

# Annual Feedback Report

2020/21



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

# Contents

<b>Section 1 - Introduction and Overview</b>	<b>3</b>
Introduction	3
Obtaining feedback from equalities / particular groups	3
Helping people feel that their feedback is welcome	4
Recording of feedback, comments and concerns	4
Feedback during COVID-19	6
<b>Section 2 – Feedback Received in 2020/2021</b>	<b>7</b>
Care Opinion	8
Compliments	8
Concerns	8
Social Media and Communications	9
<b>Section 3 – Formal Complaints</b>	<b>10</b>
Overview	10
Complaints Activity	10
Stage 2 Complaints	14
Scottish Public Services Ombudsman (SPSO)	16
Learning from Complaints	17
Experience of Making a Complaint	17
<b>Section 4 – Education and Awareness</b>	<b>18</b>
Section 5 – Conclusion	19

## Section 1 - Introduction and Overview

### Introduction

Here at NHS Golden Jubilee we aim to ensure every patient receives high quality care that is safe, effective and person centred.

We value the role patient feedback plays in achieving this and recognise the importance of sharing feedback directly with clinical teams.

In this way we celebrate successes and ensure when we do not get it right, that we quickly respond and learn from it.

This report describes the formal feedback we have received over the last year (2020 - 2021).

### Obtaining feedback from equalities and 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 recently published Equality Mainstreaming Report by [visiting this link](#).

Alternatively, you can visit the Equalities page on our website at: [NHSGoldenJubilee.co.uk/publications/reports/equalities](https://www.nhs.uk/goldenjubilee/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 feedback. We always encourage discussing any issues locally in the first instance, however recognise that in some cases patients may not wish to do so.

In these situations, our volunteer supported feedback mechanisms are highly valuable in offering patients an opportunity to speak with someone outside the clinical team.

We also have feedback post boxes throughout the Hospital where patients can post feedback forms. This can be done anonymously if they wish.

There is support available from the Clinical Governance department in facilitating feedback discussions with patients and relatives.

## 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 provide feedback and 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 care, particularly anyone who is named personally. This will ensure they receive any personal thanks or recognition and allows them an opportunity to respond to any feedback.

Support and guidance is provided to clinical staff from our Senior Managers, Executives and Corporate Affairs 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 within a robust 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 or amend the records and share information with wider staff.

Feedback gathered from other methods including our Volunteer Walk Rounds and Caring Behaviours Assurance System (CBAS) is captured electronically to support collation and feedback to the areas.

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

**Your  
feedback  
is always  
welcome**



## Volunteers and Caring Behaviours

We continue to use the CBAS methodology within the Board. The training for CBAS paused because of the pandemic, but the principles of CBAS continue to be evident in teams and departments.

During CBAS training there is an emphasis of caring for staff, focusing on self-care for individuals and teams to enhance resilience and improve team working.

During the pandemic the importance of staff self-care became clear and the training given to previous cohorts of CBAS has allowed staff to focus on self-care during this period.

The training programme is planned to resume in the last quarter of 2021. We would also hope to re-start the collection of patient evaluation on their care experience in the near future.

Throughout 2020 / 2021 we continued partnership working with Healthcare Environment Inc. and international colleagues around the concepts in caring science.

We benchmark our work around caring science within NHS Golden Jubilee and contribute to the international research into caring behaviours led by Healthcare Environment Inc.

This international work has resulted in the writing of a book 'Using Predictive Analytics to Improve Healthcare Outcomes' in which NHS Golden Jubilee's caring science research has dedicated chapters. The book was published by Wiley Publishing in July 2021.

We recognise the importance of volunteers in supporting patient experience and the evaluation of this. During the COVID-19 pandemic much of our routine volunteer work has been paused, including the volunteer walk rounds which link to the CBAS evaluation, and we are working to restart this safely.

We have been able to include volunteers in the opening of the new Eye Centre with roles in welcoming patients and pathfinding which, informally, has evaluated well.





## Feedback during COVID-19

The COVID-19 pandemic has impacted on the feedback received in the year. In the first quarter of this year, as elective activity was suspended, our overall levels of feedback were very low.

