

NHS Greater Glasgow and Clyde

Board Meeting
Tuesday, 20 October 2015

Board Paper No. 15/58

NURSE DIRECTOR

QUARTERLY REPORTS ON COMPLAINTS AND FEEDBACK 1 APRIL – 30 JUNE 2015

Recommendations:

The NHS Board is asked to note:-

- the quarterly report on NHS complaints in Greater Glasgow and Clyde for the period 1 April – 30 June 2015.

Introduction

This report provides a commentary and statistics on complaints handling throughout NHS Greater Glasgow and Clyde for the period 1 April – 30 June 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.

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.

1. Local Resolution: 1 April – 30 June 2015

Table 1 shows the number of complaints *received* across NHS Greater Glasgow and Clyde between 1 April – 30 June 2015 and for comparison 1 January to 31 March 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 April – 30 June 2015</u>		<u>1 January – 31 March 2015</u>	
	<u>Partnerships (exc FHS)</u>	<u>Acute / Board</u>	<u>Partnerships / Board (exc FHS)</u>	<u>Acute</u>
(a) Number of complaints received	484	523	476	515
(b) Number of complaints received and completed within 20 working days [<i>national target</i>]	441 (91%)	380 (72%)	443 (93%)	364 (71%)
(c) Number of complaints completed	482	505	489	485
(d) Outcome of complaints completed:-				
➤ Upheld	53	126	46	116
➤ Upheld in part	75	142	79	168
➤ Not Upheld	325	186	349	155
➤ Conciliation	1	0	0	0
➤ Irresolvable	1	2	2	5
➤ Unreasonable Complaint	0	0	0	2
➤ Transferred to another unit	1	1	0	4
(e) Number of complaints withdrawn	26 ¹	48 ²	13 ¹	35 ²
(f) Number of complaints declared vexatious	0	0	0	0

<u>1 April – 30 June 2015</u>				
	<u>Total</u>	<u>No Consent Received</u>	<u>Complainants no longer wished to proceed</u>	<u>Other</u>
1	26	1	25	0
2	48	26	22	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

For this quarter this gives an overall NHS GG&C complaints handling performance for complaints received and completed of 81.5% 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 HSCPs breakdown for completed complaints.

3. Breakdown of Completed Complaints

Detailed below in Table 2 is a Directorate/HSCP breakdown of completed complaints within NHSGGC for the period 1 April to 30 June 2015 and for comparison 1 January to 31 March 2015.

Table 2 –Breakdown of Completed Complaints by Directorate/HSCP

	<u>1 April – 30 June 2015</u>		<u>1 January – 31 March 2015</u>	
	<u>Number of Completed Complaints</u>	<u>% (rounded)</u>	<u>Number of Completed Complaints</u>	<u>% (rounded)</u>
Acute Directorates				
Surgery & Anaesthetics	177	35	157	32
Emergency Care & Medical	136	27	134	28
Women & Childrens	51	10	70	15
Regional	44	9	30	6
Facilities	25	5	24	5
Rehabilitation & Assessment	28	6	27	6
HI&T	14	3	11	2
Diagnostics	20	4	20	4
Other	10	2	12	2
NHS Board	0	0	N/A	N/A
Sub-Total	505	100	485	100
HSCPs				
NHS Board	N/A	N/A	2	0
East Dunbartonshire	1	0	1	0
East Renfrewshire	1	0	1	0
Glasgow City - Corporate *	424	88	420	86
North East	15	3	25	6
North West	18	4	13	3
South	8	2	9	2
Inverclyde	3	1	2	0
Renfrewshire	2	0	11	2
West Dunbartonshire	4	1	1	0
Hosted Service (Podiatry)	6	1	4	1
Sub-Total	482	100	489	100
Grand Total	987		974	

* 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 April to 30 June 2015 and for comparison 1 January to 31 March 2015.

Table 3 – Breakdown of Completed Complaints by Acute Hospital Location

	<u>1 April – 30 June 2015</u>	<u>1 Jan – 31 March 2015</u>
Acute Hospital Location	<u>Number of Completed Complaints</u>	<u>Number of Completed Complaints</u>
Beatson West of Scotland Cancer Centre	11	7
Homeopathic Hospital	0	0
Gartnavel General Hospital	16	38
Health Centres / Clinics	0	3
Glasgow Royal Infirmary	89	92
Inverclyde Royal Hospital	31	29
Larkfield Unit	1	3
Lightburn Hospital	0	0
Mansionhouse Unit	2	4
Mearnskirk Hospital	1	0
Nelson Mandella Place (Breast Screening Service)	0	1
Out of Hours Service	6	9
Princess Royal Maternity Hospital	6	9
Royal Alexandra Hospital	77	60
Southern General Hospital	117	82
Stobhill ACH	27	17
Victoria Infirmary	39	45
Victoria ACH	16	15
Vale of Leven Hospital	10	17
Western Infirmary	40	34
Yorkhill Hospital	14	11
Other	2	9
Total	<u>505</u>	<u>485</u>

Detailed below in Table 4 is a HSCP service area breakdown of completed complaints within NHSGGC for the period 1 April to 30 June 2015 and for comparison 1 January to 31 March 2015.

Table 4 – Breakdown of Completed Complaints by HSCP Service Areas

	<u>1 April – 30 June 2015</u>	<u>1 Jan – 31 Mar 2015</u>
	<u>Number of Completed Complaints</u>	<u>Number of Completed Complaints</u>
Glasgow City HSCP – Corporate	424	420
Health & Community Care:-		
• HMP Barlinnie	173	252
• HMP Low Moss	222	144
• HMP Greenock	28	23
• Police Custody Healthcare	1	0
Mental Health Services (See Note)	0	1
Other (Health Improvement)	0	0
Glasgow City HSCP - North East Sector	15	25
Health & Community Care	3	4
Homelessness Services	0	0
Specialist Children's Services	5	3
Skye House Adolescent Unit	0	3
Mental Health Services	3	4
Stobhill Hospital	3	8
Parkhead Hospital	1	2
Eriskay House	0	0
Children & Family Services	0	1
Glasgow City HSCP - North West Sector	18	13
Children & Family Services	0	1
Health & Community Care	4	2
Mental Health Services	2	3
Gartnavel Royal Hospital	6	3
Sexual Health/Sandyford	6	4
Other (Human Resources)	0	0
Glasgow City HSCP - South Sector	8	9
Health & Community Care	2	3
Mental Health Services	2	3
Leverndale Hospital	3	3
Planning and Health Improvement	1	0
East Dunbartonshire HSCP	1	1
Health & Community Care	0	0
Mental Health	1	1
Children and Family Services	0	0

