

# **2015/16 Annual Report on Feedback, Comments, Complaints and Concerns**

Dr Margaret McGuire  
Nurse Director

## **CONTENTS**

### Background

- Section 1 Encouraging and Gathering Feedback
- Section 2 Listening to People – Using Feedback to Improve Services
- Section 3 Encouraging and Handling Complaints
- Section 4 Feedback Received by Independent Contractors – General Practitioners, Pharmacists, Dental Practices and Optometrists
- Section 5 Accountability and Governance
- Section 6 Conclusion - Have Your Say

## Background

NHS Greater Glasgow and Clyde (NHSGGC) has 38,000 members of staff and serves a population of 1.1 million as well as providing regional and national services. It aims to deliver high quality healthcare and to use the views and experiences of the people who required to access our services as part of the process of continuing improvement. Our ambition is that the care we deliver is person centred and provides services that put people at the heart of service provision.

2015-2016 also saw major changes to the way hospital services are delivered in Glasgow. Inpatient and emergency services moved from the old Western Infirmary, the Victoria Infirmary and the Southern General Hospital to the new Queen Elizabeth University Hospital. The Royal Hospital for Sick Children at Yorkhill moved to the new Royal Hospital for Children. Along with these changes to services, over 10,000 staff moved to the new facilities. Throughout, they maintained their commitment to delivering excellent healthcare and meeting the needs of their patients, carers and families. Listening to patients and getting feedback from those using the new hospitals has been extremely important in helping these huge changes bed in.

Across NHSGGC, all of our staff have shown their commitment in putting patients at the heart of what we do. By listening to our patients and their families, we can learn how to deliver even better services and provide care which help meet the need of our patients as individuals. We are totally focussed on delivering person centred care but we can only do so by listening to the individual and learning what matters to them in their care and throughout their health care experience. NHSGGC works with our staff in many ways to help improve this two way communication, and to help change how we behave and communicate as a result. This report will set out many examples of this listening and learning.

The Patient Rights (Scotland) Act 2011 (the Act) came into force from 1 April 2012 with the aim of improving patients' experiences of using health services and to support people to become more involved in their health and healthcare. The Act requires Health Boards to seek feedback, comments, concerns and/or complaints from every patient on an ongoing basis, collect it in a robust monitoring system, identify themes from it and use it to make improvements to services and the patient experience. The Act also required additional monitoring and reporting requirements including more detailed reporting about complaints, feedback and improvements

made by primary care contractors (GPs, dentists, community pharmacists and opticians). Furthermore the Act requires each NHS Board to produce an Annual Report for the public that summarises the complaints and feedback it has received in the previous year and how it is used then to make improvements to services and the care it delivers.

This Annual Report was shared with the Board of NHSGGC and submitted to the Scottish Government. The Scottish Health Council and members of the public, patients and carers have worked with NHSGGC to review the report and to make suggestions on how it can be improved in subsequent years.

As part of the Public Bodies (Joint Working) (Scotland) Act 2014, NHSGGC underwent a major structural change in the last year, with community led and mental health services devolving from the Health Board, and merging with social care services so that care is delivered jointly. These services are therefore now delivered by Health and Social Care Partnerships (HSCPs), which are separate legal bodies to NHSGGC.

This year's report (2015-2016) has tried to take on board the suggestions made last year by our public partners and we wish to thank them for their time and consideration. We hope that you find this report interesting and informative.

## SECTION 1 ENCOURAGING & GATHERING FEEDBACK

### **Overview of Feedback 1 April 2015 to 31 March 2016**

Listening to our patients and hearing about their experiences of care is extremely important to NHSGGC. We are committed to making sure that all of our patients and their loved ones are given the opportunity to tell us what was good about their time in our care, as well as what we could do better. For many years, we have used lots of different ways to gather feedback from patients, carers and other users of our services, but the introduction of the Patient Rights Act encouraged us look at how we could do this in a more robust way across every part of our Health Board.

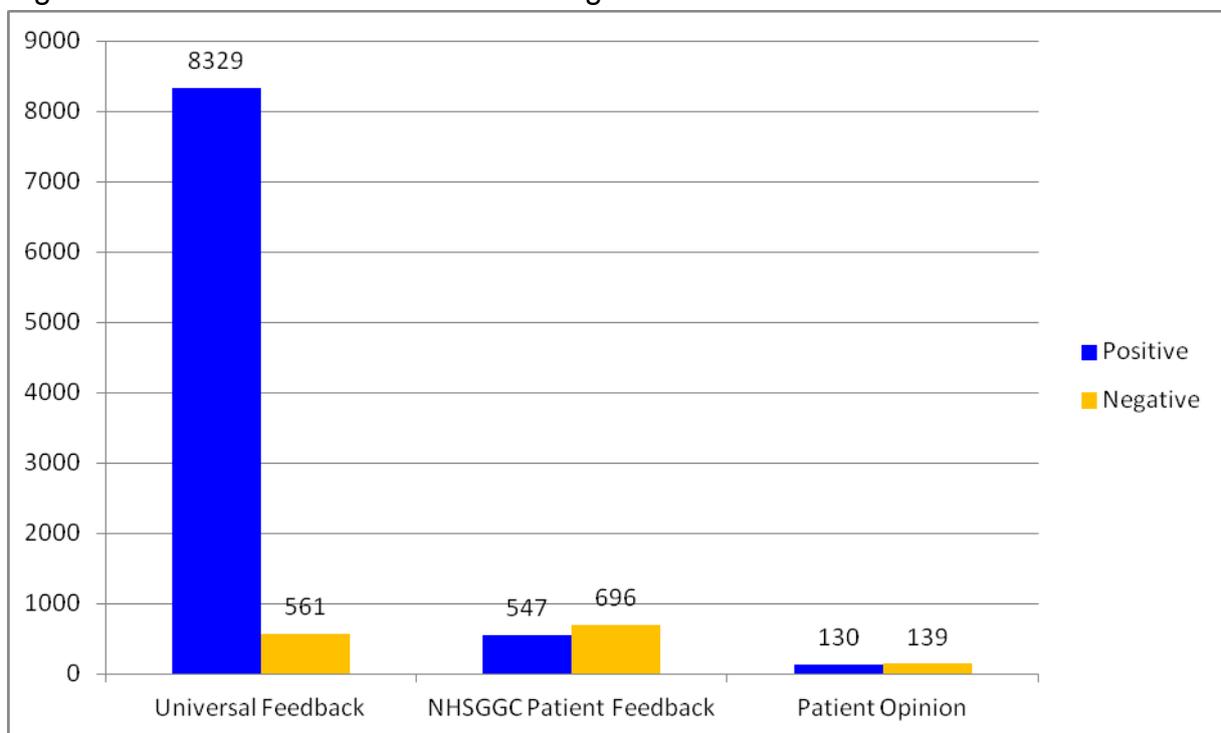
We have three main methods of feedback, supported by the Patient Experience Team – Universal Feedback; NHSGGC Patient Feedback; and Patient Opinion. These three methods are complemented by feedback gathered by individual teams in wards and clinics. This means that wherever people come into contact with NHSGGC services they will have an opportunity to tell us about their experience, and a variety of ways in which to do so.

The three systems generate broadly different types of feedback. Universal Feedback provides feedback on the person's experience of being a patient staying on a ward, NHSGGC online Feedback, tends to generate real time feedback about a wide range of issues with many environment or situation related issues raised (e.g. parking, waiting at a clinic, cleanliness or smoking outside the entrances). People who post on Patient Opinion often describe their journey through our care, a particular aspect of their care, or a more detailed personal account of the care they have received.

The two online methods of feedback give us rich commentary on individual patient and carer experience. Using these methods, patients, carers or members of the public can describe any aspect of their care in as much detail as they choose. Universal Feedback, which each inpatient ward carries out, gives us both a numerical score and a short written insight into the patients' experience (this is explained in more depth in the Universal Feedback section below).

When we look at all of the written comments we received, in 2015/16 NHSGGC received a total of 10,402 comments from these three methods of feedback. The figure below shows how many comments were received from each source of feedback, and the number of those comments that were either positive (praising, commending or thanking) or negative (complaining, criticising or relaying a negative experience).

Figure 1: Number of Positive and Negative Comments



Overall, 87% of the total feedback comments received were positive. These overwhelmingly relate to our members of staff, who are regarded very highly for their professional, caring and friendly approach to patient care. This is particularly evident in Universal Feedback, which inpatients at the point of discharge often use to thank or praise a member of the ward team who has made their care or stay special.

Although smaller in number than Universal Feedback, our online methods of feedback (Patient Opinion and NHSGGC Patient Feedback) provide very complex, but rich sources of patient and carer experience. They allow people to share almost immediately their reaction to a situation or experience they have had and this can mean that we see a bigger proportion of negative comments through these sources.

More information about these three methods of feedback and the things we have learned from them is provided below.

## Universal Feedback

Universal Feedback was introduced as a way for NHSGGC to get a measure of patient satisfaction from across the Board, at the point of discharge from each inpatient ward. Not only does this method give every inpatient the opportunity to tell us about the overall experience they have had, but it allows the patient to do so in a quick and easy way that is effective, but not too complicated or time consuming to complete.

Every inpatient is given a card on the day of their discharge that asks two simple questions:

1. How likely are you to recommend our ward to friends and family if they needed similar care or treatment?
2. Please can you tell us the main reason for the score you have given?

Patients can choose between 5 options – Extremely Likely; Likely; Neither Likely or Unlikely; Unlikely; and Extremely Unlikely – and then a comment box enables them to write their response to the second question. Question 1 gives us a numerical value, which is the percentage of people who gave a rating of ‘likely’ or ‘extremely likely’. Question 2 provides a commentary giving us more insight into what their experience was like on the ward. The vast majority (86%) of patients like to leave a comment, however some prefer to simply answer the first question, which is reflected in the higher number of overall responses below, than the number of comments shown on the previous page.

The figure below shows the average response rate in 2015/2016, as well as the overall Percentage Positive Score, and how this is broken down by Extremely Likely and Likely.

Figure 2: Universal Feedback Overview

<b>% Response Rate</b>	<b>% Extremely Likely to Recommend</b>	<b>% Likely to Recommend</b>	<b>Overall % Positive Score</b>	<b>Number of Responses</b>
21%	84%	13%	97%	10,382

As demonstrated in Figure 1, 94% of the comments received during this period were positive. The vast majority of these comments were praise for staff, and just a few examples are provided below:

“Staff pleasant and caring. Nothing was too much trouble.”

“Extremely high level of care...with usually the same staff on for two days this helps with building relationship for staff and patient. Good use of my name, which being on the other end of the care, makes a big difference.”

“When had previous operations I had to take my wig off at my bed space, in here it remained on me till I had my General Anaesthetic and

was back on by the time I was taken to recovery (I have total hair loss)”

“All staff were friendly and respected my gender (trans male), made me feel welcome and helped me get through my operation and recovery, without getting nervous or feeling embarrassed. Very positive experience!”

“Very helpful and caring staff nothing is too big a problem for them to do. They also get to know you whilst you are here.”

“I thought that everyone was really nice and they were there whenever I needed something and they were also caring too and they always had a smile on their faces every day. That they had also made me smile as well.”

This type of high level measure of patient experience is important in giving us an indication of how we are doing in the eyes of our patients, and because it is a standard approach, across the Board, it means we can compare across wards, hospitals and different parts of NHSGGC. Results are produced on a month by month basis, with a fast turnaround so that the feedback is as near to real-time as possible.

Having a standard method of feedback in every inpatient ward also means that we are guaranteeing that every inpatient is given the opportunity to tell us about their experience, and also creates the expectation that feedback is welcomed and encouraged. When used alongside other, more in depth forms of feedback, this can be a very powerful tool for us in knowing how we are doing for our patients.

As this is a ward based measure, our Senior Charge Nurses are extremely important in making Universal Feedback work in a meaningful way. They provide the leadership to ensure that on their ward the process of getting cards to each patient is being carried out consistently. They are also encouraged to own the feedback they get by displaying their results every month on the ward and most importantly to share these with staff. Universal Feedback is a useful tool for Senior Charge Nurses as every month they get to see how their ward is performing, with the ability to make real changes and see the improvements reflected in their feedback quite quickly. Not only does it provide an opportunity for staff to reflect on what can be improved on their ward, it also provides a regular recognition and celebration of the things that they do well. This in particular has been an extremely positive aspect of Universal Feedback for those taking part.

