

NHS Ayrshire & Arran



Meeting:	Ayrshire and Arran NHS Board
Meeting date:	Monday 12 August 2024
Title:	Patient Experience Annual Report 2023-2024
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:

- Scottish 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 on organisational activity related to patient, carer and family feedback and complaints for 2023-2024

2.2 Background

Each NHS Board Feedback and Complaint department is required to provide an annual report to Committee and the Board to provide assurance that the Committee and Board has discharged its role as set out in the Complaint Handling Process.

2.3 Assessment

The full Annual Report for 2023/24 is provided at **Appendix 1**.

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 NMAHP Strategy and the Excellence in Ayrshire Quality Strategy

2.3.7 Communication, involvement, engagement and consultation

Details of engagement with minority groups is included in the report.

2.3.8 Route to the meeting

This Annual Report was presented to Healthcare Governance Committee on 29 July 2024.

2.4 Recommendation

For discussion. Members are asked to receive and discuss this Annual Report on organisational activity in relation to patient, carer and family feedback and complaints received in 2023-2024 and note the key objectives identified for the coming year.

3. List of appendices

Appendix No 1 – NHS Ayrshire & Arran Patient Experience Annual Report 2023-2024



NHS Ayrshire & Arran Patient Experience Team

Annual Report

2023 - 2024



INTRODUCTION

This past year has seen a significant amount of improvement work being progressed to improve our complaint handling performance and although we have made some headway, the work remains ongoing.

We have experienced an increase in complex complaints and sustained pressure on our acute services which has resulted in delays in responding to complaints. As a result of this, we embarked upon an Acute Recovery Project to reduce the out of time complaints, clear any backlog, and at the same time, ensure our in time performance improved. During this time, we achieved 78% in time performance at its peak, and significantly reduced our out of time activity. However, the sustained pressures mean we still have some work to do and further improvements to make to ensure we can maintain any improvements made.

Despite the challenges, our SPSO investigations remain low and the quality of our responses remains high.

We have also been able to capture more patient experience at the point of care and this data is then fed back and owned by clinical leaders to help shape learning and improvement moving forward.

Our volunteer service continues to go from strength to strength and we look forward to launching our Youth Development Volunteering Strategy in the coming year.

Our ambitions for the year ahead are clear;

- To improve all aspects of our complaint handling performance and ensure SPSO referrals remain low
- The launch of our Youth Development Volunteering Strategy
- Promote the use of Healthcare Stories for improvement
- Implement a new process for the development and use of Patient Information Leaflets
- Develop our child friendly complaint process

Supporting staff across the organisation to provide safe, effective and compassionate care using complaints as a quality indicator and opportunity for improvement is a fundamental part of the Team's overall ambition. In addition to this, supporting staff through the complaint process and providing them with the skills to manage complaints early and locally remains an ongoing priority.

We look forward to the challenges and the opportunities that lie ahead in the coming year.

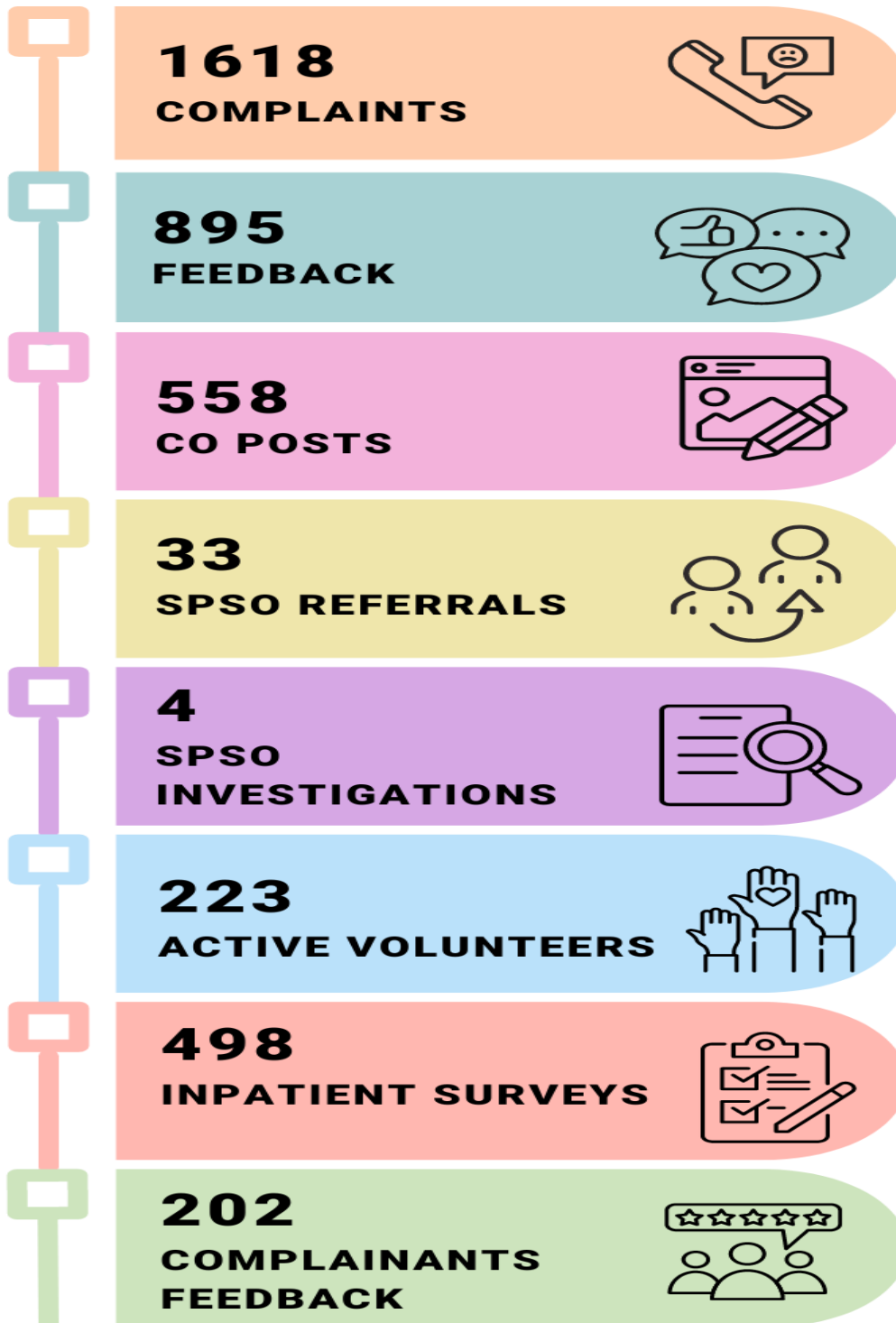
Laura Harvey

Quality Improvement Lead

Patient Experience

AT A GLANCE

INFORMATION



1. PATIENT EXPERIENCE

1.1 Local Feedback

There were a total of 1595 instances of feedback gathered and shared during 2023-2024. This demonstrates an increase of almost 50% on feedback activity from 2022-2023

