

# **2016/17 Annual Report on Feedback, Comments, Complaints and Concerns**

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## **CONTENTS**

### Background

- Section 1 Encouraging and Gathering Feedback
- Section 2 Listening to People – Using Feedback to Improve Services
- Section 3 Encouraging and Handling Complaints
- Section 4 Feedback Received by Independent Contractors – General Practitioners, Pharmacists, Dental Practices and Optometrists
- Section 5 Accountability and Governance
- Section 6 Conclusion - Have Your Say

## **Background**

NHS Greater Glasgow and Clyde (NHSGGC) is the largest Health Board in Scotland with over 38,000 members of staff serving a population of 1.2 million as well as providing regional and national services. It aims to deliver high quality healthcare and to use the views and experiences of the people who require to access our services as part of the process of continuing improvement. Our ambition is that the care we deliver is person centred and provides services that put our patients at the heart of service provision.

By listening to our patients and their families, we can learn how to deliver even better services and provide care which helps meet the need of our patients as individuals. We are focussed on delivering person centred care but we can only do so by listening to the individual and learning what matters to them in their care and throughout their healthcare experience. NHSGGC works in many ways to help improve this two way communication and to help change how we behave and communicate as a result. This report sets out many examples of this listening and learning.

The Patient Rights (Scotland) Act 2011 (the Act) came into force five years ago with the aim of improving patients' experiences of using health services and to support people to become more involved in their health and healthcare. The Act requires Health Boards to seek feedback, comments, concerns and/or complaints from every patient on an ongoing basis, collect it, identify themes from it and use it to make improvements to services and the patient experience. The Act also required additional monitoring and reporting requirements including more detailed reporting about complaints, feedback and improvements made by primary care contractors (GPs, Dentists, Community Pharmacists and Opticians).

This is the fifth Annual Report and it has been shared with the Board of NHSGGC and submitted to the Scottish Government, Scottish Public Services Ombudsman and Healthcare Improvement Scotland. The Scottish Health Council and members of the public, patients and carers have worked with NHSGGC to review the report and to make suggestions on how it can be improved in subsequent years.

As part of the Public Bodies (Joint Working) (Scotland) Act 2014, NHSGGC underwent a major structural change in the last year, with community led and mental health services devolving from the Health Board and merging with social care services so

that care is delivered jointly. These services are therefore now delivered by Health and Social Care Partnerships (HSCPs), which are separate legal bodies to NHS GGC.

This was the last year of the old arrangements for handling complaints and since 1<sup>st</sup> April 2017 the complaints arrangements follow the new Scottish Model Complaints Policy which seeks greater emphasis on local resolution and communication, at an early stage, with the complainant.

## **SECTION 1      ENCOURAGING & GATHERING FEEDBACK**

### **Overview of Feedback 1 April 2016 to 31 March 2017**

Listening to our patients and hearing about their experiences of care is extremely important to NHS GGC. We are committed to making sure that all of our patients and their loved ones are given the opportunity to tell us what was good about their time in our care, as well as what we could do better. For many years, we have used lots of different ways to gather feedback from patients, carers and other users of our services, but the introduction of the Patient Rights Act encouraged us to look at how we could do this in a more robust way across every part of the Health Board.

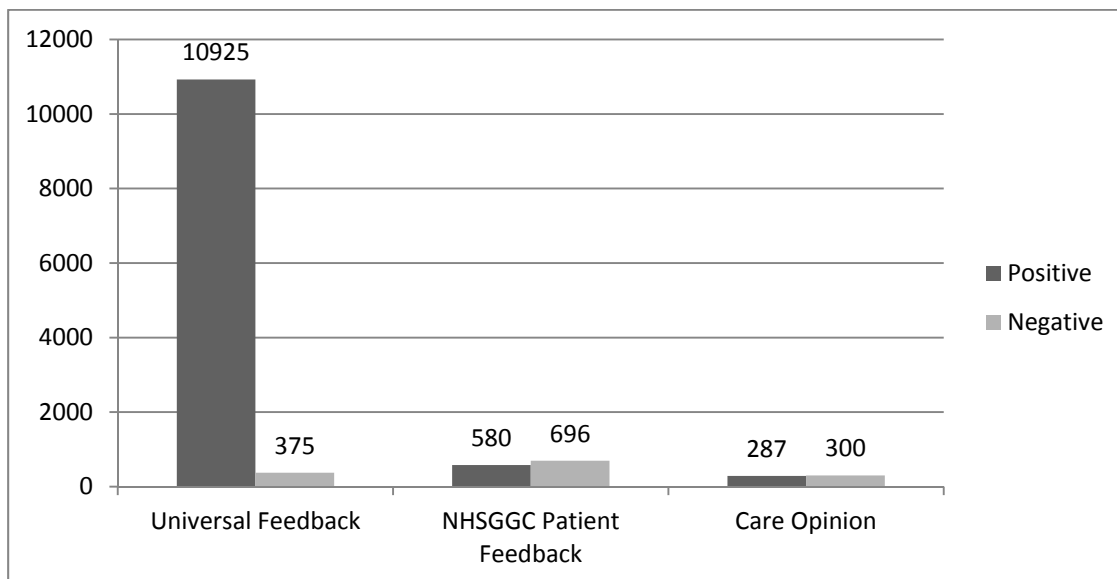
We have three main methods of feedback, supported by the Patient Experience Team – Universal Feedback; NHS GGC Patient Feedback; and Care Opinion (formerly Patient Opinion). These three methods are complemented by feedback gathered by individual teams in wards and clinics. This means that wherever people come into contact with NHS GGC services they will have an opportunity to tell us about their experience and a variety of ways in which to do so.

The three systems generate broadly different types of feedback. Universal Feedback provides feedback on the person's experience of being a patient staying on a ward. NHS GGC Online Feedback tends to generate real time feedback about a wide range of issues with many environment or situation related issues raised (e.g. parking, waiting at a clinic, cleanliness or smoking outside the entrances). People who post on Care Opinion often describe their journey through our care, a particular aspect of their care, or a more detailed personal account of the care they have received.

The two online methods of feedback give us rich commentary on individual patient and carer experience. Using these methods, patients, carers or members of the public can describe any aspect of their care in as much detail as they choose. Universal Feedback, which each inpatient ward carries out, gives us both a numerical score and a short written insight into the patients' experience (this is explained in more depth in the Universal Feedback section below).

When we look at all of the written comments we received, in 2016/17 NHS GGC received a total of 13,163 comments from these three methods of feedback. The figure below shows how many comments were received from each source of feedback and the number of those comments that were either positive (praising, commending or thanking) or negative (complaining, criticising or relaying a negative experience).

Figure 1:      Number of Positive and Negative Comments in 2016/17



Overall, 90% of the total feedback comments received were positive. These overwhelmingly relate to our members of staff who are regarded very highly for their professional, caring and friendly approach to patient care. This is particularly evident in Universal Feedback, which inpatients at the point of discharge often use to thank or praise a member of the ward team who has made their care or stay special.

Although smaller in number than Universal Feedback, our online methods of feedback (Care Opinion and NHSGGC Patient Feedback) provide very complex, but rich sources of patient and carer experience. They allow people to share almost immediately their reaction to a situation or experience they have had and this can mean that we see a bigger proportion of negative comments through these sources.

These three methods of seeking feedback are supplemented by two other measures introduced in 2016-2017. Following feedback from a group of disabled patients, we introduced a Freephone Feedback number (0300 123 9987). We recognised that not everyone is literate or has access to the internet or smartphones. The Freephone comes through to the Patient Experience and Public Involvement Officer where a member of staff will take down all details of the caller's feedback and enter it into the system so that it is addressed.

We also wanted to find a way of gaining a more in-depth qualitative insight into how our carers, friends or families, see the service or their views on the care their loved ones receive. To do this, the Director of Nursing commissioned monthly audits of wards, some of which had received excellent patient feedback; others had received less positive feedback. "A Carer's Audit – listening to friends, families and carers" was undertaken in 12 wards in our hospitals across Greater Glasgow and Clyde. The audits involve *all* visitors to a ward – friends, family members or carers – the opportunity to meet with a member of the Patient Experience team (who are separate from our ward staff) to talk through their views and experiences of the care their loved one is receiving and how they have been treated as a carer or family member. Overwhelmingly, the feedback was positive but some areas for improvement have been picked up. For example, following the audits, some wards have reviewed how

they can improve communication with families regarding the patient's well being or to improve the information they give to visitors.

More information about the three main methods of feedback and the things we have learned from them is provided below.

## Universal Feedback

Universal Feedback was introduced as a way for NHSGGC to get a measure of patient satisfaction across the Board at the point of discharge from each inpatient ward. Not only does this method give every inpatient the opportunity to tell us about the overall experience they have had, but it allows the patient to do so in a quick and easy way that is effective, but not too complicated or time consuming to complete.

Every inpatient is given a card on the day of their discharge that asks two simple questions:

1. How likely are you to recommend our ward to friends and family if they needed similar care or treatment?
2. Please can you tell us the main reason for the score you have given?

Patients can choose between 5 options – Extremely Likely; Likely; Neither Likely or Unlikely; Unlikely; and Extremely Unlikely – and then a comment box enables them to write their response to the second question. Question 1 gives us a numerical value, which is the percentage of people who gave a rating of 'likely' or 'extremely likely'. Question 2 provides a commentary giving us more insight into what their experience was like on the ward. The vast majority (86%) of patients like to leave a comment, however some prefer to simply answer the first question, which is reflected in the higher number of overall responses below, than the number of comments shown on the previous page.

The figure below shows the average response rate in 2016/2017, as well as the overall Percentage Positive Score, and how this is broken down by Extremely Likely and Likely.

Figure 2: Universal Feedback Overview

<b>% Response Rate</b>	<b>% Extremely Likely to Recommend</b>	<b>% Likely to Recommend</b>	<b>Overall % Positive Score</b>	<b>Number of Responses</b>
20%	82%	15%	97%	11,300

As demonstrated in Figure 2, 97% of the comments received during this period were positive. The vast majority of these comments were praise for staff, e.g.

“Care and attention carried out by people who know what they are doing. Clinical/medical treatment excellent. People capable to listen and respond to any concerns in a place you don’t want to be but have to. Made welcome, looked after, great place to be when in need. Thanks.” (RAH, Ward 10)

Results are produced on a month by month basis, with a fast turnaround, so that the feedback is as near to real-time as possible and it allows results from wards to be compared.

Senior Charge Nurses are encouraged to own the feedback they get by displaying their results every month on the ward and most importantly to share these with staff. Universal Feedback is a useful tool for Senior Charge Nurses as every month they get to see how their ward is performing, with the ability to make real changes and see the improvements reflected in their feedback quite quickly.

We will also develop this system by using this already established process to focus our questions on specific issues. This will allow us to get high numbers of real-time feedback to test out areas that have been raised through other areas of feedback, such as staff attitude and behaviour; catering or perceptions of cleanliness, communication with families and carers; or involvement of patients in their care.

## **NHSGGC Patient Feedback**

NHSGGC Patient Feedback is a way for patients, carers and other users of our services to give feedback through our website. This is a secure and anonymous way for people to let us know about their experience directly. It is a one-way system, meaning that we are not able to respond to individual comments. However every comment received through this system is viewed and reported on a monthly basis to our Senior Management Teams and actions taken as a result are recorded every quarter and examined by our Patient and Carer Experience Group.

As with Universal Feedback, almost all of the positive comments received through this system relate to our staff:

### **New Victoria Hospital**

“This morning I slammed my finger in the car door. The nail was quite gruesome. I attended the minor injuries. I was initially against the idea because it was a Saturday night. I arrived just after 5pm. We were anxious about how long we would be. We were greeted with a smile from the receptionist who took my details and kindly asked me to wait. I sat and got my phone out expecting a long wait. I was literally just texting my parent to let her know when we were called through. The nurse practitioner was simply fantastic. I'm a teacher now but I was an A&E nurse before I went into teaching 6 years ago. She took a thorough history and more importantly she was kind. I was sent to X-ray and again seen in less than a couple of minutes. Back round and the nurse explained in brilliant detail and reassuring confidence that everything was okay. My finger was numbed up, dressed and I was on my way all in under 40 minutes. I honestly

cannot explain how impressed I was. I honestly can't thank you all enough. Please please pass on my sincere appreciation and thanks to the MIU."

