

# NHS Ayrshire & Arran



<b>Meeting:</b>	<b>Ayrshire and Arran NHS Board Meeting</b>
<b>Meeting date:</b>	<b>Monday 31 March 2025</b>
<b>Title:</b>	<b>Patient Experience: Feedback and Complaints – Quarter 3 October – December 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 3 (October – December 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 3 (October – December 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 3 (Oct – Dec 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 report has been shared with 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 3 (October - December 2024), and to note our compliance with the complaint handling process.

## **3. List of appendices**

- Appendix No 1: Patient Experience: Feedback and Complaints – Quarter 3 (October - December 2024)
- Appendix No 2: KPI Template for Quarter 3 (October - December 2024)

**Patient Experience: Feedback and Complaints- Quarter 3 (October – December 2024)**

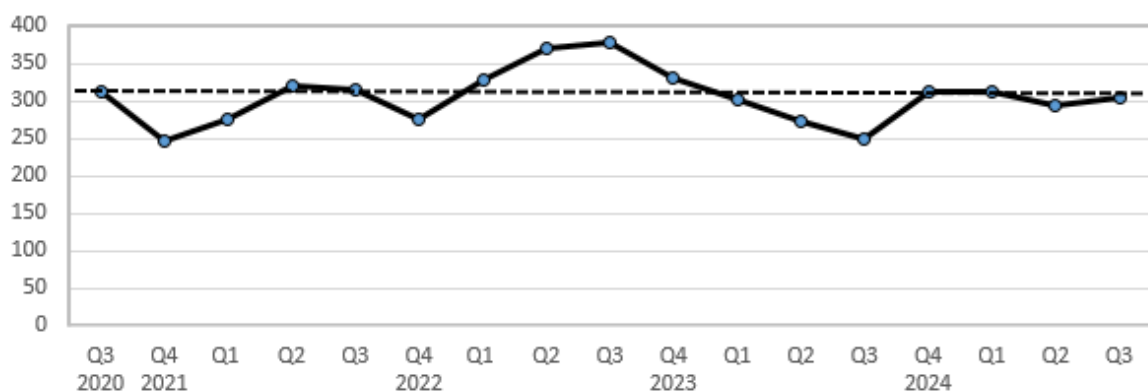
**1. Complaint Handling Performance**

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.

**1.1 Performance and Outcomes**

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

Concerns and Stage 1 Complaints 2020-2024

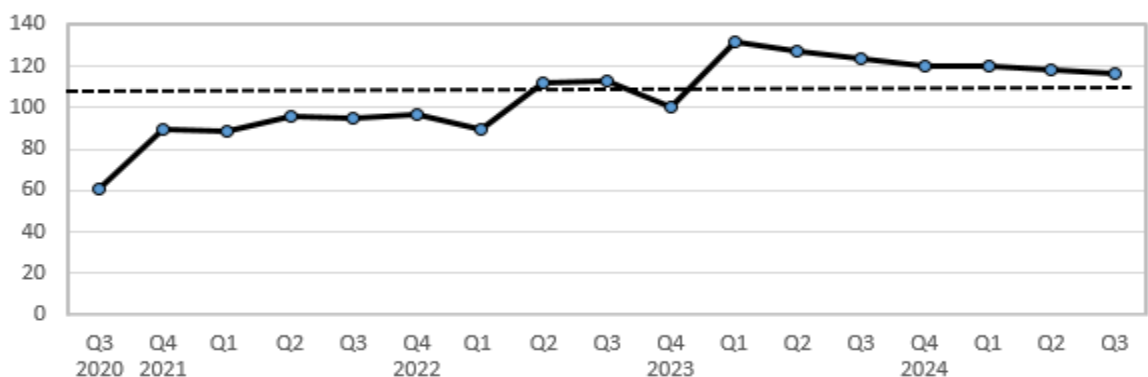


**Chart 1** demonstrates that the number of concerns and stage 1 complaints have remained relatively stable over past four quarters. In keeping with previous quarters, a number of concerns and Stage 1 complaints relate to current waiting times position.

**Chart 2** demonstrates Stage 2 complaints received in the quarter under review. Numbers have remained relatively stable over the last four quarters.

