

# NHS Ayrshire & Arran



<b>Meeting:</b>	<b>Ayrshire and Arran NHS Board</b>
<b>Meeting date:</b>	<b>Monday 14 August 2023</b>
<b>Title:</b>	<b>Patient Experience: Feedback and Complaints – Quarter 4 January – March 2023</b>
<b>Responsible Director:</b>	<b>Jennifer Wilson, 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 NHS Scotland 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 4 (January – March 2023), 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 4 (January – March 2023) 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 services and to keep complainants up to date on progress.

However, the impact is evident in the data presented in this paper at **Appendix 1**.

### **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**

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 4 (January – March 2023) 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.

The above reports are shared on a monthly basis.

Quarterly performance is shared in this report for the Board.

This paper was previously submitted to the Healthcare Governance Committee on 5 June 2023.

## **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 4 (January - March 2023), and to note our compliance with the complaint handling process.

## **3. List of appendices**

- Appendix No 1, Patient Experience: Feedback and Complaints – Quarter 4 (January – March 2023)
- Appendix No 2, KPI Template for Quarter 4 (January – March 2023)

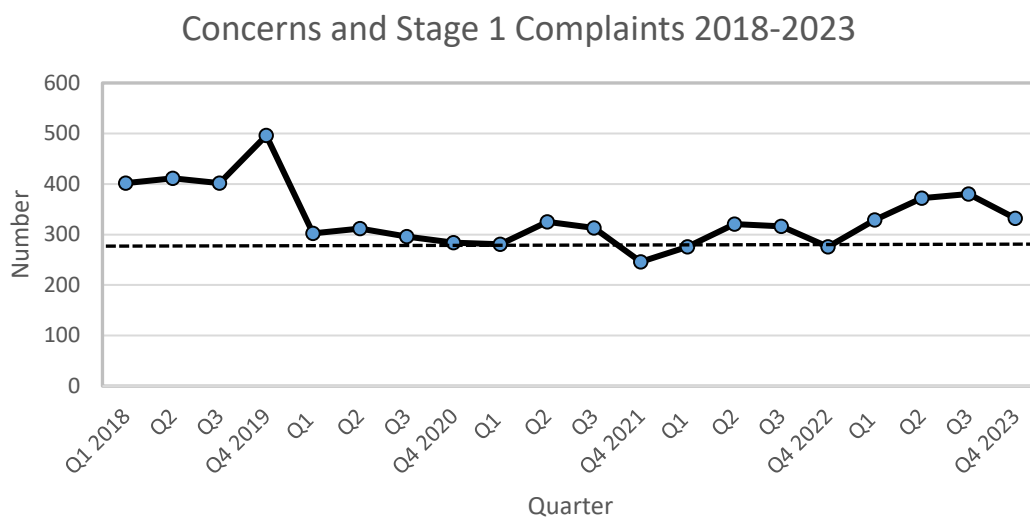
## Patient Experience: Feedback and Complaints- Quarter 4 (January – March 2023)

### 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.

#### Performance and Outcomes

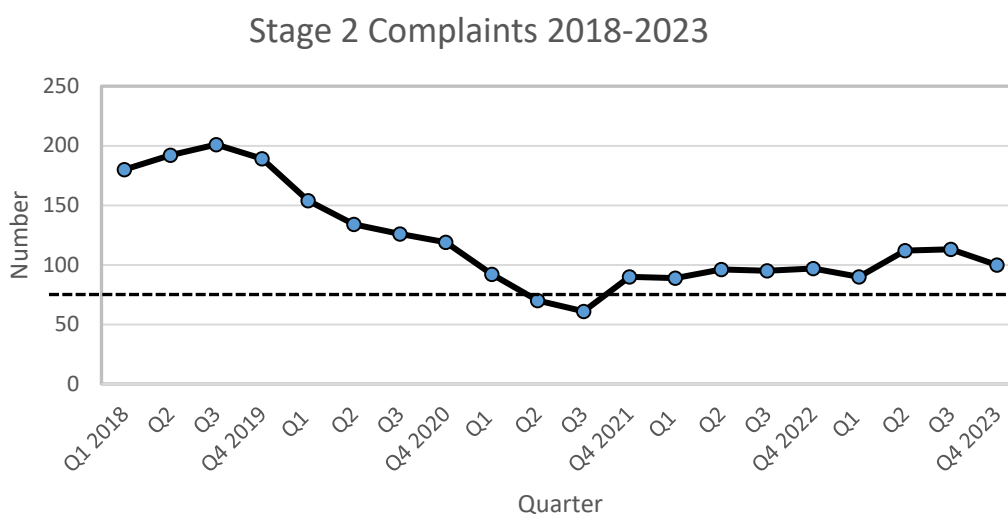
**Chart 1: Concerns & Stage 1 Complaints**