### **Beatson West of Scotland Cancer Centre – Oncology Ward B6**

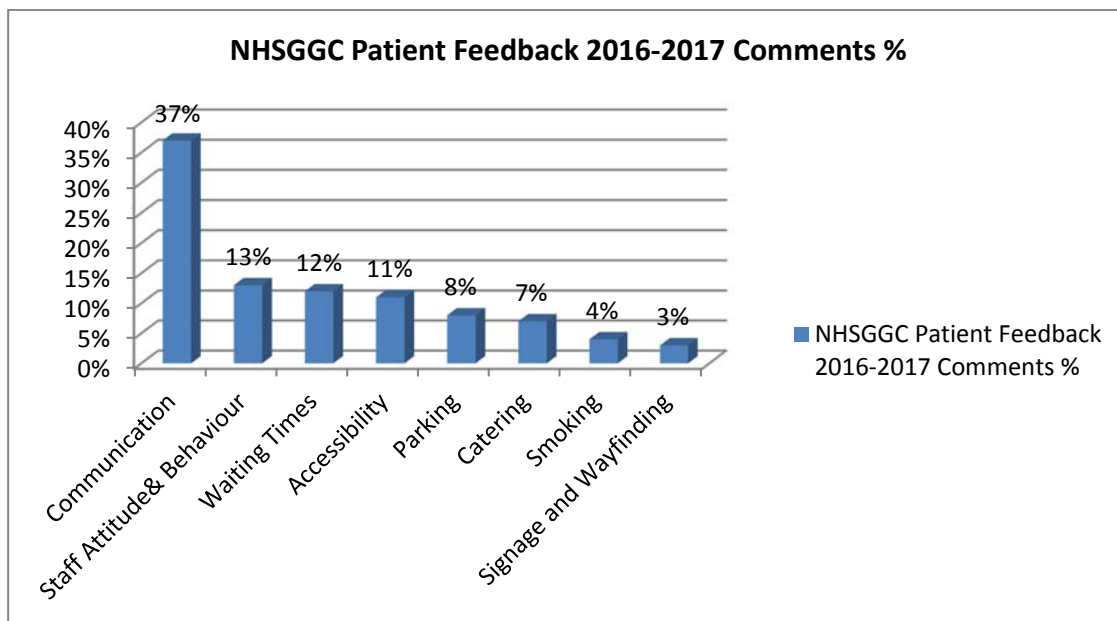
"Have just finished multiple cycles of chemotherapy for a recurrence of cancer. Cannot thank the staff at the Professor's clinic and the staff at ward B6 (MDCU) for all their help and kindness during my treatment. They are always under pressure but treat each patient with the same courtesy and afford them all the time needed. I thank each and every one of them x"

### **Royal Hospital for Children – Urology**

"I would like to take the opportunity to thank all members of staff involved in our child's care and treatment when he was admitted as a day patient today for keyhole surgery. All members of staff involved in our child's care and treatment today (and even those who were not), displayed a kind and caring manner and were of a cheerful disposition. They behaved in a caring manner towards our child, and I felt at ease leaving my child while the procedure was carried out. I feel we were well informed about the procedure being carried out and were also kept updated throughout the surgery. The thing that struck me the most was how at ease I felt leaving my child with staff while the operation was carried out. This, I feel, is a reflection of the kind and caring attitude the staff displayed towards our child."

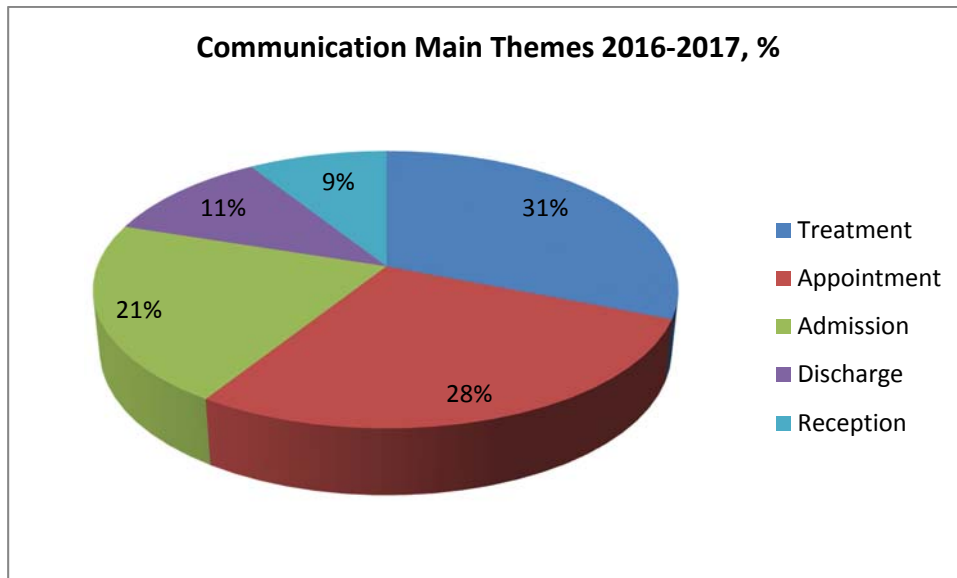
This feedback has also drawn out areas where our patients and carers feel we could improve as indicated in the figure below:

Figure 3: NHSGGC Patient Feedback 2016-2017 Areas for Improvement



The area which makes up the biggest proportion of negative feedback from our patients and carers is in Communication. This can be broadly broken down as communication with patients and/ or their carers about their treatment or care plans; or difficulty with our appointments system (whether that is difficulty getting in touch with us to confirm, change or cancel appointments, or issues with people receiving letters about their appointments).

Figure 4: NHSGGC Patient Feedback 2016-2017  
Communication Themes - Areas for Improvement



## Care Opinion (formerly Patient Opinion)

Care Opinion is an online, public resource that can be accessed by patients, carers and staff 365 days a year. Anyone who uses any of our services can post about their experience on Care Opinion and these posts can be seen by anybody. NHSGGC's responses to these posts are also visible to everyone on the site, which encourages an open and transparent dialogue between our service users and the Health Board.

Although we have been using Care Opinion for a while, NHSGGC is developing ways to make better use of this resource. While we are committed to making sure stories are responded to as quickly as possible, we are also asking services to add their own follow-up responses, either saying what they have or will do with the feedback, or in the case of positive feedback, simply thanking the author for sharing their experience. This is important as it means people using Care Opinion can be confident that their feedback is going to the right people, as well as demonstrating the value of Care Opinion in driving improvements within the Health Board.

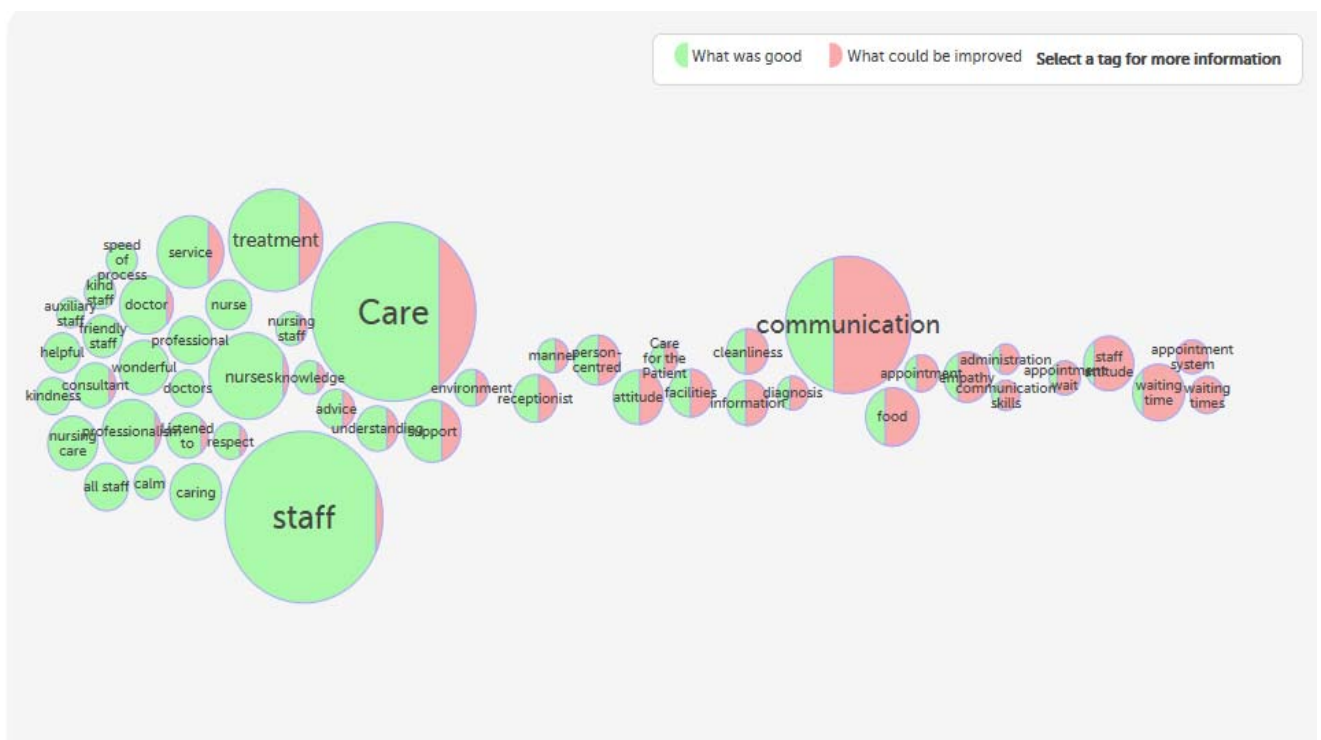
Currently around 20% of stories shared about Greater Glasgow and Clyde have a follow up response, and over the next year we will continue to increase this through monitoring via the Board's Patient and Carer Experience Group, and by giving more support to management teams across the Board to respond to their own feedback.



Care Opinion provides extremely detailed, sometimes complex accounts of people's personal experiences, which can be difficult to summarise without taking away some of the power of the stories themselves. We encourage all of our staff and the public to visit the site so they can see for themselves the richness of the information received via Care Opinion (<https://www.careopinion.org.uk/>). We also present all stories which are rated as highly critical by Care Opinion to our Directors and Senior Managers.

The following link <https://www.careopinion.org.uk/vis/znzsx> leads to the visual representation of the main themes of the Patient Feedback in Care Opinion in 2016-2017. Green bubbles represent positive feedback, whereas red bubbles represent areas for improvement. Comments can be read by clicking on the bubbles.

Figure 5: Care Opinion Feedback Main Themes



Similar to NHSGGC Patient Feedback, Communication is the key area for improvement highlighted by users of Care Opinion.

To illustrate the rich variety of experiences that we read about on Care Opinion, see the following postings:

### **Queen Elizabeth University Hospital**

My elderly parent needed surgery on their face recently and met with various staff members at the Queen Elizabeth University Hospital. They were treated within the maxillofacial department. Each and every member of staff, whether it be a consultant/nurse/receptionist that dealt with my parent was absolutely fantastic. They were extremely caring and patient with them. This made a huge difference to a very anxious 83 year old.

Response:

Thank you for taking the time to post on Patient Opinion. I am pleased to read your parent had such a positive experience whilst receiving care in the Maxillofacial department of the Queen Elizabeth University Hospital and that it made a huge difference to them. I will ensure your feedback is shared with the staff in the Maxillofacial department, they will be delighted to receive your feedback.

