



2017/18 Annual Report on Feedback, Comments, Complaints and Concerns

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Contents

Background

Section 1: Encouraging and Gathering Feedback

Section 2: Listening to People – Using Feedback to Improve Services

Section 3: Encouraging and Handling Complaints

Section 4: Feedback Received by Independent Contractors – General Practitioners, Pharmacists, Dental Practices and Optometrists

Section 5: Accountability and Governance

Section 6: Conclusion - Have Your Say

Background

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

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

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

This is the sixth Annual Report and it has been submitted to the Scottish Government, Scottish Public Services Ombudsman and Healthcare Improvement Scotland.

As part of the Public Bodies (Joint Working) (Scotland) Act 2014, NHSGGC underwent a major structural change two years ago, with community led and mental health services devolving from the Health Board and merging with social care services so that care is delivered jointly. These services are therefore now delivered by Health and Social Care Partnerships (HSCPs), which although are separate legal bodies to NHSGGC, we work closely together, and their data will be reported within this paper.

SECTION 1 ENCOURAGING & GATHERING FEEDBACK

1.1 Overview of Feedback 1 April 2017 to 31 March 2018

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

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

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

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

In 2017/18 NHSGGC received a total of 13,778 comments from these three methods of feedback. Chart 1 below shows how many comments were received from each source of feedback, and the number of those comments that were either positive (praising, commending or thanking) or negative (complaining, criticising or relaying a negative experience). Chart 2 shows the overall proportion of negative and positive comments for all three methods of feedback.

Chart 1: Number of Positive and Negative Comments in 2017/18 for Universal Feedback (UF), NHSGGC Online Feedback (GGC) and Care Opinion (CO)

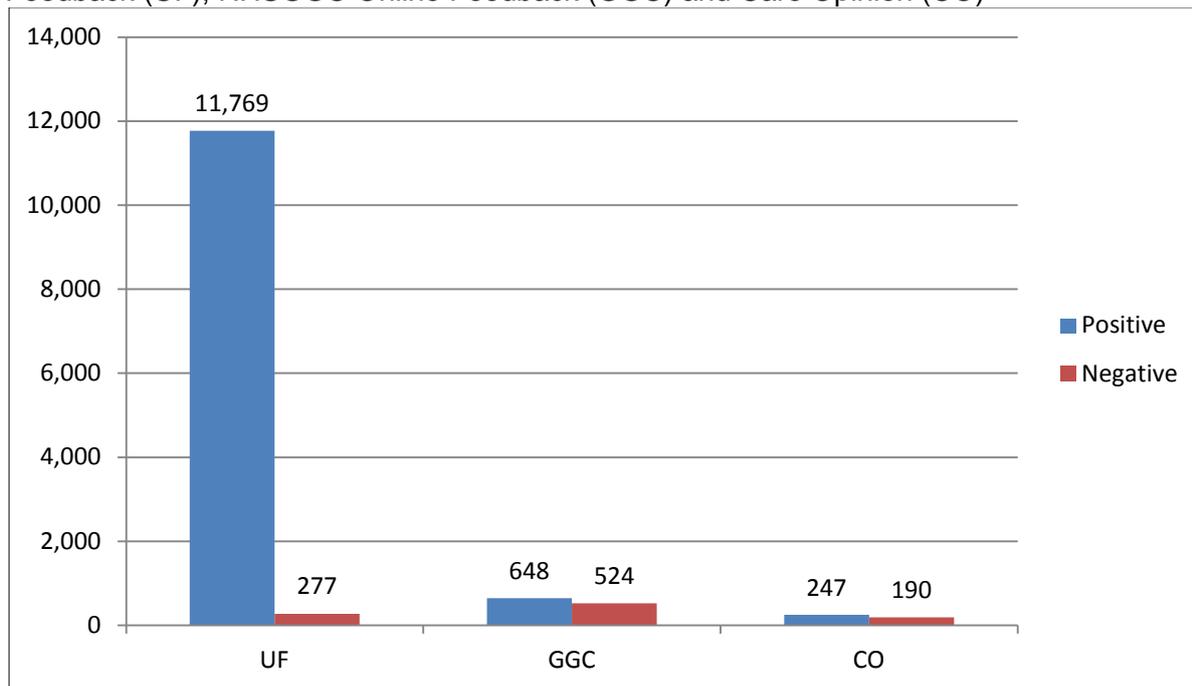
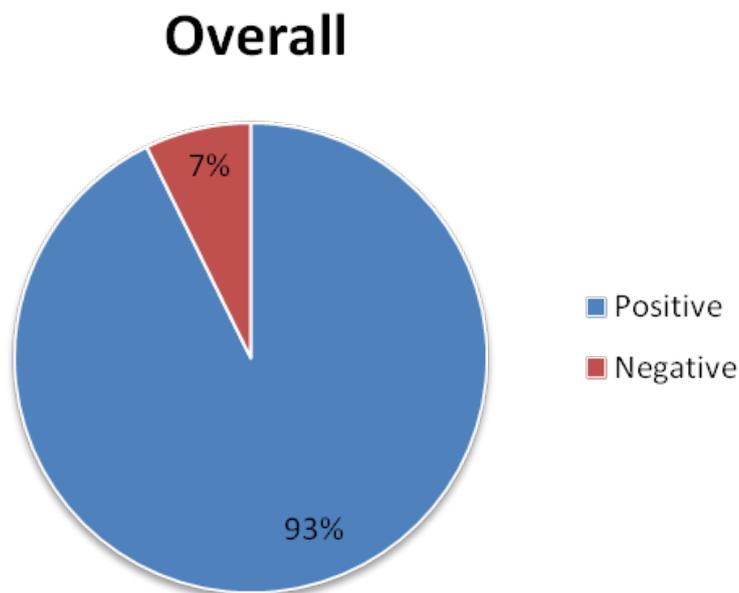


Chart 2: Proportion of Positive and Negative Comments in 2017/18

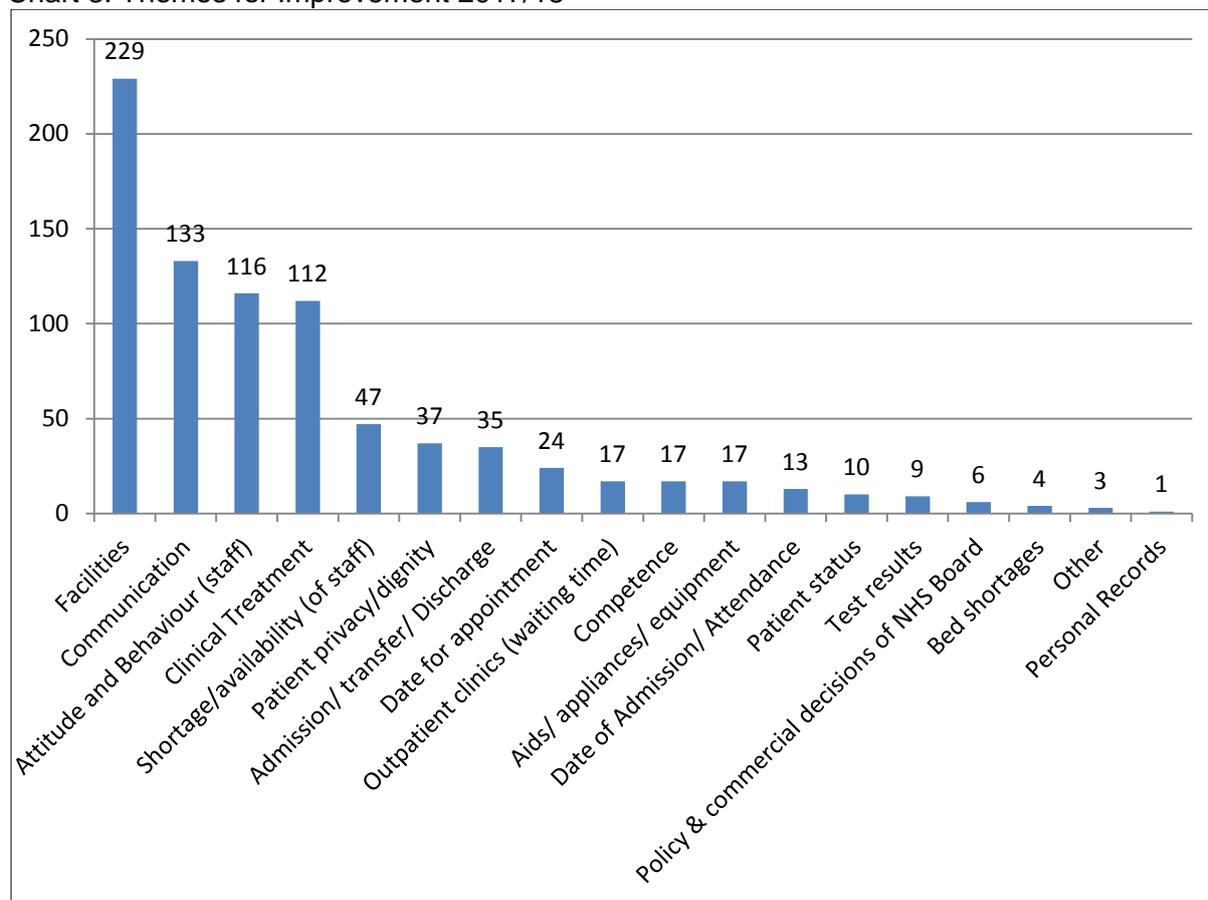


In 2017-2018, 93% of all of the feedback comments received were positive.

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

All of the negative comments that we receive are themed using the same metric as is used by Complaints. Chart 3 below shows the range of themes for improvement received during 2017/18.

Chart 3: Themes for Improvement 2017/18



The four most prominent themes (Facilities, Communication, Attitude & Behaviour and Clinical Treatment) feature across all methods of feedback, but the next two largest themes (Shortage / Availability of Staff and Patient Privacy / Dignity) are predominantly a feature of experiences recorded by Universal Feedback. Some patients felt that staff appeared overworked or overly busy and felt understaffing was to blame for this. In terms of patient privacy / dignity, the main source of negative feedback within this category was regarding visiting times. This in part stemmed from the introduction of open visiting in most wards in NHSGGC. The majority of patients welcomed this development, however, some patients felt that this made the wards generally busier with visitors coming and going throughout the day, resulting in a noisier, not as restful environment. This issue was particularly prevalent in maternity wards where women felt that although they received high quality care, their experience was affected by the numbers of visitors in the postnatal wards. Women reported feeling that this created unwanted disturbance at a time where they needed lots of rest, and also affected their sense of privacy and dignity, particularly when trying to establish breastfeeding or going to the toilet after birth. This feedback combined with that gathered by the teams on the wards meant that visiting times in postnatal wards reverted back to set times.

With regards to the other themes for improvement identified, some further information is provided below, along with examples of when this has been done really well, and of where improvements could be made.

a. Communication

Communication was the second highest source of negative feedback. This encompasses communication with patients and carers about their treatment / care plans; difficulty with our appointments system (difficulty getting in touch to confirm, change or cancel appointments; or appointment letters being received late / not at all); and issues with information in letters, e.g. lack of telephone numbers / emails, not enough clarity around location of clinics or confusing information about waiting times.

“I was referred to IRH by my GP for investigation for a hernia. I attended an outpatient clinic with the surgeon who then referred me for an ultrasound. I attended the ultrasound appointment in June 2017. I have not heard anything since - has my case fallen off someone's desk? If there is no treatment to take place why have I not been informed of this?” *Inverclyde Royal Hospital*

“I had a procedure at the New Victoria Hospital as part a urological investigation and I was dismayed at the lack of communication with the senior doctor. This was not just on the day of that procedure but also in the lead up period to it. They gave the impression of being detached in the brief meetings we had. This is most disconcerting for a patient who had thought there would at least some proper communication and discussion of my symptoms / future treatment plan.

As a result, I felt apprehensive and worried about where my treatment was going. To be frank I had no confidence in the person in charge of my care. Sometimes experience is not enough if that person comes across as uncaring and simply 'going through the motions'.” *New Victoria Hospital*

In contrast, when patients and their loved ones are communicated with well, this makes a major difference to the overall experience they have, leaving them feeling reassured, listened to and in safe hands. Some examples can be found below:

“I was very worried when my relative was admitted to ward 51. I can now assure other people relatives or patients.

I found the staff very helpful and attentive, the care given was exceptional. Even the sister of the ward was excellent in taking time to explain what was happening. I was not made to feel I was intruding and felt I could approach the staff at any time with concerns (I had none). We are very grateful to all staff and sister of the ward for making her stay a positive and reassuring experience.” *Ward 51, Queen Elizabeth University Hospital*

“I was welcomed to ward 64 and shown to my bed (was actually given a choice of beds) the staff all wore name badges and introduced themselves on first name terms. Nothing was too much trouble for them. While in their care I was having a major surgical procedure done and my recovery was made so much easier because of the care they provided.” *Ward 64, Queen Elizabeth University Hospital*

b. Staff Attitude and Behaviour

Negative feedback around staff attitude and behaviour made up 11% of all of the negative feedback received in 2017/18. Given the vast majority of positive feedback is also about staff, we can see that the way all staff members (clinical and non clinical) interact with patients and carers has a real impact on whether the patients' hospital experience is positive or not.

“As a retired Registered Nurse, I found the staff unprofessional and lacking in care in dealing with my mother (the patient) and myself and my sister (children). I believe the staff showed a concerning degree of a lack of knowledge both in a clinical sense and empathy skills.” *Queen Elizabeth University Hospital*

"I am a dialysis patient and find the attitudes of some of the staff frustrating to say the least. They seem resentful when you ask for results or query anything that has been done. They frequently tell you they will get back to you and don't bother and because of the layout of the unit it is difficult to get anyone else's attention. I feel I would prefer to be better informed of my results and don't feel confident that any problems are quickly picked up. I am aware this opinion is shared by other patients who also have expressed concerns which are not addressed. There seems to be a reluctance to individualise anyone or take the time to answer or follow anything up comprehensively." *Queen Elizabeth University Hospital*

"Delighted to give praise to the NHS. Magnificent staff from A&E, to all staff in wards, including the porters...you are all truly wonderful. Keep up the magnificent work you all do, if it weren't for you all there would not be a NHS. The treatment my Father received was exemplary, so proud of you all. You make such a difference to so many people's life." *Queen Elizabeth University Hospital, Emergency Department*

"My father has recently been on ward 36 after a major stroke. His care was outstanding, from the domestic staff, nursing staff, therapists and medical staff.

