

NHS Ayrshire & Arran



Meeting: Ayrshire and Arran NHS Board
Meeting date: Monday 14 August 2023
Title: Patient Experience Annual Report 2022 - 2023
Responsible Director: Jennifer Wilson, Nurse Director
Report Author: Laura Harvey, QI Lead for Patient Experience

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 in for 2022-2023, and to note our continued compliance with the complaint handling process.

2.2 Background

Each NHS Board Feedback and Complaint 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

Submission to Scottish Government is by the end of September 2023
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

- We have significantly increased the amount of feedback and patient experience data we have collected in 2022-2023, especially in collecting patient experience at the point of care
- We have witnessed a significant increase in Care Opinion Posts whilst maintaining very low criticality
- Performance against the timescales has dropped due to the ongoing service pressures
- SPSO referrals have increased but investigations have remained low, giving some assurance that our investigations remain of a good quality, despite the challenges

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 & 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 has not been completed as not relevant.

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 Healthcare Governance Committee prior to submission, at which point it will be submitted to Scottish Government and uploaded to NHS Ayrshire & Arran Website

2.3.8 Route to the meeting

This paper has previously been submitted to the Healthcare Governance Committee on 31 July 2023.

2.4 Recommendation

For discussion. Board Members are asked to receive and discuss this Annual Report on organisational activity in relation to patient, carer and family feedback and complaints in April 2022– March 2023, and to note our compliance with the complaint handling process

3. List of appendices

- Appendix 1 – NHS Ayrshire & Arran Patient Experience Annual Report for April 2022 – March 2023

PATIENT EXPERIENCE ANNUAL REPORT

2022 - 2023

PATIENT EXPERIENCE TEAM

NHS
Ayrshire
& Arran



#heartofcare

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Introduction

2022-2023 has been an extremely challenging year across all aspects of health and social care. A combination of pandemic remobilisation and extreme pressures on all parts of the healthcare system has impacted on both complaint numbers and performance.

NHS Ayrshire and Arran has not been able to demonstrate any sustained improvement in our complaint handling performance however, we have worked hard to maintain the quality of our complaint investigations and responses and as a result, despite the difficulties faced, SPSO activity has remained low, whilst complainant experience remains extremely positive.

Despite the challenges, evidencing sustainable improvement and learning from feedback and complaints had remained a key objective and over the last year, an Extreme Team approach was applied to carry out a deep dive into complaints culture and explore the opportunities to evidence real change from lived patient experience.

As a result, a number of key patient experience objectives have been met, including obtaining regular feedback from patients at the point of care, and promoting Care Opinion as the feedback platform of choice.

Our ambitions to provide all our patients with safe, caring and respectful care includes a robust and person centred complaint handling service that really listens and learns from our patients' and their loved ones experiences of using our services. When we get it wrong, we owe it to our patients to ensure we learn and demonstrate real change that will ensure future patients will not have the same poor experience.

With that philosophy forefront at all time, this year's report provides details of all the work we have progressed to ensure we listen to our patients at every opportunity and our ambitions for the coming years, whilst openly discussing the challenges we have faced over the past year.

Laura Harvey
Quality Improvement Lead
Patient Experience



1812

COMPLAINTS RECEIVED

1070

PIECES OF FEEDBACK

Gathered in total

442

CARE OPINION POSTS

Viewed 65,900 times

28

SPSO REFERRALS

Six progressed to investigations

116

ACTIVE VOLUNTEERS

370

PATIENTS COMPLETED
IN-PATIENT SURVEYS

180

COMPLAINANTS PROVIDED
FEEDBACK ON THEIR
COMPLAINT EXPERIENCE

1. Patient Experience

In the past year we have been able to secure more lived experience from people using our services in a variety of formats. Details of which are presented below;

In total, we received 1070 pieces of feedback in 2022-2023, including 442 Care Opinion posts.

1.1 Local Feedback

Chart 1 – Total Feedback received 2022-2023

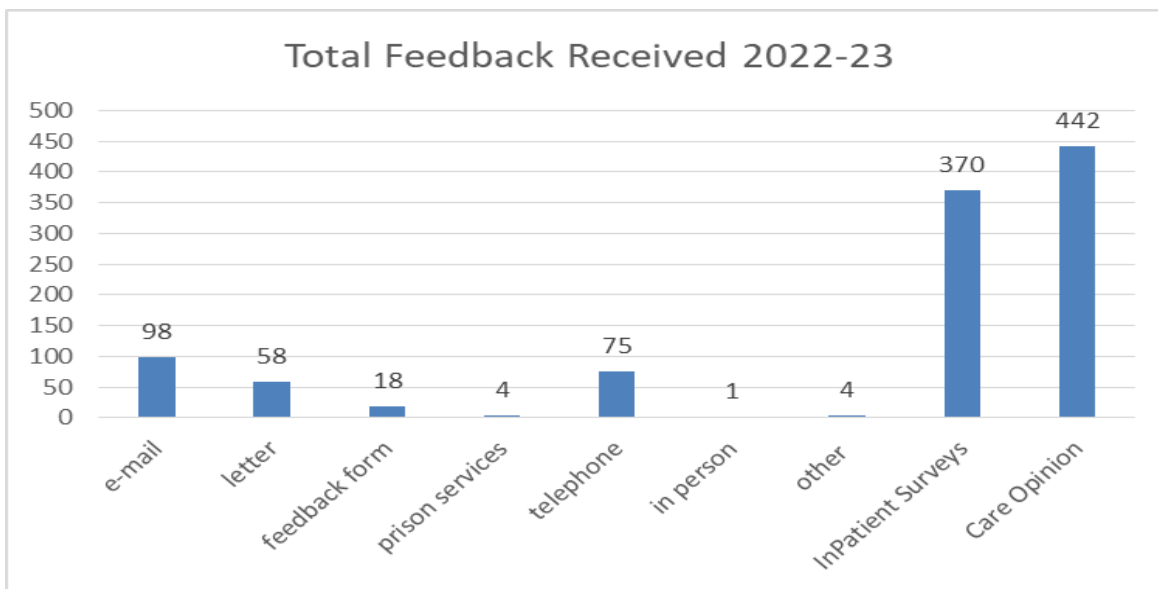


Chart 2 – Feedback

There were 258 patients who contacted us to provide feedback locally – 98 via e-mail, 58 via letter, 75 via telephone, 18 via a feedback form, 4 via the prison, 1 in person and 4 via other methods