Chart 1 – Total Feedback received in 2023-2024

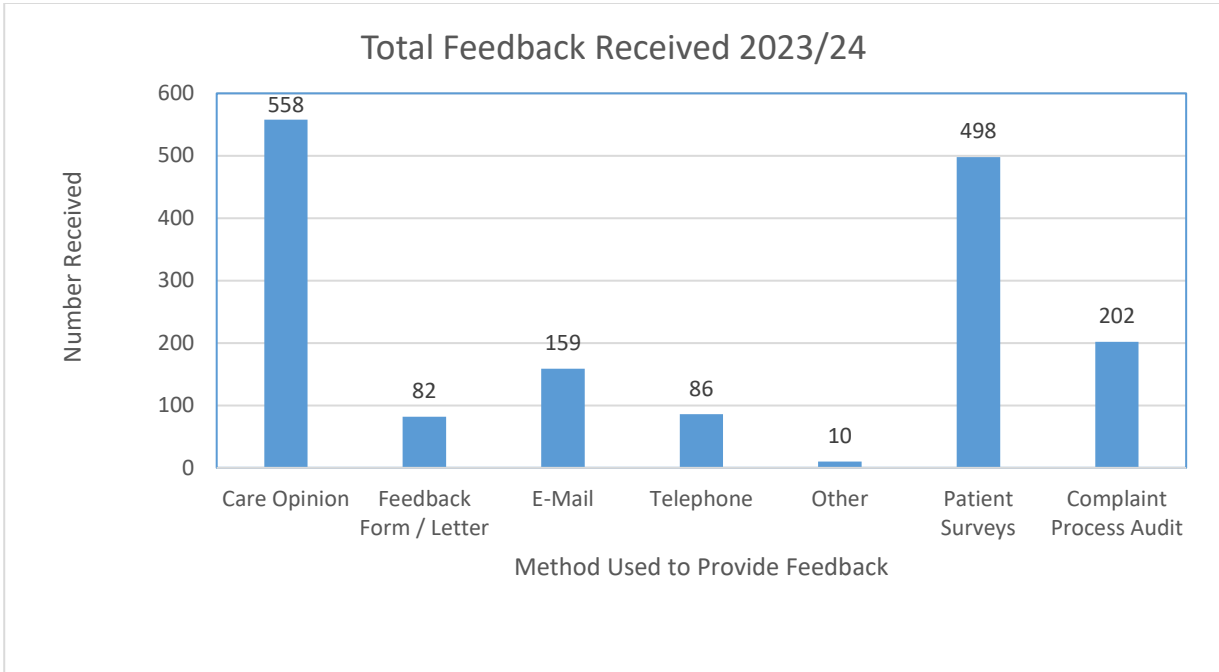
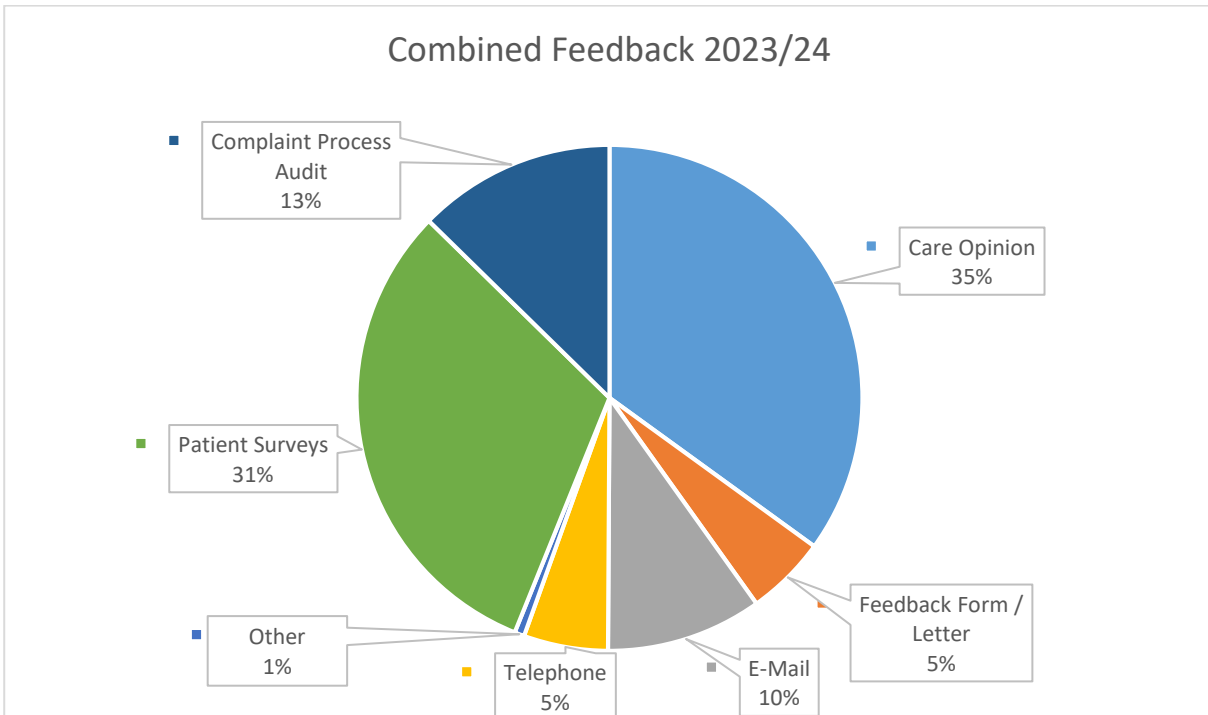


Chart 2 – Combined Feedback 2023-2024



Some excerpts from the feedback received in 2023/24 is highlighted below:

“I was admitted to Crosshouse Hospital A & E Department, with suspect 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”

Feedback from a patient using the Stroke Service

“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 (AMU). 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.”

Feedback for Gynaecological services

“I need to let you know how amazing you ALL are! From start to finish!

I arrived at Day Surgery Unit at Crosshouse Hospital, Kilmarnock. I was greeted by a very friendly receptionist and was soon after taken through to the waiting area by another lovely team member.

I was introduced to the 2 anaesthetics that would be present, a very happy pair and the procedure was explained to me in a clear manner. I then met my consultant. I had met my consultant previously and was delighted to meet her again on the day. She went through everything step by step ensuring that I understood all elements.

I was excited to hear that I would be the 2nd person to receive robotic assisted surgery.

When taken through to the operating theatre I was kept abreast of everything until I drifted off.

I woke in the recovery room to be welcomed by the most wonderful happy team.

Both anaesthetics and Consultants met me following surgery to make sure I was okay and to explain how surgery had gone.

I cannot recommend your team highly enough. NHS you rock! Thank you for giving me life changing surgery! “.

Feedback for Day Surgery Unit, University Hospital Crosshouse

“All excellent, could not have got to the stage I am at without them. They are all dedicated and know their jobs. I appreciate every single one of them. Thank you.”

Feedback for ICT North Team

“Had a consultation with Adam and very happy with his advice and attention. In this present time where it seems impossible to get Dr appointments etc without a lengthy wait this was more like things used to be. May I also praise Nurse Practitioner Karen Withers for her attention? Her knowledge and advice have been first class.”

Feedback for Troon GP Practice

1.2 National Feedback

In 2023/24, NHS Ayrshire & Arran received 558 stories on Care Opinion from patients, relatives, carers, friends and staff posting on behalf of patients, which is an increase of 26% from the previous year (442 in 2022/23).

70% of the stories told were completely positive with the remaining 30% having some level of criticality. Staff and services responded to these stories 646 times, more than 65% were responded to within 7 days or less and these stories have been read more than 71,426 times so far.

Chart 3 – Care opinion posts in 2023-2024

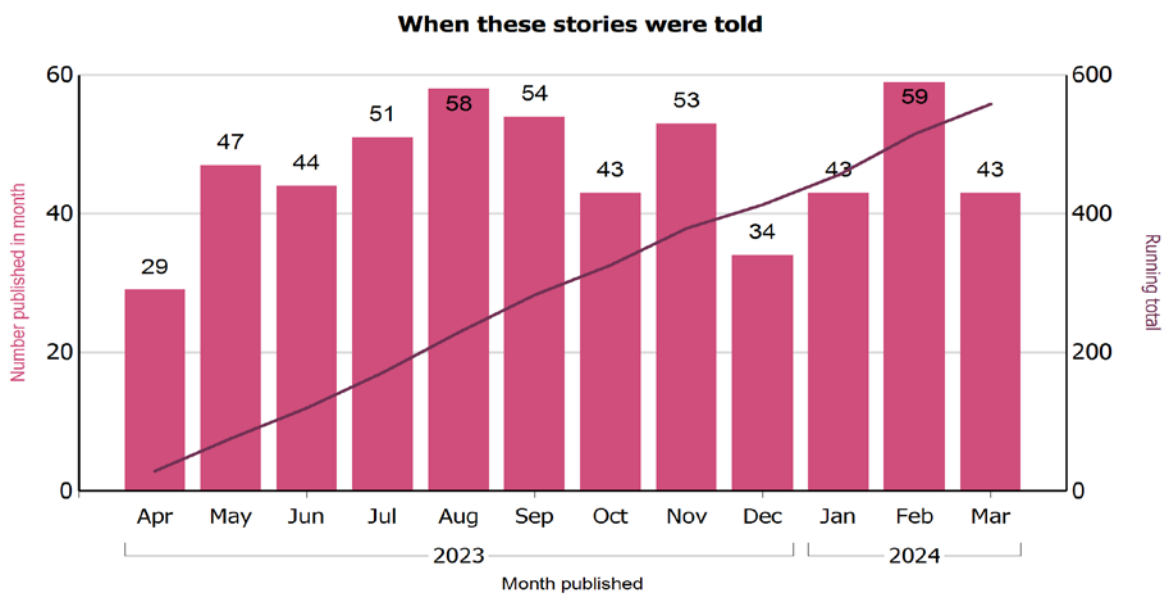
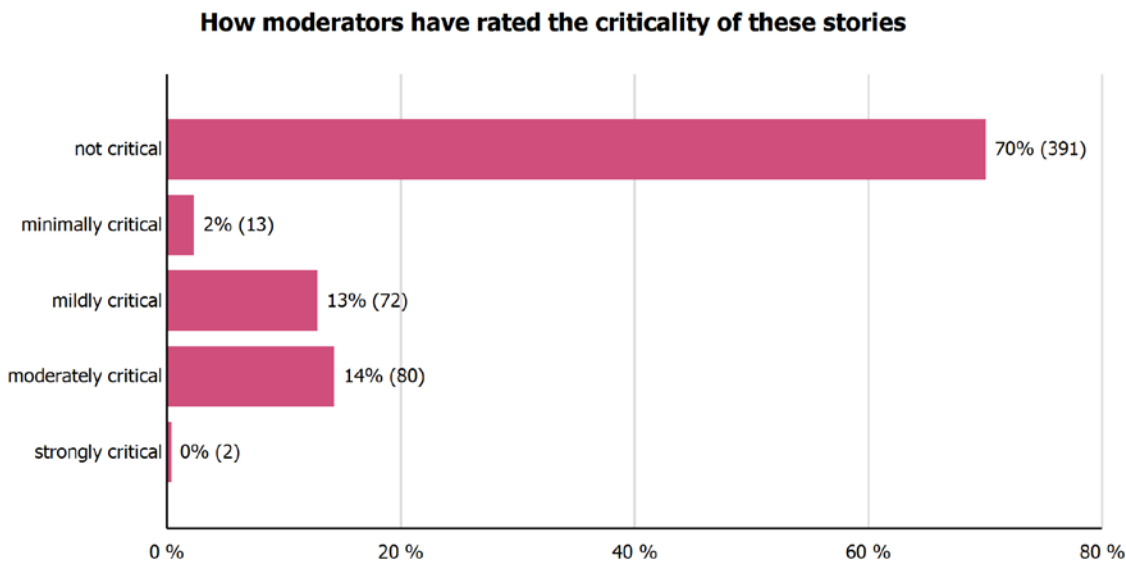


Chart 4 – Criticality of Posts



As demonstrated above, the majority of care opinion posts were positive at 70%, whilst only 14% were considered moderately to strongly critical.

