

Annual Feedback Report

2021-2022



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

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Section 1: Introduction and overview

Introduction

At NHS Golden Jubilee, we strive to ensure that every patient received high quality, safe, effective and person-centred care.

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 respond quickly and learn from it.

This report describes the formal feedback we have received over the last year (2021-2022).

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:
<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 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 feedback is included in regular reports to our services from the Clinical Governance Department and in our Annual Learning Summary.

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.

Volunteers and caring behaviours

In previous years, NHS Golden Jubilee has used the Caring Behaviours Assurance System (CBAS), however this was paused during the COVID-19 pandemic and has not yet fully resumed. There are plans to relaunch the Caring Behaviours Assurance System through a 2 day program in November focussing on resilience and coping techniques as well as delivery of person-centred quality care. There will be a workshop which the Quality Walkround Volunteers can attend. The Person-centred Care Quality Instrument (PCQI) statements will be revisited then adopted in a new CBAS programme launching in January 2023.

Full information on this will be available in next year's report.

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.

Overview of formal feedback

During the year, we received and logged a total of 433 formal feedback responses. The chart below details the methods by which feedback was received during 2021-2022. As shown, emails were the most common method used to provide feedback. Compliments continue to be the highest category of overall feedback received with 197 recorded in the year; 44% of all feedback received.

