



Feedback, comments, concerns and complaints

2016/17



Golden Jubilee
Foundation

Patients at the heart of progress

What people
have told us and
how we have
improved.





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Welcome to our summary of the year.



1. Introduction

At the Golden Jubilee Foundation, we aim to ensure all patients experience care that is safe, effective and person centred. We recognise the importance and value in listening to the views of our patients, relatives, and staff in supporting and improving the high quality services we provide.

Our Board vision is 'leading quality, research and innovation'. Our Board Values are:

- Valuing dignity and respect
- A 'can do' attitude
- Leading commitment to quality
- Understanding our responsibilities
- Effectively working together

Our Annual Report on Feedback, Comments, Concerns and Complaints tells you how we engage with those who use our services and work within them to gather their views and ensure this information is used effectively.

This Annual Feedback Report for the period from 1 April 2016 to 31 March 2017 includes the following:

- Introduction
- Encouraging and gathering feedback
- Encouraging and handling complaints
- Improvements to services as a result of complaints and feedback
- Culture, including staff training and development
- Accountability and governance
- Conclusion



1 April 2016 – 31 March 2017

Our staff are always happy to speak with anyone who has a concern, and at a time and location that suits their circumstances.

2. Encouraging and Gathering Feedback

We aim to ensure that everyone, regardless of who they are, has the opportunity to give any form of feedback. We very much favour the 'human touch', encouraging our staff to promote the value of feedback in their wards and departments, regardless of whether this is positive or negative. This approach creates an environment that welcomes feedback from everyone. We achieve this by empowering our clinical staff to engage with people with confidence and respect and, where things have gone wrong, to address concerns as soon as we can.

Our staff are always happy to speak with anyone who has a concern, and at a time and location that suits their circumstances.

As part of our ongoing commitment to provide information in the format of choice for individuals, we provide a comprehensive interpretation and translation service for patients whose first language is not English. We have also invested in services to help those with visual or hearing impairments access information in an accessible format. There are also accessibility options on our website to support people with hearing or visual impairments.

Our Equalities team are currently re-examining our approach to give people greater opportunities to participate in shaping the decisions that impact them. This means increasing the ability of those responsible for fulfilling rights to recognise and respect those rights, as well as holding them to account for their actions.

We are exploring a range of methods for improving our approach, including using the Panel Principles which focus on Participation, Accountability, Non-Discrimination and Equality, Empowerment and Legality.

We have connections with two independent advocacy services; alongside the national Patient Advice and Support Service (PASS), which is delivered via the Citizens Advice Bureau, we have a formal connection with Lomond and Argyll Advocacy Service (LAAS). There has been no uptake of the local service available via LAAS; which is thought to be due the nature of our service.

This section will outline our different methods for gathering feedback and present the feedback over the last year including examples of improvements made from feedback we have received.



2.1 Volunteer Supported Feedback

2.1.1 Quality Walk Rounds

Our Volunteer Quality Walk Rounds have continued during the last 12 months with trained volunteers visiting wards and departments to discuss the quality of care from both a patient and staff perspective. We know that staff and patients find our volunteers extremely approachable and our experience is that they feel they can speak freely to them.

In 2016/17, Volunteer Quality Walk Rounds activity has increased significantly, with 381 visits made to our ward areas. On each visit, five patients and five members of staff were interviewed using a standard question set. Feedback from these interviews continues to be reported back to the ward manager and team. There has been significant work in the last year to the system used to record and report the Walk Rounds. It has been recognised that we need to improve how we capture the learning gathered; this will be a focus in the coming year.

2.1.2 Patient Surveys

In order to continue to improve our patient services and to ensure the quality of those services already on offer, our volunteers support teams to collate information through surveys. They are currently working the following teams:

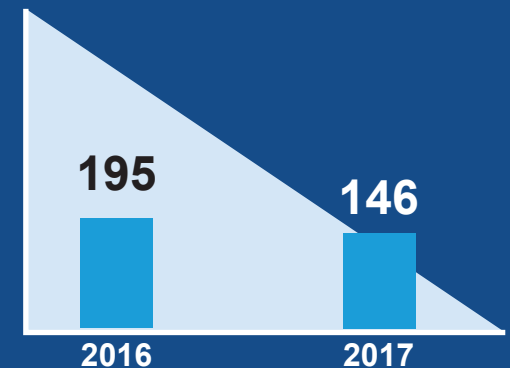
- Catering - to consider patient views in respect of the quality and quantity of food on offer.
- Clinical Nutrition and Dietetics – to learn whether patients benefit from protected meal times and whether they require, and are offered (where appropriate), assistance with eating.
- Housekeeping – to support the monitoring of standards in patient areas.

2.1.3 Citizens Advice Bureau Outreach Service

The unique service we provide in the Board to patients from across Scotland resulted in a number of questions being posed to staff in relation to concerns about benefits, allowances for travel etc. As a result of that feedback from staff, an outreach service has been introduced with staff from the Citizens Advice Bureau attending the site on a weekly basis. Staff are able to arrange appointments for patients or ask questions on their behalf. This support has been well received with positive feedback from both staff and patients.



Feedback received via speak easy forms during 2016/17:



2.2 Speak Easy

Speak Easy is our feedback mechanism for patients, visitors and staff. Speak Easy forms are available in all areas with 20 post boxes throughout the hospital. These are collected regularly by the Clinical Governance Department who record and share with the area involved for local response/ action depending on the type of feedback. If the feedback suggests a concern or complaint the department will make contact if possible to discuss further ensuring each Speak Easy is responded to appropriately.