Sadly my father passed away, he has many medical issues. Dad was treated with respect, dignity and loving care throughout his 11 night stay. There are no words good enough to praise the team on ward 36, just outstanding. As well as caring for Dad, our close family members were cared for too, staff always willing to talk and support us at a difficult time. Ward 36 has an outstanding team. Thank you." *Ward 36, Glasgow Royal Infirmary*

c. Clinical Treatment

Negative experiences around clinical treatment tend to centre on disagreements about the care / treatment plan for the patient: lack of coordination of tests / treatment; or poor nursing / medical care. Often, these experiences are written by relatives / carers of patients and tend to be very detailed, lengthy and quite emotional. Most of the time, issues with the clinical treatment are compounded by errors in communication or poor attitudes of staff also, increasing the overall impact of these experiences. Below is an example of when clinical treatments, tests or procedures work efficiently and effectively for the patient, as well as an example of what can happen if this goes wrong:

"The NHS have exceeded my expectations yet again by arranging to put on Saturday clinics to reduce backlogs & putting the patient first. I attended the day surgery department today for an endoscopy. The staff were lovely, making me feel so at ease & explaining the whole procedure to allay any worry or concern I had. The aftercare was excellent too. Thank you RAH!" *Outpatients, Royal Alexandra Hospital*

"My father, who has prostate cancer, has been in and out of Glasgow Royal Infirmary on an almost fortnightly basis for many months now. He has bloods checked for potassium levels then sent home, with absolutely no aftercare plan... Our father's treatment at the hands of this hospital is becoming very, very alarming, concerning and frustrating, for us as a family, I'm sure it is more concerning for my father. The lack of communication is abysmal and needs to be looked at. As does the care of my father." *Glasgow Royal Infirmary*

d. Facilities

Facilities feedback makes up the largest proportion of negative feedback (23%). Specific areas for improvement and the numbers of times they were raised are shown in Chart 4 below. The theme of premises is further broken down in Chart 5 to demonstrate the breadth of issues this covers.

Chart 4: Facilities Themes for Improvement

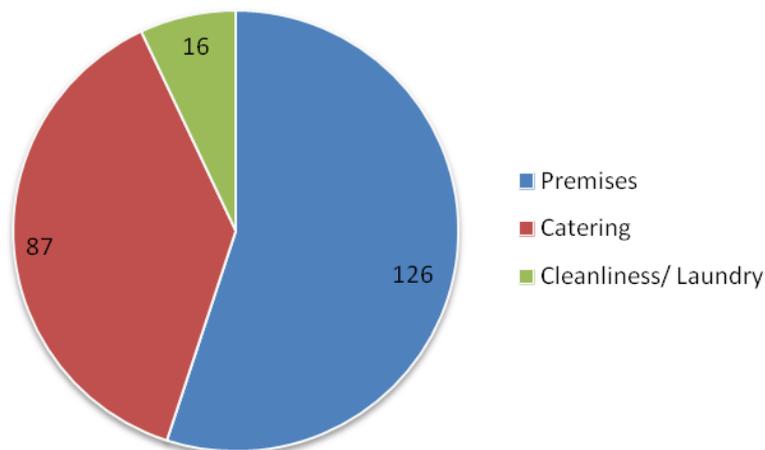
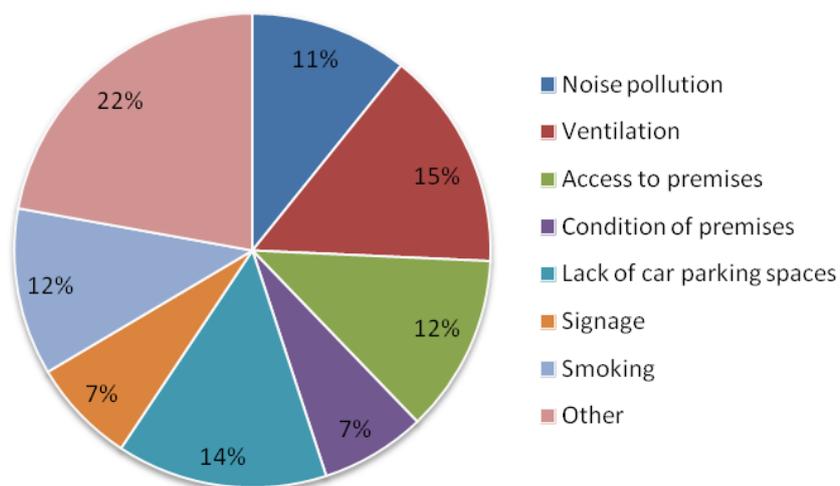


Chart 5: Breakdown of Premises Issues*



*'Other' includes sub-themes where less than 10 people identified this as an area for improvement over the year.

“My wife spent a few days in hospital recently and I visited frequently. I saw a lot of signs saying that smoking was no longer allowed on NHS premises. On no occasion did I go in or out of the main entrance without seeing several people smoking just outside. I even saw one man putting out his cigarette against a dustbin which had the 'no smoking' message displayed on it. Why is this message not getting through, and why are you not enforcing it?” *Queen Elizabeth University Hospital*

“Yet again my food is cold. Yesterday even the soup was cold. If I get served first the food is hot and tastes better but I am last of 28 rooms and I do not believe your lamps or bain marie keep food hot enough. Last time I complained food was hot for a few days, also my ice cream has melted. Should nurses be involved in rotation?” *Queen Elizabeth University Hospital*

“Wow what can i say. I was a inpatient for 16 weeks and only on 2 occasions did i not enjoy my meal, the rest were great. Well done to the catering department.” *Royal Alexandra Hospital*

“...The unit was spotless and the domestic never stopped cleaning, changing screens, washing worktops, emptying bags etc throughout the few hours we were there.” *Emergency Department, Royal Hospital for Children*

1.2 Evaluation and review of our feedback systems

These main methods of feedback have been used consistently for the past 4 years to help us learn about the experiences of our patients and their carers. It is therefore important that we ensure they remain fit for purpose and relevant for both the people who want to use them to give their feedback, and for the staff who are using them to drive improvements in their services. This section will explain a bit more about how we have been evaluating and improving these systems over the past year.

a. Asking patients

In 2018 the PEPI team asked 50 patients how they would like to give feedback. The existing systems, described, were shown and discussed with the patients. These conversations indicated no strong preference or dislike of any of the methods of feedback. People felt that the various methods currently being used covered the main options for those how would like to give feedback. At the same time, many of those who we spoke to did not feel a need to give feedback. Some patients aquatinted feedback with criticism and, because they were happy or satisfied with the treatment and care they received, felt they had no feedback to offer. Following this we will in future attempt to convey to all patients, the wider benefits we believe that feedback can bring for our staff and for future patients.

b. Public Partner Review Session

In March 2018 Public Partners were invited to review the PEPI team's approach to gathering feedback from our patients. Public Partners are volunteers who use their experience of health services to help us enhance the quality of others' experience in hospital. They work with us to make sure that the patient or carer voice is heard and can act as a sounding board to ensure that what we do will make a difference to other patients or carers. As part of this role, they were invited to help us evaluate the ways we gather feedback, looking specifically at what has been good about what we've been doing, and what we could do better in the future.

What came out most strongly during this discussion was that different methods suit different people, therefore the fact that we provide a variety of ways to provide feedback is very positive.

Other points made by the Public Partners included:

- One member not being sure about the questions used in Universal Feedback, suggesting that we add more boxes for people to add free text to get a richer commentary on their experience.
- One member advising that they liked the cards and being able to give feedback at point of discharge, but felt that relying on busy staff for distribution did not work consistently, therefore a more robust approach would be better.
- Group agreed that online technology was good, but again might not work for all, particularly the older generation. They also agreed that individual responses to all of the online feedback was not necessary, but that we should be promoting better the changes that have been made as a result of negative feedback so that people can see how their feedback has made a difference.
- In terms of Care Opinion, the group liked the responses provided by the PEPI team, but felt that if people didn't want to get in touch with more details to take their story further then that is their choice. They did however like seeing this offered to those who used the site, even without specific follow up.
- When discussing Carer's Audits, the group felt that this was a good way to interact with patients, as it feels like a more personal and private interaction between the team and the carer. One Public Partner did point out however that patients could potentially feel vulnerable with giving honest feedback this way, particularly if a regular in a ward. They believed that volunteers may help with this.

Following this, we have amended some of our current methods of feedback and are testing others to be implemented over the next year. More detail about this is provided below:

c. Universal Feedback

Universal Feedback was introduced as a way for NHSGGC to get a measure of patient satisfaction across the Board, at the point of discharge from each inpatient ward. It was designed to let all inpatients tell us about their overall experience and to do so in way that was not too complicated or time consuming. The 'Universal' aspect of this method was based on the premise that every inpatient would be given a card on the day of their discharge, and therefore would all have the opportunity to give feedback on their experience. Furthermore, providing this opportunity across every inpatient ward would also mean that we could easily compare wards, sites and Sectors, and identify wards who were performing particularly well, or that needed further attention.

Universal Feedback 2 developed this further by asking a number of specific questions on difference aspects of care, providing a Likert scale (a type of rating scale) for responses. This would mean that we would be able to not only compare wards on a general level, but be able to see which areas of care required the most attention.

The biggest issue with both versions of Universal Feedback was that it relied on staff giving cards to the patients before discharge. Many wards incorporated this into discharge procedures or had certain members of staff who were responsible for ensuring patients were given a card. There was variation across the wards in how this was implemented, with some wards not returning any or very low number of cards. This meant that the data generated was not significant enough to draw reliable comparisons across all wards in NHSGGC.

Universal Feedback 2 ran over 2 months, and in that time 4556 cards were returned, showing that there are still a significant number of patients who like this type of feedback. This was also reflected in the review of Universal Feedback by the public partners as described above. Taking that on board, the PEPI team are developing 2 new methods of feedback which build on the learning and evaluation we have done around Universal Feedback so far.

d. Carers Audits

We also want to find a way of gaining a more in-depth qualitative insight into how our carers, friends or families, see the service or their views on the care their loved ones receive. To do this, the Director of Nursing commissioned monthly audits of wards, some of which had received excellent patient feedback; others had received less positive feedback. "A Carer's Audit – listening to friends, families and carers" was undertaken in 5 wards in our hospitals across NHSGGC. The "audits" involve *all* visitors to a ward – friends, family members or carers – having the opportunity to meet with a member of the Patient Experience team (who are separate from our ward staff) to talk through their views and experiences of the care their loved one is receiving and how they have been treated as a carer or family member. Overwhelmingly, the feedback was positive but some areas for improvement have been picked up and wards complete individual action plans to address the things that they need to do better.

e. Patient Interviews

Mixing the idea of both the carers audit and Universal Feedback, the PEPI team has also piloted Patient Interviews as a way of gathering feedback in real time from patients while they are still on the ward. It uses a semi-structured conversation style to find out about aspects of a patient's experience and to learn more about what is important to them while in hospital. Further testing of this method of gathering feedback is still underway, however during the first phase of testing, patients were asked how they like to give feedback. Face to face was the most favoured, with patients advising that they liked to be able to talk to someone directly. While they did also say they like to do this while still on the ward, most

said the closer this was to discharge the better, therefore the practicalities of being able to do this are under development for the next stage of testing.

SECTION 2 LISTENING TO PEOPLE – USING FEEDBACK TO IMPROVE SERVICES

2.1 The Patient Experience Service Improvement Report

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

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

2.2 Improvements to Recording/ Reporting Structures

The PEPI team worked with the Directors and Patient Experience Leads from each our geographic sectors and the Regional Directorate to make improvements to our recording and reporting structures. We wanted to improve how we recorded and monitored feedback so that we were able to take action and demonstrate any learning and improvements from it. We also wanted to be able to provide each Sector and Directorate with an easier way to own, and understand and utilise their feedback. To enable this, the PEPI team developed new monthly and quarterly summary reports with an accompanying spreadsheet that detailed all the feedback primarily heard through our ward based universal feedback cards, our online feedback system, and the external Care Opinion websites. These new reports and data allow us to more easily recognise trends and themes, both positive and negative at a Board level all the way down to a department or ward level and with complaints data we can identify areas for improvement and take appropriate action.

2.3 Supporting Staff in Using Feedback

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

From April 2017 to March 2018, the Patient Experience, Public Involvement and Quality team met with staff to raise awareness of and compliance with the Patient Rights Scotland Act (2011). The team spoke to 1201 Nurses, Health Care Support Workers and Midwives as part of their induction about delivering a person centred service. They also delivered ‘Making a Difference’ training (What are our patients telling us?) to 504 Band 5 nursing/midwifery staff. Talks about person centred care have also been given to 67 FY1 doctors in the Queen Elizabeth University Hospital, and about patient experience to 50 new paediatric nurses as part of their induction.

