Ayrshire and Arran NHS Board

Monday 21 August 2017

Patient Experience Annual Report 2016/17

Author: Andrew Moore, Assistant Nurse Director

Sponsoring Director: Professor Hazel Borland, Nurse Director

Date: 21 July 2017

Recommendation

The Board is asked to receive the Patient Experience Annual Report 2016/17.

Summary

The Patient Experience Annual Report 2016/17 has been prepared using a more detailed approach to include all aspects of organisational activity in relation to patient experience, feedback and complaints.

A revised patient experience programme and approach to encouraging and handling stakeholder feedback has impacted positively on culture, learning and improvement at team level. This report highlights improvements made in handling feedback and complaints and the increased emphasis on evidencing improvement.

Key Messages:

- A revised approach to encouraging feedback offers a range of opportunities for patients, relatives and the public to provide feedback.
- The Patient Experience Programme links staff experience to patient and care/relative experience with improved outcomes across a range of quality indicators.
- There was a slight increase in the number of complaints received during 2016/17 and a decrease in the number of concerns for the same period.
- The percentage of completed quality improvement plans continues to improve and there has been a significant reduction in Scottish Public Service Ombudsman complaints investigated.
<table>
<thead>
<tr>
<th>Glossary of Terms</th>
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<td>AEP</td>
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<td>AMECA</td>
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## Monitoring Form

<table>
<thead>
<tr>
<th><strong>Policy/Strategy Implications</strong></th>
<th>Delivery of the Healthcare Quality Strategy</th>
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</tr>
<tr>
<td><strong>Financial Implications</strong></td>
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</tr>
<tr>
<td><strong>Consultation (including Professional Committees)</strong></td>
<td>The Annual Report has been shared with the Scottish Health Council</td>
</tr>
<tr>
<td><strong>Risk Assessment</strong></td>
<td>Failure to have in place and to maintain a robust feedback and complaints process could have a significant impact upon NHS Ayrshire &amp; Arran ability to demonstrate the understanding of risk associated with complaints and the opportunity to deliver organisational learning.</td>
</tr>
<tr>
<td><strong>Best Value</strong></td>
<td>This report meets the requirement of the Patient Rights Act</td>
</tr>
<tr>
<td>- Vision and leadership</td>
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</tr>
<tr>
<td>- Effective partnerships</td>
<td></td>
</tr>
<tr>
<td>- Governance and accountability</td>
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<tr>
<td>- Use of resources</td>
<td></td>
</tr>
<tr>
<td>- Performance management</td>
<td></td>
</tr>
<tr>
<td><strong>Compliance with Corporate Objectives</strong></td>
<td>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.</td>
</tr>
<tr>
<td><strong>Single Outcome Agreement (SOA)</strong></td>
<td>Patient stories can have a positive impact on SOA objectives</td>
</tr>
</tbody>
</table>

**Impact Assessment**

The Annual Report will be assessed prior to public distribution.
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Introduction

NHS Ayrshire and Arran is committed to creating effective partnerships with patients, their families and carers, and the wider community to ensure anyone using our services has a positive experience. In order to achieve this, we consider every healthcare contact to be an opportunity for improvement and engagement with the people and communities we serve.

This report describes the experiences of our patients as gathered from; feedback and complaints, interviews and our annual customer care survey. The report demonstrates that NHS Ayrshire and Arran is listening to, learning from and acting upon service user feedback in relation to quality, safety and effectiveness.

The figure below sets out all our quality ambitions in relation to patient experience.

*NHS Ayrshire and Arran’s Patient Experience Driver Diagram*

Laura Harvey
Quality Improvement Lead
Customer and Person Centred Care
Encouraging & Handling Feedback

This section will outline the methods that NHS Ayrshire and Arran use to encourage and gather feedback from patients, carers, families and the public. The feedback sought may be targeting specific events and/or services, or it can be from individuals that have used our services. It will provide detail on the methods for feedback of both positive and negative experiences of care received or witnessed in NHS Ayrshire and Arran. This section will also detail how we have engaged with patients and carers who may have difficulty in offering feedback, and the support available to encourage their contribution.

Why Feedback is so Important

There are various reasons why feedback from patients may be considered useful. These include:

- collaboration with the public to deliver and develop services
- understanding current problems in care delivery
- informing continuous improvement and redesign of services
- helping professionals reflect on their own and their team’s practice
- monitoring the impact of any changes
- informing referring clinicians about the quality of services
- informing patients about the quality of services and involving them to address issues or improvements
- developing care pathways with patients, carers and the public

1.1 How NHS Ayrshire and Arran Encourages Feedback

We have recently launched new feedback resources to encourage service users and their families to tell us what they think. These include:

- Eye catching poster boards have been created and displayed in many areas across NHS Ayrshire and Arran. These include the resources for people to take away

- The poster boards can be found near many main entrances and waiting areas. In addition, posters and resources can be found in many areas of the organisation e.g. wards etc.