During 2016/17 we received 146 Speak Easy forms. Feedback via Speak Easy

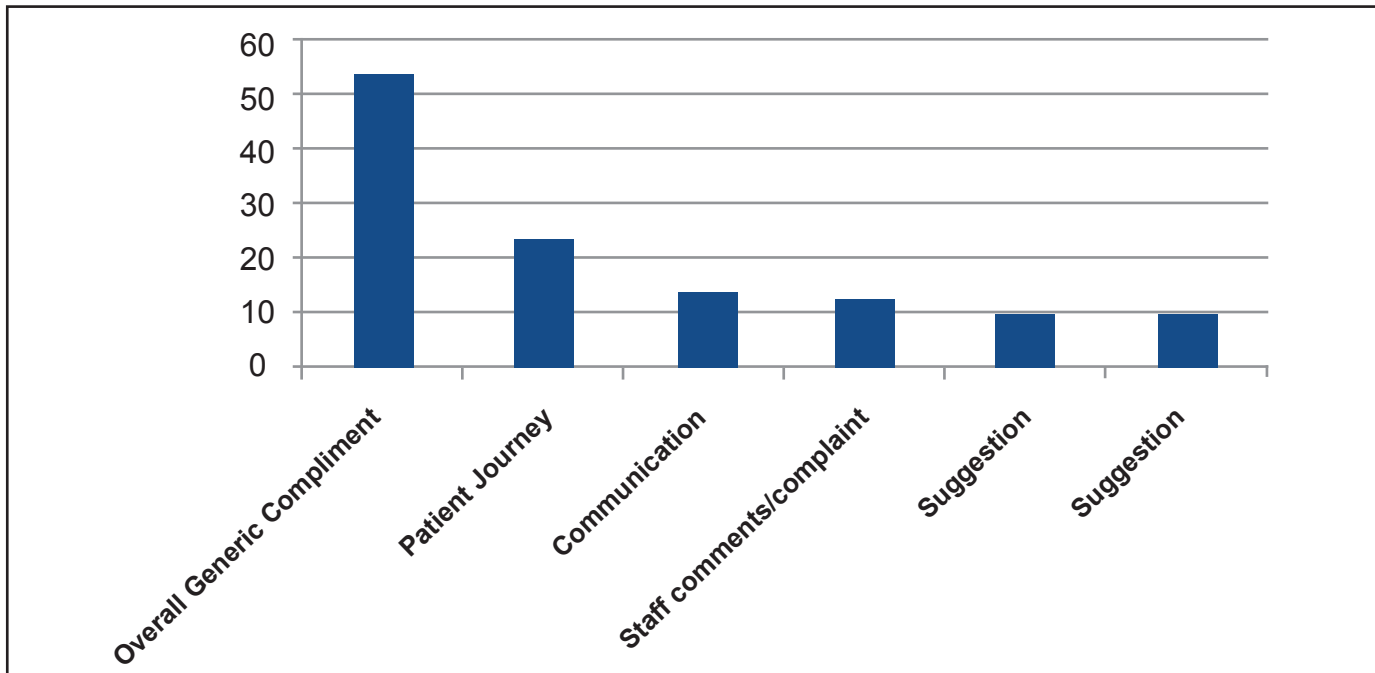
has declined in 2016/17, with 146 received, compared to 195 during 2015/16. The majority of these (75%) are from patients which is consistent with previous years.

As shown in the chart below the top theme was 'Overall Compliments' with 58 (37.4%).

On review of the feedback and contact with the feedback provider, one speak easy form was progressed as a formal complaint.

The Speak Easy form is currently under review with an aim to redesign with a patient focus and will be re-launched during 2017/18.

Chart 1: Speak Easy Feedback Themes



"It is always First Class service every time I have come here. Staff are very understanding and kind."

"Well looked after before and operation care and attendance by everyone after operation could not have been better."

"First time at this hospital. The minute my dad and I stepped into the hospital we were very impressed with the kind welcome by the reception staff. The ladies instruction was clear and easy to get to the X-Ray department we were early like 1 hour and we were taken early they allowed me to stay with my dad as he is 85 years and deaf. I want to thank all staff for their support and making our visit stress free."

"I cannot thank everyone enough my experience at the hospital was made so much better by the attention which I was afforded. Furthermore the cleanliness of the wards etc was outstanding."

2.3 Patient Opinion

Patient Opinion is an externally managed feedback programme which our patients can access. The Board has been actively using Patient Opinion since 2011 to gather feedback from patients and relatives.

The Communications Department monitor and respond to all comments and questions, sharing these with relevant staff.

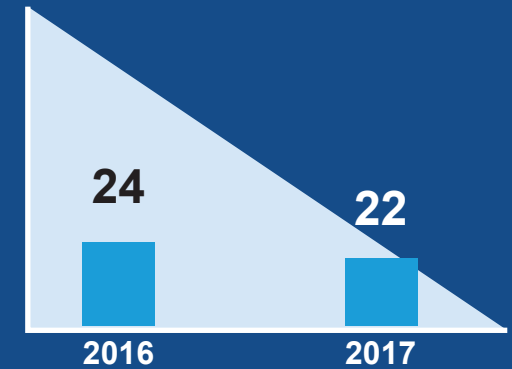
There are no trends in the negative posts; these relate to individual patient issues.

As Patient Opinion is anonymous, when responding to negative posts, we always ask the person posting to contact us directly so that we can look into their case. Of these, only one contacted us to say that they did not wish us to look into the matter any further.

Table 1: Patient Opinion Overview

	Patient	Relative	Visitor	Total
Positive/Neutral/Factual	20	1	1	22
Negative	2	0	0	2
Total Number	22	1	1	24

Patient 'opinions' published about the Golden Jubilee National Hospital between 1 April 2016 and 31 March 2017.



Of the 24 'opinions' published:

22 were positive or neutral (92%)

and

2 were negative (8%).



"An absolute credit to the NHS"

About: Golden Jubilee National Hospital / Ophthalmology


Posted by [Archie the golfer](#) (as the patient), 8 months ago

I had a cataract operation with lens implant on my left eye recently and the eyesight in my left eye is now perfect. My right eye was operated on earlier this year in May with the same superb result.

The Operation was performed by Consultant Ophthalmologist Dr. Webb, he and his nursing team in the day surgery Ophthalmology department were an absolute credit to the Golden Jubilee and the NHS, kind, caring and very professional.

Thank you all for a very good experience 😊

Responses

 Response from Christine McGuinness, Communications Manager, Golden Jubilee National Hospital [8 months ago](#)

Hi Archie the golfer,

Thanks for taking the time to use Patient Opinion to share your experience of cataract surgery at the Golden Jubilee National Hospital. We are delighted to hear that both your procedures went so well.

Thank you also for the kind comments about Dr Webb and the nursing team that cared for you. We think our staff to a great job, but it's always nice to hear that patients do too.

We will pass your comments on to the team.

Best wishes from all of us here at the Golden Jubilee.


"Unable to access new medication"

About: Forth Valley Royal Hospital / Cardiology Golden Jubilee National Hospital

Posted by [A173](#) (as the patient), 10 months ago

My cardiologist has recommended this new drug for heart failure, he recommended that I was put on it as soon as it was approved for use. Approval was given by the Scottish medicines consortium in March this year. I contacted my GP surgery as soon as I knew it had been approved for use in Scotland asking when they would be starting me on it. They contacted my cardiologist who confirmed he wanted me on this drug, It is now August and I am still not being prescribed this drug as Forth Valley NHS have not approved it. It has been suggested that I contact a different cardiologist at forth valley royal hospital with regards to this new medication, (I have never been a patient of Dr of this cardiologist) I have no doubt they are a competent Dr but I have no complaints with my current cardiologist and the golden Jubilee's care. This new drug showed fantastic results during clinical trials and showed a 20% reduction in mortality rates, It seems to be a post code lottery as to the care supplied by the NHS within Scotland.

Responses

 Response from Christine McGuinness, Communications Manager, Golden Jubilee National Hospital [10 months ago](#)

Dear A173

We are sorry to hear about the issues you are experiencing.

As Patient Opinion is anonymous, we do not have any of your personal information. To help me look into this for you, I would be grateful if you could contact me to discuss this in more detail. I can be contacted on telephone 0141 951 5195 or by emailing comms@gjnh.scot.nhs.uk.

Kind regards

Christine

"Referral delays"

About: Glasgow Royal Infirmary / Trauma & orthopaedics Golden Jubilee National Hospital / Trauma & orthopaedics Queen Elizabeth University Hospital Glasgow

Posted by [Felix](#) (as the patient), 10 months ago

Received MRI scan at Golden Jubilee Hospital in June 2016.