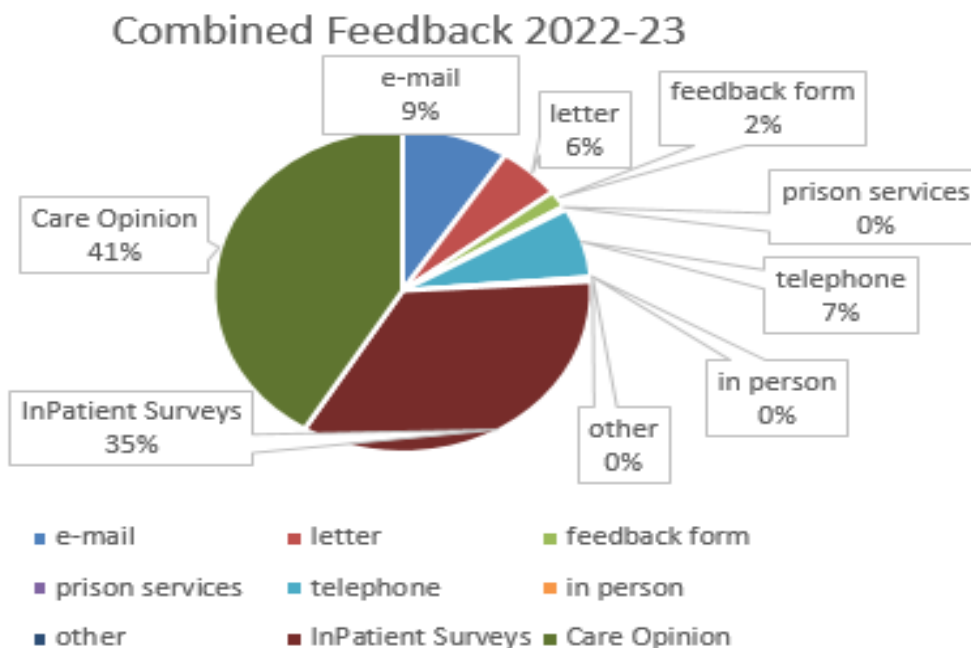
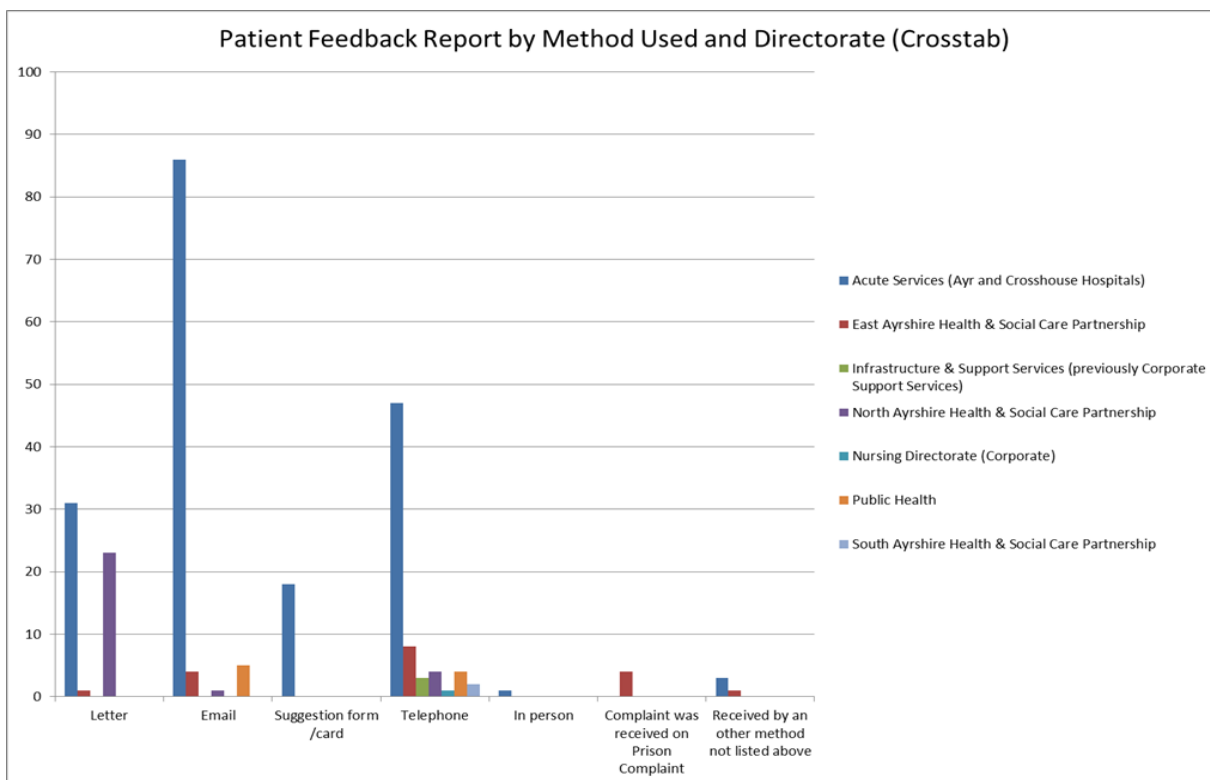


Chart 3 – Method of feedback received



Some excerpts from the feedback received this year is highlighted below:

“I was admitted to Crosshouse Hospital A & E Department, with a suspected stroke. I was swiftly assessed by many different members. Transferred to Ward 3E and once again swiftly settled. A very big thank you to the wonderful care staff”

“With all the criticism being levelled at NHS Services at present I wanted to take the opportunity to pass on some positive feedback. I had an appointment at the gynae out patient service (Ayrshire Maternity Unit). From the onset I received a warm, friendly, professional welcome. The procedure was explained in depth and I had ample opportunity to discuss and ask questions. There were 3 members of clinical staff there, all of whom were introduced and who carried out the procedure in a way that afforded me dignity and respect. They were friendly and supportive and provided a great distraction from the procedure I was having. They were brilliant and this led me to contacting you to provide feedback for them.

“I have just visited Crosshouse dermatology outpatient department at Crosshouse hospital with my autistic son and cannot praise the staff there enough. The nurse dealing with my son was absolutely amazing. She gave him all the information he needed in a manner that he could clearly understand and engage with. She went above and beyond what we expected, taking time to show him how blood tests are done, letting him see the equipment used and explaining how everything works.”

“I had a routine follow-up scan from respiratory, and it took 5 months before I was advised the growth had grown and another scan was booked quickly. Despite several calls from me to the hospital, I have not received a call back or letter advising me of the situation or outcome.”

“My father in law was in Girvan community hospital for a number of weeks, as a family we couldn't have asked for better care, the nurses were kind, caring & compassionate toward all his needs. Communication between the nurses & the family was exceptional they were always willing to listen to our worries & kept us up to date each day with how my father in law was, we will be forever grateful to each & every one of the nurses & lovely tea ladies who kept him well supplied with his tea & biscuits “.

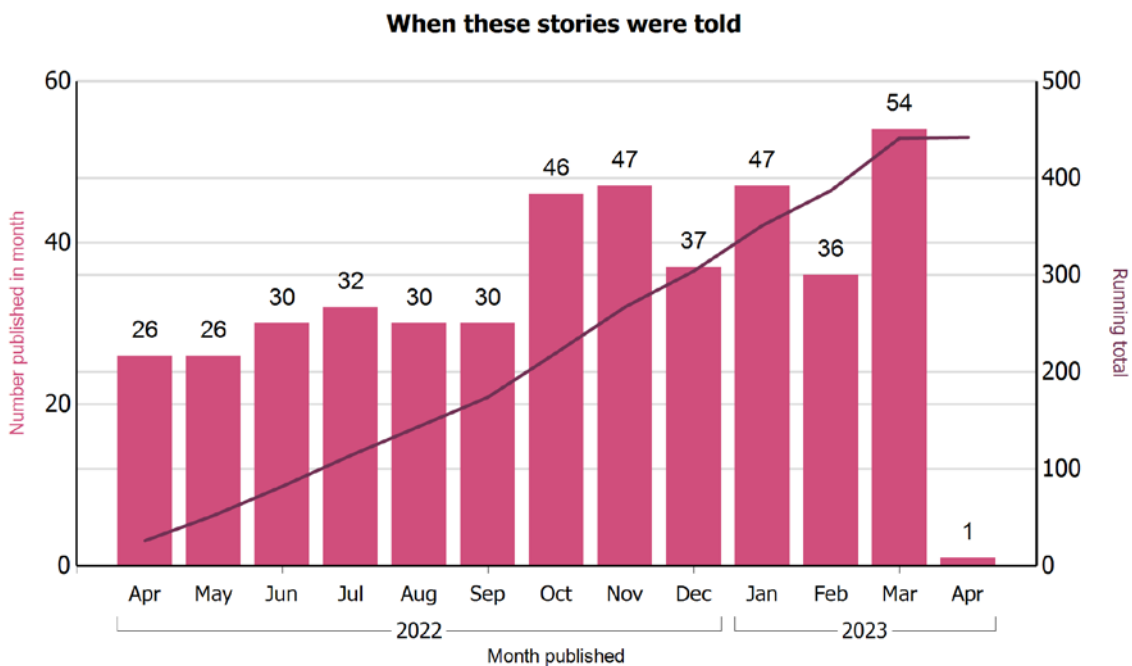
1.2 National Feedback

We have seen a significant increase in the Care opinion posts about NHS Ayrshire and Arran in 2022- 2023. This is likely to be due to an increase in our promotion of Care opinion as a preferred approach to feedback, and also our excellent response rate which averaged 92% for the year in review.

As demonstrated in **Figure 1** below, 442 posts were uploaded in 2022-2023, compared to only 316 posts in 2021-2022.

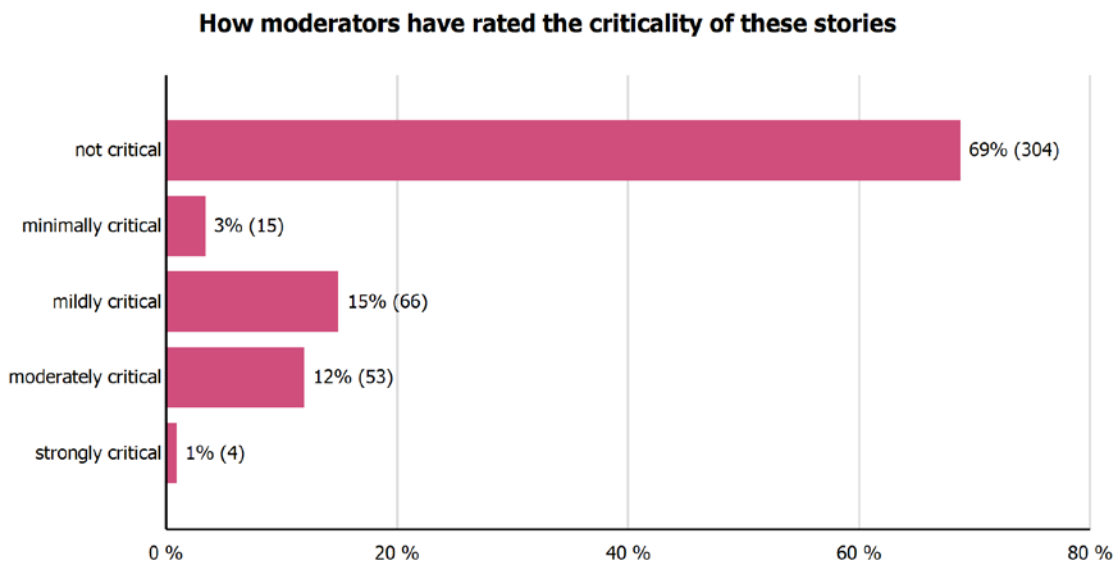
These posts have been viewed a total of 65,990 which is a remarkable reach. In addition to the reach. In 40% of the stories, the patient was the poster, whilst the remaining 60% were posted by family and friends or a service user.

