NHS Greater Glasgow & Clyde

Annual Report on Feedback, Comments, Complaints and Concerns

Dr Margaret Mcguire – Nurse Director

2019 - 20

Contents

Background

Background

NHS Greater Glasgow and Clyde (GGC) 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 last 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.

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 Introducing Feedback
We are committed to listening to and learning from people's experiences of our services. In this section, we will describe some of the ways that people have been able to share their feedback and comments with us. These experiences not only help us to understand what we are doing well, they also help us identify where we could be doing better.

1.2 Encouraging and Gathering Feedback
Between 1 April 2019 and 31 March 2020 we have continued to promote a board wide culture of listening and learning from feedback, by focusing on the promotion of two key feedback mechanisms, alongside ongoing staff training and development on the importance of encouraging and learning from feedback. These systems allow us to capture and share feedback with key service staff across NHSGGC to drive improvement in line with the requirements set out under the Patients' Rights Act.

During the reporting period, we expanded the roll out and promotion of the Care Opinion feedback tool across Acute Services (www.careopinion.org.uk). This tool provides an online resource which empowers people to share anonymous feedback about their experiences of health and social care services. This wider roll out and the development of staff to directly respond to patient feedback has been a key objective that is explored in more detail later in the report.
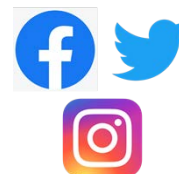
The Corporate NHSGGC Feedback Systems also makes up a key part of how we encouraged and captured feedback. The NHSGGC Feedback Web form provides a fully private alternative to Care Opinion, promoted alongside it as part of the NHSGGC 'We're Listening' campaign, and hosted on NHSGGC's public facing website (https://www.nhsggc.org.uk/get-in-touch-get-involved/patient-feedback/) and we have posters across NHSGGC. Submissions via the form are automatically emailed to the Patient Experience, Public Involvement (PEPI) team, who ensure feedback is passed onto the relevant services to influence change and facilitate learning across the health board.

Throughout 2019/20, social media played an increasingly important role in how we keep the public, their relatives, carers and our staff informed and engaged on key topics that could affect their health and wellbeing. The last 12 months have seen NHSGGC continue to develop our social media presence, through Facebook, Twitter and most recently the Instagram platform in an effort to reach as wide an audience as possible. Regardless of the platform, all our social media accounts are regularly monitored to ensure a quick response.

https://twitter.com/NHSGGC 22.9K followers

https://en-gb.facebook.com/nhsggc/ 36.7K followers
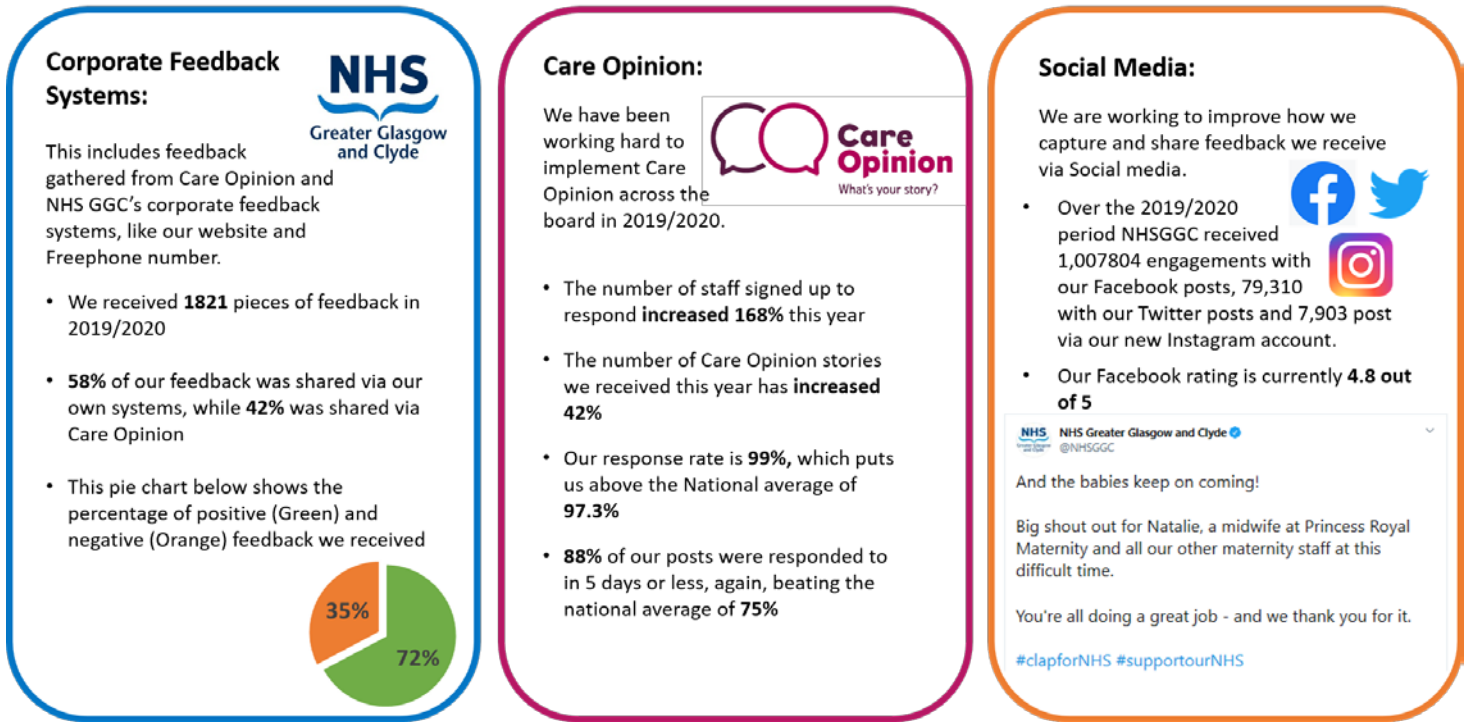
https://www.instagram.com/nhsggc 7572 followers

The illustrations below give some feedback at a glance for the year.

Illustration 1: Feedback and a glance

NHS Greater Glasgow and Clyde: Feedback at a Glance (2019-2020)

Corporate Feedback Systems:

This includes feedback gathered from Care Opinion and NHS GGC's corporate feedback systems, like our website and Freephone number.

- We received **1821** pieces of feedback in 2019/2020

- **58%** of our feedback was shared via our own systems, while **42%** was shared via Care Opinion

- This pie chart below shows the percentage of positive (Green) and negative (Orange) feedback we received

35% / 72%

Care Opinion:

We have been working hard to implement Care Opinion across the board in 2019/2020.

- The number of staff signed up to respond **increased 168%** this year

- The number of Care Opinion stories we received this year has **increased 42%**

- Our response rate is **99%**, which puts us above the National average of **97.3%**

- **88%** of our posts were responded to in 5 days or less, again, beating the national average of **75%**

Social Media:

We are working to improve how we capture and share feedback we receive via Social media.

- Over the 2019/2020 period NHSGGC received 1,007804 engagements with our Facebook posts, 79,310 with our Twitter posts and 7,903 post via our new Instagram account.

- Our Facebook rating is currently **4.8 out of 5**

NHS Greater Glasgow and Clyde
@NHSGGC

And the babies keep on coming!

Big shout out for Natalie, a midwife at Princess Royal Maternity and all our other maternity staff at this difficult time.

You're all doing a great job - and we thank you for it.

#clapforNHS #supportourNHS

1.3 Care Opinion

As described, a key objective for NHSGGC over the 2019/20 period was the wider roll out of Care Opinion. The PEPI Team supported services across NHSGGC to implement and self-manage Care Opinion at local level.

As part of the PEPI Team's Care Opinion implementation plan, work focused around not only increasing the number of people that were actively responding, but to also ensuring that staff had the confidence and tools to respond openly and with compassion. The Care Opinion annual report shows our staff as one of the quickest and most consistent responder groups in Scotland.

In 2019/20, we have seen a 42% increase in the number of stories shared via Care Opinion. These stories have been collectively viewed 137,400 times, with the majority of posts containing positive elements (64%).

The 710 feedback posts NHSGGC received via Care Opinion made up 17% of the total feedback received over 2019/20 on the platform, up from 13% the year before.

Anyone can view a story once it has been posted, with a core aim of the platform being the reinforcement of the importance of feedback, building shared understanding, and the sharing of learning from feedback with this message complementing our board wide culture of listening and learning from patient experiences.