After waiting 6 weeks for results I telephoned Orthopaedics Department at Glasgow Royal Infirmary to enquire about scan results. I was told that a letter would be sent soon.

At the end of July I received a letter from Orthopaedics at Glasgow Royal saying I had been referred to Neurosurgical Department at Queen Elizabeth University Hospital. This letter was dictated on 21st June, yet was only transcribed on 25th July.

Last week we contacted the Queen Elizabeth Hospital and was told that the waiting time for an appointment was 12 weeks, and that I had only been on their list for one week.

On 22nd August I again received the same letter as that of the end of July, only this time the date dictated was 17th August and the date transcribed the 26th July.

It therefore appears that there has been an administrative delay in having my case referred to Neurosurgery, and that I am having to endure a longer period in pain due to this error by Orthopaedic Administration at Glasgow Royal.

Responses

Response from Christine McGuinness, Communications Manager, Golden Jubilee National Hospital [10 months ago](#)

Dear Felix

We are sorry to hear about the issues you are experiencing.

As Patient Opinion is anonymous, we do not have any of your personal information. To help me look into this for you, I would be grateful if you could contact me to discuss this in more detail. I can be contacted on telephone 0141 951 5195 or by emailing comms@gjnh.scot.nhs.uk.

Kind regards

Christine

Update posted by [Felix](#) (the patient) [10 months ago](#)

Many thanks for your prompt reply to my story Christine

Your input is very much appreciated.

Best wishes,

Felix.

Response from Christine McGuinness, Communications Manager, Golden Jubilee National Hospital [9 months ago](#)

Dear Felix

Thanks for contacting me directly with more information about your case.

As discussed, we have passed this on to our colleagues in NHS Greater Glasgow & Clyde.

Please let us know if we can be of any further assistance.

Kind regards

Christine

Update posted by [Felix](#) (the patient) [9 months ago](#)

Dear Christine

Since contacting you, I was given an appointment at Queen Elizabeth University Hospital. I am now pleased to inform you that things are progressing fairly rapidly in terms of getting treatment for the chronic pain which has blighted my life over the last few years.

I believe that had I not contacted you on Patient Opinion I would quite possibly still be waiting for an appointment, so many thanks again for your valuable (and very much appreciated) input on my behalf.

Kind regards,

Felix

Response from Christine McGuinness, Communications Manager, Golden Jubilee National Hospital [9 months ago](#)

Dear Felix

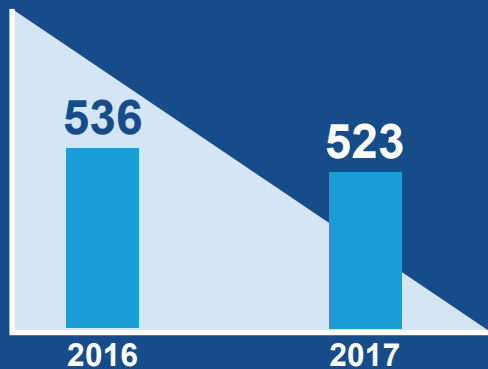
We're delighted to hear that you have now got an appointment and are glad that we could help even in a small way.

Best wishes for your treatment and recovery from everyone here at the Golden Jubilee.

Kind regards

Christine

Emails to our generic Golden Jubilee National Hospital mailboxes between 1 April 2016 and 31 March 2017.



Of the **523** emails received:
503 were positive or neutral (96.18%)
 and
20 were negative (3.82%).



2.4 Caring Behaviours Assurance System (CBAS)

The caring assurance work continues to be embedded within the Board. We continue to receive patient feedback via the questionnaires administered via the volunteer walk rounds. Some of the questions are directly related to our Values and in this way we can measure the 'lived' experience for our patients. As part of the CBAS methodology, we have parallel staff feedback which helps to inform and guide us to achieving sustained improvements.

2.5 Communications and Social Media

2.5.1 Enquiries via our generic email boxes and our website

The Communications Department monitor and respond to all comments and questions received via the generic email boxes (comms@gjnh.scot.nhs.uk and enquiries@gjnh.scot.nhs.uk), sharing these with relevant staff.

Examples of emails include:

- patients requiring information or help about appointments or procedures;
- relatives/carers needing visiting times/ message to inpatients;
- professional requests for staff contact information;
- gratitude of care; and
- requests relating to recruitment and work experience

2.5.2 Social media channels – our corporate Facebook and Twitter channels

In the year from 1 April 2016 to 31 March 2017:

- Our combined Facebook and Twitter reach – the number of people who have seen or read our posts – was 1,751,110. This compares to 416,760 in the previous year for Facebook alone.
- Our combined Facebook and Twitter engagement – the total number of comments, reactions, and shares/retweets – was 31,670, compared to 9,077 in the previous year.
- Our Twitter followers increased to 2,498, compared to 1,846 in the previous year (35% increase).
- Our Facebook followers increased to 3,476 Facebook followers, compared to 2,309 in the previous year (51% increase).
- A total of 649 'tweets' were sent to/about the Golden Jubilee National Hospital (@JubileeHospital), compared to 478 in the previous year (35.77% increase).
 - Of these 649 'tweets', 618 were positive (95.22%) and 31 were negative (4.78%).
- A total of 2,200 'posts' were posted on our Facebook 'wall' or 'timeline' or sent as a private message, compared to 1,318 'posts' in the previous year (66.92% increase).
 - Of these 2,200 posts, 2,194 were positive (99.73%) and 6 were negative (0.27%).
- We maintained an average rating of 4.8/5 stars. Out of 403 reviews, 365 rated us five star, 23 as four star, 7 as three star, 3 as two star, and 5 as one star.

2.5.3 Positive Engagement Score

Our Positive Engagement Score (PES) creates a unique reputation score by collating all interactions, reviews and feedback from Facebook, Google+, Twitter and Patient Opinion as well as emails and media coverage.

In the year from 1 April 2016 to 31 March 2017, a total of 3,657 'engagements' were received, compared to 2,548 in the previous year (43.52% increase).

Of these 3,657 interactions, 3,440 were positive, factual or neutral (94.23%), and 217 were negative (5.77%).

The PES for 2016/17 is 94.23% compared to 97.76% in the previous year. However, the lifetime PES remains high at 96.13%. The reduction in the PES is related to an increase in negative media coverage.