- An electronic feedback form with no mandatory questions has been devised, developed, tested and is now operational. This can be accessed via the URL or a QR code. This allows direct access to an ‘easy to complete’ electronic form on smart phones, tablets and all variety of computers. If people prefer to write a full story, this can be done near the end of the electronic feedback form, skipping the other options on the form if desired.

- The ‘How to Guide’ to feedback and complaints
- The feedback form and free-post envelope for its return

- Small card and postcard size, double sided information to take away on how to feedback to both NHS Ayrshire and Arran and Care Opinion with the Write...Type...Talk… details.

The new feedback forms can be scanned, entering data directly into a data base, enabling merging with data from all the electronically completed form. This will make it easier to analyse, feedback to service, identify areas of issues and use to inform improvements.

All the resources were developed and tested with input from service users and a variety of staff. Opinions were sought from representatives in Clinical Improvement, Practice Development, the Participation Network, Management, Governance, Equality and Diversity, Customer Care, Person Centred Care, specialist services e.g. Day Surgery, Community staff and where possible, all comments were incorporated or taken into account.

Examples of Local Adaption of new Feedback Resources

The Day Surgery Unit at University Hospital Ayr now has a survey (linked to the new feedback process). This enquires about their day surgery experience, including post operative pain, pain relief and adequacy of information about their procedure. This is monitored and fed back to the DSU and the Governance structure, to date this has provided very positive experiences with some helpful suggestions for minor changes. There is potential to use this method for many other service reviews and evaluation.
1.2 Person Centred Care

1.2.1 Patient Experience Programme

A priority of our Person Centred Care Team over the last year has been to promote, test and spread the patient experience programme using appreciative inquiry.

Appreciative Inquiry

An appreciative enquiry approach was chosen for the Ward Experience Programme as it explores what people are doing well and how to build on this. Appreciative Inquiry concentrates on relational principles focusing on dialogue and relationships with, not only the patient, but everyone involved in the care experience. This methodology assumes organisations have many assets, strengths, resources that can be found, affirmed and encouraged. The approach facilitates patients, families and staff to work together in shaping and implementing change, leading to improved quality.

Recent Staff feedback from ward experience and Compassionate Connections workshops highlight the impact that staff experience has on patient experience so by investing in developing our staff and ensuring their health and well being, we will be able to improve patient experience.. This has led to an initiative by the PCC team who are working with front-line staff in our acute and community hospitals to identify and share what staff do well at work. A question has been added to the ward experience patient and relative experience questionnaires asking them for three words describing what the staff does well. This information is collected then collated into a Wordle which clearly shows the top most popular answers.

Example patient and relative Wordles
Progress to date

The team have invested in snap display boards for all our wards to display these Wordles in a new named area still to be identified by the initial pilot work. The aim of this project is to raise staff morale by encouraging staff to do more of what they do well instead of the focus being what’s not going well. It is also hoped that internal leadership walk rounds and external inspections could be structured to ensure discussion around what is done well in their ward is carried out first.

Person Centred Care Experience Model

NHS Ayrshire & Arran’s Ward Experience Programme began as a pilot within Station 9 at Ayr Hospital in 2016. It has been developed over the last year with many tests of change (PDSA’s) being carried out to improve data collection tools in relation to patient, relative and staff experience.

Working together as a team and sharing information, has been attributed to change being successfully embedded into practice. Change is dependent on staff buy-in and commitment. Staff need to feel involved and understand the benefits proposed change has for their ward and themselves.

The PCC team work closely with the Improvement Team and ward staff to develop a more collaborative approach to collecting and analysing the feedback. This combined programme introduce on-site coaching and support for ward staff based on organisational values, creating an enriched ward environment for all with the ultimate aim of developing a shared vision to improve patients, families and staff experiences.

The ward experience team initially collects experience data from patients, family members and staff, this is then analysed to determine the level of PCC/Improvement support required. This ensures that all person-centred improvements are based on lived experience whilst supporting staff to create an improved relationship centred culture.

This year a total of 1,097 interviews were carried out across 16 wards in Ayr, Biggart, and Crosshouse and Cumnock hospitals. 473 of these were patients, 239 relatives and 385 staff. The ward experience programme of work will continue during 2017/18 and the PCC team currently has visits planned to 28 wards between April and November 2017.
Person Centred Care Improvement Programme for Biggart Hospital

A significant piece of work which involved developing a new Compassionate Connections programme was carried out between September and December 2016. Discussions involving the Clinical Nurse Manager, the Improvement Team and PCC Team resulted in the joint development and delivery of a Ward Experience Programme and Compassionate Connections Workshops tailored to the improvement and person-centred needs of all four wards within Biggart Community Hospital.

The need for improvement and training around relationship centred care had been identified and there had been some complaints around communication and attitudes and behaviours. Delivery of the Workshops has been a joint venture between the PCC and Improvement Teams.

Biggart Ward Experience Programme

Interviews were completed in all four wards at Biggart, a community hospital. The total number of people interviewed was:

98 - Patients
45 - Carers
86 - Staff

Patients and carers were interviewed by one of our trained ward experience volunteers and staff were interviewed by one of the Person Centred Care Team (PCCT). Interviews were carried out over a 2 hour period once a week for a total of 4 weeks. Analysis of the results was then carried out and this work was used to inform Person Centred Care improvements.

