



# **2013/14 Annual Report on Feedback, Comments, Complaints and Concerns**

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## BACKGROUND

NHS Greater Glasgow and Clyde (NHSGGC) has 38,000 members of staff and serves a population of 1.2 million as well as providing regional and national services. It aims to deliver high quality healthcare and to use the views and experiences of the people who access our services as part of the process of continuing improvement. Our ambition is that the care we deliver is person-centred and provides services that put people at the heart of service provision.

The Patient Rights (Scotland) Act 2011 (the Act) came into force from 1 April 2012 with the aim of improving patients' experiences of using health services and to support people to become more involved in their health and healthcare. An important part of the Act was to ensure that patients' feedback, comments, concerns and/or complaints were more actively collected, monitored and used to improve services. The Act also required additional monitoring and reporting requirements including more detailed reporting about complaints, feedback and improvements made by primary care contractors (GPs, dentists, community pharmacists and opticians).

Complaints come from any person who: -

- has had (or is receiving) NHS care or treatment, or
  - has visited or used NHS services or facilities, or
  - is likely to be affected by a decision taken by an NHS organisation
- **Front Line Resolution** - comments, suggestions and straightforward complaints which can easily be resolved because they require little or no investigation are handled by those individuals directly involved in delivering services to patients. This may be clinical staff or support services staff such as Receptionists, Health Records staff or Domestic Services staff.
  - **Formal complaint** - this is appropriate where the matter of concern is complex and requires investigation. So that there is clarity about the terms of a formal complaint we ask that this be put in writing or assist individuals to do this. We provide prompt investigation and resolution of a complaint, at local level, normally within 20 working days of receipt of the complaint and an apology where things have gone wrong. If any complainant is unhappy with the way their complaint has been investigated and/or responded to, they are encouraged to let us know so that these supplementary concerns can be addressed further. This is called **Local Resolution**.
  - **Ombudsman Review** – this is where the person making the complaint remains dissatisfied with the outcome of Local Resolution, or has not received an outcome within the prescribed timeframe. They can ask the Scottish Public Services Ombudsman to review the handling of their complaint. This mechanism provides an independent overview of the actions of the NHS Board in resolving formal complaints.

## SECTION 1 - ENCOURAGING & GATHERING FEEDBACK

NHSGGC wants to encourage all of our patients to give us feedback and all of our staff to seek it and use it to ensure that the care they give is the best possible and sensitive to the needs of each individual.

Here is a brief list of some of the ways we seek feedback from our patients: -

- surveys and questionnaires;
- one to one interviews;
- focus groups of patients;
- standing panels of patients, carers or members of the public;
- patients or carers being members of clinical networks or advisory groups;
- and
- Public Partnership Forums provide useful feedback to the Partnerships.

We also encourage feedback from using suggestion boxes in wards or departments and we use Feedback Boards for patients to say what is important to them. We have a Community Engagement Team which travels to community groups and attends evening or weekend events to meet with the public and share information or gain feedback. We have two web based systems, Patient Opinion and NHSGGC Patient Feedback, where patients or carers can leave feedback online.

Last year, we used drama to role-play scenarios for learning disability patients to comment on, and picture artists to capture what young people think of our service plans. We have used facilitated workshops to listen to the public as part of the Clinical Services Review and supported a Health Reference Group made up of people from communities that have protected characteristics. Each CH(C)P has a Public Partnership Forum at which public and patient views are heard and the members actively participate in wider NHS consultations, including the Clinical Services Review.

Throughout all of this activity, NHSGGC encourages its staff to ensure that patients, relatives and carers are supported to participate if required. As a Board, we encourage staff to share patient or carer feedback back to the patients or carers involved and let people know how their views are used. The Board also promotes the Patient Advice and Support Service (PASS), which is able to provide tailored one to one support to patients or carers who wish to provide feedback, convey comments or concerns or be supported in making a complaint. We promote PASS through marketing leaflets and posters and inviting the PASS staff to talk with our patient groups first hand.

### **Hospital Services – Feedback**

Focusing on the acute division – the hospitals and hospital based services we provide – we are slowly building a map of who leads our services, how they are using different feedback methods and how they use this feedback to improve the services or care offered to patients. This map is being developed by Directorate Leads (often the Head of Nursing) who can then have oversight of what is happening on the frontline and ensure that all parts of the service are seeking

and using feedback. The Directorate Leads meet every two months to monitor progress, consider improvement support from across the organisation if helpful and provide assurance to their Directors that the work to embed the patient experience at the centre of everything we do is on track. The purpose of this approach is to keep the focus of feedback work on maintaining or achieving the highest possible standards of care.

## **Improving Services**

### **Listening to patients, delivering better care**

NHSGGC is committed to becoming a listening organisation, responsive to the needs of the communities it serves and valuing each patient and carer as a partner in care. We believe that by listening to our patients, we can improve the quality of the care they receive. This feedback can lead to changes in the way that services are delivered, but also reinforces positive caring behaviours within our staff or can challenge those behaviours which are less person centred. In this section, we describe a new programme of work which uses patient feedback to drive improvements in care – the Person Centred Care Collaborative. We also give short examples of how different parts of the service use different ways to listen to their patients and involve them in delivering the best possible service. This section also describes how we listen to minority communities and how we are using the internet to make giving feedback easier.

### **Neurology Voices**

As part of the national work focusing on improvements in Neurology services, the Neurological Alliance of Scotland (NAS) has provided training for patient/carers representatives in partnership with local NHS Health Boards to enable them to participate in their local health boards as “Neurology Voices”. In NHSGGC a Voices group now meets regularly – it comprises 7 Voices representatives, the Board’s Improvement lead for Neurology (General Manager), Lead Nurse for Neurosciences and clinical lead.

In July 2013 the Neurological Voices group was involved in a walk round of the Outpatient Department at the Southern General Hospital. The joint walk round of Outpatient facilities between Voices reps and the Lead Nurse was carried out in order to identify areas for improvement and gain an understanding of the patient experience within the OPD environment. This highlighted the different perspectives of staff and patients and allowed familiar surroundings to be seen through new eyes.

The report of the walk round highlighted a number of areas for improvement:

- No disabled parking in close proximity to the entrance;
- Signage is unclear;
- Manual doors throughout;
- Drop off area not often free;
- Road surface is uneven, slabs are uneven;
- Parking in disabled space if unaccompanied, requires a difficult manoeuvre over sloping, uneven surfaces;

- If travelling by public transport the distance from bus stop is excessive for people with mobility problems;
- Toilet facilities inadequate;
- Seating areas are crowded;
- Seating is inappropriate; and
- No patient information in areas.

Following the walk round, the service responded with some quick short term actions as well as initiating a longer-term plan to address the access issues. The following actions have already taken place:

- Improvements such as a dropped kerb and improved paving at the entrance have been made;
- A review has been made by estates to prioritise the remaining environmental issues;
- Discussions have been opened with a number of architects / new service designers to improve outpatients in the longer term; and
- Voices are currently working in collaboration with the service on the development of a new outpatient survey which will include access and environment issues to ensure on-going feedback on these issues.

The Voices group continues to be involved in discussions about service improvement using its access to those who can influence change to provide a patient voice in service delivery and improvement.

### **Respiratory Nurse Specialist Service April 2014**

Respiratory Nurse Specialists within NHSGGC provide specialist inpatient and outpatient Respiratory care for our patients. They specialise in various areas of Respiratory Nursing e.g. Lung cancer, Asthma & Chronic Obstructive Pulmonary Disease (COPD), Interstitial Lung Disease, Breathing Support, Cystic Fibrosis and Pulmonary Vascular Disease.

Last year, Respiratory Nurse Specialists sought feedback from patients on a developing Asthma Self Management Plan. Working in conjunction with NHS Lanarkshire, 2 focus groups met to review the format, content and ease of access to the Asthma Action Plan. 60 patients who attended asthma clinics or had been admitted into hospital were invited to attend the focus groups.