**Chart 1** above demonstrates that our complaint numbers remain high with **332** Stage 1 complaints and concerns received in Quarter 4 alone. In keeping with previous quarters, a significant number of concerns and Stage 1 complaints relate to our current waiting times position.

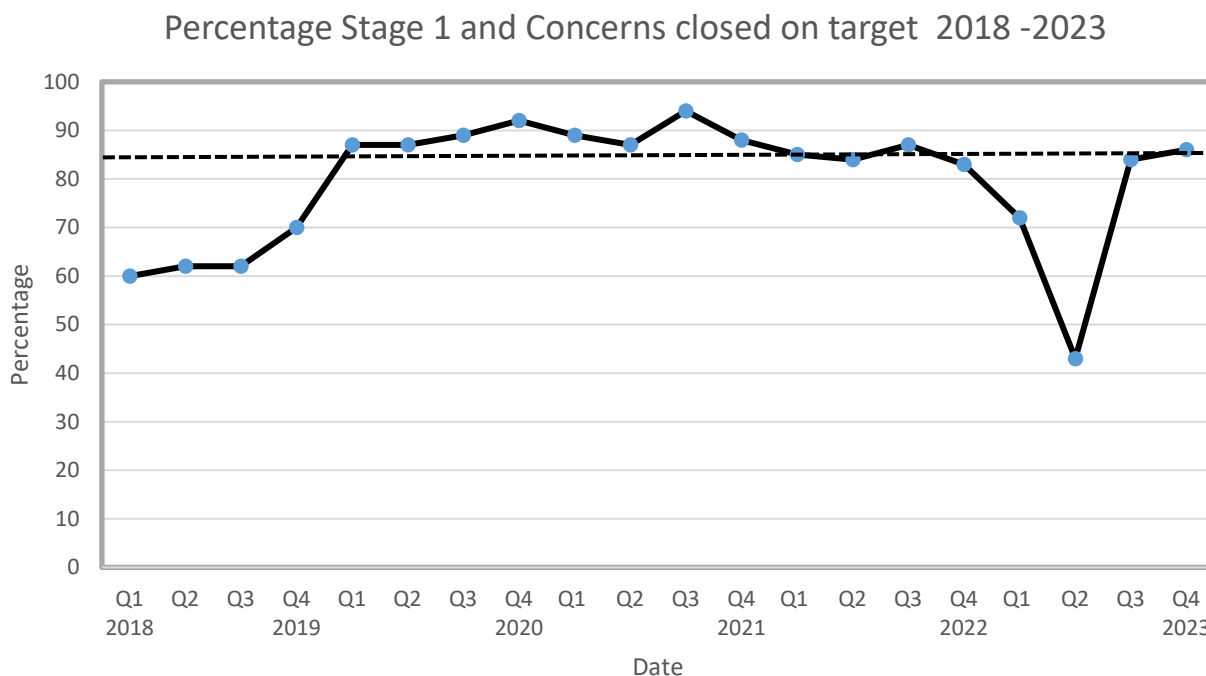
**Chart 2** below shows Stage 2 complaints received in the quarter under review. Numbers remain fairly steady since last quarter with **100** received in Quarter 4, compared to **113** in Quarter 3.

**Chart 2: Stage 2 Complaints**



**Chart 3** below shows that we have maintained the improvement seen in the last quarter in Stage 1 performance. This is mainly attributed to the work done with prison colleagues to improve their Stage 1 performance.

