

# Annual Feedback Report

2019/20



**What people have told us  
and how we have improved.**

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## Section 1: Introduction and overview

### Introduction

Here at NHS Golden Jubilee we aim to ensure every patient receives care that is safe, effective, person centred and high quality. We strongly value the role of patient feedback in achieving this. We also recognise the importance of sharing feedback directly with clinical teams to celebrate successes and ensure that, when we do not get it right, we quickly respond to this and learn from it.

This Annual Report on Feedback, Comments, Concerns and Complaints tells you how we manage and respond to feedback from patients who use our services to improve the care we deliver. It details the formal feedback we received during 2019/20.

### Obtaining feedback from equalities/particular groups

We have several mechanisms in place to support particular groups in providing us with their feedback:

- People with hearing or visual impairments can use accessibility options on our website.
- People whose first language is not English can access an interpreter or request written information in their own language or format of their choice.
- Patients can access support from our advocacy provider if they do not feel confident about making a complaint or highlighting their concerns.

Further information showing how we work in partnership with a variety of equalities groups can be found in our Equalities reports:

<https://www.nhsgoldenjubilee.co.uk/publications/reports/equalities>.

We do our best to make sure that everyone feels able to approach any member of staff with feedback and in turn that staff are confident in listening to and responding to this.

We always advocate discussing any issues locally in the first instance however recognise that in some instances patients may not wish to do so. In such situations, our volunteer-supported feedback mechanisms offer patients an opportunity to speak with someone outwith the clinical team.

We also have feedback post boxes throughout the Hospital, where patients can post feedback forms (this can be done anonymously). Support is also available from. The Clinical Governance department can also provide support to facilitate feedback discussions with patients/relatives.

All of our Publications are available in different languages, larger print, Braille (English only), audio tape or another format of your choice.

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## Helping people feel that their feedback is welcome

All of our feedback mechanisms are advertised across the Board in print and electronic formats. These are all easily accessible to people who may want to use them and can be requested in alternative formats of their choice.

Our website provides information on how people can give us feedback. We also encourage this via our social media channels.

## Recording of feedback, comments and concerns

It is essential that all feedback is shared with those who deliver the care, particularly anyone who is named personally to ensure they receive any appropriate thanks and recognition, to allow them an opportunity to respond.

Support and guidance is provided to clinical staff from our senior managers, Executives, Communications and Clinical Governance teams to enable them to respond to feedback. This streamlined approach means we have appropriate leadership and administrative support across our Board with a supporting governance structure.

We have a central system on which all formal complaints, comments and compliments are captured and shared with local leads, allowing them to view/amend the records and share information with wider staff. Feedback gathered from other methods, including our Volunteer Walk Rounds and Caring Behaviours Assurance System is captured electronically to be collated to each area.

To help inform our improvement focus, feedback is included in regular reports to our services from the Clinical Governance Department and in our Annual Learning Summary.