### **Gartnavel General Hospital**

My relative attended appt at gartnavel eye clinic. They are terrified of hospitals and procedures. Medical care and nursing care was exceptional. Elderly parent supported and my relative's Learning Disability was recognised. All procedures were discussed with them in language they understood and they accepted a cannula something that we thought was a no go. Thank you all

Response:

Many thanks for taking the time to post on Patient Opinion. It was heart warming to read your kind words regarding the care the staff provided to your relative. It is encouraging to read that staff supported both your relative and parent. I am glad that by clearly explaining the procedures involved, your relative was willing to have a cannula.

I will share your post with the General Manager of the service and I know that the staff in the Eye Clinic will be delighted to receive your kind words. Best wishes to you and your relative.

Kind Regards

### **Inverclyde Royal Hospital**

Took my parent to Inverclyde Royal Hospital A&E tonight with a suspected sepsis. They are very unwell and naturally myself and my family were very anxious. I'd just like to thank the A&E staff who were quick, kind and seemed to genuinely care. The two nurses (names supplied) and the young female doctor who's name I didn't get, thank you very much to you all. A last thanks also to the staff member (female domestic staff, again apologise didn't get your name) who was also very

kind and got my parent water - again, this came across as genuinely caring and was much appreciated. Great team!

Response:

Thank you very much for your positive comments about the care and attention that your parent received in Inverclyde, I will ensure your praise and thanks are passed to the staff. The staff always appreciate it when families take the time to provide feedback as they always strive to achieve a high standard of care for both our patients and their family / carers.

I hope that your parent is improving,  
Best wishes

## **SECTION 2 LISTENING TO PEOPLE – USING FEEDBACK TO IMPROVE SERVICES**

### **The Patient Experience Service Improvement Report**

The Patient Rights Act requires NHS Boards to develop a robust monitoring and governance system to ensure that feedback is sought, gained, reflected upon and, where appropriate, used to identify areas for improvement, as well as provide assurance or support praise and positive feedback.

We have developed a simple system whereby each month we pull together the feedback from our main feedback systems: Universal Feedback, NHSGGC Feedback and Patient Opinion. Where there is criticism, negative feedback or suggestions for improvements, these pieces of feedback are highlighted. Each Directorate gets their own monthly report which is sent to the General Managers and Directors. This report is called the Patient Experience Service Improvement Report. Every three months the Directorates update their reports with information on what actions they have taken to address issues.

### **Supporting Staff in Using Feedback**

From the moment a new member of nursing staff starts work with NHSGGC, we reinforce the importance of communicating well – in a friendly, informed and respectful way, with our patients, carers, visitors and the public. The very first session we provide as part of our staff induction is called “Delivering a Person Centred Service.”

From April 2016 to March 2017, the Patient Experience, Public Involvement and Quality team met with staff to raise awareness of, and compliance with, the Patient Rights Scotland Act (2011). The team spoke to 728 Registered Nurses and 718 Health Care Support Workers as part of their induction about delivering a person centred service. They also spoke to 305 senior nursing staff about the importance of attitudes and behaviour. Talks about patient experience have also been given to 60 Junior Doctors in the Queen Elizabeth University Hospital, and about person centred care to

75 nursing staff with responsibilities for ward compliance with aspects of NHS GGC's care assurance system.

In 2016/2017, 2,494 NHS Greater Glasgow and Clyde staff completed the National Education for Scotland training on feedback, comments, concerns and complaints. This training consists of 5 modules, all of which were completed by at least 2,000 members of staff:

- The Value of Feedback – 2,519 staff
- Encouraging Feedback and Using It – 2,480 staff
- NHS Complaints and Feedback Handling Process – 2,458 staff
- The Value of Apology – 2,431 staff
- Managing Difficult Behaviour – 2,444 staff

## **Promoting Awareness of the Importance of Feedback**

For 2016-2017, we wanted to strengthen awareness of the importance of good, person centred communication with all of outpatients, carers and the public.

To help us do so we worked with patients and carers to produce a new range of awareness materials to highlight the importance of listening to patients, seeking feedback and engaging with people as individuals. Using videos on line and leaflets and posters in our hospitals and clinics and health centres, we would like to encourage everybody to tell us what they think about the care they get, what we do well and where we could do better. You can view our new feedback videos on [www.youtube.com/user/nhsggc/videos](http://www.youtube.com/user/nhsggc/videos).

## **You Said, We Did**

This section provides a range of examples where your feedback has led to a change in how we do things.

### **South Sector Acute Services**

#### **The Introduction of RVS Trolley Service to In-Patients – QEUH**

As part of patient feedback, it was highlighted by patients that they missed having access to the mobile trolley which sells newspapers, sweets, crisps etc. This was a service which had previously been provided in other hospitals. Following discussion with the RVS, a 7 day trolley service was introduced.

#### **Re-modelling Work at the Initial Assessment Unit Entrance**

Since opening the QEUH there has been ongoing informal feedback from both patients and carers that the Initial Assessment Unit lacks space. This area works like an Emergency Department for patients referred to hospital by General Practitioners and it became necessary to review the area and consider changes that could be made to improve patient and carer experience.

The new area now has a purpose built waiting room which is much larger in size and allows relatives and friends to wait with loved ones. There is a lowered reception desk

area which more easily allows wheelchair users to access information and book into the Assessment Unit. There are also vending machines for snacks and a television has been installed. This new area is much quieter as it is now separate from the clinical area which again is much better for anyone waiting.

The Assessment Unit also now has a bespoke entrance / exit. This allows visitors to seek assistance / direction without entering a clinical area and also allows patients and relatives easier access to the ground floor of the hospital including shops / restaurant etc.

There is also now a purpose built triage area within the unit which allows greater privacy for patients both when transferring from the ambulance trolley to hospital trolley and when being initially assessed on arrival. There has also been an increase in the number of clinical spaces which has lowered the amount of time patients require to have to wait within the department. Privacy and confidentiality has also improved as previously ambulance crews may have been overheard passing on information at reception and now this is carried out privately in a specific clinical area.

We note that since making these changes, negative feedback has fallen considerably and we hope to continue this trend with more improvements being considered.

### **Carer Feedback within Critical Care Areas in the Queen Elizabeth University Hospital**

Since moving into the new 79 bedded critical care area within the Queen Elizabeth University Hospital the staff in the unit have listened to feedback from relatives on a regular basis about the size of the area and the difficulty in locating their loved ones.

Visiting critical care is a distressing time for anyone and relatives were feeding back when they were chatting to nurses on arrival to the unit that they were confused around the names of the different areas within critical care and were therefore unable to locate their relative in such a large unit. It became apparent to the staff that the term critical care was not an appropriate term to use as families did not understand this meaning. They needed to revert back to calling the areas Intensive Therapy Unit (ITU) or High Dependency Unit (HDU) as these were the titles that were recognised by the public.

A consultant was asked to review the signage within the entire area with a view to improving way finding for upset and distressed relatives. A new diagrammatic sign has been developed and implemented at the entrance to critical care which gives a more visual prompt of the layout to anyone arriving at the main entrance.

Since the recent implementation of these new signs informal feedback received is that the unit is much easier to navigate, there is less confusion around the names of the areas and relatives do not arrive into the units and discuss the difficulty in finding their way round.

Additionally, patients told us they felt vulnerable and unable to easily return to normal life after a prolonged period in an intensive care unit. Subsequently, a five week rehabilitation and support initiative was developed for both patients and their families.

### **North Sector Acute Services**

## **What Matters to Me**

Feedback from patient's "What Matters to Me" boards and comments from family and carers in our Critical Care unit at the Glasgow Royal Infirmary told us that they felt the ward environment was impersonal and too clinical. Based on this, the ward team were able to access some local endowment fund monies to purchase duvets, pillows, throws and wall decoration to provide a more homely feel to put people more at ease. The team also ask patients each day "what can I do for you today that will make a difference to your day?" to not only work towards daily goals, but to continually monitor how we can improve the service.

As part of a patient experience project, where we talk face to face with people using our services about our services, family members and carers identified an issue in our short term Acute Medical Receiving ward. They told us that sometimes they were not informed about the transfer onwards of their loved one to the ward they needed to be in for ongoing treatment and care. We recognised that, not only is this an inconvenience, the physical layout of the hospital can prove difficult to navigate if elderly or less able bodied. We have since developed a system to ensure ward staff contact the named relative or carer to notify them when and where their loved one is moving to and feedback to date is that this has been a great success.

Through the What Matters to Me discussions we had with patients in our Critical Care and High Dependency Surgical Units it was highlighted that lack of internet access, television or other activities made the time pass slowly. The ward team discussed this and looked at ways to try and improve the patient experience in the ward. Again, through accessing monies via a local charity fund, they were able purchase televisions, tablet computers with improved access to internet, some mindfulness adult colouring books and brighten the ward environment with artwork for the hallways.

## **Clyde Sector**

### **Written Communications about Appointments or Operations**

People have told us that our letters to invite people for outpatient appointments or in patient treatment are not well written, easy to understand and do not have all of the information that people need. This results in added anxiety and stress for people at a difficult time and can result in missed appointments and delays to treatment. We have drafted new letters and are working with health records teams to agree how to test and implement these across all services.

### **Understanding What Matters to Palliative Care Patients and Their Families**

In ward 19 of the Royal Alexandra Hospital, patients struggled to remember to ask the questions they wanted to the nurses and doctors and found it difficult to raise their concerns on a daily basis. The ward has now introduced a white board at every bed where families / patients / volunteers will capture a key question or comment for the nursing staff or the doctor on his rounds. They can do this at any time and staff will make sure these questions are answered every day. Patients report really positive experiences of using these boards.

### **Allied Health Professionals (AHP) Service Improvement Examples**

At the Royal Alexandra Hospital, AHP teams have undertaken a project, similar to universal feedback where we specifically asked around Occupational Therapy and Physiotherapy involvement. From the feedback received, the main theme was patients being unclear who to contact once they got home and had any issues. In response the team therefore devised information sheet with useful contact numbers and basic advice i.e. info on home care contacts, district nursing contact details etc. We are now in process of re-auditing to measure impact but early indications show it has made a significant difference for patients.

There was a sudden increase in Occupational Therapy and Physiotherapy being mentioned in complaints at Larkfield due to relatives being unaware of AHP input. Team bases were relocated to wards so that they are more visible, particularly at visiting times. This has seen an increase in relatives popping in to discuss concerns. Staff were also ensuring that they were walking round the ward during visiting to engage more with relatives / carers, overall be more visible. This appears to have been welcomed by all, with regular drop in by relatives to the AHP area and no complaints relating to this service in last year.

### **Simple Things**

On patient feedback forms, a patient highlighted the lack of hooks in the bathroom to hang clothes / gowns. On inspection by the Senior Charge Nurse although there were hooks in toilet area there were none in the shower area. Estates were contacted and all toilets / showers now have hooks in place. The patient thought it was a paper exercise and nothing would happen. She was very surprised and happy when the Senior Charge Nurse in Ward 21 made this happen and gave assurance we take patient comments seriously.

### **Visiting Times**

More generally, people told us that visiting times did not suit some of them so a more relaxed open visiting regime has been adopted across the hospital sites.

## **Women and Children's Directorate**

The single parent of a long-term patient commented to a member of staff at a family fun day that access to self-catering affordable facilities for parents in her position was very limited in terms of storage of food, preparation of food and somewhere comfortable to eat.

In partnership with the parent and other families, we reviewed the 3<sup>rd</sup> floor Parents lounge and compared the available facilities with those that would better cater for her needs and for those of other parents.

A number of changes were proposed by the parent:

- Free to use tea, coffee, milk, biscuits, cereal, bread and butter;
- Free to use dishes (later changed to disposable due to hygiene issues);
- Microwaveable dishes to allow clean and hygienic microwave cooking;
- Labels so parents could store things in fridge;

- Greater fridge space to allow more storage of items;
- Cleaning equipment;
- A brighter room, somewhere with comfortable furniture conducive to relaxing, that could be accessed 24 hours a day, meaning parents could come when their child is asleep;
- A telephone so the ward can get in touch quickly if required;
- A selection of books / magazines or games that would provide distraction if your child was in surgery or asleep in the evenings.