Chart 1: Number of Care Opinion Posts 2017 - 2020
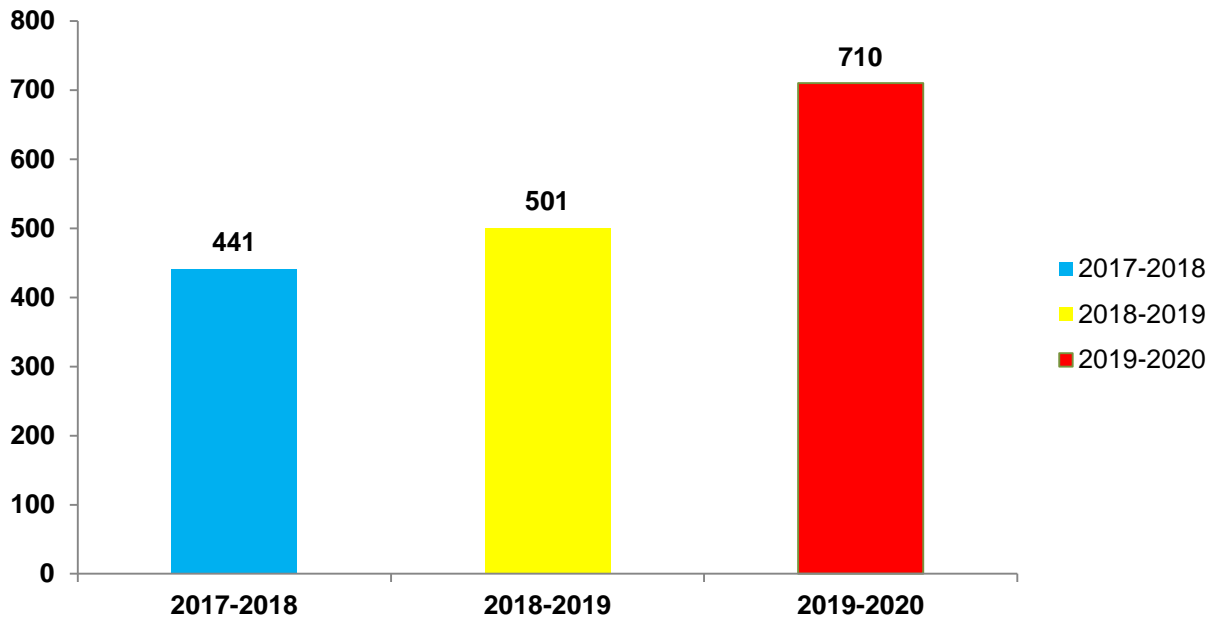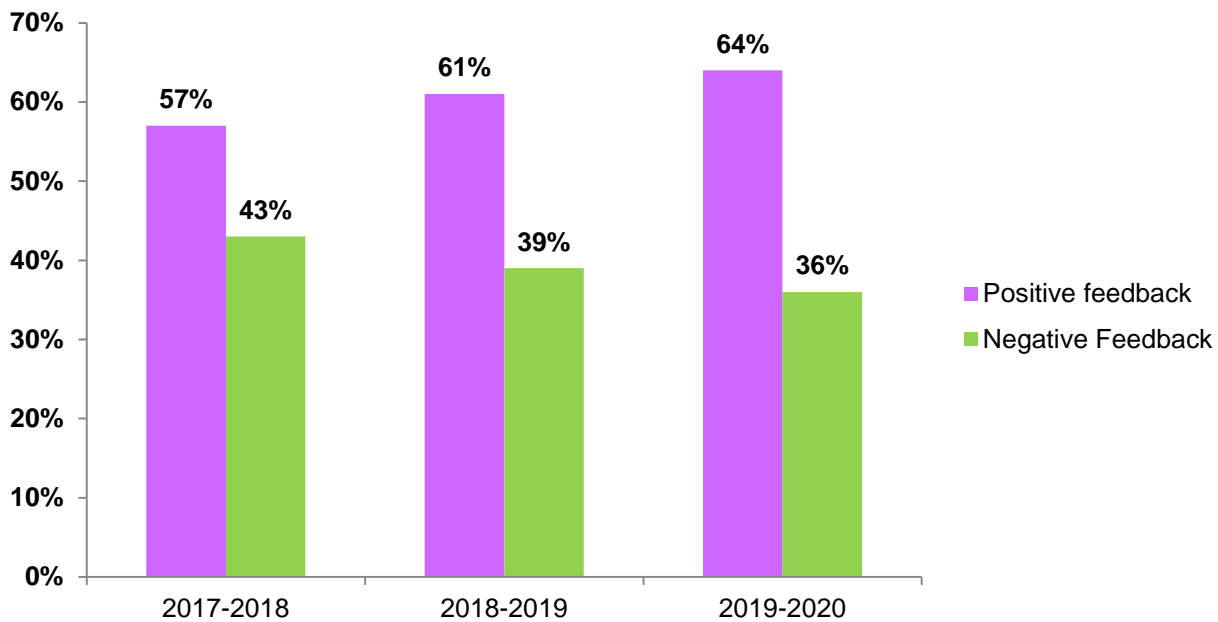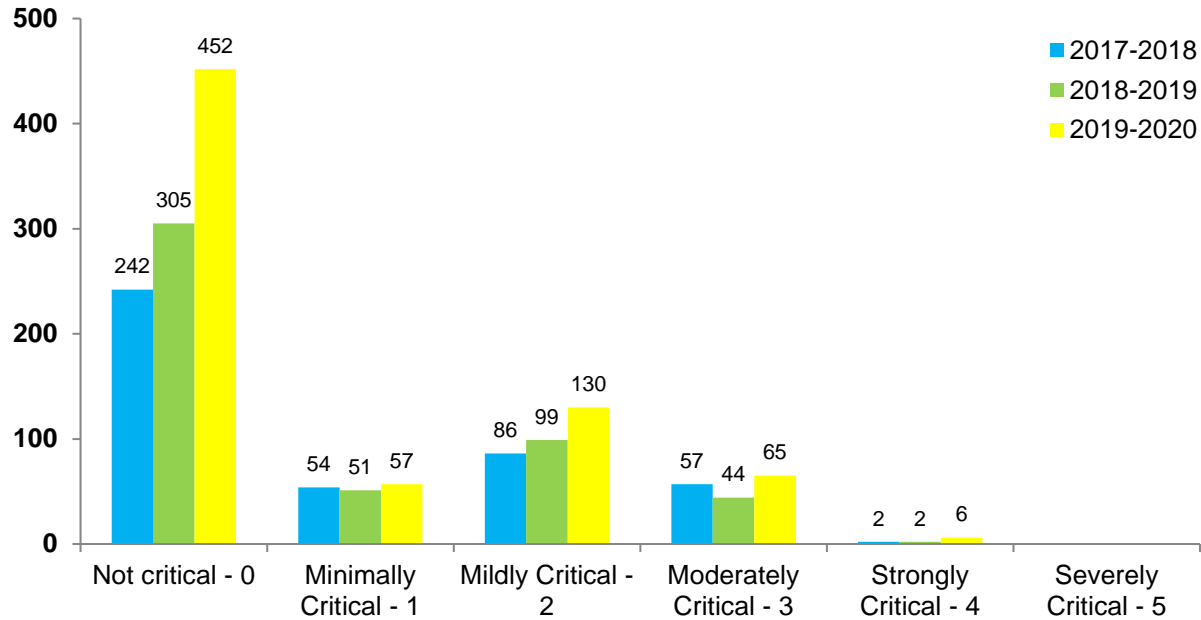

Chart 2: Proportion of Positive and Negative Feedback via Care Opinion 2017-2020

Positive feedback shared via Care Opinion overwhelmingly relates to staff and the care they provide, with attributes such as professionalism, friendliness and caring being regularly highlighted.

While it is important to celebrate what we do well, as with all feedback sources, it is equally important that we learn from the experiences that were not so positive, and work to make improvements based on that. Of the 36% of negative feedback received through our online methods, people most frequently shared that they felt that communication and staff attitude could be better.

An important function unique to Care Opinion is its tagging function. This allows those sharing their experience to flag key aspects of their care they felt were of particular importance. This tag gives people a secondary way to express their feelings around a particular experience on top of their written story. The bubble chart below helps visualize the range of feedback tags used by people and shows how they differ from the broader improvements themes we as a board might use, helping us gain a better insight into what matters to people about their stories.

Chart 3: Care Opinion Bubble Chart

For the interactive version please click here: https://www.careopinion.org.uk/vis/tdsg4

Care Opinion also actively moderates each post and assigns a criticality rating from 0 (non-critical) to 5 (severely critical). This helps teams to respond appropriately to feedback, and allows the board as a whole to reflect on the types of stories being shared more easily. The table below shows th breakdown of criticality.

Chart 4: Criticality Rating Breakdown 2017 – 2020

Over 2019/20 we have seen a significant increase in the number of positive stories, along with an increase in critical feedback, showing us we need to continue improving and sharing learning. Between 2019/20 there were 6 (1%) posts with a level 4 criticality, and 0 of Criticality 5.

A level 4 criticality is described as a serious criticism of specific unnamed staff or groups of staff, or of clinical or other care or facilities. You can read an example of a criticality level 4 post here: https://www.careopinion.org.uk/710517. This type of immediate interaction to both positive and negative feedback has empowered staff to reflect on what patients tell them and put into place rapid changes to improve services.

