

# NHS Ayrshire & Arran



<b>Meeting:</b>	<b>Ayrshire and Arran NHS Board</b>
<b>Meeting date:</b>	<b>Monday 15 August 2022</b>
<b>Title:</b>	<b>Patient Experience Annual Report 2021-2022</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 during 2021-2022, and to note our continued compliance with the complaint handling process.

### 2.2 Background

Each NHS Board Feedback and Complaints department is required to provide an annual report to Healthcare Governance Committee and the Board to provide assurance that the Committee has discharged its role as set out in the Complaint Handling Process (CHP). Once approved by the Healthcare Governance Committee and NHS Board, the report is submitted to Scottish Government (SG) as per terms of CHP.

### 2.3 Assessment

Due to the COVID-19 pandemic, SG have requested a shortened version of the Annual Report and extended the submission date from June to 30 September 2022.

All Key Performance Indicators have been included as requested.

In addition, NHS Ayrshire & Arran have included Feedback and Scottish Public Service Ombudsman (SPSO) data.

### **Key Messages**

- SPSO activity has reduced significantly this year and this is a positive measure of complainant satisfaction with our complaint handling process
- Examples of feedback, improvement and learning are highlighted in the report
- Future key outcomes are identified

#### **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**

This annual report has no workforce implications for the organisation

#### **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 and 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**

This is an annual report to provide assurance to Board members on our performance and compliance with the Complaints Handling Process, and an impact assessment is therefore not required.

#### **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 etc.
  - Effective feedback, comments, concerns and complaints handling supports the delivery of the Healthcare Quality Strategy.

#### **2.3.7 Communication, involvement, engagement and consultation**

This paper must be approved by the Board prior to submission, at which point it will be uploaded to NHS Ayrshire and Arran Website.

#### **2.3.8 Route to the meeting**

A version of this paper was presented to the Healthcare Governance Committee on 1 August 2022.

### **2.4 Recommendation**

For discussion. Members are asked to discuss this Annual Report on organisational activity in relation to patient, carer and family feedback and complaints in April 2021– March 2022, and to be assured by our compliance with the complaint handling process.

## **3. List of appendices**

- Appendix 1 – NHS Ayrshire & Arran Patient Experience Annual Report for April 2021 – March 2022.



# PATIENT EXPERIENCE ANNUAL REPORT 2021-2022



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# Introduction

2021-2022 has been another busy year for healthcare, with the ongoing pandemic and remobilisation. The increase in activity has been reflected in complaint activity with a rise in complaint numbers and challenges for clinical and management staff in ring fencing time to provide their statements, or undertake complaint investigations.

NHS Ayrshire and Arran were able to demonstrate real improvements in their complaint handling processes in 2020-2021 and this was evidenced in our last Annual Report. Due to the ongoing pressures, we have failed to meet our targets on a number of Key Performance Indicators, however, we have worked hard to ensure the quality of our Complaint Handling Processes has remained high.

In order to ensure all complainants receive a full investigation and an informative, accurate response to their concerns, the Complaints Team have embraced the challenges and worked closely with service colleagues, assisting them in their investigations and in compiling our responses. There is no doubt that the hard work of the Complaints Team has ensured the quality of our complaint investigations have been maintained and when our complainants are having to wait longer for their responses, the team have ensured they are regularly kept up to date and that our responses are of the highest quality. The low number of SPSO referrals and investigations I believe is testimony to that excellent service delivered by the Complaint Managers and their teams.

This year's report demonstrates that even in the most difficult of circumstances, we have been able to make progress, evidence learning and improvement and set clear and realistic targets for the coming year.

**Laura Harvey**  
**Quality Improvement Lead for Patient Experience**

# Patient Experience Team



**316**

## CARE OPINION

Stories which were viewed 99,914 times.

**2590**

## COMPLAINTS

Complaints received.

**25**

## SPSO REFERRALS

Four investigations.

**13**

## WARDS

Carried out Patient Experience Surveys.

**10**

## VOLUNTEERS

Patient Experience Volunteers appointed.

# 1. Patient Experience

Capturing the experience of our patients and using it to inform learning and improvement is very important to NHS Ayrshire and Arran and as such, an investment in more resource to work in this area resulted in the development of a new post for a Patient Experience (PE) Facilitator. Since July 2021, a number of projects have been progressed by the Facilitator, details of which are outlined below;

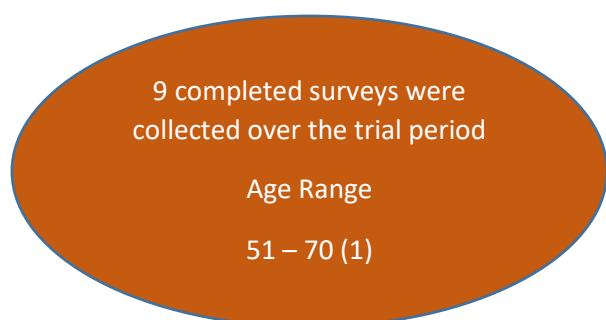
## 1.1 Patient Experience Surveys

Working with patients, families and staff, the PE Facilitator has devised a simple survey that can be collected at the point of care to measure the patient's experience whilst in our care. This has been fully tested and a robust calendar for surveys has been developed. In addition, we are also collecting surveys at the point of discharge within our Discharge Lounges and plan to test a discharge point of contact who can also collect experience after discharge from our care.

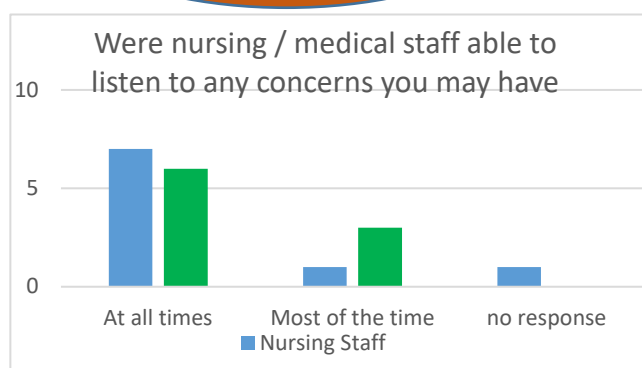
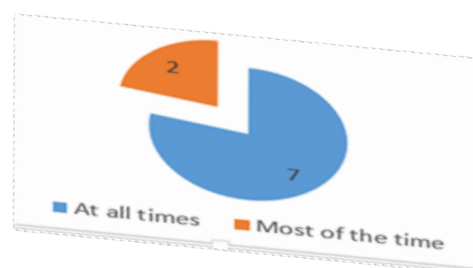
To date, the survey has been carried out in 13 acute ward areas and work is continuing to develop robust and appropriate surveys for specialised areas such as; the Emergency Department, The Combined Assessment Wards, Elderly Continuing Care, and Outpatient and Day Units. The PE facilitator is also working closely with the Alzheimer Scotland Nurse to develop surveys suitable for collecting the experiences of patients with dementia. The data collected from these surveys will be reported in future Annual Reports.

Below is an example of the questions asked on the inpatient survey and the report generated and how they are presented in an eye catching format for display on the wards

### In-Patient Survey Results Ward Report Example

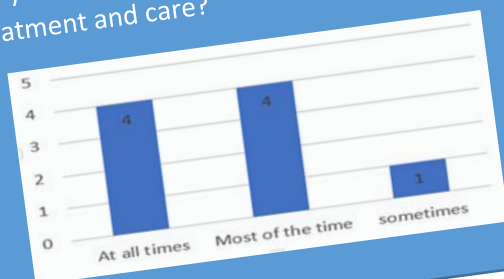


Were you given regular updates about your care and treatment in a way that was easy to understand?



