

NHS Ayrshire & Arran



Meeting:	NHS Ayrshire and Arran Board Meeting
Meeting date:	Monday 7 October 2024
Title:	Patient Experience: Feedback and Complaints – Quarter 1 April - June 2024
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 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 1 (April to June 2024), 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 2024), 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

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 for this report.

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 2024), 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 has previously been presented to the Healthcare Governance Committee.

2.4 Recommendation

For discussion. 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 2024), and to note our compliance with the complaint handling process.

3. List of appendices

- Appendix 1 - Patient Experience: Feedback and Complaints – Quarter 1 (April to June 2024)
- Appendix 2 - KPI Template for Quarter 1 (April to June 2024)

Appendix 1 - Patient Experience: Feedback and Complaints – Quarter 1 (April to June 2024)

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

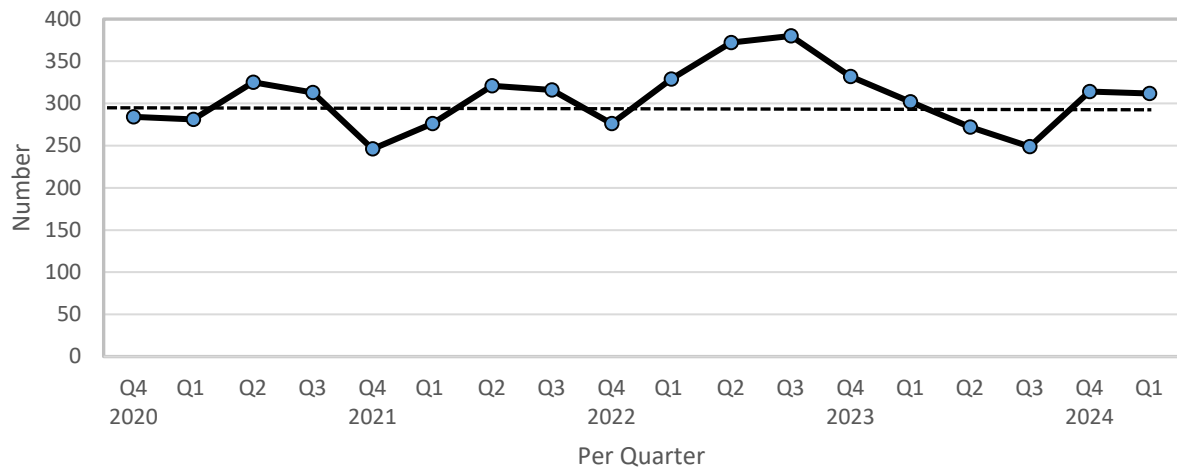


Chart 1 above demonstrates that the number of concerns and stage 1 complaints are similar to the last quarter. In keeping with previous quarters, a significant number of concerns and Stage 1 complaints relate to our current waiting times position.

Chart 2 Shows the number of Stage 2 complaints received remains steady and similar to previous quarters but are significantly higher than in previous years.