How we engage with you

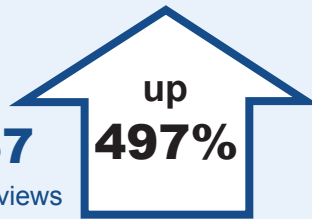
Our performance: April 2016 – March 2017



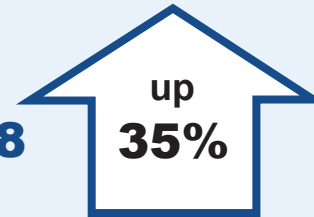
3,476
followers



101,967
Film/YouTube views



2,498
followers



52,539
highest quarter



190,448

total web hits
www.nhsgoldenjubilee.co.uk



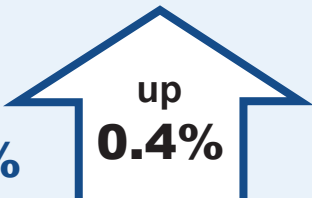
social media
reach

1,751,110

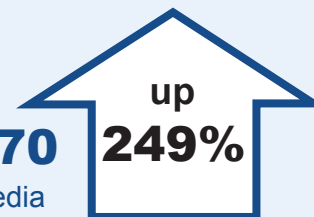


99.04%

response to
emails within two days
enquiries@gjnh.scot.nhs.uk



31,670
social media
engagement



For further information on our digital engagement performance statistics, please contact comms@gjnh.scot.nhs.uk



Helen Conway reviewed Golden Jubilee National Hospital – 5★

20 June 2016 · 🌐

I've had a knee replacement operation in the Golden Jubilee and I think it's the best hospital ever I can't praise the staff enough, from the Consultants all the way to cleaners are perfect, and the aftercare is amazing, the food scrumptious too xx

👍 Like 💬 Comment ➦ Share

👍 3



Golden Jubilee National Hospital Thanks for the kind comments Helen. It's always great to get feedback from patients and visitors. Best wishes from everyone at the Golden Jubilee.

Like · Reply · 21 June 2016 at 09:31



Grassy Meadows reviewed Golden Jubilee National Hospital – 5★

21 September 2016 · 🌐

My first visit ... Excellent support from ALL of the hospital staff ... the hospital is immaculately clean .. the support for organising accommodation for visitors is truly amazing and the on site accommodation/conference hotel is of the very highest standard. My 5 star rating for the hospital staff also goes to the hotel staff. This is one hospital to be very proud of ... Very impressed indeed.

👍 Like 💬 Comment ➦ Share



Golden Jubilee National Hospital Hi Grassy Meadows, we really appreciate you taking time out to tell us about your positive experience at the hospital. We will be sure to pass on your kind words to those involved in your care. Best wishes from everyone at the Golden Jubilee National Hospital and Golden Jubilee Conference Hotel

Like · Reply · 23 September 2016 at 16:21



Sandra Berwick reviewed Golden Jubilee National Hospital – 5★

2 August 2016 · 🌐

I'd like to say a BIG thank you to whole team at the Jubilee for the care of My Dad, who has recently been discharged after 3 weeks in hospital, following a Heart Attack on 7th July & Quadruple Heart Bypass surgery on 22nd. The team were friendly, helpful & totally dedicated. They made what was a stressful & upsetting time for my Dad & our family, much easier & more relaxed with their support & professionalism throughout this time, both pre & post Op. Thank you to the Surgeon Mr Mahesh & his team, all in Ward 3 East, ICU & HDU for looking after him, from the Doctors, Nurses, Porters, Auxiliaries, & Domestics. To the kitchen for his lovely meals, & all in the public dining hall for keeping us well fed & watered during our evening & weekend visits. Xxx

👍 Like 💬 Comment ➦ Share

👍 4



Golden Jubilee National Hospital Hi Sandra, thank you so much for the kind comments - we really appreciate it. We are delighted you had such a positive experience at the hospital and will pass on your message to those involved in your father's care. Best wishes from everyone at the Golden Jubilee

Like · Reply · 👍 1 · 8 August 2016 at 10:55



Jane Finlay reviewed Golden Jubilee National Hospital – 1★

2 July 2016 · 🌐

worst hospital I've been too the treatment was terrible

👍 Like 💬 Comment ➦ Share



Golden Jubilee National Hospital Hi Jane, we are very sorry to hear this. If you would like to discuss this further, please e-mail comms@gjnh.scot.nhs.uk.

Like · Reply · 8 July 2016 at 16:26

Update on post from Jane Finlay:
Patient did not make further contact so we were unfortunately unable to further investigate.



 **Colin bright**
@Notso2 Follow

@JubileeHospital Not a happy after finding out my 70yr old Dad has been told he isn't getting his knee op and to make his own way home??

2:34 AM - 17 Jan 2017 from Edinburgh, Scotland

 **Colin bright**
@Notso2 Follow

@JubileeHospital Wouldn't be so bad but he stays in Edinburgh!!. Absolute joke #dignityandrespectnot!!

2:37 AM - 17 Jan 2017 from Edinburgh, Scotland

 **NHS Golden Jubilee** ✓
@JubileeHospital Follow

Replying to @Notso2

thanks for letting us know your concerns. If you can e-mail us at comms@gjnh.scot.nhs.uk then we can look into this for you.Thx

2:50 AM - 17 Jan 2017

 **Neil Park**
@Parky62 Follow

Sincere & grateful thanks to all the excellent nursing staff & doctors @JubileeHospital pre, during & post my knee arthroscopy today.

12:47 PM - 12 Jan 2017

1 Retweet 3 Likes 

1 1 3

 **NHS Golden Jubilee** ✓ @JubileeHospital · Jan 13

Replying to @Parky62

you are very welcome - that's what we're here for!

1 1 1

Update on posts from Colin Bright:
Relative contacted the Communications team and the issue was resolved offline.

2.6 Patient Engagement

As well as seeking feedback from patients on the services we deliver, it is vital that we engage them in service change. We will outline how we have revised our approach to this via our Involving People Strategy later in the document. Below are some examples of our patient engagement in 2016/17.

Anaesthetics

Our Anaesthetic team have developed patient information videos to help ensure all patients have the appropriate information they need to consent to their anaesthetic.

The videos are linked to the pre-assessment clinic allowing patients an opportunity to ask any questions to clinical staff. They are also available online so they can be viewed before patients attend the hospital.

Cardiology

During the year our interventional cardiology service was extended to provide treatment for Non ST-Elevation Myocardial Infarction (NSTEMI). To facilitate faster, more effective treatment, and reduce hospital stays, these

patients would be brought directly to the Golden Jubilee by the Scottish Ambulance Service or transferred as soon as possible after presenting at their local Accident and Emergency unit.

A patient engagement workshop was held in May 2016 with presentations from our heart and lung team on the proposed changes, followed by a discussion session which allowed patients to offer their feedback and suggestions for the service.

The event featured a group of patients, from different backgrounds and experiences, who had suffered a heart attack and been treated at the Golden Jubilee in the previous four months. The overall consensus was that anything which has the potential to improve the standard of care for patients, simplifies the process, and gets people back to living normal, healthy lives as soon as possible was a good thing and the change should be implemented as soon as possible.

The main questions were raised around the impact this would have on existing

services, training of ambulance staff and access appropriate facilities in their local GP practices. After discussion with our team, the patient group was content with proposed changes and the responses given and viewed the changes to the system as positive.

Hospital Expansion Project

The hospital is undertaking a major expansion programme; which will consist of two phases being delivered over several years.

Patient and public input to this will be key and a full communications and engagement plan is in development for the project with an engagement network being developed to support this.

