

NHS Greater Glasgow and Clyde

Board Meeting
Tuesday, 23 June 2015

Board Paper No. 15/35

NURSE DIRECTOR

QUARTERLY REPORTS ON COMPLAINTS AND FEEDBACK 1 JANUARY – 31 MARCH 2015

Recommendations:

The NHS Board is asked to note:-

- the quarterly report on NHS complaints in Greater Glasgow and Clyde for the period 1 January – 31 March 2015.

Introduction

This report provides a commentary and statistics on complaints handling throughout NHS Greater Glasgow and Clyde for the period 1 January – 31 March 2015. It looks at complaints received at Local Resolution and by the Scottish Public Services Ombudsman and identifies areas of service improvements and ongoing developments.

As members will be aware, the Patient Rights (Scotland) Act 2011 was introduced 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 health care.

An important part of the Act was to ensure that patients' feedback, comments, concerns and complaints were more actively monitored and used to improve services. This has led to additional reporting requirements which include more detailed reporting about complaints including those made about primary care contractors.

This report includes the presentation of detailed information on where complaints have been raised (including Acute Directorates and hospital locations, Partnership geographical areas as well as their associated services areas and independent contractor information) and what improvements have been made to services as a result of such complaints.

Future complaints reports will continue to be refined. We will also reflect how feedback, comments and concerns are captured to help improve service delivery.

1. Local Resolution: 1 January – 31 March 2015

Table 1 shows the number of complaints *received* across NHS Greater Glasgow and Clyde between 1 January – 31 March 2015 and for comparison 1 October to 31 December 2015. Thereafter, the statistics in Table 1 relate to those complaints *completed* in the quarter so that outcomes can be reported.

Table 1

	<u>1 January – 31 March 2015</u>		<u>1 October – 31 December 2014</u>	
	<u>Partnerships/ Board (exc FHS)</u>	<u>Acute</u>	<u>Partnerships/ Board (exc FHS)</u>	<u>Acute</u>
(a) Number of complaints received	476	515	520	438
(b) Number of complaints received and completed within 20 working days [<i>national target</i>]	443 (93%)	364 (71%)	489 (94%)	313 (71%)
(c) Number of complaints completed	489	485	534	437
(d) Outcome of complaints completed:-				
➤ Upheld	46	116	56	109
➤ Upheld in part	79	168	65	151
➤ Not Upheld	349	155	397	140
➤ Conciliation	0	0	1	0
➤ Irresolvable	2	5	1	1
➤ Unreasonable Complaint	0	2	0	0
➤ Transferred to another unit	0	4	0	1
(e) Number of complaints withdrawn	13 ¹	35 ²	14 ¹	35 ²
(f) Number of complaints declared vexatious	0	0	0	0

<u>1 January – 31 March 2015</u>				
	<u>Total</u>	<u>No Consent Received</u>	<u>Complainants no longer wished to proceed</u>	<u>Other</u>
1	13	4	9	0
2	35	21	14	0

<u>1 October – 31 December 2014</u>				
	<u>Total</u>	<u>No Consent Received</u>	<u>Complainants no longer wished to proceed</u>	<u>Other</u>
1	14	3	11	0
2	35	22	13	0

For this quarter this gives an overall NHSGG&C complaints handling performance for complaints received and completed of 82% which is above the target of 70%.

2. Format of Report

The Chief Executive confirmed his intention to provide additional levels of detail on complaints handling. The intention will be to provide further details in order to present information that shows complaints per specialty/ward area together with any requirement for exception reporting to explain any anomalies or actions undertaken as a result of highlighting where specific problems may have arisen. Section 3 below shows the Acute Directorates and CH(C)Ps breakdown for completed complaints.

3. Breakdown of Completed Complaints

Detailed below in Table 2 is a Directorate/CH(C)P breakdown of completed complaints within NHSGGC for the period 1 January to 31 March 2015 and for comparison 1 October to 31 December 2014.

Table 2 –Breakdown of Completed Complaints by Directorate/CH(C)P

	<u>1 January – 31 March 2015</u>		<u>1 October – 31 December 2014</u>	
	<u>Number of Completed Complaints</u>	<u>% (rounded)</u>	<u>Number of Completed Complaints</u>	<u>% (rounded)</u>
Acute Directorate				
Surgery & Anaesthetics	157	32	151	35
Emergency Care & Medical	134	28	103	24
Women & Childrens	70	15	48	11
Regional	30	6	43	10
Facilities	24	5	24	5
Rehabilitation & Assessment	27	6	34	8
HI&T	11	2	7	1
Diagnostics	20	4	19	4
Other	12	2	8	2
Sub-Total	485	100	437	100
CH(C)P				
NHS Board	2	0	2	0
East Dunbartonshire	1	0	1	0
East Renfrewshire	1	0	2	0
Glasgow City - Corporate *	420	86	468	87
North East	25	6	19	4
North West	13	3	9	2
South	9	2	21	4
Inverclyde	2	0	3	1
Renfrewshire	11	2	2	0
West Dunbartonshire	1	0	3	1
Hosted Service (Podiatry)	4	1	4	1
Sub-Total	489	100	534	100
Grand Total	974		971	

* Covers Forensic Services and Prison Healthcare.

Detailed below in Table 3 is an Acute Hospital location breakdown of completed complaints within NHSGGC for the period 1 January to 31 March 2015 and for comparison 1 October to 31 December 2014.