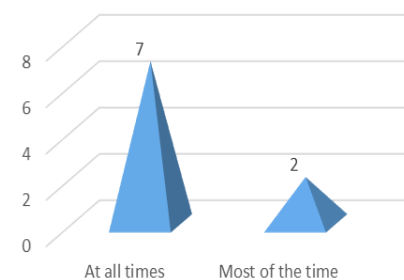


Did you feel involved in decisions about your treatment and care?



100% of responders said the ward was very clean 😊

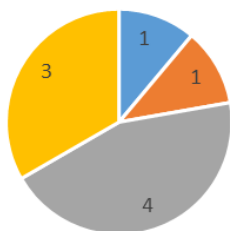
Did the staff looking after you on this ward treat you with kindness and compassion



WERE YOUR FAMILY KEPT UPDATED

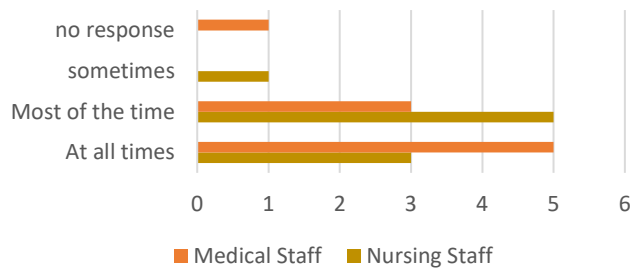


Were you bothered by noise at night whilst on this ward



■ At all times ■ Most of the time ■ sometimes ■ rarely

Were nursing / medical staff able to take account of the things that matter to you



Were you happy with the choice of food/meals received during your stay in this ward?



## 1.2 Patient Experience Feedback

Since coming into post, the PE Facilitator has reviewed our current resources and approaches to securing feedback from patients and their loved ones. Whilst moving forward we hope to promote the online options, such as our local internet pages and Care Opinion. However, we recognise that some patients may prefer to provide written or verbal feedback as opposed to using virtual options.

In order to ensure we have robust options for anyone wanting to provide feedback, a new feedback form has been designed to allow our service users and their families to let us know what matters to them and if we have been able to ensure their needs have been met, or where improvements may be required.

### Patient Experience Feedback Form

**Feedback Form**

Please help us to improve our services by completing this confidential Feedback Form.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Telephone: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

How would you like us to contact you? (Please tick)

☐ Phone ☐ Email ☐ Text ☐ None of the above

Thank you for taking the time to complete this feedback form.

**Patient Experience Team**

Please help us improve our services by completing this confidential Feedback Form.

You can also share your story

☐ You can also share your story via patientexperience@nhs.uk or call 01292 513942

☐ Or tell us your story over the phone. Call 01292 513942

☐ You can also leave anonymous feedback at www.nhs.uk/feedback

**PROOF**

Tell us about your experiences of health and care services within NHS Ayrshire & Arran. Your story can show services what they are doing right or how they can improve. Please identify the area you are providing feedback on to allow us to progress your feedback or share with the relevant staff.

Just write (or draw!) your experience here...

Your story will...  
- Help us improve our services  
- Show us what you think  
- Help us to make our services better

What was good?  
What did I like?  
What could have been better?

Page 1 - Field to close

Page 2 - When white border

Page 3 - Field to close

## 1.3 Patient Experience Volunteers & Champions

One of our newly developed volunteer roles are Patient Experience Volunteers who are responsible for collecting patient feedback via the surveys or feedback forms and preparing the reports for display and action with the relevant ward or department staff. The Volunteers will also work closely with the Patient Experience Champion for the area.

The Patient Experience Champion is a new role that we are currently progressing. Each area will have a nominated Champion – usually someone with an interest in patient experience and ensuring their patients have the best possible experience in their care. This can be a clinical staff member, or a member of a support service, such as a secretary or admin assistant. Anyone with an interest who is based primarily in one area is able to carry out the role.

As well as linking in with the volunteers, a network of Champions is being established to share experiences and knowledge, attend learning sessions and to keep their department and colleagues fully updated on current activity or improvement to ensure learning and change is not only sustained, but spread across all relevant areas. Having a network of Champions is key to sharing improvement.

## **1.4 Healthcare Stories**

A new framework is being developed to promote the use of healthcare stories for learning and improvement, or to inspire and educate staff. The PE Facilitator will ensure all stories are explored and the story teller is supported to tell their story in whichever manner or medium meets their needs.

Patients and Staff will be supported to share their personal experience in clear and constructive ways that inform service improvement.

All stories will be stored in a Story Database and the PE Facilitator will ensure they are shared appropriately and to their full potential.

Over the last 12 months, we have collected and shared six healthcare stories from patients, families, staff and volunteers and each has been heard at our NHS Board Meetings, as well as with the appropriate staff and services.

## 2. Equality & Diversity

### 2.1 Involving Equality Groups

Ensuring all our patients have a voice and are involved in all aspects of their health care is an organisational aim. Whilst for the majority this is a relatively straightforward process, we recognise for others we need to make adjustments.

Over the last year NHS Ayrshire & Arran has undertaken work to support this including progressing with digital technology whilst at the same time continuing with face-to-face engagement. Examples of this are outlined below.

### 2.2 Remote Interpretation Services

Everyone deserves respect and good access to healthcare and that is something we continuously strive for in NHS Scotland. In order for this to happen good communication is a vital component.

Communication is a fundamental part of our everyday life that is often taken for granted. Communication links every part, or process, of health and healthcare. Effective communication with patients and their carers when they are anxious and vulnerable is a difficult skill which requires care and attention. Failure to communicate can have a very significant impact on an individual's treatment and general wellbeing, and none more than those with language barriers. Having a professional interpreter available is key to improving this.

Covid brought about many changes to the way we do things and none less than restricting physical contact and interaction. For those requiring communication support, this became an additional challenge. As we have seen, digital technology became a vital part of people's lives and thus NHS Ayrshire & Arran ventured into the world of remote video interpretation.

The online Insight interpretation service, provided by Language Line Solutions, offers direct connection to experienced and professional interpreters to ensure accurate, meaning-for-meaning interpreting between patient and clinician. It allows us to provide on-demand communication support at the touch of a button allowing limited-English speakers and Deaf individuals, to feel heard and seen by another person. One member of staff used it for the first time recently and was so impressed claiming it "made a huge difference" to the patient / clinician engagement.



The ability to communicate in your chosen language is a basic human right and with the introduction of this service, available at the touch of a button, our aim is to transform the patient / clinician experience through the provision of high quality interpretation.

## 2.3 Face to face engagement

We all know that patient experience feedback is vitally important to help us improve the way we do things, as is ensuring every patient has the opportunity to tell us. Whilst we are progressing with new and innovative technology, outlined previously, we cannot overlook the power of face to face engagement. Nor can we overlook the need to ensure our patients are able to communicate in their preferred language.

Effective public involvement can:

- act as a catalyst for change
- help achieve a major improvement in the health of the public
- Help strengthen public confidence in the NHS.



Engagement with our communities allows us to better understand some of the challenges faced by some of our most vulnerable groups and therefore putting in place regular engagement will lead to better outcomes, not only for the organisation, but also for our patients and wider public.

