

# NHS Ayrshire & Arran



<b>Meeting:</b>	<b>NHS Ayrshire and Arran Board</b>
<b>Meeting date:</b>	<b>Monday 3 February 2025</b>
<b>Title:</b>	<b>Patient Experience: Feedback and Complaints – Quarter 2 July to September 2024.</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 2 (July to September 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 2 (July to September 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 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 2 (July - September 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.

This report has previously been presented to the Healthcare Governance Committee on 13 January 2025.

### **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 2 (July - September 2024), and to note our compliance with the complaint handling process.

## **3. List of appendices**

- Appendix No 1, Patient Experience: Feedback and Complaints – Quarter 2 (July to September 2024)
- Appendix No 2, KPI Template for Quarter 2 (July - September 2024)

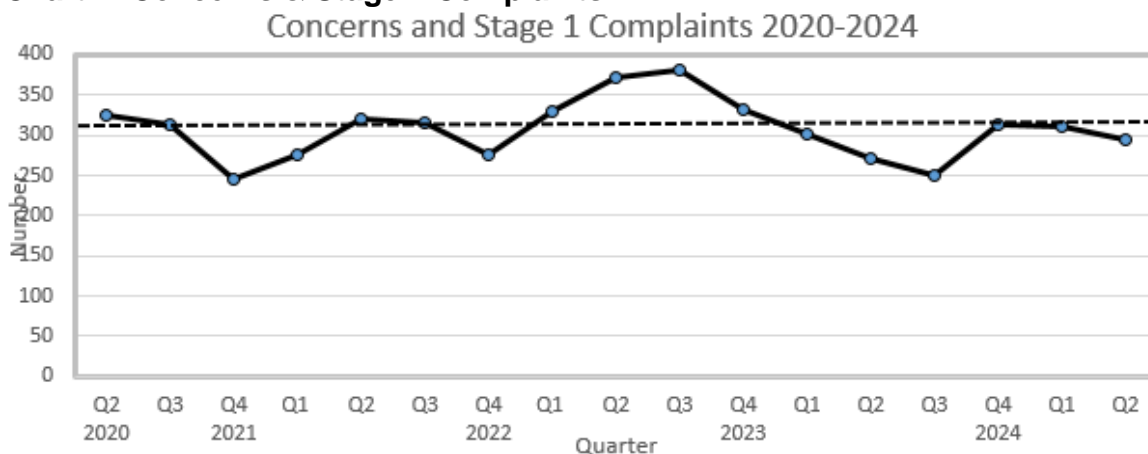
# Patient Experience: Feedback and Complaints- Quarter 2 (July – September 2024)

## 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 demonstrates our performance in key areas of complaint handling, as well as highlighting outcomes and providing more detail on complaint themes.

### Performance and Outcomes

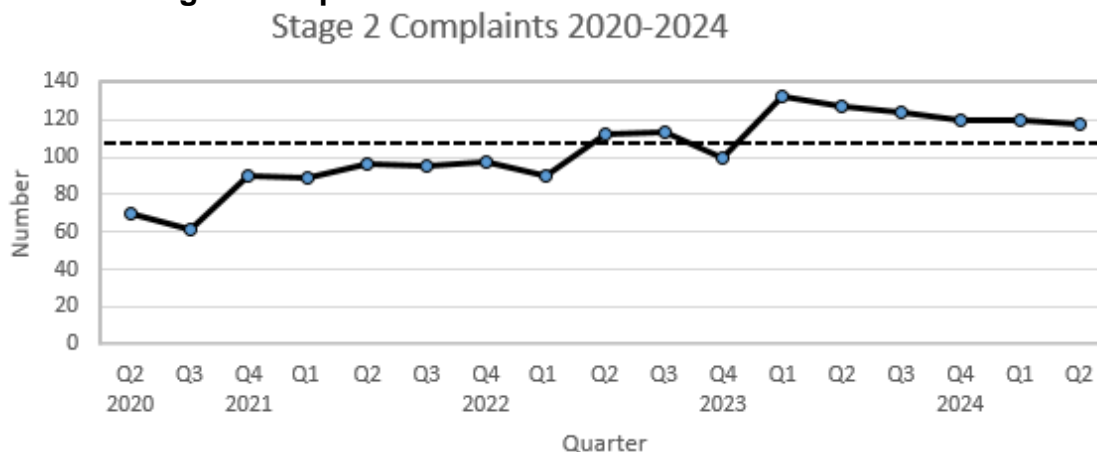
**Chart 1: Concerns & Stage 1 Complaints**



**Chart 1** above demonstrates that the number of concerns and stage 1 complaints have slightly decreased since last quarter, down from **312** to **295**. In keeping with previous quarters, a significant number of concerns and Stage 1 complaints relate to our current waiting times position.