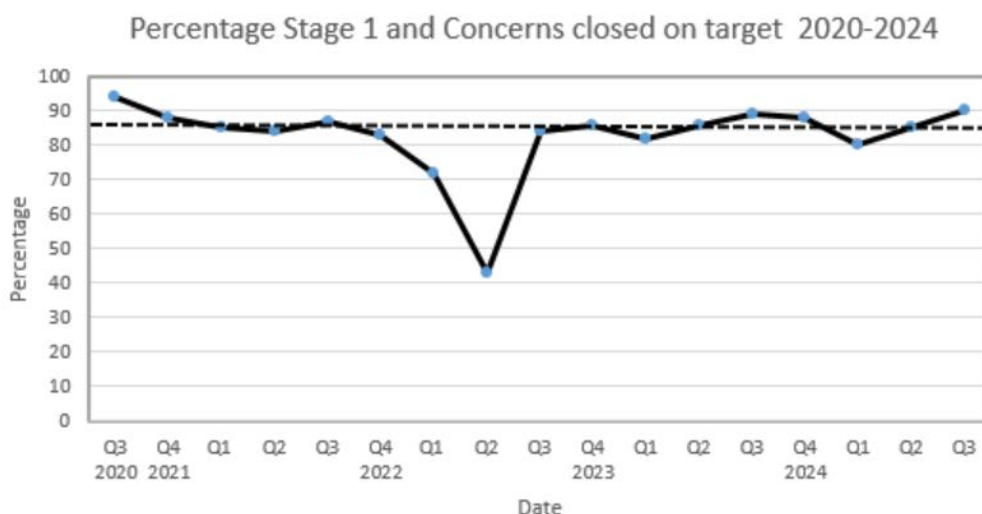
**Chart 2: Stage 2 Complaints**

Stage 2 Complaints 2020-2024



**Chart 3** demonstrates that in quarter 3 there has been an improvement (90%) in stage 1 performance. This is reflective of the services providing information to the Complaints Team in a timely manner.

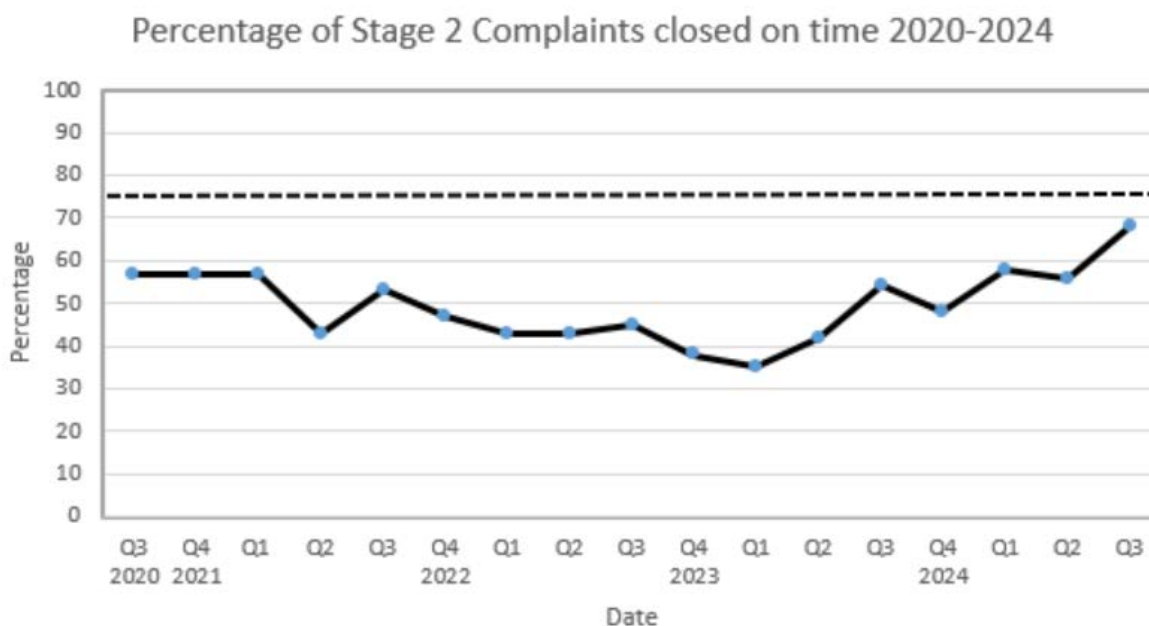
**Chart 3: Percentage Stage 1 and Concerns closed on target**



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

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

**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 increased to 68% since last quarter. This improvement is a result of improved engagement across the Complaints Team and Service, and with the additional support of the QI Lead to assist with not only out of time, but in time performance.