To ensure those who face barriers to engagement through our usual mediums, quarterly engagement meetings have been organised with local deaf people, Ayrshire Society for the Deaf. These meetings are attended by the Head of Audiology and the Equality and Diversity Adviser and offer an opportunity to hear some of the challenges to accessing health care by this community. The meetings are productive and, through the use of qualified, professional British Sign Language (BSL) interpreters, two way communication takes place where previously the deaf community may have been excluded from having their voice heard and hearing about changes in health care.



## 2.4 Staff Networks

A number of networks have been set up to provide minority groups within our staff to have a safe place to discuss challenges and agree positive actions moving forward. These group's outputs are reported to the NHSAA Equalities Committee for action.

We currently have the following Staff Networks in place;

- Black, Asian and Minority Ethnic (BAME)
- Lesbian, Gay, Bisexual, Transgender, Queer, Intersex and Asexual (LGBTQIA+)
- Disabilities Network

## **3. Volunteering**

### **3.1 Challenging the norms**

Volunteering is like anything else in life. It can so easily fall into set patterns. Without realising it, you limit what it is capable of and what it can become. The traditional volunteer profile is over-70, post-retirement and wanting to give something back. These people are real assets for us and so important to welcome in. Indeed, our service would be lost without them. However our volunteer cohort has become so much more diverse than this. We are now doing even more to generate reciprocal energy and benefit for everyone involved. To do this well, we had to enable people to develop a fuller understanding of what volunteering is. This is an integral part of the rebranding and engagement work we are driving forward in our quest to really put volunteering back on the map.

Our volunteer demographics are now wider than ever before. Our communication methods have allowed us to reach out to those who would never have previously considered volunteering. We have broken down social constructs of this invaluable act of 'giving freely' and are empowering people from all ages, stages, backgrounds and abilities to come forward and say 'I want to volunteer – I have something to give.'

### **3.2 Recruiting for the future**

Our open recruitment drive allows us to invite conversations with universities and colleges to create opportunities to support young people's career development in health and social care. We are also due to pioneer a Youth Volunteering Programme, which aims to draw in school age children as part of their Duke of Edinburgh Awards. We have been inundated with enquiries already and would hope to launch this by August 2022.

Our volunteer 'family' is made up of a wide range of exciting roles, some historical, yet nevertheless essential, others new, providing scope to widen our demographics even more. In 2021 – 2022, we have developed these new roles; Emergency Department Volunteers, Patient Experience Team Volunteers, Pastoral Care Volunteers and Discharge Lounge Volunteers. The list is not exhaustive and the opportunities are endless. All of our recruited volunteers are now active in our Organisation, supporting and enabling services to provide the best possible care, giving their time freely and willingly for patient care.

### **3.3 New developments**

Whilst the provision of meaningful, mutually beneficial placements is the backbone of our volunteering service, there are many facets to the experience we aim to provide, and countless opportunities to develop our service in 2022 and beyond. We are delighted to be in the planning stages of our Volunteering Development Days and our first of our bi-annual sessions will take place in July 2022. We are also passionate about giving recognition to our volunteers and the local managers and wider teams who support them. To do this publicly, we will be hosting annual Volunteer and Manager Achievement Events, which will be supported throughout the year with 'Volunteer and Manager' of the month awards.



### 3.4 A whole new world

Social media is the platform for much of our ongoing communication with volunteers and those who have yet to put their ‘hat in the ring’. As such, we will continue to build on our online presence, which will be supported by the recruitment of our new Volunteer Administrator. An active blogger, she is sure to really help put the spotlight on the incredible efforts of our volunteers! We do however recognise the need for a broad range of communication methods to meet the needs of our ever growing ‘family’ and so are pleased to announce the arrival of our new and improved Volunteer Magazine which will coincide with National Volunteers Week.

We want to invite people in to gain confidence and experience in health and care. Interest in our wide range of volunteering roles continues to grow with a steady influx of enquiries. Our team continue to network with service providers to explore new opportunities, enabling us to build an exciting future for our volunteering service in NHS Ayrshire & Arran.

#### Volunteers in Action

##### Euan & Pam



**Acorn Gardens – Ailsa Hospital**

##### Lisa



**ED, University Hospital Ayr**

#### Euan's Story

Euan, is 24 years old and has Asperger's Syndrome. He has in the past volunteered with other charity organisations but just never felt like he “fitted in”. When he applied to work in NHSAA as a gardener, we were delighted to meet him and agree how best we could place him to ensure he received the necessary support to enjoy his time with us. Euan was placed at our Acorn Workshop Gardens where Pam, a sessional gardener, agreed to support Euan and act as his mentor. Euan has thrived in this environment and never fails to cheer everyone up with his enthusiasm and smile.

He loves working in the gardens and we love having him. He is a valued volunteer and he definitely has green fingers. Keep up the great work Euan!

## **Lisa's Story**

Lisa volunteers within the Emergency Department at University Hospital, Ayr. The main aspects of her role is to spend time with patients that may be anxious or worried to take their mind off their situation.

Lisa had a difficult start to life and struggled with her mental health, which led to her attempting suicide in the past. However, she battled through and now describes the importance of her volunteering role;

"I have found confidence, self-esteem, hope and motivation through my volunteer work. I return home every night grateful for my role, my health and my family".

Having previously attended the Emergency Department due to her past issues, Lisa is loving being on "the other side of the desk" and has true lived experience that will help her empathise and support patients.

Thank you Lisa for all that you do. We love having you on the ED Team!

## **Success in 2021-2022**

The below Infographic highlights all volunteer activity in 2021-2022;



# PATIENT EXPERIENCE TEAM



90

## NEW ENQUIRIES

Looking for more information on how to become a volunteer with NHS Ayrshire & Arran.

60

## NEW VOLUNTEERS PLACED

Interviewed, undertaken induction and role specific training prior to being placed in their volunteering role.

124

## ACTIVE

Volunteers active in a range of roles across the Organisation.

19 -  
80

## YEARS OLD

Breaking the traditional volunteer profile and widening the demographics.

10

## VOLUNTEER ROLES

Volunteers are placed in a wide range of roles, with ongoing enquiries from a range of departments to explore additional opportunities in the coming months.

## 4. Feedback

### 4.1 Local Feedback

In 2021-2022 we have been reviewing how we capture feedback and share it with our clinical teams. There continues to be a decrease in feedback via our “Owl Feedback” cards and forms, whilst the use of Care Opinion has increased.

In response to this, we are withdrawing our Owl Feedback, and implementing a new Patient Feedback Form and asking our service users; “What matters to you?” This new approach is launching in September 2022.

In the last 12 months, we have received **220** feedback forms, down from **512** in 2019-2020, and from **304** in 2020-2021

Of the **220** forms; **48** came from Owl Feedback Forms, **146** via NHSAA website and **26** were received in letter form.

Our **Patient Experience Volunteers** will be collecting details of all positive feedback received at ward level in the coming year so we can present a more balanced view of feedback and complaints moving forward.

