

**NHS BOARD MEETING**

Nurse Director

18 October 2016

Paper No: 16/65

**Patient Experience Quarterly Report – 1 April 2016 to 30 June 2016**

**Recommendation:**

The NHS Board is asked to note the quarterly report on Patient Experiences in NHS Greater Glasgow and Clyde for the period 1 April to 30 June 2016.

**Purpose of Paper:**

To note the methods used to identify opportunities to bring about service improvements for our patients from - :

- Complaints received
- SPSO Investigative Reports and Decision Letters
- Feedback opportunities
- Patient Advice and Support Service activities

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

**Key Issues to be considered:**

The NHS Board's performance in handling patient feedback and complaints, the use of complaints and feedback to drive service improvements and comments on the revised layout.

**Any Patient Safety /Patient Experience Issues:**

This directly relates to patient experience issues, as complaints are also a form of patient feedback. Themes have been identified and service improvements have been highlighted.

**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** – 12 October 2016

**NURSE DIRECTOR**

**QUARTERLY REPORT ON PATIENT EXPERIENCE**  
**1 APRIL 2016 to 30 JUNE 2016**

**Recommendations:**

The NHS Board is asked to note:

- the quarterly report on Patient Experience as captured by complaints and feedback in NHS Greater Glasgow and Clyde for the period 1 April 2016 to 30 June 2016.

**Introduction**

This report provides an insight as to how complaints, concerns, comments and feedback are used to bring about improvements in our services for our patients. The report includes performance data on complaints and feedback received throughout NHS Greater Glasgow and Clyde (GGC) for the period 1 April 2016 to 30 June 2016. It looks at complaints received at Local Resolution and by the Scottish Public Services Ombudsman (SPSO), detailed information on feedback received from three centrally managed feedback systems operating across NHS Greater Glasgow and Clyde, and areas of service improvements and ongoing developments.

This is the first report with a new presentational style of reporting and we would welcome NHS Board members' feedback/comments on how this information has been presented and whether other improvements could be made to future reports.

**1. Complaints**

**a. Process**

Complaints come from any person who has had, is receiving or wishes to access NHS care or treatment, has visited or used NHS services or facilities, or is likely to be affected by a decision taken by an NHS organisation.

There are different ways in which we will aim to resolve a complaint, from encouraging people to speak to a member of staff to address concerns at the time they occur, to conducting a formal investigation. If the complainant remains dissatisfied after the formal complaints process has been exhausted, they have the option of contacting the Scottish Public Services Ombudsman.

For more information about how complaints are handled, please see NHSGGC's Complaints Policy, which is available at: <http://www.nhsggc.org.uk/about-us/nhs-board/board-members-resource/>

**b. Formal Complaints: 1 April 2016 to 30 June 2016**

Table 1 shows the number of complaints received across NHSGGC between 1 April 2016 to 30 June 2016 and for comparison 1 January to 31 March 2016. Thereafter, the statistics in Table 1 relate to those complaints completed in the quarter so that outcomes can be reported.

**Table 1: Breakdown of Received and Completed Complaints**

	1 April 2016 – 30 June 2016		1 Jan 2016 – 31 March 2016	
	HSPCs (exc FHS)	Acute / Board	HSPCs (exc FHS)	Acute / Board
(a) Number of complaints received	528	541	460	550
(b) Number of complaints received and completed within 20 working days [national target]	465 (89%)	374 (69%)	411 (89%)	318 (58%)
(c) Number of complaints completed	485	610	441	439
(d) Outcome of complaints completed:-				
• Upheld	38	188	32	115
• Upheld in part	34	157	31	111
• Not Upheld	406	204	373	159
• Conciliation	0	0	0	0
• Irresolvable	3	5	0	4
• Unreasonable Complaint	0	0	0	0
• Transferred to another unit	0	5	0	1
•				
(e) Number of complaints withdrawn	4 <sup>1</sup>	51 <sup>2</sup>	5 <sup>1</sup>	49 <sup>2</sup>
(f) Number of complaints declared vexatious	0	0	0	0

1 April 2016 – 30 June 2016				
	Total	No Consent Received	Complainants no longer wished to proceed	Other
<sup>1</sup>	4	0	4	0
<sup>2</sup>	51	19	32	0

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

For this quarter, the overall NHSGGC complaints handling performance for complaints received and completed was 78%, which is above the target of 70%.

Although Acute/Board's performance remains just below the 70% target, it has increased by 11% compared to last quarter, suggesting the measures that were put in place to improve performance have been effective.

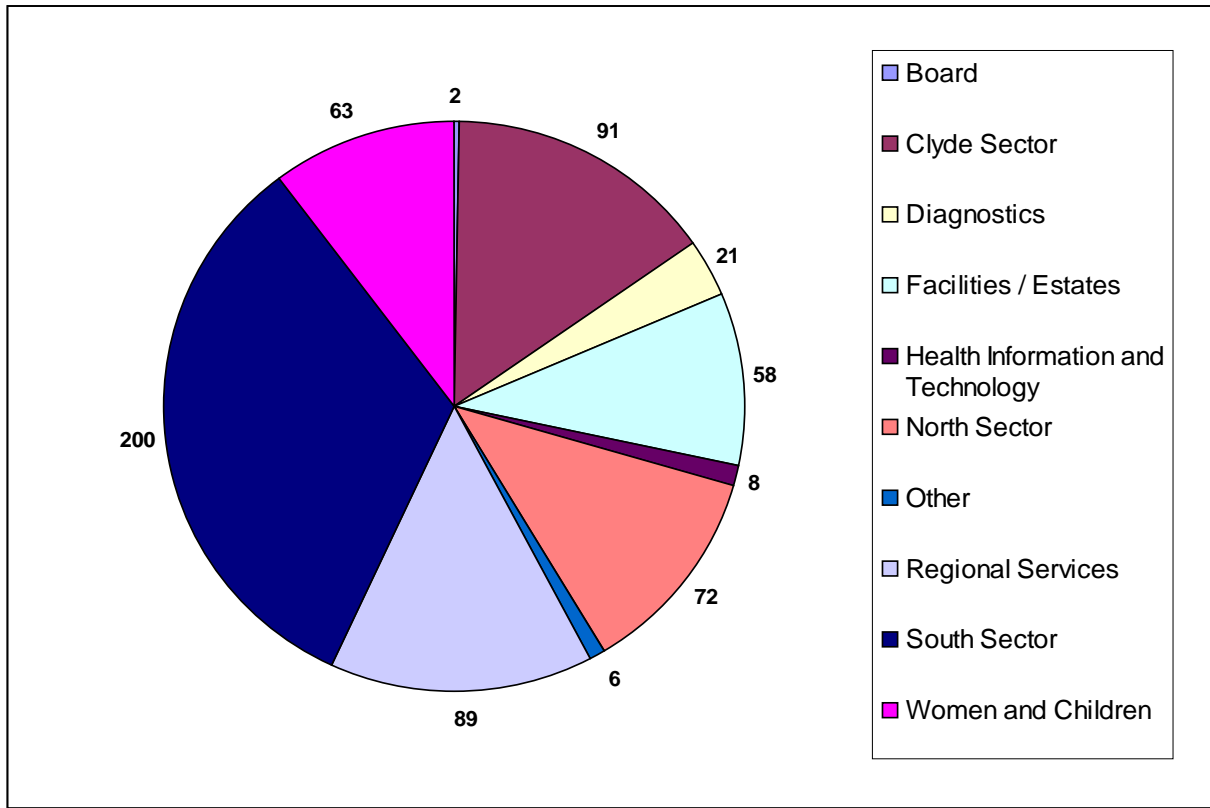
Consistent with previous quarters, the huge majority of complaints (92%) for HSPCs are related to those received by prisoners. This will be covered later in this report.

