# NHS Golden Jubilee

### **Meeting: NHS Golden Jubilee Board Meeting**

### **Meeting date: 24**January 2023

### **Title: Annual Feedback Report 2021/22**

### **Responsible Executive/Non-Executive: Mark MacGregor, Medical Director and Anne Marie Cavanagh,** Director of Nursing and AHP

### **Report Author: Katie Bryant, Head of Clinical Risk and Governance**

## 1 Purpose

### This is presented to the group for:

* Decision
* Awareness

### This report relates to a:

* Government policy/directive

### This aligns to the following NHS Scotland quality ambition(s):

* Safe
* Effective
* Person Centred

**This aligns to the following NHSGJ Corporate Objectives:**

* High Performing Organisation – Establishing the conditions for success to enable excellent outcomes and experience for patients and staff

## 2 Report summary

## 2.1 Situation

This paper presents the feedback data for the Annual Feedback Report for approval by the Board.

## 2.2 Background

The Annual Feedback Report combines data from Feedback, Volunteers and Communications. The Volunteer and Communications information is being reviewed separately via respective service annual reports. Work will then be undertaken to merge into one collated report in line with previous formats for submission to the Scottish Government and publication on our website. Since the introduction of the revised Complaints Handing Procedure (CHP) a separate reporting process has been put in place for the data to go to Scottish Government, which has been submitted, based on the required Key Performance Indicators.

## 2.3 Assessment

Key points to highlight from the report in relation to complaints performance are:

* During 2021/2022 there were 114 complaints received (Stage 1 (53) and Stage 2 (61)). There has been an increase of 58% from the previous year (Stage 1 (44) and Stage 2 (28)), which would be expected due to the increase of activity following the decrease during COVID-19.
* Two Stage 1 complaints escalated to Stage 2.
* Three (Stage 1 (1) and Stage 2 (2)) complaints were withdrawn. There were four complaints where no consent was obtained.
* 30 (55.6%) of 54 Stage 1 complaints were responded to within 5 working days timescales.
* 16 (34%) of 54 Stage 2 complaints were responded to within 20 working days timescales.
* There were three Stage 2 complaints that were time barred, two withdrawn and one with no consent obtained.
* Of the Stage 2 complaints, 11 were fully upheld, 16 partially upheld and 20 not upheld.
* The top three categories were Clinical Treatment, Waiting list and Cancelling of surgery/procedure.
* There were eight complaints that progressed to a Significant Adverse Event Review (SAER) process.
* Of the eight SAERs, five were upheld, one partially upheld and one not upheld. One event did not progress to a full review.
* Two cases were referred to the Scottish Public Services Ombudsman (SPSO).
* There were 45 concerns received during 2021/22.
* Compliments were the highest form of feedback in the year with 197 received.

### 2.3.1 Quality/ Patient Care

Ongoing improvement work has been carried out to provide a more timely response to feedback. This work continues to be driven forward to provide in conjunction with proactive analysis of trends to ensure a high quality of patient care and experience.

### 2.3.2 Workforce

The complaints process undoubtedly presents challenges in various forms to the workforce both from a psychological and capacity perspective. The organisation is reinforcing support mechanisms for those involved whilst ensuring that learning is the focus of the outcome of the reviews.

**2.3.3 Financial**

There is potential for redress following feedback and this is managed through the claims handling process.

### 2.3.4 Risk Assessment/Management

Feedback is managed on a case-by-case basis and risk assessment is supported where required.

### 2.3.5 Equality and Diversity, including health inequalitiesAn impact assessment has not been completed, as this is an annual update report.

### 2.3.6 Other impacts

Potential for reputational impact due to the nature and content of the report. Data indicates that performance is consistent with Boards across Scotland.

### Communication, involvement, engagement and consultation

The Board has carried out its duties to involve and engage external stakeholders where appropriate:

State how his has been carried out and note any meetings that have taken place.

* Clinical Governance Risk Management Group, 23 June 2022
* Clinical Governance Committee, 29 June 2022
* Clinical Governance Risk Management Group, 20 October 2022
* Clinical Governance Committee, 10 November 2022
* Clinical Governance Committee 12 January 2023

### Route to the Meeting

This has been previously considered by the following groups as part of its development. The groups have either supported the content, or their feedback has informed the development of the content presented in this report.

* Clinical Governance Risk Management Group, 23 June 2022
* Clinical Governance Committee, 29 June 2022
* Clinical Governance Risk Management Group, 20 October 2022
* Clinical Governance Committee, 10 November 2022
* Clinical Governance Committee 12 January 2023

## 2.4 Recommendation

* **Decision –** For approval
* **Awareness** – For Members’ information only.

## List of appendices

The following appendices are included with this report:

* Appendix No 1, Annual Feedback Report 2021/22