

**Patient Experience Quarterly Report – 1 April to 30 June 2017**

**Recommendation:**

The NHS Board is asked to note the quarterly report on Patient Experiences in NHS Greater Glasgow and Clyde for the period 1 April to 30 June 2017.

**Purpose of Paper:**

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

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

This is the first report to the Board under the new National Complaints Policy which was introduced on 1 April 2017. The reporting requirements have been changed and therefore direct comparisons with previous quarters have not always been possible.

The total numbers of complaints has risen; however, this has been as a result of the need to now record complaints that do not need a formal written response.

The overall performance against the 70% by 20 working days target is 72.6% for this first quarter.

**Key Issues to be considered:**

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

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

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

**Any Financial Implications from this Paper:-**

No

**Any Staffing Implications from this Paper:**

No

**Any Equality Implications from this Paper:**

No

**Any Health Inequalities Implications from this Paper:**

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

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

No

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

Better Care

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**Date** – 10 October 2017

**NURSE DIRECTOR**

**QUARTERLY REPORT ON PATIENT EXPERIENCE  
1 APRIL 2017 – 30 JUNE 2017**

**Recommendations:**

The NHS Board is asked to note:

- the quarterly report on Patient Experience as captured by complaints and feedback in NHS Greater Glasgow and Clyde for the period 1 April 2017 – 30 June 2017.

**Introduction**

This report provides an insight as to how complaints, concerns, comments and feedback are used to bring about improvements in our services for our patients. The report includes performance data on complaints and feedback received throughout NHS Greater Glasgow and Clyde (GGC) for the period 1 April 2017 – 30 June 2017. It looks at complaints received at Local Resolution and by the Scottish Public Services Ombudsman (SPSO), detailed information on feedback received from three centrally managed feedback systems operating across NHS Greater Glasgow and Clyde, and areas of service improvements and ongoing developments. Section 1 below explains the new National Complaints Handling Procedure (CHP) that came into effect in April 2017. This report covers the first reporting period under the new arrangements.

**1. Complaints**

**a. Process**

As noted above, 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.

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

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

The new complaints arrangements provide two opportunities to resolve complaints internally:

### **Stage one: early resolution**

Early resolution aims to resolve straightforward complaints that require little or no investigation at the earliest opportunity. This should be as close to the point of service delivery as possible.

Early resolution must usually be completed within **five working days**, although in practice the complaint may be resolved much sooner. In exceptional circumstances, where there are clear and justifiable reasons for doing so, an extension of no more than five additional working days with the person making the complaint may be agreed. This must only happen when an extension will make it more likely that the complaint will be resolved at the early resolution stage.

### **Stage two: investigation**

Not all complaints are suitable for early resolution and not all complaints will be satisfactorily resolved at that stage. Complaints handled at the investigation stage of the complaints handling procedure are typically serious or complex, and require a detailed examination before we can state our position. These complaints may already have been considered at the early resolution stage, or they may have been identified from the start as needing immediate investigation.

For cases at the investigation stage, complaints must be acknowledged within three working days; and a full response full response to the complaint should be made as soon as possible but not later than 20 working days, unless an extension is required.

The new arrangements include the introduction of a formal method of recording Stage 1 complaints and their outcomes. Prior to April 2017, Stage 1 complaints (previously referred to as Informal complaints) were managed at a service level with a focus on local resolution and improvement where required, however, they were not recorded centrally. The new arrangements see these complaints being recorded on the Board's complaints management system by the Complaints Department; cases are closed formally with an outcome.

The Complaints Team and Clinical Services are adjusting to the new arrangements and it is anticipated that over forthcoming months the new process will facilitate the expansion of complaint monitoring, trend analysis and targeted improvement work across the Health Board.

For more information about how complaints are handled, please see NHSGGC's Complaints Policy, which is available at:

[http://www.nhsggc.org.uk/media/241729/nhsggc\\_complaints\\_policy.pdf](http://www.nhsggc.org.uk/media/241729/nhsggc_complaints_policy.pdf)

### Complaints: 1 April 2017 – 30 June 2017

Table 1a shows for the first time the number of complaints as a percentage of patient contacts with our services in the first quarter. It shows the number of complaints received across NHSGGC between 1 April 2017 – 30 June 2017. Thereafter, the statistics in section one of this report relate to those complaints completed in the quarter so that outcomes can be reported.

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

	1 April 2017 - 30 June 2017		
	HSCPs (exc FHS)	Acute / Board	NHSGGC Total
<b>Core Measure</b> <i>Episodes of Patient Care within the reporting period*</i>	To be confirmed in future reports	<b>951,711</b>	To be confirmed in future reports
<b>Total Number of complaints received in Q1 and as a % of core measure</b>	<b>530</b>	<b>784</b> (0.08%)	<b>1314</b>
<b>Number of complaints received and completed within 20 working days</b>	<b>439</b> (82.8%)	<b>517</b> (65.9%)	<b>956</b> (72.6%)

\*For Acute Services this includes Outpatient attendances, Inpatient Admissions, A&E Attendances and a number of other metrics which capture patient contact with Acute Services.

Table 1b below details the complaints that were closed in the quarter and therefore will not match the figures outlined in Table 1 above.

**Table 1b. Breakdown of Closed Complaints**

	1 April 2017 - 30 June 2017	
	HSCPs (exc FHS)	Acute / Board
(a) <b>Total number of complaints closed</b>	<b>465</b>	<b>595</b>
(b) <b>Number of complaints closed at Stage 1</b> (and as a % of all closed complaints)	<b>354</b> (76.1%)	<b>218</b> (36.6%)
(c) <b>Number of complaints closed at Stage 2</b> (and as a % of all closed complaints)	<b>111</b> (23.9%)	<b>377</b> (63.4%)
(d) <b>Number of complaints closed at Stage 1 within 5 working days</b> (and % of all complaints closed at Stage 1)	<b>352</b> (99.4%)	<b>198</b> (90.8%)
(e) <b>Number of complaints closed at Stage 1 where an extension was authorised (between 6 and 10 working days)</b>	2	13
(f) <b>Number of complaints closed at Stage 1 beyond 10 working days</b>	0	7
(g) <b>Average number of days to respond to a complaint closed at Stage 1</b>	2.0	2.85
(h) <b>Outcome of completed Stage 1 complaints</b>		
• Upheld	12	105
• Upheld in part	9	25
• Not Upheld	330	79
• Conciliation	0	1
• Irresolvable	0	2
• Unreasonable Complaint	0	1
• Transferred to another unit	0	2
• Withdrawn	3	3
• Complaints declared vexatious	0	0

