

**Quarterly Complaints and Feedback Report : 1 January – 31 March 2016**

**Recommendation:-**

The NHS Board is asked to note the quarterly report on NHS complaints and feedback in NHS Greater Glasgow and Clyde for the period 1 January to 31 March 2016.

**Purpose of Paper:-**

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

- Complaints received
- Complaints completed
- Outcome, location and reasons for complaints
- SPSO Investigative Reports and Decision Letters
- Patient Advice and Support Service activities

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

**Key Issues to be considered:**

The NHS Board's performance in handling complaints and the use of complaints and feedback to drive service improvements.

**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 service improvements have been highlighted. 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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**Date** – 17 June 2016

## NURSE DIRECTOR

### QUARTERLY REPORTS ON COMPLAINTS AND FEEDBACK 1 JANUARY – 31 MARCH 2016

#### **Recommendations:**

The NHS Board is asked to note:

- the quarterly report on NHS complaints and Feedback in NHS Greater Glasgow and Clyde for the period 1 January 2016 to 31 March 2016.

#### **Introduction**

This report provides a commentary and statistics on complaints handling throughout NHS Greater Glasgow and Clyde for the period 1 January 2016 to 31 March 2016. It looks at complaints received at Local Resolution and by the Scottish Public Services Ombudsman (SPSO) 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 January 2016 to 31 March 2016**

Table 1 shows the number of complaints *received* across NHS Greater Glasgow and Clyde between 1 January – 31 March 2016 and for comparison 1 October – 31 December 2015. Thereafter, the statistics in Table 1 relate to those complaints *completed* in the quarter so that outcomes can be reported.

**Table 1**

	1 Jan 2016 – 31 March 2016		1 October – 31 December 2015	
	<u>Partnerships (exc FHS)</u>	<u>Acute / Board</u>	<u>Partnerships / Board (exc FHS)</u>	<u>Acute / Board</u>
(a) Number of complaints <b>received</b>	460	550	543	534
(b) Number of complaints received and completed within 20 working days [ <i>national target</i> ]	411 (89%)	318 (58%)	479 (88%)	396 (74%)
(c) Number of complaints <b>completed</b>	441	439	547	586
(d) Outcome of complaints completed:-				
➤ Upheld	32	115	42	180
➤ Upheld in part	31	111	49	156
➤ Not Upheld	373	159	448	184
➤ Conciliation	0	0	0	0
➤ Irresolvable	0	4	1	3
➤ Unreasonable Complaint	0	0	0	0
➤ Transferred to another unit	0	1	0	0
(e) Number of complaints withdrawn	5 <sup>1</sup>	49 <sup>2</sup>	7 <sup>1</sup>	63 <sup>2</sup>
(f) Number of complaints declared vexatious	0	0	0	0

1 January 2016 – 31 March 2016				
	<i>Total</i>	<i>No Consent Received</i>	<i>Complainants no longer wished to proceed</i>	<i>Other</i>
1	5	1	4	0
2	49	22	27	0

1 October – 31 December 2015				
	<i>Total</i>	<i>No Consent Received</i>	<i>Complainants no longer wished to proceed</i>	<i>Other</i>
1	7	2	5	0
2	63	34	29	0

For this quarter this gives an overall NHSGG&C complaints handling performance for complaints received and completed of 72% which is above the target of 70%.

The drop in performance from Acute Services was in part due to a restructuring of the Complaints Department, which involved two of the three sub-teams moving to a different hospital site. There was then a further move within that site. This caused disruption, but is not a recurring issue.

At the same time, the Complaints Department experienced significant sickness absence, with circa 30% of the entire team being absent at one point. This, coupled with annual leave due to the end of the financial year, had an impact on performance.

At the tail end of this quarter, the new Board Complaints Manager started in post, whose role is to provide direction and leadership to the team. Regular performance meetings have been put in place with team leads, and actions taken as a result. Performance will continue to be monitored closely.

The first quarter of 2016/17 may continue to show reduced performance due to the timing of the above actions, but thereafter should begin to result in improved performance.

The figures for the previous quarter (1 October - 31 December 2015) have had to be altered to ensure consistency with the return to the information services division (ISD). The changes are not large but there were differences which needed to be updated.

The performance percentage against the 70% target changed only slightly, from 73% to 74%.

## 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 January to 31 March 2016 and for comparison 1 October to 31 December 2015.

