

NHS Greater Glasgow and Clyde

Board Meeting
Tuesday, 15 December 2015

Board Paper No. 15/72

NURSE DIRECTOR

QUARTERLY REPORTS ON COMPLAINTS AND FEEDBACK 1 JULY – 30 SEPTEMBER 2015

Recommendations:

The NHS Board is asked to note:-

- the quarterly report on NHS complaints in Greater Glasgow and Clyde for the period 1 July – 30 September 2015.
- extracts from the ISD Annual Report 2013/14 (Appendix 4).
- extracts from the SPS0 Annual Letter 2013/14 (Appendix 5).

Introduction

This report provides a commentary and statistics on complaints handling throughout NHS Greater Glasgow and Clyde for the period 1 July – 30 September 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 Sectors / 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 July – 30 September 2015

Table 1 shows the number of complaints *received* across NHS Greater Glasgow and Clyde between 1 July – 30 September 2015 and for comparison 1 April to 30 June 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 July – 30 September 2015</u>		<u>1 April – 30 June 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	528	533	484	523
(b) Number of complaints received and completed within 20 working days [<i>national target</i>]	449 (85%)	389 (73%)	441 (91%)	380 (72%)
(c) Number of complaints completed	509	552	482	505
(d) Outcome of complaints completed:-				
➤ Upheld	52	147	53	126
➤ Upheld in part	45	167	75	142
➤ Not Upheld	404	176	325	186
➤ Conciliation	0	0	1	0
➤ Irresolvable	1	4	1	2
➤ Unreasonable Complaint	2	0	0	0
➤ Transferred to another unit	0	3	1	1
(e) Number of complaints withdrawn	5 ¹	55 ²	26 ¹	48 ²
(f) Number of complaints declared vexatious	0	0	0	0

<u>1 July – 30 September 2015</u>				
	<u>Total</u>	<u>No Consent Received</u>	<u>Complainants no longer wished to proceed</u>	<u>Other</u>
1	5	1	4	0
2	55	28	27	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

For this quarter this gives an overall NHS GG&C complaints handling performance for complaints received and completed of 79% which is above the target of 70%.

2. Format of Report

The intention, going forward, is to provide 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 new Acute Sectors/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 July to 30 September 2015 and for comparison 1 April to 30 June 2015.

This is the first quarterly report where we have been able to report complaints on the new geographic sectors within Acute Services, meaning that we are unable to show direct comparisons with the previous quarter for the North, South and Clyde Sectors. The other Directorates remain the same and comparisons with the last quarter's report are possible. **The former Surgery and Anaesthetics Directorate and Emergency Care Medicine Directorate totalled 383 complaints in the first quarter. This, therefore, gave an Acute total of 505 and an NHSGGC total of 987 for April to June 2015.

The geographic sectors cover the following hospitals in each Sector:-

- North – Royal Infirmary, Stobhill ACH, Lightburn Hospital
- South – QEUH, Victoria ACH, Gartnavel General Hospital, Drumchapel Hospital
- Clyde – Royal Alexandra Hospital, Inverclyde Royal Hospital, Vale of Leven Hospital

Table 2 –Breakdown of Completed Complaints by Directorate/HSCP

	<u>1 July to 30 September 2015</u>		<u>1 April – 30 June 2015</u>	
	<u>Number of Completed Complaints</u>	<u>% (rounded)</u>	<u>Number of Completed Complaints</u>	<u>% (rounded)</u>
Acute Sectors and Directorates				
North Sector	78	14	N/A	N/A
South Sector	193	35	N/A	N/A
Clyde Sector	63	12	N/A	N/A
Regional	51	9	44	9
Facilities	55	10	25	5
Women & Childrens	62	11	51	10
HI&T	12	2	14	3
Diagnostics	25	5	20	4
Other	13	2	10	2
NHS Board	0	0	0	0
Sub-Total	552	100	505**	
HSCPs				
East Dunbartonshire	3	1	1	0
East Renfrewshire	1	0	1	0
Glasgow City - Corporate *	446	88	424	88
North East	12	2	15	3
North West	25	5	18	4
South	12	2	8	2
Inverclyde	1	0	3	1
Renfrewshire	4	1	2	0
West Dunbartonshire	3	1	4	1
Hosted Service (Podiatry)	2	0	6	1
Sub-Total	509	100	482	100
Grand Total	1061		987	

* Covers Forensic Services and Prison Healthcare.

Detailed below in Table 3 is an Acute Hospital location breakdown of completed complaints within NHS GGC for the period 1 July to 30 September 2015 and for comparison 1 April to 30 June 2015.

Table 3 – Breakdown of Completed Complaints by Acute Hospital Location

Acute Hospital Location	<u>1 July – 30 Sept 2015</u>	<u>1 April – 30 June 2015</u>
	<u>Number of Completed Complaints</u>	<u>Number of Completed Complaints</u>
Beatson West of Scotland Cancer Centre	7	11
Homeopathic Hospital	0	0
Gartnavel General Hospital	32	16
Health Centres / Clinics	8	0
Glasgow Royal Infirmary	94	89
Inverclyde Royal Hospital	31	31
Larkfield Unit	2	1
Lightburn Hospital	2	0
Mansionhouse Unit	1	2
Mearnskirk Hospital	0	1
Nelson Mandela Place (Breast Screening Service)	0	0
Out of Hours Service	6	6
Princess Royal Maternity Hospital	6	6
Royal Alexandra Hospital	56	77
Queen Elizabeth University Hospital	193	117
Stobhill ACH	12	27
Victoria Infirmary	16	39
Victoria ACH	31	16
Vale of Leven Hospital	2	10
Western Infirmary – Outpatients/MIU	23	40
Royal Hospital for Children	18	14
Other	12	2
NHS Board	0	0
Total	<u>552</u>	<u>505</u>

NOTE - Complaints may be received up to 12 months after the period of care took place. For this reason, Acute Hospital Locations which have subsequently closed continue to be included in the table above. For example, a complaint may be received in August 2015 for an incident which took place in March 2015 at the former Western Infirmary.

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

Table 4 – Breakdown of Completed Complaints by HSCP Service Areas

	<u>1 July – 30 Sept 2015</u>	<u>1 April – 30 June 2015</u>
	<u>Number of Completed Complaints</u>	<u>Number of Completed Complaints</u>
Glasgow City HSCP – Corporate	446	424
Health & Community Care:-		
• HMP Barlinnie	288	173
• HMP Low Moss	127	222
• HMP Greenock	30	28
• Police Custody Healthcare	0	1
Mental Health Services (See Note)	1	0
Other (Health Improvement)	0	0
Glasgow City HSCP - North East Sector	12	15
Health & Community Care	1	3
Homelessness Services	1	0
Specialist Children's Services	3	5
Skye House Adolescent Unit	2	0
Mental Health Services	3	3
Stobhill Hospital	2	3
Parkhead Hospital	0	1
Eriskay House	0	0
Children & Family Services	0	0
Glasgow City HSCP - North West Sector	25	18
Children & Family Services	1	0
Health & Community Care	9	4
Mental Health Services	0	2
Gartnavel Royal Hospital	3	6
Sexual Health/Sandyford	12	6
Other (Human Resources)	0	0
Glasgow City HSCP - South Sector	12	8
Health & Community Care	2	2
Mental Health Services	3	2
Leverndale Hospital	6	3
Planning and Health Improvement	1	1
East Dunbartonshire HSCP	3	1
Health & Community Care	1	0
Mental Health	2	1
Children and Family Services	0	0