Feedback on the format and content was positive; 80% liked the format, 70% found it easy to follow, 79% felt it would be good for newly diagnosed patients and 80% felt the information was appropriate and pitched at the correct level for new or long standing asthma sufferers. Patients also made suggestions for improvements they would like to see; 90% felt the graphics could be better and colour would improve the overall appearance of the document, 75% wanted more information on medications and 25% wanted more online information.

This feedback from the groups was taken on board and the document was amended accordingly. The feedback was discussed at the West of Scotland Difficult Asthma group and the document has been shared with the Lanarkshire and GG&C Respiratory MCN.

## **Clinical Genetics Service, Laboratory Medicine building, Southern General Hospital**

Clinical Genetics is a regional service for adults and children with genetic or potentially genetic conditions. The team works with families with muscular dystrophies and other similar disorders and with families with complex genetic disorders requiring extra support and signposting to other services. Patients and their families are referred from across the West of Scotland and seen at our clinics at the Southern General Hospital or at clinics at other locations across the region.

Patient and family feedback is overwhelmingly positive in terms of the buildings, clinic areas and interactions with the clinical and administrative team but a patient survey in 2012 highlighted the problems some patients had finding the clinic. They reported that signage wasn't adequate; they were confused by the layout of the site and had trouble negotiating their way around the campus owing to the building work on site.

In response to this feedback the service reviewed and updated the information leaflet and map that are sent out to patients with their appointment letters. This new leaflet improved directions to the clinic and signage on the campus and in the clinic building was made clearer to follow.

A repeat survey in 2014 showed improvements in finding their way. The majority of patients reported that they had received an information leaflet and map, 85% found it helpful, and most were able to find the building without a problem. However, a significant minority continued to experience difficulties. These difficulties were due to not receiving an information leaflet and map; problems parking, and problems finding the building as some people got confused negotiating the building site, or were directed the wrong way by other hospital staff. A small number complained about the distance from the car parks to the clinic, and lack of disabled parking close by.

In response the service has once again altered its information leaflet to try to emphasise that patients can be dropped at the door if they have difficulty walking and to improve the directions. Patients have also been reassured that access should improve once the new hospital is completed, the building work has gone and a car park, with disabled spaces, opens adjacent to the clinic building.

## **Paediatric Radiology Department**

The department provides a dedicated Paediatric Diagnostic Imaging Service to paediatric & obstetric patients from NHSGGC and other Health Boards across Scotland.

In April 2011 a Trans-cranial Doppler (TCD) and MRI scanning service for children and young people with Sickle Cell Disease (SCD) was introduced. Strokes affect 5-10% of children with SCD and there may be MRI changes of silent stroke in up to 20% of the affected population before the age of 20. Annual imaging using TCD ultrasound scanning is recommended in the management of stroke in children as a means of guiding treatment with

transfusion and reducing the number who suffer a stroke. The Paediatric Radiology Department currently has 57 patients who are offered annual TCD and MRI monitoring, aged from 8 to 18 years.

Over the last year all patients who attend for TCD have been offered the chance to give feedback on the service. They have been encouraged to fill out an evaluation form, available both at clinic and in X-ray.

73% of patients rated the service as 'very good', 23% thought it was 'good' and 1 person said it was 'average'. Patients and families were particularly happy about the interaction with staff involved in the service and with the information provided during their scan appointment.

However, a number of patients and families commented on the length of time spent in the department and the impact of long waiting times on younger children. This service is a one-stop clinic, and while this is the most desirable model for TCD and MRI monitoring, the service acknowledges that it can involve long waits for children who may have travelled a distance to attend their appointment. The service responded to this feedback by: -

- Using Health Care Support Workers to monitor any patient delays in the Department and to keep patients well informed;
- Producing posters for waiting areas to inform patients about potential delays and to minimise parent or patient anxiety;
- The Radiographers at the Royal Hospital for Sick Children raised £480 to replace and update the toys in the waiting areas; and
- A mobile Wii interactive play station was moved into the Ultrasound waiting area and staff encourage patients to make use of this while waiting for appointments.

The service is building on the feedback in 2013/14 and has introduced an age-appropriate 'Large Red Post Box' for the Main Department waiting area.

### **MRI – Patient access times – 7 Day Services**

Seven-day access to MRI is well established in the Royal Hospital for Sick Children and has had very positive and encouraging feedback from patients and families. Some of the positive things about weekend appointments that families identified in discussions and thank-you notes included: -

- Parents do not need to take time off work;
- Ease of parking;
- Roads are quieter;
- Children don't need to take time off school; and
- Responsibility of escorting a child to a hospital appointment can be shared with both parents.

However, teenagers, boys in particular, said that they preferred their appointments to be later in the day rather than 9am on a Saturday or Sunday morning. In response, the service now allocates afternoon appointment times to teenagers.



## **What Matters to Me**

'What Matters to Me' is a feedback programme at the Royal Hospital for Sick Children which aims to improve the way services listen to and provide for children and young people in hospital. 'What Matters to Me' gives every child old enough the opportunity to draw or write a 'what matters to me' list which is then displayed close to their bed. This is helping to shape a service that does not assume knowledge on the thoughts of children, but rather asks them directly and responds to their needs

'What Matters to Me' is popular with all ages of children and young people and is completed by parents for children that are too young, unwell or unable to write their own list. Its popularity among staff and patients is seen in the process data on usage which shows in-patient wards achieving over 90% completion.

In one case last year, a father and daughter worked together to draw a colourful poster full of information on 'what matters to me'. As a young girl with communication difficulties, this poster gave staff insight into her needs and preferences in a way that she could not otherwise have made clear. Later, when her dad took ill and was rushed to hospital himself whilst she was still in hospital the 'what matters to me' poster took on special significance for staff. From it they knew exactly what would provide comfort, reassurance and support to their young patient as well as having practical information about her favourite foods, games, reading and music preferences. The patient benefited from the best possible care in a difficult and confusing situation while her dad worried less, knowing that staff were well prepared to care for and support his daughter.

Feedback from other patients, staff and families has been overwhelmingly positive:-

- 'So the children can read it and not feel scared' (9 yrs);
- 'I have communication difficulties and it is good to let other people know what matters to me (13 yrs);
- 'Nice to be involved';
- 'Helps hospital staff know topics to talk about'; and
- 'Helps staff look after him when I'm not here'.

'What Matters to Me' is now being rolled out to other wards and departments and to adult services where rehabilitation wards for the elderly are also reporting on the new and interesting insights they are gaining on what matters to their patients and how they would like to be cared for.

## **Mental Health - Feedback**

Mental Health Services ran a series of workshops involving primary care staff and 44 service users and carers to assist in the design of a user focussed website to enhance online access to information and resources relating to mental health services in NHSGGC offering relevant and appropriate information to patients and carers. The feedback gained from this exercise has been used to inform the project specification and influence the job description of the Project Manager taking forward the project.

In a different project, the Scotland Patient Safety Programme seeks to improve the safety of patients in inpatient wards. The Mental Health Network, an independent, service users led organisation, worked with the Clinical Governance Support Unit to interview 80 mental health service users regarding their perceptions of safety. This has led to a review of the information provided on the side effects of medication and checks made to ensure that this information is consistently available across the service.

From a service wide perspective, mental health has funded contracts with 2 service user/carer organisations: the Mental Health Network and ACUMEN (Advancing Community Understanding of Mental and Emotional Needs). Both are extensively involved in NHSGGC's strategic planning structures for mainstream mental health services.

Within Alcohol and Drug Services, there are a number of Service User Groups which are linked strategically to the Alcohol and Drug Partnerships (ADP) and act as consultation contact points, providing suggestions, feedback and comments to the ADP Strategy Group which, in turn, informs alcohol and drug policy planning and practice.

As part of the Scottish Patient Safety Programme, Rutherford Ward within Gartnavel Royal Hospital undertook a pilot of the programme. As part of the pilot programme, they carried out a ward culture survey involving the local Advocacy workers (Advocacy Matters). The subsequent feedback and results helped shape the action plans for the ward and the process will now be rolled out across mental health services. The next stage will involve ten wards utilising a similar process learned from the pilot in Rutherford ward.

