

**NHS BOARD MEETING**

Nurse Director

20 December 2016

Paper No: 16/87

**Patient Experience Quarterly Report – 1 July to 30 September 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 July to 30 September 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.

**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:**

None specifically identified but would more likely be embedded within individual complaints.

**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.

**Author** – Jennifer Haynes, Board Complaints Manager

**Tel No** – 0141 201 0473 / 07580452098

**Date** – 8 December 2016

**NURSE DIRECTOR**

**QUARTERLY REPORT ON PATIENT EXPERIENCE**  
**1 JULY 2016 – 30 SEPTEMBER 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 July 2016 – 30 September 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 July 2016 – 30 September 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.

**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 July 2016 – 30 September 2016**

Table 1 shows the number of complaints *received* across NHSGGC between 1 July 2016 to 30 September 2016 and for comparison 1 April 2016 to 30 June 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 July 2016 – 30 September 2016		1 April 2016 to 30 June 2016	
	HSPCs (exc FHS)	Acute / Board	HSPCs (exc FHS)	Acute / Board
(a) Number of complaints received	531	535	528	541
(b) Number of complaints received and completed within 20 working days [national target]	443 (83%)	361 (67%)	465 (89%)	374 (69%)
(c) Number of complaints completed	503	502	485	610
(d) Outcome of complaints completed:-	32			
• Upheld		160	38	188
• Upheld in part	48	138	34	157
• Not Upheld	414	153	406	204
• Conciliation	0		0	0
• Irresolvable	0	2	3	5
• Unreasonable Complaint	0	1	0	0
• Transferred to another unit	1	2	0	5
•				
(e) Number of complaints withdrawn	7 <sup>1</sup>	46 <sup>2</sup>	4 <sup>1</sup>	51 <sup>2</sup>
(f) Number of complaints declared vexatious	0	0	0	0

X				
	Total	No Consent Received	Complainants no longer wished to proceed	Other
<sup>1</sup>	1	1	0	0
<sup>2</sup>	46	21	25	0

X				
	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

For this quarter, the overall NHSGGC complaints handling performance for complaints received and completed within 20 working days was 75%, which is above the target of 70%.

In Acute Services / Board, there was a drop in performance compared to the previous quarter, from 69% to 67%, whereas the number of received complaints is largely the same (a fall of just 1%). Although this drop is slight – just 2% - it is likely to continue to drop in the next quarter. As Board members will note, the number of completed complaints has fallen from 601 in Quarter 1, to 502 in Quarter 2 – a fall of 16%. This is because of significant staffing issues within the Complaints Department. This issue has been communicated with Acute Directors to make them aware of the position.

A number of measures are being taken to address this issue. The department is currently going through the recruitment process for a complaints manager to fill a vacancy, and has also taken on an additional member of administration staff so that complaints managers can utilise their time most effectively.

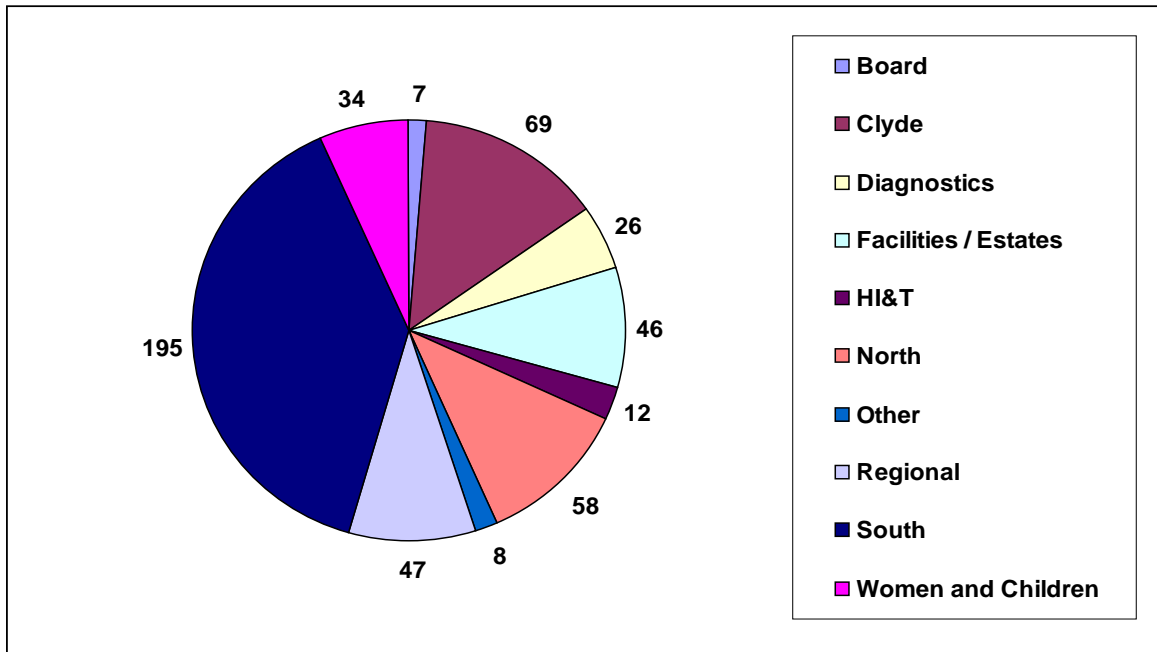
Whilst the impact of these measures may not be apparent in Quarter 3, it is hoped that any improvement will be seen in Quarter 4.

