

NHS Greater Glasgow & Clyde

NHS Board Meeting

Nurse Director

19 December 2017

Paper No: 17/67



Patient Experience Report

Recommendation:

The NHS Board is asked to note the quarterly report on Patient Experiences in NHS Greater Glasgow and Clyde for the period 1 July to 30 September 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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Tel No – 0141 201 4754

Date – 11th December 2017

NHS Greater Glasgow and Clyde

Board Meeting
19 December 2017

Board Paper No.17/67

NURSE DIRECTOR

PATIENT EXPERIENCE REPORT

EXECUTIVE SUMMARY

Recommendation:

The NHS Board is asked to note the quarterly report on Patient Experiences in NHS Greater Glasgow and Clyde for the period 1 July to 30 September 2017.

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Key Messages from the Paper

Performance against targets

Complaints

In Quarter 2, NHSGGC **received 1363 complaints, 74.8%** of these were responded to within 20 working days.

- 829 were about Acute Services /Board, within the reporting period there were over 1 million episodes of patient care delivered by Acute Services. The number of complaints therefore equates to 0.08% of patient episodes in Quarter 2.
- 534 complaints were about the Health and Social Care Partnerships (HSCPs). The HSCPs are currently working on a methodology to calculate the number of patient episodes they deliver, once confirmed this figure will be included in future reports.

A total of 1312 complaints were closed in this reporting period, this included:

- 645 Stage 1 complaints, with 594 (92.1%) closed within 5 working days;
- 667 Stage 2 complaints, with 412 (61.8%) closed within 20 working days.

The number of complaints now being formally recorded has increased significantly in line with the new reporting arrangements. In Quarter 2 of 2017/18 NHSGGC received 1,363 complaints, compared to 1,066 in Quarter 2 of 2016/17 (representing an increase of 27.9%). It is anticipated that complaint numbers may increase over coming months as more interactions are recorded and, due to publicity around the new national complaints process, service users become better informed on how to make a complaint.

The most frequent causes of complaint in Acute Services were Clinical Treatment, Date of Appointment/Admission and Communication. For HSCPs this was Clinical Treatment and Date of Appointment.

Primary Care Contractor complaints are also reported within this paper. The purpose of this is 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. A total of 689 Primary Care contractor complaints were reported in Quarter 2, 324 from GPs, 40 from Dentists, 38 from Opticians and 287 from Pharmacists.

Scottish Public Service Ombudsman (SPSO)

There was one Investigation Report laid before the Scottish Parliament and published by the Ombudsman in this quarter in relation to NHSGGC.

There were 40 Decision Letters issued by the Ombudsman in this quarter in relation to NHSGGC:

- 14 related to the Acute Services Division. In these, 35 issues were investigated (19 issues were upheld, 16 issues not upheld and 30 recommendations made).
- 2 related to Partnerships. In these, 2 issues were investigated (0 issues were upheld, 2 issues were not upheld and 0 recommendations made).
- 8 related to Family Health Services (GPs, dentists, community pharmacist and opticians).

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

Feedback

The Board currently has three systems through which we can receive feedback from patients: Universal feedback, NHSGGC website and Care Opinion. In this reporting period 5,848 patients used these systems to tell us about their experience of NHS Greater Glasgow and Clyde.

- The vast majority of this feedback was positive. In the last three months, 331 people told us that their experience had been negative. When looking at the more qualitative and in-depth sources of feedback, such as Care Opinion, around 54% of this feedback was positive.
- Universal Feedback - 5,497 universal feedback cards were received during this reporting period, meaning that 88% of people discharged from our care during this time did not tell us how satisfied they were via this method. The Board Nurse Director has agreed a target of 20% response rate for Universal Feedback be set across NHS Greater Glasgow and Clyde.
- Care Opinion - Of the 85 stories shared on Care Opinion this quarter, around 50% were negative. There have been 10 stories with criticality 3 (moderately critical) rating received on Care Opinion in the second quarter of 2017 – 2018:
 - 4 were about clinical treatment
 - 3 were about attitudes and behaviour
 - 2 related to communication
 - 1 related to date of admission or appointment

Sectors and Directorates are encouraged to respond to every critical (criticality 3 and higher) comment/suggestion received from all three sources of Patient Feedback. Responses are documented in Sector Quarterly Reports. 27 moderately critical (criticality 3) postings were received during this reporting period across all sources of Patient Feedback, or 8% of the total negative feedback or 0.4% of the total Patient Feedback.

Recommendation:

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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 and feedback received throughout NHS Greater Glasgow and Clyde (GGC) for the period 1 July to 30 September 2017. It looks at 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. Section 1 below explains the new National Complaints Handling Procedure (CHP) that came into effect in April 2017.

1. Complaints

a. Background and New Process

As noted above, the new National Complaints Handling Procedure (CHP) took effect from 1st April 2017. NHSGGC has adopted the content of the CHP into the Board's Complaints Policy and Procedure. The national CHP is intended to support NHS Boards and independent contractors to take a more consistent approach to managing complaints in the NHS, which was aligned more to the complaints procedures adopted across the wider public sector in Scotland.

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.

The new complaints arrangements provide two opportunities to resolve complaints internally:

Stage one: early resolution

Early resolution aims to resolve straightforward complaints that require little or no investigation at the earliest opportunity. This should be as close to the point of service delivery as possible.

Early resolution must usually be completed within **five working days**, although in practice the complaint may be resolved much sooner. In exceptional circumstances, where there are clear and justifiable reasons for doing so, an extension of no more than five additional working days with the person making the complaint may be agreed. This must only happen

when an extension will make it more likely that the complaint will be resolved at the early resolution stage.

Stage two: investigation

Not all complaints are suitable for early resolution and not all complaints will be satisfactorily resolved at that stage. Complaints handled at the investigation stage of the complaints handling procedure are typically serious or complex, and require a detailed examination before we can state our position. These complaints may already have been considered at the early resolution stage, or they may have been identified from the start as needing immediate investigation.

For cases at the investigation stage, complaints must be acknowledged within three working days; and a full response full response to the complaint should be made as soon as possible but not later than 20 working days, unless an extension is required.

The new arrangements include the introduction of a formal method of recording Stage 1 complaints and their outcomes. Prior to April 2017, Stage 1 complaints (previously referred to as Informal complaints) were managed at a service level with a focus on local resolution and improvement where required, however, they were not recorded centrally. The new arrangements see these complaints being recorded on the Board's complaints management system by the Complaints Department; cases are closed formally with an outcome.

The Complaints Team and Clinical Services are adjusting to the new arrangements and it is anticipated that over forthcoming months the new process will facilitate the expansion of complaint monitoring, trend analysis and targeted improvement work across the Health Board.

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

Complaints 1 July to 30 September 2017

Table 1a shows the number of complaints as a percentage of patient contacts with our services in the first quarter. It shows the number of complaints received across NHSGGC between 1 July to 30 September 2017. Thereafter, the statistics in section one of this report relate to those complaints completed in the quarter so that outcomes can be reported.