Chart 2: Stage 2 Complaints

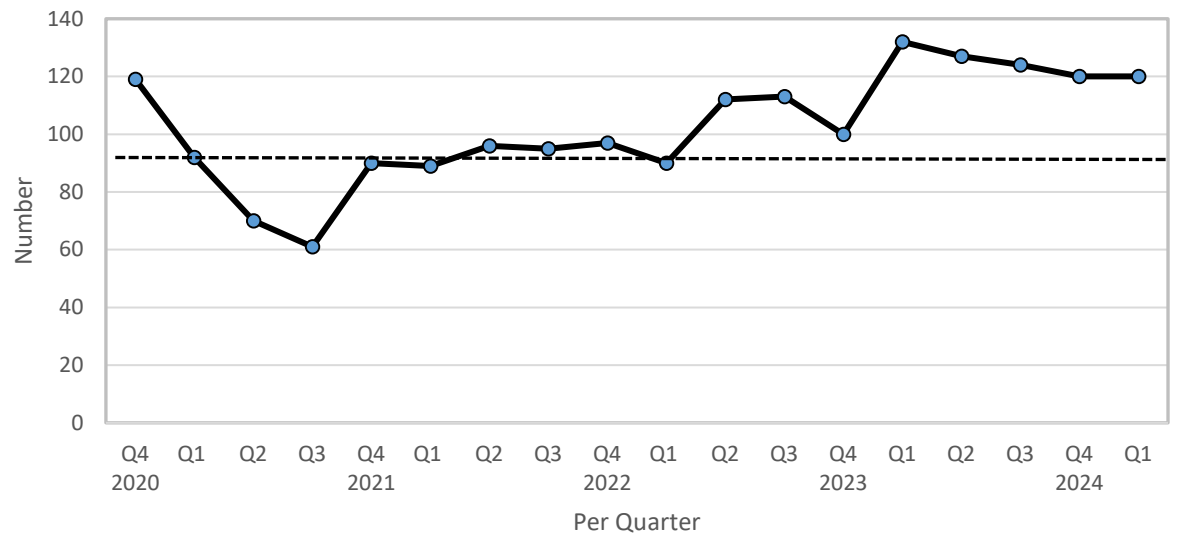
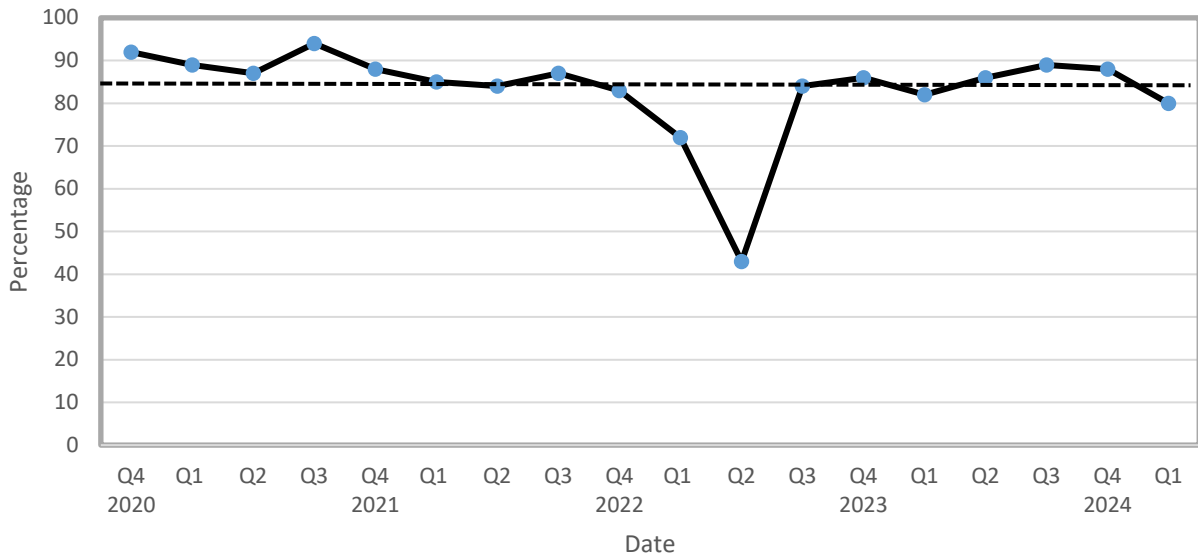


Chart 3 below shows that there has been a slight decrease (**80%**) for stage 1 performance in quarter 1. This is mainly attributed to a delay in receiving information from the service and the increase overall in all complaint activity.

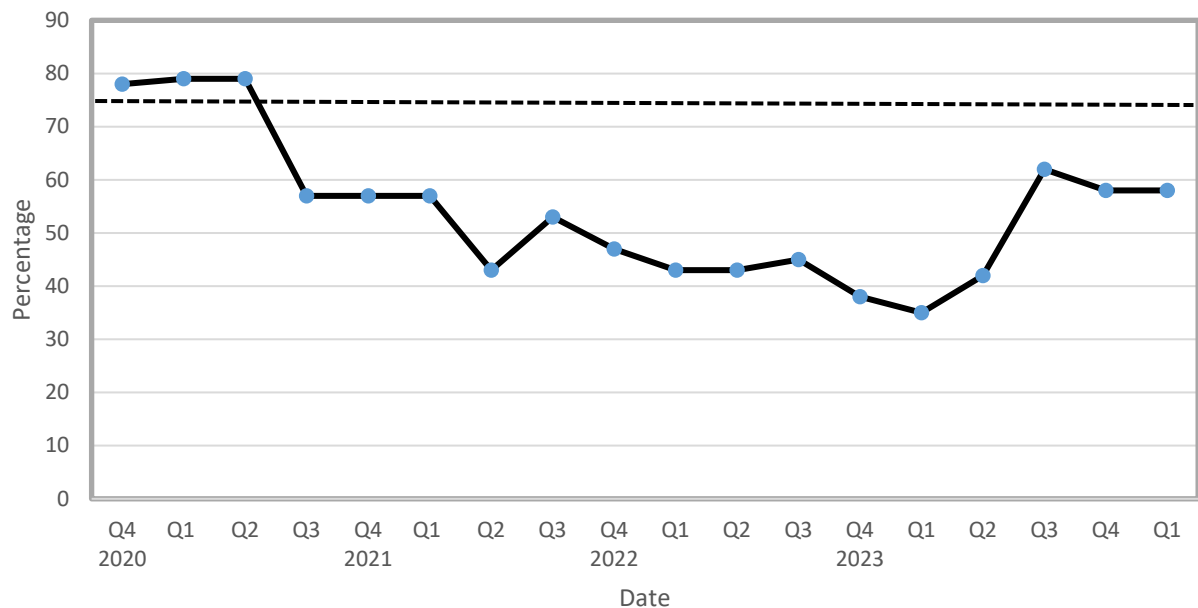
Chart 3: Percentage Stage 1 and Concerns closed on target



