

Patient Experience Report

Recommendation:

The NHS Board is asked to note the quarterly report on Patient Experiences in NHS Greater Glasgow and Clyde for the period 1 January 2018 to 31 March 2018.

Purpose of Paper:

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

- Complaints received
- Scottish Public Services Ombudsman Investigative Reports and Decision Letters
- Feedback opportunities
- Patient Advice and Support Service activities

Key issues to be considered:

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

Any Patient Safety /Patient Experience Issues:

This directly relates to patient experience issues. Themes have been identified and service improvements have been highlighted.

Any Financial Implications from this Paper:-

No

Any Staffing Implications from this Paper:

No

Any Equality Implications from this Paper:

No

Any Health Inequalities Implications from this Paper:

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

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

No

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

Improving quality, efficiency and effectiveness.

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Tel No – 0141 201 4477

Date – 28 May 2018

PATIENT EXPERIENCE REPORT

EXECUTIVE SUMMARY

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Key Messages from the Paper

1. Complaints

In this quarter, NHSGGC **received** a total of 1218 complaints. 74% of these were completed within 20 working days.

A total of 1148 complaints were **closed** in the reporting period:

- 480 Stage 1 complaints, with 418 (87%) closed within 5 working days. An additional 38 (8%) Stage 1 complaints were responded to within a recognised extension of 6-10 working days
- 668 Stage 2 complaints, with 394 (60%) closed within 20 working days

The most frequent causes of complaints both in Acute Services and Health and Social Care Partnerships was clinical treatment, date for appointment and attitude and behaviour.

From the Scottish Public Services Ombudsman, there was 1 Investigation Report (for the Acute Services Division), and 26 Decision Letters in this quarter:

- 15 related to the Acute Services Division. In these, 30 issues were investigated (21 issues were upheld, 9 issues not upheld and 37 recommendations made).
- 4 related to Partnerships. In these, 4 issues were investigated (1 issue was upheld, 3 issues were not upheld and no recommendations were made).
- 7 related to Family Health Services (GPs, dentists, community pharmacist and opticians).

A range of improvements were made as a direct result of learning from complaints.

2. Feedback

4556 Universal Feedback cards were returned across the Board area, which was a 29% response rate:

- 99% of respondents reported a positive experience in their ward
- 99% of patients reported a positive experience of kindness and understanding from staff during their stay
- 95% felt they were involved as much as they wanted to be in decisions about their care and treatment
- 98% said that their family or someone else close to them had the opportunity to talk to ward staff if they wanted to

Via Care Opinion and NHSGGC Patient Feedback, we heard from 403 people about their experience in the reporting period. 63% of the total feedback was positive. This is an increase of 10% from the previous quarter.

The most frequent areas for improvement were noted to be communication, clinical treatment and attitude and behaviour.

**NURSE DIRECTOR
PATIENT EXPERIENMCE REPORT
QUARTER 4 – 1 JANUARY TO 31 MARCH 2018**

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

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 January to 31 March 2018. 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.

The paper is divided into two parts: **1. Complaints** and **2. Patient Experience and Feedback**.

1. Complaints

a. Background and Process

As noted in previous papers, the new National Complaints Handling Procedure (CHP) took effect from 1st April 2017. NHSGGC has adopted the content of the CHP into the Board's Complaints Policy and Procedure.

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 (SPSO).

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

Stage 1: 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 2: 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 to the complaint should be made as soon as possible, but not later than 20 working days, unless an extension is required.

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

Prison Complaints

Although the same complaints policy is followed, prison complaints are handled slightly differently to those in the Acute Services and the Health and Social Care Partnerships (HSCPs). This section of the report will therefore describe some of the processes, challenges and improvement work that is ongoing in order to give some background. The aim of this is to help give some context for all future information and data on prison complaints contained within subsequent versions of this report.

As a result of national work with the Scottish Public Services Ombudsman a number of years ago, all prisoners have ready access to blue forms that they must complete if they wish to submit a complaint. All prison health care in NHS Scotland should use this same process. These are collected daily (and often more than once a day), reviewed, and passed to the colleague best placed to answer their concerns. In most cases, this will be a nurse.

The default position is that all complaints will be handled as a Stage 1 in the first instance, and issues will only escalate to a Stage 2 complaint if the concerns cannot be handled within the required timescale due to the complexity or, if the complainant is dissatisfied with the outcome of the Stage 1 response. During a Stage 1 case, a member of staff will speak with the prisoner to try to resolve the concerns, and ask that the prisoner sign their name beside the entry in their notes which reflects that discussion so that it is appropriately recorded. If the prisoner does not sign the record, this provides an indication that they are not happy with the response, and in this instance, the complaint would be escalated to a Stage 2.

The vast majority of complaints are regarding medication and access to clinical professionals, and are low complexity, but very high in volume. There are also some prisoners who submit multiple complaints, so although numbers of complaints may appear high, significant proportions can be from a few individuals.

Many complaints received are actually more of an enquiry, and so work has recently been done to streamline the process to ensure that issues are triaged appropriately. For example, if a prisoner does not agree with the opinion of a clinician, this is not necessary a complaint, but instead could be handled as a request for a second opinion. Early results have been successful, and there is a notable decrease in the number of recorded complaints. If the prisoner remains concerned, at that stage they can then submit a complaint if they wish to. This change to process means that issues are being taken forward in a more appropriate way.

Better links have also recently been made between prison health care colleagues and the Board's complaints team, for cross learning and support purposes.

b. Complaints – 1 January to 31 March 2018

Total Complaints

Table 1 shows 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 January to 31 March 2018. Thereafter, the statistics in section one of this report relate to those complaints completed in the quarter so that outcomes can be reported.

Table 1: Total Breakdown of Received and Completed Complaints

	1 January to 31 March 2018		
	HSCPs (exc FHS)	Acute / Board	NHSGGC Total
Core Measure <i>Episodes of Patient Care within the reporting period*</i>	To be confirmed in future reports if available	979,881	To be confirmed in future reports if available
Total Number of complaints received as a % of core measure	334	884 (<1%)	1218
Number of complaints received and completed within 20 working days	283 (85%)	623 (70%)	906 (74%)

*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.

In this quarter, NHSGGC received a total of 1218 complaints. 74% of these were responded to within 20 working days.

Tables 2 and 3 below details the complaints that were closed in the quarter and therefore will not match the figures outlined in Table 1 above.