**c. Breakdown of Completed Complaints**

Detailed below in Charts 1 and 2 is an Acute/Board and HSCP breakdown of completed complaints within NHSGGC for the period 1 April – 30 June 2016.

i. By Sector

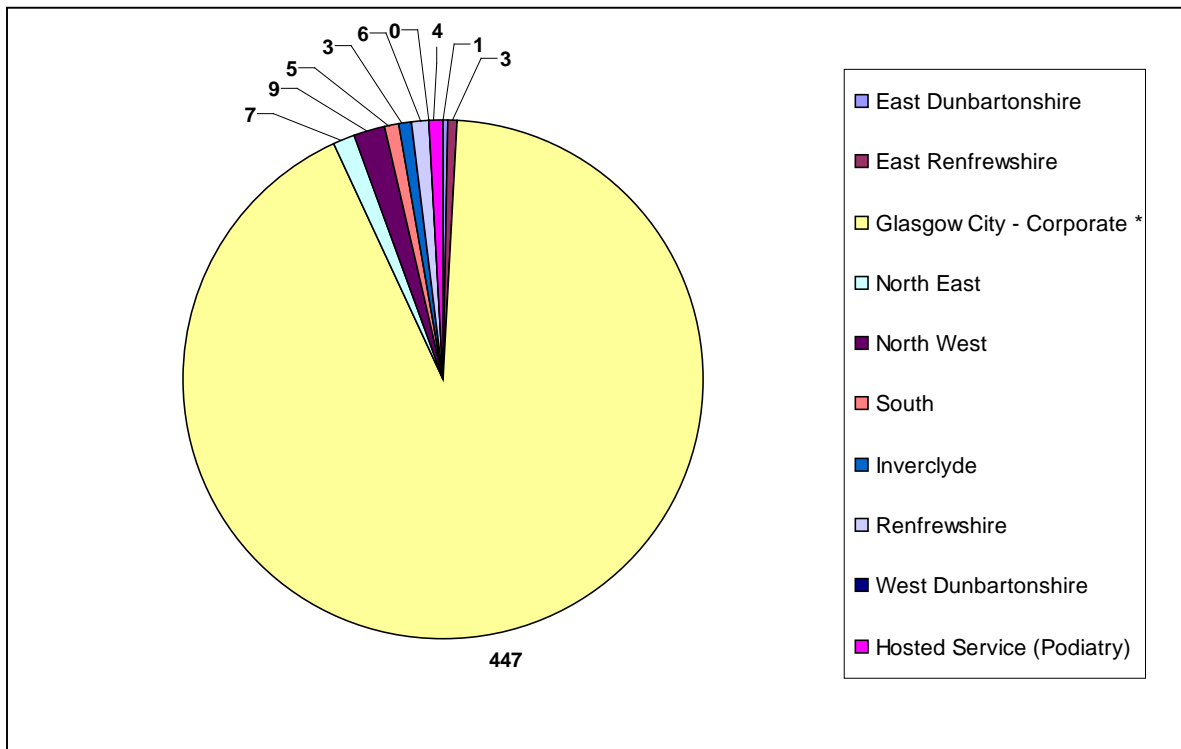
Chart 1: Breakdown of Completed Complaints – Acute / Board



Clyde Sector, South Sector and Regional Services experienced an increased number of complaints in comparison to the last quarter. For Clyde, both A&E (related to care and treatment) and Orthopaedics (related to waiting times) saw a rise in the volume of complaints which contributed to the over all increase. The latter is also true for the South Sector. For Regional Services, their increase also related to concerns about waiting times, in the main due to sewage ingress in the theatre suite of the Institute of Neurosciences, which resulted in cancellations of elective surgery. Early indications for Quarter 2 suggest the volume of complaints for this issue is falling.

For HSPCs, the breakdown of completed complaints is demonstrated in Chart 2.

