

**NHS BOARD MEETING**

**Dr Margaret McGuire,  
Nurse Director**

**17 April 2018**

**Paper No:18/16**

**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 October to 31 December 2017.

**Purpose of Paper:**

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

- Complaints received
- Scottish Public Services Ombudsman 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** – 4 April 2018

# 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 October to 31 December 2017.

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### Key Messages from the Paper

#### **1. Complaints**

In this quarter, NHSGGC **received** a total of 1266 complaints. **78%** of these were responded to within 20 working days.

A total of 1309 complaints were **closed** in the reporting period:

- 572 Stage 1 complaints, with 525 (92%) closed within 5 working days
- 737 Stage 2 complaints, with 453 (62%) closed within 20 working days

These figures are consistent with the previous quarter.

The most frequent causes of complaints both in Acute Services and Health and Social Care Partnerships was clinical treatment, date for appointment and attitude and behaviour.

From the Scottish Public Services Ombudsman, there were no Investigation Reports, and 37 Decision Letters in this quarter:

- 24 related to the Acute Services Division. In these, 65 issues were investigated (35 issues were upheld, 30 issues not upheld and 66 recommendations made).
- 4 related to Partnerships. In these, 7 issues were investigated (4 issues were upheld, 3 issues were not upheld and 8 recommendations made).
- 9 related to Family Health Services (GPs, dentists, community pharmacist and opticians).

A range of improvements were made as a direct result of learning from complaints.

#### **2. Feedback**

##### **a. Public Partners Involvement**

The PEPI (Patient Experience, Public Involvement) team have been actively seeking the views of those who have used a specific service to involve them in the delivery and operation of all services.

There have been a number of improvements made within acute services.

##### **b. Acute Feedback**

There are two centrally supported methods of feedback that complement the feedback gathered by teams or departments locally; these are NHSGGC Patient Feedback and Care Opinion (formerly known as Patient Opinion).

During this period, a revised version of Universal Feedback was piloted; the card asks four questions about the quality of a patient's experience, and offers space for them to write

comments. Results from the pilot were not available in this reporting period; an update on the pilot will be provided in due course.

Overall, we heard from **392** people about their experience in this quarter. **53%** of the total feedback for the quarter was positive. Positive feedback is overwhelmingly about staff, particularly in terms of how well they interact with patients and carers, with descriptions such as professional, friendly, kind and helpful frequently used.

**c. Mental Health Feedback**

Mental Health feedback was gathered via:

- Conversation Model (an informal and relaxed exchange)
- 15 Step Challenge (covers whether a ward is welcoming, safe, caring/involved and well organised/calm)
- Scottish Patient Safety Programme Patient Climate Survey
- Community Services feedback (included use of a postcard means of feedback 'Tell Us How It Is, Your opinion counts')  
Care Opinion

**d. Feedback from Specialist Learning Disability Services**

The service utilises a wide variety of ways to seek feedback from people with a learning disability, and to use this to improve care; these are detailed in the body of this report.

**NURSE DIRECTOR**  
**PATIENT EXPERIENCE REPORT**  
**QUARTER 3 – 1 OCTOBER TO 31 DECEMBER 2017**

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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 October to 31 December 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.

The paper is divided into two parts: **Complaints**, and **Patient Experience and Feedback**.

**1. Complaints**

**a. Background and Process**

As noted in previous papers, the new National Complaints Handling Procedure (CHP) took effect from 1<sup>st</sup> April 2017. NHSGGC has adopted the content of the CHP into the Board's Complaints Policy and Procedure.

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 (SPSO).

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

### **Stage 1: 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 2: 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 to the complaint should be made as soon as possible, but not later than 20 working days, unless an extension is required.

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

## b. Complaints - 1 October to 31 December 2017

### i. Total Complaints

Table 1 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 October to 31 December 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 1: Total Breakdown of Received and Completed Complaints**

|   | 1 October 2017 -<br>31 December 2017           |                       |  |
|---|--|-----------------------|--|
|   | HSCPs (exc FHS)                                | Acute / Board         | NHSGGC Total                                   |
| <b>Core Measure</b><br><i>Episodes of Patient Care within the reporting period*</i> | To be confirmed in future reports if available | 952,751               | To be confirmed in future reports if available |
| <b>Total Number of complaints received as a % of core measure</b>                   | <b>480</b>                                     | <b>786</b><br>(<1%)   | 1266   |
| <b>Number of complaints received and completed within 20 working days</b>           | <b>418</b><br>(87%)                            | <b>570</b><br>(72.5%) | <b>988</b><br>(78%)                            |

\*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.

In this quarter, NHSGGC received a total of 1266 complaints. 78% of these were responded to within 20 working days.

Tables 2 and 3 below details the complaints that were closed in the quarter and therefore will not match the figures outlined in Table 1 above.

**Table 2: Breakdown of Closed Complaints – Stage 1**

|  | 1 October 2017 -<br>31 December 2017           |                      |               |
|--|--|----------------------|---------------|
|  | HSCPs<br>(exc Prison<br>Healthcare<br>and FHS) | Prison<br>Healthcare | Acute / Board |
| <b>a) Number of complaints closed at Stage 1</b><br>(and as a % of all closed complaints)                          | 48<br>(55%)                                    | 276<br>(71%)         | 248<br>(30%)  |
| <b>b) Number of Stage 1 complaints closed within 5 working days</b><br>(and % of all complaints closed at Stage 1) | 38<br>(79%)                                    | 275<br>(99%)         | 212<br>(85%)  |
| <b>c) Number of Stage 1 complaints closed where an extension was authorised (between 6 and 10 working days)</b>    | 9<br>(19%)                                     | 1<br>(<1%)           | 29<br>(11%)   |
| <b>d) Number of Stage 1 complaints closed beyond 10 working days</b>   | 1<br>(2%)                                      | 0<br>(0%)            | 12<br>(5%)    |
| <b>e) Average number of days to respond to a complaint closed at Stage 1</b>                                       | 3 days   | 2 days               | 3 days        |
| <b>Outcome of Stage 1 completed complaints</b>   |  |                      |               |
| • Upheld   | 8<br>(17%)                                     | 2<br>(1%)            | 119<br>(48%)  |
| • Upheld in part   | 10<br>(21%)                                    | 0<br>(0%)            | 28<br>(13%)   |
| • Not Upheld   | 29<br>(60%)                                    | 272<br>(99%)         | 92<br>(37%)   |
| • Conciliation   | 0<br>(0%)                                      | 0<br>(0%)            | 0<br>(0%)     |
| • Irresolvable   | 0<br>(0%)                                      | 0<br>(0%)            | 2<br>(<1%)    |

|                                 |                        |                        |                        |
|---------------------------------|------------------------|------------------------|------------------------|
| • Unreasonable Complaint        | 0<br>(0%)              | 0<br>(0%)              | 1<br>(<1%)             |
| • Transferred to another unit   | 1<br>(2%)              | 0<br>(0%)              | 2<br>(<1%)             |
| • Withdrawn                     | 0 <sup>1</sup><br>(0%) | 1 <sup>1</sup><br>(0%) | 4 <sup>2</sup><br>(2%) |
| • Complaints declared vexatious | 0<br>(0%)              | 0<br>(0%)              | 0<br>(0%)              |

There was a 3.5% reduction in Stage 1 prison health care complaints from last quarter. The fluctuation in numbers of complaints for prison health care can be variable, and this is can be seen in previous versions of this report. There is occasionally clear rationale for the differences in number of complaints. For example, legal agents at prisoner visits sometimes have leaflet drops where prisoners are made aware of legal aid availability if they wish to make a complaint or claim about their treatment or care in prison. This can see an increased number of complaints going back to historic incidents, although these would still be managed in line with the Complaints Policy guidance regarding time restrictions.

