

Quarterly Complaints Report – 1 October – 31 December 2016

Recommendation:-

The NHS Board is asked to note the quarterly report on NHS complaints in Greater Glasgow and Clyde for the period 1 October to 31 December 2015.

Purpose of Paper:-

To note the detail of complaints for this quarter, including:

- Complaints received
- Complaints completed
- Outcome, location and reasons for complaints
- SPSO letters
- Patient Advice and Support Service complaints

Details of the previous quarter have been included for comparative purposes.

Key Issues to be considered:

As above

Any Patient Safety /Patient Experience Issues:-

This directly relates to patient experience issues, as complaints are a form of patient feedback. Themes have been identified and included. In addition, the report contains an update on patient, carer and public feedback.

Any Financial Implications from this Paper:-

No

Any Staffing Implications from this Paper:-

No

Any Equality Implications from this Paper:-

No

Any Health Inequalities Implications from this Paper:-

No

Has a Risk Assessment been carried out for this issue? If yes, please detail the outcome:-

No

Highlight the Corporate Plan priorities to which your paper relates:-

Improving quality, efficiency and effectiveness.

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NHS Greater Glasgow and Clyde

Board Meeting
Tuesday, 19 April 2016

Board Paper No. 16/20

NURSE DIRECTOR

QUARTERLY REPORTS ON COMPLAINTS AND FEEDBACK 1 OCTOBER – 31 DECEMBER 2015

Recommendations:

The NHS Board is asked to note:-

- the quarterly report on NHS complaints in Greater Glasgow and Clyde for the period 1 October to 31 December 2015.

Introduction

This report provides a commentary and statistics on complaints handling throughout NHS Greater Glasgow and Clyde for the period 1 October to 31 December 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 October to 31 December 2015

Table 1 shows the number of complaints *received* across NHS Greater Glasgow and Clyde between 1 October to 31 December 2015 and for comparison 1 July to 30 September 2015. Thereafter, the statistics in Table 1 relate to those complaints *completed* in the quarter so that outcomes can be reported.

Table 1

	1 October – 31 December 2015		1 July – 30 September 2015	
	Partnerships (exc FHS)	Acute / Board	Partnerships / Board (exc FHS)	Acute
(a) Number of complaints received	543	542	528	523
(b) Number of complaints received and completed within 20 working days [<i>national target</i>]	479 (88%)	394 (73%)	449 (85%)	389 (73%)
(c) Number of complaints completed	547	533	509	552
(d) Outcome of complaints completed:-				
➤ Upheld	42	161	52	147
➤ Upheld in part	49	139	45	167
➤ Not Upheld	448	165	404	176
➤ Conciliation	0	0	1	0
➤ Irresolvable	1	0	1	4
➤ Unreasonable Complaint	0	0	2	0
➤ Transferred to another unit	0	0	0	3
(e) Number of complaints withdrawn	7 (1)	32 (2)	5 (1)	55 (2)
(f) Number of complaints declared vexatious	0	0	0	0

1 October – 31 December 2015				
	Total	No Consent Received	Complainants no longer wished to proceed	Other
1	7	2	5	0
2	65	33	32	0

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

For this quarter this gives an overall NHSGG&C complaints handling performance for complaints received and completed of 81% 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 October to 31 December 2015 and for comparison 1 July to 30 September 2015.

Table 2 –Breakdown of Completed Complaints by Directorate/HSCP

	<u>1 October to 31 December</u>		<u>1 July to 30 September 2015</u>	
	<u>Number of Completed Complaints</u>	<u>% (rounded)</u>	<u>Number of Completed Complaints</u>	<u>% (rounded)</u>
Acute Directorates				
North Sector	72	14%	78	14%
South Sector	186	35%	193	35%
Clyde Sector	63	12%	63	12%
Regional Services	57	11%	51	9%
Facilities	58	11%	55	10%
Women and Children	49	9%	62	11%
HI&T	9	2%	12	2%
Diagnostics	27	5%	25	5%
Board	1	0%	0	0%
Other	11	2%	13	2%
Sub-Total	533	100%	552	100%
HSCPs				
East Dunbartonshire	0	0	3	1%
East Renfrewshire	3	1	1	0%
Glasgow City - Corporate *	473	86	446	88%
North East	23	4	12	2%
North West	18	3	25	5%
South	11	2	12	2%
Inverclyde	2	1	1	0%
Renfrewshire	6	1	4	1%
West Dunbartonshire	5	1	3	1%
Hosted Service (Podiatry)	6	1	2	0%
Sub-Total	547	100%	509	100%
Grand Total	1065		1061	

* 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 October to 31 December 2015 and for comparison 1 July to 30 September 2015.