Table 1a: Breakdown of Received and Completed Complaints

	1 July 2017 - 30 September 2017		
	HSCPs (exc FHS)	Acute / Board	NHSGGC Total
Core Measure <i>Episodes of Patient Care within the reporting period*</i>	To be confirmed in future reports if available	1,090,783	To be confirmed in future reports if available
Total Number of complaints received in Q2 and as a % of core measure	534	829 (0.08%)	1363
Number of complaints received and completed within 20 working days	456 (85.4%)	563 (67.9%)	1019 (74.8%)

*For Acute Services this includes Outpatient attendances, Inpatient Admissions, A&E Attendances and a number of other metrics which capture patient contact with Acute Services.

Table 1b below details the complaints that were closed in the quarter and therefore will not match the figures outlined in Table 1 above. Members asked at the last meeting that the following table shows the complaints within prison healthcare separately. This table reflects the national requirements of the new reporting framework to Boards.

Table 1b. Breakdown of Closed Complaints

	1 July 2017 - 30 September 2017		
	HSCPs (exc Prison Healthcare and FHS)	Prison Healthcare	Acute / Board
Total number of complaints closed	105	423	784
(a) Number of complaints closed at Stage 1 (and as a % of all closed complaints)	62 (59.0%)	315 (74.5%)	268 (34.2%)
(b) Number of complaints closed at Stage 2 (and as a % of all closed complaints)	43 (41.0%)	108 (25.5%)	516 (65.8%)
(c) Number of Stage 1 complaints closed within 5 working days (and % of all complaints closed at Stage 1)	52 (83.9%)	305 (96.8%)	237 (88.4%)
(d) Number of Stage 1 complaints closed where an extension was authorised (between 6 and 10 working days)	6	9	21
(e) Number of Stage 1 complaints closed beyond 10 working days	4	1	10
(f) Average number of days to respond to a complaint closed at Stage 1	3	2	1.5
(g) Outcome of Stage 1 completed complaints			
• Upheld	16	1	128
• Upheld in part	11	2	46
• Not Upheld	32	307	84

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• Conciliation	0	0	0
• Irresolvable	0	0	1
• Unreasonable Complaint	0	0	1
• Transferred to another unit	0	2	2
• Withdrawn	3	3	6
• Complaints declared vexatious	0	0	0
(h) Number of Stage 2 complaints closed within 20 working days (and % of all complaints closed at Stage 2)	31 (72.1%)	71 (65.7%)	310 (60.1%)
(i) Number of Stage 2 complaints closed where an extension was authorised	4	28	18
(j) Number of Stage complaints beyond 20 working days	8	9	188
(k) Average number of days to respond to Stage 2 complaints	19	19	19.3
(l) Outcome of Stage 2 completed complaints			
• Upheld	10	9	216
• Upheld in part	15	20	125
• Not Upheld	17	79	119
• Conciliation	0	0	0
• Irresolvable	0	0	1
• Unreasonable Complaint	0	0	10
• Transferred to another unit	0	0	7
• Withdrawn	1	0	38
• Complaints declared vexatious	0	0	0
(m) Total number of complaints withdrawn	4 ¹	0	44 ²
(n) Total number of complaints declared vexatious	0	0	0

Complaints withdrawn - 1 July 2017 - 30 September 2017				
	Total	No Consent Received	Complainants no longer wished to proceed	Other
¹	4	4	0	1
²	44	23	21	0

In Quarter 2, NHSGGC received 1363 complaints, **74.8%** of these were responded to within 20 working days.

The high number of Acute Services complaints that were upheld is linked to an increased number of complaints relating to waiting times, as these complaints are based on performance against the defined national waiting time standards the majority are upheld.

The high number of Prison Healthcare complaints that were not upheld reflects the types of concerns raised within this sector. Patients regularly raise concerns with securing appointments and with what is considered appropriate treatment from general practitioners, dentists and nurses.

1312 complaints were closed in Quarter 2, of these:

a. 645 were closed at Stage 1

- i. 594 (**92.1%**) were closed at Stage 1 within 5 working days;
- ii. In addition to this, a further 36 had an extension authorised and were subsequently closed within the extended period of 10 days. Therefore, 630 (**97.8%**), were closed at Stage 1 within 5 working days or within 10 working days where an extension was authorised.

b. 667 were closed at Stage 2

- i. 412 (**61.8%**) were closed within 20 working days;
- ii. In addition to this, a further 50 had an extension authorised and were subsequently closed within the extended period of 25 days. Therefore, 462 (**69.3%**), were closed at Stage 2 within 20 working days or within 25 working days where an extension was authorised.

The number of complaints now being formally recorded has increased significantly in line with the new reporting arrangements. In Quarter 2 of 2017/18 NHSGGC received 1,363 complaints, compared to 1,066 in Quarter 2 of 2016/17 (representing an increase of 27.9%). It is anticipated that complaint numbers may increase over coming months as more interactions are recorded and, due to publicity around the new national complaints process, service users become better informed on how to make a complaint.

The NHSGGC Complaint Policy notes that we must ensure that complaints (and feedback, comments and concerns) are handled sympathetically, effectively and quickly and that lessons are learned and result in service improvement. In order to do this we have a responsibility to gather and review information, which includes monitoring complaint outcome decisions to ensure complaints are being dealt with in an appropriate way.

When a complaint is received the Complaints Team initiate an investigation where by the service the complaint relates to is asked to review the complaint content and provide statements and evidence to inform the Board's response. Based on evidence collated during the investigation, the Complaints Team will agree an outcome decision; this may be to deem the complaint as fully upheld, partially upheld or not upheld. A response letter will then be drafted for the relevant service to approve prior to it being issued to the complainant.

This process ensures that all complaints are managed using a structured investigation process and outcome decisions are based on collated evidence. The final outcome is also agreed by the Complaints Team and the relevant service, therefore ensuring a robust governance process is followed.

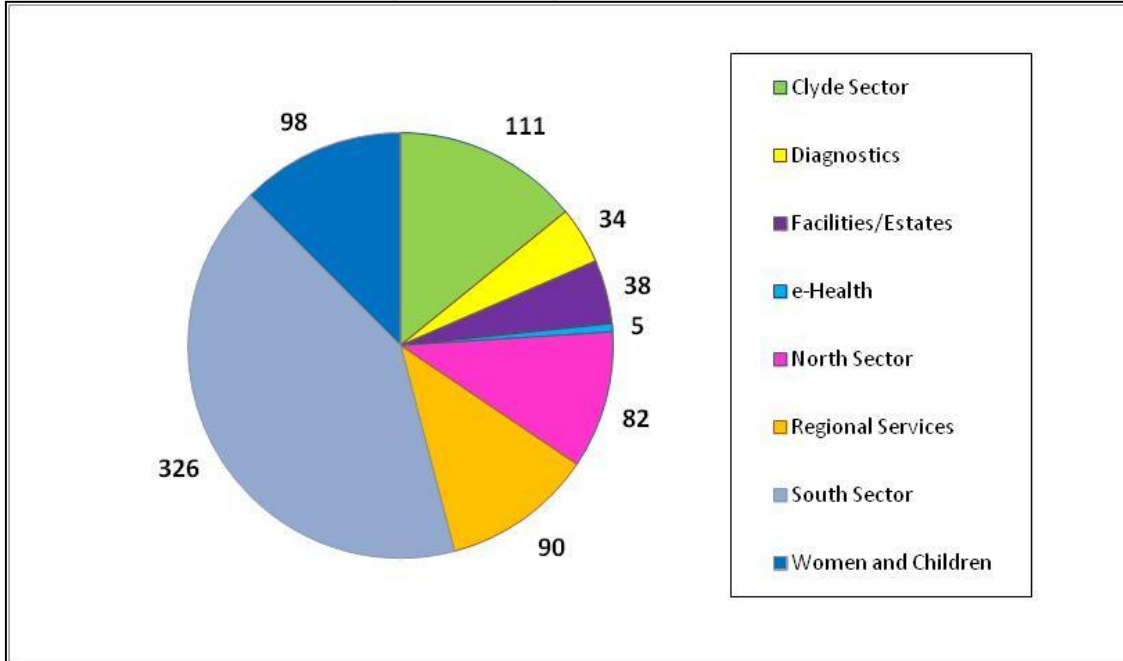
On the request of Members, it is our intention to show in future reports direct comparisons with other NHS Boards in relation to figures for upheld, upheld in part and not upheld complaints.