Information was also collected from patients and carers on what they thought staff did well on their ward. This provided a focus on what worked well, enabling wards to celebrate and promote good practice.
Patient/relative themes reported:

- The need to involve patients and relatives more in all aspects of care.
- Many patients and relatives were not aware who was looking after them/their loved one on a particular day.
- Patients/relatives were not being asked what was important to them, during their stay in hospital.

Staff themes reported:

- Poor communication.
- Heavy workload

Information on what staff thought about the culture within their wards was also collected and collated in the format of a Wordle (the larger the word, the more times people have said it).

**Biggart Hospital – Experience Wordle**

![Wordle Image]

**The Compassionate Connections Programme**

The Compassionate Connections Programme was tested within all wards, 15 Compassionate Connections Workshops were delivered between September and December 2016, at which 94 individual staff attended. The workshops were considered tests of change with improvements identified with one ward being implemented during delivery at the next ward workshop.

The workshops began with a significant focus on the Compassionate Connections Programme; however, during our first test of change (Macmillan Ward), it became clear that we should change the format, some of the facilitation exercises and the video. The new Cleveland video was introduced successfully, enabling some interesting and reflective
interactions leading staff gently into discussions around compassion in relation to patients, relatives and each other.

Full day sessions were developed to address the identified issues and these were delivered to all members of the nursing team. The Compassionate Connections resource is being used, in conjunction with the model of improvement to deliver the necessary training and development.

The days are being chaired by the Senior Charge Nurse and Clinical Nurse Manager for the area to promote leadership and facilitated by members of the Quality Improvement and PCC teams. The key deliverables for the day are highlighted below:

- Relationship Centred Care – presenting the ward experience model and attributes for successful change despite competing demands. The impact of culture on building a strong team approach and how this impacts on patient experience
- Hello My Name is – exercise designed to consider what is important to the staff at work and how they demonstrate compassion and caring in a consistent manner
- Reflective videos – encouraging analysis of what motivates staff to work in care and how we can use our own experiences to improve others experiences
- What Matters To You – new ward approach to identifying and prioritising patient needs
- Quality Improvement Session – basic instruction in the Model for Improvement, using both theoretical and practical learning, including exercises to promote a team approach to improvement

Relationship Centred Care Workshop

The resource was used to identify exercises that were useful in enabling some interesting and reflective interactions, leading staff gently into discussions around compassion in relation to patients, relatives and interaction with each other as a team.

Feedback from staff around the benefits of the training was very positive. Staff felt valued, they had a voice and enjoyed having the space to reflect and discuss things with their fellow
team members. It allowed them the time to consider the impact of careless communication on patients and their families and to revisit their motivation and wishes as a nursing professional.

Other common themes identified were a clear need for senior management to develop a consistent vision for the future of the Biggart Hospital. Staff also highlighted the damaging message some staff were giving patients and their families when being transferred from Ayr Hospital to Biggart Hospital.

Improvement Resulting from Experience Programme

As a result of this work, we have been able to demonstrate a significant drop in complaint activity related to staff attitude and behaviours, with no complaints received since the resource delivered in October 2016, as shown in the run chart below:

1.2.2 Public Engagement – The Participation Network

The NHS Ayrshire and Arran Participation Network provides a single inclusive forum for two-way engagement with patients, public, carers, volunteers, etc regarding health issues and core services. This structure provides flexibility to allow local engagement at service level to encourage increased recruitment.

The Participation Network (PN) is a key component of the overall Patient and Community Engagement Governance Structure NHS Ayrshire & Arran Health and Social Care. This provides the structure and flexibility to enable local engagement at all levels.

The Participation Network (PN) is a virtual group (currently at 1000) of patients, carers, members of the public, volunteers and community groups from across Ayrshire and Arran that have an interest in knowing about and improving health and care services. The Network enables more patients/families to be involved at point of care in decisions about service improvements. In the past year approx 350 distributions of information have been undertaken to Network members.

Progress to Date:

- A new draft engaging and involving people strategy has been developed for consultation; with clear governance structures in place. The steering group and a new
Participation Network Co-ordinating Group will become part of these new governance arrangements.

- There has been continual awareness raising exercises in a variety of locations to recruit patients/relatives and members of the public to the Participation Network from Health and Social care services. A new more efficient database has been constructed providing improved accuracy, administration and up to date reporting facilities.

1.2.3 What Matters to You

This campaign was initiated in Norway in 2014 and aims to encourage and support more meaningful conversations between people who provide care and the people, families and carers who are cared for. We know from experience and evidence that the effect of focusing on what really matters to people can lead to big improvements for people and communities, and the quality and effectiveness of care. However, we also know that this approach is good for the people who provide support and care, enabling them to work to their values and bringing deeper satisfaction to daily work.