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). This is the first occasion we have failed to meet 85% in three quarters and improving this performance is a priority, as failure to meet the timeline results in the complaint escalating to a Stage 2 and the additional workload that comes with that.

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

Chart 4: Percentage of Stage 2 Complaints Closed on Target



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

As shown in **Chart 4** above, our performance has remained at 58% in this quarter.

As a result of the Acute Recovery Project, our significantly out of time complaints have reduced, with the longest overdue ones being prioritised. However, we still have complaints over 40 and 60 working days that we are attempting to clear. We have set an improvement trajectory for the remaining out of time complaints;

- All other complaints over 40 & 60 working days to be closed by 13th September 2024
- Complaint Team Escalation Process to be reviewed and updated and team reminded of expectations by 1st August 2024
- Resume weekly complaints activity meetings with QI Lead and Complaint Managers to discuss current position, early escalation and performance – with immediate effect
- Prioritise in time complaint responses for approval to improve current performance
- Promote complaint meetings with service colleagues to return to pre- pandemic levels for person centred complaint handling meetings with complainants to improve complainant satisfaction and reduce the requirements for detailed written responses. Moving forward, we will report the number of complaint meetings taking place on all new complaints received. This will be included from Quarter 2 2024.
- Realign Complaint Managers areas to match the divisional structure in place.

1.2 Outcomes

Chart 6 below demonstrates the complaint outcomes for all complaints resolved in Quarter 1.

The figures in **Chart 6** below demonstrates that the number of complaint outcomes that are not upheld amount to **59%** of total, and only **41%** for partially and fully upheld complaints. This is similar to previous quarters

Chart 6: Complaint Outcomes

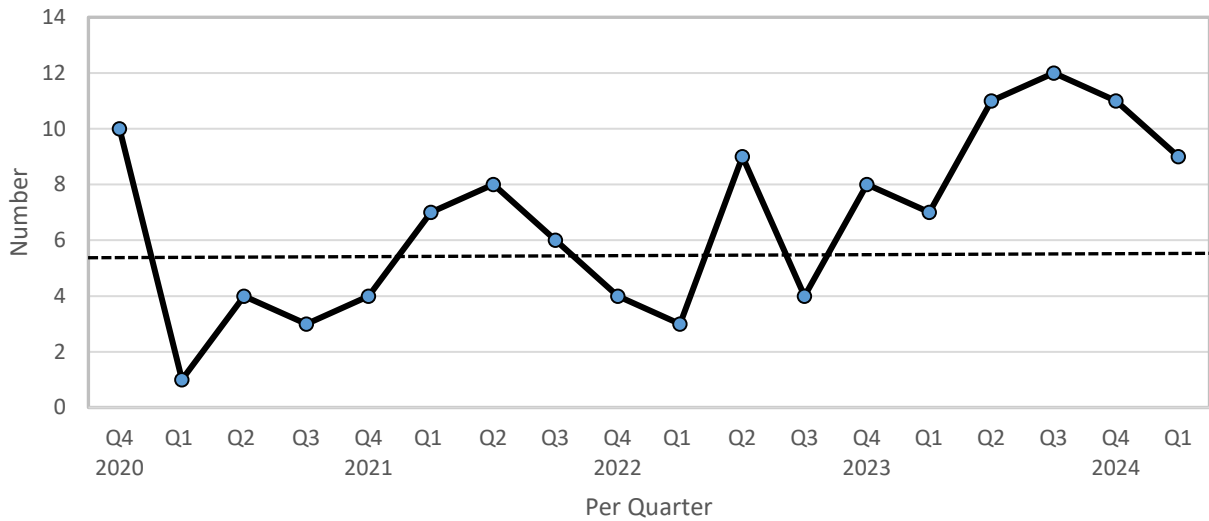
Service	Not Upheld	Partially Upheld	Fully Upheld	Still Open
Concern / Stage 1	185	47	80	0
Stage 2	30	8	9	73