With Universal Feedback now available across Acute inpatient sites in NHSGGC, the next steps are to make sure we are continually driving up the response rates and making sure that every ward has a consistent approach to using the cards.

We will also develop this system by using this already established process to focus our questions on specific issues. This will allow us to get high numbers of real-time feedback to test out areas that have been raised through other areas of feedback, such as staff attitude and behaviour; catering or perceptions of cleanliness, communication with families and carers; or involvement of patients in their care.

## **NHSGGC Patient Feedback**

NHSGGC Patient Feedback is a way for patients, carers and other users of our services to give feedback through our website. This is a secure and anonymous way for people to let us know about their experience directly. It is a one-way system, meaning that we are not able to respond to individual comments, however every comment received through this system is viewed and reported on a monthly basis to our Senior Management Teams and actions taken as a result are recorded every Quarter and examined by our Patient and Carer Experience Group.

As with Universal Feedback, almost all of the positive comments received through this system relate to our staff:

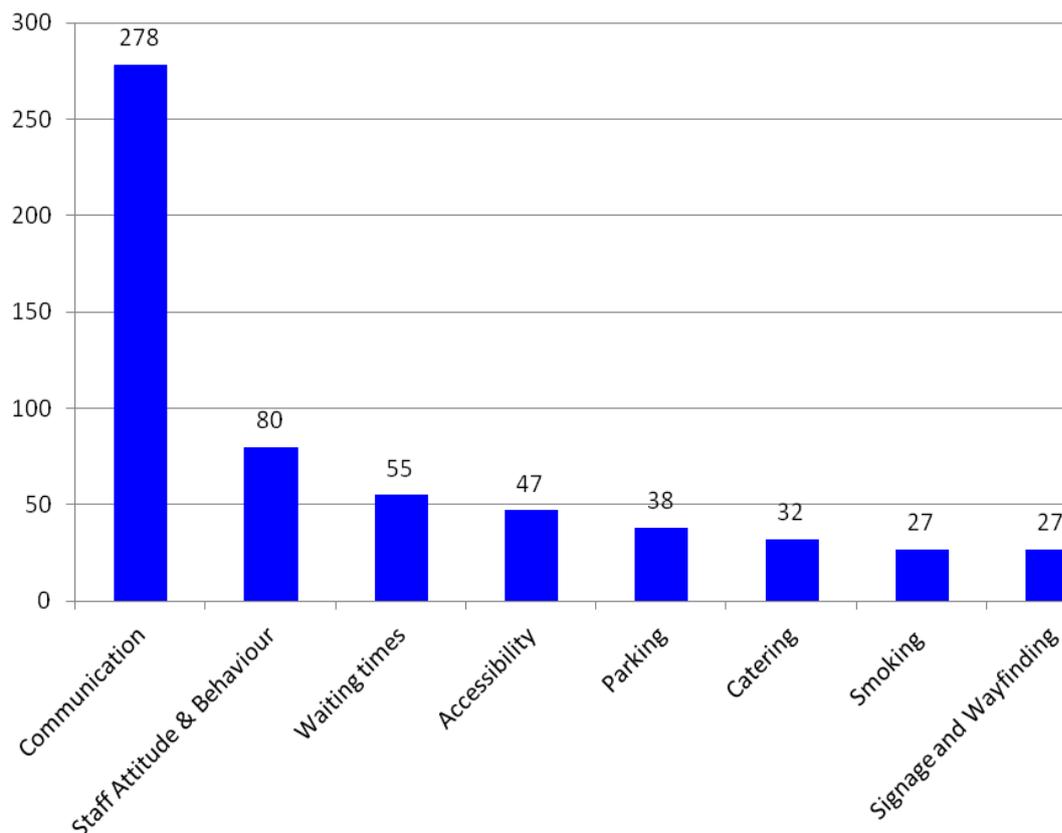
*“I cannot praise the staff at Ward 63 enough for the care and compassion they have given to my elderly father. He was treated like a human being and not just another patient. They explained everything to him in simple terms which he could understand. The nursing staff were friendly and all though very busy with other patients they always made dad feel he was not a nuisance etc. Well done Ward 63 keep up the good work.”*

*“I would like to say thank you for the excellent treatment I received today at the Minor Injuries Clinic at the New Victoria. From the volunteer helper at the front door, the reception staff and the nurses it was first class! Thanks again to everyone.”*

*“I would like to say a huge thank you to the RAH maternity unit staff. I am currently 30 weeks pregnant and have received nothing but the best care so far through my pregnancy. They have responded to my individual needs with diligence, thoroughness and compassion. Leaving me and my partner very reassured our baby will be brought into the world in an excellent hospital full of kind attentive staff.”*

This feedback has also drawn out areas where our patients and carers feel we could improve as indicated in the figure below:

Figure 3: NHSGGC Patient Feedback Main Themes



The area which makes up the biggest proportion of negative feedback from our patients and carers is in Communication. This can be broadly broken down as communication with patients and/or their carers about their treatment or care plans; or difficulty with our appointments system (whether that is difficulty getting in touch with us to confirm, change or cancel appointments, or issues with people receiving letters about their appointments).

### **Patient Opinion**

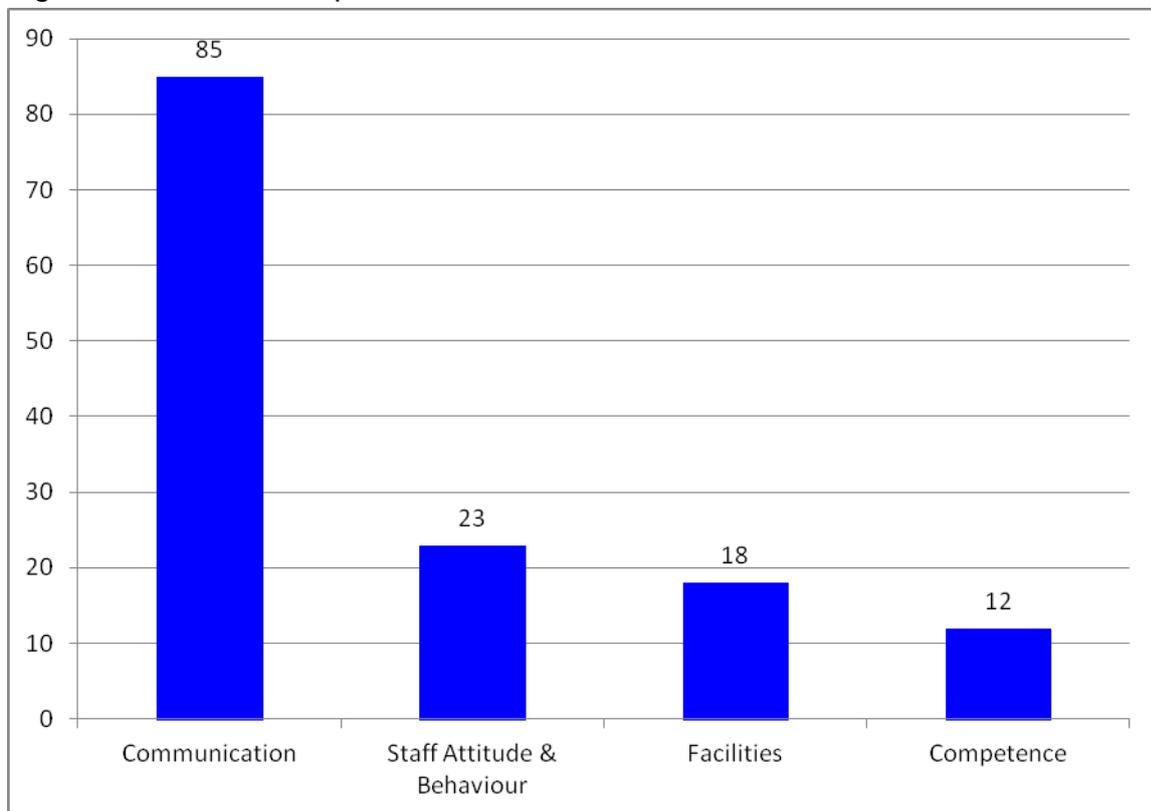
Patient Opinion is an online, public resource that can be accessed by patients, carers and staff 365 days a year. Anyone who uses any of our services can post about their experience on Patient Opinion and these posts can be seen by anybody. NHSGGC's responses to these posts are also visible to everyone on the site, which encourages an open and transparent dialogue between our service users and the Health Board.

Although we have been using Patient Opinion for a while, NHSGGC is developing ways to make better use of this resource. While we are committed to making sure stories are responded to as quickly as possible, we are also asking services to add their own follow-up responses, either saying what they have or will do with the feedback, or in the case of positive feedback, simply thanking the author for sharing their experience. This is important as it means people using Patient Opinion can be confident that their feedback is going to the right people, as well as demonstrating

the value of Patient Opinion in driving improvements within the Health Board. Currently around 20% of stories shared about NHSGGC have a follow up response, and over the next year we will continue to increase this through monitoring via the Board's Patient and Carer Experience Group, and by giving more support to management teams across the Board to respond to their own feedback.

Patient Opinion provides extremely detailed, sometimes complex accounts of people's personal experiences, which can be difficult to summarise without taking away some of the power of the stories themselves. We encourage all of our staff and the public to visit the site so they can see for themselves the richness of the information received via Patient Opinion ([www.patientopinion.org.uk](http://www.patientopinion.org.uk)). We also present all stories which are rated as highly critical by Patient Opinion to our Directors and Senior Managers for action??.

Figure 4: Patient Opinion Feedback Main Themes



Similar to NHSGGC Patient Feedback, Communication is the key area for improvement highlighted by users of Patient Opinion. Below are two specific examples that were shared on Patient Opinion of when such communication is done well, as examples of good practice in this regard.

## One example of a positive experience from a patient:

 Posted by [DinosaurousRex](#) (as the patient), 2 months ago

I was referred for a procedure back in December for an ongoing problem where I had periods of debilitating pain.

After receiving my pre-assessment in January I heard nothing regarding a date for my operation. At the end of my 12 weeks (that I was informed I would have my operation during) I phoned the general surgery department and spoke to Ms Hughes. Ms Hughes was kind and compassionate when discussing my situation and contacted my consultant to see when I might have my operation.

When I phoned back a week later for an update she remembered me and told me she had contacted my consultant and would contact me when she had a reply. Two days later she phoned me to say that my consultant couldn't do the procedure but if it was ok with me she would move me to another list and told me she would contact this consultant and make sure I was seen quickly. Well she wasn't lying, 2 hours later she phoned back to say I could have my operation the next morning under Mr Glen.

I attended the same day admission unit the following morning and despite having a long wait (I was the last on the list but then someone has to be) I received fantastic care. Every single member of staff I came into contact with from the nurses, drs, HCAs, clarks and domestics was wonderful and did their best to make sure I was comfortable and at ease before my procedure.

The Queen Elizabeth (and the NHS in general) has had a lot of negative press recently but if my experience is anything to go by everything works as it should and the staff are a credit to their profession. I can't thank everyone enough for making my experience a good one and making me feel so at ease before my operation and taking such good care of me from start to finish.

## One example of an improved experience from a carer:

 Posted by [Geetf](#) (as a relative), 3 months ago

My mum is 91 years old and suffers from Lewy Body Dementia she had been in Acute Receiving of the QEUH the previous week and discharged with a UTI but had continued to decline resulting in the GP arranging a re-admission. I have looked after mum since her condition was diagnosed 5 years ago and know the patterns of her condition, what is normal for her and what her hallucinations tend to focus on. I know her medication inside out and every hospital admission she has had and what treatments/diagnosis have been undertaken. Strangely though my experience has been that this information is rarely fully taken into account when treating a patient.

Like a breath of fresh air on her 2nd admission she found her way to Ward 4B of the QEUH - and into the day to day care of Dr Mullin. At last someone listened, he took on board everything I had to say, would discuss things in detail with me and always had time to go over how mum was and her test results and, as I have power of attorney, the treatment options for mum. He could see my frustration at what had gone before and bent over backwards to make sure I felt included in all decision making for mum. He understood my concern at leaving a very vulnerable, bedridden lady in someone else's care and was at pains to assure me that staff were well briefed on each patients needs.