In 2017/2018 the PEPI Team provided training to 1,987 staff:

- Nursing Induction (Delivering a person-centred service) 1,201 staff
- Making a Difference Training 504 staff
- Patient Story/Impact on Practice 18 staff
- Paediatric Nurse Induction (Patient Experience) 50 staff
- Patient Experience (SCNs) 17 staff
- Person Centred Care (FY1s) 67 staff

- Training to SMT (Clyde) 10 staff
- Clyde Best Practice Event 80 staff
- Listening and Involving Patients 12 staff
- What our Patients are telling us 20 staff
- What is a Patient Story? 8 staff

2.4 You Said, We Did

This section provides a range of examples where your feedback has led to a change in how we do things. This includes actions taken as a result of feedback provided through the central feedback systems described above, as well as narratives on work underway based on feedback gathered locally.

a. South Sector

Table 1: South Sector

<p><u>Queen Elizabeth University Hospital, Immediate Assessment Unit</u> https://www.careopinion.org.uk/opinions/384792</p> <p>My brother was admitted to the immediate assessment unit at the Queen Elizabeth University Hospital. I personally handed his medication to the Nursing Team in the unit. He was subsequently transferred to the Acute receiving unit and then onto a ward. I arrived on the Ward and discovered that my brother's medication was missing and that he had not had his antipsychotic medication. The staff on the Ward were professional and followed this up immediately. However, by this time my brother was in a distressed and confused state. He was experiencing auditory hallucinations and feelings of persecution. It is very upsetting to see your relative experiencing distress when this should never have happened. The fact that his medication has not been managed effectively has caused him harm and distress. I have expressed my concerns directly with the Ward team, and thanked them for following this up. However, the fact that patients medication can 'go missing' is unacceptable practice in my opinion.</p> <p>Sadly, this has happened before. It has happened on at least two other separate occasions. I wonder where and when the organisational learning will take place.</p>	<p>Dear Iscot</p> <p>I have looked into the points you have raised and would like to first and foremost offer an apology for any upset this episode has caused you and your brother.</p> <p>You are absolutely correct that the dossette box should have been available from arrival through this attendance. The fact that it was misplaced even for a short space of time is not acceptable.</p> <p>I have taken the details of your experience to the unit involved to allow them to learn from the experience and understand that a seemingly small error of not transferring a dossette box can have a detrimental impact on a patient's level of care. Please accept my apology on behalf of the receiving team.</p> <p>Regards Gerry Wright, Lead Nurse – Emergency Care & Medical Services</p>
<p><u>Gartnavel General:</u> “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</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 isn't in this information, we will address this.</p>

<p>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><u>Queen Elizabeth University Hospital:</u> “Praise for ARU staff how well they responded to my mother’s acute condition. Went downhill after admission to ward 6D. Family made to feel a nuisance by asking staff questions about our mother. She was not improving was worse than when first admitted. Lack of communication. Told not to look at blue folder. Frustrated as family members in medical and nursing profession. No clear leadership visible.”</p>	<p>Feedback passed onto Lead Nurse to discuss with staff</p>

- In October 2017, a PEPI Manager spoke to 23 family members, patients, carers and friends about their experience of care in Ward 8A, in Gartnavel General Hospital. We heard families, carers and friends visiting Ward 8A describe it as good. People praised the attentiveness of nursing staff, and appreciated efforts made by particular staff in keeping relatives up to date. All visitors felt that they could come and visit their loved one whenever they wished. A number of patients and their relatives felt that they would benefit from seeing doctors and physiotherapists in particular more frequently.

Staff have considered how they will use this feedback to improve the care they deliver, and plan a number of actions, including the introduction of phoning relatives / carers following a ward round or multidisciplinary team meeting to provide a progress update. These conversations are documented in the patients’ notes.

- In January 2018, a PEPI Manager spoke to 42 family members, patients, carers and friends about their experience of care in Ward 8B, in the Queen Elizabeth University Hospital. We heard family, carers and friends visiting Ward 8B describe it as good. People praised the kindness of nursing staff, domestics and doctors, and the vast majority valued the privacy brought by having their own room. All visitors felt that they could come and visit their loved one whenever they wished. A number of relatives mentioned that on occasion they had to wait for longer than they would have liked for staff to open the door to the ward. A number of patients felt that Ward 8B was short staffed, or that staff were busy; on further exploration, patients and relatives felt that this had not had a detrimental impact on care. Two patients had hearing aids which were not working; this had already been raised with nursing staff. Families noted the impact this had on the ability of patients to understand what was happening in their care.

Senior nursing staff with responsibility for Ward 8B have created an action plan in response to this feedback; for example, in response to the feedback about hearing aids above:

“Staff reminded of the importance of good communication between patients and staff and of the impact which hearing difficulties can have on patients. Both hearing aids were sent for repair that day. 1 was returned to the ward within a couple of hours having being repaired but unfortunately it was the patient’s hearing which had deteriorated and a referral to audiology was made.”

b. North Sector

Table 2: North Sector

<p><u>Glasgow Royal Infirmary – Respiratory Clinic</u> https://www.careopinion.org.uk/opinions/366752</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>
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c. Clyde Sector

Table 3: Clyde Sector

<p><u>Vale of Leven, Surgery</u> Date for appointment exceeds maximum published waiting time https://www.careopinion.org.uk/opinions/391016</p>	<p>Jacki Smart, General Manager, met with the patient to discuss next steps and treatment plan. Patient happy with plan now in place.</p>
<p><u>Royal Alexandra Hospital:</u> “Website states incorrect visiting times for ward 23. Should read 2.30-3.30 and 7.30-8.30.”</p>	<p>PEPI 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 and complaints as there has been recurring issues.</p>
<p><u>Royal Alexandra Hospital:</u> “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 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>

- In order to measure and understand the experience of patients attending for an outpatient appointment, a three month pilot was undertaken by the Senior Charge Nurse with support from the PEPI Team.

The approach that was piloted involved staff handing out a comments card for patients to complete on an optional basis following their appointment at Outpatients and at Pre Assessment Clinics. The comment card asks patients to rate their overall care experience and a free text box is available which asks them to comment on what we did well and what could be improved.

In total we heard from 301 patients. The majority of feedback was overwhelmingly positive particularly around the care they received from Nursing staff and Doctors and how they were made to feel during their appointment. Out of the 301 patients we heard from, 296 patients had a positive experience, with 232 patients rating their outpatient experience as 'Excellent.' Only 5 patients rated their experience as 'fair' and no patients rated their experience as 'poor' or 'very poor.'

However patients also told us what could be better and as a result the following four improvements have been made:

- Improvement to baby changing facilities
- Extended reception desk opening times
- Improved signage
- Chaperone request notices in all rooms
- Improved information available about any clinic delays

Following on from the initial three month pilot, the Outpatient Department has adopted this feedback approach to understand what it is like for patients going through this service.

d. Women and Children’s Directorate

Table 4: Obstetrics and Gynaecology

<p><u>Obstetrics & Gynaecology, RAH</u> “Having been admitted to the hospital for an ectopic pregnancy last week I have a few suggestions around how to make care better for those who experienced the same worry, fear and confusion I felt during this time. After my surgery a doctor did not come to speak to me about it properly until the following day. All I knew was that my fallopian tube had been taken. This left me to worry about my future fertility and health all night and well into the following day. Someone should have spoken to me fully later that evening about my surgery and future fertility. Alternatively, why can't a booklet or information sheet be made available for patients to read before it is possible to be spoken to by a doctor? Similarly, I was not given any information about what to expect from my recovery. I was not told when to have my stitches removed. I wasn't told anything about post-op bleeding or when I could expect a period. This needs to be addressed. Again, if staff don't have the time to speak to patients about these issues then a booklet or information sheet</p>	<p>Response from Dorothy Finlay Lead Midwife advising complaint highlighted to relevant staff. A review of current patient information has also been undertaken and a process put in place for recording that the patient has received this.</p>
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- In October 2017, around 50 new nursing staff participated in a comprehensive induction programme to prepare them for working in paediatrics and neonates in NHSGGC. As part of this induction, staff attended a two hour session about patient experience. Feedback on this section of the induction programme was:
 - "Overall, the induction programme has evaluated very well, with most of the new nurses finding it both interesting and useful.
 - With regards to your specific contribution we asked the new nurses to rate your presentation on patient engagement on a scale of one to six. Taking a mean, you averaged 5.51. If we had used mode you would have scored 5s and 6s.
 - There were a lot of positive comments with the group really enjoying and being inspired by [the young person's] talk....[the parent's] contribution also rated highly...
 - In the evaluation we asked the general question 'what was good about the week?' and the patient engagement session rated highly in response to this coming in to the top five good things about the week. The session certainly seemed to inspire the new nurses and generate a lot of discussion... it clearly enhanced the induction programme."

- **Neonatal Video Messages**

The Neonatal team at the Queen Elizabeth University Hospital recently celebrated one year of video messaging. In March 2017, the unit launched vCreate, a secure video messaging service which allows nursing staff to film and send updates of the babies to their parents when they are not with them. One year in, and more than 200 parents have participated in the scheme which has been embraced by parents and staff alike. Families report that they love to receive these messages which reduce their anxiety and make them feel more involved in their baby's care.

- **What Matters to Me**

The Neonatal Unit at the Royal Hospital for Children (RHC) has rolled out the use of new What Matters to Me sheets to help staff get to know and support families better while they are in hospital.

Neil Patel, Consultant Neonatologist in the RHC explains, "The sheets were based on an idea developed by a mum, Lucy, of a baby in our Unit. She wanted to provide written info at the bedside for staff, about her son, her family, what they would like to be involved with etc. She drafted what she called a "family update sheet" and showed it to staff and families at one of our monthly "HUG" meetings. We all agreed it was great concept and tested it.

Another parent in the Unit, Jack, who is a graphic designer, turned it into its current colorful version which we introduced in the Unit in the past couple of months and is being well used by parents. Parents can fill the sheet in whenever they want (every few days for example) and keep older ones as a record of their admission."

Figure 1: Neonatal What Matters to Me Sheet

What matters to me

My name is _____
 I am _____ days old
 My current weight is _____

What matters to my family

My feeds are _____
 We'd like to talk about _____
 Expressing
 Bottlefeeding
 Breastfeeding

WHAT DO I LIKE?

PLEASE CLICK I HAVE A PERSONALIZED VIDEO MESSAGE I WOULD LIKE TO RECEIVE PARENT EDUCATION TEXTS

My family's skills

	We can	Avoid Us
Cuddle me	<input type="checkbox"/>	<input type="checkbox"/>
Kangaroo Care	<input type="checkbox"/>	<input type="checkbox"/>
Bathings	<input type="checkbox"/>	<input type="checkbox"/>
Changing	<input type="checkbox"/>	<input type="checkbox"/>
Roofting	<input type="checkbox"/>	<input type="checkbox"/>
Singing	<input type="checkbox"/>	<input type="checkbox"/>
Recognise baby's cues	<input type="checkbox"/>	<input type="checkbox"/>
Getting my milk	<input type="checkbox"/>	<input type="checkbox"/>
Prepare my feeds	<input type="checkbox"/>	<input type="checkbox"/>
Oral Feeds	<input type="checkbox"/>	<input type="checkbox"/>
Tube Feeds	<input type="checkbox"/>	<input type="checkbox"/>
Giving medicine	<input type="checkbox"/>	<input type="checkbox"/>
Extra special cares	<input type="checkbox"/>	<input type="checkbox"/>

My family would like you to know _____

Have you seen the rest of the unit? Yes No

Have you received your booking bag? Yes No

Table 5: Hospital Paediatrics and Neonatology

Royal Hospital for Children (Emergency Department)

Feedback relating to the facilities and length of time waiting in the initial waiting area "I'm usually the biggest advocate of the NHS but we arrived at A&E as very concerned parents on a week night at 10:35pm, we were in the waiting room until 4am, didn't see a doctor until just before 5am. Got admitted and a bed at 6. It was absolute bedlam and they only had two doctors on that overnight shift. Told at 12:30 we would be next to see the doc, clearly not. The waiting room was filthy, sick bowls lying everywhere, food all over the floor. Kids vomiting all around us. They obviously have no cleaning staff overnight because nobody came near the whole time we were there and it just got worse. They just did not have the staff to deal with the influx of patients. Seemed to be plenty of nurses once we were through to A&E sitting in the central nurses station but no doctors. Nobody came near us for over an hour even when we were through. I know they have to prioritise and must have been doing their best but when you have had no sleep all night and are a very worried parent, not seeing a doc for that length of time sends your anxiety sky high! Sitting in a filthy waiting room for that

Action taken

Timely patient flow throughout the Emergency Department has been constantly monitored and reviewed. The clinical team are piloting an approach which will identify patients suitable for the Clinical Decisions Unit at earlier stage in the pathway with the aim of reducing time spent in ED. In addition, a pilot has been agreed and will commence July 2018 to test improved management of GP referrals received after 17.00hrs. Patients identified as categories 4/5 (minor injuries) will be directed to outpatient area 7 (adjacent to ED) where they will be treated by an Advanced Nurse Practitioner. The aim is to reduce congestion in the department at busiest times. Information leaflets have been designed to explain what to expect in the department and digital messages will be displayed advising a maximum of 2 parents/carers per child attending the department to reduce the number of people waiting in any one area. A video has also been compiled which will play in the waiting area providing information on

length of time overnight with a poorly child is not acceptable. I witnessed two parents give up and go home. If we had not been so worried, we would have done the same. My child is now trying to hide his symptoms because he is scared of going back there!”

‘My Grandson’s care’

<https://www.careopinion.org.uk/opinions/395189>

what to expect in the department. Discussions have taken place with Facilities and additional nightly cleaning of the waiting area between 03.00 and 05.00 hrs was commenced from March 2018. Signage has been put in place alerting patients and carers to inform staff should there be any need for ad hoc cleaning while they are waiting.

Funding has been received from Glasgow Children’s Hospital Charity to support a Play Services Housekeeper whose remit will include regular monitoring and cleaning of all play equipment in ED, Outpatients, Diagnostics and Imaging Departments. A job description has been completed and subject to a successful recruitment process it is anticipated that this post will be filled by end of August 2018.

In addition to this and in response to a formal complaint regarding sub optimal baby changing facilities in ED a review of all baby changing facilities throughout the hospital was undertaken resulting in improved facilities within ED and throughout the RHC. This included enhanced decor and improved layout to make space for seating, buggies and siblings.

- **Gynaecology**

In February 2018, a PEPI Manager and service lead met with a patient who had gynaecology surgery from NHS GGC, to discuss the possibility of filming her talking about her experience, and for this film to be shared at a Board meeting. The service have started an ERAS (Enhanced Recovery After Surgery) programme, which aims to facilitate and support women back to full health as quickly as possible following surgery, empowering them to take an active part in their recovery; for example, with early mobilisation and return to eating and drinking as soon as possible after surgery. The film was done to highlight a positive story around ERAS being implemented in gynaecology surgery.

The patient had previously had a hysterectomy, which she paid for privately. She spoke about how long it took her to recover, she then required a further surgery which she was done in NHSGGC - she participated in the gynaecology ERAS programme. She describes how she felt this was positive and supported her recovery.

