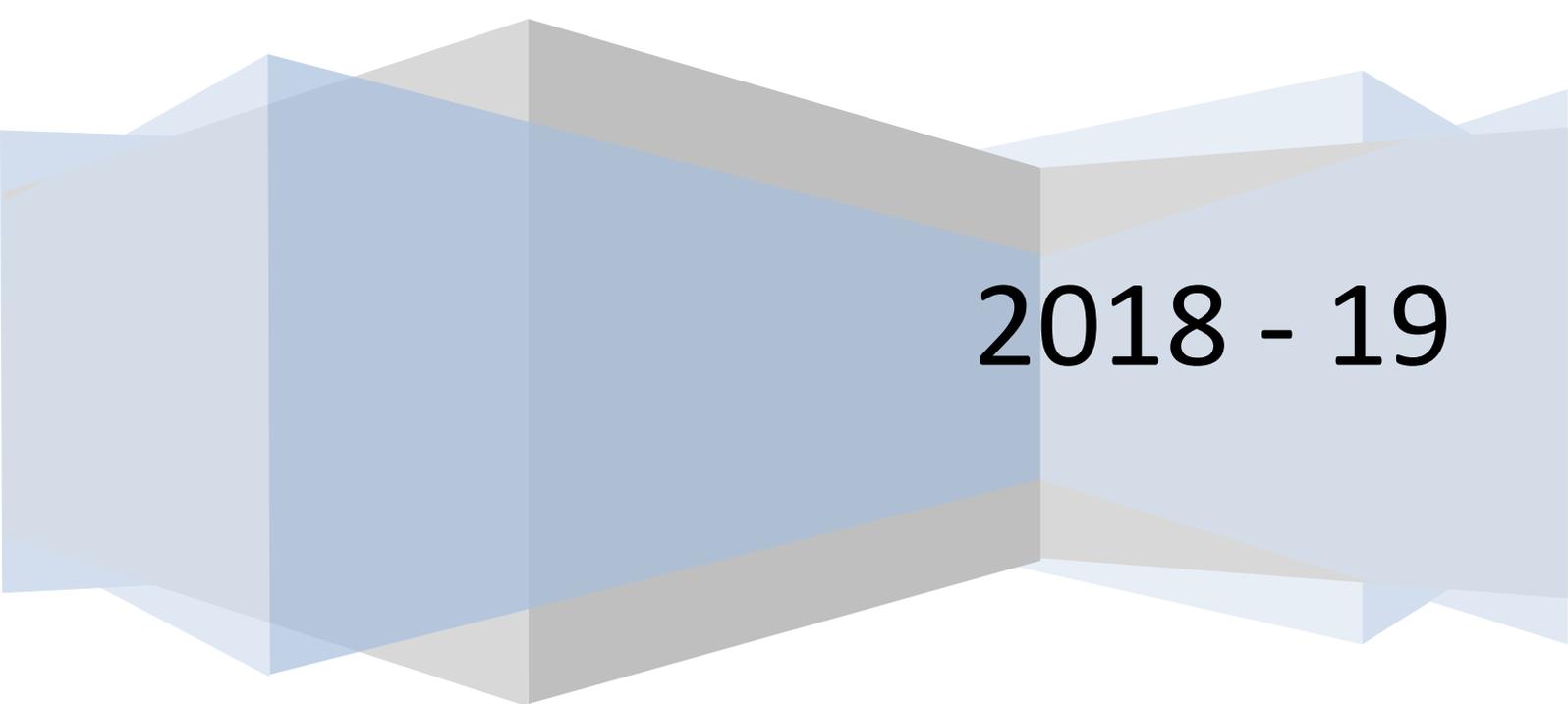NHS Greater Glasgow & Clyde

Annual Report on Feedback, Comments, Complaints and Concerns

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Background

Background

NHS Greater Glasgow and Clyde (NHSGGC) is the largest Health Board in Scotland with over 39,000 members of staff serving a population of 1.14 million, as well as providing regional and national services. We aim 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.

During the year, we published our Healthcare Quality Strategy for 2019-23. It is a framework which outlines how we intend to continuously improve the quality of care to our patients, carers and communities over the next five years. The provision of high quality health and social care services to our population is at the centre of everything we do. One of the key challenges for NHSGGC is how to improve and transform our services to meet the current and future health needs across all health and care settings.

Listening to our patients and their families is an essential part of that process, as this is one of the ways we can learn how to deliver even better services, and provide care which helps meet the needs 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 examples of this listening and learning process.

The Patient Rights (Scotland) Act 2011 (the Act) aims to improve 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 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).

To ensure there is appropriate governance around feedback, comments, complaints and concerns, a quarterly report is given to our Clinical Care and Governance Committee of the Board. This includes detail of work that has been undertaken, as well as measurable performance, so there is scrutiny and accountability for this work.

As part of the Public Bodies (Joint Working) (Scotland) Act 2014, NHSGGC underwent a major structural change, 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 Introduction to Feedback

We are committed to ensuring that all of our patients and those that support them have the opportunity to tell us what matters to them about their care. This is important at every stage in the healthcare journey. Listening to our patients and hearing about their experience of care is extremely important to NHSGGC – this is the only way that we will be able to ensure that we are delivering the standard of care that our patients and carers want; allowing us to improve those aspects that could be better, and to share and celebrate those aspects which have been really good.

Across the Health Board, there are a wide variety of different ways that we gather feedback from patients, carers and other users of our services. Having this variety available so that people can choose if, how and when they want to give feedback, is very important to NHSGGC.

Key to making this work is good communication about how people can provide feedback. To do this, we widely promote our feedback options on our public website: through posters spread throughout all areas of our hospitals; on our Welcome to the Ward posters which are outside every inpatient ward in NHSGGC; and most recently, through the creation of pocket cards, widely available so that people can take them away and refer to them at a time that suits them.   Our website page can be viewed here:

https://www.nhsggc.org.uk/get-in-touch-get-involved/patient-feedback/

Further to this though, we need to create a culture in which staff accept the value in all feedback – good and bad – as an opportunity for improvement, and in which patients and carers feel comfortable speaking about their experience of care, at all stages in their journey. NHSGGC created a series of films to promote that very vision and to ensure that every member of staff understands the role they play in the patient and carer experience. These films have been used in staff training, and are available on our website:

We're All in this Together
For general viewing.

The Patient Voice Matters
For staff.

https://www.nhsggc.org.uk/get-in-touch-get-involved/patient-feedback/patient-feedback-videos/

Care Opinion and NHSGGC Online Feedback are our two online methods of feedback, both of which provide 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.

In 2018/19 NHSGGC received a total of 1292 comments through our online feedback.

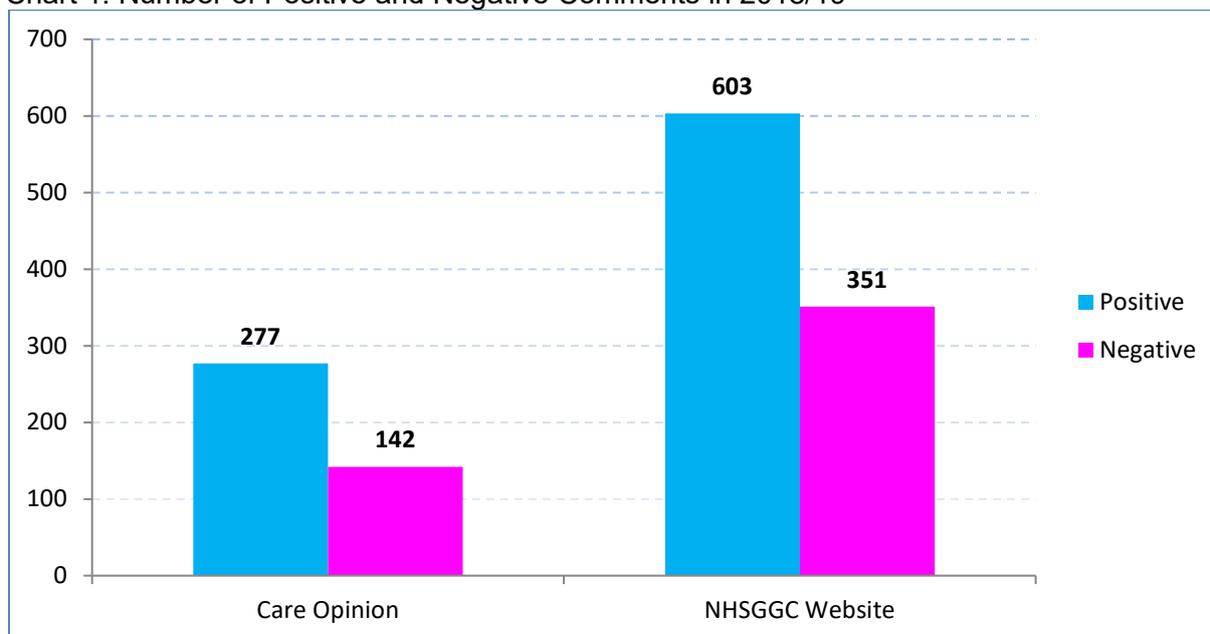Chart 1: Number of Positive and Negative Comments in 2018/19

