

Patient Experience Report – 1 October 2016 to 31 March 2017

Recommendation:

The NHS Board is asked to note the report on Patient Experiences in NHS Greater Glasgow and Clyde for the period 1 October 2016 to 31 March 2017.

Purpose of Paper:

To note the methods used to identify opportunities to bring about service improvements for our patients from - :

- Complaints received
- SPSO Investigative Reports and Decision Letters
- Feedback opportunities
- Patient Advice and Support Service activities

Key Issues to be considered:

The NHS Board's performance in handling patient feedback and complaints, the use of complaints and feedback to drive service improvements.

Any Patient Safety /Patient Experience Issues:

This directly relates to patient experience issues, as complaints are also a form of patient feedback. Themes have been identified and service improvements have been highlighted.

Any Financial Implications from this Paper:-

No

Any Staffing Implications from this Paper:

No

Any Equality Implications from this Paper:

No

Any Health Inequalities Implications from this Paper:

None specifically identified but would more likely be embedded within individual complaints.

Has a Risk Assessment been carried out for this issue? If yes, please detail the outcome:

No

Highlight the Corporate Plan priorities to which your paper relates:-

Improving quality, efficiency and effectiveness.

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Date – 19th June 2017

NURSE DIRECTOR

**REPORT ON PATIENT EXPERIENCE
1 OCTOBER 2016 – 31 MARCH 2017**

Recommendations:

The NHS Board is asked to note:

- The report on Patient Experience as captured by complaints and feedback in NHS Greater Glasgow and Clyde for the period 1 October 2016 to 31 March 2017.

Introduction

This report provides an insight as to how complaints, concerns, comments and feedback are used to bring about improvements in our services for our patients. The report includes performance data on complaints received throughout NHS Greater Glasgow and Clyde (GGC) for the period 1 October 2016 to 31 March 2017.

To present the most up to date information on patient feedback and improvement work the Feedback and Improvement sections of the report cover from 1 January 2017 to 31 March 2017.

The report outlines complaints received at Local Resolution and by the Scottish Public Services Ombudsman (SPSO); detailed information on feedback received from three centrally managed feedback systems operating across NHS Greater Glasgow and Clyde; and areas of service improvements and ongoing developments.

1. Complaints

a. Process

Complaints come from any person who has had, is receiving or wishes to access NHS care or treatment, has visited or used NHS services or facilities, or is likely to be affected by a decision taken by an NHS organisation.

There are different ways in which we will aim to resolve a complaint, from encouraging people to speak to a member of staff to address concerns at the time they occur, to conducting a formal investigation. If the complainant remains dissatisfied after the formal complaints process has been exhausted, they have the option of contacting the Scottish Public Services Ombudsman.

For more information about how complaints are handled, please see NHSGGC's Complaints Policy, which is available at:

http://www.nhsggc.org.uk/media/241729/nhsggc_complaints_policy.pdf

Board Official

b. Formal Complaints: 1 October 2016 to 31 March 2017

Table 1 shows the number of complaints received across NHSGGC over two quarters, firstly 1st October 2016 to 31st December 2016 and secondly 1st January 2017 to 31st March 2017. Thereafter, the statistics in Table 1 relate to those complaints completed so that the most recent outcomes can be reported.

Table 1: Breakdown of Received and Completed Complaints

	1 January 2017 – 31 March 2017		1 October 2016 – 31 December 2016	
	HSPCs (exc FHS)	Acute / Board	HSPCs (exc FHS)	Acute / Board
(a) Number of complaints received	477	579	523	518
(b) Number of complaints received and completed within 20 working days [national target]	429 (89.9%)	357 (62%)	500 (96%)	288 (56%)
(c) Number of complaints completed	446	584	533	499
(d) Outcome of complaints completed:-				
• Upheld	13	211	30	155
• Upheld in part	29	158	37	136
• Not Upheld	401	158	456	167
• Irresolvable	1	10	0	8
• Unreasonable Complaint	0	0	0	0
• Transferred to another unit	2	4	0	2
• Feedback completed	0	0	0	1
(e) Number of complaints withdrawn	2 ¹	43 ²	10 ¹	30 ²
(f) Number of complaints declared vexatious	0	0	0	0

1 January 2017 – 31 March 2017				
	Total	No Consent Received	Complainants no longer wished to proceed	Other
¹	2	2	0	0
²	43	24	18	1

1 October 2016 – 31 December 2016				
	Total	No Consent Received	Complainants no longer wished to proceed	Other
¹	10	0	10	0
²	30	13	17	0

For Quarter 4, the overall NHSGGC complaints handling performance for complaints received and completed within 20 working days was 74.4%, which is above the target of 70%.

The volume of HSCP complaints in quarter 4 reduced from previous quarter, as did the percentage completed within 20 days; down from 96.0% to 89.9%. This also reflected the handling of prison healthcare complaints.

Of the 446 HSPC complaints received in quarter three, 393 (88.1%) were from prisons. The main areas of concern within prison healthcare complaints were clinical treatment and dates for appointment.

This is consistent with previous quarters and reflects the types of concerns raised within the prison healthcare sector. Patients regularly raise concerns with securing appointments and with what is considered appropriate treatment from salaried general practitioners, dentists and nurses within the prison sector.

There was an increase in performance of Acute/Board complaints responded to within 20 days compared to the previous quarter, increasing from 56% to 62%. The number of complaints received in this quarter also rose from 518 to 579, an 11.8% increase.

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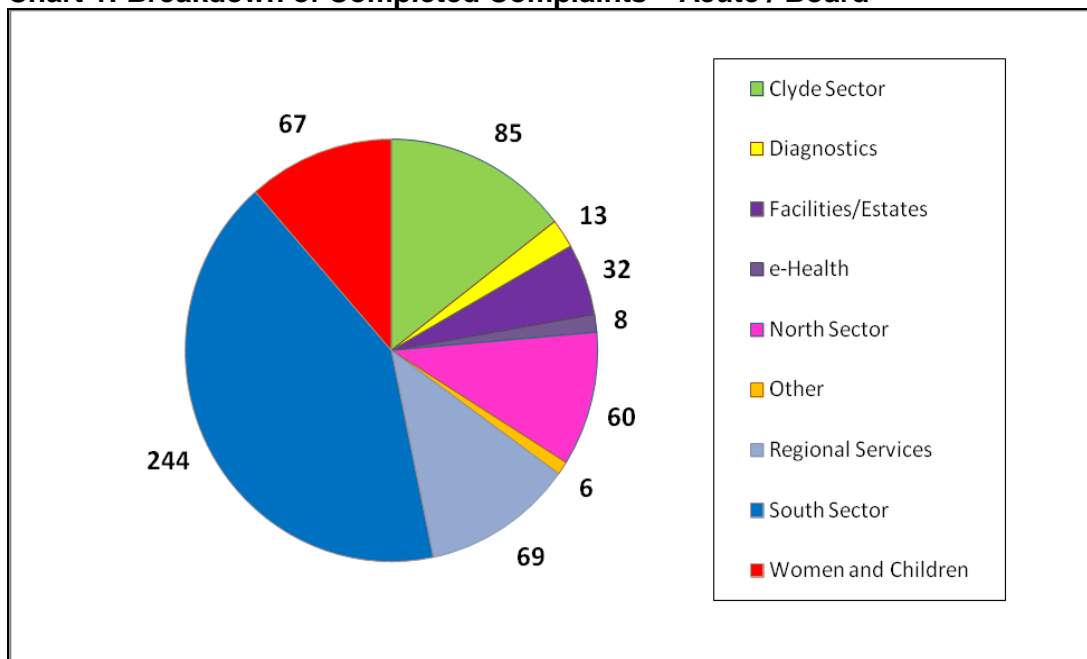
This performance figure and reasons for it has been discussed at the Acute Services Committee and improvements have been made to the departments staffing in recent weeks.