### 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 July to 30 September 2016.

i. By Sector

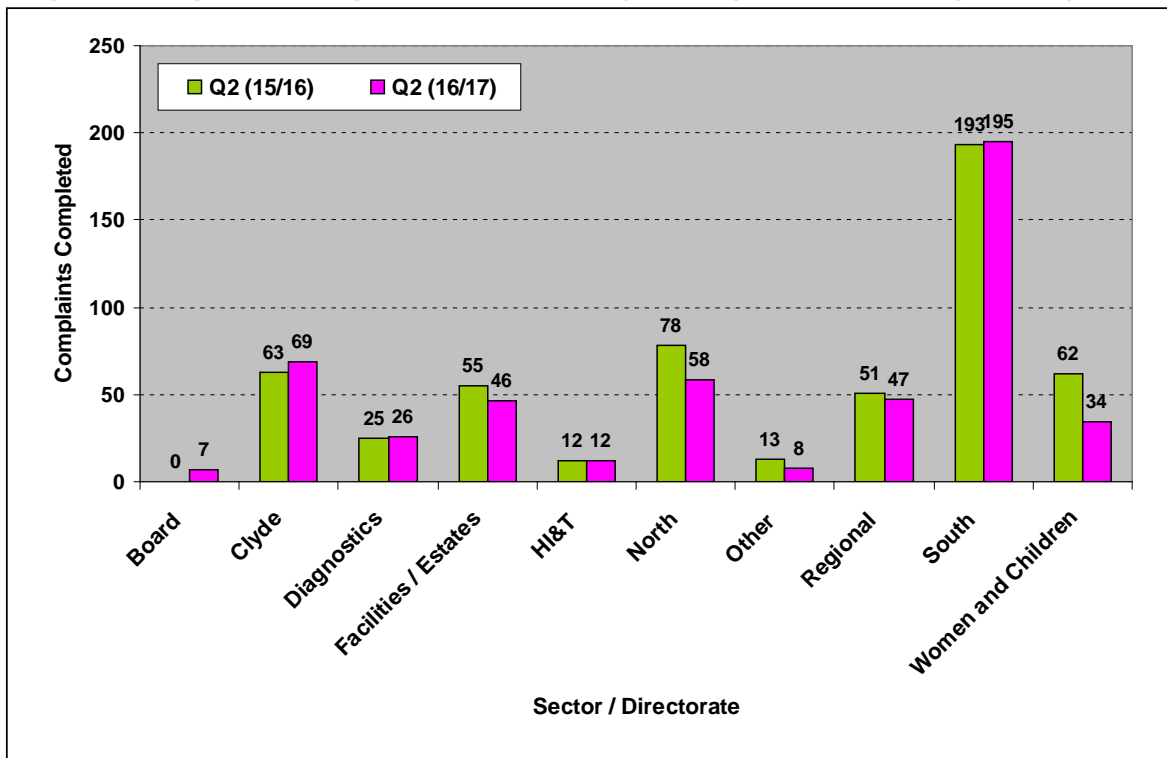
Chart 1: Breakdown of Completed Complaints – Acute / Board



There has been an overall drop of completed complaints across the Acute Services' Sectors and Directorates. This is directly linked to the issues outlined in section 1b.

The graph below also gives a comparison to the same quarter for the previous year for comparative purposes:

Graph 1: Completed Complaints – Quarter 2 (2015/16) and Quarter 2 (2016/17)

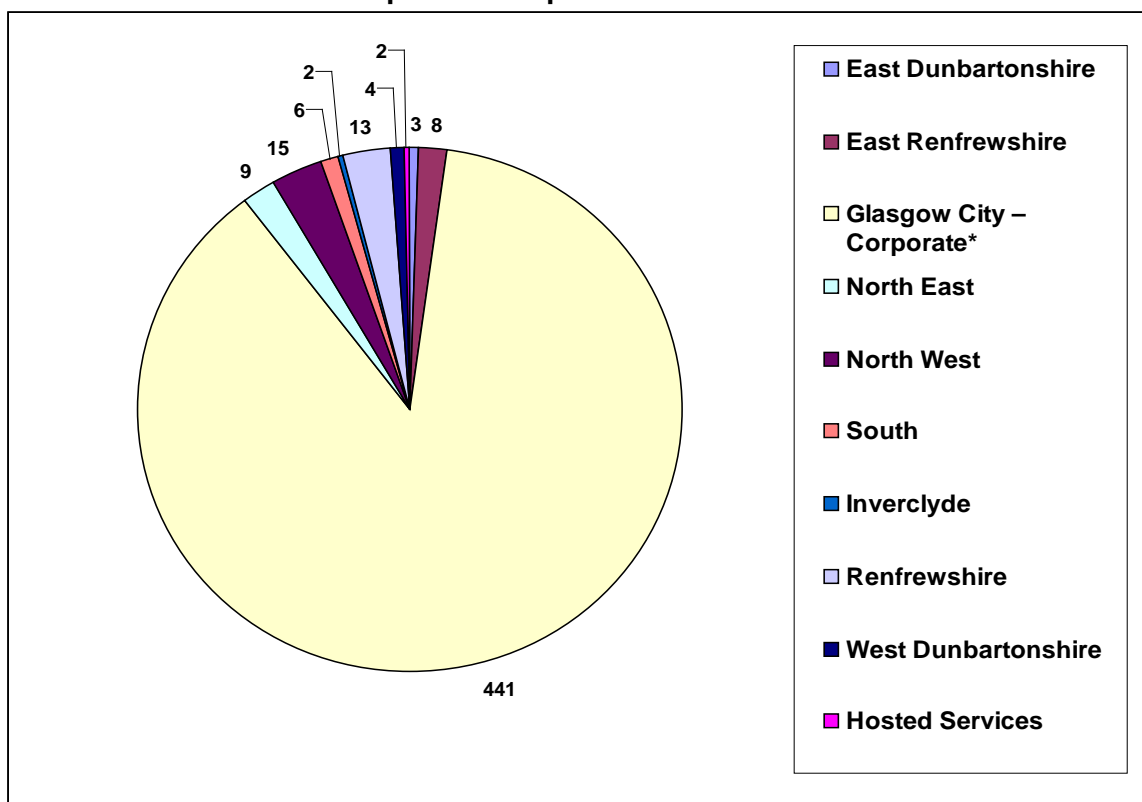


For most areas, the difference between quarters is minimal, but is most pronounced in North Sector and Women and Children's Services. The challenges in staffing will have an impact

on these figures where numbers are lower for 2016/17, as it is related to completed complaints rather than complaints received.