b. 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 July 2017 to 30 September 2017.

i. By Sector

Chart 1: Breakdown of Completed Complaints – Acute / Board



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

Chart 2: Breakdown of Completed Complaints – HSPCs

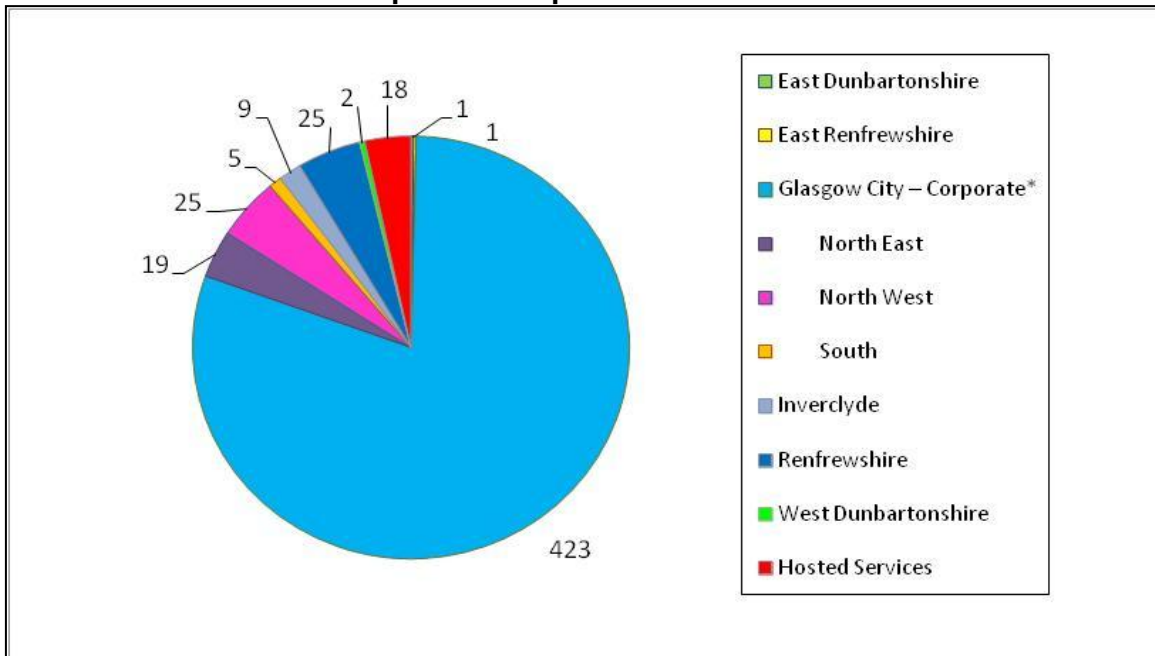
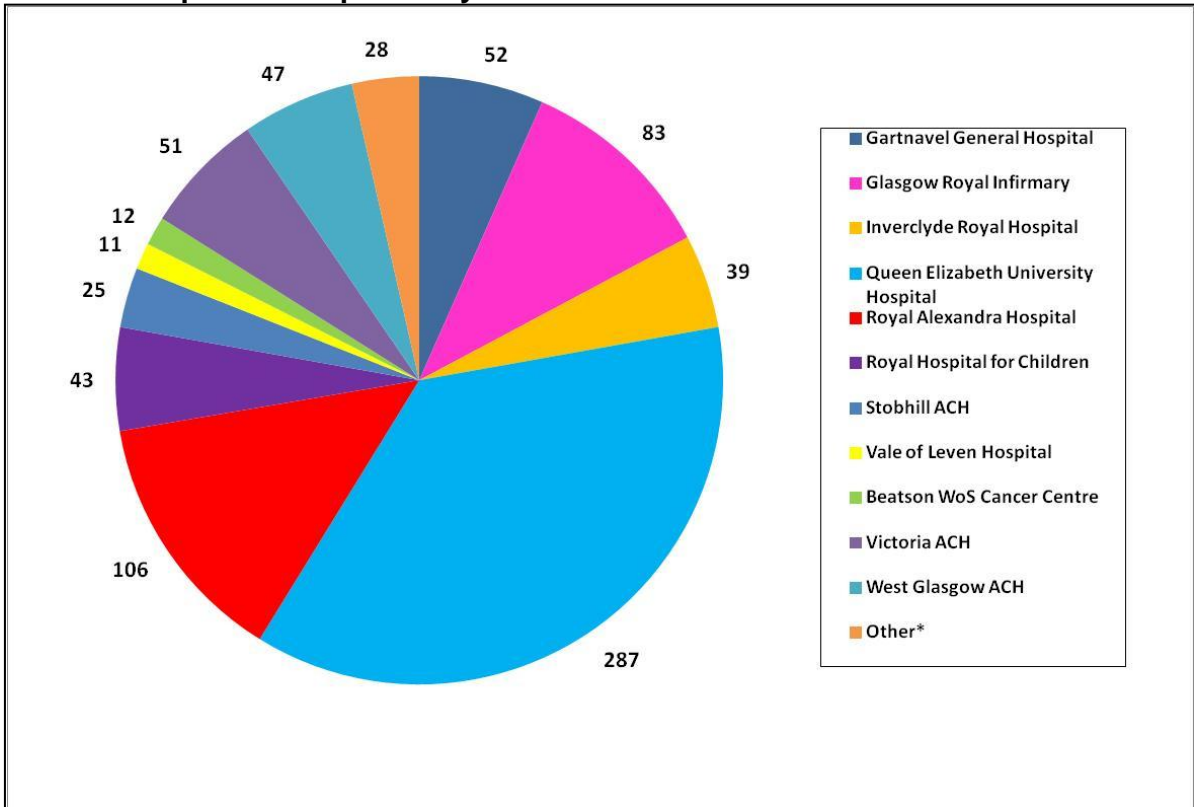
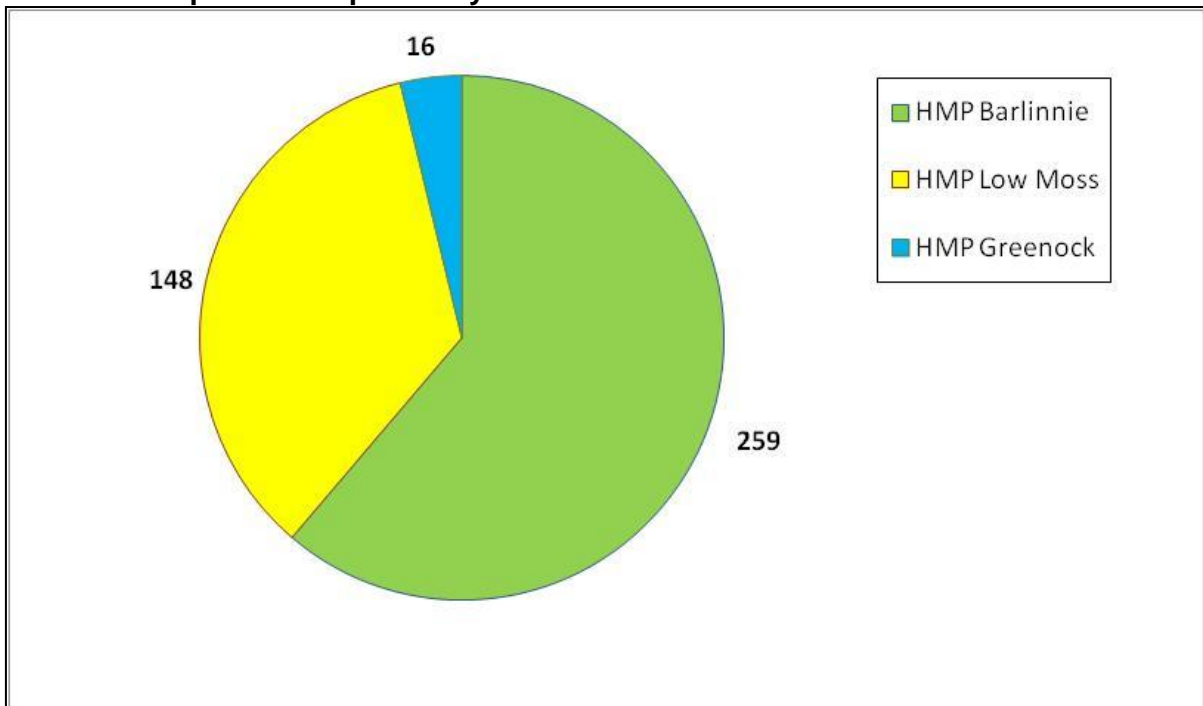