Figure 1 - Care Opinion Posts in 2022-2023 per month



The criticality of the posts remains mainly positive, with 72% of posts considered positive to minimally critical. At the other end, only 1% of posts were considered strongly critical.

Figure 2 - Criticality of Posts in 2022-2023



Progress has also been made this year recruiting responders, with the Patient Experience Facilitator currently supporting Acute Services to increase their responders so each service have appropriate responders. Our ambition is to have staff nurses and Healthcare Support Workers answering posts for their areas so all levels of staff are involved.

1.3 Inpatient Surveys

In the last 12 months, we have embedded the inpatient surveys across our acute sites. A total of 370 inpatient surveys (example below) have been complete this year. This included; University Hospital, Ayr, = 170, University Hospital, Crosshouse = 173 and Ayrshire Central Hospital = 27 surveys

Inpatient Patient Experience Survey

NHS
Ayrshire & Arran

Which Ward were (are) you in.....

Which age bracket do you fall into?

18 - 30 31 - 50 51 - 70 71 or over

1. Were the nursing staff able to take account of the things that matter to you?

At All Times Most of the time Sometimes

Rarely Never

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

At All Times Most of the time Sometimes

Rarely Never

2. Were the nursing staff able to listen to any concerns you may have had

At All Times Most of the time Sometimes

Rarely Never Not Applicable

Were the medical staff able to listen to any concerns you may have had

At All Times Most of the time Sometimes

Rarely Never Not Applicable

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

At All Times Most of the time Sometimes

Rarely Never Not Applicable

4. Did you feel involved in making choices about your treatment and care?

At All Times Most of the time Sometimes

Rarely Never Not Applicable

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

At All Times Most of the time Sometimes

Rarely Never

6. How would you rate the cleanliness of the ward you were in?

Very Clean Fairly clean

Not very clean Not clean at all

7. Were you bothered by noise at night whilst in this ward?

At All Times Most of the time Sometimes

Rarely Never Not Applicable

8. Were your family kept updated

At All Times Most of the time Sometimes

Rarely Never Not Applicable

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

At All Times Most of the time Sometimes

Rarely Never Not Applicable

10. What would have made your hospital stay better?

(Please use the space below to tell us about your experience of our service)

Thank you for taking the time to complete this survey.

Overall, 78% of the surveys gathered provided positive feedback and each ward received a detailed report on the survey results for their area.

In addition to the general inpatient surveys gathered, a number of bespoke surveys were developed at the request of the services and two of these are presented below;

Day Surgery Unit Survey, UHA (36 surveys completed)

- When asked if they were treated with kindness and compassion by staff in the ward - 100% (26) patients responded – at all times
- When asked about the cleanliness of the Ward - 100% (26) patients responded – very clean

When asked if their family was kept updated on their progress;

- 23% (6) patients responded – at all times

- 8% (2) patients responded – sometimes
- 69% (15) patients felt this was not applicable

“Staff were very pleasant and went above and beyond to meet my needs. 5 star treatment”

Discharge Survey (30 surveys completed)

- Was there a delay in discharge?

30% (6) patient reported a delay in discharge

55% (11) patients were not delayed at discharge

15% (3) patients were unsure if their discharge had been delayed

- Time of the day the patient was discharged

15% (3) patients were discharged in the morning

80% (16) patients were discharged in the afternoon

5% (1) patient was discharged in the evening

- Method of patient getting home

40% (8) patients were taken home by a relative or carer

60% (12) patients were taken home by patient transport services

“Everyone has been great - they can't do enough for you. I have felt at ease and comfortable. Staff in the Discharge Lounge have been so funny - they don't ignore you”

“From ambulance, staff, everyone brilliant. Checked everything, scans etc. Everything positive - could not fault”

1.4 Patient Journey Survey

Within NHS Ayrshire & Arran, the Patient Experience Team had identified an increasing number of complaints relating to delays in the patient journey through acute hospital services. Funding was identified to support a time limited project to gather quantitative and qualitative data to identify the impact of delays from the patient's perspective.

A small Project Team was led by the Patient Experience Facilitator. Support and advice throughout the project was provided by the Quality Improvement Lead for Patient Experience.

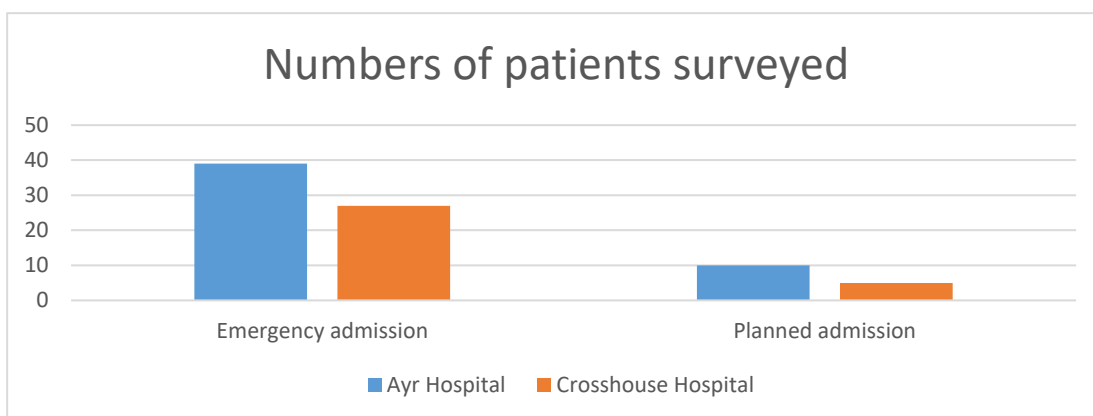
A variety of approaches were used to gather quantitative and qualitative information from patients, however the primary source of feedback was via survey and patient interviews.

The Project Team surveyed 81 patients in total, ranging from 19 – 93 years of age. 32 patient were interviewed at University Hospital Crosshouse and 49 at University Hospital Ayr.

Of the 81 patient interviewed;

- 15 were planned admissions and
- 66 were emergency admissions

Chart 4 - Method of Admission at Ayr Hospital and Crosshouse Hospital.



- 53% of respondents fell into the 71+ age group
- 33% of respondents were between 51-70 years
- 9% of respondents were between 31-50 years
- 5% of respondents were between 18-30 years

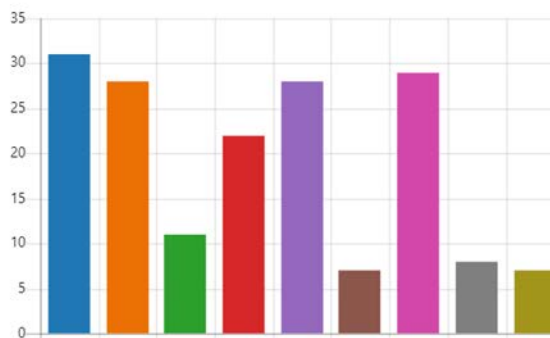
A number of themes were identified and potential solutions suggested.

Chart 6 – Ward activities

30. During your stay, would you have benefited from any of the options listed below, please select any that you feel are relevant:

[More Details](#)

| | |
|----------------------------------|----|
| Volunteer visit | 31 |
| Ward activities | 28 |
| Personal grooming visit (shav... | 11 |
| Individual activity pack | 22 |
| Some time spent in a garden ... | 28 |
| Visit from pet | 7 |
| Confectionery/newspaper troll... | 29 |
| Suitable clothing/nightwear/b... | 8 |
| Use of charging point for mob... | 7 |



The interviews identified that clinical staff were struggling with high demand to meet all aspects of the patient’s needs, including the social and emotional needs. The project team felt future pastoral support could have helped contribute to the patients’ overall wellbeing.