### 4.2 National Feedback

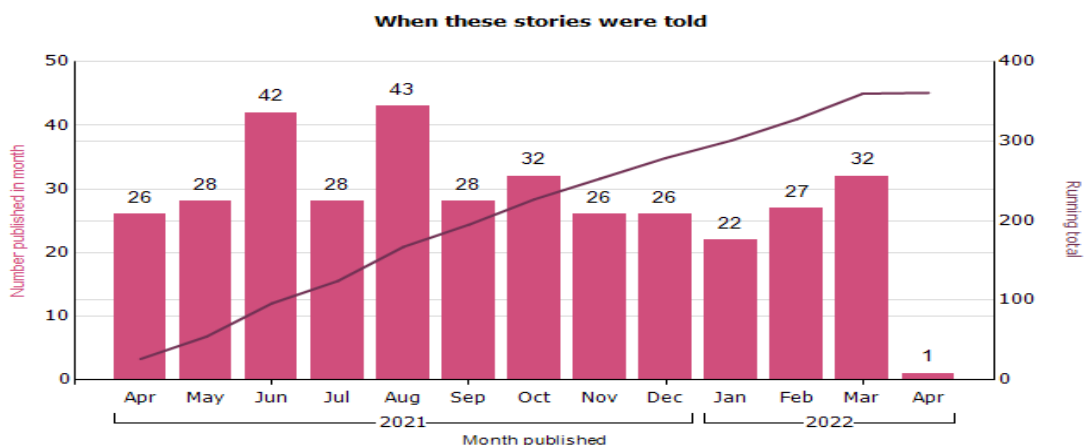
NHS Ayrshire and Arran continues to promote Care Opinion and provides bespoke training for staff interested in becoming a responder. Our vision is for all levels of staff to be able to respond directly to post regarding their areas of practice.

By increasing the number of staff able to respond, we have increased our response rate to 95% meaning the majority of posts about NHS Ayrshire and Arran have been responded to within 72 hours.

In 2021-2022, 361 posts were uploaded which were viewed **99,914** times, a significant increase from 2020-2021 when we only had **289** posts.

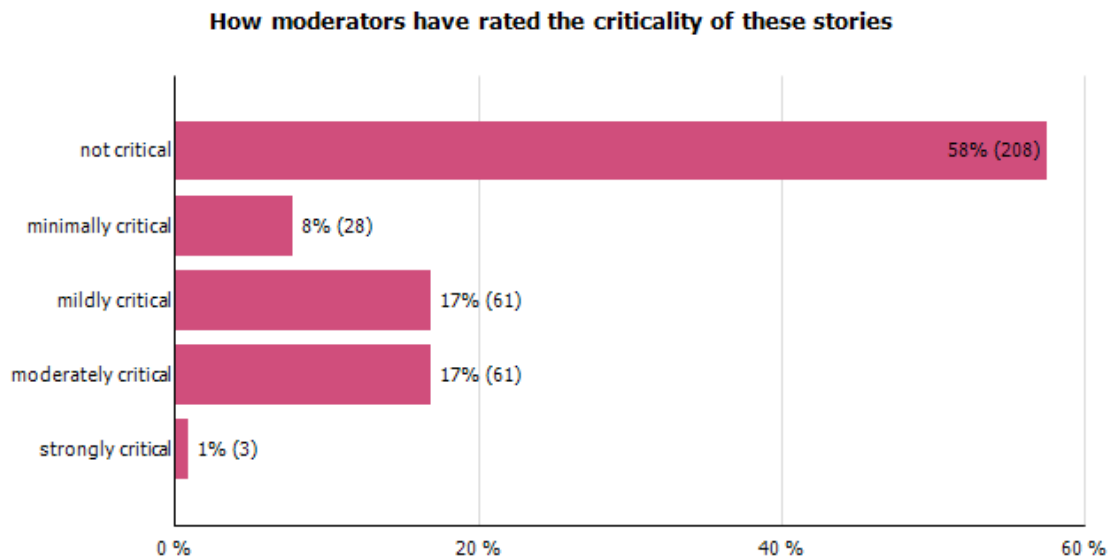
**Figure 1** below demonstrates when these posts were received.

**Figure 1 – Care Opinion Posts in 2021-2022**



The criticality of posts this year remain similar to last years as shown in **Figure 2** below;

**Figure 2 – Criticality of Posts 2021-2022**



The majority of posts – **83%** are classed as mildly critical to not critical, with **58%** classed as positive.

The Patient Experience Facilitator is promoting Care Opinion with all levels of staff to realise our ambition of having all grades of staff responding directly.

Already with her support, we have increased our response rate (posts responded to within 72 hours) from 78% to 95%.

## 5. Complaints

2021-2022 has been a challenging year in terms of complaint activity with a steady rise in the number and complexity of complaints being received, against a background of increasing pressures and activity at a service level. The increased activity has had a definite impact on our timely response to complaints, which is demonstrated in our performance against the Key Performance Indicators detailed below;

### 5.1 KPI One – Learning from Complaints

Work has continued this year on evidencing learning and improvement from complaints. Whilst we have been able to demonstrate improvement in a number of areas, we recognise that we need a better system in place to ensure any local learning or improvement is shared across the organisation and the evidence is fed back to the Complaint Team so it can be recorded.

We continue to report on themes and subthemes to provide as much detail as possible and the themes emerging in the last year are displayed below in **Figure 3**.

**Figure 3 – Themes & Sub Themes 2021-2022**

<b>Clinical Treatment</b>
Disagreement with treatment / care plan
Co-ordination of Clinical treatment
Problems with medication
Poor nursing care
Poor medical treatment
Lack of pain management
<b>Waiting Times</b>
Unacceptable time to wait for the appointment
Waiting too long for test results
Cancellation of appointment/admission
Date of appointment cannot be given
Unacceptable time to wait for admission
<b>Communication</b>
Staff attitude / conduct
Inappropriate comments / Insensitive to patient needs
Lack of a clear explanation
Telephone
Letter wording
Lack of support
<b>Other</b>
COVID-19 related
Availability of bed
Lost property / damaged property
Visiting restrictions

As demonstrated above, themes remain similar to previous years. There is a clear rise in complaints relating to waiting times for outpatient appointments and procedures resulting from the pandemic.

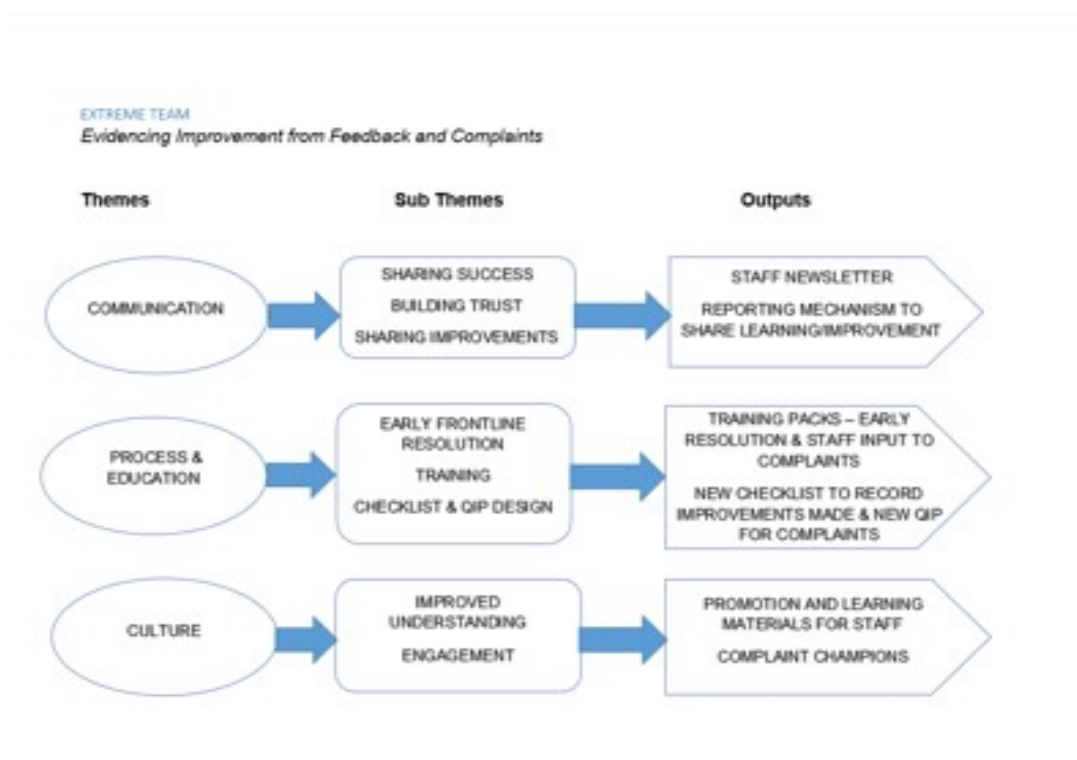
### Extreme Team Commission

The Nurse Director commissioned the QI Lead to set up an Extreme Team to support rapid transformation related to how we learn and improve from complaints. The commission set for the work was;