Within mainstream mental health inpatient services, in order to obtain current information on the patient experience of care delivery, mental health services facilitate regular discussions with patients and carers, staff and service user organisations from the Mental Health Network and Acumen. This was carried out 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 Conversations 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 e.g. within Older Adult wards where patients have cognitive impairment and are unable to articulate their views and experiences. Within one week of each Conversation, the anonymised concerns and compliments shared are reviewed by the relevant operational manager, Senior Charge Nurse (SCN) and Professional Nurse Advisor in order that an action plan with review dates is agreed and implemented. A laminated A3 poster detailing what "You Said, We Did" is posted in the ward area. Examples of concerns such as "the iron in the ward is broken"; "I can't get access to a clean towel when I need one"; "I am not sure who my named nurse is" are generally balanced with compliments such as "Staff are wonderful they can't do enough for you"; "I sleep easy knowing my husband is safe in the ward"; "The SCN is great, he always talks to you at visiting and nothing is ever a bother".

Since January 2013, 20 such Conversations have been hosted across inpatient services involving approximately 100 patients.

### **Using the web – Patient Opinion and Patient Feedback**

In the last twelve months, two web-based feedback sites have been used by members of the public to provide feedback on and share experiences of using NHSGGC's services. Patient Opinion is run externally by an independent social enterprise. It allows people to post the views, opinions or stories of care online visible to others. The site asks NHS bodies to respond to these opinions and where change to practice is identified, inform the person posting their story what change has occurred subsequently. In 2013/2014, 185 stories were told. Of these, the sites moderators rated 2% strongly critical, 10% moderately critical, 23% mildly critical, 21% minimally critical and 45 % not critical. Two of the stories were recorded as having led to change. (Improved signage and better accessibility through improvements made to doors.)

Patient Feedback was developed in house by NHSGGC. It allows people to post feedback electronically that is not visible to others. NHSGGC Feedback has the ability to track usage by demographics. Over time, this may indicate patterns or themes common to certain groups. Between its launch in November 2013 and the end of March 2014, NHSGGC Feedback has had 152 responses. This feedback comprised of 85 comments and 67 pieces of praise. 43 individuals registered to join the Involving People Network and 103 registered to receive this Annual Report. A number of the comments made have also led to changes. These include changes to signage at the New Victoria and Glasgow Royal Infirmary, changes to staffing rotas and times at Medical Records to meet better patient needs to phone in changes or cancellations to appointment times, changes to the web site, telephone numbers, ambulance transport details and public transport routes, improvements to toilets, improved availability of wheelchairs at outpatients. Two further changes were sending text messages prior to outpatient appointments being progressed through the roll out of NetCall and improving the maps of the Royal Alexandra Hospital and Glasgow Royal Infirmary as used on the Board's website.

### **Minority Communities – Feedback**

NHSGGC proactively seeks feedback from patients and groups who may face particular challenges in accessing our services to ensure that barriers to all of our services are removed. Community engagement activity has included more than 3000 encounters at 80 events last year, including voluntary groups, support groups and community councils. We listen to our patients through initiatives such as 500 Voices, Patient Stories and Tell Us Your Thoughts.

In addition to many of the feedback processes described above, NHSGGC has established an Equalities Health Reference Group (made up of over 20 members who have protected characteristics) to advise on how accessible and sensitive the work of NHSGGC is in terms of meeting the needs of our diverse population and a Health Equalities Network which promotes public involvement and feedback in the development of our health services.

A number of patient involvement events were held at the end of 2013. The aim of these events was to talk to different groups of people with specific needs and to make improvements based on the issues raised. In total, 143 people took part, representing 8 'equality groups', these were:

- Asylum Seekers & Refugees;
- British Sign Language users;
- Deaf blind people;
- Lesbian, Gay and Bisexual people;
- People with Hearing Loss;
- People with Learning Disability;
- Transgender people; and
- Visually Impaired people.

The events provided feedback on our services and what needs to change. This informed the development of an action plan and established a baseline for 2013 so that NHSGGC can measure progress. These actions will now form part of the equality outcomes monitoring process and be included in NHSGGC performance monitoring process. The events will be run again in 2014 as part of a process of continuing engagement to review and monitor progress.

Examples of feedback from the events include: -

- A lack of awareness of the NHS complaints process. NHSGGC has undertaken an assessment of complaints policies and procedures in relation to equalities and will deliver training for complaints handling staff on equality issues;
- A lack of awareness amongst staff on protected characteristics. NHSGGC has reviewed training for staff and developed an interactive mandatory e-learning module.
- In working with Deaf British Sign Language users and a card has been produced – “Your Right to an Interpreter” – so that these patients have them available when booking appointments. Direct access for deaf people to the Interpreting Service via text has been set up to give additional confidence that an interpreter has been booked for their appointments.

### **Independent Contractor Feedback**

445 independent contractors reported on the systems they had in place in 2013/14 to gather feedback. In their reports they described how they gather, share and report on feedback; key themes identified and examples of service improvements and developments that resulted from feedback, comments and concerns.

The returns for 2013/14 demonstrated increasing engagement with this agenda and progress in establishing robust systems for gathering, examining and reporting on feedback from patients, carers and the public. Future improvements, however, are required in using this annual feedback return survey and also the local contractor teams will be working with practices to

encourage greater compliance with submission of their returns. This will be monitored going forward.

<b>Independent Contractor</b>	<b>No. of Returns 2012 - 2013</b>	<b>No. of Returns 2013 - 2014</b>	<b>% Return Rate 2013 - 2014</b>
GP Practices	108	170	70%
Pharmacies	54	165	53%
Dental Practices	35	17	6%
Optometrists	79	93	49%

Independent contractors reported on a wide range of bespoke methodologies for gathering feedback. This range of techniques reflected the differing communication, learning and language skills of patients and carers. A mix of formal, written methodologies e.g. surveys, comments cards alongside informal discursive approaches e.g. patient stories, patient forums offered opportunities to gain an in-depth understanding of users' concerns and interests.

Most practices had identified a lead officer with responsibility for collating feedback and for reporting on the actions or themes identified. They reported that feedback was shared with staff and with the patients and carers who had raised issues, although this was not always possible as some feedback was anonymous. Some used newsletters and posters to feed back to the wider group of patients and the public some reported to external agencies e.g. retail Head Office.

<b>Independent Contractor</b>	<b>% With Identified Lead for Feedback</b>	<b>% Reporting Feedback to Practice Staff</b>	<b>% Feeding Back to Patients and Carers</b>	<b>% With Newsletters, Posters etc</b>
GP Practices	97%	92%	38%	27%
Pharmacies	88%	59%	6%	0.6%
Dental Practices	94%	77%	30%	6%
Optometrists	76%	32%	15%	1%

### **Themes and Actions Taken**

The returns also demonstrated how independent contractors are listening to and responding to their patients by providing evidence of actions that have quickly and effectively moved to address feedback. The 3 key themes identified by each contractor group and examples from the range of actions taken are given below.

However, before describing areas of service improvement it is worth noting that the feedback received by all contractor groups was overwhelmingly positive and complimentary with many areas of good practice identified and recognised. Many patients took the opportunity in their feedback to express their thanks to the practice and to individual staff.

*"When people speak of discontentment with the NHS for us this was unrecognisable and only strengthened our gratitude to all the staff."*

Across all contractor groups positive feedback was used to recognise good practice; acknowledge individual staff and as a learning opportunity. There was very little reporting of negative feedback regarding staff but where there had been, practices reported on swift action to address issues with individuals.

## **GP Practices**

In GP practices the 3 common themes that were consistently identified were: -

- Praise for staff and for the practice;
- Access and Appointments; and
- Repeat prescribing.

### *Case Study 1: Access and Appointments in GP Practices*

"Most successful action taken was a major change to the afternoon open surgery service which was very unpopular with patients as they could wait in the surgery for up to 2.5 hours to be seen. Practice Manager introduced a new appointment template in which urgent/emergency appointments were offered at the end of each GP's morning surgery (2 per GP) and at the start of each GP's afternoon surgery (2 per GP), this allowed for between 18 to 28 emergency/urgent appointments each day (depending on how many GP's were in the practice on that day), that we previously did not offer. Also on call doctor in the afternoon had a short surgery with all on the day emergency urgent appointments (14 appointments). The difference between offering urgent appointments this way instead of an open surgery was that the patients were given an appointment time to come to the surgery.