Table 3 – Breakdown of Completed Complaints by Acute Hospital Location

Acute Hospital Location	<u>1 October – 31 December</u> <u>Number of Completed Complaints</u>	<u>1 July – 30 Sept 2015</u> <u>Number of Completed Complaints</u>
Beatson West of Scotland Cancer Centre	6	7
Homeopathic Hospital	0	0
Gartnavel General Hospital	18	32
Health Centres / Clinics	3	8
Glasgow Royal Infirmary	97	94
Inverclyde Royal Hospital	20	31
Larkfield Unit	2	2
Lightburn Hospital	0	2
Mansionhouse Unit	0	1
Mearnskirk Hospital	2	0
Nelson Mandella Place (Breast Screening Service)	3	0
Out of Hours Service	5	6
Princess Royal Maternity Hospital	6	6
Royal Alexandra Hospital	49	56
Royal Hospital for Children	28	18
Queen Elizabeth University Hospital	216	193
Stobhill ACH	15	12
Victoria Infirmary	2	16
Victoria ACH	31	31
Vale of Leven Hospital	5	2
West ACH	0	0
Western Infirmary	13	23
Board	1	0
Other	11	0
Total	<u>533</u>	<u>552</u>

Detailed below in Table 4 is a HSCP service area breakdown of completed complaints within NHSGGC for the period 1 October to 31 December 2015 and for comparison 1 July to 30 September 2015.

Table 4 – Breakdown of Completed Complaints by HSCP Service Areas

	<u>1 October – 31 Dec 2016</u>	<u>1 July – 30 Sept 2015</u>
	<u>Number of Completed Complaints</u>	<u>Number of Completed Complaints</u>
Glasgow City HSCP – Corporate	473	446
Health & Community Care:-		
• HMP Barlinnie	267	288
• HMP Low Moss	175	127
• HMP Greenock	31	30
• Police Custody Healthcare	0	0
Mental Health Services (See Note)	0	1
Other (Health Improvement)	0	0
Glasgow City HSCP - North East Sector	23	12
Health & Community Care	3	1
Homelessness Services	3	1
Specialist Children's Services	10	3
Skye House Adolescent Unit	0	2
Mental Health Services	6	3
Stobhill Hospital	1	2
Parkhead Hospital	0	0
Eriskay House	0	0
Children & Family Services	0	0
Glasgow City HSCP - North West Sector	18	25
Children & Family Services	0	1
Health & Community Care	0	9
Mental Health Services	4	0
Gartnavel Royal Hospital	5	3
Sexual Health/Sandyford	9	12
Other (Human Resources)	0	0
Glasgow City HSCP - South Sector	11	12
Health & Community Care	3	2
Mental Health Services	1	3
Leverndale Hospital	7	6
Planning and Health Improvement	0	1
East Dunbartonshire HSCP	0	3
Health & Community Care	0	1

	<u>1 October – 31 Dec 2016</u>	<u>1 July – 30 Sept 2015</u>
	<u>Number of Completed Complaints</u>	<u>Number of Completed Complaints</u>
Mental Health Children and Family Services	0	2
West Dunbartonshire HSCP	5	3
Health & Community Care	5	2
Children and Family Services	0	1
Other (Health & Information Technology/Other Directorate)	0	0
Inverclyde HSCP	2	1
Mental Health	2	0
Children & Family Services	0	0
Larkfield Unit	0	0
Ravenscraig Hospital	0	0
Community Care	0	0
Specialist Children Services	0	1
East Renfrewshire HSCP	3	1
Mental Health	1	1
Health & Community Care	1	0
Rehabilitation & Assessment	0	0
Specialist Children's Services	0	0
Children and Family Services	1	0
Renfrewshire HSCP	6	4
Health & Community Care	2	0
Mental Health	1	2
Dykebar Hospital	1	2
Specialist Children's Services	1	0
Hosted Service - Renfrewshire CHP – Podiatry	6	2
Totals:		<u>509</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 October to 31 December 2015 and for comparison 1 July to 30 September 2015.

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

	1 October – 31 December 2015			
	<u>GPs</u>	<u>Dentists</u>	<u>Opticians</u>	<u>Pharmacists</u>
a) Number of complaints received	271	31	24	116
b) Number of complaints acknowledged within 3 working days and %	Not gathered	Not gathered	Not gathered	36 (31%)
c) Number of complaints responded to within 20 working days and %	264 (97%)	27 (87%)	24 (100%)	110 (95%)
d) Number of complaints responded to outwith 20 working days and %	5 (2%)	1 (3%)	0 (0%)	4 (3%)
e) Still Open	2	3	0	2
f) Outcome of completed complaints:-				
•Upheld	82	9	16	101
•Partially Upheld	56	4	2	5
•Not Upheld	126	15	4	9
•Irresolvable	6	3	2	1
g) Alternate Dispute Resolution Used	0	0	0	0
h) Number of SPSO Decision Letters / Investigation Reports received	0	0	0	2