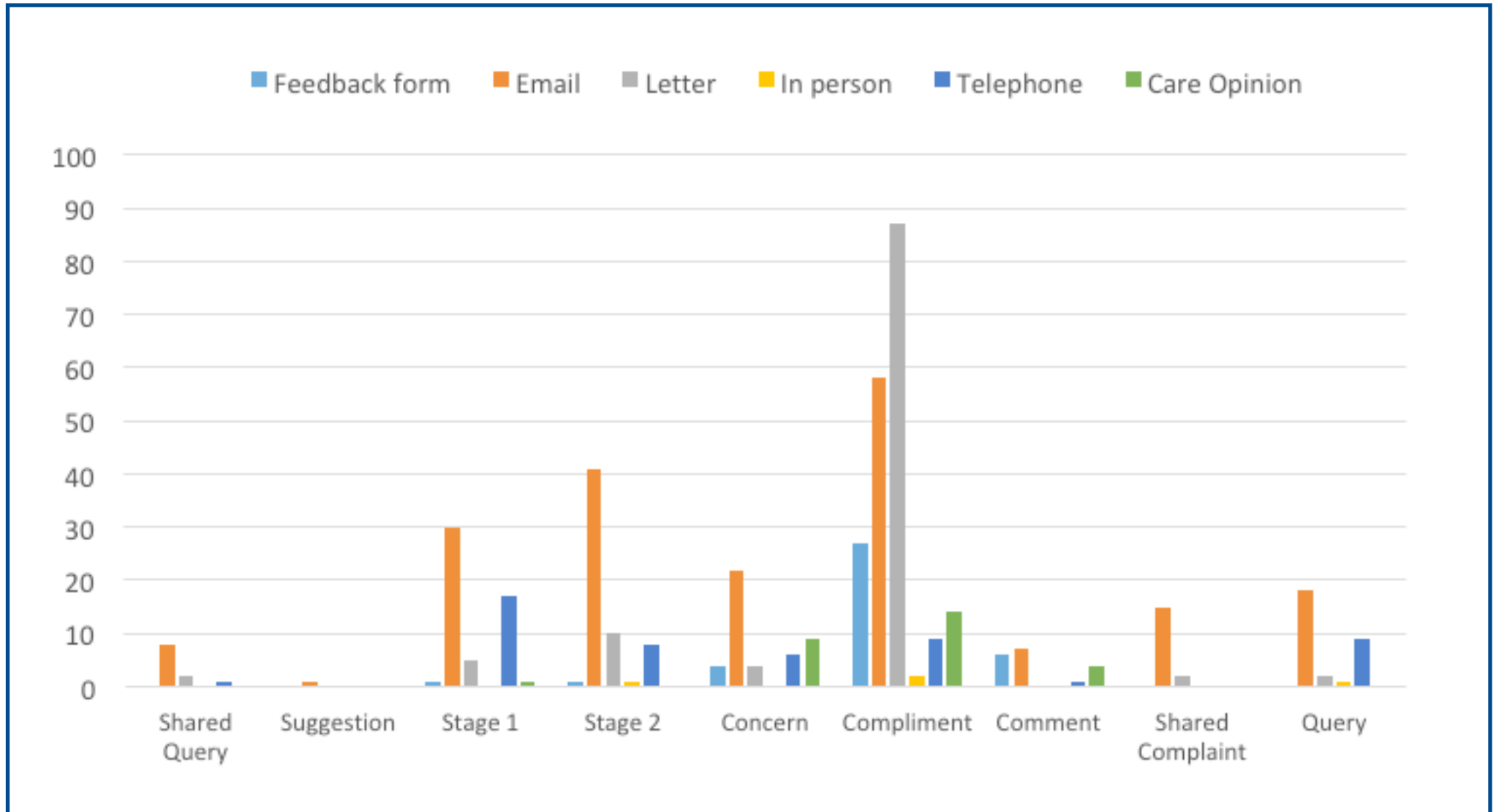


Chart 1 Methods of feedback

Section 2: Feedback received in 2021-2022

Compliments

There were 197 compliments formally logged. The wards and staff members continuously receive thank you card/letters/messages and general complimentary feedback on a daily basis, which is not formally logged.

During the period of 2020-2021 there were 2 departments' trialling logging their own compliments, which is working very well and we hope to roll this out further throughout the hospital during 2022-2023.

Orthopaedics and Interventional Cardiology received the highest number of compliments; this has been consistent over the last 4 years. Some examples of compliments received:

- Patient wanted to pass on how wonderful your Admin Check-In Clerk/Officer Paul Brown (Patient coordination centre coordinator) is. "He is amongst one of the most happy, cheerful and, most importantly, helpful guys I've ever come across".
- Visitor transported patient here on 8 March 2022 for the first time and has sent an email praising receptionist on duty who was most helpful and had excellent meal in canteen. Sincere thanks to be passed on to reception team and Catering team in canteen.
- Everything went well. Interpreter is the most important, essential. Without an interpreter, I would not be able to cope.
- Patient wishes to thank Consultant, Housekeeping staff, Theatre team, 2 West (nurses), 2 West (auxiliary were outstanding), Physiotherapy, APS.











Your feedback
is always
welcome and
we love to
share it

Concerns

In 2021-2022, 45 concerns were received, this is a 69% increase since 2020-2021, though is reflective of the overall increase in feedback.

The chart below summarises the top 5 concern categories in 2021-2022. Patient journey and waiting list were the top 2 received, with air conditioning/closure of windows, maintenance, generic comment, waiting times for test results and discharge process all received 1 concern.

-  Patient journey
-  Waiting list
-  Clinical treatment
-  Communication
-  Staff attitude
-  Transport
-  Administration error
-  Cancellation of surgery/procedure