Table 2 –Breakdown of Completed Complaints by Directorate/HSCP

	<u>1 January – 31 March 2016</u>		<u>1 October to 31 December</u>	
	<u>Number of Completed Complaints</u>	<u>% (rounded)</u>	<u>Number of Completed Complaints</u>	<u>% (rounded)</u>
<b>Acute Directorates</b>				
North Sector	57	13%	87	15%
South Sector	166	38%	200	34%
Clyde Sector	55	13%	71	12%
Regional Services	55	13%	67	11%
Facilities	31	7%	55	9%
Women and Children	42	10%	61	10%
HI&T	11	3%	9	2%
Diagnostics	17	4%	26	4%
Board	0	0%	1	0%
Other	5	1%	9	2%
<b>Sub-Total</b>	<b>439</b>	<b>100%</b>	<b>586</b>	<b>100%</b>
<b>HSCPs</b>				
East Dunbartonshire	1	0	0	0
East Renfrewshire	1	0	3	1
Glasgow City - Corporate *	384	87	473	86
North East	9	2	23	4
North West	14	3	18	3
South	13	3	11	2
Inverclyde	2	1	2	1
Renfrewshire	6	1	6	1
West Dunbartonshire	4	1	5	1
Hosted Service (Podiatry)	7	2	6	1
<b>Sub-Total</b>	<b>441</b>	<b>100%</b>	<b>547</b>	<b>100%</b>
<b>Grand Total</b>	<b>880</b>		<b>1133</b>	

\* 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

<b>Acute Hospital Location</b>	<u>1 Jan – 31 March 2016</u> <u>Number of</u> <u>Completed Complaints</u>	<u>1 Oct – 31 December</u> <u>Number of</u> <u>Completed Complaints</u>
Beatson West of Scotland Cancer Centre	9	4
Centre for Integrative Care	0	0
Gartnavel General Hospital	21	19
Health Centres / Clinics	1	3
Glasgow Royal Infirmary	67	112
Inverclyde Royal Hospital	15	19
Larkfield Unit	0	2
Lightburn Hospital	1	0
Mansionhouse Unit	0	0
Mearnskirck Hospital	0	2
Nelson Mandela Place (Breast Screening Service)	0	3
Out of Hours Service	4	5
Princess Royal Maternity Hospital	8	4
Royal Alexandra Hospital	44	61
Royal Hospital for Children	11	32
Queen Elizabeth University Hospital	195	237
Stobhill ACH	13	14
Victoria Infirmary	2	4
Victoria ACH	23	31
Vale of Leven Hospital	6	8
West ACH	1	0
Western Infirmary	6	17
Board	0	1
Other	12	8
<b>Total</b>	<b><u>439</u></b>	<b><u>586</u></b>

Detailed below in Table 4 is a HSCP service area breakdown of completed complaints within NHSGGC for the period 1 January – 31 March 2016 and for comparison October- 31 December 2015.

Table 4 – Breakdown of Completed Complaints by HSCP Service Areas

	<u>1 Jan – 31 March 2016</u>	<u>1 October – 31 Dec 2015</u>
	<u>Number of Completed Complaints</u>	<u>Number of Completed Complaints</u>
<b>Glasgow City HSCP – Corporate</b>	<b>384</b>	<b>473</b>
Health & Community Care:-		
• HMP Barlinnie	188	267
• HMP Low Moss	156	175
• HMP Greenock	39	31
• Police Custody Healthcare	0	0
Mental Health Services (See Note)	1	0
Other (Health Improvement)	0	0
<b>Glasgow City HSCP - North East Sector</b>	<b>9</b>	<b>23</b>
Health & Community Care	1	3
Homelessness Services	0	3
Specialist Children's Services	5	10
<b>Skye House Adolescent Unit</b>	0	0
Mental Health Services	1	6
<b>Stobhill Hospital</b>	2	1
<b>Parkhead Hospital</b>	0	0
<b>Eriskay House</b>	0	0
Children & Family Services	0	0
<b>Glasgow City HSCP - North West Sector</b>	<b>14</b>	<b>18</b>
Children & Family Services	0	0
Health & Community Care	4	0
Mental Health Services	2	4
<b>Gartnavel Royal Hospital</b>	0	5
Sexual Health/Sandyford	8	9
Other (Human Resources)	0	0
<b>Glasgow City HSCP - South Sector</b>	<b>13</b>	<b>11</b>
Health & Community Care	5	3
Mental Health Services	3	1
<b>Leverndale Hospital</b>	4	7
Planning and Health Improvement	1	0
<b>East Dunbartonshire HSCP</b>	<b>1</b>	<b>0</b>
Health & Community Care	1	0
Mental Health	0	0
Children and Family Services		
<b>West Dunbartonshire HSCP</b>	<b>4</b>	<b>5</b>
Health & Community Care	4	5
Children and Family Services	0	0
Other (Health & Information Technology/Other Directorate)	0	0

	<u>1 Jan – 31 March 2016</u>	<u>1 October – 31 Dec 2015</u>
	<u>Number of Completed Complaints</u>	<u>Number of Completed Complaints</u>
<b>Inverclyde HSCP</b>	<b>2</b>	<b>2</b>
Mental Health	2	2
Children & Family Services	0	0
Larkfield Unit	0	0
Ravenscraig Hospital	0	0
Community Care Specialist Children Services	0	0
<b>East Renfrewshire HSCP</b>	<b>1</b>	<b>3</b>
Mental Health	1	1
Health & Community Care	0	1
Rehabilitation & Assessment	0	0
Specialist Children's Services	0	0
Children and Family Services	0	1
<b>Renfrewshire HSCP</b>	<b>6</b>	<b>6</b>
Health & Community Care	2	2
Mental Health	4	1
<b>Dykebar Hospital</b>	<b>0</b>	<b>1</b>
Specialist Children's Services	0	1
<b>Hosted Service - Renfrewshire CHP – Podiatry</b>	<b>7</b>	<b>6</b>
Totals:	<b><u>441</u></b>	<b><u>547</u></b>