She did highlight one other issue in that during her private surgery. Her husband was allowed to attend her pre assessment and stay with her until she went for surgery, but when in NHS care this was not permitted. On the back of this Women’s services have reviewed the practice across all gynaecology sites and whoever accompanies the women to pre assessment and when being admitted prior to surgery, can now stay if this is the woman’s wishes.

e. Regional Services Directorate

Table 6: Regional Directorate

<p><u>Ward 63 Neurosurgery, QEUH (Universal Feedback)</u> 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> 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>QEUH, Ward 62 (Oral/ Maxillofacial/ ENT)</u> “Patient has MRSA colonisations. Nurse changed IV line at 3.30pm and exited room still wearing gloves. Deplorable security.”</p>	<p>“Lead Nurse to carryout audit of PPE compliance. Education arranged with Infection Control October 2017 Lead Nurse will review security systems with Facilities.”</p>

- **Burns & Plastics**

As a result of feedback from patient’s regarding feeling overwhelmed when attending the multi-disciplinary appointment, the department have changed their practice. Patient letters no longer refer to the consultant but now refer to the Burns Multi-disciplinary team. A note has been added to explain this further. Prior to their appointment, the patient receives a phone call from the ward clerkess again advising of the structure and content of the appointment. Finally, the staff nurse meets with the patient in the waiting area prior to the clinic to discuss any concerns they have about the MDT approach.

f. Mental Health Directorate

Within mainstream mental health inpatient services, in order to obtain current information on the patient experience of care delivery, we facilitate regular discussions with patients and carers, staff and service user organisation from the Mental Health Network. We do this using a “Conversations Model” and by specifically addressing standards contained within the NICE Guidelines - “Service user experience in adult mental health: improving the experience of care for people using adult NHS mental health services”.

A quarterly report is compiled by, our directly funded service user/carer organisation, the Mental Health Network NHSGCC and presented to each Head of Mental Health services within each HSCP. The latest report details below numbers of patients involved in the conversations and improvement recommendations from feedback.

a. Conversations

Table 7: Conversation Sessions

HOSPITAL	WARD	DATE	NUMBER/PARTICIPANTS
Inverclyde	Willow Orchard	04-10-17	4
Gartnavel	Henderson	12-10-17	1
Leverndale	Ward 2	26-10-17	5
Parkhead	Ward 3	27-10-17	3
Leverndale	Banff	23-11-17	4
Gartnavel	Rutherford	23-11-17	3
Birdston	North & South	01-12-17	3
Gartnavel	McNair	14-12-17	3
Total			26

Inverclyde RH Willow Orchard, October 2017

Carers welcomed the new unit but felt that there were a couple of issues within the transition. Firstly that the unit was very large and that this posed issues for patients/carers with limited mobility or who were being visited outwit the ward as it may take time to contact staff if they were needed. Secondly there appeared to be less flexibility with regard to visiting and less opportunity to engage with staff to discuss the cared for person’s wellbeing. Staff seemed aware of this but discussions to improve the level of opportunity for carers to engage would be welcomed.

b. The 15 Steps Challenge (© NHS Institute for Innovation and Improvement 2012. All rights reserved.)

“I can tell what kind of care my daughter is going to get within 15 steps of walking on to a ward” quote from parent.

The challenge covers if the Ward is;

- Welcoming
- Safe
- Caring and Involving

- Well Organised and Calm

All of our 16 In-patient wards have been visited during 2017 as part of the 15 Step Challenge.

Recommendations for improvement from these visits include;

- Senior Charge Nurse informed us that new blinds have been ordered to ensure the privacy and dignity of patients receiving treatments in Activities Room.
- Advised that Cherry Picker stairs be removed from main entrance and stored elsewhere in order to reduce the risk of possible harm/injury from patients, visitors or staff attempting to climb up.
- The servery area in ward 4A should be closed off from the rest of this area to maximise safety.
- Patient case notes trolley should be removed from area when not in use and locked at all other times.
- Sluice door to be closed at all times.

c. SPSP- Patient Climate Survey

Patients were supported to take part in the survey by the Mental Health Network (Greater Glasgow and Clyde). MHNGG has been involved in the Scottish Patient Safety Programme locally since its inception.

Table 8: SPSP – Patient Climate Survey

HOSPITAL	WARD	DATE	NUMBER/PARTICIPANTS
Dykebar	South	30-10-17	5
Leverndale	3A	20-11-17	4
Gartnavel	McNair	12-12-17	4
Gartnavel	IPCU	12-12-17	1
Total			14

d. Community Services Feedback

We have recently introduced a new postcard means of feedback 'Tell Us How It Is, Your opinion counts'.

We have piloted this tool in Auchinlea Resource Centre and in addition we re-visited Arran and Springpark Resource Centres This is a postcard with 2 imperative questions to give us valuable feedback: 1. What did we do well? 2. What could have been done better? The Mental Health Network (Greater Glasgow and Clyde) spent time encouraging people to complete these postcards and centre staff were asked to continue this over the period of a month to complete as many as possible to enable feedback that could result in change and improvement.

Table 9: Community Services Feedback

RESOURCE CENTRE	DATE	NUMBER
Auchinlea Centre	3/10/17	26
Arran Centre	18/10/17	30
Springpark Centre	7/11/17	9
TOTAL		65

We are currently evaluating this feedback and improvement plans will be developed by the Service Manager.

SECTION 3: ENCOURAGING AND GATHERING COMPLAINTS

3.1 Background

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

The delivery of healthcare is wholly reliant on people. The vast majority of our patients have a good experience, which reflects the hard work and ethos of all staff. We cannot, however, underestimate the emotional and sometimes physical impact on patients and families who have a less positive experience. It is therefore essential that there is a compassionate approach to complaints handling that offers answers to all questions, an authentic and proportionate apology (where appropriate) and action that demonstrates learning in the spirit of improvement.

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

For reporting purposes, this paper continues to report on all complaints within the geographical boundaries of NHSGGC, which therefore includes the HSCPs. Data from independent contractors (such as GPs and Dentists) has also been included wherever possible.

3.2 Who Can Complain

Complaints come from any person who:

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

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

3.3 Handling Complaints

The new National Complaints Handling Procedure (CHP) took effect from 1 April 2017. NHSGGC adopted the content of the CHP into the Board's Complaints Policy and Procedure.

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 5 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.

NHSGGC has made available leaflets publicising how and where to raise complaints and we encourage and empower our staff to deal with as many concerns at the frontline as possible, in order that a satisfactory resolution can be achieved. Leaflets are available in different languages and, if required, there is access to interpreting and translation services. Relatives, carers or other representatives can raise their complaints in a variety of ways including writing a letter to the organisation, using the dedicated email address for complaints, using the dedicated telephone number for complaints, obtaining support from the Patient Advice and Support Service (PASS) or raising their concerns with a staff member.

3.4 Complaints Key Performance Indicators

This section of the report will detail performance in reference to each of the nine key performance indicators which were introduced by the new national CHP.

At the outset of this section, it is important to reflect that there were some challenges in presenting meaningful data regarding complaints that were escalated from Stage 1 to Stage 2. There is an option box on the Complaints Datix Module which specifically records which complaints fall into this category, however, it is not a mandatory field, and therefore any results generated may not have been reflective of the true picture. Our reporting on this specific aspect for this year's annual report is therefore limited, but we will endeavour to find a solution to this for subsequent versions of this report.

3.4.1 Indicator One: Learning From Complaints

a. Issues and Themes

The charts below show the most common themes within complaints (both Stage 1 and Stage 2) over the 2017/18 period. There can be more than one issue within a complaint, so the total will not equal the number of completed complaints.

Chart 6: Complaint by Theme – Acute / Board

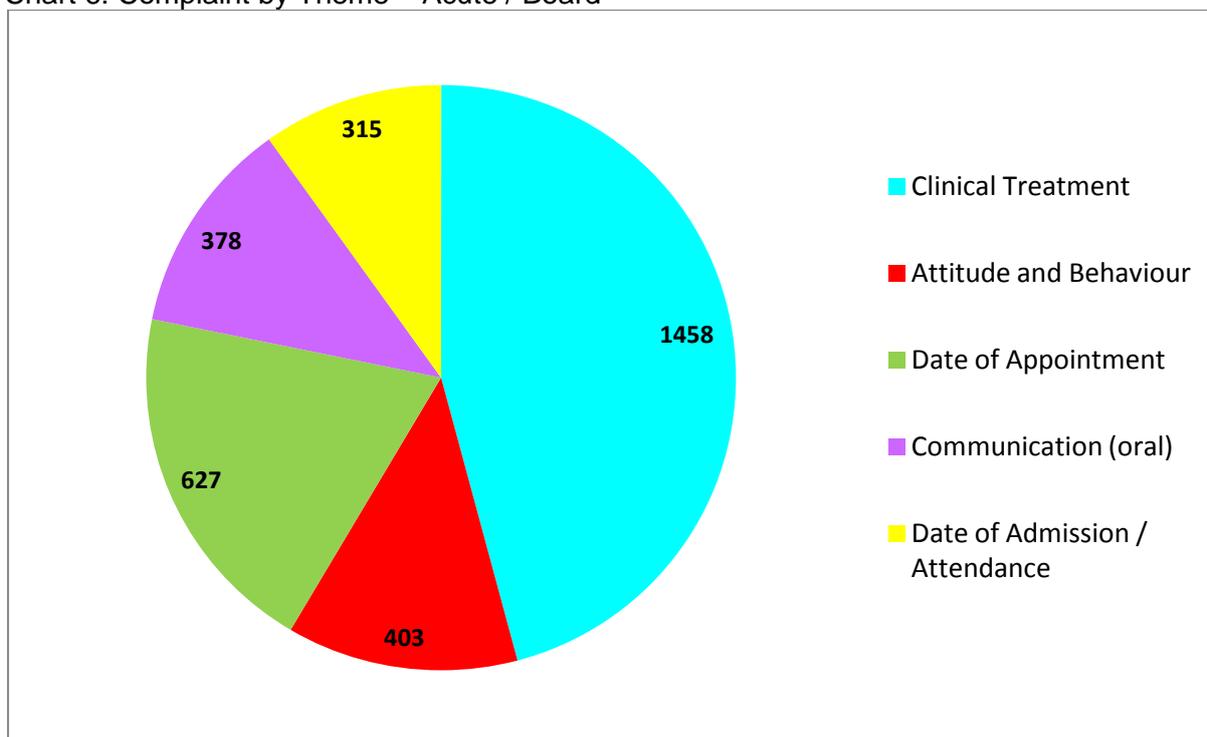
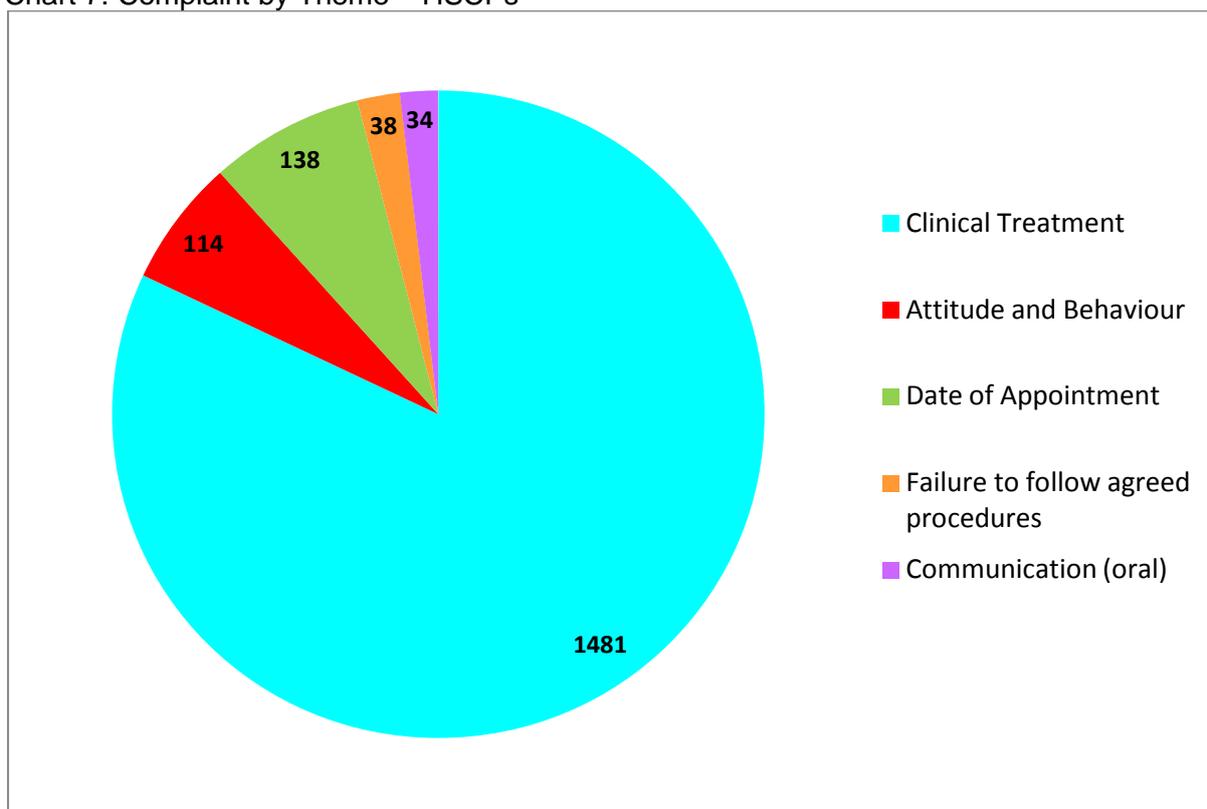


Chart 7: Complaint by Theme – HSCPs



Over the course of the year, the number of issues within complaints regarding clinical treatment, attitude and behaviour and communication has grown quarter on quarter, whereas the number of complaints regarding date for appointment and date for admission has fallen.

b. Staff Group

As well as issues and themes, we also recorded complaints by staff group. Again, this will not match the total number of complaints completed, as more than one staff group can be involved in a complaint.

