Annual Report on Feedback, Comments, Complaints and Concerns
Summary document
2015/2016
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Introduction

Welcome to this summary of the fifth NHS Greater Glasgow and Clyde (NHSGGC) Annual Report on Feedback, Comments, Complaints and Concerns for 2015/16.

The ongoing high volume of input from patients is critical to influencing how we evolve our services and meet our ambition of putting people at the heart of service provision.

Every contact, both positive and negative is an opportunity for us to learn and change to better meet the needs of patients and visitors, and provide health care in wards and other settings.

There are a number of options people can choose to contact us. These range from our formal complaints process to the online feedback system on our public website, and using Patient Opinion to inform individual wards and departments.

Within this summary you will read more about the suggestions we have received and the action we took.

2015/2016 was a challenging time which saw major changes to the way hospital services are delivered in NHSGGC.

Inpatient and emergency services moved from the former Western and Victoria Infirmary and the Southern General Hospital to the new Queen Elizabeth University Hospital (QEUH).

The Royal Hospital for Sick Children at Yorkhill went to the new Royal Hospital for Children on the same campus.

More than 10,000 staff relocated to the site and throughout this massive migration we maintained our commitment to delivering the highest standards of care and meeting the needs of patients, carers and families.

I hope you find this summary document useful and informative, and the full Annual Report on Feedback, Comments, Complaints and Concerns can be found at: www.nhsggc.org.uk/wearelistening

I would like to thank everyone who has responded with their comments, because in many cases this leads to beneficial change.

And I encourage anyone with a concern or comment to use one of the many channels we offer to get in touch.

Dr Margaret McGuire
Board Nurse Director
How we gather feedback

Listening to our patients and hearing about their experiences of care is extremely important to NHSGGC. We are committed to making sure that all of our patients and their loved ones are given the opportunity to tell us what was good about their time in our care, as well as what we could do better. It is also important that we learn from these experiences, and use them to deliver the best possible care for our patients.

In 2015/2016 we have had over 10,500 pieces of feedback from patients, carers or other users of our services. 87% of the comments we received were positive and 13% were negative.

Communication
We know that how staff communicate with people is very important, but that sometimes we don’t get it right. The importance of communicating well is reinforced through training, from the very first session in our staff induction (“Delivering a Person Centred Service”) to the wide range of modules for existing staff which focus on good communication as a key part of the care we give. 3,258 members of staff received this training last year.

Smoking
NHSGGC has a Smokefree Policy and Smokefree grounds messages are part of a continuous communication campaign aimed at staff, patients and visitors to achieve a cultural change over time. We offer a smoking cessation service to all patients who smoke, including free Nicotine Replacement Therapy to help alleviate withdrawals while people are in hospital.

Catering
Although the number of negative comments we receive about catering is small, it is a topic that gets a lot of public attention. Each year we cook 3.4 million meals in our super kitchens in Paisley and Greenock, and provide another 400,000 meals for different dietary requirements, e.g. Halal, Kosher or textured foods. With all of this in mind, we have done a lot to improve food in hospitals and make sure that the mealtime experience is a positive one for our patients. This includes:

• Daily patient satisfaction surveys carried out at mealtimes to ensure not only that patients are happy with the taste of their food, but that they are served the right meals, at the right temperature, with the condiments and drinks they would like to go with it.

• Designing a new menu, based on feedback from patients as well as by carrying out recipe tasting events in public areas of our hospitals to test the food on patients, carers and visitors.

• Creation of a Catering Public Partners Audit Group, which has carried out 14 independent mealtime audits over the last 6 months.
Encouraging and gathering feedback

We have three main methods of feedback – Universal Feedback, which reflects a person’s experience of being a patient on a ward by answering two simple questions on a card; NHSGGC online Feedback which generates real time comments on a wide range of issues; and Patient Opinion which tends to be a record of care journeys, a particular aspect of care or a detailed personal account of care received.

These three methods are complemented by feedback gathered by individual teams in wards and clinics.

This means that wherever people come into contact with our services they have an opportunity in different ways to tell us about their experience.

During 2015/16 we received a total of 10,402 comments from these three methods of feedback, 87% of them positive.

The majority were about members of staff who are regarded very highly for their professional, caring and friendly approach to patient care.

- **NHSGGC Patient Feedback** is a secure and **anonymous** one-way system which records patient experiences.
- **Every comment is viewed and reported on a monthly basis** to Senior Management Teams.
- **Actions taken are recorded every quarter** and examined by our Patient and Carer Experience Group.

**Patient Opinion** is an online public channel for patients, carers and staff and our responses to posts are also visible, encouraging an open and transparent dialogue between service users and the Board.