*Note – Predominately Forensic and Learning Disabilities*

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

In 2013, the process for handling prisoner complaints was changed, which resulted in more issues being made as formal complaints rather than comments / concerns / feedback. This meant a significant rise (80%) in the volume of prisoner complaints from 2013/14 to 2015/16. More recently, although the increased number of complaints remains high, there has been a drop in number of complaints at Barlinnie and Low Moss Prisons in the last quarter.

We have held a number of prisoner focus groups to explain to prisoners that some of the complaints they submit need not be recorded on complaint forms. For example, if individual was not happy with their prescribed medication or dose – they should make another GP appointment and maybe not raise it as a formal complaint. Staff have been working hard to try and make medication ordering easier and the pharmacy is working with the Chemist to synchronise medications to one day per week making ordering easier. In addition, dentist waiting times have reduced and some additional sessions of Podiatry input for minor surgery have been held and we have received very positive feedback around these additional sessions.

Most prisoner complaints are about medication prescribing (particularly strong analgesics) and dental care.

#### 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 January to 31 March 2016 and for comparison 1 October to 31 December 2015.

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

	<b><u>1 January – 31 March 2016</u></b>			
	<u>GPs</u>	<u>Dentists</u>	<u>Opticians</u>	<u>Pharmacists</u>
a) Number of complaints <b>received</b>	279	29	10	54
b) Number of complaints acknowledged <b>within</b> 3 working days and %	279 (100%)	Not gathered	10 (100%)	41 (76%)
c) Number of complaints responded to <b>within</b> 20 working days and %	275 (99%)	23 (79%)	8 (80%)	53 (98%)
d) Number of complaints responded to <b>outwith</b> 20 working days and %	4 (1%)	0 (0%)	0 (0%)	1 (2%)
e) Still Open	0	6	2	0
f) Outcome of completed complaints:-			2	47
•Upheld	83	5		
•Partially Upheld	50	2	5	2
•Not Upheld	130	16	2	5
•Irresolvable	4	16	1	0
g) Alternate Dispute Resolution Used	0	0	0	0
h) Number of SPSO Decision Letters / Investigation Reports <b>received</b>	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)



	<b><u>1 October – 31 December 2015</u></b>			
	<u>GPs</u>	<u>Dentists</u>	<u>Opticians</u>	<u>Pharmacists</u>
i) Number of complaints <b>received</b>	271	31	24	116
j) Number of complaints acknowledged <b>within</b> 3 working days and %	Not gathered	Not gathered	Not gathered	36 (31%)
k) Number of complaints responded to <b>within</b> 20 working days and %	264 (97%)	27 (87%)	24 (100%)	110 (95%)
l) Number of complaints responded to <b>outwith</b> 20 working days and %	5 (2%)	1 (3%)	0 (0%)	4 (3%)
m) Still Open	2	3	0	2
n) 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
o) Alternate Dispute Resolution Used	0	0	0	0
p) Number of SPSO Decision Letters / Investigation Reports <b>received</b>	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)

Detailed below in Table 6 is an indication of the surveys returned by of each contractor groups for the period 1 January – 31 March 2016 and for comparison 1 October – 31 December 2015.

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

	<u>1 January – 31 March 2016</u>			<u>1 October – 31 December 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	224	92.56%	242	226	93%	242
Dentists	244	92%	265	260	98%	264
Opticians	158	85.41%	185	148	82%	181
Community Pharmacists	243	83%	292	292	100%	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".

<b>Code</b>	<b>Actions &amp; Learning from complaints responded to within the reporting period</b>
Access	<ul style="list-style-type: none"> <li>Communicate clearly to patients the variety of appointments we offer and actions to take in case of urgent need</li> <li>We changed our appointment system where we introduced triage system for emergency appointments.</li> <li>Important to ensure patients are aware that a double appointment may be needed for an appointment, particularly if they have more than one problem.</li> <li>Staff at reception to advise patients to register for online services to give quicker and easier access to appointments without phoning or coming into surgery.</li> </ul>
Clinical Issues	<ul style="list-style-type: none"> <li>All patients were responded to appropriately, letters sent to them explaining the process for referral letter content</li> <li>Practice needs to produce a clear guide that documents exactly what the practice expect a locum to carry out during the consultation.</li> <li>Clinical staff to ensure that patients are aware of their proposed treatment plan before ending consultation.</li> <li>Following complaint from patient's daughter that practice had not supported her mother adequately, GPs carried out review and concluded that family had declined several offers of support, and practice had done all it could</li> </ul>
Conduct	<ul style="list-style-type: none"> <li>When dealing with vulnerable patients staff need to be approachable and not defensive</li> <li>Improve communications between staff and patients to ensure clarity of actions</li> </ul>

