

# NHS Ayrshire & Arran



**Meeting:** Ayrshire and Arran NHS Board  
**Meeting date:** Tuesday 26 March 2024  
**Title:** Patient Experience: Complaint Themes Summary Paper  
**Responsible Director:** Jennifer Wilson, Executive Nurse Director  
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## 1. Purpose

This is presented to the Board for:

- Discussion

This paper relates to:

- Emerging issues
- Government policy/directive
- Local policy

This aligns to the following NHSScotland quality ambition(s):

- Safe
- Effective
- Person Centred

## 2. Report summary

### 2.1 Situation

The Board is asked to receive and discuss this paper as a summary of a collection of themed papers presented to the Healthcare Governance Committee (HCG) outlining complaint themes and learning and improvement progressed as a result.

This summary will highlight the main points presented in the four paper collection, outlined below;

Paper 1 - Complaint Themes: Clinical Treatment

Paper 2 - Complaint Themes: Communication/Attitudes and Behaviours

Paper 3 – Complaint Themes: Waiting Times and Appointments

Paper 4 - Complaint Themes: Learning and Improvement

### 2.2 Background

This summary provides the key points presented in the themed series and highlights the learning and improvement progressed as a result. These papers were presented to HCG between February 2023 and March 2024.

These reports provided information in keeping with the NHS Complaint Handling Process and the annual requirements as laid out by Scottish Government in relation to learning and improvement from complaints.

Including;

- Complaints relating to communication and attitudes and behaviours of staff
- Themes and subthemes relating to waiting times and appointments
- Securing complainant feedback as a Key Performance indicator (KPI)
- Complaints received relating to the investigation, diagnosis, treatment and communication of clinical care

## **2.3 Assessment**

By carefully reviewing common themes and subthemes that arise from complaints, we are able to adopt a whole system approach to learning and improvement that is responsive to identified themes. This paper summarises the analysis undertaken and how it was used to progress positive change.

### **2.3.1 Quality/Patient care**

Each piece of feedback received presents an opportunity for us to review and where necessary, change practice in order to provide person centred high quality care in a consistent manner. Developing staff culture to appreciate the benefits of receiving both positive and negative feedback is important if we wish to create the right conditions for learning and improvement to be progressed and spread in a consistent and joined up approach.

### **2.3.2 Workforce**

Staff experience has a direct impact on patient experience so staff should be supported to respond to complaints in a positive manner and when support is required, it is reliably provided.

### **2.3.3 Financial**

Failing to have in place a robust system to progress learning and improvement from feedback and complaints could have financial implications if patients are at risk as a result.

### **2.3.4 Risk assessment/management**

Failure to have in place and to maintain an appropriate feedback, comments, concerns and complaints process could have a significant impact upon NHS Ayrshire & Arran's ability to demonstrate that it firmly understands the risks associated with complaints and the requirements for organisational learning.

### **2.3.5 Equality and diversity, including health inequalities**

An impact assessment is not required as this is an internal document.

### **2.3.6 Other impacts**

This will support the requirements of the Patient Rights (Feedback, Comments, Concerns and Complaints) (Scotland) Directions 2012.

- Best value
  - Performance management
  - The delivery of an effective process for patient experience including feedback, comments, concerns and complaints will support the Board's commitment to safe, effective and person centred care.
- Compliance with Corporate Objectives
  - Create compassionate partnerships between patients, their families and those delivering health and care services which respect individual needs and values; and result in the people using our services having a positive experience of care to get the outcome they expect.
- Local outcomes improvement plans, community planning
  - Effective feedback, comments, concerns and complaints handling supports the delivery of the Healthcare Quality Strategy.

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

All complaints are shared with service managers and action taken to resolve and respond to complainants.

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

The themed papers were presented, in full to the Healthcare Governance Committee on the following dates;

Part 1 – HCG Monday 27<sup>th</sup> February 2023

Part 2 – HCG Monday 24<sup>th</sup> April 2023

Part 3 – HCG Monday 6<sup>th</sup> November 2023

Part 4 – HCG Monday 4<sup>th</sup> March 2024

## **2.4 Recommendation**

Members are asked to receive and discuss this summary paper outlining complaint themes and the learning and improvement that has been progressed in response to the identified themes.

