

NHS Ayrshire & Arran



Meeting: Ayrshire and Arran NHS Board
Meeting date: Monday 28 March 2022
Title: Patient Experience: Complaint Themes Summary Paper
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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 outlining complaint themes and learning and improvement progressed as a result.

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

- Paper 1 - Complaint Themes: Communication
- Paper 2 - Complaint Themes: Waiting Times & Appointments
- Paper 3 - Complainant Satisfaction
- Paper 4 - Complaint Themes: Clinical treatment
- Paper 5 - Complaint Themes: Learning & 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 Healthcare Governance Committee between November 2020 and February 2022.

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 and 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 2 November 2020

Part 2 – HCG Monday 26 April 2021

Part 3 – HCG Monday 2 August 2021

Part 4 – HCG Monday 1 November 2021

Part 5 – HCG Monday 28 February 2022

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

Appendix 1 – Complaint Themes Summary Paper

Appendix 1 – 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.

The main themes identified; Communication, Waiting Times & Appointments, Complainant Satisfaction and Clinical Treatment are summarised in this paper before details of learning and improvement that has been progressed in response to these themes is addressed.

2. Communication

In the period 2019-2020, NHS Ayrshire and Arran (NHSAA) received over 300 complaints that were classified as communication. These were then explored further and the following sub themes were identified;

- Condition updates - families who felt they were not provided with regular updates on their loved one's condition, diagnosis, treatment or prognosis.

In addition to this, a number of complaints originally classified as clinical treatment were reclassified as communication when it became apparent the treatment had been appropriate, but this had not been communicated effectively to the patient or their family.

- Communication at Discharge - this emerged as a new subtheme in 2019-2020 and information received via feedback and complaints included; poor communication of discharge planning and decisions, failure to involve family and next of kin in discharge planning, inaccurate information on immediate discharge summaries and failure to liaise with support or care services in the community.
- Investigation Results - patients complained they had to wait too long for investigation results, ranging from radiology to phlebotomy.
- End of Life Conversations - Failure to fully engage family members in discussions about resuscitation decisions or treatment options at the end of life remain a sub theme of communication complaints, though the volume has significantly reduced since Treatment Escalation Plans have been implemented.

2.1 Attitudes and Behaviour

Approximately 250 complaints were received in the period reviewed that fell into the sub-category of attitudes and behaviours. Of those, 48% related to medical staff, 32% related to nursing staff with 14% related to clerical and administrative staff with other staff groups such as porters and x-ray staff sitting at 6%.

The majority of these complaints, immaterial of the staff group tend to refer to verbal communications and the majority take place in the outpatient setting with patients describing a disappointing clinic visit. Complaints about nursing staff's attitude and behaviour is often described as staff being unhelpful or unavailable. Within the nursing group, more complaints relate to telephone conversations in inpatient areas with some complainants describing it as really difficult to get information from the nurse involved.

3. Waiting Times & Appointments

In the reporting period, approximately 145 complaints relating to waiting times and appointments were received.

- Communication of Outpatient Appointments - in most instances, this related to written information and included issues such as; short notice cancellations, appointment letters arriving too late and inaccurate information provided. Failure to keep people updated during outpatient clinics was also raised, as was the disclosure of private patient information in public spaces.
- Waiting Times - most complaints related to us being unable to meet the Treatment Time Guarantee in the following services; General Surgery, Breast Clinic, Medical Imaging and outpatient appointments.
- Prisoner complaints - 50 Stage 1 complaints were received by prisoners in relation to waits to see a nurse or GP, or waiting times related to dental services.

4. Complainant Experience

In 2020-2021, 120 complainants were contacted by telephone to answer a short questionnaire on their experiences of submitting a complaint. Eleven complainants declined our invitation to provide feedback so the following data is based on the feedback from 109 complainants.