	<p>taken</p> <ul style="list-style-type: none"> <li>• Staff training - non clinical trained staff not to give a medical advice - speak to a GP or Nurse.</li> <li>• Training for staff regarding confidentiality.</li> </ul>
Education	<ul style="list-style-type: none"> <li>• Further training for staff on Practice protocols</li> <li>• Sign has been made clearer for patients to read. When appointments are made admin explain where appointment is</li> <li>• Staff retraining on New Registrations</li> </ul>
No Action Required	<ul style="list-style-type: none"> <li>• Complaint about Health Visiting Team passed to them</li> <li>• Complaint about Social Work, complainant directed to complain to them</li> <li>• Practice unsure what action to take on complaint about the layout of a patient's record on the clinical IT system.</li> </ul>
Policy	<ul style="list-style-type: none"> <li>• Reinforcement of Practices' policy on catchment area</li> <li>• Practice reviewing policy on patients arriving late, following complaints</li> <li>• Reinforcement of lab pick up times to minimise wasted samples</li> </ul>
Prescription	<ul style="list-style-type: none"> <li>• Training on prescription ordering protocol undertaken for all staff.</li> <li>• Practice reviewing policy of always prescribing generically as prescribing the generic is not always appropriate and patients need to be considered on an individual basis.</li> <li>• When patients turn up at practice in pain, the reception staff should in the first instance alert the doctor on call.</li> </ul>
Risk	<ul style="list-style-type: none"> <li>• Up to date contact details were missing for patient and reminder to all reception staff to check contact details whenever possible</li> </ul>
Share	<ul style="list-style-type: none"> <li>• Mental health team unhappy with practice's lack of support as they requested a detention order for a patient.</li> <li>• Following discussion with patient representative group practice to play soft rock CDs in waiting room rather than radio.</li> </ul>
Waiting	<ul style="list-style-type: none"> <li>• Patients to be informed when GPs running late</li> <li>• Meeting with patient to discuss reasons why hospital had apparently not met referral target – priority and date of referral.</li> <li>• The practice has two new partners this will mean that they may take longer with each patient for a short period – signs put up in waiting room and reception.</li> </ul>

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

<b>Code</b>	<b>Actions and Learning From Complaints Responded To Within The Reporting Period</b>
Clinical Issue	<ul style="list-style-type: none"> <li>• Clinical complaint following eye examination not yet resolved.</li> </ul>
Education	<ul style="list-style-type: none"> <li>• Issues around gaining permission of patient's guardian to visit the patient in a nursing home.</li> </ul>
Policy	<ul style="list-style-type: none"> <li>• Patient given apology for mix up caused by administrative error</li> </ul>
Waiting	<ul style="list-style-type: none"> <li>• Apologies given to patients over prescription mix up</li> <li>• Switch to a different lens supplier due to multiple issues</li> <li>• Patient had cost of glasses refunded, and then left the practice</li> </ul>

### Dental Complaints

The results of the GDP complaints survey is reported at the GDP Sub Committee of the NHSGG&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, 27 related to medication incidents. This represents 50% of the total complaints received during the reporting period and is the single largest reason for complaint. Set against a background of more than 1.5 million prescriptions dispensed each month; this represents a very small percentage and significant underreporting which may be addressed as pharmacies continue to refine their processes.

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

### 5. Ombudsman (SPSO): 1 January – 31 March 2016

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 <b>is</b> being conducted	2	0	0
(b) Notification received that an investigation <b>is not</b> being conducted	4	4	5
(c) Investigations Report received	0	0	1
(d) Decision Letters received (Often the first indication in respect of FHS Complaints)	2	8	19

#### **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, one investigated issue was upheld and 3 recommendations made. A full report will be submitted to the Acute Services Committee for review.

#### **Decision Letters:-**

There were 29 Decision Letters issued by the Ombudsman in this quarter in relation to NHSGGC:-

- 19 related to the Acute Services Division. In these, 48 issues were investigated (21 issues were upheld, 27 issues not upheld and 32 recommendations made).
- 2 related to Partnerships. In these, 5 issues were investigated (1 issue was upheld, 4 issues not upheld and 3 recommendations made).

- 8 related to Family Health Services. In these, 12 issues were investigated (6 issues were upheld, 6 issues were not upheld and 15 recommendations were 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 (315 issues raised); dates for appointments (99 issues raised) and attitude behaviour of staff (46 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 January 2016 – 31 March 2016

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 119 new clients
- There were 571 new enquiries
- 13% of enquiries were dealt with by Generalist Advisers and 87% dealt with by Patient Advisers
- 96% 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: 40% were about Hospital Acute Services
- Hospitals/Localities: 41% were about Emergency Care & Medical Services
- Health and Social Care Partnerships: 36% were about Glasgow City HSCP
- Staff Group: 52% were about Hospital Consultants/Doctors
- NHS Advice Code: 40% 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

- 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 and feedback report for the period 1 January – 31 March 2016.