**Chart 3: Percentage Stage 1 and Concerns closed on target**

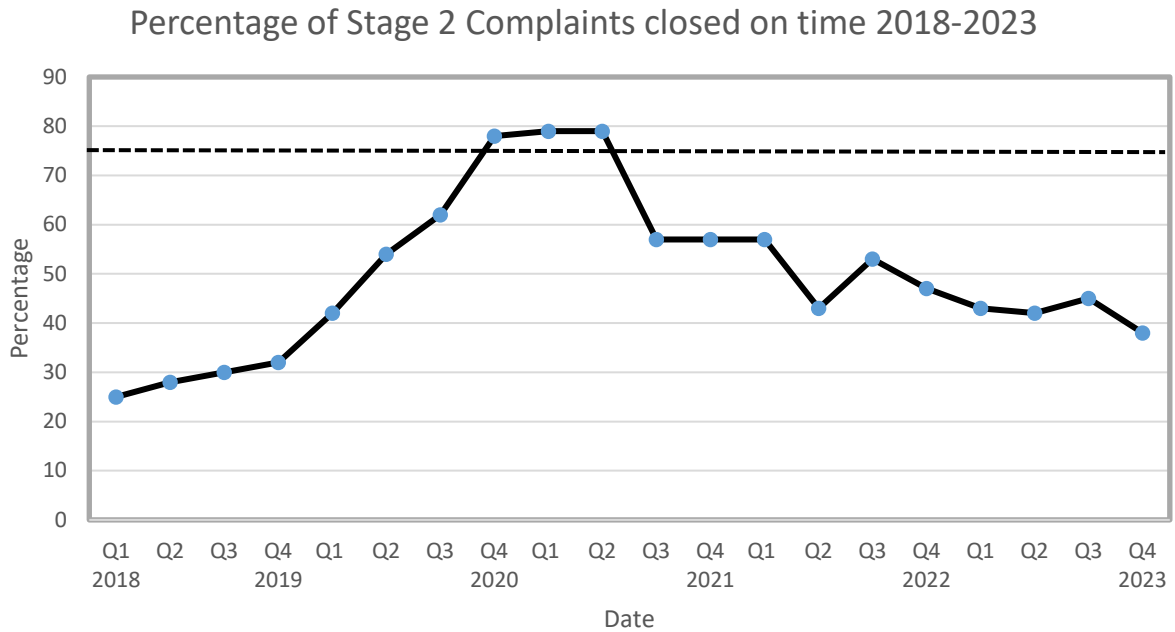


Of note, Boards are currently set a target of 85% compliance for closing stage 1 concerns within timescale (represented as dotted line on chart above).

Our complaint handling performance for Stage 2 complaints is presented in **Chart 4** below. Our performance for Stage 2 complaints remains low. Recovering our previous

position in this aspect of performance is a priority of the QI Lead and the Complaints Team and additional resource has been secured to assist with Acute Service complaints in a more timely manner.

**Chart 4: Percentage of Stage 2 Complaints Closed on Target**



Of note, Boards are currently set a target of 75% compliance for closing stage 2 concerns within timescale (represented as dotted line on chart above).