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

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



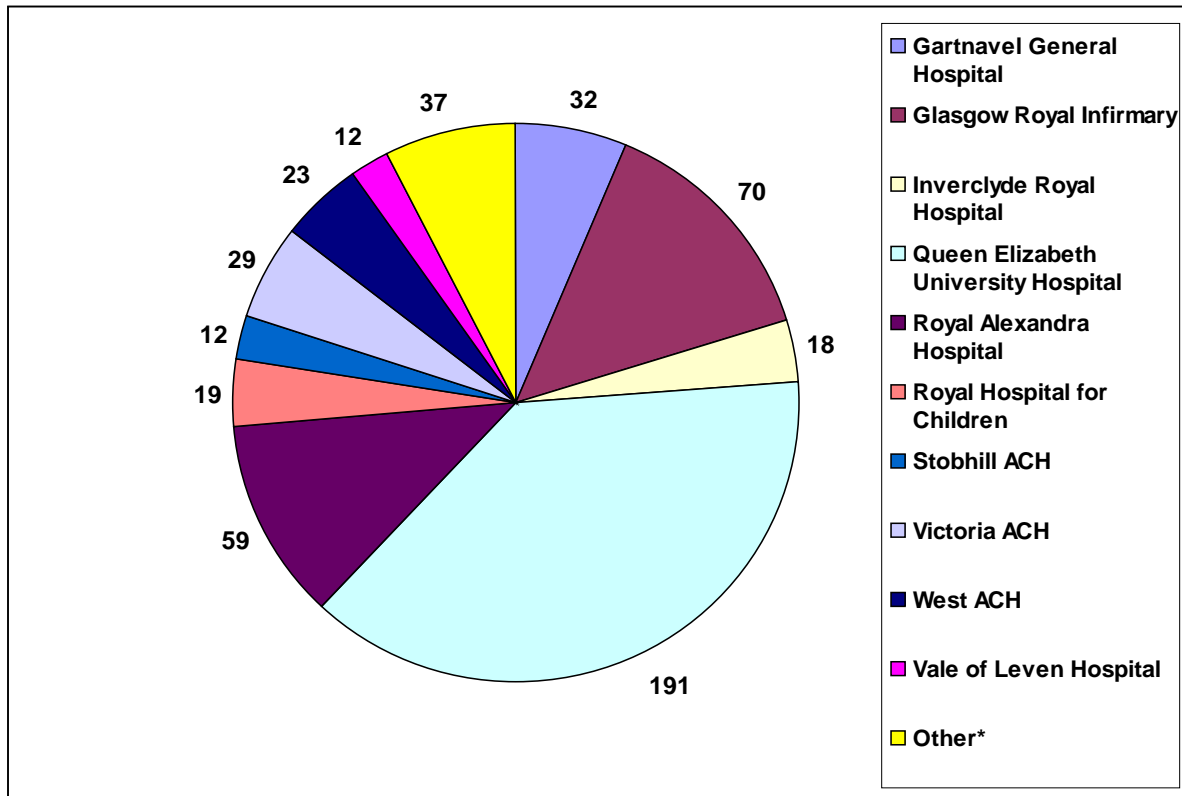
\*covers Prison Health Care

Again, these figures are similar to those reported on in Quarter 1. As seen in previous Quarters, prison complaints account for the majority, and in this Quarter equate to 87% of all complaints received by HSCPs.

**ii. By Location**

Detailed below in Chart 3 is an Acute Hospital location breakdown of completed complaints within NHSGGC for the period 1 July – 30 September 2016.

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

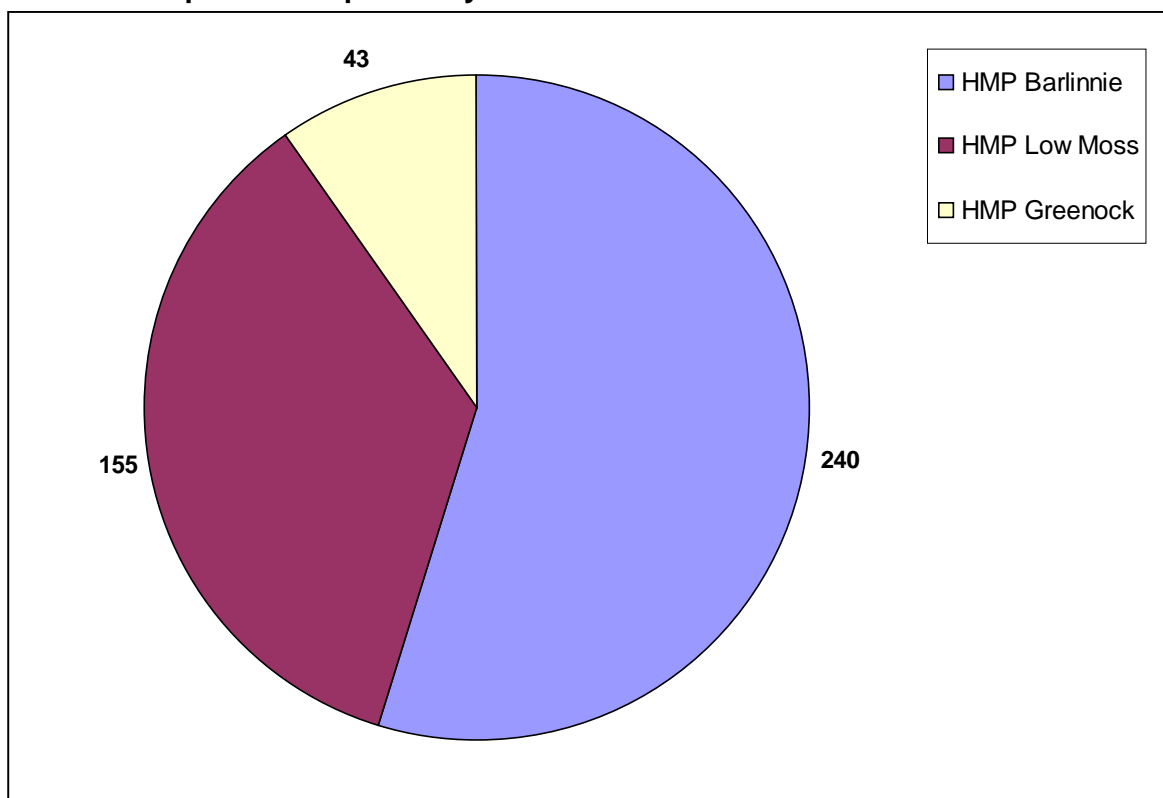


\*Other includes sites such as The Beatson West of Scotland Cancer Centre and Glasgow Dental Hospital.

Again, completed complaints by location are linked to the overall drop in completed complaints and can be seen at most major hospital sites.

For HSCPs, as noted earlier, 87% complaints come from prisoners. The chart below breaks down complaints by prison location.

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



There was a drop in number of complaints received in HMP Barlinnie (of 15%) and HMP Low Moss (11%), whereas the number of complaints received by HMP Greenock was similar to that reported on in Quarter 1.

As noted in the Quarter 1 Report, 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.