**Jennifer Haynes**  
**Board Complaints Manager**  
**0141 211 0473**

**John Hamilton**  
**Head of Administration**  
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**SERVICE IMPROVEMENTS AS THE RESULT OF COMPLETED COMPLAINTS**

**1 January – 31 March 2016**

Partnerships

**Glasgow (North East Sector) – Learning Disability Service - Fully Upheld**

Complainant concerned about the lack of family involvement in a family member's care and treatment, also the poor practice of communicating formally and sharing information with legal guardian.

As a result of this complaint they have reviewed their partnership working with service user's families. The Learning Disability Service is currently undergoing a redesign and the strategy for this document gives clear operational guidelines for service delivery. As part of the review of the service going forward, they will be implementing standard practice regarding communication around service users care. This will be implemented by Service Manager and Team Leaders within the next 3 months.

**Glasgow (South Sector) – Mental Health Services - Partially Upheld**

Complainant concerned about her relative not being given the Out of Hours Service contact details after her discharge from her assessment with the Community Mental Health Team.

Staff will be made aware of the importance of ensuring people know how to access services on discharge and a record of this discussion is made in the care record. The Service Manager will raise through local business meetings and send memo to wider teams.

**West Dunbartonshire – Physiotherapy Services –Partially Upheld**

Patient is concerned about the disruption to physiotherapy appointments when on two separate occasions their appointments were cancelled. They were seen by three different Physiotherapists who took over patient's care and the patient states they were unaware of how to progress with treatment due to lack of detail provided. The patient also had several voicemails left on their answering machine, when patient contacted the department the admin staff were unaware of any appointments.

Musculoskeletal Quadrant Manager will meet with staff to discuss the importance of full note keeping and awareness of the importance of communication with administrative staff.

**Glasgow (Corporate Sector) – Prison Services - Fully Upheld**

Patient claims the doctor had discontinued their daily medication at the weekends. They stated they received their medication twice daily Monday to Friday and on Saturday and Sunday only at night and said they were suffering as a result of this.

Learning points with team. GP to be vigilant when writing, rewriting prescription kardex. Nurses should check previous prescriptions and bring any anomalies to attention of GP as soon as possible.

Acute Division

**North Sector –Pain Relief –Partially Upheld**

A patient attended for a pain relief treatment that was not carried out due to their weight. Patient concerned that it was not explained to them beforehand that the procedure may not go ahead. Patient also concerned about the treatment that was given as an alternative.

Service acknowledged that patient's expectations were raised and then not met. As a direct result of the learning from this complaint, letters to patients for this type of procedure were amended to explain to patients that they will have an examination on the day of the procedure to ensure it is safe to go ahead. Patient reassured that alternative treatment given was clinically appropriate.

### **South Sector – Endoscopy – Upheld**

A patient was mistakenly given wrong date to attend Endoscopy Unit at Victoria Ambulatory Care Hospital (ACH). Date given fell on a weekend and when patient attended the unit was closed. No management presence on site to assist. Management cover is provided by the senior nurse on duty at Queen Elizabeth University Hospital but no information or contact details were displayed within Endoscopy Unit. As a result of this complaint, there is now a sign on the door of the Endoscopy Unit at the Victoria ACH stating who to call out of hours, and the porters' desk has also been given this information

### **South Sector - Medicine – Upheld**

Patient raised concern that they were not advised until the day that their operation was cancelled because of abnormal bloods.

The complaint was upheld as it was confirmed that the communication to the patient was not advised earlier that bloods were abnormal, and therefore the opportunity to cancel the operation at an earlier stage was missed. Complaint led to a review of the process to ensure bloods results are seen and appropriate action taken.

### **North Sector – Emergency Department – Fully Upheld**

A patient attended the Emergency Department following a fall. The patient had a head injury and was reviewed in the Minor Injuries Unit. A diagnosis of mechanical fall with head and facial injury was made and the patient was discharged. The patient later returned with a generalised headache as well as a history of falls in the intervening period. This was not recorded by trainee doctor and the advice was not passed to the consultant on call. This resulted in the patient being given a CT scan, which showed that they had a haematoma and the patient was treated for chronic subdural haematoma.

An apology was made for the failed opportunity to consider a CT scan at the first admission, and this experience has resulted in the Consultant altering his practice when asked for advice by junior staff. Learning from this case is now being planned for use in training junior medical staff.