On the 6th of June 2016 members of the person centred and quality improvement teams were on site at 3 key locations across NHS Ayrshire and Arran – University Hospital Ayr, Biggart Hospital Prestwick and University Hospital Crosshouse.

Staff asked the following question:

If you were coming into hospital today what word would you choose to describe what would matter to you most?

The person Centred Care Team collated the words and develop wordles for all Ayrshire hospitals - this provides essential feedback from the public which can be used to improve service delivery.

Ayr Hospital Wordle

Patient Stories

A new guidance document has been developed to provide improved governance around the collection, storage and use of patient/staff stories. This provides more clarity around the process that must be adhered to when staff undertake such stories. The guidance has been agreed by NHS Ayrshire & Arran Board and will ensure a structured approach to this
specialist service. NHS Ayrshire & Arran Board requests a patient story at each Board meeting. Staff stories will be collected to provide experiences from front line staff which will in turn ensure improvement in many clinical areas

1.3 National Feedback

1.3.1 Care Opinion (An independent feedback platform)

Use of Care Opinion (formerly Patient Opinion), an independent feedback platform has been used in NHS Ayrshire and Arran since 2009, with use increasing over time (Chart 1).

Chart 1 – Care Opinion posts from 2009 until 2017

It is anticipated that use may increase greatly with the launch in June 2017, of the new NHS Ayrshire and Arran feedback process and resources. In 2016-2017, 370 stories were posted on Care Opinion (figure 2) compared to 290 for the previous year, which is an increase of 27%. These stories have been read 110,532, which is an increase of 37% on last year. This calculated as an increase of 22 additional viewings ‘per story’.

Chart 2 below shows monthly usage of Care Opinion in the last year;
Augmenting ways to gather feedback via Care Opinion

Care Opinion phone numbers and posters were added to the ‘Infopoint’, free-phone telephone stations in various locations in NHS Ayrshire and Arran. Over the year, 64 calls were made to Care Opinion via the Infopoints. This rapid, convenient access to Care Opinion may have encouraged feedback from some who may not have given feedback otherwise.

Service Evaluation

Some services have tailor-made ‘direct ask’ flyers to establish specific information on their service for example the pilot physiotherapy service in The University Hospital Crosshouse Emergency Department. The Physiotherapist works to ‘shorten’ the patient pathway for some Orthopaedic conditions such as back pain and this is in the evaluation stages. Some very positive Care Opinion data has been received from patients and will be included in the evaluation of this service. Using ‘Direct ask’ prompts are also available for the NHS Ayrshire and Arran branded feedback.

All NHS Ayrshire and Arran stories are read, responded to on the public website and then actions taken. For every post, the link to the post and a poster of the feedback (made by the Patient Feedback Manager) are forwarded to a variety of staff. Providing a poster enables wider sharing with those who are unable or unlikely to access the computer link to the story on Care Opinion. Various additional actions may then be taken, including; sharing with teams, individuals, managers, CDs, identification of possible changes / improvements, collaboration with teams or management, early resolution, information sharing, signposting, and assisting to facilitate meetings/discussions. Onward sharing by all the recipients of all feedback is encouraged at all times. Stories that solely relate to General Practice are not always responded to by the Patient Feedback Manger and this explains reports that state ‘not all stories in this subscription are responded to’.

A high percentage of authors respond to requests to contact the service via the Patient Feedback Manager. Patients and staff appreciate the opportunity to give/receive feedback. While there is always potential for improvement, Care Opinion provides feedback on both negative and positive experiences and thereby provides a balance of reported care for staff that is immeasurable and can contribute to service redesign and planning.

If authors wish, they can indicate if the response to their post was helpful or unhelpful. Of the 370 stories, 104 (34%) of authors indicated their view of the response. Of those who indicated their view, 95 (91%) found the response helpful and 9 (9%) deemed the response to be unhelpful.

Care Opinion also provides the opportunity to collect opinions from a wide range of authors, not just patients as indicated below in Chart 3. This has proven helpful, giving a voice to many who, under other circumstances may not generally be given an opportunity to comment.
Criticality of stories

Criticality ratings are applied to each story by Care Opinion staff. This ranges from zero-five. Zero indicates a compliment, gratitude, ideas or suggestions. Criticality Five, severely critical, indicates the most critical rating, with one – four being minimal, mild, moderate and strongly critical respectively. NHS Ayrshire and Arran has not yet received a story rated ‘severely critical’. There were 207 (56%) criticality 0 stories this year, compared to 140 last year (48%). It is worth observing some caution as to the reason for this. It may in part be due to the roll-out of Care Opinion to different areas as opposed to a shift in practice. Below is the summary of criticality rating for this year (Chart 4).
1.3.2 Improvement as a result of Care Opinion Feedback

As a service, we can indicate if a post leads to a change. Some posts lead to changes for them as individuals and on occasion, to the service for the better of all. Below is an example of improvements made based on patient feedback via Care Opinion:

An immediate and full review was undertaken of the guidance on all fractures, including immobilisation and follow-up intervals, prior to a senior manager discussed the outcome with the author.

https://www.careopinion.org.uk/opinions/291051

I attended the Acute Fracture Clinic 7 days after my visit to A&E and I was told by the medical staff that I should not have been sent home with a mere Tubigrip! My foot should have been immobilised.