Your  
feedback  
is always  
welcome

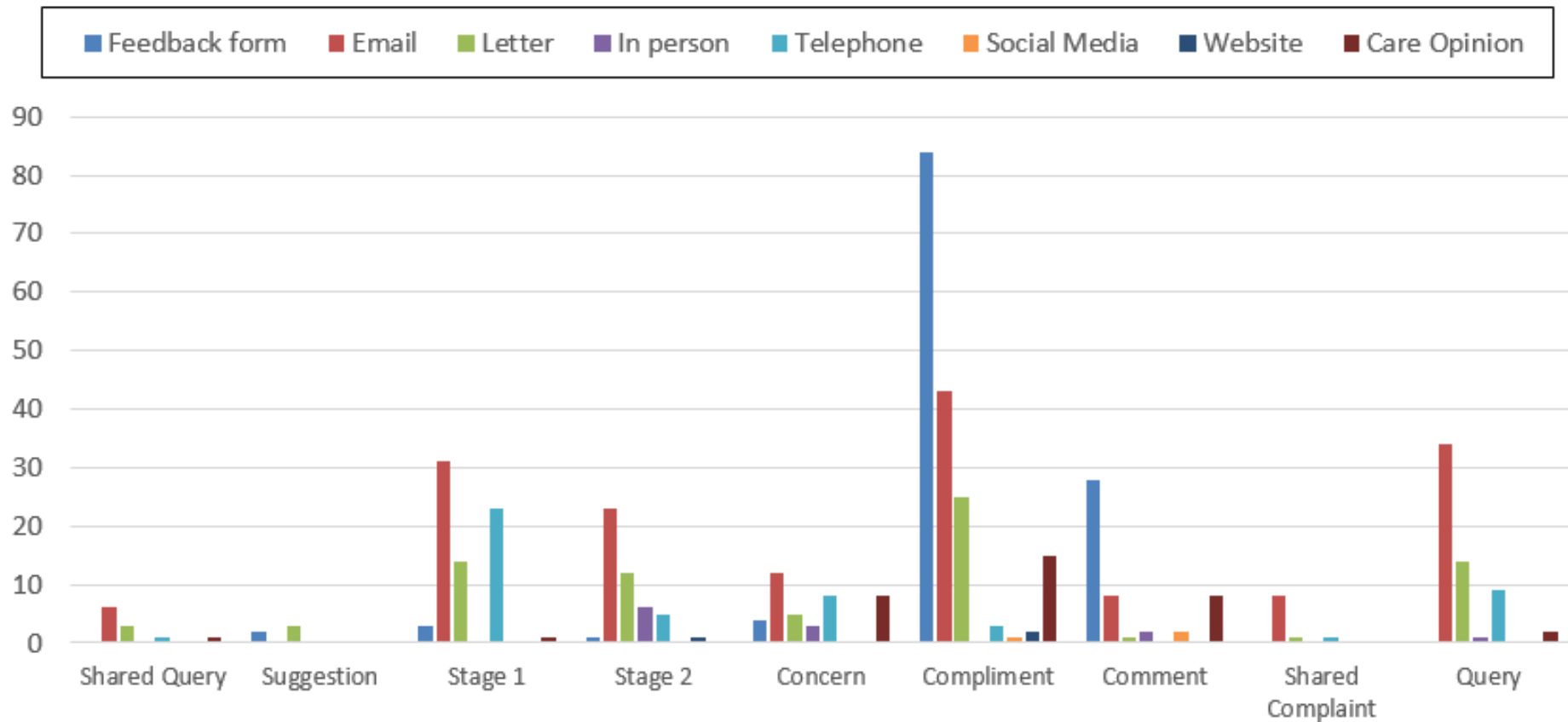


## Section 2: Feedback received in 2019/20

This section provides highlights on some of the feedback received during 2019/20. As explained in our introduction we use a number of methods used to capture patient feedback. The chart below details the received method of feedback during 2019/20.

Emails were the highest received category (165), with feedback forms (122) and letters (78) within the top three categories. This is consistent with 2018/19. Of these top three received categories (365), 173 of these were compliments.

Chart 1 Method of Feedback





## Care Opinion

Care Opinion is an externally managed feedback programme which the Golden Jubilee has been actively using since 2011 to gather feedback from patients and relatives.

A total of 35 'opinions' were published about the Golden Jubilee National Hospital; the same as the previous year. Of the 35 'opinions', 15 were compliments (42.8%), 8 concerns (22.8%), 10 queries/comments (28.6%) and 1 shared query (2.9%) with another health board.

One was progressed as a Stage One complaint (2.9%) which was fully upheld. This related to waiting for test results. There was a mixture of themes across the concerns (staff attitude, administration error, transport, waiting list, communication). These all related to various services.

As Care Opinion is anonymous, when responding to negative posts, we always ask the individual to contact us so that we can look into their case. Out of the 21 posts (excluding compliments), four contacted us and a further investigation took place with feedback being provided to the patient/complainant.

## Compliments

During 2019/20 there were 173 compliments formally logged. Wards and staff members continuously received thank you card/letters/messages and general complimentary feedback on a daily basis, which is not formally logged.

Orthopaedics and Interventional Cardiology received the highest compliments, as in 2018/19.

These include the following:

"I wish to express compliments to all staff involved in my care throughout my Orthopaedic procedure."

"The team work was amazing and this followed through High Dependency Unit (HDU) and onto Ward 3 East where the staff have been amazing. I can't believe I had a bypass and home within a week."

"Every member of staff, reception, ward, operating theatre, physio and aftercare has been first class. Thanks to all."

"All the staff were very friendly, courteous and efficient. I am very impressed with the Golden Jubilee Hospital."

"I was well informed at all times. The staff were very professional with such a heavy workload - they were able to maintain these standards throughout."

"Good service. Best interpreting service I had ever encountered in NHS. "