A stakeholder event was held in May 2017 as part of the initial stages of Phase One of the project and there was excellent attendance and input from patients/ public and the third sector.

Is showing an Anaesthetic patient information video in the perioperative setting the future?

Lindhoff G
gabriele.lindhoff@gjnh.scot.nhs.uk
Golden Jubilee National Hospital, Agamemnon Street, Clydebank, G81 4DY

Introduction

To comply with the informed consent process, reduce the repetitive workload for anaesthetists preoperatively and maintain high quality information we produced a fifteen minute patient information video.

Aim

Is an anaesthetic patient information video, perioperatively, giving persistent, quality information to patients?

Methods

A group of 20 patients watched a 15 minute anaesthetic information video preoperatively and filled in a survey regarding the information given.



Results

There was a 100% survey return. We had one report of a software issue which resulted in text disappearing from the screen. N=20

Length of film		Video was informative		Rational behind using spinal anaesthetics	
Too short	0	Yes	20	Yes	20
Just right	20	No	0	No	0
Too long	0				

Complications of spinal Anaesthetic understood		Additional questions		Benefit of watching video before arrival in the hospital	
Yes	20	Yes	0	Yes	20
No	0	No	20	No	0

Conclusion

A patient information video for the perioperative settings is a well-received medium, which gives consistent quality information to patients.



References

www.nhsgoldenjubilee.co.uk/our-services/anaesthesia

3. Complaints and Concerns

We appreciate that there will be occasions when patients and their families are not happy with their care or the service we provide. It is therefore important that we have a formal complaints process and feedback methods in place to support this.

Staff are encouraged to discuss all types of feedback with patients, where we would explain the options available to the complainant. We would always try to locally resolve complaints and concerns locally, as this will give a quicker solution. However, some feedback does require a full investigation; therefore this is not always possible. Any complaint/concern that cannot be locally resolved is passed to the Feedback and Legal Coordinator to ensure the correct process is followed.

The Clinical Governance Department works with our colleagues from other NHS Boards to ensure complaints and concerns covering different Boards/Hospitals are dealt with in a timely manner and key information is shared as appropriate to ensure a quality response.

During 2016/17 the Clinical Governance Department, alongside other Health Boards were linked in supporting the work around The New Scotland Complaints Handling Procedure, which was led by the Scottish Public Services Ombudsman. The procedure was implemented on 1 April 2017 and will be detailed further within the 2017/18 annual report.

3.1 Formal complaints

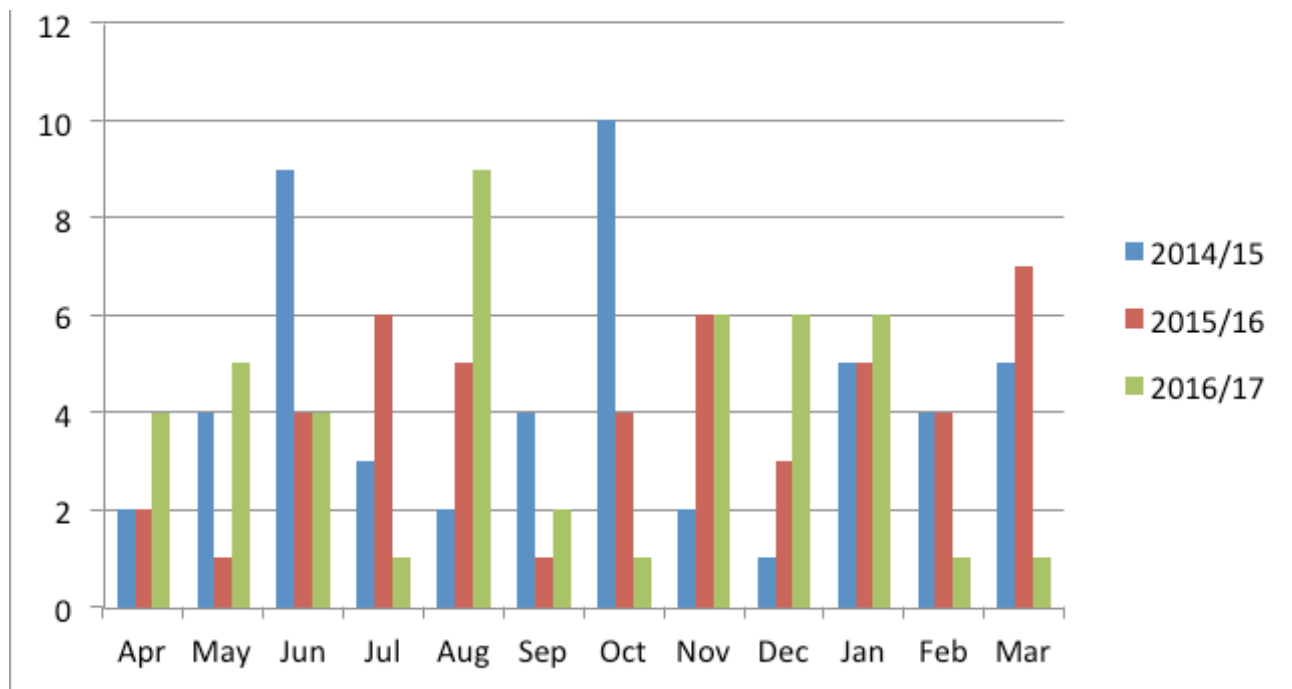
There were **46** complaints received in 2016/17, which is a decrease of 2 from the 48 received in 2016/17. Within the 46 complaints received, one was withdrawn over the year, no consent was received for one, and five were time barred.

The charts below show the complaint activity with the first showing the complaints received per month for the last three years. The second chart then shows the complaints received as a percentage of patient activity – this is monitored monthly via the Corporate Balance Scorecard.

The data shows variable complaints levels with no real trends identified. August 2016 saw a peak of nine complaints, with the average number of complaints per month sitting at four. When looking at patient activity (see chart below) this also peaked in August, suggesting a correlation. However, it must be noted that complaints may not always relate to treatment for the month they are received. For example a complaint may be received in August that relates to care/ treatment provided in April.

We monitor the rate of patient complaints against activity using all patient attendances, including outpatient, as a denominator.

