

## **Participation Standard 2014-15 Summary Report for NHS Greater Glasgow and Clyde**

### **Introduction**

The Scottish Government wants people to:

- get involved in health service planning and development
- contribute to NHS decision-making on services and how they are provided
- receive information about health services and their own treatment and care

The Participation Standard measures how well NHS Boards are doing all this and will help NHS Greater Glasgow and Clyde improve services for everyone. Involving the public in healthcare decisions will help ensure that health services better meet individual needs and preferences.

### **Focus for 2014-15 assessment**

It was agreed that progress on complaints and feedback would be assessed and reported by the Scottish Health Council through the Participation Standard process in 2014-2015.

There should be a particular emphasis on how people have been involved in the work of the NHS Board, e.g. in looking at the themes from complaints and feedback and making improvements through:

- analysis of complaints and feedback reports and information gathered from the patient feedback process;
- how the involvement of patients and the public has informed the improvement work around feedback and complaints;
- reporting on governance arrangements relating to feedback and complaints, including accountability, clear schemes of delegation and incorporation of complaints and feedback data for improvement

### **How performance was measured**

NHS Boards' annual reports on complaints and feedback formed the basis for the Participation Standard self assessment for 2014–2015.

As in previous self-assessments, NHS Boards were asked to assess their performance against the Standard and involve patient/public representatives in endorsing their self-assessments and include a brief narrative on how people were involved.

The assessments, alongside the annual reports, were then reviewed by the Scottish Health Council and quality assured with patient/public representatives who had been involved in identifying improvements as a result of complaints/feedback received, or in endorsing the NHS Boards' self assessments.

## **Section 1 and 3 Performance Summary for NHS Greater Glasgow and Clyde for 2014/15**

NHS Boards must carry out their responsibilities to involve the public in developing and improving services. Patient focus, public involvement and governance arrangements are measured using four levels:

Level 1 – Development

Level 2 – Implementation

Level 3 – Evaluation

Level 4 – Improvement

The Scottish Health Council has assessed NHS Greater Glasgow and Clyde as having met Level 1 (developing) for both section 1 (patient focus) and section 3 (governance arrangements).

As the focus is different from previous Participation Standard self-assessments, this year's findings will provide a baseline offering the opportunity to demonstrate future improvement.

### **Section 1- Patient Focus**

NHS Boards were asked to describe, and provide supporting evidence (if required) on the:

- *methods and approaches used to encourage and gather all types of feedback, including compliments and complaints, with particular focus on how well these work with equalities groups*

NHS Greater Glasgow and Clyde has developed and implemented a wide variety of methods that people can use to give feedback, such as patient focus groups, questionnaires, postal surveys, online patient feedback and face to face interviews as well as Patient Opinion and social media and website.

The two new systems of Universal Feedback and Carers' Audits are welcomed.

The comprehensive nature of the equality examples by protected characteristics is an area of good practice in reporting.

- *systems to enable early resolution of complaints, i.e. within 3 days*

The Board has clearly defined its definition of Front Line Resolution where staff are encouraged to resolve comments, suggestions, and straightforward complaints, where they will require little or no investigation. For formal complaints, where the matter of concern has not been resolved by front line staff, there will be a response in accordance to timescales. The complainant is encouraged to keep in contact if still unhappy. This is called Local Resolution.

98.1% of complaints were acknowledged within three working days, and 83.5% were responded to within 20 working days.

We would suggest a Board wide Complainant Satisfaction survey be carried out to test out how Front Line Resolution and Local Resolution processes are working from the public perspective.

- *publicity for their approaches and what people may expect when they respond or give feedback*

The systems that are developing such as universal feedback, the Carers' Audits, the online patient feedback and Patient Opinion will be summarised in the Patient Experience Service Improvement Report. A Complainant Satisfaction survey could be a means of testing how the public have had their expectations met in this regard.

- *training and development for staff to enable them to respond appropriately to feedback and concerns, including early resolution*

The training information for staff provided on the 5 e-modules and the Complaint Investigation Skills module developed in March 2015 was described. Resources were developed to support the inclusion of the implications of the Patient Rights Act within existing learning and education provision. NHS Greater Glasgow and Clyde also developed guidance to help embed Person Centred Care within the staff appraisal processes.