My mum is usually very fractious when in hospital, her main concern being no-one listens to her and that she is ignored - this would often cause her to become even more delusional. Dr Mullin had such a great way of talking to her, making her at ease, helping her feel safe and most importantly understood.

When we first got to the ward it was rather chaotic as it had just been set up, but within a few days the ward became much more structured, interaction with all staff was really positive and I felt very happy leaving mum in their care. Thanks also to Dr Reeves, her consultant, who I have the utmost respect for and who also took great care and patience with both my mother and I during a very difficult period. The flexible access and encouragement I was given to be there for my mother at all important times was so very much appreciated.

It was a true partnership of care - family and medical staff - with a single aim to do their very best for the patient.

The other themes highlighted by NHSGGC Patient Feedback are also mirrored in Patient Opinion (staff attitude and behaviour and Facilities-based issues such as parking and smoking). Examples of work that has already been undertaken to improve on these areas are detailed in the next section.

## SECTION 2 LISTENING TO PEOPLE – USING FEEDBACK TO IMPROVE SERVICES

### **The Patient Experience Service Improvement Report**

The Patient Rights Act requires of NHS Boards that they develop a robust monitoring and governance system to ensure that feedback is sought, gained, reflected upon and where appropriate used to identify areas for improvement, as well as provide assurance or support praise and positive feedback.

We have developed a simple system whereby we pull together each month the feedback from our main feedback systems: Universal Feedback, NHSGGC Feedback and Patient Opinion. Where there is criticism, negative feedback or suggestions for improvements, these pieces of feedback are highlighted. Each Directorate gets their own monthly report which is sent to the General Managers and Directors. This report is called the Patient Experience Service Improvement Report. Every three months the Directorates update their reports with information on what actions they have taken to address issues.

Information on patient and carer experience from these reports is presented to the Acute Services Committee – this committee is attended by Service Directors and Senior Management as well as Board Members.

### **You Said, We Did**

In this section we describe how we take on board some of the negative feedback we have received and how we listen to patients, carers and the public to make improvements to the experience you have when visiting our hospitals. We describe below the 4 themes which have attracted the most public interest, feedback which is negative or where patients have suggested improvements. These are communication, catering, car parking and smoking.

#### **Communication**

From all sources of the feedback we get, we know that communication and how our staff engage with people is very important. As a theme, poor communication generates the most critical feedback but good communication also gives rise to the most praise and thanks. It is therefore something that we try hard to make a focus of the care we give.

From the moment a new member of nursing staff starts work with NHSGGC, we reinforce the importance of communicating well – in a friendly, informed and respectful way, with our patients, carers, visitors and the public. The very first session we provide as part of our staff induction is called “Delivering a Person Centred Service.”

**In 2015 – 2016, 978 staff received this training.** We can see how important this is to our patients through some of the feedback they have given us:

*“I've now had two appointments with Paul in the audiology department. I am overwhelmingly impressed with Paul and all the staff I interacted with during both the visits. The receptionists were pleasant, which I have to be honest, I rarely find nice receptionists within the NHS! Neither of the appointments were rushed, I felt that Paul really understood and cared about what I had to say - I wasn't fobbed off, as I have been in the past with other illnesses/treatment. I was given the opportunity to book a day and timeslot that suited me for my next appointment, which was so helpful for someone who works full time. I'm in a much better position to manage my condition, and feel more positive than I have done in months. The audiology team deserves a huge well done, I can't praise them enough!”*

*“I have unfortunately found the majority of nursing staff very unapproachable whilst a relative has been an inpatient. As a relative, this is an anxious time for family and feels it is an imperative part of a nurse's responsibility to reassure and communicate with relatives. When attempting to approach nursing staff you are made to feel like an inconvenience and most of them have zero communication skills other than a stand-off attitude.”*

*“I attended recently for tests. I found the information supplied with my appointment details to be comprehensive and easily understood. All the staff I encountered were very helpful and polite. The technicians were very friendly and explained everything before they proceeded with the actual tests. Thank you to everyone in the neurological outpatients department who definitely went above and beyond.”*

For existing staff, we provide a range of training and learning opportunities to help people listen to patients, seek feedback, apologise when things go wrong and engage with our patients and carers as individuals.

**In 2015-2016, 2,280 staff undertook training in the following areas:**

- The Value of Feedback
- Encouraging Feedback and Using It
- NHS Complaints and Feedback Handling Process
- The Value of Apology
- Difficult Behaviour

Improving how we speak to and listen to people and engage with them is not all about training. Sometimes if a ward or a clinic is very busy, it can be difficult to remember the importance that patients put on a kind word, a smile or that personal touch. This is one of the ways we use the feedback we get from Universal Feedback. Every month, each Senior Charge Nurse gets the comments made by the patients about the care they received whilst being on that ward. Most of the comments relate to how the staff engage with them, with the overwhelming number of comments being praise. But whether the feedback is positive or negative, we

encourage the Senior Charge Nurse to share the patients' comments at the team "huddle". Our staff really appreciate hearing this feedback; it reinforces the value our patients put on good communication and it allows staff to consider the impact that poor communication can have on the overall patient experience. The examples below show the impact that simply kindness can make:

*"I would like to say that Nurse June is a total credit to not just her department but to the hospital as a whole. Besides being totally professional, she is always so cheery and makes everyone attending her department so at ease. I actually look forward to attending treatment there as she is a real tonic. If only every nurse had her attitude and manner - I know the majority do, but she just seems to have such a natural kind, caring and genuine manner."*

*"Due to an acute pain in my ankle I took it upon myself to attend the minor injuries/out of ours services. As I entered the building and walked towards the reception desk where two members of staff were, as I thought, waiting to greet me in a professional manner I was totally appalled by the manner in which they spoke to me. I quote, GP or minor injuries. I explained my concern to them about my ankle and because I hadn't fell over and injured my ankle the 1st staff member said GP then and the 2nd member of staff put an A4 size paper through a open section of the desk and said sit over there and fill this in and then hand it back to us which I did and I'm still waiting for a please or thank you. I know working with the public is a hard job but a little customer care would be appreciated."*

*"I had an out-patient procedure done yesterday and just wanted to send an email to convey my thanks to the staff. I was insanely nervous but the Doctor was very easy to talk to. The nurses I encountered were lovely and helped me calm down. I cannot thank them enough."*

*"My elderly relative was a patient for over a month. I can't say enough about the wonderful staff in this ward. Always smiling and cheery."*

#### **"What matters to me"**

Also on our wards, we have been rolling out an approach to care that we call "What matters to me". In an ever demanding clinical and technical environment, we are challenged to find ways to truly connect with patients. To help do this, we are using a tool called "What matters to me". This simply asks of the patient what matters to them.

Patients and carers are given the opportunity to take complete a "What Matters to me" poster which is displayed above the patient's bed. The concept originated in our children's wards where it was so successful and well received by patients and their families, as well as by our staff, that we have started to use it more widely. Currently it is also being used in the majority of our older people's wards. All beds within the Queen Elizabeth University Hospital have "What matters to me" incorporated into the bed head information boards. A patient/relative information leaflet is available for all patients on admission. We will be introducing information leaflets on "What matters to me" at pre assessment clinics. "What matters to me" posters have been designed

for the remaining acute adult sites. Staff awareness sessions to support staff use the tool to focus on the patient as an individual person with different needs, likes or dislikes, is underway.

### **Promoting Awareness of the Importance of Feedback**

For 2016-2017, we want to strengthen awareness of the importance of good, person centred communication with all outpatients, carers and the public. As described above, we have many different ways of supporting staff to do so and help create a culture within all of our care settings, where the feedback we get about communication and engagement gets better every year. To help us do so, we are working with patients and carers, to produce a new range of awareness materials to highlight the importance of listening to patients, seeking feedback and engaging with people as individuals. Using videos on line and leaflets and posters in our hospitals and clinics and health centres, we will encourage everybody to tell us what they think about the care they get, what we do well and where we could do better. Below are some of the things we have learned so far from listening to our patients about what matters to them:

*“Doctor was lovely and helpful. Answered all our questions and had a lovely manner.”*

*“I have had wonderful care. I appreciate everyone’s honesty. Their time has given me time to think about what has happened to me.”*

*“The staff listened which is so important. When I was upset and struggling emotionally they took the time to talk, listen and support me. I cannot thank them enough and think the whole team are great.”*

*“Pre op staffs were lovely and kind. Staff on ward were efficient, however it would have been nice to have felt like a person rather than a room number - and be referred to by my name. I would have felt better being able to discuss with ward staff about my operation and concerns re results - but this was not touched upon.”*

### **Catering**

When people are in hospital their nutritional care is very important. Good nutrition can help recovery from surgery, help prevent infections and contributes to overall wellbeing. Nutritional care does not only come in the form of tube feeds and intravenous feeding but also in the form of normal food and drinks. The provision of good tasty food plays a vital role in nutritional care.

Food provided by our catering teams in NHSGGC is an important part of patients’ nutritional care during their hospital stay. In NHSGGC, we serve 3.8 million meals a year to our patients, 3.4 million of which are cooked in Paisley and Greenock by our own NHS staff with ingredients that are sourced as locally as possible, a further 400,000 meals are provided to meet different dietary requirements – Halal, Kosher or textured diet food. By regularly listening to patients, staff and members of the public we continue to shape NHSGGC’s catering service and improve the mealtime experience for all of our patients.

### Working with Members of the Public to Improve the Food We Serve

As part of ongoing monitoring of our service we have created a Catering Public Partners Audit Group. Following training and several visits to our kitchens, the public partners carry out mealtime audits using an agreed audit tool. Within the last six months the public partners have carried out 14 independent audits across NHSGGC.

Although the feedback is generally good we have acted on suggestions from the public partners including developing branding information for our meal trolleys in order to promote the fact that the food is made in house by NHSGGC staff.

### Designing of New Menu

With an emphasis on service improvement, the catering teams have been taking on board feedback from patients and staff groups to introduce a new menu for all in patients.

This involved carrying out several recipe testing events in our hospitals where we invited staff, patients and visitors to taste current tried and tested recipes including menu favourites such as macaroni cheese and chicken curry as well as trying out new dishes, for example Quorn cottage pie, Quorn and spinach korma and beef in black bean sauce, and recipe improvements. We have been able to use the feedback gained at these events in the design of our new patient menu. We have used the recipes which people liked and dropped some of the dishes which people were less keen on.

The majority of items on the new menu which started on 11 April 2016 are made in house using local produce by our NHS catering staff.

In addition to this we have used feedback from patient focus groups where patients said they wanted to see lighter, more “snack type” meals on the menu such as jacket potatoes and sandwiches.

For people who have different dietary needs we offer a range of alternative menus including, gluten free, vegan, Halal and Kosher.

### Improving Meal Time Experience

In order to ensure that our meals reach patients in the best possible way we have been working with our staff to improve meal times experience. This includes a standard procedure for serving meals, mealtime observations and patient satisfaction questionnaires carried out every day. The results from these have been used to facilitate improvements such as ensuring that ward staff offer the full range of meals available, that condiments are offered and that patients get to choose their own meal and receive what they choose.

All of our wards are supplied with cereal, biscuits, bread, and a range of hot and cold drinks which are available at all times. We also offer extra snacks for people who are finding eating and drinking difficult while they are in hospital. In addition to this our catering managers personally visit patients and talk with them to seek their views and find out their needs, likes and dislikes to ensure that they get the food and drinks they would like in hospital.

We hope that the improvements we have made in the last year and the new menu on offer will better meet the needs and tastes of our patients. We would love to get your feedback, so please, if you can fill out one of our food questionnaires or go on line at [www.nhsggc.org.uk/get-in-touch-get-involved/patient-feedback/](http://www.nhsggc.org.uk/get-in-touch-get-involved/patient-feedback/) and let us know what you think.

### **Car Parking**

We have received a lot of critical feedback about car parking at the Queen Elizabeth University Hospital. We also have received acknowledgement from patients, visitors and the public that the site is still being developed and comments that people are looking forward to improved parking provision when the onsite building works are complete. All involved thank the public for their patience and below we set out how the parking arrangements will look like after the summer of 2016.