Table 3 – Breakdown of Completed Complaints by Acute Hospital Location

	<u>1 Jan – 31 March 2015</u>	<u>1 Oct – 31 Dec 2014</u>
Acute Hospital Location	<u>Number of Completed Complaints</u>	<u>Number of Completed Complaints</u>
Beatson West of Scotland Cancer Centre	7	9
Homeopathic Hospital	0	1
Gartnavel General Hospital	38	25
Health Centres / Clinics	3	1
Glasgow Royal Infirmary	92	77
Inverclyde Royal Hospital	29	34
Larkfield Unit	3	2
Lightburn Hospital	0	1
Mansionhouse Unit	4	3
Mearnskirk Hospital	0	1
Nelson Mandela Place (Breast Screening Service)	1	1
Out of Hours Service	9	13
Princess Royal Maternity Hospital	9	4
Royal Alexandra Hospital	60	53
Southern General Hospital	82	88
Stobhill ACH	17	17
Victoria Infirmary	45	45
Victoria ACH	15	12
Vale of Leven Hospital	17	4
Western Infirmary	34	24
Yorkhill Hospital	11	15
Other	9	7
Total	<u>485</u>	<u>437</u>

Detailed below in Table 4 is a CH(C)P service area breakdown of completed complaints within NHSGGC for the period 1 January to 31 March 2015 and for comparison 1 October to 31 December 2014.

Table 4 – Breakdown of Completed Complaints by CH(C)P Service Areas

	<u>1 Jan – 31 Mar 2015</u>	<u>1 Oct – 31 Dec 2014</u>
	<u>Number of Completed Complaints</u>	<u>Number of Completed Complaints</u>
Glasgow City CHP – Corporate	420	468
Health & Community Care:-		
• HMP Barlinnie	252	289
• HMP Low Moss	144	147
• HMP Greenock	23	31
• Police Custody Healthcare	0	0
Mental Health Services (See Note)	1	1
Other (Health Improvement)	0	0
Glasgow City CHP - North East Sector	25	19
Health & Community Care	4	0
Homelessness Services	0	4
Specialist Children's Services	3	4
Skye House Adolescent Unit	3	2
Mental Health Services	4	3
Stobhill Hospital	8	3
Parkhead Hospital	2	2
Eriskay House	0	1
Children & Family Services	1	0
Glasgow City CHP - North West Sector	13	9
Children & Family Services	1	1
Health & Community Care	2	4
Mental Health Services	3	0
Gartnavel Royal Hospital	3	0
Sexual Health/Sandyford	4	3
Other (Human Resources)	0	1
Glasgow City CHP - South Sector	9	21
Health & Community Care	3	11
Mental Health Services	3	6
Leverndale Hospital	3	4
East Dunbartonshire CHP	1	1
Health & Community Care	0	1
Mental Health	1	0
Children and Family Services	0	0

	<u>1 Jan – 31 Mar 2015</u>	<u>1 Oct – 31 Dec 2014</u>
	<u>Number of Completed Complaints</u>	<u>Number of Completed Complaints</u>
West Dunbartonshire CH(C)P	1	3
Health & Community Care	1	1
Children and Family Services	0	0
Other (Health & Information Technology/Other Directorate)	0	2
Inverclyde CH(C)P	2	3
Mental Health	1	1
Children & Family Services	0	0
Larkfield Unit	0	0
Ravenscraig Hospital	0	0
Community Care	1	1
Specialist Children Services	0	1
East Renfrewshire CH(C)P	1	2
Mental Health	0	1
Health & Community Care	1	0
Rehabilitation & Assessment	0	0
Specialist Children's Services	0	0
Children and Family Services	0	1
Renfrewshire CHP	11	2
Health & Community Care	3	1
Mental Health	8	0
Dykebar Hospital	0	1
Hosted Service - Renfrewshire CHP – Podiatry	4	4
NHS Board	2	2
Totals:	<u>489</u>	<u>534</u>

Note – Predominately Forensic and Learning Disabilities

Bold entries denote mental health hospital services managed by CH(C)Ps

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

The Patient Rights (Scotland) Act 2011 required, for the first time, additional monitoring and reporting including more detailed reporting about complaints made about primary care contractors (GPs, dentists, community pharmacists and opticians).

Given this, all independent primary care contractors are now required to provide their complaints information to the NHS Board.

Practices are sent an email informing them that the information will be collected via Survey Monkey. Those who do not respond are be sent up to a further two reminder emails. Once the survey is closed, the information is collated and separated into spreadsheets, one for each of the CH(C)Ps. Each spreadsheet is sent to the relevant CH(C)P Director, Head of Primary Care & Community Services and the Clinical Director for review.

It was agreed, at the 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.

Detailed overleaf in Table 5 is a breakdown of complaints received by Doctors, Dentists, Community Pharmacists and Opticians within NHSGGC for the period 1 January to 31 March 2015 and for comparison 1 October to 31 December 2014.

Table 5 - Complaints received by Doctors, Dentists, Community Pharmacists and Opticians

	<u>1 January – 31 March 2015</u>					<u>1 October – 31 December 2014</u>			
	<u>No of Complaints Received</u>	<u>Responded to Within 20 Working Days and (%)</u>	<u>Responded to Outwith 20 Working Days and (%)</u>	<u>ADR* Used</u>	<u>Still Open</u>	<u>No of Complaints Received</u>	<u>Responded to Within 20 Working Days and (%)</u>	<u>ADR* Used</u>	<u>Still Open</u>
	a	b	c	d	e	f	g	h	i
GPs	242	230 (95%)	6 (2.5%)	0	6 (2.5%)	253	245 (97%)	0	8
Dentists	39	36 (92%)	0 (0%)	0	3 (8%)	43	40 (93%)	0	3
Opticians	68	58 (85%)	10 (15%)	0	0	62	62 (100%)	0	0
Community Pharmacists	145	107 (74%)	6 (4%)	0	32 (22%)	127	125 (98%)	0	0

* Alternate Dispute Resolution

Column c – information gathered only from Jan to Mar 2015 quarter onwards

Detailed below in Table 6 is an indication of the surveys returned by of each contractor groups for the period 1 January to 31 March 2015 and for comparison 1 October to 31 December 2014.