	<u>1 April – 30 June 2015</u>	<u>1 Jan – 31 Mar 2015</u>
	<u>Number of Completed Complaints</u>	<u>Number of Completed Complaints</u>
West Dunbartonshire HSCP	4	1
Health & Community Care	3	1
Children and Family Services	1	0
Other (Health & Information Technology/Other Directorate)	0	0
Inverclyde HSCP	3	2
Mental Health	3	1
Children & Family Services	0	0
Larkfield Unit	0	0
Ravenscraig Hospital	0	0
Community Care	0	1
Specialist Children Services	0	0
East Renfrewshire HSCP	1	1
Mental Health	0	0
Health & Community Care	1	1
Rehabilitation & Assessment	0	0
Specialist Children's Services	0	0
Children and Family Services	0	0
Renfrewshire HSCP	2	11
Health & Community Care	0	3
Mental Health	1	8
Dykebar Hospital	0	0
Specialist Children's Services	1	0
Hosted Service - Renfrewshire CHP – Podiatry	6	4
NHS Board	0	2
Totals:	<u>482</u>	<u>489</u>

Note – Predominately Forensic and Learning Disabilities

***Bold** entries denote mental health hospital services managed by HSCPs*

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 HSCPs. Each

spreadsheet is sent to the relevant HSCP Director, Head of Primary Care & Community Services and the Clinical Director for review.

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

Detailed below in Table 5 is a breakdown of complaints received by Doctors, Dentists, Community Pharmacists and Opticians within NHSGGC for the period 1 April to 30 June 2015. The information gathered has been enhanced for this reporting quarter so no comparison with last quarter is available. This will, however, be available from the quarter July to September 2015 onwards.

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

	<u>1 April – 30 June 2015</u>			
	<u>GPs</u>	<u>Dentists</u>	<u>Opticians</u>	<u>Pharmacists</u>
a) Number of complaints received	273	41	16	147
b) Number of complaints acknowledged within 3 working days and %	273 (100%)	Not gathered	16 (100%)	Not gathered
c) Number of complaints responded to within 20 working days and %	255 (93.41%)	40 (98%)	16 (100%)	140 (95.2%)
d) Number of complaints responded to outwith 20 working days and %	7 (2.56%)	0 (0%)	0 (0%)	2 (1.4%)
e) Still Open	11	1	0	5
f) Outcome of completed complaints:-				
•Upheld	56	3	5	138
•Partially Upheld	55	6	2	3
•Not Upheld	150	31	6	3
•Irresolvable	16	1	3	3
g) Alternate Dispute Resolution Used	0	0	0	0
h) Number of SPSO Decision Letters / Investigation Reports received	0	0	0	0

NOTES:-

c + d + e = a

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

Detailed below in Table 6 is an indication of the surveys returned by of each contractor groups for the period 1 April to 30 June 2015 and for comparison 1 January to 31 March 2015.

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

	<u>1 April – 30 June 2015</u>			<u>1 January – 31 March 2015</u>		
	<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	232	96	242	223	92	242
Dentists	254	96	264	232	89	262
Opticians	141	77	184	147	81	182
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 HSCP'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 and Learning From Complaints Responded To Within The Reporting Period
Access	<ul style="list-style-type: none"> • Alert added to patient's file that she prefers a female interpreter. • System of monitoring referrals being looked at. • Practice looking at revisions to phone system to enable call waiting, also revising how appointment calls are handled. • On the day system revised to accommodate demand. • Trial introduction of medical triage • Practice has revised system for informing waiting patients when GP is running behind. • Practice discussion over allocation of emergency "extra" appointments, particularly for children, but no changes made as protocol already in place. • Distribute further information on telephone queuing system and ensure all manned phones are switched on. • Staff encouraged to repeat date and time and Dr at end of phone call to confirm • Patients' expectations are sometimes not matched by the services that GPs/hospitals are able to deliver. • It can be difficult to have patients understand that emergency appointments are for health emergencies needing immediate care and not for the convenience of those with non urgent problems. • Patients asking to see specific GPs cannot always be accommodated.

Conduct	<ul style="list-style-type: none"> • Sometimes, you cannot please everyone and no matter how hard you try to resolve issues at a local level. • Staff member (nurse practitioner), dealing with aggressive patient, acted appropriately in reporting incident to GP. Some patients do not accept that their attitude and behaviour can be deemed as abusive and threatening • Complaint resolved by asking for courtesy to be shown by staff and patients alike • Full response explaining issues raised during consultation and GP providing further patient information if requested. Time taken with patient to ensure consultation has been completely understood by patient. • Locum attitude & treatment: Partially upheld. Locum appeared to show no interest, although appropriate change of analgesia was carried out and a letter of referral to physiotherapy through private healthcare was submitted. • GP said he had tried to be sympathetic with patient explaining that all her tests were normal and that his main concern was the family history of cancer for which he had referred patient to hospital urgently. GP felt patient was not accepting his opinion. • Appointment system explained to manage patient's expectations, apology made for receptionist. Receptionist spoken to and expectations of delivery reiterated. • Patients want to see their own GP - not happy seeing Locum or ST. • GP to attend refresher course on effective consultation skills All staff undergoing refresher training in handling patient enquiries • Reception staff reminded of the need to ensure patient names are not mentioned at reception area. • Receptionist advised to avoid inappropriate remarks as may be taken wrong way • All reception staff spoken to individually and at a staff meeting to re-iterate patient understanding • Practice Manager met with the patient and listened to their view. Practice Manager apologised on behalf of the Practice. Meeting with front reception staff. • Receptionist was retrained on practice protocols and on perceived attitude to the patients. Patient received an apology and a visit from a GP to discuss concerns. • Receptionist spoken to about manner. • Monitoring junior doctor's appointment times closely • Patients' expectations are sometimes not matched by the services that GPs/hospitals are able to deliver. • Additional training for new staff • We have altered layout of admin area to improve team working
Education	<ul style="list-style-type: none"> • Pharmacist linked to practice advised on aspect of prescribing. Advice written into practice guidelines to avoid confusion in the future. • Explained that culture was needed to select most effective antibiotic, patient happy with explanation • After patients consent was gained both GP's responded in full to the relatives queries and explained fully the sequence of events and outcomes of these. • Appointment system explained to manage patient's expectations. • New receptionist still undergoing training, explained must pass on any emergency calls to doctor promptly. • While aware that not meeting patient expectations may lead to complaints it does not warrant inappropriate prescribing. • Review of patients on long term medication is important.
Policy	<ul style="list-style-type: none"> • Reception staff reminded of Practice Protocols and Procedures for processing prescriptions. • Staff awareness of informing new patients at registration of the full practice protocol • Staff will remain vigilant when changing addresses and patients will be informed of the catchment area before making changes.