	<u>1 July – 30 Sept 2015</u>	<u>1 April – 30 June 2015</u>
	<u>Number of Completed Complaints</u>	<u>Number of Completed Complaints</u>
West Dunbartonshire HSCP	3	4
Health & Community Care	2	3
Children and Family Services	1	1
Other (Health & Information Technology/Other Directorate)	0	0
Inverclyde HSCP	1	3
Mental Health	0	3
Children & Family Services	0	0
Larkfield Unit	0	0
Ravenscraig Hospital	0	0
Community Care	0	0
Specialist Children Services	1	0
East Renfrewshire HSCP	1	1
Mental Health	1	0
Health & Community Care	0	1
Rehabilitation & Assessment	0	0
Specialist Children's Services	0	0
Children and Family Services	0	0
Renfrewshire HSCP	4	2
Health & Community Care	0	0
Mental Health	2	1
Dykebar Hospital	2	0
Specialist Children's Services	0	1
Hosted Service - Renfrewshire CHP – Podiatry	2	6
Totals:	<u>509</u>	<u>482</u>

Note – Predominately Forensic and Learning Disabilities

Bold entries denote mental health hospital services managed by HSCPs

In relation to complaints within prison health services, they are also reported to the Health Operational Group and Clinical Governance Group. An example of the information presented can be provided to members in the next quarterly report if required. Section 6 Partnerships provides further information on prison health complaints.

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 July to 30 September 2015 and for comparison 1 April to 30 June 2015.

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

	1 July – 30 September 2015			
	<u>GPs</u>	<u>Dentists</u>	<u>Opticians</u>	<u>Pharmacists</u>
a) Number of complaints received	257	46	37	152
b) Number of complaints acknowledged within 3 working days and %	Not gathered	Not gathered	Not gathered	39 (26%)
c) Number of complaints responded to within 20 working days and %	245 (95%)	35 (76%)	36 (97%)	146 (96%)
d) Number of complaints responded to outwith 20 working days and %	6 (2%)	1 (2%)	1 (3%)	2 (1%)
e) Still Open	6	10	0	4
f) Outcome of completed complaints:-				
• Upheld	59	11	22	143
• Partially Upheld	39	3	3	1
• Not Upheld	121	22	0	6
• Irresolvable	11	10	1	1
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)

The Optometric and GP complaints figures balance as regards the number of complaints received, complaints responded to within 20 days, responded to over 20 days and still open. The new Complaints Outcomes criteria, introduced in Quarter 1, on whether complaints were upheld, fully partially, or not upheld, have not been fully reported and the returns show that we still have some work to do in this area with practices. This will be undertaken in future quarters. The statistics for complaints that have proved to be irresolvable in this quarter have come from previous quarters.

	1 April – 30 June 2015			
	<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 July to 30 September 2015 and for comparison 1 April to 30 June 2015.

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

	<u>1 July – 30 September 2015</u>			<u>1 April – 30 June 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	225	93	242	232	96	242
Dentists	264	100	264	254	96	264
Opticians	184	77	142	141	77	184
Community Pharmacists	288	99	292	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 below represent the new ISD codes for "Action Taken as a Result of a Complaint". This will, in future reports to the NHS Board, be populated to show the actions taken and learning opportunities. As mentioned earlier in the paper the returns from GPs will be improved and capture this information for future Reports.

Code	Actions and Learning From Complaints Responded To Within The Reporting Period
Access	
Conduct	
Education	
Policy	
Risk	
Share	
Waiting	
No Action Required	

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
Policy	<ul style="list-style-type: none">• Company policy on refunds for unsatisfactory spectacles used
Education	<ul style="list-style-type: none">• Issues with new glasses sorted out and problems feedback to the optometrists• Take more time during subjective refraction• Optometry training to review referral system in store• Frame selection process reviewed• Increased Staff Training
No Action Required	<ul style="list-style-type: none">• Request to produce replacement for broken glasses unachievable in time

Dental Complaints

100% (264) of GDP practices submitted a survey return - this was an improvement on the previous quarter (April - June) where 96% submitted a return.

In total, 46 complaints were received. 35 were responded to within 20 working days, 1 responded to outwith 20 working days and 10 are still open. It was noted 11 were fully upheld, 3 partially upheld and 22 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 staff training, review and update of procedures in place to improve service provision.

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

The survey results are also reported to the GDP Sub Committee of the NHS GG&C Area Dental Committee.

Pharmacy Complaints

Of the complaints recorded for this period, 77 related to medication incidents. This represents 51% 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.

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 July to 30 September 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	1	0	1
(b) Notification received that an investigation is not being conducted	4	0	9
(c) Investigations Report received	0	1	3
(d) Decision Letters received (Often the first indication in respect of FHS Complaints)	2	6	23

Investigation Reports:-

There were 4 Investigation Reports laid before the Scottish Parliament and published by the Ombudsman in this quarter in relation to NHSGGC:-

- Three related to the Acute Services Division. In these, 8 investigated issues were upheld and 16 recommendations made. A full report has been submitted to the Acute Services Committee for review.
- One related to a FHS practice. In it, one investigated issue was upheld and five recommendations made (three for the practice and two for the NHS Board). A full report will be submitted to the Glasgow City Health and Social Care Partnership Senior Management Team meeting in January 2016.

Decision Letters:-

There were 31 Decision Letters issued by the Ombudsman in this quarter in relation to NHSGGC:-

- 23 related to the Acute Services Division. In these, 20 issues were investigated (20 issues were upheld, 11 issues not upheld and 31 recommendations made).
- 2 related to Partnerships. In these, 2 issues were investigated (1 issues was upheld, 1 issue not upheld and 1 recommendation made).
- 6 related to Family Health Services (*all GPs*).

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 (350 issues raised); dates for appointments (130 issues raised) and attitude behaviour of staff (47 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 July to 30 September 2015

The Patient Advice and Support Service (PASS) was established though 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 211 new clients
- There were 599 new enquiries
- 10% of enquiries were dealt with by Generalist Advisers and xx% dealt with by Patient Advisers
- 90% 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	47% were about Hospital Acute Services
Hospitals/Localities	55% were about Emergency Care & Medical Services
Community Health Partnerships/Community Health and Social Care Partnerships	60% were about Glasgow City HSCP
Staff Group	48% 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

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. A project Steering Group was formed (the Head of Board Administration is a member) and has now met twice and it has agreed a supporting project and governance structure. Three sub-groups will lead the development work in key areas:- (1) - drafting of a model Complaints Handling Procedure (CHP) and associated documents; (2) - recording and reporting (NHSGGC is represented on this sub-group); and (3) - training and learning, with each sub-group reporting on progress to the Steering Group. The plan is for the NHS model CHP to be published in 2016 for consideration and implemented from April 2017.

HSCPs / IJBs

In relation to HSCP/IJBs – the Scottish Government is currently running a consultation to 14 December 2015 seeking views to revise the procedures for complaints about social work. This consultation seeks to allow the SPSO to investigate complaints in relation to the substance of social work decisions. It also proposes to amend the Public Services Reform (Scotland) Act 2010 in relation to the sharing of information by the Care Inspectorate with the SPSO; and amend the Social Work (Scotland) Act 1968 to abolish the existing system of local authority social work complaints and allow a model complaints handling procedure prepared by the SPSO to be introduced.