NOTES:-

c + d + e = a

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

	<u>1 July – 30 September 2015</u>			
	<u>GPs</u>	<u>Dentists</u>	<u>Opticians</u>	<u>Pharmacists</u>
i) Number of complaints received	257	46	37	152
j) Number of complaints acknowledged within 3 working days and %	Not gathered	Not gathered	Not gathered	39 (26%)
k) Number of complaints responded to within 20 working days and %	245 (95%)	35 (76%)	36 (97%)	146 (96%)
l) Number of complaints responded to outwith 20 working days and %	6 (2%)	1 (2%)	1 (3%)	2 (1%)
m) Still Open	6	10	0	4
n) 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	0
o) Alternate Dispute Resolution Used	0	0	0	0
p) 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 October – 31 December 2015</u>			<u>1 July – 30 September 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	226	93%	242	225	93%	242
Dentists	260	98%	264	264	100%	264
Opticians	148	82%	181	184	77%	142
Community Pharmacists	292	100%	292	288	99%	292

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 & Learning from complaints responded to within the reporting period
Access	<ul style="list-style-type: none"> • After practice discussion it was agreed that nurses should give depo patients appt in advance even if diary is not set up and send PM a task with details to enter on system when diary is set up accordingly. • Practice reviewed how it contacted deaf patients, and has now put the processes in place. • We ensure that all patients are aware of early morning surgery who are looking for appointments after or before working hours. • Practice has introduced a telephone consultation service which is very successful and was introduced to improve access for the patient with medical matters which could be dealt with over the phone. Need to undertake more patient education required here. • Issues with new telephone system automatically generating texts, system reconfigured. • Issue with practice e-mail inbox not being monitored when manager on holiday. Policy reviewed to correct this.
Clinical Issues	<ul style="list-style-type: none"> • Audit of new cancer diagnosis in our patient population in past 12 months. • Issue around incorrect coding in notes received with new patient. • Practice reviewing referral protocols for skin lesions. • Practice reviewing protocols for MRI knee referrals at practice meeting. • Practice have reviewed its internal messaging system, and all messages for

	<p>doctors will be written out in full.</p> <ul style="list-style-type: none"> To ensure carers are coded and on booking flu appointments next season to add note of patient's eligibility before seeing clinician to avoid upset
Conduct	<ul style="list-style-type: none"> Staff Training: Non clinical staff under no circumstances to give medical advice - direct to GP/practice nurse only. Review of customer service skills for dealing efficiently with the public. Practice reviewed protocol following complaint from patient that receptionist had prevented her from re-entering the consulting room following her appointment, and found that the practice policy had been adhered to. Practice Manager reviewed her actions after an angry exchange in reception with a patient who had been waiting, and found that she had misunderstood some of the issues. Discussed ways of managing difficult consultations at practice meeting Complaint led to the practice revising its policies to be much clearer on communications issues both from patients and practice staff.
Education	<ul style="list-style-type: none"> Practice to arrange equality and diversity training for whole team. Issues with language barriers and different culture are a huge obstacle. Practices reviewing systems to manage this, but issue also patient unwilling to co-operate. Practice reviewing appointment booking procedure to ensure that appointments booked by phone are confirmed before call is ended
No Action Required	<ul style="list-style-type: none"> All complaints are treated seriously, handled delicately and dealt with appropriately.
Policy	<ul style="list-style-type: none"> Explain thoroughly to patients reasons for confidentiality. Practice will look and consider more carefully before agreeing to complete letters for employers. Practice reviewed policy on producing letters for benefits appeals, and concluded can only be factual when providing such letters Staff will make sure that when a patient changes address they will check that the patient still lives within the surgery catchment area. Updated our procedure for dealing with change of name enquiries. Practice reviewed its "out of area" policy, and has revised the patient letter. Discussed issue re consent at practice meeting, and revised practice policy. We did an SEA on the jury service letter and changed our policy as a result.. New Practice Policy on making of appointments, i.e. no appointments entered onto EMIS without verbal consent from patient or patients close relative/representative.
Prescription	<ul style="list-style-type: none"> When a patient is un-contactable a letter will be posted along with the new medication explaining reasons for new medication. Practice reviewed script change message policy and revised it such that messages are retained until action is taken and new script has been produced and signed. Requests for on the day prescriptions are now dealt with by the end of the working day. Work closer with pharmacy support to deal with prescribing differences Education of patients around patient safety and why some medicines are acute Staff training/refresher on Practice Repeat Prescribing Procedures.
Risk	<ul style="list-style-type: none"> Apology for not referring the patient in a timely manner Ensure that conversations especially when dealing with patients are dealt with wherever possible away from the reception desk. Practice reviewed their policies on access to health records, tightened up on their processes and issued revised guidance to all staff and complainant. Practice reviewed how it informed patients of results etc. Patients will now be asked how they wish to receive results, verbally, in writing or during a GP appointment. Alerts to be added to clinical record for patient's partner to have access to medical records (must have signed consent form)

Share	<ul style="list-style-type: none"> Practice reviewed and revised its procedure for querying requests from secondary care. Practice will now write to patient if they are informed that an original referral has been re-routed to ensure that the patient is aware of this, and any likely delays.
Waiting	<ul style="list-style-type: none"> Issue around the waiting time for an urgent hospital appointment. GPs met with the patient, who was happy with their response and is now taking the complaint to the hospital. Patients are being advised on arrival to practice if GP is running late to allow them to make a decision to wait or be reappointed.