1.3 Sharing Feedback

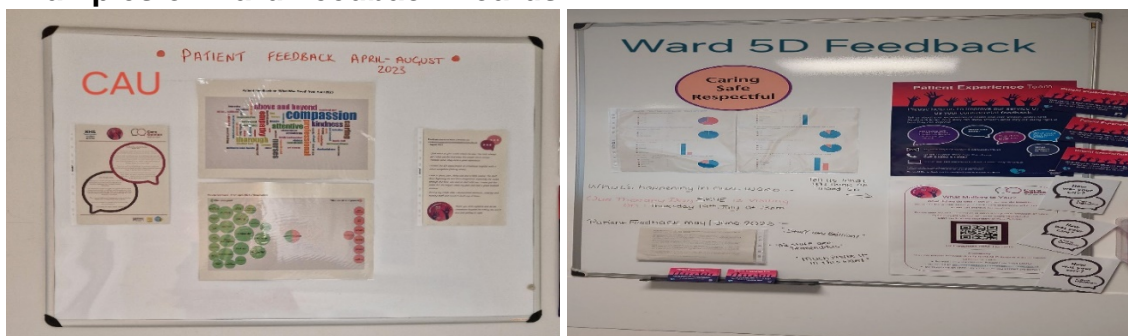
Social Media

The social media campaign to share feedback more widely utilising the Corporate Social Media sites has continued with feedback being shared routinely across the Social Media platforms as well as in the weekly News Alerts.

Feedback Boards

The Patient Experience Facilitator has worked with Senior Change Nurses in a number of wards across University Hospital Crosshouse and Ayr to help establish and maintain Feedback Boards. These boards include Care Opinion Stories, local feedback and the results of the inpatient surveys.

Examples of Ward Feedback Boards:



Examples of posters created by the Facilitators for display on Feedback Boards:



Care Opinion
What's your story?

What Matters to You?

What did we do well? What can we do better?

We would like to hear about your healthcare experience within our area so we can improve our services

Please scan the QR code below to leave anonymous feedback on Care Opinion (Care Opinion will never share your details)

Scan me to share your story at Care Opinion



Or Freephone 0800 122 3135

Alternatively

You can provide feedback directly to the NHS Ayrshire & Arran Patient Experience Team

- By mail using the freepost Patient Feedback Leaflet
- By e-mail on aa.patientexperienceteam@aaapct.scot.nhs.uk
- By freephone on 0800 169 1441 or 01292 513942 (voicemail)




Care Opinion
What's your story?

Feedback from a Patient
January 2024

I had been feeling unwell for 3 weeks and wasn't getting any better had been on two lots of antibiotics.

So I went to a doc who then sent me to CAU at Crosshouse hospital as my heart rate was high and oxygen low.

I was admitted till the next day. The level of care I received in here from doctors, nurses and domestics was outstanding.

I was put on oxygen a drip they took bloods and did a chest X-ray also urine samples no avenue was left unturned.

Thank you all you are amazing.

Our Response:

Thank you so much for taking the time to share your experience of the care provided within the Combined Assessment Unit at University Hospital Crosshouse.

I am glad to hear that you received such prompt and professional care from our staff.

It will be my pleasure to share your kind comments to the wider Team in the Unit. I know they will be delighted to receive this feedback and it will be really encouraging for them to know that you felt so well supported by them.

Please accept my best wishes for your ongoing recovery and thank you once again for taking the time to acknowledge your care experience.




Feedback Received for a Patient via Care Opinion – September 2023



I was admitted to Crosshouse High Dependency Unit over the weekend with clots in my lungs.

Having spent the last 4 days/nights in HDU it would be wrong of me not to find a forum to sing the praises of the outstanding teams who have been in charge of my care throughout.

Due to the nature of my condition & the title of the department you might expect it to be a daunting & frightening experience, but the kindness & constant support helped alleviate my anxiety straight away.

Everyone from the auxiliary staff, pharmacist, doctors, & specialists have been wonderful. My loudest praise has to go to the round the clock nursing teams led by Senior Charge Nurse Margaret.

Their cheery disposition, attention to the tiniest detail & complete professionalism has been, in my opinion, faultless (special mention to Rachel for her additional care toward a fellow patient who was needle-phobic & learning to cope with insulin injections).

Thank you Ward 4F for helping me safely on my road to recovery.



1.4 Inpatient Surveys

In total, 498 inpatient surveys were carried out this year across acute and community hospitals. The majority of feedback secured in this manner was positive but when negative aspects were received, the Senior Charge Nurses took the lead in making any necessary improvements, some examples of which are provided below.

Examples of feedback received from Senior Charge Nurses and Clinical Nurse Managers following inpatient surveys:

“Thank you Cheryl some excellent feedback and some things that we need to fix if we can.....Christine SCN can we can pick these up and see if we can do anything about them?”

CNM Station 4, UHA

“Thank you for this lovely feedback.”

CNM, Ward 4A, UHC

“Thank you – very helpful. I have noted the point made that a patient’s lunch did not follow them to discharge lounge. We will change the practice and ask if the patient would wish their lunch forwarded onto the lounge.”

Discharge Coordinator, UHC

Improvement made as a result of sharing survey results with SCN/CNM:

Patient feedback received for CAU, UHC January 2024:

“I attended the Combined Assessment Unit with stomach pain at 9pm and by 4am I was still waiting, sitting upright on a hard chair. It seemed so unnecessary.”



CAU, UHC has introduced 3 reclining chairs to their waiting area – a great improvement following feedback received from a patient who experienced a significant wait there in January 2024, specifically commenting on the discomfort felt whilst waiting for such a long period of time

1.5 Healthcare Stories

During 2023-2024, six stories were presented to Ayrshire and Arran NHS Board. Of these six stories, three had negative elements, whilst the other three demonstrated positive patient experiences.

These stories provide learning and improvement opportunities for a variety of staff which can then have a direct impact on the quality and safety of the care delivered across all areas of NHS Ayrshire & Arran.

Healthcare story 1

Mr G was a fit and healthy gentleman until he suffered a stroke. Mr G was initially admitted to the Acute Stroke Unit (Ward 3E), UHC and once well enough, was transferred to Ward 5D (Care of the Elderly Ward), until a rehabilitation bed became available within the Biggart Hospital.

Mr and Mrs G's experience of care within the Acute Stroke Unit was positive. Mrs G felt that the staff there took an interest in her husband and in his wellbeing. Sadly, their experience once Mr G was transferred to Ward 5D was not as positive.

Mr and Mrs G felt that Mr G had been transferred to this ward due to his age (78) and not his medical requirements and they felt that this was not the appropriate ward setting to continue Mr G's care.

They both expressed that their experience in Ward 5D was less person centred than in the Acute Stroke Unit. They felt staff lacked empathy at times and they were unhappy with their experience.

The Senior Charge Nurse and her team were disappointed with the negative feedback but to their credit, they embraced the opportunity to progress some improvements in their area to ensure that the care experience was more positive for future patients.

The team worked with the Patient Experience Facilitators to develop a bespoke inpatient survey to help gather more patient feedback to help them identify the specific aspects of their care that required improvement.

A number of improvements, particularly in relation to patients with a dementia or delirium diagnosis were progressed, including staff training and environmental changes and post improvement surveys demonstrated measurable improvement in patient experience.

Healthcare Story 2

K was a healthy 22 year old when she had an unexpected stroke. She underwent a number of surgeries and intensive rehabilitation to return to optimal health and her story outlines her journey and the impact such a serious medical event had on her confidence and outlook.

K was admitted to NHS Ayrshire & Arran for emergency and High Dependency Care, before being transferred to Glasgow for neurosurgery. She then returned to NHS Ayrshire & Arran to start her rehabilitation period and she received ongoing support from the Stroke Nurse and wider service.

Ki wished to share her story to let people know that there can be successful outcome following a stroke with the appropriate support in place. Her story has been used since by staff in the Acute Stroke Ward and beyond to reassure patients who have suffered from a stroke that a positive outcome is possible and to demonstrate the positive impact of rehabilitation, not just physically, but also psychologically.

K's story was also picked up by media outlets so her story had impact beyond NHS Ayrshire and Arran.