Participation Standard 2014-2015 - Final Analysis of NHS Greater Glasgow and Clyde

On 26 October 2015, the Scottish Health Council (SHC) wrote to the NHS Board's Chief Executive advising that the Scottish Health Council had completed its final analysis of NHS Greater Glasgow and Clyde's self assessment against Sections 1 (Patient Focus) and 3 (Governance) of the Participation Standard. From reviewing the assessment and supporting evidence found in the NHS Board's Annual Report on Feedback, Comments, Concerns and Complaints, SHC's final analysis agreed with NHSGGC's self assessment that it was operating at:-

Standard Section 1 – Level 1 (Developing)

Standard Section 3 – Level 1 (Developing)

A national overview report was published by SHC shortly this highlighted good examples of the work done by all NHS Boards. The web link to this report is:-

http://www.scottishhealthcouncil.org/patient_public_participation/participation_standard/standard_reports_2014-15.aspx

The SHC Report for NHSGGC identified some service improvements as highlighted by members of the Public Partnership Forum and Patients Panel as follows:-

- the Board's annual report and self-assessment reflected their experience to some extent of working with the Board.

- gave details of how they were involved in identifying improvements to the Board's services and mentioned the provision of information boards which had been influenced by their group and that it was great seeing them in place.
- the Board could do more in communicating to the general public about what the Board is doing with the feedback it receives.

The SHC Report's recommendations are detailed below and these will be taken forward and monitored by the Patients Experience Group, chaired by the Nurse Director and the NHS Board will be advised of progress and outcome:-

- the online patient feedback to be reviewed as part of looking at how the Board receives feedback on their website. The testing of this could be completed with existing public and patient groups.
- the Patient Experience Service Improvement Report has been developed and should be implemented and reviewed with staff and the public.
- the reporting of Independent Contractors remains an area of good practice. We note the continued progress in establishing systems to manage feedback, comments and concerns. The use of case studies gives an opportunity to report on the story behind the statistics.
- the reporting of the work that had been undertaken by the Person Centred Care Collaborative has shown the Board wide commitment to engaging with staff and the public in the areas of focus of the work. The specific section in the report on this work is an area of good practice, as well as highlighting some of the work that has been done, for example, the analysis of the 'themed conversations' which identified areas of focus on the meal time experience and environment and facilities.
- the reporting of Prison Healthcare Complaints in a separate section is an area of good practice. The Board has identified the main issues that have arisen from the complaints (medication prescribing and dental treatment). We would suggest more consideration be given to how the Board engages with the prison population and consider how this is to be achieved in line with national guidelines.
- the reporting of the Independent evaluation of the Patient Advice and Support Service referenced in the annual report is welcomed.
- a focus on how the Board can improve the Local Resolution Process involving staff and the public is a possible area of improvement activity for the Board.

Patient Advice and Support Service (PASS) Monitoring and Evaluation Advisory Group

The Head of Board Administration attended the most recent meeting of this national Group on 30 October 2015 and the issues discussed were – PASS National Reports; PASS local monitoring and evaluation and activity data; the further promotion of PASS; client feedback report and prison health complaints'. No information was provided on the re-tendering exercise of the PASS service, the current contract of which is due to come to an end on 31 March 2016.

10. Conclusion

The NHS Board is asked to note the quarterly complaints report for the period 1 July to 30 September 2015.

Shirley Gordon
Secretariat & Complaints Manager
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John Hamilton
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	47	01	Consultants/Doctors	28
02	Complaint handling	1	02	Nurses	235
03	Shortage/availability	0	03	Allied Health Professionals	16
04	Communication (written)	4	04	Scientific/Technical	0
05	Communication (oral)	9	05	Ambulance	0
07	Competence	9	06	Ancillary Staff/Estates	0
	Waiting times for		07	NHS Board/hospital admin staff/members (exc FHS administrative)	3
11	Date of admission/attendance	1	08	GP (Salaried)	228
12	Date for appointment	130	09	Pharmacists	2
13	Test Results	6	10	Dental (Salaried)	54
	Delays in/at		11	Opticians	3
21	Admissions/transfers/discharge procedure	0	12	Other	5
22	Out-patient and other clinics	3		Service Area	
	Environmental/domestic			Accident and Emergency	0
29	Premises	1		Hospital Acute Services	1
30	Aids/appliances/equipment	0		Care of the Elderly	0
32	Catering	1		Rehabilitation	10
33	Cleanliness/laundry	0		Psychiatric/Learning Disability Services	36
34	Patient privacy/dignity	4		Maternity Services	0
35	Patient property/expenses	1		Ambulance Services	0
36	Patient status	0		Community Hospital Services	1
37	Personal records	0		Community Health Services - not elsewhere specified	32
38	Bed Shortages	0		Continuing Care	1
39	Mixed accommodation	1		Purchasing	0
40	Hospital Acquired Infection	0		Administration	1
	Procedural issues			Unscheduled Health Care	0
41	Failure to follow agreed procedure	3		Family Health Services	0
42	Policy and commercial decisions of NHS Board	0		Prison	491
43	NHS Board purchasing	0		Other	1
44	Mortuary/post mortem arrangements	0			
	Treatment				
51	Clinical treatment	350			
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	102	01	Consultants/Doctors	310
02	Complaint handling	0	02	Nurses	117
03	Shortage/availability	4	03	Allied Health Professionals	20
04	Communication (written)	34	04	Scientific/Technical	4
05	Communication (oral)	83	05	Ambulance	2
07	Competence	11	06	Ancillary Staff/Estates	52
	Waiting times for		07	NHS Board/hospital admin staff/members (exc FHS administrative)	74
11	Date of admission/attendance	22	08	GP (Salaried)	0
12	Date for appointment	53	09	Pharmacists	1
13	Test Results	11	10	Dental (Salaried)	12
	Delays in/at		11	Opticians (Salaried)	0
21	Admissions/transfers/discharge procedure	13	12	Other	46
22	Out-patient and other clinics	19		Service Area	
	Environmental/domestic			Accident and Emergency	31
29	Premises	46		Hospital Acute Services	514
30	Aids/appliances/equipment	16		Care of the Elderly	10
32	Catering	11		Rehabilitation	5
33	Cleanliness/laundry	5		Psychiatric/Learning Disability Services	0
34	Patient privacy/dignity	3		Maternity Services	0
35	Patient property/expenses	4		Ambulance Services	0
36	Patient status	1		Community Hospital Services	2
37	Personal records	1		Community Health Services - not elsewhere specified	0
38	Bed Shortages	1		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	2		Family Health Services	0
42	Policy and commercial decisions of NHS Board	14		Prison	0
43	NHS Board purchasing	0		Other	0
44	Mortuary/post mortem arrangements	0			
	Treatment				
51	Clinical treatment	270			
52	Consent to treatment	0			
61	Transport	2			
71	Other	2			

SERVICE IMPROVEMENTS AS THE RESULT OF COMPLETED COMPLAINTS

1 July – 30 September 2015

Partnerships

East Dunbartonshire – Mental Health Services (Fully upheld)

A patient's appointment was cancelled due to unforeseen circumstances and they were not allocated another appointment with another Psychiatrist. There had been no communication to the patient with explanation, update or with another appointment. The appointment had been cancelled three times in the one year. Occupational Therapist was supposed to phone the patient as a follow up from their appointment after a few days. The Occupational Therapist failed to do this and never contacted the patient for approximately four to five weeks. Actions to be taken were categorised as K01-03 appointment times + K11-01 Waiting times. Specific actions were for Medical and Administration Staff to discuss local processes and ways to improve with Operations Manager within 4 weeks. A process mapping exercise was used to highlight areas of concern and improvement required to be achieved over a three month period.