Chart 3: Completed Complaints by Location – Acute / Board



*Other includes sites such as the Glasgow Dental Hospital.

Chart 4: Completed Complaints by Location – Prisons



c. 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	Admin staff, inc Health Records	Other	Total
Admissions / Transfers / Discharge procedure	11	3	0	1	1	16
Aids / appliances / equipment	0	1	1	4	1	7
Attitude and Behaviour	27	42	4	10	3	86
Catering	0	2	0	2	0	4
Cleanliness / laundry	0	1	0	2	2	5
Clinical treatment	251	60	9	21	5	346
Communication (oral)	33	46	3	22	1	105
Communication (written)	11	1	1	12	0	25
Competence	1	1	0	0	0	2
Consent to treatment	0		0	0	0	0
Date for appointment	92	7	2	57	4	162
Date of Admission/Attendance	77	1	1	28	0	107
Failure to follow agreed procedures	0	1	0	0	0	1
Mortuary / post mortem arrangements	1	0	0	0	0	1
Other	3	1	1	4	3	12
Outpatient and other clinics	10	1	0	1	0	12
Patient privacy / dignity	0	2	0	0	0	2
Patient property / expenses	0	3	0	0	0	3
Policy & commercial decisions of NHS board	0	1	0	2	0	3
Premises	0	0	0	26	2	28
Shortage/Availability	0	1	0	0	0	1
Test results	11	0	1	1	0	13
Transport	0	3	0	2	4	9
Total	528	178	23	195	26	950

The three biggest causes of complaint in Acute services were Clinical Treatment, Date of Appointment/Admission and Communication.

Table 3: Issues and Themes by Staff Group – HSCPs

	AHPs	Consultant/ Doctors	Dental (Prisons)	GP (Prisons)	NHS board / admin staff	Nurses	Opticians (Prisons)	Pharmacists	Total
Aids/Equipment	0	0	0	0	0	1	0	0	1
Attitude and Behaviour	3	1	0	0	2	23	0	0	29
Clinical treatment	13	17	18	244	3	139	0	5	439
Communication (oral)	1	4	0	0	0	7	0	0	12
Communication (written)	0	1	0	1	0	1	0	0	3
Competence	0	1	0	0	1	3	0	0	5
Date for Appointment	1	3	19	6	2	3	1	0	35
Date of Admission/Attendance	0	0	0	0	0	1	0	0	1
Failure to follow agreed procedures	2	1	0	0	2	7	0	0	12
Outpatient and other clinics	0	0	0	0	3	0	0	0	3
Policy & commercial decisions	0	1	0	0	0	0	0	0	1
Premises	1	0	0	0	0	1	0	0	2
Test results	0	1	0	0	0	0	0	0	1
Total	21	30	37	251	13	186	1	5	544

The biggest causes of complaint within the HSCPs were Clinical Treatment and Date of Appointment.

d. 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.

General Practices (GPs) and Optometric Practices receive a request for the information either by e-mail, containing a link to Webropol (online survey tool), or by letter, containing a copy of the survey form. Those who do not respond are 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. The HSCPs are also sent details of practices who do not respond, in order that they can be chased up

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 July 2017 – 30 September 2017.

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

	1 July 2017 to 30 September 2017			
	<u>GPs</u>	<u>Dentists</u>	<u>Opticians</u>	<u>Pharmacists/DAC</u>
Number of complaints received, and as % of core measure:	<i>Patients registered with practice at quarter end</i>	<i>Patients registered with practice at quarter end</i>	<i>Episodes of care in the reporting period</i>	<i>Scripts dispensed in reporting period</i>
Core Measure	1,089,712	1,159,432	13,452	2,182,715
No of complaints received and % of core measure	324 (0.03%)	40	38 (0.28%)	287 (0.01%)
Number of Stage 1 complaints closed within 5 working days and % of all Stage 1 closed complaints	225 (67.28%)	23 (57.5%)	35 (92.11%)	189 (65.85%)
Number of Stage 1 complaints closed where an extension was authorised - <i>between 6 and 10 working days</i> and % of all Stage 1 complaints	2 (0.88%)	5 (17.86%)	0 (0.00%)	0 (0.00%)
Number of Stage 1 complaints closed beyond 10 working days	0	0	0	0
Average number of days to respond to Stage 1 complaint.	1.21	2.0	2.57	0.16
Outcome of completed Stage 1 complaints:-				
• Upheld	76	15	24	160
• Partially Upheld	56	9	4	8
• Not Upheld	93	4	7	21
• Withdrawn	0	0	0	0
• Outcome not noted	2	0	0	0
Number of Stage 2 complaints closed within 20 working days and % of all Stage 2 closed complaints	80 (86.96%)	12 (100%)	3 (7.89%)	90 (31.36%)
Number of Stage 2 complaints closed beyond 20 working days and % of all Stage 2 closed complaints	12 (13.04%)	0	0 (0.00%)	4 (1.39%)
Number of Stage 2 complaints closed where an extension to over 20 working days was authorised and % of Stage 2 closed complaints	8 (8.70%)	0	0 (0.00%)	1 (0.35%)
Average number of days to respond to Stage 2 complaints.	3.22	9.5	4.00	0.10
Outcome of completed Stage 2 complaints:-				
• Upheld	19	4	0	91
• Partially Upheld	30	5	0	2
• Not Upheld	25	1	1	0
• Irresolvable	8	1	2	0