Chart 2: Proportion of Positive and Negative Comments in 2018/19
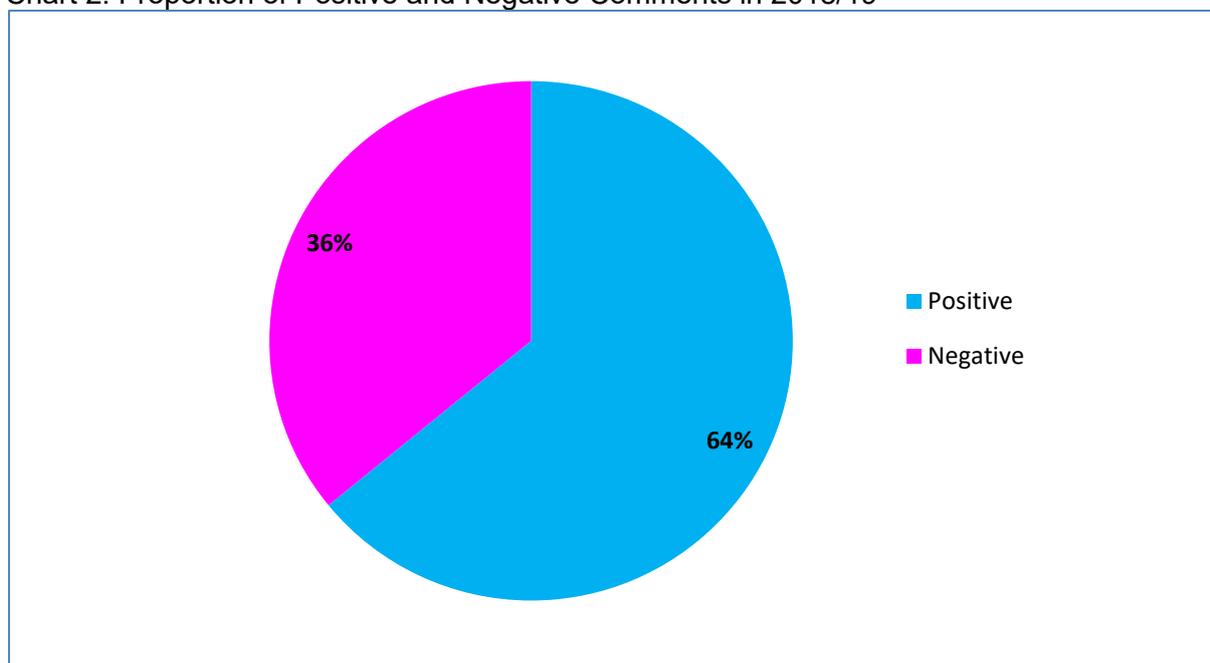
In 2018/19, 64% of all of the feedback comments received online were positive.

Online feedback is just one part of how we have listened and engaged with our patients and carers this year. Below is just a flavour of some of the projects that have taken place this year to build patient and carer experience into our every day work:

- A patient story was presented at each Board meeting in 2018/19.

- 12 members of staff, including Lead Nurses, a Senior Charge Nurse and AHPs, took part in a pilot training session in identifying and taking patient stories.

- 8 carers audits, consisting of conversations with 167 carers, patients and staff.

- 77 patient interviews in 29 different wards across multiple hospital sites.

- 88 returned surveys from a postal survey pilot in the North Sector.

- 18 people called the Patient Experience free-phone telephone number to talk to us about their experience. 7 of those had a positive experience, 7 had a negative experience and 4 had a mixed experience.

- Supporting with numerous local or speciality projects

1.2 Improvement and Development of our Feedback Systems

In 2017/18, we undertook a review of our feedback systems, and asked patients how they would like to give feedback. This review showed that people wanted the option to be able to give feedback in a variety of ways, and a time that suited them.

Taking this into account, we sought to make improvements to some of our existing methods of feedback, as well as to develop new ideas.

Table 1: Examples of Improvements to Exiting Methods of Feedback

| Example 1: Face to face feedback	The Patient Experience Team piloted Patient Interviews as a way of gathering feedback in real time from patients while they are still on the ward. The Patient Interviews used a semi-structured conversation style to find out about aspects of a patients' experience and to learn more about what is important to them while in hospital. As result of what was said at interviews, the focus of the Carers Audits was altered to become a "Listening Ward", which would allow face to face, direct contact.
Example 2: Postal Survey	A pilot postal survey was undertaken as part of this suite of feedback tools, with all patients discharged within a set 3 day period from adult acute hospitals in the North Sector. This survey asked a number of questions about their experience of care at different points in their journey. As an alternative to real-time, or near to real-time options (such as Universal Feedback), the postal survey proved to be limited, however it could be particularly useful as a tool for gathering high volumes of data on specific topics; patient groups; or themes that have been generated through other forms of feedback.
Example 3: Care Opinion	A key focus in 2018/19 has been the further development of Care Opinion in NHSGGC. In particular, this is a drive to have more frontline teams responding to posts about their services; as well as a commitment to closing the loop on feedback on Care Opinion, by really using it to drive service improvement and, crucially, to let people know the actions we have taken to address their feedback, so that they know the impact they have had.

The overall number of stories shared about NHSGGC on Care Opinion has reduced slightly over the last 3 years, however that correlates with a sharper decline in the number of negative stories being shared and a more measured increase in the number of positive stories, as demonstrated in the chart below:

Chart 3: Proportion of positive and negative feedback via Care Opinion 2016/17 – 2018/19
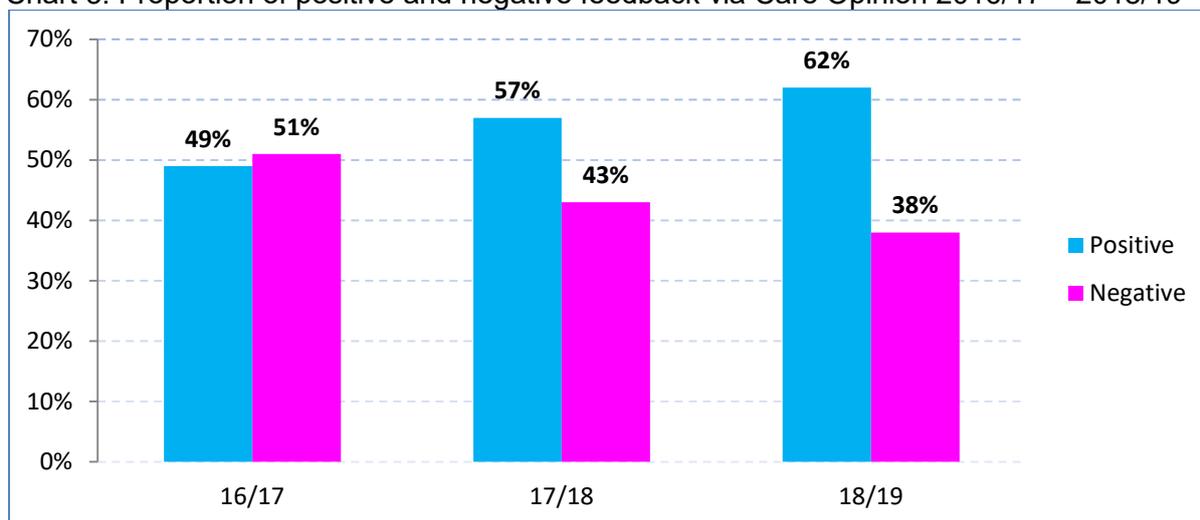
The focus going forward will be in identifying real change as a result of feedback via Care Opinion, and whether this results in fewer overall negative experiences and complaints. Part of the ambition to achieve this is to encourage more local engagement with Care Opinion, increasing the ownership of the feedback within the services themselves.

Chart 4: NHSGGC Membership on Care Opinion
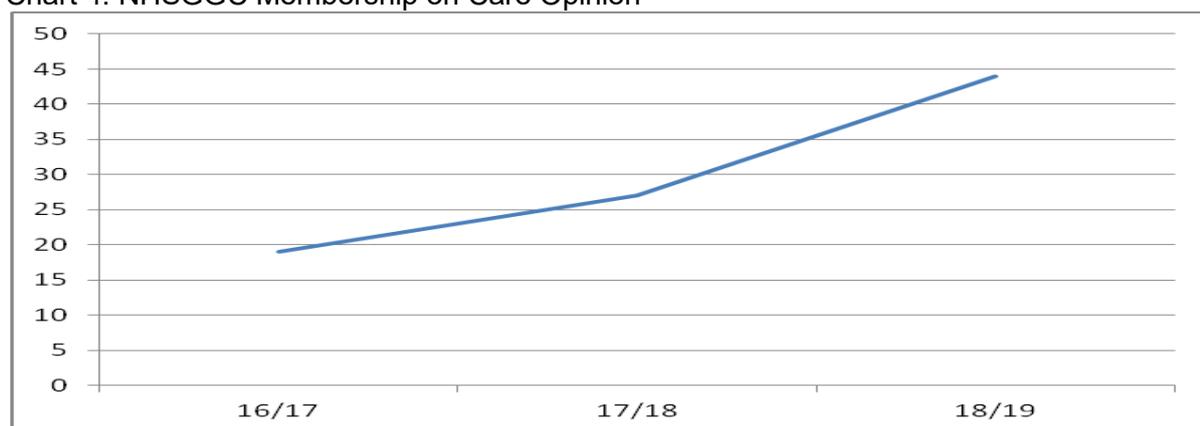
Our objectives for the year ahead will be:

- Continue to increase the number of responders on Care Opinion, particularly by working with teams of frontline staff to encourage them to use Care Opinion as a method of gathering local feedback

- Develop a series of master-classes to support this use of Care Opinion in frontline teams; and to focus on a commitment to closing the loop, demonstrating real change and impact.

- Work to add to our suite of feedback formats for patients and carers we will be progressing to digitalising engagement options in a variety of forms for patients and carers to have access to electronic feedback whilst as an inpatient and at home once they have had the opportunity to fully reflect on their care and experience.

- Review how we support staff learning in relation to patient feedback and what is important to patients whilst in their care and how we continue to engage staff in the patient feedback process.