Feedback from patient

This above post was discussed with the team at both Ayr and Crosshouse Emergency Departments, and at the Emergency Department’s clinical governance meeting, ensuring that the patient’s voice is consistently heard when you are reviewing the quality of care we provide.

Recently, a particularly moving post received the highest ever number of views and became a viral post, appearing on many social media platforms. The team involved went on to receive a local award for the compassionate care they provided. An extract from the post is shown below. This post has now been viewed in excess of 24,000 times.

I will be eternally grateful for the care we all received for in the end the staff did not only care for my wife and me they cared also for my daughters.

Most of all I am grateful for the opportunity to have spent the last nights of her life with her in my arms as we had done for oh so many years prior to her leaving for the nursing home.
Gratitude is frequently given by authors for a response to their post as shown below;

May I say how nice it was to receive your response and apology? It made all the difference, to know you took the time to respond.

Care opinion poster

Another patient posted:

“The care I received in the ICU of Crosshouse Hospital was nothing less than outstanding. I am now attending the INSPIRE programme, which is a programme set up and run by the staff members (doctors, nurses etc.) of the Intensive Care Unit ....attending this programme has been a major step in my personal recovery, and I owe a very real debt of gratitude to the members of the INSPIRE team, for their selfless devotion, inspiration and endless positive energy given freely to myself, my wife (carer), and all other people attending.”

1.4 Local Feedback

As discussed in section 1.1, a new approach to feedback has been introduced in NHS Ayrshire and Arran to ensure every opportunity to hear about the experience of our service users and their families is taken and that people are able to provide that feedback in a variety of ways. We are already seeing increased numbers of feedback and compliments as a result.

Chart 5 – Feedback recorded centrally

Our current priorities in relation to feedback are how to capture all the compliments and feedback received at the point of care. Work is progressing to capture this in a consistent manner to ensure we can present a more accurate picture of both negative and positive feedback.
1.5 Customer Care Audit

Our Customer Care resources are under review and will be renewed/refreshed to tie in with the new feedback process. Our customer care feedback will be reportable via the same mechanism as the NHS AA feedback and will funnel into the same data base.

The Customer Care Audit continues to be carried out for a minimum of one month, twice yearly. This audit is designed to enable services to rate their customer service based on the customer care commitments, design action plans and set in motion any improvements as required. These look at three elements in particular: Communication, Environment, Equality and Diversity and Telephone practice. This audit is housed on the Quality Improvement Portal and has recently undergone changes. The data has migrated and is now reported via ‘Business Objects’, with some parameters being slightly altered. Some audit data reflected the complaints process poster and information was in the process of change. As these have now been issued and widely promoted via a stop press and daily digest, the audit for June 2017 may reflect an improvement in these area.

Chart 6a – Communication Audit
Chart 6b – Breakdown of Audit

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<td>Total Observations with non Compliance</td>
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<table>
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<th>Summary of Non Compliance Results</th>
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<td>Always gives their name and role when introducing themselves (where appropriate)</td>
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<td>97.0</td>
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<td>Always gives their full attention to patients or visitors (except in special circumstances e.g. deteriorating clinical state)</td>
<td>2</td>
<td>99.7</td>
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<td>Always treats patients or visitors with courtesy</td>
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<td>99.9</td>
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<tr>
<td>Wears visible and legible identification (where appropriate)</td>
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Chart 7a – Environment and Equality Audit

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Chart 7b – Breakdown of Audit

Chart 8a – Telephone Audit

Chart 8b – Breakdown of Audit
1.6 How Feedback is obtained by Equality Groups

Equality covers us all and for different reasons, however, this section outlines a variety of ways in which we engage with groups and the wider population. NHS Ayrshire and Arran are sensitive to ensuring our approach to engagement is not tokenistic. Whilst we engage with specific groups such as Ayrshire Minority Ethnic Communities Association (AMECA), we also engage with the wider public when developing our services as equalities impacts on all of us. Examples of other user groups are; elderly forums, the deaf community, mental health public reference group etc. We also meet individual needs to allow feedback such as arranging to meet with a deaf patient along with a BSL interpreter.

The entire participation network (PN) members fall under many of the equality protected characteristics. NHS Ayrshire and Arran has patient representatives in many groups. Patient and public representatives sit on health specific groups where service users become group members involved in the decision making processes such as the respiratory services.

**Ayrshire Equality Partnership (AEP)** is a multi-agency group looking at equalities issues across Ayrshire and Arran. One recent project is the relocation of Afghan families to the area. Through the AEP and engagement with the Ayrshire Minority Ethnic Communities Association (AMECA) we have engaged with a number of the families to find out what is important to them. The AEP are currently developing a 'Welcome Pack for New Citizens' which will contain important information such as how to register with a GP, Fire Safety, contacting the Police, Ambulance Service etc as well as information such as driving regulations, local attractions, places of worship etc. It will also include items that are important to them and may be pertaining to a specific cultural. One interesting piece of information required by one ethnic minority group was whether they were allowed to enter the sea on a visit to the beach.