Chart 8: Complaint by Staff Group – Acute/Board

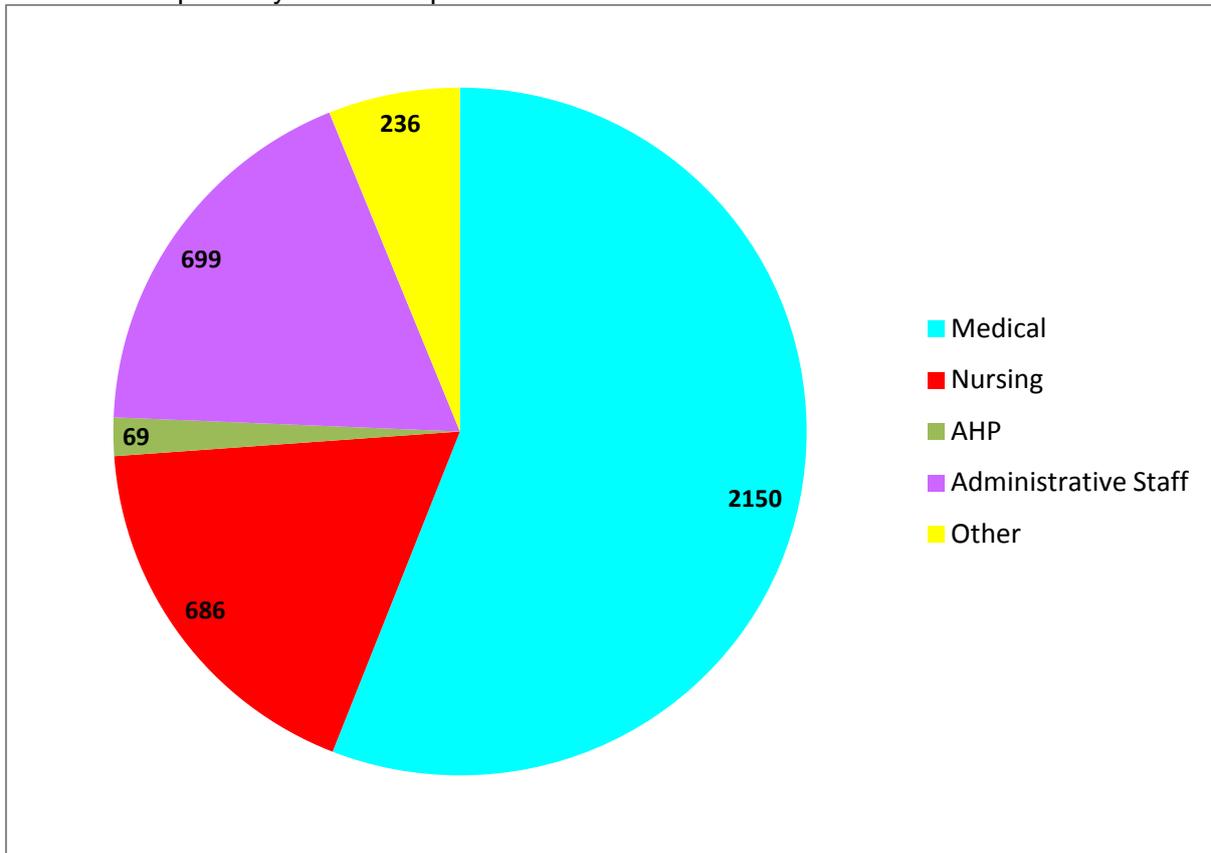
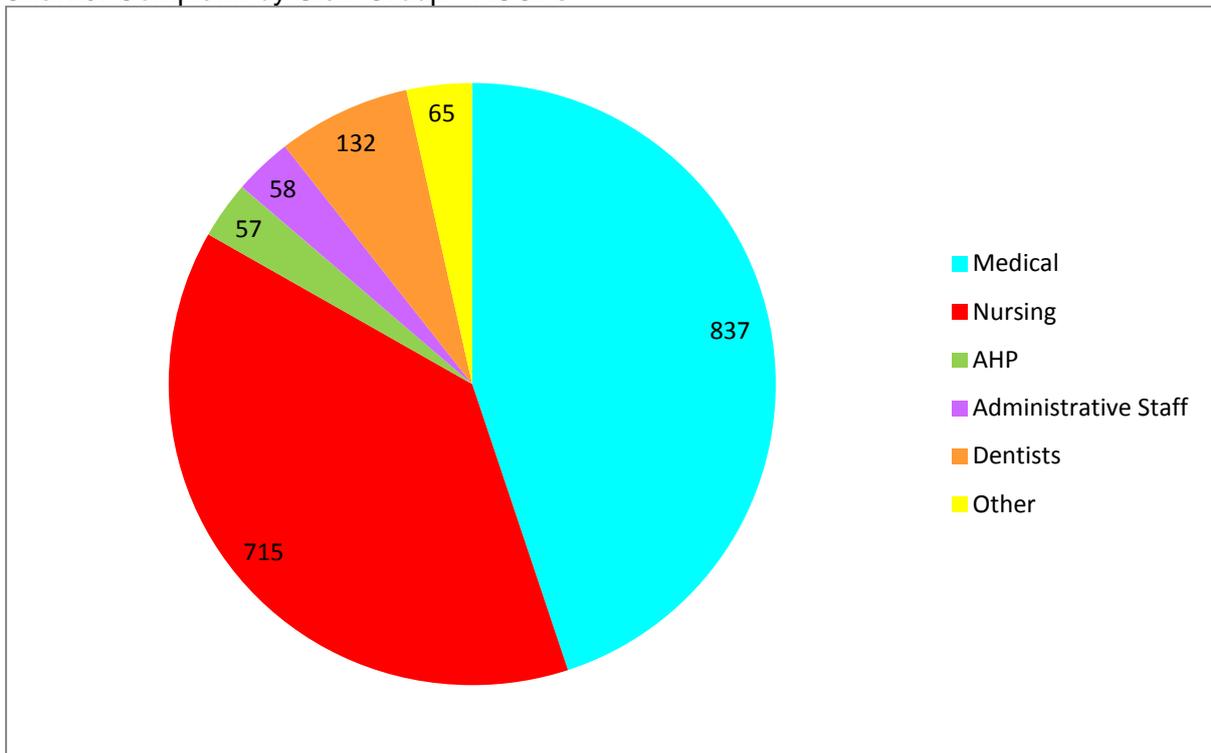


Chart 9: Complaint by Staff Group - HSCPs



Medical and dental includes those practitioners who work in prison healthcare

The number of complaints remained relatively stable for all staff groups over the year. In quarter 4, there was a drop in complaints about medical staff, and at the same time an increase in the number of complaints about administrative staff. This was due to a recording change, whereby complaints regarding waiting times stopped being recorded against medical staff, and instead were listed under administrative staff.

c. Qualitative Data

In each quarterly Board report on Patient Experience, some examples are given of real complaints in order to promote transparency and openness, as well as to give a flavour of improvements made to services and procedures as a result of consideration of complaints. Tables 1 and 2 below give a sample of these.

Table 10: Examples of Improvements from Complaints - Acute

Directorate / Specialty	Background	Actions
Regional Directorate - Oncology	A patient did not receive concurrent radiotherapy and chemotherapy as directed by their Consultant Oncologist. The investigation revealed there had been a 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 their 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: <ul style="list-style-type: none"> • Development of a Standard Operating Procedure which was agreed by both the Chemotherapy Management Group and the 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 – Immediate Assessment Unit	A patient had a 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 the department that evening.	The service now has a dedicated new area within the unit, for patients who are less unwell to be seen by specialist nurses, thus freeing up doctors for more urgent medical reviews. There was also an increase made in the number of doctors in the unit following the complaint.
Women and Children’s Directorate – Hospital Paediatrics	A parent raised concerns that their child did not receive appropriate care when the member of staff caring for them had to leave the ward due to a personal health issue. The patient also developed sepsis, and the family said they did not feel fully informed by staff.	During the investigation, it was confirmed that a different member of the nursing staff had been immediately allocated to the patient when the original staff member had to leave the ward. The family were offered an apology as this had not been made clear, and the importance of good communication was discussed within the department. Regarding the sepsis information, as a direct result of the complaint, a leaflet was developed to

		explain this to patients and relatives.
Clyde Sector – Orthotics	A patient was asked to attend the orthotics service, and when they phoned to clarify the location, was advised to attend the orthotics department rather than the orthotics clinic. This resulted in the patient attending the wrong area through no fault of their own.	In order to ensure that a similar situation did not occur to any other patient in the future and to avoid confusion, all patient interaction now takes place in the clinic area only.
North Sector – Acute Assessment Unit	A patient with an abscess was not given clear information about dressings after discharge and experienced difficulties at home as a result.	As a direct result of the learning from this complaint, the service developed a written protocol to ensure the correct after care advice was given.
North Sector and Regional Services Directorate – 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.	<p>In response, a second episode complaint investigation was commenced and further comments requested. In order to take a patient centred approach, the complainant and 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.</p> <p>The complainant was relieved that their story had been listened to, and that they had been heard, and it was agreed, with involvement of the Patient and Experience Group, that they would be supported to write their story and have it used as an example of end of life care in Acute Hospitals, and how this affected the deceased patient’s family.</p>

Table 11: Examples of Improvements from Complaints - HSCPs

HSCP / Specialty	Background	Actions
Glasgow City HSCP – Community Health Services	A patient’s spouse complained about the treatment their spouse received when having their catheter changed.	A Patient Pathway / Journey Guidance was developed for triaging referrals and prioritising patients with pain. This included catheter pain being scheduled as a priority for assessment and care. Staff were involved in developing the guidance triaging locally to improve communication.
Inverclyde HSCP – Specialist Children’s Services	A complaint was received regarding information not being provided to parents as requested, and no further contact from the service about the patient’s speech and language therapy follow up.	The pathway process was reviewed to learn lessons, improve practice and take remedial action. Internal processes were also reviewed to ensure improved communication between clinicians and business support, focussing on final reports and follow through

		communication.
Glasgow City HSCP – Prison Health Services	A patient was unhappy that they did not receive their medication on time.	To resolve this complaint, the patient was offered ‘supervised’ medication, which guaranteed 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 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.

d. Scottish Public Services Ombudsman – Investigation Reports and Decision Letters

If a complainant is unhappy with the response they have received from NHSGGC, they have the right to take their complaint to the Scottish Public Services Ombudsman (SPSO). The SPSO will issue an Investigation Report in some cases which meet their public interest criteria. More commonly, after investigating a complaint, the SPSO will issue a Decision Letter which reports on their findings and conclusions.

When an Investigation Report or a Decision Letter is received, this is sent to the relevant (usually clinical) service so that they can act on the recommendations, and we then provide evidence to the SPSO that we have done so. A report containing the detail of Investigation Reports and Decision Letters, along with the actions we have taken around recommendations, goes to quarterly Acute Services Committee meetings so there is robustness and transparency in how we report on these. HSCPs also report on this via their own similar committees to ensure that each recommendation is implemented.

During 2017/18, Acute Services / Board and HSCPs in NHSGGC received 4 Investigation Report, and 89 Decision Letters. These are broken down in Tables 3 below.

Table 12: Breakdown of SPSO Investigation Reports and Decision Letters – Acute / Board

	Number received	Number of Issues Investigated	Number of Upheld	Number of Not Upheld	Number of Recommendations
Investigation Reports	4	10	10	0	24
Decision Letters	78	191	106	85	192

Table 13: Breakdown of SPSO Investigation Reports and Decision Letters – HSCPs

	Number received	Number of Issues Investigated	Number of Upheld	Number of Not Upheld	Number of Recommendations
Investigation Reports	0	0	0	0	0
Decision Letters	11	18	7	12	12

In addition to the above, there were 8 Decision Letters, and no Investigatory Reports received by family services (GPs, Dentists, Community Pharmacists and Opticians).

There were no Investigation Reports from the SPSO received in 2016/17, yet 4 received in 2018/19. These all related to Acute Services within NHSGGC. Investigation Reports are usually reserved for serious cases, where, as indicated earlier in this report, there is a public interest aspect. Whilst none of the cases received had any commonality in terms of specialty or theme, the number of Investigation Reports received will be closely monitored in 2018/19.

The number of Decision Letters received in 2017/18 for Acute Services and HSCPs decreased by 35% compared to 2016/17. However, the number of issues investigated was slightly higher (6%). The number of issues that were upheld also rose by 12%. Again, this is something that will be monitored over 2018/19.

3.4.2 Indicator Two: Complaint Process Experience

Implementation of the new CHP has given NHSGGC a welcomed opportunity to further strengthen our commitment to providing a person centred and compassionate approach to complaints handling.