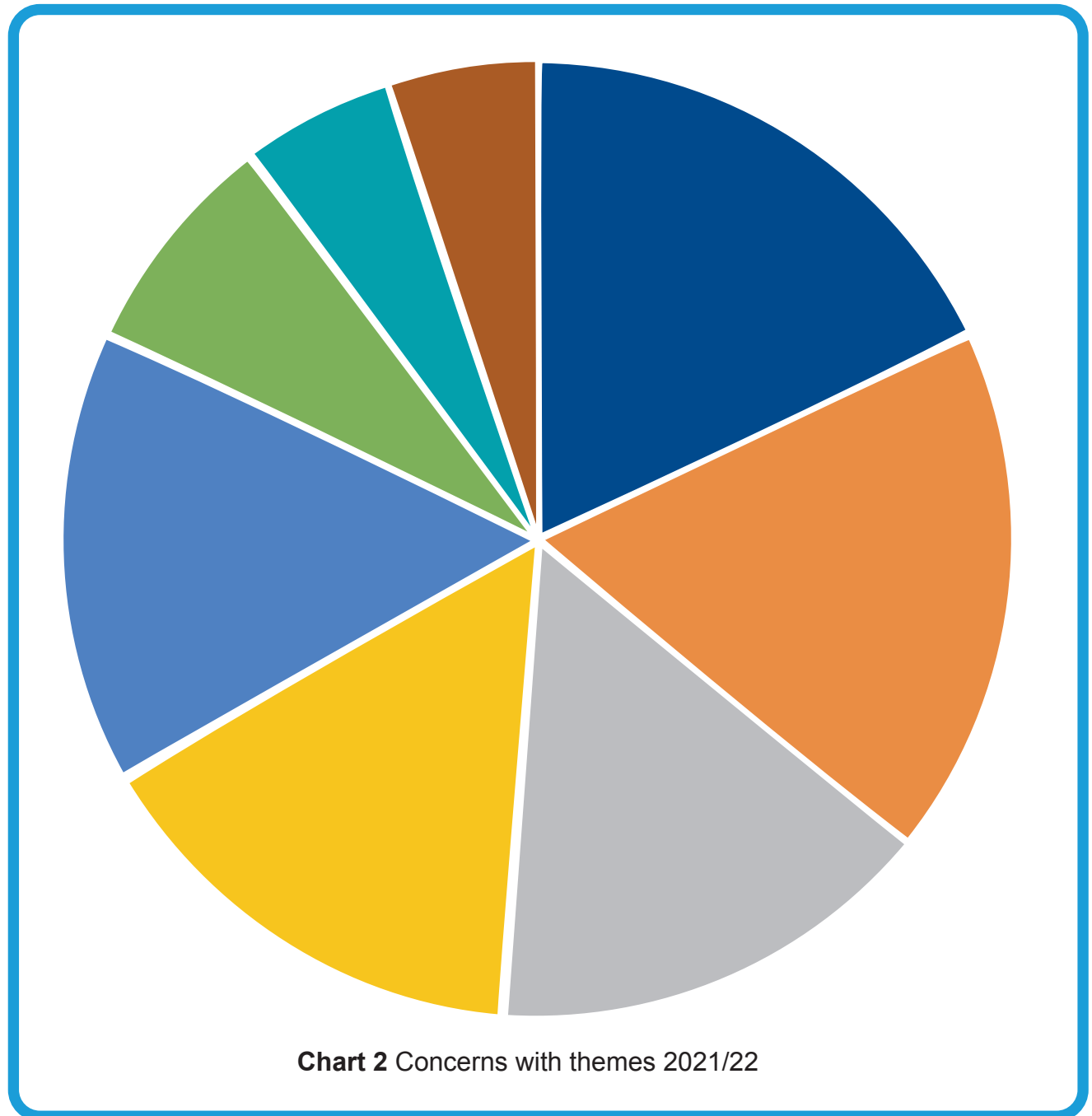







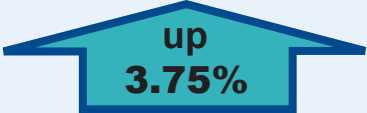

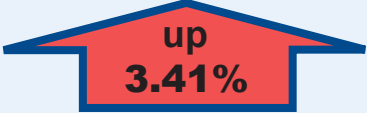

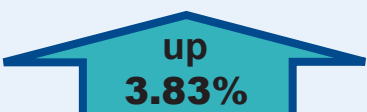







Chart 2 Concerns with themes 2021/22

Social media channels

The Communications and Marketing 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 2021 to 31 March 2022:



Twitter followers up 3.8% to 5,574		 up 3.8%
Facebook followers up 4.3% to 9,496		 up 4.3%
LinkedIn followers up 3.75% to 1,457		 up 3.75%
YouTube subscribers up 3.41% to 1,820		 up 3.41%
Combined subscriber growth across all channels, is 3.83%		 up 3.83%
Combined social media reach across all platforms up 7.3% to 4,255,937 (the number of people who have seen or read our posts)		 up 7.3%
Combined social media engagement across all platforms is up 7% to 492,205 (the total number of comments, reactions, and shares/retweets)		 up 7%
Facebook reviews maintain an average lifetime rating of 4.8/5 stars		 facebook. 

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 2021 to 31 March 2022:

A total of **14,248** 'engagements' were received, compared to **12,052** in the previous year.

↑ **18.22%**.

of these **14,213** interactions, **99.75%** were positive, factual or neutral.

The Positive Engagement Score in 2021-2022 is **97.5%** compared to **99.68%** in 2020-2021.

The Lifetime Positive Engagement Score is **99.20%**.

Section 3: Formal complaints

Overview

During 2021-2022 there were 114 complaints received (Stage 1 (53) and Stage 2 (61)).

There has been an overall increase of 58% (Stage 1 (44) and Stage 2 (28)) in both Stages 1 and 2, which is expected due to the COVID-19 pandemic measures lifting and services resuming to closer to pre-pandemic levels.

It is worth noting that while there has been an overall increase in complaints, this remains a very low percentage of overall activity for NHS Golden Jubilee (NHS GJ): just 0.14% of activity (114 instances from 83,800).