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SECTION 2   LISTENING TO PEOPLE – USING FEEDBACK TO IMPROVE SERVICES

2.1 Overview of Feedback 1 April 2018 to 31 March 2019

Throughout 2018/19, people told us what they thought was good about their experience. As with previous years, positive feedback overwhelmingly relates to staff and the care they provide, with attributes such as compassion, kindness, understanding and professionalism being highlighted.

Patients and carers regularly used online feedback to praise a member of staff who made their care experience special, or teams who worked seamlessly together to make sure all parts of the patients care were joined up and worked smoothly.

"There are no words to explain the care and efficiency of all staff in A&E, ARU2 & ward 5C, from being very unwell to being well enough to go home 4 days later is nothing short of wonderful...A special thanks to the domestic lady in ward 5C who gave me cups of tea to keep me going shows all part of a truly well managed team. I also had an appointment with the asthma nurse the day following my discharge [but] Kirsty came to see me at the ward to save me an extra visit to hospital. A huge thanks to everyone involved in my care." **Queen Elizabeth University Hospital**

"I was admitted to an adult ward then moved to this unit. It was much more relaxed and the nurses don't wear scrubs which helps make you feel more at ease. Skye house LITERALLY saved my life. The nurses were amazing and patient, as were the doctors. Going into hospital is scary but the nurses definitely helped me settle in. Without this admission I wouldn't be here, especially with one nurse in particular. I was a long way from home and missed my family but the nurses were always there to talk to me or just listen, they would take their time to calm me down and were always at hand when I was feeling low." **Skye House**

"My Mum passed away tonight and we couldn't ask for better care of her, my Dad, brother and me. Nurses, Doctors and auxiliaries were all fantastic, very caring and kind. Ward 10 and HDU let us stay day and night which was very much appreciated. Thank you." **Royal Alexandra Hospital**

While it is important to celebrate what we do well, it is equally important that we learn from the experiences that weren't so positive and work to make improvements based on that. Of the 36% of negative feedback received through our online methods, people felt the following things could be better:

Chart 5: Themes for Improvement 2018/19*

*where theme was identified 10 or more times within this period

2.2 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.

Table 2: Examples of Feedback

Feedback provided	Action Taken
Staff Attitude & Behaviour – Facilities "While waiting in the corridor outside the triage room I was really disappointed to listen to porters' foul and inappropriate language. I cannot fault the nursing and medical treatment but felt that these 2 porters swearing and using foul language tainted this experience of the visit. I feel they let the other team members down."	Portering/ Security Manager looked into the incident and spoken to all of the Porters on duty on that day. Made it very clear to Porters that bad language will not be tolerated especially in a patient area. Team leaders have been instructed to monitor this.
Clinical Treatment – QEUH "On returning to the ward after surgery I was told I needed to remain on the drip as my BP was very low. It was disconnected as I was returned to my bed and when I buzzed to ask a nurse to reconnect it I was told they were changing shifts and were in a hand over meeting. I left it a further hour and rang again, this same member of staff came into my room and when I explained that I needed my drip reconnected I was told to "wait your turn" and left. I was upset and humiliated and when someone eventually did come several hours later my blood pressure was extremely low and eventually delayed my discharge as I became unwell and took some time to rally."	Although not able to identify specific staff as patient opted not to get in touch, the Lead Nurse for this service shared the feedback with all orthopaedic teams to reflect on for wider learning.
Person Centred Care – Maternity Services, IRH "After my miscarriage was confirmed I had to re-attend for another couple of appointments. Both times, I was asked to take a seat in the waiting area- the communal waiting area was for everyone-baby or no baby. I did feel that it was unfair and insensitive. I had to sit in the same waiting area as all the clearly still pregnant mothers to be. I was devastated and still coming to terms with it. I expressed my thoughts to the midwife who said it was a common query that came up, with a lot of women feeling that way. If this is the case can a different waiting area be considered for patients and their families who have suffered a miscarriage?	As a result of this, the Lead Midwife and her team undertook a review of the waiting area and have now reconfigured the space so that they can provide a dedicated, separate waiting area for women who have experienced a loss in their pregnancy. The Lead Midwife also went back on to Care Opinion to update the actions they have taken to let both the original author, and anyone else in a similar position, know that this is now available.

SECTION 3: ENCOURAGING AND GATHERING COMPLAINTS

3.1 Background
Patients have the right to 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 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.

It is important to note that the numbers of complaints within this report will not match exactly with the total number recorded in each Quarterly Report for 2018/9. The margin of difference is very small, but there can be instances where a complaint file has to be appropriately amended to reflect accurate handling.

3.2 Who Can Complain
Complaints come from any person (or an authorised person on their behalf) 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.

3.3 Handling Complaints
The new National Complaints Handling Procedure (CHP) for NHS Scotland took effect from 1 April 2017. The CHP provides two opportunities to resolve complaints internally:

- **Stage 1: Early Resolution**
For 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 (with the option to extend to 10 working days if agreed and required).

- **Stage 2: Investigation**
For typically serious or complex complaints, that require a detailed examination before we can respond. A full response to the complaint should be made as soon as possible, but not later than 20 working days.

NHSGGC has made information available on 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.

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.

3.4.1 Indicator One: Learning From Complaints

a. Issues and Themes
The charts below show the top 5 most common themes within complaints (both Stage 1 and Stage 2) over the 2018/19 period. There can be more than one issue within a complaint, so the total will not equal the number of completed complaints.
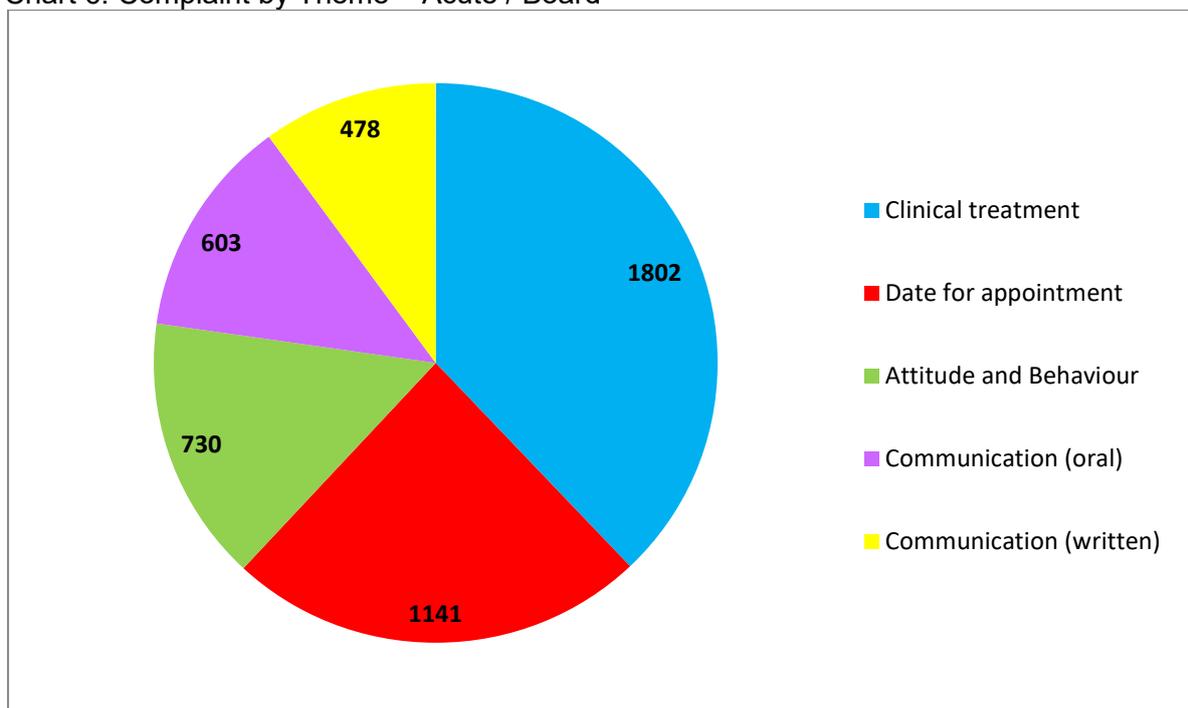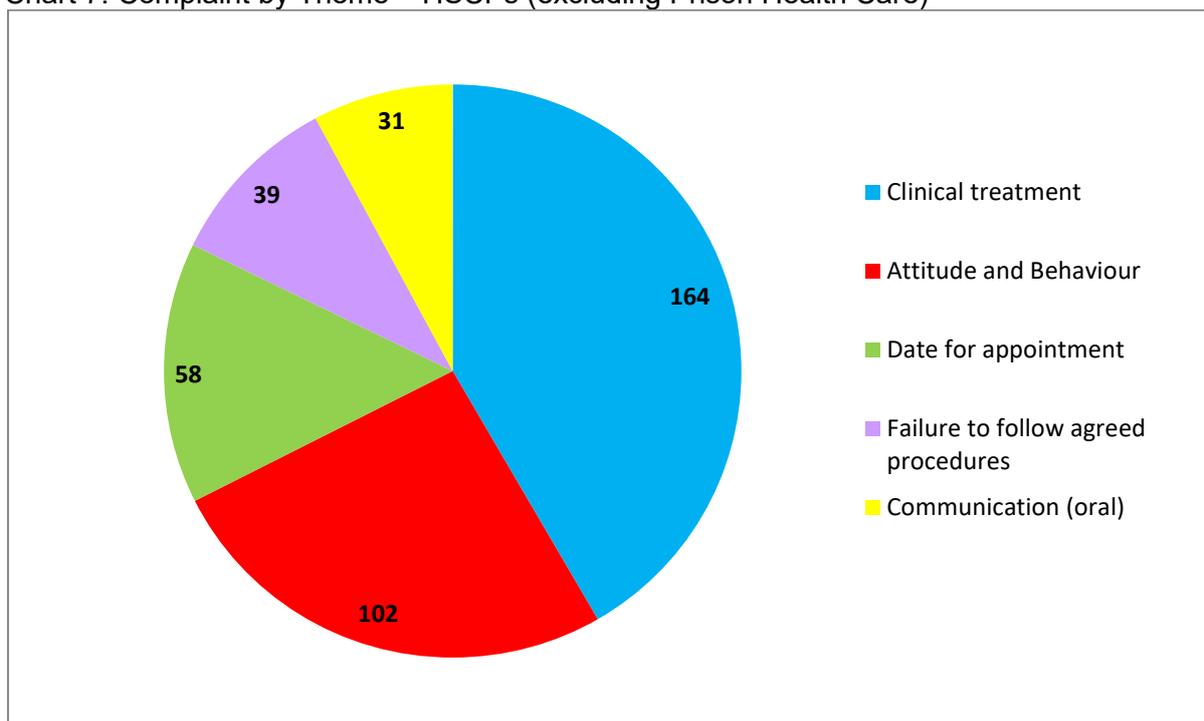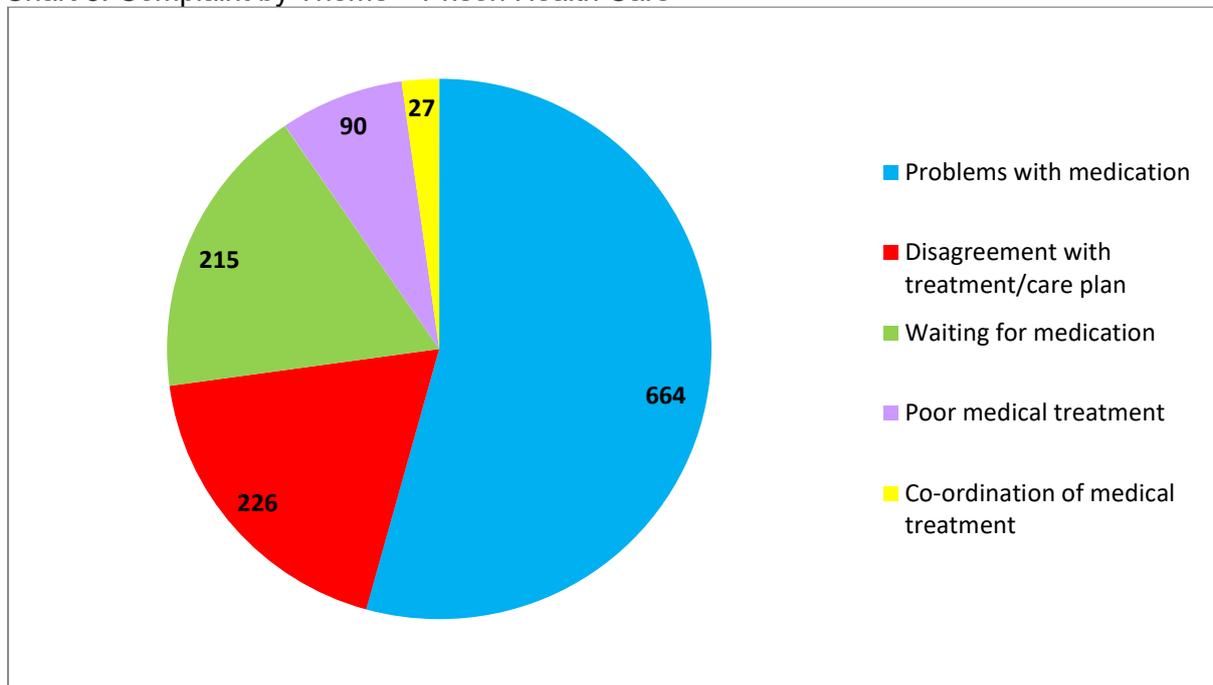
Chart 6: Complaint by Theme – Acute / Board