Figure 1 – Feedback from 109 complainants

Question	Yes	No	NA/NR
Were you happy with the response time of your complaint?	85%	10%	5%
Did you find it easy to complain?	80%	15%	5%
Were we empathetic in our handling of your complaint?	95%	2%	3%
Were you given an apology?	86%	14%	-
Did you feel listened to by the Complaint team?	99%	1%	-
Did you feel listened to by the member of service investigating your complaint?	72%	5%	23%
Did you feel the outcome of your complaint was fair?	69%	21%	10%
Were you kept up to date on the progress of your complaint?	92%	8%	-

In addition to the information in the table above, the following comments were received;

“The Complaints Manager was very empathetic”

“The Complaint Team were very good and kept me fully informed on the progress of my complaint.”

“The investigation took too long”

“I do not feel I got an apology as such but I was happy with the outcome.”

“I wasn’t sure how they came to the outcome they did.”

A number of improvements have been made as a result of this feedback, and this is described in section 6 below.

5. Clinical Treatment

The themes relating to clinical treatment relate to the reporting period 1 September 2020 – 30 September 2021. During this time, 705 complaints were received relating to clinical care and treatment, with a total of 427 relating to Health and Social Care Partnerships, and 278 relating to Acute Services.

5.1 Prisoner complaints

A significant number of these – 324 in total – were received from prisoners.

The themes identified from Prisoner Complaints included;

- Medication - this accounted for over 70% of complaints, with the majority relating to desirable drugs being discontinued or prisoners seeking alternative pain killers. Complaints were also made about prisoners not being allowed to self-manage their own medications.
- Access to Doctor - 20% of complaints were related to access to medical staff, or delays in receiving GP appointments.
- Mental Health Concerns – 10% of complaints were received from prisoners and their loved ones about poor access to mental health support whilst in the prison.

5.2 Mental Health Service Complaints

Complaints received for mental health services included;

- Changes to medication.
- Patient unhappy with treatment plan.
- Lack of involvement in own care plans.
- Loss of faith in addiction services.
- Complaints about poor inpatient care in Woodland View and Ailsa Hospitals
- Long waits for Children and Adolescent Mental Health Services (CAMHS) and disagreement with diagnosis.
- Decision not to admit for inpatient mental health care – this is a fairly common cause of complaint and often results from a fear of safety from the families of mental health patients.
- Inappropriate use of compulsory treatment orders.

5.3 Primary Care Services

As GP practices handle their own complaints, those received by the Board relate to district nursing services, and Ayrshire Urgent Care Service;

- District Nursing Services - only a small number (<10) complaints were received but the common themes were; Provision of healthcare supplies, failure to check bloods in a timely manner, unhappy with standard of personal care carried out, felt to have rushed patient.
- Ayrshire Urgent Care Services - again, <10 complaints received but common themes were disagreement with decision that a GP home review was not required and waiting times for call backs or ambulances being dispatched.

5.4 Acute Services Complaints

278 complaints were recorded relating to clinical treatment in acute services, the majority of which were Stage 2 as they were more complex in nature than some of the other complaint themes, such as waiting times.

Of the Stage 1 complaints received, the following themes were recorded;

- Investigation Delays
- Delayed Diagnosis
- Pain Management
- Cleanliness of environment

Below, themes of Stage 2 complaints are discussed;

- Emergency Department Care
A number of themes relating to care received in the Emergency Departments (ED) were recorded and these included;
 - Unhappy at being signposted to an alternative service such as GP or Pharmacy
 - Waiting time to be seen or to be moved to a ward
 - Not receiving expected treatment
 - Not having x-rays carried out
 - Decision not to admit to hospital
- Nursing Care
Nursing care complaints relating to clinical treatment is the most commonly complained about theme and the following issues have been raised in the reporting period;
 - Failure to provide adequate personal care including; personal hygiene, pressure ulcer care, catheter care and oral care
 - Excess time taken to respond to patient call system
 - Lack of assistance provided at mealtimes
 - Late medications