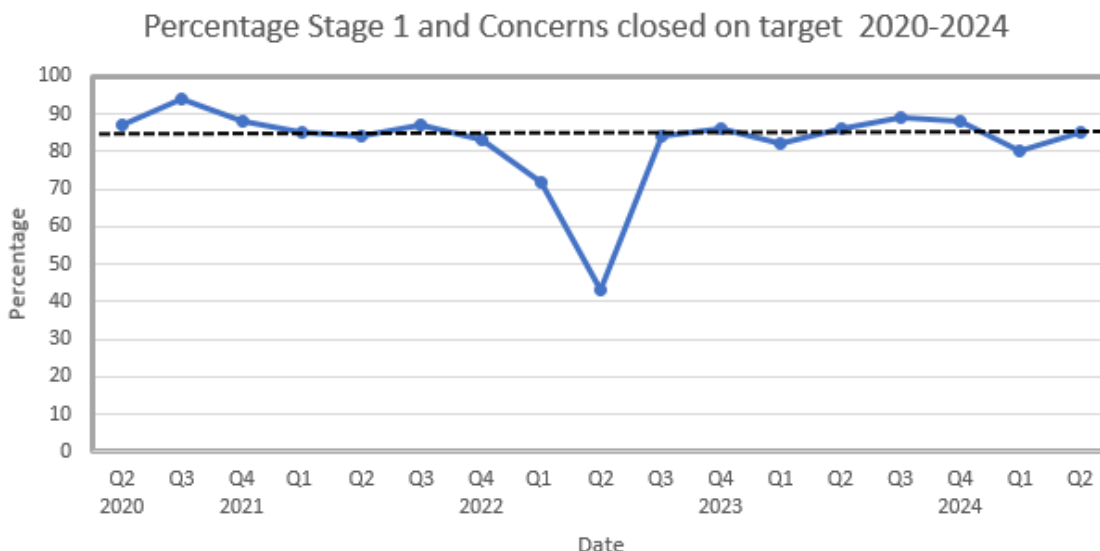
**Chart 2** below shows Stage 2 complaints received in the quarter under review. Numbers highlight an increase in the number of stage 2 complaints since 2023. The numbers received in Quarter 2 is in keeping with previous quarters in 2024.

**Chart 2: Stage 2 Complaints**



**Chart 3** below shows that there has been an increase (85%) for stage 1 performance in Quarter 2. This is reflective of the services providing information to the Complaints Team in a timely manner.

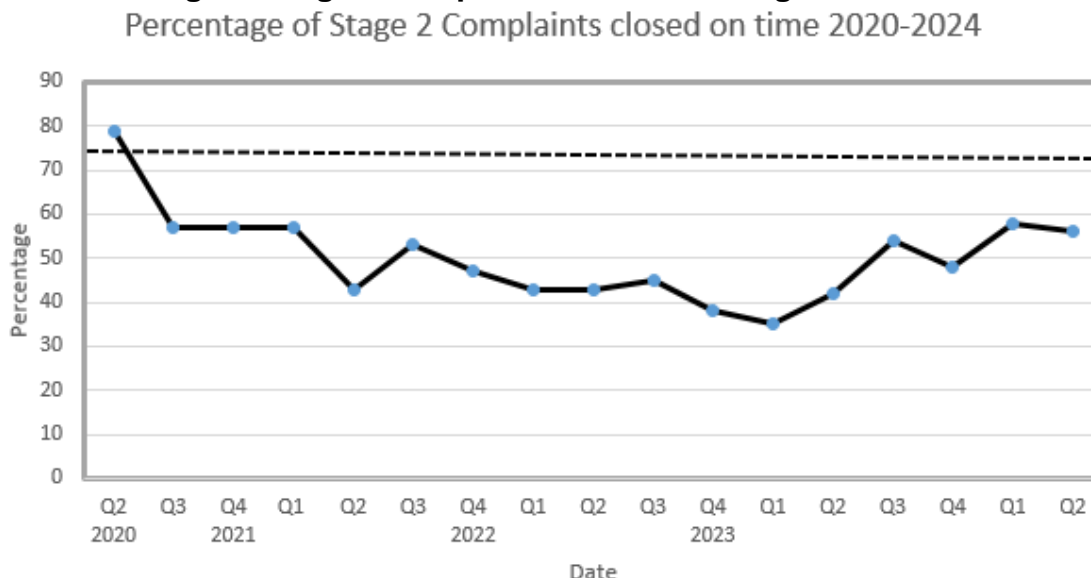
### Chart 3: Percentage Stage 1 and Concerns closed on target