Table 2: Breakdown of Closed Complaints – Stage 1

	1 January to 31 March 2018		
	HSCPs (exc Prison Healthcare and FHS)	Prison Healthcare	Acute / Board
a) Number of complaints closed at Stage 1 (and as a % of all closed complaints)	60 (18%)	163 (48%)	257 (32%)
b) Number of Stage 1 complaints closed within 5 working days (and % of all complaints closed at Stage 1)	46 (77%)	161 (99%)	211 (82%)
c) Number of Stage 1 complaints closed where an extension was authorised (between 6 and 10 working days)	7 (12%)	0	31 (12%)
d) Number of Stage 1 complaints closed beyond 10 working days	7 (12%)	2 (1%)	15 (<1%)
e) Average number of days to respond to a complaint closed at Stage 1	4 days	2 days	3 days

Outcome of Stage 1 completed complaints			
• Upheld	17 (28%)	0	111 (43%)
• Upheld in part	12 (20%)	0	37 (14%)
• Not Upheld	25 (42%)	158 (97%)	101 (39%)
• Conciliation	0	0	0
• Irresolvable	0	0	2 (<1%)
• Unreasonable Complaint	0	0	2 (<1%)
• Transferred to another unit	1 (2%)	3 (2%)	2 (<1%)
• Withdrawn	5 ¹ (8%)	2 ¹ (1%)	2 ² (<1%)
• Complaints declared vexatious	0	0	0

Table 3: Breakdown of Closed Complaints – Stage 2

	1 January to 31 March 2018		
	HSCPs (exc Prison Healthcare and FHS)	Prison Healthcare	Acute / Board
a) Number of complaints closed at Stage 2 (and as a % of all closed complaints)	37 (32%)	79 (68%)	551 (68%)
b) Number of Stage 2 complaints closed within 20 working days (and % of all complaints closed at Stage 2)	25 (68%)	47 (59%)	322 (58%)
c) Number of Stage 2 complaints closed where an extension was authorised	5	31	34
d) Average number of days to respond to Stage 2 complaints	18 days	20 days	24 days
e) Outcome of Stage 2 completed complaints			
• Upheld	5 (14%)	13 (16%)	162 (29%)
• Upheld in part	15 (40%)	8 (10%)	146 (26%)
• Not upheld	13 (35%)	50 (64%)	186 (34%)
• Conciliation	0 (0%)	0 (0%)	0
• Irresolvable	0 (0%)	0 (0%)	6 (1%)
• Unreasonable Complaint	0 (0%)	0 (0%)	0
• Transferred to another unit	0 (0%)	4 (5%)	9 (2%)
• Withdrawn	4 ¹ (11%)	4 ¹ (5%)	42 (8%) ²
• Complaints declared vexatious	0 (0%)	0 (0%)	0

Complaints withdrawn – 1 January – 31 March 2018				
	Total	No Consent Received	Complainants no longer wished to proceed	Other
¹	15	10	5	0
²	44	24	20	0

For prison healthcare, overall number of complaints has reduced this quarter as we have introduced template letters for patients who used the complaint form to seek immediate acceleration of appointments – they are now being issued with referral forms to make appointments by the proper referral pathway. Main area of complaints for prisoners is around medication issues. These fall into categories of patients unhappy with prescribed medication or dose of prescribed medication. The rest are about ordering in-possession medication and complaining about late delivery. There is broad recognition throughout

Scotland that the existing ordering process for in-possession medications is not fit for purpose. However, there is considerable work taking place to improve the existing service provision in HMP Low Moss, where improvements can be made to achieve better delivery within existing resources.

Both numbers received and performance for HSCPs is consistent with the previous quarter. For Acute / Board Services, it is also a similar picture.

Whilst performance for Stage 1 complaints is consistently high, there is recognition that there is room for improvement with Stage 2s. The reasons for this are multifaceted, and so a comprehensive action plan is being put together which reflects this. Whilst we may not see the benefit of these actions in Quarter 1 of 2018/19, the ambition is that by Quarter 2 we will begin to notice an improvement.

1148 complaints were closed in Quarter 4, of these:

- **480 were closed at Stage 1**
 - i. 418 (**87%**) were closed at Stage 1 within 5 working days. In addition to this, a further 38 had an extension authorised and were subsequently closed within the extended period of 10 days. Therefore, 456 (**95%**), were closed at Stage 1 within 5 working days or within 10 working days where an extension was authorised.
- **668 were closed at Stage 2**
 - i. 394 (**60%**) were closed within 20 working days.

The NHSGGC Complaint Policy notes that we must ensure that complaints (and feedback, comments and concerns) are handled sympathetically, effectively and quickly, and that lessons are learned and result in service improvement. In order to do this we have a responsibility to gather and review information, which includes monitoring complaint outcome decisions to ensure complaints are being dealt with in an appropriate way.

When a Stage 1 complaint is received, complaint and service staff will work together to ensure someone makes contact with the complainant, looks into their concerns, and feeds the outcome back quickly to the complainant's satisfaction. If this cannot be achieved, or if it is decided at the outset that the complaint should be handled as a Stage 2 due to its complexity, an investigation is initiated where by the service is asked to review the complaint content and provide statements and evidence to inform the Board's response. Based on evidence collated during the investigation, an outcome decision will be agreed; this may be to deem the complaint as fully upheld, partially upheld or not upheld. A response letter will then be drafted for the relevant service to approve, and this is signed at senior level prior to it being issued to the complainant, as described in the Complaints Policy and Procedure.

This process ensures that all complaints are managed using a structured investigation process and outcome decisions are based on collated evidence.

c. Breakdown of Completed Complaints

Detailed in the charts below is an Acute/Board, HSCP and Prison breakdown of completed complaints within NHSGGC for the period 1 January to 31 March 2018.