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.

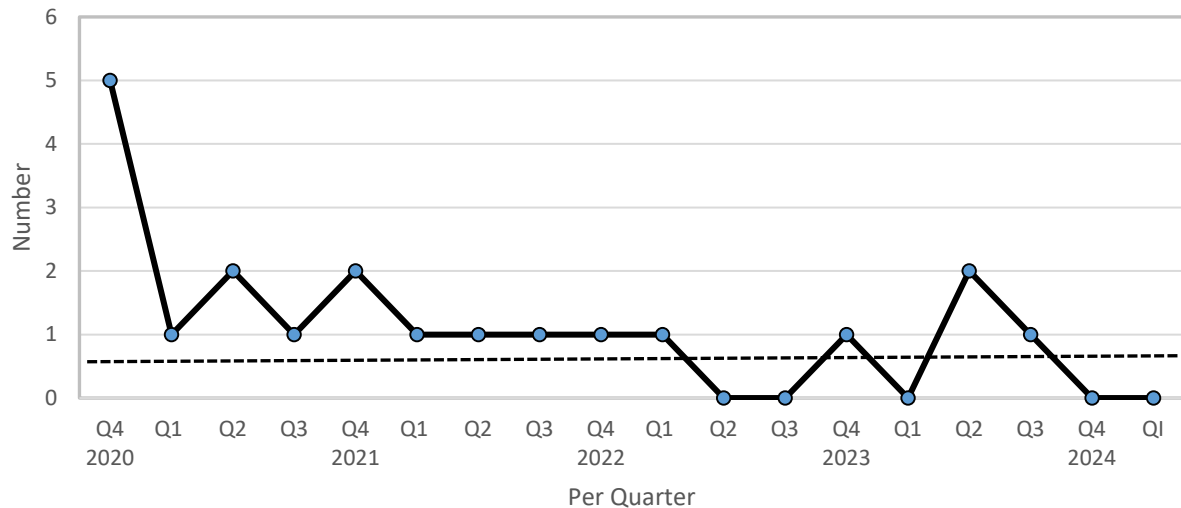
Chart 7: SPSO Referral Rates 2020 – 2024



As demonstrated in **Chart 7** above, the number of referrals continues to drop and currently sits at **9**.

Chart 8 below demonstrates how many referrals progress to an investigation and this number remains low with **0** referrals being investigated for the second quarter. This is an excellent indicator of complainant satisfaction and surprisingly, despite the challenges we have faced with out of time complaints, the predicted rise in SPSO activity is yet to materialise.

Chart 8: SPSO Investigations 2020 – 2024



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 the 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
Disagreement with treatment / care plan
Poor nursing care
Poor medical treatment
Co-ordination of Clinical treatment
Problems with medication
Lack of pain management
Waiting Times
Unacceptable time to wait for the appointment
Date for appointment cannot be given to patient
Waiting too long for test results
Cancellation of appointment /admission
Date for admission cannot be given to patient
Appointment date continues to be rescheduled
Communication
Attitude and Behaviour
Insensitive to patients needs
Lack of clear explanation
Patient note being verbally told things
Telephone
Conduct
Lack of support
Other
Lost property
Availability of items
Access to premises / parking issues
Availability of bed
Accuracy of records
Condition of items / premises