Whilst it should be noted that a complaint can be received within 6 months to one year of the time the event came to the individuals attention, therefore, may be out with this activity.



Complaints
are always
followed up

Formal complaints

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

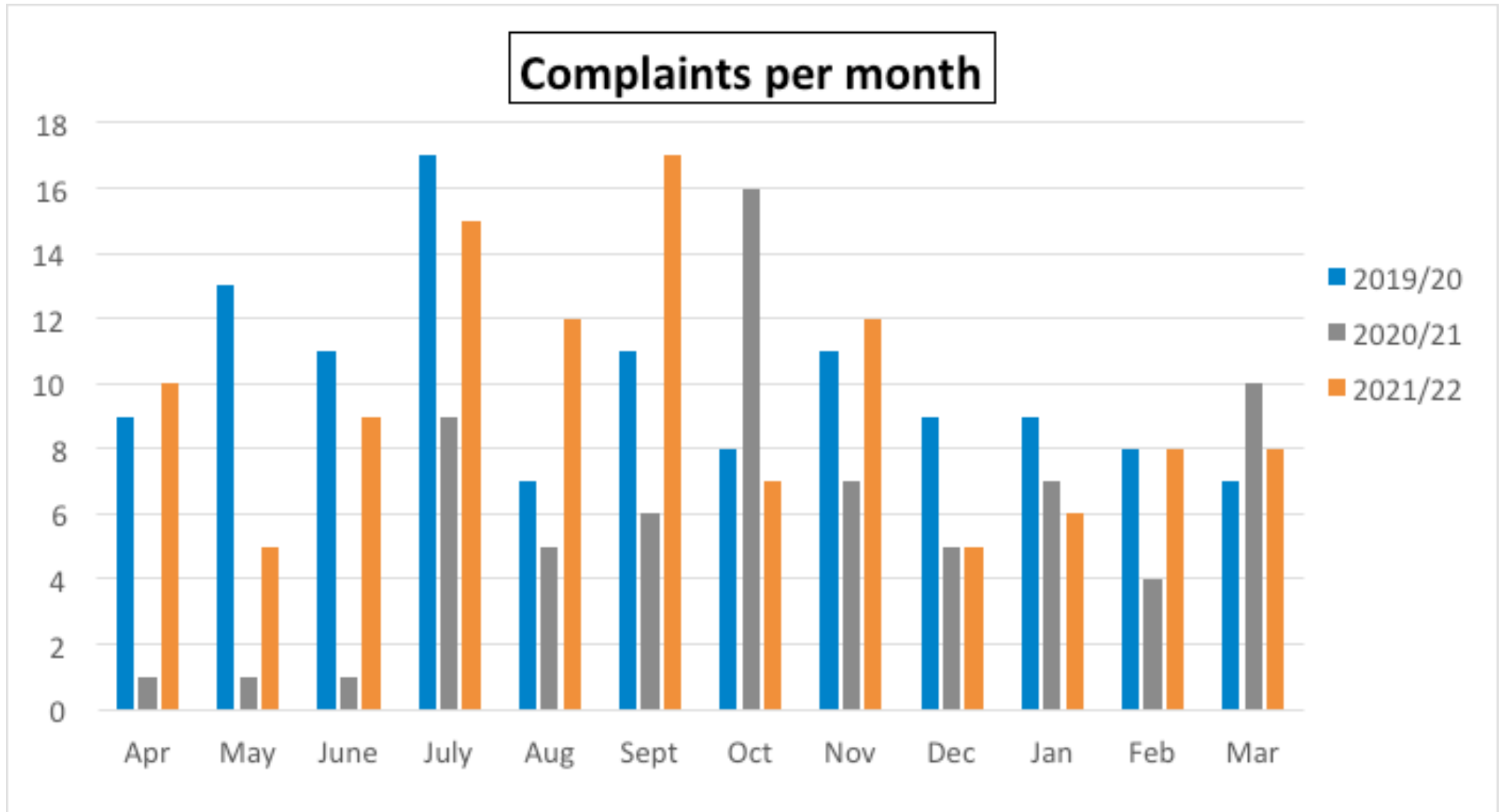


Chart 3 Complaints received per month/year 2019-2022

Table 1 provides a breakdown of the formal complaints received in 2021-2022 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	Closed within 5 days/20 days	Average response times
Q1	24	Stage 1 = 13 *	9	0	2	8 (73%)	5 days
		Stage 2 = 11 **	3	3	2	8 (63%)	20 days
Q2	48	Stage 1 = 20	7	9	4	12 (60%)	5 days
		Stage 2 = 24 ***	4	8	8	5 (25%)	40 days
Q3	24	Stage 1 = 13 ****	9	1	2	5 (38%)	7 days
		Stage 2 = 11 *****	1	1	6	1 (13%)	48 days
Q4	21	Stage 1 = 6 *****	1	1	4	3 (67%)	6 days
		Stage 2 = 15 *****	3	4	4	7 (47%)	26 Days

Q1* 2 complaints had no consent obtained

Q1** 2 complaints was progressed to Significant Adverse Event Review (SAER)/1 complaint was withdrawn

Q2*** 1 complaint time barred/3 complaints were progressed to SAER

Q3**** 1 complaint had no consent obtained

Q3***** 1 complaint was time barred/1 complaint withdrawn/1 complaint was progressed to SAER

Q4***** 1 complaint withdrawn

Q4***** 1 complaint time barred/1 consent not obtained/2 complaints progressed to SAER

Stage 1 complaints

26 (49%) of the 53 Stage 1 complaints were responded to within 5 working days timescales. 1 Stage 1 complaint was withdrawn and 3 complaints where consent was not obtained.

There were 23 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

2021-2022 Complaints response	Overall
Number of formal complaints	53
Number closed within 5 days	26 (49%)
Number closed outwith 5 days/number where extension was granted	23 (43%)
Number of withdrawn/time barred/no consent received	4 (8%)

Examples of reasons for extensions include:

- Awaiting contact details from patient to call with outcome of investigation.
- Patient was seen in clinic on day 6.
- Staff member on annual leave and required for full response to complainant.
- Delay in further information from patient's health board to allow full response via telephone to patient.

There were 2 Stage 1 complaints that were escalated to Stage 2. Following initial investigations of both these Stage 1 complaints, it was more appropriate via the Stage 2 process, therefore this was amended to a Stage 2 and progressed.

Within the Stage 1 complaints, waiting list was the highest theme (17). Cancellation of surgery/procedure (9), and communication (8) were within the top 3. This is to be expected following the resuming of services within NHS GJ. Waiting list (14) and Cancellation of surgery/procedure (6) were both within the top 3 during 2020-2021.