c. Breakdown of Completed Complaints

Detailed below in Charts 1 and 2 is an Acute/Board and HSCP breakdown of completed complaints within NHSGGC for the period **1 January 2017 to 31 March 2017**.

i. By Sector

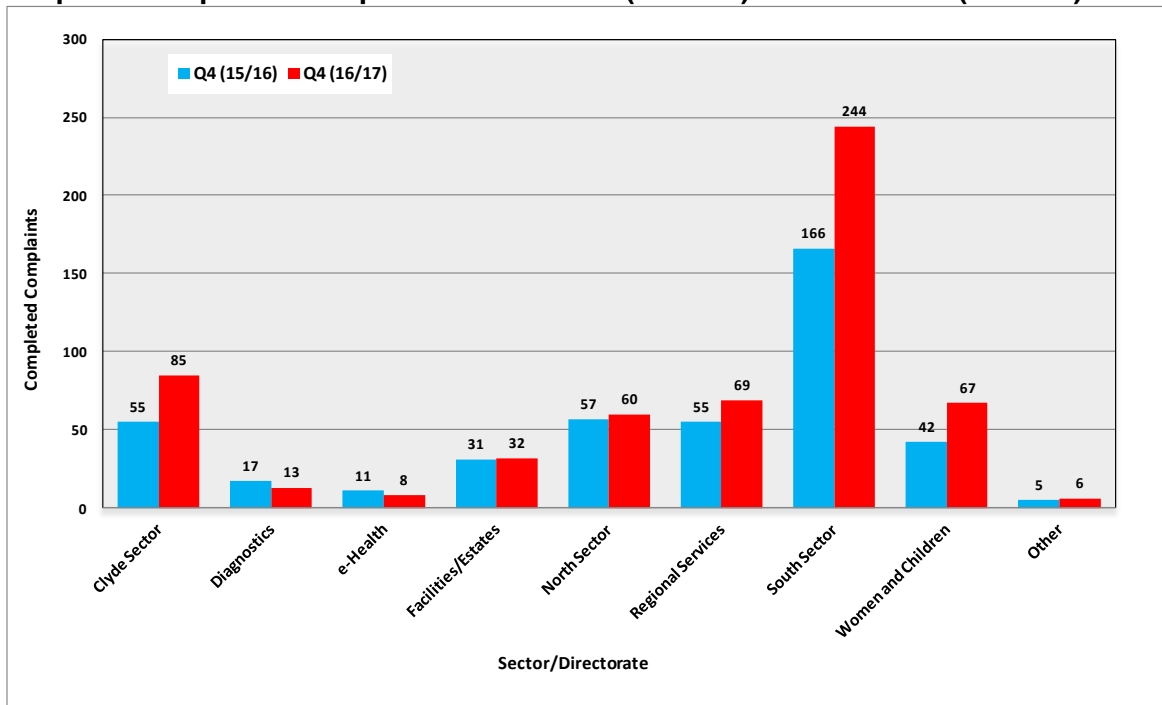
Chart 1: Breakdown of Completed Complaints – Acute / Board



There has been an overall drop of completed complaints across the Acute Services' Sectors and Directorates. This is directly linked to the issues outlined in section 1b.

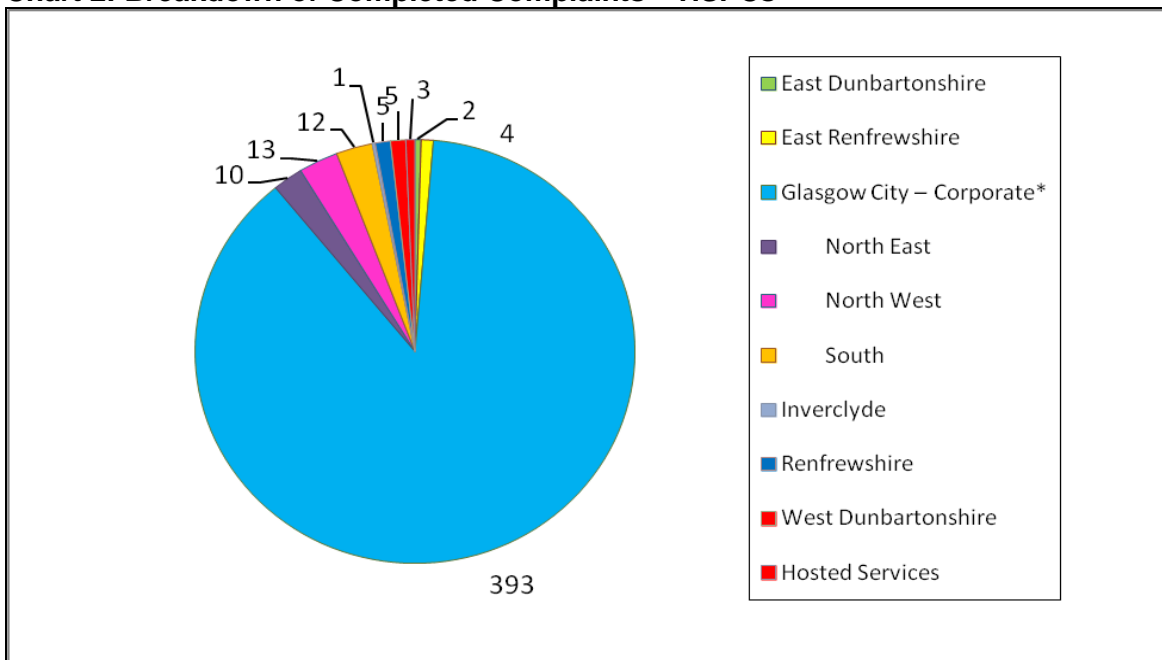
The graph below also gives a comparison to the same quarter for the previous year for comparative purposes:

Graph 1: Completed Complaints – Quarter 4 (2015/16) and Quarter 4 (2016/17)



For HSPCs, the breakdown of completed complaints is demonstrated in Chart 2.

Chart 2: Breakdown of Completed Complaints – HSPCs

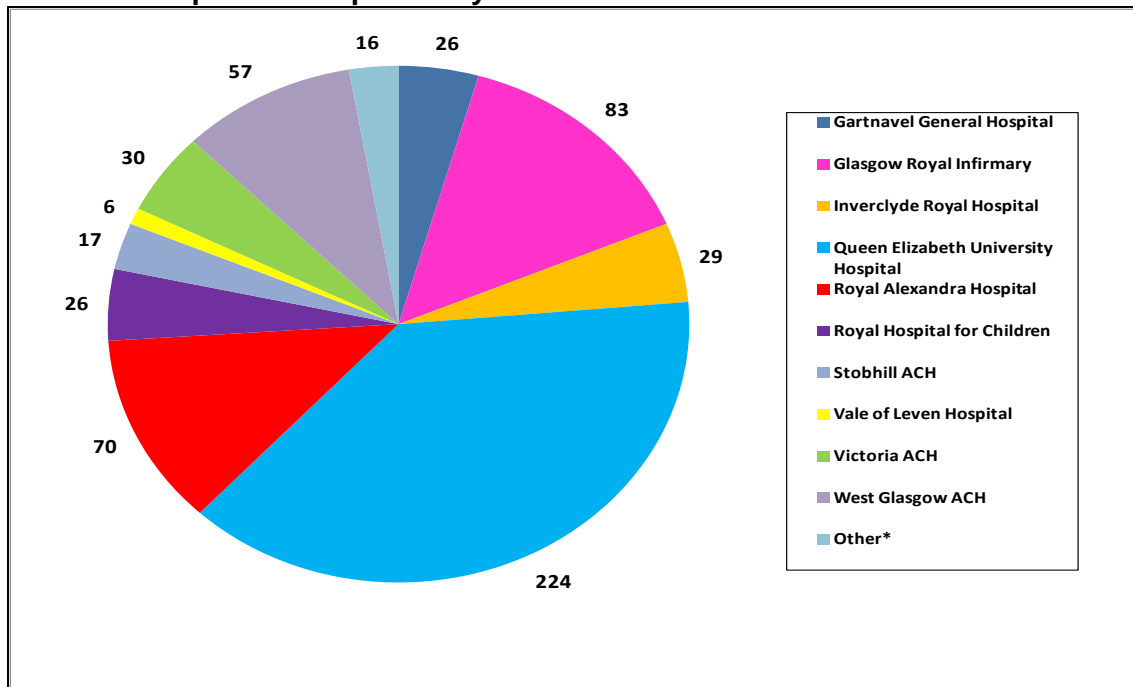


*covers Prison Health Care

ii. By Location

Detailed below in Chart 3 is an Acute Hospital location breakdown of completed complaints within NHSGGC for the period 1 January 2017 to 31 March 2017.