1.3.1 Increasing Responders across NHSGGC
Over 2019/20 the PEPI Team worked with and supported key staff to identify and train staff who would form a team of responders. All these staff were either directly responsible for delivering care or helped manage services and worked closely with their staff to ensure feedback got to them rapidly, acting as a conduit between their team and patients. An additional 64 members of staff (including a director, Chief Nurses, and Lead Nurses) were added as responders (an increase of 168%), with a focus on quality of response and how they cascade feedback and learning to their teams being a key aim for teams to take forward. Alongside this strive for quality of response, we saw an increase in our response rate by 2% to 99% with an aim of 100% response rate in 2020/21.

Chart 5: Number of Responders
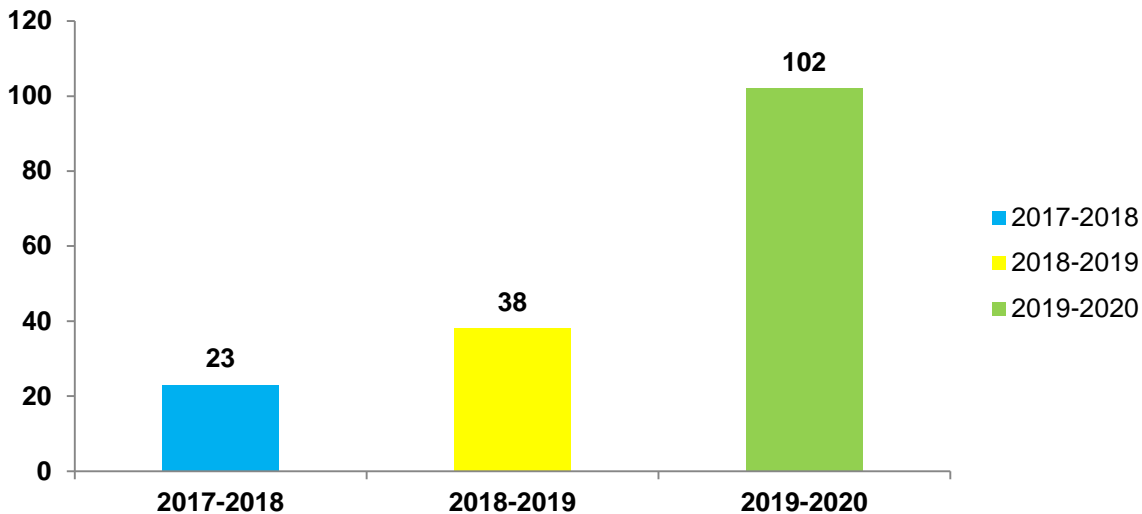
To help ensure our growing list of responders are comfortable using Care Opinion, the PEPI Team developed and delivered of dedicated training sessions to increase the number of responders. The format of the training was workshop style, being designed in partnership with the Care Opinion team. Over the financial year, we ran 10 workshops, with 73 attendees exploring how to use and promote Care Opinion.

The training is regularly evaluated, and staff are encouraged to complete an online evaluation survey following their attendance. 100% of respondents felt that the training gave them a better understanding of Care Opinion. Whilst 91% of respondents felt that the training made them feel more able to respond to Care Opinion posts. 100% of respondents rated the training as good or very good.

1.3.2 Promotion of Care Opinion
A key part of our development of Care Opinion has been to increase the awareness of the tool amongst patients, carers, and those that matter to them. The PEPI Team has worked increasingly closely with Communications Colleagues to encourage Care Opinion feedback via our social media platforms, and also worked to encouraged from line staff to promote the use of Care Opinion to patients and their families

A good example of this was the work of the Minor injuries Unit (MIU) teams across NHSGGC. These teams actively promoted Care Opinion to patients, encouraging them to share feedback via word of mouth and by handing out contact cards with the Care Opinion address. This activity caused a noticeable spike in Care Opinion feedback, and showcases the importance of staff promotion in the success of the system.

1.3.5 Aspirations
Looking ahead, NHSGGC remain committed to the continued roll out of Care Opinion and the spread of its use by staff and service users to help us better achieve our goals of listening to and learning from our patient's experiences. While the COVID-19 pandemic has slowed these plans, the board is still working to further embed Care Opinion, with the following key ambitions for the year ahead:

- Continuing to increase the number of front line teams responding across our services;
- Developing an online training programme for new responders in partnership with Care Opinion colleagues;
- Embedding Care Opinion at Ward level via the use of iPads to promote and encourage patients and families to give feedback at the point of care as part of the Care Assurance System;

- To build on how we learn and demonstrate improvements from feedback across NHSGGC Acute Teams;
- Increasing the number of changes made on Care Opinion and improving evidence of action and learning to demonstrate how care opinion makes a difference to driving up quality and improving the patient and carer experience;
- Raise more awareness of Care Opinion among staff, patients and families and use the platform as one of the main mechanisms to gather views and experiences about our care and services.

1.4 Corporate Feedback
As well as Care Opinion, we also provide other methods people can use for feedback. In 2019/20, there were 1821 instances of formal feedback shared via Care Opinion and the Corporate Feedback System. 72% was wholly or partially positive, with 35% of the feedback containing suggestions for improvement.

Chart 6: Systems Used to Share Feedback
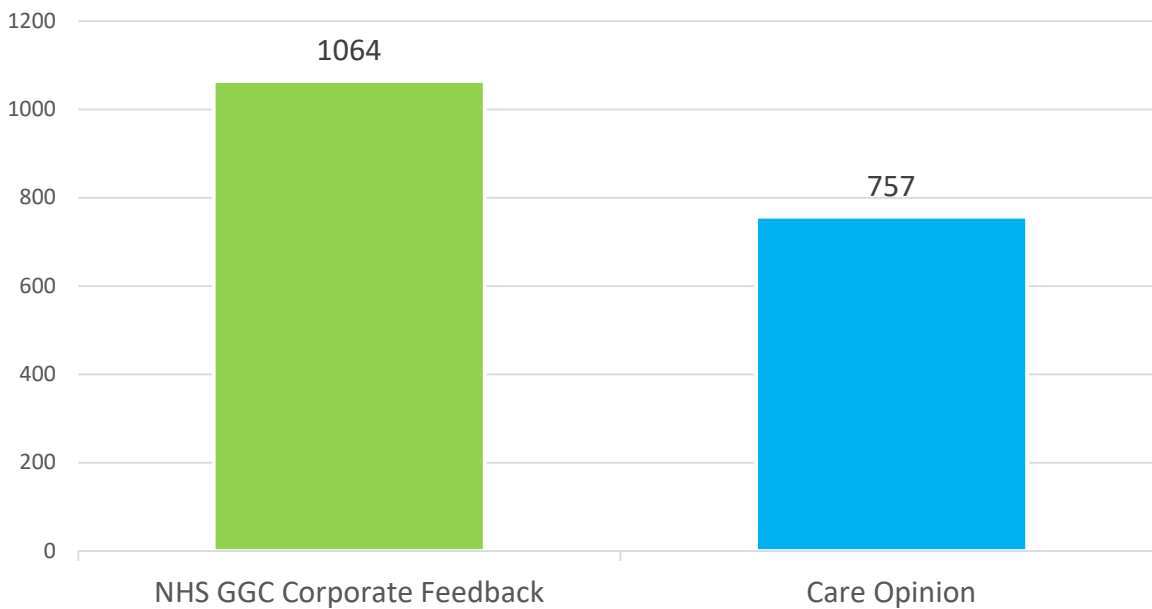

1.4.1 Breakdown of Feedback
Graph 6 below shows board wide data for all NHSGGC Feedback Systems, comparing the levels of positive and negative feedback received through each system. Senior teams in each Sector / Directorate are provided with regular reports summarising feedback themes and providing them with the opportunity to dig into the patient's story behind the data for reflection and learning at local levels.