## 1.2 Outcomes

**Chart 5** demonstrates the complaint outcomes for all complaints resolved in Quarter 3

The data in **Chart 5** demonstrates that the number of complaint outcomes that are fully upheld are 73 (24%) for Stage 1 and 5 (20%) for Stage 2. This will change as we close further complaints. 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	194	37	73	0
Stage 2	14	6	5	92

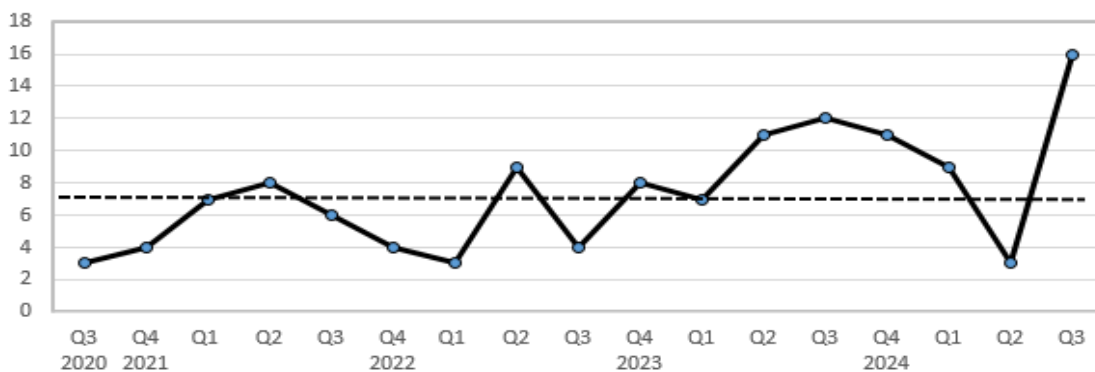
The outcomes are in keeping with previous quarters.

## 1.3 SPSO Referrals and Investigations

An indicator of complainant satisfaction is the number of complaints that are escalated to the Ombudsman.

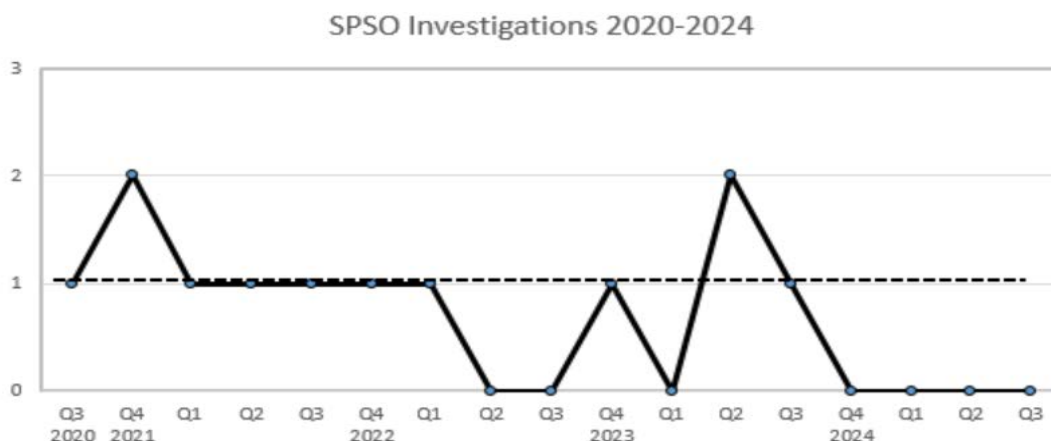
**Chart 6: SPSO Referral Rates 2020 – 2024**

SPSO Referrals 2020-2024



As demonstrated in **Chart 6**, there has been an increase in quarter 3. This is due to the challenges faced in providing timely responses, and this increase has been predicted over the last 18 months. The Ombudsman and their team are also experiencing significant pressures and are taking up to 12-18 months to progress to the investigation stage in most instances.