- Identify new approaches to identifying improvement from feedback & complaints in an integrated way that links with any QI programmes already underway or planned
- Identify key personnel involved in setting and progressing the improvement activity in response to the themes identified.
- Identify methods of surveillance and reporting on completed programmes of work, including recording that meets the CHP requirements

In order to meet the commission, a complaint and feedback survey was shared with key staff across a number of services and professions to establish the local practices in relation to complaint handling and sharing and learning and improvement. As a result of the feedback received, the following themes and outcomes were reached and this work is currently being progressed;

**Figure 4 – Extreme Team Outputs**



### Learning & Improvement 2021-2022

A number of improvements have been made as a result of feedback and complaints in the last year, some of which are highlighted below;

## **Hospital Discharge**

As a result of increased complaints regarding our discharge processes, a number of actions were identified to improve patient experience in this area. Those included;

- Development of a discharge survey to identify specific information or improvement
- A new volunteer role to support patients in the discharge lounge
- A new Point of Contact is being established as a volunteer role to direct any calls from patients post discharge that may have a query or questions regarding for example, medication. The volunteer will source the information for the patient so they do not have to make multiple calls
- Full review of discharge documentation

## **End of Life Emergency Care Planning**

We are testing new approaches to conversations about resuscitation and Treatment Escalation Plans (TEP). This will ensure that important conversations with patients and their families about treatment options and resuscitation take place earlier in the patient journey to ensure their end of life wishes are met.

This will include the development of a new volunteer role to support patients and their families at this time.

## **Hospital Visiting**

Due to restrictions as a result of the pandemic, the number of complaints relating to visiting had increased. It was difficult to ensure consistency when we were asking staff to use their clinical judgement to decide what the visiting arrangements could be for individual patients. Whilst this approach was clearly a person centred one, it did cause some concerns for visitors.

In order to ensure as much consistency as possible, staff in one area came up with a system to document agreed visiting arrangements for each patient that were regularly updated. This meant new staff coming on duty were aware of what had been agreed and a consistent approach was applied.

The number of complaints in the areas that have introduced this approach have fallen significantly.

The same approach will be spread as we move toward full person centred visiting to ensure agreed arrangements are documented for all staff to see.

## **Improved Access to Interpretation & British Sign Language Resources**

In response to some challenges encountered and complaints, especially during the pandemic, we have been able to introduce virtual technology solutions. Each clinical area now has access to an iPad to utilise remote interpretation services, details of which are provided in Section 3.

## 5.2 KPI 2 - Complainant Experience

In 2021-2022 110 complainants were contacted by telephone to answer a short questionnaire on their experiences of submitting a complaint. All 110 complainants agreed to provide feedback.

**Figure 5 – Feedback from 110 complainants**

Question	Yes	No	NA/NR
Were you happy with the response time of your complaint?	78%	20%	2%
Did you find it easy to complain?	90%	10%	-
Were we empathetic in our handling of your complaint?	89%%	8%	3%
Were you given an apology?	90%	8%	2%
Did you feel listened to by the Complaint team?	95%	-	5%
Did you feel listened to by the member of service investigating your complaint?	67%	23%	10%
Did you feel the outcome of your complaint was fair?	72%	28%	-
Were you kept up to date on the progress of your complaint?	83%	14%	3%

In addition to the above, the following comments were received;

*“The Complaint Officer was really apologetic”*

*“The person I spoke to just gave me excuses and didn’t even say sorry”*

*“I felt better after the complaint manager called me – it felt like they were taking my concern seriously”*

There is evidence this year that complainant experience has not been as positive as previous years and this is no doubt resulted from increased complaint activity and the increased demands on service, not to mention increased staff absence.

In addition, our performance in relation to response times has dropped in the last year, again due to ongoing pressures. Where possible, we did notify complainants that our response time would be greater than 20 working days and on the whole, complainants were understanding.

The data above shows only 67% of complainants were happy with communication from the service manager. This may be partially due to the fact that the complaints team made most of the contact in order to ensure consistency. This question needs to be reframed to ensure clarity.

### **5.3 KPI 3 – Staff Awareness & Training**

In addition to our in-house Training Packages which address all aspects of the complaint process, we also provided some specific training for clinical and managerial staff involved in complaint handling. These are outlined below;

#### **The Complaint Coach**

Four cohorts of this excellent course were carried out in 2021-2022, and a further two are planned in the coming months. The course was delivered over 2 full days, or 4 half days and it covered many aspects of the complaint process, whilst focusing on why people behave the way they do, what drives that behaviour, and how best to deal with it.

Over 100 staff in NHSAA attended and all evaluated the course very highly. One medical consultant said;

*“This was a real eye opener for me and my approach to complaints in the future will be very different as a result. Thank you”*

#### **Ensuring Safe Care Course for Nurses and Healthcare Assistants**

Over six cohorts of this programme has taken place over the year and a member of the Complaint Team has presented a session on complaint handling, concentrating on what staff at the frontline can do to support early resolution.

Complaints will continue to be on the agenda on all future courses.

In the last year, approximately 200 nurses and HCAs have attended.

#### **Patient Experience LearnPro Module**

Over the last few months of 2021-2022 we have been working with our Training Centre colleague to provide a new and updated module which will become part of mandatory training for all staff joining the organisation. The module will cover all aspects of good customer care practice and skills and tips on how to manage local early resolution of complaints.

We will be able to report figures accessing this module in future annual reports.

### **5.4 KPI 4 – 9 Complaint Data**

Complaint performance in NHSAA from April 2021 until the end of March 2022 is presented below under each Key Performance Indicator.

In the year presented, there is a clear increase in complaint activity compared to the previous year and this has proved challenging for both the Complaints Team, and service colleagues who are responsible for investigating complaints. As a result, our performance has fallen below our targets. However, there has also been excellent examples of improved collaboration in order to get the right information back in a timely manner to our service users.