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• Withdrawn	0	0	0	0
Number of Stage 2 complaints closed after escalation within 25 working days and % of all Stage 2 closed complaints	13 (100%)	0 (0.00%)	0 (0.00%)	0 (0.00%)
Number of Stage 2 complaints closed after escalation out with 25 working days and % of all Stage 2 closed complaints	0 (0.00%)	0 (0.00%)	0 (0.00%)	0 (0.00%)
Average number of days to respond to Stage 2 escalated complaints.	16.0	0	0	0
Outcome of completed Stage 2 escalated complaints:-				
• Upheld	3	0	0	0
• Partially Upheld	3	0	0	0
• Not Upheld	5	0	0	0
• Irresolvable	2	0	0	0
No of complaints still open at the end of the reporting period	2	3	0	1
Alternate Dispute Resolution Used	0	0	0	2

e. 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 quarter.

Table 5: SPSO

	<u>HSPCs</u>	<u>FHS</u>	<u>Acute / Board</u>
(a) Notification received that an investigation is being conducted	3	0	0
(b) Notification received that an investigation is not being conducted	4	0	16
(c) Investigations Report received	0	0	1
(d) Decision Letters received (often the first indication in respect of FHS complaints)	2	8	14

Investigation Reports

There was one Investigation Reports laid before the Scottish Parliament and published by the Ombudsman in this quarter in relation to NHSGGC, detailed below.

Investigation Report 1 - Case Reference - 201605095,

**Queen Elizabeth University Hospital - Urology
Delay in treatment, palliative care, communication, complaints handling**

Date of Complaint – December 2016

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Summary of Complaint Investigated by Ombudsman

The complaints investigated were that the Board failed to:

- The Board unreasonably delayed in providing Mrs McC with the relevant appointments following her diagnosis of bladder cancer.
- There were unreasonable delays in the treatment of Mrs McC's cancer.
- There were unreasonable failings in communication between the specialists treating Mrs McC regarding her condition and her treatment
- The Board's handling of the complaint was unreasonable.

Ombudsman's Recommendations to the Board	Actions Taken
The Board Provide a written apology to Mr McC for the failings identified (27 September 2017).	A written apology was provided on 15 September 2017.
In similar cases patients should receive treatment within 31 days from decision to treat to first treatment, as per the Scottish Government targets (22 November 2017).	This was discussed at the South Sector Urology Clinical Governance Meeting on 18 September 2017. A copy of the minutes was provided as documentary evidence to SPSO to support that this recommendation has been addressed (24 October 2017).
In similar cases, timescales between histology reporting and outpatient appointments in the urology service should be shorter (22 November 2017).	This was discussed at the South Sector Urology Clinical Governance Meeting on 18 September 2017. A copy of the minutes was provided as documentary evidence to SPSO to support that this recommendation has been addressed (24 October 2017).
Letters between services should be shared at the appropriate time and acted upon where necessary (25 October 2017).	This was discussed at the South Sector Urology Clinical Governance Meeting on 18 September 2017. A copy of the minutes was provided as documentary evidence to SPSO to support that this recommendation has been addressed (24 October 2017).
Palliative radiotherapy should be considered and offered as early as possible to reduce patients' pain (25 October 2017).	This was discussed at the South Sector Urology Clinical Governance Meeting on 18 September 2017. A copy of the minutes and additional documents were provided as documentary evidence to SPSO to support that this recommendation has been addressed (24 October 2017).
The Board should demonstrate that staff are aware of the need to ensure patients are made fully aware of the possibility of disease progression if treatment for other health issues is required; and of their options for treatment (25 October 2017).	This was discussed at the South Sector Urology Clinical Governance Meeting on 18 September 2017. A copy of the minutes was provided as documentary evidence to SPSO to support that this recommendation has been addressed (24 October 2017).
The Board should demonstrate that they have	This was discussed at the South Sector

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<p>reflected and learned from this case to ensure that there is better communication and coordination between teams, including discussion at multidisciplinary team meetings as appropriate, so that patients receive good and timely care (25 October 2017).</p>	<p>Urology Clinical Governance Meeting on 18 September 2017.</p> <p>A copy of the minutes was provided as documentary evidence to SPSO to support that this recommendation has been addressed (24 October 2017).</p>
<p>The Board should ensure that complaint responses correctly identify and respond to all issues raised by complainants (27 September 2017).</p>	<p>A copy email was provided as documentary evidence that this recommendation was addressed (27 September 2017).</p>

Decision Letters

There were 40 Decision Letters issued by the Ombudsman in this quarter in relation to NHSGGC:

- 14 related to the Acute Services Division. In these, 35 issues were investigated (19 issues were upheld, 16 issues not upheld and 30 recommendations made).
- 2 related to Partnerships. In these, 2 issues were investigated (0 issues were upheld, 2 issues were not upheld and 0 recommendations made).
- 8 related to Family Health Services (GPs, dentists, community pharmacist and opticians).

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

Annual Statistics

The annual letter from the SPSO was received on 4 October 2017. Between 2015/16 and 2016/17, there was a decrease of 1.0% (19.5% to 18.5%) of premature complaints in NHSGGC (complaints that were escalated to the SPSO before the local complaints process was completed / exhausted). Whilst this is positive, please bear in mind that we have no control over when a complainant chooses to contact the SPSO.

In those same years, there was also a 7.8% decrease (55.3% to 47.5%) in the number of cases that the SPSO upheld following investigation. The SPSO upholds issues that the Board has upheld to show the Complainant that they have agreed with the Board assessment.

f. 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.

The contract was tendered in 2016/17 and awarded to PASS for three years. There will be a greater focus on setting up the national helpline 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. For more information, please go to: www.patientadvicescotland.org.uk/

The key PASS findings for NHSGGC for the period were as follows:

- There were 201 clients that contacted the service;

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- There were 418 enquiries; and
- 37% of enquiries were dealt with at Level 3 or above (indicating more complex a case requiring more support and input).

The most frequently recorded types of advice provided were (based on 452 total activities recorded):

- Giving information (66%)
- Requesting information (10%)
- Writing letters (8%)
- Contacting third party (6%)
- Of the 228 advice codes recorded:
 - 30% of advice given concerned clinical treatment;
 - 17% concerned staff attitude/behaviour; and
 - 5% related to waiting times for appointment/admission.