Inverclyde – CAMHS (Partially upheld)

Concern expressed that referral made by Education Services was not followed up by Inverclyde H&SCP CAMHS. Actions identified to be taken as K03 – Communications. Specific actions included - teams asked to improve communication with parents and information on length of assessment process and referral pathways to be explained; Improved referral information to the GPs so that they are clearer on the vulnerability, disability and mental health pathways/ service to allow for appropriate and more timeous referrals into the service for children and their families. They also have telephone access to the daily duty clinician should they wish to discuss any referral; Waiting list times reviewed and service improvements within this process have been initiated

West Dunbartonshire – Physiotherapy (Fully Upheld)

Patient unhappy that physiotherapist did not accept his self referral. Actions identified to be taken K10 - 01 Learning Points Shared with team. The correct procedure was re-iterated to staff.

NE Glasgow – Mental Health (Partially upheld)

Patient unhappy that they were assessed by MH professional after being sedated; hospital contacted another area for medical history; felt staff attitude was hostile; after suicide attempt they was not given a proper assessment; that hospital discharged them without medication and cleaning wounds and that a SW or MHO did not request to carry out a social circumstances report as expected. Actions identified to be taken as K05-01 Learning Training Opportunity Identified. Specific Actions included meeting to be arranged with staff to discuss standards of acceptable clinical practice expected within an assessment with follow up will be made with any staff not on duty

Acute Division

- A patient raised concerns about the administration of a lumbar puncture by a junior doctor without direct supervision by a senior clinical colleague. The lumbar puncture was lengthy and painful for the patient. Our response indicated that these concerns were shared with clinical team, and that a revised programme of training for junior doctors has now been established taking learning forward from this complaint.
- A family member was worried about the documentation of nursing care within the ward for their elderly father, as well as poor communication from the nursing team as this caused the family additional anxiety. The Lead Nurse with responsibility for the ward has used the learning from this complaint to reflect on nursing practice and develop an action plan for the ward, and a framework for monitoring progress towards improving the quality of service delivered.

- When patient attended the Emergency Department after a fall, a decision was taken not to x-ray their ankle even though they could not weight bear. The ankle was later found to be fractured. The Emergency Department doctor had believed that the patient had suffered a sprain injury but this complaint highlighted that an x-ray would have been appropriate. The doctor has taken learning from this complaint in terms of personal training and development.
- A complainant was concerned that their relative who is registered blind had not received help with eating food and raised concerns about the administration of medication whilst their relative was a hospital inpatient. This complaint helped to identify areas for improved learning for nursing staff, both in terms of offering some assistance to patients with eating and the importance of observing patients taking their medication. The Senior Charge Nurse is monitoring progress within the ward and using this complaint as a learning tool to do so.
- A complaint was received about the cleanliness of the main entrance and toilets at Royal Alexandra Hospital, particularly overnight. This area is open and accessible to staff and patients and general cleaning commences each day at 8am. The comments made in the complaint were helpful in identifying issues which require immediate resolution out of hours and this led to a new system of overnight spot checks being initiated together with early morning monitoring by domestic staff daily.

ISD ANNUAL REPORT 2014/15

Information Services Division (ISD) published its Annual Report on NHS Complaints for 2014/15 on 29 September 2015.

NHS Boards and other NHS organisations submit summary information about complaints they receive to ISD Scotland. The data covers all formal written complaints received by Hospital and Community Services, Family Health Services and Special Health Boards. The data is validated by ISD and checked with the NHS Boards after submission.

In 2014/15, in NHS Scotland, there were **13,723** complaints received about hospital and community services, **7,422** complaints received about family health services and **1,272** about Special Boards and National and Support Organisations – a total of **22,417** complaints received. This equates to around 430 complaints a week and 61 complaints per day.

Key Points to Note:-

Hospital and Community Services

- There was a 14% rise in Hospital and Community complaints **received** with 13,723 in 2014/15 (there were 12,007 in 2013/14 compared to 9,161 in 2012/13). This rise can be attributed to the increase in prison complaints received.
- The percentage of complaints **acknowledged** within the national target timescale of three working days from receipt was 94.7%, (up from 94% in 2013/14).
- The percentage of complaints dealt with within the national target of **20 working days** was 70%. The remaining 30% were complaints exceeding 20 days and complaints that are still open. Performance was 66% in 2013/14 and 61% in 2012/13.
- In terms of **outcomes**, more complaints were fully upheld compared to the previous year. 30% were fully upheld in 2014/15 compared to 25% in 2013/14 and 28% in 2012/13. Fewer complaints were partially upheld with 20% in 2014/15 compared to 31% in 2013/14 and 35% in 2012/13. There was also a decrease in those not upheld with this being 40% compared to 42% in 2013/14 and 36% not upheld in 2012/13.
- Of the 13,723 complaints made about Hospital & Community Health Services in 2014/15, 7,307 (53%) related to the hospital **acute** service area and 4,277 (31%) to prison services.
- Of the 13,723 NHS Scotland complaints, 18,556 **issues** were raised. This equates to an average number of issues per complaint of 1.35. The majority of issues raised in 2014/15 concerned “treatment” (45%), “Staff” (28%), “waiting times” (15%) and “Environment / domestic” (6%). These top 4 issues have been consistently observed since 2010/11.

Family Health Services

Five broad service/contractor types are included within the Family Health Services complaints procedure - medical, dental, pharmaceutical, ophthalmic and administration.

- There was a 1% rise in Family Health Services complaints **received** with 7,422 in 2014/15 (there were 7,365 in 2013/14 and 6,130 in 2012/13).

NHSGGC

Breaking the above information down into a more local level, the following is noted from ISD's Annual Report:-

- In 2014/15, in NHSGGC, there were **3,810** complaints **received** about hospital and community services and **1,920** complaints received about family health services – a total of **5,730** complaints received. In 2013/14, there were **3,073** complaints received about hospital and community services and **2,030** about family health services – a total of **5,103** complaints received and in 2012/13 we received 2,183 about hospital and community health services and 1,012 about family health services – a total of 3,195.
- In 2014/15, NHSGGC **acknowledged** 98.1% of complaints within 3 working days. By way of comparison we acknowledged 95.9% of complaints within 3 working days in both 2012/13 and 2013/14.
- In relation to hospital and community health service complaints, NHSGGC received 3,810 in 2014/15 and responded to 83.5% within **20 working days**. By way of comparison, we received 3,073 in 2013/14 and responded to 70.4% of these within 20 working days and 2,183 in 2012/13 and responded to 70.6% of these within 20 working days.
- In terms of **outcomes**, in relation to hospital and community health service complaints, NHSGGC **upheld** 20.6%, **partially upheld** 23.3% and **not upheld** 55.4%. By way of comparison, in 2013/14, we upheld 21.6%, partially upheld 30.2% and not upheld 47.2%. In 2012/13 we upheld 24.6%, partially upheld 33.4% and not upheld 41.5%.
- In relation to Family Health Services complaints, NHSGGC received 1,920 (1003 medical, 162 dental, 517 pharmaceutical and 238 ophthalmic). In 2013/14, this was 2,030 (1,123 medical, 311 dental, 436 pharmaceutical and 160 ophthalmic) and in 2012/13, 1,012 (677 medical, 83 dental, 168 pharmaceutical and 84 ophthalmic).