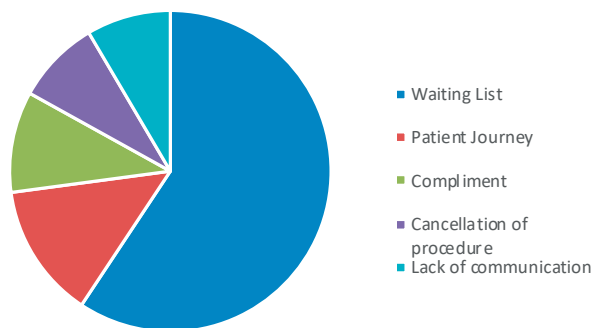
This has increased as the year has progressed, though we have noticed changes in how people interact, with an increase in the amount of emails, less written feedback and also in the types of issues being reported.

We have monitored feedback specifically relating to COVID-19 across all forms. Stage 1 and formal queries were the highest types of COVID-19 related feedback. There were 44 stage 1 complaints, with 48% of these relating to COVID-19, and 42 queries with 50% relating to COVID-19.

Analysis of this has shown that Orthopaedics and Ophthalmology had the highest number of complaints relating to COVID-19. These services were paused during the initial lockdown and, once restarted, had the highest volume of activity during the year.

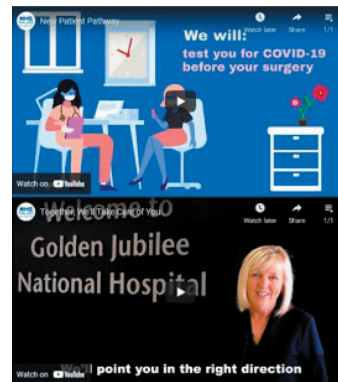
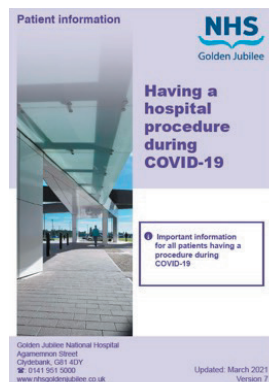
Waiting List (35) was the highest theme relating to COVID-19 feedback, which was accountable for 51%. Patient journey (8) was second with 12%, 4 of these related to COVID-19 testing.

Chart 6 – Top 5 themes for COVID-19 feedback



As activity resumed, a lot of focus was placed on patient information. It was key to ensure that patients had the most up to date information on the different safety precautions needed for coming into hospital. This was to reassure them of the measures that were being taken to help them feel safer about coming into hospital for their procedure.

Leaflets were then sent to all patients with their appointment letters. Each patient received a screening call to confirm they did not have any COVID-19 symptoms and were able to attend their appointment. Videos were developed to outline key safety measures and explain the drive through COVID-19 testing facility.



The Feedback and Legal Co-ordinator assisted in 3 patient satisfaction surveys for Ophthalmology, Orthopaedics and Scottish Adult Congenital Cardiac Service (SACCS), assisting with the initial questionnaires, covering letters and contacting patients.