There was a 4% reduction in Stage 1 complaints in the HSCPs compared to the previous quarter, and the number of Stage 1 complaints regarding Acute/Board also decreased by 4% compared to last quarter. These percentage decreases are small, with no obvious reason.

**Table 3: Breakdown of Closed Complaints – Stage 2**

|   | 1 October 2017 -<br>31 December 2017           |                      |                      |
|---|--|----------------------|----------------------|
|   | HSCPs<br>(exc Prison<br>Healthcare<br>and FHS) | Prison<br>Healthcare | Acute / Board        |
| a) Number of complaints closed at Stage 2<br>(and as a % of all closed complaints)                              | 38<br>(44%)                                    | 111<br>(29%)         | 588<br>(70%)         |
| b) Number of Stage 2 complaints closed within 20<br>working days<br>(and % of all complaints closed at Stage 2) | 25<br>(66%)                                    | 69<br>(62%)          | 359<br>(61%)         |
| c) Number of Stage 2 complaints closed where an<br>extension was authorised                                     | 7  | 35                   | 13                   |
| d) Average number of days to respond to Stage 2<br>complaints   | 21 days  | 19 days              | 24 days              |
| e) Outcome of Stage 2 completed complaints  |  |                      |                      |
| • Upheld  | 6 (16%)  | 6 (5%)               | 226 (38%)            |
| • Upheld in part  | 15 (39%)                                       | 18 (16%)             | 146 (25%)            |
| • Not upheld  | 14 (37%)                                       | 82 (74%)             | 171 (29%)            |
| • Conciliation  | 0 (0%)   | 0 (0%)               | 1 (<1%)              |
| • Irresolvable  | 0 (0%)   | 0 (0%)               | 8 (1%)               |
| • Unreasonable Complaint  | 0 (0%)   | 0 (0%)               | 0 (0%)               |
| • Transferred to another unit   | 1 (3%)   | 0 (0%)               | 6 (1%)               |
| • Withdrawn   | 2 (5%) <sup>1</sup>                            | 5 (5%) <sup>1</sup>  | 30 <sup>2</sup> (5%) |
| • Complaints declared vexatious   | 0 (0%)   | 0 (0%)               | 0 (0%)               |

**Complaints withdrawn - 1 October – 31 December 2018**

|              | Total | No Consent<br>Received | Complainants<br>no longer<br>wished to<br>proceed | Other |
|--------------|-------|------------------------|---|-------|
| <sup>1</sup> | 8     | 3                      | 5   | 0     |
| <sup>2</sup> | 30    | 12                     | 18  | 0     |

There was a reduction of 6% in performance in Stage 2 complaints for HSCPs when compared to last quarter, but the number of complaints closed remained relatively low, so any reduction would impact overall percentage. The performance for prisons and acute services / board was consistent compared to the previous quarter, as was number of complaints closed.

**1309** complaints were closed in Quarter 3, of these:

- **572 were closed at Stage 1**
  - i. **525 (92%)** were closed at Stage 1 within 5 working days. In addition to this, a further 39 had an extension authorised and were subsequently closed within the extended period of 10 days. Therefore, **564 (99%)**, were closed at Stage 1 within 5 working days or within 10 working days where an extension was authorised.
- **737 were closed at Stage 2**
  - i. **453 (62%)** were closed within 20 working days.

Although the total number of Stage 1 complaints closed for this quarter fell when compared to last quarter, the percentage of when these were responded to was the same.

The total number of Stage 2 complaints closed was slightly higher than the previous quarter, although again, response times were largely the same.

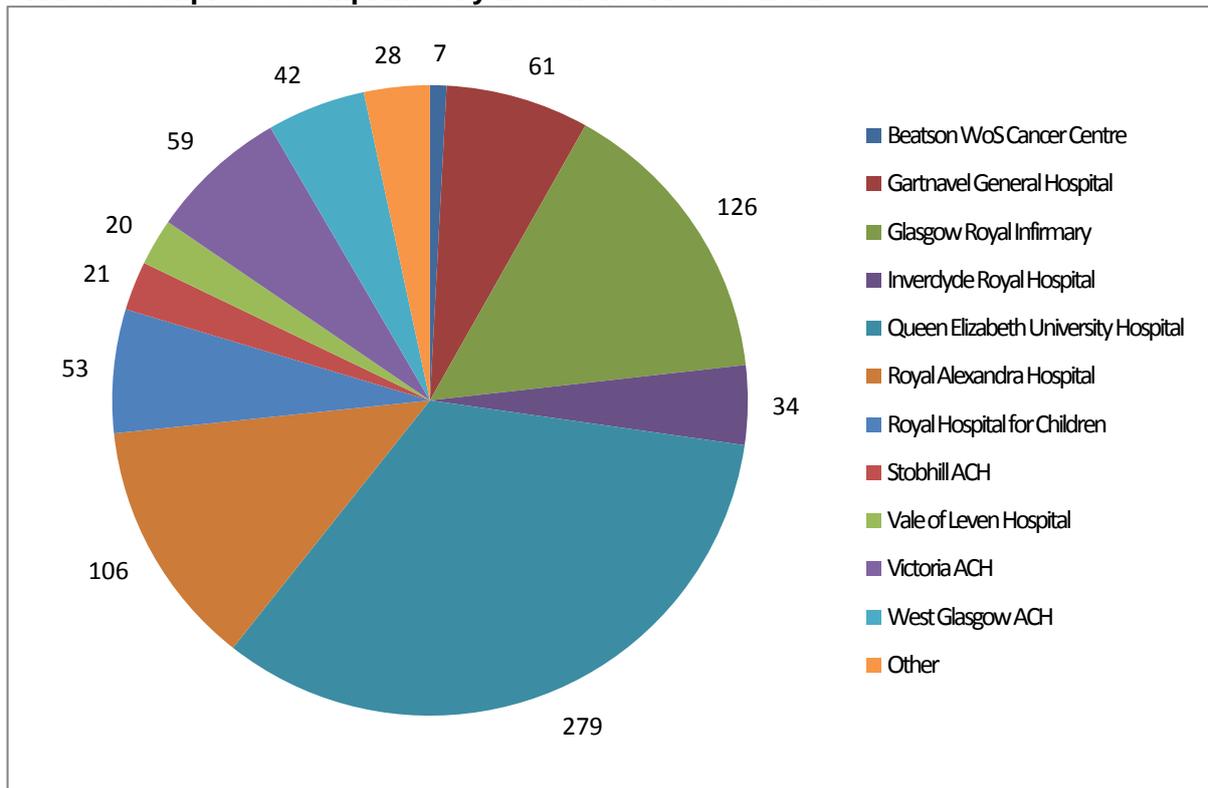
The NHSGGC Complaint Policy notes that we must ensure that complaints (and feedback, comments and concerns) are handled sympathetically, effectively and quickly and that lessons are learned and result in service improvement. In order to do this we have a responsibility to gather and review information,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

When a complaint is received an investigation is initiated 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, an outcome decision will be agreed; 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, and this is signed at senior level prior to it being issued to the complainant, as described in the Complaints Policy and Procedure.