Since opening, the new hospitals have had a temporary capacity of 2,500 car parking spaces. We have had to phase the building of the car parking capacity to allow demolition of old buildings and clearing of their sites to make way for the construction of the new car parking facilities. When this work is completed later this year, there will be 3,887 car spaces on site. This number will provide sufficient spaces for our patients and visitors and the remaining spaces for staff will be used in accordance with our Car Parking Policy.

To make things easier for patients and visitors we propose to zone the car parking spaces to give better access to the hospitals and clinics throughout the site. This will involve reserving the multistory car park at Hardgate Road, beside the Royal Hospital for Children, for patient and visitors. Furthermore, two floors of spaces will be reserved for patients and visitors in the new enlarged multi story car parking beside the Queen Elizabeth University Hospital. Similarly, to support easy access to clinics, surface car parking nearest to the clinical buildings across the site will be reserved for patients and visitors.

To support this increased capacity and new distribution of spaces, signage will be refreshed and our patient, visitor and public information will advise people of the new arrangements. We will continue to monitor closely the use of the spaces and will work with our patient groups to continue to identify any problems that may arise.

### **Smoking**

Creating smokefree environments continues to remain a priority for NHSGGC and as a Board we are required to fully implement a smokefree policy with a requirement to have smokefree grounds as per the National Tobacco Strategy, Creating a Tobacco-Free Generation – A Tobacco Control Strategy for Scotland (2013).

We have received a lot of critical feedback and complaints from patients, carers and visitors about people smoking on our hospital sites, especially close to the main entrances. We understand the concerns and views expressed in this feedback.

Our Smokefree Policy and smokefree grounds message is widely communicated to staff, patients and visitors through an extensive communication campaign with the aim to reducing smoking on hospital grounds.

This has included utilising local communication methods on an ongoing basis such as internal and external websites, staffnews, staff induction emails, team briefs and pre admission information. A bus campaign launched in February 2016 saw the national campaign message displayed with a local theme for the ten “hospital connect” routes that terminate at the Queen Elizabeth University Hospital entrance. New resources have also been designed and developed e.g. calendars and table top resources and have been displayed in staff/patient areas and there is clear signage is currently displayed throughout all hospital sites internally and externally. Smokefree wardens were also in place from June – November 2015 enforcing our Smokefree Policy at the Queen Elizabeth University Hospital, during this period a number of smokers were spoken to and asked to refrain from smoking on our sites.

Our Smokefree Hospital Service is available to all patients who smoke. Staff on wards can offer patients free Nicotine Replacement Therapy to help alleviate withdrawals for the duration of their stay in hospital or if they wish to stop smoking offer a referral to the service.

Although overall there has been a reduction in smokers on site our experience to date illustrates that in general this is an extremely difficult and sensitive situation to manage, particularly with members of the public. Staff on a regular basis request that patients and visitors refrain from smoking in the grounds and our Facilities staff regularly carry out ad hoc patrols in various areas throughout the hospitals. This unfortunately has been met with limited success as, while a number of people co-operate when asked, regrettably, the majority of people do not, and in some cases have demonstrated threatening behaviour.

In order to create smokefree grounds there is a need for a significant cultural change which does take time to be embedded. We will continue to use all communication methods to promote our smokefree policy and grounds message to all staff, patients and visitors.

## **Treating People as Individuals - Person Centred Care**

We all want to be treated as individuals. This is even more important when we are unwell or vulnerable. Being able to participate in decisions that affect our care and have our rights respected are critical aspects of person centred care. In the next 2 sections we describe how we make our services sensitive to the needs of the many diverse communities we serve here in NHSGGC. We also describe how we use innovative evidence based support to work with our clinical teams to deliver person centred care.

## **Listening To and Involving Diverse Communities**

NHSGGC have a commitment to engage with and consult with specific groups of people with protected characteristics to reduce their experience of discrimination in our services. These are the groups of people covered by the Equality Act such as disabled people, lesbian, gay, bisexual, transgender people, men and women and so on. We have ongoing engagement such as our Health Reference Groups, our Human Library cohort, the British Sign Language (BSL) champions, our Asylum Seeker peer educators, our Roma peer educators, patients with Learning Disabilities and our Better Access To Health Group, a reference group made up of disabled patients who inform the adjustments required in our buildings to ensure that they are disabled-friendly and accessible. We also continue to speak to hundreds of our

patients, carers and the wider public at area wide events such as the Mela and Pride. Additionally we have a rolling programme of meetings with third sector organisations to identify potential barriers and meet with groups of people to gather case studies and patient views.

### **British Sign Language (BSL) Users**

During the course of this year the established BSL Champions planned and facilitated a discussion event for other Deaf BSL users. The event was attended by around 20 Deaf BSL people. A number of points for improvement in service delivery were identified from the event. As a result of the discussion during this session, NHSGGC has taken steps to make sure that Deaf BSL users will have an input to the Deafness and Mental Health Working Group. NHSGGC Mental Health Services have also funded a one year full time post to support BSL people's knowledge of how to access to mental health support.

### **Learning Disability Partnership Working**

NHSGGC engage with those with learning disability as part of an ongoing dialogue. Additionally separate engagement is carried out to unpack equality issues with those with learning disabilities to inform how we might provide services across the whole of NHSGGC that meet their needs better. Learning disability staff have a clear infrastructure to engage with those with a learning disability who use our services and a responsibility to take that learning and improve the services we provide as a result.

NHSGGC has contributed to the Public Social Partnership (PSP) approach to health improvement for people with a learning disability living in Glasgow City. Specific actions of this group are far reaching across NHSGGC and include: independent quality checking of mainstream health services by people with a learning disability; provision of education sessions for people with learning disability and 3rd sector care providers on Public Health screening programmes with the aim to increase uptake of these by people with a learning disability. We have also developed a Public Health checklist for Commissioned Care Providers to ensure access to health screening and appropriate preparation and information to support a positive experience for people with learning disabilities.

The legacy of the 'The life I want' PSP hopes to maintain the established network and hand the ownership of 'The life I want' to people with a learning disability. Engagement events are scheduled for people with learning disability to frame the future work. This could result in a network of people with a learning disability who can be consulted, provide expertise, training, and audit services for accessibility. NHSGGC has contributed significantly to this proposed development and it is hoped that any future network would be utilised by and working in partnership with NHSGGC.

### **Roma**

To understand the health needs and experience of Roma people in NHSGGC services, a survey was sent to all health staff in the South Sector and two language specific focus groups held with Roma people. The health of the Roma people was seen as poor, with many barriers to accessing services identified, such as language, cultural understanding and lack of knowledge of the NHS. As a consequence of this work, a Roma peer education group was established. The first group of peer

educators facilitated their first session in January 2016. By the end of 2016, 20 to 30 peer educators will be trained, delivering up to 150 sessions in total with local Roma community promoting NHS services including the entitlement and rights as a patient.

For more information on engagement with those with protected characteristics see [http://www.equalitiesinhealth.org/public\\_html/patient\\_involvement.html](http://www.equalitiesinhealth.org/public_html/patient_involvement.html)

## Person Centred Health and Care Programme

Within NHSGGC, the Person Centred Health and Care Programme Team gathers “real-time” feedback from people using services at the point of care in both the Acute Services Division (ASD) and the Health and Social Care Partnerships (HSCP’s). The feedback is used specifically to influence and drive improvements in person-centred care at a local level and to design improvement interventions and actions through a coaching, mentoring and support relationship with clinical teams. The main method of listening to the care experience of patients, relatives and carers is through a locally developed process which is described as a “themed conversation”. The enquiry concentrates predominantly on gathering and developing feedback on experience of the person-centred principles of care giving. Both quantitative and qualitative feedback is gathered over consecutive monthly cycles and is reported directly back to the clinical teams and their managers. The continuous cycle of gathering feedback helps the clinical teams to evaluate the impact and outcome of the improvement interventions and actions they have implemented on the care experience of people they come into contact with.

The following are a few examples of improvements which have been developed in specific clinical teams over the last year.

Figure 5: Ward 62, Oral and Maxillofacial Surgery, Institute of Neurosciences, Queen Elizabeth University Hospital

Improvement Aim	Improvement Intervention	Outcome / Learning
To improve communication, information sharing and privacy during the daily ward round.	<ul style="list-style-type: none"> <li>To use the treatment room as the main location for ward round consultation and optimise privacy.</li> <li>To start the conversation with ‘what matters’ to the patient in relation to their plan of care and progress achieved / next steps.</li> <li>For all multi-disciplinary team members to be present to enable consistency and continuity of information sharing.</li> </ul>	<ul style="list-style-type: none"> <li>The treatment room offers a level of privacy not previously achievable in shared rooms.</li> <li>Identifying ‘what matters’ enables an individualised approach to care and personal choices and preferences to be acknowledged.</li> <li>Repetition or contradiction of information is minimised.</li> <li>Discharge planning is more efficient.</li> </ul>

Figure 6: Musculo-skeletal Physiotherapy Service, Royal Alexandra Hospital, Paisley

Improvement Aim	Improvement Intervention	Outcome / Learning
To check understanding of verbal and written information provided at clinic appointments on proposed exercise plan.	To use the 'Teach-back' technique to check that patients understand the verbal and written instructions given to them.	<ul style="list-style-type: none"> <li>• Increase in patient confidence to undertake prescribed exercises and participation in their self management between clinic appointments.</li> <li>• Corrections and modifications can be made to the information before the patient leaves the clinic.</li> <li>• More efficient and effective use of physiotherapy treatment time.</li> </ul>

'Teach-back' is an evidence based health literacy intervention used to check that the health professional has clearly explained information to the patient and that the patient has understood what they have been told. Further information on the approach can be found on <http://www.healthliteracyplace.org.uk/tools-and-techniques/techniques/teach-back/>.

Figure 7: Ward 2, Care of the Elderly, Rehabilitation, New Victoria Hospital

Improvement Aim	Improvement Intervention	Outcome / Learning
How to find out 'what matters' to people with communication support needs.	To use the <b>Talking Mats</b> © approach to facilitate improved communication with older adult patients who have communication support needs to find out 'what matters to them' and how this information can be used to plan their care and support needs.	<ul style="list-style-type: none"> <li>• Has assisted staff to find out patients' views and personal preferences, which has not been disclosed or identified through other communication and assessment processes.</li> <li>• Has enabled the staff to involve patients in the planning of their care more effectively.</li> <li>• Has enabled nursing staff to provide a more person-centred and individualised approach to care provision in the ward.</li> </ul>

The Talking Mats© approach is a visual framework that uses unique picture symbols to help people with a communication difficulty to communicate more effectively and express their views about their health and well-being needs, their eating and drinking preferences, their personal care needs and so on. Further information on the approach can be found on <http://www.talkingmats.com/>.

## SECTION 3 ENCOURAGING & HANDLING COMPLAINTS

### **Background**

Patients have the right to give feedback, make comments, or raise concerns or complaints about the healthcare they receive, and NHSGGC welcomes this feedback in order to help improve services.

In terms of complaints, NHSGGC is accountable for complaints related to Acute Services (which is primarily acute hospital based care) and for the Board. HSCPs are responsible for their own complaints, but work closely with NHSGGC to ensure consistency of approach.

For reporting purposes, this paper continues to report on all complaints within the geographical boundaries of NHSGGC, which therefore includes the HSCPs within that area, as well as independent contractors (such as GPs and Dentists).

### **Who Can Complain**

Complaints come from any person who:

- has had (or is receiving) or wishes to access NHS care or treatment, or
- has visited or used NHS services or facilities, or
- is likely to be affected by a decision taken by an NHS organisation.

It may be the patient themselves who complains, or someone may complain on their behalf, for example, a relative or MSP. When the person complaining is not the patient, we will seek their consent to share confidential medical information.