The proposals were discussed with Glasgow Children's Hospital Charity who agreed to undertake a refurbishment and replenishment project, working in partnership with parents and our Family Support and Information Team.

Some immediate changes were implemented, such as the availability of some refreshments, and the larger pieces of refurbishment work and furniture changes are ongoing in partnership with Families. A charity is also going to deliver welfare packs for the room; toothbrushes and other essential items to make parents' stay that bit easier.

The parents of a child diagnosed with a complex condition told the nurse in charge of Ward 3B at the Royal Hospital for Children that they were experiencing problems with accessing various support services and benefits. They were referred to the Family Support and Information Team and the nurse also told a manager in the hospital of the parents' issue.

The family suggested that their worries might have been alleviated had they known about the service much sooner.

Family Support and Information Team devised a role description for a daily volunteer who would visit each patient cubicle in the Children's Hospital and highlight the services that would be available from the team.

In addition, the volunteer began hosting a daily drop in coffee stop in the Parents Lounge where parents could get together, ask questions and get to know one another in a facilitated environment.

Several Cystic Fibrosis patients from Ward 3B highlighted to their Play Assistant that they were not allowed to go to the MediCinema due to their clinical condition and infection control guidelines. This meant they were excluded from benefiting from being able to get a bit of space away from the ward environment.

The MediCinema is routinely available for all children and young people for a minimum of two scheduled screenings per week.

The Play Assistant spoke to the MediCinema Manager. In turn, the Manager spoke to clinical staff, Infection Control and parents. One to one screenings were soon arranged, and now children with Cystic Fibrosis; Autism; Infections or those who need a little bit more space can all attend the MediCinema at a time that is suitable for them. They can even take their own family and friends.



## **Regional Directorate**

### **Comments for Concern re: Bone Marrow Transplant Unit (BMTU) Patient**

In response to a very comprehensive letter from a family raising concerns about the pathway of their loved one's Transplant Journey the BMTU staff sought to address the issues experienced by the patient. Nursing teams were required to work in a different way to support a patient journey of care across two hospital sites to enhance the support the family felt was lacking.

The Lead Nurse met with the patient's family to discuss concerns and as a result introduced new ways of working to address the shortfalls experienced.

In conjunction with the Senior Charge Nurse in BMTU there is now a system in place that, when a patient is transferred to HDU / ITU during their transplant admission, the clinic nurses will visit the patient and family/carers to identify any areas that they can support from a BMT aspect. The other two days the nursing service strive to ensure that there is key personnel available, i.e. Senior Charge Nurse / Transplant Co-ordinator from the BMTU in ITU to compliment the daily visits by the Transplant Consultants. Patients and relatives know in advance when the nursing staff will see them.

Overall since the introduction of this service there has been enhanced communication and support with patients and relatives with positive feedback received.

### **Spinal Injuries Unit - Capturing Patient Stories Using Emotional Touchpoints Tool**

The Care Assurance Implementation Group had discussed different techniques to capture patient stories to enhance patient / family experience, recognise improvement and celebrate success.

As a result the Spinal Injuries Unit volunteered to test an Emotional Touchpoints tool in collaboration with exit interviews that already take place.

Emotional Touchpoints have emerged as a rich and useful tool to capture patient's relatives stories. The method focuses on emotion by asking patients and their families to think about key points in their journey and select from a range of emotional words that best describes how they felt about an experience. These key moments of their experience can have huge impact both positively or negatively but may go unnoticed to the caregiver or service.

In turn, after permission from the patient, the feedback can help staff see situations from patients / family perspective and can help influence change within wards, providing a platform to discuss more complex aspects to contribute to the delivery of compassionate care.

A review of themes from previous exit interviews was undertaken to be used for Emotional Touchpoints. Awareness sessions were then held with all multidisciplinary members in the unit to provide the background to the test and actively encourage involvement.

The Unit Psychologist commenced the test by asking patients if they wish to take part in the Emotional Touch point exercise at exit interview, which is then performed as an out-patient and fed back to the team. Inpatients also have opportunity to participate in emotional touch points if clinical staff feels this would be beneficial.

This tool is now offered to patients and awareness is raised through patient and relative education. Feedback is provided to the team at a unit meeting every 6 weeks.

The aim would be that negative themes that are highlighted are reduced, improvements embedded and good practice is shared.

## **Property, Procurement & Facilities Management (PPFM)**

Common themes that have occurred over the last year have revolved around:

- Car Parking – particularly at QEUH and RAH;
- Window blind operation at the QEUH;
- Signage – at QEUH, RAH and GRI;
- Catering choice – QEUH and GRI in particular.

Below are some of the examples of improvements that we are taking forward.

### **Window Blinds – Queen Elizabeth University Hospital**

Recognition was given to the fact that the new internal blinds of the external windows were failing and difficulty in rectification was resulting in very poor patient experiences. Following various contractual discussions, this issue is now being rectified and all blinds are being repaired and replaced.

### **Catering Choice**

Significant responses within the patient's experience feedback have centred on poor choice or no choice of food. Within our catering service there is commitment that there should always be a choice within all patient meals and the catering managers have taken on board these comments seriously.

Our catering managers created new menus following patients and visitors "tasting sessions" and meals now include "lighter" options.

Our patient experience feedback in some of the elderly care wards also has focussed on the repetitiveness of food choice. These are areas where it is more likely that a patient will be spending an extended period of time. Working with our catering managers we are now able to increase the rotation of menu choice within these wards, offering a wider selection to patients.

Some visitors told us how they were concerned about their elderly relatives not eating their food at meal times while in our care. By removing restrictions on visiting times those relatives are now able to be with patients at meal times if they wish.

Our catering department is also working on producing a pictorial menu for use within the wards. This would enable patients who have literacy or cognitive difficulties to make better informed choices about their chosen foods.

## **Car Parking – Queen Elizabeth University Hospital**

Many comments / complaints have centred on the walking distance from the site car-parks to the main building.

Improvements have been made within the multi-storey car parks to highlight safe crossing areas. However, the most significant improvement has been the introduction of the buggy transport system.

Following discussion in various settings and forums, a generous offer was received from The Priory of Scotland of the Order of St John Scotland to fund transport buggies around the site.

The Order's kind offer allowed the Board to commission two specially constructed buggies, one with wheelchair carrying capacity, and design a personal delivery drop off service around the site in peak hours (9 am to 5 pm) Monday – Friday.

The route connects the farther to reach locations, which means patients, carers and visitors are now able to be picked up from the car park and dropped off at their destination without a walk which can be challenging for some. Since the introduction of the scheme, patients and visitors using the buggy report that they now arrive and return quickly from their appointment in comfort, sheltered, and without additional unnecessary stress.

It reaches these key locations/ service departments all day. Journeys can be booked by intercom in the Multi Storey Car parks or by pick up at various stations along the way.

This has proved to be a highly successful change.

## **Mental Health Directorate**

### **McNair Ward, Gartnavel Royal Hospital**

We received direct feedback from patients within McNair Ward (adult acute admission) at Gartnavel Royal Hospital, via ward conversations, regarding communication and dedicated time with your named nurse.

This indicated that patients found staff available, polite, helpful and caring. It was suggested that planned time with your named nurse would be very helpful as some people didn't like to approach staff when they were busy.

As a result, we are now implementing a system whereby every patient will have at least one individual meeting with a member of staff every duty. This engagement will be initiated by staff. Planned time will be regularly discussed by patient's named nurse.

### **Balmore Ward, Leverndale Hospital**

Within Balmore Ward (older people's mental health) at Leverndale Hospital, the following feedback was received from a Carers Survey regarding treatment and care within the ward.

- Visit parent daily for 4 to 5 hours;
- We are openly invited to weekly ward meetings for progress reports and as above can go to office for anything and by phone too;
- Visit daily, have coffee, go for a walk which we both enjoy;
- The consultant has phoned with updates;
- Not consulted, however we rely on the expertise of the staff to provide the relevant care and treatment.

As a result of the last comment all staff have attended Carers awareness training and guidelines on confidentiality for staff have been produced to ensure that someone caring for a patient is contacted and involved in the care and treatment of their loved one.

### **Rutherford Ward, Gartnavel Royal Hospital**

We received feedback from patients within Rutherford Ward (adult acute admission) at Gartnavel Royal Hospital, as part of the Scottish Patient Safety Climate Survey for patients.

Patients indicated that sometimes they felt anxious or unsafe if they witnessed a fellow patient being restrained by staff, as a result of the level of illness and challenging behaviour the patient was showing at that time.

We have put in place debriefing sessions with patients who unfortunately may witness patients being restrained. As part of these debriefing sessions we ensure that patients' anxiousness and any feelings of safety are addressed and revisited with the patient to make certain that these feelings have been fully addressed.

## **Treating People as Individuals - Person Centred Care**

We all want to be treated as individuals. This is even more important when we are unwell or vulnerable. Being able to participate in decisions that affect our care and have our rights respected are critical aspects of person centred care. In the next 2 sections we describe how we make our services sensitive to the needs of the many diverse communities we serve here in NHSGGC. We also describe how we use innovative evidence based support to work with our clinical teams to deliver person centred care.

### **Listening To and Involving Diverse Communities**

NHSGGC have a commitment to engage with and consult with specific groups of people with protected characteristics to reduce their experience of discrimination in our services. These are the groups of people covered by the Equality Act such as disabled people, lesbian, gay, bisexual, transgender people, men and women.

We have ongoing engagement such as our Health Reference Groups, our Human Library cohort, the British Sign Language (BSL) champions, our Asylum Seeker peer educators, our Roma peer educators, patients with Learning Disabilities and our Better Access To Health Group, a reference group made up of disabled patients who inform the adjustments required in our buildings to ensure that they are disabled-friendly and accessible.

We continue to speak to our patients, carers and the wider public and we have a rolling programme of meetings with third sector organisations. This enables us to identify potential barriers and meet with groups of people to gather case studies and patient views.

Additionally, we have a wide range of engagement structures including Patient Partnership Fora, Managed Clinical Networks, Patients Panel and a Mental Health Network. In 2016 we published our equality outcomes for 2016-20 which included actions on engaging with those with protected characteristics within our mainstream engagement activity as well as a range of targeted activities and is designed to understand how we can ensure there is barrier-free access to our services.

Below are examples of the type of work that has been delivered with those with protected characteristics in 2016/17:-

### **British Sign Language (BSL) Users**

In 2016/17 we have improved the effectiveness and efficiency of the interpreting service by: piloting on-line British Sign Language Interpreting in Accident and Emergency Services which has been used by 26 people since January 2017; ninety seven staff have started or completed training in basic BSL to make Deaf patients feel at ease when in our care; and we have trained 1,384 members of staff on Deaf awareness and how to book an interpreter.

### **Deaf Blind Patients**

Deafblind Scotland have provided professional guide communicators for 459 patients at GP visits, hospital appointments, specialist assessments, nurse appointments, Optician, Audiology and Podiatry appointments, day surgery and hospital admissions to Accident and Emergency.

### **Black and Minority Ethnic Patients**

We fill 99% of all interpreting appointment requests and regularly engage with service users and staff to improve the service. We have increased the use of telephone interpreting which can be used in many health appointments and have employed 14 full-time interpreters in high use languages.

In 2016 the Equality and Human Rights Team and Public Health completed a follow up Health and Wellbeing Survey in Glasgow with the five largest minority ethnic groups – Polish, Indian, Pakistani, Chinese and African. Interviews were carried out with 1,798 face-to-face in-home interviews conducted with adults (aged 16 or over). The report will enable us to understand the health of Black and Minority Ethnic Groups and improve services to meet their needs.