- Clinical treatment — 1802
- Date for appointment — 1141
- Attitude and Behaviour — 730
- Communication (oral) — 603
- Communication (written) — 478

Chart 7: Complaint by Theme – HSCPs (excluding Prison Health Care)

- Clinical treatment — 164
- Attitude and Behaviour — 102
- Date for appointment — 58
- Failure to follow agreed procedures — 39
- Communication (oral) — 31

The huge majority of Prison Health Care complaints are regarding Clinical Treatment. In order to show meaningful information, the chart below breaks this down to show the top 5 reason for complaints by sub category.

Chart 8: Complaint by Theme – Prison Health Care

Legend:
- Problems with medication
- Disagreement with treatment/care plan
- Waiting for medication
- Poor medical treatment
- Co-ordination of medical treatment

Values: 664, 226, 215, 90, 27

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 single complaint.
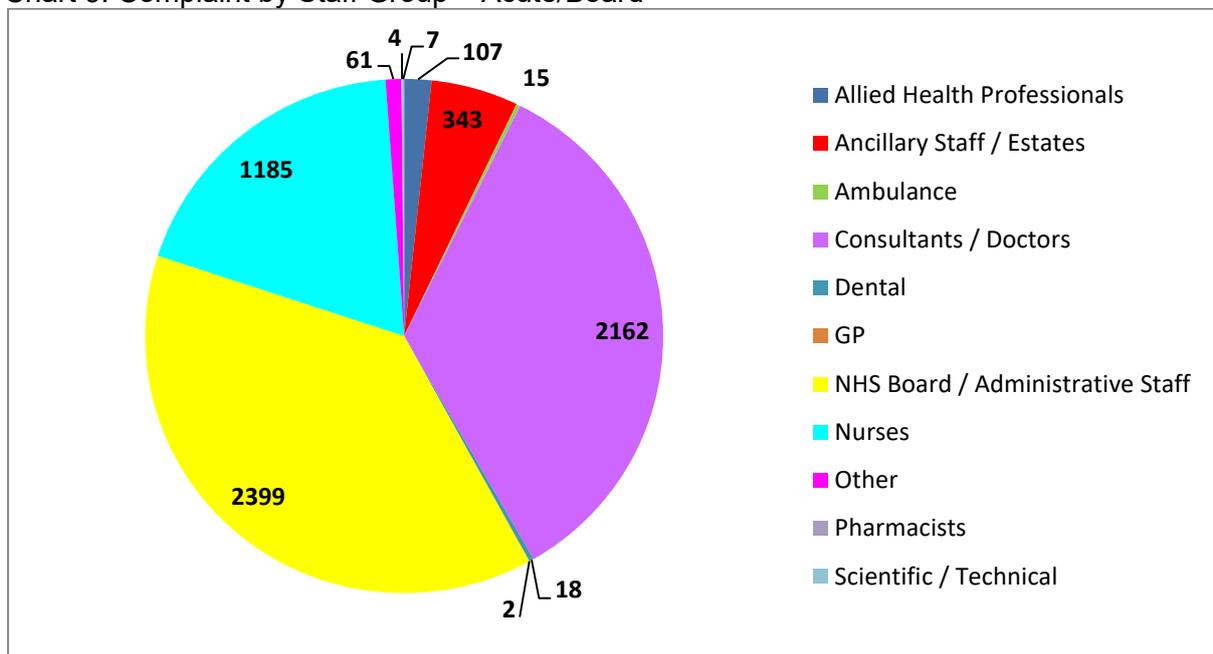
Chart 9: Complaint by Staff Group – Acute/Board

Legend:
- Allied Health Professionals
- Ancillary Staff / Estates
- Ambulance
- Consultants / Doctors
- Dental
- GP
- NHS Board / Administrative Staff
- Nurses
- Other
- Pharmacists
- Scientific / Technical