Table 6 - Surveys received by Doctors, Dentists, Community Pharmacists and Opticians

	1 January – 31 March 2015			1 October – 31 December 2014		
	<u>No of Surveys Received</u>	<u>Return Rate (%)</u>	<u>No of Practices</u>	<u>No of Surveys Received</u>	<u>Return Rate (%)</u>	<u>No of Practices</u>
GPs	223	92	242	230	95	242
Dentists	232	89	262	211	81	261
Opticians	147	81	182	150	82	183
Community Pharmacists	291	100	291	291	100	291

Local contractor teams continue to take steps to improve the response rate from contractors in order to achieve a 100% return rate. This is a contractual responsibility for all contractors and, therefore, those not responding will be contacted to ensure future compliance.

Below is an indication of the themes of the complaints and lessons learned / action taken / service improvements to avoid a recurrence:-

GP Complaints

The CH(C)P's discuss the complaints reported and lessons learned by Practices at their Clinical Governance Groups, GP Forum, Locality Groups and Practice Managers Forums. The data received from the Practices is analysed for trends and the Clinical Governance Groups use the information to determine a continued programme of protected learning and education for Practices. The headings represent the new ISD codes for "Action Taken as a Result of a Complaint".

Code	Actions & Learning from complaints responded to within the reporting period
Access	<ul style="list-style-type: none"> Practice agreed to contact patient when new nurse appointments were released, as patient was unable to book with nurse more than 4 weeks in advance. Patient advised on practice extended hours as she had difficulty booking appointments during the day. Practice advised deaf couple of their texting service, and supplied them with the e-mail addresses of key members of staff to assist them when communicating with the surgery. Practice telephone system overhauled to include a call waiting and queuing system, to deal with number of patients getting busy tone.
Conduct	<ul style="list-style-type: none"> GP arranged training on patients and their perception of the consultation to deal with a number of complaints about GP manner during consultation. Staff education on their tone of voice, and choice of words used, when dealing with sick patients, who may feel more sensitive.
Education	<ul style="list-style-type: none"> Practice Nurse to attend training to assist with consultation skills.
Policy	<ul style="list-style-type: none"> Practice policy changed to enable patients to request home visits for a future date. Practice policy amended to enable patients unable to be at a phone during the telephone consultation period to receive calls from a GP Practice process changed to display a clear note on the records of terminally ill patients and their close relatives to enable them to have access to a GP at short notice.

Risk	<ul style="list-style-type: none"> • Change made to practice allergy coding procedure following issue of a prescription to which the patient had an allergy. Previous method of coding allergy did not produce appropriate warnings. • Practice policy changed to require staff to follow up unclear prescription requests- answering machine message was garbled.
Share	<ul style="list-style-type: none"> • Mix up with communications regarding results and review appointment – Information shared with all staff
Waiting	<ul style="list-style-type: none"> • Period of time to wait for appointment - Extra appointments allocated to all sessions • Waiting time for GP (patient arrived 1 hour early) - set up patient information protocol for GP delays
No Action Required	<ul style="list-style-type: none"> • Patient unhappy with what GP wrote on DWP form - Discussed with all partners but it was felt GP had acted appropriately • Patient educated on the need to give reason when seeking emergency appointment to enable the surgery to take the appropriate action • Practice used audit trail to demonstrate to patient that his records had not been altered. • GP met with patient to explain the reasons why patients are charged for the provision of private services.

These matters will be shared with the CH(C) P Clinical Directors for wider consideration/sharing within their own areas and discussing with relevant GP Practice during Practice visits. In addition the other areas in which complaints were received about GP Practices included administration, communication, out of area patient issues, patient attitude, confidentiality issues and referral arrangements to hospital specialist services.

Optometry Complaints

Code	Actions & Learning from complaints responded to within the reporting period
Access	<ul style="list-style-type: none"> • Website issues addressed following complaints about appointment delays
Education	<ul style="list-style-type: none"> • Retraining offered after complaints about the advice given in-store

Dental Complaints

The results of the GDP Complaints Survey are reported to the GDP Sub Committee of NHS Greater Glasgow and Clyde's Area Dental Committee.

The common themes/trends are reviewed by the GDS Clinical Governance Committee and follow-up action is taken if necessary.

Common themes this quarter include concerns with treatment costs, treatment outcomes and communication issues.

Action taken includes updating of patient information, introduction of staff feedback sessions, review and update of staff communication protocols, production of detailed treatment cost estimates in advance of patient treatment, introduction of text reminder system for patient appointments and establishment of peer review group meetings.

As noted previously, given the number of patients registered to practices the overall number of complaints is relatively low.

Pharmacy Complaints

Of the complaints recorded for this period, 80 related to medication incidents. This represents 55% of the total complaints received during the reporting period and is the single largest reason for complaint. Set against a background of more than 1.5 million prescriptions dispensed each month; this represents a very

small percentage and significant underreporting which may be addressed as pharmacies continue to refine their processes.

NHS Greater Glasgow & Clyde places patient safety at the forefront of its objectives and encourages its community pharmacies to do likewise. Community pharmacists are required to take all necessary actions to ensure that patient safety in the delivery of pharmaceutical care is given the highest priority. The Pharmacy and Prescribing Support Unit operates a medication incident reporting system to promote quality and reduce risk ultimately safeguarding patient safety. The system is anonymised to create a culture of open reporting, learning and ongoing service improvement.