### **Women and Children's Services - Gynaecology - Partially Upheld**

A patient complained around the communication from staff in terms of the results of her recent MRI scan, despite telephoning on several occasions and also GP following this up. Patient felt that they had breached the 18 weeks treatment time guarantee from their MRI to follow-up appointment

The formal response apologised in relation to the communication from administration and medical staff in patient being given MRI results. We undertook a review of the use of work lists for clinical and secretarial staff to enable a more timely electronic management of results and refresher training has been arranged for staff

### **Clyde Sector - General Medicine - Partially Upheld**

A patient was unhappy with the standard of nursing care she received from some of the staff in a particular ward, and their mannerisms and communication skills.

The formal response explained that the Clinical Services Manager had spoken at length with the nursing staff in regarding the patient's experience and the effect this has had on their life. The Lead Nurse was asked to take forward some additional training for staff in terms of customer feedback to ensure a positive experience for patients.

### **Clyde – General Medicine – Upheld**

A patient's relative was unhappy with aspects of care/treatment their elderly relative had received whilst an inpatient, and requested a meeting.

Relevant management and key clinical staff met with the family to discuss their concerns. Explanations were that there is ongoing work to increase the capacity of the Medical Assessment Unit, thus enabling stable patients to bypass the Emergency Department entirely and have their initial assessment carried out in the ward-like environment of the Medical Assessment Unit. An Action Plan was developed as a result of the meeting by the Clinical Services Manager and Lead Nurse, which recommended the development of a leadership framework describing key competencies for the Senior Charge Nurse and Charge Nurse, and also that a quality focused balanced scorecard was developed and implemented.

**QUARTERLY REPORT ON Patient, Carer and Public Feedback:**

**1 JANUARY – 31 MARCH 2016**

**Recommendations:**

The NHS Board is asked to note the quarterly report on patient, carer and public feedback in NHS Greater Glasgow and Clyde for the period 1 January 2016 – 31 March 2016.

**Introduction**

This report provides a commentary and statistics on the feedback received from patients, carers and the public throughout NHS Greater Glasgow and Clyde for the period 1 January 2016 – 31 March 2016. 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 and reported quarterly to the Board as well as annually to the Government

This report includes the presentation of detailed information on feedback received from three centrally managed feedback systems operating 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. 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.

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 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 4<sup>th</sup> Quarter 2015 – 2016**

Directorate	% Extremely Likely to Recommend	% Likely to Recommend	Overall % Positive Score	Number of Responses	Praise	Comments or Suggestions
Clyde	83%	13%	96%	1069	715	49
North	80%	17%	97%	719	561	56
South	80%	16%	96%	972	566	51
Regional	94%	4%	98%	218	193	6
W&C	87%	10%	99%	402	291	18
<b>Total</b>	<b>85%</b>	<b>12%</b>	<b>97%</b>	<b>3380</b>	<b>2326</b>	<b>180</b>

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:

“Nothing was too much trouble.”

“Extremely high level of care...with usually the same staff on for two days this helps with building relationship for staff and patient. Good use of my name, which being on the other end of the care, makes a big difference.”

“Staff friendly and pleasant made my stay as comfortable as possible. They were also pleasant with my wife.”

“I have been treated with respect, courtesy, politeness by all members of staff from cleaners to consultants. I cannot thank you enough.”

“Single room and toilet and shower was excellent. All staff very helpful, reassuring and friendly.”

The Senior Charge Nurse on each ward is encouraged to share all of the feedback received with their staff, either through staff huddles, or by displaying the comments on their ward. As the majority of feedback is extremely positive, with many staff specifically singled out for praise, Universal Feedback has been well received by staff. While the regularity of positive feedback provides a boost in morale, it also provides a constructive context for discussions around negative feedback.

As in the last Quarter, the next largest theme relates to a perception of understaffing, or staff being overworked, with 41 people commenting on this specifically. Many of the comments reflect a feeling that staff are ‘doing their best’ but are extremely busy:

“Very pleasant but sometimes they’re overworked.”

“The staff are lovely but under a lot of pressure. It seems they don’t have enough time to deal with all they have to do in the time scale given.”

Furthermore, some patients have linked this to other issues around communication or person centred care:

“Sadly they are very overworked and therefore a little bit of conversation which is sometimes a comfort can’t be given.”

“Bit more communication would be great though. Would be nice to know who to ask questions of without annoying busy staff.”

There was also a rise in the number of comments about the physical fabric, layout or facilities in wards (29 comments), most of which related to older wards, for example in the Glasgow Royal Infirmary:

“Staff are excellent working in very poor conditions. The building is quite unsuitable for purpose of modern medical care.” Ward 33, GRI

“Not a nice ward (décor)” Ward 20, GRI

“1 shower for 17 and no bath.” Ward 5, GRI

The average response rate for Universal Feedback in Quarter 4 was 24% across the Board (up from 20% last Quarter). There is however a big range in response rates across the Sectors. Regional Services for example

achieved an average response rate of 38%, while the South Sector achieved a 16% response rate, only just exceeding the target of 15%. Now that Universal Feedback is in place across all Acute inpatient wards, more targeted work is underway to improve the consistency of response rates across all wards and Sectors/ Directorates.