Stage 2 complaints

We always aim to provide complainants with their response within timescales, this has evidently been a significant challenge this year, similar to 2020-2021 (36%) with this year only 32% of Stage 2 responded to within timeframes as shown below:

Table 3 Stage 2 Complaint response

2020-2021 Complaints response	Overall
Number of formal complaints	61
Number closed within 20 days	15 (25%)
Number closed outwith 20 days	32 (52%)
Number of withdrawn/time barred/ no consent received	6 (10%)
Number progressed to Significant Adverse Event Review (SAER)	8 (13%)

During 2021-2022 there have been many contributing factors that caused delays to Stage 2 responses. The COVID-19 isolation guidance within the health care settings has lowered staffing, leading to challenges to the internal investigation process. Clinical care of waiting lists and more complex complaints has also had an impact.

During Quarter 4 of 2021-2022, the Clinical Governance team have been working alongside the Divisional Management teams/ Executives/Clinical Leads with a focus on response timescales, ensuring that the quality of the response remains high, whilst endeavouring to provide complainants with a more timely response.

Our longest response time was 126 days in Quarter 2. This complaint was complex and was received during a period where there were significant staffing pressures within the Clinical Governance Department, which led to significant delays with the response and also in receiving full investigation findings from service.

There were 11 fully upheld complaints, 16 partially upheld and 20 not upheld. 2 complaints were withdrawn, the Consultant contacted the complainant and explained the patient's care. The complainant then wished to withdraw the complaint following this conversation. The other was withdrawn following an initial investigation. It was found that the patient had been referred back to their health board and the concerns related to them, patient withdrew complaint at NHS GJ.

During 2021-2022 there were 8 complaints that were escalated to a SAER. 5 were upheld, 1 partially upheld and 2 not upheld. 1 event did not progress to a full review.

3 Stage 2 complaints were re-opened for family meetings to take place and 3 were re-opened following patient contact after the final response was provided. One of these was closed off following discussion regarding learning from the complaint. 2 were discussed with the complainants via telephone with no new concerns noted and directed to the Scottish Public Services Ombudsman.