- *processes which enable demonstration of improvement to services as a result of complaints and feedback*

The whole systems approach that NHS Greater Glasgow and Clyde has developed as detailed in the self assessment and annual report is acknowledged. The work in universal feedback and Carers' Audits in particular is an area which has been identified as a means of providing reporting and focuses on demonstrable improvement. The implementation and evaluation of the Patient Experience Improvement Report is one way of being able to test processes, as well as the work on Person Centred Care. We would suggest that as the Board implements systems, they test out effectiveness of measures with the public and staff as much as possible.

## Section 3- Governance

NHS Boards were asked to describe and provide supporting evidence (if required) on:

- *their accountability and governance mechanisms to learn and take action from complaints and feedback across the NHS Board systems, including independent contractors, aligning this, where possible with other sources, e.g. adverse events.*

We note that NHS Greater Glasgow and Clyde has introduced a process whereby the Chief Executive writes to the relevant Director seeking assurances that issues 'upheld' by the Ombudsman have been properly investigated and lessons learned for the future.

A quarterly report is submitted to the Quality and Performance Committee which highlights all actions taken as a result of any recommendation contained within the Scottish Public Services Ombudsman Investigation letters.

We note the concern from Board members at the level of issues which the Scottish Public Services Ombudsman has upheld and that an improvement is being sought in the Local Resolution stage of complaints to see a reduction in this area.

- *how they reported trends, themes and any areas for improvement through their governance structures, to provide assurance to NHS Board non-executive members that improvements can be systematically and reliably demonstrated.*

The Board Nurse Director writes a quarterly complaints report which is presented at the public meeting of the Board. This provides a commentary and statistics on complaints handling. The report covers numbers and trends within directorates and partnerships and provides information on the Investigation Reports from the Scottish Public Services Ombudsman. The report also covers family health services.

### Quality assurance with patient/public representatives

As part of this year's quality assurance process the Scottish Health Council sought feedback from representatives of NHS Boards' standing engagement structures, voluntary organisations, patients, carers and members of the public who had been involved in either:

- Identifying improvements as a result of complaints/feedback received, or
- endorsing the self assessment

Members of the Public Partnership Forums and the Patient Panel met with NHS Greater Glasgow and Clyde to agree and endorse the report and self-assessed levels. NHS Greater Glasgow and Clyde informed us that consent forms were sent out and we

received two completed consent forms and one completed survey. One person fed back on the self-assessment and identifying service improvements.

- Self-assessment
  - The respondent felt that the self-assessment completely reflected their experience of working with the Board, stating that they felt that NHS Greater Glasgow and Clyde is committed to public involvement and including public views.
  - The respondent did not feel that any part of the work could have been reported differently.
  - They felt their involvement made a lot of difference, and that a more positive message from the Board could be stated as there are many examples of great work that are going on.
- Identifying service improvements
  - They felt the Board's annual report and self-assessment reflected their experience to some extent of working with the Board.
  - They gave details of how they were involved in identifying improvements to the Board's services and mentioned the provision of information boards which had been influenced by their group and that it was great seeing them in place.
  - They stated that the Board could do more in communicating to the general public about what the Board is doing with the feedback it receives.
  - Generally, focus on and report more of the positive feedback as it is good for staff morale.

It should be noted that as the number of people interviewed was relatively small, the views expressed are not necessarily representative of all those involved in the Board's self assessment process and engagement structures.

### **Recommendations:**

- The online patient feedback to be reviewed as part of looking at how the Board receives feedback on their website. The testing of this could be completed with existing public and patient groups.
- The Patient Experience Service Improvement Report has been developed and should be implemented and reviewed with staff and the public.
- The reporting of Independent Contractors remains an area of good practice. We note the continued progress in establishing systems to manage feedback, comments and concerns. The use of case studies gives an opportunity to report on the story behind the statistics.

- The reporting of the work that had been undertaken by the Person Centred Care Collaborative has shown the Board wide commitment to engaging with staff and the public in the areas of focus of the work. The specific section in the report on this work is an area of good practice, as well as highlighting some of the work that has been done, for example, the analysis of the ‘themed conversations’ which identified areas of focus on the meal time experience and environment and facilities.
- The reporting of Prison Healthcare Complaints in a separate section is an area of good practice. The Board has identified the main issues that have arisen from the complaints (medication prescribing and dental treatment). We would suggest more consideration be given to how the Board engages with the prison population and consider how this is to be achieved in line with national guidelines.
- The reporting of the Independent evaluation of the Patient Advice and Support Service referenced in the annual report is welcomed.
- A focus on how the Board can improve the Local Resolution Process involving staff and the public is a possible area of improvement activity for the Board.