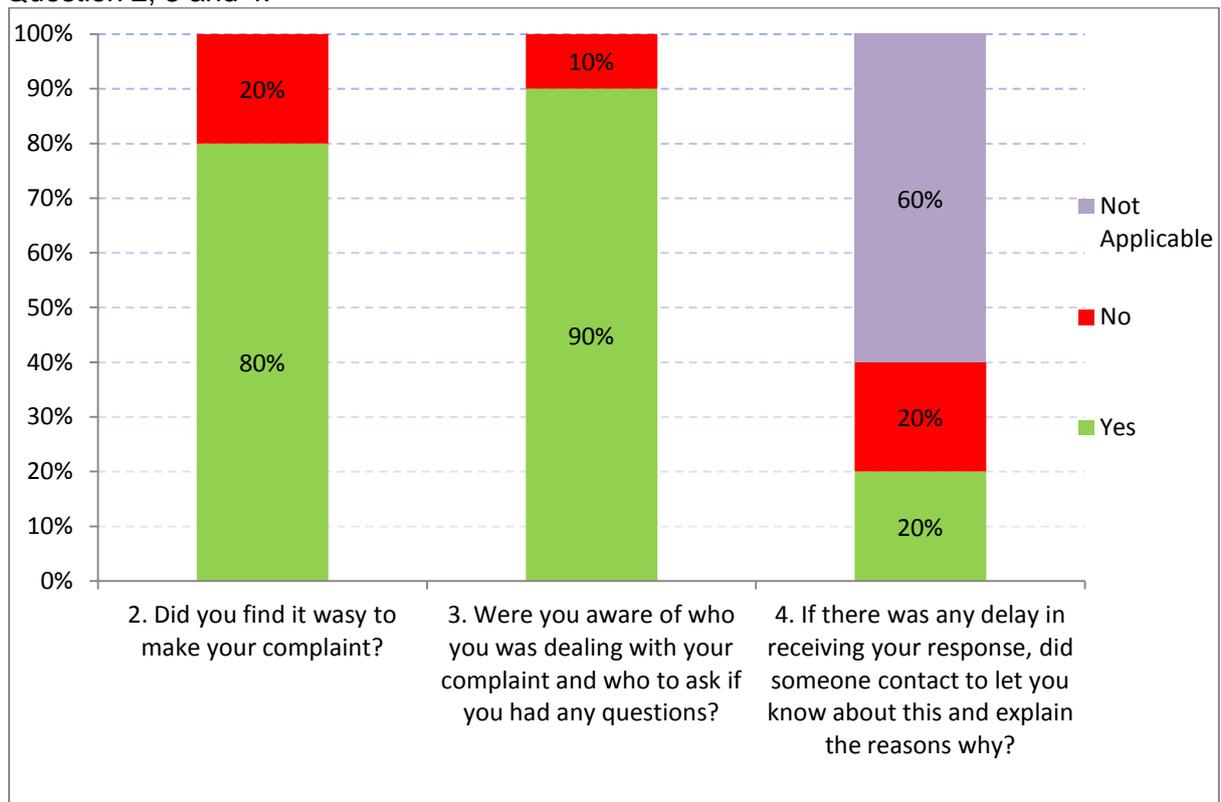
We recognised that as part of this, feedback directly from complainants on how they feel we have handled their concerns would be of huge value. That said, we were conscious of the sensitivities involved with this due to the nature of health related complaints, which can often be complex and emotional, and centre round an incident that has been upsetting for the patient and their families, such as a death or serious health issues.

In order to make progress towards this, we created a survey (see Appendix 1), then piloted this via telephone (so that we could gauge the sensitivities) with 10 complainants who had raised concerns about acute services. The results were as follows:

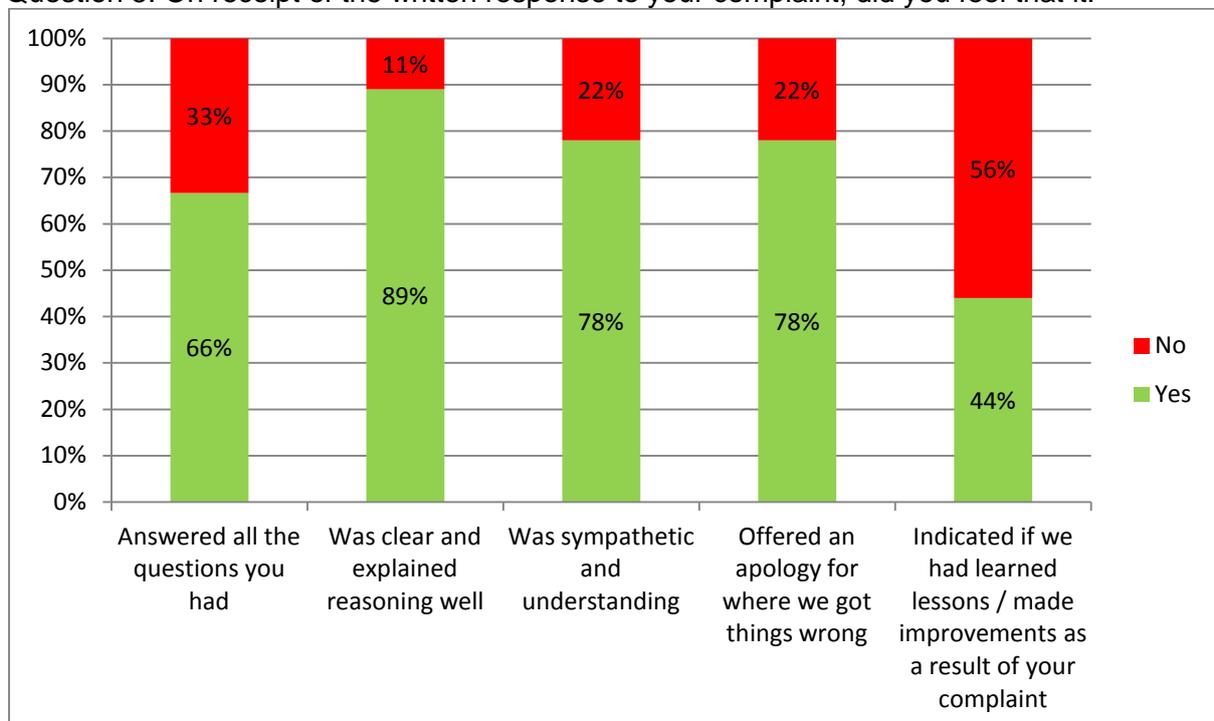
Question 1: How did you find out where to submit your complaint?

Information Leaflet	A member of staff	Online	Directly to the Ward / Manager / CEO	Other
20%	30%	40%	0%	10%

Question 2, 3 and 4:



Question 5: On receipt of the written response to your complaint, did you feel that it:



There was one complainant who did not answer question 5, so the total number of participants was 9 rather than 10.

Question 6: Did you find the person handling your complaint approachable and polite?

Yes	No
100%	0%

Question 7: Overall, how satisfied were you with how your complaint was handled?

Very satisfied	Satisfied	Unsatisfied	Very unsatisfied
30%	60%	10%	0%

Question 8: Do you have any suggestions to help us improve our complaints handling process?

- Beneficial - face-to-face or a telephone conversation with staff
- The complainant commented that the response to his complaint had been dealt with in a “very empathetic way” and he was very pleased that this was the case as he was ready “to come straight back” when he received the reply. He also commented that the complaint had been acknowledged very quickly given that it was made during a holiday weekend.
- Response was defensive
- Complaint was handled well
- Patient emailed complaint to inbox, however, had to be advised by a friend who works in the NHS of the email address. Patient feels that the contact info for complaints is not easy to find, however, did note that she was impressed with how her complaint was handled as this also included someone from the service phoning her to discuss her particular case and what the service were doing to rectify the issue
- Complainant suggested that in light of initial difficulties, more posters and leaflets should be available in patient areas.

We will look at further roll out of this survey in 2018/19.

3.4.3 Indicator Three: Staff Awareness and Training

a. Implementing the New National CHP

Prior to 1 April 2017, a significant degree of focus was put in to ensuring all staff were prepared for the implementation of the new national CHP. This involved an action plan which covered all the required changes. The action plan included communicating effectively with staff (both complaints staff and service staff) to ensure they were fully informed and empowered to use the new CHP.

b. Training and Support

Since 1 April 2017, a number of training sessions have taken place with service staff, to further support them with complaints handling. This has included:

- A presentation to twenty Care of the Elderly Senior Charge Nurses and Lead nurses at the Queen Elizabeth University Hospital
- Focused meetings with individual services to support complaints handling – for example, Hospital Paediatrics meeting to discuss complaints process
- Informal training with Multiple Sclerosis Clinical Nurse Specialists

One of the ways we have supported Complaints Staff in their roles is through the identification of a training programme called Sage and Thyme (foundation level workshop). This is delivered by palliative care colleagues, and focuses on speaking to people who are worried or distressed. It involves teaching a memorable structured approach for getting into and out of a conversation, how to empower patients / carers who are worried / distressed and communication skills that are evidence based.

Several members of the Complaints Department Team have completed this training, and we will continue to make use of this on an ongoing basis, particularly for new members of staff.

Going forward, we are keen to roll out a consistent and robust training schedule to cover complaints handling. This will be covered in section 3.5.

c. Roles and Responsibilities

The Feedback and Complaints Manager is the Board Nurse Director. The Feedback and Complaints Manager is responsible for ensuring compliance with the requirements of the local CHP. In particular, they are responsible for ensuring that feedback, comments, concerns and complaints are monitored with a view to improving performance, and that action is taken as necessary following the outcome or any feedback, comment, concern or complaint.

3.4.4 Indicator Four: Total Number of Complaints Received

a. Acute / Board and HSCPs

In 2017/18, the total number of complaints received was 5161. This is an increase of 22% compared to 2016/17.

The reason for the significant increase in complaints received is, we believe, as a result of the introduction of the new CHP. The new CHP has allowed greater opportunity to record complaints which are completed at Stage 1 level (and previously would have been resolved without being recorded as a formal complaint), and also greater scope to resolve more straightforward complaints at an early stage, rather than completing a more detailed investigation.

3283 of these complaints were regarding the Acute Services Division / Board. This equates to 0.8% against our core measure of 3,975,126 episodes of patient care (this includes outpatient attendances, inpatient admissions, A&E attendances and a number of other metrics which capture patient contact in this area).

It was not possible to confirm the core measure for HSCPs, but this will be included in future reports if available.

a. Primary Care

The table below shows complaints received by GPs, Dentists, Community Pharmacists and Opticians:

Table 14: Complaints received by GPs, Dentists, Community Pharmacists and Opticians

	GPs	Dentists	Opticians	Pharmacists
Number of complaints received , and as a % of core measure	<i>Average number of patients registered with practice over the reporting period</i>	<i>Average number of patients registered with practice over the reporting period</i>	<i>Episodes of care in the reporting period</i>	<i>Scripts dispensed in the reporting period</i>
Core Measure	1,175,448	1,178,965	229,826	9,638,409
Number of complaints received and % of core measure	1399 (0.03%)	133 (0.003%)	106 (0.05%)	1080 (0.01%)

3.4.5 Indicator Five: Complaints Closed at Each Stage

a. Acute/ Board and HSCPs

Table 15: Closed Complaints for Acute/Board and HSCPs

	Acute / Board	HSCPs	TOTAL (and as a % of all closed complaints)
Number (and as a % of Stage 1 Closed	991 (44%)	1278 (56%)	2269 (47%)
Number (and as a % of Stage 2 Closed	2032 (79%)	527 (21%)	2559 (53%)
TOTAL (and as a % of all closed complaints)	3023 (63%)	1805 (37%)	4828

A larger number of complaints were closed at Stage 1 level in HSCPs as compared to Acute / Board due to prison health care complaints, which tend to be less complex.

b. Primary Care

Table 16: Closed Complaints for Primary Care

	GPs	Dentists	Opticians	Pharmacists
Number of Stage 1 Closed	1014	91	94	756
Number of Stage 2 Closed	370	44	11	355
TOTAL all closed complaints	1384	135	105	1111

3.4.6 Indicator Six: Complaints Upheld, Partially Upheld and Not Upheld

a. Acute/Board and HSCPs

The tables below report outcomes for Stage 1 and Stage 2 complaints

Table 17: Stage 1 Outcomes

	Acute / Board	HSCPs	TOTAL
Upheld	463	56	519
Partially upheld	136	44	180
Not upheld	356	1154	1510
Conciliation	1	0	1
Irresolvable	7	0	7
Unreasonable	5	0	5
Transferred to another unit	8	7	15
Withdrawn / consent not received	15	17	32
Vexatious	0	0	0

The above table indicates that:

- 23% of Stage 1 complaints were upheld
- 8% of Stage 1 complaints were partially upheld
- 67% of Stage 1 complaints were not upheld

The majority of prison healthcare complaints are dealt with as Stage 1 complaints. As noted earlier in this paper, this service is hosted by Glasgow City HSCP. There tends to be a high number of 'Not Upheld' and a low number of 'Upheld'. This is due to the significant volume of complaints which are regarding prisoners who are unhappy with their prescribed medication, or prescribed dose of medication.

Table 18: Stage 2 Outcomes – Acute / Board and HSCP

	Acute / Board	HSCPs	TOTAL
Upheld	773	62	835
Partially upheld	512	119	631
Not upheld	554	324	878
Conciliation	2	0	2
Irresolvable	22	0	22
Unreasonable	10	0	10
Transferred to another unit	27	6	33
Withdrawn / consent not received	132	16	148
Vexatious	0	0	0

The above table indicates that:

- 33% of Stage 2 complaints were upheld
- 25% of Stage 2 complaints were partially upheld
- 34% of Stage 2 complaints were not upheld

For prison healthcare complaints, which as noted earlier in this paper, are hosted by Glasgow City HSCP, there tends to be a high number of 'Not Upheld' and a low number of 'Upheld'. This is due to the significant volume of complaints which are regarding prisoners who are unhappy with their prescribed medication, or prescribed dose of medication.

b. Primary Care

Table 19: Stage 1 Outcomes – Primary Care

	GPs	Dentists	Opticians	Pharmacists
Upheld	301	34	60	654
Partially upheld	252	21	11	29
Not upheld	455	33	23	58
Outcome not noted	6	3	0	15

Table 20: Stage 2 Outcomes – Primary Care

	GPs	Dentists	Opticians	Pharmacists
Upheld	91	9	7	319
Partially upheld	97	11	2	8
Not upheld	138	19	1	8
Irresolvable	28	2	0	0
Outcome not noted	16	3	1	20

3.4.7 Indicator Seven: Average Times

a. Acute/Board and HSCP

Table 21: Average Response Times for Acute/Board and HSCPs

	Acute / Board	HSCPs	TOTAL
Average Response Time for Stage 1 Complaints	3 working days	4.5 working days	4 working days
Average Response Time for Stage 2 Complaints	22 working days	17 working days	19.5 working days

b. Primary Care

Table 22: Average Response Times for Primary Care

	GPs	Dentist	Opticians	Pharmacists
Average Response Time for Stage 1 Complaints	2 days	2 days	2 days	<1 day
Average Response Time for Stage 2 Complaints	9 days	10 days	2.5 days	<1 day
Average response time for complaints after escalation	13 days	5 days	7 days	<1 day

3.4.8 Indicator Eight: Complaints Closed in Full within the Timescales

a. Acute/Board and HSCPs

Table 23: Complaints Closed in Full within the Timescales – Acute / Board and HSCP