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.

g. Current Issues

The Head of Board Administration attended the first National PASS Advisory Group, held last month, which has been set up to consider the performance of the new PASS Service and to ensure publicity of the new service. The first meeting concentrated on the governance arrangements of the Group and which performance data would be submitted to the future bi-monthly meetings. The Board's Complaints Manager also represents NHSGCC on this Group.

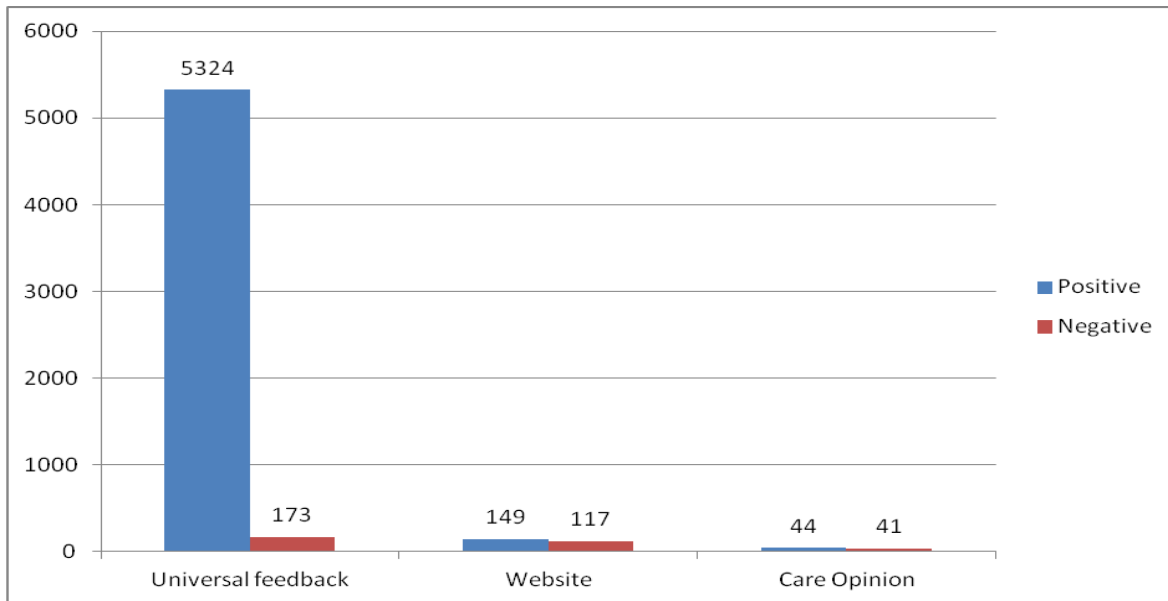
2. Feedback

Section 1: Feedback

We currently have three systems through which we can receive feedback from patients: Universal feedback, NHSGGC website and Care Opinion. In Quarter 2 (July – September 2017) **5,848** patients used these systems to tell us about their experience of NHS Greater Glasgow and Clyde.

As shown in Figure 1 below, overall, the vast majority of this feedback was positive. In the last three months, **331** people told us that their experience had been negative. When looking at the more qualitative and in-depth sources of feedback such as Care Opinion, around 54% of this feedback was positive in Quarter 2.

Figure 1: Patient satisfaction in Quarter 2



2. Feedback by Sectors and Directorates

The figure below demonstrates that the majority of patient feedback was positive in all sectors and directorates (except paediatrics and neonatology, which does not currently participate in Universal Feedback).