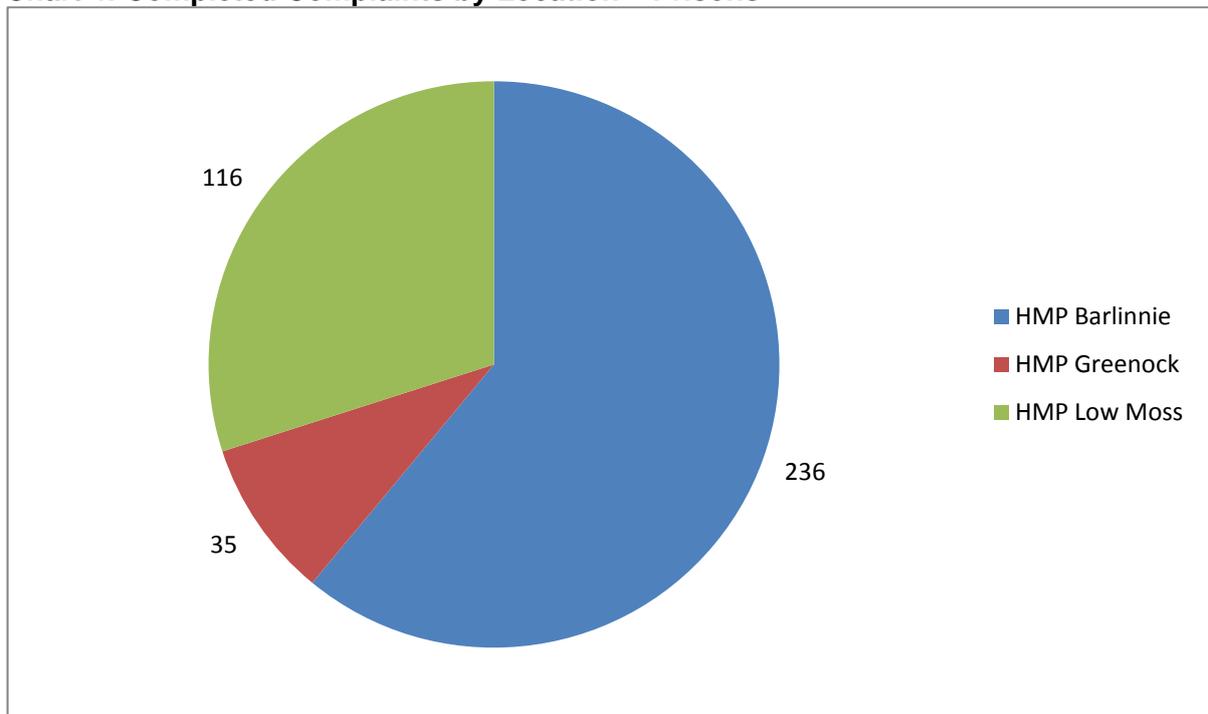
This process ensures that all complaints are managed using a structured investigation process and outcome decisions are based on collated evidence.



**Chart 3: Completed Complaints by Location – Acute / Board**



**Chart 4: Completed Complaints by Location – Prisons**



#### d. Issues, Themes and Staff Type

Tables 4 and 5 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 4: Issues and Themes by Staff Group – Acute / Board**

|  | Allied Health Professionals | Consultants / Doctors | Admin staff (in. Health Records) | Nurses     | Other     | Total      |
|--|-----------------------------|-----------------------|----------------------------------|------------|-----------|------------|
| Admissions / Transfers / Discharge procedure | 0                           | 3                     | 4                                | 1          | 2         | 10         |
| Aids / appliances / equipment                | 1                           | 3                     | 0                                | 0          | 3         | 7          |
| Attitude and Behaviour                       | 6                           | 36                    | 8                                | 38         | 7         | 95         |
| Bed shortages                                | 0                           | 1                     | 0                                | 0          | 0         | 1          |
| Catering                                     | 0                           | 0                     | 0                                | 0          | 4         | 4          |
| Cleanliness / laundry                        | 0                           | 0                     | 0                                | 1          | 4         | 5          |
| Clinical treatment                           | 4                           | 272                   | 22                               | 75         | 16        | 389        |
| Communication (oral)                         | 1                           | 37                    | 9                                | 14         | 3         | 64         |
| Communication (written)                      | 0                           | 10                    | 7                                | 0          | 0         | 17         |
| Competence                                   | 0                           | 0                     | 0                                | 1          | 0         | 1          |
| Consent to treatment                         | 0                           | 3                     | 0                                | 0          | 0         | 3          |
| Date for appointment                         | 1                           | 148                   | 28                               | 7          | 6         | 190        |
| Date of Admission/Attendance                 | 0                           | 71                    | 10                               | 1          | 0         | 82         |
| Failure to follow agreed procedures          | 0                           | 4                     | 2                                | 1          | 1         | 8          |
| NHS board purchasing                         | 0                           | 0                     | 0                                | 1          | 0         | 1          |
| Other  | 1                           | 1                     | 4                                | 1          | 2         | 9          |
| Outpatient and other clinics                 | 0                           | 4                     | 3                                | 0          | 2         | 9          |
| Patient privacy / dignity                    | 0                           | 1                     | 2                                | 3          | 2         | 8          |
| Patient property / expenses                  | 0                           | 0                     | 0                                | 2          | 0         | 2          |
| Policy & commercial decisions of NHS board   | 0                           | 3                     | 5                                | 0          | 0         | 8          |
| Premises                                     | 0                           | 0                     | 10                               | 0          | 26        | 36         |
| Test results                                 | 1                           | 8                     | 1                                | 0          | 0         | 10         |
| Transport                                    | 0                           | 0                     | 1                                | 2          | 4         | 7          |
| <b>Total</b>                                 | <b>15</b>                   | <b>600</b>            | <b>116</b>                       | <b>148</b> | <b>82</b> | <b>966</b> |

The three biggest causes of complaint in Acute / Board services were clinical treatment, date for appointment and attitude and behaviour.

**Table 5: Issues and Themes by Staff Group – HSCPs**

|                                     | AHPs     | Ancillary Staff/Estates | Consultant/Doctors | Dental (Prisons) | GP (Prisons) | NHS board / admin staff | Nurses     | Pharmacists (Prisons) | Total      |
|-------------------------------------|----------|-------------------------|--------------------|------------------|--------------|-------------------------|------------|-----------------------|------------|
| Attitude and Behaviour              | 2        | 0                       | 8                  | 0                | 4            | 2                       | 21         | 0                     | 37         |
| Clinical treatment                  | 3        | 0                       | 13                 | 30               | 167          | 0                       | 152        | 16                    | 381        |
| Communication (oral)                | 0        | 0                       | 2                  | 0                | 0            | 2                       | 4          | 0                     | 8          |
| Communication (written)             | 1        | 0                       | 1                  | 0                | 0            | 0                       | 0          | 0                     | 2          |
| Competence                          | 0        | 0                       | 1                  | 0                | 0            | 0                       | 2          | 0                     | 3          |
| Complaint Handling                  | 0        | 0                       | 0                  | 0                | 0            | 0                       | 2          | 0                     | 2          |
| Date for Appointment                | 1        | 0                       | 5                  | 13               | 9            | 4                       | 4          | 0                     | 36         |
| Date of Admission/ Attendance       | 0        | 0                       | 0                  | 0                | 0            | 1                       | 0          | 0                     | 1          |
| Failure to follow agreed procedures | 1        | 0                       | 4                  | 0                | 0            | 1                       | 4          | 0                     | 10         |
| Outpatient and other clinics        | 0        | 0                       | 0                  | 0                | 1            | 2                       | 0          | 0                     | 3          |
| Patient privacy/dignity             | 0        | 0                       | 0                  | 0                | 0            | 0                       | 1          | 0                     | 1          |
| Patient property/expenses           | 0        | 0                       | 0                  | 0                | 0            | 0                       | 1          | 0                     | 1          |
| Personal records                    | 0        | 0                       | 1                  | 0                | 0            | 0                       | 0          | 0                     | 1          |
| Policy & commercial decisions       | 0        | 0                       | 2                  | 0                | 0            | 0                       | 1          | 0                     | 3          |
| Premises                            | 0        | 1                       | 0                  | 0                | 0            | 0                       | 0          | 0                     | 1          |
| Test results                        | 0        | 0                       | 0                  | 0                | 0            | 1                       | 0          | 0                     | 1          |
| <b>Total</b>                        | <b>8</b> | <b>1</b>                | <b>37</b>          | <b>43</b>        | <b>181</b>   | <b>13</b>               | <b>192</b> | <b>16</b>             | <b>491</b> |

The biggest causes of complaint within the HSCPs were clinical treatment, attitude and behaviour and date for appointment.