It must be noted that the referrals to the Scottish Public Services Ombudsman remain low (2 when n=58, investigated complaints, SAER investigations and time barred). This suggest that although the complaint responses were over timescales, the complainants appeared satisfied.

Formal complaint themes

The charts on the next page show the themes of both complaints received and then the themes of the upheld complaints. Within chart 4 below, there are new themes added during 2021-2022.

Clinical Treatment has been the highest theme for received complaints over the past 4 years. In this year, 3 Clinical Treatment complaints were progressed to SAER. Clinical treatment related to numerous services, the highest were Orthopaedic Surgery (7), Cardiac Services (7) and Interventional Cardiology (5) and these were the top 3 services for clinical treatment during 2020-2021. This would be expected as these are 3 of the larger services.

During 2021-2022 waiting list, cancellation of surgery/procedure and staff attitude were the top 3 themes with upheld complaints. Waiting list and cancellation of surgery/procedure has never featured in the top 3 categories prior to this year, however, this would be expected due to changes in services during the pandemic.

Some examples of the upheld issues are:

- Patient unhappy that their MRI did not take place, as they had been out of the country within the last 10 days and this was never discussed prior to arrival for scan.
- Patient wishes to know why he was told 6-8 weeks for his procedure and waiting list is now extensively longer.
- Patient complaint about her waiting time for an angiogram.
- Patient was discussed at Multi Disciplinary Team (MDT) 2 weeks prior to appointment. Decision was made that patient would not undergo surgery, however was not contacted and therefore attended for pre-op assessment to be told surgery would not go ahead.
- Patient very unhappy with how the staff member' came into the discharge lounge and was extremely rude as she had some questions.

Our quality of response is important to us



Chart 4 Themes of all complaints

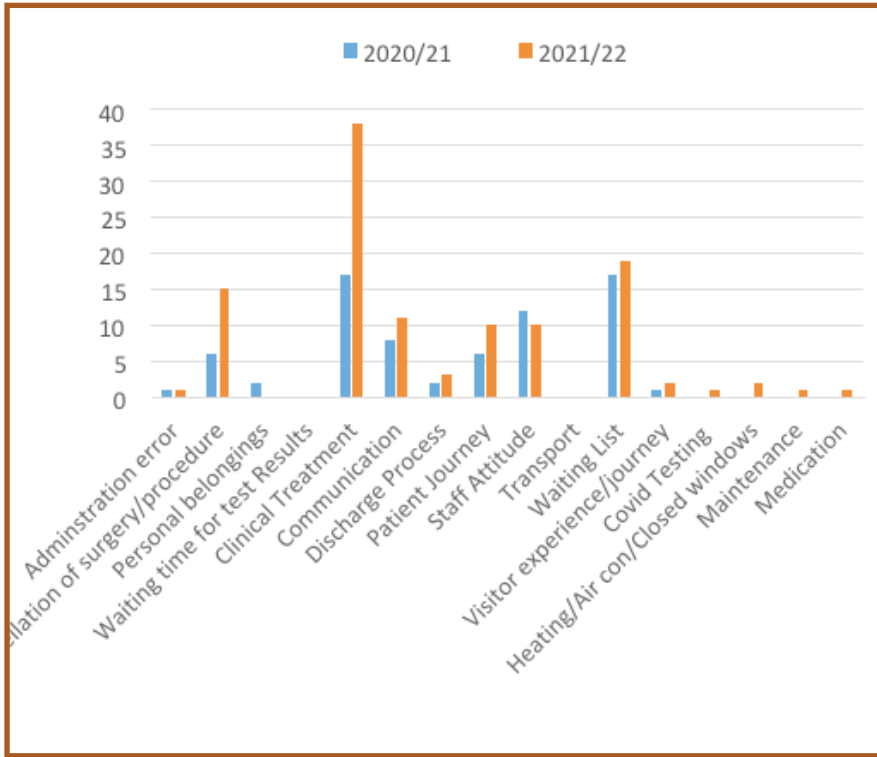
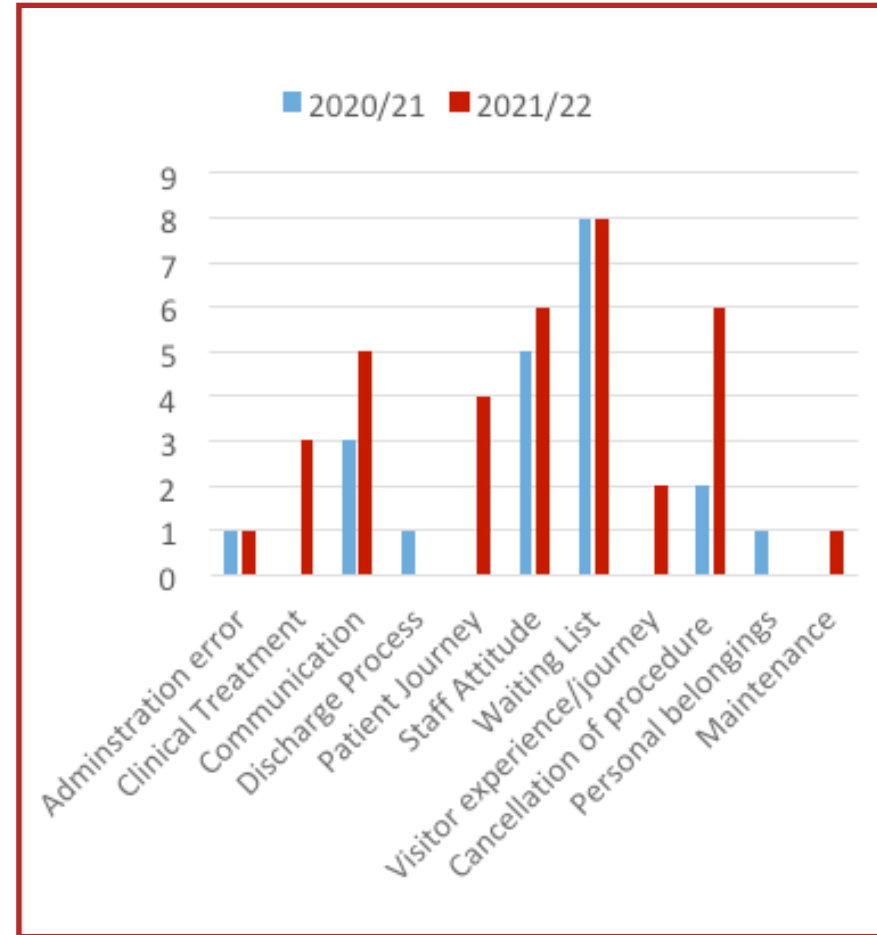


