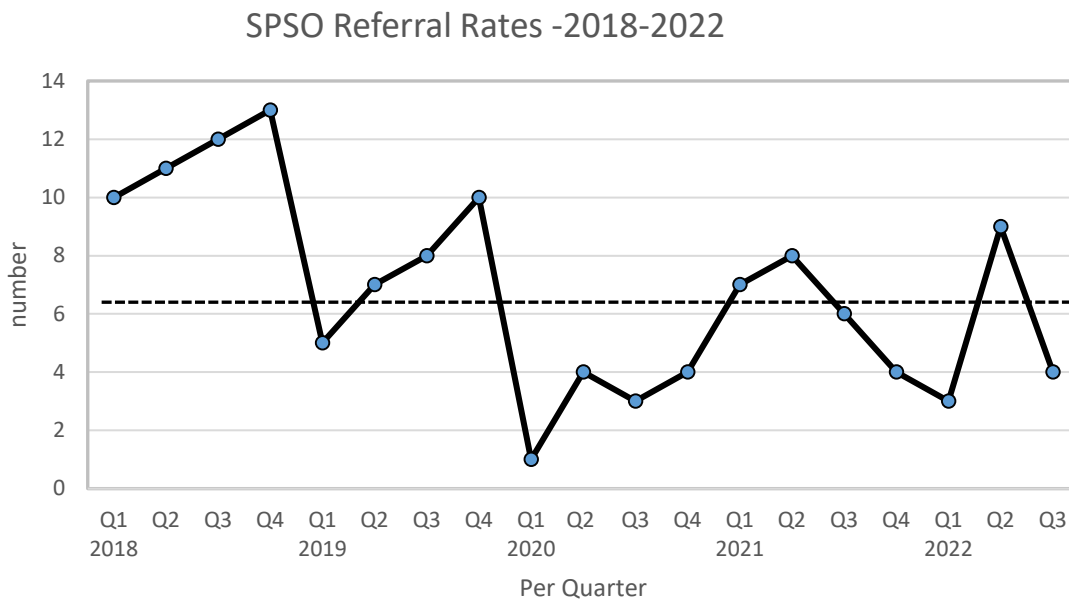
A significant number of Stage 1 complaints relate to waiting times and these are classified as upheld where we have not met the treatment time guarantee.

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.

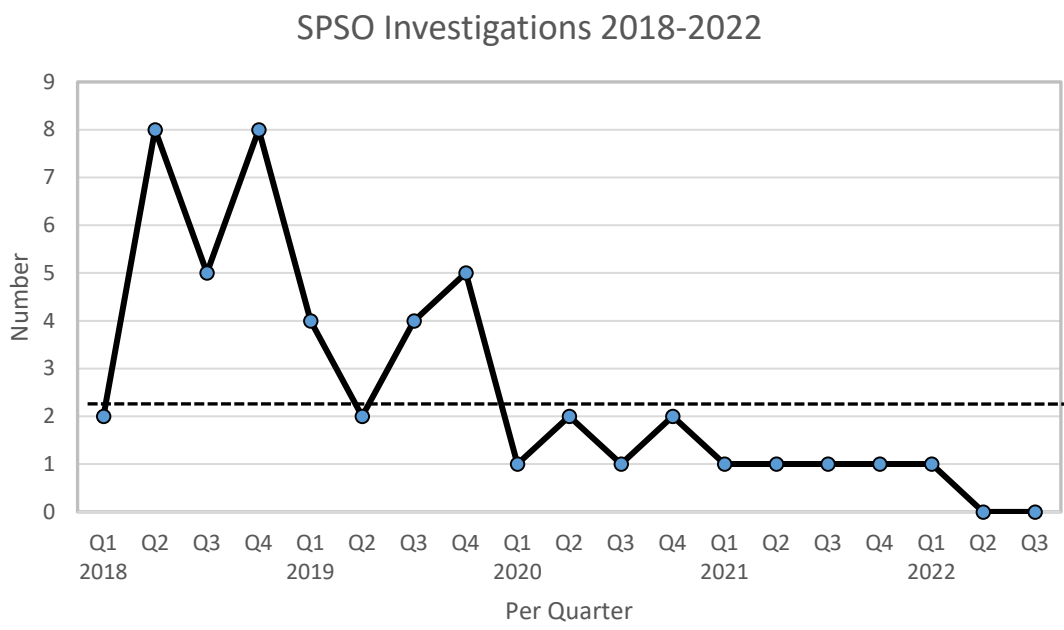
As shown in **Chart 7** below, this quarter we see another drop in SPSO referrals from 9 to 4. However, given the significant delays complainants are experiencing this number is likely to rise in the coming quarters.