Values: 4, 7, 107, 61, 15, 343, 2162, 1185, 2399, 2, 18

Chart 10: Complaint by Staff Group – HSCPs (excluding Prison Health Care)
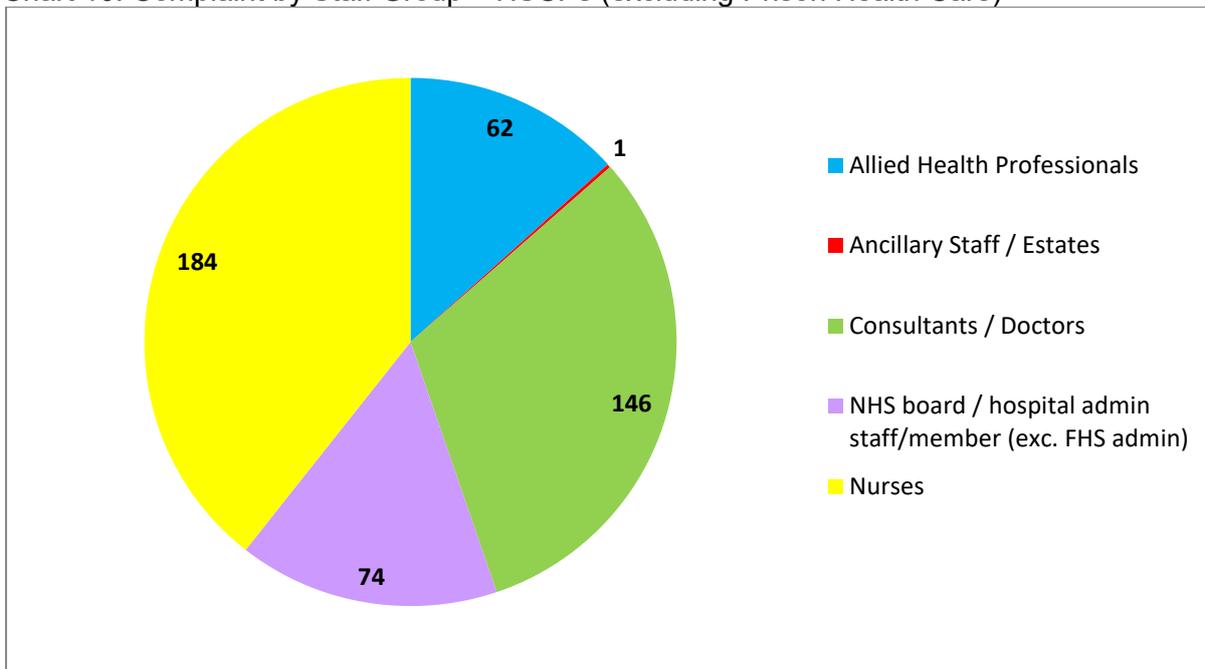
Chart 11: Complaint by Staff Group – Prison Health Care
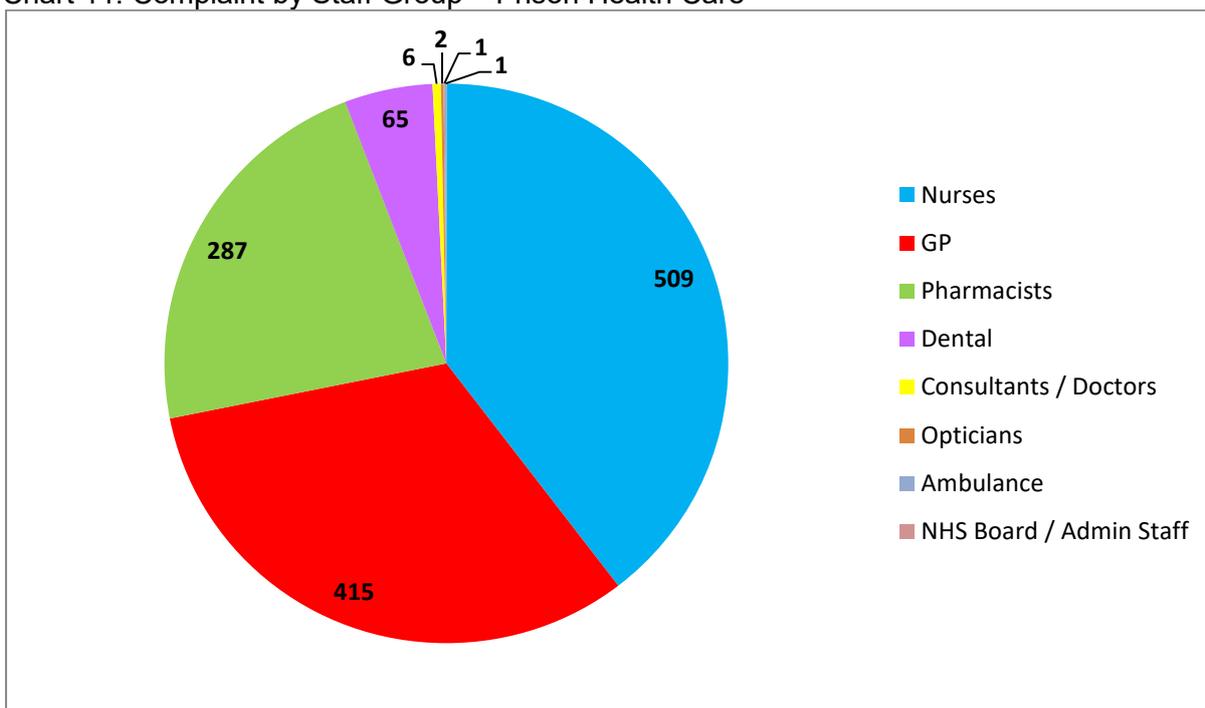
c. Qualitative Data

In each quarterly report on Patient Experience, some examples were 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 3 and 4 below give a sample of these.

Table 3: Examples of Improvements from Complaints - Acute

Directorate / Specialty	Background	Actions
Regional Services - Neurology	A patient had a rare progressive Neurological disorder, which resulted in them losing brain function rapidly. The diagnosis was unclear, but investigations were ongoing. Treatment had been split between NHS Greater Glasgow and Clyde, NHS Lanarkshire and Primary Care. The patient's spouse was unhappy with the lack of communication between medics, as well as with the family, and felt no-one had taken overarching responsibility.	The Complaints Manager and Neurology Service colleagues met with the patient's spouse and MSP.

The Consultant agreed that there had been a breakdown in communication; particularly with Primary Care. The Consultant advised that a case review would be completed, and would pick up on this, and that he would share this example with his clinical team for reflection and learning purposes. An action plan was then devised from the case review, and the importance of communication with Primary Care was highlighted to the wider team to avoid a recurrence. |
| Clyde Sector – Critical Care | A relative complained about the care their late spouse received prior to their death, in particular regarding pain relief. | We apologised that the family found nursing and junior medical staff's communication to be lacking. As a result of this complaint, the importance of conversations with junior medical staff was promoted at a post graduate education level.

The Senior Charge Nurse in High Dependency now makes a point of going round all families at visiting time, so there is a clear presence, and families have the opportunity to talk to her. |
| North Sector – Pain Services | A patient complained regarding the choice of language her doctor used in a clinic letter. This gave the patient a negative impression, and they felt as though their concerns were being dismissed. | In the response letter, we confirmed that the doctor involved sincerely apologised, and recognised that the choice of language was not appropriate. The doctor felt that the appointment itself had been successful, and therefore regretted that the clinic letter had been disappointing. The doctor confirmed they would be much more thoughtful about choice of words used for future letters. |
| South Sector - Orthopaedics | A patient's relative raised concern regarding the nursing care given in the ward, which led to the development of a pressure sore. | When investigating the complaint, there were some gaps in the recording of times when care was delivered. In order to improve compliance with skin care, the ward now has a designated Tissue Viability Link Nurse, who offers expert advice to staff, and has trained ward staff on best care of skin. All skin damage is now reported through a ward dashboard, with all cases being reviewed by the Tissue Viability team. |

Table 4: Examples of Improvements from Complaints - HSCPs

HSCP / Specialty	Background	Actions
Renfrewshire HSCP – Community Nursing	A relative complained regarding the recording of the care provided to their elderly parent (which noted that bloods had been "refused"), as well as a lack of communication in arranging a home visit.	The complain investigation found that the patient had found getting bloods taken very sore, and therefore asked the nurse to stop. The service therefore apologised for this, and the staff member involved attended a training session on record keeping.

With regards to arranging home visits, the District Nursing Team Leads confirmed with their teams that patients should be kept informed of visits. This was done via a record keeping training session. |
| HSCP Hosted Services - Podiatry | A patient complained about the issues they had whilst trying to make an appointment to see a Podiatrist, which they felt was due to a new appointment system which had been implemented. | A review was completed about call volumes throughout the week, to identify peaks and troughs in volume. The information from this was put onto a timetable which showed busy and quiet times, which was then put onto a contact card for patients. The aim for this was to allow patients to choose a time to call when demand was likely to be lower, thus ensuring their call was dealt with more quickly. |
| Glasgow City HSCP – Health Visiting | A parent complained that their child received the same vaccination twice. The second time was in error, and caused unnecessary discomfort and distress. | The response letter confirmed that countermeasures were being put in place to avoid a similar incident happening again in the future. This included reviewing the guidelines, as well as further staff training, in order to promote best practice. |

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 in NHSGGC, 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.

During 2018/19, Acute Services / Board and HSCPs in NHSGGC received 3 Investigation Report, and 98 Decision Letters. These are broken down in the tables below.

Table 5: 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	3	7	7	0	18
Decision Letters	83	149	93	58	205

Table 6: Breakdown of SPSO Investigation Reports and Decision Letters – HSCPs (including Prison Health Care)

	Number received	Number of Issues Investigated	Number of Upheld	Number of Not Upheld	Number of Recommendations
Investigation Reports	0	-	-	-	-
Decision Letters	15	21	9	12	24

All 3 Investigation Reports received related to Acute Services within NHSGGC. None of the cases received had any commonality in terms of specialty or theme.

3.4.2 Indicator Two: Complaint Process Experience

We recognise that if a person has taken the time to contact us about their or a loved one's negative experience of our services, we have a duty and responsibility to respond. Effective, efficient and compassionate complaints handling is therefore vitally important.

In the 2017/18 Annual Report on Patient Experience, we described a pilot we had undertaken, whereby we asked complainants about their experience of the complaints process. Whilst this was a helpful exercise, we have remained thoughtful about how to roll this out on a routine basis, in a way that is both thoughtful and manageable. In particular, we have considered the sensitivities involved 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 the last year, we have worked on fine tuning the questions we would ask in a survey, and liaised with colleagues in our Patient Experience and Public Involvement department to do so. They in turn have consulted with Public Partners, and we are developing an exclusion criteria of complainants whom we will ask to participate in the survey when completed. For example, complainants who have raised concerns about a death will not be asked to participate, in recognition that doing so may cause further distress at an already difficult time.

We expect to roll this out imminently, and will report the findings in both quarterly reports, and the next annual report.

3.4.3 Indicator Three: Staff Awareness and Training

NHSGGC has been working hard on creating a culture whereby we deal with complaints compassionately, transparently and effectively in order to restore faith and confidence in our services. As well as supporting patients and complainants, we also recognise our responsibility as an employer, and wish to ensure staff involved with a complaint feel supported through the process.