Chart 1: Breakdown of Completed Complaints – Acute / Board

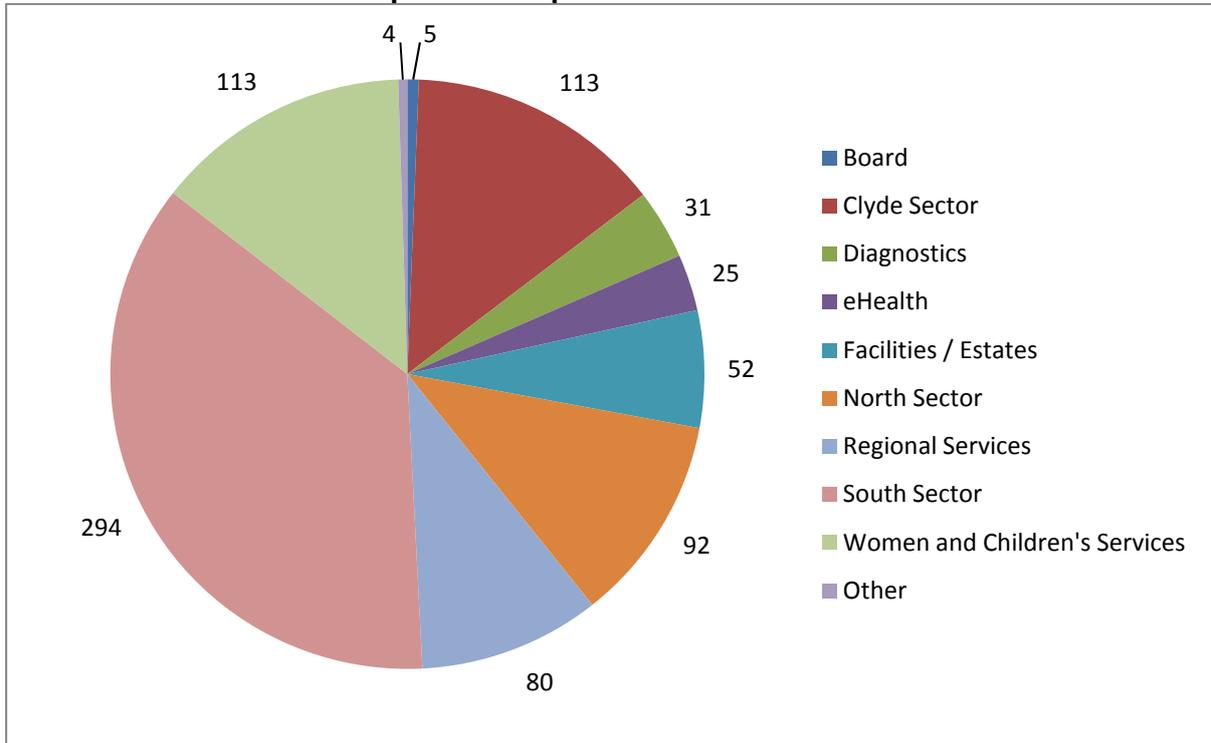


Chart 2: Breakdown of Completed Complaints – HSPCs

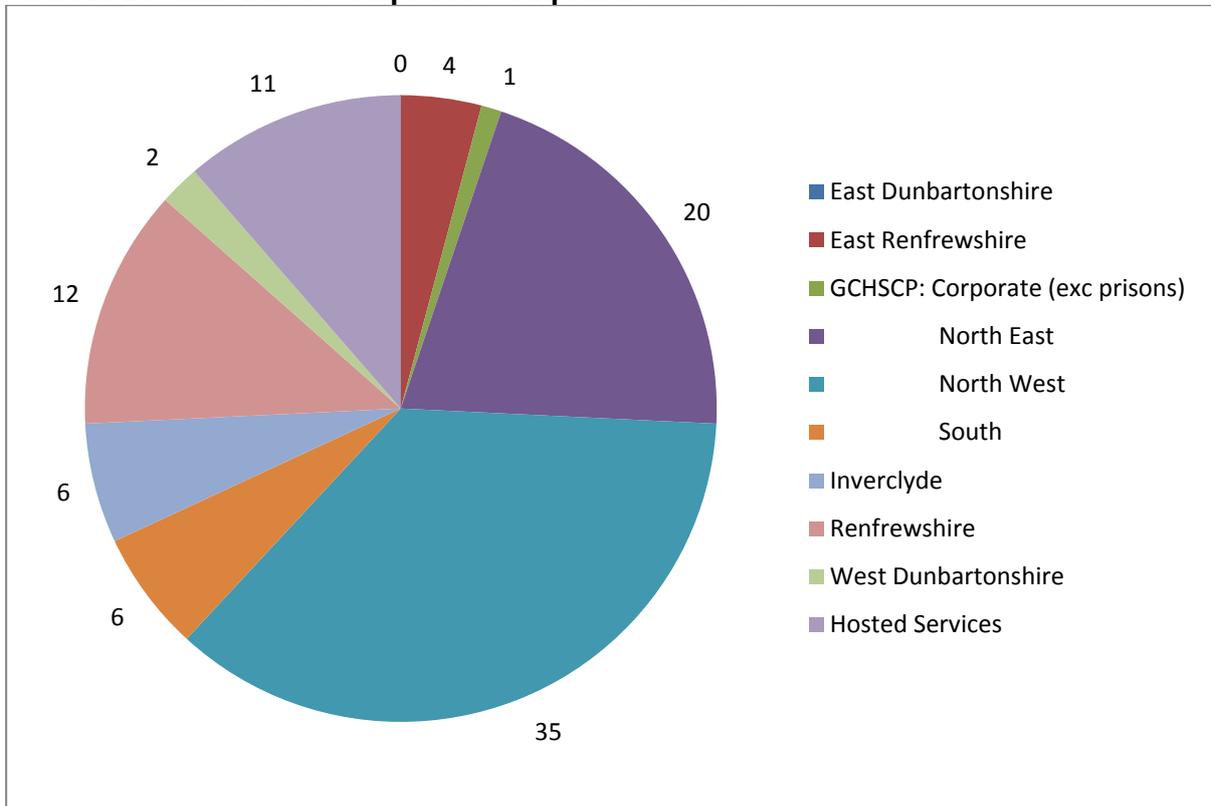


Chart 3: Completed Complaints by Location – Acute / Board

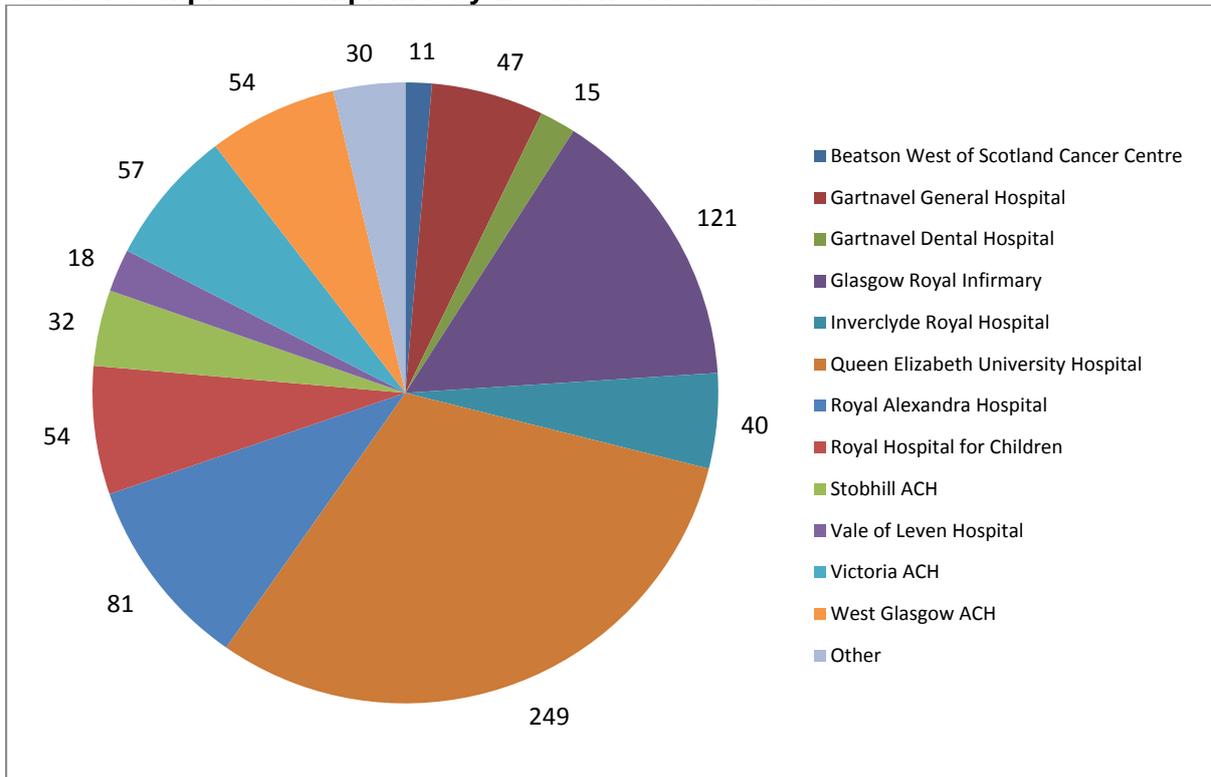
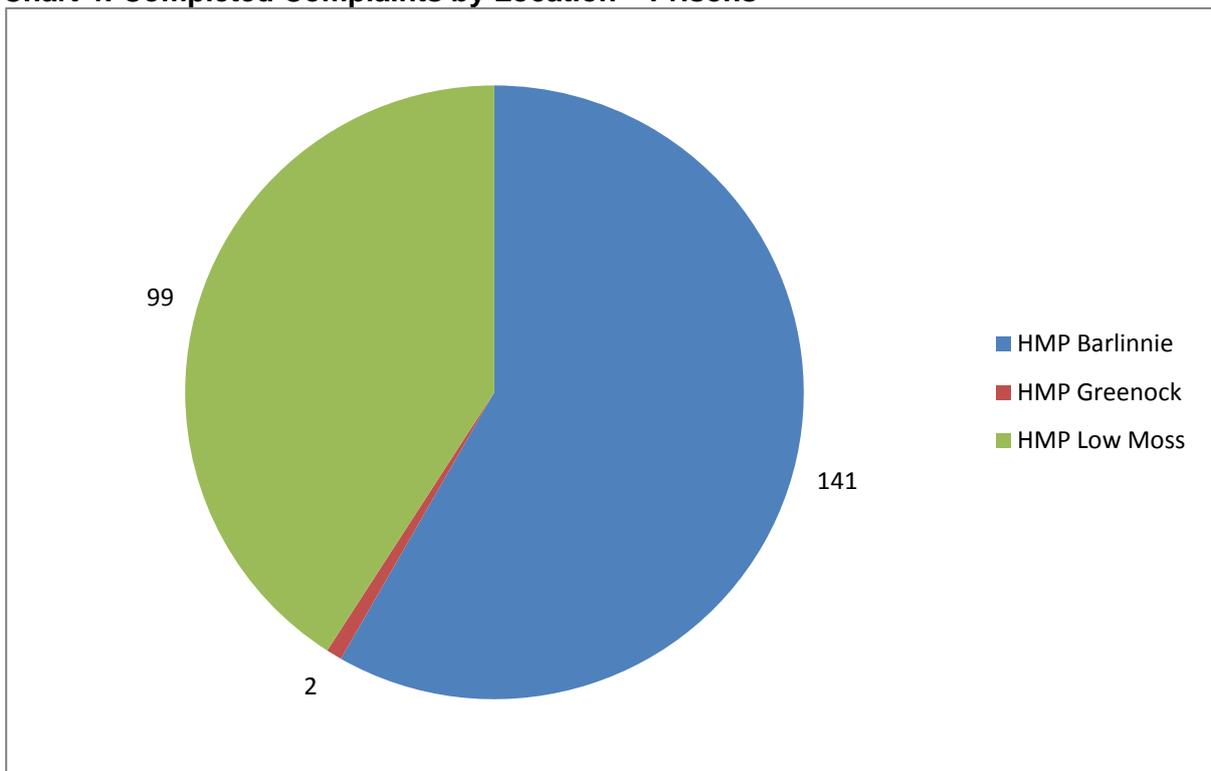


Chart 4: Completed Complaints by Location – Prisons



d. Issues, Themes and Staff Type

Tables 4 and 5 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 4: Issues and Themes by Staff Group – Acute / Board

	Allied Health Professionals	Consultants / Doctors	NHS board / hospital admin staff	Nurses	Other	Total
Admissions / Transfers / Discharge procedure	0	3	1	0	0	4
Aids / appliances / equipment	1	0	2	2	2	7
Attitude and Behaviour	3	41	12	69	4	129
Bed shortages	0	0	6	0	0	6
Catering	0	1	0	1	6	8
Cleanliness / laundry	0	0	0	3	10	13
Clinical treatment	7	290	16	81	16	410
Communication (oral)	2	59	31	35	5	132
Communication (written)	2	16	39	2	2	61
Competence	0	5	0	11	0	16
Complaint Handling	0	0	2	1	0	3
Consent to treatment	0	1	0	0	0	1
Date for appointment	0	82	95	0	2	179
Date of Admission/Attendance	0	14	35	0	0	49
Failure to follow agreed procedures	0	4	3	2	0	9
Mortuary / post mortem arrangements	0	0	1	0	0	1

NHS board purchasing	0	0	1	0	0	1
Other	0	0	2	0	0	2
Outpatient and other clinics	0	6	7	5	0	18
Patient privacy / dignity	1	0	2	4	0	7
Patient property / expenses	0	1	2	3	1	7
Personal records	0	0	1	0	0	1
Policy & commercial decisions of NHS board	1	2	10	0	0	13
Premises	0	1	6	1	38	46
Shortage/Availability	0	4	3	4	0	11
Test results	1	16	3	0	0	20
Transport	1	3	0	2	1	7
Total	19	549	280	226	87	1161

The three biggest causes of complaint in Acute / Board services were clinical treatment, date for appointment and communication (oral).