	Acute / Board	HSCPs	TOTAL
Number of complaints closed at Stage 1 within 5 working days	858 (87%)	1229 (96%)	2087 (92%)
Number of complaints closed at Stage 2 within 20 working days	1290 (63%)	353 (67%)	1643 (64%)

There is recognition that whilst performance for Stage 1 complaints was consistently high, there is room for improvement for Stage 2 complaints. This will be addressed in Section 3.5.

b. Primary Care

Table 24: Complaints Closed in Full within the Timescales – Primary Care

	GPs	Dentists	Opticians	Pharmacists
Number of complaints closed at Stage 1 within 5 working days	994 (98%)	84 (92%)	94 (100%)	726 (96%)
Number of complaints closed at Stage 2 within 20 working days	280 (76%)	39 (89%)	8 (73%)	326 (92%)
Number of escalated complaints closed within 20 working days	60 (98%)	6 (100%)	0 (0%)	13 (65%)

3.4.9 Indicator Nine: Number of Cases Where an Extension was Authorised

a. Acute / Board and HSCP

As indicated in the previous section, there were a small number of cases where an extension was authorised. The table below

Table 25: Number of Cases Where an Extension was Authorised – Acute / Board / HSCP

	Acute / Board	HSCPs	TOTAL
Number of complaints closed at Stage 1 within an agreed extension of 6-10 working days (and as % of all Stage 1)	89 (9%)	34 (3%)	123 (5%)
Number of complaints closed at Stage 1 beyond 10 working days (and as % of all Stage 1)	44 (4%)	15 (1%)	59 (3%)
Number of complaints closed at Stage 2 beyond 20 working days where an extension was authorised (and as % of all Stage 2)	77 (4%)	133 (25%)	210 (8%)
Number of complaints closed at Stage 2 beyond 20 working days (not recorded as authorised)*	665 (33%)	41 (8%)	706 (28%)

*This is a recording issue. There is evidence that for individual complaints, the complainant was contacted and there was a two way discussion between complaints staff and the complainant regarding challenges in achieving the 20 working day target time, and reassurance that their complaint was being actively worked on. However, the option box on the Datix module which asks if an extension was authorised was not selected. To resolve this for future reports, it will be explored whether this box can become a mandatory field.

As illustrated in tables 23 and 25, 92% of Stage 1 complaints were responded to within 5 working days. In addition to this, a further 5% had an authorised extension and were subsequently closed within the extended period of 10 working days. Therefore **97%** of Stage 1 complaints were completed within 10 working days.

There were a small number of complaints (3%) where it was agreed to resolve concerns at Stage 1 out with 10 working days, rather than automatically escalate to Stage 2. This was in order to provide a more patient centred and quicker response to the concerns raised.

b. Primary Care

Table 26: Number of Cases Where an Extension was Authorised – Primary Care

	GPs	Dentists	Opticians	Pharmacists
Number of complaints closed at Stage 1 within an agreed extension of 6-10 working days (and as % of all Stage 1)	17 (2%)	7 (8%)	0	18 (2%)
Number of complaints closed at Stage 1 beyond 10 working days (and as % of all Stage 1)	3 (<1%)	0	0	12 (2%)

The figures for Stage 2 complaints that had been given extensions for primary care providers were low, but could not be verified. This will be addressed for 2018/19 so that it can be reported in the next Annual Report.

3.5 Future Plans

In 2017/18, the primary focus was ensuring the new CHP was put into practice. Now that it is an established way of working, we plan to use 2018/19 to make a variety of improvements to the complaints handling process. This includes:

- Improving the performance of Stage 2 complaints
- Rolling out a training programme on complaints handling for front line staff
- Improving reporting mechanisms so services are clearer on their performance on a month-to-month basis
- Completing an organisational development session for the Complaints Department, to ensure they have a renewed and clear purpose, and that they are modern and fit for purpose
- Improve linkages between the Complaints Department and clinical services, to ensure a more joined up approach to complaints handling, with the aim of better quality and speedier complaint responses

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

67% (658) of all independent contractors in NHSGGC reported on the feedback, comments and concerns they had received in 2017 - 2018. In their reports they described:

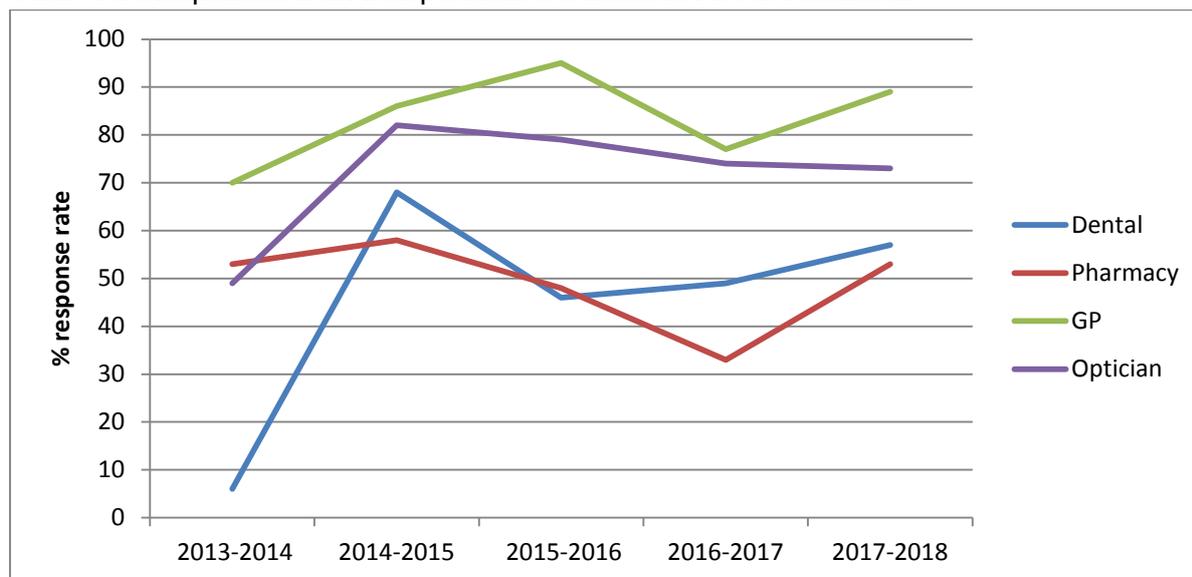
- how they gather and analyse feedback
- the key themes reported by patients and families
- examples of service improvements and developments that resulted from feedback, comments and concerns
- examples of any improvements made in the handling of feedback, comments and concerns.

4.1 Encouraging and Gathering Feedback

The reports from GPs, Dentists, Pharmacists and Optometrists showed that during 2017-2018, they had mostly focused on maintaining systems for listening to their patients, carers and the public, and that they had taken a wide range of effective, measurable actions to respond to the feedback, comments and concerns they received.

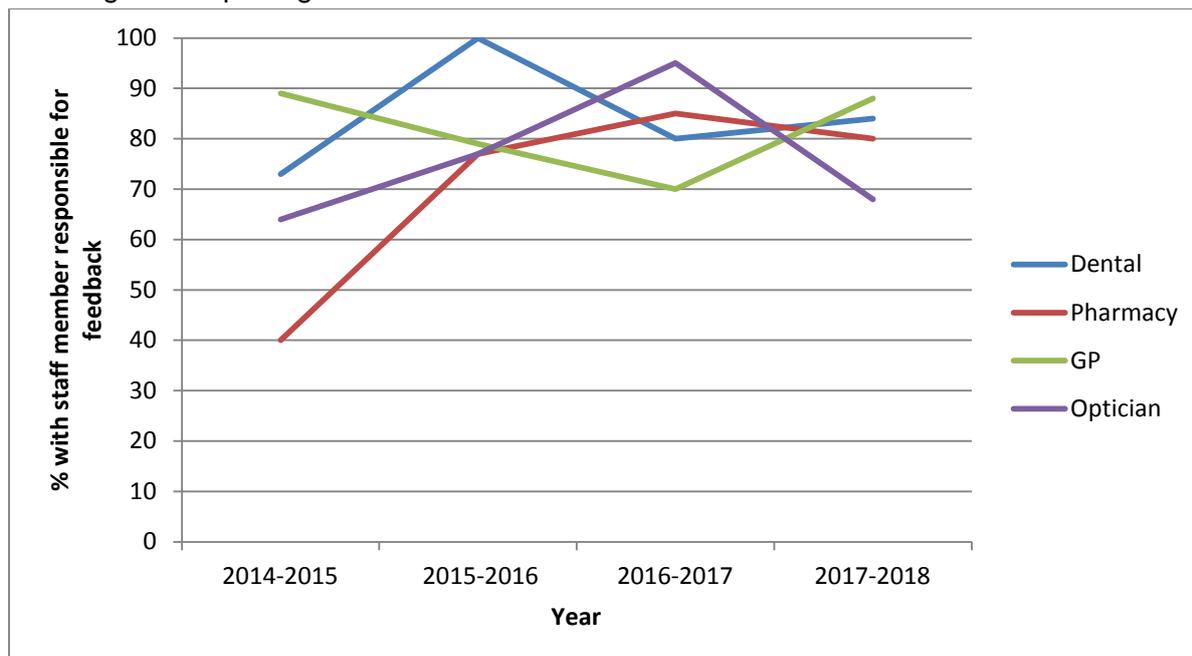
However, there is still room for improvement and the development teams for each contractor group continue to support colleagues to respond to and report on the feedback they receive from patients and the public.

Chart 10: Responses from Independent Contractors About Feedback



The overall increase in response rate from last year is notable, particularly among pharmacists and GPs.

Chart 11: Independent Contractors Who Have a Designated Staff Member Responsible for Collating and Reporting on Feedback Received



Identifying a lead officer is often the first step in ensuring that feedback, comments and concerns are an integral part of the work of services.

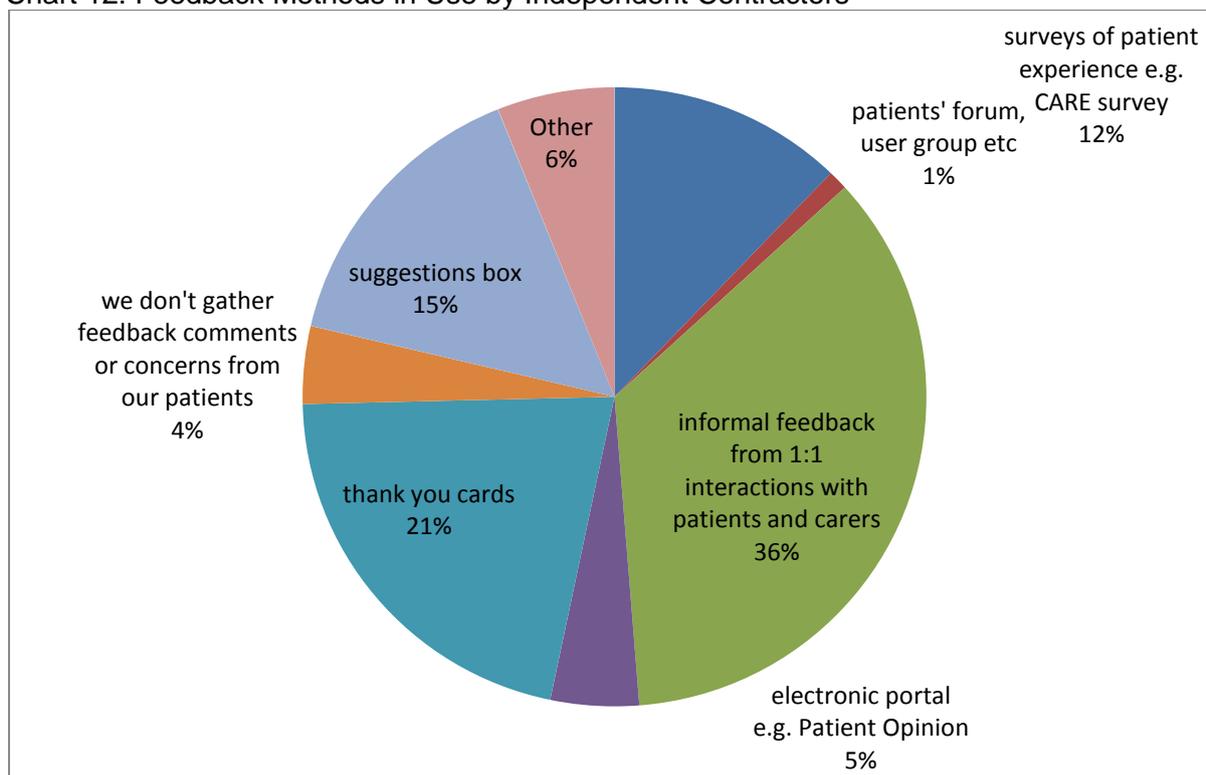
It is particularly encouraging therefore to see that between 80% and 90% of dentists, pharmacists and GPs who responded have a designated staff member who is responsible for looking at feedback, comments and concerns.

4.2 Encouraging and Gathering Feedback

“Our aim is to make sure the patients are happy with our service. We do our best to make sure we concentrate on any feedback we have had & learn from it.”

Independent contractors reported on a wide range of methods for gathering feedback; this year, comparatively more formal approaches were utilised.

Chart 12: Feedback Methods in Use by Independent Contractors



4.3 Improvements in Handling Feedback

“As a quality measure this year we asked a number of patients to complete an 'always' questionnaire. This gave patients the opportunity to inform us of what they would 'always' like their experience of the practice to be. We were delighted with the very positive feedback and held an educational session within the practice to look at areas in which we could improve.”

In 2017-2018, independent contractors have been developing new ways to encourage and act on feedback from patients; 352 practices gave examples of a change or improvement made in how they handled feedback in 2017 -2018.