### **Handling of Complaints**

There are different ways in which we will aim to resolve a complaint:

- Front Line Resolution: this tends to be comments, suggestions, concerns and straightforward complaints which can be resolved informally because they require little or no investigating and are handled by those individuals directly involved in delivering services to patients. For example, a member of staff may speak to the complainant at the time of the incident, talk through the issues and try to allay their concerns. Our staff are encouraged to engage with patients, visitors, and carers to help try and resolve any areas of concern as quickly as possible. Front line resolution often involves front line staff, such as doctors, nurses or support staff (such as Receptionists, Health Records staff or Domestic Services staff).
- Local Resolution: this is appropriate where the matter of concern has not been resolved by front-line staff, and/or is complex and requires a formal investigation. So that there is clarity, we ask that the issues of concern be put in writing and can assist individuals to do this. At this stage, the complaint is formal. We then begin an investigation and aim to respond to the complaint within 20 working days of receipt. The complainant will receive a full explanation and be told what action has been taken as a result of the complaint. If the investigation shows that something has gone wrong, we will apologise to the complainant. If the complainant is unhappy with the way their

complaint has been investigated and/or responded to, they are encouraged to let us know so that these supplementary concerns can be addressed further.

- **Ombudsman Review:** this is where the person making the complaint remains dissatisfied with the outcome of Local Resolution, or has not received an outcome within the prescribed timeframe. They can then ask the Scottish Public Services Ombudsman to review the handling of their complaint. Before a complaint reaches this stage, we will always try to resolve a complainant's concerns locally.

NHSGGC has made available posters and leaflets publicising how and where to raise complaints, and we encourage and empower our staff to deal with as many concerns at the frontline as possible in order that a satisfactory resolution can be achieved.

Leaflets are available in different languages and, if required, there is access to interpreting and translation services. Relatives, carers or another representatives can raise their complaints in a variety of ways including writing a letter to the organisation, using the dedicated email address for complaints, using the dedicated telephone number for complaints, obtaining support from the Patient Advice and Support Service or raising their concerns with a staff member.

### Trends and Statistics

Figure 8 shows the number of complaints received across NHSGGC between 1 April 2015 and 31 March 2016. Thereafter, the statistics in Figure 8 relate to those complaints completed in the year so that outcomes can be reported.

Figure 8: Acute Services and Mental Health and Community Services (including prison healthcare complaints)

<b>Complaint Statistic</b>	<b>2015/16</b>	<b>2014/15</b>
Number of complaints received	4,155	3,991
Number of complaints received and completed within 20 working days (national target)	3,263	3,286
Number of complaints completed (which includes complaints received in 2014/15 and completed in 2015/16)	4,061	3,975
Outcome of complaints completed:		
• Upheld	746	795
• Upheld in part	776	874
• Not upheld	2,255	2,109
• Conciliation	2	2
• Irresolvable	16	11
• Unreasonable complaint	2	3
• Transferred to another unit	6	13
Total number of complaints withdrawn	258	168
• No consent received	115	85
• Complainants no longer wished to proceed	143	82
• Other	0	1
Number of complaints declared vexatious	0	0

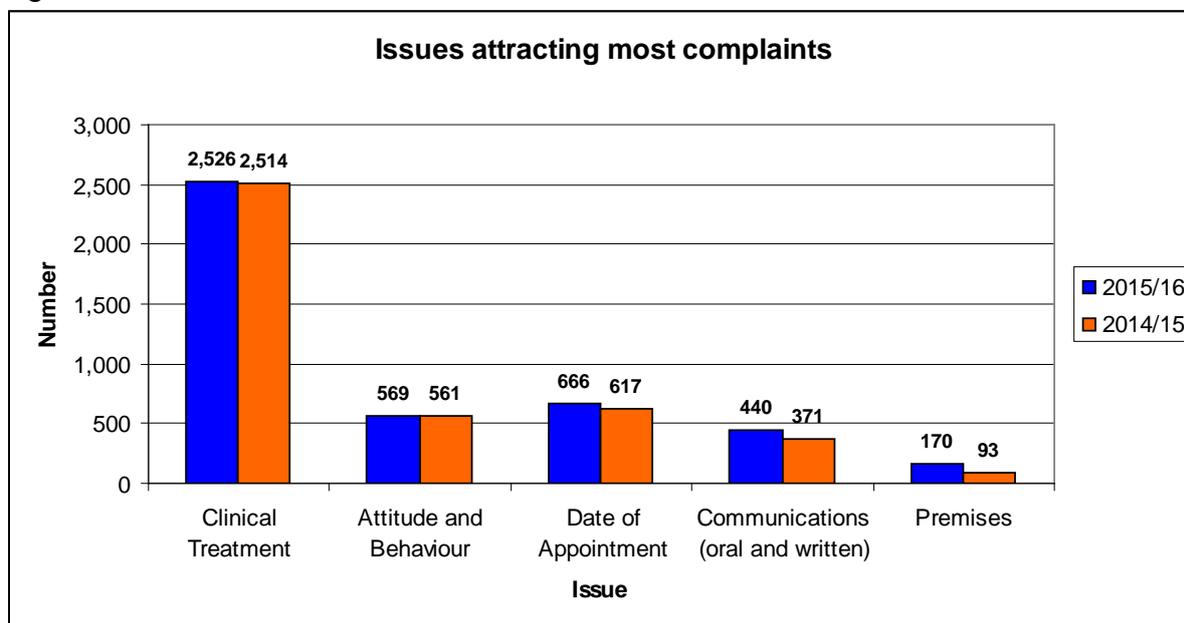
The split between these complaints is almost even, with 52% about Acute Services (services which are delivered from our acute hospitals), and 48% about Mental Health and Community Services. The large majority of the latter (87%) are about prison health care services.

The number of complaints within Acute Services was up 13% and complaints within the Mental Health Services and Community down by 0.5%. As previously mentioned in this report, Acute Services underwent some major changes, including the opening of the new Queen Elizabeth University Hospital, shutting several other acute hospitals, and a major restructuring in how clinical services are delivered. Teething problems associated with this was partially responsible for the greater number of complaints in this area, for example, there was a rise of 36% in complaints about car parking.

There has been a significant increase (35%) in the number of complaints withdrawn, both because of consent not being received (when a third party complains on someone’s behalf, we must ask the patient’s consent to respond due the confidential nature of health care), and because the complainant no longer wishes to proceed with the complaint. This increase has primarily been in Acute Services. It is not clear why this has risen so sharply, but we will monitor this in the future.

The five issues which attracted the most complaints are set out in Figure 9 below (each complaint may attract more than one issue).

Figure 9:



There was a substantial rise in the number of complaints regarding premises (45%). Again, it is worth noting the closing of several hospital sites and the opening of the Queen Elizabeth University Hospital, as this increase is associated with this.

Of the 4,155 complaints received in 2015/16, NHSGGC completed 78% within 20 working days. In 2014/15, it was 82%.

Links to each quarterly report to the NHS Board are given below:

1 April – 30 June 2015

[http://www.nhsggc.org.uk/media/234403/nhsggc\\_board\\_paper\\_15-58.pdf](http://www.nhsggc.org.uk/media/234403/nhsggc_board_paper_15-58.pdf)

1 July – 30 September 2015

[http://www.nhsggc.org.uk/media/235042/nhsggc\\_board\\_paper\\_15-72.pdf](http://www.nhsggc.org.uk/media/235042/nhsggc_board_paper_15-72.pdf)

1 October – 31 December 2015

[http://www.nhsggc.org.uk/media/237093/nhsggc\\_board\\_paper\\_16-20.pdf](http://www.nhsggc.org.uk/media/237093/nhsggc_board_paper_16-20.pdf)

1 January – 31 March 2016

Not yet available. Will be published on: <http://www.nhsggc.org.uk/about-us/nhs-board/>

In accordance with the arrangements for alternative disputes resolution, the Scottish Government Health Department (SGHD) put in place and funds the Scottish Mediation Network to maintain a pool of mediators for use as appropriate by NHS Boards. Its uptake has remained slow.

NHSGGC has arrangements in place to monitor the lessons learned and the implementation of recommendations and/or actions arising from complaints and the recommendations contained in any Scottish Public Services Ombudsman (SPSO) reports to ensure these are translated into service improvements. These reviews are normally carried out through the Clinical and Care Governance arrangements.

### **Prison Healthcare Complaints**

Glasgow City Health and Social Care Partnership has been responsible for the provision of Primary Health Care Services to those who are serving a prison sentences or who are detained on remand pending trial since November 2011.

Three prisons operate in our area; HMP Barlinnie in the East of Glasgow, HMP Low Moss in Bishopbriggs and HMP Greenock. Of the prisons only HMP Greenock takes female prisoners. Collectively the prisons cater for in the order of 2,300 prisoners.

Healthcare is provided by a health centre in each establishment, with access to the full range of Acute Hospital services available as required.

We have sought to make the complaints process accessible to all. Details of the NHS complaints system are provided at prisoner's induction. Information is available at the health centres and the halls and is accessible within a variety of languages. The same right to provide feedback, comments or raise concerns exists within the prison environment, as does the right to make a formal complaint.

In 2014/15 there were a total of 1,820 prison health care complaints received. By the end of 2015/16 this figure had reduced slightly to 1,725; a 5% decrease. This does not suggest any significant change.

A piece of work, commissioned by the Scottish Health Council, is currently being undertaken regarding prisoner engagement with the complaints process. This is

being supported by Stirling University. As part of this, a report will be completed, and we will share detail of this in the next annual report.

### **Scottish Public Sector Ombudsman (SPSO) - Investigation Reports and Decision Letters**

During 2015/16, the NHSGGC received 7 SPSO Investigation Reports (laid before Parliament) and 116 Decision Letters. The SPSO will issue an Investigation Report where the matters raised are in the public interest e.g. significant personal injustice, systematic failures, precedent and test cases.

For each Investigation Report the service areas develop a local Action Plan for each recommendation, showing how each will be taken forward and actioned. NHSGGC's Quality and Performance Committee has a responsibility to ensure that each recommendation is implemented in the interests of effective and safe care delivered to the population served and lessons learned are disseminated across the organisation. The outcome is also reported to the SPSO and the Scottish Government Health Department.

14 issues raised within the Investigation Reports were upheld.

Of the 116 Decision Letters issued by the Ombudsman, they contained 220 issues – 97 were upheld and 123 were not upheld. The recommendations from Decision Letters are also reported to the Quality and Performance Committee to ensure NHS Board Members of their implementation and action.

The Ombudsman will issue a Decision Letter if:

- the organisation accepted there were failings, apologises and takes action to prevent the problem from happening again;
- from the evidence, it appears that the organisation did not do anything wrong (where there is no evidence of maladministration or service failure); and
- the Ombudsman has decided that the substance of the complaint and their decision on it do not raise public interest considerations.

NHSGGC 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 in handling and investigating complaints.

### **Patient Advice and Support Service (PASS)**

The launch of the PASS on 1 April 2012 was to assist in raising awareness of patient rights and responsibilities and support people giving feedback, comments, raising concerns or complaints. The service is provided via the Citizen's Advice Bureau (CAB) who has appointed dedicated PASS case workers to lead this work. It is independent, free, confidential and is designed to support patients, their carers and families in their dealings with the NHS and other matters affecting their health. The Citizen's Advice Bureau within NHSGGC are as follows:

- Bridgeton
- East Renfrewshire
- Castlemilk

- Glasgow Central
- Drumchapel
- Greater Pollok
- Dumbarton
- Maryhill
- East Dunbartonshire
- Parkhead
- Easterhouse
- Renfrewshire
- Rutherglen and Cambuslang

In addition to assisting patients and their families, the PASS also regularly attends the Patient Information Centres (PIC) in Stobhill and Victoria Hospitals to assist patients with any concerns they may have.

An NHSGGC Local Advisory Group (LAG) meets quarterly and has involvement from the Scottish Health Council and two lay representatives. It monitors activity and ensures continued publicity of the PASS service.

During 2015/16, 612 clients were helped with 2,214 enquiries. The most frequently recorded service area for PASS-led NHSGGC feedback, comments, concerns and complaints was hospital acute services, with the most frequently recorded staff group being consultants/ doctors. This is consistent with the previous year.

A retendering process is currently underway for the current PASS contract.