	<ul style="list-style-type: none"> • Practice advertised its new policy on DNA's on prescriptions, with posters and by writing to the appropriate patients. • Staff asked to inform patients being put into a telephone consultation slot that the time they are given is approximate. • Practice reviewing its policy of writing to patients who had apparently DNA'd a hospital appointment, due to issues with the hospital systems. • Telephone call and copy of LMC guidance letter advising patient that not appropriate for GPs to sign gardening forms. Signposted to alternative support agency. • New patient medical form in place • Complaint about background music in waiting room led to telephone call and letter to complainant advising re the necessity to maintain confidentiality and explanation of why background music in place. Offer of alternative waiting area. • Practice policy on patients who move out of practice area explained to patients in this position. <p>Practice will ensure scales are re-calibrated as part of annual instrument re-calibration</p>
Risk	<ul style="list-style-type: none"> • Communication is key to all contacts even when the patient is being aggressive and challenging • Practice policy changed - all letters sent to anyone under 16 are now addressed to "parent or guardian of....." • Apology for the mistake in sending out the wrong bottle • 6 more Blood Pressure machines purchased to reduce waiting time for patients to use at home • Written reply - patient treated according to clinical measurements at the time. Meeting awaited. • Have introduced a reporting procedure to GPs when X-ray results not received within 3 weeks. This allows the GP to chase result with relevant department • Unable to resolve this to the patient's satisfaction. We have tried to change the way we deal with "special request" items and we now offer online prescription ordering which provides a more efficient audit trail. • Practice exploring the idea of redesigning reception area to make it more confidential in layout. • Staff training and education regarding quantity and frequency of repeat drug ordering. • Mix up with prescriptions between surgery and pharmacy. All pharmacies now need to sign for patients prescriptions when collecting. • Communication book is now in place and reception staff will enter anything outstanding when they are finished their shift to ensure other staff are aware of what has to be actioned etc. • Change in protocol to ensure that prescriptions started by GP following home visits are followed through. • GP concerned now issues patients with slip of paper telling them who they will be referred to and how long they are likely to wait. Also to telephone Practice after 4 weeks to check referral has been processed. GP will also use TASKS within EMIS to send themselves a reminder of each patient being referred. • Change in protocol to check that patients with multiple appointments are not missed by second clinician. • Issue of problems created by parents being looked after by grown up children who live a distance away. Issues of communication and co-ordination. <p>To have a lower threshold for repeating bloods and arranging review in patients with renal problems.</p>
Share	<ul style="list-style-type: none"> • Increased advertising of surgery changes, new newsletter, advertising screens and information on prescriptions on website. • Try to ensure that better communication between GP and family will prevent issues in future

Waiting	<ul style="list-style-type: none"> • Particular issue for Health Centres highlighted to ensure that the main reception is aware of any patient transport that has been requested by individual practices. As always, communication is very important. The Locum doctor and senior partner invited the patient and her partner in and discussed the visit. Both sides agreed that the communication aspect was the main problems and probably would have prevented the complaint in the first place. The practice used this as a significant event and will write an analysis about these events. • Audit trail performed with regards to breast clinic referral - referral was classed routine and was sent via SCI Gateway within 4 working days. • We need to be assured that our system for prioritising referrals when a GP is off unexpectedly is robust.
No Action Required	<ul style="list-style-type: none"> • Practice protocol on ordering repeat medication reviewed and found fit for purpose. • Patients are routinely asked the nature of their problem when requesting an on the day appointment. • Senior GP responded to the patient explaining that response and actions by Practice Manager were appropriate. • Practice did everything they could to contact the patient. Practice will continue to reinforce checking patients contact details, to help stop events like these occurring. • Our records showed we had documented information appropriately, and issue was more with secondary care • Friends complaining on another patient's behalf very often do not have full understanding of issues involved which was apparent in this case. Keep a note of all phone calls from all family members with name of family member and what was discussed.

These matters will be shared with the HSCP 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 and Learning From Complaints Responded To Within The Reporting Period
Access	<ul style="list-style-type: none"> • Out of area patient refunded – will use optometrist nearer to new home.
Education	<ul style="list-style-type: none"> • Optometrist responsible for not referring patient was trained on this. • Optometrist peer training on how to deal with Contact Lenses stuck in eye.

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.

96% (254) of GDP practices submitted a survey return - this was an improvement on the previous quarter (January-March) where 89% submitted a return.

In total, 41 complaints were received and 98% were responded to within 20 working days. It was noted 3 were fully upheld, 6 partially upheld and 31 were not upheld.

The most common themes/trends reflect previous surveys and relate to concerns with treatment costs and treatment outcomes.

As noted previously, NHS treatment costs are determined nationally and GDPs are unable to change these.

Follow up action taken by practices includes updating patient information and providing estimates of treatment costs in advance of treatment.