Practice Manager also introduced more routine on the day appointments and also changed the length of time patients could book an appointment for a GP in advance. Previously it had been 1 week and this was changed to 2 weeks. This has made a great change in the way patients had previously sought appointments. Patients are more able to plan ahead any routine appointment with their GP of choice also patients who feel they need to be seen on the day are able now to book an appointment time instead of being asked to come along to the surgery where they could face a long wait."

Other means used to address this issue included improved communication with patients, increased use of telephone and on-line systems, extended practice hours; additional staff and adjustments to schedules.

### *Case Study 2: Access and Appointments in GP Practices*

"We had a number of patients commenting on the amount of time it took to get through on the telephone. Also the last patient experience survey showed patients were not able to get through easily on the telephone. We took this on board and contacted our telephone supplier. We have since installed a dedicated prescription line and added 4 lines to our telephone system. We have also increased the number of staff at our busiest times."

### *Case Study 3: Repeat Prescribing in GP Practices*

"Due to the high demand placed on our telephone system, we are introducing an answering service for repeat medication ordering which will allow patients to

order their medication 24 hours a day, seven days a week. This service will never be engaged as it takes multiple messages. We are also in the process of setting up our clinical system appointment book to allow patients to book and cancel appointments on-line. This system also allows patients to order their repeat medication online. We are hoping to have this up and running by the summer."

## **Pharmacies**

In Pharmacies the 3 common themes that were consistently identified were:

- Praise for staff and for the service;
- Prescription ordering and collection; and
- Patient confidentiality.

### *Case Study 4: Prescription Ordering and Collection in Pharmacies*

"Previously we went to the local GP surgeries once a day but sometimes the repeat prescriptions weren't signed yet, so we have now increased that to twice a day. This has made a great improvement with patients receiving their repeat prescriptions earlier."

### *Case Study 5: Prescription Ordering and Collection in Pharmacies*

"A patient complimented the pharmacy on the service they had received. This was because the patient had ordered fresh gluten free bread and the pharmacy team had contacted her on the day that the bread was delivered so that the bread was within the 'best before' date. The patient commented that this phone call had never been made by any other pharmacy that she had used previously. This feedback was taken onboard and the phone call to the patient has been made standard practice and incorporated into the Dispensing Standard Operating Procedures."

### *Case Study 6: Patient Confidentiality in Pharmacies*

"In the last 12 months we have installed a consultation room on the back of patients needing privacy for confidential conversations, and also to enable us to start doing methadone dispensing as we now have somewhere private to do this."

## **Dental Practices**

In the few Dental practices who provided a return, the 3 key themes were-

- Positive feedback for staff and the service;
- Access and Appointments; and
- Patient information on the costs of treatment /dental services.

### *Case Study 7: Access and Appointments in Dental Practices*

"We now use reminder calls to reduce the number of failed appointments and to reduce the wait for available appointments."

### *Case Study 8: Patient Information on the Costs of Dental Services*

In response to feedback that patients were sometimes confused by their treatment options and the different costs of these]... "we have introduced Treatment Co-ordinators to ensure patients are aware of their treatment options and the costs attached."

### **Optometrists**

In Opticians the 3 key themes were:-

- Positive feedback on staff and the service;
- Access and Appointments; and
- Waiting times for spectacles.

### *Case Study 9: Access and Appointments in Opticians*

"We have rearranged our appointment book in order to take into account that the over 60s take a lot longer to complete a full eye exam. This has improved the efficiency of the day to day running of the practice and the Optometrist's time management."

### *Case Study 10: Access and Appointments in Opticians*

"We have now appointed a Clinical Coordinator to monitor the waiting times; this has made a vast improvement to waiting times."

### *Case Study 11: Waiting Times for Spectacles in Opticians*

"Ensured that staff chase up and follow up any delays with glasses due to unexpected circumstances and ensure they communicate this to patients to keep them updated and well informed."

While independent practitioners were able to point to a wide range of service improvements and changes designed to improve the patient experience it was also noted that services and service delivery are complex and multi-faceted and may not be amenable to simple, straightforward solutions that can be progressed within a 1 year reporting period. Rather, service improvement is an iterative process which can take time and requires on-going review and monitoring.



## SECTION 2 - PERSON CENTRED CARE

The NHS Scotland Quality Strategy (2010) provided a major commitment to improving person-centred care experience, to put the person at the centre of services: -

***Mutually beneficial partnerships between patients, their families and those delivering healthcare services. Partnerships which respect individual needs and values and which demonstrate compassion, continuity, clear communication and shared decision-making.***

The '2020 Vision' for Health and Social Care (2011) further articulates a national focus on achieving the best possible outcomes for people from the care and support they receive: -

***Whatever the setting, care will be provided to the highest standards of quality and safety, with the person at the centre of all decisions.***

To enable this, the Person-Centred Health and Care Collaborative was launched in November 2012 with a high level strategic aim by 2015, that health and care services in Scotland are centred on people, as demonstrated by improvements in three work-streams: -

- care experience;
- staff experience; and
- in co-production underpinned by a fourth work-stream of leadership at all levels.

It is intended that the collaborative will build on the approach of the national safety programmes using quality improvement science by reliably implementing improvements and interventions known to deliver person-centred health and care across primary, community and acute settings.

### **Local Implementation Approach**

Executive leadership for the Board programme is provided by Ms Rosslyn Crocket, Nurse Director. Overall governance of the programme is held within the role of the Quality and Performance Committee. Although there is a single corporate oversight across NHS GGC there have been numerous local initiatives, of varying scale, aimed at improving care experience for patients and families. Around these improvement aims, a broader set of organisational structures has evolved, so Person-Centred Health and Care programme implementation has been carefully targeted to integrate with existing improvement aims.

The initial strategic approach concentrates on the following priority work streams: -

**Care Experience** – To enable the provision of reliable person centred health and care services within NHS GGC by: -

- developing systematic processes and methods to capture the experiences of the people accessing our services in clinical teams;
- supporting teams in creating improvements for patients and families; and
- supporting teams in evaluating and demonstrating this is leading to meaningful improvement in the experience of patients and families.

## **Feedback Methods**

Over the course of the first year of the programme the support team has worked with clinical teams to create a number of different methods to develop feedback from patients and families. These are as follows: -

- Themed Conversations

The programme team have developed and tested a generic question set which is used to base a face-to-face conversation with patients, family members and carers. This is currently used within all acute clinical pilot teams. We are currently testing adapted themed conversations within two specialist areas of care and will create specialised questions sets for dementia & mental health pilot improvement teams.

The question sets are designed to incorporate the principles of person-centred care and the relational aspects and skills of human interaction that we have with patients, their family members and carers during their care experience and obtain their feedback on these aspects. The question set is divided into eight themed sub sections: Admission; Consistency and Coordination; Communication & Involvement; Respect and Dignity; Safety; Mealtime Experience; Environment & Facilities and Summative Patient Experience. This takes into account the five “Must Do with Me” elements of person-centred care advocated by the national collaborative.

- Two minutes of your Time

This feedback tool is designed to appreciate aspects of the patient’s experience of preparation for discharge; specifically around understanding of their discharge medications and follow up procedures if the patient needs additional clinical, social or personal care support once home. The information is gathered whilst the patient is still in the ward immediately prior to discharge.

- Telephone Conversations

This method of feedback is currently used to gain feedback about a service post discharge from that service. The community respiratory team gain consent from their patients at discharge and advise that the programme team will be contacting them for a follow-up interview within a 4-6 week timeframe.

- We are Listening

A service in the Mental Health community have adopted a “we’re listening” feedback card. This is available in the waiting area and patients and

families are invited to complete the card before leaving the resource centre by receptionist staff. The card is blank to enable patients and their families to provide feedback on "what is important to them".