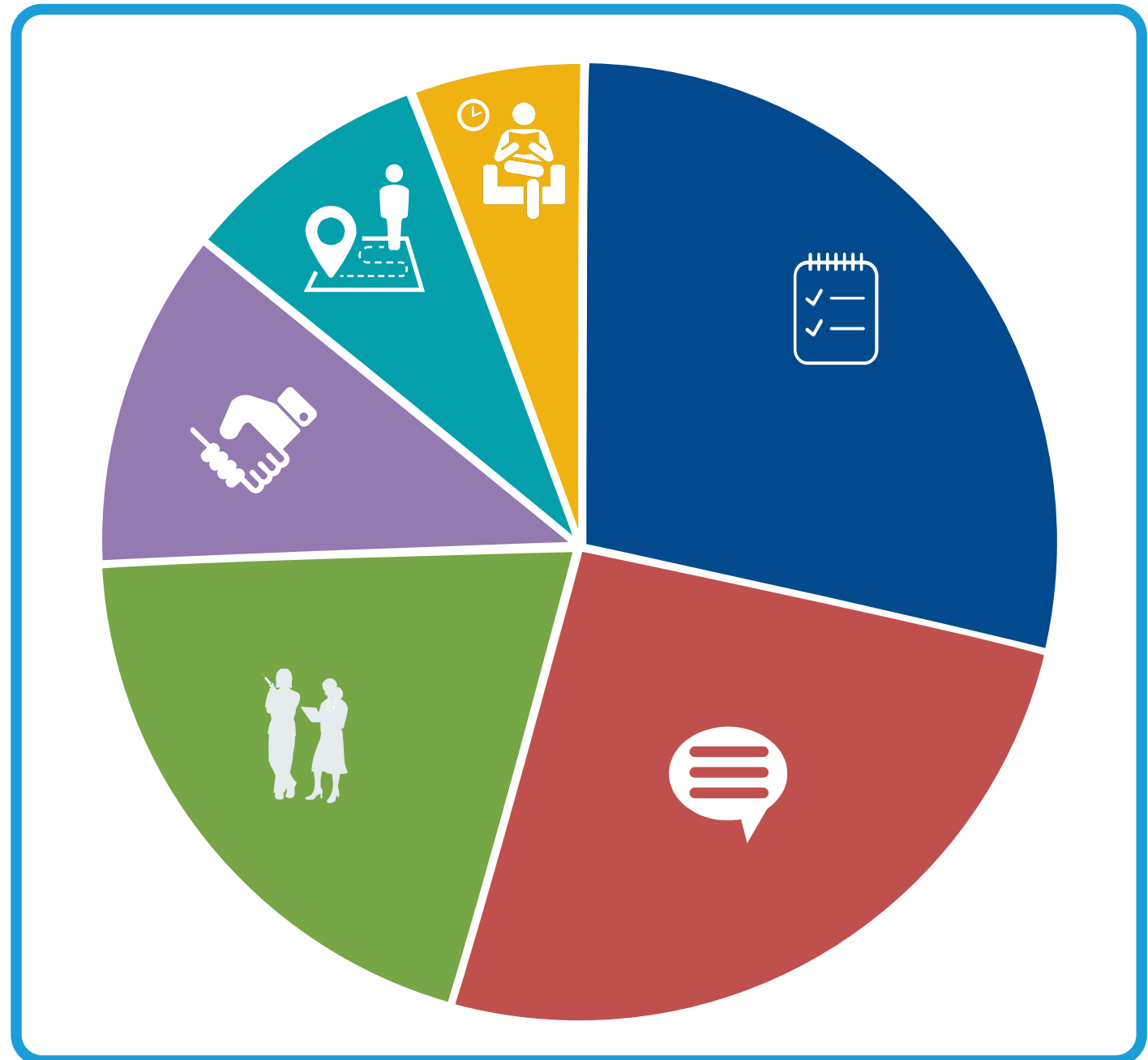
## Concerns

In 2019/20, 40 concerns were received, this is a 39% decrease compared to 2018/19. We have noted that the Stage One complaints have increased, which we believe is linked to the decrease in concerns.

The chart opposite summarises the top six concern categories in 2019/20. All other categories received one concern (administration error, cancellation of surgery, maintenance, discharge process, transport). Patient Journey, which was the biggest theme during 2018/19, has significantly decreased during 2019/20.

-  **Waiting Times for Test Results**
-  **Patient Journey**
-  **Staff Attitude**
-  **Clinical Treatment**
-  **Waiting List**
-  **Communication**

Chart 2 Concerns with themes 2019/20




## Social media and Communication

### Social media – our corporate Facebook and Twitter channels

The Communications Department monitor and respond to all comments, questions and reviews received via our corporate social media channels.

In 2019/20:



Twitter followers up to 4,463 followers		up <b>22.4%</b>
Facebook followers up to 7,587 followers		up <b>37.5%</b>
Combined Facebook and Twitter reach up to 4,194,363 (the number of people who have seen or read our posts)		up <b>45.9%</b>
Combined Facebook and Twitter engagement up to 289,355 (the total number of comments, reactions, and shares/retweets)		up <b>395.7%</b>
Tweets sent to us up to 2,746		up <b>75.5%</b>
Comments posted on our Facebook 'wall' or 'timeline' up to 7,415		up <b>42.87%</b>
Facebook reviews maintain an average lifetime rating of 4.8/5 stars		 <b>facebook.</b> 



## Positive Engagement Score

Our Positive Engagement Score (PES) creates a unique reputation score by collating all interactions, reviews and feedback from social media, emails to communications and media coverage.