In order to help achieve these dual aims, we have developed a training session open to all staff, and we have begun delivering this across the Health Board (see Appendix 1). In tandem with this, we have also developed an evaluation of the training (see Appendix 2)

which is sent to all staff who have attended, so we can gauge satisfaction, and make changes. It is too early to report on this, but so far for 2019/20 we have already delivered several sessions, and have many more confirmed, so we will report on this more comprehensively in future quarterly reports, and the next annual report.

3.4.4 Indicator Four: Total Number of Complaints Received

Sections 3.4.4 to 3.4.9 will focus on the quantitative data for KPI's 4-9 for Acute Services, the Board and HSCPs. Section 3.4.10 will give information on the same KPIs for Primary Care Services.

In 2018/19, the total number of complaints received for Acute Services, the Board and HSCPs was 5635. This is an increase of 9% compared to 2017/18.

3910 of these were complaints were regarding the Acute Services Division / Board (a 16% rise compared to 2017/18). This equates to 0.09% against our core measure of 4,578,955 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).

The remaining 1725 complaints received were about HSCP services. Glasgow City HSCP hosts Prison Health Care for the Board area, and 1283 complaints were about that service. It was not possible to confirm the core measure of patient episodes for HSCPs.

3.4.5 Indicator Five: Complaints Closed at Each Stage

Table 7: Closed Complaints– Acute / Board, HSCP and Prison Health Care

	Acute / Board	HSCPs	Prison Health Care	TOTAL
Number of Stage 1 Closed	1732	250	911	2893
Number of Stage 2 Closed	2238	173	375	2786
TOTAL	3970	423	1286	5679

A larger number of complaints were closed at Stage 1 level in HSCPs and Prisons as compared to Acute / Board, these tended to be less complex.

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

Table 8: Stage 1 Outcomes – Acute / Board, HSCP and Prison Health Care

	Acute / Board	HSCPs	Prison Health Care	TOTAL
Upheld	961	57	123	1141
Partially upheld	213	51	11	275
Not upheld	427	121	771	1319
Conciliation	7	-	-	7
Irresolvable	26	-	-	26
Unreasonable	3	-	-	3
Transferred to another unit	31	1	-	32
Withdrawn / no consent	64	20	6	90

Table 9: Stage 2 Outcomes – Acute / Board, HSCP and Prison Health Care

	Acute / Board	HSCPs	Prison Health Care	TOTAL
Upheld	752	27	60	839
Partially upheld	568	68	81	717
Not upheld	659	52	230	941
Conciliation	5	-	-	5
Irresolvable	53	-	1	54
Unreasonable	7	-	1	8
Transferred to another unit	49	1	-	50
Withdrawn / no consent	145	25	2	172

For both Stage 1 and 2 Prison Health Care complaints, there tended to be a high number of 'Not Upheld' and a lower number of 'Upheld'. This was due to the significant volume of complaints which were regarding patients who were unhappy with their prescribed medication, or prescribed dose of medication, but that this was clinically appropriate.

3.4.7 Indicator Seven: Average Times

Table 10: Average Response Times – Acute / Board, HSCP and Prison Health Care

	Acute / Board	HSCPs	Prison Health Care
Average Response Time for Stage 1 Complaints	3 days	4 days	2 days
Average Response Time for Stage 2 Complaints	22 days	23 days	20 days

3.4.8 Indicator Eight: Complaints Closed in Full within the Timescales

Table 11: Complaints Closed in Full within the Timescales – Acute / Board, HSCP and Prison Health Care

	Acute / Board	HSCPs	Prison Health Care	TOTAL
Number of complaints closed at Stage 1 within 5 working days (and as a % of all Stage 1)	1424 (82%)	183 (73%)	898 (91%)	2505 (87%)
Number of complaints closed at Stage 2 within 20 working days (and as a % of all Stage 2)	1295 (58%)	116 (67%)	258 (69%)	1669 (60%)

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

This section will focus on cases where an extension was made for the response to be sent beyond the recognised timescales.

Table 12: Number of Cases Where an Extension was Authorised – Acute / Board and HSCP

	Acute / Board	HSCPs	Prison Health Care	TOTAL
Number of complaints closed at Stage 1 within an agreed extension of 6-10 working days (and as % of all Stage 1)	221 (12%)	54 (22%)	4 (<1%)	279 (10%)
Number of complaints closed at Stage 1 beyond 10 working days (and as % of all Stage 1)	87 (5%)	13 (5%)	9 (1%)	109 (4%)
Number of complaints closed at Stage 2 beyond 20 working days where an extension was authorised (and as % of all Stage 2)	59 (3%)	29 (12%)	89 (24%)	177 (6%)
Number of complaints closed at Stage 2 beyond 20 working days (not recorded as authorised) (and as a % of all Stage 2)	884 (39%)	105 (42%)	28 (7%)	1017 (36%)

There were a small number of complaints (6%) where concerns were resolved at Stage 1 out with 10 working days. It is recognised that whilst this may have been done with good intentions, it does not follow the Complaints Handling Procedure, which states that in this scenario, the complaint should be escalated from Stage 1 to Stage 2. This will be focussed on in 2019/20.

A notable percentage of Stage 2 complaints which were closed beyond 20 days, and the delay was not recorded as authorised. This particular KPI is a challenge, as if the complainant does not agree, we are in the position where we cannot meet the target date, but do not have permission to extend.

3.4.10 Primary Care
The table below gives data on the quantitative KPI's for primary care providers (GPs, Dentists, Opticians and Pharmacists)

Table 13: Primary Care Data

	GPs	Dentists	Opticians	Pharmacists
Number of complaints received, and as % of core measure:	Patients registered with practice in last quarter of year	Patients registered with practice in last quarter of year	Episodes of care in the reporting period	Scripts dispensed in reporting period
Core Measure	1,061,221	1,224,150	207,578	10,029,854
No of complaints received and % of core measure	1289 (<1%)	139 (<1%)	219 (<1%)	1094 (<1%)
Number of Stage 1 complaints closed within 5 working days and % of all Stage 1 closed complaints	892 (98%)	114 (99%)	192 (100%)	629 (97%)
Number of Stage 1 complaints closed where an extension was authorised - *between 6 and 10 working days* and % of all Stage 1 complaints	12 (1%)	1 (<1%)	0 (0%)	19 (3%)
Number of Stage 1 complaints closed beyond 10 working days	3 (<1%)	0 (0%)	0 (0%)	0 (0%)

	GPs	Dentists	Opticians	Pharmacists
Average number of days to respond to Stage 1 complaint.	2 days	3 days	2 days	1 day
Outcome of completed Stage 1 complaints:-				
☐ Upheld	189	31	160	578
☐ Partially Upheld	210	18	7	35
☐ Not Upheld	507	66	27	35
☐ Withdrawn	0	0	0	0
☐ Outcome not noted	0	0	0	0
Number of Stage 2 complaints closed within 20 working days and % of all Stage 2 closed complaints	296 (91%)	42 (96%)	21 (95%)	389 (99%)
Number of Stage 2 complaints closed beyond 20 working days and % of all Stage 2 closed complaints	28 (9%)	2 (4%)	1 (5%)	2 (<1%)
Of the above, number of Stage 2 complaints closed where an extension to over 20 working days was authorised and % of Stage 2 closed complaints	24 (7%)	2 (4%)	1 (5%)	0
Average number of days to respond to Stage 2 complaints.	12 days	7 days	4 days	4 days
Outcome of completed Stage 2 complaints:-				
☐ Upheld	117	10	37	430
☐ Partially Upheld	143	8	5	22
☐ Not Upheld	215	26	17	10
☐ Irresolvable	18	0	0	1
☐ Withdrawn	0	0	0	0
Number of Stage 2 complaints closed after escalation within 25 working days and % of all Stage 2 escalated closed complaints	44 (94%)	1 (100%)	3 (75%)	3 (60%)
Number of Stage 2 complaints closed after escalation out with 25 working days and % of all Stage 2 escalated closed complaints	3 (6%)	0	1 (25%)	2 (40%)
Average number of days to respond to Stage 2 escalated complaints.	9 days	14 days	4 days	7 days
Outcome of completed Stage 2 escalated complaints:-				
☐ Upheld	15	0	1	4
☐ Partially Upheld	12	0	1	0
☐ Not Upheld	16	1	1	1

		GPs	Dentists	Opticians	Pharmacists
☐	**Irresolvable**	2	0	0	0

3.5 Future Plans

Before describing future plans, we firstly wanted to report back on the actions committed to in last year's annual report.

Table 14: Update on Actions from 2017/18 Annual Report

Action	Update	Status
Rolling out a training programme on complaints handling for front line staff	The training plan has been developed, and we have begun rolling it out to front line staff	Complete, and ongoing. We will provide further updates in quarterly and the next annual report.
Improving reporting mechanisms so services are clearer on their performance on a month-to-month basis	All Acute Sectors / Directorates now receive monthly reports (immediately after month end) which note their performance.	Complete, and ongoing.
Improving the performance of Stage 2 complaints	Despite significant efforts, this is not something we managed to achieve for 2018/19.	Early indications suggest an improvement for 2019/20, and this will be a key focus going forward
Completing an organisational development session for the Complaints Department	This took place on 30 August 2018	Complete
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	Complaints Managers have been strongly encouraged to spend time with the services they support. This has been informal (for example, through 'hot desking' at the site for a day a week so they are on hand for any queries, or being invited to regular meetings. Flexibility has been offered to staff, in terms of working away from base, to facilitate this.	Complete, and ongoing.