Responsibility for prison complaints sit with Glasgow City HSCP, and HSCPs review their own complaints 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 2: Issues and Themes by Staff Group – Acute / Board**

	Medical	Nurses	Allied Health Professional	NHS board / hospital admin staff	Other	Total
<b>Attitude and Behaviour</b>	28	31	4	2	14	<b>79</b>
<b>Shortage/Availability</b>	0	1	0	1	0	<b>2</b>
<b>Communication (written)</b>	7	0	0	6	1	<b>14</b>
<b>Communication (oral)</b>	20	11	1	14		<b>46</b>
<b>Competence</b>	1	1			1	<b>3</b>
<b>Date of Admission/Attendance</b>	46	0	0	10	0	<b>56</b>
<b>Date for appointment</b>	40		1	14	2	<b>57</b>
<b>Test results</b>	9	1	0	1		<b>11</b>
<b>Admissions / Transfers / Discharge procedure</b>	5	1	0	2	0	<b>8</b>
<b>Outpatient and other clinics</b>	4	2	0		0	<b>6</b>
<b>Premises</b>	0	0	0	20	16	<b>36</b>
<b>Aids / appliances / equipment</b>	0	1	1	0	1	<b>3</b>
<b>Catering</b>	0	0	0	0	4	<b>4</b>
<b>Cleanliness / laundry</b>	0	0	0	0	4	<b>4</b>
<b>Patient privacy / dignity</b>	0	3	0	0	0	<b>3</b>
<b>Patient property / expenses</b>	0	0	0	1	0	<b>1</b>
<b>Personal records</b>	0	0	0	1	0	<b>1</b>
<b>Personal and commercial decisions of the Board</b>	0	1	0	9	0	<b>10</b>
<b>Mortuary / post mortem</b>	2	0	0	1	0	<b>3</b>
<b>Clinical treatment</b>	184	39	7	8	9	<b>247</b>
<b>Transport</b>	0	0	0	0	2	<b>2</b>
<b>Other</b>	0	0	0	3	2	<b>5</b>

The three biggest causes of complaint were: Clinical Treatment, Attitude and Behaviour and Date of Appointment. Within these, the coordination of medical treatment, disagreement with treatment or medical plan and waiting time for an appointment caused the most concern.



**Table 3: 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	1	0	0	0	1	0	<b>2</b>
<b>Aids / appliances / equipment</b>	0	0	0	0	1	0	0	0	<b>1</b>
<b>Attitude and Behaviour</b>	2	0	4	0	5	2	23	0	<b>38</b>
<b>Cleanliness / Laundry</b>	0	0	0	0	0	0	1	0	<b>1</b>
<b>Clinical treatment</b>	4	0	5	10	169	0	163	2	<b>353</b>
<b>Communication (oral)</b>	3	0	3	0	0	1	6	0	<b>13</b>
<b>Communication (written)</b>	0	0	2	0	0	0	1	0	<b>3</b>
<b>Competence</b>	1	0	0	0	0	0	2	1	<b>4</b>
<b>Complaint Handling</b>	0	0	0	0	0	0	3	0	<b>3</b>
<b>Date for Appointment</b>	3	0	3	48	37	1	38	3	<b>133</b>
<b>Failure to follow agreed procedures</b>	3	0	3	0	0	1	5	0	<b>12</b>
<b>Policy &amp; commercial decisions of NHS board</b>	2	0	0	0	0	1	0	0	<b>3</b>
<b>Premises</b>	0	0	0	0	1	0	2	0	<b>3</b>
<b>Shortage / Availability</b>	1	0	0	0	0	0	0	0	<b>1</b>
<b>Test results</b>	0	0	0	0	1	0	0	0	<b>1</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 were 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 HSPCs.

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 July to 30 September 2016.

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

	1 July – 30 September 2016			
	<u>GPs</u>	<u>Dentists</u>	<u>Opticians</u>	<u>Pharmacists</u>
a) Number of complaints <b>received</b>	250	56	38	123
b) Number of complaints acknowledged <b>within</b> 3 working days and %	250 (100%)	Not gathered	38 (100%)	73 (59%)
c) Number of complaints responded to <b>within</b> 20 working days and %	246 (98%)	55 (98%)	38 (100%)	122 (99%)
d) Number of complaints responded to <b>out with</b> 20 working days and %	1 (1%)	0	0 (0%)	0 (0%)
e) Still Open	3	1	0	1
f) Outcome of completed complaints:-				
• Upheld	95	21	33	103
• Partially Upheld	33	4	2	7
• Not Upheld	119	30	3	12
• Irresolvable	3	1	1	0
g) Alternate Dispute Resolution Used	0	0	0	0
h) Number of SPSO Decision Letters / Investigation Reports <b>received</b>	4	0	0	0

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>	0	0	0
<b>(b) Notification received that an investigation is not being conducted</b>	0	0	5
<b>(c) Investigations Report received</b>	0	0	0
<b>(d) Decision Letters received (often the first indication in respect of FHS complaints)</b>	4	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 23 Decision Letters issued by the Ombudsman in this quarter in relation to NHSGGC:

- 15 related to the Acute Services Division. In these, 27 issues were investigated (12 issues were upheld, 15 issues not upheld and 27 recommendations made).
- 4 related to Partnerships. In these, 10 issues were investigated (5 issue was upheld, 5 issues not upheld and 6 recommendations made).
- 4 related to Family Health Services (GPs, dentists, community pharmacist and opticians). In these, 5 issues were investigated (1 issues were upheld, 4 issues were not upheld and 3 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.

### 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 139 new clients  
There were 537 enquiries
- 12% 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: 48% were about Hospital Acute Services
- Hospitals/Localities: 33% were about the Queen Elizabeth University Hospital
- Health and Social Care Partnerships: 56% were about Glasgow City HSCP
- Staff Group: 52% were about Hospital Consultants/Doctors
- NHS Advice Code: 37% 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**

As Board members are aware, a new national model complaint handling policy (CHP) will be introduced across NHS Scotland on 1 April 2017.

A final version of the national CHP has now been published, and an NHSGGC version, along with an accompanying guidance document for staff, will be produced. Work to prepare for the changes in the new policy continues in NHSGGC.

If Board members wish to see the national CHP, it has been made available at:

<http://www.nhsggc.org.uk/about-us/nhs-board/board-members-resource/>

### **ii. PASS Contract**

The current providers of the PASS are Citizens Advice Scotland (CAS), however, the contract for the service recently went through a re-tendering process. CAS won the contract, and so will continue to provide the PASS from 1 April 2017 for a 3 year period. The new contract will offer an enhanced service, with a national phone line and improved web presence.

### **iii. Audit**

The Complaints Department recently underwent an internal audit, conducted by Price Waterhouse Coopers. In addition to focussing on current practice, the audit took into account how prepared NHSGGC was for the adoption of the national CHP.

The audit report was finalised in November 2016, and was classified as low risk. A range of actions have been identified and are being worked upon.