5. Ombudsman (SPSO): 1 January to 31 March 2015

Where a complainant remains dissatisfied with a Local Resolution response, they may write to the Ombudsman. Table 7 below reports statistics on the points that the NHS Board may become aware of the Ombudsman's involvement in a case.

Table 7

	<u>Partnerships/ Board (NHSGGC)</u>	<u>FHS</u>	<u>Acute</u>
(a) Notification received that an investigation is being conducted	0	0	1
(b) Notification received that an investigation is not being conducted	1	1	0
(c) Investigations Report received	0	1	1
(d) Decision Letters received (Often the first indication in respect of FHS Complaints)	5	9	9

In accordance with the Ombudsman's monthly reporting procedure, three reports were laid before the Scottish Parliament concerning NHS Greater Glasgow and Clyde.

The details of the NHSGGC Decision Letters for this are attached as Appendix 1.

6. Breakdown of the Three Issues Attracting Most Complaints and the Reasons for this.

The following information provides a breakdown of the issues attracting most complaints this quarter:-

Partnerships

The three issues attracting most complaints this quarter were Clinical Treatment, Date for Appointment and Attitude/behaviour.

Appendix 2 provides a comprehensive breakdown of the complaint categories for Partnerships.

Acute

The three issues attracting most complaints this quarter were clinical treatment, staff attitude and behaviour and oral communication.

Appendix 3 provides a comprehensive breakdown of the complaint categories for Acute.

7. Service Improvements

One of the key themes of the Patient Rights (Scotland) Act 2011 was using complaints as a mechanism to learn lessons and improve future services for patients. As part of this particular focus and improved reporting, attached at **Appendix 4** are those services improvements highlighted by the Partnerships and Acute Services Division in relation to complaints completed from January to March 2015.

8. Patient Advice and Support Service (PASS): 1 January to 31 March 2015

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. It aims to support patients, their carers and families in their dealings with the NHS and in other matters affecting their health. The service promotes an awareness and understanding of the rights and responsibilities of patients. It also advises and supports people who wish to give feedback, make comments, raise concerns or make a complaint about treatment and care provided by the NHS in Scotland. The PASS will:-

- help clients understand their rights and responsibilities as patients;
- provide information, advice and support for those wishing to give feedback or comments, raise concerns or make complaints about health care delivered by NHS Scotland;
- ensure clients feel listened to, supported, and respected when raising concerns about difficult experiences; and
- work with the NHS to use feedback to improve NHS service provision.

This covers concerns and complaints raised via the PASS.

PASS statistics are gathered centrally by Citizens Advice Scotland (CAS) to provide evidence of what has been delivered in each Health Board area in Scotland. They contain detailed statistical information on the work of bureaux and demonstrate the depth and range of advice work undertaken by advisers.

Locally, the consortium of Citizen Advice Bureaux (CAB) for the Greater Glasgow & Clyde area comprises:-

Bridgeton CAB, Castlemilk CAB, Drumchapel CAB, Dumbarton CAB, East Dunbartonshire CAB, Easterhouse CAB, East Renfrewshire CAB, Glasgow Central CAB, Greater Pollok CAB, Maryhill CAB, Parkhead CAB, Renfrewshire CAB, and Rutherglen & Cambuslang CAB (although now within NHS Lanarkshire, the PASS service will continue to be delivered through the Glasgow Consortium throughout the term of the extension to the existing contract).

The public can access the PASS in a number of ways:-

- Direct contact with their local CAB either by telephone, appointment or drop in.
- Within the Patient Information Centres (PICs) in the new Stobhill and Victoria Hospitals.

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

- There were 144 new clients
- There were 448 new enquiries
- 13% of enquiries were dealt with by Generalist Advisers and 87% dealt with by Patient Advisers
- 97% of enquiries were dealt with at Level 3 or above (indicating more complex a case requiring more support and input)

Many of the clients who present at a CAB have more than one enquiry. The clients who present to a PASS caseworker are no different. 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 Personal Independence Payment/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 feedback, comments, concerns and complaints are listed below:-

Service Area	46% were about Hospital Acute Services
Hospitals/Localities	46% were about Emergency Care & Medical Services
Community Health Partnerships/Community Health and Care Partnerships	22% were about East Dunbartonshire CHP and 22% were about East Glasgow CHCP
Staff Group	45% were about Hospital Consultants/Doctors
NHS Advice Code	35% were about Clinical Treatment

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 CH(C)P 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 Board Administration and Secretariat and Complaints Manager) in order to monitor and ensure continued publicity of the PASS. The Group meets quarterly and, following a recruitment process undertaken by the Scottish Health Council (SHC) and Consortium lead of PASS, two lay representatives have joined the LAG. The newly constituted LAG met for the first time on 2 December 2014.

NHSGGC is represented on the National Monitoring and Evaluation Group for the PASS by the Head of Board Administration. The current 3 year national contract for the PASS (from 1 April 2013 – 31 March 2015) has been extended for a further year and a communication has been sent to confirm that extension. This allows further time to assess the local and national evaluation reports of the PASS and see what changes / improvements may be needed to a re-tendered service from 1 April 2016.

9. Current Issues

Review of NHS Boards' Annual Reporting on Feedback, Comments, Concerns and Complaints

As reported at the last NHS Board meeting, preparation of the Annual Report on Feedback, Comments, Concerns and Complaints 2014/15 is well underway.