The full ISD Report 2014/15 can be accessed at:-

<http://www.isdscotland.org/Health-Topics/Quality-Indicators/Publications/index.asp?ID=1479>

ANNUAL LETTER 2014/15 : COMPLAINTS TO THE SCOTTISH PUBLIC SERVICES OMBUDSMAN (SPSO) ABOUT NHS GREATER GLASGOW AND CLYDE

On 7 October 2015, Mr Jim Martin, Scottish Public Services Ombudsman (SPSO), wrote to the NHS Board's Chief Executive with statistics relating to complaints to the SPSO about NHS Greater Glasgow and Clyde for the 2014/15 year. This provided information about the number of complaints received by the SPSO and determined about NHSGGC. It also highlighted the number of premature complaints (those that came to his office too early before completing the NHS Board's complaints process) and those complaints that were "fit for SPSO" (i.e. valid for investigation by the SPSO) and their outcome.

Looking forward - Mr Martin's letter also draws attention to the following:-

- The SPSO is leading the development of a model complaints process for NHS Scotland in line with one of the recommendations of the Scottish Health Council's Listening and Learning report. The Government's recently formed working group of NHS representatives have met to take this forward.
- The SPSO is asking organisations to confirm that the learning from SPSO complaints has been discussed at a senior level, in particular, by clinical governance committees, by signing and returning a learning and improvement statement. The aim is to ensure that lessons are being learned and mistakes are not repeated. The statement was attached to the SPSO's annual letter and has been duly signed by the NHS Board's Chair and Chief Executive and returned to the SPSO's office.
- Later this autumn, the SPSO will be making two changes in how it interacts with organisations. They are taking these measures in order to reduce delays in handling complaints, encourage real organisational learning and reduce the incidence of repeat failings. The changes are:-
 - They will expand their enquiries to local complaints teams to include asking organisations to provide an assurance that they have complied with all the requirements of the NHS complaints handling procedure in dealing with the original complaint. They will also be placing a much greater emphasis on organisations providing them with all the information they need to reach a conclusion 'first time'. Their aim is to reduce delays by receiving all the material they need, as early as possible, and to encourage organisations to reflect on how they handled the complaint and where there may room for improvement.
 - Secondly, where they have issued a decision with recommendations, they will ask organisations to provide more detailed information about the evidence they give them to demonstrate that they have complied with the recommendations. This evidence should demonstrate that relevant individuals have genuinely learned from the complaint, and that, where appropriate, any systemic issues have been addressed and action taken. Their aim is to ensure that the opportunities for learning from complaints are taken and mistakes are not repeated.

Information about complaints handled by the SPSO for NHSGGC in 2014/15 and 2013/14 is included at the end of this Appendix. The first two tables show complaints received by main subject area by the Ombudsman over the past two years. The third and fourth tables show the outcomes of the complaints the Ombudsman handled about NHSGGC over the past two years. It also highlights the rate of premature and fully/partly upheld complaints and overall rates for NHSGGC over the past two years. The fifth and sixth tables show prison complaints received by main subject area and outcomes of the complaints for 2014/15.

In summary, in relation to NHSGGC's SPSO complaints:-

- 301 complaints were **received** by the SPSO in 2014/15. This was the exact same in 2013/14.
- 75.7% of those complaints concerned clinical treatment / diagnosis. This was 71.8% in 2013/14.
- 22.3% of complaints received by the SPSO concerning NHSGGC cases were deemed premature. This was 26% in 2013/14 and 26.7% in 2012/13.
- Of those complaints fit for the SPSO, 57.7% were fully upheld or partly upheld. This was 48.8% in 2013/14 and 55.6% in 2012/13.

It should be noted, however, that the SPSO now include in the upheld category, those issues which the NHS Board has upheld, to show appreciation of the seriousness of the issue and agree a shortcoming has happened.

Comprehensive statistical information about all the sectors under the SPSO remit is available at:-

<http://www.spsa.org.uk/news-and-media/annual-report-2014-15>

Health Complaints Received by Subject 2014-5

Subject	Greater Glasgow & Clyde NHS Board Area								Sector Total	Rank	Complaints as % of total
	Greater Glasgow and Clyde NHS Board	Dentists & Dental Practices	GP & GP Practices	Other FHS Practitioner or Practice	Other Health Authority	Total	Rank	Complaints as % of total			
Clinical treatment / Diagnosis	192	10	25	0	1	228	1	75.7%	1,126	1	73.0%
Communication / staff attitude / dignity / confidentiality	16	0	7	0	0	23	2	7.6%	130	2	8.4%
Appointments / Admissions (delay / cancellation / waiting lists)	8	0	0	0	0	8	3	2.7%	57	3	3.7%
Complaints handling	3	1	3	0	0	7	4	2.3%	33	5	2.1%
Policy / administration	5	0	0	0	0	5	5=	1.7%	49	4	3.2%
Lists (incl difficulty registering and removal from lists)	0	1	4	0	0	5	5=	1.7%	25	6	1.6%
Nurses / Nursing Care	5	0	0	0	0	5	5=	1.7%	19	8	1.2%
Admission / discharge / transfer procedures	4	0	0	0	0	4	8	1.3%	14	10=	0.9%
Continuing care	3	0	0	0	0	3	9=	1.0%	20	7	1.3%
Record Keeping	2	0	1	0	0	3	9=	1.0%	16	9	1.0%
Other	2	0	0	1	0	3	9=	1.0%	14	10=	0.9%
Appliances / equipment / premises	1	0	0	0	0	1	12=	0.3%	4	12	0.3%
Hotel services - food / laundry etc	1	0	0	0	0	1	12=	0.3%	2	14	0.1%
Failure to send ambulance / delay in sending ambulance	0	0	0	0	0	0	-	0.0%	3	13	0.2%
Hygiene / cleanliness / infection control	0	0	0	0	0	0	-	0.0%	1	15	0.1%
Subject Unknown	2	0	0	0	0	2	-	0.7%	25	-	1.6%
Out Of Jurisdiction	3	0	0	0	0	3	-	1.0%	4	-	0.3%
Total	247	12	40	1	1	301	-	100.0%	1,542	-	100.0%

Complaints as % of total 19.5% 100.0%

Health Complaints Received by Subject 2013-14

Subject	Greater Glasgow & Clyde NHS Board Area						Sector Total	Rank	Complaints as % of total		
	Greater Glasgow and Clyde NHS Board	Dentists & Dental Practices	GP & GP Practices	Other FHS Practitioner or Practice	Pharmacists & Pharmacy Services	Total					
Clinical treatment / Diagnosis	191	6	18	0	1	216	1	71.8%	913	1	66.2%
Communication, staff attitude, dignity, confidentiality	15	0	4	0	0	19	2	6.3%	128	2	9.3%
Appointments/Admissions (delay, cancellation, waiting lists)	14	0	1	0	0	15	3	5.0%	75	3	5.4%
Complaints handling	10	0	2	0	0	12	4	4.0%	43	5	3.1%
Policy/administration	7	0	3	0	0	10	5	3.3%	57	4	4.1%
Nurses / Nursing Care	5	0	0	0	0	5	6	1.7%	15	7=	1.1%
Admission, discharge & transfer procedures	3	0	0	0	0	3	7=	1.0%	26	6	1.9%
Record Keeping	2	0	1	0	0	3	7=	1.0%	10	11	0.7%
Other	2	0	0	0	0	2	9=	0.7%	13	9	0.9%
Lists	0	0	2	0	0	2	9=	0.7%	12	10	0.9%
Continuing care	1	0	0	0	0	1	11=	0.3%	15	7=	1.1%
Appliances, equipment & premises	1	0	0	0	0	1	11=	0.3%	6	13	0.4%
Complaints by NHS staff	1	0	0	0	0	1	11=	0.3%	3	14	0.2%
Hotel services - food, laundry etc	1	0	0	0	0	1	11=	0.3%	1	16=	0.1%
Pre- Contractual or Commercial Matters	1	0	0	0	0	1	11=	0.3%	1	16=	0.1%
Failure to send ambulance/delay in sending ambulance	0	0	0	0	0	0	-	0.0%	9	12	0.7%
Hygiene, cleanliness & infection control	0	0	0	0	0	0	-	0.0%	2	15	0.1%
Subject Unknown	8	0	0	1	0	9	-	3.0%	48	-	3.5%
Out Of Jurisdiction	0	0	0	0	0	0	-	0.0%	2	-	0.1%
Total	262	6	31	1	1	301	-	100.0%	1,379	-	100.0%