- Signposting to Community Engagement Team

While the Person Centred Health Care (PCHC) team are conducting themed conversations with patients, we are able to sign post to the community engagement team any patients with powerful and engaging stories for more detailed recording of their experience to be shared with the wider service area. This process facilitates learning and development for staff from these patient experiences.

- Mealtime Experience bundle feedback and Themed Conversations feedback

A pilot improvement team have instituted snack rounding in the afternoon using feedback gathered from the PCHC team and the mealtime experience bundle. The purpose of this improvement is to offer patients an afternoon snack in order to supplement the menu and suggest additional food choices.

- Feedback from recent Older People in Acute Hospitals (OPAH) visits and PCHC feedback

A pilot improvement team recently visited by the Healthcare Environment Inspectorate Older People in Acute Hospital team received feedback around a lack of patient activities and that the day room is not homely enough. The feedback from the PCHC team has also highlighted patients and families feel "it can be a long day" and they're bored. This improvement team are in the process of recruiting an activities coordinator and are redecorating the day room.

### **Supporting Learning**

NHSGGC provides active support to clinical teams and services in implementing the national programme for Person-Centred Health and Care. This involves working within each team supporting interpretation of feedback, coaching on quality improvement methods, linking in ideas or learning from other areas, and evaluating progress or benefits to patients and families. In addition the team provide larger local learning events that occur between the national learning events.

The local events have been very positively evaluated and have addressed a range of learning aims including building in the experience and influence of the third sector (notably People Powered Health and Wellbeing), using different design to help staff explore their own experience and meanings in creating a positive experience of care, using values based reflective practice and the innovative use of Forum Theatre to help staff learn about how quality improvement thinking can be practically applied.

We are observing some different behaviour in teams as a result of this work. Different members of the clinical team become increasingly engaged as they understand the feedback is from patients and families talking about the care they provide. This is also linked to different attitudes to feedback and teams appear to increasingly value and seek out feedback. This creates opportunities for staff to have greater awareness of issues affecting care experience so that they can be resolved or appreciated. Some teams are now indicating that as a result they have observed a reduction in complaints being reported to them.

### **Using feedback to improve**

The following are a few of the many examples where clinical teams have improved their approach to care in response to feedback: -

Improvement Processes	Progress/Outcomes
<p><b>Ward 19, Royal Alexandra Hospital, Paisley</b></p> <p>Whiteboards for patient questions prior to ward rounds.</p>	<p>Feedback from patients identified that they often forgot what they wanted to ask their Consultant or doctor at the ward round or that they did not know how to ask the question.</p> <p>The clinical team have introduced a small patient held whiteboard at each bedside for patients and their family to record questions and queries to ask their medical team on ward rounds.</p> <p>Patients formulate their own questions or with the assistance of the clinical team when required.</p> <p>Patients have reported that they feel better prepared for the ward round and less anxious about trying to remember the questions they would like to ask because they are already written down.</p>
<p><b>Level 8, Medical, Western Infirmary</b></p> <p>Promoting medical engagement in the person-centred improvement work of the team.</p>	<p>To encourage and promote medical staff involvement in the person-centred improvement work within the ward feedback received from patients and family members is shared with them in an inclusive and pro-active manner.</p> <p>This has stimulated wider medical staff involvement in the improvement work within the ward they welcome feedback specifically about their interactions with patients and family. This is displayed within the doctor's room and change and improvement ideas are generated and fed into the wider clinical team improvement plan.</p>
<p><b>Level 8, Medical, Western Infirmary</b></p> <p>To develop a process to share the feedback received from patients and family members and share the change and improvement ideas being progressed.</p>	<p>To demonstrate how the team use feedback, comments and suggestions received from patients and their families to inform change and improvement the team have developed a feedback display board which is updated on a monthly basis.</p> <p>Feedback, comments and suggestions received are now openly displayed and the change and improvement actions and interventions being tested and implemented.</p> <p>Patients and their relatives are able to comment of the change and improvements being taken forward and able to comment on their experience and contribute to the improvement process.</p>
<p><b>B2, Beatson West of Scotland Cancer Centre</b></p> <p>Multiprofessional Team Huddle around the Clinical Goal Planning Board</p>	<p>Feedback from patients highlighted that they frequently got information and/or instructions from different staff members and disciplines which were either inconsistent or contradictory which on occasion caused unnecessary anxiety or frustration and confusion. A daily multi-professional team huddle now takes places at 9am to discuss the daily goal plan for each patient. Patient feedback is beginning to report clearer information flow and more consistency in the information they receive from the different members of the clinical team.</p>

<p><b>B2, Beatson West of Scotland Cancer Centre</b></p> <p>Introduction of a mid-afternoon Snack Round to enhance and optimise the nutritional intake of patients.</p>	<p>Feedback from patients in the ward highlighted the need for more frequent provision of snacks between meals to boost their nutritional intake as well as support their preference for several small frequent meals. Ward staff have introduced a mid-afternoon snack round which offers patients a variety of different drinks, including nutritional supplement drinks and sweet and savoury snacks as well as fresh fruit. Patients have reported to enjoy the additional snack choices which have been made available to them. Patients more reliably receive the supplement drinks they prefer.</p>
<p><b>B2, Beatson West of Scotland Cancer Centre</b></p> <p>Introduction of Person-centred breakfast times for patients who have early radiotherapy or investigations or who want to eat later.</p>	<p>Patients reported missing their breakfast because they were called at the same time for radiotherapy treatment; taken for investigations or that the breakfast service was too early for them feeling like eating. The team are testing a "patient centred" breakfast time which allows the patients to eat when they want to. If the patient has missed out on their breakfast or expressed a wish to have a late breakfast a red flag is placed at their bedside to alert staff to provide this either on the patient return from treatment or when they are awake. This has freed time up for the nursing staff to undertake vital sign recording and assessment of patients at an earlier stage in the morning and to have the information available for medical staff prior to the ward rounds. Medical staff has commented how much better the ward runs with observations being completed at this time, allowing them to have access to vital signs before ward rounds. This was an unexpected benefit.</p>
<p><b>Ward 5, SGH</b></p> <p>Introduction of a Red Badge to indicate who the nurse-in-charge is for the shift.</p>	<p>Patients and families reported not to know who was in charge of the ward on each shift due to the number of staff who all wear the same uniform. The nurse-in-charge for each shift now wears a red badge on their uniform to allow all members of the public and staff to know who the nurse-in-charge on the ward is. Patients comment that it is now easier to identify who is in charge particularly if the senior charge nurse is not on duty.</p>
<p><b>North-West Glasgow Community Respiratory Team, Glasgow City CHP</b></p> <p>Implementation of Person-Centred Goal Setting as an integral part of the care plan.</p>	<p>Patients feedback indicated that goals were being set with them between 60-70% of the time and the team were keen to create person-centred achievable goals with patients in their own homes in their own language. Patients now have a goal sheet left with them in their house and a copy will go into their case notes. The goal sheet is referred to at all home visits by all professionals in team.</p>

<p><b>Auchinlea House Resource Centre, Glasgow City CHP, East Sector</b></p> <p>To provide access to cold water in the waiting area</p>	<p>Patients' feedback highlighted their desire to have drinking water provided in the waiting area. Many patients reported feeling thirsty due to their medication or through anxiety and that frequently sipping water helped. While it is not practical or possible to have a static water fountain within the waiting area for safety reasons the resource centre staff now pro-actively ask patients when they are checking in if they would like water to drink. This has proved to be very popular with patients.</p>
<p><b>Auchinlea House Resource Centre, Glasgow City CHP, East Sector</b></p> <p>To display information within the waiting area that people want and in an organised methodical manner</p>	<p>Feedback from the patients indicated that the information in the stands was not always useful or in date. Patients also expressed a need to have reading material available to distract them in the waiting area which was non-clinical and not about their condition. The team has initiated a monthly sweep of the information boards and reading material on offer and update this accordingly. Staff now ensures the provision of free local newspapers and magazines are available and regularly updated and rotated. Information that patients have suggested as useful has been made available.</p>
<p><b>G North. Inverclyde Royal Hospital</b></p> <p>Improve patient journey and discharge process</p>	<p>Patients reported feeling as though they were waiting some days until the afternoon to see a doctor and then told they were to be discharged home.</p> <p>The process of medical rounding is currently under review by medical consultants with a Hot Week planned for each consultant having responsibility for the whole ward.</p> <p>There is also a delegated discharge process underway so that if certain criteria are met which have been stated by the medical staff, then nursing staff can safely discharge patients.</p>

## SECTION 3 - ENCOURAGING & HANDLING COMPLAINTS

Patients have the right to give feedback, make comments, or raise concerns or complaints about the healthcare they receive.