Chart 7: Comparison of feedback

Run chart of Positive and Negative Feedback by Source
- - Positive CO   - - Negative CO   - - Postive GGC   - - Negative GGC
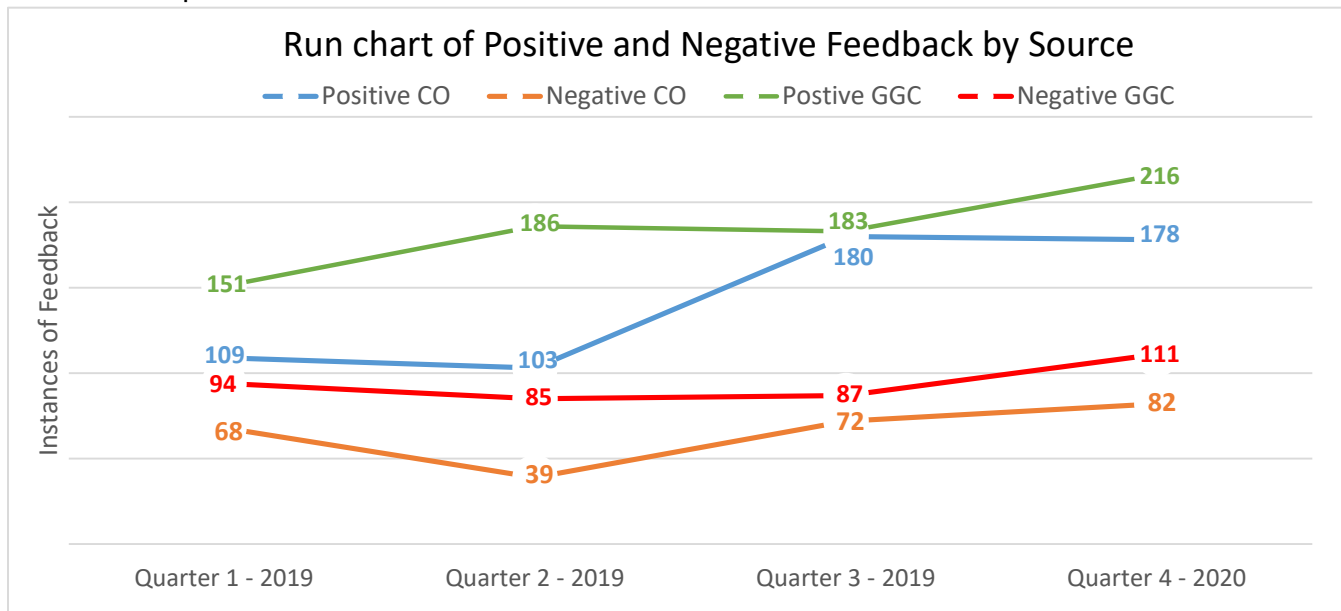
Graph 7 illustrates the total instances of feedback received over the course of 2019/20. We observed a steady increase in monthly feedback that tracked with the increased promotion and use of the Care Opinion platform by teams across NHSGGC. The dip seen in March 2020 coincides with many of the COVID-19 restrictions being put in place across the health board.

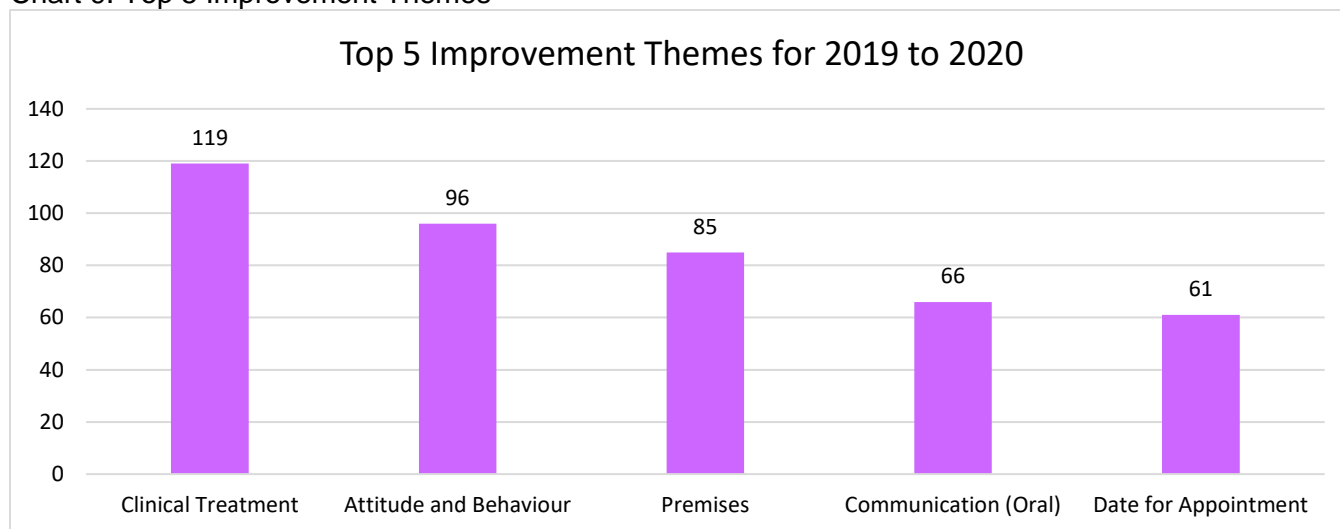Chart 8: Instances of feedback by month
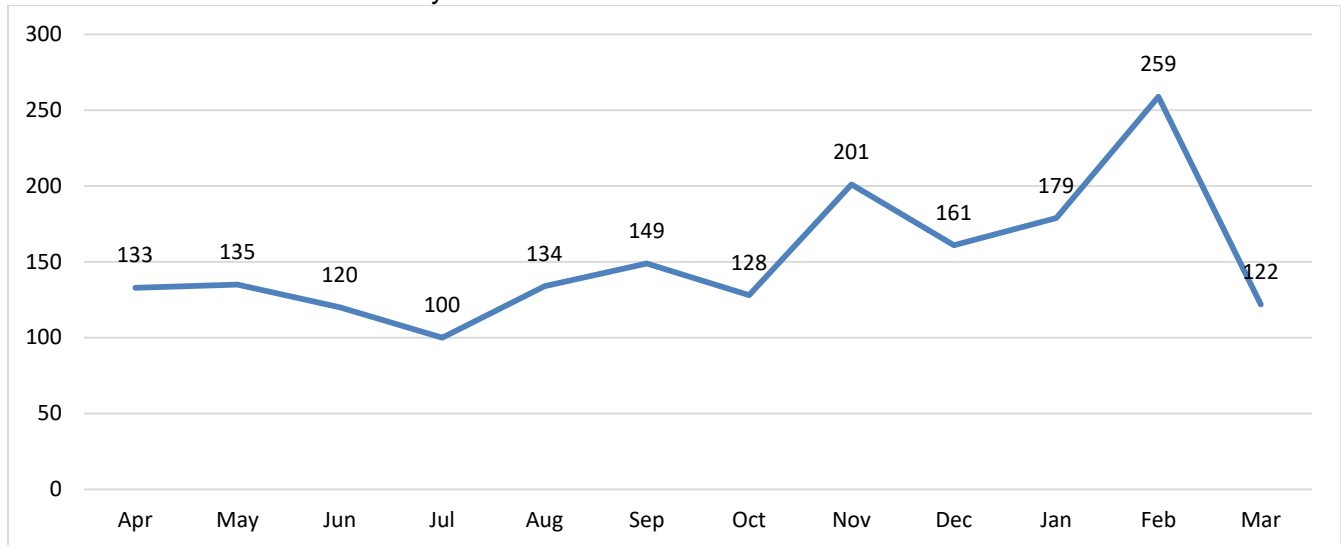
SECTION 2: Listening to People – Using Feedback to Improve Services

2.1 Key Feedback Themes
Graphs 8 and 9 below show the most common themes emerging from our feedback across 2019/20. Theming feedback in this way allows teams across NHSGGC to get a broad overview of the topics that
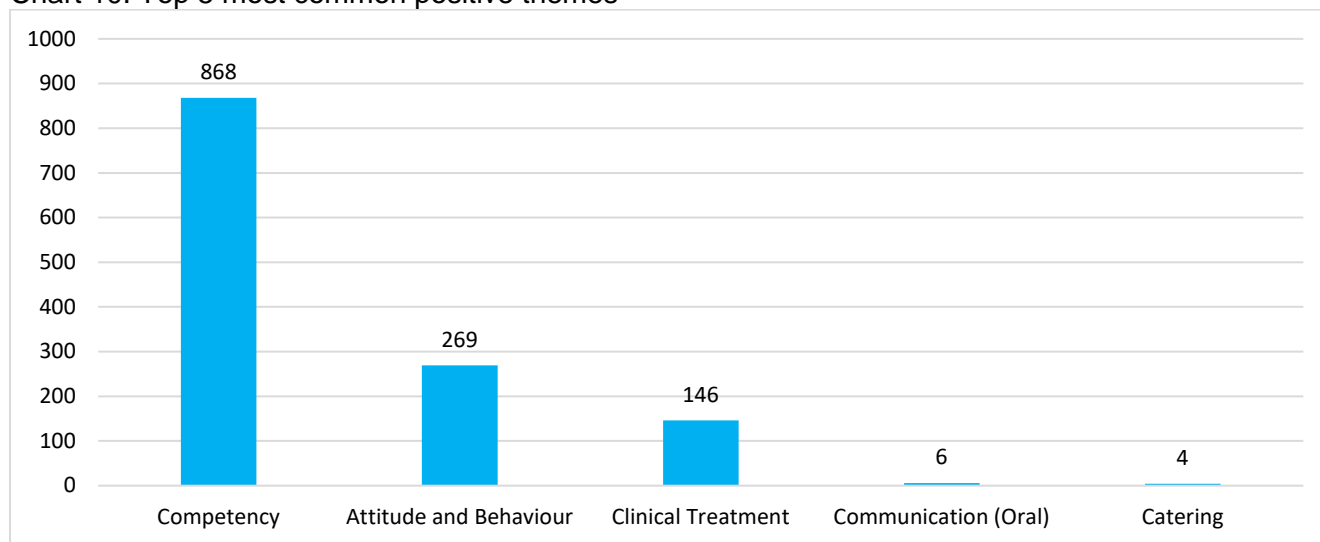
are important to people accessing our services. It also allows teams to plan out areas where they can focus improvement activities or that could share good practice that people have praised.