### **Sexual Orientation**

NHSGGC's Equality and Human Rights Team attended Pride 2016 and asked visitors to the stall to complete questionnaires asking how sensitive NHSGGC services were to the needs of Lesbian, Gay, Bisexual and Transgender service users. 58 people chose to answer the question from a total of 183 returned forms. All 58 people recorded feedback of 'very sensitive'.

### **Transgender Patients**

Learning sessions were offered to each of NHSGGC's HSCPs and Acute staff, with 210 staff attending. Sessions focused on gender identity and gender expression bringing staff up to date with terminology and barriers experienced by Transgender people in society and when journeying through services. Additionally 294 staff completed the Learnpro e-module on gender reassignment. Our engagement with Transgender organisations has informed our approach to meeting the needs of Transgender people in mainstream services. NHSGGC also offers a Transgender Service providing medical and psychological support to people who are transitioning.

### **Roma Community**

Roma peer educator training was carried out in partnership with the South Sector, Glasgow Health and Social Care Partnership to promote information to the Roma Community on how to access NHS services. Twenty two peer educators were trained who have gone on to work with sixty three Roma people. The feedback from the peer educators is that knowledge in the Roma Community has increased on the minor injury units, the right to an interpreter and the process to make a complaint.

### **Gender Based Violence**

Maternity services audited 268 sets of notes from 2016-17 to monitor discussions on Gender Based Violence. 260 enquiries were made and 5 women disclosed and were offered support. Pathways on Female Genital Mutilation have been developed and circulated to all staff in maternity services supported by staff training.

### **People Experiencing Poverty**

Since January 2015 until December 2016, NHSGGC Acute staff have made over 4,852 referrals to Money Advice Services.

The Royal Hospital for Children's (inpatients and outpatients) Money and Debt Advice Service received 469 referrals between January 2016 and December 2016 with an additional 452 midwifery referrals into Healthier Wealthier Children.

Healthier Wealthier Children has now been acknowledged as an approach which will be rolled out nationally. Since 2011 Healthier Wealthier Children referrals from children and families services have generated funding for some of NHSGGC's most vulnerable residents.

## **Person Centred Health and Care Programme**

Within NHSGGC, the Person Centred Health and Care Programme Team gathers "real-time" feedback from people using services at the point of care in both the Acute Services Division (ASD) and the Health and Social Care Partnerships (HSCP's).

The feedback is used specifically to influence and drive improvements in person-centred care at a local level and to design improvement interventions and actions through a coaching, mentoring and support relationship with clinical teams.

The main method of listening to the care experience of patients, relatives and carers is through a locally developed process which is described as a "themed conversation". The enquiry concentrates predominantly on gathering and developing feedback on experience of the person-centred principles of care giving. Both quantitative and qualitative feedback is gathered over consecutive monthly cycles and is reported directly back to the clinical teams and their managers.

The continuous cycle of gathering feedback helps the clinical teams to evaluate the impact and outcome of the improvement interventions and actions they have implemented on the care experience of people they come into contact with.

Some examples of improvements which have been developed in specific clinical teams over the last year are noted below:

Figure 5: Ward 4C, Regional Renal Transplant Ward, Queen Elizabeth University Hospital

Improvement Aim	Improvement Intervention	Outcome / Learning
<p>Implementation of a conversational approach to find out <b>“What matters to you?”</b></p>	<p><b>‘Ask what matters...’</b> - Nursing staff were supported and encouraged to integrate a “what matters to you” enquiry into their conversations with patients.</p> <p><b>‘Listen to what matters...’</b> – Findings were recorded on the daily ‘Active Care’ chart and with permission on the bedside board.</p> <p><b>‘Do what matters...’</b> – findings were factored into interactions, care planning and delivery throughout the day, and shared with other members of the multi-disciplinary team.</p> <p><b>‘Evaluation of what matters...’</b> – staff checked in with patients and their families to assess if 'what matters' has been achieved and if not, why not.</p>	<p>Patients are now consistently asked <i>“what matters to you today”</i> and people have reported a positive experience of communication and involvement in their care of 95% and above since June 2016.</p> <p>The improvement approach has increased staff understanding of the importance of asking the question as peoples condition changes.</p> <p>Information displayed on the ‘What matters to you?’ board tends to be of a personal and social nature whereas the ‘What matters to you today?’ conversation tends to be about their physical, personal, technical and emotional/spiritual care needs.</p>

Patient feedback on the ‘What matters to you?’ initiative

*“I think this board is fantastic! It really allows you to express what you want people to know about you. It makes me feel the staff get to know the real me.” (Patient)*

*“This board is brilliant! It helps with letting others working with my relative; know more about them and their life. I would like to see space for photo’s on the board to display his happiest times, to let staff see them in a different environment.” (Relative)*

*“Being asked ‘what matters to me’ is the most important question I’ve ever been asked. After my transplant it has helped me focus my recovery.” (Patient)*

*“My kids took ownership of the board. It is a great thing to be asked; it has meant the world to me to be here and staff asking ‘who’s important?’ and ‘what’s important?’” (Patient)*



Figure 6: Langlands Unit, Older People Assessment Wards and Stroke Rehabilitation, Queen Elizabeth University Hospital

<b>Improvement Aim</b>	<b>Improvement Intervention</b>	<b>Outcome / Learning</b>
<p>For all patients to be offered the opportunity to be referred for spiritual care support on admission and throughout their care in the Langlands Unit.</p>	<p>Test different ways of asking questions about spiritual care needs to enquire and find out if an individual would like to speak to someone independent of the ward team.</p> <p>Observe people for signs of change in behaviour and/or mood and use the opportunity to enquire how they are feeling and if spiritual care support would be beneficial.</p>	<p>Since implementation of the change concepts there has been an increase in the number of referrals made to the Healthcare Chaplaincy Service.</p> <p>The care team now recognise that religion and faith are only one aspect of spiritual care. Spiritual care requirements need to be integral to the assessment process and needs to be re-addressed at times of transition and when circumstances change. Importance of integrating spiritual care into communication with relatives and carers particularly for people with cognitive impairment.</p>

Patient feedback on the improvements in offering patients the opportunity to be referral to spiritual care:

*"I have a strong faith and the hospital Chaplain has been in to see me five times already."* (Patient)

*"All the nurses are very kind, even when they're short staffed. The Chaplain comes to see me and that's important to me."* (Patient)

*"My own minister has been in to see me twice and the hospital Chaplain has also seen me twice. The male HCSW came with me yesterday to the eye clinic and it was lovely to have a familiar face there with me."* (Patient)

## SECTION 3 ENCOURAGING & HANDLING COMPLAINTS

### Background

Patients have the right to give feedback, make comments, or raise concerns or complaints about the healthcare they receive and NHSGGC welcomes this feedback in order to help improve services.

In terms of complaints, NHSGGC is accountable for complaints related to Acute Services (which is primarily acute hospital based care) and for the Board. Health and Social Care Partnerships (HSCPs) are responsible for their own complaints, but work closely with NHSGGC to ensure consistency of approach.

For reporting purposes, this paper continues to report on all complaints within the geographical boundaries of NHSGGC, which therefore includes the HSCPs as well as independent contractors (such as GPs and Dentists). The arrangements described below set out the process for handling complaints which was in operation in 2016/17.

### Who Can Complain

Complaints come from any person who:

- has had (or is receiving) or wishes to access NHS care or treatment, or
- has visited or used NHS services or facilities, or
- is likely to be affected by a decision taken by an NHS organisation.

It may be the patient themselves who complains, or someone may complain on their behalf, for example, a relative or MSP. When the person complaining is not the patient, we will seek their consent to share personal information.

### Handling of Complaints

There are different ways in which we will aim to resolve a complaint:

- Front Line Resolution: this tends to be comments, suggestions, concerns and straightforward complaints which can be resolved informally because they require little or no investigating and are handled by those individuals directly involved in delivering services to patients. For example, a member of staff may speak to the complainant at the time of the incident, talk through the issues and try to allay their concerns. Our staff are encouraged to engage with patients, visitors, and carers to help try and resolve any areas of concern as quickly as possible. Front line resolution often involves front line staff, such as doctors, nurses or support staff (such as Receptionists, Health Records staff or Domestic Services staff).
- Local Resolution: this is appropriate where the matter of concern has not been resolved by front-line staff, and/or is complex and requires a formal investigation. So that there is clarity, we ask that the issues of concern be put in writing and can assist individuals to do this. At this stage, the complaint is formal. We then begin an investigation and aim to respond to the complaint within 20 working days of receipt. The complainant will receive a full explanation and be told what action has been taken as a result of the complaint. If the investigation shows that something has gone wrong, we will apologise to the complainant. If the complainant is unhappy with the way their complaint

has been investigated and/or responded to, they are encouraged to let us know so that these supplementary concerns can be addressed further.

- **Ombudsman Review:** this is where the person making the complaint remains dissatisfied with the outcome of Local Resolution, or has not received an outcome within the prescribed timeframe. They can then ask the Scottish Public Services Ombudsman to review the handling of their complaint. Before a complaint reaches this stage, we will always try to resolve a complainant's concerns locally.

NHSGGC has made available leaflets publicising how and where to raise complaints and we encourage and empower our staff to deal with as many concerns at the frontline as possible, in order that a satisfactory resolution can be achieved.

Leaflets are available in different languages and, if required, there is access to interpreting and translation services. Relatives, carers or other representatives can raise their complaints in a variety of ways including writing a letter to the organisation, using the dedicated email address for complaints, using the dedicated telephone number for complaints, obtaining support from the Patient Advice and Support Service (PASS) or raising their concerns with a staff member.

### Trends and Statistics

Figure 8 shows the number of complaints received across NHSGGC between 1 April 2016 and 31 March 2017. Thereafter, the statistics in Figure 8 relate to those complaints completed in the year so that outcomes can be reported.

Figure 8: Acute Services and Mental Health and Community Services (including prison healthcare complaints)

Complaint Statistic	2016/17	2015/16
Number of complaints received	4,232	4,155
Number of complaints received and completed within 20 working days (national target)	3,217 (76.0%)	3,263 (78.5%)
Number of complaints completed (which includes complaints received in 2014/15 and completed in 2015/16)	4,163	4,061
Outcome of complaints completed:		
• Upheld	827	746
• Upheld in part	737	776
• Not upheld	2,359	2,255
• Conciliation	0	2
• Irresolvable	29	16
• Unreasonable complaint	1	2
• Transferred to another unit	16	6
• Complaint declared vexatious	0	0
Total number of complaints withdrawn	194	258
• <i>No consent received</i>	80	115
• <i>Complainants no longer wished to proceed</i>	114	143
Number of complaints declared vexatious	1	0

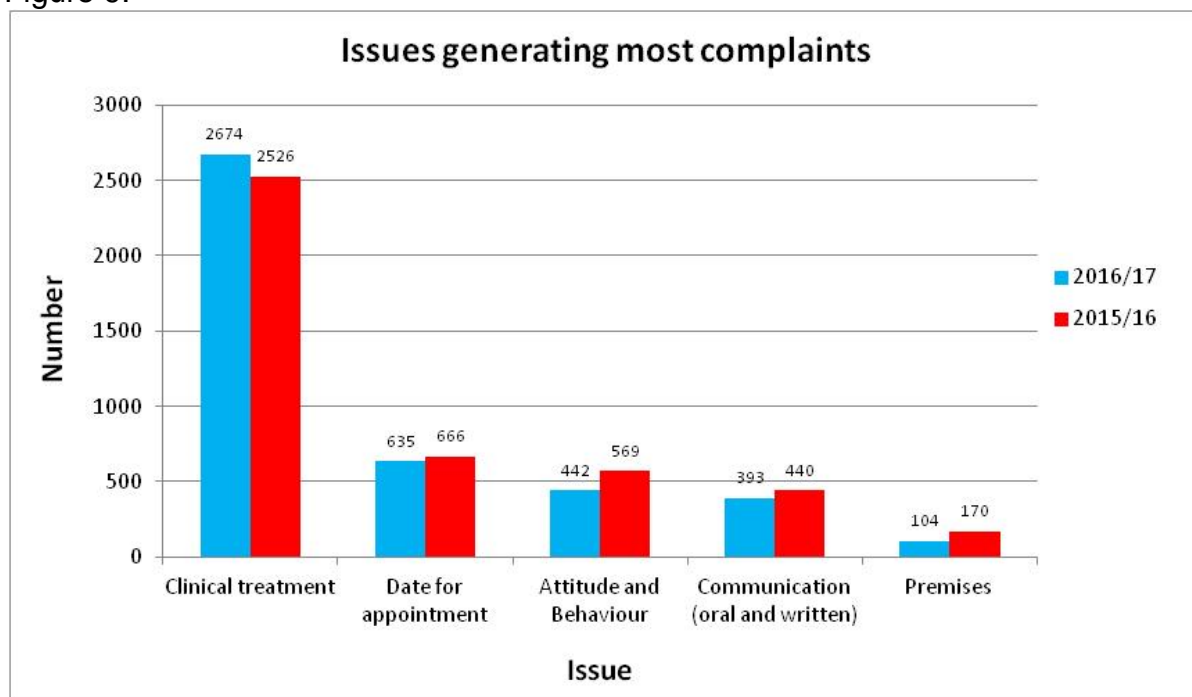
The split between the complaints is almost even, with 51.4% about Acute Services (services which are delivered from our acute hospitals), and 48.6% about Mental Health and Community Services. The majority of the latter (87.7%) are about prison health care services.