Within prisons, unsupervised medications or 'in-possession' medications were the main focus of many complaints. There was an increase in complaints in HMP Barlinnie regarding dentist appointments, due to a lack of Scottish Prison Service escorting staff. The same was true for other treatment appointments.

#### **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.

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 October to 31 December 2017.

**Table 6: Complaints Received by Doctors, Dentists, Community Pharmacists and Opticians**

|  | 1 October to 31 December 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   | 1,224,672   | 1,184,851   | 72,396  | 2,487,129                                    |
| <b>No of complaints received and % of core measure</b>   | <b>343 (0.03%)</b>                                      | <b>23 (0%)</b>  | <b>10 (0.01%)</b>                               | <b>283 (0.01%)</b>                           |
| Number of Stage 1 complaints closed within 5 working days and % of all Stage 1 closed complaints   | 249 (98%)   | 15 (100%)   | 10 (100%)                                       | 206 (98%)                                    |
| 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 | 4 (2%)  | 0   | 0   | 5 (2%)                                       |
| Number of Stage 1 complaints closed beyond 10 working days   | 0   | 0   | 0   | 0  |
| Average number of days to respond to <b>Stage 1</b> complaint.   | 2.56  | 2   | 2   | 0.2  |
| Outcome of completed <b>Stage 1</b> complaints:-   |   |   |   |  |
| • Upheld   | 74 (29%)  | 10 (67%)  | 1 (10%)   | 193 (91%)                                    |
| • Partially Upheld   | 60 (24%)  | 2 (13%)   | 6 (60%)   | 8 (4%)                                       |
| • Not Upheld   | 118 (47%)   | 2 (13%)   | 3 (30%)   | 10 (5%)                                      |
| • Withdrawn  | 0   | 0   | 0   | 0  |
| • Outcome not noted  | 1 (<1%)   | 1 (7%)  | 0   | 0  |
| Number of Stage 2 complaints closed within 20 working days and % of all Stage 2 closed complaints  | 66 (81%)  | 6 (50%)   | 0   | 70 (97%)                                     |

|  |             |            |   |             |
|--|-------------|------------|---|-------------|
| Number of Stage 2 complaints closed beyond 20 working days and % of all Stage 2 closed complaints                                | 4<br>(5%)   | 0          | 0 | 1<br>(1%)   |
| Number of Stage 2 complaints closed where an extension to over 20 working days was authorised and % of Stage 2 closed complaints | 3<br>(4%)   | 0          | 0 | 0           |
| Average number of days to respond to <b>Stage 2</b> complaints.  | 10.02       | 10.5       | 0 | 0.45        |
| Outcome of completed <b>Stage 2</b> complaints:-   |             |            |   |             |
| • Upheld   | 15<br>(19%) | 2<br>(33%) | 0 | 68<br>(94%) |
| • Partially Upheld   | 16<br>(20%) | 0          | 0 | 2<br>(3%)   |
| • Not Upheld   | 32<br>(40%) | 2<br>(33%) | 0 | 1<br>(1%)   |
| • Irresolvable   | 7<br>(9%)   | 0          | 0 | 0           |
| • Withdrawn  | 0           | 0          | 0 | 0           |
| • Outcome not noted  | 0           | 2<br>(33%) | 0 | 0           |
| Number of Stage 2 complaints closed after escalation <b>within</b> 25 working days and % of all Stage 2 closed complaints        | 11<br>(14%) | 6<br>(50%) | 0 | 1<br>(1%)   |
| Number of Stage 2 complaints closed after escalation out with 25 working days and % of all Stage 2 closed complaints             | 0           | 0          | 0 | 0           |
| Average number of days to respond to Stage 2 escalated complaints.   | 10.67       | 20         | 0 | 0.017       |
| Outcome of completed Stage 2 escalated complaints:-  |             |            |   |             |
| • Upheld   | 0           | 0          | 0 | 1<br>(1%)   |
| • Partially Upheld   | 1<br>(1%)   | 0          | 0 | 0           |
| • Not Upheld   | 10<br>(12%) | 5<br>(42%) | 0 | 0           |
| • Irresolvable   | 0           | 0          | 0 | 0           |
| • Outcome not noted  | 0           | 1<br>(8%)  | 0 | 0           |
| No of complaints still open at the end of the reporting period   | 1           | 1          | 0 | 7           |
| Alternate Dispute Resolution Used  | 0           | 0          | 0 | 1           |

#### 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 SPSO's involvement in a case in the last quarter.

**Table 7: SPSO**

|  | <u>HSPCs</u> | <u>FHS</u> | <u>Acute / Board</u> |
|--|--------------|------------|----------------------|
| <b>(a) Notification received that an investigation is being conducted</b>                      | 4            | 0          | 0                    |
| <b>(b) Notification received that an investigation is not being conducted</b>                  | 11           | 0          | 15                   |
| <b>(c) Investigations Report received</b>  | 0            | 0          | 0                    |
| <b>(d) Decision Letters received (often the first indication in respect of FHS complaints)</b> | 4            | 9          | 24                   |

**Investigation Reports**

There were no Investigation Reports laid before the Scottish Parliament and published by the SPSO in this quarter in relation to NHSGGC.

**Decision Letters**

There were 37 Decision Letters issued by the Ombudsman in this quarter in relation to NHSGGC:

- 24 related to the Acute Services Division. In these, 65 issues were investigated (35 issues were upheld, 30 issues not upheld, and 66 recommendations made).
- 4 related to Partnerships. In these, 7 issues were investigated (4 issues were upheld, 3 issues were not upheld and 8 recommendations made).
- 9 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.

**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.

The contract was tendered in 2016/17 and awarded to PASS for three years. 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/](http://www.patientadvicescotland.org.uk/)

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

- There were 229 clients that contacted the service. Of these:
  - 20 (9%) clients were supported with signposting (level 1)
  - 204 (89%) clients were supported with advice (level 2)
  - 5 (2%) were supported with a complex casework (level 3)

The most frequently tasks to support clients were also recorded. Each task was reported once per client, although it may have been carried out more than once as a part of a client's case, and each client may have received more than one supportive task. These were:

- Giving information - 161 (70%)
- Requesting information - 38 (17%)

- Given advice - 31 (14%)
- Of the 390 advice codes recorded:
  - 55% of advice given concerned clinical treatment;
  - 49% concerned staff attitude/behaviour; and
  - 39% related to staff competence.

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.

## **h. Improvements from Complaints**

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.

### **Acute Sector**

#### **Clyde Sector – Orthotics**

A patient was asked to attend the orthotics service, and when they phoned to clarify the location, was advised to attend the orthotics department rather than the orthotics clinic. This resulted in the patient attending the wrong area through no fault of their own. In order to ensure this does not happen to any other patient in the future, all patient interaction now takes place in the clinic area only.

#### **North Sector – Acute Assessment Unit**

A patient with an absence was not given clear information about dressings after discharge and experienced difficulties at home as a result. As a direct result of the learning from the complaint, the service developed a written protocol for all staff to ensure the correct after care advice is given.