**Chart 2: Breakdown of Completed Complaints – HSPCs**

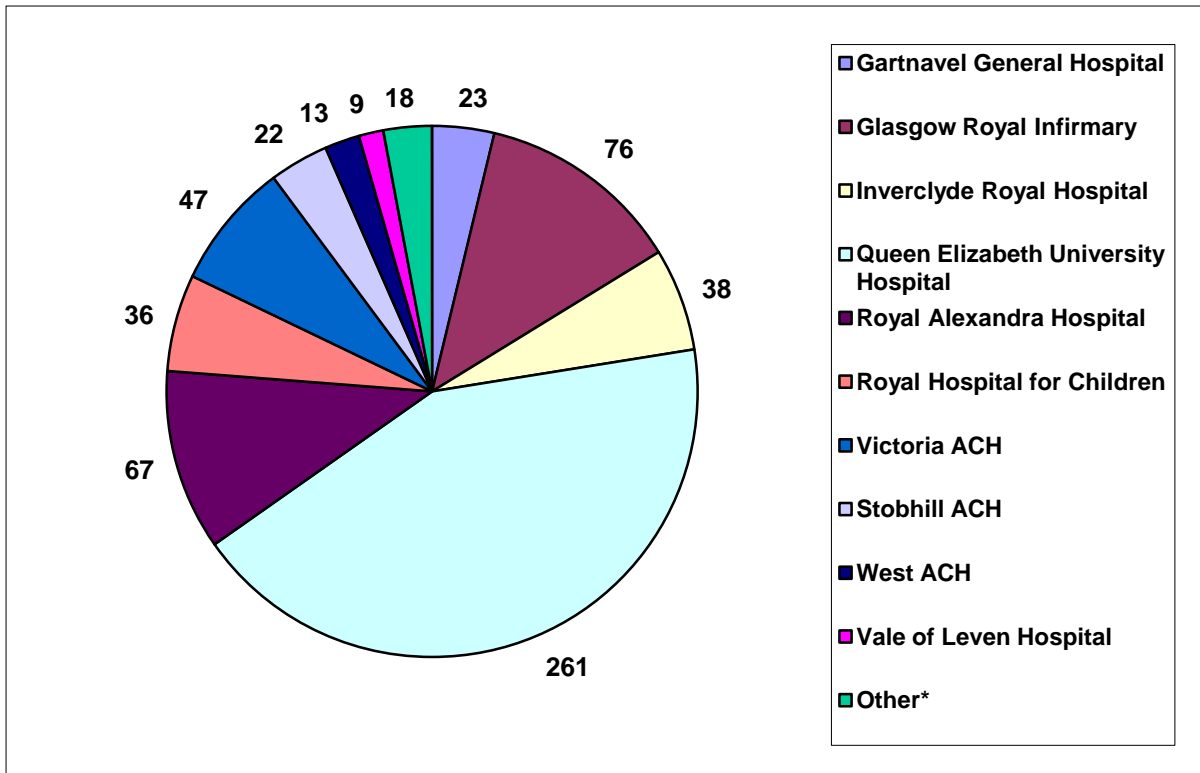


\*covers Forensic Services and Prison Health Care

**ii. By Location**

Detailed below in Chart 3 is an Acute Hospital location breakdown of completed complaints within NHSGGC for the period 1 April 2016 to 30 June 2016.

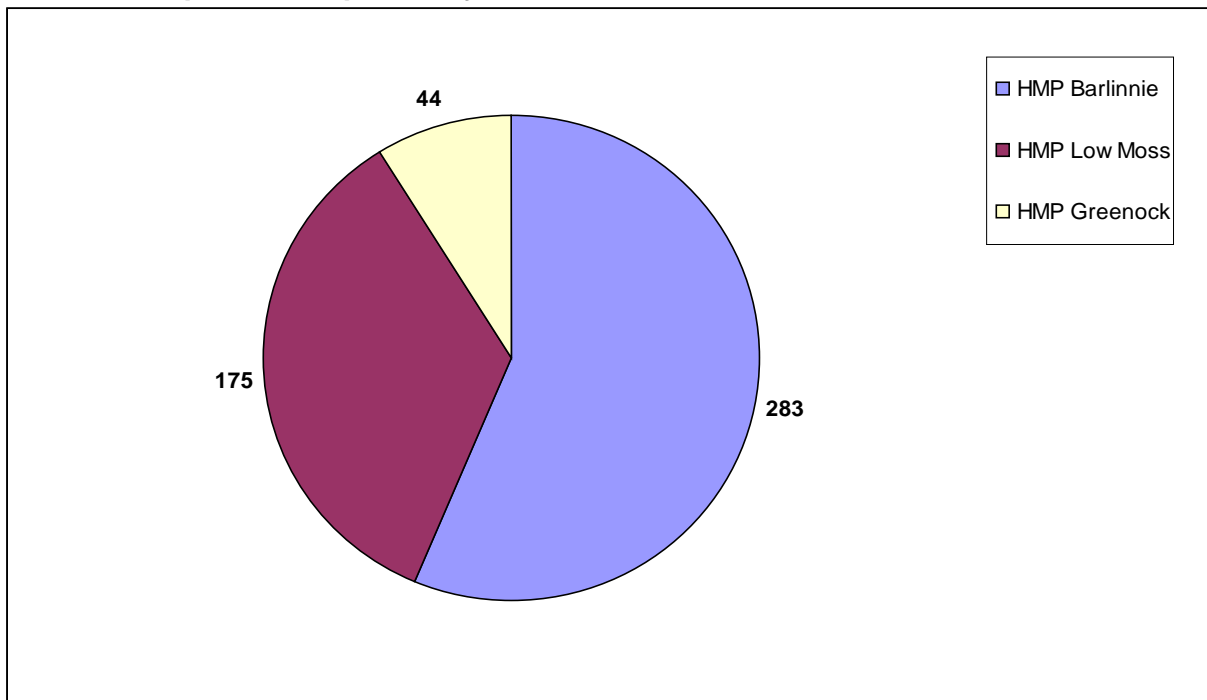
**Chart 3: Completed Complaints by Location – Acute / Board**



\*Other includes area such as The Beatson West of Scotland Cancer Centre, Drumchapel Hospital and Princess Royal Maternity Hospital.

For HSCPs, as noted earlier, 92% complaints come from prisoners. The chart below breaks down complaints by location for the HSCPs.

**Chart 4: Completed Complaints by Location – Prisons**



The number of complaints received for HMP Low Moss and HMP Greenock are similar to those received last quarter. There was, however, a large increase (50%) in complaints received from prisoners in HMP Barlinnie compared to last quarter. That said, it is important to note that such fluctuations in volume of complaints received by prisoners is the norm when looking at patterns over the last two years, and the number noted for this quarter is within normal limits. HMP Barlinnie also takes prisoners from other prisons when they are full and this can impact on number of complaints.

Responsibility for prison complaints sit with Glasgow City HSCP, and HSCPs review their own complaints in detail and the Prison Health Care Clinical Governance Group receive a full report on all aspects of complaints handling within prisons on a quarterly basis. The purpose of including information on prison complaints within this report is to highlight performance and handling at a high level and bring it all together on a Board wide basis.

#### d. Issues, Themes and Staff Type

Tables 2 and 3 below show the issues and themes of complaints by staff group for completed complaints. Please note that there can be more than one issue / type of staff named in a complaint, so the total will not equal the number of complaints completed.

The issues, themes and staff types listed are recognised categories by Information Services Division.