Complaints as % of total 21.8% 100.0%

Health Complaints Determined by Outcome 2014-15

		Greater Glasgow & Clyde NHS Board Area						
Stage	Outcome Group	Greater Glasgow and Clyde NHS Board	Dentists & Dental Practices	GP & GP Practices	Other FHS Practitioner or Practice	Other Health Authority	Total	Sector Total
Advice	Out of jurisdiction (discretionary)	7	0	0	0	0	7	17
	Out of jurisdiction (non-discretionary)	2	0	1	0	0	3	8
	Not duly made or withdrawn	54	0	1	0	1	56	339
	Outcome not achievable	3	1	1	0	0	5	33
	Premature	51	0	3	0	0	54	325
	Resolved	0	0	0	0	0	0	0
	Total	117	1	6	0	1	125	722
Early Resolution 1	Out of jurisdiction (discretionary)	7	0	4	0	0	11	47
	Out of jurisdiction (non-discretionary)	1	0	1	0	0	2	22
	Not duly made or withdrawn	7	0	2	1	0	10	51
	Outcome not achievable	22	0	0	0	0	22	99
	Premature	7	1	2	0	0	10	51
	Resolved	2	0	1	0	0	3	20
	Total	46	1	10	1	0	58	290
Early Resolution 2	Fully upheld	8	0	1	0	0	9	24
	Some upheld	0	0	0	0	0	0	3
	Not upheld	7	0	3	0	0	10	50
	Not duly made or withdrawn	2	0	0	0	0	2	4
	Total	17	0	4	0	0	21	81
Investigation 1	Fully upheld	20	6	5	0	0	31	113
	Some upheld	12	0	2	0	0	14	85
	Not upheld	22	3	6	0	0	31	153
	Not duly made or withdrawn	1	0	0	0	0	1	3
	Resolved	0	0	0	0	0	0	0
	Total	55	9	13	0	0	77	354
Investigation 2	Fully upheld	4	0	2	0	0	6	36
	Some upheld	0	0	0	0	0	0	3
	Not upheld	0	0	0	0	0	0	1
	Total	4	0	2	0	0	6	40
Total Complaints	239	11	35	1	1	287	1487	

Total Premature Complaints	58	1	5	0	0	64	376
Premature Rate	24.3%	9.1%	14.3%	0.0%	0.0%	22.3%	25.3%

Fit for SPSO Total (ER2, Inv1 & Inv2)	76	9	19	0	0	104	475
Total Cases Upheld / Partly Upheld	44	6	10	0	0	60	264
Uphold Rate (total upheld / total fit for SPSO)	57.9%	66.7%	52.6%	-	-	57.7%	55.6%

Health Complaints Determined by Outcome 2013-14

		Greater Glasgow & Clyde NHS Board Area						
Stage	Outcome Group	Greater Glasgow and Clyde NHS Board	Dentists & Dental Practices	GP & GP Practices	Other FHS Practitioner or Practice	Pharmacists & Pharmacy Services	Total	Sector Total
Advice	Out of jurisdiction (discretionary)	5	0	0	0	0	5	25
	Out of jurisdiction (non-discretionary)	5	0	0	0	0	5	19
	Not duly made or withdrawn	57	0	2	1	0	60	331
	Outcome not achievable	12	1	4	0	1	18	66
	Premature	62	0	0	0	0	62	297
	Resolved	0	0	0	0	0	0	2
	Total	141	1	6	1	1	150	740
Early Resolution 1	Out of jurisdiction (discretionary)	7	0	1	0	0	8	26
	Out of jurisdiction (non-discretionary)	4	0	2	0	0	6	15
	Not duly made or withdrawn	10	0	2	0	0	12	49
	Outcome not achievable	8	0	1	0	0	9	37
	Premature	10	0	1	0	0	11	53
	Resolved	3	1	1	0	0	5	18
	Total	42	1	8	0	0	51	198
Early Resolution 2	Fully upheld	2	0	2	0	0	4	17
	Some upheld	1	0	0	0	0	1	4
	Not upheld	9	0	2	0	0	11	42
	Not duly made or withdrawn	3	0	0	0	0	3	7
	Total	15	0	4	0	0	19	70
Investigation 1	Fully upheld	10	1	4	0	0	15	73
	Some upheld	11	0	2	0	0	13	82
	Not upheld	17	3	6	0	0	26	115
	Not duly made or withdrawn	0	0	0	0	0	0	7
	Resolved	0	1	0	0	0	1	1
	Total	38	5	12	0	0	55	278
Investigation 2	Fully upheld	2	0	2	0	0	4	27
	Some upheld	2	0	0	0	0	2	11
	Not upheld	0	0	0	0	0	0	0
	Total	4	0	2	0	0	6	38
Total Complaints	240	7	32	1	1	281	1324	

Total Premature Complaints	72	0	1	0	0	73	350
Premature Rate	30.0%	0.0%	3.1%	0.0%	0.0%	26.0%	26.4%

Fit for SPSO Total (ER2, Inv1 & Inv2)	57	5	18	0	0	80	386
Total Cases Upheld / Partly Upheld	28	1	10	0	0	39	214
Uphold Rate (total upheld / total fit for SPSO)	49.1%	20.0%	55.6%	-	-	48.8%	55.4%

Prison Health Care Complaints Received by Authority 2014-15

Subject	Greater Glasgow and Clyde NHS Board	Sector Total
Admission / discharge / transfer procedures	1	1
Appointments / Admissions (delay / cancellation / waiting lists)	1	2
Clinical treatment / Diagnosis	37	139
Communication / staff attitude / dignity / confidentiality	1	6
Complaints handling	1	5
Nurses / Nursing Care	0	1
Policy / administration	0	2
Record Keeping	0	1
Total Complaints	41	157

Prison Health Complaints Closed by Outcome and Authority 2014-15

Stage	Outcome Group	Greater Glasgow and Clyde NHS Board	Sector Total
Advice	Not duly made or withdrawn	13	38
	Outcome not achievable	1	1
	Premature	17	50
	Total	31	89
Early Resolution 1	Out of jurisdiction (discretionary)	2	5
	Not duly made or withdrawn	1	9
	Outcome not achievable	2	5
	Premature	1	7
	Resolved	0	1
Total	6	27	
Early Resolution 2	Fully upheld	0	3
	Not upheld	3	13
	Not duly made or withdrawn	0	1
	Total	3	17
Investigation 1	Fully upheld	3	5
	Some upheld	0	6
	Not upheld	2	10
	Total	5	21
Total Complaints	45	154	