Chart 2: 2016/17 Complaints by Month



The second chart shows the complaints activity by month over the last three years:

Chart 3: 2016/17 GJNH Rate of Complaints using Activity

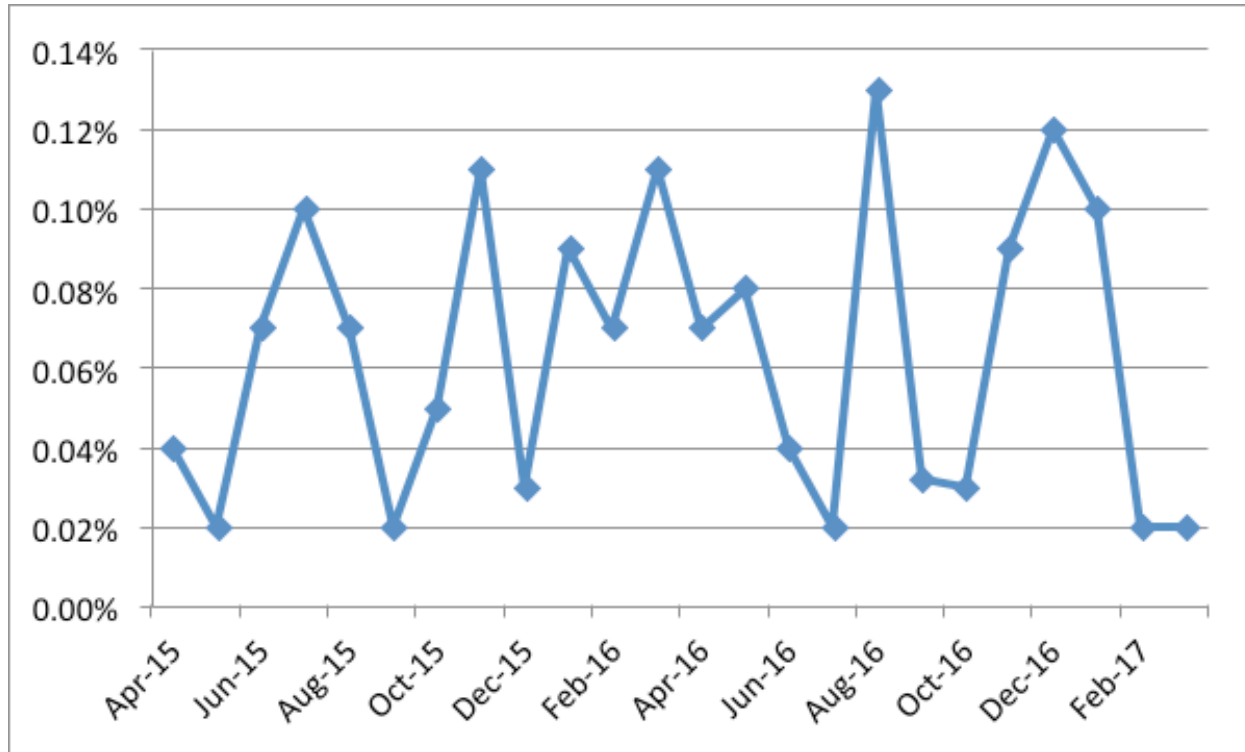


Table 2: 2016/2017 Complaint Outcomes

2016/17 Complaint outcome	Overall
Number of complaints upheld	9 (20%)
Number of complaints partially upheld	13 (28%)
Number of complaints not upheld	17 (37%)
Number of complaints time barred	5 (11%)
Number of complaints withdrawn	1 (2%)
Number of complaints where consent not obtained	1 (2%)
Total number of complaints	46

The percentage of upheld complaints has increased this year, doubling from 10% in 2015/2016. Partially upheld complaints also increased from 19% in 2015/16 to 28% in 2016/17. The total complaints not upheld decreased from 63% to 37%.

The charts below highlight the themes of complaints over the last two years, looking at all complaints received and also those upheld. The top theme across both was

clinical treatment, which is consistent with the previous year. In looking at the themes identified, there have been slight increases in the Staff Attitude and Patient Journey themes, and the number upheld has increased in the last year for both. We received considerably less complaints under the theme of communication however upheld the same number (three) over both years. There are no trends in the upheld complaints in terms of departments/ specialities.

Some examples of the upheld issues are:

- Patient unhappy with discharge process and drivers attitude
- Patient was unhappy with staff member's attitude when in for a scan
- Patient had cataract surgery during which there was an equipment issue and wanted to understand why this occurred
- Patient was diagnosed with MRSA whilst in GJNH and reported that she felt "like an outcast." Patient advised we could have treated her better to avoid this.

Chart 4: Themes of all complaints

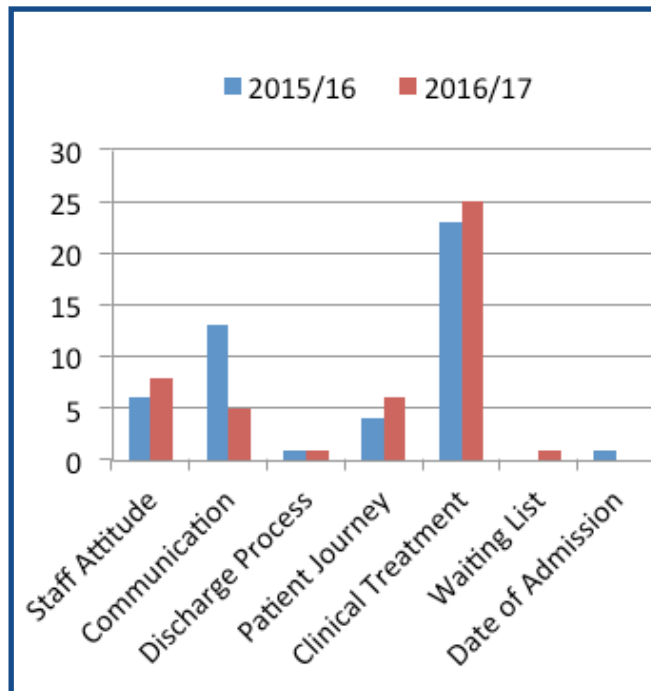
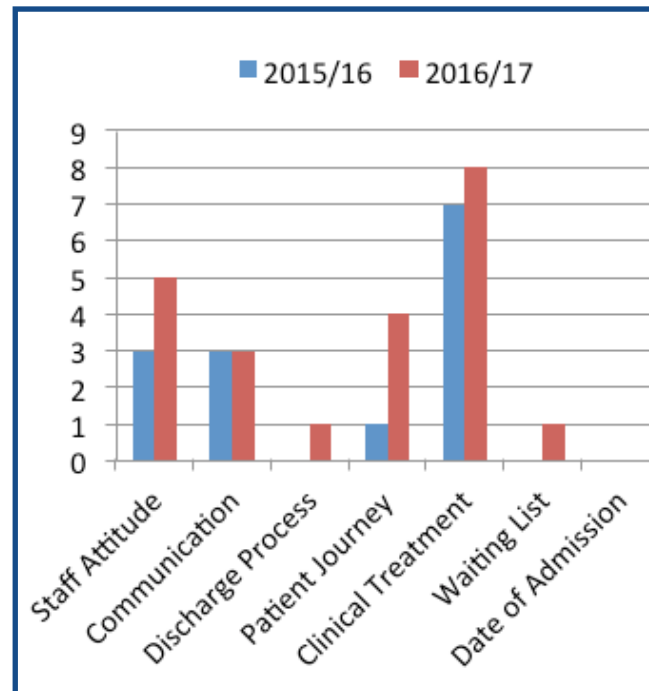


Chart 5: Upheld Themes



Where a complaint is upheld, a full apology is given and actions identified in relation to the learning.

Responding to complaints

A total of 46.2% of complaints were responded to within 20 working days. This does not include the seven that were withdrawn/time barred/no consent obtained.