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
Clinical Issue	<ul style="list-style-type: none"> Caution when cyl power is moderate and axis has changed. Patient was seen, the results explained, patient was given the opportunity of attending the optician who gave me a bad report, but she preferred to stay with us - no further action has been taken. Optometrists are spoken to by the Principal Optometrist when a patient requires a re-testing or glasses need re-made. Lessons are learned from each patient encounter When difficult prescriptions were found after rechecks, new pairs of glasses were made which were better for the patients. The patient who was non-tolerant to varifocals got bifocals as before.
Education	<ul style="list-style-type: none"> Advise patients beforehand of cost of particular check Listening to the patients problems and making sure we know what the patient's issue is
Policy	<ul style="list-style-type: none"> Postage to remote patient's house. We have charged for postage for many years and have had no previous complaints regarding this.
Waiting	<ul style="list-style-type: none"> Waiting times: patients are advised of waiting times if Optometrists are running late. Unfortunately, at times patients will have to wait.

Dental Complaints

The results of the GDP complaints survey is reported at the GDP Sub Committee of the NHS GG&C Area Dental Committee on a quarterly basis.

The common themes/trends are reviewed by the GDS Clinical Governance Group and follow-up action taken if necessary. Common themes continue to include concerns with treatment costs, treatment outcomes and communication.

Action taken includes update of staff training, review of communication systems, review and update of practice policies/protocols, reflective learning encouraged, refurbishment of practice premises

Pharmacy Complaints

Of the complaints recorded for this period, 52 related to medication incidents. This represents 45% 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 October – 31 December 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	7	0	2
(b) Notification received that an investigation is not being conducted	0	2	14
(c) Investigations Report received	0	0	1
(d) Decision Letters received (Often the first indication in respect of FHS Complaints)	4	8	16

Investigation Reports:-

There was 1 Investigation Reports laid before the Scottish Parliament and published by the Ombudsman in this quarter in relation to NHSGGC:-

- 1 related to the Acute Services Division. In these, 3 investigated issues were upheld and 4 recommendations made. A full report has been submitted to the Acute Services Committee for review.
- 0 related to a FHS practice.

Decision Letters:-

There were 28 Decision Letters issued by the Ombudsman in this quarter in relation to NHSGGC:-

- 16 related to the Acute Services Division. In these, 41 issues were investigated (13 issues were upheld, 29 issues not upheld and 25 recommendations made).
- 4 related to Partnerships. In these, 5 issues were investigated (2 issues were upheld, 3 issues not upheld and 5 recommendations made).
- 8 related to Family Health Services (5 GMPs and 3 GDPs). In these 19 issues were investigated (6 issues were upheld, 13 issues not upheld and 7 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 (413 issues raised); dates for appointments (119 issues raised) and attitude behaviour of staff (42 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, but proportionally is not significant.

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 October to 31 December 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 121 new clients
- There were 694 new enquiries
- 6% of enquiries were dealt with by Generalist Advisers and 94% dealt with by Patient Advisers
- 98% 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	50% were about Hospital Acute Services
Hospitals/Localities	35% were about Emergency Care & Medical Services
Community Health Partnerships/Community Health and Social Care Partnerships	40% were about Glasgow City HSCP
Staff Group	46% 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

- PASS Monitoring and Evaluation Advisory Group

The Head of Administration and Board Complaints Manager attended the most recent meeting of this national Group on 8 March 2016 and the issues discussed were – PASS National Reports; PASS local monitoring and evaluation and activity data; feedback from PASS/NCPASS events and the retendering of patient advice support services.

The Head of Board Administration and Board Complaints Manager also attended a meeting about the aforementioned retendering on 23 March 2016, and the process for this is now underway.

- Integrated Report

An integrated report to cover complaints, feedback, person centeredness and patient experience will be produced for the first quarter in 2016/17.

10. Conclusion

The NHS Board is asked to note the quarterly complaints report for the period 1 October – 31 December 2015.

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SERVICE IMPROVEMENTS AS THE RESULT OF COMPLETED COMPLAINTS

1 July – 30 September 2015

Partnerships

East Renfrewshire – Mental Health Services - Partially Upheld

Patient not happy with treatment she received during detox; she also felt there had been no support from any of the staff involved.

Actions identified to be taken are: To reflect on as a team in terms of promoting dignity, empathy and respect at all times. Work to promote the support model for people going through detoxification to ensure additional supports are built in. Reflect in terms of how they managed this particular case and how they can do better in the future. Investigating officer will continue to visit the patient to build up their confidence in the service again.

Glasgow City – Addictions – Partially Upheld

Complainant is unhappy with the treatment he received, including attitude of staff and access to Senior Addictions Nurse and failure to allocate another worker.