In 2019/20:

**11,479**  
'engagements' were received, compared to **8,451** in the previous year.

↑ **35.8%**.

**11,457** were positive, factual or neutral (**99.81%**), and **22** were negative (**0.19%**).

The Positive Engagement Score in 2019/20 is **99.81%** compared to **99.25%** in 2018/19.

The Lifetime Positive Engagement Score is **98.70%**

## Section 3: Formal complaints

### Overview

In April 2016/17, all NHS Boards across Scotland implemented the new Scottish Complaints Handling Procedure which was led by the Scottish Public Services Ombudsman. This has been implemented very well within the NHS Golden Jubilee. The revised reporting structure with nine new Key Performance Indicators (KPI) continues to be reported quarterly through the Clinical Governance structure.

During 2019/20 there were 120 complaints received, of which 72 were Stage One and 48 were Stage Two. This is an overall increase of 46%, with the main increase being stage One complaints (54%).

Key points to note from formal complaints during this period are:

- Six complaints escalated from a Stage One to a Stage Two. One of these was escalated at the request of the complainant as they were not fully satisfied with the outcome of the telephone call at Stage One.
- There were 22 Stage Two complaints relating to clinical treatment (46%). These can be complex to investigate and were appropriately managed within the Stage Two process.
- The biggest theme across Stage Two complaints related to Waiting List (31%).
- Within the 120 complaints received, three Stage Ones were withdrawn and one Stage Two was withdrawn as consent was not received.
- Four complaints were escalated to a Significant Adverse Event (SAE).
- One progressed onto a Root Cause Analysis (RCA) investigation.

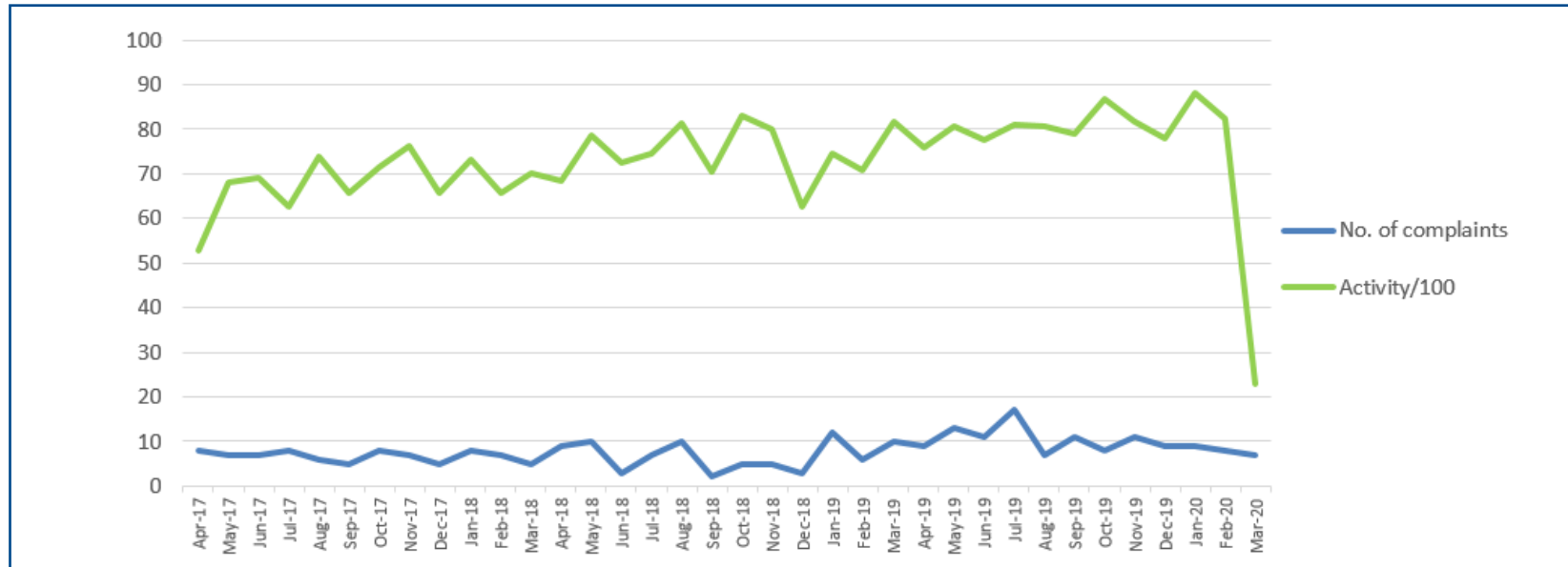


Complaints  
are always  
followed up

## Complaints activity

**Chart 3** shows the complaints against activity from April 2017 to March 2020 with **Chart 4** showing a count per month.