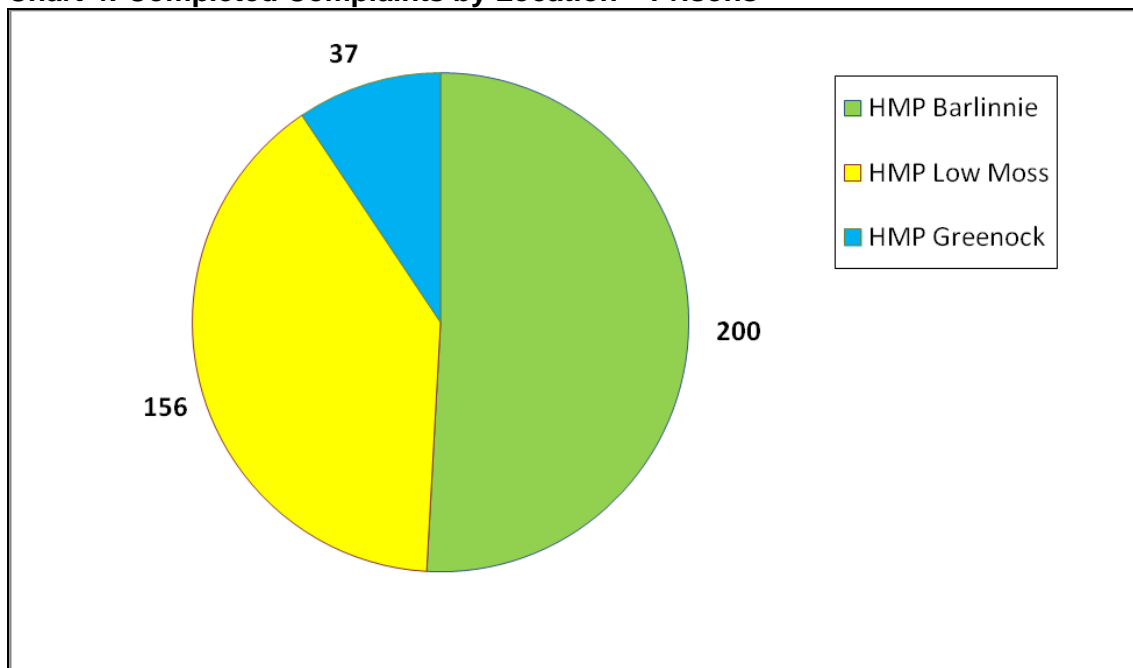
Chart 3: Completed Complaints by Location – Acute / Board



*Other includes sites such as The Beatson West of Scotland Cancer Centre and Glasgow Dental Hospital.

For HSCPs the majority of complaints are made by prisoners. The chart below breaks down complaints by prison location.

Chart 4: Completed Complaints by Location – Prisons



d. Issues, Themes and Staff Type

Tables 2 and 3 below show the issues and themes of complaints by staff group for completed complaints. Please note that there can be more than one issue / type of staff named in a complaint, so the total will not equal the number of complaints completed.

The issues, themes and staff types listed are recognised categories by Information Services Division.

Table 2: Issues and Themes by Staff Group – Acute / Board

	Medical	Nurses	Allied Health Professionals	NHS board / hospital admin staff	Other	Total
Clinical treatment	213	71	6	11	12	313
Date for appointment	69	0	1	24	2	96
Attitude and Behaviour	41	32	5	7	8	93
Date of Admission/Attendance	61	0	0	14	2	77
Communication (oral)	41	20	0	16	0	77
Communication (written)	16	1	0	14	0	31
Admissions / Transfers / Discharge procedure	6	1	0	2	2	11
Aids / appliances / equipment	0	0	0	2	0	2
Catering	0	0	0	0	1	1
Cleanliness / laundry	0	0	0	0	7	7
Competence	4	3	0	0	0	7
Consent to treatment	2	0	0	0	0	2
Failure to follow agreed procedures	3	0	0	2	0	5
Mortuary / post mortem arrangements	0	0	0	0	1	1
Other	1	2	0	1	2	6
Outpatient and other clinics	5	0	0	4	1	10
Patient privacy / dignity	0	1	0	0	0	1
Patient property / expenses	0	1	0	0	0	1
Policy & commercial decisions of NHS board	2	0	0	9	1	12
Premises	0	0	0	0	19	19
Shortage/Availability	0	0	0	1	1	2
Test results	9	1	0	0	0	10
Transport	0	1	0	1	0	2
Total	473	134	12	108	35	786

The three biggest causes of complaint were: Clinical Treatment, Date of Appointment and Attitude and Behaviour. Within these, the coordination of medical treatment, disagreement with treatment or medical plan and waiting time for an appointment caused the most concern.

Table 3: Issues and Themes by Staff Group – HSPCs

	AHPs	Ancillary Staff/ Estates	Consultant/ Doctors	Dental (Prisons)	GP (Prisons)	NHS board / admin staff	Nurses	Opticians (Prisons)	Total
Admissions / Transfers / Discharge procedure	0	0	0	0	0	0	0	0	0
Aids / appliances / equipment	0	0	0	0	0	1	0	0	1

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Attitude and Behaviour	2	0	1	0	2	2	13	1	21
Cleanliness / Laundry	0	0	0	0	0	0	0	0	0
Clinical treatment	2	0	9	10	194	0	139	0	356
Communication (oral)	1	0	1	0	0	0	4	0	6
Communication (written)	2	0	0	0	0	0	3	0	5
Competence	0	0	1	0	0	0	1	0	2
Complaint Handling	1	0	0	0	0	0	0	0	1
Date for Appointment	3	0	0	20	9	0	13	0	45
Failure to follow agreed procedures	3	0	1	0	0	4	8	0	16
Outpatient and other clinics	1	0	0	0	0	1	0	0	2
Policy & commercial decisions of NHS board	0	0	0	0	0	0	0	0	0
Premises	0	0	0	0	0	0	0	0	0
Shortage / Availability	0	0	0	0	0	0	1	0	1
Test results	0	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0	0

As Board members will note, the biggest areas of concern within the HSCPs were: Clinical Treatment, Date for Appointment and Attitude and Behaviour. Within these, disagreement with treatment/care plan, unacceptable time to wait for appointments and inappropriate comments caused the most concern.

e. Complaints Received by Doctors, Dentists, Community Pharmacists and Opticians

As part of the Patient Rights (Scotland) Act 2011, all independent primary care contractors are required to provide their complaints information to the NHS Board.

Practices are sent an email informing them that the information will be collected via Survey Monkey. Those who do not respond are be sent up to a further two reminder emails. Once the survey is closed, the information is collated and separated into spreadsheets, one for each of the HSCPs.

It was agreed, at the Board Clinical Governance Forum, that the returns should be discussed at local level; GP locality groups and GP Forums, who would agree how to take issues forward, linking with education and training.

The purpose of reporting primary care contractor complaints within this paper is again to give a high level, Board wide overview. The intention is for more detailed reporting on these areas to be completed locally at HSPC level.