A range of factors affected the response times during this period; in each case complainants were made aware of the delay and expected response time and kept updated of progress. Although there was a higher percentage of late responses, our Scottish Public Services Ombudsman (SPSO) progressions were lower this year suggesting that the responses appear to be more appropriate in resolving the concerns.

Due to the considerable challenges in meeting the response times and recognising the need to improve, the Clinical Governance team have revised internal processes and are continually reviewing with service to support improvements whilst ensuring quality responses and learning.

A total of three complaints were re-opened in 2016/17. One wished further detail around the learning that was identified within the formal response, one was seeking further information, and one was initially a concern which then wished this formally noted and responded to.

3.1.1 Scottish Public Services Ombudsman (SPSO)

We had four cases referred to the SPSO in 2016/17; this is more than halved from the nine that were referred in the previous year. At the time of report, two cases have been rejected by the SPSO and two are still under consideration. One case was initially rejected by the SPSO as being a premature referral to them. Following further review by us, the complainant remains dissatisfied; the case has been re-referred and is one of the two under consideration.

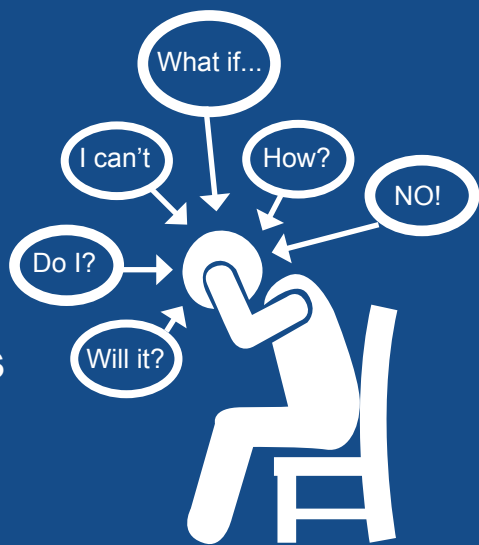
3.1.2 Learning from complaints

Learning from feedback, complaints and concerns helps us to improve services for all of our patients. We are increasingly focused on how we support identification of learning and, most importantly, how this translates into improvement. We record all actions arising from complaints and work with service management and clinical governance forums to monitor activity and progression of actions carried out.

During 2016/17 the links between feedback and adverse events has improved and continues to do so. This is to ensure a more integrated approach for organisational learning. In this year, five of the formal complaints progressed to Significant Adverse Event review, with three progressing further for Root Cause Analysis.

Table 3: 2016/2017 Response Times

2016/17 Complaints response	Overall
Number closed within 20 days	18
Number closed out with 20 days	21
Number of withdrawn/timebarred/No consent received	7
Number of formal complaints	46



36
concerns
received

46
complaints
received

What was the feedback?

Complainant's husband was attending as a day case in the Cardiology Day Unit (CDU). The procedure/length of stay took longer than expected and the patient's wife was upset by the attitude of two staff members when enquiring about her husband's care.

What was the outcome for the complainant?

The Clinical Nurse Manager and Senior Charge Nurse for CDU arranged a home visit to discuss the complaint using an Emotional Touch Point technique. The nurse managers and staff involved were distressed to hear of the upset caused and offered a full apology.

What we did/changed?

- All staff in CDU were immediately briefed that they must ensure good communication regarding any delays and estimated time for discharge; this was communicated through the safety briefs.
- A prompt was inserted into admission paperwork regarding patient/relative expectations for the day – 'what matters to me about today' question and is also detailed on a board behind each patient. The Nursing team discuss this with every patient upon admission to enhance their stay and expectations.
- The patient information leaflet was reviewed and updated regarding potential length of stay.
- The Food, Fluid, and Nutrition guidelines were reviewed with regard to protected meal times, to ensure that each individual's patient's needs are met, including that of the co-occupant of the room.

What was the feedback?

Patient had cataract surgery during which there was a complication; patient wrote in asking why this had occurred and how we were learning from this.

What was the outcome for the complainant?

An explanation had been given to the patient at the time and a further review and debrief of the event was shared. Towards the end of the procedure an event occurred where the cannula displaced and injured the patient's eye. Immediate treatment was given and follow up arranged at a local site to monitor the damage.

The nurse and consultant fully debriefed staff after the event to discuss what happened. The equipment involved was reviewed and no faults were found. Canula displacement is a recognised complication and ophthalmology use leuc lock syringes which, up until this point, had successfully reduced the occurrence of this event.

What we did/changed?

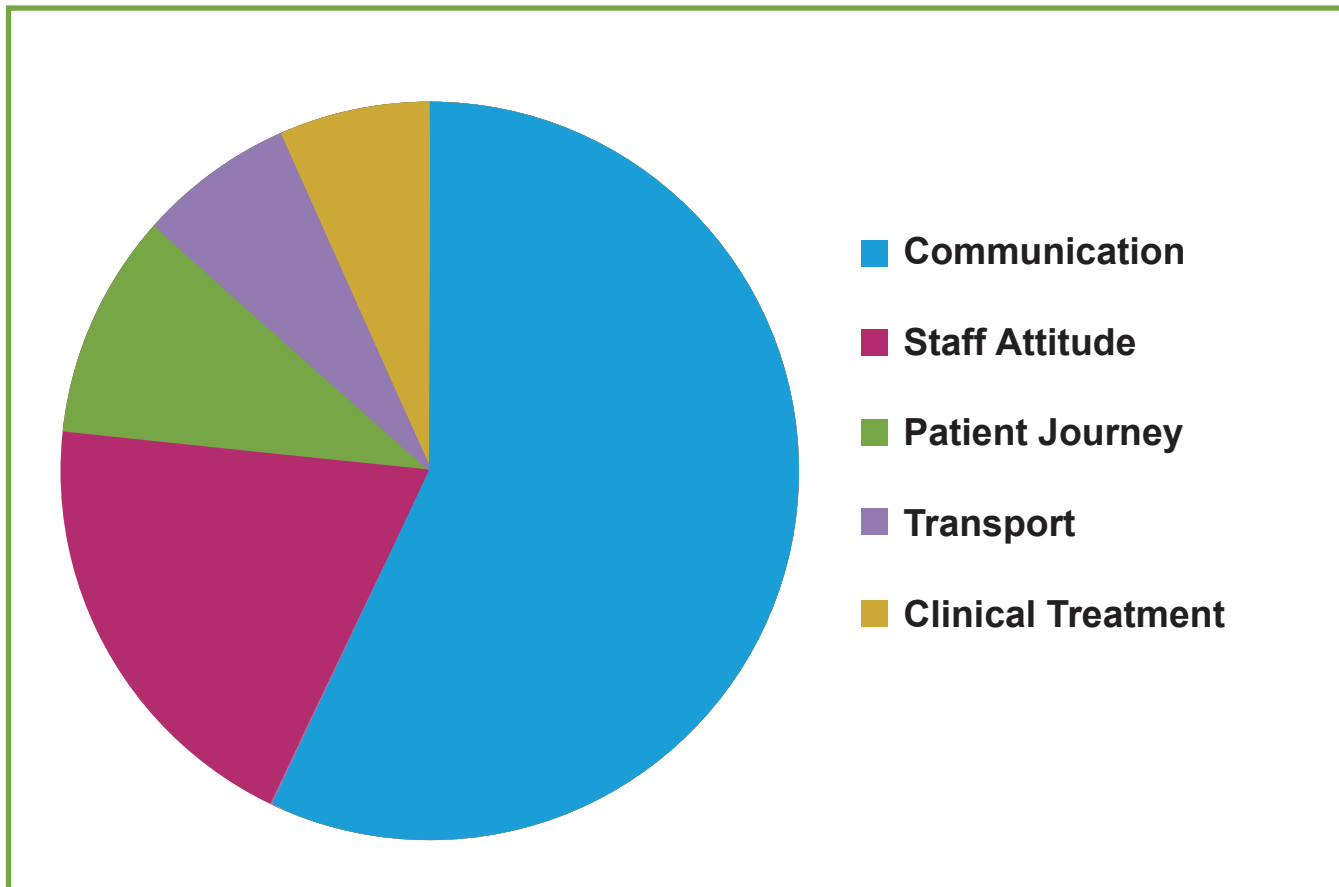
Following this event there is now a further check on the cannula by the surgeon prior to use and the surgeon physically holds the cannula in place during use. This event has been shared with all ophthalmology staff and colleagues externally to raise awareness of the risk of this complication and steps taken to minimise.