## **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 July to 30 September 2016**

Sector	% Extremely likely to recommend	% Likely to recommend	Overall positive score	% of responses
Clyde	82%	15%	97%	1021
North	79%	16%	96%	649
South	86%	12%	98%	1068
Regional	91%	7%	98%	228
Obs & Gynae	82%	13%	95%	344
<b>TOTAL</b>	<b>84%</b>	<b>13%</b>	<b>97%</b>	<b>3310</b>

Patients are also invited to leave a short commentary on their experience, which allows us to identify themes within the data. The vast majority of comments received were positive, and remains consistently centred on praise for staff. Some examples are provided below:

- “Everyone was extremely kind and always keeping an eye on you to make sure that you’re ok. Also anything that you needed help with they were always there to assist.” RAH, HDU
- “Staff are very professional and helpful. Always made to feel well looked after.” GRI, Ward 61.
- “The doctors, nurses and domestic staff could not do enough for me. The ward was very cheery and friendly and very clean. I was treated professionally at all times.” Ward 64, QEUH
- “The staff have been fantastic, friendly and very informative. Kept in the loop throughout my time about tests and discharge process.” Ward 72, PRM
- “Every staff member superb and a real credit to the NHS with the care and support provided.” Ward 2A, GGH

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 remains a theme of feedback, however this is becoming a less significant theme than previously, particularly in the Queen Elizabeth University Hospital where this had been raised regularly in previous Quarters. In this Quarter however, there were more comments regarding communication than previously, particularly regarding patients being kept up to date on procedures, discharges or reasons for movement between wards. This also extended to communication between staff members:

“Lack of communication between the staff including the doctors and the patients.”

“Extremely unhappy to have been moved from ward at 4.20am...it’s unacceptable to move patients after they’ve had an operation a few hours before and no sleep and a rough time!”

“There is no communication between staff and patients whatsoever and as a patient I never had any idea what was happening to me.”

“Terrible lack of communication between staff and between staff and patient/ family.”

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.

A second phase of Universal Feedback is also being piloted in the Royal Alexandra Hospital, to test the use of the card to ask multiple questions which are more targeted to specific areas of care that have been raised across all methods of feedback. This will allow triangulation of data from all of our feedback methods, to test out certain issues using an existing process to help identify particular hot spots, or areas of good practice from across the Board area. Further details about this second phase, and an evaluation of the pilot, will be provided early in the New Year.

**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 July – 30 September 2016.

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

<b>Sector / Directorate</b>	<b>No. of Postings</b>	<b>Positive</b>	<b>Negative</b>
<b>South</b>	95	55	40
<b>North</b>	36	22	14
<b>Clyde</b>	32	23	9
<b>Facilities</b>	72	23	49
<b>Diagnostics</b>	15	9	6
<b>Regional Services</b>	18	13	5
<b>Hospital Paediatrics &amp; Neo Natal</b>	16	7	9
<b>Obstetrics &amp; Gynaecology</b>	12	9	3
<b>TOTALS</b>	<b>296</b>	<b>161</b>	<b>135</b>

Overall, positive feedback makes up almost 55% of the contributions received via the Online Patient Feedback system. Patients, carers, and members of the public who use this method to provide positive feedback on their experience do so to comment on times when they have had very efficient, effective care or treatment; or to give praise to the staff who have looked after them during their care. Some examples of this positive feedback are provided below:

“I had a shoulder op at Ward 2, Gartnavel Hospital. I can't praise EVERYONE enough, from my consultant to the anaesthetist, all the nurses, the physio and the staff that bring you up and down the theatre, feed you etc. The level of professionalism was

outstanding. But the level of human care and empathy was formidable and is only fair that it gets expressed. Thank you kindly to everyone who treated me.” GGH, Ward 2

“My dad is being looked after by the staff in Langlands ward 55. The care and attention he is receiving is utterly amazing. The team they have here are truly unique. Nothing is a bother and everyone from the cleaners to Doctors could not be giving my father anymore attention. I had lost Faith in the NHS until now. I am so glad my father is here he could never have received this level of care anywhere else .Even as a relative I find nothing is too much for the staff. The nurses are always willing to update me day or through the night. Recently I have had to stay with my dad , they have fed and watered me for days even given me a bed and shower .I have never been made to feel I am in the way. I feel almost part of the team. I am lucky that I have been given this time with my dad and if he does not leave hospital I know his last weeks could not have been made any better. Thank you from the bottom of my heart ward 55 for taking care of my dad...you are truly amazing.” QEUH, Langlands Unit, Ward 55

“Please pass on my sincere thanks to all staff involved in my care during the birth of our daughter on the 9th Aug. In particular the staff on wards 72 and 73, labour suite and the staff that carried out my emergency c-section. Everyone of them treated my partner and I with respect, care and professionalism. They made a very stressful time easier and we will always be indebted to them. I must also mention the staff at the ACS unit as we received treatment there and they genuinely are miracle workers! They also treated us with care and respect and professionalism. They are all a credit to the NHS. I will hopefully pop into see them all to thank them personally.”

“45 minutes from entering the building, being seen firstly by a nurse for general assessment then a registrar for diagnosis. Then off to X Ray to confirm, back to the registrar for confirmation and prescription and advice to being back in the car and off home with my mind at ease. Truly fantastic service, many thanks.” RAH

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

Although Facilities still comprise a large proportion of the negative issues raised, there is a continuing downward trend in the three most commonly raised issues in comparison to the last Quarter. Parking and smoking continue to be raised by patients and carers as a negative experience, however these numbers have reduced in comparison to the previous year. Catering issues are prevalent, however many of the issues raised reflect problems of a more complex nature, for example, ensuring that the correct meals are provided to those with particular dietary requirements, requiring a more joined up approach with ward staff. Issues regarding the taste or quality of food have reduced significantly, and we are seeing an increase in the number of positive comments regarding meal provision.

As with Patient Opinion, communication remains 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; communication issues around appointments; and communication around care or treatment plans. Some of the positive examples above reflect where communication works well, and the positive impact that this has on both patients and carers. Some examples from the NHSGGC Online Feedback system of negative experiences in this regard are provided below:

“Difficulty with appointments that are cancelled without a reason and having to phone and find out what's happening about another appointment. Eventually one sent out kept and another given and then another earlier appointment sent which was not required as I had already been given one at the clinic but on phoning was told I needed to keep it as if

I didn't attend other one would likely be cancelled. There appears to be a problem with appointments as this situation has also happened to a relative and it's quite annoying.”

“It states on my outpatient letter if I wish to cancel my appointment I can do this by phone or email. I prefer to email but it doesn't have an email address. It only advises of the information to include in email. This may just be an error, but would be beneficial if the letters could be checked and email address included.”

