

NHS Ayrshire & Arran



Meeting:	Ayrshire and Arran NHS Board
Meeting date:	Monday 30 November 2020
Title:	Patient experience - complaint themes part 1 – Communication
Responsible Director:	Professor Hazel Borland, Nurse Director
Report Author:	Laura Harvey, Quality Improvement Lead

1. Purpose

This is presented to the Board for:

- Discussion

This paper relates to:

- Government policy/directive

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 report as the first in a collection of themed papers exploring complaint themes and how we are ensuring learning and improvement is progressed in response to the identified issues. This paper also reports on the process for considering whether complaints are upheld or not.

2.2 Background

This report provides information in keeping with the NHS Complaint Handling Process and the annual requirements as laid out by Scottish Government in relation to learning from complaints

Including:

- A detailed look at complaints relating to communication and attitudes and behaviour
- Learning arising or planned as a result
- Process in place to determine is a complaint should be upheld or not

2.3 Assessment

- Details of themes and subthemes explored
- The process for categorising complaints
- Evidence of learning already progressed
- New approaches to learning and improvement

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

There are no workforce implications.

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

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

2.3.6 Other impacts

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

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

- Local outcomes improvement plans, community planning
 - Effective feedback, comments, concerns and complaints handling supports the delivery of the Healthcare Quality Strategy.

2.3.7 Communication, involvement, engagement and consultation

This is an internal document for discussion and therefore does not require engagement and/or consultation.

2.3.8 Route to the meeting

Complaints are discussed as part of clinical and non-clinical teams to ensure learning. A version of this paper was presented to Healthcare Governance Committee on 2 November for discussion.

2.4 Recommendation

The Board is asked to receive and discuss this report as the first in a collection of themed papers exploring complaint themes and how we are ensuring learning and improvement is progressed in response to the identified issues. This paper also reports on the process for considering whether complaints are upheld or not.

3. List of appendices

Appendix 1 – Complaint Themes Part 1 – Communication

Appendix 2 – Quality Improvement Plan (QIP) Process Flow Chart

Patient Experience: Complaint Themes Part 1 – Communication

1. Introduction

Complaints are a valuable source of information about our services as they help us to identify opportunities for improvement.

Whilst the main themes identified in feedback and complaints have not changed in a number of years, taking a closer look at sub themes provides us with more detail on the type of learning or improvement that is required.

This series of papers will explore the issues raised in relation to the top themes and highlight any learning or improvements that have been made, whilst also exploring further opportunities for learning and improvement.

In this, the first paper, the themes of communication and the attitudes and behaviours of our staff will be discussed.

2. Complaint Classifications

An aspect of complaint handling that is critical to prioritising learning and improvement needs is how we classify complaint outcomes.

The current Complaint Handling Process (CHP) recommends complaints are classified in the following manner;

- **Upheld** - If a complaint is received which relates to one specific issue, and substantive evidence is found to support the allegation made, the complaint is recorded as 'upheld'.
- **Partially upheld** - If a complaint is made regarding more than one issue, and one or more of these issues are upheld, the complaint is recorded as 'partially upheld'.
- **Not Upheld** - Where there is no evidence to support any allegations made, the complaint is recorded as 'not upheld'.

In most cases, when a complaint is classified as upheld or partially upheld, there will be learning for staff. How that learning is progressed should be decided by the responsible service, with the support of the Quality Improvement Team (QI) as required. Generally, when the complaint themes are common to a number of areas or services, a collaborative approach to improvement is required which is shared across a number of services. Whilst more local learning can be quickly progressed when the emerging theme is only relevant to an individual or team.

A flow chart depicting this process to develop improvement plans from complaints can be seen in **Appendix 2**

3. Communication

In 2019-2020, NHS Ayrshire & Arran (NHS A&A) received 302 complaints that were classified as relating to communication. The categories or sub themes are discussed below;

- **Condition updates**

Approximately 46% (139) of complaints were made by families that were unhappy with the level of information they were given about their loved ones' condition. Of these, 42 found it difficult to get access to medical staff for condition updates.

In addition to access, there were a number of complainants (25) who felt the quality of information shared regarding diagnosis or treatment was poor and as a result, complaints were raised about the quality of care. In each of these 25 cases, investigation found that the quality of care had been good, but the communication with the patient and the family was poor and that poor communication had contributed to the families belief that care was poor.

In response to these complaints, a number of improvements have been progressed locally, such as set appointments to speak to medical staff, and medical staff contact information displayed in ward areas.

Current Action:

Develop and test a communication template to improve quality of telephone condition updates

- **Communication regarding outpatient appointments**

54 (18%) complaints were raised in relation to communication regarding outpatient appointments. In most instances this related to written communication. These related to; failure to receive notification of cancelled appointments, written appointment information not received in time, written information received not accurate, not being kept updated if a clinic is running late and disclosure of private patient information in public spaces.

These current topics are being reviewed as part of our remobilisation of services plan, together with the Extreme Team established to plan the communication and engagement with patients and the public as we transform outpatient care. Ensuring timely and effective communication in all aspects of outpatient services is a priority for this group.

Current Action:

- Full media campaign and information videos being shared across multiple social media and local media platforms

- **Communication at discharge**

47 (15%) complaints were received relating to poor communication of discharge decisions and arrangements. These ranged from next of kin not being told about discharge prior to it occurring, failure to notify support services of patient discharge, and the wrong or inaccurate written information on Immediate Discharge Letters.