**Table 3: Issues and Themes by Staff Group – Acute / Board**

	Medical	Nurses	Allied Health Professionals	NHS board / hospital admin staff	Other	Total
Attitude and Behaviour	36	37	0	8	4	87
Shortage/Availability	0	2	0	1	2	5
Communication (written)	12	2	0	11	0	25
Communication (oral)	30	26	2	16	3	77
Competence	3	4	0	1	0	8
Date of Admission/Attendance	23	0	0	21	0	44
Date for appointment	39	2	2	11	5	59
Test results	9	0	1	3	0	13
Admissions / Transfers / Discharge procedure	0	1	0	1	0	3
Outpatient and other clinics	7	1	1	2	2	13
Premises	0	0	0	1	15	42
Aids / appliances / equipment	0	1	0	1	0	8
Catering	0	0	0	0	2	5
Cleanliness / laundry	0	2	0	0	1	11
Patient privacy / dignity	1	0	0	0	0	1
Patient property / expenses	0	3	0	0	1	7
Bed shortages	2	0	0	1	1	5
Failure to follow agreed procedures	1	0	0	0	0	1
Policy & commercial decisions of NHS board	2	0	0	5	2	9
Mortuary / post mortem arrangements	0	1	0	0	0	1

<b>Clinical treatment</b>	212	80	12	10	21	<b>335</b>
<b>Consent to treatment</b>	2	1	0	0	0	<b>3</b>
<b>Transport</b>	1	3	0	0	0	<b>4</b>
<b>Other</b>	0	0	0	1	0	<b>1</b>

The three biggest causes of concern were: clinical treatment, attitude and behaviour and communication (oral). Within these, a concern about the lack of coordination of medical care, staff attitude and lack of clear explanations were the worries which generated most concern.

**Table 4: Issues and Themes by Staff Group – HSPCs**

	AHPs	Ancillary Staff/ Estates	Consultant/ Doctors	Dental (Prisons)	GP (Prisons)	NHS board / admin staff	Nurses	Opticians (Prisons)	Total
<b>Admissions / Transfers / Discharge procedure</b>	0	0	2	0	0	0	0	0	<b>2</b>
<b>Aids / appliances / equipment</b>	0	0	1	0	0	0	0	0	<b>1</b>
<b>Attitude and Behaviour</b>	3	0	4	0	7	1	16	0	<b>31</b>
<b>Catering</b>	0	0	0	0	0	0	1	0	<b>1</b>
<b>Clinical treatment</b>	10	0	10	4	223	0	135	0	<b>382</b>
<b>Communication (oral)</b>	3	0	4	0	1	1	5	0	<b>14</b>
<b>Communication (written)</b>	0	0	0	0	0	0	1	0	<b>1</b>
<b>Competence</b>	0	0	0	0	0	0	2	0	<b>2</b>
<b>Complaint Handling</b>	0	0	0	0	0	0	5	0	<b>5</b>
<b>Date for Appointment</b>	1	0	0	49	22	0	32	1	<b>105</b>
<b>Date of Admission/Attendance</b>	0	0	0	0	1	0	0	0	<b>1</b>
<b>Failure to follow agreed procedures</b>	0	0	0	0	0	0	2	0	<b>2</b>
<b>Outpatient and other clinics</b>	1	0	0	0	0	0	0	0	<b>1</b>
<b>Patient privacy/dignity</b>	1	0	0	0	0	0	1	0	<b>2</b>
<b>Premises</b>	2	11	0	0	0	0	0	0	<b>3</b>
<b>Test results</b>	0	0	0	0	2	0	3	0	<b>5</b>
<b>Other</b>	0	0	0	0	0	0	0	0	<b>0</b>

As Board members will see, the biggest areas of concern within the HSPCs was clinical treatment and date for appointment. Again, it is important to note that these themes are largely representative of prisoner complaints given that is where the huge majority are from.

#### **e. Complaints Received by Doctors, Dentists, Community Pharmacists and Opticians**

As part of the Patient Rights (Scotland) Act 2011, all independent primary care contractors are 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.

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.

The purpose of reporting primary care contractor complaints within this paper is again to give a high level, Board wide overview. The intention is for more detailed reporting on these areas to be completed locally at HSPC level.

Detailed below in Table 5 is a breakdown of complaints received by Doctors, Dentists, Community Pharmacists and Opticians within NHSGGC for the period 1 April 2016 to 31 June.

**Table 4: Complaints Received by Doctors, Dentists, Community Pharmacists and Opticians**

	1 April to 30 June 2016			
	GPs	Dentists	Opticians	Pharmacists
a) Number of complaints <b>received</b>	295	59	16	165
b) Number of complaints acknowledged <b>within</b> 3 working days and %	295 (100%)	Not gathered	16 (100%)	105 (64%)
c) Number of complaints responded to <b>within</b> 20 working days and %	291 (99%)	54 (92%)	16 (100%)	160 (97%)
d) Number of complaints responded to <b>out</b> with 20 working days and %	4 (1%)	2 (3%)	0 (0%)	1 (1%)
e) Still Open	0	3	0	4
f) Outcome of completed complaints:-				
• Upheld	83	9	5	152
• Partially Upheld	72	6	3	3
• Not Upheld	126	41	7	8
• Irresolvable	14	3	0	2
g) Alternate Dispute Resolution Used	0	0	0	0
h) Number of SPSO Decision Letters / Investigation Reports <b>received</b>	0	0	0	3

c + d + e = a

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

#### **f. Scottish Public Services Ombudsman (SPSO)**

Where a complainant remains dissatisfied with a Local Resolution response, they may write to the SPSO. Table 5 below reports shows the points the NHS Board may become aware of during the Ombudsman's involvement in a case in the last quarter.

**Table 5: SPSO**

	<u>HSPCs</u>	<u>FHS</u>	<u>Acute / Board</u>
<b>(a) Notification received that an investigation is being conducted</b>	5	0	0
<b>(b) Notification received that an investigation is not being conducted</b>	3	0	12
<b>(c) Investigations Report received</b>	0	0	0
<b>(d) Decision Letters received (often the first indication in respect of FHS complaints)</b>	7	4	15

**Investigation Reports**

There were no Investigation Reports laid before the Scottish Parliament and published by the Ombudsman in this quarter in relation to NHSGGC.