As with all the main forms of feedback, actions arising from the areas for improvement are monitored on a quarterly basis per Directorate. Progress against increasing response rates 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 January – 31 March 2016.

**Figure 2: NHS GGC On-Line Patient Feedback by Directorate 4<sup>th</sup> Quarter 2015-2016**

Directorate	No. of Postings	Positive	Negative	Key Themes for Improvement
<b>South</b>	112	53	59	<ul style="list-style-type: none"> <li>• Communication (treatment/ care plans)</li> <li>• Communication (appointment/ telephone systems)</li> </ul>
<b>North</b>	21	12	9	<ul style="list-style-type: none"> <li>• Communication – appointments/ waiting times</li> </ul>
<b>Clyde</b>	31	19	12	<ul style="list-style-type: none"> <li>• Communication/ staff attitude &amp; behaviour</li> </ul>
<b>Facilities</b>	76	14	62	<ul style="list-style-type: none"> <li>• Accessibility/ parking</li> <li>• Smoking</li> <li>• Signage &amp; Wayfinding</li> </ul>
<b>Diagnostics</b>	19	12	7	<ul style="list-style-type: none"> <li>• Communication – test results</li> <li>• Waiting times for diagnostics</li> </ul>
<b>Regional Services</b>	12	5	7	<ul style="list-style-type: none"> <li>• Waiting times for appointments</li> </ul>
<b>Hospital Paediatrics &amp; Neo Natal</b>	19	5	14	<ul style="list-style-type: none"> <li>• Waiting times – at clinic or for appointment</li> <li>• Communication – administrative/ switchboard staff</li> </ul>
<b>Obstetrics &amp; Gynaecology</b>	20	13	7	<ul style="list-style-type: none"> <li>• Communication – consistency of advice and information</li> </ul>
<b>TOTALS</b>	<b>310</b>	<b>133</b>	<b>177</b>	

In comparison to the last Quarter, the split between positive and negative comments has grown slightly, with positive comments making up 43% of all the comments received while negative comments comprise 57%.

Comments on Facilities-based issues still make up the largest proportion of negative comments; however this has dropped from 41% in the 3<sup>rd</sup> Quarter, to 35% in this Quarter. The proportion of negative comments related to the South Sector has however risen from 23% in the 3<sup>rd</sup> Quarter to 33% in this Quarter.

The most common issue being highlighted in the South Sector is around communication, but it should be noted that this is reflected as a significant theme in the feedback for other Sectors/ Directorates also. The issue of Communication can be broken down into the following areas:

- Difficulty of communication via telephone or with appointment making:

“They have a list of numbers for your appointment teams but when you call them they are either constantly engaged or invalid and no one answers your switchboard. So patients can't amend their appointments.”

“I phoned at 8.30 which is the stated opening time on the information I rec'd and was cut off constantly until just after 0900 when I was then put into a queue (I was number 9) for 52 minutes before I got to speak to someone.”

“My son had an OP appt at the Vic on Monday 25/1/16. This was confirmed to him by phone message on 18/1/16. However, he then received a letter on Saturday 23/1/16 stating that this appointment was cancelled and giving a new apt at QEUH on 23/1/16 at 0900. The letter arrived on 23/1/16 at approx. 1030hrs i.e. after his appointment time. I suggest that when you have to cancel clinics, especially at short notice, that you contact people by phone. This was a wasted appointment through no fault of my son's. Also, he had arranged to take leave from work to attend the original appointment, so the rescheduling has been very inconvenient. I know you can't always rely on medical staff to arrange their annual leave in good time, and that unexpected events do occur requiring them to change at short notice, but you need to make more effective arrangements to deal with the latter situation. Thank you.”

- Communication regarding treatment plans or discharge processes, with both patient and carers.

“Doctors/nurses not communicating what is happening with patient on a daily basis. My relative has been in hosp for 3 weeks and doctors from 2 different [...] need to communicate to ensure some treatment is started. Received the most information from A&E doctor 3 weeks ago. He told us someone would sit down with patient and relatives and discuss what was happening. but this has not happened...this needs to be addressed as this is people's lives and time is wasted on all sides by making silly mistakes due to lack of communication. My relative was taken for a scan yesterday and was to fast all day only to realise that he was on aspirin and couldn't have the scan. Patient time wasted and doctor's time plus another patient could have had this time for scanning.”

“Communication issues with family and cordia. Cordia told wrong discharge date. Family given inconsistent messages even on same day regarding date of discharge. It is impossible to get through to the ward by phone to check what is happening. Hospital does not phone the correct family contact number... My mum was all alone for about 1 hour when admitted via A & E whilst she was being booked in through ambulance door. Dad and I were asked to wait in reception with no info.”

“I recently experienced my by far worst time visiting your hospital on 7/3/16 to acute receiving unit. Lack of coordination, lengthy wait with very little communication...The unit was over crowded and many angry and worried fellow patients and carers who were frustrated at lack of information.”