The Annual Report 2014/15 is due to be published by 30 June 2015; this, again, is a tight timescale to meet as the validated numbers of complaints for hospital and community health services and from GPs and other independent contractors is not available until late May 2015. A final draft copy will be sent by email to NHS Board members for comment before final publication on 30 June 2015.

10. Conclusion

The NHS Board is asked to note the quarterly complaints report for the period 1 January to 31 March 2015.

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**SCOTTISH PUBLIC SERVICES OMBUDSMAN REPORTS –
1 JANUARY – 31 MARCH 2014**

There were 2 **Investigation Reports** published by the Ombudsman in this quarter in relation to NHSGGC. One related to a GP Practice; the other to the Acute Services Division. In these, there were 5 issues upheld and no issues not upheld. The detail of each case can be made available to members if required.

There were 23 **Decision Letters** issued; 5 related to Partnerships, 9 to Family Health Services (*3 GPs and 6 dentists*) and 9 to the Acute Services Division. These letters were not published in the Scottish Public Services Ombudsman's monthly commentary; however within the Partnerships/Acute Services Division they were dealt with as though they could contain recommendations. The definition surrounding a Decision Letter is as follows:-

A Decision Letter sets out the background to the complaint, the evidence that the reviewer has gathered and their analysis and conclusions. It is a letter from the reviewer to the complainant, although they also let the Board know about the complaint and the conclusion they have reached. 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);*
- *the Ombudsman has decided that the substance of the complaint and their decision on it do not raise public interest considerations.*

Of the 23 Decision Letters, there were 26 issues upheld and 20 issues not upheld. The detail of each case can be made available to members if required.

The 45 recommendations made from the Decision Letters are submitted to the Quality and Performance Committee for monitoring purposes.

As NHS Board Members have expressed concern about the NHS Board receiving investigative reports (which can be Decision Letters and formal Investigative Reports) from the Ombudsman's Office, where some non-clinical issues have been identified as "upheld", the CEO now writes to all relevant Directors regarding any these "upheld" issues. The implication is that the NHS Board has investigated all the issue(s) at Local Resolution (which can include more than one reply, meetings and other alternative dispute resolution options such as Mediation) and somehow missed the issue(s) which the Ombudsman then found we erred on and resultantly upheld part of a complaint. This is a new part of our review of processes and intention to be more compassionate and less defensive in our approach to complaints and seek an explanation as to why we did not pick up on that issue at an earlier stage of the process and what Directors will do to reduce this happening in the future.

PARTNERSHIPS
APPENDIX 2

<u>Code</u>		<u>NUMBER</u>	<u>Code</u>		<u>NUMBER</u>
ISSUES RAISED			STAFF GROUP		
	Staff			Staff Group	
01	Attitude/behaviour	53	01	Consultants/Doctors	21
02	Complaint handling	9	02	Nurses	280
03	Shortage/availability	1	03	Allied Health Professionals	15
04	Communication (written)	2	04	Scientific/Technical	0
05	Communication (oral)	13	05	Ambulance	0
07	Competence	12	06	Ancillary Staff/Estates	0
	Waiting times for		07	NHS Board/hospital admin staff/members (exc FHS administrative)	8
11	Date of admission/attendance	3	08	GP (Salaried)	204
12	Date for appointment	113	09	Pharmacists	2
13	Test Results	2	10	Dental (Salaried)	42
	Delays in/at		11	Opticians	2
21	Admissions/transfers/discharge procedure	0	12	Other	3
22	Out-patient and other clinics	3		Service Area	
	Environmental/domestic			Accident and Emergency	0
29	Premises	2		Hospital Acute Services	0
30	Aids/appliances/equipment	0		Care of the Elderly	1
32	Catering	0		Rehabilitation	5
33	Cleanliness/laundry	1		Psychiatric/Learning Disability Services	61
34	Patient privacy/dignity	2		Maternity Services	0
35	Patient property/expenses	4		Ambulance Services	0
36	Patient status	0		Community Hospital Services	1
37	Personal records	4		Community Health Services - not elsewhere specified	34
38	Bed Shortages	0		Continuing Care	0
39	Mixed accommodation	0		Purchasing	0
40	Hospital Acquired Infection	0		Administration	3
	Procedural issues			Unscheduled Health Care	0
41	Failure to follow agreed procedure	7		Family Health Services	0
42	Policy and commercial decisions of NHS Board	1		Prison	471
43	NHS Board purchasing	0		Other	1
44	Mortuary/post mortem arrangements	0			
	Treatment				
51	Clinical treatment	345			
52	Consent to treatment	0			
61	Transport	0			
71	Other	0			