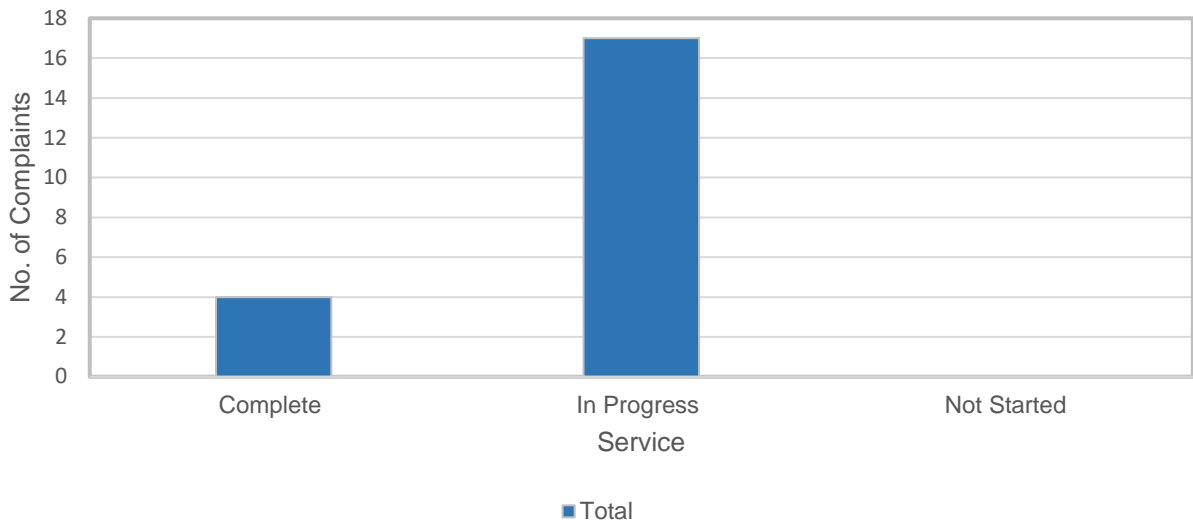
Themes this quarter remain similar to previous quarters. Waiting Times remain one of the top themes for complaints, alongside clinical treatment and communication.

We are seeing a rise in complaints about the attitudes and behaviours of nursing and medical staff and The QI Lead will work with the Chief Nurses to address this in relation to nursing staff and will ensure that the appropriate Associate Medical Director is aware of any concerns related to medical staff.

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.

Chart 10 – Quality Improvement Plans



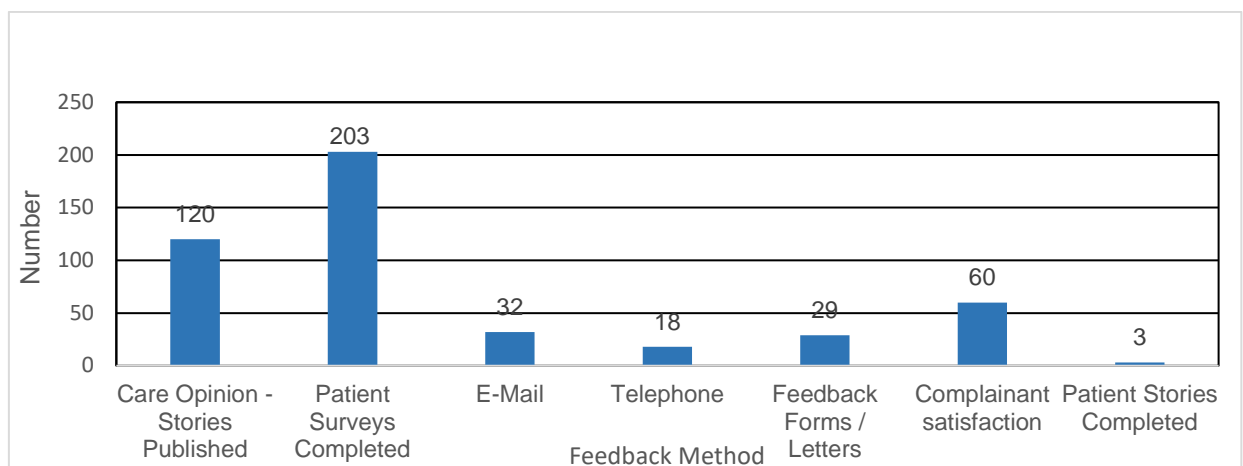
A number of improvement plans are currently in progress and this is monitored by the QI Lead to see if any improvement support is required and to assure the quality of the QIPs in use.

New approaches to evidencing learning and improvement from complaints will be included in the updated SOP currently being produced. This work will progress in the coming year as we review and improve system and processes associated with complaint handling.