	<b>1 April 2017 - 30 June 2017</b>	
	<b>HSCPs (exc FHS)</b>	<b>Acute / Board</b>
(i) <b>Number of complaints closed at Stage 2 within 20 working days</b> (and % of all complaints closed at Stage 2)	<b>85</b> (76.6%)	<b>299</b> (79.3%)
(j) <b>Number of complaints closed at Stage 2 beyond 20 working days where an extension was authorised</b>	23	12
(k) <b>Number of complaints closed at Stage 2 beyond 20 working days</b>	3	66
(l) <b>Average number of days to respond to a complaint closed at Stage 2</b>	17.0	19.3
(m) <b>Outcome of completed Stage 2 complaints</b>		
• Upheld	13	169
• Upheld in part	28	95
• Not Upheld	69	78
• Conciliation	0	1
• Irresolvable	0	7
• Unreasonable Complaint	0	0
• Transferred to another unit	1	5
• Withdrawn	0	22
• Complaints declared vexatious	0	0
(o) <b>Total number of complaints withdrawn</b>	3 <sup>1</sup>	25 <sup>2</sup>
(p) <b>Total number of complaints declared vexatious</b>	0	0

<b>Complaints withdrawn - 1 April 2017-30 June 2017</b>				
	<i>Total</i>	<i>No Consent Received</i>	<i>Complainants no longer wished to proceed</i>	<i>Other</i>
<sup>1</sup>	3	0	3	0
<sup>2</sup>	25	16	9	0

In Quarter 1, NHSGGC received 1314 complaints, **72.6%** of these were responded to within 20 working days.

1060 complaints were closed in Quarter 1, of these:

- 572 were closed at stage 1 (565, **98.8%**, within 5 working days or within 10 working days where an extension was authorised)
- 488 were closed at stage 2 (419, **85.7%**, within 20 days or within 25 working days where an extension was authorised)

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.

The number of complaints now being formally recorded has increased significantly in line with the new reporting arrangements. In Quarter 1 of 2017/18 NHSGGC received 1,314 complaints, compared to 1,069 in Quarter 1 of 2016/17 (representing an increase of 22.9%). It is anticipated that complaint numbers may increase over coming months as more

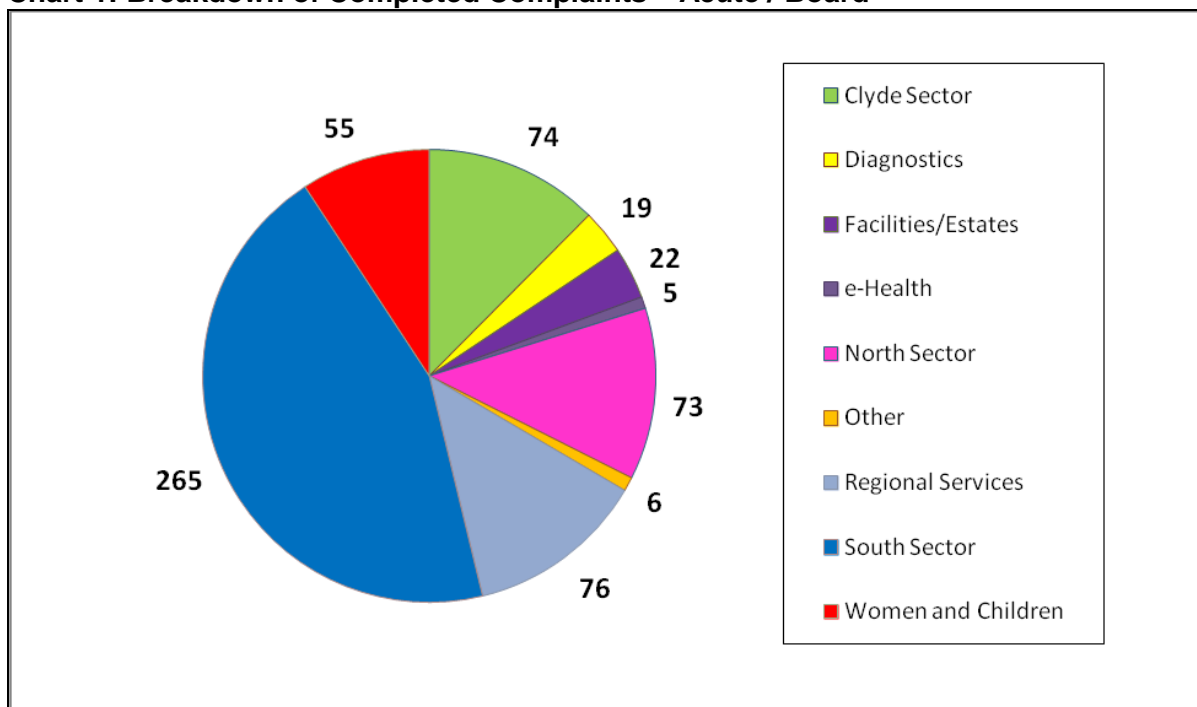
interactions are recorded and, due to publicity around the new national complaints process, service users become better informed on how to make a complaint.

**b. Breakdown of Completed Complaints**

Detailed below in Charts 1 and 2 is an Acute/Board and HSCP breakdown of completed complaints within NHSGGC for the period 1 April 2017 to 30 June 2017.