**Decision Letters**

There were 26 Decision Letters issued by the Ombudsman in this quarter in relation to NHSGGC:

- 15 related to the Acute Services Division. In these, 25 issues were investigated (8 issues were upheld, 17 issues not upheld and 30 recommendations made).
- 7 related to Partnerships. In these, 13 issues were investigated (6 issue was upheld, 7 issues not upheld and 9 recommendations made).
- 4 related to Family Health Services. In these, 5 issues were investigated (3 issues were upheld, 2 issues were not upheld and 4 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.

**Annual Statistics**

The annual letter with statistics was received by the SPSO on 25<sup>th</sup> August 2016. Between 2015/14 and 2015/16, there was a decrease of 5.8% (24.3% to 18.5%) of premature complaints in NHSGGC (complaints that were escalated to the SPSO before the local complaints process was completed / exhausted). Whilst this is positive, please bear in mind that we have no control over when a complainant chooses to contact the SPSO.

In those same years, there was also a 2.6% decrease (57.9% to 55.3%) in the number of cases that the SPSO upheld following investigation.

A copy of the letter and the statistics is available at: <http://www.nhsggc.org.uk/about-us/nhs-board/board-members-resource/>

**g. Patient Advice and Support Service (PASS)**

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. For more information, please go to: [www.patientadvicescotland.org.uk/](http://www.patientadvicescotland.org.uk/)

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

- There were 208 clients  
There were 562 enquiries
- 8% of enquiries were dealt with by Generalist Advisers
- 97% of enquiries were dealt with at Level 3 or above (indicating more complex a case requiring more support and input)

The most frequently recorded feedback, comments, concerns and complaints are listed below:

- Service Area: 54% were about Hospital Acute Services
- Hospitals/Localities: 50% were about the Queen Elizabeth University Hospital
- Health and Social Care Partnerships: 52% were about Glasgow City HSCP
- Staff Group: 51% were about Hospital Consultants/Doctors
- NHS Advice Code: 41% 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 Administration and Board Complaints Manager) in order to monitor and ensure continued publicity of the PASS. The Group meets quarterly and has a lay representative.

## **h. Current Issues**

### **i. National Complaints Handling Procedure**

A new national model complaint handling policy will be introduced across NHS Scotland on 1 April 2017. This new policy brings some changes to current practices. The most notable change is the expectation that rather than proceeding straight to an investigation, a proportion of complaints will now be resolved informally within 5 working days of receipt, with the option to extend to 10 working days if required.

In NHSGGC, we are proactively preparing for and making the changes, with the aim that the new policy is already operational by 1 April 2017. To achieve this, an action plan has been prepared and tasks from this are currently underway.

### **ii. PASS contract**

As Board Members are aware, the current providers of the PASS are Citizens Advice Scotland, however, the contract for the service is currently going through a re-tendering process. It is expected that the successful bidder will be announced at the beginning of November 2016, and will begin providing the PASS on 1 April 2017.

### **iii. Audit**

The complaints department is currently undergoing an internal audit, conducted by Price Waterhouse Coopers. In addition to focussing on current practice, the audit is also taking into account how prepared NHSGGC is for the adoption of the new national complaints policy, effective from 1<sup>st</sup> April 2016. The audit will be complete by the end of October and the outcome will be reported to the Audit Committee.

### **iv. Participation Standard 2014/15**

In December 2015, the Quarterly Complaints and Feedback Report advised that the Scottish Health Council (SHC) had written to the NHS Board's CEO to advise that they

had completed a final analysis of NHSGGC's self assessment as part of the Participation Standard and agreed that the Board was operating at Level 1 (developing) against Standard 1 (Patient Focus) and Standard 3 (Governance).

The SHC Report for NHSGGC identified some service improvements. Work has been completed or is in progress with this. For example, a number of prisoner focus groups have taken place to help explain the complaints process, and other ways available to resolve issues. In addition, work is currently in progress to produce a complaints satisfaction questionnaire. The final outcome against the service improvements will be reported to the NHS Board in a later Quarterly Patient Experience report.

#### iv. ISD Annual Complaints Report

On 4<sup>th</sup> October 2016, the Information Services Division (ISD) of NHS National Services Scotland published its annual report for NHS Scotland complaint statistics. Some key points in relation to NHSGGC's performance were:

- For Scotland, the median time taken to deal with complaints was 18 working days in 2015/16. NHSGGC had the lowest median time at 13 working days
- The largest percentage of complaints not upheld was in NHSGGC (59%)
- NHSGGC's prison complaints fell by 5% compared to the previous year.

The full report is available at: <https://isdscotland.scot.nhs.uk/Health-Topics/Quality-Indicators/Publications/2016-10-04/2016-10-04-Complaints-Report.pdf>

## 2. Feedback

### a. 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 Patient 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 question's 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.

**Table 6: Universal Feedback Positive Responses - 1 April to 30 June 2016**

Sector	% Extremely likely to recommend	% Likely to recommend	Overall % positive score	Number of responses	Praise	Comments or Suggestions
Clyde	78%	19%	97%	993	907	86
North	77%	20%	97%	582	512	70
South	89%	10%	99%	905	843	62
Regional	98%	1%	99%	151	146	5
Obs & Gynae	89%	10%	97%	400	357	43
<b>TOTAL</b>	<b>86%</b>	<b>12%</b>	<b>98%</b>	<b>3031</b>	<b>2765</b>	<b>266</b>

Patients are also invited to leave a short commentary on their experience, which allows us to identify themes within the data. 91% of the comments received were positive, with the vast majority centred around praise for staff. A few examples were:

- “Staff were attentive and if buzzer pressed always responded quickly, staff always asking if there is anything you need and if you are comfortable.” RAH, Ward 11
- “This is my second child and my second delivery at the Royal. My experience this time has been excellent. Last time was good but I have found the staff to be really professional and supportive and more patient than last time. Even when I have heard other mum’s be difficult or demanding, the responses have been thoughtful and caring. Follow up care from all has been outstanding.” PRM, Ward 72.
- “A real team spirit felt at every level. Was delighted by the care I witnessed being given to an elderly unresponsive patient. The essence of kindness, consideration and excellent nursing.” Ward 63, GRI
- “The standard of cleanliness is very high. Food is enjoyable and well presented.” Ward 32, RAH

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.

A perception of understaffing, or staff being overworked was still a theme of the negative comments during this period, however it is worth noting that month to month we are receiving less comments in this regard. Many of the comments describe staff who work well ‘despite’ how understaffed or busy they are, however some reflect on the impact that this has on the quality of interactions that staff are able to have with their patients:

“No communication between staff and patient too much paper work. Staff don’t have the time anymore.”