3. Feedback

3.1 Local Feedback

Local feedback and the form received is outlined below in **Chart 11**



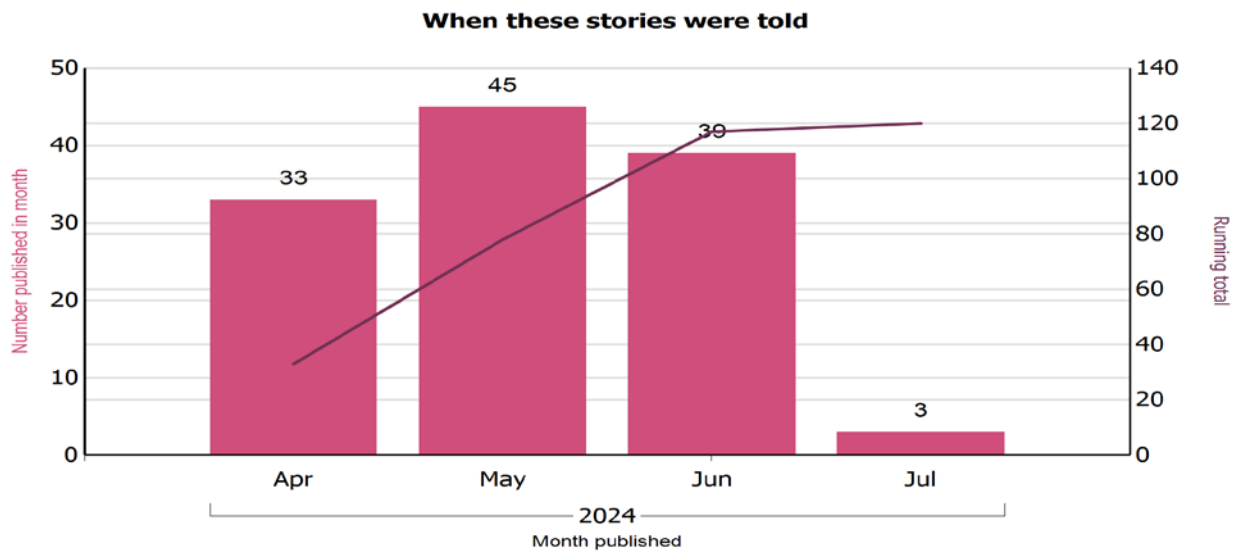
Care Opinion remains one of our main source of feedback and it is reported below. Inpatient surveys are also ongoing with good results, ensuring we are receiving patient feedback at the point of care. We have a number of Feedback Champions in ward areas, usually a healthcare support worker who are keen to ensure inpatient surveys are done and that feedback is displayed in the ward area.

3.2 National Feedback

Chart 12 demonstrates activity this quarter where **120** stories were told using Care Opinion, down slightly from the previous quarter. These stories were viewed **14,648** times.

Chart 12 below shows posts per month for Quarter 1 (April to June 2024)