The number of complaints within Acute Services was up 1.5% and complaints within the Mental Health Services and Community (including Prison Healthcare) up by 2.2%.

There has been a significant decrease (25.2%) in the number of complaints withdrawn. Withdrawn complaints normally cover situations where consent has not been received (when a third party complains on someone's behalf, we must ask the patient's consent to respond due the confidential nature of health care), or because the complainant no longer wishes to proceed with the complaint.

The five issues which attracted the most complaints are set out in Figure 9 below (each complaint may attract more than one issue).

Figure 9:



Of the 4,232 complaints received in 2016/17, NHSGGC completed 76% within 20 working days. In 2015/16, it was 78%.

Links to each quarterly report to the NHS Board are given below:

1 April – 30 June 2016

[http://www.nhsggc.org.uk/media/239383/nhsggc\\_board\\_paper\\_16-65.pdf](http://www.nhsggc.org.uk/media/239383/nhsggc_board_paper_16-65.pdf)

1 July – 30 September 2016

[http://www.nhsggc.org.uk/media/240242/nhsggc\\_board\\_paper\\_16-87.pdf](http://www.nhsggc.org.uk/media/240242/nhsggc_board_paper_16-87.pdf)

1 October – 31 December 2016

<http://www.nhsggc.org.uk/media/242631/item-14-patient-experience-report.pdf>

1 January – 31 March 2017

<http://www.nhsggc.org.uk/media/242631/item-14-patient-experience-report.pdf>

In accordance with the arrangements for alternative disputes resolution, the Scottish Government Health Department (SGHD) funds the Scottish Mediation Network to maintain a pool of mediators for use as appropriate by NHS Boards and independent contractors as part of the complaints process.

NHSGGC has arrangements in place to monitor the lessons learned and the implementation of recommendations and/or actions arising from complaints and the recommendations contained in any Scottish Public Services Ombudsman (SPSO) Investigation Reports and Decision Letters to ensure these are translated into service improvements. These reviews are normally carried out through the Clinical and Care Governance arrangements.

### **Prison Healthcare Complaints**

For the past five years, Glasgow City Health and Social Care Partnership has been responsible for the provision of Primary Healthcare Services to those who are serving a prison sentences or who are detained on remand pending trial.

Three prisons operate in our area; HMP Barlinnie in the East of Glasgow, HMP Low Moss in Bishopbriggs and HMP Greenock. Of the prisons only HMP Greenock takes female prisoners. Collectively the prisons cater for approximately 2,300 prisoners.

Healthcare is provided by a health centre in each establishment, with access to the full range of Acute Hospital services available as required.

We have sought to make the complaints process accessible to all. Details of the NHS complaints system are provided at prisoner's induction. Information is available at the health centres and the halls and is accessible within a variety of languages. The same right to provide feedback, comments or raise concerns exists within the prison environment, as does the right to make a formal complaint.

In 2016/17 there were a total of 1,811 prison healthcare complaints received, a 5% increase on the 1,725 received in 2015/16.

## **Scottish Public Sector Ombudsman (SPSO) - Investigation Reports and Decision Letters**

During 2016/17, NHSGGC received 0 SPSO Investigation Reports (laid before Parliament) and 137 Decision Letters. The SPSO will issue an Investigation Report where the matters raised are in the public interest e.g. significant personal injustice, systematic failures, precedent and test cases.

The Ombudsman will issue a Decision Letter if:

- the organisation accepted there were failings, apologises and takes action to prevent the problem from happening again;
- from the evidence, it appears that the organisation did not do anything wrong (where there is no evidence of maladministration or service failure); and
- the Ombudsman has decided that the substance of the complaint and their decision on it do not raise public interest considerations.

If an Investigation Report or a Decision Letter is issued the relevant service areas develop a local Action Plan for each recommendation, showing how each will be taken forward and actioned. NHSGGC's Acute Services Committee and the HSCPs have a responsibility to ensure that each recommendation is implemented in the interests of effective and safe care delivered to the population served and lessons learned are disseminated across the organisation. The outcome is also reported to the SPSO and the Scottish Government Health Department.

Of the 137 Decision Letters issued by the Ombudsman, these contained 197 issues – 82 were upheld and 113 were not upheld. The recommendations from Decision Letters are also reported to the Acute Services Committee to assure NHS Board Members of their implementation and action.

### **Patient Advice and Support Service (PASS)**

The launch of the PASS on 1 April 2012 was to assist in raising awareness of patient rights and responsibilities and support people giving feedback, comments, raising concerns or complaints. The service is provided via the Citizen's Advice Bureau (CAB) who has appointed dedicated PASS case workers to lead this work. It is independent, free, confidential and is designed to support patients, their carers and families in their dealings with the NHS and other matters affecting their health. The Citizen's Advice Bureau within NHSGGC are as follows:

- Bridgeton
- East Renfrewshire
- Castlemilk
- Glasgow Central
- Drumchapel
- Greater Pollok
- Dumbarton
- Maryhill
- East Dunbartonshire
- Parkhead
- Easterhouse
- Renfrewshire

PASS workers also regularly attend the Patient Information Centres (PIC) in Stobhill and Victoria Hospitals to assist patients with any concerns they may have.

An NHSGGC Local Advisory Group (LAG) meets quarterly and has involvement from the Scottish Health Council and a lay representative. It monitors activity and ensures continued publicity of the PASS service.

During 2016/17 clients were helped with enquiries. The most frequently recorded service area for PASS-led NHSGGC feedback, comments, concerns and complaints was hospital acute services, with the most frequently recorded staff group being consultants/ doctors. This is consistent with the previous year.

The contract was tendered in 2016/17 and awarded to PASS for three years. There will be a greater focus on setting up the national helpline and electronic communication including greater use of social media. The CABs remains in use for patients/carers etc, to ensure local access to those patient and carers who rely on discussing their concerns with an adviser.

### **Improvements to Services as a Result of Complaints**

The key theme in handling complaints is to ensure that they are used as a mechanism to learn lessons and improve future services for our patients. NHSGGC submits, as part of its quarterly reports to the NHS Board, a section on service improvements which had resulted from complaints. Some examples of service improvements from Acute Services and Partnerships during 2016/17 are as follows:

#### **Acute**

- A 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 and that a change to policy was made.
- A 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. 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.
- A patient did not receive their 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.

- A 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. The service 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.
- A patient was concerned that members of the public were using their mobile telephones to record an incident that happened in the Accident and Emergency Department. The patient was concerned about the privacy of themselves and others. The service apologised for this and has put up additional posters 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.
- A patient telephoned to advise that they had been unable to attend an appointment due to being unwell and left a message on secretary's answering machine. This message was not passed on to Health Records as secretary was on leave. The patient then received a letter from the hospital advising that they did not attend for their appointment. On investigation, it was confirmed that the electronic patient administration system had generated a letter detailing only one contact telephone number. A second contact number has now been added to the letter. An answer machine message for patients providing an alternative contact number is also now in place. Additionally, technical staff will add this message to the secretary's answering machine if there is any unexpected sick leave to ensure this does not occur again for any other patient.

### **HSCPs**

- A 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. The 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 communication skills.
- A complainant was concerned about the delay in receiving prescribed medication. Following this, Practitioner Nurses, when returning from all clinics, were advised to ensure and double check that all medications which have been prescribed were ordered from pharmacy. Clinical Managers/Senior Nurses responsible for clinical care check with Primary care staff daily for the outcome of consultations and support protected time for staff to complete necessary administration
- Complainant advised that the gender recognition certificate not been received several months on. 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.

- A patient was unhappy with the change of Counsellors as it was difficult to open up to a new counsellor. On investigation, the staff member noted that that it would have been best to contact the patient directly regarding this change and this will be taken forward for other patients in the future.
- A 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 will add patients to the treatment list for the day's treatment and inform patient of treatment days.
- A patient made an appointment and was told a text message reminder would be sent to them with the appointment time as this the correct process, no text was sent. The member of staff involved was reminded of the importance of seeking the relevant permissions when registering a patient. Further work was carried out with switchboard staff including the development of a script/algorithm for phone calls to ensure the relevant information is recorded.
- A patient had self-referred by submitting an opt-in letter but received a further letter stating since they had not opted in, they were now being referred back to their GP. The Service Manager provided feedback to staff regarding learning points and service improvements for immediate implementation. Specific administrative service improvements have been implemented by administration staff and will be reviewed by the Service Manager at monthly meetings. An opt-in service by email rather than letter has now been introduced.

## Complaints Received By GPs, Dentists, Opticians and Community Pharmacists

Figure 10: Complaints Received by GPs, Dentists, Opticians and Community Pharmacists

Contractor Type	Number of complaints received		Responded to within 20 working days	
	2016/17	2015/16	2016/17	2015/16
GP	1093	1080	1066 (98%)	1039 (98%)
Dentist	187	147	174 (93%)	125 (85%)
Optician	84	87	84 (100%)	83 (95%)
Community Pharmacist	531	469	519 (98%)	449 (96%)

### GP Complaints

The key areas attracting the most complaints within GP Practices' were access (being able to contact practices at peak times), conduct (including staff issues), policy and clinical treatment.

Some examples of GP complaints and service improvements made as a result are illustrated below:

#### Appointments

- A patient was unhappy that they had to call at 8:30am to try and get an on the day appointment. The Manager spoke to patient and explained other ways of accessing appointments.
- GP Practice is looking into online methods of booking appointments and ordering prescriptions to take some of the pressure away from the telephones.

#### Clinical Treatment

- A patient complained that she didn't understand what the GP Registrar was saying. Following receipt of the complaint the Registrar and trainer reviewed the Registrar's communication style.
- A patient complained that the practice's triage nurse had incorrectly diagnosed their condition delaying their access to antibiotics. The nurse demonstrated that they had considered and ruled the condition out at the time and that it must have developed more fully in the subsequent hours.

#### Communication

- There is a recurring theme of patients having difficulty getting through to surgeries on the phone due to the level of demand. Different surgeries are using various strategies to try and deal with this issue.
- Complaints have been made where patients are unhappy when reception staff ask for their symptoms when making an appointment. This is necessary to assess the urgency of an appointment and surgeries display posters stating that non-clinical staff are bound by the same duties of confidentiality as the clinicians

#### Policy

- There have been complaints over practices' 48 Hour prescription waiting time policy, this being an issue for several practices. The policy has been reinforced with messages on the prescription process via posters in surgeries.
- A family was unhappy when the GP, seeing an elderly patient about another matter, advised the family that the patient should no longer be driving and should surrender their licence to the DVLA. Following further discussion the family accepted the situation.