“Don’t see enough of nurses, they are too busy with paperwork.”

“I felt they were too busy to attend to everyone’s needs as urgently as they could. No fault of their own.”

“Staff all extremely helpful however staff to patient ratio was challenging on occasion.”

The roll out of Universal Feedback is now complete in Acute inpatient wards and so focus will now concentrate on increasing the consistency of response rates through targeted support for wards where responses are low and increased promotion of the availability and results of Universal Feedback through public channels. Response rates are monitored through the Board’s Patient and Carer Experience Group.

### **b. 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 April – 30 June 2016.

**Table 7: NHS GGC On-Line Patient Feedback by Directorate - 1 April to 30 June 2016**

<b>Sector / Directorate</b>	<b>No. of Postings</b>	<b>Positive</b>	<b>Negative</b>
<b>South</b>	84	44	40
<b>North</b>	31	17	14
<b>Clyde</b>	31	22	9
<b>Facilities</b>	44	5	39
<b>Diagnostics</b>	6	2	4
<b>Regional Services</b>	10	9	1
<b>Hospital Paediatrics &amp; Neo Natal</b>	16	10	6
<b>Obstetrics &amp; Gynaecology</b>	14	5	8
<b>TOTALS</b>	<b>235</b>	<b>114</b>	<b>121</b>

The two most commonly raised issues remain Facilities and Communication. Both of these can be broken down further, detailed below.

The three Facilities-based issues most commonly raised are maintenance, parking and smoking, all of which have been raised previously and reflect ongoing negative experiences in those areas. The numbers in this period however are smaller than in those previous, therefore this will continue to be monitored to see if this will be a continuing trend.

As with Patient Opinion, communication is the single biggest theme for improvement presented by patients and carers using NHSGGC Online Feedback. This can be broken down into the two distinct parts which have already been discussed; communication issues around appointments; and communication around care or treatment plans. Some examples from the NHSGGC Online Feedback system of both positive and negative experiences in this regard are provided below:

“My mum, who is nearly 78, received a letter with her appointment. Unfortunately she needs to change it and the letter says either phone or email to change the appt. The letter did not include either a telephone number or email address for the medical day unit - very confusing and not helpful at all. She eventually phoned 6 different people until she got a phone number but the phone was never answered. And we can't find an email address anywhere. Sort it out!”

“Arrived at the hospital early morning to be admitted for operation having not eaten in preparation. My operation was cancelled after I waited a few hours. Informed of this but no offer of water, tea or food or a conversation about how I was going to get home without money or transport as I had not got money with me or keys to my house as I was due to be staying in hospital after the operation. I feel more could have been done regarding this by the staff when they told me operation was cancelled.”

“The patient at end of life stage should have their name correctly spelled on the board behind the bed. It's very distressing for visitors to see both the forename and surname incorrectly spelled, as if the patient is no longer a person. They still matter. End of life patients who are not going to a hospice or back home, i.e., are likely to die on the ward, should be allowed (if they want) flowers, visitors at any time of the day, to listen to their choice of music. Patients at end of life should be under the care of a specialist palliative nursing team.”

“I had to attend the Queen Elizabeth as an urgent GP referral through the MAU. Having to talk to the back of the nurse's head in the MAU was annoying considering she was asking me questions with her back to me. Thankfully, I was quickly moved on to the DVT clinic where my treatment was incredible with polite cheerful staff and an extremely helpful and reassuring Senior Charge Nurse. His staff obviously take their lead from him and the clinic is friendly, efficient and the staff are knowledgeable which gave me lots of confidence that I was receiving the correct treatment. The Senior Charge Nurse went out of his way to ensure that I had my scan as soon as possible as I was in pain and feeling unwell. Thank you very much for the treatment I received and I really wish more departments had your work etiquette.”

“Good Morning I was a patient in ward 9B for 10 days at the beginning of March 2016, I just wanted to provide some feedback on the patient experience I received. Without exception all of the nurses and staff on the ward are fantastic, very caring and understanding. I had never been in hospital before and their patience and care completely reassured me. I must mention specifically Scott McNeil or ONeil who looked after me when I felt my worst, he was caring, professional, empathetic and reassuring and I could tell that his profession is certainly more than a job to him. The consultants who visited daily were again caring, empathetic and informative. The ward staff were friendly and understanding, all in all my hospital stay was much better than any previous expectations I would have had, minus the illness!”

### **c. 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.

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.

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 April to 30 June 2016.

**Table 8: Patient Opinion Responses - 1 April to 30 June 2016**

Directorate	No. of Postings	Positive	Negative
South	24	10	14
North	15	4	11
Clyde	18	6	12
Facilities	5	2	3
Diagnostics	2	-	2
Regional Services	3	1	2
Paediatrics & Neo Natal	1	1	-
Obstetrics & Gynaecology	10	5	5
<b>TOTALS</b>	<b>78</b>	<b>29</b>	<b>49</b>

Communication remains a key component of the negative feedback received through Patient Opinion and the above chart shows this broken down between communication about treatment or care plans with patients and/ or carers; and communication with regards to the appointment system, for example delays in receiving appointments or issues with appointment letters.

An implied negativity around staff attitude and behaviour was more prevalent in this period than previously. An example of this and how a service has responded to this is detailed below, along with examples of the two types of communication issue described above.

#### **One example of issues regarding appointments from a carer:**

“My mother has been waiting for a gynecology scan since mid March when she was admitted to hospital as an emergency. Today she received, by post, an appointment at the New Victoria Infirmary, but the appointment was for 3 days ago. The letter was dated two weeks ago. She failed to get past the automated phone system to a human using the number on the letter to explain what had happened and had to find another phone number for the hospital. On getting through the person on the phone was unsurprised and said their new postal system was problematic. As she has an appointment with a gynecologist in early May, she is keen the scan is taken and reported on prior to then or that will be a second wasted hospital appointment. My mother is in her eighties and is the main carer for my father who has multiple health problems so worrying about her own health is creating her a lot of anxiety and this fiasco re appointments is not helping.”

Further correspondence took place directly with the author who advised that her mother’s appointment at the gynecology clinic did indeed arrive before her scan date. She confirmed that staff at the clinic were ‘very helpful and were able to undertake ultrasound exams at the appointment and reassure her there and then’ before cancelling the subsequent scan date. Although this was handled well by the staff on the day to prevent further delay for the patient, her daughter reflected that ‘the system for arranging and sending appointments is the aspect that needs attention.’