Healthcare Story 3

E's first child was born in hospital and her experience was nothing short of traumatising.

When E found out she was pregnant with her second child she contacted the NHS Ayrshire & Arran's Home Birth Team where she met midwife Karen. In E's own words;

"She (Karen) answered all my questions fully and came to my house for all my appointments. She was always so kind, compassionate, considerate, friendly and helpful. She always made me feel listened to and she always helped me make informed choices. She helped me organise all my birthing plan, she listened to all my worries and calmed me down. Karen always cared so much for me and always made me feel at ease. She has such a beautiful nature: so soothing and calm."

E's story demonstrates the importance of working in partnership with patients to ensure what matters to them is a key factor when staff plan care and highlights the profound impact this can have. Only when this is taken into account can the care be truly described as person centred.

This was a very positive story that highlighted the importance of the therapeutic relationship between patients and healthcare staff and how much a contribution it can make to positive patient outcomes, even in the most difficult of circumstances.

The story continues to be used within the wider maternity service.

Healthcare story 4

C's story describes the difficulties and delays she encountered in her journey towards eventual diagnosis of Multiple Sclerosis (MS). Her story also demonstrates her positive experience once she was referred to the Specialist MS Team at the Douglas Grant Rehabilitation Centre, Ayrshire Central Hospital.

C received excellent patient centred care, tailored to her specific needs, once she was referred to the specialist multidisciplinary MS Team at the Douglas Grant Rehabilitation Centre. However there were delays in C's healthcare journey which caused her a great deal of anxiety and opportunities for improvement within the Neurology Service were highlighted.

Through collaborative working with NHS Greater Glasgow & Clyde and NHS Forth Valley a number of work streams have been progressed to improve the current service provided and also to address the long waiting time for new out-patient consultations within the neurology service.

Healthcare Story 5

J is a young man in his late teens who has a talent for expressing his thoughts and feelings through poetry. His poem was highlighted to the Patient Experience Team via the Child Health Commissioner, who saw the poem displayed in the Young Persons' Gallery within the Dick Institute Public Library in Kilmarnock.

J was admitted to University Hospital Crosshouse as an emergency in March 2023. He was unable to eat for a period of time due to tonsillitis and was inspired to create a poem based on his experience of the first meal he received in the ward following surgery.

He was presented with what he initially thought looked like a bland meal, however, being so hungry he decided to try the food and much to his surprise it tasted '*just right*'. While J feels that, in some cases, the presentation of food could be improved he wanted to share with patients, who may have little or no appetite, just how tasty the food actually was and to encourage them to try it.

As we approach the implementation of the United Nations Convention of Rights of a Child (UNCRC) in July 2024, we are committed to securing and sharing more healthcare stories from children to share their experience of not only receiving care in NHS Ayrshire and Arran, but also importantly, of their experience whilst a parent or family member is receiving healthcare.

Healthcare Story 6

K was motivated to share this story on behalf of her husband and it outlines her experience when trying to change the default settings on the Hospedia bedside units to allow her husband to listen to the television via the unit speakers rather than headphones, which is the default setting.

K's husband was admitted to a ward within Crosshouse Hospital and placed in a side room, following brain haemorrhage and subsequent craniotomy. To offer him some stimulation, K signed up to the in-room TV facility, only to find out that the default settings for the units were for "earphone only" usage. Having had a craniotomy and with soft tissue exposed, K's husband could not wear earphones.

K tried numerous ways to try to have the setting changed and made numerous calls to numerous people across a number of hours. K found this whole experience very frustrating, time consuming and felt that the inability to find a timely, understandable route to get this matter rectified, left her feeling like she had failed him and had not been able to offer him the stimulus he needed. She felt that she had let her husband down, and given his medical issues this was very difficult for her to reconcile.

There was learning to be shared from K's experience to ensure all staff were provided with instructions to ensure settings could be changed at ward level to meet patient need, and that they had clear contact information for hospedia support staff to ensure future patients had a more positive experience of using this service.

2. EQUALITY & DIVERSITY

2.1 Shared British Sign Language (BSL) Local Plan 2024-2030

The Scottish Government published the second BSL National Plan 2023 – 2029 on 6 November 2023. The [BSL \(Scotland\) Act 2015](#) requires listed authorities to publish their Authority Plans (also known as 'BSL local plans') within six months of the publication of the BSL National Plan.

Ayrshire Shared
British Sign Language (BSL)
Local Plan
2024 - 2030



NHS Ayrshire & Arran continued our previous partnership work by developing and publishing our Local Plan between the three Councils, Health and Social Care Partnerships, Ayrshire College, NHS Ayrshire & Arran and our local BSL community. We undertook a consultation and engagement exercise with local BSL service users to ensure their needs were considered. The plan was published by 6 May in both English and BSL.

2.2 Translation and Interpretation including British Sign Language

As the demography of Ayrshire is changing we are seeing an increase in the need for translation and interpretation support for service users. This is not only changing in Ayrshire but across the whole of Scotland meaning access to face to face interpreters is becoming more challenging. As a result, we have further rolled out the Insight on demand remote face to face interpretation service and feedback from the service is positive from service users, their family and staff. With this being an on demand service it also means that when a patient does not attend for their appointment, there is no cost to the organisation for interpretation support.



Likewise, as patients whose first language is British Sign Language (BSL) become more aware of their rights of support to access health care, the demand for BSL interpretation is increasing. During the financial year 2023/24 we provided support to 412 appointments across NHS Ayrshire & Arran.

2.3 Staff Networks

Work continues to progress through the staff networks. Ensuring staff experience is considered and the staff voice is listened to, the Culture Steering Group has heard from staff of their experience of working in NHS Ayrshire & Arran and where necessary steps are being taken to make improvements.

Some highlights from the networks are outlined below.

Ethnic Minority Staff Network

- Undertook a social media campaign during Black History Month around the theme of Celebrating Black Women.
- Participated in consultations to ensure the voice of ethnic minority staff are included.
- Presented at a Corporate Management Team development session on anti-racism on 5 March 2024.

LGBTQ+ Staff Network

- Designed and voted on a logo for the network which was used to purchase promotional materials to raise awareness of the network.
- During LGBT History Month in February members visited various sites to raise awareness of the Network and also the Pride Badge.



Disability Staff Network

- The DSN is still in early stages of formation and are looking at the development of a reasonable adjustment passport for staff.
- Issues of car parking have been raised and the Chair of the Network is looking to meet with key members of staff to consider how we can better support disabled staff.

2.4 Equally Safe at Work Accreditation Programme

This innovative and world leading employer 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.

NHS Ayrshire & Arran was one of four NHS Boards across Scotland piloting this accreditation programme to ensure gender equality within our practices and processes, and demonstrating our commitment to preventing violence against women while offering support to those who experience it.

The Equally Safe at Work framework provides a set of standards which cut across the following areas:

- Leadership;
- Data;
- Flexible Working;
- Occupational Segregation;
- Workforce Culture; and
- Violence Against Women



The deadline for submission of the work in line with the six criteria areas was July 2023 and NHS Ayrshire & Arran received confirmation that the accreditation had been achieved in October 2023.

VOLUNTEERING

3.1 Volunteers' Week 2023

To celebrate Volunteers' Week 2023, we decided to organise a woodland walk and picnic for all of our dedicated volunteers. We sent out invitations to all volunteers, asking them to join us for a leisurely walk through Ailsa woodlands, followed by a picnic lunch at the learning circle, located at the highest point on the woodland trail. We made sure the route was accessible to everyone, and on the day of the event, we were thrilled to see so many of our volunteers come out to enjoy the day together. It was a wonderful opportunity for everyone to relax, socialise, and show our appreciation for the hard work and dedication that our volunteers bring to our organisation every day.

In addition, we facilitated a number of recruitment drives with the aim to expand our reach and impact. These drives involved reaching out through various channels such as our social media pages, our local hospitals, and word of mouth to attract individuals who are interested in giving their time and skills to our volunteering service.



By actively promoting our volunteering opportunities, we were able to attract a range of talents and interests, from music group volunteers to spiritual care and ward volunteers. This has enabled us to build on our strong and dedicated team of volunteers across Ayrshire & Arran.

3.2 Compassion to Action Awards 2023

NHS Ayrshire & Arran recognises the substantial, positive impact volunteering has on our patients, staff and visitors. With over 220 active volunteers throughout the organisation, it is our privilege to acknowledge and celebrate the amazing achievements and contributions being made each day by those who give freely of their time.

Last year we held our second Compassion to Action Volunteer Award Ceremony – an opportunity to showcase and celebrate the wealth of skills and experience of our volunteers, and highlight those who have warmly embraced volunteering placements within their services.

The ceremony, held on 8 November 2023 at Fullarton ConneXions in Irvine, was attended by over 100 delegates from volunteers and NHS staff, to third sector agencies who closely collaborate with us. We were also delighted to welcome entertainment from

two leading local acts – Jeremy Levif (The Voice UK 2021 Semi-Finalist) and Take a Bow musical theatre youth group.

Our Master of Ceremonies for the evening, Janice Malone from Health Improvement Scotland, wove the segments of our event together beautifully, from inviting the audience to enjoy nomination clips from each of our award categories, to inviting our presenters to announce their awards and ensuring these moments were captured by our Volunteer Photographer.