Detailed below in Table 4 is a breakdown of complaints received by Doctors, Dentists, Community Pharmacists and Opticians within NHSGGC for the period **1 October 2016 to 31 March 2017** (both quarters shown separately).

Table 4: Complaints Received by Doctors, Dentists, Community Pharmacists and Opticians

	1 January 2017- 31 March 2017				1 October 2016 – 31 December 2016			
	GP	Dentist	Optician	Pharm- acist	GP	Dentist	Optician	Pharm- acist
a) Number of complaints received	243	46	9	108	305	26	21	135
b) Number of complaints acknowledged within 3 working days and %	243	NA	9	37	305 (100%)	NA	21 (100%)	77 (57%)
c) Number of complaints responded to within 20 working days and %	232 (95.4%)	42 (91%)	9 (100%)	105 (97.2%)	297 (97.4%)	23(88%)	21 (100%)	132 (98%)
d) Number of complaints responded to out with 20 working days and %	6 (2.5%)	4 (9%)	0 (0%)	2 (2%)	5 (1.6%)	0	0	1 (1%)
e) Still Open	5	0	0	1	3	3	0	2
f) Outcome of completed complaints:-								
• Upheld	71	10	5	100	87	2	15	111
• Partially Upheld	50	1	2	1	64	1	6	7
• Not Upheld	117	33	1	7	150	20	0	15
• Irresolvable	2	2	1	0	1	0	0	0
g) Alternate Dispute Resolution Used	0	0	0	0	0	0	0	0
h) Number of SPSO Decision Letters / Investigation Reports received	-		-	0	0	0	0	0

$c + d + e = a$

f is reporting on those complaints *completed* in the quarter so the sum of (f) will not equal (a)

f. Scottish Public Services Ombudsman (SPSO)

Where a complainant remains dissatisfied with a Local Resolution response, they may write to the SPSO. Table 5 below reports shows the points the NHS Board may become aware of during the Ombudsman's involvement in a case in the last two quarters.

Table 5: SPSO

(1 October 2016 – 31 March 2017)

	<u>Acute / Board</u>		<u>HSPCs</u>		<u>FHS</u>	
	Q4	Q3	Q4	Q3	Q4	Q3
(a) Notification received that an investigation is being conducted	2	0	0	0	0	0
(b) Notification received that an investigation is not being conducted	14	4	2	2	0	0
(c) Investigations Report received	0	0	0	0	0	0
(d) Decision Letters received (often the first indication in respect of FHS complaints)	30	21	3	1	0	0

Investigation Reports

There were no Investigation Reports laid before the Scottish Parliament and published by the Ombudsman in these two quarters in relation to NHSGGC.

Although out with the reporting period, at the time of drafting this report two Investigation Reports were published by the Ombudsman (April 2017) relating to the NHSGGC Acute Services Division:

- One related to the clinical treatment of a patient in the Emergency Department at Glasgow Royal Infirmary. Within this report two complaints were upheld and five recommendations made.
- One related to the clinical treatment of a patient in the Emergency Department at the Royal Hospital for Children. Within this report one complaint was upheld and two recommendations made.

Both reports will be subject to a paper to the Acute Services Committee in relation to the implementation of the recommendations and the final reports of both will be presented to the Committee for discussion. They will also be reported to the NHS Board in the Patient Experience Report for the first quarter of 2017/18.

Decision Letters

There were 55 Decision Letters issued by the Ombudsman in Quarter 3 and Quarter 4 in relation to NHSGGC:

- 51 related to the Acute Services Division. In these, 65 issues were investigated (50 issues were upheld, 59 issues not upheld and 94 recommendations made).
- 4 related to Partnerships. In these, 7 issues were investigated (0 issues were upheld, 7 issues not upheld and no recommendations made).

Investigation Reports and Decision Letters are submitted to the relevant Health & Social Care Committee and the Acute Services Committee for monitoring purposes.

g. Patient Advice and Support Service (PASS)

The Patient Advice and Support Service (PASS) was established through the Patient Rights (Scotland) Act 2011 and is part of the Scottish Citizens Advice Bureau (CAB) Service. The service is independent and provides free, confidential information, advice and support to anyone who uses the NHS in Scotland. For more information, please go to: www.patientadvicescotland.org.uk/

The key PASS findings for NHSGGC for 1 January – 31 March 2017 were as follows:

In Quarter 4:

- There were 114 new clients (116 in Q3)
- There were 600 enquiries (518 in Q3)
- 38% of enquiries were dealt with by Generalist Advisers (1% in Q3)
- 97% of enquiries were dealt with at Level 3 or above (indicating more complex a case requiring more support and input). This was 99% for quarter 3.

The most frequently recorded feedback, comments, concerns and complaints are listed below:

- Service Area: 60% were about Hospital Acute Services compared with 59% in Q3.
- Hospitals/Localities: 41% were about the Queen Elizabeth University Hospital
- Health and Social Care Partnerships: 66% were about Glasgow City HSCP, 46% in Q3.
- Staff Group: 48% were about Hospital Consultants/Doctors, 52% in Q3.
- NHS Advice Code: 34% were about Clinical Treatment, 35% in Q3.

PASS leaflets are sent to all complainants with the NHS Board's acknowledgement letters, and posters have been placed in patient and clinic areas.

PASS caseworkers have developed good contacts and connections with hospital and HSCP staff and receive a lot of referrals from having made these contacts. A Local Advisory Group (LAG) was formed in early 2013, with representation from the Scottish Health Council, GGC CAB Consortium and NHSGGC (Head of Administration and Board Complaints Manager) in order to monitor and ensure continued publicity of the PASS. The Group meets quarterly and has a lay representative.

The new contract from 1st April 2017 for three years has been again awarded to PASS and there will be a greater focus on setting up the national helpline (0800 917 2127) and electronic communication including greater use of social media. The CABs remains in use for patients/carers etc, to ensure local access to those patient and carers who rely on discussing their concerns with an adviser.

h. Current Issues

The complaints department has been involved in a significant amount of work during the 3rd and 4th quarters of 2016/17 in preparing for the new National Complaints Procedure and its introduction from 1st April 2017. The NHS Board approved the NHSGGC Complaints Policy and public facing leaflet (and self assessment) at the February 2017 NHS Board meeting. The Policy was then sent to SGHD for compliance checking and approval and a response has just been received which will be reviewed before any changes are made to the Policy in operation since 1st April 2017.

The new Policy seeks greater emphasis on local resolution and communication, at an early stage, with the complainant to see if some complaints can be resolved within 5 working days.

Board Official

The new Policy and leaflets (including the new leaflet for the PASS service) are available on the website and the national training materials from National Education Scotland (NES) are to be made available shortly.

Additional guidance has been received from the SGHD about handling complaints with Integrated Joint Partnerships following the work carried out to align the NHS and Social Work complaints handling procedures. The guidance covers handling complaints about integrated services as well as handling a complaint which spans other services which remain the responsibility of the NHS Board and Local Authority respectively. The principle will remain that the organisations should work together to ensure that a single response is sent to the Complainant (including where IJBs handle, on behalf of the NHS Boards, delegated NHS services).

Work is underway to start drafting the Complaints, Feedback, Comments and Concerns Annual Report 2016/17 which is required to be published by 30th June 2017. A draft copy will be presented to NHS Board members for comment during the latter part of June 2017. In addition the Scottish Health Council will review our processes again this year as part of the Participation Standard process.

2. Feedback

Any changes made to feedback given by patients and families/carers have been made on the basis of protecting patient confidentiality on a public report to the NHS Board (the same principle applies to the service improvement section).

a. Universal Feedback

Universal Feedback is a system whereby every inpatient on a ward is offered a comment card at the point of discharge. It was introduced as one means to assist NHSGGC meet the requirements of the Patient Rights Act; that feedback is sought from every patient, used to identify issues, and support service improvement. It asks two questions. The first asks whether patients would recommend the ward to their families and friends; this question is answered using a scale of responses which are scored and can be quantitatively analysed. The second asks why patients gave the score they did. The first question's responses are analysed using scanning technology and software enabling a variety of quantitative perspectives to be examined. The responses to the second question are reviewed to identify issues or themes.