### **Improvements to Services as a Result of Complaints**

The key theme in handling complaints is to ensure that they are used as a mechanism to learn lessons and improve future services for our patients. NHSGGC submits, as part of its quarterly reports to the NHS Board, a section on service improvements which had resulted from complaints. Some real examples of service improvements from Acute Services and Partnerships during 2015/16 are as follows:

#### **Acute**

- A person attended clinic with their elderly relative, where they were advised that the appointment had been re-scheduled. When the patient told staff that they had not been advised of the cancellation and asked to be seen, they found the receptionist's attitude very unhelpful. The details of this experience were used by the service manager to review the attitude and behaviour of the staff member, as well as to organise and monitor customer care training for the wider team to help avoid complaints.
- A patient had advised that they had a preferred site for their surgery and as a result had an extended wait time. Unfortunately whilst waiting for a date for treatment, the patient was admitted for emergency surgery. The surgical service put in place a change of practice so that patients who chose a specific site for their surgery would be contacted at six weekly intervals to see whether their circumstances had changed thus enabling the service to offer admission at an alternative site.

- A patient was mistakenly given wrong date to attend the Endoscopy Unit at the Victoria Ambulatory Care Hospital (ACH). The date given fell on a weekend and when the patient attended, the unit was closed. Because it was a weekend, there was no management presence on site to assist. Management cover is provided by the senior nurse on duty at the Queen Elizabeth University Hospital, but no information or contact details were displayed within Endoscopy Unit. As a result of this complaint, there is now a sign on the door of the Endoscopy Unit at the Victoria ACH stating who to call out of hours, and the porters' desk has also been given this information.
- A patient raised concerns about the administration of a lumbar puncture by a junior doctor without direct supervision by a senior clinical colleague. The lumbar puncture was lengthy and painful for the patient. Our response indicated that these concerns were shared with clinical team, and that a revised programme of training for junior doctors has now been established taking learning forward from this complaint.
- A complainant was concerned that their relative who is registered blind had not received help with eating food and raised concerns about the administration of medication whilst their relative was a hospital inpatient. This complaint helped to identify areas for improved learning for nursing staff, both in terms of offering some assistance to patients with eating and the importance of observing patients taking their medication. The Senior Charge Nurse is monitoring progress within the ward and using this complaint as a learning tool to do so.
- A patient raised concern that they were not advised until the day that his operation was cancelled because of abnormal bloods. Investigation confirmed this to be the case, and we apologised to the patient. The complaint led to a review of the process to ensure bloods results are seen and appropriate action taken.
- A patient attended the Emergency Department following a fall. The patient had a head injury and was reviewed in the Minor Injuries Unit. A diagnosis of mechanical fall with head and facial injury was made and the patient was discharged. The patient later returned with a generalised headache as well as a history of falls in the intervening period. This was not recorded by the trainee doctor and the advice was not passed to the consultant on call. This resulted in the patient later being given a CT scan during a readmission. This showed that they had a haematoma and the patient was treated for chronic subdural haematoma. An apology was made for the failed opportunity to consider a CT scan at the first admission, and this experience has resulted in the Consultant altering his practice when asked for advice by junior staff. Learning from this case is now being planned for use in training junior medical staff.

### **Partnerships**

- Following a complaint received about nail surgery, the podiatry service has reviewed the Nail Surgery Information Booklet to include information on the possibility of a minority of patients experiencing nail re-growth. The

opportunity was also taken to improve the wording within the booklet in relation to informed consent to make things clearer for patients.

- A patient's appointment was cancelled due to unforeseen circumstances and they were not allocated another appointment with another Psychiatrist. There had been no communication to the patient with explanation, update or with another appointment. The appointment had been cancelled three times in the one year. An Occupational Therapist was supposed to phone the patient as a follow up from their appointment after a few days. The Occupational Therapist failed to do this and did not contact the patient for approximately four to five weeks. Specific actions were for Medical and Administration Staff to discuss local processes and ways to improve with Operations Manager. A process mapping exercise was used to highlight areas of concern and improvement required to be achieved over a three month period.
- A patient was not happy with treatment they received during detox. They also felt there had been no support from any of the staff involved. The team reflected in terms of promoting dignity, empathy and respect at all times. They also committed to working harder to promote the support model for people going through detoxification to ensure additional supports are built in. The investigating officer for this complaint continued to visit the patient to help build up her confidence in the service again.
- A patient complained about having to wait 50 minutes after their appointment time. At the appointment, the patient was concerned that the doctor who treated them made inappropriate comments. As a result of this complaint, the service committed to ensuring that consultation manner and style was a subject covered in staff induction. Additionally, the team committed to getting all staff to complete equality and diversity training, as well as doing a training session on lesbian sexual and reproductive health. As well as this, the doctor involved noted he would do an anonymised presentation at the doctors' journal club to learn from this complaint.
- A complainant raised concerns about the lack of family involvement in a relative's care and treatment, and also the poor practice of communicating formally and sharing information with her legal guardian. As a result of this complaint, the service reviewed their partnership working with service users' families. The Learning Disability Service is currently undergoing a redesign and the strategy for this document gives clear operational guidelines for service delivery. As part of the review of the service going forward, standard practice regarding communication around service users care will be implemented by Service Manager and Team Leaders within a 3 month time period.
- A complainant was concerned about a relative not being given the Out of Hours Service contact details after discharge from assessment with the Community Mental Health Team. Staff were therefore made aware of the importance of ensuring people know how to access services on discharge, and it was confirmed that a record of this discussion should be made in the

care record. The Service Manager raised this issue through local business meetings and sent memos to wider teams.

- A complainant was unhappy with the treatment received at the Mother and Baby Unit, believing they had been given the wrong form of medication. There was a review of case-notes, medication prescriptions and interviews with nursing staff, Consultant Psychiatrist and duty doctor involved. This error was reviewed by the ward team to see how it occurred and what could be done to ensure it did not happen again. This was reviewed with the pharmacist to explore ways of increasing the checks on medications at the point of admission. It was agreed that a new procedure would be adopted and adhered to in the unit to lessen the likelihood of similar errors in future.

## Complaints Received By Doctors, Dentists, Community Pharmacists and Opticians

Figure 10: Complaints Received by Doctors, Dentists, Community Pharmacists and Opticians

Contractor Type	Number of complaints received		Responded to within 20 working days		% Responded to within 20 working days	
	2015/16	2014/15	2015/16	2014/15	2015/16	2014/15
GP	1080	1003	1039	972	98	97
Dentist	147	162	125	153	85	95
Optician	87	238	83	228	95	96
Community Pharmacist	469	517	449	473	96	92

### GP Complaints

The key areas attracting the most complaints within GP Practices' were access (appointments), conduct (including staff issues), policy and clinical treatment.

Some examples of GP complaints and service improvements made as a result are illustrated below:

#### Appointments

- A patient complained that their GP appointments ran late and that this was not communicated. The GP practice therefore revised their system of informing waiting patients when the GP is running behind.
- A patient complained about access to GP appointments, as it is difficult for those who work 9am to 5pm on weekdays. The practice therefore ensured that all patients were made aware of early morning opening days, to ensure increased access.
- A patient complained that there was not sufficient time during the appointment to discuss all concerns. It was agreed that patients would be made aware

that a double appointment may be needed, particular if there is more than one problem.

### Clinical Treatment

- A patient complained that it took a long time for x-ray results to be communicated. As a direct result, the practice introduced a new reporting procedure which flagged when x-ray results had not been received within 3 weeks.
- A patient complained about access to emergency appointments. The GP practice therefore changed their appointment system by introducing a triage system for emergency appointments.
- A patient complained about trying to make an appointment at the GP practice. As a result, reception staff were advised to encourage patients to register for the online system, which gives quicker and easier access to appointments, as it avoids phoning or coming into the surgery.

### Policy

- A patient complained about background music in the waiting room of the GP surgery. The patient was advised that this is necessary to maintain confidentiality, and the patient was offered an alternative waiting area at any future appointments.
- A patient complained about the content of a GP letter regarding a benefits appeal. The practice therefore reviewed their policy for such letters, and concluded that factually information only should be included.
- There was a complaint relating to test results, and as a result the practice reinforced its laboratory pick up times to minimise the volume of wasted samples.

### Conduct

- A patient complained about communication between staff, and the affect this had on care. The GP therefore started a 'communication book' for reception staff to enter anything outstanding when they are finished their shift so that other staff are aware of messages, actions required and so on.
- A patient complained about a receptionist, and the information given by this member of staff. As a result, the GP practice organised staff training, and confirmed that under no circumstances were non clinical staff to give medical advice. The practice also undertook a review of customer service skills to ensure staff had the tools to allow them to deal efficiently and effectively with members of the public.
- A complaint raised concerns about the communication with vulnerable patients. As a result, that practice took the opportunity to speak with staff in order to help them deal with this group of patients in a more approachable and less defensive manner.

## **Dental Complaints**

As in previous years the key themes include treatment costs, treatment outcomes, communication issues and appointment times.

Follow-up action from practices includes review and update of staff training. Certain Policies and Procedures, and patient information have also been reviewed and updated.

In some instances new protocols have been established, for example, with regard to patient communication such as dealing with challenging behaviours.

Clinical audit and significant event analysis are also used to review patient care provision with a view to continuous improvement of patient care.

The results of the General Dental Practitioner Complaints Survey are reported to the General Dental Practitioners (GDP) Sub Committee of the Area Dental Committee and the common themes and trends are discussed by the General Dental Services (GDS) Clinical Governance Committee. Dental Practice Advisers review Ombudsman reports and recommendations and follow-up any issues with specific practices in order to bring about improvements to services to patients.

## **Pharmacist Complaints**

As with previous years, the majority of complaints in relation to Community Pharmacies relate to medication incidents and the total number of complaints in this area represents a very small percentage of the more than 1.5 million prescriptions dispensed each month.

As with all areas, NHSGGC encourages its Community Pharmacies to put patient safety at the forefront of its objectives. Community Pharmacies are required to take all necessary actions to ensure that patient safety and delivery of pharmaceutical care is given the highest priority. The Pharmacy and Prescribing Support Unit operates a medication incident reporting system to promote quality and reduce risk ultimately safeguarding patient safety. The system is anonymised to create a culture of open reporting, learning and ongoing service improvement.

## **Optometry Complaints**

The majority of complaints relate to patients experiencing problems with their glasses/ lenses, with non tolerance of varifocals being an issue. The actions taken have led to glasses/lenses being adjusted or remade; some patients have been reassured about the use of their glasses/lenses and on occasions refunds provided. Actions taken have led to ensuring that accuracy checks are carried out when each is dispensed, with two people checking, and a further check with the supplier on a daily basis to ensure that they were up to date with any delays/ cancellations. There has been a slight increase in complaints to the larger chains where the manufacturers have not kept to company deadlines. Other areas of complaints during the year have included clinical issues, waiting times, communications, staff attitude, and costs of lenses. The number of complaints in these areas has been low.

## **Future Plans**

In 2014 the Scottish Health Council recommended that a revised, standardised complaints procedure should be developed for use in all NHS Scotland Boards. This is due to be published in 2017, and NHSGGC will amend its current practice where relevant in order to ensure it adheres to the principles set out in this document.

## **SECTION 4      FEEDBACK RECEIVED BY INDEPENDENT CONTRACTORS – GENERAL PRACTITIONERS, PHARMACISTS, DENTAL PRACTICES AND OPTOMETRISTS**

65% (639) of all independent in NHSGGC reported on the feedback, comments and concerns they had received in 2015 -2016. In their reports they described:

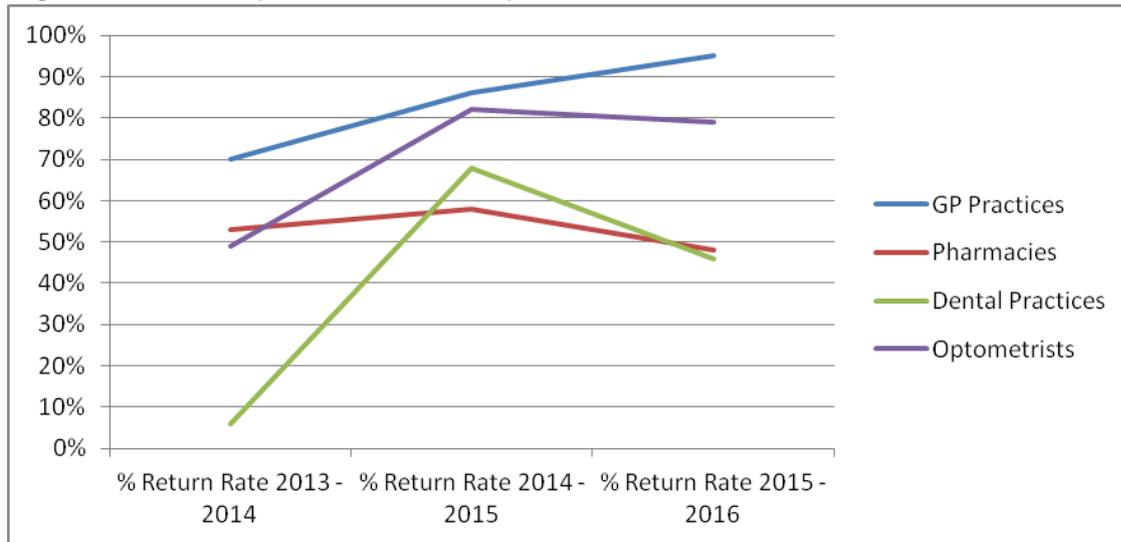
- how they gather and analyse feedback
- the key themes reported by patients and families
- examples of service improvements and developments that resulted from feedback, comments and concerns
- examples of any improvements made in the handling of feedback, comments and concerns.