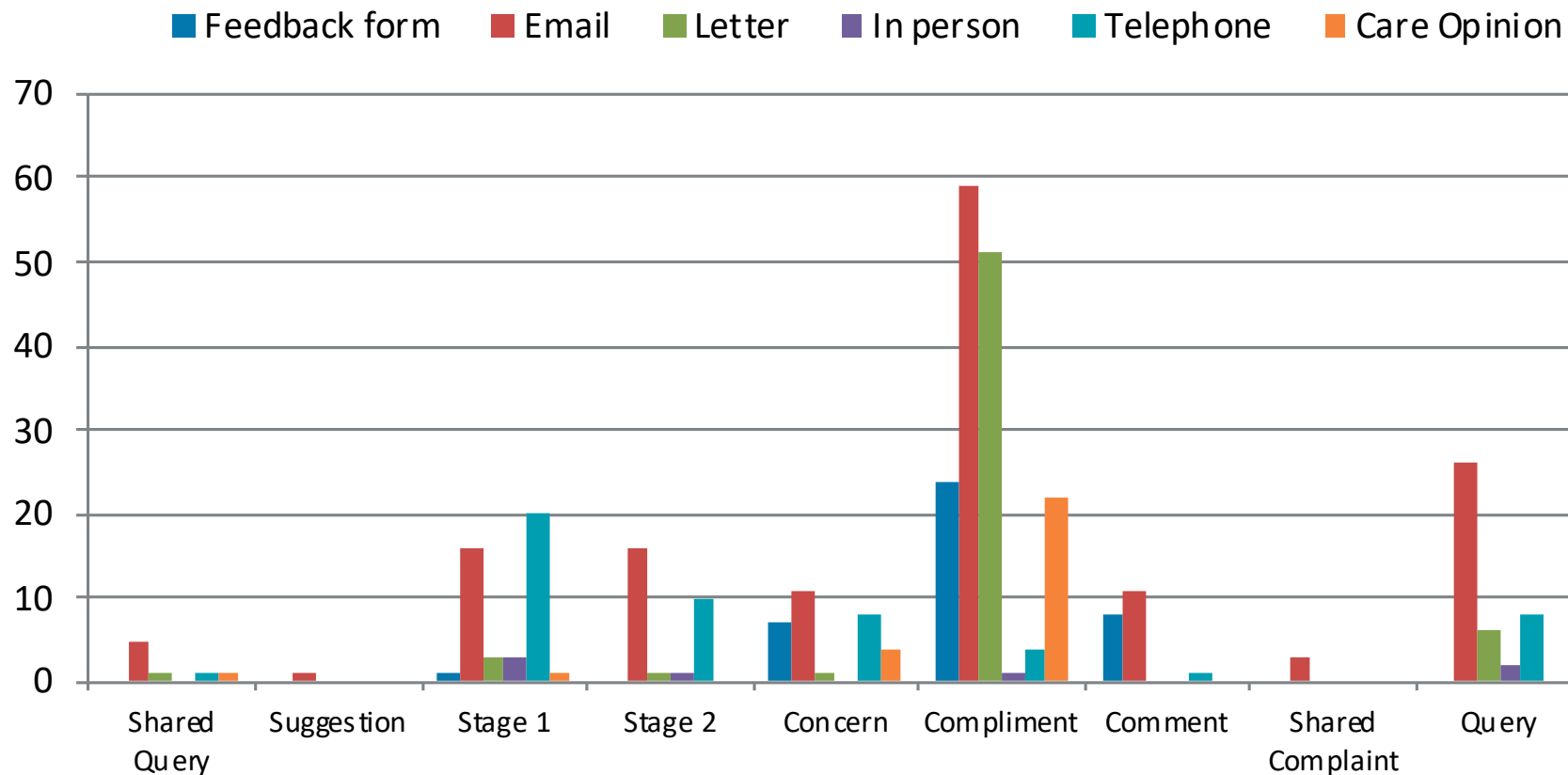
## Section 2 – Feedback Received in 2020 / 2021

During the year we received and logged 338 formal feedback responses. The chart below details the methods by which feedback was received during 2020/21.

As shown emails were the most common method used to provide feedback.

Compliments continue to be the highest category of overall feedback received with 161 formal compliments recorded in the year; 44% of all feedback received. These are always shared with the teams and staff given the details on the compliments.

Chart 1 - Methods 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 28 'opinions' were published about NHS Golden Jubilee; which is 7 less than the previous year. Of the 28 'opinions', 22 were compliments (79%), 4 concerns (14%) and 1 shared query with another health board. One was progressed as a stage 1 complaint (2.9%) which was fully upheld; this related to a patient whose surgery had been cancelled due to the pandemic.

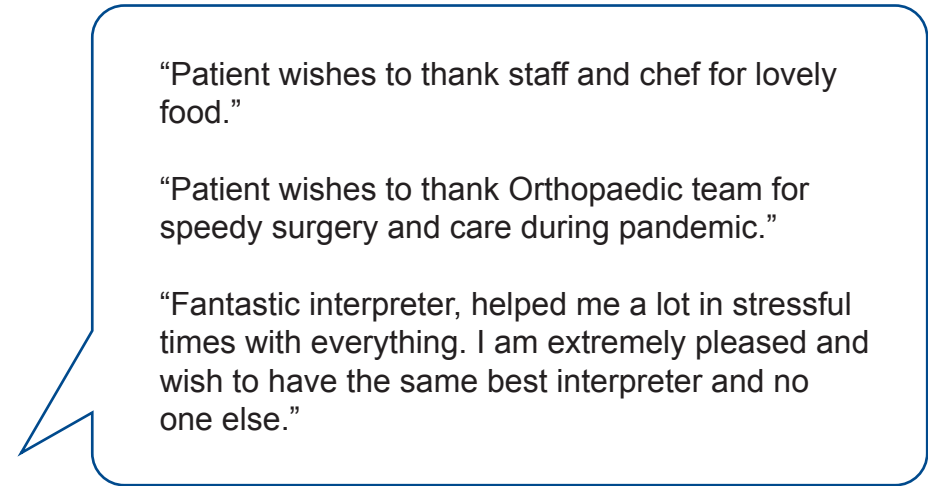
As Care Opinion is anonymous we always directly ask the poster to contact us so that we can look into their case.