Chart 7: SPSO Referral Rates 2018 – 2022



Whilst no rise in investigations is yet evident in **Chart 8** below, this will only be evident in later Quarters once the investigation decision is made.

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. As a number of complaints contain more than one theme or subtheme, numbers have been removed.

Chart 9: Complaint Themes & Sub themes

Clinical Treatment
Co-ordination of Clinical treatment
Problems with medication
Disagreement with treatment / care plan
Poor nursing care
Poor medical treatment
Poor aftercare
Waiting Times
Unacceptable time to wait for the appointment
Waiting too long for test results
Unacceptable time to wait for admission
Planned admission
Delays at discharge / clinic
Communication
Attitude and Behaviour
Poor communication (oral)
Poor communication (written)
Responding to concerns

Other
Bed shortages
Lost property
Covid
Transport

Themes this quarter remain similar to previous quarters. Waiting Times remain one of the top themes for complaints, alongside clinical treatment and communication. A large percentage of medication complaints arise in the prison from prisoners unhappy when changes are made to their medication regimes, particularly around the discontinuation of desirable drugs such as opioids.

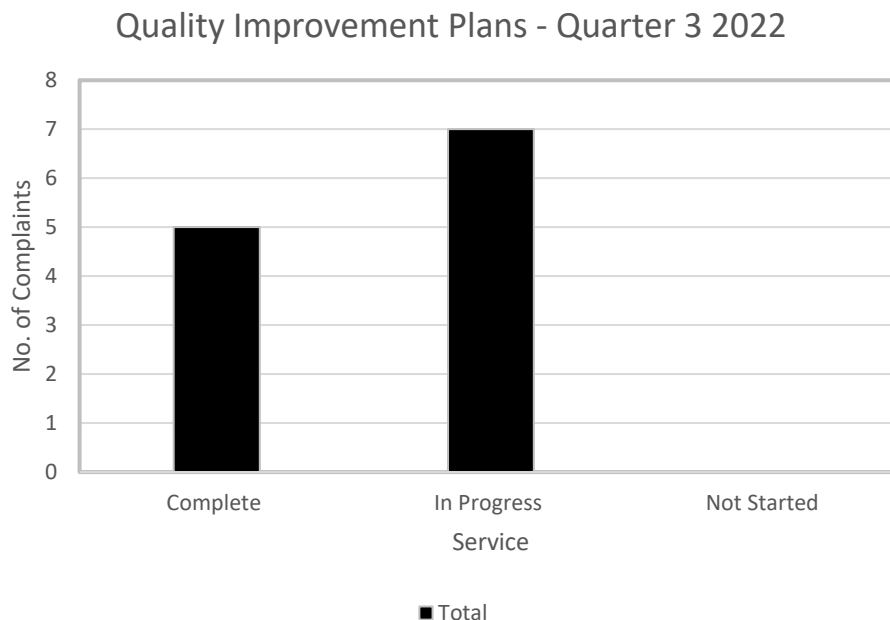
2.2 Quality Improvement Plans (QIP)

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.

A number of actions are now being progressed as part of the Extreme Team findings, working with Divisional General Managers to theme complaints and improvement actions to ensure scrutiny and assurance at the correct level.