#### Conduct

- A patient's family complained about the GP's manner during the consultation. The GP wrote to the family and explained why he had to ask the questions he did in order to complete the examination
- A patient's partner complained when the receptionist would not give them the patient's results. The patient was written to explaining the practice's confidentiality policy and the practice are now piloting a new consent form which has to be signed by the patient and witnessed.
- A patient complained when receptionist left them standing at the desk without explanation. While the receptionist had a good reason to leave the patient during their exchange, staff have been asked to excuse themselves in these situations.

### **Dental Complaints**

As in previous years, the key themes include treatment costs, treatment outcomes, communication issues and appointment times.

There have also been concerns about the appointment systems in place, waiting times for appointments and facilities.

Responses to complaints include reviewing and changing appointment systems in place and implementing new systems to improve appointment waiting times. Some practices have introduced a text reminder system, introduced staffing rotas and opening hours have been adjusted.

Changes have also been made to improve facilities. For example, waiting areas have been refurbished to improve the comfort of patients.

The results of the feedback surveys are reported to the General Dental Practitioner Sub Committee of the Area Dental Committee and also to the Directorates Clinical Governance Committees for consideration.

### **Optometry Complaints**

The majority of complaints relate to patients being unhappy about the length of time they have to wait for appointments, or for finished glasses to be delivered.

A number of optometrists have reported complaints due to misunderstanding how the voucher scheme works. Other areas of complaints during the year have included clinical issues, waiting times, delays in referral to secondary care, quality of product, staff attitude, and costs of lenses. The number of complaints in these areas has been low.

### **Pharmacist Complaints**

As with previous years, the majority of complaints in relation to Community Pharmacies relate to medication incidents and the total number of complaints in this area represents a very small percentage of the more than 1.5 million prescriptions dispensed each month.

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

### **Future Plans**

The new national Complaints Handling Procedure (CHP) took effect from 1<sup>st</sup> April 2017. NHSGGC has adopted the content of the CHP into the Board's Complaints Policy and Procedure.

The national CHP is intended to support NHS Boards and independent contractors to take a more consistent approach to managing complaints in the NHS, which was aligned more to the complaints procedures adopted across the wider public sector in Scotland.

The CHP will ensure a standard process is in place to make sure people using NHS services can have confidence in the handling procedures for dealing with their complaints.

In 2017/18 NHSGGC will ensure compliance with the national CHP and will focus on continuing to learn from complaints and improve services.

## SECTION 4      FEEDBACK RECEIVED BY INDEPENDENT CONTRACTORS – GENERAL PRACTITIONERS, PHARMACISTS, DENTAL PRACTICES AND OPTOMETRISTS

56% (550) of all independent contractors in NHSGGC reported on the feedback, comments and concerns they had received in 2016 - 2017. In their reports they described:

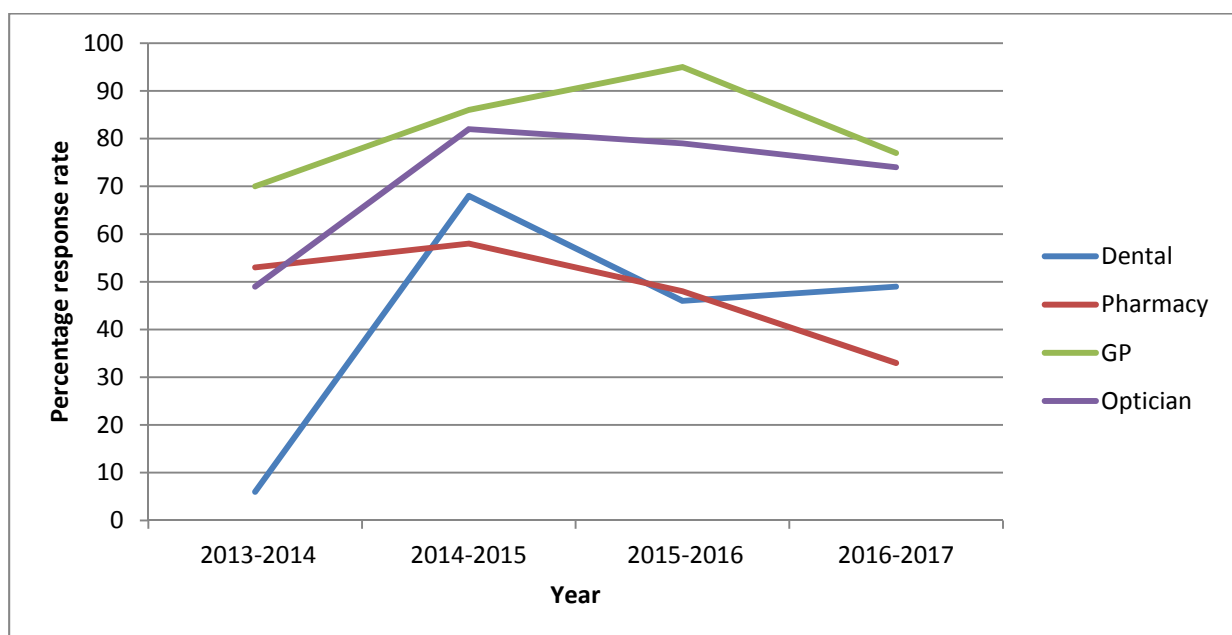
- How they gather and analyse feedback;
- The key themes reported by patients and families;
- Examples of service improvements and developments that resulted from feedback, comments and concerns;
- Examples of any improvements made in the handling of feedback, comments and concerns.

### Encouraging and Gathering Feedback

The reports from GPs, Dentists, Pharmacists and Optometrists showed that they had mostly focused during 2016 – 2017 in maintaining systems for listening to their patients, carers and the public, and that they had taken a wide range of effective, measurable actions to respond to the feedback, comments and concerns they received.

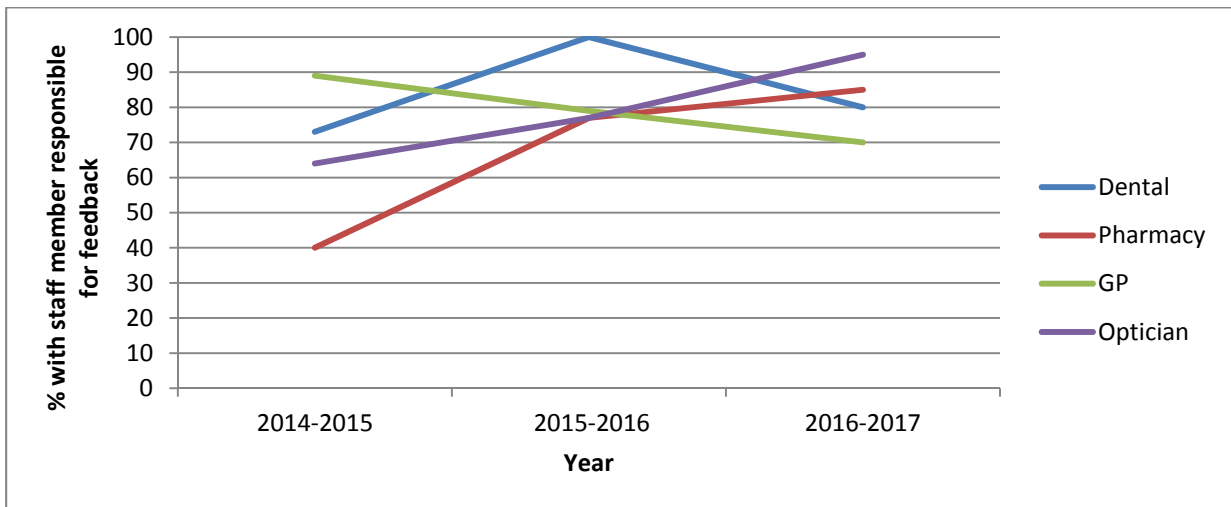
However, there is still room for improvement and the development teams for each contractor group continue to support colleagues to respond to and report on the feedback they receive from patients and the public.

Figure 11. Responses from Independent Contractors about Feedback



A challenge for next year will be maintaining previous increases in responses gained from other independent contractors.

Figure 12: Independent Contractors Who Have a Designated Staff Member Responsible for Collating and Reporting on Feedback Received



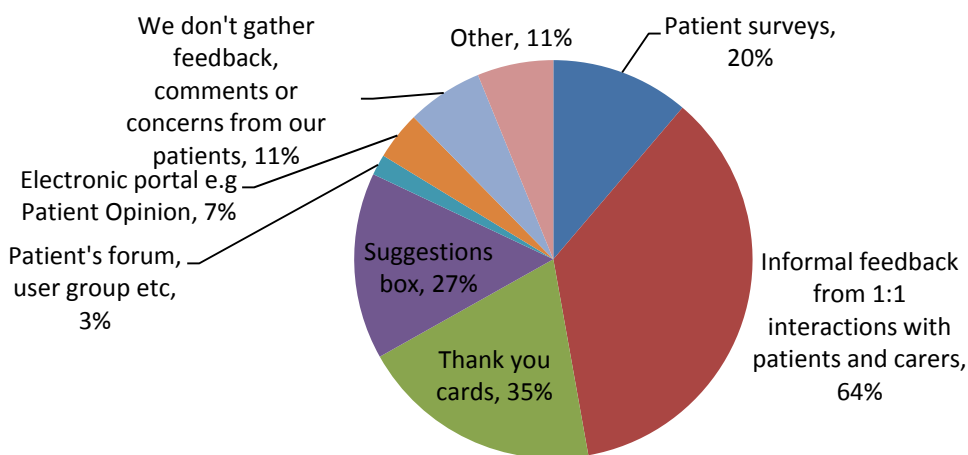
Identifying a lead officer is often the first step in ensuring that feedback, comments and concerns are an integral part of the work of services. It is particularly encouraging therefore to see the developments in the high proportion of practices who have a lead officer with this role.

### Encouraging and Gathering Feedback

*“I always advise staff of all feedback in order to teach and learn from negative feedback, but also advise of good feedback in order to boost morale.”*

Independent contractors reported on a wide range of methods for gathering feedback; five main methodologies were used, and 68 examples of other innovative approaches to gathering feedback were mentioned.

Figure 13: Feedback Methods in Use by Independent Contractors



## Improvements in Handling Feedback

In 2016-2017, independent contractors have been developing new ways to encourage and act on feedback from patients; 324 practices gave examples of a change or improvement made in how they handled feedback in 2016-2017.

Many practices had examined the available methods for patients to feed back on their service, and of making sure they are fully informed about services available. Key themes for practices in improving the handling of feedback in 2016-2017 were:

- Improving websites to promote feedback and enable patients to feed back;
- Ensuring that feedback is dealt with timeously and with the patient concerned;
- Ensuring feedback received was discussed with staff in the practice.