Chart 7 – Experience Rate

47. How would you rate your overall experience during your recent stay?

[More Details](#) [Insights](#)

| | |
|-------------|----|
| ● Very good | 28 |
| ● Good | 40 |
| ● Fair | 8 |
| ● Poor | 2 |
| ● Very poor | 0 |



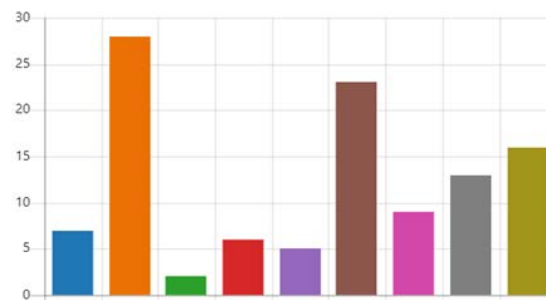
Volunteers, whilst a vital part of the workforce, are only available for short periods during the week and there is a need for the presence and consistency of staff who can co-ordinate and develop the areas of unmet need identified by patients.

Chart 8 – Areas for improvement

39. Are there any areas you feel could be improved, please select any options below that you feel are relevant:

[More Details](#)

| | |
|----------------------------------|----|
| ● Staff care and attitude | 7 |
| ● Communication between staff... | 28 |
| ● Spiritual/religious care | 2 |
| ● Hospital WIFI | 6 |
| ● Hospital shop opening hours | 5 |
| ● Ward activities | 23 |
| ● Personal grooming services | 9 |
| ● Visiting times | 13 |
| ● Food and drink | 16 |



The overwhelming conclusion from the Project was that patients felt their physical care needs were met, however their emotional and psychological needs were often not fulfilled.

As a result, a new pastoral volunteer role is currently being developed.

1.5 Healthcare Stories

Within NHS Ayrshire & Arran we recognise the importance of listening to and acting upon the lived experiences of our patients. In 2022-2023, nine patient stories had been identified, recorded, and produced into digital stories with six of these stories presented to the NHS Ayrshire and Arran Board members at their routine meeting

Below is a short synopsis of the stories already shared and the learning that resulted from the stories;

Mandy's Story

Mandy was admitted to the Gynaecology Unit within the Ayrshire Maternity Unit for a hysterectomy. She received excellent, person centred care during her stay and got to know the staff who cared for her. Following discharge home, Mandy developed a sepsis and was airlifted from Arran and readmitted to the same Ward.

Mandy's story highlights the positive impact staff can have on a patient's care journey and how little acts of kindness can have a significant positive effect on the patient's experience. Mandy's story demonstrates the importance of staff interactions with their patients and how a smile or a kind gesture is essential when delivering truly person centred, compassionate care.

Kirsty's Story

Kirsty is a Clinical Development Fellow within Ayrshire & Arran.

Whilst working Kirsty collapsed in an office with neck pain, dizziness, slurred speech and a facial droop. Kirsty had developed a bleed within the wall of an artery in her neck, which had caused a stroke. Thanks to the prompt actions of colleagues this was quickly diagnosed and treatment commenced. Kirsty received excellent, person centred care throughout her journey and particularly during her stay on the Acute Stroke Unit. Kirsty was discharged after a 22 day stay once she was able to walk unaided.

Kirsty's story highlighted that a stroke can effect anyone, regardless of age or any underlying conditions and demonstrates the importance of quick interventions for the successful treatment of a stroke.

Phyllis's Story

Phyllis's Story outlines her patient journey from initial contact with Primary Care through to Acute Care and discharge.

Phyllis is a Hospital Volunteer, who provides support to the Volunteer Café and shop within University Crosshouse, which she has done for many years.

Phyllis attended her GP with a worsening tremor in her hands at the request of her daughter. Blood tests however, revealed that Phyllis had bowel cancer and Phyllis wished to share the experience of her journey – not to focus on the impact this sort of diagnosis can have, but rather to highlight the prompt treatment and exceptional care she received from all healthcare professionals she met on her journey.

Phyllis' story highlights the importance of prompt and effective team working across Primary and Acute Care and how this can have a significant positive outcome on the patient's journey.

Elle2's Story

Elle2 reached out to us via the Care Opinion platform to share her story with the aim of highlighting access issues she had encountered whilst trying to access the

blue badge parking bays outside the Physiotherapy Department at University Hospital Crosshouse after an outpatient appointment finished after 5pm.

Elle2's story highlights the difficulties some of our patients can encounter when mobility is compromised and demonstrates the importance of listening to the experience(s) of our patients and striving to reach a balance – in this case of maintaining security within the Department after staff have left for the day, whilst accommodating patients who have appointments that run over time and who use the blue badge car park outside the Physiotherapy Department.

Elle2's story highlights the importance of listening to, and understanding, individual patient requirements and how effective communication between different departments can improve a patient's journey and overall experience.

Karen's Story

Karen wanted to share her experience of living with a chronic health condition and the impact the right treatment and procedure can have. She also relays her experience as an inpatient following recent surgery in Ward 6 at University Hospital, Crosshouse

Karen's story illustrates the journey she faced prior to successful treatment and how much impact it can have on all aspects of a patient's life. It also demonstrates that often our patients have gone through a lot prior to reaching our services and it's important for staff to recognise that to ensure we give the patient the best experience.

What may be considered a simple routine procedure for staff, could literally change our patients' lives. Conversely, when a small thing goes wrong or the patient doesn't feel their care is person centred, it can also have a massive impact as this is a major life event for the patient.

As a result of telling her story, Karen is now chairing a local endometriosis patient group.

Margaret and Anne's Story

During the Covid pandemic all non-urgent patient facing services were suspended, however as we are recovering from the pandemic these Services are starting to re-establish. With the move to bigger more suitable premises, the Pulmonary Rehabilitation Service, based within the grounds of Ailsa Hospital, has been able to reintroduce their 10 week exercise and self-management support education programme for patient with chronic breathlessness.

Both Anne and Margaret have completed the 10 week course and are keen to share their story as an inspiration to others and so that they can advocate for the Pulmonary Rehabilitation Service. The ladies both agree that this course has been life changing for them, allowing them to be more active and giving them mechanisms and techniques to control their chronic breathlessness.

Anne and Margaret's story demonstrates how effectively working with patients can improve outcomes for them. In addition, taking a person centred approach to care can help patients to overcome some of the challenges of chronic illness.

1.6 Sharing Feedback

Social Media

A campaign was launched in conjunction with the NHS Ayrshire & Arran Communications Team to share feedback more widely utilising the Corporate Social Media sites. Initially dubbed 'Feedback Friday', this has now developed with feedback being shared routinely across the Social Media platforms as well as in the weekly News Alerts.



Feedback Boards

Feedback Boards are being developed for inpatient areas to display feedback received, these will include Care Opinion Stories, local feedback and the results of the inpatient surveys

2. Equality & Diversity

Ensuring all our patients have a voice and are involved in all aspects of their health care is an organisational aim. This is also true for our staff. 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 programmes of work to further support listening to our patients, staff and communities alike. Examples of this are outlined below.

2.1 Translation and Interpretation Services

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 that those with language barriers. Having a professional interpreter available is key to improving this.

With the fast changing demography across Ayrshire and Arran, and Scotland as a whole, access to professional interpreters has become somewhat challenging. To counter this, NHS Ayrshire & Arran has increased our access to interpreters through further roll out of the online Insight interpretation service, provided by Language Line Solutions. This service offers on demand connection to experienced and professional interpreters to ensure accurate, meaning-for-meaning interpreting between patient and clinician.

Alongside the increase in access to interpreters, we have endeavoured to provide written materials translated into the required language to ensure our patients and communities are well informed of their health and care, as well as how to access services.

2.2 Equally Safe at Work

In 2022, NHS Ayrshire & Arran signed up to pilot the Equally Safe at Work Accreditation Programme, being one of four NHS Boards across Scotland to do this. This innovative accreditation programme developed by Close the Gap is to support the local implementation of Equally Safe, Scotland's national strategy to prevent and eradicate violence against women and girls.

The strategy recognises that violence against women is a cause and consequence of wider gender inequality. Therefore, addressing gender inequality in the workplace is a fundamental step in preventing violence against women.

The programme is designed to support employers to understand how gender inequality and violence against women affect women in the workforce and to provide a framework to drive change. The programme has 6 criteria areas;

- Leadership;

- Data;
- Flexible working;
- Occupational segregation;
- Workplace culture; and
- Violence against women.