## Compliments

As noted in the overview, there were 161 compliments formally logged. The wards and staff members continuously receive thank you cards, letters, messages and general complimentary feedback on a daily basis, which is not formally logged.

There are 2 departments trialling logging their own compliments, with the intention to roll this out across the Hospital.

Orthopaedics and Interventional Cardiology received the highest number of compliments; this has been consistent for 3 years running. Some examples of compliments received include:

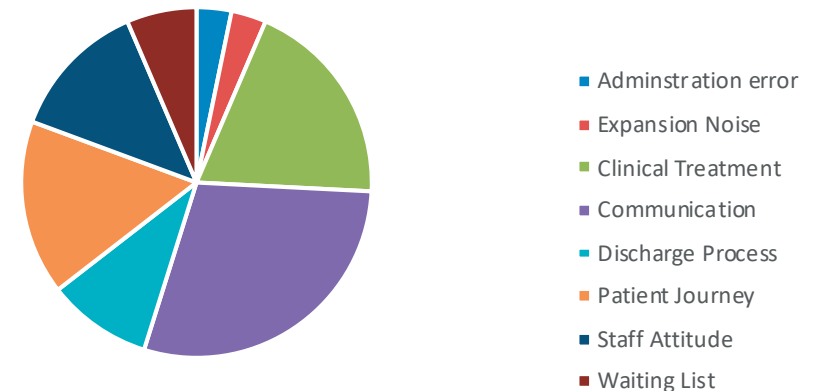


## Concerns

In 2020 / 2021, 31 concerns were received. This is a 22% decrease since 2019 / 2020, although this is reflective of the overall decrease in formal complaints. The chart below summarises the top five concern categories in 2020 / 2021.

Administration error and expansion noise received 1 and waiting list received 2.

Chart 5 - Concerns with themes 2020/21





## 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 as well as emails sent to the Comms and Comms Enquiries mailboxes.

In the year from 1 April 2020 to 31 March 2021:



Twitter followers up to 5,106 followers



up  
14.4%

Facebook followers up to 8,931 followers



up  
17.8%

LinkedIn followers up to 946 followers



up  
65.4%

YouTube subscribers up to 1,218



up  
116.7%

Combined social media reach across all platforms up to 4,828,567  
(the number of people who have seen or read our posts).

**All social  
media**

up  
15.1%

Combined social media engagement across all platforms up to 460,803  
(the total number of comments, reactions, and shares/retweets).



up  
42.87%

Facebook reviews maintain an average  
lifetime rating of 4.8/5 stars



## Positive Engagement Score

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

In the year from 1 April 2020 to 31 March 2021:

**12,052**  
'engagements' were received, compared to **11,479** in the previous year.

**5%**  
↑

**12,014** were positive, factual or neutral (**99.68%**), and **38** were negative (**0.31%**).

The Positive Engagement Score in 2020/21 is **99.68%** compared to **99.81%** in 2019/20.