Chart 10: Progress of Quality Improvement Plans



3. Feedback

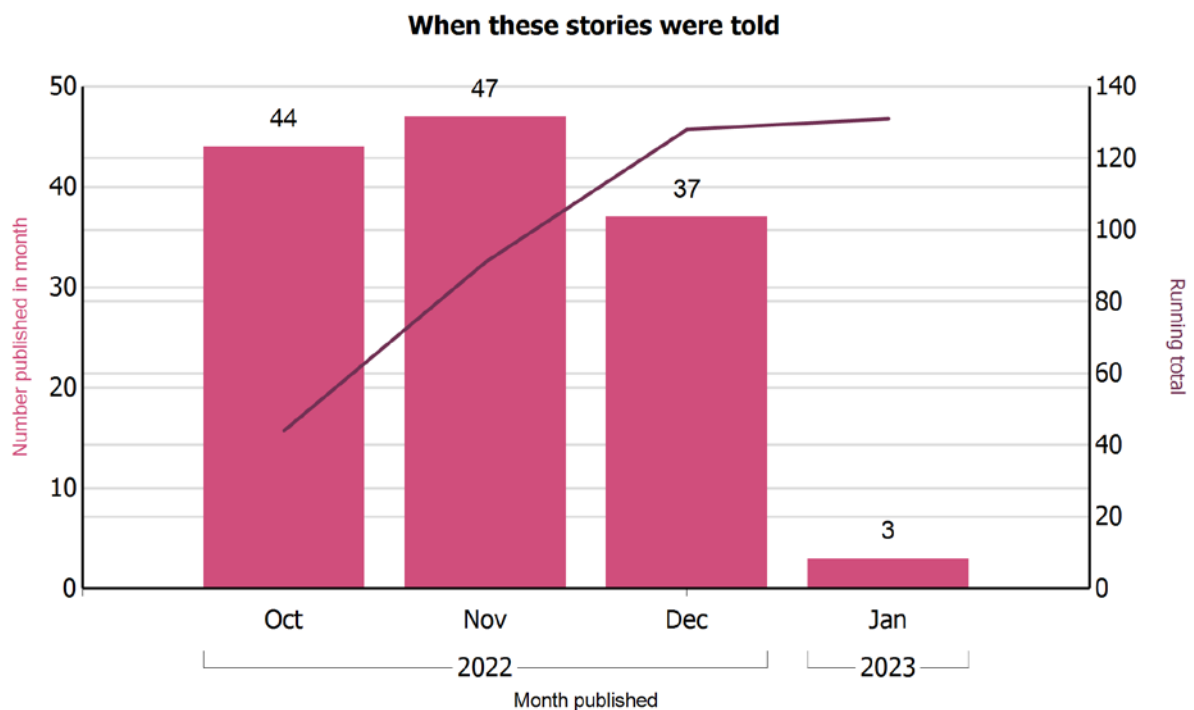
3.1 Local Feedback

The new Feedback Forms have now been launched and are being advertised across all hospital sites. The volume of feedback now being received locally is rising again and will be reported to the committee from April 2023. However, Care opinion currently remains our most used source of feedback and will also continue to be promoted across the organisation.

3.2 National Feedback

Chart 11 demonstrates activity this quarter where **128** stories were told using Care Opinion. This is a large increase from **92** in the previous quarter. These stories were viewed **16,277** times, compared to **13,144** in Quarter 2.

Chart 11: Care Opinion Posts Quarter 3



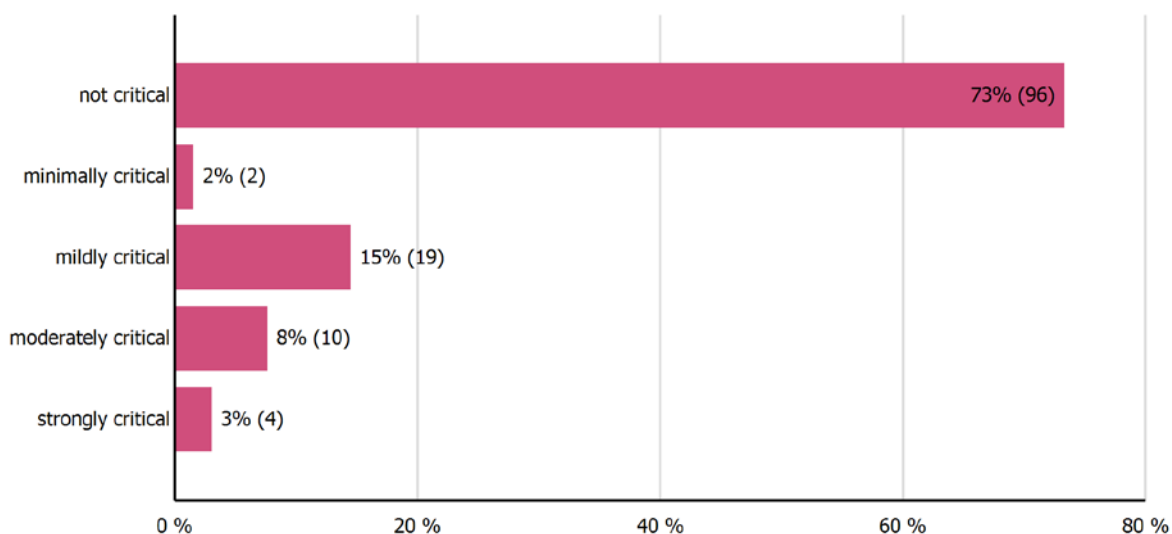
The criticality of posts is demonstrated in **Chart 12** below.