**Chart 3 – Complaints and Patient Activity April 2017 – March 2020**



**Chart 4 Complaints received per month/year**

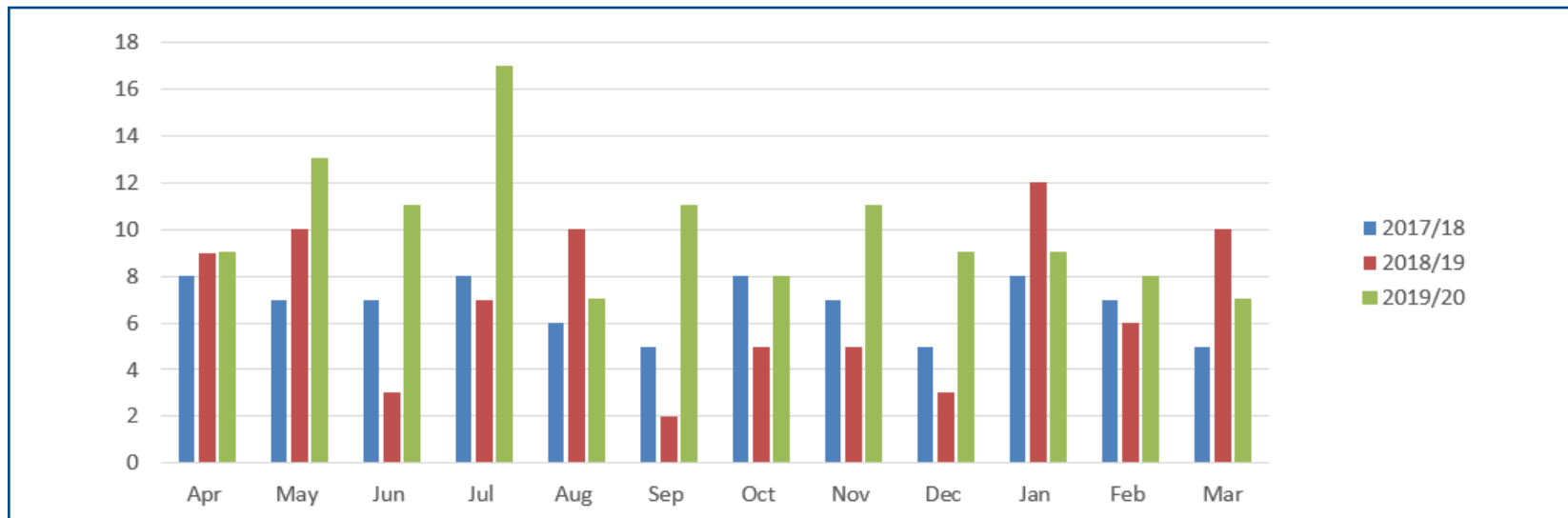


Table 1 below shows 2019/20 per quarter, numbers of complaints, the outcomes, the percentage that were closed within timescales and the average responses time.

**Table 1**

	<b>Total received</b>	<b>Stage</b>	<b>Fully Upheld</b>	<b>Partially Upheld</b>	<b>Not Upheld</b>	<b>Total</b>	<b>Closed within five days (20 days)</b>	<b>Average response times</b>
<b>Q1</b>	<b>33</b>	<b>Stage One</b>	<b>12</b>	<b>2</b>	<b>4</b>	<b>18</b>	<b>14 (78%)</b>	<b>4 days</b>
		<b>Stage Two</b>	<b>6</b>	<b>1</b>	<b>8</b>	<b>15</b>	<b>8 (53%)</b>	<b>28 days</b>
<b>Q2</b>	<b>35</b>	<b>Stage One</b>	<b>7</b>	<b>3</b>	<b>5</b>	<b>17<sup>1</sup></b>	<b>9 (60%)</b>	<b>5 days</b>
		<b>Stage Two</b>	<b>1</b>	<b>5</b>	<b>12</b>	<b>18</b>	<b>5 (28%)</b>	<b>29 days</b>
<b>Q3</b>	<b>28</b>	<b>Stage One</b>	<b>5</b>	<b>4</b>	<b>8</b>	<b>18<sup>2</sup></b>	<b>14 (82%)</b>	<b>3 days</b>
		<b>Stage Two</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>10<sup>3</sup></b>	<b>3 (33%)</b>	<b>24 days</b>
<b>Q4</b>	<b>24</b>	<b>Stage One</b>	<b>7</b>	<b>3</b>	<b>9</b>	<b>19</b>	<b>12 (61%)</b>	<b>5 days</b>
		<b>Stage Two</b>	<b>1</b>	<b>2</b>	<b>2</b>	<b>5</b>	<b>0 (0%)</b>	<b>21 Days<sup>4</sup></b>

We aim to respond to all complaints within the timescales. Where this is not possible, complainants are kept up to date as to the timescale for response. The primary focus on complaints is the quality of the response.