Survey results continue to be reviewed by the GDS Clinical Governance Committee and follow up action will be taken if necessary.

Pharmacy Complaints

Of the complaints recorded for this period, 74 related to medication incidents. This represents 50% 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 April to 30 June 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</u>	<u>FHS</u>	<u>Acute / Board</u>
(a) Notification received that an investigation is being conducted	2	0	3
(b) Notification received that an investigation is not being conducted	3	0	0
(c) Investigations Report received	0	0	1
(d) Decision Letters received (Often the first indication in respect of FHS Complaints)	6	4	18

Investigation Reports:-

There was ONE Investigation Report laid before the Scottish Parliament and published by the Ombudsman in this quarter in relation to NHSGGC. It related to the Acute Services Division. In it, the ONE investigated issue was upheld and TWO recommendations made. The full report has been submitted to the Acute Services Committee for review.

Decision Letters:-

There were 28 Decision Letters issued by the Ombudsman in this quarter in relation to NHSGGC. 6 related to Partnerships, 4 to Family Health Services (*all GPs*) and 18 to the Acute Services Division. Of the 18 Acute cases, 5 were not taken forward by the SPSO. In total, 22 issues were investigated (11 issues upheld, 11 issues not upheld and 25 recommendations made).

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

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 (321 issues raised); dates for appointments (118 issues raised) and attitude behaviour of staff (49 issues). The vast majority of Partnership complaints relate to prison healthcare. The issues on clinical treatment are linked closely with prescribing practice in the prisons where prison healthcare seek to ensure that addictive drugs, or drugs with a street value are not prescribed unless there is a clear clinical need. The waiting times issues link to waiting time for dental appointments and the need for prison healthcare to devote resources to the most acute cases. Attitude and behaviour continues to attract complaints and we will be looking at reviewing and refreshing our training in this area.

Appendix 1 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 2 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 3**, are those services improvements highlighted by the Partnerships and Acute Services Division in relation to complaints completed from April to June 2015.

8. Patient Advice and Support Service (PASS): 1 April to 30 June 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 151 new clients
- There were 350 new enquiries
- 15% of enquiries were dealt with by Generalist Advisers and 85% dealt with by Patient Advisers
- 93% 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	51% were about Hospital Acute Services
Hospitals/Localities	56% were about Emergency Care & Medical Services
Community Health Partnerships/Community Health and Social Care Partnerships	86% were about Glasgow City HSCP
Staff Group	50% were about Hospital Consultants/Doctors
NHS Advice Code	42% 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 HSCP staff and receive a lot of referrals from having made these contacts.

A Local Advisory Group (LAG) was formed in early 2013, with representation from the Scottish Health Council, GGC CAB Consortium and NHSGGC (Head of 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.

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. 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

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

The Annual Report on Feedback, Comments, Concerns and Complaints 2014/15 was published on 30 June 2015. It followed the new national guidance and was made available on the web and a copy sent to Scottish Government, Healthcare Improvement Scotland, SPSO, Local Health Council, ISD, PASS, NHS Board Members and officers. As the Annual Report was again lengthy, the Communications Directorate assisted again by publishing a 9 page summary version which was more readable and welcomed by the public.

This year the Annual Report formed part of the Participation Standard and a self-assessment was submitted to the Scottish Health Council. The Council has completed its initial analysis of NHS Board's self assessment against Sections of the Participation Standard and advised that from the evidence provided they have assessed it as having met Level 1 (Developing) of the relevant sections. This agreed with our self-assessed level.

The Council advised that the NHS Board had made progress with developing a whole systems approach. They welcomed the introduction of the Universal Feedback System and Carers Audits and will be looking for an update on progress in these areas. A number of areas of improvements and actions were identified in the Annual Report:-

- The wide range of engagement structures that NHS Greater Glasgow and Clyde has (Public Partnership Forum's, Managed Clinical Networks, Patients Panel and Mental Health Network) is acknowledged and we would suggest a section acknowledging their work and the contribution their feedback has made to improving services and patient, public and carer experiences
- To move from developing to implementing to improving, a plan of evaluation activity with these public engagement structures would be part of your 'whole systems approach' as you test out the strengths and weaknesses of your developed systems
- 'NHS Greater Glasgow and Clyde Online Patient Feedback' is noted as a method that allows patients to provide feedback and this information is not publicly available. We would suggest that this method is evaluated with the public to be clear on what benefits this feedback method brings to the public and staff
- The disappointment in the rise in complaints regarding staff attitude and behaviour has been noted and we would suggest a focus on this issue with your existing public engagement groups on what the public would like to see in improving this issue and what is meaningful to NHS Greater Glasgow and Clyde in your whole systems approach. We would suggest that planned evaluation of this activity would be built in as part of the process.
- The reference to the comprehensive work of the Patient Advice and Support Service in NHS Greater Glasgow and Clyde is noted and the main issues of the Independent Evaluation undertaken August-November 2014. The work of the Local Advisory Group and the ongoing efforts to improve the publicity and therefore uptake of the service is an area that will continue to be supported by the Scottish Health Council at local and national level.
- We would suggest that Prisoner Healthcare remains a focus with the development of a system of engaging with the Prisoner population in listening to feedback and testing out ideas for service improvement working with prisoners and staff.

The Patient Experience Group chaired by the Nurse Director will be taking forward the identified actions over the next few months.

NHS Greater Glasgow and Clyde's approach to signing off their Annual Report was inclusive and members of the public groups gave feedback in a session organised on the 27th July 2015 at the Victoria Infirmary.

There was a quality assurance process of the self-assessment report with members of the public who have been involved in NHS Greater Glasgow and Clyde's service improvements identified through complaints and feedback and/or in endorsing the self assessment. The output from this quality assurance work will be included in the feedback provided to the Board and included in a national report to be published later this year.