Each of the criteria has actions that require to be addressed to help effect change within the workplace and ultimately this begins with commitment from the Chair and Chief Executive of the organisation. Evidence has been collated on the work to achieve this accreditation and will be submitted on 31 July 2023.

As part of the work being undertaken, we produced a banner to show not only our staff but our patients, visitors and wider community members that as an organisation we are committed to eradicating violence against women. Our Medical Director was happy to include his white ribbon pledge in this banner to take a leading role in his support for this work.

'I pledge to never commit, condone or remain silent about violence against women and girls in all its forms'.

**NHS Ayrshire & Arran's Medical Director,
Dr Crawford McGuffie's white ribbon pledge**

NHS Ayrshire & Arran is proud to be part of this accreditation programme with our ultimate aim to ensure gender equality within our practices and processes. We also aim to demonstrate our commitment to preventing violence against women while offering support to those who experience it.

2.3 Ayrshire Hate Crime Conference

With hate crime figures on the rise, the ever present need existed to support understanding of diversity and foster community cohesion, and thus in early 2022, the Ayrshire Equality Partnership came together and began organising a Hate Crime conference, which was subsequently held on 5 October 2022.

The conference offered opportunities to support learning about hate crime through the lived experiences of its speakers and the good practice demonstrated across Ayrshire and beyond to tackle it.



Dave Scott, Campaign Director from Nil by Mouth was the conference host with keynote addresses from Dr Christian Harrison, Reader in Leadership and Khadjia Mohammed, Senior Lecturer both from the University of the West of Scotland. The conference also offered workshops for participants to choose from including I am me charity (Keep Safe initiative); Scottish Refugee Council; Police Scotland Criminal Justice Authority and others.

Those who attended the conference deemed it to be a huge success in meeting its aim of raising awareness but moreover listening to the lived experience of our communities and giving people the chance to consider what they can do in their role and workplace to better support our communities.



2.4 Continuing Engagement with our Diverse Communities

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 and for this we cannot overlook the power of face to face engagement.

NHS Ayrshire & Arran continues to engage with our diverse communities, such as the Ayrshire Society for the Deaf, as well as wider community groups through avenues such as the East Ayrshire Council Equalities Forum. Members of the patient experience team attended one of their quarterly sessions and shared information on different routes for engagement such as Care Opinion as well as direct contact with the organisation. The members were then able to take information away and share wider with their networks and community members.

2.5 Establishment of Staff Networks

In our last annual report, we reported that NHS Ayrshire & Arran had established two staff networks; Ethnic Minority Staff Network and LGBT+ Staff network.

In November 2022, NHS Ayrshire & Arran held its first meeting of its Disability Staff Network and the Network has continued to meet quarterly and are currently drafting their Terms of Reference before progressing to developing an action plan.

Each of the three staff networks meet quarterly and the Ethnic Minority Staff Network recently approved their action plan with identified key areas of work to support and improve staff experience, which in turn is hoped to provide improved experience for patients.

3. Volunteering



3.1 Recruitment and retention of volunteers

Nurturing current volunteer roles is essential for the success and sustainability of our Volunteering Service. Volunteer contributions are often critical to achieving the organisations’ mission and goals. By nurturing these roles, we can build stronger relationships with our volunteers, increase their engagement and commitment, and create a sense of ‘belonging’. This in turn leads to increased retention rates, as volunteers are more likely to continue their involvement when they feel valued and appreciated. Additionally, by providing ongoing training and support, we can help

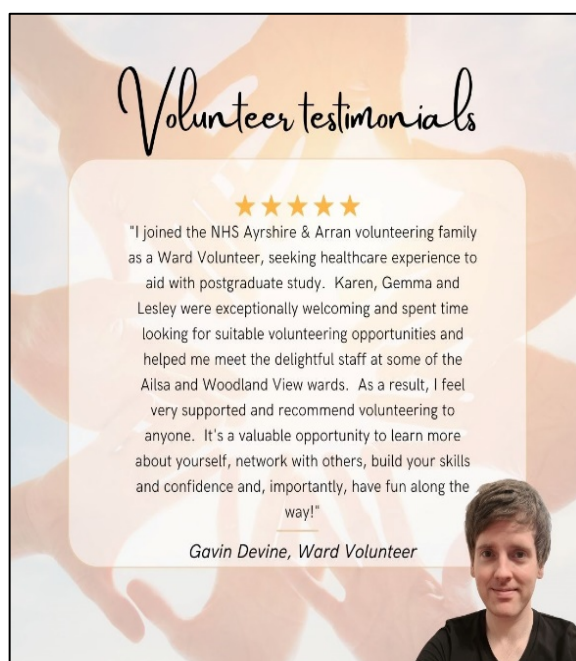
volunteers develop new skills which can lead to increased satisfaction and a sense of personal growth.

3.2 Identifying new volunteering opportunities

Developing new volunteer roles is an important aspect of our service's growth and success. It involves identifying areas where volunteers can contribute their skills and expertise, and creating roles that align with the organisation's mission and goals. This process requires careful planning and communication with existing volunteers and staff to ensure that the new roles are well-defined and achievable. It is also important to consider the needs and interests of potential volunteers, and to create roles that are adaptable to changing circumstances.

We have, in the last 12 months, developed three new volunteering roles; the Peer Support Volunteer, the Chaplaincy Support Volunteer, and the Peer Education Volunteer. Each of these roles has been created in response to service needs and the aspirations of our volunteers to develop their skills and experience.

3.3 Volunteer testimonials



3.4 Compassion to Action Volunteer Awards 2022-2023

Our Compassion to Action Award Ceremony provided the perfect platform to publicly praise our volunteers and local managers for everything that they do to make our service that extra bit special. We invited service providers and volunteers themselves, to nominate across eight different categories.

Raising the Profile of Volunteering - Breaking Down Barriers

This award recognises individuals who challenge historical approaches to volunteering, for example, volunteers with learning disabilities who thrive in areas where volunteering opportunities were once unavailable and now are a fundamental part of the organisation. This year's winners were: Euan Bryce, Gardening

Volunteer at Acorn Furniture Workshops and Gardens, and Raymond Baxter, Emergency Department Volunteer at Ayr Hospital.

Outstanding Staff Champion for Volunteers

This award goes to a supportive member of the organisation (outside of volunteer management) who has championed and embraced volunteers, and gone the extra mile to recognise the positive impact volunteers can make. This year's winner was Mary Hunter, Clerical Officer at Woodland View.

Quality Improvement Lead Award - Improving Patient Experience

This award recognises individuals who champion the Patient Experience agenda by taking a proactive approach in identifying new and innovative ways to improve service delivery. This year's winner was Yvonne Anderson, Ward Volunteer at Station 4, Ayr Hospital.

Behind the Scenes - Improving the Volunteer Experience

This award goes to an individual who is instrumental in provision of outstanding administrative support to volunteers, managers, and the wider volunteering service. This individual will work behind the scenes to ensure the smooth and efficient organisation of systems to enable successful recruitment of volunteers and provision of support in their roles as they embed in to the organisation. This year's winner was Carla Moore, Administrator for the Patient Experience Team.

Volunteer Manager of the Year

This award recognises the commitment and dedication of an outstanding member of staff who manages volunteers. We want to see examples of leaders who have improved the way volunteers support staff, patients, and the volunteers themselves using innovation and bringing about transformation. The nominee does not need to have the job title of Volunteer Manager, as long as they manage volunteer/s as part of their job. This year's winner was Lesley Bramwell, Business Administration Manager at Woodland View.

Volunteer Team of the Year

This award recognises excellent teamwork and the combined contribution of two or more volunteers working together. The group will have achieved significant success as a team, whether working on an event, project or service. This year's winners were Phil and Jan MacMillan from Lifesavers Ayrshire.

Volunteer of the Year

This award celebrates individuals who have gone above and beyond expectations in their volunteering role during the year, and made a noticeable impact on the experience of staff and patients. This year's winner was Jo Barber, Ward Volunteer at Girvan Community Hospital.

Board Chair Award - Recognition for Outstanding Contribution to Volunteering in NHS Ayrshire & Arran

This award is in recognition of two individuals (volunteer and manager) who have contributed to the wider quality improvement agenda. For example, the manager/volunteer may have engaged in ongoing training and development to support the wider volunteer service, or represented the service by contribution to the Volunteer Improvement Group. These individuals may also have been instrumental in the development of our Volunteer Action Plan. This year's winners were George Nish, Senior Charge Nurse and Pamela Smith, Sessional Volunteer.