Figure 2: Patient satisfaction in Sectors and Directorates

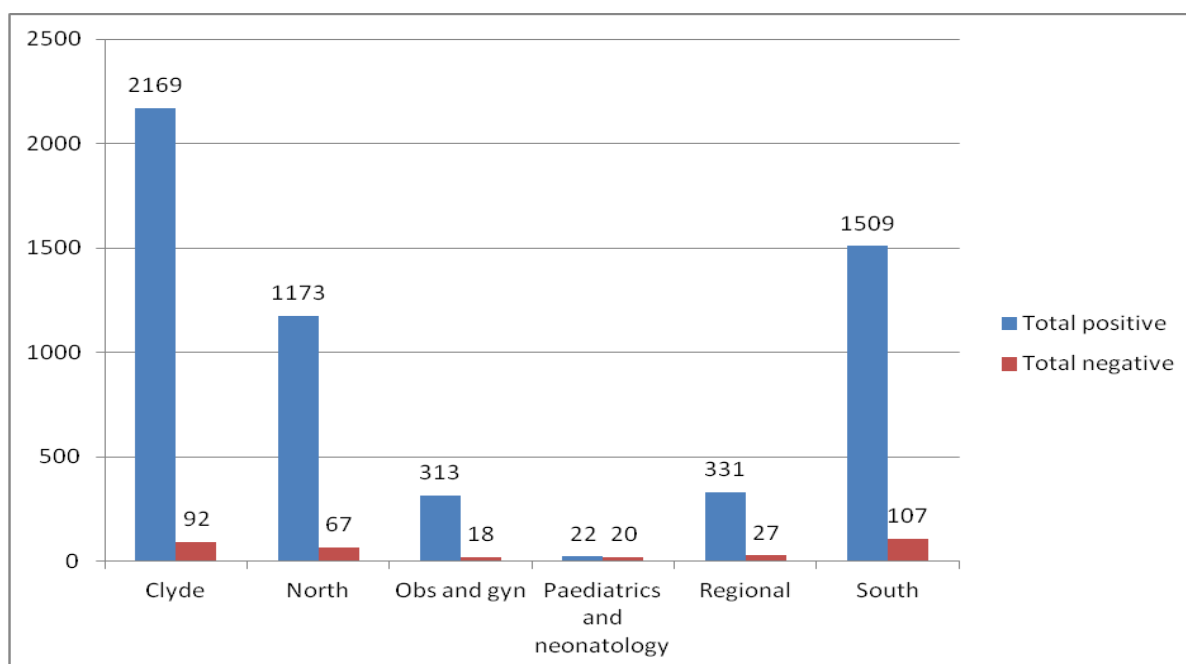


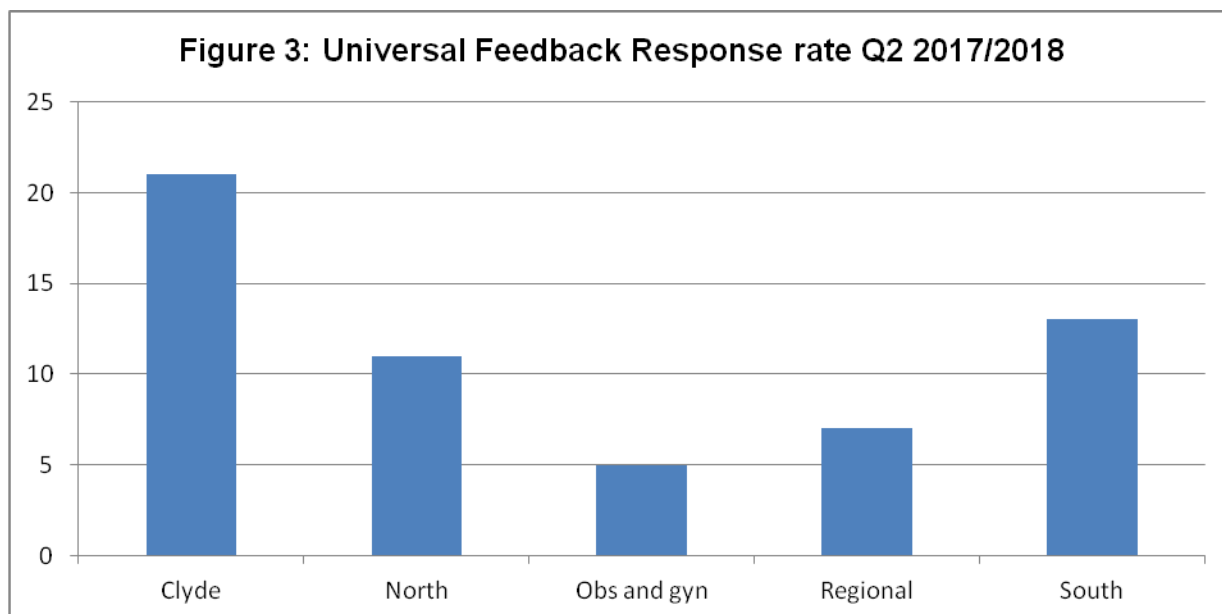
Table 1 illustrates the positive and negative responses received for each feedback method by sector.

Table 1: Number of patients reporting positive and negative experiences by feedback method and by Sector/Directorate

Sector	UF +	UF -	Website +	Website -	CO +	CO -
South	1440	41	54	49	15	17
North	1144	40	26	24	3	3
Clyde	2136	76	28	13	5	3
Obstetrics and gynaecology	291	9	20	6	2	3
Regional	313	7	11	12	7	8
Paediatrics and neonatology	0	0	10	13	12	7

Section 3: Universal Feedback

Universal Feedback, is a system where every inpatient is to be offered a card to fill in on the day of their discharge. We know that the majority of our patients choose not to give feedback. In quarter 2, 5,497 universal feedback cards were received meaning that 88% of people discharged from our care in Quarter 2 did not tell us how satisfied they were via this method. The Board Nurse Director has agreed a target of 20% response rate for Universal Feedback be set across NHS Greater Glasgow and Clyde. There were variations in Sector/Directorate performance against this target this quarter. Figure 3 below illustrates the Universal Feedback response rate for each Sector/Directorate in Quarter 2.

Figure 3: Universal Feedback Response rate Q2 2017/18

Section 4: Care Opinion

Care 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 Care 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.

Of the 85 stories shared on Care Opinion this quarter, around 50% were negative. There have been **10** stories with criticality 3 (moderately critical) rating received on Care Opinion in the second quarter of 2017 – 2018:

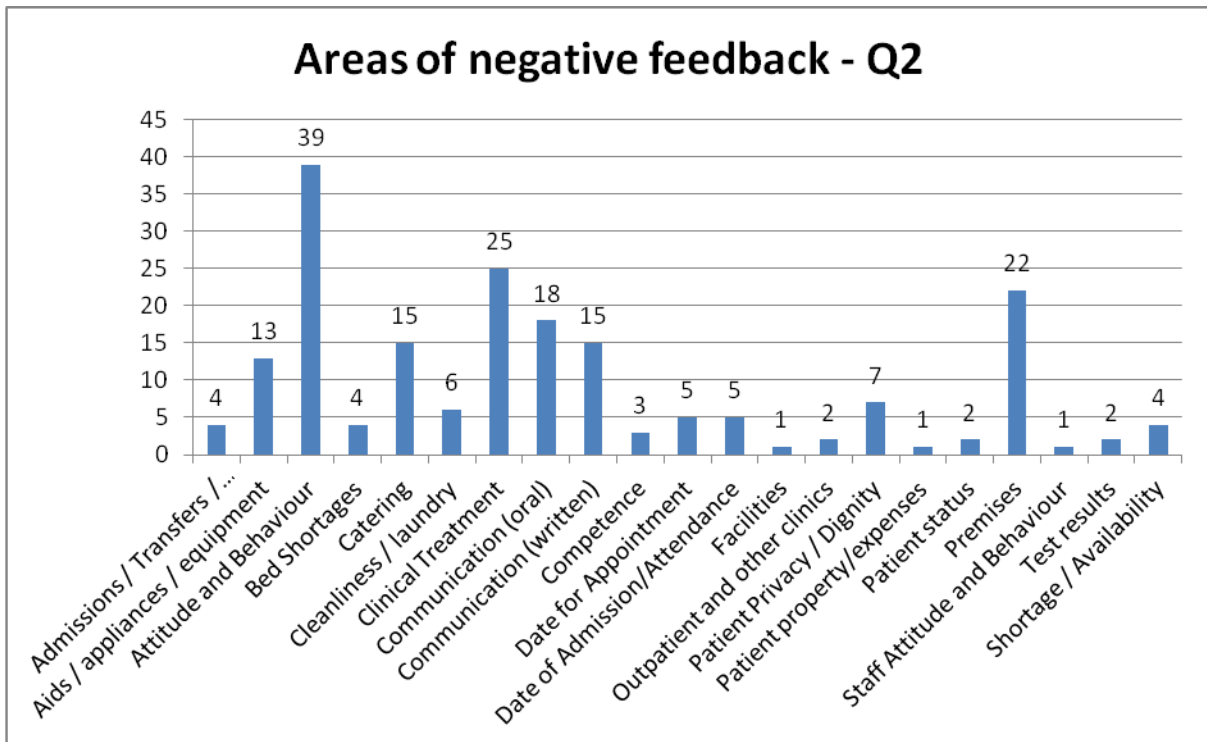
- 4 were about clinical treatment
- 3 were about attitudes and behaviour
- 2 related to communication
- 1 related to date of admission or appointment

Links to the stories and responses are provided in table 2.

Section 5: Board wide areas for improvement

When looking at areas of dissatisfaction in quarter 2, the following areas have been highlighted:

Figure 4: Areas of negative feedback - Q2 2017/18



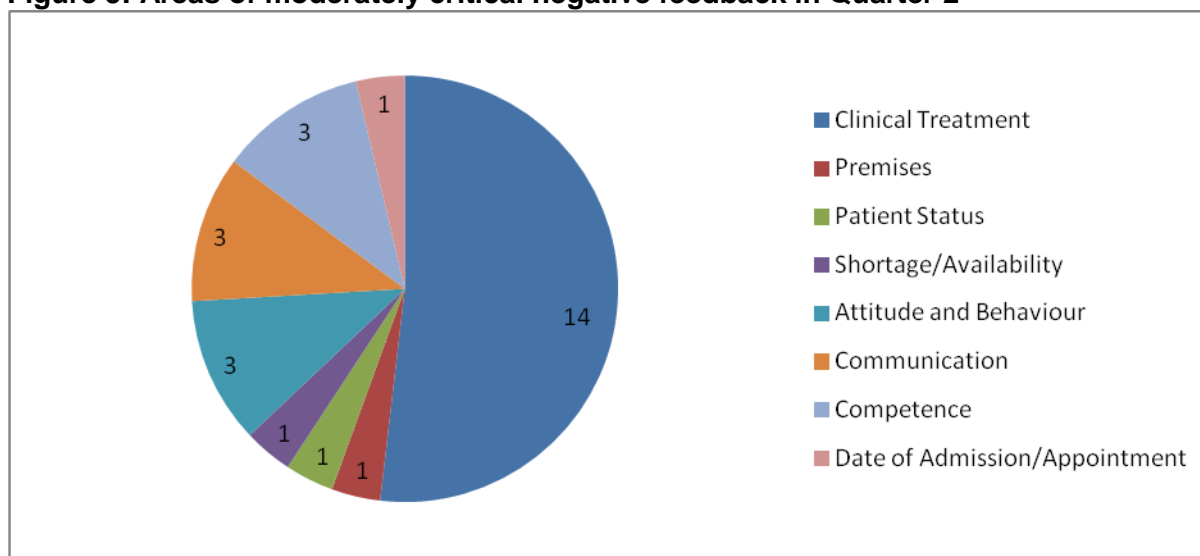
Section 6: Sectors' Response to Patient Feedback

In connection with transfer of Sectors' Monthly Patient Experience Reports to a new format, criticality rating and feedback themes have been standardised in line with the Care Opinion and Complaints classifications.

Sectors and Directorates are encouraged to respond to every critical (**criticality 3** and higher) comment/suggestion received from all three sources of Patient Feedback. Responses are documented in Sectors Quarterly Reports.

27 moderately critical (criticality 3) postings have been received in the second quarter 2017-2018 July - September across all sources of Patient Feedback, or 8% of the total negative feedback or 0.4% of the total Patient Feedback. All negative feedback is themed, figure 5 highlights the key themes.

Figure 5: Areas of moderately critical negative feedback in Quarter 2



Below are criticality 3 (moderately critical) Care Opinion stories received in the second quarter 2017-2018

Table 2: Criticality 3 (Moderately Critical) Care Opinion Stories by Themes 1 July to 30 September 2017

Themes	Criticality 3 Stories Links	Sector/Directorate
Clinical Treatment		
Problem with Medication "Management of Patient Medication"	https://www.careopinion.org.uk/opinions/384792	South, A&E (IAU) - CO285
Clinical Treatment - Poor Nursing Care "My mother-in-laws experience"	https://www.careopinion.org.uk/opinions/391527	South, QEUH, Ward 6A - CO295
Co-ordination of medical treatment "Care of my mum"	https://www.careopinion.org.uk/opinions/395966	Clyde, IRH, J North Medical Receiving Unit - CO172
Poor Aftercare "Waiting for new chair"	https://www.careopinion.org.uk/opinions/380354	Regional, QEUH, WestMARC - CO138
Communication		
Face to Face "My mum's journey through GRI prior"	https://www.careopinion.org.uk/opinions/387550	North, GRI, Medicine, Ward 10 - CO131

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Themes	Criticality 3 Stories Links	Sector/Directorate
to her death"		
Lack of a clear explanation "Poor communication in hospital"	https://www.careopinion.org.uk/opinions/393127	Regional, Beatson - CO152
Date of Admission/Attendance		
Date for appt exceeds maximum published waiting time "A failed Hip Operation"	https://www.careopinion.org.uk/opinions/391016	Clyde, VOL, Surgery - CO170
Attitude and Behaviour		
Treatment of patient (not clinical treatment) "Consultant doesn't believe in ME or CFS"	https://www.careopinion.org.uk/opinions/386889	Regional, RAH, Neurology - CO140
Staff Attitude "Cancelled surgery and waiting times"	https://www.careopinion.org.uk/opinions/396403	Regional, QEUH, Surgery & Anaesthetics - CO151
Insensitive to patient needs "Antenatal care and delayed c-section"	https://www.careopinion.org.uk/opinions/380115	Women & Children's: Obstetrics & Gynaecology, QEUH, Obstetrics - CO94

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. The section below summarises the actions taken as the result of some complaints.

a. Acute Sector

South Sector

A patient raised concerns regarding how long they were having to wait for anaesthetic allergy testing. Following receipt of the complaint the service reviewed and reorganisation their workload. This has allowed allergy testing to take place in the Medical Day unit at the QEUH and testing once per month.

A patient's child complained about the length of time their parent waited to have a cannula fitted. Clinical staff have now been asked to ensure patient cannula's are fitted in a timely manner and Nursing staff are attending a cannulation course to avoid a similar delays in future.

Clyde Sector

A patient's relative raised concerns regarding staff communication during their relative's admission to hospital. Following review of the complaint the service introduced a training package to staff. The nursing team are completing an online training module which focuses on the care of patients with dementia

Women & Children's Directorate

A parent raised concerns that their child did not receive appropriate care when the member of staff caring for them had to leave ward due to a personal health issue.

Additionally, the patient developed sepsis and family did not feel fully informed by staff.

A different member of nursing staff had been immediately allocated to the patient when the original staff member had to leave the ward, the family were offered an apology as this was not made clear. The importance of good communication was discussed within the department.

Regarding the sepsis information, as a direct result of complaint, a leaflet is being developed to explain this for patients and relatives.

Diagnostics Directorate

Patient raised concern that when they received appointment for MRI, they were asked to confirm attendance by telephone but no one answered and it was difficult to leave a message. Complainant also raised concern that they were not advised in advance locker space was limited.

Following review of the complaint the service are in dialogue with the software provider to discuss improvements required for callers confirming attendance. The service is also revising information leaflet regarding availability of storage for personal items.

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 (Corporate Sector) – Prison Services

Patient complained about not receiving all their medication.

Communication - Email was circulated reminding staff to document all information regarding medication not being dispensed. This issue was also discussed at the team meeting.

Glasgow City HSCP (NE Sector) – Community Health Services

A patient's spouse complained about the treatment their spouse received when having their catheter changed.

Patient Pathway/Journey - Guidance is being developed for triaging referrals and prioritising patients with pain, this will include catheter pain being scheduled as a priority for assessment and care as required. Staff will be involved in developing guidance triaging locally to improve communication.

Glasgow City HSCP (NW Sector) – Community Health Services

A complaint was received regarding the appointment system and waiting time.

Communication: A new procedure was put into place noting if a client states that they are in employment then a specific morning or afternoon slot should be offered.

West Dunbartonshire HSCP – Mental Health Services

A patient did not receive a home visit as previously agreed, also, the complainant was uneasy with keyworkers approach and that the care delivered was making the complainant feel distressed – Communication/Action: If there is a disagreement in terms of care plan between client and staff then this should be recorded. Staff will record their strategies to support client agreement. All staff will be informed of this.

Renfrewshire HSCP – Mental Health Services

A complainant was distressed that their spouse's clothing consistently was missing in the ward and new replacement clothing has to be purchased.

Communication: Staff were reminded to ensure that all relatives/carers are given the ward information booklet at point of admission and to document confirmation of this in the patients notes. The ward information booklet is designed to give information of the function of the ward including guidance on uplift of laundry and marking all clothes with patients name and ward number.

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