Table 5: Issues and Themes by Staff Group – HSCPs (including Prisons)

	AHPs	Ancillary Staff/ Estates	Consultant/ Doctors	Dental (Prisons)	GP (Prisons)	NHS board / admin staff	Nurses	Pharmacists (Prisons)	Scientific/ Technical	Total
Aids/ appliances/ equipment	0	0	0	0	0	1	0	0	0	1
Attitude and Behaviour	1	0	4	0	0	5	17	0	0	27
Clinical treatment	10	0	17	12	109	0	94	31	0	273
Communication (oral)	2	0	2	0	0	5	3	0	0	12
Communication (written)	0	0	1	0	0	1	0	0	0	2
Competence	0	0	1	0	0	2	1	0	0	4
Date for Appointment	0	0	3	2	0	4	5	0	0	14
Date of Admission/ Attendance	0	0	1	0	0	0	1	0	0	2
Failure to follow agreed procedures	1	0	3	0	0	3	5	0	0	12
Outpatient and other clinics	0	0	0	0	0	1	0	0	0	1
Personal records	0	0	1	0	0	0	0	0	0	1
Premises	0	2	0	0	0	0	1	0	0	3
Test results	0	0	0	0	0	1	0	0	1	2
Total	14	2	33	14	109	23	127	31	1	354

The biggest causes of complaint within the HSCPs were also around Clinical Treatment, Attitude and Behaviour and Date for Appointment.

e. Complaints Received by GPs, 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 6 is a breakdown of complaints received by Doctors, Dentists, Community Pharmacists and Opticians within NHSGGC for the period 1 January to 31 March 2018.

Table 6: Complaints Received by GPs, Dentists, Community Pharmacists and Opticians

	1 January to 31 March 2018			
	<u>GPs</u>	<u>Dentists</u>	<u>Opticians</u>	<u>Pharmacists</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	1,197,130	1,190,992	67,674	2,665,422
No of complaints received and % of core measure	336 (<1%)	29 (<1%)	18 (<1%)	250 (<1%)
Number of Stage 1 complaints closed within 5 working days and % of all Stage 1 closed complaints	241 (98%)	18 (100%)	14 (78%)	153 (100%)
Number of Stage 1 complaints closed where an extension was authorised - between 6 and 10 working days and % of all Stage 1 complaints	3 (1%)	0	0	0
Number of Stage 1 complaints closed beyond 10 working days and % of all Stage 1 complaints	2 (<1%)	0	0	0
Average number of days to respond to Stage 1 complaint.	2 days	1.5 days	1 day	<1 day
Outcome of completed Stage 1 complaints:-				
• Upheld	62 (25%)	4 (22%)	14 (100%)	128 (84%)
• Partially Upheld	66 (27%)	5 (28%)	0	7 (5%)
• Not Upheld	118 (48%)	9 (50%)	0	18 (12%)
• Withdrawn	0	0	0	0
• Outcome not noted	0	0	0	0
Number of Stage 2 complaints closed within 20 working days and % of all Stage 2 closed complaints	64 (93%)	11 (100%)	3 (75%)	91 (95%)
Number of Stage 2 complaints closed beyond 20 working days and % of all Stage 2 closed complaints	5 (7%)	0	1 (25%)	5 (5%)
Number of Stage 2 complaints closed where an extension to over 20 working days was authorised	3	0	0	0
Average number of days to respond to Stage 2 complaints.	11 days	12 days	5 days	<1 day
Outcome of completed Stage 2 complaints:-				
• Upheld	17 (24%)	1 (9%)	2 (50%)	92 (95%)
• Partially Upheld	16 (22%)	4 (36%)	2 (50%)	3 (3%)
• Not Upheld	27 (38%)	5 (45%)	0	1 (1%)
• Irresolvable	9 (13%)	1 (9%)	0	0

• Withdrawn	0	0	0	0
• Outcome not noted	0	0	0	0
Number of Stage 2 complaints closed after escalation within 25 working days and % of all Stage 2 closed complaints	11	0	0	0
Number of Stage 2 complaints closed after escalation out with 25 working days and % of all Stage 2 closed complaints	0	0	0	0
Average number of days to respond to Stage 2 escalated complaints.	12 days	-	-	-
Outcome of completed Stage 2 escalated complaints:-				
• Upheld	3 (23%)	-	-	-
• Partially Upheld	2 (15%)	-	-	-
• Not Upheld	5 (38%)	-	-	-
• Irresolvable	1 (8%)	-	-	-
• Outcome not noted	0	-	-	-
Alternate Dispute Resolution Used	0	0	0	0

f. Scottish Public Services Ombudsman (SPSO)

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

Table 7: SPSO

	<u>HSPCs</u>	<u>FHS</u>	<u>Acute / Board</u>
(a) Notification received that an investigation is being conducted	4	0	1
(b) Notification received that an investigation is not being conducted	6	1	8
(c) Investigations Report received	0	0	1
(d) Decision Letters received (often the first indication in respect of FHS complaints)	4	7	15

Investigation Reports

There was 1 Investigation Report laid before the Scottish Parliament and published by the SPSO in this quarter in relation to NHSGGC. This was regarding a case for Acute Services. Within the Investigation Report, there were 3 issues that were investigated, and all were upheld. 8 recommendations were made, all of which we accepted in full and have acted upon. A full report will be submitted to the Acute Services Committee for review.

Decision Letters

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

- 15 related to the Acute Services Division. In these, 30 issues were investigated (21 issues were upheld, 9 issues not upheld, and 37 recommendations made).
- 4 related to Partnerships. In these, 4 issues were investigated (1 issues was upheld, 3 issues were not upheld and no recommendations were made).
- 7 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.

g. Patient Advice and Support Service (PASS)

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

The contract was tendered in 2016/17 and awarded to PASS for three years. 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/

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

- There were 1204 clients that contacted the service. Of these:
 - 133 (11%) clients were supported with signposting (level 1)
 - 893 (74%) clients were supported with advice (level 2)
 - 178 (15%) were supported with a complex casework (level 3)

The most frequently tasks to support clients were also recorded. Each task was reported once per client, although it may have been carried out more than once as a part of a client's case, and each client may have received more than one supportive task. These were:

- Giving information - 513 (43%)
- Given advice - 275 (23%)
- Client given information, to take action on own behalf – 271 (23%)
- Of the 1770 advice codes recorded:
 - 46% were concerned with clinical treatment
 - 17% were concerned with staff attitude / behaviour
 - 11% were concerned with rights and responsibilities
 - 11% were regarding staff complaints handling
 - 9% were concerned with staff competence

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

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

h. Improvements from Complaints

One of the key themes of the Patient Rights (Scotland) Act 2011 was using complaints as a mechanism to learn lessons and improve future services for patients. The section below summarises the actions taken as the result of some complaints.

Acute Services

Clyde Sector – General Surgery

At the time of a patient's discharge from a surgical ward there was a plan for an out-patient coronary angiogram. Unfortunately, the medical team did not receive a copy of the patient's discharge letter to alert them to the discharge to allow these arrangements to be made. It was clear from the patient's case notes that this information was passed verbally from the junior doctor in Surgery to the junior doctor in Cardiology, however, best practice would be to include this information within the Immediate Discharge Letter (IDL) which, due to a breakdown in internal communication, regrettably, did not happen on this occasion.