Chart 9: Top 5 Improvement Themes

Top 5 Improvement Themes for 2019 to 2020

Theme	Value
Clinical Treatment	119
Attitude and Behaviour	96
Premises	85
Communication (Oral)	66
Date for Appointment	61

Teams across NHSGGC use these themes to help them reflect and discuss what could have gone better to ensure that the same issues do not crop up for future patients.   Similarly, we capture the positive themes that emerge from feedback we receive, as shown in Graph 9.

Chart 10: Top 5 most common positive themes

Theme	Value
Competency	868
Attitude and Behaviour	269
Clinical Treatment	146
Communication (Oral)	6
Catering	4

2.2 Listening to Feedback and Improving Services

As mentioned throughout this report, one of the key reasons we encourage and collect feedback is to help NHSGGC staff identify areas of good practice, gaps in service and where things can be improved.

As we saw increased use of Care Opinion, we were also able to gather more evidence of early resolution and the improvements being made as a result of feedback. While all the feedback we receive is shared with the teams it relates to, Care Opinion allows a much more immediate and direct interaction between the person sharing their story and the relevant staff.   Table 1 helps demonstrate this immediate

interaction, how it can lead to more meaningful conversations between staff and patient, and the positive effect this can have on services.

Table 1: Examples of Patient Experiences

Qualitative Examples of Feedback:	Response from Sector/Directorate
Regional Services, WestMARC, Care Opinion: 693645 Concern was raised about the WestMARC service, in terms of access for powerchair users.	The Operational Services Manager responded directly to the patient, providing them an initial apology and reassurance that a review would be undertaken of the facilities in partnership with the NHSGGC Equalities Team and patients. They also later provided an update, demonstrating a change they had been able to already make to the bin issue, which had been resolved
North Sector, Glasgow Royal Infirmary, Urology, Care Opinion:710058 Someone fed back the issues they had taking their mother in law to the Urology Department. There was confusion about where to go, and the information in the appointment letter.	The Chief Nurse and Lead Nurse both expressed gratitude to the patient's relative for taking the time share their feedback, and offered apologies for the poor experience and difficulty finding the Urology Department. Further reassurance was provided that the Medical Illustration Department had been contacted, to assist with the development of new signage to resolve the issue. Work was also undertaken to ensure that the information in the letter is updated and accurate.
Paediatrics, Royal Hospital for Children, Cardiology, Care Opinion:753199 A parent expressed concern about the difficulties of having a sick child in hospital during the COVID-19 pandemic. This included practical issues, such as heating food. The parent also noted the "world class" care.	The Business & Administration Manager responded to the parent, thanking them for sharing their experience. She highlighted how we should have listened to the requests more sympathetically, and that she had passed on comments to the relevant team leads. She also acknowledged the parent's kind comments in respect of our PICU shared the feedback with the team.
Clyde Sector, Glasgow Royal Infirmary, Dermatology, Care Opinion:708843 A patient complained that at their outpatient appointment, they didn't feel listened to, were concerned about the doctor's attitude and behavior, and had concerns about the treatment plan.	The patient received a response from the Lead Nurse, Dermatology, who noted that: "We expect staff to be helpful, courteous and compassionate at all times when they attend our service. I am very sorry that you did have a positive experience and I unreservedly apologise on behalf of the service. This will be fully discussed and addressed with the Dermatology team in the department, this included emphasising the level of care and communication we require staff to provide at all times. If you would like to discuss this further, please contact me on email below."
Obstetrics and Gynaecology, Queen Elizabeth University Hospital, Gynaecology, Care Opinion:732926 A patient was admitted to the Gynaecology Unit, and noted how pleased she was with the care and treatment received.	The Lead Nurse thanked the patient for sharing their feedback on how well the gynaecology team met the patient's needs during their episode of care in the department l. The patient's feedback was shared with the team.

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.

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.

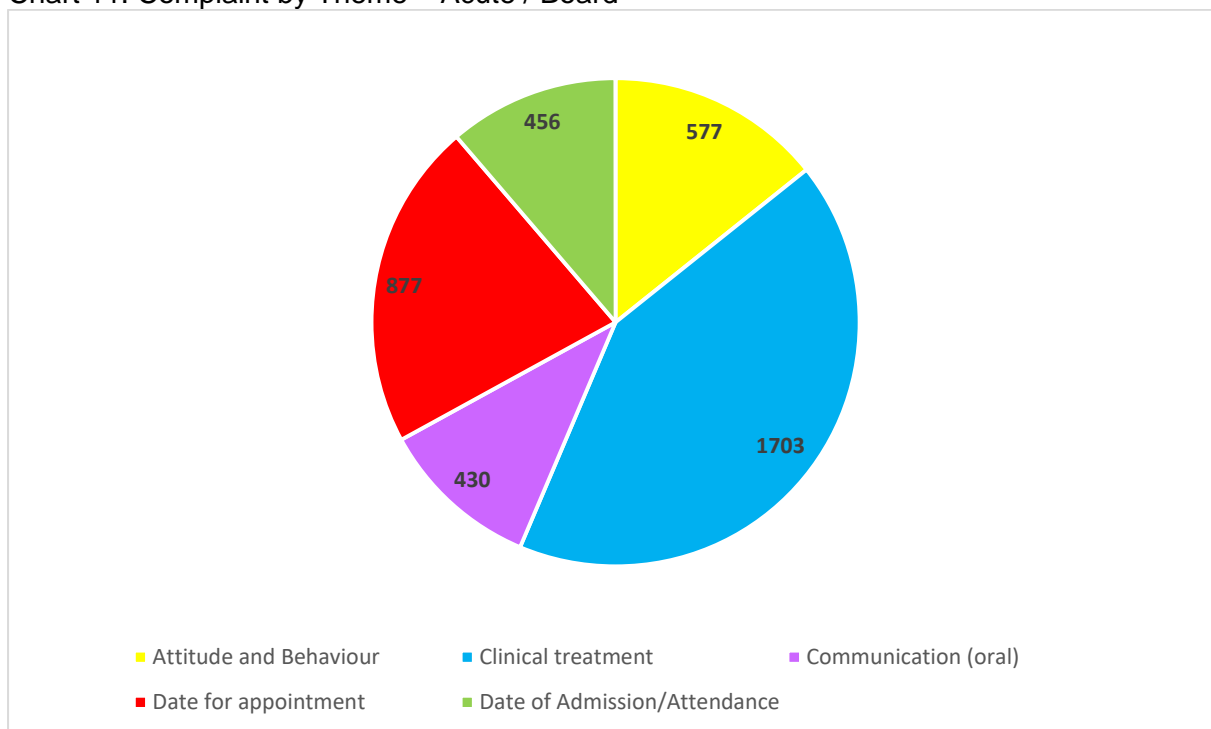**3.4 Complaints Key Performance Indicators**
This section of the report will detail performance in reference to each of the nine key performance indicators which were introduced by the new national CHP.

3.4.1 Indicator One: Learning From Complaints
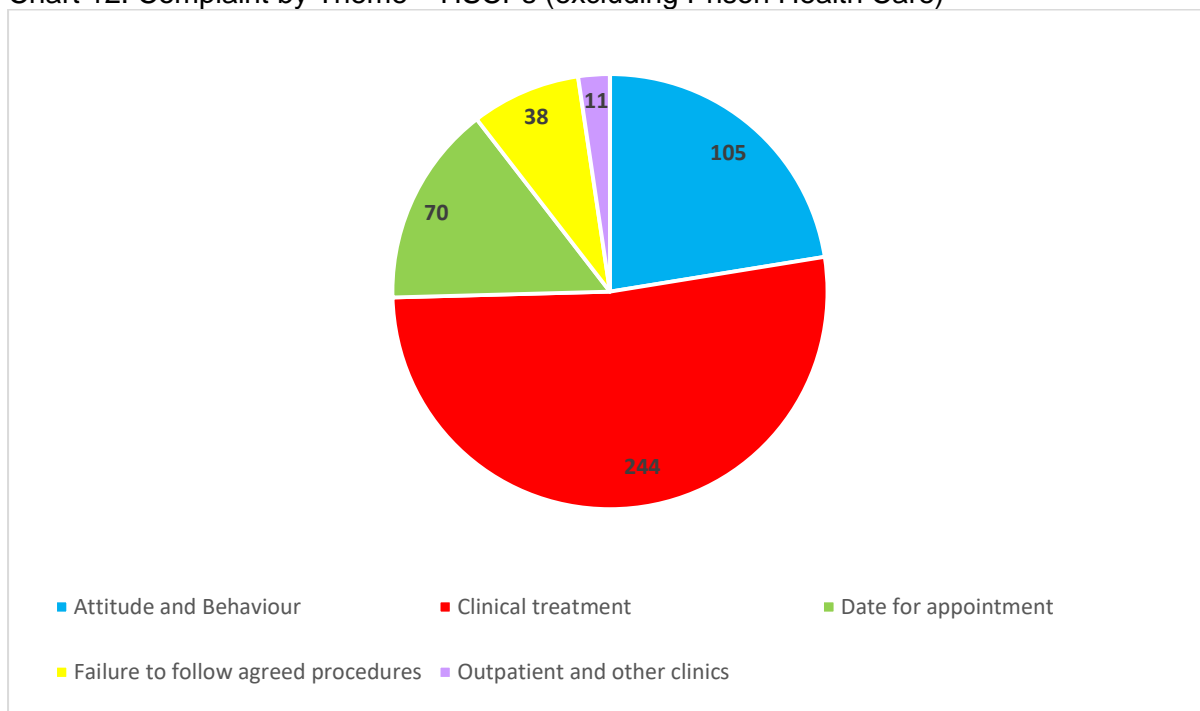
a. Issues and Themes
The charts below show the top 5 most common themes within complaints (both Stage 1 and Stage 2) over the reporting period.