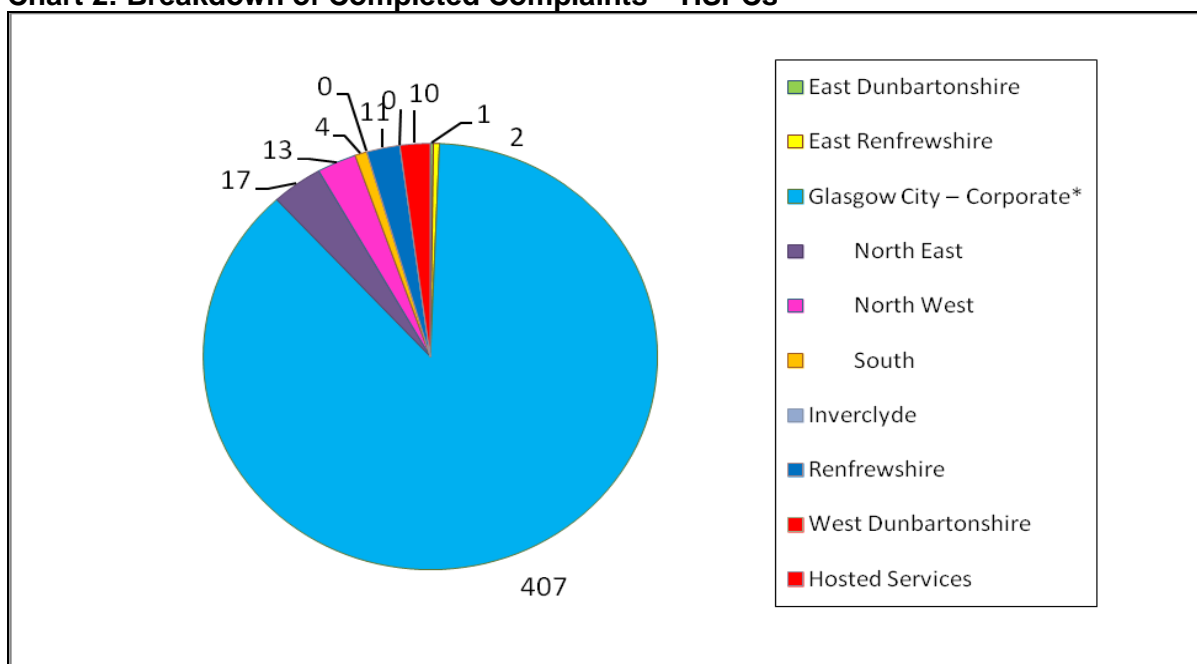
**i. By Sector**

**Chart 1: Breakdown of Completed Complaints – Acute / Board**



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

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

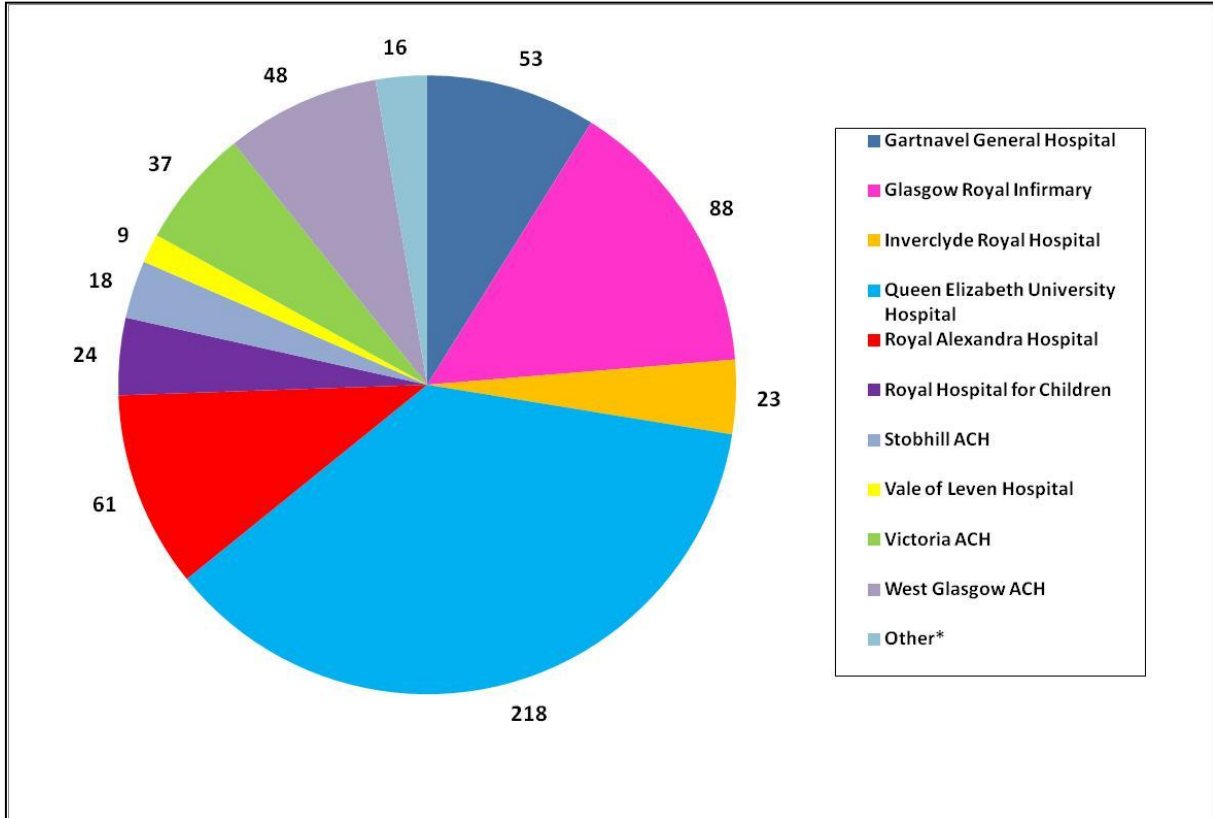


\*covers Prison Health Care

**ii. By Location**

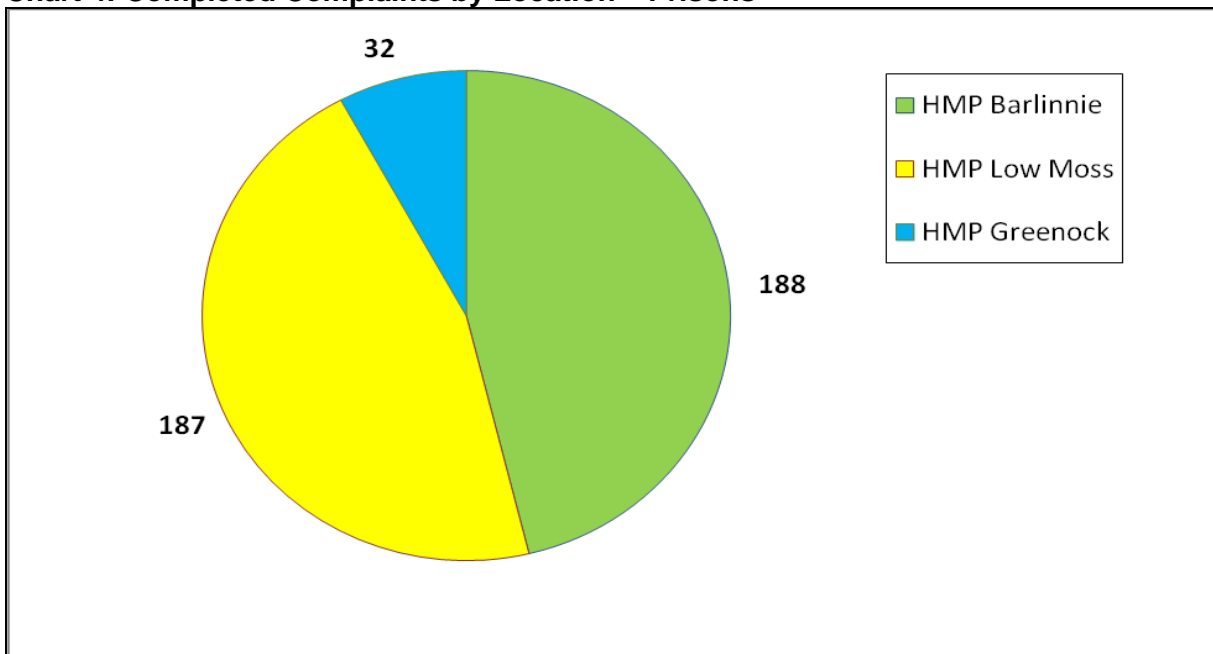
Detailed below in Chart 3 is an Acute Hospital location breakdown of completed complaints within NHSGGC for the period 1 April 2017 to 30 June 2017.