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



Despite the rise in referrals, there is no increase in investigations. Whilst this is a good indicator that the quality of our responses has been maintained despite the challenges, it should be viewed with caution.

## 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** 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

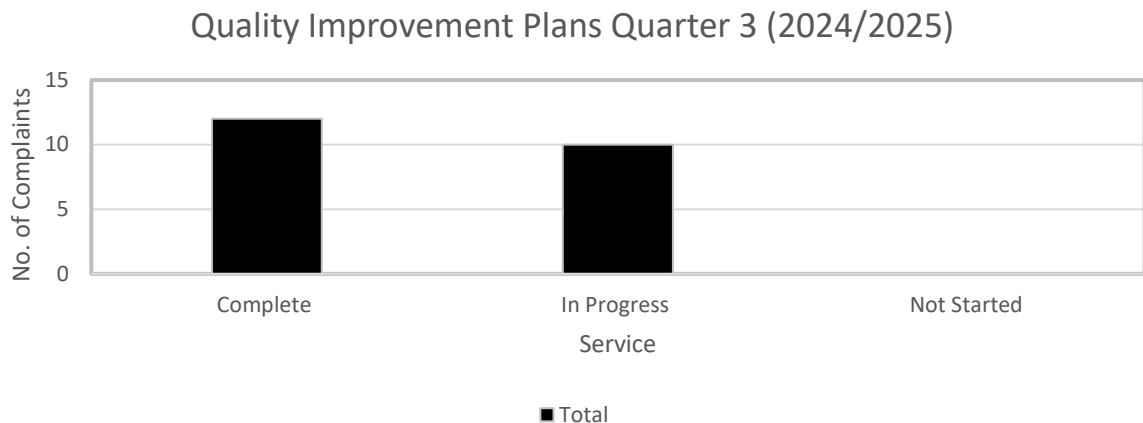
Telephone
Conduct
Lack of support
<b>Other</b>
Lost property
Availability of items
Access to premises / parking issues
Availability of bed
Accuracy of records
Condition of items / premises

Themes this quarter remain similar to previous quarters.

## 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.

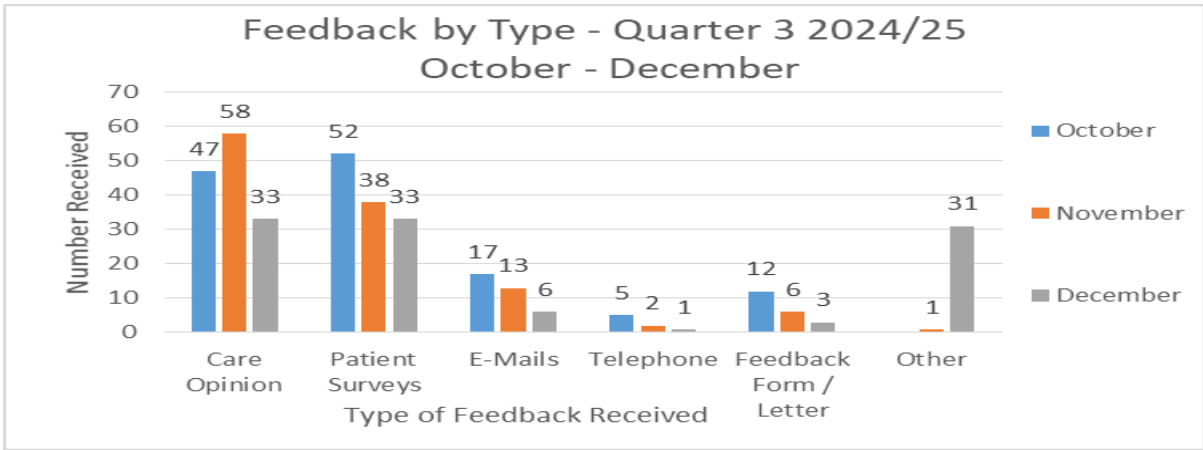
## 3. Feedback

### 3.1 Local Feedback

There were a total of 358 instances of feedback gathered and shared during Quarter 3, with a breakdown outlined in Chart 10.

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





Care Opinion remains 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.