The awards were split in to 10 categories, with winners selected by our independent panel of judges. The standard of nominations was testament to the wealth of skills and experience within our volunteering service.

Raising the profile of volunteering – breaking down barriers

This award recognises individuals who challenge historical approaches to volunteering.
Presented to Victoria Buckell, Ward Volunteer.

Outstanding Staff Champion for Volunteers

This award recognises a member of staff who has championed and embraced volunteers, and gone the extra mile to recognise the positive impact volunteers can make.

Presented to Elizabeth Griffin, Senior Charge Nurse and William Keenan, Discharge Lounge Co-ordinator.

Quality Improvement Lead Award – Improving Patient Experience

This award recognises individuals who champion the Patient Experience agenda.

Presented to Acorn Furniture Workshops and Gardens

Behind the Scenes – Improving the Volunteer Experience

This award goes to an individual/group instrumental in provision of outstanding administrative support to volunteers, managers and the wider volunteering service.

Presented to the Volunteer Administrators

Volunteer Manager of the Year

This award recognises the commitment and dedication of an outstanding member of staff who manages volunteers.

Presented to Christine Somerville, Senior Charge Nurse

Volunteer Team of the Year

This award recognises excellent teamwork and the combined contribution of two or more volunteers working together.

Presented to Woodland View Welcomers and Woodland View Shop

Volunteer of the Year

This award celebrates individuals who have gone above and beyond expectations in their volunteering role during the year.

The award was presented to a winner in each of the three volunteering categories:

- Gardening and activity roles
- Administration roles
- Ward and peer support roles

Presented to Roddy Campbell, Activity Volunteer; Gemma Gibb, Volunteer Administrator; and Gavin Devine, Ward volunteer

Nurse Director Award – Recognition for Outstanding Contribution to Volunteering

This award is in recognition of volunteers who have contributed to the wider quality improvement agenda.

Presented to Cardiac Rehab HARP Activity Volunteers

Chair Award – Recognition for Outstanding Contribution to Volunteering

This award is also in recognition of volunteers who have contributed to the wider quality improvement agenda.

Presented to Pamela Gibson and Anne Law, establishing the Ayrshire College and Volunteer Service Collaboration

Volunteering Legacy Award

This award celebrates individuals who have given a significant amount of their time to the organisation.

Presented to Jack Thomson and William Dickie, Acorn Furniture Workshop and Gardens Volunteers

Volunteers enhance and make a significant and valuable contribution to our organisation. This event will continue to provide a platform to share our sincere gratitude to all who contribute to this agenda.



3.3 Current active volunteers

The volunteering service is diverse and multi-generational, with individuals of all ages and backgrounds contributing their time and skills to the various placements available across the organisation. Here is a breakdown of our volunteer demographics based on age groups.

18-21years

We currently have 79 volunteers aged between 18 – 21 years placed in roles across the organisation. Our younger volunteers are typically college students looking to gain experience, build their portfolios, and give back to the NHS. They often volunteer for short-term programmes, as part of their Health and Social Care HNC/D.

22 – 34 years

We have 76 volunteers aged between 22 – 34 years active with the volunteer service. This age range of volunteers are often looking to explore career opportunities within the NHS, or keen to volunteer in areas where they have personal experience of health care, for example, our ward volunteer roles.

35 – 54 years

We have 12 volunteers in this age range, currently undertaking volunteer roles in our wards, supporting our Allied Health Professionals in activity volunteer roles, undertaking volunteer gardening, or placed at one of our hospital welcome desks.

55 – 64 years

We have 11 volunteers aged between 55 – 64 years active on our inpatient wards across six of our hospital sites, as ward volunteers and therapy pet handlers. These volunteers (along with our 65 years + demographic) also provide mentorship to our younger volunteers.

65 years +

Historically the age range with the highest proportion of active volunteers, we now have 36 volunteers placed primarily within Welcomers and ward volunteer roles.

Our volunteers undertake a variety of roles across the organisation, depending on their interests, skills and availability. These roles are illustrated below.



Over the last three years, there has been a noticeable shift in the demographics of volunteers, with an increase in younger individuals getting involved in volunteer work. This shift can be attributed to several factors, including the rise of our social media and online presence, and a desire for hands-on, meaningful experiences which bolster personal portfolios and job applications.

Our younger volunteers bring fresh perspectives, energy, and creativity, whilst our older volunteers offer experience, stability and mentorship. By embracing diversity within our volunteer service, we can better meet the needs of our organisation and achieve greater outcomes for our patients. We recognise the strengths of volunteers of all ages, creating opportunities for learning, growth and connection across generations.

3.4 Ayrshire College collaboration

The Ayrshire College ward volunteer programme commenced on 8 January 2024 for a period of six months. We recruited a total of 125 health and social care students across 33 ward areas, with 108 individuals successfully completing their volunteering placements in June.

The learning outcomes for our student-based volunteer programme are multifaceted. Firstly, volunteers have gained a deeper understanding of the healthcare system and the roles of different healthcare professionals. They have developed empathy and compassion towards patients, as they interact with individuals who may be vulnerable or in need of care. Additionally, volunteers have enhanced their communication and interpersonal skills through interactions with patients, families and hospital staff. They have also learned about the importance of teamwork and collaboration in a healthcare setting.

Overall, participating in this volunteer programme has not only provided valuable hands-on experience, but also contributed to personal and professional growth. By documenting the activities, accomplishments and challenges faced by our volunteers, we have gained valuable insights into the strengths and areas for improvement across the programme. This will in turn inform programme changes for the next intake of students due to commence in November 2024, which will ultimately lead to more successful and impactful experiences for all.

3.5 Testimonials



Go for it!

My name is Wilma Paton, and I have been volunteering at Woodland View for eight years since the hospital opened in 2016. I was going through a challenging time in my life, and I wanted to give back to the NHS and show my appreciation for all the help and support I received and continue to receive. I also wanted to learn new skills and meet people.

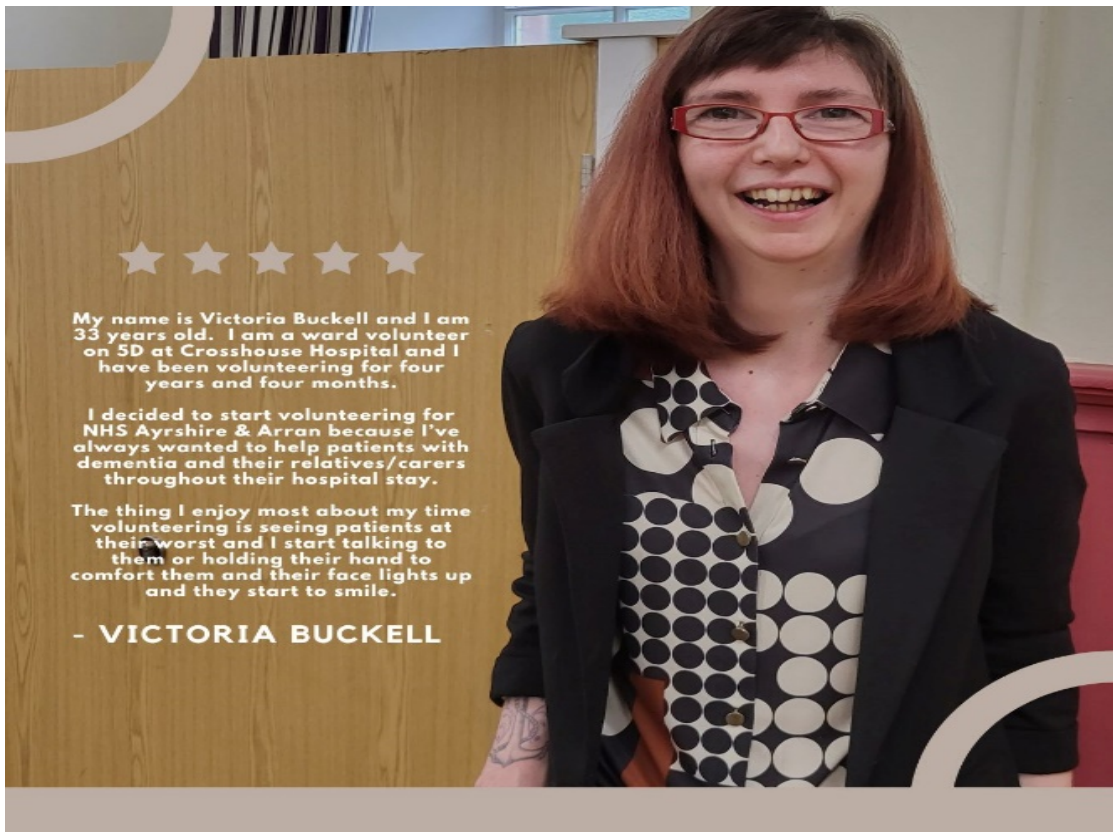
I have enjoyed meeting and working with my fellow volunteers who are all friendly and we all work well as a team. I enjoy helping others and being able to help patients, staff and visitors is very rewarding. I enjoy learning new skills and I am grateful for all the learning opportunities my role has given me and continues to give me to progress with my personal development and to undertake my volunteer role.