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.

### 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, performance has slightly decreased to 56% since last quarter. Unfortunately, the number of ongoing complex complaints and new complaints received has resulted in a delay in securing information from service, and in the time taken to draft responses.

Unfortunately, we have not achieved the targets set in the previous quarter due to the ongoing workload and pressure on services. We are however, working closely with service colleagues to improve the time taken to investigate complaints, and to reduce any delays at the Complaints Team end in drafting responses.

A full Complaints Review has been conducted and a report will be provided to the Executive Nurse Director for consideration.

## 1.2 Outcomes

**Chart 5** below demonstrates the complaint outcomes for all complaints resolved in Quarter

The figures in **Chart 5** below demonstrates that the number of complaint outcomes that are fully upheld are 28% for Stage 1 and 11% for Stage 2. 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 5: Complaint Outcomes**

Service	Not Upheld	Partially Upheld	Fully Upheld	Still Open
Concern / Stage 1	165	47	83	0
Stage 2	22	15	5	76

The outcomes are in keeping with previous quarters.

## 1.3 SPSO Referrals and Investigations

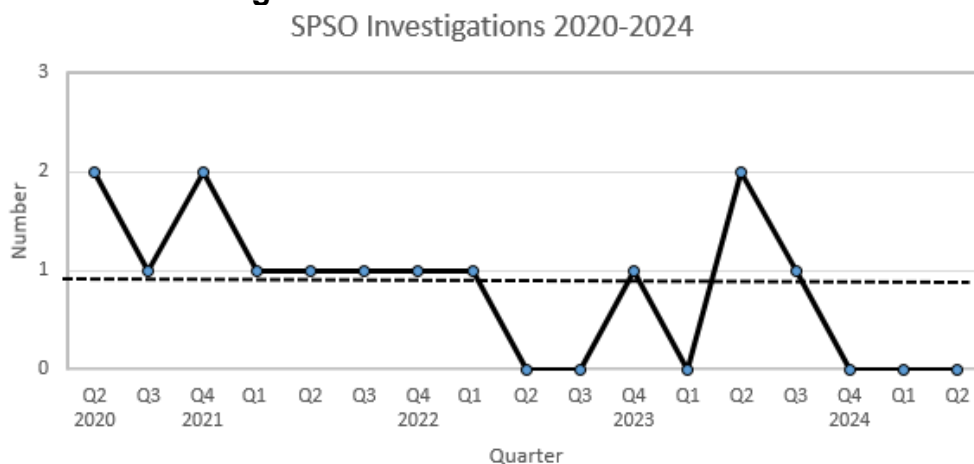
A clear indicator of complainant satisfaction can be derived from the number of complaints that are escalated to the Ombudsman.

**Chart 6: SPSO Referral Rates 2020 – 2024**



As demonstrated in **Chart 6** above, there has been a significant drop in the number of referrals in the last two quarter. This still is an expected increase as a result of the challenges faced in providing timely responses.

**Chart 7: SPSO Investigations 2020 – 2024**



We have yet to see the predicted rise in investigations as a result of the challenges in responding to complaints in time. However, we have improved communication with our complainants to inform them of delays in advance.