**ACUTE
APPENDIX 3**

<u>Code</u>		<u>NUMBER</u>	<u>Code</u>		<u>NUMBER</u>
ISSUES RAISED			STAFF GROUP		
	Staff			Staff Group	
01	Attitude/behaviour	95	01	Consultants/Doctors	272
02	Complaint handling	1	02	Nurses	112
03	Shortage/availability	0	03	Allied Health Professionals	22
04	Communication (written)	16	04	Scientific/Technical	2
05	Communication (oral)	60	05	Ambulance	5
07	Competence	9	06	Ancillary Staff/Estates	26
	Waiting times for		07	NHS Board/hospital admin staff/members (exc FHS administrative)	60
11	Date of admission/attendance	21	08	GP (Salaried)	0
12	Date for appointment	32	09	Pharmacists	5
13	Test Results	8	10	Dental (Salaried)	8
	Delays in/at		11	Opticians (Salaried)	0
21	Admissions/transfers/discharge procedure	30	12	Other	15
22	Out-patient and other clinics	17		Service Area	
	Environmental/domestic			Accident and Emergency	27
29	Premises	22		Hospital Acute Services	445
30	Aids/appliances/equipment	3		Care of the Elderly	12
32	Catering	1		Rehabilitation	7
33	Cleanliness/laundry	4		Psychiatric/Learning Disability Services	0
34	Patient privacy/dignity	0		Maternity Services	0
35	Patient property/expenses	2		Ambulance Services	1
36	Patient status	0		Community Hospital Services	0
37	Personal records	3		Community Health Services - not elsewhere specified	0
38	Bed Shortages	1		Continuing Care	1
39	Mixed accommodation	0		Purchasing	0
40	Hospital Acquired Infection	0		Administration	0
	Procedural issues			Unscheduled Health Care	0
41	Failure to follow agreed procedure	0		Family Health Services	0
42	Policy and commercial decisions of NHS Board	13		Prison	0
43	NHS Board purchasing	0		Other	0
44	Mortuary/post mortem arrangements	1			
	Treatment				
51	Clinical treatment	250			
52	Consent to treatment	0			
61	Transport	4			
71	Other	0			

SERVICE IMPROVEMENTS AS THE RESULT OF COMPLETED COMPLAINTS
1 January – 31 March 2015

Partnerships

Glasgow City CHP

- Patient complained that they found receptionist to be unhelpful when they were advised that there were no treatment room appointments available. This complaint was used to review and improve how reception staff can deliver the best service for patients. To avoid reoccurrence, regular monitoring of staff skills and training will continue as part of the mandatory training requirements for KSF/PDP e.g. Customer Service Skills, Conflict Management and Equality and Diversity.
- As a result of patient receiving conflicting and inaccurate correspondence resulting in poor communication, administration staff have been reminded that standard letters are to be used as a guide only and should be amended to suit individual needs. This action will be shared with the service through the Specialist Children's Services Clinical Governance Executive Group and cascaded to all Teams in the Service.
- Complainant unhappy when trying to access the Termination of Pregnancy service. An urgent care/scheduled care service to avoid the need for clients to rely on the walk in service and a nurse triage has been introduced which will identify vulnerable clients who present to the service.

East Dunbartonshire CHP

Complainant unhappy that they were not provided with an adequate explanation of why a medication was being considered. As a result of this complaint, Consultant Psychiatricians will ensure in the new staff induction for junior doctors that they are allocated sufficient time when accessing a new patient to allow dialogue re recommended therapy and provide patients with information relating to prescribed medication.

West Dunbartonshire CHP

As a result of a complaint from a patient who received cancellation appointments administration staff have been instructed to check all letters being sent to ensure complete information recorded and inappropriate information scored out correctly.

Acute Division

- As a result of a complaint about poor signage and way finding at Glasgow Royal Infirmary additional signage will be put in place to assist those visiting patients, particularly in the evening period.
- Following a complaint about an orthopaedic clinic appointment letter, inviting a patient to a review appointment one week longer than they should have been in plaster, the service has changed the clinic appointment process to prevent this happening again.
- Following a complaint about staff attitude, directed at a specific member of staff, arrangements were made to speak to the member of staff concerned and to arrange for them to attend further training in customer care, to reinforce the standards expected, and the complainant was so advised.

- Following a complaint about various aspects of care in the Royal Alexandra Hospital an apology was provided and a commitment given to introduce feedback cards into the ward, and the Senior Charge Nurse has also invited Practice Development colleagues to assist in further training and staff engagement around communications with families.
- A patient's relative was unhappy about the fact that there was no Portering assistance available at a specific entrance to Glasgow Royal Infirmary until 9.30am. As a result the service has arranged for a telephone to be available at this entrance to allow visitors to summon assistance when required.

QUARTERLY REPORT ON Patient, Carer and Public Feedback: 1 JANUARY – 31 MARCH 2015

Recommendations:

- The NHS Board is asked to note the quarterly report on patient, carer and public feedback in NHS Greater Glasgow and Clyde for the period 1 January – 31 March 2015.
- Noting that this is the first attempt at reporting on patient feedback, the NHS Board is invited to reflect upon and advise on the content and format of this report.

Introduction

This report provides a commentary and statistics on the feedback received from patients, carers and the public throughout NHS Greater Glasgow and Clyde for the period 1 January – 31 March 2015. It looks at feedback, comments and concerns received centrally and in local services and identifies areas of service improvements and ongoing developments.

As members will be aware, the Patient Rights (Scotland) Act 2011 was introduced 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 health care. A key section of the Act requires Boards to:

- encourage **all** patients and families to give feedback
- evidence numbers, themes and actions taken to improve healthcare services as a result of feedback
- establish robust monitoring and governance processes that ensure that feedback is acted upon and reported quarterly to the Board and annually to the government

This report includes the presentation of detailed information on feedback received from three centrally managed feedback systems as well as local bespoke activity and regular audits of carer's views in Medicine for the Elderly wards. It will describe the views expressed about NHS Greater Glasgow and Clyde and its services and what improvements have been made to services as a result of such feedback.

This is a new report to the Board of NHS Greater Glasgow and Clyde and the first that has sought to analyse the patient, carer and public feedback received over a quarterly period. Future reports will continue to be presented alongside the corresponding quarterly complaints report. In view of the developments underway within the Board in relation to the gathering, analysis and response to feedback, future reports will continue to be refined. Feedback from members of the Board on the content and format of these reports would be very welcome in terms of ensuring that information is presented in a way that they find helpful and informative.