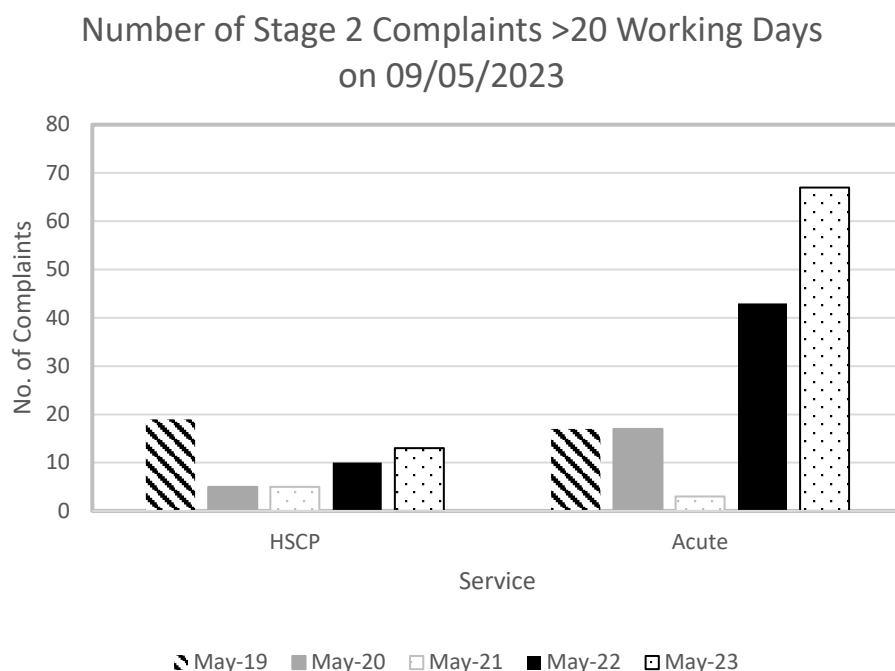
**Current Activity**

**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 9 May 2023.**

**Chart 5a** shows the number of out of time complaints on 9 May 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 9 May 2023, we had **14** out of time complaints across the Health and Social Care Partnerships (HSCP) and **67** for Acute Services alone.

### 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

Service	20-30 days	30-40 days	Over 40 days	Comments
Acute	8	7	52	24 x to draft response 19 x response in final stages 24 x still gathering statements
EA HSCP	1	1	4	1 x response in final stages 5 x still gathering statements
NA HSCP	2	1	3	2 x to draft response, 1 x response in final stages 3 x still gathering statements
SA HSCP	1	0	0	1 x still gathering statements

As previously mentioned, as a result of the challenges to effective complaint handling, additional resource has been secured from Acute Services to appoint a further Complaint Coordinator to assist in recovering our position and improving overall compliance with the timelines provided as part of the Complaint Handling Process. The aim with this additional resource will be to see an improvement in Stage 2 performance over the coming quarters.

## 1.2 Outcomes

**Chart 6** below demonstrates the complaint outcomes for all complaints resolved in Quarter 4

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

**Chart 6: Complaint Outcomes**

Service	Not Upheld	Partially Upheld	Fully Upheld	Still Open
Concern / Stage 1	230	34	68	0
Stage 2	19	9	5	67

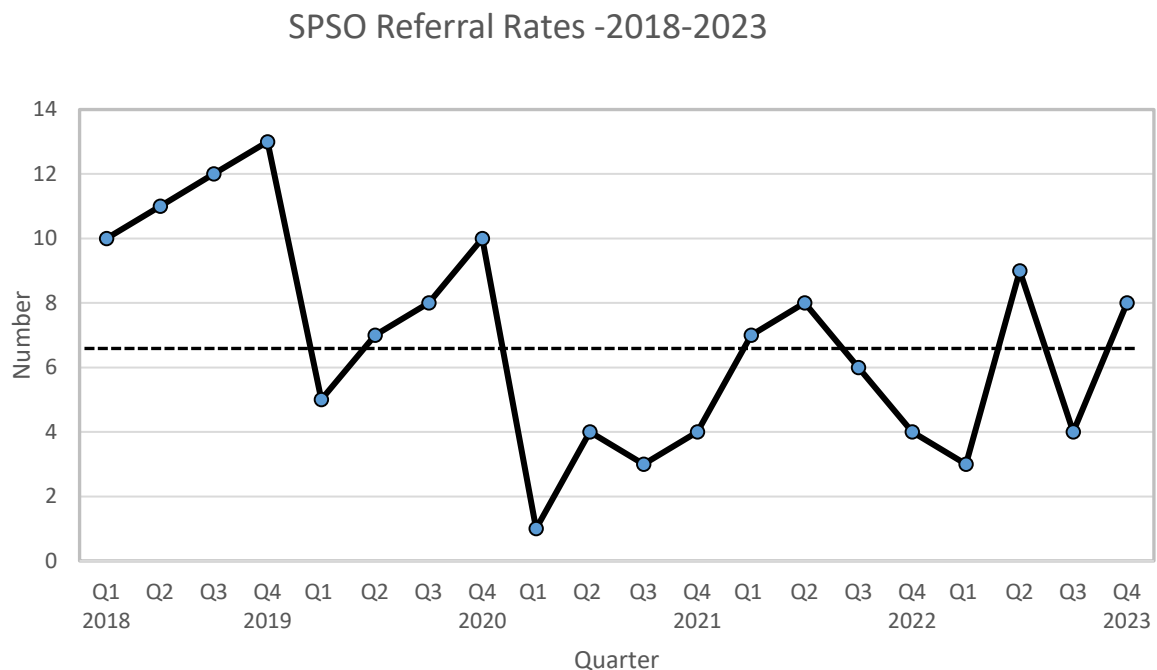
The outcomes are in keeping with previous quarters.