Yvonne Anderson, Ward Volunteer, receiving her Quality Improvement Award



Phil MacMillan, Lifesavers Ayrshire, receiving his Team of the Tear Award from our CEO, Claire Burden

3.5 Service developments

Having identified the need for volunteering opportunities which are accessible for those aged 14 – 17 years, we have developed a Youth Volunteering Programme which we would hope to launch by the end of 2023. Developing our Programme has required careful planning and consideration of the needs and interests of both the organisation and young people who would potentially look to become actively involved.

The key stages in developing the Youth Volunteering Programme include reaching out to education establishments to identify opportunities for engaging with young people as part of the enhanced curriculum which focuses on preparing individuals for the workplace. By partnering with schools, colleges and universities, we can create meaningful and relevant volunteering opportunities that align with the interests and skills of young people. This can help to build a pipeline of future

volunteers, as well as increase the diversity and inclusivity of the organisations' volunteer base.

In addition to this, in the coming year, we look forward to welcome 150 Access to Healthcare students who will be undertaking volunteer placements as part of their curriculum. We look forward to working closely with colleagues at Ayrshire College.

4. Complaints

Another challenging year for complaint handling but not without learning and improvement opportunities, and in particular, improved approaches to all aspects of complaint handling which will be described in this section.

4.1 KPI One – Learning from Complaints

Work continues in ensuring all learning and improvement from complaints is progressed, sustained and spread as appropriate. Unfortunately, the ongoing system pressures have meant that whilst local learning and improvement has continued to be progressed, we need to introduce better methods of ensuring this is captured and shared across services when appropriate to do so. This will be a priority in the coming year.

Figure 3 - Complaints Themes & Sub themes

| |
|---|
| Clinical Treatment |
| Disagreement with treatment / care plan |
| Co-ordination of Clinical treatment |
| Problems with medication |
| Poor nursing care |
| Poor medical treatment |
| Wrong diagnosis |
| Waiting Times |
| Unacceptable time to wait for the appointment |
| Waiting too long for test results |
| Date of appointment cannot be given |
| Cancellation of appointment |
| Appointment dates continues to be rescheduled |
| Date for admission cannot be given to patient |
| Communication |
| Inappropriate comments / Insensitive to patient needs |
| Staff attitude / conduct |
| Lack of a clear explanation |
| Telephone |
| Letter wording |
| Lack of support |
| Other |
| Availability of items |
| Lost property |
| Waiting time too long in reception to see consultant / doctor / nurse |
| COVID-19 |
| Availability of beds |
| Delay in admission / discharge |

Learning & Improvement

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

Review of Nursing Documentation

A full review of current nursing documentation is being carried out by the Excellence in Care Lead and feedback from complaints has helped to inform this process

Improvements made to Prison Healthcare access

A review of complaint handling in the prison identified a number of requests for medical or medication review were being progressed via the complaint process. This was not the most effective approach and resulted in delays for prisoners in accessing healthcare, and also delays in complaint handling.

The Complaint Manager worked with the service to make improvements and devise new complaint and medical request forms which not only improved access to healthcare for prisoners, it also significantly improved their complaint handling performance.

Hospital Discharge

As in previous years, information obtained about patient experience of discharge from complaints had helped to inform changes required, including a bit more explanation of the use of the discharge lounge and what patients can expect if moved here.

Documentation for discharge is also being updated as a result of the documentation review

Person Centred Visiting

This has been fully implemented this year and feedback and complaints helped inform what was required to meet the needs of our patients and their loved ones. All areas now operate an open approach to visiting with the exception of our Emergency and Combined Assessment Units who at times have to restrict visiting numbers due to space and activity.

Complaints relating to visiting have reduced significantly since person centred visiting was introduced in July 2022

In addition to the examples shared here, a number of local changes have also been implemented as a result of feedback and complaints and work to capture this and to spread where appropriate is a priority in the coming year.

4.2 KPI Two – Complainant Experience

In 2022-2023 we reviewed and updated our questionnaire and secured feedback on the complaint experience of 180 complainants.

Figure 4 - Feedback from 180 Complainants

| Question | Yes | No | NA/NR |
|--|------------|-----------|--------------|
| Did you have access to information on how to lodge your complaint? | 91% | 9% | |
| Was your complaint acknowledged? | 94% | 6% | |
| Did you speak to a member of the Complaints Team? | 89% | 4% | 7% |
| Was the process explained to you? | 88% | 7% | 5% |
| Did you receive an apology for your poor experience? | 88% | 9% | 3% |
| Were you kept updated during the handling of your complaint? | 81% | 16% | 3% |
| Were you advised of any delays in advance? | 76% | 14% | 10% |
| Did you speak to any other staff regarding your complaint? | 28% | 10% | 62% |
| If you answered yes to Q7 – Was this conversation helpful? | 93% | 7% | |
| Were you informed of the outcome of your complaint? | 92% | 4% | 4% |
| Did you agree with this outcome? | 71% | 29% | |
| Did you feel your complaint was dealt with in a respectful and person centred manner? | 82% | 18% | |
| Please provide any information below you think would be helpful in our review of our complaint handling processes; | | | |

In addition to above, a number of comments were also provided, an example of which is below;

I was kept fully informed on progress throughout and offered a meeting if I preferred.

I did not agree with the outcome but understand it's out with my control

It was so good to hear someone just say sorry.

The time taken to respond to my complaint was too long

I expected to hear from clinical staff or a manager, not just the complaints team

The complaints team were very helpful

Despite the challenges this year, we have been able to make some positive changes to our complaint processes as a result of complainants' feedback;

- Further standardisation of Stage 1 letters across a number of services including Child and Adolescent Mental Health Services (CAMHS) and prison healthcare
- 90% of Stage 1 complaints are now handled entirely by the Complaints Team – we now have three team members with a clinical background which really assists in this regard

- Staff training now incorporates the aspects learned from our complainants

Our ambitions for the coming year includes;

- Improving performance against the 20 working day timeline
- Increase the number of complainants that receive verbal updates on their complaint progress
- To test different approaches to securing complainant feedback including email requests

4.3 KPI Three – Staff Awareness & Training

Despite the challenges this year, we have still been able to carry out a significant amount of training including the following;

The Complaint Coach

A further 60 staff had the opportunity to attend this training taking the total staff to have attended over 160 in two years.

Ensuring Safe Care for Nurses and Healthcare Assistants

A member of the Complaints Team continues to present training on frontline resolution at each course which runs monthly.

Approximately 150 staff have attended in 2022-2023

Plan to produce a training video for this course are currently underway

Bespoke Training for Teams

In the year 2022-2023 we were able to provide the following training to a number of teams;

- Training on the complaint process for administrative staff – 50 staff
- Training on all aspects of the process for Prison healthcare staff, including administrative staff who are involved in triaging the complaints – 10 staff
- Delivery of specific Training Packages – 50 staff

The Complaints Team continues to work on developing an array of Training Packages to cover all aspects of the Complaint Handling Process, including difficult conversations and The Art of Authentic Apologies

4.4 KPI Four to Nine – Complaints Data

Complaint performance in NHSAA from April 2022 until the end of March 2023 is presented below under each Key Performance Indicator (KPI)

KPI Four – Complaint received

Figure 5a - Summary of total number of complaints received in the reporting year

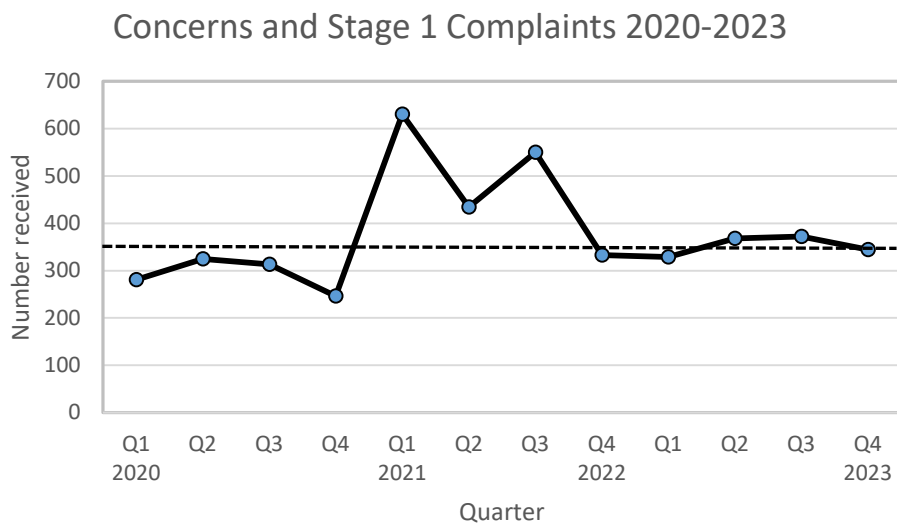
| | |
|---|------|
| 4a. Number of complaints received by the NHS Territorial Board or NHS Special Board Complaints and Feedback Team | 1693 |
| 4b. Number of complaints received by NHS Primary Care Service Contractors (<i>Territorial Boards only</i>) | 119 |
| 4c. Total number of complaints received in the NHS Board area | 1812 |

Although the number of complaints received has dropped from last year, there has been an increase in complex Stage 2 complaints as demonstrated below.