#### **Regional Services – Neurosurgery**

A patient complained that immediately after a cancer diagnosis they had to sit in a public waiting area with other patients whilst visibly upset before being taken to another area to see the Consultant. The service apologised unreservedly, and as a direct result now ensure patients are better prepared prior to the appointment, that there are sufficient staff to support patients during transfer between departments, and it is being explored as to whether a quiet room can be created adjacent to the outpatient department to help give patients and their families some private space.

#### **Women and Children's Services – General Paediatrics**

A patient's parent complained about attitude of the clinician who cared for her child, who had become distressed when tests were being carried out. The complaint investigation included the clinician, who fully accepted that their behaviour fell below acceptable standards. The clinician sincerely apologised, and supportive steps were put in place by the line manager to assist in reflect on practice and reduce the likelihood of a recurrence.

#### **South Sector – Respiratory**

A patient complained about a delay in receiving an appointment at a respiratory clinic. The response letter apologised, and explained that there was a higher demand on appointments,

which were prioritised according to clinical urgency. In order to help manage this, additional capacity had been created by running extra clinics on Saturdays and Sundays.

### **HSCPs**

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.

### **East Renfrewshire HSCP – Mental Health Services**

A complainant was disappointed with the way they has been treated whilst their child was being assessed for possible autism, as they felt their views regarding their child had not been taken into account. Management colleagues planned to discuss these issues with the doctor, who was also be asked to ensure others who come in contact with this service do not have the same poor experience.

### **Inverclyde HSCP – Specialist Children’s Services**

A complaint was received regarding information not being provided to the parents as requested, and no further contact from the service about the patient’s speech and language therapy follow-up. The pathway process was reviewed to learn lessons, improve practice and take remedial action. Internal processes were also reviewed to ensure improved communication between clinicians and business support, focusing on final reports and follow through communication.

### **Glasgow City HSCP (NE Sector) – Mental Health Services**

A patient complained about the Community Mental Health Teams appointment system, specifically that the telephone line was immediately dead, stayed silent for a short period and then dropped or played a recorded message about monitoring, then hung up. There was a telephone fault which stopped calls being redirected. The manager gave assurance that a thorough investigation was being taken to minimise any further risks in the future.

### **Renfrewshire HSCP – Specialist Children’s Services**

A relative of a patient complained that a case manager was on long term sick leave, which led the patient to request a new case manager. This was not acted on timeously and resulted in no support/contact for six months. Management colleagues reviewed processes and made changes to the management of caseloads in the event of staff sickness leave.

## **2. Patient Experience and Feedback**

### **a. Public Partners - Involvement**

#### **Introduction**

NHS Boards are required to involve the public, patients and carers, in the delivery and operation of all services. This involves actively seeking the views of those who have used a specific service. We call such patients those “with lived experience”.

To involve patients, carers and the public in the delivery of our services requires a different type of public participation. In late 2017, the PEPI (Patient Experience, Public Involvement) team recruited the first wave of new public partners to support this work. Alongside the Scottish Health Council, the team recruited 9 members of the public who are now serving on both local and corporate Patient and Carer Experience (PACE) groups. Although their engagement is still at the earliest of stages, the contribution they make to the groups is noticeable and is adding considerable value. The next wave of recruitment, which is underway now, will target carers.

#### **Update on the development of the NHSGGC Quality Strategy**

The development of an NHSGGC Quality Strategy is one of our Corporate Objectives and will be completed by June 2018. The Strategy will focus on the same elements as the National Quality Strategy. It is an opportunity for NHSGGC to present a clear set of imperatives under each of these that enable a more local and refreshed call to action, with an agreed scope which extends to every healthcare interaction in every potential setting in a patients journey. The full involvement of our six HSCPs in this work is crucial.

An annually reviewed Implementation Plan will set out the specific actions, responsibilities and timescales to convert strategic intent to reality.

It is important that the strategy is accessible to and understood by members of the public and non NHS stakeholders. To inform and realise this ambition, a number of community engagement activities have and are taking place. In December 2017, over 90 people came together in the Pearse Institute Govan to explore what a quality NHS meant. Health and social care staff were joined by 20 patients and carers to work through some of the ideas of a Quality NHS and to offer their perspectives on what was important and why. This work was complemented by outreach work in 4 acute hospitals. Further engagement with local community groups will take place in April/May 2018.

#### **Improving the Outpatient Experience at the Royal Alexandra Hospital**

In order to measure and understand the experience of patients attending for an outpatient appointment, a three month pilot was undertaken by the Senior Charge Nurse with support from the PEPI Team.

The approach that was piloted involved staff handing out a comments card for patients to complete on an optional basis following their appointment at Outpatients and at Pre Assessment Clinics. The comment card asks patients to rate their overall care experience and a free text box is available which asks them to comment on what we did well and what could be improved.

In total we heard from 301 patients. The majority of feedback was overwhelmingly positive particularly around the care they received from Nursing staff and Doctors and how they were made to feel during their appointment. Out of the 301 patients we heard from, 296 patients had a positive experience, with 232 patients rating their outpatient experience as ‘Excellent.’ Only 5 patients rated their experience as ‘fair’ and no patients rated their experience as ‘poor’ or ‘very poor.’

However patients also told us what could be better and as a result the following four improvements have been made:

- Improvement to baby changing facilities
- Extended reception desk opening times
- Improved signage
- Chaperone request notices in all rooms
- Improved information available about any clinic delays

Following on from the initial three month pilot, the Outpatient Department has adopted this feedback approach to understand what it is like for patients going through this service.

### **South Sector**

In October 2017, a PEPI Manager spoke to 23 family members, patients, carers and friends about their experience of care in Ward 8A, in Gartnavel General Hospital. We heard families, carers and friends visiting Ward 8A describe it as good. People praised the attentiveness of nursing staff, and appreciated efforts made by particular staff in keeping relatives up to date. All visitors felt that they could come and visit their loved one whenever they wished. A number of patients and their relatives felt that they would benefit from seeing doctors and physiotherapists in particular more frequently.

Staff have considered how they will use this feedback to improve the care they deliver, and plan a number of actions, including the introduction of phoning relatives/ carers following a ward round or multidisciplinary team meeting to provide a progress update. These conversations are documented in the patient's notes.

The PEPI Manager has offered to visit the ward again in Spring 2018, to see if there is a difference in feedback from carers and patients on the ward, following implementation of the planned actions.

### **Women and Children's Directorate**

In October 2017, around 50 new nursing staff participated in a comprehensive induction programme to prepare them for working in paediatrics and neonates in NHSGGC. As part of this induction, staff attended a two hour session about patient experience. Feedback on this section of the induction programme was:

- "Overall, the induction programme has evaluated very well, with most of the new nurses finding it both interesting and useful.
- With regards to your specific contribution we asked the new nurses to rate your presentation on patient engagement on a scale of one to six. Taking a mean, you averaged 5.51. If we had used mode you would have scored 5s and 6s.
- There were a lot of positive comments with the group really enjoying and being inspired by [the young person's] talk...[the parent's] contribution also rated highly...
- In the evaluation we asked the general question 'what was good about the week?' and the patient engagement session rated highly in response to this coming in to the top five good things about the week. The session certainly seemed to inspire the new nurses and generate a lot of discussion... it clearly enhanced the induction programme."

### **Neonatal Video Messages**

The Neonatal team at the Queen Elizabeth University Hospital recently celebrated one year of video messaging. In March 2017, the unit launched vCreate, a secure video messaging service which allows nursing staff to film and send updates of the babies to their parents when they are not with them. One year in, and more than 200 parents have participated in

the scheme which has been embraced by parents and staff alike. Families report that they love to receive these messages which reduce their anxiety and make them feel more involved in their baby's care.