Patients answer the first question from a scale of responses (Extremely Likely; Likely; Neither Likely or Unlikely; Unlikely; Extremely Unlikely). An overall 'percentage positive score' is calculated, representing those who scored the ward Extremely Likely to Recommend and Likely to Recommend. This score has been broken down further in the table below to allow a more sensitive comparison between Sectors.

Table 6: Universal Feedback Positive Responses – 1 January to 31 March 2017

Sector	% Extremely likely to recommend	% Likely to recommend	Overall % positive score	Number of responses
Clyde	76%	19%	95%	492
North	76%	19%	95%	651
South	84%	12%	96%	623
Regional	93%	7%	100%	250
Obs & Gynae	87%	11%	98%	196
TOTAL	81%	15%	96%	2,212

Board Official

Patients are also invited to leave a short commentary on their experience, which allows us to identify themes within the data. The vast majority of comments received were positive, and remains consistently centred on praise for staff. Some examples are provided below:

- “I found the staff very helpful, compassionate and kind. The care I received was outstanding. Also the facilities can be classed as outstanding. Thank you.” (ARU 5, QEUH).
- “My care was excellent; the staff were friendly, efficient and caring. The balance of professionalism and empathy was perfect. I was treated with dignity at all times” (IRH, J Centre (CCU)).
- “All the staff from nurses, catering, cleaners, physio, doctors are fantastic. Very patient and caring. Ten out of ten.” (GRI, Ward 62).
- “Helpful, knowledgeable staff, who put you at ease and give reassurance to first time mums.” (GRI, Ward 68).
- Very caring and attentive staff. Treated with respect and made me feel as comfortable as possible.” (Beatson, Ward B7).

The Senior Charge Nurse on each ward is encouraged to share all of the feedback received with their staff, either through staff huddles, or by displaying the comments on their ward. As the majority of feedback is extremely positive, with many staff specifically singled out for praise, Universal Feedback has been well received by staff. While the regularity of positive feedback provides a boost in morale, it also provides a constructive context for discussions around negative feedback.

A perception of understaffing, or staff being overworked remains, to a lesser degree, was one of the main themes of feedback. In this quarter however, there were more comments regarding waiting times; waiting for an appointment, long waiting times for prescription and discharge letters.

Quality of food is another predominant theme across all sectors. A common theme in the maternity wards is concern and stress due to the open visiting hours.

- “Waited nearly four hours for discharge papers and prescription.”(RAH Ward 29).
- “Had to wait 5 hours for a bed on the ward”.(GGH 1C Ophthalmology).
- “Had to wait from 8pm to 1am and left without being seen.” (QEUH 11B)
- “Food terrible and repetitive, a lot of baked potatoes.” (GRI Ward 11).
- “Open visiting caused privacy issues and felt exposed.” (GRI Ward 68).

The roll out of Universal Feedback is now complete in Acute inpatient wards and so focus will now concentrate on increasing the consistency of response rates through targeted support for wards where responses are low and increased promotion of the availability and results of Universal Feedback through staff channels. Response rates are monitored through the Board’s Patient and Carer Experience Group.

A second phase of Universal Feedback has also been piloted in the Royal Alexandra Hospital, to test the use of the card to ask multiple questions which are more targeted to specific areas of care that have been raised across all methods of feedback. This will allow triangulation of data from all of our feedback methods, to test out certain issues using an existing process to help identify particular hot spots, or areas of good practice from across the Board area.

The results of the pilot very much pinpointed particular areas where patient experience could be improved (e.g. the involvement of carers and families, and for patients to have a listening ear on the ward to discuss any worries or fears they may have), as well as demonstrating significant differences between wards which should allow management to explore further the reasons why some wards are scoring less/more than others.

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The Universal Feedback Phase 2 will be scaled up to run across all wards in the acute division in the autumn of 2017.

NHSGGC On-Line Patient Feedback

NHSGGC Online Patient Feedback provides a way for service users, carers and the wider public to share their healthcare experiences with NHSGGC, but these experiences are not visible to the wider public. Service Users do not receive a direct response to the specific issues they raise but can opt to receive a copy of the annual Patient Feedback Report summary.

The following feedback was received via the NHSGGC On-Line Patient Feedback System in the period 1 January to 31 March 2017.

Table 7: NHSGGC On-Line Patient Feedback by Directorate - 1 January to 31 March 2017

Sector / Directorate	No. of Postings	Positive	Negative
South	93	47	46
North	30	19	11
Clyde	38	26	12
Facilities	53	12	41
Diagnostics	10	2	8
Regional Services	17	13	4
Hospital Paediatrics & Neo Natal	17	8	9
Obstetrics & Gynaecology	17	12	5
TOTALS	265	139	126

Overall, positive feedback makes up almost 53% of the contributions received via the Online Patient Feedback system. Patients, carers, and members of the public who use this method to provide positive feedback on their experience do so to comment on times when they have had very efficient, effective care or treatment; or to give praise to the staff that have looked after them during their care. Some examples of this positive feedback are provided below:

- **Queen Elizabeth University Hospital – A&E**
“I had to take my child to A&E on Friday evening; they suffer from mental health issues and had taken an unknown substance. We were both treated with respect and dignity from triage through to seeing the doctor who was very knowledgeable about our situation and very supportive. He made us feel at ease and explained everything in detail. The triage nurses gave us lots of information to help us too. I can't thank them enough for the wonderful job they do and for making my child's experience a very pleasant one. I was so upset and nervous I didn't get any ones name and wish I did as I'd love everyone to know who they are. Thank you from the bottom of my heart.”
- **Queen Elizabeth University Hospital – Neurosciences Ward 64**
“I would like to praise all the nursing staff and auxiliary staff on ward 64 neurological ward for doing a fabulous service for all patients, my friend has been in here since Sunday afternoon and the staff are pleasant and helpful in everything they do. I would like to take this moment to single out a young student nurse (names supplied) who, since being up here everyday visiting my friend, I've observed has got a fabulous bedside manner and really makes all the patient's relaxed they are a total credit to their

Board Official

mentors' and other senior nursing staff when the student nurse has completed their nursing training they will be a top class nurse once again the staff on this ward are real angels."

- **Glasgow Royal Infirmary – Plastic Surgery**

"Outstanding staff and treatment. Could teach other hospitals how to treat patients!"

Facilities are still one of the most predominant themes of patient feedback. Parking continues to be raised by patients and carers as a negative experience; however these numbers have reduced in comparison to the previous year. Difficulty to find parking in the QEUH and absence of marked parking bays in the Inverclyde Royal Hospital are some examples of issues reflected in the feedback regarding parking.

- **Queen Elizabeth Hospital – Outpatients**

"No signage to hospital entrance from train station or back again for pedestrians. This needs to be improved."

- **Inverclyde Royal Hospital – Outpatient Services**

"I attended a recent OPA with my elderly parent. I am aware you have an overflow car park nearby but it is quite a distance to walk. There appears to be a lot of wasted space in the main car park with the way people park due to the lack of marked bays. The car park in front of the hospital could accommodate many more cars if there were marked bays. In each row of cars there were many spaces not quite big enough for a car but wasting space between cars. I realise it's the care receive that is most important but difficulty parking increases patient stress before their consultation even begins".

Smoking on the ground of the QEUH, especially at the entrance to the RHC is still a problem reflected in the feedback.

- **Royal Hospital for Children**

"Could you please inform me what measures the hospital uses to enforce the smoking ban at your premises? Everytime I have an appointment for my children I see a good number of people smoking at the entrances, and the number of discarded cigarette butts is visibly high. When will you actually do something about this? Posters, stickers and web information do not make a difference, issuing fines may work".