All standing operating procedures/team care pathways to be reviewed to ensure minimum standard for contact as part of person centred care planning. All staff to be reminded that changes to clients' details including address to be updated by named worker to ensure all correspondence going to correct address at team meetings. Local procedures for change of addresses to be reviewed and staff made familiar through local staff meetings. All staff to be reminded at Team Meetings of responsibility to record all contacts relating to client's care in clients notes and on appropriate systems in line with NHSGG&C Record Keeping Policy. All staff to receive, review and sign acknowledgment that they have read, understood and will adhere to NHSGG Record Keeping Policy and reflect on practice within team meetings.

Specialist Children's Services – Partially Upheld

Clinician failed to address concerns raised at meeting.

Staff reminded of the importance of pro active communication with families to ensure that all parties are fully aware of care plan at all times

Glasgow City CHP – Prison Services – Fully Upheld

Patient complained that he was not getting a full choice of medication and was limited to Methadone.

Referral made for patient to be assessed by addictions team. Team to reflect on ensuring patients were advised that methadone is the treatment of choice but there were other options that could be explored.

Glasgow City CHP – Sexual Health Services – Fully Upheld

Patient complained about having to wait 50min after her appointment time and inappropriate comments from doctor.

- Ensure consultation manner and style is covered in induction.
- Ensure all staff complete equality and diversity training.
- Consider staff training session on lesbian sexual and reproductive health.
- Dr to present on this at doctors' journal club

- A patient was disappointed that a procedure did not go ahead as planned due to weight and diabetes levels on the day. She felt that her diabetes was not an issue and if it was, this should have been communicated to her prior to the planned procedure.

The service noted acknowledged that there are patient expectations, and as a direct result of this complaint, the standard wording in the letters for these types of procedures were amended.

- A patient's relative raised concerns regarding patient's clinical care and co-ordination of medical treatment following diagnosis of cancer. A scan arranged at the Beatson did not take place due to miscommunication between departments

On investigation it was found that the relative had contacted the hospital to advise that patient could not eat and requested to be seen earlier than planned appointment. Patient's nasal feeding tube was blocked and patient did not receive nutrition. As a direct result of the complaint, ward staff were made aware of the variation in feeding tubes available. The importance of clear communication was also highlighted by senior staff to nursing staff in the ward as the patient did require to be in Beatson 1-2 hours prior to scan due to preparation required.

- A patient raised concerns that despite blood test results taken at pre-operative assessment a few days earlier, patient attended hospital and his operation was not cancelled until after admission. An explanation and apology was offered. Staff in the Day Surgery Unit have reviewed the process to ensure appropriate and timely communication takes place for patient.

**QUARTERLY REPORT ON Patient, Carer and Public Feedback:
1 OCTOBER – 31 DECEMBER 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 October – 31 December 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 October – 31 December 2015. It looks at feedback, comments and concerns received centrally and identifies areas of service improvements and ongoing developments.

As members will be aware, the Patient Rights (Scotland) Act 2011 was introduced on 1 April 2012. The law required of NHS Boards to deliver person centred care, where account was taken of what mattered to patients and where they were fully involved in decisions related to their care. Reinforcing this, the Act also requires that each Board:

- Seeks feedback from **all** patients and families
- 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, 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 and regular audits of carer's views 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.

1. Universal Feedback

Universal Feedback is a system whereby every inpatient on a ward is offered a comment card at the point of discharge. During this period, 60% of inpatient wards were using this method of feedback. From April this will have increased to all Acute wards, with Partnership wards to be included as soon as possible. It was introduced as one means to assist NHSGGC meet the requirements of the Patients Rights Act; that feedback is sought from every patient, used to identify issues, and support service improvement. It asks two questions. The first asks whether patients' would recommend the ward to their families and friends; this question is answered using a scale of responses which are scored and can be quantitatively analysed. The second asks why patients gave the score they did. The first questions responses' are analysed using scanning technology and software enabling a variety of quantitative perspectives to be examined. The responses to the second question are reviewed to identify issues or themes.

The question and system are validated and are used in other healthcare systems – for example, every NHS Trust in England uses it, but its use in Scotland is, to date, unique to NHSGGC. The cards distributed to patients also promote the Board's website feedback section, Patient Opinion and from April 2016 will carry the Freephone feedback line. This last feedback option has been introduced to make it easier to give feedback and better meet Public Sector Body requirements under Disabilities legislation.

Universal Feedback is liked by patients. It replaced a paper based questionnaire conducted by Senior Charge Nurses who strongly welcomed the introduction of Universal Feedback. This was due to the significant time savings accrued by the new system, its ease of use and the production of near real time feedback. Most importantly, as the majority of feedback is very positive – each month, 100s of staff are singled out for praise – staff enjoy receiving it and reviewing it during their "staff huddles". This has had two positive impacts – it has

helped staff seek and use feedback in a positive way and within this context, made the discussion of negative feedback, easier and more constructive.