## 2. Complaint Themes

Work has been progressed to provide more accurate information from complaints and **Chart 8** 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 8** 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 8: Complaint Themes & Sub themes**

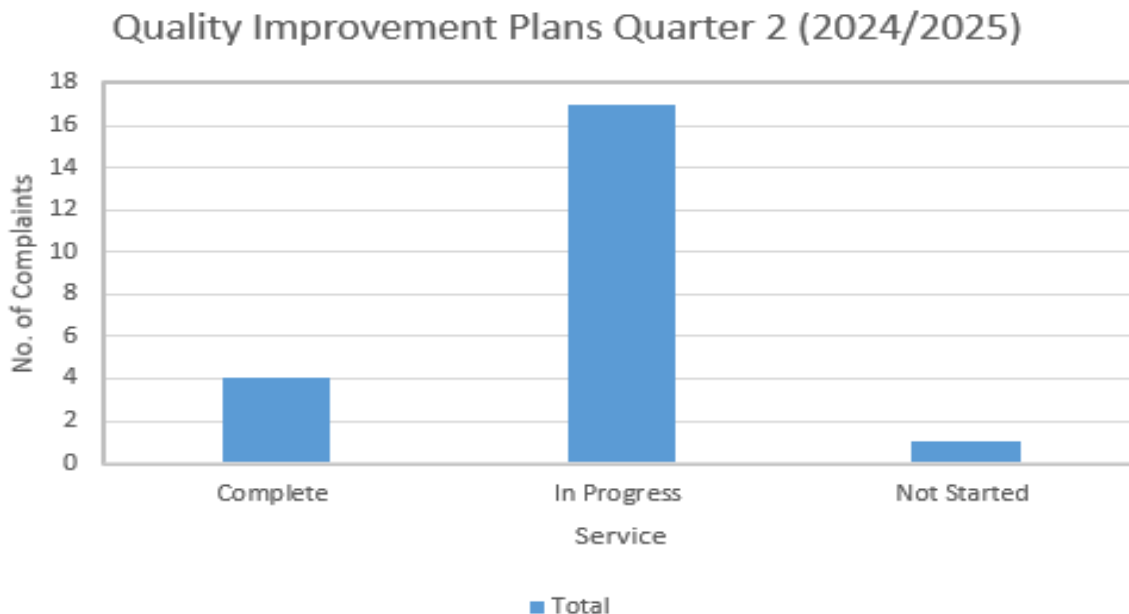
<b>Clinical Treatment</b>
Disagreement with treatment / care plan
Poor nursing care
Poor medical treatment
Co-ordination of Clinical treatment
Problems with medication
Lack of pain management
<b>Waiting Times</b>
Unacceptable time to wait for the appointment
Date for appointment cannot be given to patient
Waiting too long for test results
Cancellation of appointment /admission
Date for admission cannot be given to patient
Appointment date continues to be rescheduled
<b>Communication</b>
Attitude and Behaviour
Insensitive to patients needs
Lack of clear explanation
Patient note being verbally told things
Telephone
Conduct
Lack of support
<b>Other</b>
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

## 2.2 Quality Improvement Plans (QIP)

**Chart 9** 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 9 – Quality Improvement Plans**



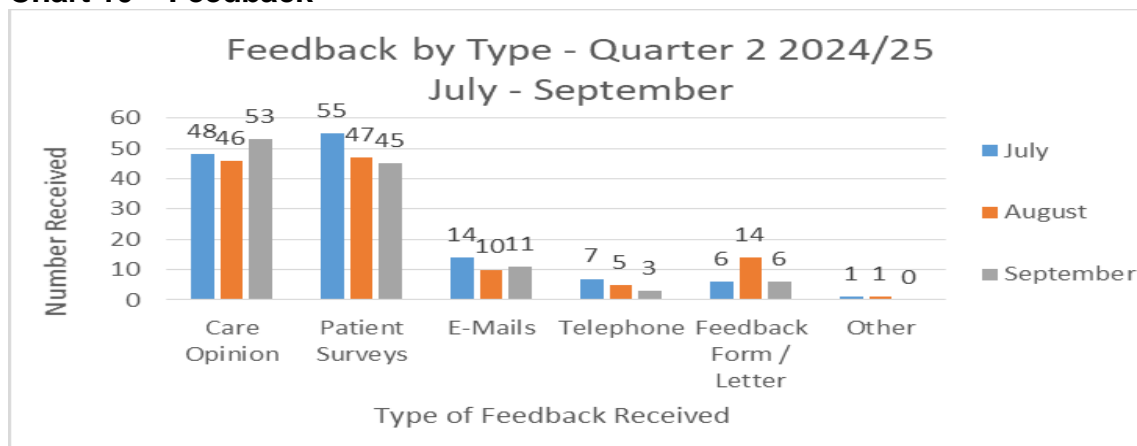
A number of improvement plans are currently in progress and this is monitored by the QI Lead to see if any improvement support is required and to assure the quality of the QIPs in use.