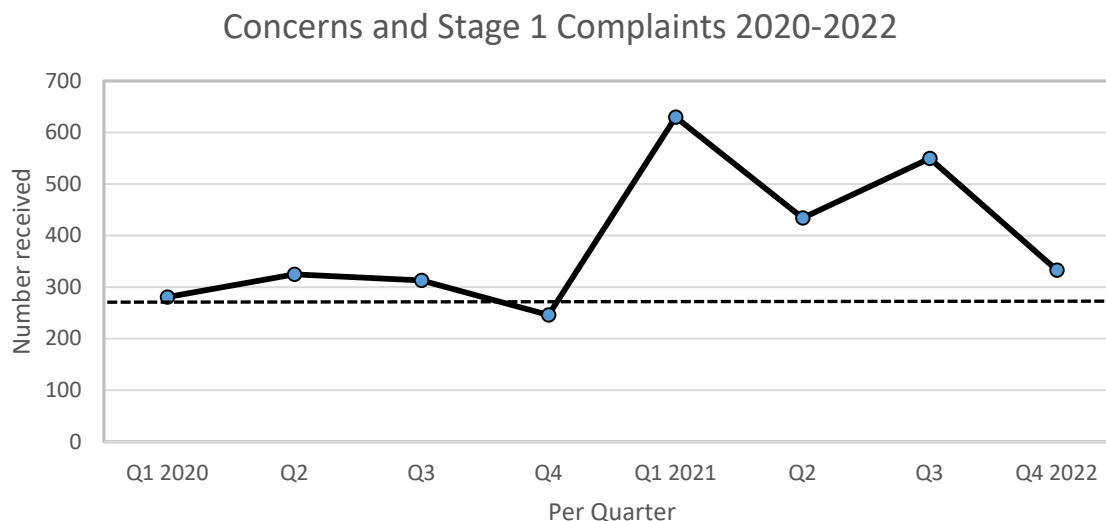
## KPI 4 – Complaint Received

**Figure 6 – Summary of total number of complaints received in the reporting year**

<b>4a.</b> Number of complaints received by the NHS Territorial Board or NHS Special Board Complaints and Feedback Team	2322
<b>4b.</b> Number of complaints received by NHS Primary Care Service Contractors ( <i>Territorial Boards only</i> )	268
<b>4c. Total number of complaints received in the NHS Board area</b>	2590

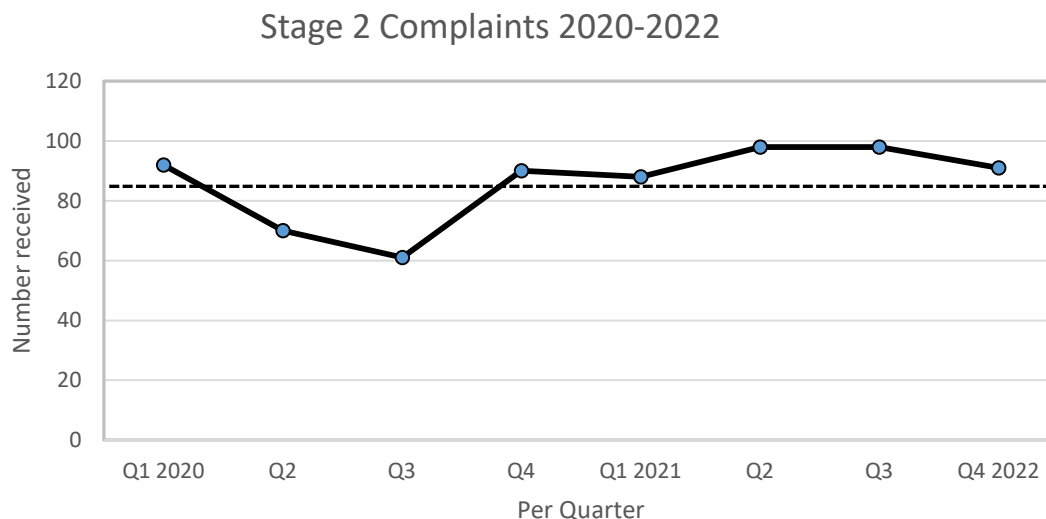
Interestingly, whilst the number of complaints received by the Board has risen significantly from 1184 last year, to 2322 this year, the number of complaints received by our Primary Care Contractors has dropped significantly, from 1075 last year, to 268 this year. This may be attributed to some work being progressed to ensure GP practices deal with their own complaints rather than directing complainants to the Board. During the same period, GP service complaints went up from 790 to 937 (displayed in **Figure 8** below). Overall the total of 2590 is only a slight increase on last year's 2259, despite the different strands being very different from previous years.

**Figure 7a – Stage 1 complaints received**



**Figure 7a** clearly demonstrates the rise in Stage 1 complaints from Q1 of 2021 until Q4 of 2022. A significant proportion of our current Stage 1s are related to waiting times for outpatient appointments and surgical procedures which have all been affected by the pandemic.

**Figure 7b – Stage 2 complaints received**



**Figure 7b** above demonstrates the rise in Stage 2 complaints is not as significant as the increase in Stage 1 complaints but we have definitely seen an increase in the complexity of Stage 2 complaints as they often include other services such as Scottish Ambulance Service (SAS) as well as a number of ward/specialties encountered during an inpatient stay.

**Figure 8 NHS Board – Sub Group of complaints received 2021-2022**

<b>NHS Board Managed Primary Care services;</b>	
<b>4d. General Practitioner</b>	240
<b>4e. Dental</b>	17
<b>4f. Ophthalmic</b>	2
<b>4g. Pharmacy</b>	9
<b>Independent Contractors - Primary Care services;</b>	
<b>4h. General Practitioner</b>	937
<b>4i. Dental</b>	<b>88</b>
<b>4j. Ophthalmic</b>	<b>10</b>
<b>4k. Pharmacy</b>	<b>234</b>
<b>4l. Total of Primary Care Services complaints</b>	<b>1537</b>
<b>4m. Total of prisoner complaints received (<i>Boards with prisons in their area only</i>)</b>	439
<b>Note: Do not count complaints which are unable to be concluded due to liberation of prisoner / loss of contact.</b>	

As demonstrated above, our prison healthcare complaints has dropped from 525 in the last reporting period, to 439 in 2021-2022, whilst the total number of primary care services complaints has risen significantly from 1075 last year, to 1537 in this reporting year.

## KPI 5 – Total number of complaints closed in timeframe

Figure 9 – Total complaints closed in timeframe

Number of complaints closed by the NHS Board	Number	As a % of all NHS Board complaints closed (not contractors)
5a. Stage One	948	73%
5b. Stage two – non escalated	248	19%
5c. Stage two - escalated	97	8%
5d. Total complaints closed by NHS Board	1293	

**Figure 9** above shows complaints closed per stage as a percentage of all complaints closed and in keeping with previous years, the majority of our complaint activity relates to concerns and stage 1s.

## KPI 6 – Complaint Outcomes

Figure 10a – Stage 1 complaint outcomes

	Number	As a % of all complaints closed by NHS Board at stage one
6a. Number of complaints upheld at stage one	143	15%
6b. Number of complaints not upheld at stage one	659	70%
6c. Number of complaints partially upheld at stage one	146	15%
6d. Total stage one complaints outcomes	948	

In keeping with previous reports, the majority of both Stage 1 and Stage 2 complaints are found to be not upheld. **Figures 10a, 10b and 10c** provide number upheld, partially upheld, and not upheld for all Stage 1, Stage 2s and Stage 2s that have been escalated (these are usually Stage 1s that have not been resolved in the timeframe, or Stage 1s that turn out to be more complex than first thought)

**Figure 10b – Stage 2 Non escalated complaint outcomes**

<b>Non-escalated complaints</b>	<b>Number</b>	<b>As a % of all complaints closed by NHS Boards at stage two</b>
<b>6e.</b> Number of non-escalated complaints upheld at stage two	41	16%
<b>6f.</b> Number of non-escalated complaints not upheld at stage two	121	49%
<b>6g.</b> Number of non-escalated complaints partially upheld at stage two	86	35%
<b>6h. Total stage two, non-escalated complaints outcomes</b>	248	