Note - there were no prison health cases closed at Investigation 2 in 2014-15

Prison Health Care Received by Authority 2013-14

Subject	Greater Glasgow and Clyde NHS Board	Sector Total
Appointments/Admissions (delay, cancellation, waiting lists)	2	8
Clinical treatment / Diagnosis	53	104
Communication, staff attitude, dignity, confidentiality	2	6
Complaints handling	5	8
Nurses / Nursing Care	1	1
Policy/administration	1	2
Total Complaints	64	129

Prison Health Complaints Closed by Outcome and Authority 2013-14

Stage	Outcome Group	Greater Glasgow and Clyde NHS Board	Sector Total
Advice	Out of jurisdiction (discretionary)	0	1
	Out of jurisdiction (non-discretionary)	0	1
	Not duly made or withdrawn	17	34
	Outcome not achievable	2	4
	Premature	21	36
	Total	40	76
Early Resolution 1	Out of jurisdiction (discretionary)	0	1
	Not duly made or withdrawn	4	5
	Outcome not achievable	0	1
	Premature	2	6
	Resolved	0	1
Total	6	14	
Early Resolution 2	Fully upheld	1	2
	Not upheld	6	8
	Not duly made or withdrawn	1	1
	Total	8	11
Investigation 1	Fully upheld	0	9
	Some upheld	0	3
	Not upheld	3	4
	Not duly made or withdrawn	0	2
	Total	3	18
Investigation 2	Fully upheld	1	3
	Total	1	3
Total Complaints	58	122	

**QUARTERLY REPORT ON Patient, Carer and Public Feedback:
1 JULY – 30 SEPTEMBER 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 July – 30 September 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 July – 30 September 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 supported feedback systems across NHS GGC: Universal Feedback, NHSGGC On-line Patient Feedback, and Patient Opinion. It will describe the views expressed about NHS GGC and its services and what improvements have been made to services as a result of such feedback.

1. Universal Feedback

Universal Feedback is in the process of being rolled out across NHS Greater Glasgow and Clyde. In the period 1 July – 30 September 2015, 152 wards, approximately 60% of in-patient wards, participated in Universal Feedback. Wards at the QEUH and GRI commenced Universal Feedback in August 2015.

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

Directorate	% Likely to Recommend	Number of Responses	Praise	Comments or Suggestions
South	97%	525	395	28
North	97%	426	367	31
Clyde	97%	882	708	21
Regional	99%	252	192	6
Women & Children's	97%	688	613	56
Total	97%	2773	2275	142

Figure 1: Average % Likely to Recommend By Directorate 2nd Quarter 2015 - 2016

* It is worth noting that when using the Net Promoter Score, Regional scores significantly higher than others, indicating a very high degree of patient satisfaction amongst a larger percentage of responses.

Patients can also provide a short commentary about their experience, which allows us to identify themes in the data.

Across all Sectors/ Directorates, the main areas for improvement identified were as follows:

- Perception of staff being extremely busy [22 comments]
- Staff attitude and behaviours [12 cases]
- Communication re treatment plans or procedures [12 cases]
- Managing challenging behaviour/ noise from other patients [9 cases]
- Temperature too hot on wards [8 comments]
- Wait for pain medication [6 cases]

“Midwives and other staff were extremely helpful and comforting, despite being clearly busy and short-handed.”

“The care/ staff on different shifts were poles apart. Some staff went the ‘extra mile’ and others couldn’t make eye contact...”

“One issue: felt in the dark about discharge procedures which came out of the ‘blue’.”

“Arriving at 7.30am and not been kept updated what and when things would take place, finally 14.30pm taken to operating theatre. More information conveyed to patients would help.”

“The staff are superb but the different types of patients within this ward means that nursing staff have to [put] up with abuse, threats, are in constant demand, especially the nightshift.”

“The staff are all lovely just wish when I had asked for some painkiller for my head I had not had to wait 4 hours to get this.”

However, 94% of comments received in this period were positive, with particularly high levels of praise for staff, illustrated by a small selection of comments from patients received in this period:

“When had previous operations I had to take my wig off at my bed space, in here it remained on me till I had my General Anaesthetic and was back on by the time I was taken to recovery (I have total hair loss)” (Ward 18, RAH)

“Staff very interested in general well being and family. Things that matter to me.” (Ward 9B, QEUH)

“The staff on the ward were very calm and understanding with every patient on the ward, regardless of how busy.” (Ward 5, GRI)

“Very helpful and caring staff nothing is too big a problem for them to do. They also get to know you whilst you are here.” (K North, IRH)

“The pleasant staff and the care and attention you receive. Nothing is a bother for any of them.” (Ward 7C, QEUH)

“Nurses make us comfortable and can’t do enough for us.” (Ward 23, RAH)

“... From the moment I arrived I encountered nothing but kindness with total professionalism and always looking at my point of view as well...” (Ward 65, Neurosurgery)

Response Rates

The average response rate achieved by wards during this Quarter was 20%, exceeding the target of 15%. However, response rates range from 1% to 82%, indicating variation between wards. A key focus for improvement going forward will be to reduce this variation between wards, with the aim of increasing overall response rates and consequently, the validity of the results. Increased marketing will improve visibility and awareness of Universal Feedback to both staff and patients, along with more targeted work with nursing staff as key colleagues in the delivery of this feedback method.

Queen Elizabeth University Hospital

Universal Feedback commenced at the QEUH in August, allowing a settling in period following the move of services. In the first two months of Universal Feedback, the overall response rate for cards was 17% which exceeds the target set and is a positive start at this early stage.

In the first two months of collection, there were 395 positive comments and 28 negative comments. (93% positive)

Patients felt that improvements could be made in communication around discharge (“I felt in the dark about discharge procedures...”); and time delays for procedures or diagnostics. There was also one comment relating to a lack of flexibility in the ward routine, irrespective of patient need.

Feedback relating to single rooms – which was an issue raised in engagement during the planning and building process – has been relatively minimal. 6 negative comments in those two months related to single room accommodation. This is in comparison to 15 positive comments made within the same timeframe that were specific about the benefits of single accommodation in terms of comfort, privacy and noise reduction.

There was a perception among patients in the QEUH that staff were extremely busy and working very hard. While many pointed out that staff seemed to be coping relatively well, they felt that more staff on the ward would ease this pressure. Although this observation is not exclusive to the QEUH, patients commented on the size and unique layout of wards in the QEUH as an additional challenge in this regard.

The majority of improvements identified by patients in the QEUH centred around Facilities issues. The ability to control the temperature in patient rooms was raised frequently, as were issues around maintenance, particularly with window blinds, both of which are important in allowing the patient some control over their own environment. Feedback about the catering service is mixed; while issues are still being raised on an individual basis by patients, there is also an increase in the number of positive comments about the catering service.

As indicated above, however, the majority (93%) of comments provided by inpatients at the QEUH has been positive. For the most part, this positive feedback relates to staff on the wards, particularly nursing staff. Patients have demonstrated that they value being made to feel welcome, comfortable and looked after. Many patients spoke of being nervous coming into hospital but being made to feel at ease by the staff. Lots of comments highlighted how staff “couldn’t do enough for me” or that “nothing was too much trouble”, which increases that sense of being well looked after. A flavour of the comments from the QEUH illustrating this are provided below:

“Nurses all introduced themselves and explained who and what they would do.”

“Well looked after and always checking to see if everything was good.”