<sup>1</sup> Two Stage One complaints were withdrawn

<sup>2</sup> One Stage One complaint was withdrawn

<sup>3</sup> One Stage Two complaint was closed as no consent was obtained

<sup>4</sup> Two complaints were significantly delayed due to COVID-19 (43 days/ 59 days) and are not included in this

## Number of cases where an extension is authorised

Table 2 below summarises the number of Stage One complaints received in 2019/20, and whether they were closed within five working days. There were 20 Stage Two complaints where an extension was granted; one was not responded to until day 11 as the patient had surgery and consent could not be obtained to allow the formal response.

Reasons for extensions vary and at times are due to being unable to contact the patient within the five days or in one case where a face to face meeting was requested. Records are maintained of all contact or attempted contact to feedback on complaints:

**Table 2**

2019/20 Complaints response	Overall
Number closed within five days	49 (68%)
Number closed out with five days/ Number where extension was granted	20 (28%)
Number of withdrawn / timebarred / No consent received	3 (4%)
Number of formal complaints	<b>72</b>

Table 3 summarises the number of Stage Two complaints received in 2019/20, and whether they were closed within 20 working days. There were 29 Stage Two complaints not responded to within timescale.

However, it must be noted that the referrals to the Scottish Public Services Ombudsman remain low (5 when n=116) and have decreased since 2018/19 (7 when n =79), suggesting that although the response timescales are over 20 working days, complainants appear to be more satisfied with their response.

**Table 3**

2018/19 Complaints response	Overall
Number closed within 20 days	18 (38%)
Number closed out with 20 days	29 (60%)
Number of withdrawn/timebarred/No consent received	1 (2%)
Number of formal complaints	<b>48</b>

During 2019/20 we were challenged in meeting the 20-day timeline for Stage Two responses.

This was due to multiple factors including complexity of complaint, delays in process sign off of responses and delays from other NHS Boards.

Significant work has been done during the year within Clinical Governance to review the process and ensure any delays are minimised as far as possible whilst maintaining quality responses.



Our quality  
of response  
is important  
to us

## Themes from complaints

Charts 5 and 6 show that clinical treatment has been the biggest theme over the past two years. Communication, Staff Attitude and Waiting list have been in the top four themes over the past two years, but have all risen in 2019/2020.

Waiting list complaints have increased significantly compared to the previous year. This is the largest theme for Stage One complaints which correlates with the increase in Stage One complaints in this year. Around 60% of these relate to Cardiac Services. This is also a change from the previous year, where the highest level of waiting times complaints were about Interventional Cardiology. This reflects both the work done within the interventional cardiology service and also waiting list pressures within cardiac service during the year.

Although clinical treatment was the biggest reason for complaining in 2018/19 and 2019/2020, this was not the highest upheld complaint theme.

Waiting list and communication are the highest upheld complaint themes during 2019/2020; some examples of the upheld issues by theme are:

### Waiting list:

- Patient unhappy with cardiac waiting timescales.
- Patient and patient's wife unhappy as patient's surgery was cancelled and had already been waiting an increased amount of time.

### Communication:

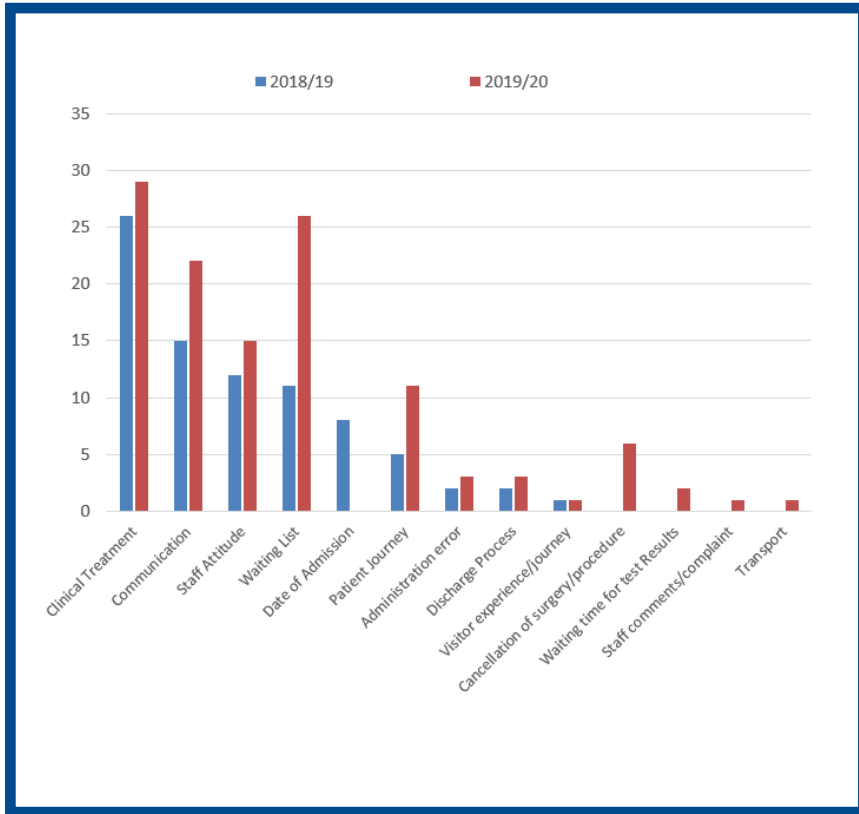
- Patient unhappy as staff had not been expecting him. The procedure was changed to the following day but the patient was not aware of this.
- Patient unhappy how the Consultant spoke to him during pre-assessment.