1. Universal Feedback

Universal feedback is a card given to all patients on the day of their discharge from a ward or clinic which asks 2 questions:

How likely are you to recommend our ward to friends and family if they needed similar care or treatment?

In-patients are able to choose between 5 options – Extremely Likely; Likely; Neither Likely or Unlikely; Unlikely; and Extremely Unlikely. A follow-up question asks for the main reason for the answer given, with a comment box for free text. From this information the percentage of the people who gave a rating of 'likely' or 'extremely likely' is calculated.

This feedback system provides a broad overview of patient experience. A 95% standard has been established for the % likely to recommend. This standard was established to facilitate identification of those areas that require more detailed investigation.

Universal Feedback is in the process of being rolled out across NHS Greater Glasgow and Clyde. In the period 1 January – 31 March 2015, 99 Acute wards, approximately 37% of in-patient wards, participated in Universal Feedback.

Directorate	% Likely to Recommend	Number of Responses	Praise	Comments or Suggestions
ECMS	96%	411	219	10
RAD	97%	174	105	8
Regional	99%	224	148	8
Surgery & Anaesthetics	94%	886	517	25
Women & Children's	99%	596	541	39
Total	97%	2291	1530	90

The average percentage likely to recommend achieved for Directorates are as follows:

Figure 1: Average % Likely to Recommend By Directorate 4th Quarter 2014 - 2015

In the period 1 January – 31 March: of those who returned cards:

In January 2015: 87% met the 95% likely to recommend standard

In February 2015: 80% met the 95% likely to recommend standard

In March 2015: 80% met the 95% likely to recommend standard

In the period 1 January – 31 March the following exceptions to this standard were reported:

Figure 2: Exceptions to the 95 % Likely to Recommend Standard 4th Quarter 2014 - 2015

* A dash (-) indicates that the ward met or exceeded the 95% standard

Nil indicates that no cards were returned

Directorate	Hospital	Ward	% Likely to Recommend			Comments
			Jan	Feb	March	
ECMS	SGH	21	Nil	93%	88%	Staff attitude & behaviour
		22	-	83%	93%	-
		25	77%	93%	91%	-
		26	-	-	83%	-
RAD	RAH	12	Nil	93%	Nil	Waiting times – A&E
		14	91%	-	Nil	Staff attitude & behaviour
RAD	SGH	51	-	80%	-	No stimulation/ television
		57	-	-	83%	Access to physiotherapy
	RAH	3	Nil	75%	-	Staff attitude & behaviour
		5	Nil	91%	-	Catering
		7	88%	Nil	Nil	Staff attitude & behaviour
Regional	SGH	64	-	-	93%	Lack of facilities for younger patients
S&A	SGH	SHDU	77%	50%	76%	Environment – management of patients with challenging behaviour
		3	86%	93%	88%	-

	IRH	H Centre	n/a	n/a	50%	Staff attitude & behaviour Premises
W&C	RAH	18	Nil	-	75%	-

In the period 1 January – 31 March the highlights from the feedback were:

- High level of care provided by staff who are extremely helpful and friendly

This is illustrated by a small selection of comments from patients and carers received in January 2015.

“The staff in this hospital have been wonderful, very caring and always there when needed. “Medals all round””

“Friendly, helpful and knowledgeable staff who explain what they are doing and why it needs to be done. A very caring and well trained group of professionals who really give excellent care to help patients on the road to recovery”

I found all staff to be very helpful and competent. Everything was explained so I understood what was happening. Everyone was a credit to the NHS”

“I was so pleased with the care you took of my husband and also the concern you took of me when I was upset: thank you very much. I know you all have a very hard job”

The areas for improvement identified were as follows:

- Staff attitude and behaviours [8 cases]
- Communication regarding waiting times/ treatment plans [3 cases]
- Catering [14 cases]
- Movement of elderly patient during the night [1 instance]
- Disturbance from and management of patients with challenging behaviour [2 cases]
- Temperature too hot on maternity wards [21 comments]

“I felt secure and everyone seemed capable to do what was needed. Only one negative thing and it could be sorted was one young member of staff’s face was like fizz and she let the patients know. Everyone else were so professional”

“It took 7 hours just to be told nothing was wrong with me. In this time all that was done was a blood and a urine test”

Actions arising from the areas for improvement are monitored on a quarterly basis per Directorate.

Members may wish to explore the feedback received in greater depth. Functionality has been developed that enables scores to be sought on a ward, hospitals or service basis. The results from Universal Feedback are available at:

<http://www.staffnet.ggc.scot.nhs.uk/Info%20Centre/FTFT/OurPatients/Pages/FriendsAndFamilyScores.aspx>

2. NHS GGC On-Line Patient Feedback

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

received via the NHS GGC On-Line Patient Feedback System in the period 1 January – 31 March 2015.

Figure 3: NHS GGC On-Line Patient Feedback by Directorate 4th Quarter 2014 - 2015

Directorate	No. of Postings	Praise	Comments or Suggestions	Themes
ECMS	59	39	20	Waiting times Communication
Surgery & Anaesthetics	42	29	13	Communication Staff Attitude & Behaviour
Rehabilitation & Assessment	5	3	2	Communication with ward
Facilities	36	18	18	Access & Way-finding
Oral Health	-	-	-	-
Diagnostics	11	6	5	Appointments (delays/ scheduling)
Regional Services	6	2	4	Communication
Hospital Paediatrics & Neo Natal	3	3	-	
Obstetrics & Gynaecology	13	9	4	Staff Attitude & Behaviours
Mental Health	-	-	-	
Learning Disability	-	-	-	
Independent Contractors	-	-	-	

3. Patient Opinion

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

A protocol is in place to manage response times, response content, further investigation and the outcomes of any actions identified as a result of the posting.