In order to avoid a recurrence and to ensure the appropriate shared learning / service improvements took place, the Surgical Service confirmed that a memo was issued to FY1 doctors reminding them of the need to copy other care providers involved in the patient journey into the IDL, as well as the final discharge letter.

North and Regional Services – Multiple Specialties

The partner of a deceased patient complained about the care and management of their late partner in the last months of life. The Board apologised for their experience, giving assurance that the clinicians involved had reflected on their involvement; however the complainant remained concerned. In response to this, a second episode complaint investigation was commenced and further comments requested. In order to take a patient centred approach, the complainant and the Complaints Manager met to discuss how best to take the concerns forward. At this meeting, the complainant told their story, and it was agreed that rather than a second formal response, an alternative way of ensuring their experience was highlighted to the services involved would be explored.

The complainant was relieved that their story had been listened to, and that they had been heard, and has agreed, with involvement of the Patient and Carer Experience Group, to be supported to write their story and have it used as an example of the impact of end of life care in Acute Hospitals and how this has affected the deceased patient's family.

Regional Services – Oncology

Concerns were raised about the coordination of a patient's oncology and palliative care. From review of the patient's notes, it was confirmed that there was a delay and missed opportunities of care regarding the patient's syringe driver. The syringe driver was attached at 1300 hours and the next documented check was at 1910 hours, when concern was raised by the family. The Senior Charge Nurse raised a Datix incident at the time, and latterly ensured that all members of the nursing team completed the appropriate competency. She also shared the incident with nursing staff in their newsletter as a learning opportunity to raise awareness surrounding the importance of re-checking syringe drivers.

Diagnostics – Pathology

A complainant was raised regarding a patient's body being released to a Funeral Director without permission. The service provided a full explanation as to how this happened and sincerely apologised for the additional distress caused to the family. As a direct result of the learning from this complaint, Mortuary Services are in discussion with the National Association of Funeral Directors in order to implement a system which will prevent further incidents of this nature in the future.

Diagnostics – Radiology

A patient complained regarding the lack of availability of a hoist sling. The service apologised for the inconvenience caused, and advised that arrangements had been made

for the Department to carry the full range of sling sizes for the hoist so no patient was disadvantaged or inconvenienced in the future.

Pharmacy - Dispensary

A patient complained regarding delays in medication being received for their cancer treatment. The service apologised for the delays and that they had fallen below their high standards. As a result of the complaint, the service have been in contact with the drug manufacturers to determine if they can get improved expiry times to allow some advanced preparation the day before patients' appointments.

South – General Medicine

A complaint was investigated whereby a patient had been seen at blood pressure clinic, sent for routine echocardiogram, but the results sent back to clinic were not marked for the attention of the requesting consultant, and the consultant was not made aware of results. As a direct result of the learning from this complaint, patients will now be discussed at the end of the clinic each week and a note made of any outstanding investigations. To help support this, the doctor will use electronic records system to maintain a record of test results which are outstanding.

HSPCs

Glasgow City HSCP (North East Sector) – Specialist Children's Services

A complainant was unhappy with the assessment procedure and lack of provision of Occupational Therapy (OT) services.

As a result of this complaint, actions were taken through professional and clinical governance structures to rectify the situation to prevent it from happening again. Actions were also taken forward to include closer communication and joined up working.

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

A patient was concerned that she had contacted the Termination of Pregnancy Abortion service for an appointment to be seen at the clinic and was informed she could not attend as she was not a resident in Glasgow.

The Consultant discussed this complaint at the service team meeting, to ensure that all staff were aware that women from other Boards should be seen in certain circumstances. In addition, a communication was sent to all Sandyford staff, so that switchboard and the nurses on the triage line were aware of this arrangement.

Glasgow City HSCP (North East Sector) – Mental Health Services

A complaint was received from a parent regarding their son's Psychiatric care plan being delayed while his nurse was absent from work.

As a result of the complaint, communication went out to all staff to highlight that care plans should not be put on hold if a worker is absent from work and that any issues should be raised immediately with a Team Leader.

Glasgow City HSCP (Corporate Sector) – Prison Health Services

A patient was unhappy that he did not receive his medication on time.

To resolve this complaint, the patient was offered 'supervised' medication which will guarantee no delays. The team also requested a change of medication delivery times as this would give nursing staff an opportunity to address any anomalies with the delivery from the pharmacy.

Renfrewshire HSCP – Community Mental Health Services

A patient complained about the letter they received regarding discharge from the Community Mental Health Team, and claimed it was not clear and very confusing.

In order to address this, the Team Leader held discussions in relation to the discharge letter terminology and grammar to ensure improved communications between patients and the service in future.

2. Patient Experience and Feedback

a. Complying with the Patient Rights Act

Universal Feedback

Universal Feedback (UF) is a technique designed to seek feedback from all inpatients in the care of NHSGGC. It is based on a card which is given to patients on the day of their discharge asking their overall satisfaction with their ward experience. Universal Feedback 2 (UF2) is a development of the original Universal Feedback, and asks a number of questions about aspects of care, providing a type of rating scale (Likert) for responses. Due to variability in response rates and numbers of nil returns, the data generated by UF2 was not significant enough to draw reliable comparisons between all wards in NHSGGC. Issues identified with UF2 included staff not distributing cards to all patients, patients not filling out the cards given, and queries over how appropriate it was to ask for feedback on the day of discharge.

However, wards can still use the results and comments on the cards to look at how they have performed, to celebrate where they have done well, or to identify areas where improvements can be made. Copies of the cards and individual scores will be sent to the Senior Charge Nurses to allow them to reflect on this with their staff teams.

In total, 4556 cards were returned across the Board area. Therefore overall this does provide us with a good range of feedback from which we can draw information on how those patients found their experience of care, and provides a basis for further testing. The table below shows the Board-wide scores for each question. To avoid any skewing of the results, this table does not include low responding wards (those with less than a 10% response rate).

Question	% Positive Score
Response Rate	29%
Q.1 Overall, how was your experience of care in this ward?	99%
Q.2 Did you feel that staff treated you with kindness and understanding during your stay?	99%
Q.3 Were you involved as much as you wanted to be in decisions about your care and treatment?	95%
Q.4 If your family or someone else close to you wanted to talk to ward staff, did they have the opportunity to do so?	98%

3 main points of interest from the data above were:

- Patients were largely happy with the care they received while in hospital, with 99% of patients rating their overall experience as Very Good or Good
- Patients were least satisfied at how much they were involved in decisions about their care and treatment, with this question scoring lower than any other. The 2 lowest scoring wards for this question achieved a percentage positive score of only 68%.