**Ayrshire Lesbian, Gay, Bisexual and Transgender (LGBT) Development Group** is a multi-agency partnership aiming to improve the lives of Lesbian, Gay, Bisexual and Transgender (LGBT) people. The group has representatives from the local authorities, police, health, education and third sector organisations as well as LGBT specific organisations such as the Terrence Higgins Trust.

The group was established in 2011 and has been working together to provide opportunities for professionals and local people to develop their knowledge and skills, and to encourage greater interaction among communities.

1.7 Summary

Improving our organisational approach to receiving and using feedback for improvement remains a priority and work is ongoing to ensure we can capture all feedback, and evidence learning or improvement as a result.
Encouraging and Handling Complaints

This section aims to demonstrate how NHS Ayrshire and Arran responds to complaints, the improvements being made to our complaint handling processes and the increased focus on learning and improvement.

2.1 Complaint Numbers and Response Times

This year, the focus of the Customer Care Team has been to seek early resolution at every opportunity and to ensure that the relevant learning and improvement results. Work has progressed on identifying shared themes from feedback, concerns and complaints and assisting service to progress improvement as a result.

In terms of complaint handling, we have introduced more rigorous reporting to service and have been monitoring SPSO activity as an indicator of our complaint handling performance.

In 2016/2017, we have responded to 1700 concerns and complaints, down slightly from 1930 in 2015/2016. The number of complaints received 631, only a 3% increase from 609 in 2015/16.

Chart 9 – Complaints Received

The number of concerns received this year (Chart 10) was 1069, a reduction of just under 2% from 1179 the previous year.

The charts show that concern and complaint activity has not changed greatly since the previous year. From a service perspective, activity has also remained constant, particularly within acute services.
As seen in Chart 11 below, in keeping with previous years, we have maintained 100% acknowledgment within three working days. We have also increased the amount of verbal acknowledgement by making contact with complainants at the point of receiving their complaint. This contact allows us to acknowledge their complaint and to advise them of how it will be investigated. At this point, we also secure the complainants preference regarding whether they wish to meet with staff to discuss their complaint or if they would prefer a written response.

As mentioned above, many complainants are now requesting a meeting with relevant managers and staff to resolve their complaint. Our experience of holding these meetings is that complainants are more likely to be satisfied with the findings if they have the opportunity to discuss with the relevant staff. However, we do acknowledge that it can...
often be difficult to secure mutually convenient dates and as a result, our performance against the 20 working day target remains poor. **Chart 12** below shows our overall performance against the 20 working day target.

**Chart 12 – Percentage against 20 Working Days Target**

![Percentage of response times within 20 days](image)

Whilst it shows variable performance throughout the year, we are still failing to meet the target of 75% of complaints being responded to within 20 working days. Compared to last year where our average response time in days was 24, this year that figure has risen to 32 days. This is due to a number of factors including the complexities of the complaints received, and some gaps in the management teams responsible.

A number of actions are being tested in order to improve our performance in this respect including:

- Initial contact with complainants now the responsibility of the Customer Care Team
- Customer Care Team taking more responsibility for early resolution
- Allocated Complaint Officers working in partnership with service on site to help manage complaint activity

We have also looked at our current handling and **Chart 13** below shows the average response times based on the method of handling. From this, we can see that it tends to take longer to reach resolution when a meeting is held at an average of 40 days, whilst the average for written is much lower at 28 days.
Whilst we have been mindful of this aspect of our complaint handling performance, we are confident that the majority of meetings result in better resolution, with largely positive feedback on this approach from both the complainants and the staff involved. This can be evidenced from the reduction in SPSO activity which is detailed later in this report.

2.2 Complaint Handling & Outcomes

We have continued this year to promote early contact and as described above, this is now initially carried out by the Complaints Officer in an attempt to assist service managers and result in speedier contact and a better experience for our complainants.

This year, over 200 meetings have taken place with complainants, up from 124 in the previous year. The data shows that meetings were offered to 86% of our complainants and we will aim for 95% moving forward.

As mentioned in last year’s report, we have moved from providing a detailed note of the meeting, to providing a written record of the agreed actions to be taken as a result of the complaint. This is then followed up within 6 weeks informing the complainant of the progress made. This has been favourably received with only a small percentage of complainants wishing a detailed minute of the meeting. In addition, the commitment to keep the complainant informed of progress has also improved our compliance around evidenced improvement being feedback from service to the Customer Care Team.

Chart 14 shows complaint outcomes. This year, we have had an increase in upheld complaints from 25% last year to 35% this year; However, this may be more reflective of the improved reporting of outcomes with the introduction of a new complaint checklist. More than 75% of complaints have a completed checklist which indicates the final outcome, compared to only 40% being received last year.
In addition to this, we are now able to reliably report on the number of Quality Improvement Plans completed as a result of complaints. Last year this figure was around 46%. **Chart 15** below highlights this year’s activity showing a marked improvement over the year.