- Medical Care and Decision Making
Complaints relating to medical treatment is the second most common theme and the following issues were reported;
 - Disagreement with diagnosis
 - Poor access to patient's named consultant
 - Decisions taken to delay or cancel planned investigations or treatment such as surgery without first discussing with patient or family
 - Unhappy with outcome of surgery or procedure – in this subtheme, ophthalmology and general surgery received the most complaints
 - Not happy with treatment plans
 - Disagree with decision to discharge

- Discharge
As mentioned previously, discharge has emerged as a new theme in the last 18 months and the following aspects of the discharge process have received the most complaints;
 - Discharge considered premature by the patient or family
 - Medication not ready at time of discharge
 - Prolonged waits in discharge lounges
 - Discharge of frail elderly patients out of hours
 - Use of taxi transport for frail patients
 - Failed discharge of patients readmitted within 48-72 hours of discharge
 - Families not being informed of discharge or involved in planning
 - Patient sent home in inappropriate clothing

- Medication
 - Failure to continue to prescribe and administer routine medications
 - Changes made to longstanding medication during admissions with no explanation
 - Inadequate pain control
 - Concerns regarding anti-coagulant use for prophylaxis
 - Failure to provide correct drugs on discharge
 - Loss of patients own medications during admission

- COVID-19 related
As a result of the pandemic, we have received a number of complaints regarding COVID-19. The most common themes are identified below;
 - Being placed in areas with COVID-19 positive patients whilst awaiting their results
 - Being discharge before their COVID-19 status is known and the potential effect on loved ones who may be vulnerable
 - Contracting COVID-19 whilst an inpatient
 - Being refused outpatient treatment due to failing to follow guidance around mask use and hygiene
 - Witnessing poor infection control practices in clinical areas

6. Learning & Improvement

Learning and Improvement from Complaint Themes

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 significant improvements are currently being progressed in response to complaint themes as noted below. Please note, in addition to these bigger pieces of work, a large amount of small changes are made across our services in response to complaints and how we are able to capture this moving forward is being explored by an Extreme Team commissioned by the Interim Deputy Nurse Director in February 2022.

- Staff Reflection & Learning - Attitudes & Behaviour

An important aspect of the complaint process is that all complaints and their outcomes are shared with the team involved. This sharing supports staff to reflect on their role and consider how they could have contributed to making a more positive experience. This reflective model is of particular value when a complainant has raised points related to the attitude and behaviour of staff.

When a patient reports issues relating to communication or attitude and behaviour, staff are often unaware that what or how they communicated something caused the patient or their loved ones upset. Having the opportunity to review complaints allows the staff to see the impact of their actions or words and make changes as required.

As this type of learning can be difficult to evidence, we are working with Risk Colleagues to test the use of learning summaries to share this type of complaint feedback to a wider circle of staff.

Complaints related to communication provide a number of opportunities for learning and improvement. To date the following actions have been progressed;

- End of Life Emergency Care Planning - Clinical Treatment & Communication

New approaches to conversations about resuscitation and Treatment Escalation Plans – the QI Leads for both Patient Experience and Deteriorating Patient are working with a Consultant Anaesthetist and a newly formed group to ensure conversations about treatment escalation and resuscitation status happen earlier and not when the patient is critically ill. Most end of life patients have a number of admissions and so the aim is to bring the conversations forward to ensure the patient can actively contribute rather than waiting until the patient is too ill to take part.

This project will ensure that important conversations with family about treatment options and resuscitation are also explored to ensure family are updated and are understanding of the decisions made.

Part of this work being tested is the role of a volunteer to support patients and families in these conversations.

- Hospital Discharge - Clinical Treatment & Communication

A significant number of complaints related to discharge practices and as a result, a number of actions are being progressed to improve the discharge experience for all our patients. These actions include;

- Development of a discharge survey to be completed by all patients at discharge to measure their experience of the discharge process. Surveys will be provided for patients discharged from the ward or those using the discharge lounge. The findings of these surveys will then be used to inform further improvements around our discharge processes.
- A new volunteer role has been developed to support patients in the discharge lounge – the discharge volunteer will be able to spend time with patients and help ensure they are ready for discharge and have all belongings and medication prior to leaving. The volunteer will help keep the patients occupied if they have a wait in the lounge playing games, reading etc.
- A further volunteer role is being progressed to make contact with patients post discharge via telephone which will give the patient an opportunity to ask any outstanding questions which will then be forwarded to the relevant clinicians.