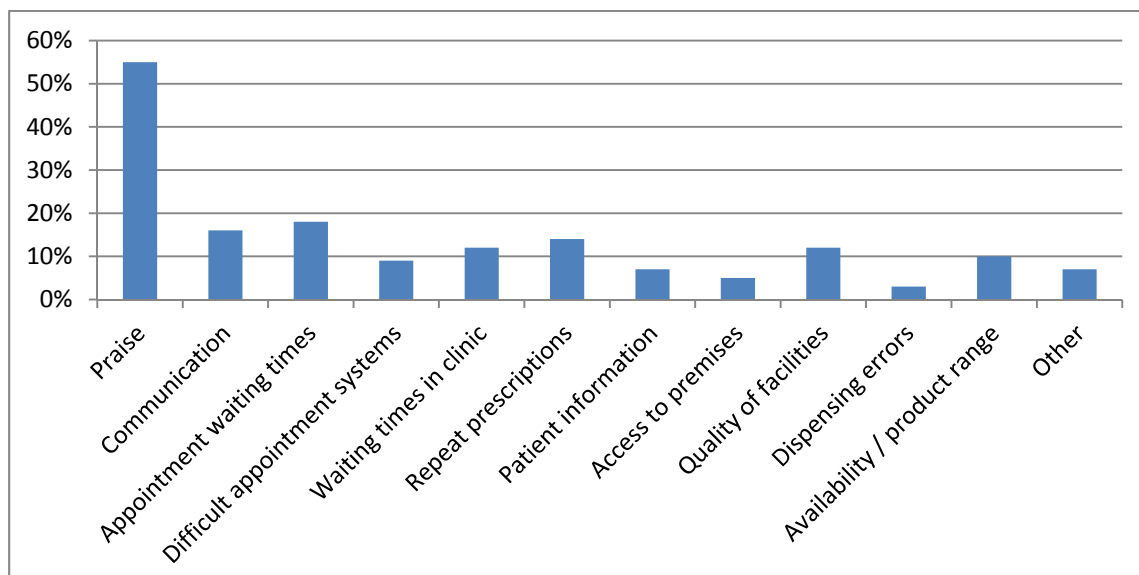
Some practices had made improvements to how they handled in feedback in previous years, and were now focusing on sustaining that progress:

*“I have continued to listen and record conversations with patients regarding feedback. Outcomes are also recorded.”*

In this 12 month period, 49,628 people provided feedback, comments and concerns to independent contractors; a huge increase on the year before, when around 12,000 people gave feedback to independent contractors.

The feedback received by all contractor groups was overwhelmingly positive and complimentary; on average, around 90% of feedback given by patients was positive. The top three themes that practices said their patients fed back on is detailed below.

Figure 14: Top Three Feedback Themes for Practices



## **General Practitioners**

The top three themes identified in patient feedback about GP practices were the same as last year. These are becoming more pronounced – the proportion of practices saying that these were the biggest themes has increased from last year. The top three themes identified in patient feedback were:

- Praise for staff and the service (79% of GP practices);
- Waiting times for appointments (44% of GP practices);
- Repeat prescriptions (36% of GP practices).

### **Example of Actions Taken by GP Practices about Praise**

GP practices focused on using positive feedback from patients as a motivational tool for staff:

*“Complaints and general feedback are now regularly discussed at monthly staff meeting (attended by all staff and GPs). Both positive and negative responses are shared. Staff feel included and are free to raise their own concerns, suggestions and feedback in an equal and open environment.”*

### **Examples of Actions Taken by GP Practices about Waiting Times**

GPs have undertaken a range of improvement activities to ensure patients wait for their appointment time for the shortest time possible. Many GP practices changed their appointment and phone line systems in 2016-2017, thereby allowing patients easier access to appointment booking and freeing up clinic time.

Some GPs have looked at when they have appointments:

*“We have tried to reduce the amount of time patients wait to be seen whilst in the waiting room. It sometimes can be difficult especially as we are a training practice and some of our junior doctors require a little assistance with more complex cases. This has been addressed by putting more catch up slots in the appointment system. At times our appointments, especially for partners can be a bit of a wait, however we are reviewing this in an endeavour to accommodate those patients who only want to see a partner.”*

### **Examples of Actions Taken by GP Practices about Repeat Prescriptions**

For many independent contractors, introducing online ordering for repeat prescriptions was having a positive impact on patient satisfaction. One GP practice had also looked at ensuring patients who needed it had prompt access to medication:

*“Anticipatory medication - need to use clinical discretion and ensure immediate provision of medication... We added alerts to palliative patient records to ensure reception staff aware need for immediate requests to be actioned after feedback from patient.”*



## **Pharmacies**

The top three themes identified in patient feedback about pharmacies were the same as last year. They were:

- Praise for staff and for the pharmacy (69%, a decrease from last year);
- Repeat prescriptions (38% of pharmacies);
- Availability or range of products (19% of pharmacies).

### **Example of Actions Taken by Pharmacies about Praise**

Pharmacies use patient praise to maintain a focus on best practice, and to motivate staff to continue to do a good job:

*“Continue to look after patients needs in a professional and timely fashion”*

*“The good work will be carried on”*

*“We have started to keep the thank you cards we receive as a way of showing "when things go well" and this motivates the staff better than always focusing on only the negative stuff.”*

### **Examples of Actions Taken by Pharmacies about Repeat Prescriptions**

Pharmacies had undertaken a range of improvement activities this year to ensure that patients had easy access to repeat prescriptions, including:

*“We have offered the service of text messaging patients when their prescription is ready for collection should they provide us with their mobile number”*

*“On the patients where we order their repeat and we anticipate there being an issue with supply we get their authorisation to order slightly early, we contact the GP surgery to also advise why we are ordering early and we follow this script up if not forthcoming in timescale this enables the patient not to have a break in their medication supply.”*

*“Patients do not like GP telephone prescription ordering system (automated) and we now order for patients who are unsure of this system (with their consent)”*

### **Examples of Actions Taken by Pharmacies about Product Availability**

Pharmacies were reviewing their systems for holding stock in 2016-2017, including auditing and trying different suppliers. In addition, some pharmacies were improving communication with patients if procedures for prescriptions had changed:

*“Availability of product. Patients informed of regulations for change of prescription requests. Any change to prescription must be approved by Stoma Care Nurse. This is communicated verbally to patient on courtesy calls and following request to change product. Stoma Care Nurses are aware of this procedure”*

## **Dentists**

In dental practices, the top three feedback themes from patients in 2016-2017 were:

- Praise for staff and the service (79% of dental practices said this was in their top three feedback themes from patients, a huge increase on last year);
- Quality of facilities (27% of dental practices);
- Waiting times for appointments (24%, an increase on last year).

### **Examples of Actions Taken by Dental Practices about Praise**

In addition to maintaining high performance, some dental practices used praise to mainstream improvement initiatives:

*“Patients were happy and we continue to try and improve their experience. We have due to positive feedback reduced further the waiting time for emergency appointments.”*

*“No patient concerns all positive feedback about staff and customer service. Now using NHS text reminder system. Patients appreciate the reminder sent the day prior to appointment.”*

*“Verbal feedback always positive from our patients. Atmosphere appears to be very calming and relaxing according to many patients”*

### **Examples of Actions Taken by Dental Practices about Facilities**

Dental practices made efforts in 2016-2017 to improve their car parking facilities, and made other improvements based on patient feedback:

*“Electronic signing tablet introduced due to a patient comment on manual signing of forms.”*

*“Ice cold water provided for very hot days”*

*“We have upgraded the entrance/ car park areas at the practice”*

### **Examples of Actions Taken about Waiting Times for Appointments**

A range of improvements were introduced in dental practices to improve waiting times, including informing patients of delays, recruiting new staff, and improving emergency appointments:

*“We have introduced more reserved space in the appointment book to allow for dealing with emergencies in a more efficient manner”*

*“Communication between dentist and the patient in the waiting room improved if there is a delay in bringing patient in”*

*“Since [another associate] started, the appointment book has improved, waiting times for appointments during a treatment phase is much shorter.”*

## **Optometrists**

The main patient feedback themes to optometrists in 2016-2017 were:

- Praise for staff and the service (52% of optometrists);
- Communication with staff and the service (19% of optometrists);
- Availability or range of products (21% of optometrists).

### **Examples of Improvements Optometrists Made Following Praise**

As with other independent contractors, optometrists used praise to reinforce existing good practice, and to ensure a continual focus on improvement:

*“The quality of the service we provide has always been high. Our staff are very friendly and professional. Patients know we are happy to assist them with any questions they may have.”*

*“Always trying to improve our service and have staff meetings weekly and a daily huddle to see how we can improve from any feedback.”*

### **Examples of Improvements Optometrists Made about Communication**

Optometrists used online technology to improve communication, but also focused on ensuring patients can have a one to one conversation if they needed it:

*“Promote social media more for feedback”*

*“Contacting some families directly to be involved in patient decisions and information”*

*“All clinical queries from patients must be addressed with the patient by an Optometrist prior to the patient leaving the clinic. This ensures all clinical queries can be addressed as clinically necessarily and appropriately.”*

### **Examples of Improvements about the Availability or Range of Products**

Optometrists ordered in new products on the basis of feedback, and examined the systems they had in place to maintain stock levels:

*“Use of electronic ordering of products/supplies to improve delivery”*

*“We keep a bigger range of petite frames to allow people who need a smaller frame to allow them more choice. This has been mentioned by a couple of patients”*

## **Conclusion**

In all, the evidence of examples of improvements taken based on feedback, and evidence of a continuing focus on gathering and recording feedback, demonstrates that 2016 -2017 was a year where independent contractors maintained the successes of previous years to strengthen existing systems, and focused on motivating staff to continue their good work.

## **SECTION 5            ACCOUNTABILITY AND GOVERNANCE**

Monthly and quarterly feedback reports, together with actions taken and any emerging themes, are reviewed by each of the Directorate's senior management team. A summary of all feedback is reviewed by the Acute Services Committee (a standing Committee of the NHS Board). A similar summary report is also provided to the Board's Clinical Governance Forum (chaired by the Medical Director) for review and discussion.

The Board Nurse Director submits a Quarterly Patient Experience Report to the NHS Board, this provides commentary and statistics on complaints and feedback handling and covers numbers and trends within Directorates and Partnerships, and provides information on the Investigative Reports and Decision Letters from the Scottish Public Services Ombudsman's Office (SPSO). In addition, it covers the handling of complaints received by General Practitioners, General Dental Practitioners, Opticians and Community Pharmacists.

This Report and the Annual Report allows NHS Board Members and external bodies to review the arrangements for handling complaints and how they are used to bring about service improvements for the benefit of patients. This level of Non Executive Members scrutiny at Board and Committee meetings, together with the information and trends contained within the SPSO and Information Services Division (ISD) Annual Reports, is helpful in regularly assessing the Board arrangements and performance in this area.

## **SECTION 6            CONCLUSION - HAVE YOUR SAY**

This report provides an overview of the issues raised, the learning and the actions and improvements made or proposed in response to the feedback, comments, concerns and complaints received between 1 April 2016 and 31 March 2017.

As a Board, it is our genuine belief that we should learn from the experiences of those who access our services. We welcome and value comments and feedback, and encourage you to provide this to the staff involved in your care. We are committed to delivering the best possible care and to do this we must work in partnership with our patients, carers and the public. The feedback you give helps us tailor our care to the needs of the individual patient as well as improve how we run our clinics and wards and how we design and deliver better services. We know that by working together in partnership we can better provide care that affords the patient and carer dignity and respect, improving their experience of what can be a difficult or stressful time. In addition, we would like to acknowledge the multiple contributors and the role of frontline NHSGGC staff in getting the range of feedback which allows us to develop and improve our services for patients. Our staff take great pride in the care they provide and we are dedicated to learning from you on how we can provide even better care in the future. Your feedback helps us to do this.

You can provide feedback on [www.nhsggc.org.uk/get-in-touch-get-involved/patient-feedback/](http://www.nhsggc.org.uk/get-in-touch-get-involved/patient-feedback/) in order to give your feedback about NHSGGC or you can provide verbal

feedback to a member of the Patient Experience Team who will relay it to the service involved by phoning on freephone 0300 123 9987.

If you wish to make a complaint, please visit [www.nhsggc.org.uk](http://www.nhsggc.org.uk) where you will find information about our procedure. You may also contact our Complaints Helpline on 0141 201 4500, write to us at NHS Greater Glasgow and Clyde, Complaints Department, 7<sup>th</sup> Floor West Ambulatory Care Hospital, Dalnair Street, Glasgow, G3 8SJ or email us at [complaints@ggc.scot.nhs.uk](mailto:complaints@ggc.scot.nhs.uk).

We would also welcome comments and feedback on the presentation and information contained within this Annual Report on Feedback, Comments, Complaints and Concerns. If you would like to do so, please contact:

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