A further drop in complaints to our primary care contractors is also evident, down to 119 this year from 268 last year. And whilst the number of complaints received by General Practitioners remains high at 700, again it's a significant reduction from 937 in the previous year.

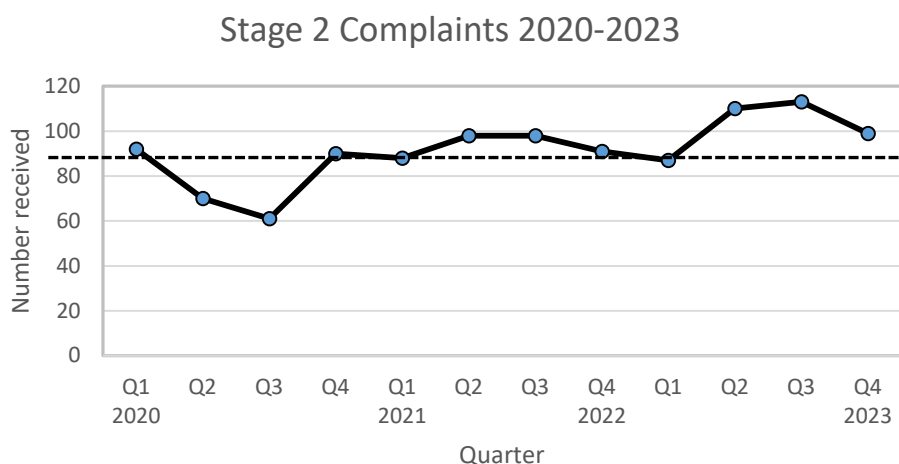
Complaints received per stage is shown below.

Figure 5b - Stage 1 Complaint Received



The drop in Stage 1 complaint received is clearly evident in the chart above. In total, 1413 Stage 1 complaints were received in 2022-2023, down from 1947 for the previous year. This could be as a result of our waiting lists slowly improving and outpatient activity increasing.

Figure 5c – Stage 2 Complaints Received



Whilst total complaint numbers have decreased this year, Stage 2 complaint numbers have increased from 375 to 409.

Figure 5d – NHS Board – Sub Group of complaints received 2022-2023

| | |
|---|------|
| NHS Board Managed Primary Care services; | |
| 4d. General Practitioner | 94 |
| 4e. Dental | 14 |
| 4f. Ophthalmic | 2 |
| 4g. Pharmacy | 9 |
| Independent Contractors - Primary Care services; | |
| 4h. General Practitioner | 700 |
| 4i. Dental | 90 |
| 4j. Ophthalmic | 14 |
| 4k. Pharmacy | 305 |
| 4l. Total of Primary Care Services complaints | 1228 |
| 4m. Total of prisoner complaints received (Boards with prisons in their area only) | 208 |

Prisoner complaints have dropped again this year from 439 the previous year to 208 in this calendar year. The work to re-assess medical and medication review requests has no doubt impacted on the numbers here.

KPI Five – Total Number of Complaints Closed in Timeframe

Figure 6 – Number Closed in Time

| Number of complaints closed by the NHS Board | Number | As a % of all NHS Board complaints closed (not contractors) |
|---|-------------|---|
| 5a. Stage One | 1017 | 76% |
| 5b. Stage two – non escalated | 219 | 16% |
| 5c. Stage two - escalated | 105 | 8% |
| 5d. Total complaints closed by NHS Board | 1341 | |

Only 1341 of approximately 1762 complaints were closed in time in the calendar year reported (taking into account the estimated number remaining open at the time of the report is 50). Details of the breakdown of those figures are presented in KPIs 7 & 8.

KPI Six – Complaint Outcomes

Figure 7a – 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 | 199 | 19% |
| 6b. Number of complaints not upheld at stage one | 704 | 69% |
| 6c. Number of complaints partially upheld at stage one | 122 | 12% |
| 6d. Total stage one complaints outcomes | 1025 | |

Figure 7b – Stage 2 non-escalated complaint outcomes

| Non-escalated complaints | Number | As a % of all complaints closed by NHS Boards at stage two |
|--|------------|--|
| 6e. Number of non-escalated complaints upheld at stage two | 31 | 14% |
| 6f. Number of non-escalated complaints not upheld at stage two | 127 | 58% |
| 6g. Number of non-escalated complaints partially upheld at stage two | 61 | 28% |
| 6h. Total stage two, non-escalated complaints outcomes | 219 | |

Figure 7c – Stage 2 escalated complaint outcomes

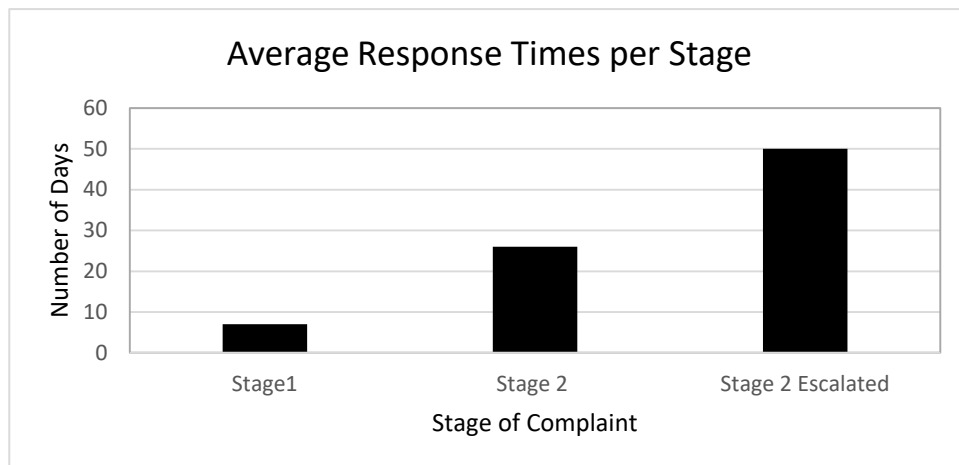
| Escalated complaints | Number | As a % of all escalated complaints closed by NHS Boards at stage two |
|---|--------|--|
| 6i. Number of escalated complaints upheld at stage two | 28 | 27% |
| 6j. Number of escalated complaints not upheld at stage two | 52 | 49% |
| 6k. Number of escalated complaints partially upheld at stage two | 25 | 24% |
| 6l. Total stage two escalated complaints outcomes | 105 | |

Figures 7a – 7c above demonstrate by stage, the percentage of complaints not upheld, partially upheld and fully upheld. In keeping with previous years, we tend to have less upheld complaints than those partially upheld or not upheld.

KPI Seven – Average Response Times

Figure 8 below shows our average response times

Figure 8 – Average Response Times



Unsurprisingly, these have increased this year as our performance has dropped significantly due to the overall pressure across our healthcare system. Despite the challenges, the Complaint Team are doing what they can to recover performance and have recently introduced a more robust escalation process to be activated when complaints are breaching that national timeline to ensure senior staff are sighted on this and able to influence practice.

KPI Eight – Complaints closed within timescales

Figure 9a – Complaints closed within timescale per stage

| | Number | As a % of complaints closed by NHS Boards at each stage |
|--|--------|---|
| 8a. Number of complaints closed at stage one within 5 working days. | 1032 | 80% |
| 8b. Number of non-escalated complaints closed at stage two within 20 working days | 82 | 20% |
| 8c. Number of escalated complaints closed at stage two within 20 working days | 42 | 40% |
| 8d. Total number of complaints closed within timescales | 1156 | |

Figure 9a above illustrates the drop in Stage 2 performance with only 20% of complaints closed within the 20 working day timeline. Improving this performance is a key challenge for next year.

Please note that Stage 1 performance above is only measured against 5 working days, giving us a compliance of 80%. In Figure below, this incorporates all stage 1 closed in 5-10 working days so the percentage achieved has increased to 90% by Quarter 4.

The drop in performance in the first two quarters of 2022-2023 were are result of the wrong classification of non-complaint requests impacting on complaint performance for prison healthcare complaints.