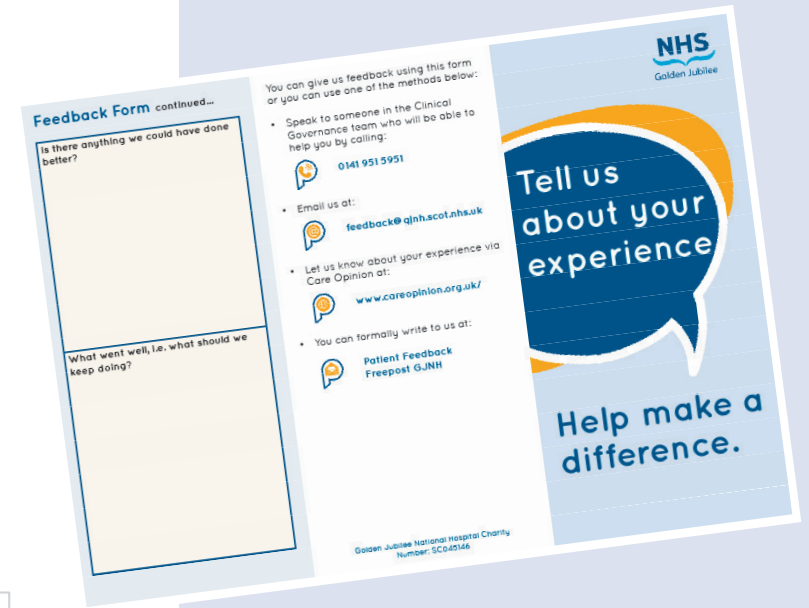
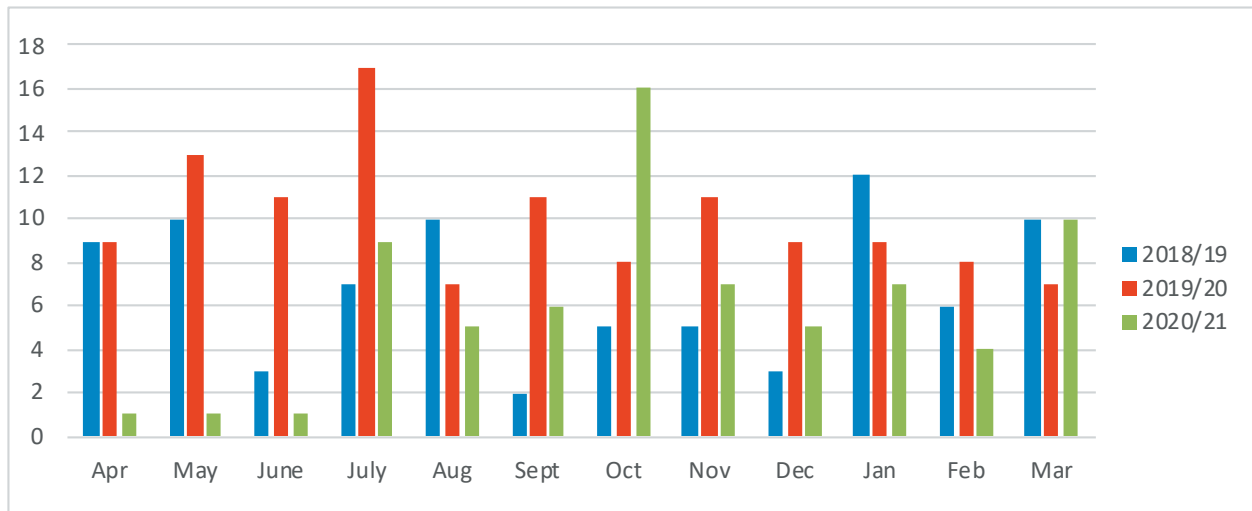
## Section 3 – Formal Complaints

### Overview

During 2020 / 2021 there were 72 complaints received (44 stage 1 and 28 stage 2). There has been an overall decrease of 40% (72 stage 1 and 48 stage 2) in both stage 1 and 2, which was expected due to the COVID-19 pandemic. Quarter 1 particularly saw a significant decrease, but levels began to rise as the year progressed.

The chart below provides an overview of the formal complaints received by month over the last 3 years.

Chart 2 - Complaints received per month/year 2018-2021



**Complaints  
are always  
followed up**

Table 1 provides a breakdown of the formal complaints received in 2020/21 by quarter noting the numbers of complaints, outcomes, percentage that were closed within timescales and the average responses times:

**Table 1 - Formal Complaints Outcomes by Quarter**

	Total received	Stage	Fully Upheld	Partially Upheld	Not Upheld	Total	Closed within five days (20 days)	Average response times
Q1	3	Stage 1 = 2	0	0	2	2	(0%)	6.5 days
		Stage 2 = 1	0	0	1	1	(0%)	23 days
Q2	20	Stage 1 = 16*	7	5	3	15	5 (31.3%)	5 days
		Stage 2 = 4**	1	0	2	3	1 (33.3%)	29.3 days
Q3	28	Stage 1 = 16***	3	4	8	15	12 (80%)	4.1 days
		Stage 2 = 12****	3	5	4	12	2 (18%)	37 days
Q4	21	Stage 1 = 10*****	6	0	3	9	5 (55.6%)	4.7 days
		Stage 2 = 11*****	1	4	4	9	10 (0%)	30.5 Days

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.