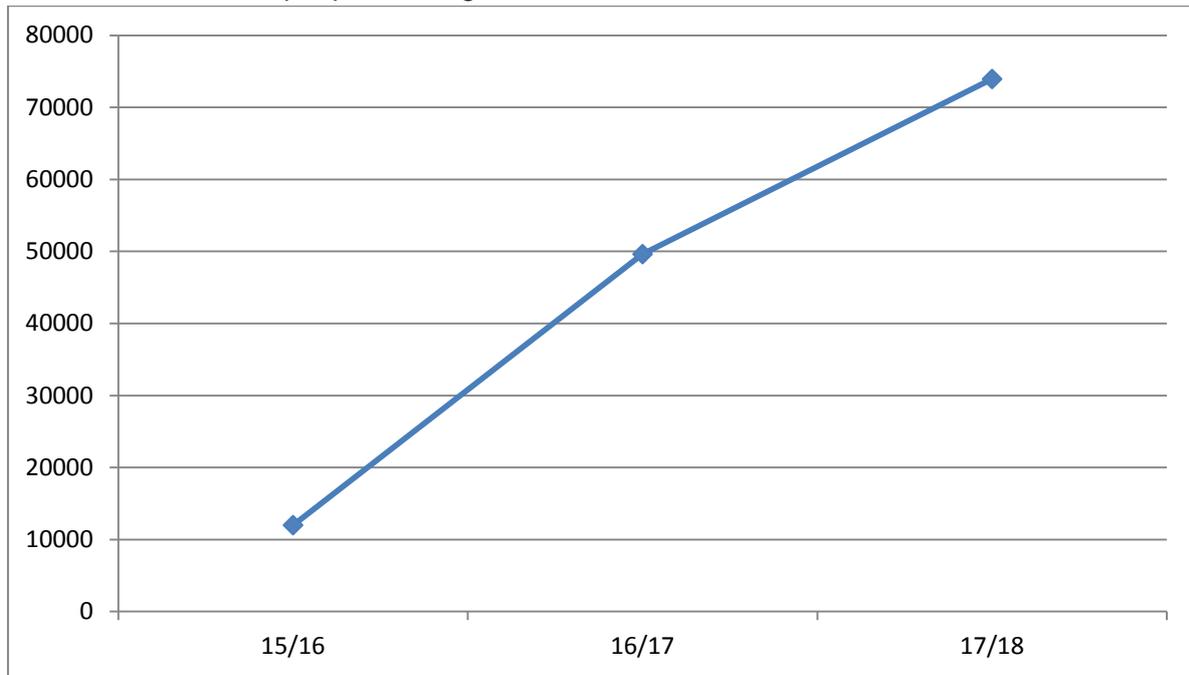
Many practices had examined the available methods for patients to feed back on their service, and making sure patients are fully informed about services available.

Key themes for practices in improving the handling of feedback in 2017-2018 were:

- providing suggestion boxes for patients to feed back anonymously
- sharing feedback at team meetings to enable the entire practice to learn
- logging all feedback received, rather than just complaints.

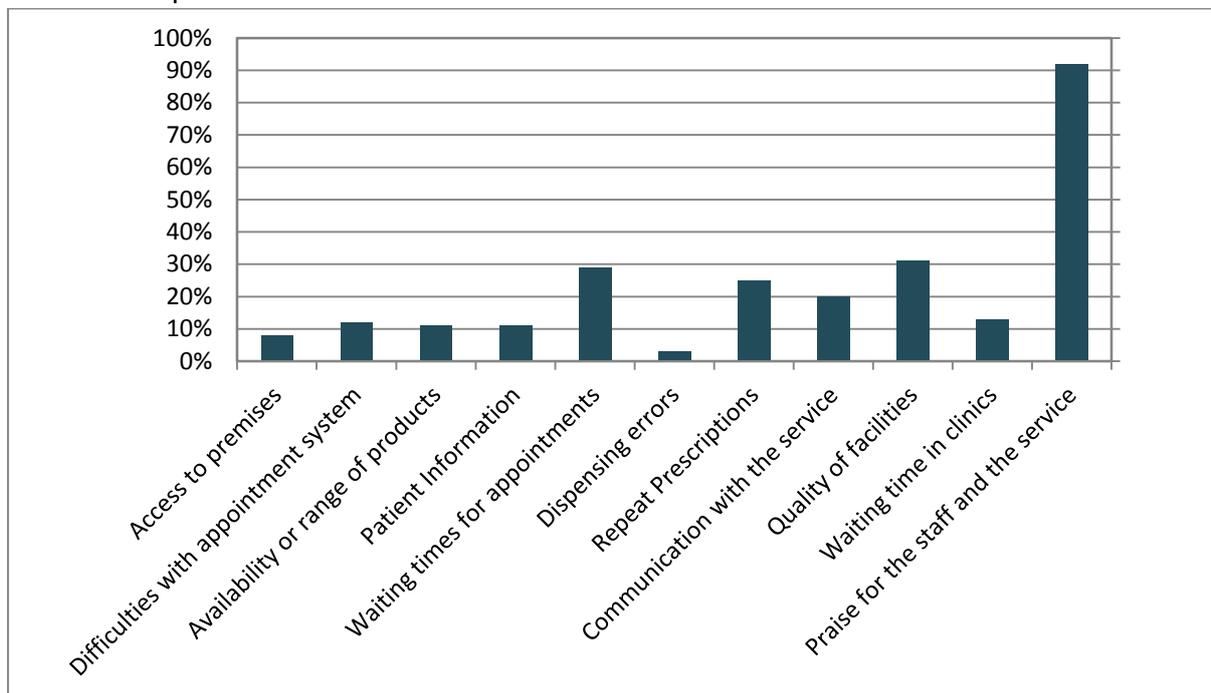
In this 12 month period, 74,663 people provided feedback, comments and concerns to independent contractors, which again is a large increase on previous years:

Chart 13: Number of people feeding back



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

Chart 14: Top Three Feedback Themes for Practices



4.4 General Practitioners

The top three themes identified in patient feedback about GP practices remain the same as previous years. The top three themes identified in patient feedback were:

- praise for staff and the service (85% of GP practices)
- waiting times for appointments (43% of GP practices)
- repeat prescriptions (39% of GP practices).

a. Example of actions taken by GP practices about praise

Some GP practices used positive feedback to reinforce that they are delivering a good service, notwithstanding a need to always look at potential improvements:

“We continue to encourage feedback from our patients/user groups. We have undertaken a number of patient feedback exercises this year and have been delighted that the vast majority of patients are happy with our service. We respond to all comments/concerns and welcome dialogue.”

b. Examples of actions taken by GP practices about waiting times

Many GP practices implemented patient booking systems in 2017-2018, thereby allowing patients the flexibility of choosing appointments suitable for them. Some GPs have looked at how they communicate with patients if clinics are running late:

“We placed notices in our waiting room advising patients to inform reception staff if they have been waiting 15 minutes past their appointment time and have not been called in order that we can find out why. We can then keep other patients informed when they arrive.”

c. Examples of actions taken by GP practices about repeat prescriptions

Introducing online ordering for repeat prescriptions was having a positive impact on patient satisfaction. One GP practice had introduced a separate prescription phone line to the main line, which was felt to be positive.

One practice noted how repeat prescriptions may require long term focus to improve:

“Constantly reviewing our Prescription Protocol - unfortunately we are making great use of locum GPs at the moment which can sometimes lead to difficulties in keeping processes and procedures going.”

4.5 Pharmacies

The top three themes identified in patient feedback about pharmacies were slightly different from last year. They were:

- praise for staff and for the service (94%, a large increase from last year)
- repeat prescriptions (45% of pharmacies)
- quality of facilities (25% of pharmacies).

a. Example of actions taken by pharmacies about praise

Pharmacies use patient praise to reinforce that what they are doing constitutes best practice:

“We were praised for the time we take to explain and reassure patients when receiving their medication or requesting advice. Which encouraged me to expand my knowledge to fields that I was less confident in and improve my knowledge.”

b. Examples of actions taken by pharmacies about repeat prescriptions

Pharmacies had undertaken a range of improvement activities this year to improve their processes, to ensure that as far as possible, errors with repeat prescriptions were minimised. For example:

“Informing patients to let us know when they have ordered their scripts from surgeries who do not have a specific collection bag for us.”

c. Examples of actions taken by pharmacies about quality of facilities

Some pharmacies had reviewed the accessibility of their premises, for example:

“We have recently had the front shop adapted for disabled patients. Electric door with push button and lowered entry for easy access for wheelchairs.”

Some pharmacies had received feedback from patients that they would prefer to have the option of greater privacy. A few pharmacies had consequently installed privacy screens.

4.6 Dentists

In dental practices, the top three feedback themes from patients in 2017-2018 were:

- Praise for staff and the service (96% of dental practices said this was in their top three feedback themes from patients, again an increase on last year)
- Quality of facilities (43% of dental practices, an increase on last year)
- Waiting times for appointments (34%, an increase on last year)

a. Examples of actions taken by dental practices about praise

Some dental practices gave examples of where patients had taken the time to praise them following action they had taken to improve services, for example:

“We have just moved into new premises and are delighted with the number of comments we have had about better access and visibility”

“We have taken on a new dentist which means we can see new patients a lot sooner than previously when booking new patient appointments which made people happier & for them to comment on how quick they are being seen which is good.”

b. Examples of actions taken by dental practices about facilities

Dental practices made efforts in 2017-2018 to refresh their facilities, and made other improvements based on patient feedback:

“We have a TV showing children’s programmes in part of the waiting area which is put on during childsmile sessions or after school times”

“The staff no longer park in the carpark to allow patients to use it.”

“Availability of coat hangers was requested in the waiting room. Subsequently this was provided in the reception area”

c. Examples of actions taken about waiting times

Dental practices have been looking at the types of appointment slots they have available for patients, including emergency and on the day appointments.

In addition, many dental practices had focused on keeping patients informed on arrival about any potential delays:

“Some patients complained that they were not taken at their appointment time, staff were given more training and were made aware that they should advise the patient in any delay to their appointment time, patients were happier when they knew that there was a genuine reason for them to be waiting ie an emergency had arrived at the surgery.”

4.7 Optometrists

The main patient feedback themes to optometrists in 2017-2018 were:

- Praise for staff and the service (98% of optometrists, an increase on last year)
- Quality of facilities (52% of optometrists)
- Availability or range of products (28% of optometrists)

a. Examples of improvements optometrists made following praise

As with other independent contractors, optometrists used praise to commend staff for their efforts and dedication:

“A lot of patients have commented on my staff and opticians that they had an excellent and thorough test and the dispensing staff were really friendly and polite. Give appropriate feedback to staff.”

b. Examples of improvements optometrists made about facilities

Some practices had revamped their facilities:

“We have had about 6 patients recommending that our signage should be more prominent, so we are awaiting the shop front getting painted.”

Others looked at their phone systems to ensure patients could speak to the right person as soon as possible:

“New telephone system to ensure patients are put through to the correct team by number recognition”

c. Examples of improvements about the availability or range of products

Optometrists ordered in new products on the basis of feedback. They had also looked at improving the length of time people had to wait for their orders, and examined the systems they had in place to improve availability of products which had been ordered by patients:

“Change in procedures following negative feedback, e.g. new system to ensure glasses are ready before collection appointment”

4.8 Conclusion

In all, the evidence of examples of improvements taken based on feedback, and evidence of a continuing focus on gathering and recording feedback, demonstrates that 2017 -2018 was a year where independent contractors had really focused on improving how they record and report their feedback.

SECTION 5 ACCOUNTABILITY AND GOVERNANCE

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

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

This Report and the Annual Report allows NHS Board Members and external bodies to review the arrangements for handling feedback and complaints, and how they are used to bring about service improvements for the benefit of patients. This level of Non Executive Members scrutiny at Board and Committee meetings is helpful in regularly assessing the Board arrangements and performance in this area.

SECTION 6 CONCLUSION - HAVE YOUR SAY

This report provides an overview of the issues raised, the learning and the actions and improvements made or proposed in response to the feedback, comments, concerns and complaints received between 1 April 2017 and 31 March 2018.

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

You can provide feedback on www.nhsggc.org.uk/get-in-touch-get-involved/patient-feedback/ in order to give your feedback about NHSGGC or you can provide verbal feedback to a member of the Patient Experience Team who will relay it to the service involved by phoning on free phone 0300 123 9987.

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

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

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1055 Great Western Road
GLASGOW
G12 0XH
Email: Elaine.Vanhegan@ggc.scot.nhs.uk

Appendix 1: Complaints Satisfaction Survey



Complaints Satisfaction Survey

NHS Greater Glasgow and Clyde is committed to providing helpful, open and honest investigations into complaints received about our services.

We are aware that you recently had cause to complain, and are keen to hear your views on how we handled your complaint, so that we can try to make improvements. At the end of an investigation into a complaint, we want to ensure that you feel confident that your concerns have been fully investigated and that we have met your expectations in responding to the questions and issues you have raised.

This survey gives you the opportunity to comment on how we managed your complaint (it is not designed to re-open your complaint). Your response will be treated in the strictest confidence. If you are happy to participate, please complete and return this to us at your earliest convenience. It should take around 5 minutes.

Please tick the appropriate box for each question.

1. How did you find out where/how to submit your complaint?

- | | |
|---|---|
| <input type="checkbox"/> Information leaflet | <input type="checkbox"/> A member of staff |
| <input type="checkbox"/> On-line | <input type="checkbox"/> I sent my complaint directly to the ward / manager / CEO |
| <input type="checkbox"/> Someone complained on my behalf (e.g. MSP or relative) | <input type="checkbox"/> Other |

2. Did you find it easy to find out how to make your complaint?

- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

3. Were you aware of who was dealing with your complaint and who to ask if you had any questions?

- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

4. If there was any delay in receiving your response, did someone contact you to let you know this and explain the reasons why?

Yes No Not applicable

5. On receipt of the written response to your complaint, did you feel that it:

	Yes	No
Answered all the questions you had?		
Was clear and explained reasoning well?		
Was empathetic and understanding?		
Offered an apology for where we got things wrong?		
Indicated if we had learned lessons / made improvements as a result of your complaint?		

6. Did you find that the staff member dealing with your complaint was approachable and polite?

Yes No

7. Overall, how satisfied were you with how your complaint was handled?

Very satisfied Satisfied Unsatisfied Very unsatisfied

8. Do you have any suggestions to help us improve our complaints handling process?

Thank you for taking the time to complete this survey