### **Encouraging and Gathering Feedback**

65% (639) of all independent contractors in NHSGGC reported on the systems they had in place during 2015 – 2016 to manage feedback, comments and concerns. In their reports they described how they gather and analyse feedback, the key themes reported by patients, and examples of service improvements and developments that resulted from feedback.

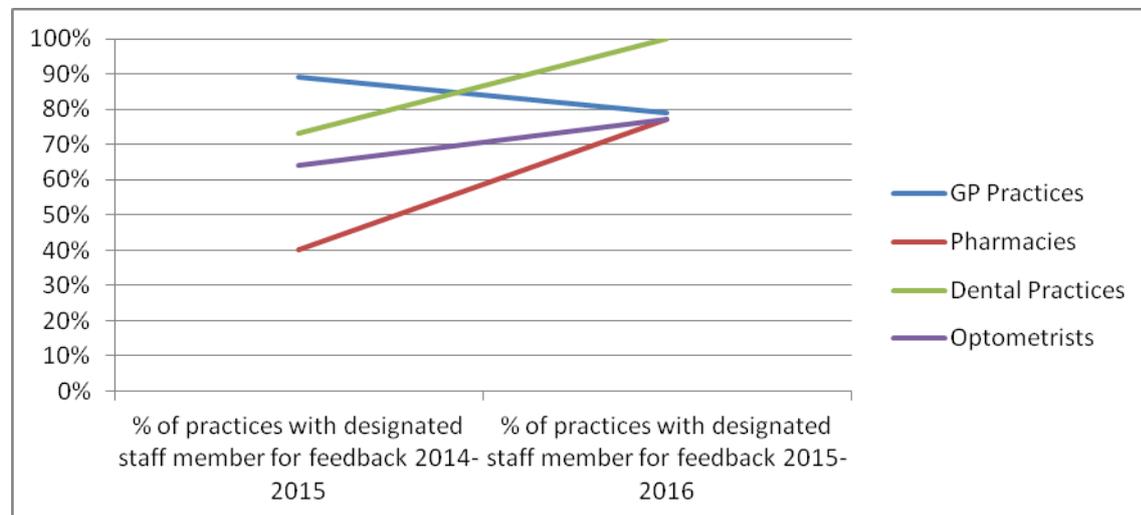
The reports from GPs, Dentists, Pharmacists and Optometrists showed that they had made progress during 2015 – 2016 in establishing systems for listening to their patients, carers and the public, and that they had taken a wide range of effective, measurable actions to respond to the feedback, comments and concerns they received. However, there is still room for improvement and the development teams for each contractor group continue to support colleagues to respond to and report on the feedback they receive from patients and the public.

Figure 11 Responses from Independent Contractors About Feedback



An example of the good work done by the development teams in 2015 – 2016 can be seen in the big rise in reporting by GP Practices from 86% to 95%. A challenge for next year will be maintaining previous increases in responses gained from other independent contractors, and also in addressing the decrease in responses from Dental Practices.

Figure 12: Independent Contractors Who Have a Designated Staff Member Responsible for Collating and Reporting on Feedback Received



Of those who reported, 79% of GP Practices; 77% of Pharmacies; 100% of Dental Practices and 77% of Optometrists said there was a designated member of staff responsible for collating and reporting on feedback received. Identifying a lead officer is often the first step in ensuring that feedback, comments and concerns are an integral part of the work of services. It is particularly reassuring therefore to note the significant increase from last year in practices, particularly dental and pharmacies, with a nominated member of staff responsible for collating and reporting

on feedback received, although it was disappointing to see the decrease within GP Practices.

### Encouraging and Gathering Feedback

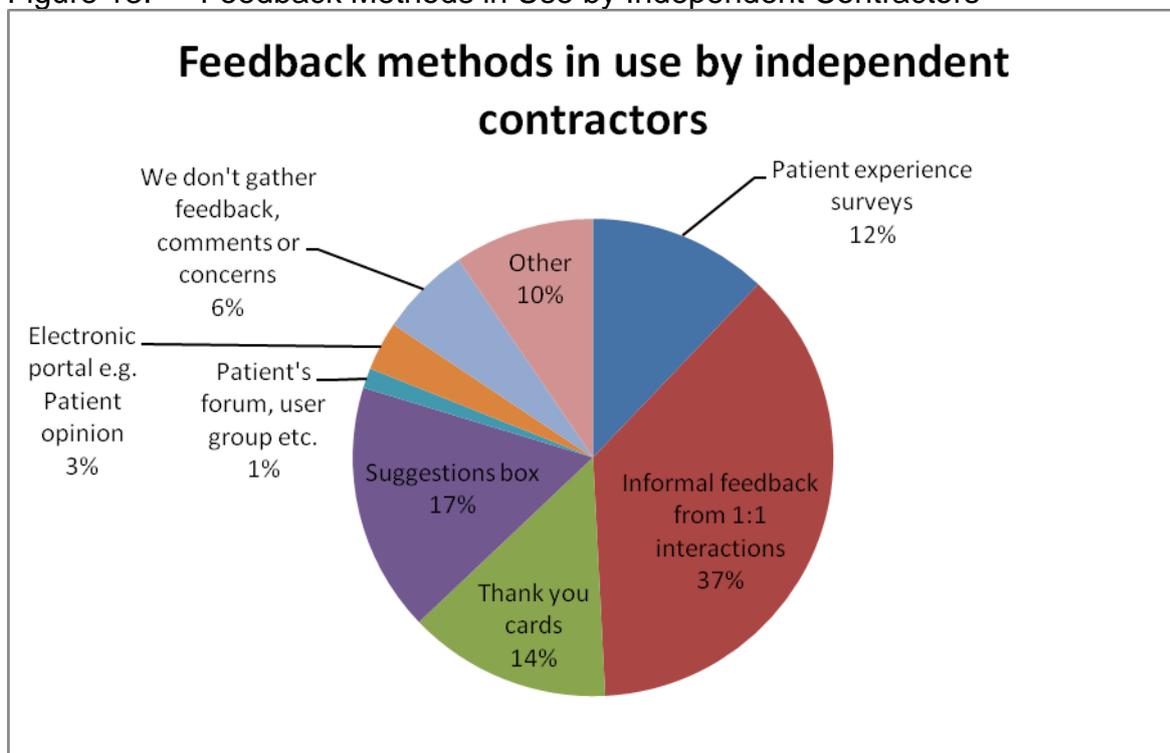
*“We now actively encourage all feedback in any form. We ask certain patients if they are happy, and if they understand all the changes that have been made to their dosette tray, and the reasoning behind such changes”*

Independent contractors reported on a wide range of methods for gathering feedback; six main methodologies were used, and 105 examples of other innovative approaches to gathering feedback were mentioned.

In particular, 37% of practices said they used informal feedback from one to one interactions to improve services. 12% of practices also reported using patient experience surveys, and 17% of independent contractors utilised suggestion boxes. This varied approach allows patients with a range of communication and access needs to use the feedback method which suits them best.

It is however worth noting that 6% of independent contractors reported that they did not gather feedback, comments or concerns in 2015 – 2016.

Figure 13: Feedback Methods in Use by Independent Contractors



### Improvements in Handling Feedback

In 2015-2016, independent contractors have been developing new ways to encourage and act on feedback from patients; 504 practices gave examples of a change or improvement made in how they handled feedback in 2015 -2016.

Many practices had examined the available methods for patients to feed back on their service, and of making sure they are fully informed about services available. Key themes for practices in improving the handling of feedback in 2015-2016 were therefore:

- introducing suggestion boxes to enable patients to feed back anonymously
- improving websites to publicise that feedback is encouraged, and to enable patients to do so
- improving patient newsletters
- ensuring staff and patients were aware, in some practices, of an open door policy of practice managers for patient access to them.

Practices were also focusing more on encouraging all staff in practices to focus on feedback:

*“All complaints and feedback are now discussed monthly at our practice meeting. This results in everyone being very aware of what type of feedback we are receiving. Previously the complaints and feedback were discussed twice a year”*

*“We have introduced a permanent section on our agenda for our team meetings to highlight any informal feedback so that we can discuss it.”*

Some practices had recognised the need to ensure robust monitoring and governance when handling feedback, comments and concerns. In addition to nominating a member of staff to deal with such feedback, some practices had examined the ways in which they recorded and dealt with feedback:

*“We have a more robust system for collating all feedback, errors and any other incidents. They are reported online now and collated at Head Office. We have also implemented individual coaching sessions for staff members as a result of this information.”*

*“We are inclined to record all complaints but not necessarily record compliments, especially verbal ones and will try to improve on this!”*

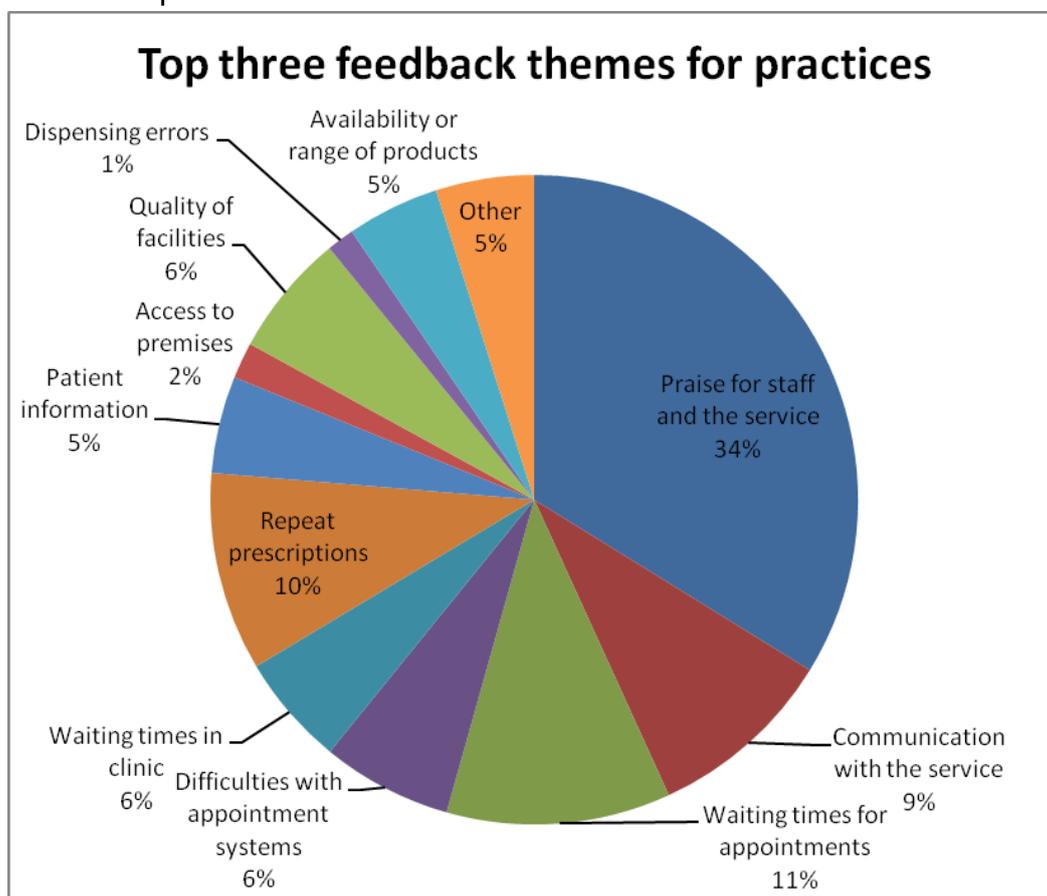
*“[In 2015-2016 we have] introduced a more structured approach to receiving feedback; we make sure feedback from patients is passed onto the pharmacist and discussed as a team as to how to proceed (e.g. does it need to be passed on to management, do processes need changing?)”*

In this 12 month period, 15,638 people provided feedback, comments and concerns to independent contractors.