As described above, patients answer the first question from a scale of responses (Extremely Likely; Likely; Neither Likely or Unlikely; Unlikely; Extremely Unlikely). An overall percentage positive score is calculated, representing those who scored the ward Extremely Likely to Recommend AND Likely to Recommend. This

Directorate	% Extremely Likely to Recommend	% Likely to Recommend	Overall % Positive Score	Number of Responses	Praise	Comments or Suggestions
Clyde	86%	12%	98%	786	689	34
North	80%	17%	97%	576	440	44
South	82%	15%	97%	946	684	71
Regional	94%	6%	100%	194	117	5
W&C	90%	8%	98%	379	349	19
Total	86%	12%	98%	2881	2279	173

score has been broken down further in the table below to allow a more sensitive comparison between Sectors.

Figure 1: Average % Likely to Recommend By Directorate 3rd Quarter 2015 - 2016

Patients are also invited to leave a short commentary on their experience, which allows us to identify themes within the data. 93% of the comments received were positive, with the vast majority centred around praise for staff:

“I thought that everyone was really nice and they were there whenever I needed something and they were also caring too and they always had a smile on their faces every day. That they had also made me smile as well.”

“Everyone was friendly and willing to help. Any questions or problems I had were addressed right away.”

The next largest theme which conveys concern, suggestion or implied negativity relates to a perception of understaffing or staff being overworked, with 45 people commenting on this specifically:

“The standard of care is high but there is not enough of it. Ward is under staffed and staff appear to be pushed to their limits.”

“If there was more nurses and auxiliaries the staff would not be as harassed...the staff I feel are so busy, don't have the time to care for their patients the way they should!”

Some patients have implied a link between the above perception of understaffing and issues around communication in particular. While this does not account for all of the concerns around communication, it is worth noting.

Our average response rate is currently 20% for Universal Feedback. While this is currently exceeding our initial target of 15%, our biggest challenge lies in wards maintaining consistency in this response rate from one month to the next. When this is addressed, we should see our overall response rate increase, subsequently increasing the reliability and validity of the data.

As with all the main forms of feedback, actions arising from the areas for improvement are monitored on a quarterly basis per Sector/ Directorate. Progress against increasing response rates and how this data is used in conjunction with our other feedback systems is monitored regularly by the Patient and Carer Experience Group.

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 posted on Staffnet each month and are available at:

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

2. NHS GGC On-Line Patient Feedback

NHSGGC Online Patient Feedback provides a way for service users, carers and the wider public to share their healthcare experiences with NHSGGC, but these experiences are not visible to the wider public. Service Users do not receive a direct response to the specific issues they raise but can opt to receive a copy of the annual Patient Feedback Report summary. The following feedback was received via the NHS GGC On-Line Patient Feedback System in the period 1 October – 31 December 2015.

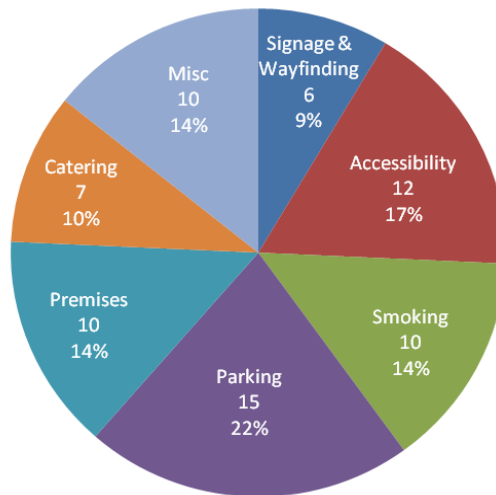
Figure 2: NHS GGC On-Line Patient Feedback by Directorate 3rd Quarter 2015-2016

Directorate	No. of Postings	Positive	Negative	Key Themes
South	81	42	39	<ul style="list-style-type: none"> • Communication • Appointment system (letters and telephone) • Staff attitude & behaviour/ staff 'busy'
North	25	12	13	<ul style="list-style-type: none"> • Communication • Staff attitude & behaviour • Waiting times (Outpatients)
Clyde	42	28	14	<ul style="list-style-type: none"> • Praise for staff • Communication • Waiting times • Delayed discharge/ lack of joined up discharge procedures
Facilities	81	11	70	<ul style="list-style-type: none"> • See below for detailed breakdown
Diagnostics	20	12	8	<ul style="list-style-type: none"> • Scheduling of appointments • Communication re results
Regional Services	35	28	7	<ul style="list-style-type: none"> • Communication re appointments • Waiting times for test results
Hospital Paediatrics & Neo Natal	24	12	12	<ul style="list-style-type: none"> • Communication • Communication re appointments • Support for parents/ staff availability
Obstetrics & Gynaecology	20	13	7	<ul style="list-style-type: none"> • Communication
TOTALS	328	158	170	

As required by the Patients' Rights Act, all feedback has to be recorded but furthermore, this must be used to analyse themes for improvement. The information below seeks to provide more detail on two of the most prominent issues identified in this period.