## 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.

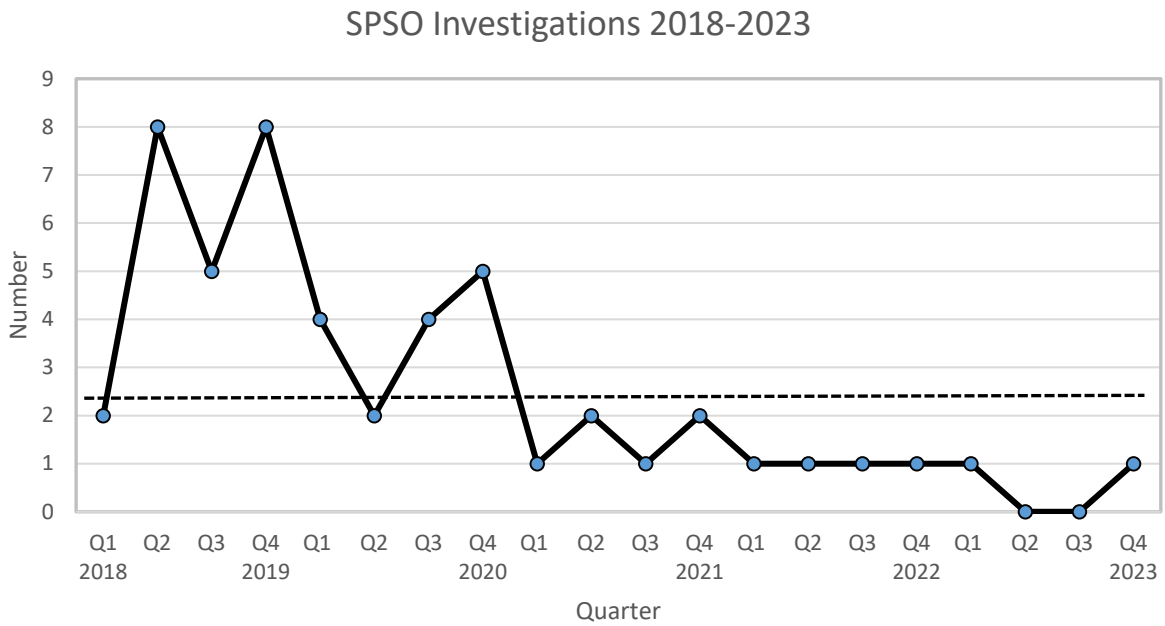
As shown in **Chart 7** below, this quarter we see a rise in SPSO referrals from four to eight. This rise was predicted due to the drop in our performance against the 20 working day target.

**Chart 7: SPSO Referral Rates 2018 – 2023**





**Chart 8: SPSO Investigations 2018 - 2023**



A slight increase is evident with one case progressing to investigation this quarter. The QI Lead expects to see this number rise as a result of the challenges we have faced that has impacted on our performance against the 20 working day target.

## 2. Complaint Themes

Work has been progressed to provide more accurate information from complaints and **Chart 9** below outlines the main and subthemes 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

<b>Clinical Treatment</b>
Disagreement with treatment / care plan
Co-ordination of Clinical treatment
Problems with medication
Poor nursing care
Poor medical treatment
Poor aftercare
<b>Waiting Times</b>
Unacceptable time to wait for the appointment
Waiting too long for test results
Date for appointment cannot be given to patient
Cancellation of admission
Appointment date continues to be rescheduled Planned admission
Delays at discharge / clinic
<b>Communication</b>
Insensitive to patients needs
Attitude
Lack of clear explanation
Inappropriate comments
Conduct
Letter wording
<b>Other</b>
Waiting too long in reception to see doctor/consultant/nurse
COVID-19
Accuracy of records
Availability of items
Lost property
Cleanliness

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)