## **3. List of appendices (where required)**

The following appendices are included with this report:

- Appendix 1 – Complaint Themes Summary Paper

## Complaint Themes Summary Paper

### 1. Introduction

Complaints are a valuable source of information about our services and the experience of our patients. The more information we can extract from complaints, the greater the opportunities for learning and improvement.

Whilst the main themes identified from feedback and complaints have changed little over the last five years, taking a closer look at subthemes provides us with more detail to ensure we target learning and improvement correctly. These papers relate to the identified themes from 1 January 2022 and 31 January 2023.

The main themes identified; Clinical treatment, communication, attitudes and behaviours, waiting times and appointments are summarised in this paper before details of learning and improvement that has been progressed in response to these themes is addressed.

### 2. Clinical Treatment

In the period under review, a total of 1798 complaints were received. In total, 719 were themed as clinical treatment. These are broken down below to the services involved;

#### • Prison Services

268 complaints were received from prisoners relating to healthcare treatment. Of these, 100 were re-categorised as service enquiries as opposed to complaints.

The main themes uncovered for prison complaints were;

- Medication complaints – 65% of complaints received related to medication, including prisoners being unhappy with changes made to their prescriptions on admission, withdrawal of self-medication status, and discontinuation of opiates and benzodiazepines.
- Access to medical staff was identified in 24% of prisoner complaints
- 10% related to mental health services and addiction concerns. Prisoners often complained they had no access to mental health support.

Of note, over 75% of complaints relating to prison healthcare were not upheld, a much higher percentage than in any other service.

#### • Mental Health Services (MHS)

The most common themes identified from MHS complaints are outlined below;

- Access to treatment – mainly to community services
- Patients unhappy with proposed treatment plan
- Nursing care whilst inpatient at Woodland View Hospital
- Compulsory detention – patients or families unhappy with ongoing detention

12 complaints relating to Child and Adolescent Mental Health Services (CAMHS) were in relation to assessment findings or parents disagreeing with initial diagnosis. Poor communication and lack of support were also raised in the complaints relating to CAMHS.

- **Primary Care Services**

A very small number of complaints related to District Nursing and Ayrshire Urgent Care Services (AUCS). The themes identified were;

- Failure to supply continence or wound dressing products
- Disagreement with the clinical findings of the doctor at AUCS
- Patient unhappy that a home visit was not offered
- Failure to manage pain

- **Acute Services**

The majority of complaints relating to clinical treatment relate to Acute Services with a total of 123 Stage 1 and 210 Stage 2 complaints received.

Stage 1 themes included;

- Delays encountered for investigations and diagnosis – mainly access to radiological investigations
- Missed opportunities for earlier diagnosis of new cancers were raised in 25 complaints
- Pain management – this included management of acute and chronic pain and the current waiting times to access the Chronic Pain Service.
- Emergency Department (ED) Care & Advice – 34 complaints were received relating to patients being unhappy if directed from ED to other more appropriate services, not having x-rays carried out on presentation, unhappy with decision to discharge from ED and there were also complaints about corridor waits and the impact on care delivery.

Stage 2 complaint themes were in keeping with previous years. A number of issues were raised and these are outlined below;

- Nursing care – a number of aspects of nursing care were raised that included; failure to provide basic hygiene care, poor skin care resulting in pressure damage, failure to mobilise patients, time taken to respond to buzzers, lack of mealtime assistance, failure to administer medication appropriately.
- Medical care and decision making – patients or loved ones disagreeing with diagnosis made, patient unhappy with planned treatment or management, families unhappy that they were not involved in medical decisions, especially relating to end of life decisions and resuscitation.
- Discharge – failure to involve patient and family in discharge planning, disagreement with discharge decision, prolonged waits in discharge lounge, medication not being ready at time of discharge and discharging frail elderly patients out of hours without a family member present were all raised in the time period under review.
- COVID-19 related – a smaller number of complaints were received in this period relating to COVID-19 with the main issues raised relating to; failures to inform families of changes to the patient's COVID-19 status, patient contracting COVID-19 whilst inpatient, visiting restrictions and vaccination related concerns.

In total, 22 Stage 2 complaints were received relating to Ayrshire Maternity unit (AMU), of which the following themes were identified;

- Unhappy with telephone advice when mother experiencing pain or contractions at home
- Care during labour
- Care post labour
- Poor pain management

### 3. Communication

Communication is a theme raised in a large proportion of complaints received. Of all complaints received in the period under review, 50% highlighted one or more issues relating to communication.