“I got out of bed early 7ish the morning after my op showered etc then the nurse came hour or more later with instructions not to shower. Nurse and surgeon visited bedside didn't look at wound. Nurse told us to get washed and dressed ready to go home waited 15mins in corridor for discharge letter...Staff brill at day surgery ward and overnight ward on day of admission but discharge day staff nurse didn't know whether coming or going totally unorganised.”

“My elderly Aunt was admitted by her GP on 23.09.16 to the Acute Receiving Unit. We arrived around 12.30pm. She had been seen for a few assessments but was left to sit in the waiting room for 7 hours with no pain medication or even on a trolley for that length of time and she was in a lot of pain.”

### **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 July to 30 September 2016.

**Table 8: Patient Opinion Responses - 1 July to 30 September 2016**

<b>Directorate</b>	<b>No. of Postings</b>	<b>Positive</b>	<b>Negative</b>
<b>South</b>	36	20	16
<b>North</b>	18	11	7



<b>Clyde</b>	18	12	6
<b>Facilities</b>	6	1	5
<b>Diagnostics</b>	6	5	1
<b>Regional Services</b>	22	17	5
<b>Paediatrics &amp; Neo Natal</b>	4	3	1
<b>Obstetrics &amp; Gynaecology</b>	8	3	5
<b>TOTALS</b>	<b>118</b>	<b>72</b>	<b>46</b>

A much higher proportion of positive feedback has been received via Patient Opinion in this Quarter, with over 60% of stories shared about NHS GGC on the site relating a positive experience with staff or services. While there is a particular focus on increasing secondary responses on more critical stories on Patient Opinion, it is important to encourage staff to engage also with positive stories that are shared about them or their care.

“A few days ago, my Dad was unresponsive so Mum called 999. They transported Dad to A & E @ Glasgow Royal Infirmary. The staff were exceptional. The Doctor attending to Dad was compassionate, his communication to Mum & myself was very good. He showed empathy when we had to make a difficult decision about Dad’s care. Nurse Catriona looking after Dad was fantastic. She demonstrated a caring & compassionate attitude and treated my Dad with dignity & respect through out his time in the department. Dad was later transferred to Ward 53. Although only a short time on the ward, the staff were once more very attentive & caring. Dad was transferred to Ward 33 where he is still currently an inpatient. Once more Dad is receiving great care, treating Dad with dignity & compassion. The staff are communicating well to my Mum & myself. Please say a huge thank you to all the staff involved. I can’t thank them enough.”

“Had a colonoscopy at IRH. Staff were kind and efficient and the process was very well explained to me beforehand. I didn’t feel rushed, nor was I left waiting around. Nice cup of tea and a sandwich afterwards. Can’t fault a single thing about it. Just wanted to post this as a thank you to the staff on the colonoscopy unit, they were all lovely. I felt no stress or pain at all thanks to them.”

“I have had a very confusing and worrying wait for results from Glasgow Royal Infirmary General Surgery - after a week of conflicting information from various people I managed to speak to the Secretary who I have to say was the most pleasant, professional, caring and informative person I had the pleasure of speaking to. She explained the waiting times for the Pathology reports, reassuring me and giving me simple but very important information that I should have been given the day I had my surgery. I want to make sure she is told that I appreciated what she done for me and that Glasgow Royal Infirmary are very very lucky to have someone like this working on their team.”

Similarly to NHSGGC Online Patient Feedback, communication remains a key component of the negative feedback received through Patient Opinion and again can be 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.

Staff attitudes and behaviour is also raised as a key theme of the negative comments received in this period, reflecting the impact that staff interactions can have on the patient experience as a whole.

“My friend attended the scan clinic yesterday and was anxious about the procedure, the nurse who met her on arrival and took her medical details and explained to her what the

scan involved was inconsiderate of her feelings and spoke to her in a manner which I consider unprofessional, as the result of this my friend became more anxious and was thinking of cancelling the scan. She was then seen by a different nurse who put her at ease and explained the procedure in a professional manner.

I also observed two members of staff calling a patient auntie and Mrs, the patient was not happy with this and asked to be called by her surname.”

“After some on and off low back pain (and lots of ibuprofen) over circa 13 years, I have finally now become a complete cripple. An orthopaedic surgeon told me a year ago that my nerve is impinged, there is some stenosis, and that 'having allowed the pain' for so long may have now permanently damaged the nerves. The same orthopaedic surgeon scheduled me for a visit at Yorkhill, probably leading to a steroid injection into the spine. This first visit has been cancelled and rescheduled five times. Only the last time there was no reschedule and when my GP enquired she was told they are short staffed but they haven't forgotten about me.”

“my waters broke, however labour did not progress and two days later a consultant and his team were doing their rounds and spoke with me. Initially the consultant wanted to send me home, which I was against...this consultant spoke to every woman in the ward in a manner which I did not see as professional but judgmental...I was annoyed with their comments to myself and the other women that I spoke with a nurse on the ward to which her reply was "we see a lot of teenage pregnancies" the nurse would not give me the consultants name as I asked for it.

Other concerns whilst I was in the maternity hospital was the lack of care and empathy from the majority of the nurses on the ward, due to myself having a c-section I was unaware of the jags that had to administer myself, when informing a nurse that I struggled to do this, she replied "are you kidding me on with all they tattoos you have" and said to "get a grip".

I also found that there wasn't nurses around when I needed them, and at times relied on other women in the ward to support me to get in and out of bed as I had a c-section. One nurse in particular had no people skills at all, and felt she wasn't listening to me when I was trying to discuss my post natal plan as I have MS, as I was in a lot of pain after my c-section. I asked the nurse if she was listening to me as I felt I was being ignored. Nurses would come in the ward through night talking loudly whilst moving beds, which woke myself and my son, I was shattered whilst I was in hospital and desperate to get home for rest.

I also observed nurses being critical to a young mother on the ward rather than being constructive and having a nurturing nature. I feel that the lack of support at this hospital was one of the contributing factors of myself having post natal depression, as I feel I didn't have a positive start when my son was born.”

This patient has been invited to have a one to one discussion about her experience with the Senior Charge Midwife on the ward to discuss her concerns and ensure that there can be learning from her experience.

“After the Physio was unable to cure my impingement She asked me which hospital I would like to go to - Crosshouse or Inverclyde Royal. Unknown to me is, Inverclyde Royal do not have the ability or Orthopedic surgeons to perform sub acromial surgery. Crosshouse does! Why was I not informed about this from, a: the Physio, B: the doctor? In my opinion, this could be incompetence or deceit. Don't know which.”