Signage and way-finding in the QEUH are surprisingly still an issue raised in many comments.

- **Queen Elizabeth University Hospital – A&E**

"I had to bring my parent in for assessment/GP referral yesterday. The access is a nightmare. There are not enough wheelchairs. However, the signage or lack thereof is the biggest issue. There are no signs. The GP referrals sign consists of 2 tiny A4 printed sheets of paper. There is no consistency between what the service is called. In one place it is Acute, in another immediate, in the next it turns into GP referrals. I cannot understand why you can't have signs up. It seems to me that there is far too much focus on aesthetic, trying to make it look like some modern airport, and no focus on function. People want to know where to go. It's that simple. Giant coloured lego blocks are a ridiculous indulgence. Make some signs. Who is this hospital actually for? At the moment it looks like it certainly isn't the patient who's stressed and lost".

Catering issues are still prevalent; patients and visitors would like to see a better use of the ground floor in the QEUH for 24-hour catering provision, and wholesome food on the daily menu. Another comment indicates the absence of tailored menu for the allergy sufferers.

Board Official

- **Queen Elizabeth University Hospital – Inpatient Services**

“A world-class new hospital should serve appropriately good quality food. Following my operation in January I needed good food to aid my recovery - but regrettably found most meals very unappetising. Amazing that a Scottish hospital can't do porridge for breakfast, for instance, but only Ready Brek!! Dumfries & Galloway Royal Infirmary's food is really excellent - why can't you do the same?”

- **Queen Elizabeth University Hospital**

“Not at all impressed with the catering facilities in the Queen Elizabeth main hospital. Does the offer have to be so ill considered. There is clearly enough commercial space available in the main atrium to make this an enjoyable and profitable restaurant/cafe area - but it is in fact a bland mundane and unimaginative offering. Please improve to at least the standards of a shopping centre. I am also underwhelmed by the shopping available to patients and visitors. Poorly thought through and bland. The QEUH campus is vast and deserves (and can support) much more extensive and developed food and retail offering. 24 hr and high quality please.”

- **Glasgow Royal Infirmary – A&E Endocrinology**

“The staff and treatment were fantastic. I have only just moved into adult services from children's and was worried about the transition however the treatment I received was great. The only things that I had any issue with was having to go into a receiving ward first before moving to the actual ward as a regular in RHC this was new to me and quite scary especially having Autism. In RHC I was always moved quickly from A & E to my ward where everyone knew me. Also trying to get any food in GRI when I have severe allergies is an issue especially with the move from one ward to another. It takes a few days to organise because of this. Having said that my stay in the Endocrine ward was great.”

Communication remains the single biggest theme for improvement presented by patients and carers using NHSGGC Online Feedback. Poorly written instructions for medication taking, insufficient information about treatment plans or processes and general administration (i.e. information provided in patient letters/difficulties contacting services by telephone and outdated information on the website) are among the predominant themes regarding communication issues.

Long waiting times remain an issue this quarter as well; whether it is long wait for an appointment, or hours spent in the waiting area in the hospital; waiting for discharge letters and prescriptions – these issues preoccupy patients and visitors' thoughts.

- **Stobhill ACH – Dermatology**

“My parent received a letter from the Doctor requesting treatment during their appointment in Dr X's (name supplied) clinic. The written instructions were extremely confusing for the doctor. They were also given creams away by the nurse with no instructions printed on them. Giving strong steroids without instructions is potentially dangerous, especially when they were also prescribed a course of oral steroids and a steroid mouthwash. There was no instruction that they should spit the mouthwash out after use, potentially leading to another 0.5mg of Betamethasone being taken along with 40mg of Prednisolone - potentially dangerous in a patient with a history of liver problems such as my parent. Over several years of attending this dermatology clinic, I have had to intervene on numerous occasions because instructions from the hospital were poor and they were very confused about what they had been prescribed a treatment for and when they had to use it. I find it surprising that creams are routinely handed to patients without any written instructions on how they should be used and would ask that you review this practice as these treatments obviously have the potential to cause more harm than good if not used correctly.”

Board Official

Patient Opinion

Patient Opinion is an online, public resource that can be accessed by service users, carers and staff 365 days a year. Feedback about healthcare experiences can be posted relating to experiences up to three years ago and can be seen by anybody. Feedback is always posted anonymously, and in some cases may not have a timeline or specific details included.

The Patient Experience Public Involvement team manages an agreed protocol which sets out response times, response content, and facilitates further investigation as required by the relevant Sector/Directorate Leads. The PEPI team also records the outcomes of any actions identified as a result of the posting.

The Scottish Government has funded the use of Patient Opinion by Health Boards for a period of three years. Stories are tagged to their relevant Health Board and area of specialty, and are often closely read by staff from external agencies, including Scottish Government, the Scottish Health Council, Healthcare Improvement Scotland, and MSP local offices.

Members are invited to visit the website to note the extensive range of feedback received via Patient Opinion, and reflect on the richness and complexity of the experiences shared. The website can be accessed via the following link: <https://www.patientopinion.org.uk/>.

The following feedback was received via Patient Opinion in the period 1 January to 31 March 2017

Table 8: Patient Opinion Responses – 1 January to 31 March 2017

Directorate	No. of Postings	Positive	Negative
South	46	28	18
North	21	13	8
Clyde	21	12	9
Facilities	12	5	7
Diagnostics	9	4	5
Regional Services	18	8	10
Paediatrics & Neo Natal	10	6	4
Obstetrics & Gynaecology	11	6	5
TOTALS	148	82	66

A marginally higher number of postings has been received via Patient Opinion in this quarter, with over 55% of stories shared about NHSGGC on the site relating to a positive experience with staff or services. It is worth mentioning that some negative postings do contain elements of praise. Dedication of staff, the high standards of treatment and person-centred care are highly appreciated by the patients and their families as shown in the examples below:

- **Royal Hospital for Children – Paeds**

“The support from the IBD Nurses has always been first class since day 1. Our child was diagnosed with Crohns Disease a number of years ago. He continues to attend The IBD Clinic where nursing staff (names supplied) have been on our journey since day 1. Our child’s journey hasn’t been smooth at all, there has been highs as well as lows. But, the exceptional quality of care and knowledge from his nurses is what keeps us positive

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and grounded. We have the pleasure of having another nurse (names supplied) to be a part of our child's care.

The nursing staff all speak to our child directly at any appointment then they ask us if we have anything to add. This means the world to our child as they feel that they are valued and listened too. They feel in control of his medical needs and they can speak their mind freely without worrying.

We still have a long road ahead of us but with a team like his IBD Nurses and Consultant (name supplied), we couldn't have wished for a more caring, supportive team who prove to us each time they work hard in getting it right for our child and continue to support not just our child but us a family.

We have never had any issues with getting our child seen when they have been unwell or their symptoms are concerning us. The team are very responsive to their emails or phone calls and we are never left waiting about for advice or help.

We can't thank team enough for everything they have done for our child and us a family. Without them we would be lost!"

- **Queen Elizabeth University Hospital – A&E**

"My child fell and hurt their arm, they thought they had sprained it. After a bad, painful night they decided it was worse than a sprain, and they went to Accident and Emergency at the Queen Elizabeth University Hospital in Glasgow. They didn't have to wait long before they saw a Doctor, their arm was X-rayed, and the Doctor told them it was broken. He gave them a detailed letter all about it and told them what was going to happen to fix it. Straight away they were taken to the Plaster Room. They couldn't have been more helpful, friendly, caring or kind. The whole experience was professional, compassionate and understanding, and we think the NHS is wonderful."

- **Victoria ACH, Day Surgery**

"The staff were all very professional and caring. I had knee surgery done at the Day Surgery Unit of the New Victoria Hospital, Glasgow. The whole experience was very impressive. I was referred by my GP and within a few weeks the Orthopaedic surgeon discussed options with me. The secretary contacted me by phone to advise when surgery was likely to be done. Pre-assessment was done at a time and place convenient for me and the procedure and risks explained very clearly and patiently.