(b) NHS Model Complaints Handling Procedure (CHP) Working Group: a Standardised NHS Model Complaints Handling Procedure (CHP)

The Scottish Health Council's review of NHS complaints handling (commissioned by Scottish Government) reported in April 2014. The report 'Listening and Learning - How Feedback, Comments, Concerns and Complaints Can Improve NHS Services in Scotland' *Listening and Learning* made a number of recommendations relating to complaints. This included a direct recommendation that the SPSO's Complaints Standard Authority lead on the development of a revised, standardised complaints process for NHS Scotland and specific reference to what this should contain. There were a number of other related recommendations on various aspects of complaints handling processes. The first meeting was held on 14 September 2015 and the meeting considered the membership, issues to be covered and how to gather the relevant evidence/information. The Head of Board Administration attended this meeting and will provide updates as this work progresses.

10. Conclusion

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

Shirley Gordon
Secretariat & Complaints Manager
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Head of Board Administration
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**PARTNERSHIPS
APPENDIX 1**

<u>Code</u>		<u>NUMBER</u>	<u>Code</u>		<u>NUMBER</u>
ISSUES RAISED			STAFF GROUP		
	Staff			Staff Group	
01	Attitude/behaviour	49	01	Consultants/Doctors	30
02	Complaint handling	4	02	Nurses	184
03	Shortage/availability	1	03	Allied Health Professionals	11
04	Communication (written)	1	04	Scientific/Technical	0
05	Communication (oral)	6	05	Ambulance	0
07	Competence	6	06	Ancillary Staff/Estates	0
	Waiting times for		07	NHS Board/hospital admin staff/members (exc FHS administrative)	9
11	Date of admission/attendance	1	08	GP (Salaried)	189
12	Date for appointment	118	09	Pharmacists	24
13	Test Results	4	10	Dental (Salaried)	62
	Delays in/at		11	Opticians	3
21	Admissions/transfers/discharge procedure	0	12	Other	10
22	Out-patient and other clinics	0		Service Area	
	Environmental/domestic			Accident and Emergency	0
29	Premises	5		Hospital Acute Services	0
30	Aids/appliances/equipment	1		Care of the Elderly	1
32	Catering	0		Rehabilitation	8
33	Cleanliness/laundry	0		Psychiatric/Learning Disability Services	28
34	Patient privacy/dignity	1		Maternity Services	0
35	Patient property/expenses	0		Ambulance Services	0
36	Patient status	0		Community Hospital Services	2
37	Personal records	1		Community Health Services - not elsewhere specified	25
38	Bed Shortages	0		Continuing Care	1
39	Mixed accommodation	0		Purchasing	0
40	Hospital Acquired Infection	0		Administration	4
	Procedural issues			Unscheduled Health Care	0
41	Failure to follow agreed procedure	1		Family Health Services	0
42	Policy and commercial decisions of NHS Board	0		Prison	451
43	NHS Board purchasing	0		Other	2
44	Mortuary/post mortem arrangements	0			
	Treatment				
51	Clinical treatment	321			
52	Consent to treatment	0			
61	Transport	0			
71	Other	2			

**ACUTE
APPENDIX 2**

<u>Code</u>		<u>NUMBER</u>	<u>Code</u>		<u>NUMBER</u>
ISSUES RAISED			STAFF GROUP		
	Staff			Staff Group	
01	Attitude/behaviour	98	01	Consultants/Doctors	326
02	Complaint handling	0	02	Nurses	93
03	Shortage/availability	1	03	Allied Health Professionals	18
04	Communication (written)	28	04	Scientific/Technical	1
05	Communication (oral)	70	05	Ambulance	0
07	Competence	11	06	Ancillary Staff/Estates	27
	Waiting times for		07	NHS Board/hospital admin staff/members (exc FHS administrative)	47
11	Date of admission/attendance	33	08	GP (Salaried)	0
12	Date for appointment	39	09	Pharmacists	0
13	Test Results	11	10	Dental (Salaried)	0
	Delays in/at		11	Opticians (Salaried)	0
21	Admissions/transfers/discharge procedure	14	12	Other	35
22	Out-patient and other clinics	7		Service Area	
	Environmental/domestic			Accident and Emergency	53
29	Premises	26		Hospital Acute Services	432
30	Aids/appliances/equipment	2		Care of the Elderly	15
32	Catering	2		Rehabilitation	11
33	Cleanliness/laundry	1		Psychiatric/Learning Disability Services	0
34	Patient privacy/dignity	3		Maternity Services	2
35	Patient property/expenses	1		Ambulance Services	0
36	Patient status	1		Community Hospital Services	0
37	Personal records	1		Community Health Services - not elsewhere specified	0
38	Bed Shortages	2		Continuing Care	0
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	1		Family Health Services	0
42	Policy and commercial decisions of NHS Board	11		Prison	0
43	NHS Board purchasing	0		Other	2
44	Mortuary/post mortem arrangements	0			
	Treatment				
51	Clinical treatment	266			
52	Consent to treatment	2			
61	Transport	1			
71	Other	1			

SERVICE IMPROVEMENTS AS THE RESULT OF COMPLETED COMPLAINTS

1 April – 30 June 2015

Partnerships

Glasgow City HSCP

- A complainant was unhappy with the treatment received at the Mother and Baby Unit believing they had been given the wrong form of Quetiapine. The complaint was partly upheld. There was a review of case-notes, medication prescriptions and interviews with nursing staff, Consultant Psychiatrist and duty doctor involved. This error was reviewed by the ward team to see how it occurred and what could be done to ensure it did not happen again. This was reviewed with the pharmacist to explore ways of increasing the checks on medications at the point of admission. A new procedure, called Medicines Reconciliation, will be adopted and adhered to in the MaB. It is believed that this will lessen the likelihood of similar errors in future. This policy is also being introduced in other wards throughout NHS GGC.