Response from General Manager, Surgery, Clyde:

“Apologies for the delay in replying. I am the general manager for the orthopaedic service at Inverclyde Royal and can confirm that, as part of Clyde hospitals

orthopaedics, we do take referrals for the surgery you describe. As is the case with a lot of procedures where the numbers are smaller, we limit the amount of places that the surgery is undertaken to ensure skill remains high and your outcome is as good as it can be. We carry out the surgery you describe in the RAH in Paisley for all Clyde patients however the diagnosis part of the procedure including MRI and CT scanning and all pre-operative work up is available in IRH as is post-operative follow up care. I am keen to make sure you have all of the answers and information that you need so if it would help, please contact me on [jacki.smart@ggc.scot.nhs.uk](mailto:jacki.smart@ggc.scot.nhs.uk) or on 01413147126 to discuss  
Best wishes, Jacki”

### 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.

#### a. Acute Sector

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**

Sector / Directorate	Improvement Work
Clyde	<p>The Clyde Patient and Carer Experience (PaCE) group spent time at its previous two meetings considering the recurring themes arising from feedback, comments received, complaints and significant clinical incidents and have developed their improvement work plan in a number of key areas of the service as described below. Alongside these service improvements the group have also agreed some improvement actions aimed at improving the opportunities available to everyone to share their views and experiences of our services. These system improvements include:</p> <ul style="list-style-type: none"> <li>• Maximising the use of Universal feedback</li> <li>• Bespoke carer surveys</li> <li>• Promoting the use of Patient Opinion</li> <li>• Focussing improvements in the uptake of universal feedback</li> <li>• Introducing Patient experience surveys in non-inpatient areas to understand these journeys better</li> <li>• Every clinical area will have a ‘you said we did’ visual display</li> <li>• Focus on early resolution and person centred complaints responding allowing best approach to fit complainant need.</li> </ul> <p>As a result of a number of comments around lack of access to health related information, advice and signposting for visitors to the sites in Clyde, we are currently building the case with Health Improvement Leads to introduce support and information centres on all 3 Clyde sites. It is hoped that this will give patients and carers / families somewhere to seek broader advice around health, support and how to navigate primary and secondary care services. There will also be information about access to support and advice to make a complaint.</p> <p>In support of the Welcoming Ward and Welcoming Hospital initiatives, Clyde PaCE have developed a refreshed mission and vision statement and will transform the visual welcome to the hospital making clear who will be available for information in each area. Patients first every time will be supported by stories at all formal meetings and the use of patient</p>

	<p>experience as part of service design.</p> <p>The recurring theme of challenging attitudes and behaviour in staff of all grades and types continues to be a theme and we are working with colleagues in practice development to describe the best and most efficient way to address this in training around customer care as we launch the mission statement and welcoming ward initiatives.</p> <p>We have developed a plan to raise awareness of the CEL4 guidance on involving people in service change.</p>
<b>Diagnostics</b>	<p>Diagnostics has a local PaCE Group which continues to meet on a regular basis.</p> <p>Recent feedback about water and reading materials being available in waiting areas at the Victoria ACH was acted upon,</p>
<b>Property, Procurement and Facilities Management</b>	<p>NHSGGC in the process of going out to tender to purchase a Patient Entertainment System to be supplied across the Board – similar to that supplied at QEUH. This solution requires to be hand held and wifi enabled as we will be unable to tap into the infrastructure in our existing buildings. There is already representation from E-Health, Infection Control and Facilities as well as nursing representation.</p>
<b>North</b>	<p>The local PaCE Group continues to meet on a regular basis.</p> <p>Universal Feedback uptake is improving. There have been some negative comments about cleanliness, attitudes, the fabric of the building. However, Universal Feedback helps identify the areas where there are issues.</p> <p>Patient Opinion has highlighted issues about telephone manner and the Sector are working with Learning and Education colleagues to help work on this.</p> <p>The Carers Audit within Stobhill has been completed. This provided an opportunity for family, carers and friends visiting a ward to give s feedback and took the format of a semi-structured interview. The feedback from this audit was consistently high and there was a sense of team work and leadership.</p> <p>The North are waiting for clarification regarding visiting times before they launch the 'Welcome to the Ward' posters</p>
<b>Regional Services</b>	<p>The new Chief Nurse for Regional Services is now chairing the local PaCE Group.</p> <p>Regional Services are continuing to work with John Barber, Patient Experience, Public Involvement Manager regarding patient stories.</p> <p>Planning is underway to arrange another 'Listening Hospital' event.</p> <p>They are working to capture real time experiences within the Physically Disabled Rehabilitation Unit (PRDU); Burns and Plastics and Neurology Outpatients.</p>

	<p>Regional Services also had Caring Behaviours Assurance System (CBAS) Best Practice Event which included 2 powerful patient stories.</p>
<p><b>South Sector</b></p>	<p>The South Sector is now finalising the membership and agreeing the agenda and attempting to arrange a date for their first PaCE meeting.</p> <p>Universal Feedback uptake has increased and an issue regarding the boxes has now been resolved.</p> <p>Following on from a critical audiology report which was commissioned by the charity 'Action on Hearing Loss Scotland', colleagues from the Corporate Inequalities Team will be establishing a short life working group.</p> <p>Work is ongoing on the 'Welcoming Ward' at Gartnavel General Hospital.</p> <p>The South Sector are also developing action plans following the results from the National Inpatient Survey.</p> <p>A joint session was completed with one of the South Sector teams and the Complaints Department to identify ways forward to produce timelier and higher quality complaint responses. This session was run by Learning and Education colleagues and the Board Complaints Manager.</p>
<p><b>Women and Children's Services</b></p>	<p>Following the successful funding application to Healthcare Improvement Scotland (HIS) Person Centred Health and Care Team (PCHC) last year, NHSGGC was one of three boards in NHS Scotland who were awarded project funding to further develop the methodology for gathering "real time" feedback from people using health and care services and using this to drive improvement in the care experience they receive.</p> <p>Part of funding allocated from HIS has been provided to support the collection of care experience feedback across the maternity pathway of care at the QEUH and RAH to gain a greater insight and understanding of the whole system care experience.</p> <p>Listening to the experience of women who have recently given birth and enquiring about key aspects of their care experience across their pathway of care is a valuable source of information to inform learning of what adds value to the care experience as well as what does not and will be used as the foundation to identify areas to test, develop and implement improvement and change actions and interventions across the pathway of care. This will help to build a quality service which is consistent and coordinated across the whole pathway of care and provides care which is person-centred, safe and effective at all 'touch-points' in the journey.</p> <p>Care experience feedback is being gathered by the project team using a semi-structured face-to-face conversational discovery approach with individual women, their partners and family. This is a locally developed process in NHSGGC which is described as a "themed conversation". The enquiry concentrates predominantly on gathering feedback about how we interact, respond and behave towards people using health and care services with an emphasis on the person-centred principles of</p>

	<p>practice.</p> <p>To support this project four midwives have been recruited on a part-time basis from the maternity service to work with the Person Centred Health and Care Project Team and an update will be provided at the next meeting of this group.</p>
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Some specific examples of improvement work as a result of complaints in Acute Services are:

**Clyde Sector – Orthopaedics – Partially Upheld**

Patient did not receive complete operation as planned due to a vital piece of theatre equipment not being available.