On the day of surgery the staff were all very professional and caring. The facilities at the hospital are very modern, calming and clean. There was a clear process being followed. Every member of the team introduced themselves and explained their role to me. After surgery the standard of care remained very good. Pain control was surprisingly good as the Anaesthetist, surgeon and nurses had obviously regarded this as a priority. I was aware that I would need to see the physiotherapist before I would be able to go home. The nurses informed me that the physiotherapist would be slightly late. He had clearly phoned ahead to ask the nurses to let me know which was much appreciated. The discharge process was equally professional and my rehabilitation is going well. I would like to thank all staff involved for first class care. The NHS is often criticised but it is important that excellent care is highlighted and the staff get positive feedback. I hope the comments on patientopinion.org.uk get fed back to the staff involved."

- **Glasgow Royal Infirmary/Gastrointestinal**

"I've had many procedures at many hospitals across Scotland and this experience was one of the very best in terms of being put at my ease by all staff and especially nurses."

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Communication theme continues to dominate patient feedback on Patient Opinion. Patients and relatives are concerned about the lack of communication between services on the patients' journey and between staff members in the multi-professional team; treatment plan is not often properly discussed with a patient; insufficient communication from departments by telephone or letter are the most common sources of negative feedback."

- **Stobhill ACH, Urology**

"I developed constant urinary pain and urge to go to the toilet constantly. Seen by consultant at Stobhill, had various tests then referred to Gartnavel for Botox treatment in 2016. I am now having to self catheterise 3 times a day, I struggle to pass urine spontaneously and am now losing the sensation that I need the toilet. Consultant has now said that with hindsight they shouldn't have given me the treatment without carrying out further tests. I was already showing signs of retention prior to the procedure. Made a complaint and was seen by the consultant who said they couldn't have predicted that I would react so badly to the treatment; they thought it might cause retention for a few days not months on end. Now been told this could go on for up to 9 months. Feel very let down by the service I have had, since this problem started I have had to phone up continuously to chase up appointments. Nobody had taken the time to discuss what they think is wrong with me. Trying to work full time and self catheterise is not easy and my whole quality of life has been affected."

- **QEUH, General Medicine**

"My parent was taken in recently, they were taken for an x-ray immediately & was then told they weren't exactly sure what was wrong so was booked to get an ultrasound first thing & was to fast until then in case they needed to operate. At 6pm the next day still no communication on what was happening until family started asking questions to then be told they were short staffed so probably wouldn't get it that day but definitely should be first thing in the morning. During the night the needle in my parent's arm came out so they sat it on the side, this was around 2am, it wasn't until the cleaner came in & seen it & had asked what had happened with it a nurse came in & was told they could have bled out during the night, but yet again nobody had even stepped foot near their room, they could have bled out during the night & nobody would have known. The next morning there was still no sign of an ultrasound or even a doctor near their room, they had to go to the desk & ask themselves to then be told they had no clue just to see what happens. In my opinion & my family's the hospital is an absolute joke, not enough staff & no communication between staff or patients...I think this is disgraceful!"

Waiting times concerns closely follow the communication issues; frustration is expressed in connection with waiting time for an operation exceeding guaranteed 12 weeks; a long wait for the prescribed medication on discharge and waiting for the results of the tests.

- **Queen Elizabeth University Hospital – General Surgery**

"My parent was referred by her GP in June of 2016 for knee replacement consultation with an orthopaedic consultant. They received their letter to say their outpatient appointment was in November 2016 for Queen Elizabeth University Hospital in Glasgow. When they attended the appointment they were delighted with the surgeon and the confidence he gave them about the surgery as well as the explanations about the surgery and the recovery. He advised that he couldn't guarantee when the surgery would be but on receiving a letter 3 days later it stated that my parent's surgery would be on or before 1st February 2017, in line with patients right legislation.

Further to this my parent called the unit secretary as they hadn't had a date to be advised the surgery was not likely before May of 2017.

This is highly concerning due to the deterioration of mobility and increase in pain throughout this process. Prior to referral mobility was difficult and pain has caused further health issues. The prospect of waiting several months longer seems impossible at the moment as life is truly on hold until this surgery takes place."

Board Official

Staff attitudes and behaviour continues to be a key theme of the negative comments on Patient Opinion:

- **Royal Alexandra Hospital – Maternity Services**

“ABSOLUTELY FANTASTIC! What a great bunch. However my happiness was short lived when I was transferred to the ward upstairs. The midwife on nightshift came in and introduced themselves. They asked if they could take the temperature of my baby and I agreed.

They took my baby's temperature and when she went to take my temperature they didn't have any temperature probes left, they said they would return -they didn't. When I got home I looked at my NEWS chart and noticed the midwife had falsified a temperature by documenting it in the notes despite not taking it! ! Could not believe my eyes and yes I'm a nurse, so I do understand these charts to know what I'm talking about.

I had an episiotomy and internal tear during labour and had sutures. On 2 separate occasions on that nightshift I asked for a simple paracetamol to be told they were just coming with medication. I waited 2 hours for paracetamol.

Again at 5am I asked for paracetamol as the pain was truly unbearable to again be told 'we're just coming'. I could not believe I was made to wait until the medicine round in the morning to receive the paracetamol I had asked for.

I sat in such pain I was in tears and listened to the midwives chatting at the desk for a long period of time instead of attending to my discomfort.”

Response from, Lead Midwife, Clyde

Thank you for taking the time to tell us about your experience in the RAH. I am delighted that you thought the care you received in Labour Ward was fantastic, however would be keen that you contact me with some details so I can investigate your care in the ward.

Please contact me by telephone or email (details supplied)

Kind regards

Lead Midwife, Clyde

The remaining issues in negative feedback are parking, smoking and food quality; however those represent a minor group among the total amount of comments.

3. Improvements

One of the key themes of the Patient Rights (Scotland) Act 2011 was using complaints as a mechanism to learn lessons and improve future services for patients.

a. Acute Sector

The table below indicates work that is underway in each of the Acute sectors to make service improvements as a result of complaints and feedback:

Table 9 - Improvement Work by Acute Sector

Sector / Directorate	Improvement Work
Clyde	<p>The Clyde PaCE continues to meet and has focused on considering the recurring themes arising from feedback, comments received, complaints and significant clinical incidents. The group is planning on increasing its membership from other specialties and a workshop has been planned for June 2017 to raise awareness with the Senior Management Team. The group is drafting their improvement work plan which will be finalised within the next 3 months.</p> <p>The work plan will be used to monitor progress with key actions including:</p> <ul style="list-style-type: none"> - Working with medical records teams to review and update standard communications. - Implement increased visiting times as per acute policy - Focus on developing the welcoming hospital and ward environment and introducing more tailored support for carers and flexible visiting. - Work with estates and facilities PaCE group and dementia sub-group to arrange walk rounds and priority areas for improvement. - Design and deliver awareness raising and information sessions for managers and point of care teams involved in change. - Introduce volunteers to the Emergency Department in Royal Alexandra Hospital. - Create a process for capturing suitable stories and preparing them for use in meetings. - Currently scoping the introduction of a Support and Information hub for RAH. - Further Roll out of "what matters to me" to all appropriate areas. <p>Alongside these service improvements the group have also agreed various actions aimed at improving the opportunities available to everyone to share their views and experiences of services.</p>
Diagnostics	<p>Four feedback exercises have been undertaken in the Imaging departments at Queen Elizabeth University Hospital, Gartnavel General Hospital and the Royal Alexandra Hospital. All have been very positive.</p> <p>Following patient feedback an improvement has been implemented across all departments where disposable turbans have been made available for use by patients that may be required to remove their wig. This improvement was implemented following feedback from a patient who was not aware her wig would need to be removed and felt very vulnerable.</p> <p>Improvements have also been made to the macula patient pathway.</p>