## 3. Feedback

**Local Feedback** There were a total of 372 instances of feedback gathered and shared during Quarter 2, with a breakdown as follows:

Local feedback and the form received is outlined below in **Chart 10**

**Chart 10 – Feedback**



### Examples of Inpatient Feedback Provided:

- *“I have spent practically all of life, since age of 2, with cerebral palsy having had about 56 operations on my feet but can honestly say that this is the best ward I have stayed in - staff of all levels work tirelessly. I don't sleep very well but this is*



*just due to my feet but I have been so lucky to have met a friend in here after 30yrs so I have had a lovely time catching up with her”* **Station 10, July 2024**

- *“I must say Gemma (ANP?) Went above and beyond sorting out some things for me, and Yvonne, this lovely girl washed and dried my hair which I really appreciated. Dean runs about all the time. No matter how busy they were, nothing was too much trouble. The staff are excellent. The bed alarms make a lot of noise during the night and need nurses to come in and reset them but apart from that everything has been very, very good. I am aware that the ward can be short staffed at night”* **Ward 2B, July 2024**
- *“Nothing could be improved on 5 star treatment in my opinion. Everyone has been so caring and kind”* **Station 8, August 2024**
- *“This ward provides brilliant care - been in and out over last 8yrs or so and it's nice to come here and staff know me. The food on the other hand has got much worse - horrendous in fact. People with cancer find it hard enough to eat well due to treatment but to then be faced with a meal dripping in steam once the plastic cover comes off is just a total no for me - and most of the time I don't eat - which is not great for my weight. The bacon was undercooked and full of thick fat - disgusting, I've seen staff take meals back to the kitchen and question if the catering staff would eat it. The build-up drinks I need are in polystyrene cups which is bad enough but room temperature - who wants a warm milk drink. There should be ice for water and these things. Especially as the windows can't be opened due to building work below. It is so warm - warm water is just not the same. Overall care is first class - but do think cancer patients should be provided with more appealing food - also a long time from evening meal (which I rarely eat) until breakfast - maybe snacks provided to the ward. The girls do make me toast if I fancy it so that good - not a lot of wards provide that”* **Ward 3A, August 2024**
- *“Everyone has been excellent. Lack of sleep is causing me to feel angry and frustrated but the staff are great at calming me down, one lady took me to the nursing desk and made me a cup of tea - that was such a nice touch and I hadn't realised I was so lonely as well. In that short amount of time with human interaction - I felt a bit better. I just don't sleep well in general just now”* **CAU UHC, September 2024**
- *“Let me just say everyone is wonderful - Kenneth Young is remarkable, such a talented, human gent. The rest of the staff looking after me are BRILLIANT! only tiny bit of feedback is that there is GMT and then there's NHS time - sometimes staff answers you with "1 minute" or "2 minutes" but then come back to you 15/20 minutes later”* **Station 16, September 2024**

Care Opinion remains the 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.

### **3.2 National Feedback**

- **147** stories shared in Quarter 2 on Care Opinion, down slightly from **150** in the previous quarter.

- **75%** were completely positive, with the remaining having some level of criticality. With only **4%** considered moderately critical. These stories received **152** responses from staff and these stories have been read more than 14,270 times
- 8 new responders added in Quarter 2 2024 with relevant alerts created and basic training delivered

#### 4. Complainant Satisfaction

Below is the feedback from 60 complainants on their complaints experience. The results have improved since the previous quarter.