The receiving units at the QEUH have now signed up to 'Always Events' which identifies the aspects of patient centred care that matters most to patients and their loved ones, and ensures that these are carried out for every patient, every time. These include areas of communication, for example, welcoming those defined by the patient as “family” and involving them in the care of the patient, and advocating for the patient and family in decision making to the extent that they choose. This is currently being piloted in the Immediate Assessment Unit and the Emergency Department.



### 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 January – 31 March 2016.

**Figure 3: Patient Opinion Feedback by Directorate 3<sup>rd</sup> Quarter 2015-2016**

Directorate	No. of Postings	Positive	Negative	Key Themes
South	31	17	14	<ul style="list-style-type: none"> <li>• Communication re appointments/ treatment plans</li> </ul>
North	14	5	9	<ul style="list-style-type: none"> <li>• Communication re appointments</li> </ul>
Clyde	14	6	8	<ul style="list-style-type: none"> <li>• Communication/ competence</li> </ul>
Facilities	7	1	6	<ul style="list-style-type: none"> <li>• Parking</li> <li>• Accessibility</li> </ul>
Diagnostics	2	-	2	<ul style="list-style-type: none"> <li>• Waiting times for test results</li> </ul>
Regional Services	9	6	3	<ul style="list-style-type: none"> <li>• Waiting time for appointments</li> </ul>
Paediatrics & Neo Natal	4	3	1	
Obstetrics & Gynaecology	6	3	3	<ul style="list-style-type: none"> <li>• Communication (inconsistencies of information)</li> </ul>
<b>TOTALS</b>	<b>87</b>	<b>41</b>	<b>46</b>	

47% of the stories shared on Patient Opinion in this period were positive. As with our other two methods of feedback, these positive comments are centred around positive interactions with staff.

In comparison with the GGC Patient Feedback system, Facilities-based comments make up a much smaller proportion of the negative feedback received at only 13%. Although there remains a high proportion of negative comments related to the South Sector, their comments in general are much more balanced towards the positives at 55%. Once again, Communication is a key aspect in the negative experiences of patients and carers.

Below are just two examples of stories shared during the period 1 January – 31 March 2016.

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

“Despite initial apprehensions about the provision of care at the QEUH, predominantly due to negative portrayals from the media and via word-of-mouth; I was pleasantly surprised by my experience in Ward 8A. I have had several experiences in hospitals throughout my lifetime, however this has, undoubtedly, been my happiest experience to date. The atmosphere created by the staff had been cheerful, welcoming and comforting, which is testament to their efficiency in their respective roles. I fully appreciate the strenuous nature of their jobs, not least because of the distance which they must travel in order to attend to service users in their individual rooms. Fortunately, I have always been greeted in a friendly and timely manner by individuals that seem to be extremely content in their roles. Consequently this has imparted a great deal of happiness and confidence in me and has helped assist my recovery, in preparation for discharge. Moreover, I cannot stress how impressed I have been with the ambience created in the ward, made possible by its excellent facilities.”

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

“I was an emergency referral by my GP to RAH in March 2016. I was admitted to ward 20 surgical referral for review of my condition.

I was extremely upset when I was advised there was no access to pain relief via pethidine either in tablet or injection form, the latter being the best to alleviate my acute pain. This was also the case in 2014 when admitted over 4 month period with same condition/ pain. Eventually during this period pethidine by injection was given to me, thankfully.

However yet again in 2016 I'm advised when presenting with acute pain I would need to take my own in tablet form therefore could probably go home. Too ill to go into my 2014 experience I just managed by taking more tablets contrary to as prescribed frequency/ hourly rate by the doctor's advice. The only alternative on offer again was morphine which makes my condition and pain worse.

Surely I can't be the only patient attending the RAH who can't take morphine? I am so concerned now home I intend to take matters further as I dread and fear being ill again. I now have a chronic condition so this is very likely. Also this hospital has a maternity unit and pethidine is widely used in maternity services.

I will discuss my concerns with the consultant when I see her next but in the meantime felt raising this issue was important in this forum.”

The Clyde Senior Management Team and Clinical Governance Group shared and discussed the issues presented in this feedback with regards to pain control at the Royal Alexandra Hospital. As a result of the feedback, they are now keeping a stock of pethidine in the Surgical Assessment Unit at the Royal Alexandra Hospital so that this can be accessed at any time as an alternative method of pain control for patients who need it.

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. There remains some inconsistency across all Sectors in respect to this performance indicator, although we are seeing significant improvements in some Sectors, for example Clyde and South. While secondary responses to positive stories are encouraged, priority should be given to those stories which are more critical. To further this objective, members of the Clyde Senior Management Team have started a pilot to manage their own Patient Opinion stories. This provides them with alerts to stories relevant to Clyde; the ability to respond directly to these stories (without coming through the Patient Experience Team); and the responsibility of liaising with other relevant staff to share the stories and gather information for further updates. It is hoped that this will increase visibility and accountability within the Sectors, and as such increase the number of Patient Opinion stories which result in specific improvements.