While the split between positive and negative comments is relatively even (48% and 52% respectively), it is useful to note that comments related to Facilities constitutes over 40% of all of the negative comments via the GGC Online Feedback System. Of this 40%, 76% of the comments relate to the QEUH campus.

The overall Facilities-based comments can be broken down as follows:



Communication is the next largest theme which is relevant to all areas and which can be broken down into the following main areas:

- In Outpatient Areas, this tends to focus on lack of communication around waiting times or delayed clinics. In the Royal Hospital for Children in particular, the communication of where to wait and how patients are called has been raised a number of times.

In response to this, the Outpatient Manager has been working on ways to address these issues, including recruitment of more check-in volunteers to assist with directing patients and their families in the main atrium; ensuring the screen calling system is fully operational; and investigating ways to reduce some of the background noise in the atrium to help people hear more clearly when their name is called.

- Across all of our hospitals inpatients reflect on a lack of communication regarding treatment plans or discharge processes. This was also noted in Emergency Department/ Immediate Assessment Units, after the patient's initial assessment. Patients noted that information is not forthcoming, even on occasions when they ask questions:

“No communication from staff members and feel when you ask questions they become very annoyed.”

This was also highlighted as a particular note of concern for relatives/ carers:

“As a relative, this is an anxious time for family and feels it is an imperative part of a nurse's responsibility to reassure and communicate with relatives. When attempting to approach nursing staff you are made to feel like an inconvenience...”

- Again across all hospitals, communication regarding appointments is also an area which is often highlighted, including contact with the appointments team for confirmation/ cancellation of appointments and more person-centred scheduling of appointments. An example of this is provided below and in this instance this has been shared with the team involved to ensure staff are made aware of communication around appointments for patients living further afield:

“My elderly father (84) was sent a letter with an appointment to attend Vascular unit at The Southern General hospital on Dec 3rd. My father lives on the Isle of Bute, he lives alone with no immediate family in Scotland. We could receive no information only a later appointment in the day having explained he needed to travel via a ferry, train then bus to get there. He travelled on his own for 4 hours to get there on time today and find his way around the maze of a hospital only to see a consultant for 4 minutes..... 4 MINUTES!!!!!! He was asked 2 questions which could easily have been asked or answered by his own doctor on the island, only to be told 'We are not going to do anything' and sent on his way, another 4 hours of travelling back on his own via bus, then train, then ferry! Do people sending out these appointments not even think about the patient? Do they not check where they are travelling from or how they will get there?, especially knowing they are elderly. When we eventually got in touch with him after 7pm he sounded terrible, was upset cold and hungry having been worrying about the weather and possibility of missing a ferry back to Bute.”

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.

The Patient Experience Public Involvement team manages an agreed protocol which sets out response times, response content, and facilitates further investigation as required by the relevant Sector/ Directorate Leads. The PEPI team also records the outcomes of any actions identified as a result of the posting.

Patient Opinion is often used by the person posting to share publicly their personal experience of care. This is often described in terms of how they felt, how they were treated as a person, and the impact that staff behaviours, attitudes or communications had on them.

The Scottish Government has funded the use of Patient Opinion by Health Boards for a period of three years. Stories are tagged to their relevant Health Board and area of specialty, and are often closely read by staff from external agencies, including Scottish Government, the Scottish Health Council, Healthcare Improvement Scotland, and MSP local offices.

Patient Opinion is a shop-window for the care experienced by our patients and it is important in responding to these shared experiences that we evidence our commitment to care, and that we demonstrate in line with the Patients Rights Act, how we:

- value all patients’ and their experiences within our care, as well as the experiences of their loved ones.
- treat them with dignity and respect
- treat them as individuals
- provide a platform for them to give feedback, make comments, or raise concerns about any aspect of the health care they receive.

Members are invited to visit the website to note the extensive range of feedback received via Patient Opinion, and reflect on the richness and complexity of the experiences shared. The website can be accessed via the following link: <https://www.patientopinion.org.uk/>.

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

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

Directorate	No. of Postings	Positive	Negative	Key Themes
South	14	7	7	<ul style="list-style-type: none"> • Appointment system • Communication
North	10	8	2	<ul style="list-style-type: none"> • Praise for staff and services • Communication
Clyde	9	7	2	<ul style="list-style-type: none"> • Praise for staff and services • Communication
Facilities	11	4	7	<ul style="list-style-type: none"> • Smoking • Catering • Cleanliness
Diagnostics	3	1	2	<ul style="list-style-type: none"> • Waiting times for investigations/ results
Regional Services	6	4	2	<ul style="list-style-type: none"> • Appointment system
Paediatrics & Neo Natal	4	4	0	<ul style="list-style-type: none"> • Praise for staff
Obstetrics & Gynaecology	8	3	5	<ul style="list-style-type: none"> • Communication
TOTALS	65	38	27	

A key improvement objective in GGC's use of Patient Opinion is in increasing secondary responses to stories shared. An initial response is provided by the Patient Experience Team and Sectors/ Directorates are encouraged to provide an additional, secondary response with further information, or detail on what they have done as a result of this feedback. 20% of all stories (positive and negative) on Patient Opinion in this period have a secondary response. While secondary responses to positive stories are encouraged, priority must be given to those stories which are more critical in order to demonstrate openness, transparency and improvement. Currently, only 20% of the more critical stories have a secondary response. Improvement in this area is being monitored as a performance indicator at the Patient and Carer Experience Group.