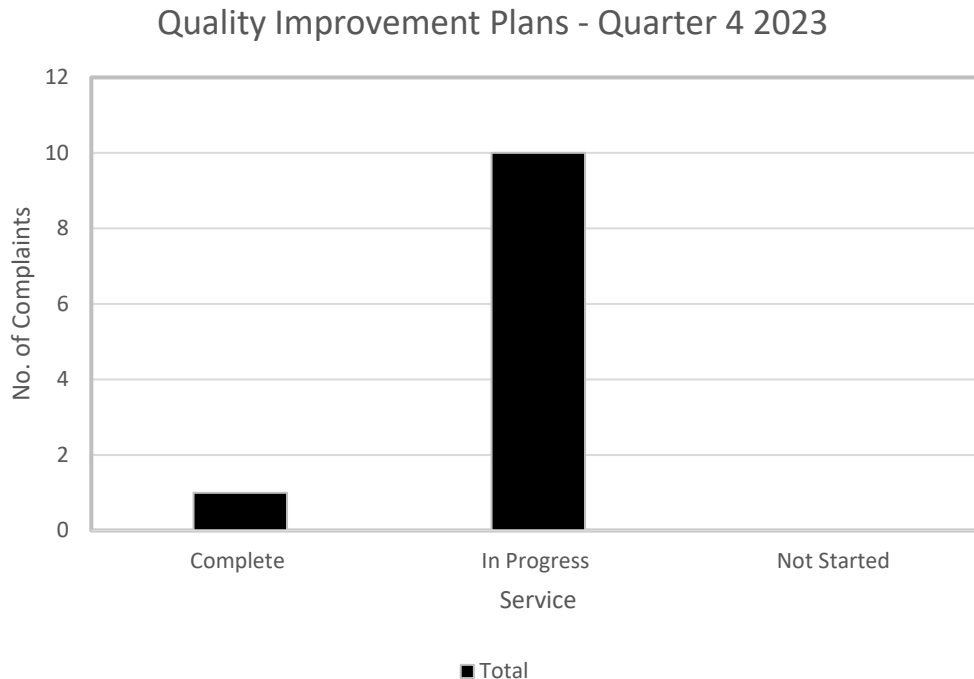
**Chart 10** below represents the QIPs developed by the Investigation Leads when a learning or improvement opportunity has presented itself as a result of feedback or a complaint.

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 to work with Divisional General Managers to theme complaints and improvement actions to ensure scrutiny and assurance at the correct level.

In addition, the QI Lead and Complaint Managers are reviewing current remit and reporting structures to ensure all appropriate staff are aware of current complaint activity and are working with the Complaints Team to recover our performance.

### Chart 10: Progress of Quality Improvement Plans



## 3. Feedback

### 3.1 Local Feedback

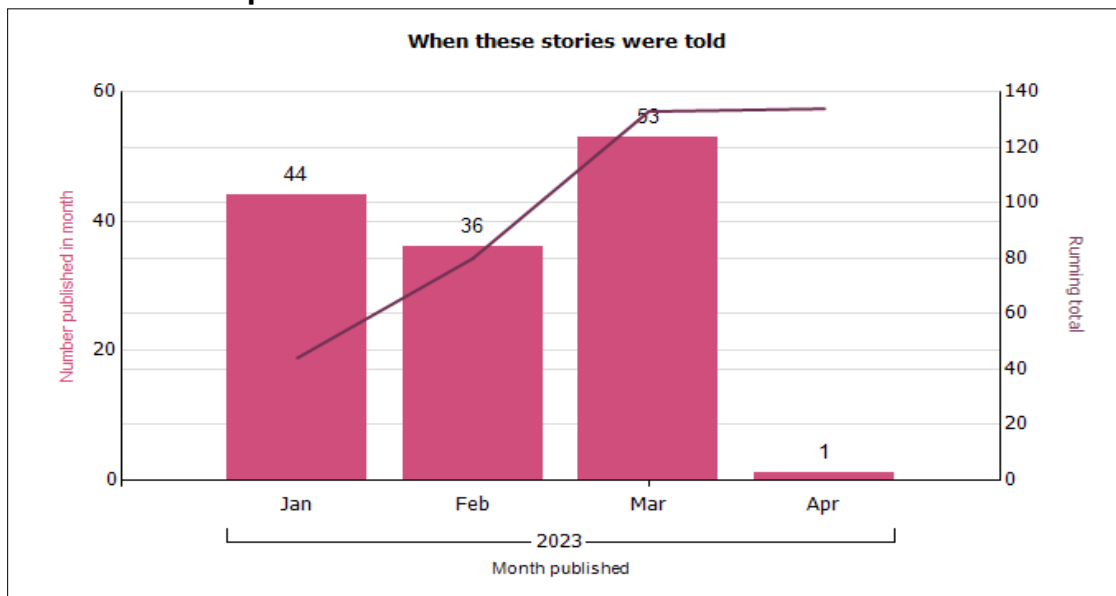
The new Feedback Forms have now been launched and are being advertised across all hospital sites. The volume of feedback now being received locally is rising again and will be reported to the committee from April 2023. However, Care opinion currently remains our most used source of feedback and will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