	Question	Yes	No	NA/NR
1	Did you have access to information on how to lodge your complaint?	65%	33%	2%
2	Was your complaint acknowledged?	95%	3%	2%
3	Did you speak to a member of the Complaints Team?	85%	15%	0%
4	Was the process explained to you?	73%	22%	5%
5	Did you receive an apology for your poor experience?	75%	23%	2%
6	Were you kept updated during the handling of your complaint?	37%	53%	10%
7	Were you advised of any delays in advance?	85%	13%	2%
8	Did you speak to any other staff regarding your complaint?	35%	63%	2%
9	If you answered <b>yes</b> to Q8 – Was this conversation helpful?	18%	15%	67%
10	Were you informed of the outcome of your complaint?	82%	17%	1%
11	Did you agree with this outcome?	48%	28%	14%
12	Did you feel your complaint was dealt with in a respectful and person centred manner?	73%	22%	5%

There has been a slight drop in complainant satisfaction in Quarter 2 and improving these measures will be prioritised moving forward. The improvements in communication with complainants should be evident in future papers.

#### 5. Conclusion

Timely complaint handling remains a challenge with the current pressures on our services but the QI Lead and the Complaints Team are committed to making sustainable improvements in 2025 and beyond.

The Board is asked to note feedback and complaint activity and performance in Quarter 2 (July - September 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 2 (July - September 2024)

### NHS Ayrshire and Arran

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

Year: July - September 2024

Quarter: Quarter 2

#### Performance Indicator One:

#### 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	413
<b>4b.</b> Number of complaints received by NHS Primary Care Service Contractors ( <i>Territorial Boards only</i> )	2
<b>4c. Total number of complaints received in the NHS Board area</b>	415

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

<b>NHS Board Managed Primary Care services;</b>	
<b>4d.</b> General Practitioner	2
<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	184
<b>4i.</b> Dental	61
<b>4j.</b> Ophthalmic	2
<b>4k.</b> Pharmacy	31
<b>4l. Total of Primary Care Services complaints</b>	280
<b>4m. Total of prisoner complaints received (<i>Boards with prisons in their area only</i>)</b>	54

## 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)
<b>5a.</b> Stage One	295	88%
<b>5b.</b> Stage two – non escalated	22	7%
<b>5c.</b> Stage two - escalated	19	5%
<b>5d. Total complaints closed by NHS Board</b>	<b>336</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
<b>6a.</b> Number of complaints upheld at stage one	83	28%
<b>6b.</b> Number of complaints not upheld at stage one	165	56%
<b>6c.</b> Number of complaints partially upheld at stage one	47	16%
<b>6d. Total stage one complaints outcomes</b>	<b>295</b>	

#### Stage two complaints

Non-escalated complaints	Number	As a % of all complaints closed by NHS Boards at stage two
<b>6e.</b> Number of non-escalated complaints upheld at stage two	3	14%
<b>6f.</b> Number of non-escalated complaints not upheld at stage two	13	59%
<b>6g.</b> Number of non-escalated complaints partially upheld at stage two	6	27%
<b>6h. Total stage two, non-escalated complaints outcomes</b>	<b>22</b>	

#### Stage two escalated complaints

Escalated complaints	Number	As a % of all escalated complaints closed by NHS Boards at stage two
<b>6i.</b> Number of escalated complaints upheld at stage two	2	10%
<b>6j.</b> Number of escalated complaints not upheld at stage two	11	58%
<b>6k.</b> Number of escalated complaints partially upheld at stage two	6	32%
<b>6l. Total stage two escalated complaints outcomes</b>	<b>19</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
<b>8a.</b> Number of complaints closed at stage one within 5 working days.	135	46%
<b>8b.</b> Number of non-escalated complaints closed at stage two within 20 working days	10	45%
<b>8c.</b> Number of escalated complaints closed at stage two within 20 working days	13	68%
<b>8d. Total number of complaints closed within timescales</b>	158	

## 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	126	79%
<b>9b.</b> Number of complaints closed at stage two where extension was authorised (this includes both escalated and non-escalated complaints)	18	44%
<b>9c. Total number of extensions authorised</b>	144	