The NHSGGC Online Feedback System is currently generating a lot more feedback than Patient Opinion, although the themes we are seeing from both are very similar. Triangulation of all of the data from the various modes of feedback is important to achieve a targeted approach to improvement.

Below are just two examples of stories shared during the period 1 October – 31 December 2015.

1 example of a positive experience from a patient (criticality rating 0)

“I was admitted to the Glasgow Royal Infirmary Urology Ward 70 for an operation on my bladder. I just want express my gratitude to the consultant Miss Brown who was very caring and understanding before I went into the operating theatre. I would also like to thank all the ward staff of ward 70 for the care and attention I received when I was admitted and to the day I left. The staff were so nice and friendly and went out there way when I needed something to eat or drink, taking in to account I was diabetic and feeling really thirsty, I was also grateful to the Male Staff Nurse (David) for his understanding care he gave during my stay at the GRI. Thank you once again for outstanding care during my stay at the Hospital.”

1 example of a negative experience from a carer (criticality rating 3)

“My elderly mother was admitted to the unit in September 2015. A number of issues occurred during her stay which I have detailed below:

My mother was not given a shower for 3 weeks.

There was no communication with family members.

When I approached nursing staff for information no one could tell me anything. On countless occasions the response was 'I don't know'

There appeared to be a culture of 'us and them' between nursing staff and medical staff; nursing staff refused to answer any questions and frequently told me that they were not qualified to answer my queries.

On the rare occasion when nursing staff did respond to my questions the following day another staff member would contradict what I had previously been told.

My mother was due to be released on a Friday but at the last minute she was kept in with view to an additional scan being carried out. She spent a full week without any treatment plan or input from staff before the scan was carried out. All requests to take her home were rejected as she would lose her slot in the queue for scans. This was despite the fact that I was able to get her to hospital within a 20 minute window.

The 'us and them' attitude was evident to me in the relationship with ward staff and the radiography unit who refused to put a timescale on the pending scan saying that they would get to her eventually.

Apart from the inconvenience to my mother and my family having to continue visiting her this was a complete waste of a resource - a bed was blocked for a full week.

When she was eventually discharged I was phoned by a member of nursing staff and told that my mother could be collected from the discharge ward. This was a room that she was put in with her belongings. No interaction with nursing staff with any information about services / medication / prognosis despite the fact that my mother was very confused and unable to understand or relay information to me.”

While unable to identify the specific ward in question, the Chief Nurse shared this feedback with the Lead Nurses locally, who have in turn shared this with staff. There is work being undertaken locally to improve communication between patients and families and within the MDT. This will continue to be monitored by the Chief Nurse.

5. Carers' Audit – A Listening Ward

In the third quarter of 2015/2016, a Carer's Audit was undertaken by the Patient Experience, Public Involvement, and Quality team. During a Carer's Audit, a Patient Experience, Public Involvement (PEPI) Manager spends two hours on a ward in an evening or afternoon, for five days. They spend this time talking to patients, carers and friends about their experiences of the care they have received while staying in the ward. The manager then compiles a short report summarising the experiences they have heard, which is used by the Senior Charge Nurse and Lead Nurse (and Chief Nurse if requested) responsible for the ward to create an action plan detailing how they will address this feedback. The report and action plan is then submitted to the Director of Nursing, and is added into centralised feedback systems for monitoring and reporting.

In December 2016, a PEPI Manager spent a week in Ward 56, Langlands Building, Queen Elizabeth University Hospital. They spoke with 19 friends and family members about their experiences of the care their loved one has received. Broadly, carers and patients spoke very highly of the care they received on the ward; they felt staff were on the whole extremely committed, and particularly valued seeing the visible improvement in recovery which was supported by physiotherapists. However, all 19 people spoken to mentioned, unprompted, a lack of staff availability. When patients or families did speak of potential improvements to be made to care on the ward, they spoke of the need to improve communication; between nursing and medical staff, and with patients and relatives. A copy of the report and action plan was submitted to the Director of Nursing in February 2016, and progress will continue to be monitored through centralised feedback systems.

In addition to undertaking five further planned audits, the PEPI team will now work with other staff to consider the use of the Carer's Audit going forwards; which wards it is an appropriate tool for, and additionally whether the tool should evolve to become 'A Listening Ward', where the views of all on a ward are sought; patients, carers, and staff.