Chart 11: Complaint by Theme – Acute / Board

Legend		
■ Attitude and Behaviour	■ Clinical treatment	■ Communication (oral)
■ Date for appointment	■ Date of Admission/Attendance	

This is roughly on par with last year's results, although there were less complaints about communication (both written and oral), and more for a date for admission.

Chart 12: Complaint by Theme – HSCPs (excluding Prison Health Care)

Legend		
■ Attitude and Behaviour	■ Clinical treatment	■ Date for appointment
■ Failure to follow agreed procedures	■ Outpatient and other clinics	

These results are also consistent with what we saw in 2018/19.

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.
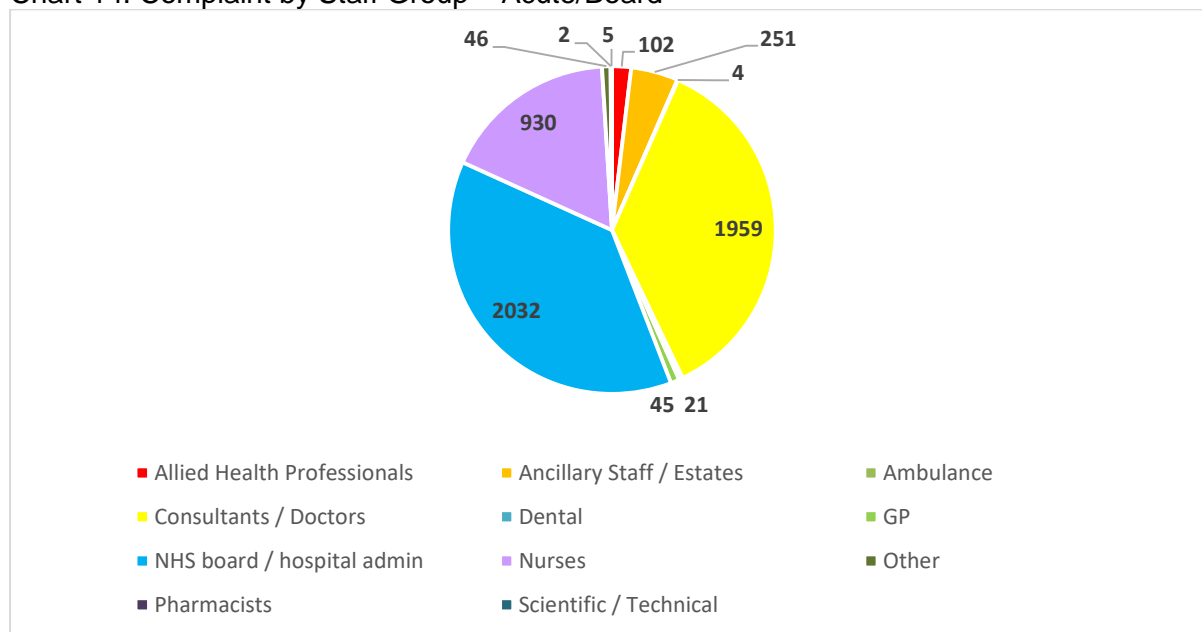
Chart 13: Complaint by Theme – Prison Health Care

Legend	
■ Co-ordination of medical treatment	■ Disagreement with treatment/care plan
■ Poor medical treatment	■ Problems with medication
■ Unacceptable time to wait for appointment	
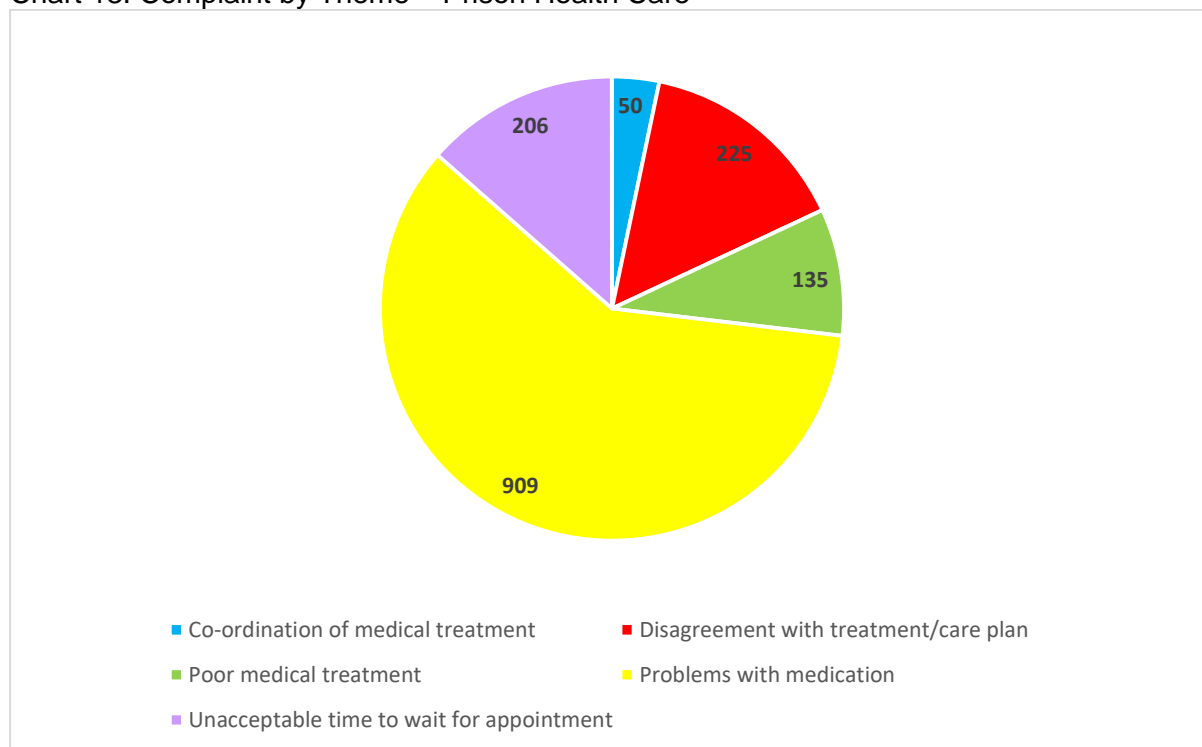
The top 5 themes are the same as they were in 2018/19 for Prison Healthcare.

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 14: Complaint by Staff Group – Acute/Board

Legend		
■ Allied Health Professionals	■ Ancillary Staff / Estates	■ Ambulance
■ Consultants / Doctors	■ Dental	■ GP
■ NHS board / hospital admin	■ Nurses	■ Other
■ Pharmacists	■ Scientific / Technical	

These results are very similar in percentage terms to what we saw in 2018/19.