The following feedback was received via Patient Opinion in the period 1 January – 31 March 2015.

Figure 4: Patient Opinion Feedback by Directorate 4th Quarter 2014 - 2015

Directorate	No. of Postings	Praise	Comments or Suggestions	Themes
ECMS	16	7	9	Attitude & Behaviour Communication Competence
Surgery & Anaesthetics	21	8	13	Access Attitude & Behaviour Communication
Rehabilitation & Assessment	7	4	3	Competence Attitude & Behaviour
Facilities	9	2	7	Attitude & Behaviour Cleanliness Catering
Oral Health	1	-	1	Waiting times
Diagnostics	9	6	3	Communication Waiting times
Regional Services	6	2	4	Communication Waiting time - appointments
Hospital Paediatrics & Neo Natal	5	5	-	Praise for staff and service
Obstetrics & Gynaecology	8	1	7	Communication Attitude & Behaviour
Mental Health	-	-	-	-
Learning Disability	-	-	-	-
Independent Contractors	3	1	2	Waiting times

Members may wish to explore the feedback received and responses provided via Patient Opinion in greater depth. This is available at: <https://www.patientopinion.org.uk/>

4. Carer's Audit

As part of becoming a listening health service, we undertake regular audits of our older people's care. In this instance, we focus on what carers, family and visitors think about the care their loved ones are getting. We do this by undertaking a very simple carer's audit. A key feature of this feedback system is that all named carers/next of kin are contacted prior to the audit to raise awareness of this opportunity. The Team provides support for those who need help to participate including arranging for sign language interpreters, other language interpreters or other communication support.

A Patient Experience Public Involvement Manager attends the ward and actively engages with visitors in 5 sessions, afternoon and evening, over the course of a week.

In the period 1 January – 31 March three carer's audits were completed.

Ward 2, Lightburn Hospital

The feedback from 36 family, friends and carers of patients in Ward 2, Lightburn Hospital was positive with kind, attentive staff and settled patients being described. The ward was praised for its person-centred care and for being a clean, bright, pleasant environment.

One couple reported a concern relating to discharge planning and a lack of communication. It was recommended that action was taken to investigate the issue raised by this family. Other aspects of the ward were raised as frustrations or suggestions in a further 11 interviews. These included issues of pro-active communication with families; continuity of care being negatively affected by high numbers of bank staff; better tailoring of the menus to the tastes of elderly patients and difficulties with the laundry and temperature on the ward.

Older Adult Assessment Unit, Royal Alexandra Hospital

The feedback from 24 family, friends and carers of patients in the Older Adult Assessment Unit (OAU), Royal Alexandra Hospital was overwhelmingly positive with a clear picture of high quality care, kind, attentive staff and friendly interactions with patients emerging. Families reported on high quality care, good communication and a clean, pleasant environment.

Ward 4, Royal Alexandra Hospital

In their feedback 30 family, friends and carers of patients in Ward 4, Royal Alexandra Hospital praised the ward with family, friends and carers reporting positive staff attitudes, values and behaviours; good quality care; clear, accessible and jargon-free communication; person centred care and a clean, pleasant environment.

However, despite Ward 4 being fully compliant with staffing guidelines, there was a perception amongst families and carers that it was under-staffed. While staff were highly praised for their care and professionalism it was also noted that they were very busy and as a result some families felt that they were not always able to be optimally responsive, caring or communicative. Review and reflection on communication with families and the identification of carers were recommended.

Full reports of these audits are available from the Patient Experience Public Involvement Team.

5. Local Feedback Systems

Throughout the Acute Division there are examples of effective locally managed, bespoke feedback systems. These are in addition to the centrally managed feedback systems. Directorates have developed a range of local systems which are appropriate to their particular client group and service provision. Many of these offer the opportunity for more in-depth discussion with patients and carers or provide focus on particular aspects of care.

As indicated in the introduction to this report the Board is required to have robust recording and monitoring systems to evidence numbers, themes and actions taken to improve healthcare services as a result of feedback. NHS GGC has been developing a system of quarterly reporting aimed at capturing feedback at a Directorate level. These quarterly reports track actionable points identified in centrally managed feedback systems and ask Directorates to provide a high level summary of feedback received via locally managed systems.

In the period 1st January to 31st March the following feedback from locally managed systems was reported.

Figure 5: Local Feedback Systems by Directorate 4th Quarter 2014 - 2015

Directorate	1/4ly Return Received	No of feedback systems	No. Of responses received	Praise	Comments or suggestions	Top issues raised in feedback
Surgery & Anaesthetics	X	-	-	-	-	
RAD	√	15	253	220	33	<ul style="list-style-type: none"> • Praise for staff and service • Generally effective communication with families but some gaps • Access to diversion
Diagnostics	X	-	-	-	-	
Regional	X	-	-	-	-	
Obstetrics & Gynaecology	X	-	-	-	-	
Hospital Paediatrics & Neonates	X	-	-	-	-	
Oral Health	-	-	-	-	-	
ECMS	X	-	-	-	-	
Facilities	√	3	30	28	2	<ul style="list-style-type: none"> • Praise for the domestic services • Praise for the catering service • Comments on variety of special diet options and quality of food
Mental Health	-	-	-	-	-	
Learning Disability	-	-	-	-	-	

Work is now underway to report the centrally located feedback information to the new Sector and Directorate Management Teams and it is expected that in future all sectors and Directorates produce their quarterly returns on improvements they have made.

Niall McGrogan

Head of Patient Experience Public Involvement and Transport

11th June 2015