These can be split into the following subthemes;

- Lack of condition updates or information on treatment plans – most of these complaints resulting from difficulty securing time to speak to a nurse or member of the medical team about the patient’s diagnosis and treatment, including when trying to receive telephone updates.
- Difficulties accessing investigation results – the most prevailing theme here was in the time taken to access results, with a majority of complainants waiting six weeks or more. These were often impacted by cancelled outpatient appointments or a reluctance on the part of the GP to share hospital investigation findings. Delays in radiological findings from locum agency was also a theme identified in the period under review
- When it came to written communication, all complaints related to outpatient appointments – either letters received late or confusion relating to our Treatment Time Guarantee letters
- Discharge information – failure to involve family, inaccurate information on written discharge instructions, failure to notify care homes of discharge and not providing families with the opportunity to raise and discuss concerns related to discharge
- End of Life Conversations – relating to treatment escalation plans or resuscitation decisions. Incidences of these themed complaints have reduced in the year under review.
- Visiting Restrictions – as we remained under pandemic conditions for part of the time under review, failure to communicate changes to visiting arrangements or to explain the need for restrictions were made in 21 complaints. The difference in person centred approaches caused some patients and families feel the restrictions were not fairly applied

### 3.1 Attitudes and Behaviours

Approximately 200 complaints raised concerns with the attitude and behaviour of staff. This is a reduction from 254 in the previous year. The most common themes identified from these complaints were;

- Verbal communication with medical and nursing staff accounted for over 80% of these complaints and in these instances, staff were described as; abrupt, unhelpful, and uncaring.
- Medical staff described as uninterested or dismissive
- A number of complaints raised were against medical secretaries, usually by patients making contact regarding appointments or results. In most cases, the patients were unhappy with the information, or lack of information shared, which was often out with the secretary's control.

### 4. Waiting Times and Appointments

A sharp rise in complaints relating to waiting times and appointments is seen in the period under review. A total of 402 complaints relating to this theme were received, up significantly from 145 in the previous period reviewed. This is undoubtedly as a result of the impact of the pandemic on waiting times.

The majority of these complaints were classified as Stage 1 and a standard response was provided. Acute Services received the most at 270 whilst there were also 112 received from prisoners relating to delays in accessing healthcare. These included;

- Access to nurse or doctor
- Waiting times for acute service outpatient appointments for a range of services including surgical, physiotherapy and radiological

We also received 15 complaints relating to Mental Health services, 11 of which related to CAMHS and time taken from first referral.

The majority of waiting time complaints were received by Acute Services and are outlined below;

- Over 100 relating to waits for surgery – this included most specialties of general, orthopaedics, urology and ear, nose and throat
- Waiting times for outpatient appointments
- Waiting times to receive results
- Waiting times for medical imaging
- Repeated cancellations of appointments
- Complaints relating to appointment letters, both content and time received with a number of complainants only receiving their letters after the date of appointment.

## 5. Learning & Improvement

The real importance of being able to extract accurate themes from complaints received is to ensure we are proactive in our approaches to learning and improvement and seek to address the areas where we have evidence from service users that there is room for improvement.

A number of improvement actions have been progressed from the identified themes. There is also evidence of local learning and changes made to individual's and team's practice in response to feedback from patients and families.

Examples of improvements related to this series of themes include;

- Staff Reflection – in addition to individual reflection, we are currently testing a new approach with a more comprehensive programme of support tailored to specific teams' needs. The programme includes working with a team on culture, coaching, wellbeing approaches and quality improvement. This is being tested within the orthopaedic service and is accessible for nursing, medical and AHP staff.
- New Volunteer roles – we have increased our volunteers to over 200 including Ayrshire College students now volunteering in our acute wards as part of their healthcare course.
- Visiting – the launch of Person Centred Visiting across all NHS Ayrshire & Arran hospitals took place in the period under review which opened up visiting within the hours of 8am and 10pm to meet the needs of our patients and their families. We have been able to demonstrate a reduction in complaints relating to visiting as a result of this approach.
- Waiting Time and Appointments – Our Head of Medical Records is working with Scottish Government and colleagues on new approaches to communicating waiting times and treatment time guarantees. A communication plan is currently being progressed in relation to this.

## 6. Conclusion

The Board is asked to receive and discuss this report which summarises the key points from the four papers presented previously to the Healthcare Governance Committee on complaint themes and the subsequent learning and improvement progressed in relation to the themes identified.