**Chart 15 – Percentage of Completed improvement Plans**

The improvements made and the themes identified will be presented in Section 3 of this report.
2.3 Scottish Public Service Ombudsman

How many of our complainants go on to discuss their complaints with the SPSO is for us, an indication of the effectiveness of our complaint handling processes and is closely monitored to ensure that our processes are efficient and effective in reaching resolution for service users and their families, and in ensuring all our patients have the most positive experience possible.

Chart 16a & b below outlines the complaints received by SPSO and the number investigated. It shows a marked reduction in both referrals and investigations in the last year with less than 40% investigated compared to over 80% in previous years.

**Chart 16a – SPSO Referrals and Investigations**

![SPSO Activity Chart](chart16a.png)

**Chart 16b – Percentage investigated**

![SPSO % Investigated Chart](chart16b.png)
2.4 Complaint Themes

Chart 17 – Top Themes

The top themes from feedback and complaints have largely remained unchanged in the last three years. Whilst a number of improvements have been carried out in that time, there has been little evidence of these improvements having the desired impact.

It is clear from this data that a new approach to improvement is required and as indicated in the previous year’s report, we have made some progress in using Quality of Care indicators to evidence sustainable improvement within clinical teams. This is discussed in greater detail in Section 3.

2.5 Summary

In summary, whilst there is no doubt our complaint handling has become more person centred and effective, we have room for improvement to provide resolution in a timely manner and this aspect of our performance will become a key aim for the coming year. In addition, more work is being progressed to ensure that themes from complaints are reported regularly to service to ensure all improvement efforts are focused on the identified needs of the service, as identified via feedback and complaints.
3.1 Quality of Care Indicators

Achieving sustainable improvement is only achievable when all staff are fully invested and empowered. Previous approaches to quality improvement has not evidenced sustained improvement in a consistent manner and the increased activity across acute services means staff are under pressure to deliver safe, high quality, person centred care. Therefore it is important that all improvement is driven by identified need.

As part of our organisation’s transformational change plan, it is recognised that improvement has to be driven by patient experience and not just by national drivers, such as SPSP. Whilst the importance of the SPSP work is recognised, we also have access to a number of indicators that will help shape our improvement priorities, and ensure we are risk aware. Furthermore, effective use of the QI resources is also necessary.

Quality of Care Indicators has been developed to help us determine the person centred and improvement priorities for each clinical area by reviewing a number of aspects of clinical care and experience. The information we can obtain from real patient experiences through complaints and feedback is integral to recognising what improvement or learning is required.

This project has now been tested and a spread plan based on identified need is being prepared. Priority will be given to areas with higher risk – those with evidence of increased complaints and adverse events. In addition to this, the information gathered during this process will help us to identify themes for learning and improvement in a more timely manner and ensure the themes are reflected in the development of directorate improvement plans to prioritise improvement and prevent duplication of effort that can result from silo working.

3.1.1 Test Results from Ward A

The following indicators were gathered in the test area – a 30 bedded care of the older adult acute assessment ward;

Feedback and Complaints – All feedback including Patient Opinion and informal feedback received by the ward.

Incidents & Adverse Events - A review of all recorded incidents and any episodes of harm

Acute Adult SPSP Measures & Local Priorities – This includes all bundles of care and SPSIs, Essentials of Safety or any other locally defined measures, such as Delirium Care Bundles

Experience – Interviews with patients, relatives and staff
Other Locally Defined Indicators – this allows any focused pieces of work that is relevant to the overall improvement activity. This may include and specific feedback from OPAH or HEI inspections or CNM assurance monitoring

Once the indicators had been gathered, an action plan for improvement was developed in conjunction with the clinical elders for the area and the improvement needs identified. In order to enhance learning and reflection, as the area has been identified as having high support needs, away days with the team were arranged.

As mentioned in Section 1, the Compassionate Connections programme with additional quality improvement sessions was used;

- Relationship Centred Care – presenting the ward experience model and attributes for successful change despite competing demands. The impact of culture on building a strong team approach and how this impacts on patient experience
- Hello My Name is – exercise designed to consider what is important to the staff at work and how they demonstrate compassion and caring in a consistent manner
- Emotional Touch points – analysis of what motivates staff to work in care and how we can use our own experiences to improve others experiences
- What Matters To You – new ward approach to identifying and prioritising patient needs
- Quality Improvement Session – basic instruction in the MFI, using both theoretical and practical learning, including exercises to promote a team approach to improvement
- QI Needs of Ward – team approach to the development of a ward driver diagram identifying the key improvement work moving forward, using the information collected from the Indicators
- QI Project Work – discussion and exploration of key patient experience projects to be taken forward to improve person centred care

In addition to the sessions being delivered out with the clinical area, the Indicators identified a need to support staff within the clinical area to promote safe and effective care in line with local and national priorities;