- New Volunteer Roles – Communication & Treatment

A number of volunteer roles have been developed as a result of complaint themes and these include;

- **Emergency Department Volunteers**
These volunteers will help keep patients company and attend to any non-clinical needs, especially for those patients experiencing bed waits.
- **Expansion of Ward Volunteer programme**
Recruitment of further volunteers to undertake a new and refreshed ward volunteer role. The role description has been developed to include some of the themes identified from patient feedback and complaints. Ward volunteers will spend time with patients and help the clinical staff with non-clinical duties such as answering the telephone, putting away stock and ensuring the ward area is safe.
- **Activity Volunteers**
These volunteers will work closely with physiotherapists and occupational therapists to support patients to undertake daily exercise such as walking around the ward or to help with cognitive activity doing puzzles or games
- **Patient Experience Volunteers**
These volunteers will collect patient experience information and spend time with patients to identify best practice and provide valuable feedback

- Virtual Visiting – Communication

A number of complaints have been received due to visiting restrictions in ward areas as a result of the pandemic. At the beginning of lockdown, each area was provided with iPods to facilitate virtual visiting but feedback found the devices were too small for the majority of patients to see their loved ones on Zoom or Facetime.

As a result of this feedback, a bid for iPads was submitted to Healthcare Improvement Scotland (HIS) which was successful in securing over 100 iPads which have now been loaded with the following programmes

- Zoom for virtual visiting
- Language Line – to access interpretation and British Sign Language information
- Teams surveys – to allow individual wards to collect relevant information for improvement

- Waiting Times & Appointments

The current delays to elective surgery and outpatient activity is addressed as part of our remobilisation plan but the complaint process has helped identify other delays in the system that can be improved.

Complaint feedback identifies patients often face delays in securing results following investigations and the processes currently in place can be confusing.

Delays in feeding back to patients can then impact on any subsequent treatment or the need for further investigations, all of which contribute to a poor patient experience.

As a result of these themes, a Patient Journey Project has been developed to gather patient experience data throughout their journey – from first contact with GP to discharge from hospital for those that have had an inpatient stay. This work was due to commence in January but has been delayed until May due to the current service pressures. Information will be gathered in a variety of formats including; face to face, online surveys and focus groups to chart each point of the patient journey such as; GP referrals, investigations, investigation results, outpatient appointments, contact with consultant, elective or emergency admission, discharge and follow up.

The information collected will be invaluable in future improvement of our services.

Learning and Improvements from Complainant Feedback

As mentioned in section 4 above, feedback on complainant experience, specifically in relation to the complaints handling process, is also captured. As a result of the feedback received, we have made a number of improvements to our complaint handling;

- Contact throughout the complaint investigation has improved. A member of the complaint team now acts as the point of contact for all complaints and therefore the complainant knows who to contact if they have any questions and they also receive regular updates on progress throughout the process.
- We also recognised as a result of feedback that it was difficult for service managers to maintain contact with complainants due to their workload so most contact is now made by the Complaint Team.
- Our compliance with the 20 working days target has improved throughout the last year and is currently at 79%. A main aim for the coming year is to increase this to over 85%.

- If the complaint is complex and won't meet the 20 working day deadline, a member of the team will inform the complainant that a further 20 working days have been added. Our findings are that when we manage the complainant's expectations and keep them updated, they are usually accepting of a longer time frame.
- We have developed a more robust system to decide the outcome of a complaint which we can share with complainants if they are unhappy or unsure how an outcome was reached.
- Complaint staff are now more involved in all aspects of complaint handling including preparing written responses. This has ensured we maintain a consistent standard and ensure an authentic apology is given when required.

7. Conclusion

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