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

Leaflets are available in different ethnic languages and, if required, there is access to interpreting and translation services. Relatives or carers can raise their complaints in a variety of ways including writing a letter to the organisation, using the dedicated e mail address for complaints, using the dedicated telephone number for complaints, obtaining support from the patient advice and advisory service or raising their concerns with a staff member. Complainants have a right to be told the outcome of any investigation into their complaints and can expect it to be dealt with efficiently and to have the matters properly and appropriately investigated. They should expect to receive a full explanation and be told what action has been taken as a result of the complaint and where a mistake has occurred they should receive a full apology. If for any reason the complainant remains dissatisfied they would then have the right to take up their complaint with the Scottish Public Services Ombudsman.

A number of events were held in the last year in support of NHSGGC's moves towards a more empathetic, compassionate and less defensive approach to complaints and these have included:-

- NHS Education for Scotland and the Scottish Public Services Ombudsman held a "Master Class for Executive and Non Executive Board Members" in relation to the handling and learning from feedback and complaints. The Vice Chair and two non executive members of the Board, together with the Nursing Director, attended the event on 25 October 2013 where the three main panel speakers were the Head of the Person Centred Team at the Scottish Government, the Scottish Public Services Ombudsman and the Assistant Director of Community Engagement and Governance at the Glasgow Housing Association;
- NHSGGC held a Corporate Complaints Seminar on 14 August 2013 for Directors, General Managers, Head of Services, Lead Nurses, Complaints Officers and others involved in the complaints process. The purpose of the event was to improve complaints handling at the local resolutions stage, bring a focus to valuing complaints and be open and honest when responding to complaints, as well as promoting a more empathetic, compassionate and less defensive approach. The Presenters included the Chief Executive, Nurse Director, Ombudsman Office and the Director of the Scottish Mediation Network;
- A further Corporate Session was held for Directors, Lead Nurses, Clinical Staff and those involved in complaints on 25 March 2014. The Presenters were the Scottish Public Services Ombudsman, Chief Executive and Nurse Director. The theme was again about improving the handling of



complaints particularly at local resolution stage and also emphasising the need to reflect on how we sensitively handle complaints and embed the messages from the event into the work place and daily routine when handling a complaint;

- National Education Scotland (NES) launched in May 2014 a new eLearning module aimed directly at staff who investigate complaints – the module is known as “The Complaints Investigations Skills” and will shortly be available via LearnPro. The five NES online training modules are mandatory for all staff who receive and process complaints as part of their main duties; and
- NHSGGC benchmarked itself against the recommendations from the Francis Report in relation to complaints and one of the changes currently being developed is more closely linking complaints and significant clinical incidents to ensure those serious/untoward complaints are also considered under the Significant Clinical Incidents Policy.

Table 1 overleaf shows the number of complaints *received* across NHS Greater Glasgow and Clyde between 1 April 2013 and 31 March 2014. Thereafter, the statistics in Table 1 relate to those complaints *completed* in the year so that outcomes can be reported.

Table 1 - Hospital and Community Health Services (including Prison Healthcare Complaints)

<b>Complaints Statistics</b>	<b>2013/14</b>	<b>2012/13</b>
Number of complaints <i>received</i>	2917	2049
Number of complaints received and completed within 20 working days (national target)	2150	1518
Number of complaints <i>completed</i> (which includes complaints received in 2012/13 and completed in 2013/14)	2855	2059
Outcome of complaints <i>completed</i> : -		
• Upheld	621	495
• Upheld in part	819	647
• Not upheld	1281	792
• Conciliation	0	1
• Irresolvable	4	5
• Unreasonable Complaint	3	0
• Transferred to another Unit	5	0
Total number of complaints withdrawn	122	119
• No consent received	50	61
• Complainants no longer wished to proceed	70	54
• Other	2	4
Number of complaints declared vexatious	0	0

There has been an increase in complaints over the last year, however, this has mainly been attributable to the rise in complaints about prison health services. From April to October 2013 there was a combined prisoner complaints and feedback form in accordance with Scottish Government Guidance. From October 2013, the two processes were separated and required prisoners to clearly indicate if an issue was a complaint or Feedback. This has meant that more submissions have been processed as formal complaints; albeit we try to resolve these where possible within 3 working days. There has also been an increase in the prison population between the two reporting periods. In March 2012, Low Moss Prison was just opened and it took several months to bring the prison to planned population of 700. Greenock Prison has remained static at 250 whereas the normal population of Barlinnie Prison (circa 1200) has been subject to

marked increase in 2013/4 due to the transfer of prisoners from other Prisons during refurbishments and new-build in other Board areas.

The five issues which attracted the most complaints are set out in Table 2 below (each complaint may attract more than one issue).

Table 2 - The 5 Issues which Attracted the Most Complaints

<b>Issues Attracting Most Complaints</b>	<b>2013/14</b>	<b>2012/13</b>
Clinical Treatment	1787	1092
Attitude and Behaviour	476	329
Date of Appointment	390	204
Communications (oral and written)	386	351
Premises	131	150

Of the 2917 complaints received in 2013/14, NHSGGC completed 74% within 20 working days. In 2012/13, this figure was also 74%.

The increase in complaints in Clinical Treatment relates to the increase in complaints from prisoners about medication issues. The rise in Attitude and Behaviour is disappointing as additional training had been offered last year in this area. The rise in Date of Appointment relates to the teething problems experienced last year in moving to a new electronic patient booking system.

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

1 April – 30 June 2013

<http://library.nhsggc.org.uk/mediaAssets/Board%20Papers/13-40.pdf>

1 July – 31 September 2013

<http://library.nhsggc.org.uk/mediaAssets/Board%20Papers/13-62.pdf>

1 October – 31 December 2013

<http://library.nhsggc.org.uk/mediaAssets/Board%20Papers/14-15.pdf>

1 January – 31 March 2014

<http://library.nhsggc.org.uk/mediaAssets/Board%20Papers/14-43.pdf>

Under the arrangements for alternative disputes resolution, the SGHD put in place and funded, in 2013/14, the Scottish Mediation Network to maintain a pool of mediators for use as appropriate by NHS Boards. As this is a new service, its uptake has been slow and more will require to be done to publicise this service and its benefits for difficult and complex cases.

The Board's Acute Services Division and Partnerships have arrangements in place to monitor the lessons learned and the implementation of recommendations and/or actions arising from complaints and the

recommendations contained in any Scottish Public Services Ombudsman (SPSO) reports to ensure these are translated into service improvements. These reviews are normally carried out through the Clinical and Care Governance arrangements.

## **PRISON HEALTHCARE COMPLAINTS**

There is a large volume of complaints within prison healthcare services. In many cases the issues complained about would normally be resolved from discussion with the medical/clinical team involved in the patient's care. Within the prison population, submitting a complaint to progress issues is seen as a pre-cursor to making a legal claim. From a review of prison complaints there are several common themes running through complaints and the health care staff continue to actively look at how systems can be improved. Some of the examples highlighted are:-

- A rationalisation of the system for ordering medication to simplify how often repeat requests are made has been implemented;
- Delays experienced in obtaining dental treatment raised with Oral Health – this issue is about the availability of dental staff to cover clinics;
- System for checking patients medication prior to entering prison reinforced to ensure information is collated from community GP;
- Ensuring that access to diabetic blood testing equipment is raised at induction to the prison; and
- Review of medication Kardex cards to ensure they are accurate and current.