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	<p>Patients vetted to urgent macula clinics are now booked in to a Macula Triage clinics within one week of receiving a referral. The patients receive the appointment with an accompanying patient information leaflet (designed by MIS). The referral letter, optical coherence tomography (OCT) and fundus images are reviewed by consultant, and referred into one of four appointments (urgent, routine, medical or surgical retina). This means patients seen in the Triage clinic are referred on to the appropriate specialty and do not require to use an urgent Macula slot.</p>
Property, Procurement and Facilities Management	<p>Work is underway regarding the dissemination of feedback within the Directorate to identify common themes that require to be addressed. The Directorate has agreed to develop a work plan which will focus on forward planning.</p> <p>Following requests from car parking attendants, the Directorate is also looking at the potential to make information available in British Sign Language format.</p>
North	<p>Numerous positive comments have been received via Patient Opinion but other issues have been highlighted and as a result the sector is undertaking Attitudes, Values and Behaviours training, which is being provided by colleagues from Learning and Education.</p> <p>The Sector continues to work with Person Centred Healthcare Programme Manager and team</p>
Regional Services	<p>Regional Services have established a local Patient and Carer Experience Group and are seeking patient or carer representatives, the Patient Experience Public Involvement Managers will assist with this.</p> <p>A work plan is currently being developed and will be finalised within the next 3 months.</p> <p>Renal Ward 4C continues to progress work supported by the Person Centred Health and Care Programme (PCHC) collaborative team and may be included in recently filmed BBC documentary.</p> <p>PCHC team are working with the Physically Disabled Rehabilitation Unit and Neurology Outpatients Department, meeting monthly to discuss feedback and implement any change required. The service recently implemented an improvement to water jug changes / times and changes to décor including black out blinds to patient room windows.</p> <p>Psychology are conducting exit interviews two weeks before spinal patient discharge, the service will analyse feedback from this group once a significant number have been discharged to ensure that the anonymity of patients giving feedback is protected.</p>
South Sector	<p>The South Sector has established a Patient and Carer Experience Group which includes representation from a variety of staff groups and has met twice. The membership of the group is still evolving and a work plan is currently being drafted.</p> <p>Feedback is being piloted in the Emergency Department and the Acute Receiving Unit at the Queen Elizabeth University Hospital.</p>

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	<p>A carers audit was undertaken in Ward 8A at the Queen Elizabeth University Hospital and an action plan is being developed.</p>
Women and Children's Services	<p>A Consultant Neonatologist is participating in the HUG Programme which aims to help parents prevent and solve problems around a baby's eating, sleeping, crying and attachment.</p> <p>Paediatrics us the 'What Matters to Me' feedback approach and are looking at setting up a reporting system specifically for paediatrics.</p> <p>The Action for Sick Children Parent satisfaction survey was conducted within Day Surgery Unit, this highlighted issues with access. Progress is being made to address these issues and ensure the facilities meet the needs of children, young people and their families.</p> <p>Maternity services at the RAH and QEUH have engaged in the collation of patient care experience feedback. Three main areas were included: Antenatal Care Experience, Labour and Birth Experience and Postnatal Experience.</p> <p>Feedback was split into the following main themes:</p> <ul style="list-style-type: none">• Consistency and Coordination of Care• Experience of Labour• Communication and Involvement• Respect and Dignity• Safety• Environment and Facilities <p>Many positive responses were received; however, some areas for improvement were identified. The service is working on implementing improvements to address these areas of the maternity care pathway.</p>

Some specific examples of improvement work as a result of complaints in Acute Services are:

Diagnostics - Laboratories - Fully upheld

Patient telephoned to advise was unable to attend an Immunology appointment due to being unwell and left a message on secretary's answering machine. This message was not passed on to Health Records as secretary was on leave. Patient received a letter from the hospital advising that they did not attend for their appointment.

On investigation, it was confirmed that Trakcare generates patients' letters which may or may not contain two contact numbers for the patient. On this occasion only one number was generated on the patient's letter. The Technical Services Manager for Immunology discussed this with the secretary and they confirmed that they had changed their working practice to add a second contact number (health records number) in the event that this is not automatically added on the patient's letter. The secretary also confirmed that their answering machine will now have a message for patients providing an alternative Health Records number even if they are on short term leave. This was previously only included when they were off for more than a few days. Additionally, a member of the Senior Technical staff will add this message to the secretary's answering machine if there is any unexpected sick leave to ensure this does not occur again for any other patient.

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Property, Procurement and Facilities Management – Car Parking – Upheld

Concerns have been raised by patients and members of staff regarding car parking at the Beatson. The directorate investigated these concerns and established that parking facilities are being used by commuters. Further monitoring is being put in place to ensure parking facilities are used appropriately.

North Sector – General Surgery – Fully Upheld

Patient was unhappy that a date for treatment had not been confirmed and phoned to enquire.

Patient's case required joint surgery with both Colorectal and Plastic Surgeons being required to be present for the surgery. Patient's case was complex and there was been limited availability due to their workload and thereby delaying date out with the treatment guarantee time.

In order to minimise waiting times in future the services are currently working together to describe the resource requirements for the increasing workload related to joint procedures of this nature.

Regional – Oral & Maxillofacial Surgery (OMFS) – Fully upheld

Patient did not feel they were informed of all the risks for their surgery. The Consultant Craniofacial Surgeon confirmed that an adverse outcome had occurred during the surgery, the patient was given a full explanation. Service has confirmed that the possibility of such an outcome will be explained to future patients undergoing this procedure.

b. HSPCs

Actions arising from complaints are recorded using a national coding system set out by ISD. This excludes prison healthcare, and actions relating to Prison healthcare are reported to the Prison Healthcare Operational and Clinical Governance meetings for review and to help inform action plans.

Staff have been advised of the importance of ensuring that where a complaint is upheld lessons learned are recorded so that these can be shared with colleagues and other clinical teams.

Some specific examples in HSPCs of service improvements as a result of individual complaints in the last quarter are:

Glasgow City HSCP (NE Sector) – Health and Community Care – Partially Upheld

Parent complained about additional/wrong vaccine being given to her child and also lack of Health Visiting Support. One aspect of this complaint was upheld, relating to additional/wrong vaccine being given. The time allocated for each child appointment has now been reviewed and increased. Staff Nurses have additional time to double check all immunisations due prior to administering vaccines. Two Staff Nurses will check the relevant child health immunisation sheets for clinics and corroborate with the GP system the day before an immunisation session is due rather than the day of the session. Staff are re-visiting the current Standard Operating Procedure for immunisation to ensure that all systems and procedures are as safe and efficient as possible, this includes the decision to provide unscheduled vaccines. Administration staff will routinely check the 'inbound referrals' folder to ensure that all outstanding files are actioned by appropriate Health Visitors.

Glasgow City HSCP (North West Sector) – Health and Community Care – Fully Upheld

Complainant complained about a Health Visitor parking across their driveway while making a house call to his neighbour. An apology was given to the complainant. This issue has been shared with all staff who have been asked to ensure they do not block access to any

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driveway, this will be cascaded to all staff involved in the care of the patient and recorded on the electronic white card.

Glasgow City HSCP (South Sector) – Mental Health Services – Partially Upheld

The complainant complained about a letter being sent to her child's GP regarding an out of hour's telephone conversation with the service about her child's behaviour. The complainant also feels her son and the family should be receiving additional support. One aspect of the complaint was upheld, relating to additional support. Support options for both patient and family have been reviewed and a meeting with the patient has been arranged to discuss additional support options.

Renfrewshire HSCP – Health and Community Care – Fully Upheld

Complainant was not happy with a staff member's attitude to them when they attended the centre.

An apology was given to the patient. Staff meeting was held and it had been identified that staff members could be more proactive in assisting members of the public when attending the centre, all staff were advised and agreed to being more proactive in offering to assist patients when visiting the centre.

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