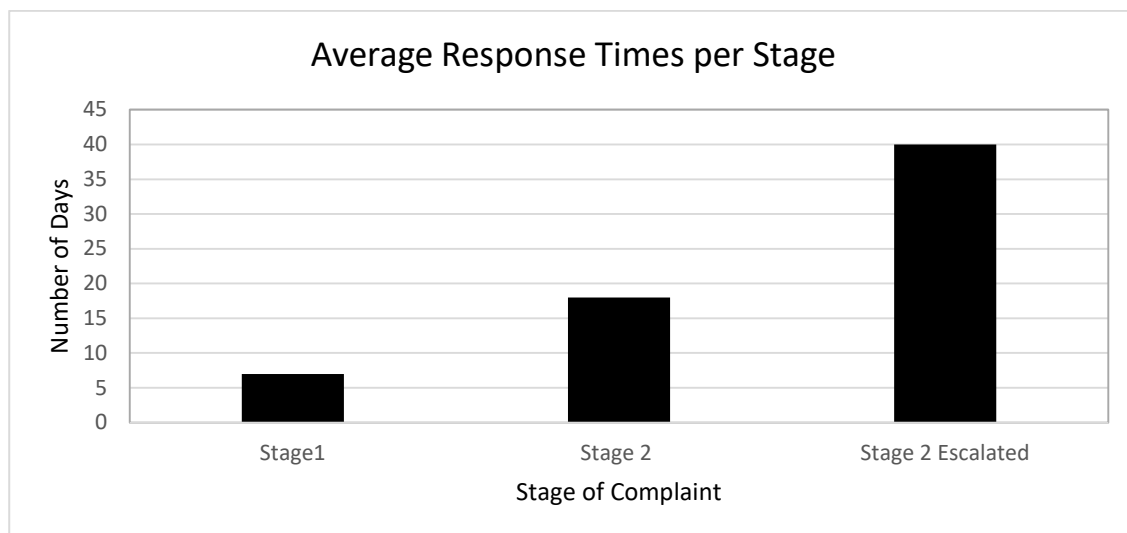
**Figure 10c – Stage 2 Escalated complaint outcomes**

<b>Escalated complaints</b>	<b>Number</b>	<b>As a % of all escalated complaints closed by NHS Boards at stage two</b>
<b>6i.</b> Number of escalated complaints upheld at stage two	16	16%
<b>6j.</b> Number of escalated complaints not upheld at stage two	57	59%
<b>6k.</b> Number of escalated complaints partially upheld at stage two	24	35%
<b>6l. Total stage two escalated complaints outcomes</b>	97	

## **KPI 7 - Average response times**

**Figure 11** below shows our average response times and, despite the increase in complaint activity, the times have remained steady and similar to previous years. This is undoubtedly as a result of the hard work of the Complaint Team in ensuring they do all they can to support colleagues and complainants through the process

**Figure 11 – Average Response Times**



### KPI 8 – Complaints closed within timescales

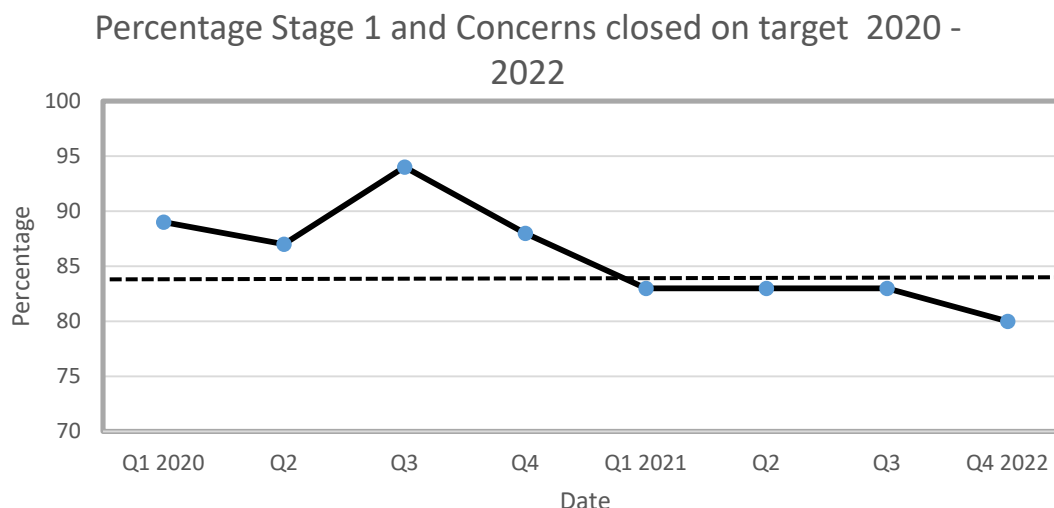
This indicator measures complaints closed within 5 working days at stage one and 20 working days at stage two.

**Figure 12a – Complaints closed within timescales per Stage**

	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.	573	60%
<b>8b.</b> Number of non-escalated complaints closed at stage two within 20 working days	74	28%
<b>8c.</b> Number of escalated complaints closed at stage two within 20 working days	73	66%
<b>8d. Total number of complaints closed within timescales</b>	720	

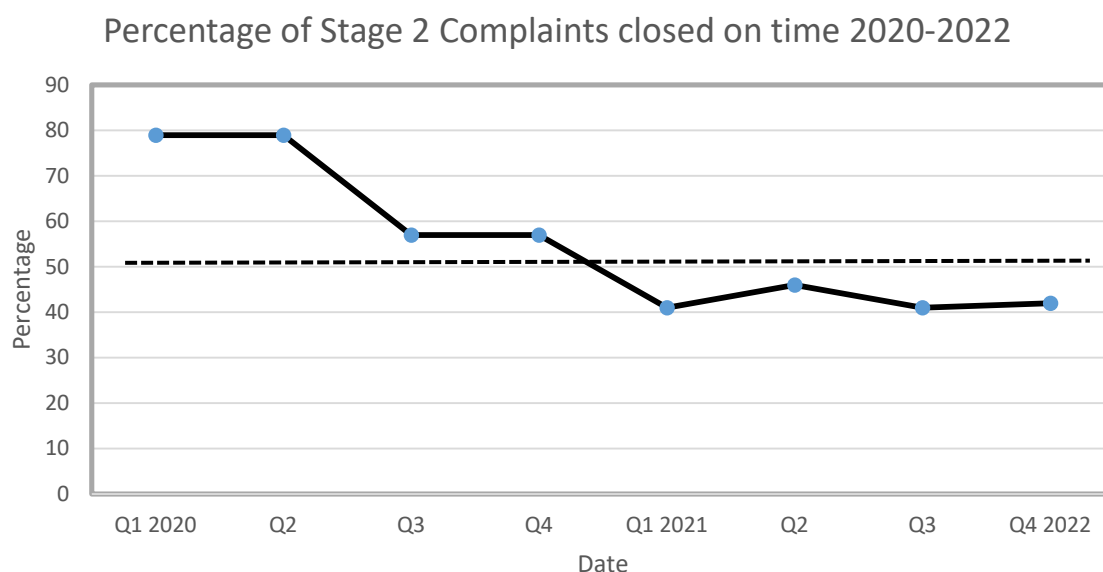
In the table above, our Stage 1 performance is measured at 5 working days only, whilst in **Figure 12b** below, it's measured at 5-10 working days.

**Figure 12b – Percentage of Stage 1's closed on target (5-10 working days)**



The increased activity has impacted on our performance with Stage 1 complaints meaning we have not met our target in the reporting period. This will be an area of focus in the coming year.