In Quarter 3, **90%** of posts are considered to be positive to mildly critical, up from **84%** in Quarter 2.

Response compliance for the quarter has also increased to **98%** as the Patient Experience Facilitator works with service colleagues on increasing responding rights.

Chart 12: Criticality of Posts in Quarter 2 October – December 2022

How moderators have rated the criticality of these stories



4. Complainant Satisfaction

This is the second quarter collecting complainant feedback using the updated questionnaire. Below are the results of contacting a total of 60 complainants via telephone

	Question	Yes	No	NA/NR
1	Did you have access to information on how to lodge your complaint?	90%	10%	
2	Was your complaint acknowledged?	97%	3%	
	Did you speak to a member of the Complaints Team?	92%		8%
3	Was the process explained to you?	90%	5%	5%
4	Did you receive an apology for your poor experience?	89%	4%	7%
5	Were you kept updated during the handling of your complaint?	85%	10%	5%
6	Were you advised of any delays in advance?	82%	8%	
7	Did you speak to any other staff regarding your complaint?	25%	5%	70%
8	If you answered yes to Q7 – Was this conversation helpful?	94%	6%	
9	Were you informed of the outcome of your complaint?	95%	3%	2%
10	Did you agree with this outcome?	75%	25%	
11	Did you feel your complaint was dealt with in a respectful and person centred manner?	85%	15%	
12	Please provide any information below you think would be helpful in our review of our complaint handling processes;			

The most common comments provided were;

- I was kept fully informed on progress throughout and offered a meeting if I preferred.
- I did not agree with the outcome but understand it's out with my control
- It was so good to hear someone just say sorry.

5. Conclusion

The Board is asked to note feedback and complaint activity and performance in Quarter 3 (October – December 2022). Members are asked to note the challenges evident in this quarter and the actions being progressed by the Complaint Team to improve our complaint handling performance.

Appendix 2 – Key Performance Indicators for Quarter 3 (October – December 2022)

NHS Ayrshire And Arran

Quarterly on Feedback and Complaints Performance Indicator Data collection

Year: October to December 2022

Quarter: Quarter 3

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	457
4b. Number of complaints received by NHS Primary Care Service Contractors (<i>Territorial Boards only</i>)	243
4c. Total number of complaints received in the NHS Board area	700

NHS Board - sub-groups of complaints received

NHS Board Managed Primary Care services;	
4d. General Practitioner	2
4e. Dental	1
4f. Ophthalmic	0
4g. Pharmacy	1
Independent Contractors - Primary Care services;	
4h. General Practitioner	146
4i. Dental	27
4j. Ophthalmic	3
4k. Pharmacy	67
4l. Total of Primary Care Services complaints	247
4m. Total of prisoner complaints received (<i>Boards with prisons in their area only</i>)	147

Performance Indicator Five

5. The total number of complaints closed by NHS Boards in the reporting quarter

Number of complaints closed by the NHS Board	Number	As a % of all NHS Board complaints closed (not contractors)
5a. Stage One	285	100%
5b. Stage two – non escalated	23	66%
5c. Stage two - escalated	5	21%
5d. Total complaints closed by NHS Board	313	

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	54	19%
6b. Number of complaints not upheld at stage one	196	69%
6c. Number of complaints partially upheld at stage one	35	12%
6d. Total stage one complaints outcomes	285	

Stage two complaints (*37 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	7	30%
6f. Number of non-escalated complaints not upheld at stage two	14	61%
6g. Number of non-escalated complaints partially upheld at stage two	2	9%
6h. Total stage two, non-escalated complaints outcomes	23	

Stage two escalated complaints (*11 still open)

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	1	20%
6j. Number of escalated complaints not upheld at stage two	2	40%
6k. Number of escalated complaints partially upheld at stage two	2	40%
6l. Total stage two escalated complaints outcomes	5	

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	88%
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	