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



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

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





### c. Issues, Themes and Staff Type

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

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

**Table 2: Issues and Themes by Staff Group – Acute / Board**

	Medical	Nurses	Allied Health Professionals	Admin staff, inc Health Records	Other	Total
Admissions / Transfers / Discharge procedure	6	1	0	2	2	11
Aids / appliances / equipment	0	0	0	2	0	2
Attitude and Behaviour	41	32	5	7	8	93
Catering	0	0	0	0	1	1
Cleanliness / laundry	0	0	0	0	7	7
Clinical treatment	213	71	6	11	12	313
Communication (oral)	41	20	0	16	0	77
Communication (written)	16	1	0	14	0	31
Competence	4	3	0	0	0	7
Consent to treatment	2	0	0	0	0	2
Date for appointment	69	0	1	24	2	96
Date of Admission/Attendance	61	0	0	14	2	77
Failure to follow agreed procedures	3	0	0	2	0	5
Mortuary / post mortem arrangements	0	0	0	0	1	1
Other	1	2	0	1	2	6
Outpatient and other clinics	5	0	0	4	1	10
Patient privacy / dignity	0	1	0	0	0	1
Patient property / expenses	0	1	0	0	0	1
Policy & commercial decisions of NHS board	2	0	0	9	1	12
Premises	0	0	0	0	19	19
Shortage/Availability	0	0	0	1	1	2
Test results	9	1	0	0	0	10
Transport	0	1	0	1	0	2
<b>Total</b>	<b>473</b>	<b>134</b>	<b>12</b>	<b>108</b>	<b>41</b>	<b>786</b>

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

**Table 3: Issues and Themes by Staff Group – HSPCs**

	AHPs	Ancillary Staff/ Estates	Consultant/ Doctors	Dental (Prisons)	GP (Prisons)	NHS board / admin staff	Nurses	Opticians (Prisons)	Total
<b>Aids/appliances/ equipment</b>	0	0	0	0	0	1	0	0	1
<b>Attitude and Behaviour</b>	2	2	3	0	2	3	9	0	21
<b>Clinical treatment</b>	9	0	15	15	159	1	187	2	388
<b>Communication (oral)</b>	0	0	1	0	0	0	1	0	2
<b>Communication (written)</b>	1	0	0	0	0	0	1	0	2
<b>Competence</b>	0	0	0	0	0	0	1	0	1
<b>Complaint Handling</b>	0	0	0	0	0	1	0	0	1
<b>Date for Appointment</b>	1	0	1	23	14	2	9	3	53
<b>Failure to follow agreed procedures</b>	1	0	1	0	0	0	2	0	4
<b>Premises</b>	0	0	0	0	0	1	0	0	1
<b>Shortage / Availability</b>	0	1	0	0	0	0	0	0	1

As noted above, the biggest areas of concern within the HSPCs were Clinical Treatment and waiting time for an appointment date.

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

As part of the Patient Rights (Scotland) Act 2011, all independent primary care contractors are required to provide their complaints information to the NHS Board.

General Practices (GPs) and Optometric Practices receive a request for the information either by e-mail, containing a link to Webropol (online survey tool), or by letter, containing a copy of the survey form. Those who do not respond are sent up to a further two reminder emails. Once the survey is closed, the information is collated and separated into spreadsheets, one for each of the HSCPs. The HSCPs are also sent details of practices who do not respond, in order that they can be chased up

It was agreed, at the Board Clinical Governance Forum, that the returns should be discussed at local level; GP locality groups and GP Forums, who would agree how to take issues forward, linking with education and training.

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

Detailed below in Table 5 is a breakdown of complaints received by Doctors, Dentists, Community Pharmacists and Opticians within NHSGGC for the period 1 April 2017 – 30 June 2017.

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

	1 April 2017 to 30 June 2017			
	<u>GPs</u>	<u>Dentists</u>	<u>Opticians</u>	<u>Pharmacists/DAC</u>
Number of complaints received, and as % of core measure:	<i>Patients registered with practice at quarter end</i>	<i>Patients registered with practice at quarter end</i>	<i>Episodes of care in the reporting period</i>	<i>Scripts dispensed in reporting period</i>
Core Measure	1,190,278	1,180,584	76,304	2,303,143
<b>No of complaints received and % of core measure</b>	<b>396</b> (0.03%)	<b>41</b> (0.003%)	<b>40</b> (0.05%)	<b>260</b> (0.01%)
Number of complaints closed at <b>Stage 1</b> within 5 working days and % of all complaints closed at Stage 1	279 (70.5%)	28 (68.3%)	35 (87.5%)	178 (68.46%)
Number of complaints closed at <b>Stage 1</b> where an extension was authorised - between 6 and 10 working days and % of all Stage 1 complaints	8 (2.79%)	2 (7.1%)	0 (0.00%)	13 (5.88%)
Number of complaints closed at <b>Stage 1</b> beyond 10 working days	1	0	0	12
Average number of days to respond to <b>Stage 1</b> complaints.	2.22	3.27	1.80	0.20
Outcome of completed <b>Stage 1</b> complaints:-				
• Upheld	90	5	21	173
• Partially Upheld	70	5	1	6
• Not Upheld	125	18	13	9
• Withdrawn	0	0	0	0
• Outcome not noted	3	2	0	15
Number of complaints closed at <b>Stage 2</b> within 20 working days and % of all complaints closed at Stage 2	70 (66.0%)	10 (76.9%)	2 (40.0%)	75 (79.8%)
Number of complaints closed at <b>Stage 2</b> beyond 20 working days and % of all complaints closed at Stage 2	5 (4.7%)	0	0	0
Number of complaints closed at <b>Stage 2</b> where an extension to over 20 working days was authorised and % of complaints closed at Stage 2	5 (4.7%)	3 (23.1%)	0	0
Average number of days to respond to <b>Stage 2</b> complaints.	11.49	9.6	1.00	0.259
Outcome of completed <b>Stage 2</b> complaints:-				
• Upheld	30	2	2	66
• Partially Upheld	21	2	0	1