I would definitely recommend volunteering with NHS Ayrshire & Arran. Managers and wider staff are friendly and helpful and Woodland View is a lovely hospital to work in. We have fun and the rota is flexible to suit your availability.

Do not hesitate give it a go. There are various volunteering roles covering all the hospitals in Ayrshire & Arran with support and training, go for it.

Wilma Paton

Feedback above and below from current volunteers



★ ★ ★ ★ ★

My name is Victoria Buckell and I am 33 years old. I am a ward volunteer on 5D at Crosshouse Hospital and I have been volunteering for four years and four months.

I decided to start volunteering for NHS Ayrshire & Arran because I've always wanted to help patients with dementia and their relatives/carers throughout their hospital stay.

The thing I enjoy most about my time volunteering is seeing patients at their worst and I start talking to them or holding their hand to comfort them and their face lights up and they start to smile.

- VICTORIA BUCKELL

SCN Somerville is a great support to our Ward Volunteers and her clinical area is popular with all our volunteers

Christine Somerville, Senior Charge Nurse

I am aware that it takes a wide range of people to deliver the best possible care. Volunteers are key to this and they play such an important part in delivering the highest quality of care to patients and their families. We are keen to have volunteers at the heart of the team. Volunteers bring a wide range of experiences and always have time for whatever is important to the patient. I have found they put others first and always have a smile. They make time not only for patients but for all of the team. Patients, relatives and staff look forward to them being in the ward. I can't imagine the ASU team without volunteers.



Samah Zahra
Discharge Lounge Volunteer



Everything is so good with my volunteering role. I am enjoying it very much, keeping patients company as they are waiting to leave hospital, and improving my English too!

Samah, aged 49



3. COMPLAINTS

2023-2024 has been an extremely busy year for complaints and we have faced a number of challenges in meeting the targets in a consistent manner. We have a number of clear ambitions for the year ahead and are driven to improve all aspects of our complaint performance.

4.1 KPI One – Learning from Complaints

Demonstrating learning from complaints is an extremely important aspect of the process and we are confident that a number of changes are made at service level as a result of feedback and complaints. However, moving forward, we are reviewing how we evidence all improvements made to ensure that examples of good practice is shared across a number of areas and not restricted to individual wards. The improvements highlighted here are just examples of complaint driven learning and improvement and not representative of all learning progressed.

Chart 5 – Complaint Themes and Subthemes

Clinical Treatment
Disagreement with treatment / care plan
Problems with medication
Co-ordination of Clinical treatment
Poor medical treatment
Poor nursing care
Lack of pain management
Waiting Times
Unacceptable time to wait for the appointment
Waiting too long for test results
Date for appointment cannot be given to patient
Cancellation of appointment
Date for admission cannot be given to patient
Unacceptable time to wait on admission / attendance
Communication
Inappropriate comments / Insensitive to patient needs
Staff attitude / conduct
Lack of a clear explanation
Telephone
Misunderstanding
Lack of support
Other
Availability of items
Lost property
Delay in admission / discharge / transfer
Availability of beds
Smoking

Learning & Improvement

Below are some examples of improvements made from complaints

Review of Patient Information Leaflets

Following complaints from patients and staff that some of the information available on our website was out of date and no longer accurate, we conducted a full review of all Patient Information Leaflets prior to progressing a new authorisation and request process to ensure that we only provide patients with up to date, evidence based leaflets and we fully utilise the resources already available.

On completion, this project will provide better assurance and financial governance.

Discharge Lounge

The establishment of regular inpatient surveys within the discharge lounge has provided opportunities for improvements to be made in this area that has included; the development of discharge volunteers for the area to help patients pass the time awaiting discharge.

In addition to this, we have also incorporated questions to ensure we can evidence shared decision making with patients, as set out in Realistic Medicine.

Managing Difficult Conversations

This training pack has been presented at bespoke sessions with clinical staff to improve their communication with patients and families in an effort to improve attitudes and behaviours moving forward.

In addition to these examples, there is evidence of a number of small changes in practice that have been made as a result of staff's experiences of being involved in a complaint and understanding the impact especially poor communication can have on patients and their loved ones.

For example, a common theme is lack of continuity around decision making in clinical areas and a number of wards are using their updated patient boards and eWhiteboards to ensure any key information is shared with all the healthcare team.

These simple yet easily implemented changes to practice can have a significant positive impact.

4.2 Complainant Experience

In 2023-2024, we received feedback from 202 people about their experiences of using our complaint process. This feedback is important in ensuring we are meeting the expectations of our complainants and it provides opportunities for improvement.

Chart 6 – Complainant Satisfaction Surveys

	Question	Yes	No	NA/NR
1	Did you have access to information on how to lodge your complaint?	85%	15%	
2	Was your complaint acknowledged?	94%	6%	
3	Did you speak to a member of the Complaints Team?	96%	4%	
4	Was the process explained to you?	90%	10%	
5	Did you receive an apology for your poor experience?	88%	4%	8%

	Question	Yes	No	NA/NR
6	Were you kept updated during the handling of your complaint?	75%	15%	10%
7	Were you advised of any delays in advance?	44%	5%	51%
8	Did you speak to any other staff regarding your complaint?	31%	42%	27%
9	If you answered yes to Q8 – Was this conversation helpful?	61%	31%	8%
10	Were you informed of the outcome of your complaint?	91%	9%	
11	Did you agree with this outcome?	69%	31%	
12	Did you feel your complaint was dealt with in a respectful and person centred manner?	85%	15%	

In comparison to 2022-2023, we have demonstrated improved feedback in a number of areas;

- 96% of complainants spoke to a member of the complaints team compared to 89% in the previous year. This can be partly attributed to increase contact with complainants as part of our Acute Recovery Project
- 90% of complainants were happy with the explanation of the process they received, up slightly from 89% in the previous year

There is also evidence that some complainants were less satisfied in a number of areas than those survey in the previous year. This areas where improvements required include;

- 75% of complainants were kept updated compared to 81% in the previous year. Whilst this can be attributed to increased complaint activity, improving this percentage over the next year will be a priority of the Complaints Team
- Only 44% of complainants were advised of any delays in advance, a significant drop from 76% the previous year. We have now implemented a new approach to ensure that we give honest timelines to complainants in advance of meeting the target and are confident that this aspect of complaint handling will improve significantly in the coming year.
- Of those complainants who spoke to anyone other than the Complaints Team, only 61% felt the conversation was helpful, compared to 93% in 2022-2023. We are producing a training calendar for the coming year that will include training on handling difficult conversation for all staff involved in any aspect of the complaint process.

The Quality Improvement Lead and the Complaint Team have identified their objectives for the coming year and the areas we aim to improve include;

- Our overall performance in meeting the 20 working day target for Stage 2 complaints
- To ensure that all historic or out of time complaints greater than 40 working days over the target are fully resolved and closed by the end of Quarter 2 2024-2025.
- Development of a standard dialogue for staff explaining the process to complainants
- New guidance for the Complaints Team on predicting when a complaint is likely to require an extended time for investigation and at which points to make further contact with complainants.
- To increase the number of complainants surveyed per month to a minimum of 25.

4.3 KPI Three – Staff Awareness & Training

Complaint training this year has been on more of a bespoke basis due to the significant workload of all members of the Complaint Team. As a result, we have provided bespoke training on request across the organisation but we continue to provide complaint training sessions to statutory nurse training days as part of the Ensuring Safe Care study days for registered and unregistered nursing staff. We have also provided training at the Clinical Directors Forum.

In total, we estimate that approximately 200 staff have received some form of complaint training in the last year.

In the coming year, we are preparing a Training Calendar for the following training topics;

- Introduction to the Complaint Handling Process
- SPSO
- Managing difficult conversations
- Authentic Apology
- Supporting Staff involved in Complaints

We have also developed training packs that will allow staff to self-direct their learning and complete a short multiple choice exam to receive a completion certificate, and allow us to record the numbers of staff trained in each programme.

4.4 KPI Four to Nine – Complaints Data & Performance

Complaint performance in 2023-2024 is presented below under each Key Performance Indicator (KPI)

KPI Four – Complaints received

Figure 1a – Summary of total number of complaints received in the reporting year

Number of complaints received by the NHS Territorial Board or NHS Special Board Complaints and Feedback Team	1618
Number of complaints received by NHS Primary Care Service Contractors (<i>Territorial Boards only</i>)	0
4c. Total number of complaints received in the NHS Board area	1618

Although the total number of complaints received is almost 200 less than the previous year, there has been an increase in complex Stage 2 complaints.