### Staff Attitude:

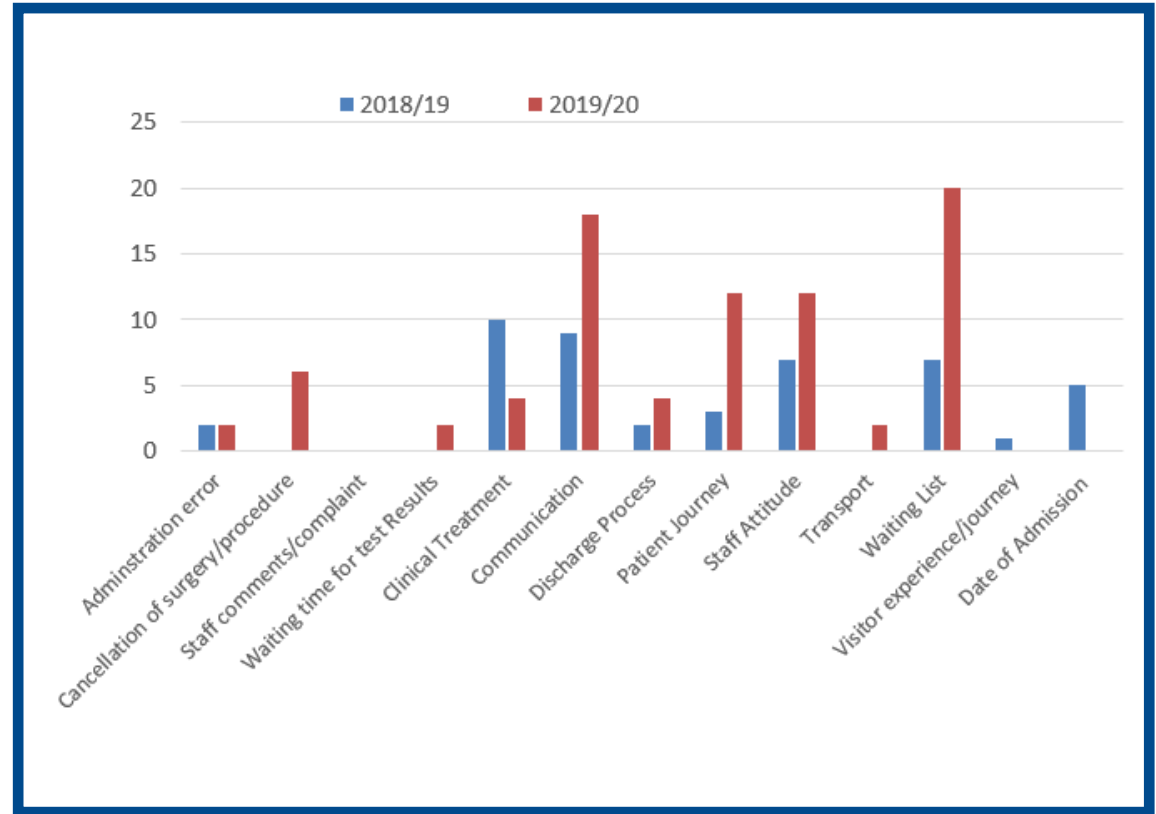
- Patient unhappy with Consultant attitude during procedure.
- Patient unhappy at the Consultant's manner when addressing their high Body Mass Index (BMI) and feels this could have been done in a more empathetic manner.



**Chart 5 Themes of all complaints**



**Chart 6 Upheld Themes**



### Scottish Public Services Ombudsman (SPSO)

Five cases were referred to the Scottish Public Services Ombudsman (SPSO) in 2019/20. One of these was rejected, three are still under investigation and one has been closed.