• Not Upheld	21	6	0	6
• Irresolvable	3	0	0	0
• Withdrawn	0	0	0	0
• Outcome not noted	5	3	0	5
Number of complaints closed at <b>Stage 2</b> after escalation <b>within</b> 25 working days and % of all complaints closed at Stage 2	25 (23.6%)	0	0	12 (12.8%)
Number of complaints closed at <b>Stage 2</b> after escalation <b>outwith</b> 25 working days and % of all complaints closed at Stage 2	1 (0.9%)	0	3 (60.0%)	7 (7.4%)
Average number of days to respond to escalated complaints.	13.27	0	28	0
Outcome of completed escalated complaints:-				
• Upheld	4	0	3	2
• Partially Upheld	8	0	0	0
• Not Upheld	13	0	0	0
• Irresolvable	1	0	0	0
• Outcome not noted	0	0	0	17
No of complaints still open at the end of the reporting period	16	0	1	3
Alternate Dispute Resolution Used	0	0	0	0

#### e. Scottish Public Services Ombudsman (SPSO)

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

**Table 5: SPSO**

	<u>HSPCs</u>	<u>FHS</u>	<u>Acute / Board</u>
<b>(a) Notification received that an investigation is being conducted</b>	1	0	1
<b>(b) Notification received that an investigation is not being conducted</b>	3	0	13
<b>(c) Investigations Report received</b>	0	0	2
<b>(d) Decision Letters received (often the first indication in respect of FHS complaints)</b>	1	8	25

## Investigation Reports

There were two Investigation Reports laid before the Scottish Parliament and published by the Ombudsman in this quarter in relation to NHSGGC, detailed below:

### Investigation Report 1 - Case Reference - 201603057,

#### **Glasgow Royal Infirmary - Accident and Emergency Communication and Clinical Treatment**

**Date of Complaint – August 2016**

#### Summary of Complaint Investigated by Ombudsman

The complaints investigated were that the Board failed to:

- Provide Miss A with appropriate clinical treatment for her reported neck injury; and
- Appropriately take into account that Miss A had lifelong learning difficulties when communicating with her.

<b>Ombudsman's Recommendations to the Board</b>	<b>Actions Taken</b>
The Board make a formal apology to Mr C and Miss A for the shortcomings identified.	A written apology was provided on 22 May 2017
Staff involved in Miss A's care on the day concerned should be made aware of the content of this report to allow them the opportunity to reflect and also consider it at their next formal appraisal.	A detailed Action Plan was provided to the SPSO's office (20 February 2017) and the main areas covered included:  The report findings and recommendations have been shared with the relevant medical and nursing staff  All complaints and lessons to be learned are discussed at the weekly departmental business meeting.
The Board apologise to Miss A (copied to Mr C) that when communicating with her, staff failed to take her learning difficulties into account.	A written apology was provided on 22 May 2017
The Board apologise to Mr C for not reverting to him for his assistance in this matter.	A written apology was provided on 22 May 2017
The Board review their advice to staff members about treating people with disabilities to establish whether or not it is currently fit for purpose. If it is not, they should provide updated advice and guidance.	A detailed Action Plan was provided to the SPSO's office (dated 20 February 2017 which related to the learning from the complaint) and the main areas covered included:  The findings and recommendations will be used as an opportunity for learning and improving practice. A review of current equality training is ongoing and training sessions will be arranged with Health Improvement and Equalities to raise awareness of communicating with patients with learning disability.  Follow up – the advice and training on treating people with learning disabilities was reviewed and found to be fit for purpose. Ongoing local update training sessions were to be arranged. However it was felt that this training remained relevant and helpful to staff.

## **Investigation Report 2 - Case Reference - 201607587,**

### **Royal Hospital for Children - General Paediatrics Clinical treatment**

**Date of Complaint – June 2016**

#### **Summary of Complaint Investigated by Ombudsman**

The complaint investigated was that:

- The Board did not provide a reasonable standard of treatment on 5 and 6 June 2015 by failing to carry out a CT scan.

<b>Ombudsman's Recommendations to the Board</b>	<b>Actions Taken</b>
That the Board make Mrs C a formal apology recognising the identified shortcomings identified in this report.	A written apology was provided on 2 May 2017.
That the Board ensure that the clinical staff involved in Master A's case make themselves fully aware of the relevant SIGN guidance (early management of children with a head injury, May 2009) to ensure that the same situation does not recur.	Documentary evidence was provided to SPSO as confirmation that this recommendation had been addressed (26 June 2017).

### **Decision Letters**

There were 34 Decision Letters issued by the Ombudsman in this quarter in relation to NHSGGC:

- 25 related to the Acute Services Division. In these, 61 issues were investigated (31 issues were upheld, 30 issues not upheld and 59 recommendations made).
- 1 related to Partnerships. In this, 5 issues were investigated (2 issues were upheld, 3 issues not upheld and 4 recommendations made).
- 8 related to Family Health Services (GPs, dentists, community pharmacist and opticians).

Investigation Reports and Decision Letters are submitted to the relevant Health & Social Care Committee and the Acute Services Committee for monitoring purposes.

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

The Patient Advice and Support Service (PASS) was established through the Patient Rights (Scotland) Act 2011 and is part of the Scottish Citizens Advice Bureau (CAB) Service. The service is independent and provides free, confidential information, advice and support to anyone who uses the NHS in Scotland.

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

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

- There were 163 clients that contacted the service;
- There were 288 enquiries; and
- 21% of enquiries were dealt with at Level 3 or above (indicating more complex a case requiring more support and input).

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

- Of the 70 clients with cases (defined as clients with more than one enquiry), 53 received treatment in NHSGGC. Of these:
  - 24% were about the Queen Elizabeth University Hospital;
  - 19% were about Glasgow Royal Infirmary; and
  - 23% were about Glasgow HSCP.
- Of the 215 advice codes recorded:
  - 43% of advice given concerned clinical treatment;
  - 16% concerned staff attitude/behaviour; and
  - 8% related to waiting times for appointment.

PASS leaflets are sent to all complainants with the NHS Board's acknowledgement letters, and posters have been placed in patient and clinic areas.

PASS caseworkers have developed good contacts and connections with hospital and HSCP staff and receive a lot of referrals from having made these contacts. A Local Advisory Group (LAG) was formed in early 2013, with representation from the Scottish Health Council, GGC CAB Consortium and NHSGGC (Head of Administration and Board Complaints Manager) in order to monitor and ensure continued publicity of the PASS. The Group meets quarterly and has a lay representative.

#### **g. Current Issues**

Following the commencement of the new PASS Services on 1<sup>st</sup> April 2017 the Scottish Government Health Directorate and Scottish Health Council have been giving consideration to the future arrangements for monitoring the three year contract and how this would be supported by local arrangements and activities.

The first national meeting is to be held shortly and thereafter any new/revised arrangements for the Local Advisory Group or its replacement will be considered and implemented.

#### **h. General update**

The lead in to the first quarter of 2017/18 and the first quarter of the year has seen a number of changes to how complaints are handled under the new National Complaints Policy. The triage system of filtering out complaints which can possibly be resolved in the first five working days has been helpful and while parts of this local resolution can be resource intense, the patients and complainants have appreciated this approach. The additional reporting for the Board and independent contractors will settle down however the first quarter had less concerns to sort out than anticipated.