Figures 1b & 1c below break this figure down into Concerns/Stage 1 and Stage 2

Figure 1b – Concerns & Stage 1 complaints received

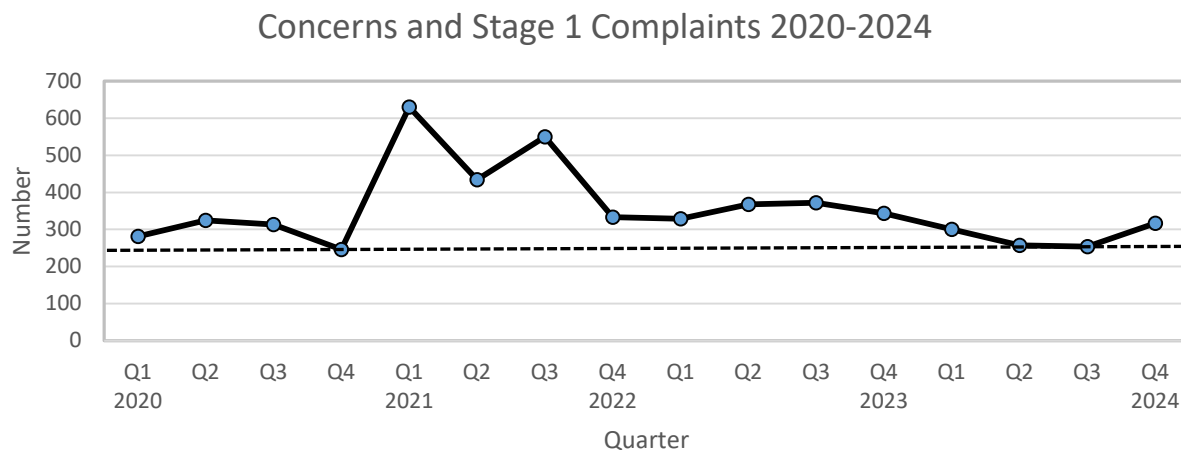
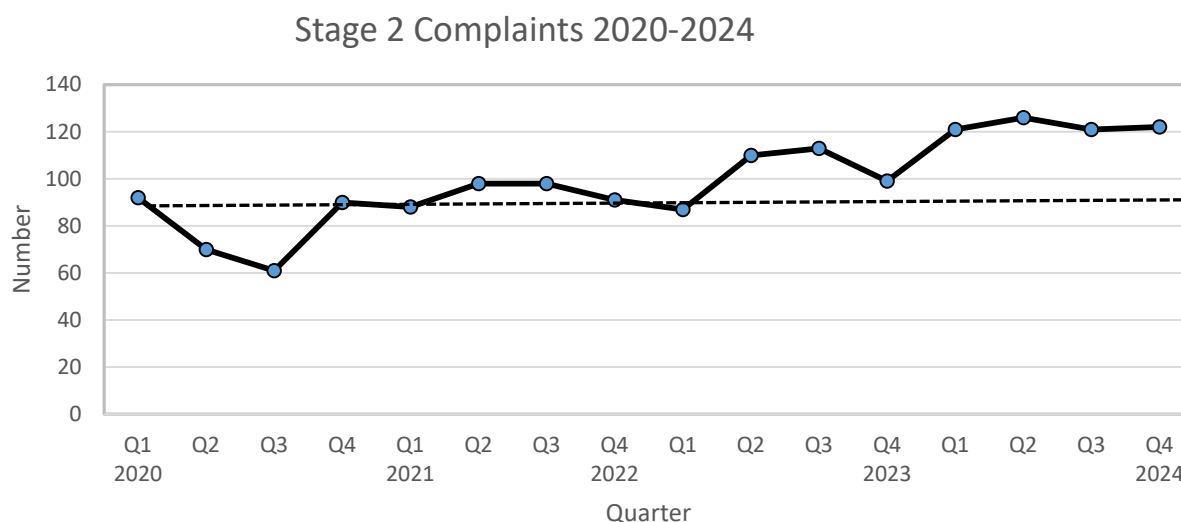


Figure 1c – Stage 2 complaints received



As demonstrated in Figure 1c above, there has been a noticeable increase in Stage 2 complaints in 2023-2024, from 409 the previous year, to a total of 490 in 2023-2024.

Figure 1d – NHS Board – Sub Group of complaints received in 203-2024

NHS Board Managed Primary Care services;	
General Practitioner	0
Dental	0
Ophthalmic	0
Pharmacy	0
Independent Contractors - Primary Care services;	
General Practitioner	709
Dental	92
Ophthalmic	12
Pharmacy	109
Total of Primary Care Services complaints	922

Total of prisoner complaints received (<i>Boards with prisons in their area only</i>)	300
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As we improved our processes around the redirection of GP complaints to the practice, we have not recorded any managed services complaints. Complaints made by prisoners have increased from 208 to 300 in 2023-2024 but we are confident these are complaints and not service enquiries.

KPI Five – Total Numbers of Complaints Closed in Timeframe Set
Figure 2a – Numbers 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	1128	77%
5b. Stage two – non escalated	202	14%
5c. Stage two - escalated	144	9%
5d. Total complaints closed by NHS Board	1474	

Given the significant challenges experienced, this is a relatively good performance, especially in relation to Stage 1 performance.

KPI Six – Complaint Outcomes

This data is broken down further in **Figures 2b, 2c and 2d**

Figure 2b – 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	290	25%
6b. Number of complaints not upheld at stage one	649	58%
6c. Number of complaints partially upheld at stage one	189	17%
6d. Total stage one complaints outcomes	1128	

Figure 2c – Stage 2 non-escalated Complaint Outcomes (144 remain open)

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	67	19%
6f. Number of non-escalated complaints not upheld at stage two	134	39%
6g. Number of non-escalated complaints partially upheld at stage two	145	42%
6h. Total stage two, non-escalated complaints outcomes	346	

Figure 2d – 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	29	20%
6j. Number of escalated complaints not upheld at stage two	64	45%
6k. Number of escalated complaints partially upheld at stage two	51	35%
6l. Total stage two escalated complaints outcomes	144	

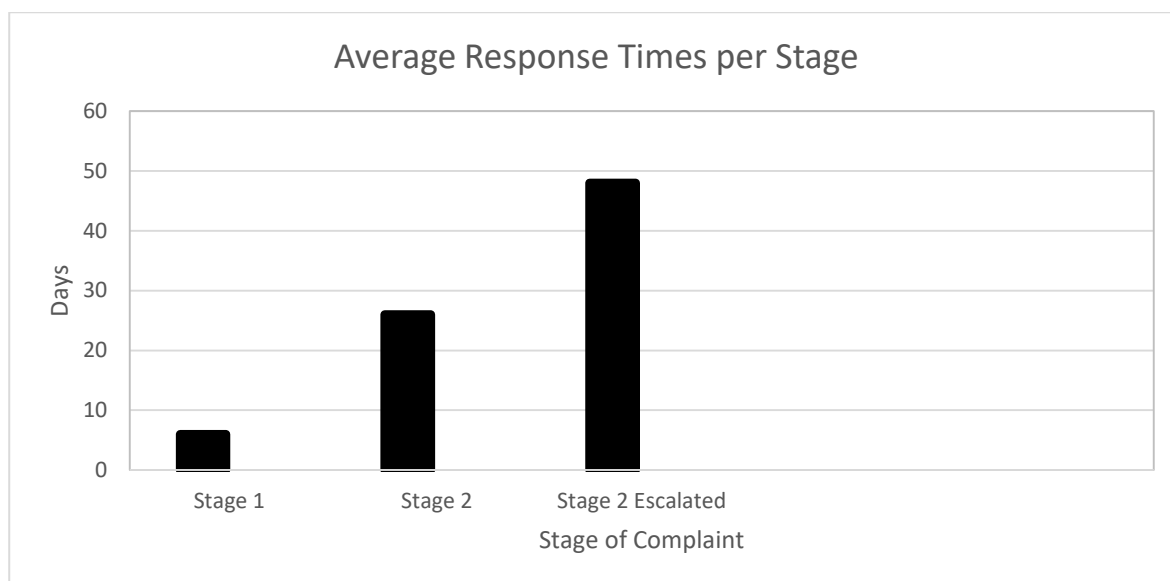
Complaint outcomes as demonstrated in the figures above remain consistent with previous years with a slight increase in upheld Stage 1 complaints due to our waiting time performance.

KPI Seven – Average Response Times

As already discussed, complaint handling has been difficult in the last year for a variety of reasons already explored. This is apparent in our average response times, especially for escalated Stage 2 complaints. In the coming year, reducing the time taken to respond and therefore our overall performance is a key objective of the Team.

As demonstrated in **Figure 3a**, our average response times for Stage 1 and Stage 2 are in keeping with previous years, however the time taken to respond to escalated Stage 2 complaints has in fact improved slightly from 50 working days down to 48 so a little way to go still in this aspect of our performance.

Figure 3a – Average Response Times



KPI Eight – Complaints closed within Timescales

Figure 4a – Complaints closed in time per stage

	Number	As a % of complaints closed by NHS Boards at each stage
Number of complaints closed at stage one within 5 working days.	951	84%
8b. Number of non-escalated complaints closed at stage two within 20 working days	29	15%
8c. Number of escalated complaints closed at stage two within 20 working days	73	51%
8d. Total number of complaints closed within timescales	1053	

As the above KPI asks for percentage of total complaints closed it does not reflect our performance therefore this has been provided in **Figures 4b and 4c.**

Our Stage 1 performance has been maintained at above target of 85% - this is mainly attributed to the hands on approach of the Complaint Team in verbally resolving these on behalf of service colleagues.