Q2\* One stage 1 complaints was withdrawn

Q2\*\* One stage 2 complaint was progressed to SAER

Q3\*\*\* One stage 1 complaint was withdrawn and

Q3\*\*\*\* One stage 2 was progressed to SAER

Q4\*\*\*\*\* One stage 1 complaint was withdrawn

Q4\*\*\*\*\* One stage 2 complaint was progressed to SAER/One stage 2 complaint was withdrawn.

## Stage 1 Complaints

30 (68%) of the 44 stage 1 complaints were responded to within the 5 working days timescales. 2 stage 1 complaints were withdrawn, 1 on day 1, and 1 on day 4.

There were 13 where an extension was granted for various reasons; all of these were responded to within the agreed 10 working days.

**Table 2 - Stage 1 Complaint Response**

2020/21 Complaints response	Overall
Number of formal complaints	44
Number closed within 5 days	28 (63%)
Number closed out with 5 days / Number where extension was granted	13 (30%)
Number of withdrawn / time barred / No consent received	3 (7%)

Examples of reasons for extensions include:

- Discussion with consultant required and Consultant on annual leave.
- Patient wished call back on day 6 from Manager.
- Delay in investigation findings, complainant happy with agreed extension.
- To allow a written response.

There were 2 stage 1 complaints that were escalated to stage 2. 1 of these was at the patient request and the other was escalated automatically as it exceeded the 10-day time period for the stage 1 process.

Within the stage 1 complaints, waiting list was the most common theme (14). Clinical Treatment was the main theme for stage 2 complaints (10) which correlates with the previous year. Staff Attitude was the second highest theme for stage 2 with 7 complaints.

## Stage 2 Complaints

We always aim to provide complainants with their response within timescales, this has evidently been a significant challenge this year with only 36% of Stage 2 responded to within timeframes as shown below.

**Table 3 - Stage 2 Complaint Response**

2020/21 Complaints response	Overall
Number of formal complaints	29
Number closed within 20 days	5 (17%)
Number closed out with 20 days	20 (69%)
Number of withdrawn / time barred / No consent received	1 (4%)
Number progressed to Significant Adverse Event Review (SAER)	3 (10%)

There were different factors that caused delays to stage 2 responses. In the early stages of the year the COVID-19 pandemic was a key contributor, however we acknowledge we have had challenges in relation to the internal investigation process and sign off of responses, which have had further impacts throughout the year.

This has been discussed extensively at Division and Board level and an action plan has been generated to support improvements at all levels to support quality and timely responses.

Our longest response time was 67 days within Quarter 3. However, this was a delay in the shared health board response that was essential as the complainant wished a joint response.

There were 5 fully upheld complaints, 8 partially upheld and 11 not upheld. 1 complaint was withdrawn, as the Consultant reviewed the patient face to face in clinic.

During 2020/2021 there were 3 complaints that were escalated to a Significant Adverse Event Review (SAER).

2 stage 2 complaints were re-opened, in 1 a video meeting was held where new concerns were raised and progressed as a separate stage 2 complaint. The other was offered a meeting, however had to decline due to work commitments and advised, should they require this, they will contact the complaint team again.

It must be noted that the referrals to the Scottish Public Services Ombudsman remain low (2 when n=69). This suggest that although the complaint responses were over timescales, the complainants appeared satisfied.





**Our quality  
of response  
is important  
to us**

## Themes from complaints

The following charts show the themes of both complaints received along with the themes of the upheld complaints.

Clinical Treatment has been the highest theme for received complaints over the past 3 years. In this year, 2 Clinical Treatment complaints were progressed to SAER. Clinical treatment related to numerous services, the highest were Orthopaedic Surgery (3), Cardiac Surgery (3) and Interventional Cardiology (3).