### **One example of an issue regarding communication from a patient:**

“This is about not seeing the consultant and having a registrar who doesn't have all your info.

I went to my rescheduled appointment to see my Breast surgeon only to taken late by a registrar who took only a minute to check my left breast and did not bother checking the scar on the right side. The registrar told to make an appointment for a year's time and that I wouldn't need a mammogram. I asked about the breast reduction I was told last year. The registrar said I would need to get my body mass down to 30 and even at that I should level out. Since I had taken off 2 stone from the first time I had cancer and I was still the same bra size. I feel that I have been let down as I have been waiting over a year hoping that I would be getting my breast reduction.”

### **One example of an issue regarding staff attitude and behaviour from a patient:**

“I attended the Vale of Leven hospital for a planned appointment. I was told off by a member of the nursing team for being early for my appointment (I was only 25 minutes early).

The attitude of the member of staff was not nice and said this with a raised voice while others were sitting. This is the second time this has happened.

I left this department feeling I want to not attend future clinics. It seems obvious that they have no consideration that patients need to come by public transport and may be early.”

Following this feedback, the Lead Nurse and Service Manager for the clinic shared this feedback with the clinic team. They asked that an apology be extended to the patient, but also helped them to reflect on how they give information to patients who arrive early about the order of appointments in clinics and they now describe that differently to ensure a welcome is extended and assured to every patient.

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 requested to provide an additional, secondary response with further information, or detail on what they have done as a result of this feedback. The focus on this as an improvement objective via the Patient and Carer Experience Group has increased awareness of this method of feedback and the requirement for transparency in responding to issues shared on it. As a result, secondary responses have increased, and 33% of stories on Patient Opinion in this period have a further update from the service (up from 18% in February/ March).

## **3. 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. The table below indicates work that is underway in each of the Acute sectors to make service improvements as a result of complaints and feedback:

**Table 9 - Improvement Work by Acute Sector**

<b>Sector / Directorate</b>	<b>Improvement Work</b>
<b>Clyde</b>	The local Patient and Carers Experience Group has been established and has met twice. The first meeting was an open invitation to staff to find out about the patient experience agenda. Approximately 50 to 60

	<p>staff attended the event. Staff were also challenged to improve Universal Feedback uptake. At the second meeting, the work plan and priorities were discussed, as well as complaint themes such as patient and visitors not being able to speak to staff.</p> <p>Following on from an information audit, Clyde are now 'Watching Our Door's – whereby they are making entrances to wards more 'friendly'.</p> <p>Clyde are working with the Voluntary Services Team with a view to increasing volunteering within Clyde.</p> <p>One significant gap within Clyde is that none of the sites have Support Information Services (Patient Information Centres) and this was highlighted at the 'What Matters To Me' event at the Royal Alexandra Hospital.</p> <p>The Director and a General Manager within Clyde are now responding directly to postings on Patient Opinion.</p> <p>The Sector is working with Facilities colleagues regarding Customer Care training as this seems to be a recurring theme.</p> <p>It is anticipated that each Clinical Governance Meeting will commence with a Patient Story.</p> <p>Clyde will also be rolling out i-Matters, which is a staff experience continuous improvement tool designed with staff in NHSScotland, to help individuals, teams and Health Boards understand and improve staff experience. This is being led through the local Patient Carer Experience group.</p>
<b>Diagnostics</b>	<p>Diagnostics also have their own Patient and Carer Experience Group which is chaired by the Associate Medical Director. Feedback from patient surveys had highlighted 2 complaints about lack of tea/coffee in the department. However, it was reiterated that all departments have water coolers.</p> <p>There will be a Diagnostic Symposium on the 8<sup>th</sup> November and a poster is being developed about positive feedback.</p>
<b>Property, Procurement and Facilities Management</b>	<p>The local Patient and Carer Experience Group has been re-established and the terms of reference and membership reviewed.</p> <p>The monthly reports will now be managed centrally via the Corporate Team who will take the lead to distribute, coordinate responses and monitor the actions. This ensures the consistency of responses. This new process is working well and the directorate can now demonstrate clear progress.</p>
<b>North</b>	<p>The local Patient and Carer Experience Group has been established and it is acknowledged that the sector needs to improve Universal Feedback uptake.</p> <p>Les McQueen (Learning and Education Advisor) is delivering Attitudes, Values and Behaviours training as feedback has indicated that staff attitudes and behaviours are ongoing issues.</p>

	<p>John Barber, the Patient Experience Patient Experience, Public Involvement Manager is supporting the North Sector to undertake a Way finding project within Glasgow Royal Infirmary.</p> <p>A carers audit has been completed in Ward C at Stobhill Hospital and an action plan developed.</p> <p>The North have also developed posters to encourage Patient Feedback. This includes photographs of John Stuart (Chief Nurse); Jonathan Best (Director) and Chris Deighan (Chief of Medicine). These are available at hospital entrances.</p> <p>A volunteering thank you event was held on Monday 29<sup>th</sup> August to show our appreciation to the volunteers for giving up their time.</p> <p>The North Sector are also working with MacMillan to establish an information pod at Glasgow Royal Infirmary. They are also working together to provide a Bereavement Service.</p>
<b>Regional Services</b>	<p>As with other sectors / directorates, Regional Services also has a local PACE group in place.</p> <p>Regional Services recently appointed a new Chief Nurse, who has met with the Board Complaints Manager and other members of the complaints team in order to identify ways to improve complaints handling in a more strategic way.</p> <p>The Board Complaints Manager has also met with a General Manager and Service Manager within Regional Services to support improvement work and to discuss practical tools which will assist in investigating complaints.</p> <p>An example of some specific work that has taken place in Regional Services as a result of feedback and complaints is a recent service improvement to chemotherapy waiting times in the Beatson West of Scotland Cancer Centre.</p>
<b>South Sector</b>	<p>When the Scottish Government gave funding for the building of the Queen Elizabeth University Hospital (QEUH), as part of the Gateway Review Process, they asked NHSGGC to state the benefits they expected to realise as a result of the additional investment in the hospital. Therefore, a patient satisfaction survey was undertaken in 5 wards in the tower block of the QEUH in May 2016, covering a range of floors and specialities and in total 55 patients were surveyed. Patients were asked to what extent they agreed with ten aspects stakeholders had asked to see in the adult single rooms. The lowest average rating was 3.66 (between neutral and agree) for opportunities for patient socialisation, and the highest was 4.67 (between agree and strongly agree) for privacy, noise levels and comfort.</p> <p>The South Sector has also established a PACE Group. In addition, the Senior Management Team have met to develop a work plan including improving the uptake of Universal Feedback.</p> <p>Following some complaints within the Geriatric Orthopaedic Rehabilitation Unit (GORU) at Gartnavel General Hospital, patient feedback will be gathered before making any changes to the Unit.</p>