**b. Acute Feedback**

This section details feedback received from a number of services.

In line with our requirements under The Patient Rights Act, NHSGGC seeks and welcomes feedback from all patients, carers and other users of our services. There are two centrally supported methods of feedback that complement the feedback gathered by teams or departments locally; these are NHSGGC Patient Feedback and Care Opinion (formerly known as Patient Opinion).

During this period, a revised version of Universal Feedback was piloted; the card asks four questions about a patient's experience, and offers space for them to write comments:

Ward:  
Site:

## We're Listening



We value our patients and what they tell us about their experiences. Can you please let us know about **your stay in this ward**? Please tick below

Q.1. Overall, how was your experience of care **in this ward**?

|                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Very good                | Good                     | Average                  | Poor                     | Very poor                |
| <input type="checkbox"/> |

Q.2. Did you feel that staff treated you with kindness and understanding during your stay?

|                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Yes always               | Most of the time         | Some of the time         | Hardly ever              | Never                    |
| <input type="checkbox"/> |

Q.3. Were you involved as much as you wanted to be in decisions about your care and treatment?

|                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Yes always               | Most of the time         | Some of the time         | Hardly ever              | Never                    |
| <input type="checkbox"/> |

Q.4. If your family or someone else close to you wanted to talk to ward staff, did they have the opportunity to do so?

|                          |                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Yes always               | Most of the time         | Some of the time         | Hardly ever              | Never                    | N/A                      |
| <input type="checkbox"/> |

**Please turn over card to provide further comments**





Results from the pilot were not available in this reporting period; an update on the pilot will be provided in due course.

Below is a summary of the feedback received via these two methods, broken down as to whether the experience was positive or negative.

**Table 8: Positive/Negative Feedback by Method and Directorate/Sector– October – December 2017**

|                          | Care Opinion |           | NHSGGC Patient Feedback |            |
|--------------------------|--------------|-----------|-------------------------|------------|
|                          | +            | -         | +                       | -          |
| South                    | 17           | 9         | 46                      | 52         |
| North                    | 3            | 7         | 18                      | 19         |
| Clyde                    | 9            | 9         | 46                      | 21         |
| Regional                 | 9            | 5         | 6                       | 3          |
| Obstetrics & Gynaecology | 6            | 3         | 14                      | 8          |
| Paediatrics              | 6            | 3         | 9                       | 12         |
| Facilities               | 3            | 5         | 15                      | 29         |
| <b>TOTAL</b>             | <b>53</b>    | <b>41</b> | <b>154</b>              | <b>144</b> |

Any feedback received by Sectors related to Facilities or Diagnostics is fed back to them via the monthly patient experience service improvement reports.

Overall, we have heard from **392** people about their experience. **53%** of the total feedback for the quarter was positive. While positive feedback is still slightly in the majority, this figure is significantly lower than the previous reporting period. This is because Universal Feedback 2 was being piloted, the results of which were not available during this period.

**Key Themes for Improvement from all Sources of Feedback by Directorate/Sector**

Across the two sources of feedback, positive feedback is overwhelmingly about staff, particularly in terms of how well they interact with patients and carers, with descriptions such as professional, friendly, kind and helpful frequently used.

Table below demonstrates areas for improvement by Sector/Directorate identified through analysis of negative comments received from all sources of feedback. In connection with transfer to a new format of reporting, Improvement Themes are now standardised in line with the complaints classification.

**Table 9: Areas for improvement by Sector/Directorate – October-December 2017**

|                                | Clyde | North | Regional | South | Obs & Gyn | Paediatrics & Neonatology | Total |
|--------------------------------|-------|-------|----------|-------|-----------|---------------------------|-------|
| Admission/transfer/Discharge   | 1     | 1     |          | 4     | 2         | 1                         | 9     |
| Attitude and Behaviour (staff) | 1     | 5     | 1        | 8     | 2         | 4                         | 21    |
| Bed shortages                  |       | 1     |          |       |           |                           | 1     |
| Catering                       |       | 1     |          | 5     |           |                           | 6     |
| Cleanliness/laundry            |       | 2     |          | 3     |           |                           | 5     |
| Clinical Treatment             | 4     | 5     | 1        | 5     | 2         | 3                         | 20    |
| Communication                  | 14    | 9     | 2        | 16    | 2         | 1                         | 44    |
| Competence                     |       |       |          | 1     |           |                           | 1     |
| Complaint Handling             | 1     |       |          |       |           |                           | 1     |

|   |   |   |   |    |   |   |           |
|---|---|---|---|----|---|---|-----------|
| <b>Date for appointment</b>                           | 1 |   | 4 | 3  |   | 2 | <b>10</b> |
| <b>Outpatient clinics (waiting time)</b>              |   |   |   |    | 2 |   | <b>2</b>  |
| <b>Patient privacy/dignity</b>                        | 2 |   |   |    |   |   | <b>2</b>  |
| <b>Patient status</b>                                 |   | 1 |   | 3  |   | 1 | <b>5</b>  |
| <b>Policy &amp; commercial decisions of NHS Board</b> |   |   |   | 2  |   |   | <b>2</b>  |
| <b>Premises</b>                                       | 4 | 1 |   | 11 | 1 | 2 | <b>19</b> |
| <b>Shortage/availability (of staff)</b>               | 1 |   |   |    |   |   | <b>1</b>  |
| <b>Test results</b>                                   | 1 |   |   |    |   | 1 | <b>2</b>  |

Qualitative analysis of the comments received by Sectors/Directorates via all sources of negative feedback in the quarter has identified the following key themes for improvement:

- Communication (oral and written; face to face, by telephone and email, outdated map on website)
- Attitude and Behaviour of Staff (insensitive to patient needs, rudeness and abruptness)
- Clinical Treatment (problems with medication, poor nursing care, poor aftercare)
- Premises (access to parent room in RHC, signage, car parking, disabled access, smoking)
- Date for appointment (long waits for appointments)

### **Actions taken by Sectors and Directorates in response to feedback**

In NHSGGC all feedback received is reported to the relevant Sector or Directorate on a monthly basis. Each piece of feedback has a unique identifying number. Every quarter Sectors and Directorates are required to complete the reporting loop and state what they have done in response to the feedback received. This information is reported via local and corporate Patient Experience Groups. Below in table 3 we give some examples.

**Table 10**

| <b>Examples of Comments in Leading Improvement Themes</b>  | <b>Action taken in response to the comments</b>   |
|--|---|
| <p><b>Clinical Treatment</b><br/>CO156: "...When Beatson phoned they said they didn't know anything about it. I just feel if he had got some more chemo when he started to feel ill again then he may have got quality of life, instead he was in the care of no one, as Beatson weren't helping him and only cared about trial, the hospital thought Beatson were caring for him and his doctor also thought Beatson were looking after him. He was lost in the system! I now feel he is just</p> | <p>Thank you for contacting me and giving me the opportunity to review your dad's care. Our clinical trials team discussed with your dad on enrolling in the trial that it can take some time before results and treatment are made available. This is because samples are sent to the USA for analysis and the immunotherapy drugs are not routinely made available to patients in Scotland outside of clinical trials. The clinical trials team have been in touch with your dad as planned now that his results are back. However, given his inability to make the</p> |