Figure 9b - Percentage of Stage 1s closed in 5-10 working days

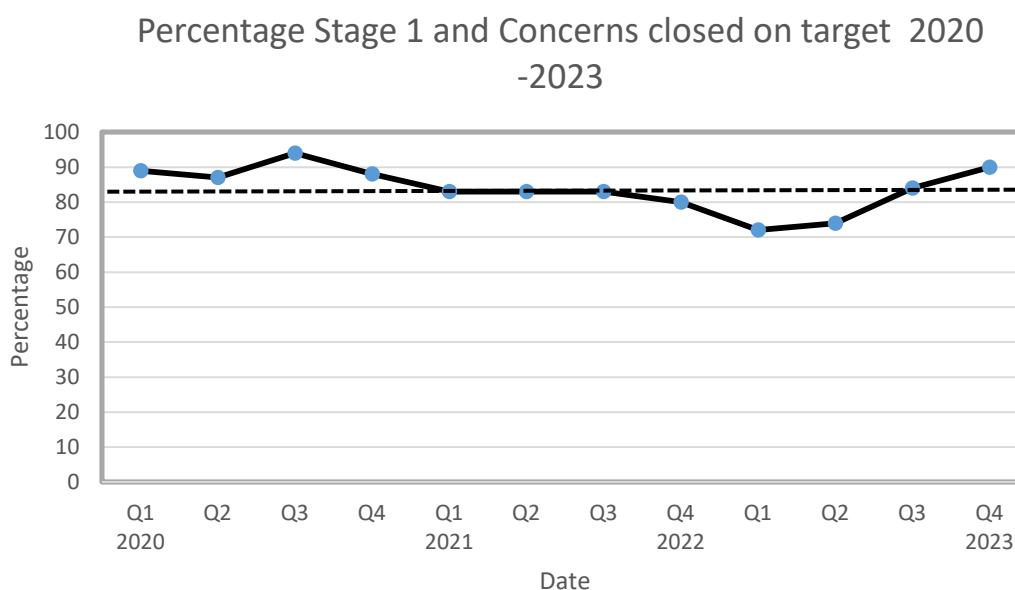
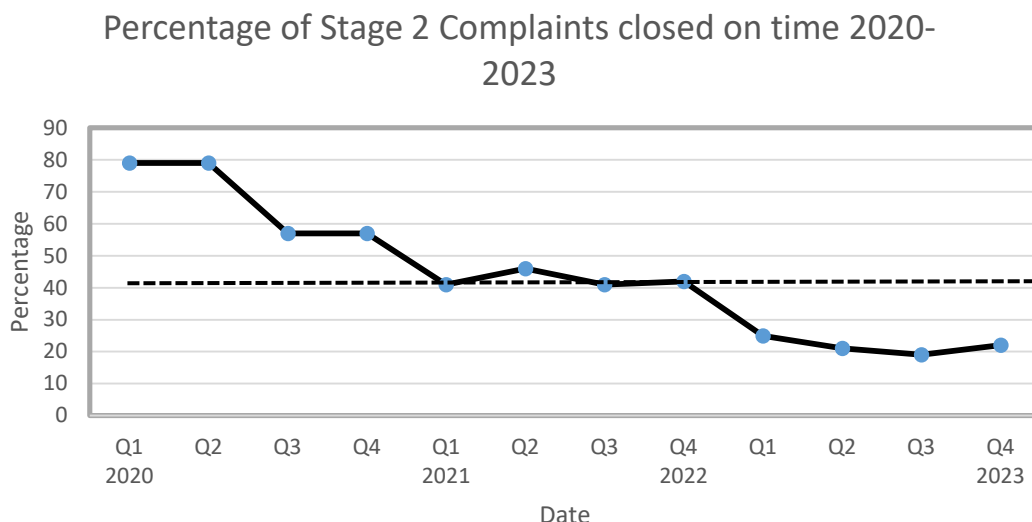


Figure 9c – Stage 2s closed on target (20 working days)



In the figure above, the drop in performance is clear to see, though as slight increase is starting to be seen in the fourth quarter of the year. Additional resource has been allocated to the Complaint Team which should have a positive impact on performance moving forward.

KPI Nine – Number of cases where extensions were authorised

Figure 10 - Extensions authorised

| | Number | As a % of complaints closed by NHS Boards at each stage |
|--|--------|---|
| 9a. Number of complaints closed at stage one where extension was authorised | 77 | 47% |
| 9b. Number of complaints closed at stage two where extension was authorised (this includes both escalated and non-escalated complaints) | 64 | 25% |
| 9c. Total number of extensions authorised | 141 | |

The number of extensions granted has dropped from 206 last year to only 77 this year. This is mainly due to the workload the Complaint Team have had to manage in the last year impacting on some of their administrative tasks.

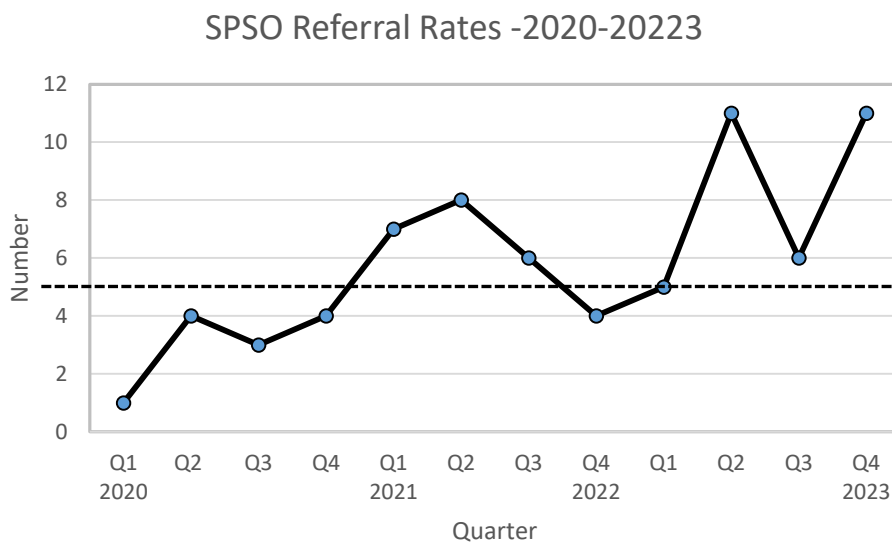
The additional resource should help us to improve on this in the coming year. Where extensions are granted early, we know that our complainants are happy to wait longer if they are informed ahead of time and regularly updated. The inability to update complainants in a timelier manner has therefore impacted on the early identification of those complaints requiring longer to investigate.

4.5 – 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 increased time taken to investigate our complaints has impacted on the number of complainants contacting the Ombudsman in the year under review. As demonstrated below there have been 28 referrals in 2022-2023, an increase on the previous years shown.

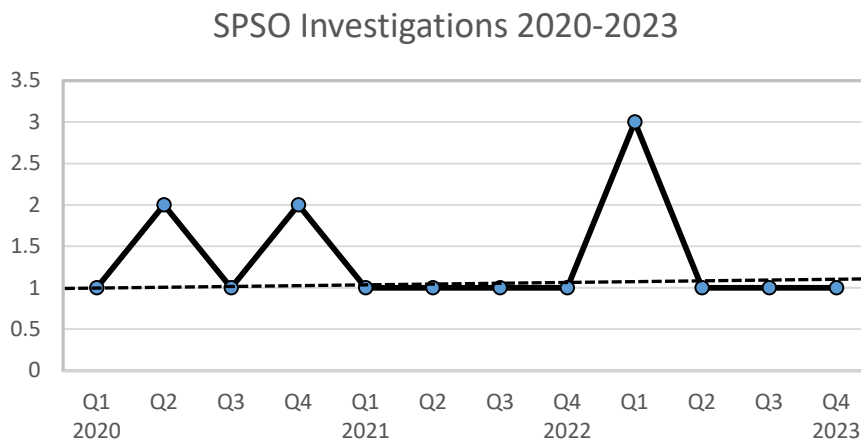
It is highly likely that our failures to keep complainants updated on the delays has impacted on their decision to progress to the Ombudsman.

Figure 11a - SPSO Referrals



Despite the increase in referrals, with the exception of Quarter one, those referrals progressing to investigation remain low. This is a clear indication that the quality of our complaint investigations on the whole has not been affected by the drop in performance and that the biggest impact of the pressure on services is definitely in the time taken to complete investigations. The biggest factor that affects the time taken is securing statements from clinical staff which is not only hindered by workload, but also by the use of paper medical records.

Figure 11b - SPSO Investigations



5. Governance 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.

Management Level - Corporate Management Team

This is the strategic Executive Director team and a quarterly report on feedback and complaints is submitted to this 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

Plans for 2023 – 2024

Due to changes in our management structures, we are currently in the process of changing our governance arrangements to resemble the new triumvirate and divisional structures across our acute services. This will improve our current governance and assurance approaches and progress learning in a more coordinated manner.