The focus for 2019/20 will be:
- Improve % performance on Stage 2 complaints, and maintain this
- Work with the SPSO's office on improving the quality of responses
- Deliver and evaluate Complaints Handling Training across NHSGGC
- Collect feedback on complaints handling from complainants, and make improvements to the service as a result

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

4.1 Background

51% (499) of all independent contractors in NHSGGC reported on the feedback, comments and concerns they had received in 2018 - 2019.

4.2 Encouraging and Gathering Feedback

The reports from GPs, Dentists, Pharmacists and Optometrists showed that during 2018-2019, the majority were maintaining their current systems of feedback and felt that they were working well for listening to their patients, carers and the public. For those who had made changes, there was an increased focus on early resolution and direct contact to address issues raised.

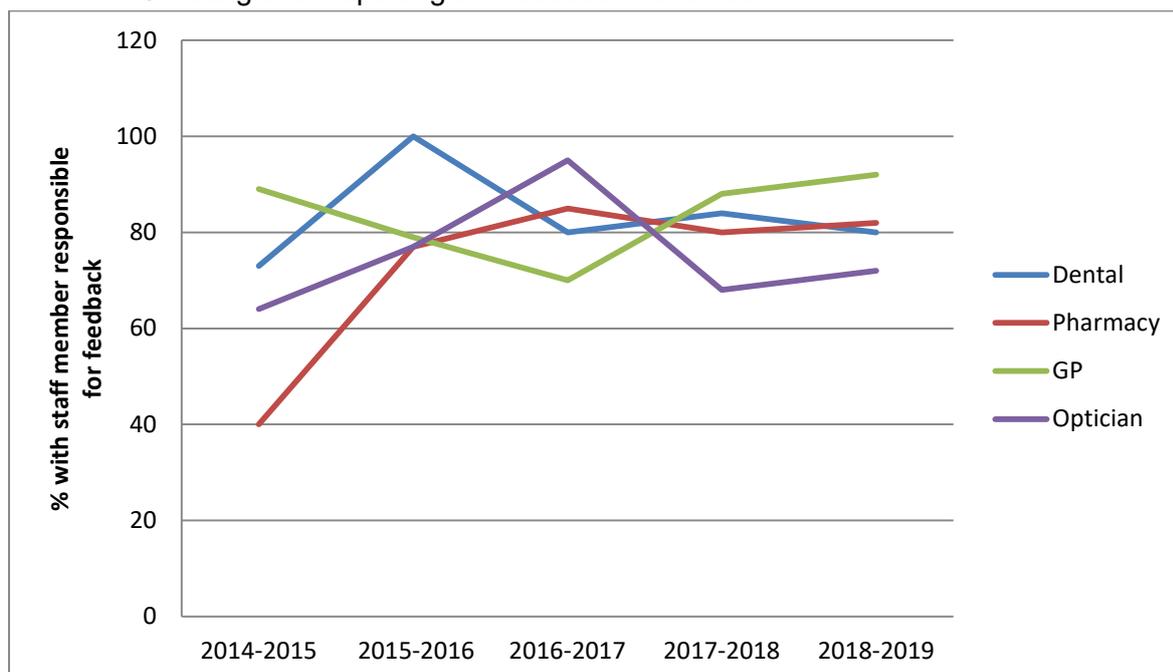Chart 12: Responses from Independent Contractors About Feedback
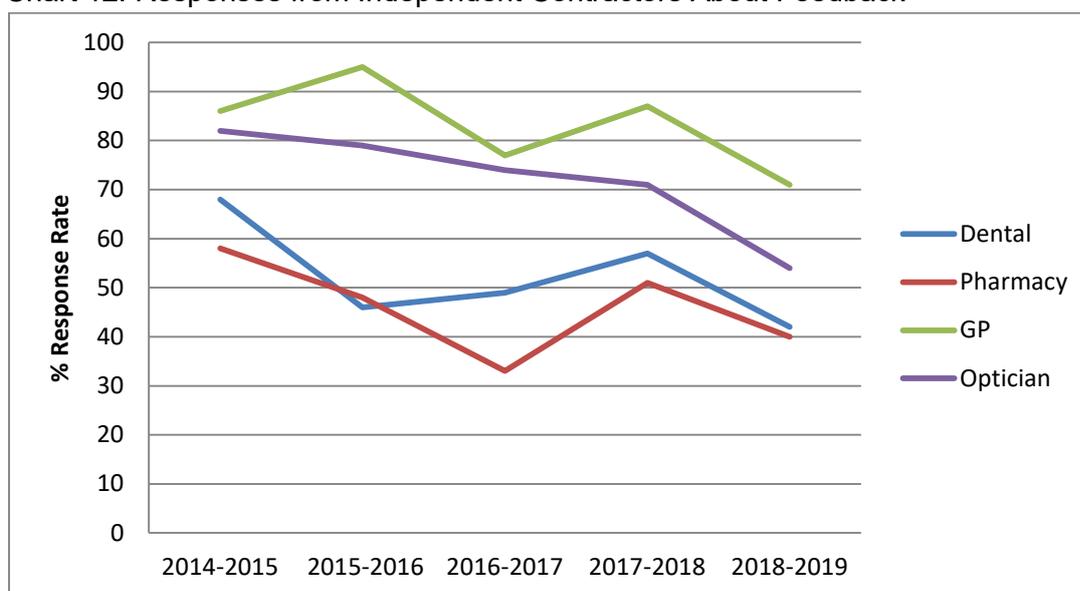
Chart 13: Independent Contractors Who Have a Designated Staff Member Responsible for Collating and Reporting on Feedback Received

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.

4.3 Methods of Gathering Feedback

Independent contractors reported on a wide range of methods for gathering feedback. The vast majority also use more than one method to listen to their patients and carers. 1 to 1 interactions remain the most common way of listening to patient and carer feedback.

Chart 14: Feedback Methods in Use by Independent Contractors
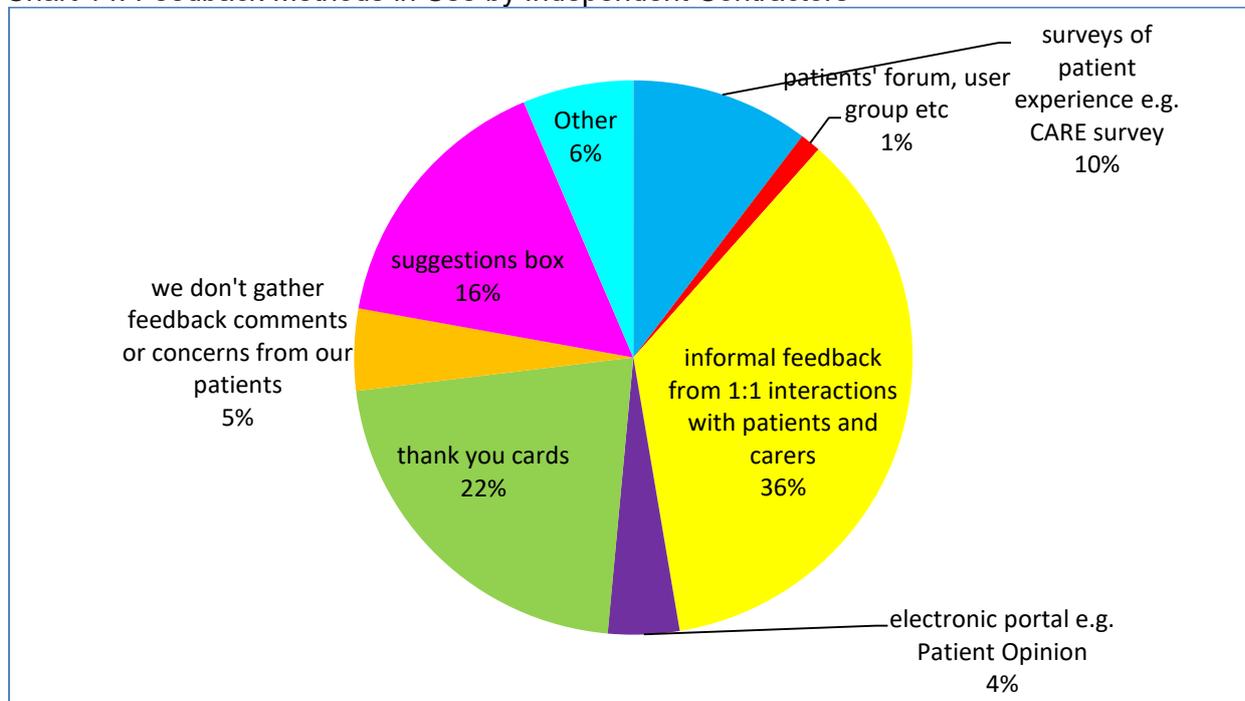
4.4 Improvements in Handling Feedback

In 2018-2019, many independent contractors reviewed the way that they encouraged feedback from patients and how they shared this within their teams. 112 practices gave examples of a change or improvement made in how they handled feedback in 2018-2019.

Key themes for practices in improving the handling of feedback in 2018-2019 were:

- a focus on early resolution of concerns or complaints by talking to the person immediately face to face, or as soon as possible by telephone

- sharing feedback at team meetings to enable the entire practice to learn and also to share good practice
- implementation of new methods, such as encouraging more online feedback or handing out cards at the end of appointments.

In this 12 month period, 57,063 people provided feedback, comments and concerns to independent contractors, the vast majority of which was positive or complimentary.