| Examples of Comments in Leading Improvement Themes   | Action taken in response to the comments   |
|--|--|
| <p>being left to rot away in his bed. I feel like the consultant should have told my dad how long it would take to get on this trial and that someone should have been monitoring him. I feel like they only care about their trials and not how the persons well being is. My poor dad I just feel devastated for him.”</p> | <p>journey, we assisted with arrangements to admit your dad to a local hospital. Please be reassured that the clinical trials nursing team have been in regular contact with the hospital nursing team since then. As I offered, I am happy for you to contact me at any time if you require any further assistance.<br/>Kind Regards<br/>Elaine Burt<br/>Chief Nurse – Regional Services</p> <p><i>Family member subsequently posted their thanks to Elaine for taking forward.</i></p> |
| <p><b>Clinical Treatment</b><br/>CO321: Disagreement re care/ treatment plan, difficulties getting diagnosis, not taking into account patient history</p>  | <p>Patient has been in contact with the Clinical Governance support for the area who has arranged appointment with consultant and discussed care and treatment plans going forward.</p>  |
| <p><b>Communication</b><br/>CO174: Lack of information on forward planning, delays in follow up appointments and ongoing issues with post-op infection and where to go for help with this</p>  | <p>Update from Business Manager - I arranged for this lady to be seen on the Surgical HOT clinic. I met her when she attended, and followed up with a phone call afterwards to confirm she was happy with the outcome. Our planning manger arranged for information regarding HOT clinics to be distributed to all GPs, as a result of this complaint.</p>   |
| <p><b>Communication</b><br/>F814: Looking to return crutches and a walking stick to new Victoria, as advised by Equipu, can you advise of floor /department, please.</p>   | <p>Currently working with procurement to determine a new recycling strategy for walking aids with appropriate information leaflets devised. Unable to respond directly to this feedback without further information</p>  |

### Critical Stories in Care Opinion in October-December 2017

Care Opinion assign a criticality rating from 1 to 5 to all stories posted on the website. Those with a criticality rating of 3 (moderately critical) or above trigger an automated notification system informing a variety of stakeholders that a posting of this nature has occurred. These stakeholders include local MSPs, as well as other members of the Scottish Government.

There was **1** criticality 4 (highly critical) and **12** criticality 3 (moderately critical) stories posted on Care Opinion during the period; they were related to the following themes: Clinical Treatment (5); Communication (3); Admissions/ Transfers/ Discharge Procedures (2); Date of Admission/Appointment (1); and Staff Attitude and Behaviour (2). Links to the stories are provided below:

**Table 11: Criticality 3 Patient Stories by Themes in October-December 2017**

| Themes  | Criticality 3 Stories Links  | Sector/Directorate  |
|---|--|---|
| <b>Clinical Treatment</b>                         |  |   |
| <b>Disagreement with treatment/ care plan</b>     | “My ongoing undiagnosed health care problem”<br><a href="https://www.careopinion.org.uk/opinions/450588">https://www.careopinion.org.uk/opinions/450588</a>                | South, QEUH, Ward 11C (Urology)   |
| <b>Disagreement with treatment/ care plan</b>     | “Lack of communication and care”<br><a href="https://www.careopinion.org.uk/opinions/434918">https://www.careopinion.org.uk/opinions/434918</a>                            | North, Stobhill ACH, Urology  |
| <b>Poor nursing care</b>                          | “Care of my mum at the Queen Elizabeth University Hospital”<br><a href="https://www.careopinion.org.uk/opinions/453449">https://www.careopinion.org.uk/opinions/453449</a> | South, QEUH, ITU/ Ward 5C   |
| <b>Poor nursing care</b>                          | “Poor care of our mum”<br><a href="https://www.careopinion.org.uk/opinions/451160">https://www.careopinion.org.uk/opinions/451160</a>                                      | Clyde, IRH, Ward H North (Surgery)  |
| <b>Lack of pain management</b>                    | “Awful colonoscopy experience”<br><a href="https://www.careopinion.org.uk/opinions/438205">https://www.careopinion.org.uk/opinions/438205</a>                              | Clyde, RAH, Ward 29 (Surgery)   |
| <b>Communication</b>                              |  |   |
| <b>Mis-understanding</b>                          | “My dad and his cancer journey”<br><a href="https://www.careopinion.org.uk/opinions/408638">https://www.careopinion.org.uk/opinions/408638</a>                             | Regional, BWoSCC, Oncology  |
| <b>Lack of clear explanation</b>                  | “Surgery – post op”<br><a href="https://www.careopinion.org.uk/opinions/399622">https://www.careopinion.org.uk/opinions/399622</a>   | Clyde, IRH/ RAH, Surgery  |
| <b>Other</b>                                      | “Cleft Service Scotland”<br><a href="https://www.careopinion.org.uk/opinions/440873">https://www.careopinion.org.uk/opinions/440873</a>                                    | W&C, RHC, Paediatrics   |
| <b>Admissions/ Transfers/ Discharge Procedure</b> |  |   |
| <b>Delay in discharge</b>                         | “Wait for painkillers”<br><a href="https://www.careopinion.org.uk/opinions/451464">https://www.careopinion.org.uk/opinions/451464</a>                                      | Regional, GRI, Burns and Plastic Surgery  |
| <b>Delay in admission</b>                         | “Maternity Assessment”<br><a href="https://www.careopinion.org.uk/opinions/408531">https://www.careopinion.org.uk/opinions/408531</a>                                      | W&C, Obstetrics, QEUH, Maternity Assessment/ EPAS   |
| <b>Date of Admission/Appointment</b>              |  |   |
| <b>Unacceptable time to wait for appointment</b>  | “Operation for my daughter”<br><a href="https://www.careopinion.org.uk/opinions/430192">https://www.careopinion.org.uk/opinions/430192</a>                                 | W&C, GGH, Ward 1C, Ophthalmology (also for NHS A&A – progressed through their complaints process) |
| <b>Attitude and Behaviour</b>                     |  |   |
| <b>6. Staff Attitude</b>                          | “My patient experience in A&E”<br><a href="https://www.careopinion.org.uk/opinions/434642">https://www.careopinion.org.uk/opinions/434642</a>                              | South, QEUH, Emergency Department   |
| <b>Inappropriate comments</b>                     | “My pregnancy/ labour”<br><a href="https://www.careopinion.org.uk/opinions/437750">https://www.careopinion.org.uk/opinions/437750</a>                                      | W&C, Obstetrics, QEUH   |

Of the 13 critical stories above, 7 (54%) have had actions undertaken as a result, as reported through the system of monthly reports which Sectors and Directorates use to advise what they have done with the feedback they receive. However, not all of these

actions have subsequently been updated on Care Opinion, and therefore there is a need to ensure that secondary responses by services are kept up to date to demonstrate how we are listening to feedback.

### **c. Mental Health Services Feedback**

Mental Health Services form part of our Health & Social Care Partnerships (HSCP) of which there are six within NHSGGC. Within Mental Health Services there is a strong commitment to involve and engage with service users and carers in all aspects of the service.

Within mainstream mental health inpatient services, in order to obtain current information on the patient experience of care delivery, we facilitate regular discussions with patients and carers, staff and service user organisation from the Mental Health Network. We do this using a “Conversations Model” and by specifically addressing standards contained within the NICE Guidelines - “Service user experience in adult mental health: improving the experience of care for people using adult NHS mental health services”. The Conversation Model is that of an informal and relaxed exchange, the content of which focuses on the patient’s views and those of carers and visitors where appropriate.

A quarterly report is compiled by our directly funded service user/carers organisation, the NHSGGC Mental Health Network and presented to each Head of Mental Health services within each HSCP. The latest report covers the quarter, and details below numbers of patients involved in the conversations and improvement recommendations from feedback.