Acute Division

- Complainant attended clinic with her elderly relative, where they were advised that the appointment had been re-scheduled. When the patient advised that they had not been advised of the cancellation, and asked to be seen, they found the receptionist's attitude very unhelpful. The details of this experience were used by the service manager to review the attitude and behaviour of the staff member as well as to organise and monitor customer care training for them.
- Complainant was unhappy that when telephoning a clinical department, they were placed on hold and then could hear staff members discussing personal matters. This provided service manager with opportunity to discuss the appropriate phone practice with the staff member and ensure that they attended further training in this area.
- Patient complained that their medical records were not updated appropriately following a change of address. This resulted in missing an appointment and subsequently being noted as "Failed to Attend". A staff member had not acted upon the change of address information appropriately, and they were provided with refresher training in recording patient information on the electronic system.
- Patient reported to a nurse that they had become aware of altered sensation when visiting the toilet. The nurse documented in the clinical notes that the Advanced Nurse Practitioner was informed; as Nurse Practitioners perform many of the functions of a junior doctor including clinical examination. However, there was a failure to act on this and to report this symptom. This has been discussed with the nurse to ensure learning for their future practice.
- Patient was unhappy with lack of information regarding progress of their referral which was made to another specialty. They called the department and spoke to administrative staff but this was not passed to the appropriate person within the department and the patient was not kept informed appropriately. Details of this complaint were shared at local clinical governance forum for learning. Service management have undertaken training with staff to ensure that where they are unable to directly resolve a patient query, they are expected to signpost the patient to the correct person.
- Patient was unhappy that medication required in preparation for a medical procedure was not delivered timeously. The courier service uplifting the preparation for delivery had been late and this had not been noticed by staff during shift changeover. When the patient telephoned to query this, switchboard provided the wrong details and opening hours of the department. As a result of this

complaint, the courier procedure had been altered to ensure this does not happen again, and switchboard has been updated with the correct contact details for the department.

QUARTERLY REPORT ON Patient, Carer and Public Feedback: 1 APRIL – 30 JUNE 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 April – 30 June 2015.

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 April – 30 June 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 across NHS Greater Glasgow and Clyde. 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.

The reformed structure of the Acute Services Division commenced in May 2015, in the middle of the Quarter to which the information in this report relates. As such, the information is presented here as per the original Directorate structure (with exception of Fig.4). The next report will report as per the new structural arrangements.

1. Universal Feedback

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

1. *How likely are you to recommend our ward to friends and family if they needed similar care or treatment?*
2. *Please can you tell us the main reason for the score you have given?*

In-patients are able to choose between 5 options – Extremely Likely; Likely; Neither Likely or Unlikely; Unlikely; and Extremely Unlikely. A comment box enables the patient to respond by free text to the second question. Question 1 provides a numerical value, which is the percentage of people who gave a rating of 'likely' or 'extremely likely'. Question 2 provides a commentary giving us more insight into the patient experience.

Once patients have filled in their card, they put it in a secure box on the ward. At the end of every calendar month, the Senior Charge Nurse (or nominated member of staff) empties the box and sends the cards back to the Patient Experience Public Involvement (PEPI) Team. These cards are then scanned electronically to produce the ward's numerical 'score' and a copy of all of the comments as written by the patients.

A Patient Experience Public Involvement officer reviews every comment made before publishing them, along with the score, on the 'Our Patients' section of Facing The Future Together (FTFT) on Staffnet. The Senior Charge Nurses are the first to receive notification of publication to encourage frontline resolution and local ownership of the patient feedback.

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 April – 30 June 2015, 73 wards, approximately 30% of in-patient wards, participated in Universal Feedback [note that this is a drop from the wards participating in the last quarter – this is due to the break taken by wards at the Southern General Hospital during the move to the Queen Elizabeth University Hospital. Wards at the QEUH commenced in August 2015].

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

Directorate	% Likely to Recommend	Number of Responses	Praise	Comments or Suggestions
ECMS	98%	223	153	12
RAD	95%	146	89	6
Regional	98%	128	97	1
Surgery & Anaesthetics	98%	763	600	14
Women & Children's	99%	551	510	35
Total	98%	1811	1449	66

Figure 1: Average % Likely to Recommend By Directorate 1st Quarter 2015 - 2016

While all of the Directorates achieved the 95% standard for the % likely to recommend, it might be helpful to set out the background behind the lower score in Rehabilitation and Assessment Wards.

It should be noted that overall number of responses are lower in these wards, which can be attributed to the longer length of stays on elderly care wards; lower turnover of patients; and higher concentration of patients with cognitive impairment. Lower returns can increase the sensitivity to any negative scores received.

Of the 6 comments/ suggestions made, 3 of these were about staff attitude and behaviour; 1 related to catering (portions too big for this patient) and 2 noted staff seemed very busy.

Question 2 – Please can you tell us the main reason for the score you have given?

Question 2 provides a short commentary from the patient about their experience. An analysis of this commentary is carried out to identify themes and areas for improvement. Across all Directorates, the main areas for improvement identified through these comments were as follows:

- Catering [15 cases]
- Temperature too hot on maternity wards [9 comments]
- Noise and disturbances on wards [7 cases]
- Staff attitude and behaviours [5 cases]
- Communication re treatment plans or procedures [4 cases]
- Perception of staff being extremely busy [3 comments]

“Staff were great but unfortunately appear to be looking after too many patients. I think an extra nurse or two on the ward would make life easier for both staff and patients.”

“Did feel however that on day one after having baby care could have been more regular. I did have to ask for drip and catheter to be removed on day 2 and ask for my bloods to be taken to see how my levels were.”

“Night time in the ward is like Argyle Street on a Saturday.”

“One gripe: The orange bin liners were all changed at around 04.00 in the morning. It seems this is an unreasonable time to do this task as it is so noisy.”

“...Improvements regarding communication and consistency with staff could be made, as sometimes I was given conflicting information or not informed about changes to my care.”

“Some nurses care and some nurses don’t is how I feel.”

However, 95% of comments received in this period were positive, with particularly high levels of praise for staff, illustrated here by a small selection of comments from patients received in June 2015:

“All staff, so helpful, listened and explained all that was happening to me whilst on the ward.”

“All were very attentive, approachable and professional. Also very helpful with communication to family members. They could not have done any more to help with my recovery. Thank you to all.”

“Staff are amazing very caring and extremely helpful. Was scared about coming into hospital and this experience was actually very good.”

“All staff were friendly and respected my gender (trans male), made me feel welcome and helped me get through my operation and recovery, without getting nervous or feeling embarrassed. Very positive experience!”