“I also liked the idea of individual rooms as you are left in peace and quiet when you need it.”

“The building is very impressive and rooms are state of the art and very comfortable. Great having own room and ensuite.”

“I am very impressed with the facilities for myself and my family.”

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. The following feedback was received via the NHS GGC On-Line Patient Feedback System in the period 1 July – 30 September 2015.

Directorate	No. of Postings	Praise	Comments or Suggestions	Themes
South	104	47	57	<ul style="list-style-type: none"> • Praise for staff • Waiting times in A&E and IAU – specific issues with communication about how long patients will have to wait.
North	19	15	4	<ul style="list-style-type: none"> • Praise for staff and services
Clyde	27	19	8	<ul style="list-style-type: none"> • Praise for staff and services • Communication – appointments • Staff attitude & behaviour (administrative staff)
Regional	25	14	11	<ul style="list-style-type: none"> • Communication – patient letters (accurate information and way-finding on QEUH site) • Staff attitude & behaviour (administrative)
Obstetrics & Gynaecology	22	14	8	<ul style="list-style-type: none"> • Praise for staff and services • Communication re appointments
Hospital Paediatrics & Neo Natal	31	12	19	<ul style="list-style-type: none"> • Waiting times <ul style="list-style-type: none"> - outpatient clinics - test/ blood results - appointments • Query re support and facilities for parents staying in hospital with their child and more information about what is available.
Diagnostics	11	6	5	<ul style="list-style-type: none"> • Staff attitude & behaviour • Waiting times for results
Facilities	70	10	60	Detailed below
Mental Health	-	-	-	
Learning Disability	-	-	-	
Independent Contractors	-	-	-	
TOTALS	309	137	172	

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

Comments/ suggestions related to Facilities remains high, particularly at the Queen Elizabeth University Hospital site, as was the case in the last Quarter. Some of the themes reported last Quarter are still pertinent, and are broken down as follows:

- Accessibility;
 - Distances from car park/ drop off zone to main entrance
 - Lack of automatic doors for independent use of wheelchairs
- Signage & Way-finding
 - Lack of appropriate signage externally and internally
- Environmental/ Premises
 - Smoking

Following last quarter's Board paper, actions were taken to address issues that patients had raised. These include:

- Distance from main entrance to check-in then outpatient clinic – a number of check-in kiosks have been moved closer to the front entrance, reducing walking distance and allowing easier access to those clinics closer to the front door. The increase in number of way-finding volunteers and changes to the atrium (including more chairs) may also have had an impact.
- Lack of appropriate maps/ directions in patient information or on website – site maps have been adapted to be clearer and easier to read and are now included in all patient appointment letters. As these filter through, this is an issue which is being raised less by patients, although improvement can still be made for patients in some of the retained estate (e.g. Neurology).
- Temperature control – a daily huddle takes place between nursing and facilities staff and issues in relation to temperature control are reported via this forum. This allows colleagues to monitor and address these issues and report on actions taken. As a result, this has been raised by patient less frequently than in the last Quarter.

3. Patient Opinion

Patient Opinion is an online feedback website 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 July – 30 September 2015.

Directorate	No. of Postings	Praise	Comments or Suggestions	Themes
South	16	10	6	<ul style="list-style-type: none"> • Praise for staff and services • Waiting times for referrals/ appointments • Timely communication of patient information to prevent delays in treatment
North	6	3	3	<ul style="list-style-type: none"> • Praise for staff and services
Clyde	26	10	16	<ul style="list-style-type: none"> • Communication re <ul style="list-style-type: none"> - making/cancelling appointments - procedures/ test results/ patient status - discharge arrangements/ follow up support
Regional	11	6	5	<ul style="list-style-type: none"> • Praise for staff and services • Communication between services/ Boards • Waiting times/ cancellations
Obstetrics & Gynaecology	10	7	3	<ul style="list-style-type: none"> • Praise for staff and service • Communication
Hospital Paediatrics & Neo Natal	5	1	4	<ul style="list-style-type: none"> • Waiting times <ul style="list-style-type: none"> - Outpatients - Appointments
Diagnostics	10	4	6	<ul style="list-style-type: none"> • Communication between services/ Boards • Waiting times for results • Praise for service
Facilities	4	2	2	<ul style="list-style-type: none"> • Praise for domestic staff and environment • Accessibility • Catering for allergies
Mental Health	-	-	-	
Learning Disability	-	-	-	
Independent Contractors	-	-	-	
TOTALS	88	43	45	

Figure 3: Patient Opinion Feedback by Directorate 2nd Quarter 2015-2016

Due to the nature of the postings on Patient Opinion i.e. a personal account of the patient or carer's experience, this feedback can be difficult to summarise accurately. 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/>

A flavour of the experiences shared and actions taken as a result is provided below:

“Hugely Contrasting Maternity Experiences”

A patient shared her experience of maternity services when she gave birth in 2013. Although she had chosen not to raise these issues at the time, she was now expecting her second child and concerned that her experience would be the same. Her concerns focused on her postnatal care and highlighted a number of issues around staff attitude and behaviour, communication and effective pain control. Recognising the sensitivity and timescales, given that the patient was due to give birth again fairly soon, the Lead Midwife for South felt that it would be best to meet with the patient face to face to discuss the experience she had, address some of her concerns and ensure a plan was put in place to support her in the postnatal period this time around. The details of this plan were added to the patient's maternity records so that all staff looking after the patient at all stages are fully aware of the support agreed to ensure a positive postnatal experience this time around.

“Meals”

A patient with Cystic Fibrosis shared her experience of the meal service following her move as an inpatient from Gartnavel to the Queen Elizabeth University Hospital. At Gartnavel, a meal service had been designed specifically with the needs of patients with CF in mind, however this had not transferred to the QEUH. As a result of this post on Patient Opinion, the Catering Manager from QEUH met with the CF dietician from Gartnavel in order to replicate the standards of catering provided there. Subsequently, a new menu was developed with additional choices for CF patients, as well as the provision of high energy snacks on the ward. Training to raise staff awareness of this option, as well as availability of snacks on wards for all patients, was undertaken as a key objective in ensuring patients were being given such options.

“Fantastic Staff and Excellent Medical Care”

A patient had written about the care he received when he was admitted to the Glasgow Royal Infirmary during a holiday to Scotland. He spoke of the ‘cheerful and professional’ ward staff, and specifically ‘their respectful and kindly care of the elderly.’ As a large proportion of the feedback we receive through Patient Opinion is positive, it is important that this is also highlighted to staff. This feedback was sent directly to the clinical and ward teams via the Lead Nurse for the area. Comments are also collated to be fed back and discussed at the North ECMS management team meeting as a way of promoting good practice.

5. Managing feedback to make improvements

The Board's responsibilities under the Patients' Rights Act include encouraging feedback from patients, carers and families, and to use this feedback to improve the quality of services and care, and hence the patient experience. The Act also requires the development and implementation of "robust governance and monitoring systems" to capture, identify and record this feedback. For the three centrally supported systems of feedback as described above, a monitoring and reporting system has been developed on the following basis:

- Directorate and Sector specific monthly reports detailing all of the feedback gathered. These are sent to the relevant General Manager; Director; and Patient Experience Lead (usually Chief Nurse) for each Sector or Directorate.
- Each Sector/ Directorate Lead then returns a Quarterly report detailing how they have addressed the issues raised.

In this 2nd Quarter, period 1 July – 30 September, the following Sectors/ Directorates have submitted their Quarterly return:

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