On investigation, it transpired that the correct equipment for surgery had been ordered and arrived, but had been uplifted the day before in error. An immediate request was made for it to be returned, but regrettably it arrived too late.

In order to avoid a recurrence, a new system was set up in theatres whereby a whiteboard with all on loan kit information is now displayed in the theatres./ This is monitored by the Senior Charge Nurse. In addition, staff were reminded of the importance of checking and verifying equipment prior to procedures taking place.

**Diagnostics – Radiology – Partially Upheld**

Patient complained that they received a letter the day after an appointment explaining that there would be an additional x-ray performed, as well as the one the appointment was for. Although both x-rays went ahead, patient felt that there was a lack of coordination and inefficiencies with his care

In the response, the service explained that they do not make appointments for the type of additional x-ray received, as it is in the same department as the one the main appointment was for. That said, they recognised receiving a letter the day after an appointment was unhelpful, and therefore if this is being arranged at late notice in the future, patients will be phoned prior to the appointment to let them know about an additional x-ray.

**Property, Procurement and Facilities Management – Grounds – Fully Upheld**

Complainant raised several concerns, one of which was that as they did not have their child’s appointment letter, they could not use the check in touch screens, and instead had to wait in a long queue with limited reception staff.

Response apologised for the confusion, and noted that the appointment letter is not required to check in on the touch screens. Additional signage was put in the area as a result of the complaint.

**North – Accident and Emergency – Partially Upheld**

Patient was concerned that member of the public were using their mobile telephones to record an incident that happened in the Accident and Emergency Department. Patient was concerned about the privacy of themselves and others.

The service apologised for this, and noted that additional posters have been put up in the department advising members of the public of our policy regarding the use of mobile phones. The service also noted that if they had been aware of this at the time, they would have asked the images and / or film to be deleted.

**Regional Services – Physical Disability Rehabilitation Unit – Partially Upheld**

Patient raised a number of concerns about their inpatient stay in the Physical Disability Rehabilitation Unit. One of these concerns was that a wheelchair was taken away at the end of an OT session as staff felt the patient was able to walk. Patient felt this was the wrong decision, took away independence and meant that the patient could not go out with friends and instead was restricted to the ward.

The response noted that there had been a misunderstanding as the plan had been for the patient to mobilise independently in the unit with a tripod walking stick, and staff were aware that the patient had an outdoor wheelchair at home. Staff had been unaware that the patient wished to meet friends over the weekend whilst an inpatient, and in order to learn from the complaint asked therapy staff to ensure they are aware of any plans patients have to leave the ward. In addition, the ward also began storing wheelchairs in the ward so they can be provided to inpatients if they wish to go out.

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

Relative complained about a number of issues regarding care and arrangements for post mortem after patient sadly passed away. One of these concerns was that the post mortem form was incorrectly completed, so relative was asked to attend hospital again a few days later to complete another form which was very upsetting and also inconvenient due to distance between hospital and home address.

Response letter conveyed sincere apologies for the distress caused. It was noted that the first post mortem form was incorrectly signed by a nurse meaning that mortuary staff could not accept it. The correct process is that the post mortem request form should be signed by a doctor with a family representative present to also sign it. This process should also be witnessed, usually by a member of nursing staff.

As a direct result of the complaint, pathology and mortuary staff met with the ward in question to develop and improve processes to ensure that the same situation would not arise again in the future.

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

Patient's parent complained that the treatment received for the removal of warts on hands and feet was different to that usually received, very painful, and resulted in blisters and wounds. Parent asked to bring patient back to hospital a few days later, where infections were noted and a course of antibiotics needed.

Response letter noted unreserved apologies for the pain and distress caused to patient. On investigation, it was confirmed that although blistering is normal, the extent of blistering in this case was not. It was agreed that the nurse who treated the patient would not undertake this treatment again until completely retrained in how to safely administer.

#### **b. HSPCs**

Actions arising from complaints are recorded using a national coding system set out by ISD. This excludes prison healthcare, and actions relating to Prison healthcare are reported to the Prison Healthcare Operational and Clinical Governance meetings for review and to help inform action plans.

Staff have been advised of the importance of ensuring that where a complaint is upheld lessons learned are recorded so that these can be shared with colleagues and other clinical teams.

Some specific examples in HSCPs of service improvements as a result of individual complaints in the last quarter are:

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

Complainant stated there was a lack of continuity of treatment.

Actions from this complaint were that all prescription kardex's should be transferred with prisoners and/or scanned prior to transfer. Nurses should add patient to hall treatment list for the day's treatment and inform patient of treatment days.

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

Complainant was worried about relative's mental health and felt doctor was not helping by constantly advising he was going to discharge the patient.

Actions from this complaint were that the Consultant was to be provided with feedback about avoiding the discontinuation of anti-depressants and anti-psychotics without at least a further follow up appointment being in place, and about the value of pre-discharge meetings for patients who have been in hospital for a while.

**Glasgow City HSCP (North West Sector) – Community Health Services – Partially Upheld**

Complainant was unhappy with the lack of contact with the Health Visitor.

Immunisation delivery will now change so that Health Visitors will resume responsibility and oversee the whole process. Health Visitors have been asked to look at queue list and offer additional sessions. Front desk staff are aware of all Health Visitors numbers and can pass information on. Health Visitors have answer phone for families to leave messages.

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

Complainant's partner was an inpatient. Complainant was concerned that patient was being abused by a member of the nursing staff. Complainant heard verbal abuse and threats being made via telephone.

Actions from this complaint were that the Senior Charge Nurse reiterated with staff the requirement that they act in a professional manner at all times. Staff must ensure that clear explanations for their decisions are conveyed to patients and relatives. A rationale for these decisions should also be given.

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

Patient unhappy with the change of councillors as it was difficult to open up to a new councillor.

Actions from this complaint were to ensure continuity with patients as much as possible, on reflection the staff member realises that it would have been best for her to contact the patient directly and this view will be taken forward for other patients in the future.

**Author** – Jennifer Haynes, Board Complaints Manager

**Tel No** – 0141 201 0473 / 07580452098

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