The prison health care service continues to evolve with changes to systems implemented to improve the experience for patients and to reduce the incidence of complaints.

## **SCOTTISH PUBLIC SECTOR OMBUDSMAN (SPSO) - INVESTIGATION REPORTS AND DECISION LETTERS**

During 2013/14, the NHS Board received 6 SPSO Investigation Reports (laid before Parliament) and 85 Decision Letters. For each Investigation Report the service areas develop a local Action Plan for each recommendation, showing how each will be taken forward and actioned. The NHS Board's Quality and Performance Committee has a responsibility to ensure that each recommendation is implemented in the interests of effective and safe care delivered to the population served and lessons learned are disseminated across the organisation. The outcome is also reported to the SPSO and the SGHD.

Of the 14 issues raised within the 6 Investigation Reports, 9 were upheld and 5 were not upheld.

Of the 85 Decision Letters issued by the Ombudsman, they contained 155 issues – 48 upheld, 107 not upheld. The recommendations from Decision Letters are also reported to the Quality and Performance Committee to ensure NHS Board Members of their implementation and action.

The Ombudsman will issue a Decision Letter if: -

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

### **PATIENT ADVICE AND SUPPORT SERVICE (PASS)**

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

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

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

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

During 2013/14, 561 clients were helped with 2186 enquiries. Many of the clients who present at a CAB have more than one enquiry. During the course of the interview, it may be brought to the attention of the PASS caseworker that, owing to ongoing health issues, the client may be eligible to claim Disability Living Allowance/Attendance Allowance and/or other related benefits. There may also be employment or debt issues that the CAB can assist with. All of the non-health related issues would be addressed by another member of CAB staff but counted as an "enquiry" for that client for the purposes of statistical reporting.

The most frequently recorded service area for PASS-led NHSGGC feedback, comments, concerns and complaints was hospital acute services, with the most frequently recorded staff group being consultants/doctors. In terms of recorded advice given by PASS staff, this was mostly about clinical treatment.

<b>COMPLAINTS RECEIVED BY DOCTORS, DENTISTS, COMMUNITY PHARMACISTS AND OPTICIANS</b>
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Table 3 – Complaints Received by Doctors, Dentists, Community Pharmacists and Opticians

Contractor Type	Number of complaints received		Responded to within 20 working days		% Responded to within 20 working days	
	2013/14	2012/13	2013/14	2012/13	2013/14	2012/13
GP	1123	677	1105	651	98	96
Dentist	311	83	309	82	99	99
Optician	160	84	143	84	89	100
Community Pharmacist	436	168	407	161	93	96

There has been a significant rise in complaints across all four contractor groups. There have been no obvious issues raised about poorer care/treatment, however, in 2012/13 the figures were obtained from a single survey at the end of the year. It was the first time this collection method had been used. In 2013/14, this information was collected quarterly and subjected to greater scrutiny and pursuing of late responses. The current figures are now more likely to be representative of the numbers of complaints raised against each contractor group.

A number of local service improvements were reported as a result of the complaints received above and practice policies and procedures were reviewed and updated accordingly. Some examples were in relation to:-

### GP Complaints

The CH(C)Ps discuss complaints and lessons learned by Practices at their Clinical Governance Groups, GP Forum, Locality Groups and Practice Managers Forum. The main issues raised which resulted in service improvements are as follows:-

*Appointments: Main areas of service improvements were:-*

- Highlighting a new electronic check-in system;
- Advising patients regularly when GP clinic was running late;
- Better staff awareness of utilising emergency/urgent appointments for patients;
- Patients advised at the start of an appointment were there would be a charge for a private form to be signed by GP; and

- Two week ahead only booking system to be relaxed for those patients booking a return appointment.

*Clinical Treatment: Main areas of service improvements were:-*

- Information to be provided on diseases in specific clinics;
- Better procedures around obtaining informed consent in relevant situations;
- Encouraging discussion with patients and families when complex matters in complaints are being considered; and
- Following difficulties in obtaining blood results a change was made to increase the times when patients can 'phone for such results.

*Prescribing: Main areas for service improvements were:-*

- Reviewing and better communicating all Practice prescribing policies;
- Better information on systems to order repeat prescriptions, re ordering and collection times; and
- Staff encouraged to record accurately messages from patients requesting prescriptions. Changes made to the ordering system to ensure that all patients do receive their repeat prescriptions.

*GP Issues (including staff attitude): Main areas of service improvements were:-*

- GP's to be more receptive to patients' concerns when clinic is running late;
- More empathy for patients during consultations;
- Staff reminded to maintain high standards of behaviour when dealing with distressed and concerned patients;
- Staff reminded to acknowledge patients when they arrive at the reception desk; and
- Better communications with patients who move outwith the GP Practice's catchment area in relation to explaining why they are being removed from a Practice list.

### **Dental Complaints**

Key themes included payment issues, unhappiness with treatment and communication. The communication issues related mainly to the cost of treatment and ensuring that the patient had been aware in advance of the treatment plan and associated costs. General Dental Services, Clinical Governance Group and the Dental Practice Advisers review complaints and raise specific issues direct with Practices in order to bring about improvements to the services to patients.

### **Pharmacist Complaints**

The vast majority relate to medication incidents. The total number of complaints in this area represents a very small percentage of the more than 1 million prescriptions dispensed each month. However the Board places patients' safety at the forefront of its objectives and encourages community pharmacists to do likewise. They are required to take all necessary actions to ensure the patient's safety in the delivery of pharmaceutical care is given the highest priority and the pharmacy and prescribing support unit operates a medication incident reporting system to promote quality and reduce risk ultimately safeguarding patient

safety. The system is anonymised to create a culture of open reporting, learning and ongoing service improvement.

### **Optometry Complaints**

The majority of complaints relate to patients experiencing problems with their glasses. In nearly all incidences the difficulties were resolved, including allowing patients to choose new frames, glasses re-made and patients received a voucher as a goodwill gesture. A handful of complaints related to staff attitude and handling difficult situations and training was undertaken with the staff involved to try and improve these matters for the future.



## SECTION 4 – IMPROVEMENTS TO SERVICES AS A RESULT OF COMPLAINTS

The key theme in handling complaints is to ensure that they are used as a mechanism to learn lessons and improve future services for our patients. NHSGGC submits, as part of its quarterly reports to the NHS Board, a section on service improvements which had resulted from complaints. Over 50 local service improvements were reported together with those highlighted by the SPSO Reports. The main themes of service improvements are detailed below: -

- Following lack of support for a learning disability patient to attend appointments and therapeutic activities, steps have been taken to expand the range of therapeutic activities available and improve the planning schedule;
- Following a complaint from a prisoner about delays to see an optician and dentist, a review of waiting time and access to both services was undertaken;
- Concern was expressed by a family about the co-ordination of the care of their child at the Royal Hospital for Sick Children. This resulted in the appointment of additional Cardiac Liaison Nurses, specifically tasked with liaising with the family, patient, surgeon/cardiologist, other clinicians and the local GP to co-ordinate all services for the patient;
- A patient mistakenly used a Fire Exit stairwell to exit a hospital with their child and was concerned about the state of repair of the area and as a result the Estates staff have refurbished the area and staircase;
- A family complained about the number of nursing staff on a specific ward and following an audit this has resulted in changes to the staff complement for that area;
- A diabetic patient complained that they had missed an appointment due to illness and called at the Health Centre to try and see a podiatrist about concerns they had about their feet. The advice was that there were no appointments for six weeks; however, on review a new arrangement has been put in place whereby high risk patients (such as those suffering from diabetes) who do arrive at the Podiatry Reception will see a podiatrist to discuss their concerns;
- Following a complaint made about the inadequate supply of dressings for a patient, it was acknowledged that the patient's condition would result in more dressings being required and in future each patient would be assessed on their own individual needs and supplies provided accordingly;
- A patient tried to return their crutches to the minor injuries unit but they were not accepted. A leaflet has now been prepared detailing the return arrangements and handed to each patient when issued with crutches;
- A "Do not Resuscitate Form" had been completed and added to a patient's case notes without permission or discussion with the family. A formal Critical Incident Review was undertaken to ensure this was not repeated and was discussed at the Directorate Clinical Governance Committee to raise awareness;
- A patient could not get through on a telephone number to cancel an appointment and following review of call activity an increased number of staffing was made available to take calls during peak times;