	<p>Ward 52 at the Queen Elizabeth University Hospital is establishing a carers forum.</p> <p>There are some fold away beds available for family members who wish to stay with the patient (for palliative care patients or patients with dementia).</p>
<b>Women and Children's Services</b>	<p>Women and Children's are responding to their own Patient Opinion posts and Patient Opinion is a standing agenda item at the Directorate Management Team Meetings.</p> <p>The Directorate are implementing the 'Welcoming Ward' and What Matters to Me has been rolled out within paediatrics. They also had a very successful What Matters to Me Day.</p> <p>The Royal Hospital for children is also planning a Listening Hospital event in September 2016.</p>

In addition to the above, below are some specific examples from each Acute Sector / Directorate and HSCP of service improvements as a result of individual complaints in the last quarter.

## **Acute**

### **Clyde Sector – Occupational Therapy – Partially Upheld**

Patient complained that Occupational Therapy (OT) staff did not fully grasp needs when being discharged, and also for a delay and lack of communication about OT equipment delivery.

As a direct result of this complaint, the service changed their policy in conjunction with the community team to ensure that it is highlighted if equipment will not be available on the date requested so that this can be taken into account when planning discharge and the patient can be updated. The patient wrote to us following receipt of the response to say thank you and that they were pleased that this was the outcome of the complaint.

### **Diagnostics – Radiology – Fully Upheld**

Patient who attended for an MRI scan complained that they had to walk between departments and therefore past members of the public whilst wearing a hospital gown.

The service apologised and noted that they fully agreed with the comments made. Although the layout of the department was a contributing factor to this, the service confirmed they had put in place a curtain partition between the reception desk and trolley bay area to assist with this issue and allow patients a greater degree of privacy.

### **Facilities – Maintenance – Fully Upheld**

Patient complained that a relative fell whilst an inpatient, and felt this was due to there being no handrails in the toilet.

As a direct result of the complaint, facilities colleagues recommended that a freestanding frame was put into that particular bathroom. This was agreed with a physiotherapist and the Clinical Services Manager for that ward and taken forward.

### **North Sector – Colonoscopy – Fully Upheld**

A patient was sent appointment for colonoscopy. The patient prepared for the appointment, and discovered on arrival that there was no requirement for the procedure to be carried out.

On investigation, it was discovered that the appointment was sent to the patient in error. The patient had previously been added to the repeat waiting list for a 5 year follow up, but in-between times had undergone surgery which made endoscopy unsuitable for the future and that any future investigations would be done via CT imaging.

This error was highlighted to the staff involved, and a review of the process took place. This included updating and circulating guidance to staff who managed repeat waiting lists.

#### **Regional Services – Oral Maxillofacial Surgery – Fully Upheld**

A relative of a patient complained regarding delay and lack of contact following a referral for feminisation surgery.

Upon investigation, it was noted that the referral was appropriately rejected, but this had not been communicated with the service. The service apologised unreservedly, and confirmed that as a result of the complaint, the process for handling these types of referrals was being reviewed to ensure that a similar incident did not happen again in the future.

#### **South Sector – Urology – Partially Upheld**

Patient's relative was concerned that further tests were not arranged given the symptoms experienced.

As part of the investigation into the complaint, a clinical review was undertaken by a Consultant Urologist. The Consultant confirmed that the symptoms demonstrated should have raised clinical suspicion. Although the doctor involved with the care followed national guidelines, the Consultant reviewing the care felt that an urgent CT scan was clinically indicated and would have identified the underlying problem at an earlier stage.

As a result of the complaint, the service undertook a review of their local guidelines in order to ensure a similar incident did not recur in the future.

#### **Women and Children's Services – Obstetrics – Fully Upheld**

A patient raised concerns about care following the loss of her baby.

The service offered their sincere condolences and apologised wholeheartedly for the concerns. As a direct result of the complaint, an additional checking mechanism was introduced within Labour Ward whereby parents' wishes are reviewed prior to the baby being transferred to the Mortuary.

### **HSCPs**

#### **East Renfrewshire HSCP – Mental Health Services - Partially Upheld**

Complainant was concerned about a member of staff and their conduct whilst completing a home visit unannounced and putting the complainant in an awkward position.

The Service Manager met with the patient and an apology was given. East Renfrewshire HSCP will continue to work with all the Community Psychiatric Nurses during their supervision and training and development opportunities to ensure that they are mindful of their language and communication skills.

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

Complainant was concerned about the delay in receiving prescribed medication.

Actions from this complaint were that Practitioner Nurses, when returning from hall clinics, should ensure and double check that all medications which have been prescribed are ordered from pharmacy. Clinical Managers/Senior Nurses responsible for clinical care

should on a daily basis check with Primary care staff the outcome of consultations and support protected time for staff to complete necessary administration. Issues regarding record keeping should be raised and recorded during supervision with Practitioner Nurses.

**Glasgow City HSCP (North East Sector) – Administration Services – Fully Upheld**

Complainant was very unhappy with the attitude of a staff member when asking for directions to the x-ray department.

At a Team Meeting reception staff were reminded that they must be polite, helpful and non-judgemental at all times. Staff were also reminded of the purpose of their e-KSF and PDP.

**Glasgow City HSCP (North West Sector) – Sexual Health Services – Fully Upheld**

Complainant was unhappy as the gender recognition certificate which had been requested in October has still not been received.

The key action from this complaint was that as part of restructuring gender services, case management approach and follow up of actions should be integrated into care pathways.

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

Complainant was concerned about staff members being verbally abusive towards their partner, who was an inpatient.

The senior charge nurse reiterated to staff the requirement that they act in a professional manner at all times with patients, being mindful not only of what they say but also the tone of how they say it.

Another action was that staff ensure that clear explanations for their decisions are conveyed to patients and relatives. A rationale for these decisions should also be given.

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**Date** – 12 October 2016