ISD are now replying on annual reporting and that will assist with the presentation of next year's annual report on Complaints, Concerns and Feedback. The full training modules from National Education Scotland are now available on Learnpro and all Lead Complaints Officers in Scottish National Boards have been holding a weekly conference call to support each other as the new challenges in the first quarter settle down and become the norm.

## 2. Feedback

### Universal Feedback

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

Patients answer the first question from a scale of responses (Extremely Likely; Likely; Neither Likely or Unlikely; Unlikely; Extremely Unlikely).

An overall 'percentage positive score' is calculated, representing those who scored the ward Extremely Likely to Recommend and Likely to Recommend.

**Table 6: Universal Feedback Positive Responses – 1 April to 30 June 2017**

Sector	Average % positive score	Number of responses	Positive Responses (Extremely Likely+ Likely)	Negative Responses (Unlikely + Extremely Unlikely)
Clyde	96%	2,012	1,930	37
North	96%	1,064	1,025	8
South	97%	2,275	2,218	24
Regional	99%	529	524	2
Obs & Gynae	97%	816	748	33
<b>TOTAL</b>	<b>97%</b>	<b>6,696</b>	<b>6,445</b>	<b>104</b>

Patients are also invited to leave a short commentary on their experience, which allows us to identify themes within the data. The vast majority of comments received were positive, they are related to praise of staff, their dedication to care.

### NHSGGC On-Line Patient Feedback

NHSGGC Online Patient Feedback provides a way for service users, carers and the wider public to share their healthcare experiences with NHSGGC, but these experiences are not visible to the wider public. Service Users do not receive a direct response to the specific issues they raise but can opt to receive a copy of the annual Patient Feedback Report summary. The following feedback was received via the NHSGGC On-Line Patient Feedback System in the period 1 April to 30 June 2017.

**Table 7: NHSGGC On-Line Patient Feedback by Directorate - 1 April to 30 June 2017**

Sector / Directorate	No. of Postings	Positive	Negative
South	110	49	61
North	32	25	7
Clyde	44	27	17
Facilities	36	1	35
Diagnostics	14	9	5
Regional Services	17	8	9



<b>Hospital Paediatrics &amp; Neo Natal</b>	20	11	9
<b>Obstetrics &amp; Gynaecology</b>	30	18	12
<b>TOTALS</b>	<b>303</b>	<b>148</b>	<b>155</b>

A marginally higher number of postings has been received this quarter in comparison to the last quarter of 2016-2017, from 265 to 303 postings in total. Overall, positive feedback has marginally gone down from 53% to 49%.

### Care Opinion (Formerly Patient Opinion)

Care Opinion is an online, public resource that can be accessed by service users, carers and staff 365 days a year. Feedback about healthcare experiences can be posted relating to experiences up to three years ago and can be seen by anybody. Feedback is always posted anonymously, and in some cases may not have a timeline or specific details included.

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

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

The following feedback was received via Care Opinion in the period 1 April to 30 June 2017

**Table 8: Care Opinion Responses – 1 April to 30 June 2017**

<b>Directorate</b>	<b>No. of Postings</b>	<b>Positive</b>	<b>Negative</b>
<b>South</b>	42	23	19
<b>North</b>	16	13	3
<b>Clyde</b>	14	4	10
<b>Facilities</b>	18	9	9
<b>Diagnostics</b>	6	1	5
<b>Regional Services</b>	25	17	8
<b>Paediatrics &amp; Neo Natal</b>	7	3	4
<b>Obstetrics &amp; Gynaecology</b>	8	6	2
<b>TOTALS</b>	<b>136</b>	<b>76</b>	<b>60</b>

A marginally lower number of postings has been received via Care Opinion this quarter in comparison to the last quarter of 2016-2017 (from 148 to 136 in total). 56% of stories shared about NHSGGC on the site are related to a positive experience with staff or services. It is worth mentioning that some negative postings also contain elements of praise.

There have been 15 stories with criticality 3 (moderately strong) rating received on Care Opinion in the first quarter of 2017 – 2018; they relate to the following topics: Staff Attitude and Behaviour (6); Communication (4); Waiting Times (5). Links to the stories are provided below:

**Table 9: Care Opinion Criticality 3 (moderately critical) Responses  
– 1 April to 30 June 2017**

Criticality 3 Stories Themes	Links to Criticality 3 Stories
<p><b><u>Staff Attitude and Behaviour</u></b></p> <ul style="list-style-type: none"> <li>• "Poor standards of care at A&amp;E RAH "</li> <li>• "An elderly patient being assessed for "Capacity"</li> <li>• "Reflections on surgery with overnight stay"</li> <li>• "My son who has MS and his experience"</li> <li>• "A mixed experience of care"</li> <li>• "The cleft service is not as good as it was in Edinburgh"</li> </ul>	<p><a href="https://www.careopinion.org.uk/opinions/369173">https://www.careopinion.org.uk/opinions/369173</a></p> <p><a href="https://www.careopinion.org.uk/opinions/365181">https://www.careopinion.org.uk/opinions/365181</a></p> <p><a href="https://www.careopinion.org.uk/opinions/364137">https://www.careopinion.org.uk/opinions/364137</a></p> <p><a href="https://www.careopinion.org.uk/opinions/375637">https://www.careopinion.org.uk/opinions/375637</a></p> <p><a href="https://www.careopinion.org.uk/opinions/374251">https://www.careopinion.org.uk/opinions/374251</a></p> <p><a href="https://www.careopinion.org.uk/opinions/373434">https://www.careopinion.org.uk/opinions/373434</a></p>
<p><b><u>Communication</u></b></p> <ul style="list-style-type: none"> <li>• "No follow up or communication"</li> <li>• "Partner's needs not being met by nurse-led clinic"</li> <li>• "Poor Communication and Poor Pain Relief"</li> <li>• "My Dad has had a terrible time"</li> </ul>	<p><a href="https://www.careopinion.org.uk/opinions/369154">https://www.careopinion.org.uk/opinions/369154</a></p> <p><a href="https://www.careopinion.org.uk/opinions/371996">https://www.careopinion.org.uk/opinions/371996</a></p> <p><a href="https://www.careopinion.org.uk/opinions/377842">https://www.careopinion.org.uk/opinions/377842</a></p> <p><a href="https://www.careopinion.org.uk/opinions/375423">https://www.careopinion.org.uk/opinions/375423</a></p>
<p><b><u>Waiting Times</u></b></p> <ul style="list-style-type: none"> <li>• "Waiting ..... and waiting and waiting"</li> <li>• "No communication and waiting too long"</li> <li>• "Still no date for operation after cancer diagnosis"</li> <li>• "Still waiting for MRI Results"</li> <li>• "Lost faith in the referral system"</li> </ul>	<p><a href="https://www.careopinion.org.uk/opinions/371994">https://www.careopinion.org.uk/opinions/371994</a></p> <p><a href="https://www.careopinion.org.uk/opinions/365941">https://www.careopinion.org.uk/opinions/365941</a></p> <p><a href="https://www.careopinion.org.uk/opinions/365541">https://www.careopinion.org.uk/opinions/365541</a></p> <p><a href="https://www.careopinion.org.uk/opinions/365165">https://www.careopinion.org.uk/opinions/365165</a></p> <p><a href="https://www.careopinion.org.uk/opinions/362669">https://www.careopinion.org.uk/opinions/362669</a></p>