This is therefore an area that would be helpful to explore further through other methods of feedback

- The overall response rate was 29%, which exceeded the target response rate of 20%. However, the range of response rates covered the full spectrum, from 1% to 100%. There were also large variances within specialities, where wards of a similar patient mix achieved very different response rates. This therefore suggests that more work could be done to explore why some wards appeared more engaged in this type of feedback than others, and how much the leadership on wards affects the importance attached to gathering patient feedback

Lessons learned from the original UF and UF2 have been incorporated into the next iteration of this feedback methodology described below.

Universal Feedback 3 – Inpatient Census

The Inpatient Census would involve a postal survey being sent out to all inpatients who spent at least 1 night in any of our adult acute hospitals (with the exception of mental health hospitals) and were discharged within a defined 3 day period (Tuesday – Thursday inclusive). This would equate to approximately 1700 patients. The Business Intelligence team can run a report from Trakcare, providing a list of all eligible patients, which would then be sent to NHS Central Records so that they could run a check against their database for any individual who has been registered as deceased. This would be done as close to mail out as possible to minimise the risk of those individuals who may have died being sent a survey. The information from Trakcare would also include which ward the patient was on during the 3 day period. This ward indicator would be used on the survey for the purposes of identifying the ward, but not the individual patient. This would allow us to provide ward based feedback for more targeted improvement work, along with being able to identify themes or trends from across the Board area. Responses would be completely anonymous and would not be able to be traced back to individual patients.

The survey would ask 5 or 6 validated and tested questions, which our work over the last year has indicated are areas of particular interest to patients and carers. Patients would receive their survey as close to 2 weeks after their discharge as possible. Research indicates that this period of time away from the care environment allows patients to reflect on their experience, and provide a potentially different perspective than when still receiving care or immediately at discharge. Patients would have the option of filling out the paper version of the form and sending it back in a free post envelope, or to fill out the survey online.

Surveys would be sent 2nd class to patients, and one reminder letter would also be sent. A telephone advice line would be made available for people who have questions, or who would like help filling out the survey, including if they would like to give their feedback over the phone. The timing of the survey would be arranged to avoid the four national surveys (The Health and Care Experience Survey; The Inpatient Experience Survey; The Maternity Care Survey; and the Cancer Patient Experience Survey). Based on the projected numbers of surveys above, the cost implications for this project would be around £2280 in total. Caldicott Guardian approval has already been granted for carrying out this survey.

b. Public Partners Update

All NHS Boards in Scotland are required by law to involve patients, carers and the public in their business. Boards are particularly encouraged to involve patients and carers in the implementation of the Patients' Rights Act, the wider quality agenda and how we handle complaints and feedback in particular. As was reported in the last paper to the Board's Clinical Governance Forum, the Patient Experience and Public Involvement (PEPI) team was recruiting to the Board's local Patient and Carer Experience Groups. After a detailed and thorough recruitment and induction process, 10 Public Partners were recruited.

The next round of recruitment of public partners is underway, specifically targeting carers. Information has been sent to the 6 local carers' networks across the Greater Glasgow and Clyde area, who have cascaded this information through their networks and carers' groups. The opportunity has also been discussed at the Glasgow City Carers' Reference Group. The PEPI Project Manager has visited two groups to talk about the Patient and Carer Experience Groups, and to discuss ways that carers can participate in aspects of our work, with invitations from two more groups to attend in the next month. So far, this has generated interest from four members of the public with relevant carers experience who would be interested in getting more involved.

c. Acute Feedback

This section details feedback received about all of our services from the two centrally supported methods of feedback from 1 January 2018 to 31 March 2018. It includes:

1. An overview of positive and negative feedback from the two centrally supported methods of feedback.
2. Analysis of the key themes from the two centrally supported methods of feedback by Sector.

In line with our requirements under The Patient Rights Act, NHSGGC seeks and welcomes feedback from all patients, carers and other users of our services. There are two centrally supported methods of feedback that complement the feedback gathered by teams or departments locally; these are NHSGGC Patient Feedback and Care Opinion (formerly known as Patient Opinion).

Below is a summary of the feedback received via these two methods, broken down as to whether the experience was positive or negative.

Table 8: Positive/Negative Feedback by Method and Directorate/Sector – 1 January to 31 March 2018

	Care Opinion		NHSGGC Patient Feedback	
	+	-	+	-
South	17	10	55	31
North	8	4	23	13
Clyde	14	9	42	12
Regional	18	9	12	5
Obstetrics & Gynaecology	3	7	13	5
Paediatrics	7	0	20	9
Facilities	6	7	15	31
Diagnostics	1	2	17	2
TOTAL	74	48	197	108

Overall, we have heard from **403** people about their experience. **63%** of the total feedback in the period **January 2018 – March 2018** was positive, which is up from 53% in the previous Quarter.

d. Key Themes for Improvement from All Sources of Feedback by Directorate/Sector

Across the two sources of feedback, positive feedback remains about staff and their interactions with patients and carers, with descriptions such as professional, friendly, kind and helpful frequently used. Patients are also frequently taking the time to provide feedback about the efficiency of services, particularly when they use unscheduled care such as minor injury units, or imaging clinics.

24% of all the negative feedback received in this Quarter related to Facilities. The three areas that generated the highest proportion of negative comments were Premises (22

comments) – specifically: lack of car parking spaces (8 comments); smoking (5 comments); catering (9 comments); and cleanliness / laundry (7 comments).

The remaining areas for improvement – not related to Facilities – are shown in the table below. This has been organised by Sector / Directorate, and identified through analysis of negative comments received from all sources of feedback.

Table 9: Areas for improvement by Sector/Directorate: January – March 2018

	Clyde	North	South	Regional	Obs & Gyn	Paeds & Neonates	Diagnostics	Total
Admission/transfer/ Discharge	2		3	1				6
Aids/ appliances/ equipment	1	1						2
Attitude & Behaviour (staff)	1	4	6	2	4	4	1	22
Clinical Treatment	4	3	7	4	4	1	1	24
Communication (Oral)	4	2	6	3	1	1		17
Communication (Written)	2	1	5	1	2	1	1	13
Competence		1	1		1			3
Date for appointment	2		1	2				5
Hospital acquired infection			2					2
Outpatient and other clinics			3			1		4
Patient privacy/dignity	1	1						2
Patient status			1					1
Personal records		1	2					3
Policy & commercial decisions of NHS Board		1						1
Premises		1						1
Shortage/availability (of staff)	1		2			1		4
Test results	1	1		1			1	4
Other	2		1					3

Qualitative analysis of the comments received by Sectors/Directorates via all sources of negative feedback in 1 January – 31 March 2018 has identified the following key themes for improvement:

- Communication (oral and written; face to face; by telephone and email; outdated maps on website).
- Clinical Treatment (problems with medication; poor nursing care, poor aftercare).
- Attitude and Behaviour of Staff (insensitive to patient needs, rudeness and abruptness).

e. Actions taken by Sectors and Directorates in response to feedback

The Patient Rights Act requires a robust approach to the governance of patient feedback: it stipulates that all feedback must be recorded and themed, to ascertain trends and areas of improvements.