- Improvement support and training in relation to the SPSIs (Falls, Pressure Ulcers, CAUTI & Cardiac Arrest) and using the Quality Improvement Portal to access data for improvement
- Deteriorating Patient – improvement support in the implementation of TEPs, NEWS and Oxygen therapy
- Roll out of TIME Bundle for Delirium Care
- Implementation of Nutritional Care Bundles

Details of some of the improvements evidenced to date include;

- An 80% reduction in complaints has been noted since the Indicators work began, with no complaints received for Quarter 4 of 2016/2017.
- A 50% reduction in falls with harm for Quarter 4 2016/2017
- A 50% reduction in acquired pressure ulcers in Quarter 4 2016/2017
- Increase in positive feedback received at ward level
• What matters to me boards are now in place and regularly updated, providing a valued space for patients and family to record any preferences and document what is important to them during their stay
• Staff are fully committed and motivated to improving patient experience. With the support of the improvement team, they have developed a driver diagram that highlights the key improvement priorities, with staff actively involved in leading and supporting all project work

3.2 Using Patient Experience to Inform Improvement

In addition to the Quality of Care Indicators work being progressed, a number of other person centred improvements have been progressed over the last year, in response to feedback and complaints. As mentioned previously, the rise in completed improvement plans has resulted in more improvement resulting from feedback. These include:

• New hospital signage on both acute sites using colour coding that is now being introduced to outpatient letters. This improvement resulted from a Care Opinion poster suggesting that outpatient letter should be colour coded to reflect the area of the hospital the clinic is situated in.
• The widespread use of the Compassionate Connections Programme to encourage reflection and improved communication with service users and their families
• The full implementation of flexible visiting on all hospital sites

3.3 Staff Training & Development

A variety of different training days are available locally for all staff that deal with complaints and these are delivered in a bespoke manner when required.

In addition to these, we are currently working with an independent consultant to arrange workshops for our management team and our consultant staff to provide them with the necessary skills to attend and lead complaint meetings. These workshops will include the power of apology and duty of candour

We are also currently working on a local eLearning module to provide an introduction to complaint handling that focuses on early resolution at the point of care.

3.4 Summary

The introduction of the Quality of Care Indicators will have a real impact on clinical care by focusing on the themes identified from feedback and complaints. Ensuring that this is sustainable and consistent across all clinical teams will be the main challenge in the coming year; however, there is no doubt that we have made significant progress in evidencing improvement from patient experience and this will not only be maintained, but spread in the coming year.
Governance Arrangements

NHS Ayrshire and Arran values the opportunity to learn from the patient and carer experiences and therefore this learning is shared widely at all appropriate governance and board meetings.

Feedback and complaints is reported through the Person Centred Care: Patient Experience framework:

4.1 Reporting Structures

Board Level - NHS Ayrshire & Arran Board Meeting

Boards meeting take place on a monthly basis and each month a specific issue related to feedback and complaints is submitted to provide assurance of improvements being made. A quarterly data report is also provided. Also, a patient story is also submitted on a monthly basis that highlights service users’ positive and negative experiences and helps to inform improvement and learning.

Executive Level - Healthcare Governance Committee

Made up of Executive and Non Executive members of the organisation and provides an assurance/scrutiny role to the non executive members. A quarterly report of feedback and complaints data and improvements is provided to this committee, as is an SPSO update.

Management Level - Corporate Management Team

An operational committee that is attended by our Executive Directors. The committees remit is to provide management level solutions and support to any operational issues/priorities. A quarterly report on feedback and complaints is submitted to this committee for corporate support and approval.

Professional Level – Associate Directors

A themed report that links feedback and complaint information and data with adverse events in acute services is now provided to the governance steering group and the clinical governance site teams. The aim of this reporting structure is to ensure early identification of learning and improvement needs.

Directorate Level – Partnerships/Directorates

A monthly feedback and complaint report is prepared for service leads that details current activity and actions required. The Improvement Lead or Feedback and Complaints Team Leader meet with the identified leads to offer support and assistance with process.
Operational Level - Department/Ward Level

To ensure that all learning and improvement that occur in relation to feedback and complaints, all wards and departments have to provide assurance that all learning has been shared with the relevant team.

4.2 Assurance

In a change from previous arrangements, all SPSO and Adverse Events monitoring and recommendations are coordinated by the Customer Care Team to ensure an integrate approach to learning and improvement, with themes identified early as all actions sit under the one structure.

Adverse events are reported through the Adverse Event Response Group, and complex complaints are fed through this reporting structure.

We are presently looking at improving our assurance structures that relate to improvement and learning plans that arise from complaints. The Improvement Lead for Customer Care will play an integral role in this new assurance structure to coordinate the improvement actions whilst ownership remains with service.

4.3 Conclusion

NHS Ayrshire and Arran is committed to learning and improving from feedback and complaints. A great deal of work has recently been carried out to improve our processes and to develop a more person centred and effective approach to how feedback and complaints are dealt with, and our commitment to becoming a learning organisation that confidently embraces every opportunity to improve patient experience continues.