Despite a number of improvements made to discharge planning and documentation over the years, the number of complaints have remained consistent which indicates further action is required to improve communication around patient discharge.

In the first instance, this new information will be shared at the relevant governance groups to agree what action is required to make further improvements.

Action:

Complaint themes around written discharge communication will be shared with site Governance Groups and improvement needs agreed.

- **Results of Investigations**

10 (3%) complaints were received from patients who felt they were made to wait too long for results of investigations that had been carried out on an outpatient basis. This ranged from radiological procedures to blood results.

In response to these complaints, a review of how we feedback results to our patients was carried out. The results show that a number of different approaches are used by individual consultants and/or departments. Generally, results are provided to the referring doctor. In many cases this is the General Practitioner and how those results are then passed to the patient differs across different practices.

When the referrer is a member of hospital staff, the process is less clear – some doctors will provide results in writing, others will call the patient, whilst others will wait until the next appointment to discuss results. In two cases, there was a delay in communicating a cancer diagnosis due to cancellation of outpatient appointments. In another two cases, the referring doctor was an Emergency Department Doctor and when written results were received, the patient had been discharged and the results were not passed to the patient or their GP. These cases were subject to adverse event review.

The amount of variation in practice requires to be addressed to ensure results are shared in a timely manner. This will then provide some assurance that results can be acted on in a timely and person centred manner.

Action:

This will also be progressed via the site governance groups and with the support and leadership of the Associate Medical Director, an improvement plan agreed for a more consistent approach to sharing results.

- **Less common themes**

A number of other issues were raised under communication and in these instances the main learning was local and involved reflection by individual staff or teams. As part of a new refocus on learning from complaints, the QI Lead is working with the risk team to progress the use of learning summaries as an excellent tool for local teams to reflect and learn from complaints. The themes highlighted as suitable for local learning include;

- Failure to discuss Do Not Attempt Cardio-pulmonary Resuscitation (DNACPR) – previously this was a considerable challenge however, due to a significant amount of improvement work progressed, including the spread of Treatment Escalation Plans (TEPS), this is less commonly reported. In this instance, learning with a local team is indicated to improve communication.
- Lack of information given preoperatively – the number of complaints relating to this have dropped significantly since the implementation of our new consent policy which

assures every patient is spoken to prior to surgery by the doctor carrying out the operation.

- Failure to inform patients of valuables policy resulting in loss of personal property.
- Failure to get through to wards on telephone or failure to speak to the correct nurse
- Family members given inaccurate information

In these examples, the complaints received apply to a small area or an individual service and providing the feedback is often enough for the relevant manager to remind staff of their responsibilities in relation to patient and family communication.

4. Attitudes and Behaviours

In total 254 complaints were received in 2019/2020 that referred to poor attitudes and/or behaviour by staff to either the patient or a family member. Of those, 48% refer to communication with medical staff, 32% relate to nursing staff, 14% relate to clerical staff, with the remaining 6% spread across a number of different staff groups including x-ray staff and porters.

In most complaints relating to attitudes and behaviour of medical staff, the issues are related to verbal communication, with the majority referring to conversations held in the outpatient setting. Whereas, complaints relating to nurses' attitudes and behaviours are more commonly described as unhelpful or uninterested.

People that complain about poor attitudes and behaviours of staff tend to describe an overall unpleasant or poor experience, quite often due to a single instance of poor communication during their stay.

Given the significant impact that even one careless remark made by staff can have, progressing learning is really important and to date a number of local measures taken to address. While this has resulted in some improvement, further work is required.

Whilst it is important to have courageous conversations with individual staff members about their communication style, it is clear from the numbers that we also need to take other, wider action to support our staff to communicate with patients, visitors and each other in a more respectful and caring way.

Action:

Work is currently progressing in revitalising and relaunching our Customer Care Commitments, based on our organisational values, which will include behaviour codes for our staff. In addition, learning summaries which highlight the impact one careless word can have on a patient's entire experience will be distributed across our services. These learning summaries will be based on lived patient and family experience.

This work will be tested in our Emergency Departments initially as it emerged as the area with the largest number of complaints relating to attitude and /or behaviour.

5. Conclusion

A significant amount of work has been done to ensure we remain responsive to the themes emerging from our patients' experiences. This paper has highlighted complaints about communication and the attitudes and behaviour of our staff. The next paper in this series will discuss complaints received about care and treatment.

The Risk and Resilience Scrutiny and assurance Group have very recently agreed to divide the workings of the group into two distinct areas (1) Governance and Performance (2) Learning and Improvements. This means that every quarter a focus will be placed on how we are taking and applying the learning from our key areas. Complaints information will be part of this. This will allow the board to operationalise the learning and ensure that it is implemented by operational manager with the implementation be scrutinised and assured at RASAG.

This paper also highlights the work being done to ensure we progress all opportunities for learning and improvement in a robust manner, and how we are capturing and reporting on all aspects of improvement from complaints.

Future papers to the Board will provide more detail of improvements being made as a result of feedback and complaints.

APPENDIX 11

QIP Process for Stage 2 Acute Complaints (Partially or Fully Upheld)