Chart 12: Care Opinion Posts Quarter 1



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

Chart 13: Criticality of Posts in Quarter 1

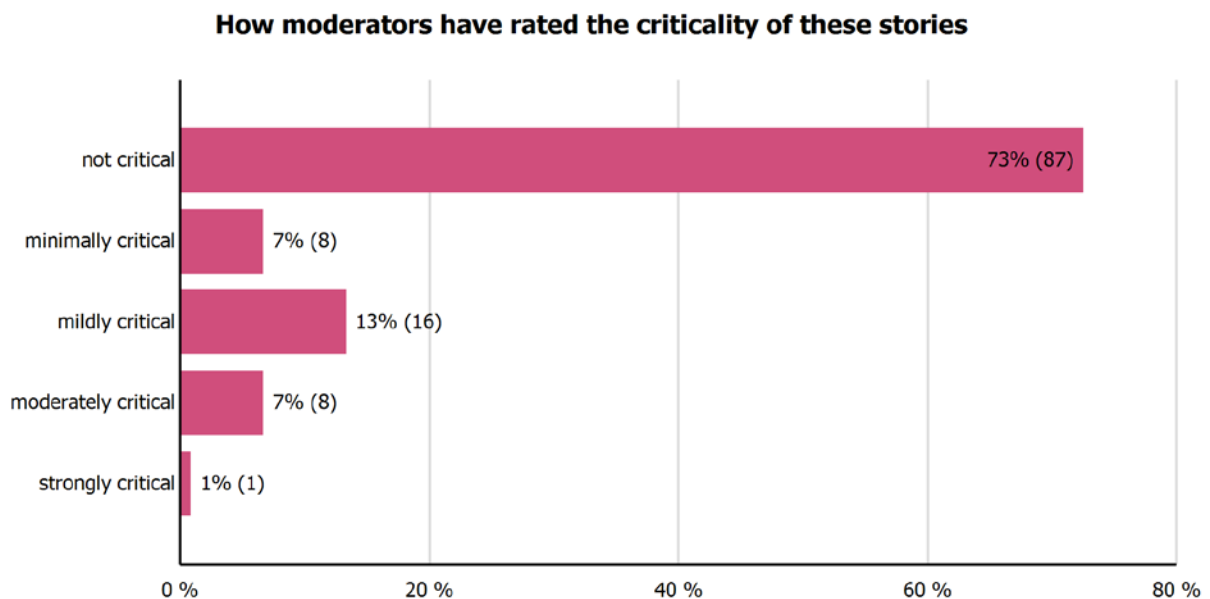


Chart 13 demonstrates that the majority of posts are considered as mildly critical to positive, with only **8%** measured as moderately critical. Our response rate remains around 85%. This measures responses received within 72 hours of post.

4. Complainant Satisfaction

Below is the feedback from 60 complainants on their complaints experience. The results are in keeping with previous quarters.

	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?	94%	6%	
3	Did you speak to a member of the Complaints Team?	90%	10%	
4	Was the process explained to you?	90%	2%	8%
5	Did you receive an apology for your poor experience?	97%	3%	
6	Were you kept updated during the handling of your complaint?	92%	8%	
7	Were you advised of any delays in advance?	85%	15%	
8	Did you speak to any other staff regarding your complaint?	35%	0%	65%
9	If you answered yes to Q8 – Was this conversation helpful?	90%	10%	
10	Were you informed of the outcome of your complaint?	92%	8%	
11	Did you agree with this outcome?	58%	42%	
12	Did you feel your complaint was dealt with in a respectful and person centred manner?	90%	10%	

Of note is a significant drop in complainants agreeing with the outcome of their complaint. This will be monitored over the coming quarter to determine if any further action is required from us as a team to help complainants understand and accept outcomes.

5. Conclusion

The Board is asked to note feedback and complaint activity and performance in Quarter 1 (April to June 2024). 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 1 (April - June 2024)

NHS Ayrshire and Arran

Quarterly on Feedback and Complaints Performance Indicator Data collection

Year: April - June 2024

Quarter: Quarter 1

Performance Indicator One:

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	432
4b. Number of complaints received by NHS Primary Care Service Contractors (<i>Territorial Boards only</i>)	1
4c. Total number of complaints received in the NHS Board area	433

NHS Board - sub-groups of complaints received

NHS Board Managed Primary Care services;	
4d. General Practitioner	0
4e. Dental	0
4f. Ophthalmic	0
4g. Pharmacy	1
Independent Contractors - Primary Care services;	
4h. General Practitioner	194
4i. Dental	22
4j. Ophthalmic	6
4k. Pharmacy	13
4l. Total of Primary Care Services complaints	236
4m. Total of prisoner complaints received (<i>Boards with prisons in their area only</i>)	52

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	312	89%
5b. Stage two – non escalated	19	5%
5c. Stage two - escalated	21	6%
5d. Total complaints closed by NHS Board	352	

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	80	26%
6b. Number of complaints not upheld at stage one	185	59%
6c. Number of complaints partially upheld at stage one	47	15%
6d. Total stage one complaints outcomes	312	

Stage two complaints (*60 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	4	19%
6f. Number of non-escalated complaints not upheld at stage two	13	62%
6g. Number of non-escalated complaints partially upheld at stage two	4	19%
6h. Total stage two, non-escalated complaints outcomes	21	

Stage two escalated complaints (*20 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	4	21%
6j. Number of escalated complaints not upheld at stage two	13	68%
6k. Number of escalated complaints partially upheld at stage two	2	11%
6l. Total stage two escalated complaints outcomes	19	

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.	131	42%
8b. Number of non-escalated complaints closed at stage two within 20 working days	10	48%
8c. Number of escalated complaints closed at stage two within 20 working days	13	68%
8d. Total number of complaints closed within timescales	154	

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	142	78%
9b. Number of complaints closed at stage two where extension was authorised (this includes both escalated and non-escalated complaints)	8	47%
9c. Total number of extensions authorised	150	