The feedback received by all contractor groups was overwhelmingly positive and complimentary; on average, around 92% of feedback given by patients was positive. The themes most fed back on by people were:

- praise for staff and the service (34%)
- waiting times for appointments (11%)
- repeat prescriptions (10%)

Figure 14: Top Three Feedback Themes for Practices



Independent contractors used a range of approaches to use this feedback to improve services, from having one to one informal discussions with patients for reassurance or immediate action, to introducing system wide changes:

*“If any issues are brought to our attention by a patient, we (the whole team) discuss how we could improve and update our protocols. For example, we discussed ways to improve our repeat prescription protocols. We agreed if we were unsure of a patient’s request, we would contact them to make sure they received all medication required”*

*“In the past, if there was a common theme from the feedback gained from patients, it is this that would be considered. Now we are looking at every individual evidence of feedback, and doing something about it”*

The next section of this report examines the top three feedback themes for each independent contractor type, and provides examples of where they have used this feedback to improve the service they provide.

### **General Practitioners**

As in last year, in GP practices the top three themes identified in patient feedback were:

- praise for staff and the service (28% of GP practices said this was in their top three themes of patient feedback)
- waiting times for appointments (17% of GP practices said this was in their top three themes of patient feedback)
- repeat prescriptions (14% of GP practices said this was in their top three themes of patient feedback).

### **Example of actions taken by GP practices following feedback from patients that is praise for staff and for the practice**

As with independent contractors more generally, GP practices focused on using positive feedback from patients as a motivational tool for staff:

*“There is more emphasis on positive significant events being recorded now as opposed to always being negative. All staff can be motivated by referring to these positive events, instead of always feeling the significant events are a source of blame”.*

### **Examples of actions taken by GP practices following feedback from patients about waiting times for appointments**

*“Our GPs could, at times, run late. We took on board comments from patients and our 3 GP partners have now gone to 15 min appointments. They do not run late now.”*

Two GP practices have introduced a triage system for their appointments, where some patients are seen by a Practice Nurse, particularly for patients who wish to be seen the same day when there are no routine appointments left.

One GP practice had also looked at the reasons why patients may make appointments:

*“patients are now coming in a week before their review appointment to have bloods taken so the results can be discussed at their appointment which the patients had been saying they wished would happen”.*

### **Examples of actions taken by GP practices following feedback from patients about repeat prescriptions**

For many independent contractors, introducing online ordering for repeat prescriptions was having a positive impact on patient satisfaction. For example, one GP surgery surveyed over 250 patients over a 2 week period about online ordering of prescriptions. Following positive patient feedback, the surgery was not only able to set up online prescription ordering, but there was also help with their telephone system for the making of GP appointments.

### **Pharmacies**

In pharmacies the top three themes identified by independent contractors were:

- praise for staff and for the pharmacy (95% of pharmacies said this was in their top three themes of patient feedback)
- repeat prescriptions (52% of pharmacies said this was in their top three themes of patient feedback)
- availability or range of products (26% of pharmacies said this was in their top three themes of patient feedback).

### **Example of actions taken by pharmacies following feedback that is praise for staff and for the practice**

*“We have increased delivery of prescriptions by one day a week to 5 days as a result of patients asking for and commenting on how pleased they were with deliveries. This makes it easier for them to access pharmacy services and receive their medication in a timely manner which allows them to increase their compliance with taking their medication thus ensuring patient satisfaction and safety”.*

### **Examples of actions taken by pharmacies following feedback that is about repeat prescriptions**

Many pharmacies were able to evidence robust improvements they have made for repeat prescriptions, ranging from texting patients to let them know when their prescriptions are ready, to picking up prescriptions from GP surgeries.

*“A few patients mentioned that they were regularly forgetting to order their prescriptions so we have set up a repeat service where we order some patients’ prescriptions for them on a regular basis by using a diary.”*

*“A patient’s family was very thankful for all we had done for the last few years for their father. Due to him being bed bound, we organised all his meds to be delivered to his daughter at her workplace”*

*“When patients request repeat prescriptions from the surgery and ask them to be sent to the pharmacy, often they are not sent down. We have started to phone the surgeries for the bar codes for these prescriptions while the customer is waiting, so that they don’t have to return again to collect the items”*

### **Examples of actions taken by pharmacies following feedback that is about availability or range of products**

*“In the last year there have been a lot of problems with the availability of certain medications. We have tried to improve our communication with patients and GPs in an effort to minimise any delays for patients receiving their medication”.*

*“Improvements have been made to the ordering of repeat prescriptions, whereby we are checking and following up repeat prescriptions that have not been generated, we are then able to present the patient with options, this will help with patient compliance and prevent regular meds running out.”*

### **Dentists**

In dental practices, the top three feedback themes from patients in 2015-2016 were:

- Praise for staff and the service (38% of dental practices said this was in their top three feedback themes from patients)
- Communication with the service (13% of dental practices said this was in their top three feedback themes from patients)
- Waiting times for appointments (13% of dental practices said this was in their top three feedback themes from patients)

### **Examples of actions taken by dental practices following feedback that is about praise for staff and the service**

Dental surgeries spoke of recognising the time and effort taken by patients when providing positive feedback:

*“printed thank you cards to give to patients”.*

As with other independent contractors, some dental practices also used praise for staff and the service to encourage staff to consider and act on feedback:

*“full team discussion of every feedback scenario”.*

### **Examples of actions taken by dental practices following feedback that is about communication with the service**

As with other independent contractors, advances in technology had helped to address patient feedback in 2015-2016. Many dental practices had implemented or increased text messaging services to remind patients of appointments, *“as patients advised they felt this was an excellent service”.*

Some dental practices had worked on the information they gave to patients:

*“more relevant and focused patient information leaflets”*

*“new patients are given information on the practice on joining informing of patient journey and what they can expect from services within the practice”*

*“treatment information is provided more clearly, and patients are always asked if they are fully aware of what treatment involves and the costs associated with it”.*

### **Examples of actions taken by dental practices following feedback that is about waiting times for appointments**

Again, the implementation of text message reminders had been beneficial in addressing waiting times for appointments. Additionally, some practices had extended or varied their opening hours to provide a wider variety of appointment times.

One dental practice *“now has a cancellation list for each practitioner to contact patients for appointments if waiting times exceed three weeks. Most patients on the list have been able to have their appointments brought forward”*

### **Optometrists**

The main patient feedback themes to optometrists in 2015-2016 were:

- Praise for staff and the service (44% of optometrists said this was in their top three feedback themes)
- Quality of facilities (24% of optometrists said this was in their top three feedback themes)
- Availability or range of products (30% of optometrists said this was in their top three feedback themes).

### **Examples of improvements optometrists made following praise for staff and the service**

Again, optometrists recognised the value of using positive feedback to motivate and reward staff:

*“cards saying thank you for our service boosts morale”*

### **Examples of improvements optometrists made about the quality of facilities**

One optician had taken on board feedback from patients about the environment in which they have their eye tests; *“We are fitting a door to our perimetry area to allow patients to carry out their visual field tests in a quieter environment”.*

## **Examples of improvements optometrists made about the availability or range of products**

Many optometrists spoke of improvements they are making to the range of products they have on offer, particularly for children:

*“Parents have indicated an expectation for more range of kids frames, so three more ranges have been added to the existing five Designer ranges (already on top of the free range). Praise has been fed back to staff to encourage continuation of these behaviours and general ownership of work”*

## **Conclusion**

In all, the relatively high number of responses from independent contractors, quality of examples of improvements taken based on feedback, and evidence of a continuing and increasing focus on gathering and recording feedback, demonstrates that 2015 -2016 was a year where independent contractors built on successes of previous years to strengthen existing systems, and focused on motivating staff to continue their good work.

## **SECTION 5 ACCOUNTABILITY AND GOVERNANCE**

At an operational level, the monthly and quarterly feedback reports that detail all of the feedback, comments and concerns, that have been received, together with actions taken as a result and any emerging themes, are reviewed by each of the sector’s or division’s senior management teams. A summary of all feedback is also reviewed by the Acute Services Committee which is made up of NHSGGC’s Acute Directors and Board members. A similar summary report is also provided to the Board’s Clinical Governance Forum for review and discussion.

The Board Nurse Director submits a Quarterly Complaints and Feedback Report to the public meeting of the NHS Board, which provides commentary and statistics on complaints and feedback handling within NHSGGC. This report covers numbers and trends within Sectors / Directorates and Partnerships, and provides information on the Investigative Reports from the Scottish Public Services Ombudsman’s Office (SPSO). In addition, it covers the handling of complaints received by General Practitioners, General Dental Practitioners, Opticians and Community Pharmacists.

The Quarterly Complaints and Feedback Reports allows NHS Board Members to review the arrangements for handling complaints and how they are used to bring about service improvements for the benefit of patients. This level of Non Executive Members scrutiny, together with the information and trends contained within the SPSO and Information Services Division (ISD) Annual Reports, is in relation to comparing NHSGGC’s performance with other Scottish NHS Boards.

The Annual Report on Feedback, Comments, Complaints and Concerns allows greater scrutiny over the handling of complaints and feedback and how both have

led to genuine service improvements and lessons learned for the benefit of future patients and provision of services.

## SECTION 6 CONCLUSION - HAVE YOUR SAY

This report provides an overview of the issues raised, the learning and the actions and improvements made or proposed in response to the feedback, comments, concerns and complaints received between 1 April 2015 and 31 March 2016.

As a Board, it is our genuine belief that we should learn from the experiences of patients and visitors. We therefore both welcome and value comments and feedback, and encourage you to provide this to the staff involved in your care. We are committed to delivering the best possible care and to do this we must work in partnership with our patients, carers and the public. The feedback you give helps us tailor our care to the needs of the individual patient as well as improve how we run our clinics and wards and how we design and deliver the services we provide. We know that by working together in partnership we can better provide care that affords the patient and carer dignity and respect, improving their experience of what can be a difficult or stressful time. Our staff take great pride in the care they provide and we are all dedicated to learning from you on how we can provide even better care in the future. Your feedback helps us to do this.

You can provide feedback on [www.nhsggc.org.uk/get-in-touch-get-involved/patient-feedback/](http://www.nhsggc.org.uk/get-in-touch-get-involved/patient-feedback/) in order to give your feedback about NHSGGC or you can provide verbal feedback to a member of the Patient Experience Team who will relay it to the service involved by phoning on freephone 0300 123 9987.

If you wish to make a complaint, please visit [www.nhsggc.org.uk](http://www.nhsggc.org.uk) where you will find information about our procedure. You may also contact our Complaints Helpline on 0141 201 4500, write to us at NHS Greater Glasgow and Clyde, Complaints Department, 7<sup>th</sup> Floor West Ambulatory Care Hospital, Dalnair Street, Glasgow, G3 8SJ or email us at [complaints@ggc.scot.nhs.uk](mailto:complaints@ggc.scot.nhs.uk).

We would also welcome comments and feedback on the presentation and information contained within this Annual Report on Feedback, Comments, Complaints and Concerns. If you would like to do so, please contact:

Head of Board Administration  
NHS Greater Glasgow and Clyde  
JB Russell House  
Gartnavel Royal Hospital  
1055 Great Western Road  
GLASGOW  
G12 0XH  
Email: [John.Hamilton@ggc.scot.nhs.uk](mailto:John.Hamilton@ggc.scot.nhs.uk)