**Table 12: Conversations Sessions**

| HOSPITAL   | WARD           | DATE     | NUMBER/PARTICIPANTS |
|------------|----------------|----------|---------------------|
| Inverclyde | Willow Orchard | 04-10-17 | 4                   |
| Gartnavel  | Henderson      | 12-10-17 | 1                   |
| Leverndale | Ward 2         | 26-10-17 | 5                   |
| Parkhead   | Ward 3         | 27-10-17 | 3                   |
| Leverndale | Banff          | 23-11-17 | 4                   |
| Gartnavel  | Rutherford     | 23-11-17 | 3                   |
| Birdston   | North & South  | 01-12-17 | 3                   |
| Gartnavel  | McNair         | 14-12-17 | 3                   |
|            |                | Total    | 26                  |

### **Conversations**

#### **Inverclyde RH Willow Orchard**

Carers welcomed the new unit but felt that there were a couple of issues within the transition. Firstly that the unit was very large and that this posed issues for patients/carers with limited mobility or who were being visited out with the ward as it may take time to contact staff if they were needed. Secondly there appeared to be less flexibility with regard to visiting and less opportunity to engage with staff to discuss the cared for person’s wellbeing. Staff seemed aware of this but discussions to improve the level of opportunity for carers to engage would be welcomed.

#### **Parkhead Ward**

- Information provided on admission providing ward routines and
- Housekeeping (fire exit, alarms etc.)
- Information provided about detention and Mental Health Act
- Reminders that fresh fruit is available

**The 15 Steps Challenge (© NHS Institute for Innovation and Improvement 2012. All rights reserved.)**

*“I can tell what kind of care my daughter is going to get within 15 steps of walking on to a ward” quote from parent.*

The 15 Step Challenge was developed by the NHS Institute for Innovation and Improvement, following the input from a parent visiting their daughter.

The challenge covers if the ward is:

- Welcoming
- Safe
- Caring and Involving
- Well Organised and Calm

Within Mental Health Services we have implemented the 15 Steps Challenge for our Dementia In-patient wards as we recognised that the ward conversations model did not fit with this patient group. All of our 16 in-patient wards have been visited during 2017 as part of the 15 Step challenge.

Recommendations for improvement from these visits included:

- Senior Charge Nurse informed us that new blinds have been ordered to ensure the privacy and dignity of patients receiving treatments in Activities Room;
- Advised that Cherry Picker stairs be removed from main entrance and stored elsewhere in order to reduce the risk of possible harm/injury from patients, visitors or staff attempting to climb up;
- The servery area in ward 4A should be closed off from the rest of this area to maximise safety;
- TV should be repaired/replaced as soon as possible.
- Patient case notes trolley should be removed from area when not in use and locked at all other times;
- Sluice door to be closed at all times;
- Computer in small sitting room should be more accessible for patients also recommend that IT department check this computer as unknown when last used.

**SPSP – Patient Climate Survey**

The Scotland Patient Safety Programme (SPSP) is a national project to improve the safety of inpatient wards across Scotland. As part of this, patients in a number of NHSGGC In-Patient sites were asked to participate in a survey that looked at what they thought about safety on the ward.

Patients were supported to take part in the survey by the Mental Health Network (Greater Glasgow and Clyde). MHNGGC is an independent, service-user led organisation that helps people to express their views about the mental health services they receive. MHNGGC has been involved in the SPSP locally since its inception within mental health in 2013.

In the period of October – December 2017 we visited four wards:

**Table 13:**

| HOSPITAL        | WARD   | DATE     | NUMBER/PARTICIPANTS |
|-----------------|--------|----------|---------------------|
| Dykebar         | South  | 30-10-17 | 5                   |
| Leverndale      | 3A     | 20-11-17 | 4                   |
| Gartnavel Royal | McNair | 12-12-17 | 4                   |
| Gartnavel Royal | IPCU   | 12-12-17 | 1                   |
|                 |        | Total    | 14                  |

A full report on the Patient Climate Survey is provided to the Senior Charge Nurse of the ward and the SPSP group and an action plan to address issues is agreed.

### Community Services Feedback

We continue to gather information about service user and carer experiences of using NHS GGC community services. This information helps to view care and treatment from their perspective and as a result allows the NHS to continually try to improve how these services are delivered.

We have recently introduced a new postcard means of feedback 'Tell Us How It Is, Your opinion counts'. We have piloted this tool in Auchinlea Resource Centre and in addition we re-visited Arran and Springpark Resource Centres. This is a postcard with 2 imperative questions to give us valuable feedback: 1. What did we do well? 2. What could have been done better?

**Table 14:**

| RESOURCE CENTRE   | DATE     | NUMBER |
|-------------------|----------|--------|
| Auchinlea Centre  | 3/10/17  | 26     |
| Arran Centre      | 18/10/17 | 30     |
| Springpark Centre | 7/11/17  | 9      |
| TOTAL             |          | 65     |

We are currently evaluating this feedback (appendix 2) and improvement plans will be developed by the Service Manager.

### Care Opinion

**Table 15: Criticality 3 Patient Stories by Themes**

| Themes   | Criticality 3 Stories Links  | Area                     |
|--|--|--------------------------|
| <b>Clinical Treatment</b>                            |  |                          |
| <b>Disagreement with treatment/care plan</b>         | Daughter was "refused any therapy in conjunction with her medication"<br><a href="https://www.careopinion.org.uk/opinions/399705">https://www.careopinion.org.uk/opinions/399705</a> | Shawpark Resource Centre |
| <b>Poor nursing care</b>                             | "Very bad place to be I felt"<br><a href="https://www.careopinion.org.uk/opinions/441148">https://www.careopinion.org.uk/opinions/441148</a>   | Leverndale               |
| <b>Attitude and Behaviour</b>                        |  |                          |
| <b>Lack of engagement, empathy and social skills</b> | "I feel like this ward is worsened by some of the staff"<br><a href="https://www.careopinion.org.uk/opinions/420093">https://www.careopinion.org.uk/opinions/420093</a>              | Leverndale               |

All 3 of these posts have had secondary responses.

### Carers

Following feedback and involvement of carers we introduced The Triangle of Care <sup>[1]</sup> (<http://static.carers.org/files/caretriangle-web-5250.pdf>), which outlines 6 key elements of a therapeutic alliance between service user, staff member and carers which promotes safety, supports recovery and sustains wellbeing. The roll out of the approach across mental health inpatient service areas is being co-ordinated by a Steering Group whose members include hospital site/area/ward Carer Co-ordinators and representative carers and service users.

Since the introduction of the Triangle of Care there has been a series of awareness sessions held on every adult ward raising the profile of the Triangle of Care and the

<sup>[1]</sup> Triangle of Care –Carers Included; A guide to Best Practice In mental Health Acute Care

engagement of relatives and carers. To date, every ward on site has received several sessions which has been very well received by staff.

We are now in the process of rolling out the Triangle of Care model within our Community Services.

### **Feedback from Specialist Learning Disability Services**

Our Assessment and Treatment Services have 27 beds across two sites. The service is available to people with learning disability. We also have 8 longer stay beds and a self care flat for 1 individual which is utilised for complex discharge planning supported by a third sector social care provider. The primary function of the service is to provide specialist learning disability assessment and treatment of mental ill health for people who, because of the complexity of their needs, cannot be supported in mainstream mental health services and require specialist intervention.

The service utilises a wide variety of ways to seek feedback from people with a learning disability, and to use this to improve care:

- Suggestions box – for use by patients, carers, relatives and staff. Responses are collated every two months;
- Community meetings every month, co-chaired by a staff member and a service user;
- People First Advocacy service user group meetings every month;
- Your Views – service user questionnaire. Responses are collated every 6 months on discharge. 24 questionnaires were returned for April 2017-October 2017. Responses have generally been positive.
- What Matters To You - This is run 6 monthly, alternate to Your Views, so that effectively we have quarterly feedback;
- Carer Engagement – A number of initiatives have been adopted to promote carer engagement, including carer meetings, issue specific focus groups, newsletters and questionnaires.

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