The Acute Recovery Project which was aimed at closing all Stage 2 complaints at greater than 40 working days, and improving on time performance has made a positive impact on the data presented below however, that has started to slip again in the final quarter of the year. Achieving our target of 85% will be challenging but is a clear objective for us in the coming year.

Figure 4b – Percentage of Stage1 complaints closed on target

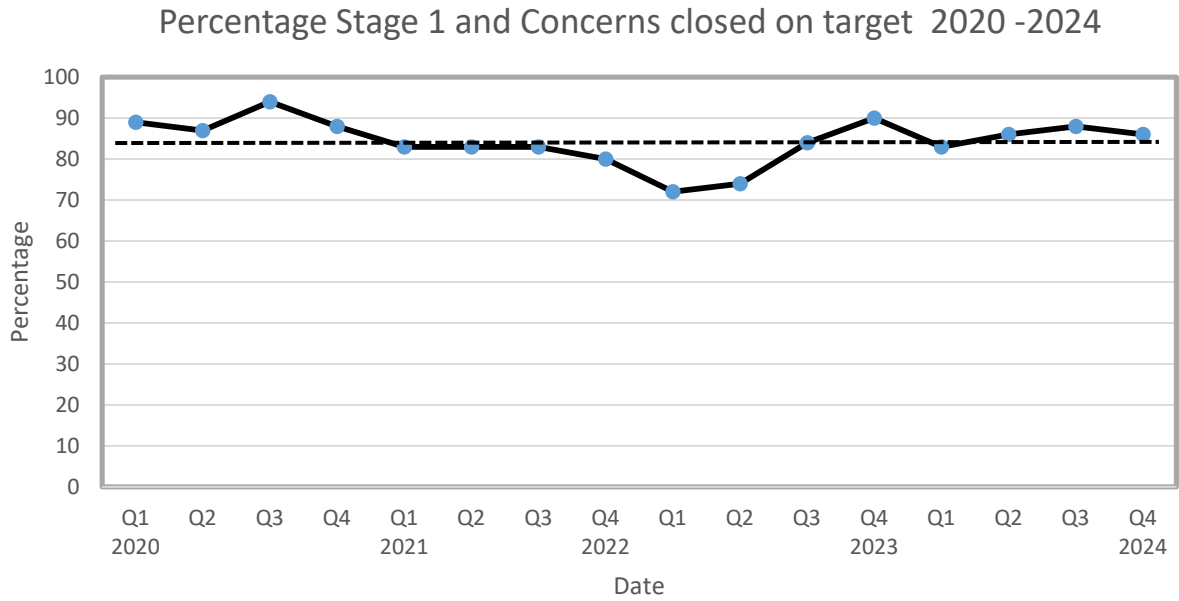
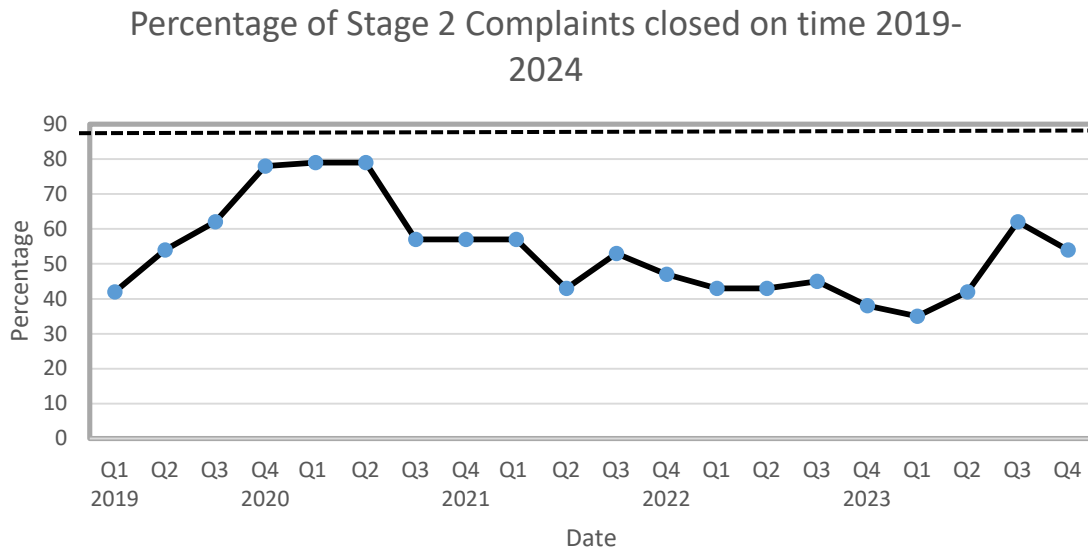


Figure 4c – Percentage of Stage 2 Complaints closed on target



KPI Nine – Number of cases where extensions were authorised

Figure 5 – Extensions authorised

	Number	As a % of complaints closed by NHS Boards at each stage
Number of complaints closed at stage one where extension was authorised	484	71%
Number of complaints closed at stage two where extension was authorised (this includes both escalated and non-escalated complaints)	155	62%
Total number of extensions authorised	639	

In the last year we have improved our processes to ensure extensions are recorded and where possible, complainants are given advanced notice. Improving these figures is another of our key objectives in the coming year.

4.5 SPSO Referrals & Investigations

We had predicted that the number of investigations by the Ombudsman would increase over the last year given the challenges we faced in responding in time to Stage 2 complaints however, whilst we witnessed a slight increase in referrals, the predicted increase in investigations has not yet been evident.

Despite the pressures over the last year, maintaining the quality of our responses has been a priority and this is likely to have contributed to this better than expected performance against SPSO activity.

Figure 6a – SPSO referrals

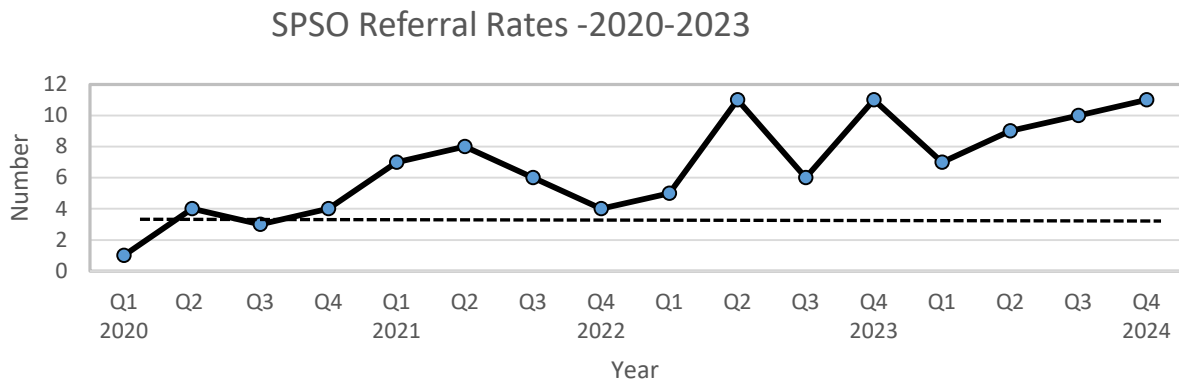
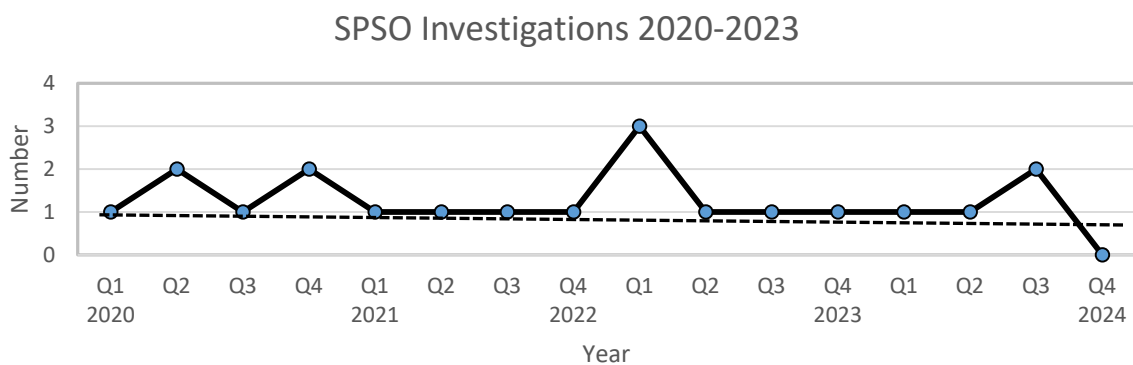


Figure 6b – SPSO investigations



4. 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 & 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.

Healthcare Governance Committee

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

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

Directorate Level – Partnerships/Directorates

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

A themed report that links feedback and complaint information and data with adverse events in acute services is now provided to the governance steering group and the clinical governance site teams. The aim of this reporting structure is to ensure early identification of learning and improvement needs.

Operational Level – Department/Ward Level

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

Assurance

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

This aspect of complaint handling is currently being reviewed to ensure any improvement needs identified from complaints are included in wider pieces of quality improvement work.

SPSO recommendations are coordinated by the governance and assurance team and reported via the Healthcare Governance Committee on completion.