As with all the main forms of feedback, actions arising from the areas for improvement are monitored on a quarterly basis per Directorate. As the roll out of Universal Feedback progresses six monthly and annual reviews will be developed in order to monitor response rates, reporting rates and high level themes in the feedback provided.

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 in a private manner that is 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 April – 30 June 2015.

Directorate	No. of Postings	Praise	Themes	Comments or Suggestions	Themes
ECMS	88	32	Praise for staff & service	56	Waiting times Communication Attitude & Behaviour
Surgery & Anaesthetics	57	30	Praise for staff & service	27	Communication (appointments)
Rehabilitation & Assessment	13	8	Praise for staff & service	5	Communication
Facilities	61	3	Praise for staff (domestic & portering)	58	Access & Way-finding Catering Smoking
Oral Health	3	-		3	Attitude & Behaviour
Diagnostics	17	9	Praise for staff & service	8	Communication
Regional Services	16	11	Praise for staff & service	5	Communication
Hospital Paediatrics & Neo Natal	14	10	Praise for staff & service	4	Communication
Obstetrics & Gynaecology	16	12	Praise for staff & service	4	Feeding support Competence
Mental Health	2	-		2	Treatment
Learning Disability	-	-		-	-
Independent Contractors	-	1		2	Appointments (GP)
TOTALS	287	116		174	

Figure 2: NHS GGC On-Line Patient Feedback by Directorate 1st Quarter 2015-2016

The increase in number of comments/ suggestions related to Facilities since the last report correlates with the opening of the Queen Elizabeth University Hospital. The main themes above can be broken down as follows:

- Accessibility;
 - Distances from car park/ drop off zone to main entrance
 - Distance from main entrance to check in then outpatient clinic
 - Lack of automatic doors for independent use of wheelchairs
- Signage & Way-finding/ Patient Information
 - Lack of appropriate signage externally and internally

- Lack of maps/ directions in patient information or on website
- Environmental/ Premises
 - Temperature control
 - Smoking at entrance

Some of these issues are being addressed through individual action plans, for example, a working group is in place to look specifically at standardising patient letters and providing an easy to read map of the site to assist patients in navigating around the site.

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 April – 30 June 2015.

Directorate	No. of Postings	Praise	Themes	Comments or Suggestions	Themes
ECMS	20	5	Praise for staff and service	15	Waiting times Attitude & Behaviour
Surgery & Anaesthetics	22	8	Praise for staff and service	14	Attitude & Behaviour Competence
Rehabilitation & Assessment	4	2	Praise for staff and service	2	Attitude & Behaviour
Facilities	8	1		7	Attitude & Behaviour Cleanliness Catering
Oral Health	-	-		-	-
Diagnostics	3	2	Praise for staff and service	1	
Regional Services	10	8	Praise for staff and service	2	Communication Infection control (Bone Marrow Transplant)
Hospital Paediatrics & Neo Natal	5	2		3	Appointments (Specialist Children's Services) Communication
Obstetrics & Gynaecology	5	3		2	Competence Attitude & Behaviour
Mental Health	-	-		-	-
Learning Disability	-	-		-	-
Independent Contractors	6	2		4	Attitude & Behaviour Waiting times
TOTALS	83	33		50	

Figure 3: Patient Opinion Feedback by Directorate 1st Quarter 2015-2016

Due to the nature of the postings on Patient Opinion as a description of people’s personal experiences, this feedback can be difficult to summarise appropriately. Members are encouraged to visit the site to experience the richness and complexity of feedback received via Patient Opinion. This is available at: <https://www.patientopinion.org.uk/>, putting NHS Greater Glasgow and Clyde in the search function.

It has become increasingly apparent that the two online feedback mechanisms tend to represent the extremes of peoples’ experience, and tend to be used as a platform for more negative experiences than Universal Feedback. It should be noted that Universal Feedback is only used in inpatient wards at the moment, while the online systems encourage feedback from all parts of the service. A future piece of work may be to identify whether the inclusion of Outpatients has a significant relationship to the number of negative comments produced.

5. Monitoring and Reporting

The Board’s responsibilities under the Patients’ Rights Act do not only include encouraging feedback from patients, carers and families, but to create and implement “robust governance and monitoring systems” to capture, identify and record feedback. For the centrally managed systems of feedback as described above, a monitoring and reporting system has been developed on the following basis:

- Monthly reports detailing all of the feedback gathered. These are sent per Sector to the relevant General Manager; Director; and Patient Experience Lead (usually Chief Nurse)
- Quarterly returns compiled by each Sector indicating how the issues raised have been addressed.

In this 1st Quarter, period 1 April – 30 June, the following Directorates have submitted their Quarterly return:

Directorate	1/4ly Return Received
South Sector	√
North Sector	√
Clyde Sector	√
Regional	√
Obstetrics & Gynaecology	X
Hospital Paediatrics & Neonates	√
Diagnostics	√
Facilities	√

Figure 4: Quarterly Return by Sector 1st Quarter 2015-2016

Below are some examples of actions taken by Sectors as a result of the feedback gathered in this period, from the three centrally managed methods of feedback:

Theme	Feedback	Action taken
Communication	<p>"An appointment has to be made to attend this clinic. Despite repeated attempts to phone and arrange an appointment the number remains unanswered. This problem remains unresolved after i made the same comment to audiology staff months ago. I am advised phone calls are not answered because there is no receptionist. I have suggested an answer machine be used to allow a message to be left and the call returned. Clearly this has not been done as phone calls are not answered. If the NHS cannot provide staff to answer a phone can't an appointment be made using an on-line timetable?"</p>	<p><i>We are aware there had been staffing issues which had reduced the capacity for the phone to be answered at all times, however there is an answer machine which is checked regularly and calls are always returned on the same day, even if there is no receptionist. We have also been made aware of a technical fault with the line which caused problems with calls getting through, however this has now been resolved and we have seen an increase in the number of calls. We will continue to monitor this situation.</i></p>
Staff Attitude & Behaviour	<p>"Nursing staff we spoke to on ward xx were very defensive verging on rude because we had the audacity to ask about our mothers status. It came across to us that she was no more than a pest to them. (she has advanced dementia)Me and my sister both work within the NHS and would never speak to a patient or relative in that way. It is apparent that dementia education is still very much needed and that these patients are human beings. Today was the first time my mother did not recognise us and we were both very upset so attitude from staff only made us worse. So much for it being dementia week! On the up side the doctor we spoke with was very helpful."</p>	<p><i>Such attitudes are being challenged by the new Senior Charge Nurse:</i></p> <ul style="list-style-type: none"> • <i>Staff training needs are being identified and relevant training accessed with a zero tolerance approach being adopted.</i> • <i>Staff are now encouraged to approach relatives when they are in the ward rather than wait for relatives to approach them</i> • <i>The general atmosphere in the ward has improved by introducing a quiet sitting area for patients and family.</i> • <i>Patients are encouraged to bring in family photographs and to wear their own clothes. It is hoped that this will change staff perception from patients to individuals</i>
High temperatures on Maternity Wards	<p>"Only issue I had was with the heat. It was far too warm at all times."</p>	<p><i>The estates team at GRI checked the area and repaired the BMS (Building Management Systems) controls.</i></p>
Access to fresh water	<p>"The outstanding care I received was to very high standards and I have no cause to complain about my care or the staff and cleanliness on the ward, but I would ask again that water is routinely provided in jugs just like other hospitals as I felt I was bothering the staff who had other patients to see every time I requested water"</p>	<p><i>Feedback has been highlighted to staff and water cooler has been ordered for the ward to provide this.</i></p>

<p>Disturbances on ward and timing of medications at night</p>	<p>“Too many disturbances” “Night medicines given at 11.30pm – midnight.”</p>	<p><i>Staff have been made aware of feedback and have been asked to reflect on their behaviours overnight to ensure patient disturbance is kept to a minimum.</i> <i>Evening medications are routinely administered between 8-9pm...however some degree of patient centred drug administration can be achieved particularly around night sedation be it requested earlier or later than normal drug rounds. Staff have been asked to consider requests from patients out with normal drug rounds and where it is safe and appropriate to do so comply with their requests.</i></p>
<p>Communication</p>	<p>“Had my MRI today and wanted a copy of the results. Given stobhill as a contact. No one knew how to do this? I need a copy for myself of the MRI scan, how can I get one?!?”</p>	<p><i>Reiterated to staff the process of how to request scan results and also the importance of what is being communicated next to patients. Looking at incorporation into a training plan around customer care.</i></p>
<p>Access and Wayfinding</p>	<p>Clinic at New Victoria Hospital. Waiting room shared between ENT Clinic and Hearing Aid Dept. with separate receptions, litter in corridor. Arrows on front of ENT desk and notice pointing to hearing aid. If busy or its confused, appoints lead to ENT desk congesting and wait. Require to be positioned on floor.</p>	<p><i>Following this feedback, signage reviewed by the Senior Charge Nurse with Facilities and agreed that changes could be made. New signage ordered and put in place to better signpost the Hearing Aid Clinic.</i></p>
<p>Catering – ensuring a person centred service</p>	<p>“I suffer from cystic fibrosis the cf centre for West of Scotland moved from Gartnavel general to the new south Glasgow university campus, I was admitted in June due to chest infection. Our dietician at Gartnavel worked very hard to get the cf patients a cf menu due to our high calorie nutritional needs. My stay in the new hospital was awful I've never been so hungry! I had such little portions of food. Recently I had a hypo as I also suffer from diabetes to be told the ward isn't allowed to keep food I went from 7.30am to 9am with no food! I had to keep my sugar levels up with Lucosade I had in my room not an ideal situation!”</p>	<p><i>As a result of this feedback:</i></p> <ul style="list-style-type: none"> • <i>Specific communication work with staff to increase awareness of the wide range of options available to patients, including stocked pantries which provide snacks for patients who would like something out with standard meal times, e.g. bread, cereals, and biscuits with a variety of spreads and hot drinks.</i> • <i>I have met with the CF dietician to talk about the menu provided at the GGH and how it can be replicated at the new hospital. You will now be able to order from any of our menus to improve choice, and will be able to order double portions, as well</i>

		<p><i>as extra breakfast items and snacks as described above. Additionally, they agreed high calorie snacks that will be left in the kitchen on a daily basis from Monday 20th July.</i></p> <ul style="list-style-type: none"> <i>• Patient has since been in touch to advise that the service has greatly improved</i>
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As mentioned previously, every month these three systems produce hundreds of positive comments praising staff and services. Some of these are a simple thank you, while others are very detailed accounts of a patient’s experience and the positive difference staff made to them during that time. Below are just two examples to illustrate:

<p>Praise for staff</p>	<p>“Finally got my planned surgery this week, all went well and hopefully I can now get on with my life again. The new south Glasgow hospital is a cracking new building, with people on hand to guide you to the right ward. Once in the ward the nurses and all other staff were spot on, they explained what was going to happen on day of surgery and put me at ease. On the day of surgery the consultant came up on the ward and again explained the process she was hoping to do, (she did and it worked).</p> <p>There are probably still some teething problems with a hospital this size, some of the shops aren't open yet, but at end of the day it's people's health that matters and I was looked after perfectly. Many thanks to everyone on the ward for their hard work and dedication.”</p> <p>“My mother was admitted with a sub arachnoid brain hemorrhage this was deemed to be extremely serious and we were told to prepare for the worst. Sadly my Mum did not make it but the care for the four days she was there was second to none.</p> <p>Your nurses and doctors treated my mum with great care and dignity and they were incredibly patient and sensitive with my family taking the time to sit down and talk to us without rushing off. My Mum had a lot of visitors and the staff were very accommodating of them all which I am very grateful for as it was important to us all to have our last moments with her.</p> <p>Thank you for making this sad time slightly more bearable with your high standard of care and professionalism.”</p>	<p><i>Praise for staff is regularly fed back to teams at local and managerial levels. Work is being undertaken to look at how we can promote the good practice being demonstrated on a regular basis by staff and celebrate the things we are doing well.</i></p>
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