Sectors and Directorates are encouraged to respond to every comment/suggestion received from all three sources of Patient Feedback. Responses are documented in Sectors Quarterly Reports. Below are a few examples of how Sectors and Directorates respond and what improvements are planned to be made as a result of Patient Feedback:

Issue	Response/Planned Improvement
<p><u>Ward 63 Neurosurgery, QEUH (Universal Feedback)</u></p> <p>Ward requires refurbishment.</p> <p>“A door that is very heavy and hard to operate for the toilet in a ward where people have spinal issues, this is not a good design.”</p>	<p>“There is a programme of investment in the Neurosurgical building ongoing at present... The Lead Nurse along with the Senior Charge Nurses have looked at some simple upgrades including painting day areas and replacing some furnishings in waiting areas.</p> <p>The Lead Nurse will discuss the comments regarding the toilet door with estates to see if an interim solution can be found.”</p>
<p><u>Ward 62 ( Oral/Maxfac/ENT, QEUH (Universal Feedback)</u></p> <p>Suggestion to use ward corridor for exercising.</p> <p>“Why not mark off yardages along the ‘long corridor’ from Ward 62 entrance, could encourage walkers, zimmer users and wheelchair users to set a target and exercise.”</p>	<p>“Excellent idea, patients regularly use this area for exercise. Lead Nurse has contacted estates to request that this is done. Lead Nurse will also discuss this suggestion with Physiotherapy team.”</p>
<p><u>GRI Ward 68 (Universal Feedback)</u></p> <p>Noise/Disturbance due to visiting hours</p> <p>“...mothers need rest, peace and a stress free environment they are subjected to a constant string of visitors.”</p>	<p>“Following consultation with women the visiting times have been changed and a revised visiting policy has been developed. This has taken into account patients preference for reduced visiting times and partner only visiting.”</p>
<p><u>QUEH (NHSGGC Patient Feedback)</u></p> <p>No Smoking Policy Ignored</p>	<p>“Staff have again been reminded of the ‘No Smoking’ Policy within hospital grounds and have been asked to reinforce the Policy with staff and members of the public. This has also been brought to the attention of the Facilities Department.”</p>
<p><u>Glasgow Royal Infirmary – Respiratory Clinic (Care Opinion)</u> <a href="https://www.careopinion.org.uk/opinions/366752">https://www.careopinion.org.uk/opinions/366752</a></p> <p>A member of staff does not follow staff uniform policy</p>	<p>“Thank you for your post. My Clinical Services Manager has spoken with the member of staff that you have mentioned. Following a spill on his uniform, he was unable to access clean uniforms as departments are closed on weekends. The member of staff will now keep a spare uniform in the department going forward and apologises for any inconvenience to you.”</p>

### 3. Improvements

One of the key themes of the Patient Rights (Scotland) Act 2011 was using complaints as a mechanism to learn lessons and improve future services for patients.

#### a. Acute Services

- The section below highlights some work that is underway within Acute Services to make service improvements as a result of complaints and feedback:
- In Medical High Dependency Unit (HDU) at Glasgow Royal Infirmary it was reported through real time patient feedback and staff discussions with patients that there was a lack of stimulation within the unit with no TV / Radios for patients use. The service recently purchased TV / Radio and are also considering the purchase of computer tablet for patient use.
- From real time patient experience feedback themes in downstream wards both older people and general medicine there has been an issue highlighted regarding referral to chaplaincy service as chaplains no longer visit the wards. Further guidance is being issued to ward staff relating to Chaplaincy referrals, and we will audit to see if process / satisfaction has improved. This was not a theme in universal feedback.
- In Critical Care in GRI, following feedback from patients and families, leaflets have been reviewed and now describe the comfort support that is available to promote personalised care within the unit. E.g. availability of IPADS, duvets, eye masks, ear plugs, open visiting
- A dementia cafe that is now running 6 weekly in the boardroom GRI, this cafe supports patients and carers and is supported by our local dementia champions and Volunteers. Tea and cake, reminiscence therapy and singing is provided. The service also provides relatives / carers with information and they can ask questions, raise concerns and have these addressed. The service are now also starting to provide this in the wards, with great feedback. During the cafe, in discussion with patients and carers, the service identified some issues, for example waiting time for tests and visiting issues. These were immediately taken to the relevant areas for resolution. The feedback from relatives / carers has been very positive regarding the improvement in their relatives following this socialisation session and also that relatives / carers feel supported also. The service will look for more formal feedback on this in future.
- Older adults often feedback that being in hospital can be very isolating, particularly within single rooms. In the Older People's Ward at Stobhill ACH, the service have developed the use of volunteers who have meaningful conversations with patients. They also help with activities and assist the activity coordinators during games such as bingo. The Ward has also arranged other events for patients such as DVD afternoons, 'fish and chips night' and for a singer to attend the Ward. Music therapy is very effective in helping with patients who have delirium or a cognitive impairment. Through these events the Ward aims to make staff visible and approachable.
- The South Sector has a Patient and Carer Experience Group (PACE) which includes representation from a variety of staff groups and meets quarterly. Some of the initiatives and learning are:
  - To address, learn and resolve complaints at the earliest stage possible, the Older Peoples areas are offering to meet complainants at a stage 1 complaint. In the case of stage 2 complaints the Associate Chief Nurse offers to meet with complainants. Initial feedback has been positive in terms of

addressing issues and after meeting the family the Associate Chief Nurse briefs the clinical team to ensure understanding and improvement.