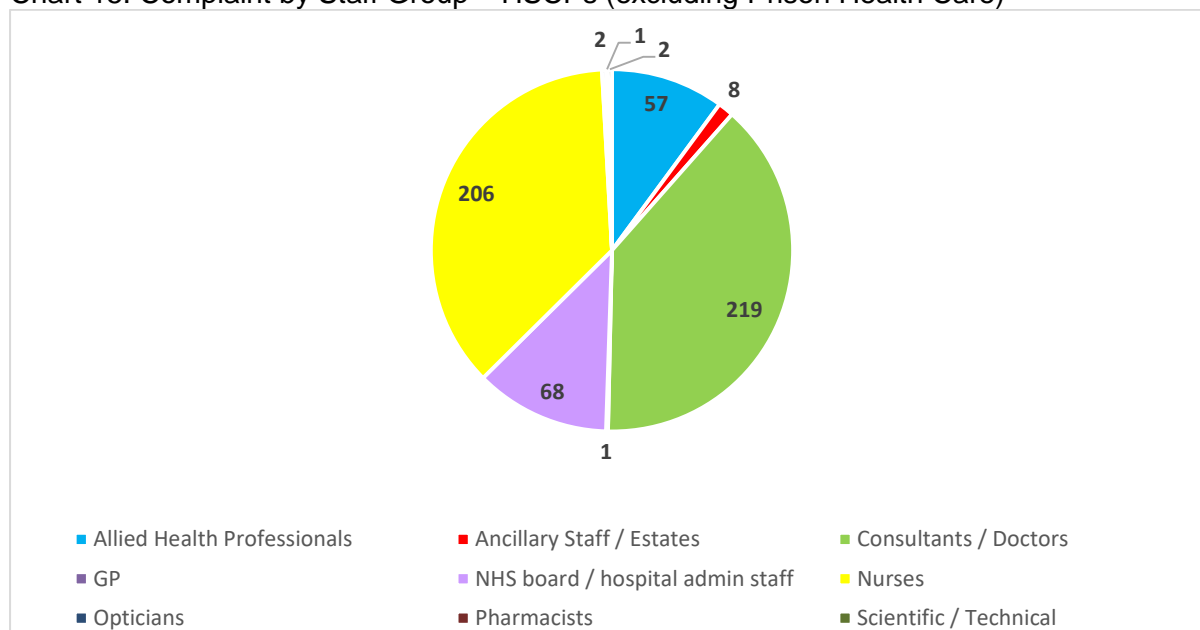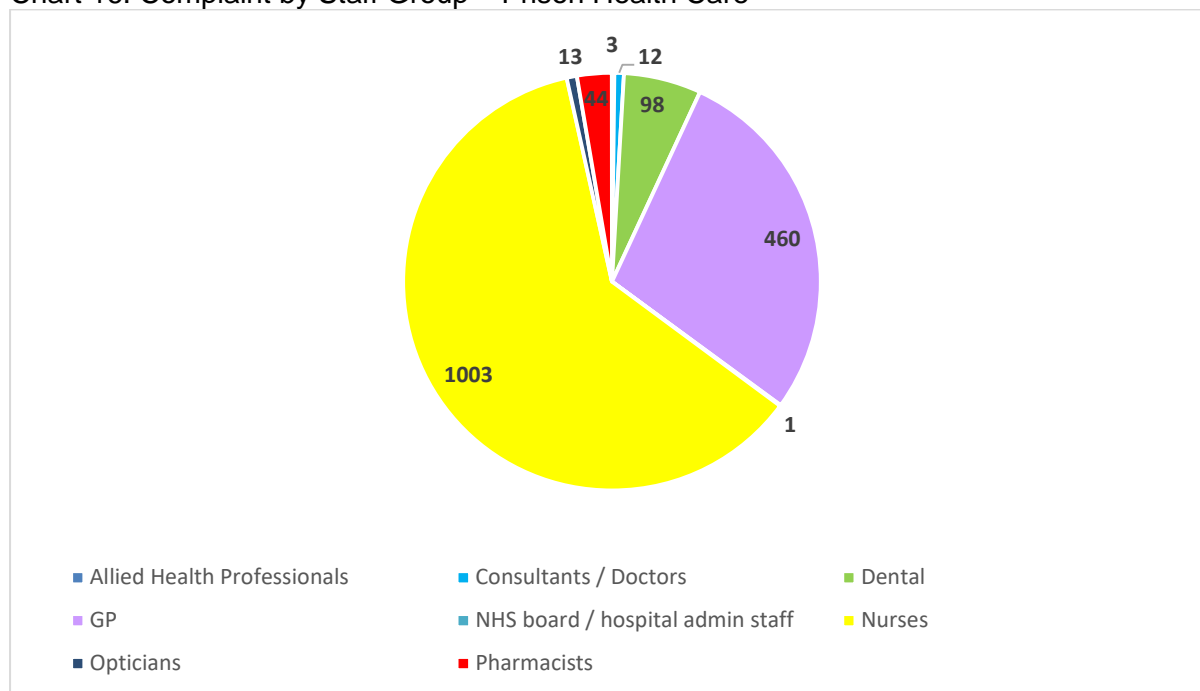Chart 15: Complaint by Staff Group – HSCPs (excluding Prison Health Care)

Chart 16: 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. Table 3 gives a sample of these.

Table 2: Examples of Improvements from Complaints

Directorate / Specialty	Background	Actions
South Sector - Respiratory Medicine	A patient's family were unhappy with the discharge of their relative, who felt she	The Discharge Team did training sessions with ward staff to support knowledge, and ensure improvement in practice.

	was too frail and appropriate services were not in place.	The Senior Charge Nurse spoke to individual nurses involved in the patient's care, as well as all staff, about the patient's experience. Education sessions were also arranged on the ward on discharge planning and communication.
North Sector – Care of the Elderly	A patient's wife was confused as to the cause of death on her husband's death certificate. 'Pneumonia' was given as the primary cause, but this was the first time the wife had heard that term being used; she had thought he had a lower respiratory chest infection.	A meeting was arranged with the patient's wife and family. At the meeting, it was agreed by the senior clinicians that as part of junior doctor educational learning, the significance of language would be highlighted. It was recognised that the use of different phrases to describe pneumonia are commonly used to put things into layman's terms, but that this is not always helpful when the correct medical term is entered onto death certificates, and seen for the first time by grieving relatives. The learning from this case was used in service wide complaints training in different departments within the hospital.
Women and Children's Services – Gynaecology	There was a 2 month delay in approving a patient's referral to the infertility clinic following her gynaecology outpatient appointment.	As a direct result of this complaint, the Administration Manager introduced a new weekly review process to ensure any outstanding letters were identified and managed as a priority.
Clyde Sector – Emergency Department	After suffering a stroke, a patient was transferred between the Emergency Department and a ward without a nurse escort, leaving the family worried.	A learning summary was completed and distributed to all relevant staff. The escort policy was reinforced with the team, and the Lead Nurse advised that they would monitor to ensure that it was always acted upon by staff during transfers.
Regional Services – Plastics	A patient's family complained that their wound was not well cared for, causing delayed healing	As a result of the complaint, the Lead Nurse arranged for specific training and education for nursing staff to be provided jointly by podiatry and tissue viability staff.
Glasgow City HSCP	A patient complained that there was no disability access in a resource centre	The States Department undertook work to rectify this as quickly as possible as soon as it was highlighted to them, and an alternative method of access was created.

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 2019/20, Acute Services / Board and HSCPs in NHSGGC received no Investigation Report, and 76 Decision Letters. These are broken down in the tables below.

Table 3: 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	0	-	-	-	-
Decision Letters	57	136	67	48	116

Table 4: 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	19	25	10	15	19

There were around a quarter less Decision Letters this year compared to 2018/19. Significant work and effort went into improving how we handled SPSO cases throughout the year, and we worked closely with SPSO colleagues to achieve this. NHSGGC's achievements in this regard have been recognised by the SPSO, who have noted that the number of cases we now receive is less than the average for public bodies as a percentage, which is suggestive of improvements in how we handle complaints.

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.

This has been a difficult KPI to action, and attempts to gauge feedback in a regular, consistent and meaningful way have not proven to be successful. Complaints and Patient Experience colleagues discussed this, and agreed that focus groups may be a targeted and focused way to drive this forward. This will be considered in 2020/21.

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 and empowered through the process.

In order to help achieve these dual aims, we developed a training session open to all staff, and begun delivering this across the Health Board in 2018/19, which continued into 2019/20, and so far we have delivered the session to around 250 staff. In tandem with this, we also developed an evaluation of the training, which is sent to all staff who have attended, so we can gauge satisfaction, and make changes. The results below demonstrate satisfaction with

the training to date with those who completed the survey (the completion rate was around 40%).

Table 5: Feedback from Staff on Complaints Training

	Strongly agree	Agree	Disagree	Strongly disagree
The training was relevant to my role	65%	26%	5%	4%
The trainers were engaging	72%	28%	0%	0%
The training presentation was organised and easy to follow	71%	29%	0%	0%
I found the training presentation useful	63%	28%	6%	3%
The duration of the training presentation was appropriate	64%	32%	4%	0%
The training was realistic and practical	62%	34%	4%	0%

When asked what the most useful thing was about the training, some of the comments were:

"A general overview of the complaints procedure. Ability to ask relevant questions. Putting "faces" to names we seen from the complaints dept. Knowing there is help from approachable colleagues in the complaints process"

"Presenter had a great manner and very approachable. Great use of comments from patients and responses from medical staff."

"Examples of good and bad responses"

"Couldn't pick out one thing, but would say that the discussion increased confidence in way I already assist in complaint handling"

"The information that the staff dealing with the complaint need to give a detailed and accurate response. They are not clinically trained and may not be familiar with nursing / medical process and jargon."

"That there was a structured statement template available to use. Also the SPSO site on how to make a good apology was very useful."

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. Section 3.4.10 will give information on the same KPIs for Primary Care Services.

In 2019/20, the total number of complaints received across Acute Services, the Board and HSCPs was 6118. This is an increase of 8.5% compared to 2018/19.