3.2 Concerns

In 2016/17, **36** concerns were received. The chart below summarises the top five concern categories in 2016/17. Patient Journey was top last year and Communication is the highest category this year. Staff Attitude was the lowest concern theme during 2015/16; however is now the second top theme, with a significant increase.

Communication is higher within the concern category than in formal complaints, however Staff Attitude has risen within both concerns and complaints. This is disappointing and whilst there are no major areas of concern identified, this will continue to be monitored. Links are being made with the Values Steering Group to review the data and link this to the development of staff training.

Chart 6: Concern Categories – Top 6



4. Improvements to services from complaints, concerns and feedback

The following is a summary of improvements arising from feedback processes:

- Implementation of a new form within Radiology for referrals back to Board - this allows a detailed account of why a patient was referred back to their local health board without being seen at the Golden Jubilee National Hospital.
- Review of staff guidance and training within the Booking Office relating to fasting advice for patients being admitted on the day of surgery. This followed a complaint where a patient had not received details and indicated a fellow patient had a similar experience.
- We are reviewing our consent policy and developing speciality specific consent forms. As part of this, we are reviewing the information we provide to patients as part of the consent process. This is an important piece of work which has been influenced by changes in the legal process relating to consent. Learning we identified through our feedback processes have been fed into this review. The Ombudsman report on consent recently published has also been helpful.

5. Culture, including staff training and development

What we do or deliver within our roles is critical, but the way we behave is equally important to our patients, customers, visitors, and colleagues.

5.1 Values

Our commitment to our Values continues to develop and this is monitored via the Values Culture Steering Group and the Learning and Development Department. Our Values Toolkit has been piloted by teams across the organisation, helping them explore what our Values mean to them.

We have continued to develop our Leadership Framework this year. This sets out our ambition to have a workforce who are empowered to be actively involved, inventive, and creative, in our quest for continuous improvement. Almost a third of our workforce have completed our level one Human Factors course, which introduces the concept and provides tools to support communication.

5.2 Feedback and Complaints Policy

The national complaints handling guidance has been updated with a new procedure live with effect from 1 April 2017. The Golden

Jubilee was involved in the national working groups to support the development of the revised guidance and worked with the SPSO and NHS Fife to assess the requirements for implementation.

In preparation for these changes, our policy supporting how this feedback is managed was reviewed and updated. This is also being supported by revised local procedures to support the investigation of complaints. Part of this has involved an upgrade to the Datix system with the process now managed via the Web similar to adverse events. This brings many benefits including improved recording of locally resolved feedback, local leads have full access to all complaints and feedback information and also in the monitoring of actions.

Approximately 80 staff involved in complaints, including Nurses, Allied Health Professionals, service and Consultant leads. Attended a session titled “The Power of Apology”. The event was designed to empower staff to locally resolve concerns where possible with a focus on the formal complaints process and investigation of these to support learning.

5.3 Staff Training and Development

Our corporate objectives are focussed on delivery of our Vision and Values; these are cascaded through the Executive team to all parts of the organisation. All staff have a Personal Development Plan and Personal Development Review, ensuring that appropriate levels of training are in place to enable staff to reach their own potential and to support the needs of the organisation. These plans are completed with an ethos of customer care and focus on our Values.

The Leadership Framework and supporting training programmes are key pieces of work in relation to our ongoing culture development programme.

A number of systems are in place to support staff. Training is available on:

- Challenging Behaviours
- Giving/ Receiving Feedback
- Face-to-Face communications
- Scenarios are ‘played out’ at our annual Equalities Event.
- Customer Care and Communications strategies, including Plain English and e-mail etiquette.

To support the Duty of Candour legislation which comes into effect in April 2018, we are looking into the various education and learning opportunities being undertaken.

6. Accountability and Governance

We encourage, welcome and view feedback, comments and complaints as an opportunity for improvement and assisting in the delivery of person centred care. We have various groups and committees that support the governance of the feedback processes through review of reports and/ or individual complaints:

- Divisional Clinical Governance Committees
- Divisional Management Teams
- Clinical Governance Risk Management Group
- Volunteer Forum
- Involving People Group
- Person Centred Committee
- Senior Management Team
- Board

All complaint responses are reviewed and signed by the Chief Executive, or nominated Executive.

Quality dashboards are used at local level to view complaints and incidents information alongside other key indicators. We are continuing to develop our Quality Framework indicators and have revised complaints indicators within the second phase.

Compliance with the 20 day timeline for complaints is reported in the Board Balance Scorecard as an indicator of the process; as such it is reviewed at every meeting with discussion on any issues affecting timelines.

6.1 Involving People Strategy

Over the last year we have undertaken a review of our Involving People Strategy and the supporting Governance structure, which includes the Involving People Group and Volunteer Forum.

We firmly believe in the right of all people to be involved in both the planning and delivery of (their) care and services and in activities which promote improved care and wellbeing, irrespective of any defining characteristics and in a way that respects diversity and promotes equality and which respects the wishes of the individual. As such, the strategy aims to actively engage with our staff, patients, and the public, involving people in the continuous improvement of our services.

Over the next three years, our focus will be on implementing the revised strategy and delivery of the objectives it sets out; these will be monitored via the Involving People Group.

Our Volunteer Forum and the Person Centred Committee are chaired by Non Executive Board Members. In addition to the regular complaints reports, our Person Centred Committee selects an individual complaint, which is presented and reviewed to consider how the complaint was managed and the learning resulting from it.

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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☎: 0141 951 5513

Further information

If you would like more information on any part of this report please contact:

Communications Department

T: 0141 951 5175/5195

E: comms@gjnh.scot.nhs.uk