**Figure 12c – Stage 2s closed on target (20 working days)**



Our Stage 2 performance has also been affected by the current pressures and despite the increased support given by the Complaint Team, the impact of staffing issues mean it's difficult for staff at the frontline to find time to prepare statements or investigate is clear to see.

In **Figure 13** below, you will note a larger number of extensions have been granted than in previous years. This is a direct result of the pandemic and ongoing pressures. For complaints that we consider complex that will require input from a number of staff or specialties, we authorised an extension to 40 working days and informed the complainant

at the outset. In general, we had no issues and as long as we informed people upfront, they were happy to wait the extra time to get a thorough response.

## KPI 9 – Number of cases where extension authorised

**Figure 13 – Extensions authorised**

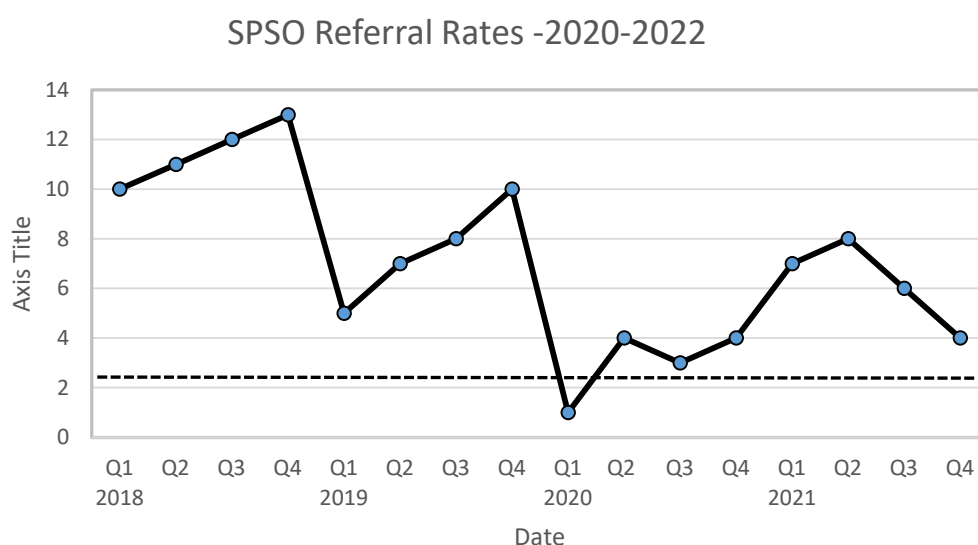
	Number	As a % of complaints closed by NHS Boards at each stage
<b>9a.</b> Number of complaints closed at stage one where extension was authorised	206	55%
<b>9b.</b> Number of complaints closed at stage two where extension was authorised (this includes both escalated and non-escalated complaints)	77	34%
<b>9c. Total number of extensions authorised</b>	283	

## 5.5 SPSO Referrals & Investigations

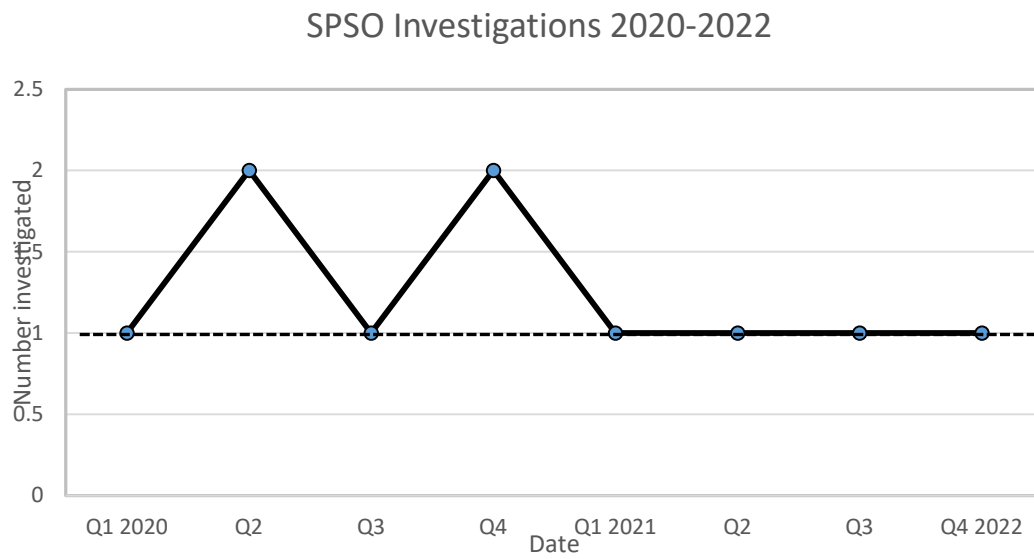
When a complainant contacts the Ombudsman, it is usually a clear indicator that they are unhappy with either our handling of, or the outcome of our complaint investigation. The improvement work we carried out in 2019-2020 helped significantly lower our number of SPSO referrals and investigations. Despite the challenges we have faced this year, our SPSO referral and investigation rate remains relatively low.

Whilst the number of referrals has risen from 16 to 25, the number that progress to investigation remains low - falling from six last year, to 4 in the current reporting period.

**Figure 14a – SPSO Referrals**



**Figure 14b – SPSO Investigations**



Keeping SPSO numbers low over the coming year remains a priority.



## 6. Governance Arrangements

### 6.1 Reporting Arrangements

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

#### **Board Level - NHS Ayrshire and Arran Board**

At each Board meeting, a specific issue related to feedback and complaints is submitted to provide assurance of improvements being made. A quarterly data report is also provided and a patient story is heard at each meeting which highlights service users' experiences and helps to inform improvement and learning.

Improvement resulting from complaints is also reported in detail in a separate paper.

#### **Healthcare Governance Committee**

Chaired by a Non-Executive Director, with membership consisting of Non-Executive Board members and Directors, this Committee provides an assurance/scrutiny role for the Board. A quarterly report of feedback and complaints data and improvements is provided to this Committee, as is an SPSO update.

Prior to going to Healthcare Governance Committee, the paper is shared at clinical governance meetings and the Acute Governance Steering Group.

#### **Directorate Level – Partnerships/Directorates**

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

#### **Operational Level – Department/Ward Level**

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

#### **Assurance**

For complaints that contain any element which has been upheld, the manager responsible will set improvement aims and these are then reviewed by the Quality Improvement Lead and presented to the clinical governance group to determine if the identified improvement is supported and what spread is required. Once agreed, the service has responsibility to implement; however improvement support will be provided if required.

This aspect of complaint handling is currently being reviewed to ensure any improvement needs identified from complaints are included in wider pieces of quality improvement work. SPSO recommendations are coordinated by the governance and assurance team and reported via the Healthcare Governance Committee on completion.

## 7. Conclusion

Despite some challenges this year across the organisation, the Patient Experience Team have risen to the challenge and are clearly focused on their objectives moving forward, which are outlined below;

### **The Feedback & Complaints Team**

Continue to offer a person centred approach to complaint handling

To increase training opportunities for all professions

To work to improve performance against timescales

### **The Patient Experience Facilitators**

To embed all new approaches to gathering patient experience

To link with Quality Improvement colleagues to help ensure all improvement efforts are responsive to the information gathered from our patients

To provide a report on findings from the Patient Journey Project

To help support staff to respond directly to Care Opinion posts relating to their areas

### **The Volunteering Team**

Continue to recruit and develop new roles in response to identified needs

To develop a youth experience volunteer programme

### **The Equality & Diversity Team**

To continue to set up and support staff networks

To publish results of the Long COVID study undertaken