3831 of these were complaints were regarding the Acute Services Division / Board, which is on par with numbers received last year. This equates to <1% against our core measure of 4,333,093 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 complaints received were about HSCP services. Glasgow City HSCP hosts Prison Health Care for the Board area, and 1746 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 6: Closed Complaints– Acute / Board, HSCP and Prison Health Care

	Acute / Board	HSCPs	Prison Health Care	TOTAL
Number of Stage 1 Closed	2059	273	982	3314
Number of Stage 2 Closed	1826	234	572	2632
TOTAL	3885	507	1554	5946

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

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

Table 7: Stage 1 Outcomes – Acute / Board, HSCP and Prison Health Care

	Acute / Board	HSCPs	Prison Health Care	TOTAL
Upheld	1217	45	29	1291
Partially upheld	233	60	7	300
Not upheld	495	151	855	1501
Irresolvable	26	-	-	26
Unreasonable	4	-	-	4
Transferred to another unit	23	-	-	23
Withdrawn / no consent	61	17	91	169
TOTAL	2059	273	982	3314

Table 8: Stage 2 Outcomes – Acute / Board, HSCP and Prison Health Care

	Acute / Board	HSCPs	Prison Health Care	TOTAL
Upheld	493	40	24	557
Partially upheld	527	73	75	675
Not upheld	618	101	306	1025
Irresolvable	55	0	0	55
Unreasonable	13	1	0	14
Transferred to another unit	41	1	0	42
Withdrawn / no consent	79	18	167	264
TOTAL	1826	234	572	2632

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 9: Average Response Times

	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	19 days	20 days	19 days

3.4.8 Indicator Eight: Complaints Closed in Full within the Timescales

Table 10: Complaints Closed in Full within the Timescales

	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)	1790 (87%)	183 (67%)	893 (91%)	**2866 (86%)**
Number of complaints closed at Stage 2 within 20 working days (and as a % of all Stage 2)	1229 (67%)	161 (69%)	383 (67%)	**1773 (67%)**

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 11: Number of Cases Where an Extension was Authorised

	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)	228 (11%)	56 (21%)	33 (3%)	317 (10%)
Number of complaints closed at Stage 1 beyond 10 working days (and as % of all Stage 1)	42 (2%)	23 (8%)	34 (3%)	99 (3%)
Number of complaints closed at Stage 2 beyond 20 working days where an extension was authorised (and as % of all Stage 2)	56 (3%)	42 (18%)	80 (14%)	178 (7%)
Number of complaints closed at Stage 2 beyond 20 working days (not recorded as authorised) (and as a % of all Stage 2)	559 (31%)	47 (20%)	101 (17%)	707 (27%)

There were a small number of complaints (3%) where concerns were resolved at Stage 1 out with 10 working days. Whilst this 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 would have been completed with the best of intentions, to ensure the complainant received a proportionate response to their concerns.

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).

It is important to note that this table is incomplete, and does not include data for Quarter 4 of 2019/20; only Quarters 1 to 3. The reason for this is that Quarter 4 was the beginning of the lockdown restrictions as a result of COVID-19, and primary care practitioners necessarily prioritised their activities to deal with the unprecedented pandemic, rather than complete the survey required to collate complaints data.

Table 12: Primary Care Data (Quarters 1 – 3)

	GPs	Dentists	Opticians	Pharmacists
Number of complaints received, and as % of core measure:	*Patients registered with practice in Quarter 3*	*Patients registered with practice in Quarter 3*	*Episodes of care in the reporting period*	*Scripts dispensed in reporting period*
Core Measure	1,239,776	1,248,455	223,884	7,461,384
No of complaints received and % of core measure	901 (<1%)	87 (<1%)	44 (<1%)	724 (<1%)
Number of Stage 1 complaints closed within 5 working days and % of all Stage 1 closed complaints	591 (98%)	48 (100%)	40 (98%)	508 (100%)
Number of Stage 1 complaints closed where an extension was authorised - *between 6 and 10 working days* and % of all Stage 1 complaints	14 (2%)	0	1 (2%)	0
Number of Stage 1 complaints closed beyond 10 working days	0	0	0	0
Average number of days to respond to Stage 1 complaint.	2	3	2	3
Outcome of completed Stage 1 complaints:-				
☐ **Upheld**	11	22	28	449
☐ **Partially Upheld**	136	10	7	18
☐ **Not Upheld**	298	16	6	39
☐ **Withdrawn**	0	0	0	0

	GPs	Dentists	Opticians	Pharmacists
Number of Stage 2 complaints closed within 20 working days and % of all Stage 2 closed complaints	224 (89%)	28 (97%)	3 (100%)	210 (98%)
Number of Stage 2 complaints closed beyond 20 working days and % of all Stage 2 closed complaints	29 (11%)	1 (3%)	0	4 (2%)
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	21 (8%)	1 (3%)	0	0
Average number of days to respond to Stage 2 complaints.	12	8	2	8
Outcome of completed Stage 2 complaints:-				
□ **Upheld**	34	4	1	206
□ **Partially Upheld**	89	12	2	3
□ **Not Upheld**	110	11	0	4
□ **Irresolvable**	20	2	0	2
□ **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	38 (93%)	10 (100%)	0	2 (100%)
Number of Stage 2 complaints closed after escalation out with 25 working days and % of all Stage 2 escalated closed complaints	3 (7%)	0	0	0
Average number of days to respond to Stage 2 escalated complaints.	14	13	0	16
Outcome of completed Stage 2 escalated complaints:-				
□ **Upheld**	6	4	0	1
□ **Partially Upheld**	15	3	0	1
□ **Not Upheld**	16	2	0	0
□ **Irresolvable**	2	0	0	0

3.5 Future Plans

The table below demonstrates progress against last year's plans, whilst also noting priorities going forward.

Table 13: Update on Actions from 2018/19 Annual Report

Action	Update	Status
Improve % performance on Stage 2 complaints, and maintain this.	The % performance for 2018/19 was 60%, and in 2019/20, it was 67%. Whilst this was a 7% increase, it is regrettable that the figure was not higher. The focus will be on achieving a performance of >70% in 2020/21.	Improved, but further focus needed.

Work with SPSO office to make improvements	As noted in section 3.3 (d), significant work has gone into improving the position, and this has been recognised by the SPSO's office	Achieved – maintain position
Deliver and evaluate Complaints Handling Training across NHSGGC	Training was delivered to circa 250 staff, with positive feedback via evaluation	Achieved – maintain position
Collect feedback on complaints handling from complainants, and make improvements to the service as a result	Whilst this was explored, and a possible way forward identified, it was not possible to plan for and execute, as we moved towards the COVID-19 position.	Roll into 2020/21

SECTION 4   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 5   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 2019 and 31 March 2020.

As a Board, it is our genuine belief that we should learn from the experiences of those who access our services. 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 we receive 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 patients on how we can provide even better care in the future.

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: Submission to Scottish Government

<div style="border: 1px solid black; background-color: #d5e0b5; text-align: center;">

NHS Greater Glasgow and Clyde

</div>

Annual Report on Feedback and Complaints
Performance Indicator Data collection
2019/20

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 the body of this report. 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, and therefore give a richer and more detailed view, 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). For this reason, the appendix figures are different to that of that contained within the body of this report, as the body contains the wider number, and the appendix contains only complaints with the three outcomes of Upheld, Partially Upheld or Not Upheld specified for reporting requirements.

It is also important to note, as detailed in the body of this report, that Quarter 4 data has not been included for primary care service contractors, and so the data included is for Quarters 1 – 3. This was because Primary Care practitioners prioritised their activities to deal with the unprecedented pandemic, rather than complete the survey required to collate complaints data.

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	**6118**
4b. Number of complaints received by NHS Primary Care Service Contractors (*Territorial Boards only*)	**1756**
4c. Total number of complaints received in the NHS Board area	**7848**

NHS Board - sub-groups of complaints received

NHS Board Managed Primary Care services;	
4d. General Practitioner	**n/a**
4e. Dental	**n/a**
4f. Ophthalmic	**n/a**
4g. Pharmacy	**n/a**
Independent Contractors - Primary Care services;	
4h. General Practitioner	**901**
4i. Dental	**87**
4j. Ophthalmic	**44**
4k. Pharmacy	**724**
4l. Total of Primary Care Services complaints	**1756**
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.**	**1746 (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	3092	57%
5b. Stage two – non escalated	1697	31%
5c. Stage two - escalated	660	12%
5d. Total complaints closed by NHS Board	5449	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	1291	42%
6b. Number of complaints not upheld at stage one	1501	48%
6c. Number of complaints partially upheld at stage one	300	10%
6d. Total stage one complaints outcomes	3092	100%

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	413	18%
6f. Number of non-escalated complaints not upheld at stage two	738	31%
6g. Number of non-escalated complaints partially upheld at stage two	546	23%
6h. Total stage two, non-escalated complaints outcomes	1697	72%

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	144	6%
6j. Number of escalated complaints not upheld at stage two	387	16%
6k. Number of escalated complaints partially upheld at stage two	129	5%
6l. Total stage two escalated complaints outcomes	660	28%

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.	2712	88%
8b. Number of non-escalated complaints closed at stage two within 20 working days	1098	65%
8c. Number of escalated complaints closed at stage two within 20 working days	387	69%
8d. Total number of complaints closed within timescales	4197	77%

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	303	10%
9b. Number of complaints closed at stage two where extension was authorised (this includes both escalated and non-escalated complaints)	228	10%
9c. Total number of extensions authorised	531	10%

*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.

Completed by:

Name: Jennifer Haynes	Position: Board Complaints Manager
Tel: 0141 201 4477	E-mail: jennifer.haynes@ggc.scot.nhs.uk
Date: 22 September 2020	