- A patient waited several hours in a discharge lounge awaiting medication. Following a full apology an action plan was put in place to ensure doctors wrote prescriptions quickly, patients advised of the estimated time of arrival of the prescription, nursing staff to let patients know if there were any potential delays and nursing staff to escalate concerns if waiting times became unreasonable;
- Incorrect information had been given to a patient around treatment time guarantee/wait time and following staff retraining steps were taken to ensure that all staff were familiar with the guidance on wait times;
- Following a complaint about a patient's fall the Falls Co-ordinator was invited to the ward to refresh the nursing teams' awareness of the policy and provide training to ensure staff were up to date in Falls Assessment Care Plans. The key lessons were shared with all Senior Charge Nurses across the surgical wards to ensure wider benefit of this learning;
- A patient complained following three cancelled outpatient appointments. Changes were made to the TrackCare system to provide a notification to booking staff of how many times a patient's appointment had been re-scheduled in order that this situation was not repeated;
- As the result of various complaints from prisoners regarding medication issues a review of pharmacy processes was undertaken to ensure that medications were dispensed timeously and that prisoners were made aware of the process for re-ordering medication; and
- As the result of a complaint about general surgery the patient's case was discussed at the Hospital Consultants' Meeting. It was recognised that the medical staff may have considered sooner the possibility of an anastamotic leak. As a result the Lead Consultant for General Surgery reviewed and issued guidelines for this situation.

## **SECTION 5 - THE CULTURE, INCLUDING STAFF TRAINING and DEVELOPMENT**

Within NHSGGC, the challenges to develop a culture where feedback or criticism is welcomed and used to improve the services we provide, has been led from the top. The Chief Executive has personally led the review of our complaints handling processes and standards. He has addressed two multi-disciplinary workshops on the matter and continues to have direct oversight of this work. Further leadership has been shown by the Nurse Director who is leading on the Board's response to the Patients Rights Act Feedback and Complaints requirements. She has attended a number of staff events to raise the profile of the Patients Rights Act and to encourage putting the patient perspective at the centre of our work.

The Nurse Director and the Director of Corporate Communications attended the Working Together Day – where representatives from the Public Partnership Forums, the Patients Panel, the Managed Clinical Networks (MCNs) and the Mental Health Network - meet with Board officers to review and explore key developments in the listening and involvement agenda. The Working Together event in 2013 focussed on "A Listening NHS" and participants heard of the Boards developing work in encouraging feedback, making use of the internet and the provision of the PASS service.

The Nurse Director and the Senior Management Team of the Acute Division reviewed the processes of managing and recording feedback processes to ensure that they were fit for purpose and focused on capturing learning which could improve services and enhance the patient experience. This has led to a new focus for the Acute Division Patient Experience Group and a new approach to supporting services to meet the requirements of the Patients Rights Act.

### **Training Staff to encourage, handle and respond to feedback**

Complaints training is included within statutory/ mandatory training for all new staff and those staff transferring internally within NHSGGC who meet the definition of a Health Care Support Worker (HCSW).

From 1 January 2009 to 30 September 2013, 9727 staff had completed complaints training via LearnPro.

In October 2013, NHS Education for Scotland launched a revised set of complaints modules to support staff deal with patient feedback, comments, concerns and complaints. In total 5 modules are now available to NHSGGC staff.

1. The Value of Feedback
2. Encouraging Feedback and using it
3. NHS Complaints and Feedback Handling Process
4. The Value of Apology

## 5. Difficult Behaviour

In addition a Core Brief was issued to the service on the 4<sup>th</sup> October raising awareness of these modules. Since the introduction of above, a total of 1774 staff have completed all 5 modules

Planned developments for 2014 include an additional new e-learning module aimed directly at staff who investigate NHS complaints or have to write statements for NHS complaints. The Complaints Investigation Skills module will provide guidance and resources on how to start an investigation, what questions to ask, how to draw conclusions and how to write a response letter. It also provides advice for staff on how to write a statement.

There is also further work underway to analyse uptake of our complaints training across our organisation and identify areas where further support may be required.

### **Face to face Training**

Between 1 April 2013 and 31 March 2014, the Community Engagement Team (CET) provided training on listening to patients within person centred care to all new starting staff within the Acute Division. The training is part of the staff induction package and the very first session focuses on the Board's person centred care framework and putting patients at the centre of all we do. Video excerpts of Patient Stories are used to convey the patient perspective. In the last year, 1912 staff received this training, 866 of whom were Health Care Support Workers and 1046 were Trained Staff. The CET also provides training input into the Senior Charge Nurse Review: Leading Better Care. In this programme, in 2013/14, 33 Nurses received training on listening to patients and carers and involving them in their care. Both training programmes evaluated well.

## SECTION 6 – ACCOUNTABILITY and GOVERNANCE

The Nurse Director submits a Quarterly Complaints Report to the public meeting of the NHS Board and this provides a commentary and statistics on complaints handling throughout NHSGGC, looks at complaints received at the Local Resolution stage and those received by the Ombudsman and identifies area of service improvement and ongoing developments.

The report includes a presentation of detailed information of where complaints have been raised and this covers complaints from the different Directorates within the Acute Services Division and also individual locations. In addition, it identifies complaints from the Prisons and specific service locations under each of the six different Partnerships organisations including those hosted on behalf of other partnerships.

The report also identifies the complaints received by General Practitioners, General Dental Practitioners, Opticians and Community Pharmacists and sets out a range of service improvements which have resulted from complaints against each of the independent contractors.

An Appendix is included showing the services improvements from the result of completed complaints within that quarter together with the numbers of complaints per staff group and subject area i.e. attitude/behaviour; clinical treatment; waiting times.

This allows the NHS Board Members to review the arrangements and handling within NHSGGC and question Directors and Officers on any points of detail, trends or new and recent development taken in striving towards improving complaints handling.

Secondly, a quarterly report is submitted to the Quality & Performance Committee by the Nurse Director which highlights all actions taken as a result of a recommendation contained within a Scottish Public Services Ombudsman Investigative Report or Decision Letter. In addition, the report also notes the themes emerging from the Ombudsman investigations across NHS Scotland and provides commentary on any action considered necessary or appropriate in relation to the position within NHSGGC.

This again allows Non Executive Members of the Board to scrutinise the actions of Directors and Officers in implementing recommendations made by the Ombudsman and this includes those reports which the Ombudsman's office issue in relation to GPs, GDPs, Community Pharmacists and Opticians. Members have, on a number of occasions, raised concerns about the number of upheld cases highlighted in Ombudsman Reports and have sought assurance and further action by Board Officers in bringing about further improvements to complaints handling in order to reduce this number.

This subject is also discussed with the Ombudsman's Office in the Annual Performance Meeting and the actions noted to date have been accepted by the Ombudsman's Office as taking seriously the improvements that require to be made at the Local Resolution stage.

## HAVE YOUR SAY

This report provides a summary of the issues raised, the learning and the actions and improvements made or proposed in response to the feedback, comments, concerns and complaints received between 1 April 2013 and 31 March 2014. We encourage you to provide comments and feedback to the person(s) involved in your care. In addition, you can visit [www.nhsggc.org.uk](http://www.nhsggc.org.uk) in order to give your feedback about NHS Greater Glasgow and Clyde.

If you wish to make a complaint, please visit [www.nhsggc.org.uk](http://www.nhsggc.org.uk) where you will find information regarding our procedure. You may also contact our Complaints Helpline on 0141 201 4500 or write to us at NHS Greater Glasgow and Clyde, Corporate Headquarters, JB Russell House, Gartnavel Royal Hospital, 1055 Great Western Road, Glasgow G12 0XH.

We would welcome comments and feedback on the presentation and information contained within this Annual Report on Feedback, Comments, Complaints and Concerns to:-

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