### 3.2 National Feedback

**Chart 11** demonstrates activity this quarter where **134** stories were told using Care Opinion. This is another large increase from the previous quarter. These stories were viewed **17,901** times.

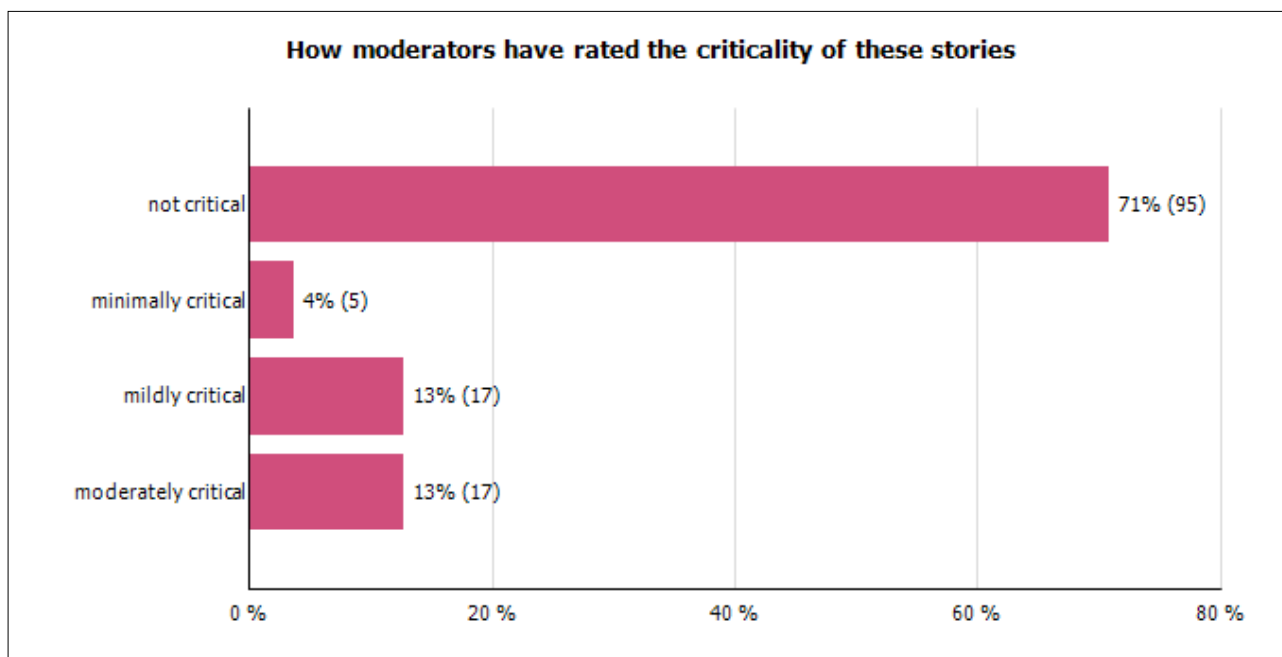
**Chart 11** below shows posts per month for Quarter 4 – January to March 2023

**Chart 11: Care Opinion Posts Quarter 4**



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

**Chart 12: Criticality of Posts in Quarter 4**



**Chart 12** above demonstrates that the majority of posts are considered as mildly critical to positive, with only 17 complaints considered as moderately critical. In this quarter, there were no posts considered to be strongly critical meaning most posts had at least one positive element.