Waiting List and Staff Attitude have been in the top 4 themes of complaints received over the past 3 years. During 2020/2021 waiting list complaints and staff attitude were the highest upheld categories. In the previous year the Waiting List related mainly to pressures within interventional Cardiology, whereas this year orthopaedics has seen the highest level of waiting times complaints, the majority of which were COVID-19 related. Orthopaedics also had the highest feedback on staff attitude (4), although these related to different areas so no

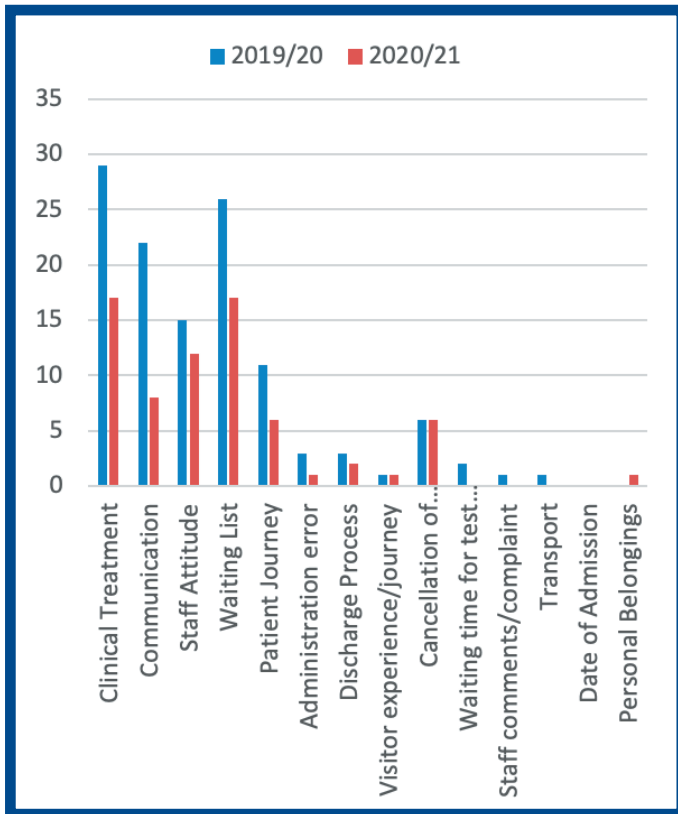
themes were identified.

Issues raised in relation to communication has significantly decreased (63%) and is not within the top themes this year. In the previous year communication was within the top 2 upheld categories. The decrease could be attributed to changes in communication during the pandemic which has seen much more proactive contact with patients as services have restarted.

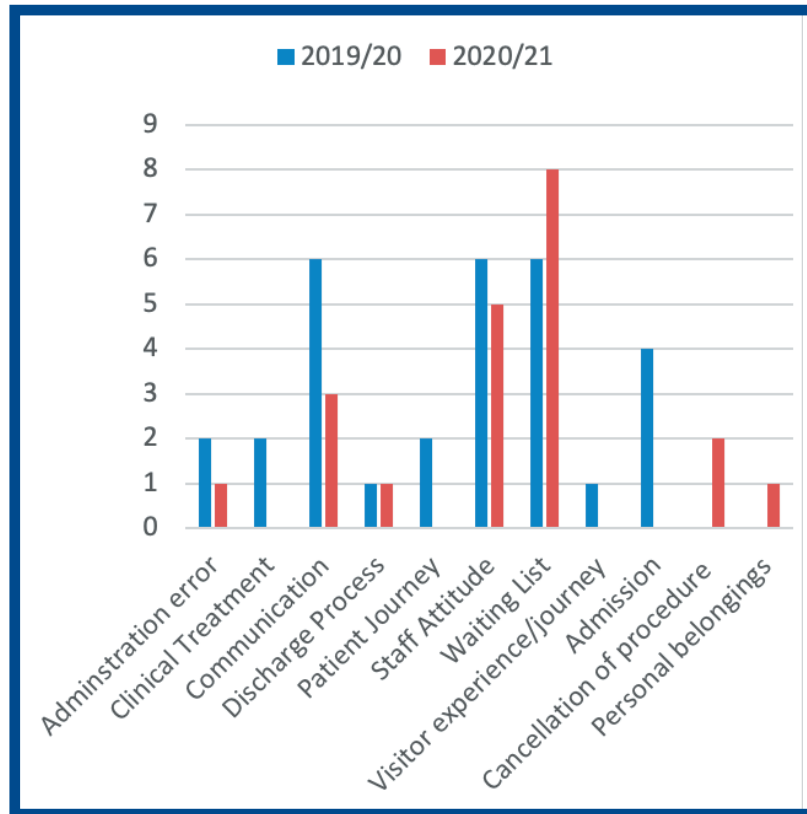
Some examples of the upheld issues are:

- Patient's wife complaining regarding waiting times for Cardiac Surgery.
- Patient unhappy with delays in Orthopaedic surgery, following suspension due to the pandemic.
- Patient raised concerns regarding Consultant's manner during procedure.
- Patient wishes to raise concerns regarding staff attitude on the wards during post-operative care.
- expecting him. The procedure was changed to the following day but the patient was not aware of this.
- Patient unhappy how the Consultant

**Chart 3 - Themes of all complaints**



**Chart 4 - Themes of Upheld Complaints**



### Scottish Public Services Ombudsman (SPSO)

We had 2 cases referred to the Scottish Public Services Ombudsman (SPSO) in the year. 1 case related to Orthopaedic services, which had 2 areas of complaint, 1 was upheld and the other was not.

In our initial investigation and response, we had not upheld either part of this complaint, however the service fully discussed and explored the SPSO response at their local Clinical Governance meeting and implemented an action plan in response to the upheld point.

1 case remains under SPSO investigation.

## Learning from complaints

NHS Golden Jubilee appreciates all feedback to the Hospital 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 is widely shared from all feedback, along with SPSO decision report actions and recommendations, being fed into the Clinical Governance Service meetings.

During the pandemic we have had limited to face to face meetings with patients/families, however we have endeavoured to arrange where possible with video link or telephone also offered. During 2020 / 2021 we met face to face with 3 complainants and / or their families and 1 via video link.

**We learn  
from our  
complaints**

The following is a summary of some of the improvements to the service from feedback received during 2020/21:

- Highlight to all nursing staff the ability to check all Omnicell medication cupboards for supply of medicine and not only the one on their ward. Omnicell user group has now established.
- Nurses involved in complaint wrote reflective statements which were fully discussed with their line manager.
- Standard operating procedure is being developed to ensure that a letter goes to community pharmacist if a patient is discharged with a new unlicensed medication.
- Radiology process changed to refer all administration staff to use hospital Patient Administration System as source for patient demographics to ensure most up to date details (Radiology System previously used).
- Discussion with Consultant and Clinical Director for the service regarding manner during consultations.
- Centre amended to ensure staff confirm that the person escorting the patient has access to certain facilities (toilets etc.) whilst escorting patient.
- Senior Charge nurse discussed at daily brief with all staff the importance of bed rails compliance.
- Radiology pre appointment letter to all patients amended to state which number to press when calling, to ensure patients are directed to the correct area for the correct imaging.
- All staff reminded of importance of full communication with families when an event (known risk) occurs during theatre and a patient is in recovery a lot longer than expected.

## Experience of Making a Complaint

We are committed to ensuring that all complainants are as satisfied as possible with the complaints process. To ensure that we fully understand and address the complainants concerns where contact details are available we make personal contact to fully discuss and contact is maintained throughout. We find this person centred approach makes a difference to the overall experience.

From 2017 - 2020 each complainant received an anonymous follow up survey to ask about their complaints experience as part of the new guidance from April 2017. This has been significantly challenging, with a response rate of 21%. From this 84% were positive; over the 3 years 1 learning point was identified from the surveys. As we scaled back non-essential activity during COVID-19, this aspect was suspended and to date we have not restarted.



## Section 4: Education and Awareness

Our training and education has been limited this year due to COVID-19. Much of what has been provided has been ad-hoc one to one training. Over this coming year we are working with services to deliver training to those with leadership roles in the feedback process to support review and response and also to raise general awareness of the feedback process.



### Induction

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.



### Training Day

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.



### eDigest

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.



### Charge Nurse Training Day

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.



### Medical Appraisals / Nursing Appraisals

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.



### Junior Doctors Induction

Clinical Governance discuss adverse events and feedback at the Junior Doctors' induction session.



### Continuing Medical Education (CME)

A session focusing on complaints was held to raise awareness and support discussion amongst medical staff.

## Section 5 – Conclusion

This report has provided an overview of the various feedback mechanisms we have in place and feedback we received during 2020 / 2021.

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



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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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