Practices were asked to identify the top themes from their patient feedback, detailed in the chart below:

Chart 15: Top themes from patient feedback
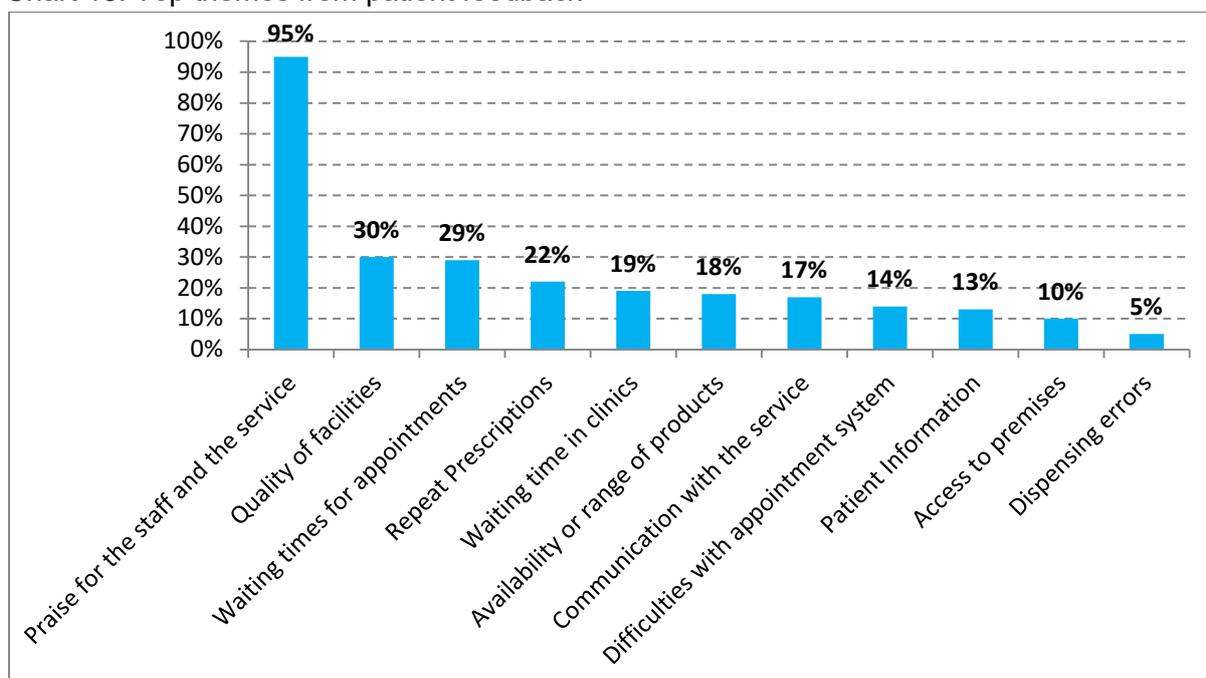
223 independent contractors identified an action or change that had taken place within their practice as a result of feedback received.

4.5 Example of actions taken about praise

Some services felt that in their Practice, positive feedback has not been given the same recognition as feedback of a more critical nature. Making changes to embed conversations about positive feedback into their every day structures has had a positive impact on their teams.

> *"Make sure all compliments are shared in the Practice with the whole team by scanning cards, letters and comments to all members."*

> *"We have now introduced to practice meeting positive feedback as this was very rarely recognised. This is to help boost staff morale and show a balance of positive and negative feedback/ concerns".*

> *"Patient feedback has been positive and is almost always given directly to the staff who are involved in the patient's care. Getting this feedback directly from the patient boosts staff morale and also lifts the team spirit."*

Key themes where improvements have been made as a result of feedback were:
- Reviewing provision of appointments to make access to appointments much more timely, and delivering advice in different ways.
- Refreshing their facilities and improving the physical environment
- Improving appointment systems
- Improving the availability and range of optometry products
- Improving systems for repeat prescriptions
- Improving patient information

SECTION 5   ACCOUNTABILITY AND GOVERNANCE

The Board Nurse Director submits a Quarterly Patient Experience Report to the Clinical Care and Governance Committee of the Board. This provides commentary and statistics on complaints and feedback handling and covers numbers, trends and performance within Directorates and HSCPs, 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. These reports ensure there is appropriate governance and scrutiny of the work we undertake to encourage and act on what our patients tell us about their experience, and also aligns with the agenda of our Quality Strategy.

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 2018 and 31 March 2019.

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, Stobhill Hospital ACH, Stobhill Hospital, North East Sector Offices, 300 Balgrayhill Road, G21 3UR 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:

Jennifer Haynes
Board Complaints Manager
Jennifer.Haynes@ggc.scot.nhs.uk
0141 201 4477

Appendix 1: Complaints Training (Slides)

https://www.nhsggc.org.uk/media/255261/nhsggc_complaints_training.pptx

Appendix 2: Complaints Training Evaluation

https://www.nhsggc.org.uk/media/255262/nhsggc_complaints_training_evaluation_form.docx

Appendix 3

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NHS Greater Glasgow and Clyde

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Annual Report on Feedback and Complaints
Performance Indicator Data collection
2018/19

The information provided with this Appendix uses a standardised format which all Health Boards in Scotland adhere to and then submit to the Scottish Government for comparative purposes.

It is important to note that the data included on closed complaints will not match the figures indicated in NHSGGC's 2018/19 Annual Report on Feedback, Comments Complaints and Concerns. This is because withdrawn complaints, and complaints where consent was not given by the patient, has not been included in the data below. As these complaints help form the wider picture, they have been included in the Board's Annual Report.

In addition, this Appendix asks for complaints which have been outcome as *Upheld*, *Not Upheld*, or *Partially Upheld* only. There are a small number of complaints which in reality may have a different outcome. For example, a complaint may be *Transferred to Another Unit* (for complaints which we receive, but are actually for another Health Board. So we have good governance, we log receipt and confirmation that these have been forwarded to the relevant Board), or *Irresolvable* (to recognise that we have not been able to achieve an outcome which the complainant is content with).

Performance Indicator Four:

4. Summary of total number of complaints received in the reporting year

4a. Number of complaints received by the NHS Territorial Board or NHS Special Board Complaints and Feedback Team	**5635**
4b. Number of complaints received by NHS Primary Care Service Contractors (*Territorial Boards only)*	**2741**
4c. Total number of complaints received in the NHS Board area	**8376**

NHS Board - sub-groups of complaints received

NHS Board Managed Primary Care services;	
4d. General Practitioner	-
4e. Dental	-
4f. Ophthalmic	-
4g. Pharmacy	-
Independent Contractors - Primary Care services;	
4h. General Practitioner	**1289**
4i. Dental	**139**
4j. Ophthalmic	**219**
4k. Pharmacy	**1094**
4l. Total of Primary Care Services complaints	**2741**
4m. Total of prisoner complaints received *(Boards with prisons in their area only)* **Note: Do not count complaints which are unable to be concluded due to liberation of prisoner / loss of contact.**	**1284 (included in Section 4a)**

Performance Indicator Five

5. The total number of complaints closed by NHS Boards in the reporting year *(do not include contractor data, withdrawn cases or cases where consent not received).*

Number of complaints closed by the NHS Board	Number	As a % of all NHS Board complaints closed (not contractors)
5a. Stage One	2803	51%
5b. Stage two – non escalated	2116	40%
5c. Stage two – escalated	513	9%
5d. Total complaints closed by NHS Board	5432	100%

Performance Indicator Six

6. Complaints upheld, partially upheld and not upheld

Stage one complaints

	Number	As a % of all complaints closed by NHS Board at stage one
6a. Number of complaints upheld at stage one	1141	41%
6b. Number of complaints not upheld at stage one	1319	47%
6c. Number of complaints partially upheld at stage one	275	10%
6d. Total stage one complaints outcomes	2735 (+ 68 with an outcome not noted in 6a to 6c – see introductory comments)	98%

Stage two complaints

Non-escalated complaints	Number	As a % of all complaints closed by NHS Boards at stage two
6e. Number of non-escalated complaints upheld at stage two	704	33%
6f. Number of non-escalated complaints not upheld at stage two	698	33%
6g. Number of non-escalated complaints partially upheld at stage two	597	28%
6h. Total stage two, non-escalated complaints outcomes	1999 (+117 with an outcome not noted in 6e to 6g – see introductory comments)	94%

Stage two escalated complaints

Escalated complaints	Number	As a % of all escalated complaints closed by NHS Boards at stage two
6i. Number of escalated complaints upheld at stage two	135	26%
6j. Number of escalated complaints not upheld at stage two	243	47%
6k. Number of escalated complaints partially upheld at stage two	120	23%
6l. Total stage two escalated complaints outcomes	498 (+ 15 with an outcome not noted in 6i to 6k – see introductory comments)	96%

Performance Indicator Eight

8. Complaints closed in full within the timescales

This indicator measures complaints closed within 5 working days at stage one and 20 working days at stage two.

	Number	As a % of complaints closed by NHS Boards at each stage
8a. Number of complaints closed at stage one within 5 working days.	2433	87%
8b. Number of non-escalated complaints closed at stage two within 20 working days	1221	58%
8c. Number of escalated complaints closed at stage two within 20 working days	327	64%
8d. Total number of complaints closed within timescales	3981	73%

Performance Indicator Nine

9. Number of cases where an extension is authorised

This indicator measures the number of complaints not closed within the CHP timescale, <u>where an extension was authorised*</u> .

	Number	As a % of complaints closed by NHS Boards at each stage
9a. Number of complaints closed at stage one where extension was authorised	279	10%
9b. Number of complaints closed at stage two where extension was authorised (this includes both escalated and non-escalated complaints)	177	7%
9c. Total number of extensions authorised	456	8%

*Note: The SPSO confirm that there is no prescriptive approach about who exactly should authorise an extension – only that the organisation takes a proportionate approach to determining an appropriate senior person – and this is something that NHS Boards should develop a process for internally. This indicator aims to manage the risk of cases being extended beyond the CHP timescale without any senior officer approval.