### 3.2 National Feedback

Care Opinion continues to be promoted as NHSAA platform of choice for feedback and engagement continues to grow, with more services added every month.

- 138 stories shared in Quarter 3.
- 78% of these stories were completely positive, with the remaining 22% having some level of criticality. These stories received 168 responses from staff, with a response rate thus far of 96.3%, and these stories have been read more than 14,675 times.
- 3 new responders added in Quarter 3 2024/25 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.

No	Question	Yes	No	NA/NR
1	Did you have access to information on how to lodge your complaint?	68%	30%	2%
2	Was your complaint acknowledged?	95%	3%	2%
3	Did you speak to a member of the Complaints Team?	86%	14%	0%
4	Was the process explained to you?	82%	13%	5%
5	Did you receive an apology for your poor experience?	80%	18%	2%
6	Were you kept updated during the handling of your complaint?	52%	38%	10%
7	Were you advised of any delays in advance?	88%	2%	10%
8	Did you speak to any other staff regarding your complaint?	29%	59%	12%

No	Question	Yes	No	NA/NR
9	If you answered <b>yes</b> to Q8 – Was this conversation helpful?	58%	30%	12%
10	Were you informed of the outcome of your complaint?	84%	11%	5%
11	Did you agree with this outcome?	58%	32%	10%
12	Did you feel your complaint was dealt with in a respectful and person centred manner?	79%	20%	1%

This reflects additional communication with complainants in the quarter reported.

## 5. Conclusion

The Board is asked to note feedback and complaint activity and performance in Quarter 3 (October - December 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.

## Key Performance Indicators for Quarter 3 (October 2024 – December 2024)

## NHS Ayrshire and Arran

## Quarterly on Feedback and Complaints Performance Indicator Data collection

Year: October – December 2024

Quarter: Quarter 3

## 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	485
4b. Number of complaints received by NHS Primary Care Service Contractors ( <i>Territorial Boards only</i> )	0
<b>4c. Total number of complaints received in the NHS Board area</b>	<b>485</b>

## NHS Board - sub-groups of complaints received

<b>NHS Board Managed Primary Care services;</b>	
4d. General Practitioner	0
4e. Dental	0
4f. Ophthalmic	0
4g. Pharmacy	0
<b>Independent Contractors - Primary Care services;</b>	
4h. General Practitioner	197
4i. Dental	15
4j. Ophthalmic	3
4k. Pharmacy	18
<b>4l. Total of Primary Care Services complaints</b>	<b>233</b>
<b>4m. Total of prisoner complaints received (<i>Boards with prisons in their area only</i>)</b>	<b>82</b>

## 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	304	92%
5b. Stage two – non escalated	13	4%
5c. Stage two - escalated	12	4%

<b>5d. Total complaints closed by NHS Board</b>	329	
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### 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	73	24%
<b>6b.</b> Number of complaints not upheld at stage one	194	64%
<b>6c.</b> Number of complaints partially upheld at stage one	37	12%
<b>6d. Total stage one complaints outcomes</b>	304	

##### Stage two complaints

<b>Non-escalated complaints</b>	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	23%
<b>6f.</b> Number of non-escalated complaints not upheld at stage two	7	54%
<b>6g.</b> Number of non-escalated complaints partially upheld at stage two	3	23%
<b>6h. Total stage two, non-escalated complaints outcomes</b>	13	

##### Stage two escalated complaints

<b>Escalated complaints</b>	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	17%
<b>6j.</b> Number of escalated complaints not upheld at stage two	7	58%
<b>6k.</b> Number of escalated complaints partially upheld at stage two	3	25%
<b>6l. Total stage two escalated complaints outcomes</b>	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
<b>8a.</b> Number of complaints closed at stage one within 5 to 10 working days.	274	90%
<b>8b.</b> Number of non-escalated complaints closed at stage two within 20 working days	6	32%
<b>8c.</b> Number of escalated complaints closed at stage two within 20 working days	9	36%
<b>8d. Total number of complaints closed within timescales</b>	289	

## 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	30	10%
<b>9b.</b> Number of complaints closed at stage two where extension was authorised (this includes both escalated and non-escalated complaints)	9	36%
<b>9c. Total number of extensions authorised</b>	39	