- Some ward areas have been reviewing universal feedback cards daily, which allows staff to address any issues immediately. An example of this was following a negative comment about personal care the Senior Charge Nurse addressed the concern that day. This negative feedback was turned into a positive experience for the patient and family who raised the concern – who then commended the level of care offered.
  - The QEUH Emergency Department are promoting the use of Care Opinion to encourage feedback to allow celebration of good practice and also improvement and learning as required.
  - All wards in Langlands now have “you said we did” boards on display based on feedback through the Universal Feedback tool.
  - There has been a focus on increasing the number of staff trained and able to respond to Care Opinion to ensure prompt and useful responses to all posts.
  - All feedback is welcomed, with many positive comments regarding good care being offered across the Sector. Continual learning and improvement is ongoing.
- Property Procurement & Facilities (PPF) Directorate aims to give quality patient experience a high level of importance. The Directorate PACE Group meets quarterly with representation of all PPF sectors, attendance at all local site based PACE groups and a monthly meeting with PPF PACE Lead and Boards PACE representative.
  - Recent discussions have focused on what opportunities there are to engage further with people experiencing the service, to enable staff to continue to report good practice, lessons learned and opportunities to improve. Particularly areas for targeting over the next coming months will be patient/carer experience of patients/carers using our portering and domestic services.
  - The service continue to respond timeously to comments regards parking and general transport issues. The buggy transport system in operation at QEUH continues to be well used, however there remains further work to be done to improve signage of pick-up points.
  - The main decontamination unit at Cowlares is currently planning an ‘open day’ for anyone, particularly local residents’ to come and view the service provided there and ask questions.
  - Catering colleagues are continually auditing, responding to patients’ opinion and universal feedback to improve on patients and carers catering experience. The service is currently expanding their number of Public Partners in order to increase spot-check audits in areas where poor performance has been identified. The service also continues to work with nursing colleagues to encourage the range of food selection currently available and improve that selection where necessary e.g. long term care.
  - There still remains the challenge that much of the feedback that is received is highly subjective (often a comment on personal dislike of food), however the service are currently looking back over the past years feedback to highlight if there are particular trends on sites or ward.
  - Colleagues are also working on an electronic menu selection service which aims to improve the whole patient experience of choice of catering.

Some specific examples of improvement work as a result of complaints in **Acute Services** are noted below:

#### **Regional Directorate – Oncology – Fully upheld**

Patient did not receive concurrent radiotherapy and chemotherapy as directed by Consultant Oncologist

The investigation revealed that there had been breakdown in written communication resulting in the patient having treatment delayed. Radiotherapy and chemotherapy treatments are booked on separate IT systems, in this case, the patient attended to start chemotherapy and it was discovered her concurrent radiotherapy had been cancelled.

The service set up a short life working group looking at the chemotherapy and radiotherapy booking process. A meeting was arranged with the complainant and the outcome of the working group shared. The group met three times and the following actions have now been taken:

- Development of a Standard Operating Procedure which has been agreed by both the Chemotherapy Management Group and Radiotherapy Management Group;
- Introduction of a new generic email address for the Chemotherapy Booking Office to improve communications;
- A new checking procedure for the nursing staff in the Chemotherapy Day Unit as a further check whether the patient is for concurrent radiotherapy.

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

Patient received a partial nephrectomy but did not have a follow up appointment arranged as per discussion with Consultant during their admission.

An investigation has established that a follow up appointment should have been arranged but was missed by the relevant staff.

The Consultant that reviewed the complaint has confirmed that a change to practice has now taken place. All patients that undergo a nephrectomy are now referred to the Renal Clinic 6 weeks post-operatively, this ensures that all patients get an appropriate follow-up appointment.

#### **Clyde Sector – General Surgery – Fully Upheld**

At the time of this patient's surgery it was standard practice for analgesia to be transferred to recovery, alongside a patient from the operating theatre, often on the pillow or on a foil tray in case further analgesia is required. A syringe containing analgesia was on the patient's bed but did not require to be given at that juncture.

Instead of being removed, the syringe remained on the patient's bed when they were transferred back to the ward. It remained undetected until a member of nursing staff found it re-making the patient's bed for the night. The nurse placed the syringe on the patient's bedside locker and, as the patient had requested pain relief, she left to obtain this. When the patient returned to their bedside they made the reasonable assumption that the syringe on her bedside locker contained the appropriate pain relief medication she had requested and she therefore swallowed the analgesia remaining in this syringe.

When the nurse subsequently returned with appropriate pain relief, it was discovered that the patient had swallowed the analgesia; which caused considerable distress to the patient.

In order to avoid a recurrence and to ensure the appropriate shared learning/service improvements took place, this issue was anonymously discussed via the Directorate Report at the Department of Anaesthesia Divisional Meeting. The department has now changed its practice such that opiates should no longer leave theatre with a patient in this type of circumstance. Instead, if a patient requires further analgesia in recovery then it will be dispensed from recovery and not transferred through from theatre with the patient.

#### **South Sector – Immediate Assessment Unit – Upheld**

Patient had lengthy wait for treatment and medical review following attendance at the Minor injuries Unit. An investigation established that resource was unable to cope with the number of patients who had attended that evening.

The service has now designated a new area within the unit where patients who are less unwell can be seen by specialist nurses, thus freeing up doctors for more urgent medical reviews. Increase in number of doctors in unit made following complaint.

#### **b. HSPCs**

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

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

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

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

Patient complained about not getting their medication on time. Learning points were shared with teams to ensure that when orders do not come in that this is raised, pharmacy can then be contacted at the earliest opportunity to resolve the matter.

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

Complainant was upset that their parent was in hospital following an assault by a patient and lack of response from nursing staff. This investigation had resulted in some aspects of the complaint being upheld and not in others, the investigation identified it was not staff's intention to cause distress to the patient. The Senior Charge Nurse will remind staff of safe holding techniques and least restrictive options and recording of these. The SCN will also remind staff to provide clear explanation and reasons for restraint and safe holding.

#### **Glasgow City HSCP (NW Sector) –Health & Community Care Services – Fully Upheld**

Complainant unhappy with the attitude, the lack of care, respect and compassion from a nurse and nursing assistant while they attended their spouse who was receiving end of life care. The Registered Nurse had been commissioned by community services from the Nurse Bank, this part of the complaint has been forwarded to be investigated by the nurse bank manager where learning/training opportunities will be identified. The Health Care Assistant has agreed to attend a course which focuses specifically on communication skills, verbal and non-verbal cues and compassionate care.

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

Complainant unhappy regarding the treatment plan and lack of support their partner has received. Staff suggestions for improvements to the discharge pathway will be taken

forward by the South Management Team. The Service Manager has agreed to take forward any issues with attitude with the Crisis staff.

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

This complaint is regarding an alleged conversation between services, discussing confidential information about the patient. The patient has also complained about a psychiatrist telling a social worker that there were difficulties in managing the patients care. Whilst it has proven difficult to confirm the exact content of the conversations, it has been acknowledged that what was said has caused the complainant some distress and an apology has been given to the complainant

This complaint has been discussed and shared at the team meeting. Staff conduct and sharing of information/discussion with other agencies have been discussed and agreed with staff.

#### **4. Recommendations**

The NHS Board is asked to note the quarterly report on Patient Experience as captured by complaints and feedback on NHSGGC for the period 1<sup>st</sup> April – 30<sup>th</sup> June 2017.

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**Date** – 10 October 2017