We are also asking services to add their own follow-up replies saying what they have or will do with feedback, and in the case of a positive feedback thanking the author.

We encourage all of our staff and the public to visit the site – [www.patientopinion.org.uk](http://www.patientopinion.org.uk) - so that they can see for themselves the richness of the information received via Patient Opinion.
What matters

We have been rolling out an approach to care called "What Matters to Me" where patients and carers are given the opportunity to complete a poster which will be displayed above a patient’s bed asking what matters to them.

The idea originated in children’s wards and was so successful and well received by patients, families and staff that it is now being widely used.

These posters are being used in the majority of older people’s wards, and all beds in the QEUH have them incorporated into the bed head information boards.

Patient/relative information leaflets about “what matters” are available for patients on admission, and they are being introduced at pre-assessment clinics.

Posters are also being designed for the remaining acute hospital sites, and sessions to support staff about using this tool to focus on the patient as an individual persons with different needs, likes or dislikes, is underway.

Patient Advice and Support Service (PASS)

PASS was launched in 2012 to help raise awareness of patient rights and responsibilities and support people giving feedback, comments, raising concerns or complaints.

The service is provided via the Citizen’s Advice Bureau (CAB) who appointed dedicated PASS case workers, and is independent, free, and confidential.

Representatives from PASS also regularly attend the Support and Information Service offices in the new Stobhill and Victoria Hospitals to assist patients, relatives and staff with any concerns.

During 2015/16 a total of 612 clients were helped with 2214 enquiries, the majority about hospital acute services, and this was consistent with the previous year.

An NHSGGC Local Advisory Group (LAG) meets quarterly and has involvement from the Scottish Health Council plus two lay representatives.

It monitors activity and ensures continued publicity of the PASS service.
Complaints 2015/16

We received 4155 complaints and completed 4061.

The five issues which attracted the most complaints

- Clinical treatment: 2526
- Date of appointment: 666
- Attitude and behaviour: 569
- Communication (written and oral): 440
- Premises: 170
Some examples of improvements we had made following complaints

The key theme to handling complaints is to use them as a learning tool to improve future services for our patients.

Below are examples of service improvements from acute services and partnerships which we introduced based on patient concerns.

**Patient circumstances updates**

A patient told us that they had a preferred hospital site for their surgery and this led to an extended waiting time.

Unfortunately while waiting for a date this patient was admitted for emergency surgery.

The service have now put in place a change of practice so that patients who choose a specific site are contacted at six weekly intervals to update any change in their circumstances to enable the service to offer admission at an alternative site.

**Out of hours contact details**

In partnerships a complaint was received about a patient not being given Out of Hours Service contact details following discharge from an assessment with the Community Mental Health Team.

This was followed up by staff being made aware of the importance of making sure patients knew how to access services on discharge, and a record of this discussion should be made in the care record.
Feedback to independent contractors

We record the amount of feedback which independent contractors receive.

The reports from GPs, Dentists, Optometrists and Community Pharmacists showed that they had continued to make progress during 2015/16 in establishing systems for “listening” to their patients, carers and the public and that they had taken a wide range of effective, measurable actions to respond to the feedback, comments and concerns they had received.

The overwhelming majority of contractors had a designated member of staff responsible for collating and reporting on feedback which had been overwhelmingly positive and complimentary.

Feedback had been organised using a variety of approaches, ranging from allowing patients to comment anonymously, to improving websites which publicise that responses are encouraged and enable patients to do so.

Feedback from minority communities

We are committed to and pro-actively seek feedback from minority communities.

Engagement with those with protected characteristics is designed to understand how we can ensure there is barrier-free access to our services for those protected by the Equality Act 2010.

NHSGGC has a wide range of engagement structures and following an event held for Deaf British Sign Language Users we have taken steps to make sure that they will have an input to the Deafness and Mental Health Working Group.

This included funding a one year full-time post to support BSL people about how to access mental health support.

NHSGGC has contributed to the Public Social Partnership approach to health improvement for people with learning disabilities living in Glasgow City.

Events are being planned which could lead to a network of people with learning disability being consulted, providing expertise, training and audit services for disability.

Following a survey to understand the health needs and experience of Roma people a peer education group was established.

By the end of 2016 around 30 peers will be trained delivering up to 150 sessions with the Roma community, promoting NHS services including the entitlement and rights as a patient.
What’s your experience?

We want to know about your experiences of our services. To tell us what you think visit: www.nhsggc.org.uk/patientfeedback

Alternatively you can feedback through the independently run Patient Opinion website: www.patientopinion.org.uk/youropinion

With your feedback we can build on what works well and improve what needs to be done better.