Chart 5 Themes of upheld complaints



Scottish Public Services Ombudsman (SPSO)

We had 2 cases referred to the SPSO in the year.

1 case the SPSO reviewed fully and decided not to take this complaint for a further review as they had sufficient evidence that NHS GJ had carried out all the relevant learning from this complaint, prior to the SPSO referral.

1 was an Orthopaedic case, which was upheld by the SPSO and all relevant actions are being progressed accordingly. The SPSO did note on their report that they were satisfied with the clinical care given to the patient, however remained dissatisfied regarding communication from NHS GJ to the patient.

Learning from complaints

NHS GJ 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 and learning is shared widely within the teams and where required via 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 2021-2022 we met face to face with 2 complainants and families.

**We learn
from our
complaints**

The following is a summary of some of the improvements to the service from feedback received during 2020-2021:

- Staff reminded of the importance of confirmation of patient demographics during admission process.
- Implementation of a new process where a report is now place that is reviewed weekly by the team to ensure that no patients are missed for follow up appointments.
- The service now has a Nurse Specialist in place who works closely with the scheduling team to ensure that any medication changes are reviewed prior to offering an appointment is being developed to ensure that a letter goes to community pharmacist if a patient is discharged with a new unlicensed medication.
- Staff reminded of usage for repose boots for pressure sores.
- Review and development of Pacing policy.
- Clinical Director for Cardiology to ensure that the all staff involved in cardiology patient journey make patients aware of realistic timescales for patients procedures.
- Staff within service that complaint related to were sent on refresher manual handling training.
- Staff reminded of attitude and interactions during consultations with patients/families to ensure they comply with NHS GJ values.
- Advice on smoking cessation to be reviewed and incorporated into standard surgical information.