One of the ongoing cases was initially rejected by the SPSO as the NHS Golden Jubilee had not fully responded to the questions sent to the SPSO by the complainant. Therefore, the SPSO requested the complainant complain to the NHS Golden Jubilee to allow us to fully respond. The complainant remained dissatisfied with the second response and the SPSO have requested the complaint file.

The one complaint that has been closed was upheld by the SPSO and had been partially upheld by NHS Golden Jubilee. We have progressed the additional actions as requested by the SPSO.

## Learning from complaints

NHS Golden Jubilee appreciates all feedback as this helps us improve our services for our patients and visitors. Where complaints are upheld, a full apology is given and learning is identified. Information and learning, SPSO decision report actions and recommendations are widely shared with appropriate teams.

We welcome face to face meetings where possible with complainants. During 2019/2020 we met with five complainants and/or their families.

All individual learning from complaints is recorded, actioned and monitored.

We learn  
from our  
complaints

The following is a summary of some of the improvements to the service from feedback received during 2019/20:

- Letter to all patients exceeding the Treatment Time Guarantee (TTG) within Cardiac services to advise of approximate timescales for surgery waiting times and advice on what to do if symptoms worsen.
- Joint working with pre-assessment team at another NHS Board to ensure patients with diabetes are given the correct medication guidelines prior to admission.
- Senior Charge Nurse training with Nurse (new member of staff) involved in patient discharge to ensure clear, concise documentation is filled out to support patient follow-up at home.
- Individual staff member debriefed on concerns relating to manner on the telephone to patient. Manager of relevant area randomly selected telephone calls for one month to monitor staff members telephone manner and ensure improvement.
- Discussions with Clinical Governance Lead for General Surgery and colleagues to consider an audit on use of Entonox for patients with Inflammatory Bowel Disease.
- Signage placed within the Radiology Reception areas advising patients to approach the reception desk if they have not been seen/spoken to within 20 minutes.
- Following debrief with line manager, agreement that an individual staff member will attend Human Factors training and externally provided training in relation to behaviours and communication skills.
- Reviewed and agreed correct process for referrals from Boards to ensure appropriate information is provided to support appropriate theatre allocations.

## Experience of making a complaint

We are committed to ensuring that all complainants have a positive experience when making a complaint.








To ensure we capture the complainants full understanding, we aim to speak to every complainant where possible.

Each complainant (Stage One and Stage Two) receives an anonymous follow up survey to ask about their complaints experience. The rate of response for Stage One surveys is **10%**. The response rate for Stage Two complaints is **15%**.



## Section 4: Education and Awareness

Clinical Governance staff continuously support ad hoc one to one training for staff in relation to the feedback process and Datix system used to support this. Various guides and supporting documents are available via the Clinical Governance SharePoint page to provide support to staff. In addition to this the following formal training and education is available throughout the year.

	<b>Induction</b> During 2019/20 NHS Golden Jubilee launched a new online Corporate Induction module with a dedicated clinical Governance section incorporating feedback. This has been successful with 509 members of staff completing the induction.
	<b>Training Day</b> All nursing, medical and support staff who have direct patient contact were invited to a Breaking Bad News training day. This was facilitated by an external provider. There were three days spaced over five months to allow staff to attend one of the sessions; a total of 28 attended across professions.
	<b>eDigest</b> Reminders within eDigest to signpost staff to the Feedback toolkit on the Clinical Governance SharePoint page. The Feedback toolkit advises all the relevant details in relation to feedback received by the hospital and the correct processes. All staff were asked to review the toolkit to refresh their understanding of the feedback process.
	<b>Charge Nurse Training Day</b> New Charge Nurses are provided with an overview of the feedback module in Datix and the feedback toolkit within the Clinical Governance SharePoint site. Discussion around the Complaints Handling Procedure took place to ensure they are fully aware of the correct process, should they or their team be involved in a complaint, or managing a complaint.
	<b>Medical Appraisals/Nursing Appraisals</b> If any feedback is specifically noted against a member of staff, this is linked to them within Datix. This allows the Clinical Governance team to provide the medical team with all feedback they have been involved in, and allows the member of staff to fully discuss this at their annual appraisal. Should the nursing team be involved in an upheld complaint, they are asked to write a reflective statement and this should be included within their annual revalidation.
	<b>Junior Doctors Induction</b> Clinical Governance discuss adverse events and feedback at the Junior Doctors' induction session.
	<b>Continuing Medical Education (CME)</b> A session focusing on complaints was held to raise awareness and support discussion amongst medical staff.



If you have any comments or feedback on this publication, please do let us know



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All of it       A general browse       Only the sections that interested me       Not at all

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Tha gach sgrìobhainn againn rim faotainn ann an diofar chànanan, clò nas motha, Braille (Beurla a-mhàin), teip claidinn no riochd eile a tha sibh airson a thaghadh.

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