## 4. Complainant Satisfaction

This is the third quarter collecting complainant feedback using the updated questionnaire. Below are the results of contacting a total of 60 complainants. The Patient Experience Facilitator is currently streamlining this audit.

	Question	Yes	No	NA/NR
1	Did you have access to information on how to lodge your complaint?	92%	8%	
2	Was your complaint acknowledged?	90%	10%	
	Did you speak to a member of the Complaints Team?	85%	10%	5%
3	Was the process explained to you?	88%	5%	7%
4	Did you receive an apology for your poor experience?	90%	10%	
5	Were you kept updated during the handling of your complaint?	80%	20%	
6	Were you advised of any delays in advance?	79%	11%	
7	Did you speak to any other staff regarding your complaint?	24%	6%	70%
8	If you answered <b>yes</b> to Q7 – Was this conversation helpful?	95%	5%	
9	Were you informed of the outcome of your complaint?	90%	7%	3%
10	Did you agree with this outcome?	72%	28%	
11	Did you feel your complaint was dealt with in a respectful and person centred manner?	80%	20%	
12	Please provide any information below you think would be helpful in our review of our complaint handling processes;			

The results for this quarter are less positive than previous quarters and is representative of the additional workload the Complaints Team and Service Managers are experiencing and the impact on complaint handling performance. Again, additional resource is being introduced to recover and improve on our position.

## 5. Conclusion

The Board is asked to note feedback and complaint activity and performance in Quarter 4 (January – March 2023). 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 4 (January – March 2023)

### NHS Ayrshire and Arran

#### Quarterly on Feedback and Complaints Performance Indicator Data collection

Year: January to March 2023

Quarter: Quarter 4

#### Performance Indicator Four:

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

<b>4a.</b> Number of complaints received by the NHS Territorial Board or NHS Special Board Complaints and Feedback Team	432
<b>4b.</b> Number of complaints received by NHS Primary Care Service Contractors ( <i>Territorial Boards only</i> )	233
<b>4c. Total number of complaints received in the NHS Board area</b>	665

#### NHS Board - sub-groups of complaints received

<b>NHS Board Managed Primary Care services;</b>	
<b>4d.</b> General Practitioner	1
<b>4e.</b> Dental	0
<b>4f.</b> Ophthalmic	0
<b>4g.</b> Pharmacy	0
<b>Independent Contractors - Primary Care services;</b>	
<b>4h.</b> General Practitioner	158
<b>4i.</b> Dental	23
<b>4j.</b> Ophthalmic	5
<b>4k.</b> Pharmacy	47
<b>4l. Total of Primary Care Services complaints</b>	234
<b>4m. Total of prisoner complaints received (<i>Boards with prisons in their area only</i>)</b>	136

## 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	218	100%
5b. Stage two – non escalated	16	26%
5c. Stage two - escalated	17	44%
<b>5d. Total complaints closed by NHS Board</b>	<b>251</b>	

## 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	48	22%
6b. Number of complaints not upheld at stage one	140	64%
6c. Number of complaints partially upheld at stage one	30	14%
<b>6d. Total stage one complaints outcomes</b>	<b>218</b>	

#### Stage two complaints (\*45 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	2	12%
6f. Number of non-escalated complaints not upheld at stage two	11	69%
6g. Number of non-escalated complaints partially upheld at stage two	3	19%
<b>6h. Total stage two, non-escalated complaints outcomes</b>	<b>16</b>	

### Stage two escalated complaints (\*22 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	3	18%
6j. Number of escalated complaints not upheld at stage two	8	47%
6k. Number of escalated complaints partially upheld at stage two	6	35%
<b>6l. Total stage two escalated complaints outcomes</b>	<b>17</b>	

### 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.	199	91%
8b. Number of non-escalated complaints closed at stage two within 20 working days	16	26%
8c. Number of escalated complaints closed at stage two within 20 working days	17	44%
<b>8d. Total number of complaints closed within timescales</b>	<b>232</b>	



## 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
<b>9a.</b> Number of complaints closed at stage one where extension was authorised	6	32%
<b>9b.</b> Number of complaints closed at stage two where extension was authorised (this includes both escalated and non-escalated complaints)	7	33%
<b>9c. Total number of extensions authorised</b>	13	