Complaint process experience

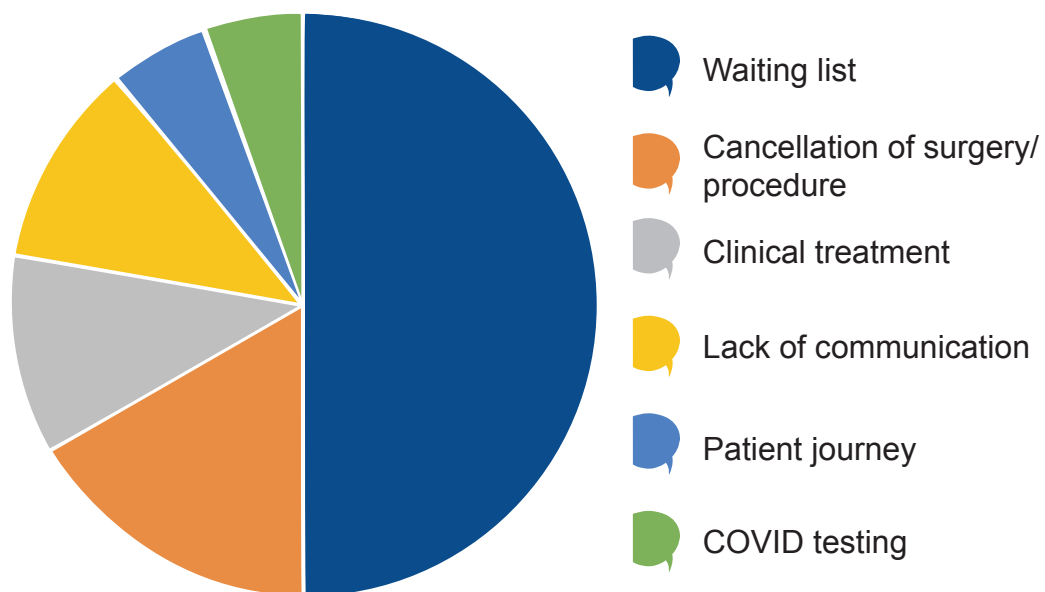
During 2020-2021 this was scaled back due to staffing levels and has not been restarted. The previous response rate, noted in last year's report was 21% during 2017-2020 response rate of patient feedback satisfaction, with 84% being positive, therefore this was non-essential activity at present. We continue to make contact via telephone, where possible with all complainants to discuss concerns and fully understand the key issues.

**We like
to discuss
your
complaint
with you**

COVID-19 related feedback

During 2020-2021, we captured feedback that was specifically relating to COVID-19 across all types of feedback, which we continued to do during 2021-2022. Stage 1 continue to be the highest type of COVID-19 related feedback. There were 18 Stage 1 (11) and Stage 2 (7) complaints. 9 of these related to waiting times, with 6 relating to Orthopaedic surgery and 4 Interventional Cardiology.

Chart 6 Themes for COVID-19 feedback



We continue to monitor the most up to date guidance in relation to COVID-19 for Health settings, to ensure the safety of our staff, patients and visitors. Information is updated promptly by our teams to ensure that all within NHS GJ are aware. Services continue to audit via questionnaires to ensure that patients feel as safe as possible and supported when coming to NHS GJ during such ever-changing times.

Section 4: Staff awareness and training

Our training and education has been limited again this year due to COVID-19. Much of what has been provided has been ad-hoc one to one training. All staff continue to adhere with mandatory training.

Volunteer supported feedback

There was a request for a volunteer to conduct an Interior Design Survey of The Eye Centre and this took place over 2 days in October and November 2021. A total of 19 surveys were completed to assess the suitability of wayfinding and systems in place to help patients.

In May 2022 there was a request for the Quality Walk Round service from Endoscopy prior to their audit; 2 volunteers completed Feedback forms and discussed the quality of care with patients.

There are plans to relaunch the Caring Behaviours Assurance System (CBAS) through a 2 day program in November focussing on resilience and coping techniques as well as delivery of person-centred quality care. There will a workshop which the Quality Walkround Volunteers can attend. The PCQI statements will be revisited then adopted in a new CBAS programme launching in January 2023.

Tell us what you think



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eDigest Jubilee Life Staff bulletin Team Brief Other _____

2. Issue number/date: _____

3. Date: _____

4. Did you find this publication interesting?

Very Quite A little Not very Not at all

5. Did you find this publication easy to read and follow?

Very Fairly A little Not very Not at all

6. How much of this publication did you read?

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

7. If you didn't like it, can you tell us why not:

8. How do you think we could improve this publication?

9. Do you have any other comments?

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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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