In NHSGGC all feedback received is reported to the relevant Sector or Directorate on a monthly basis. Each piece of feedback has a unique identifying number. Every quarter Sectors and Directorates are required to complete the reporting loop and state what they have done in response to the feedback received. This information is reported via local and corporate Patient Experience Groups. Below in table 10 we give some examples. However, overall this is an area requiring considerable information.

Table 10: Examples of feedback and actions taken for key improvement themes

Examples of feedback for key improvement themes	Action taken in response to the comments
<p>Attitude and Behaviour Royal Hospital for Children: “My comment is in relation to the process of booking an appointment at the Reception desk. I find that as a front facing service and if you are trying to encourage parents to re-book appointments then there could be a number of improvements.</p> <p>A) Computer screens should not hide the faces of staff as it is very un welcoming and difficult to understand what staff are saying to you.</p> <p>B) Staff sitting at the reception desk should be welcoming and acknowledge the presence of parents waiting to be seen. There have been numerous occasions where I have stood for over 5 minutes where there have been staff sitting at computers ignoring me. If they are not booking parents/children into appointments then I think they should work elsewhere.</p> <p>C) Staff should be courteous, welcoming and acknowledge the parents. If they are busy and unable to help they should perhaps advise that someone will be able to assist them in a few minutes, rather</p>	<p>Feedback passed to Medical Records and Outpatient Department to review with staff, also to look at layout of desk so team are not obscured from view.</p>

Examples of feedback for key improvement themes	Action taken in response to the comments
than ignoring them”	
<p>Communication Royal Alexandra Hospital: “Website states incorrect visiting times for ward 23. Should read 2.30-3.30 and 7.30-8.30.”</p>	<p>Patient Experience and Public Involvement Manager and Lead Nurse checked that the correct info is on display in ward and on website. The Lead Nurse has also discussed this feedback with staff and to ensure they always take a person centred approach to visiting times. This is continually being monitored via feedback as there has been recurring issues.</p>
<p>Royal Alexandra Hospital: “My gran was recently admitted to the Coronary Care unit in the Royal Alexandra Hospital. The nursing care throughout the day was fantastic. The only downfall was my gran being given a bed bath at 5am each morning. My gran is a mobile and independent woman and this was not necessary, not to mention the time.... effectively the middle of the night!</p> <p>The nurses asked if she would like to be washed and she did consent as she did not want to ‘upset’ the nurses, however to be woken up to be washed at 5am is ridiculous in a place where rest should be promoted.”</p>	<p>Lead Nurse has taken this forward with the Senior Charge Nurse (SCN), who has looked into this. She has spoken to all members of her staff team to reinforce that this practice is unacceptable for any other reason than clear clinical need. Lead Nurse also asked SCN to ensure they are getting feedback from patients when talking with them.</p>
<p>Gartnavel General: “Yesterday I had a carpal tunnel decompression done & I was treated extremely well by all the staff who could not do enough to look after me. However I have one comment to make in that I am on anti-coagulants & at no time was I told that I had to stop them 10 days prior to my operation. On my first appt. I was ready for theatre before they checked my medications so I could not have the operation so in essence not only was I inconvenienced but an appt. space was wasted.</p> <p>Is there some way that that particular type of medication be highlighted so that this does not happen to anyone else. This did not detract from the excellent treatment I received yesterday”</p>	<p>A review will be undertaken of the patient information given at the clinic, regarding the procedure and medication, as well as the patient information sent out with the admission. If this advice is not in this information, we will address this.</p>

f. Critical Stories in Care Opinion - 1 January 2018 to 31 March 2018

Care Opinion assign a criticality rating from 1 to 5 to all stories posted on the website. Those with a criticality rating of 3 (moderately critical) or above trigger an automated notification system informing a variety of stakeholders that a posting of this nature has occurred. These stakeholders include local MSPs, as well as other members of the Scottish Government.

There were 11 criticality 3 (moderately critical) stories posted on Care Opinion during 1 January – 31 March 2018; they were related to the following themes: Clinical Treatment (8); Staff Attitude and Behaviour (2); and Competence (1).

Links to the stories are provided below:

Table 11: Criticality 3 Patient Stories by Themes in January – March 2018

Themes	Criticality 3 Stories Links	Sector/Directorate
Clinical Treatment		
Poor medical treatment	“Beatson Glasgow” https://www.careopinion.org.uk/opinions/500790	BWoSCC – Regional Services Secondary response
Coordination of medical treatment	“Delays in getting treatment at the Assisted Conception Unit” https://www.careopinion.org.uk/opinions/492818	Assisted Conception Service, PRM – Obstetrics & Gynaecology
Coordination of medical treatment	“Laparoscopy experience” https://www.careopinion.org.uk/opinions/465072	Gynaecology, QEUE – Obstetrics & Gynaecology
Wrong treatment given	“Feel ignored and in pain” https://www.careopinion.org.uk/opinions/491222	WESTMARC – Regional Services
Wrong diagnosis	“Not afraid to disagree” https://www.careopinion.org.uk/opinions/478467	Emergency Dept, QEUE – South
Wrong diagnosis	“Diagnosis” https://www.careopinion.org.uk/opinions/466193	Emergency Dept, GRI – North
Poor nursing care	“Lack of care and compassion” https://www.careopinion.org.uk/opinions/466878	QEUE – South
Waiting for test to be carried out	“Diagnosis of Gallbladder Dysfunction” https://www.careopinion.org.uk/opinions/455071	QEUE – South and Emergency Dept, RAH – Clyde
Attitude and Behaviour		
Insensitive to patient’s needs	“Didn’t listen to me and my symptoms” https://www.careopinion.org.uk/opinions/472265	Emergency Dept, QEUE – South AND Gynaecology, QEUE – Obstetrics & Gynaecology
Conduct	“Stay in Leverndale” https://www.careopinion.org.uk/opinions/468561	Leverndale – Mental Health Services
Competence		
Not involved in the patient’s care plan	“Maternity Care” https://www.careopinion.org.uk/opinions/505832	RAH – Obstetrics & Gynaecology

Two of these stories have had an action reported as undertaken as a result via the system of monthly reports.

Engagement with Care Opinion has been variable in this Quarter – only 2 stories have had any update provided by the Sectors; another 2 have had secondary responses from the Sector asking for the patient to get in touch with more information but with no further follow up. In 4 cases, we are aware that the patient has not been in touch with further details to assist in taking forward their feedback. As Care Opinion is a public website, we need to be aware of how this lack of information reporting back on actions taken can be perceived by the public. Although we know that staff are listening to and acting upon this feedback, this needs to be communicated back to the public.

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