

Annual Feedback Report

2022/2023



**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 receives 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 financial year (2022/2023).

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 Outcomes Midpoint Report by visiting this link:

https://www.nhsgoldenjubilee.co.uk/application/files/9716/8061/5568/Equality_Outcomes_Midpoint_Report_2023.pdf.

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 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, Communications and Clinical Governance teams to enable them to respond to feedback.

This streamlined approach means we have appropriate leadership and administrative support across our Board 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 programmes (e.g. Meet & Greet and Mealtime Monitoring) and Caring Behaviours Assurance System (CBAS) is captured to support collation and feedback to the areas.

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

Volunteers and caring behaviours

We continue to use the Caring Behaviours Assurance System (CBAS) methodology within the Board. 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.

There are plans to revitalise the training programme and relaunch as the value in focussing on staff wellbeing is vital. We would also hope to re-start the collection of patient evaluation on their care experience in the near future with the support of the volunteer services as this also ceased during the COVID pandemic.

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 was paused, however 9 volunteer services have returned and 2 services are in the process of returning. The Volunteer Services Manager is carrying out a recruitment drive to increase the number of volunteers to meet the needs of the Phase 2 Development. The Meet and Greet programme often generates feedback and work is underway to ensure this is passed on to the appropriate area to act upon.

We are most proud of these aspects of our volunteering:

- Return of our Patient Peer Support volunteer to NSD. This volunteer visits patients in consultation with staff and offers support, encouragement and a listening ear. We are in the process of training 2 other Patient Peer Support Volunteers.
- Growth and development of our Pastoral Care Service which has 7 volunteers. At the request of staff the service is currently being expanded to include 6-8pm in the evening as a Chaplain is available to support volunteers.

Overview of formal feedback

During the year we received and logged a total of 521 formal feedback. This is an increase from 433 the previous year.

The chart below details the methods by which feedback was received during 2022/23. As shown emails were, the most common method used to provide feedback.

Compliments continue to be the highest category of overall feedback received with 212 formal compliments recorded in the year (41% of all feedback received).

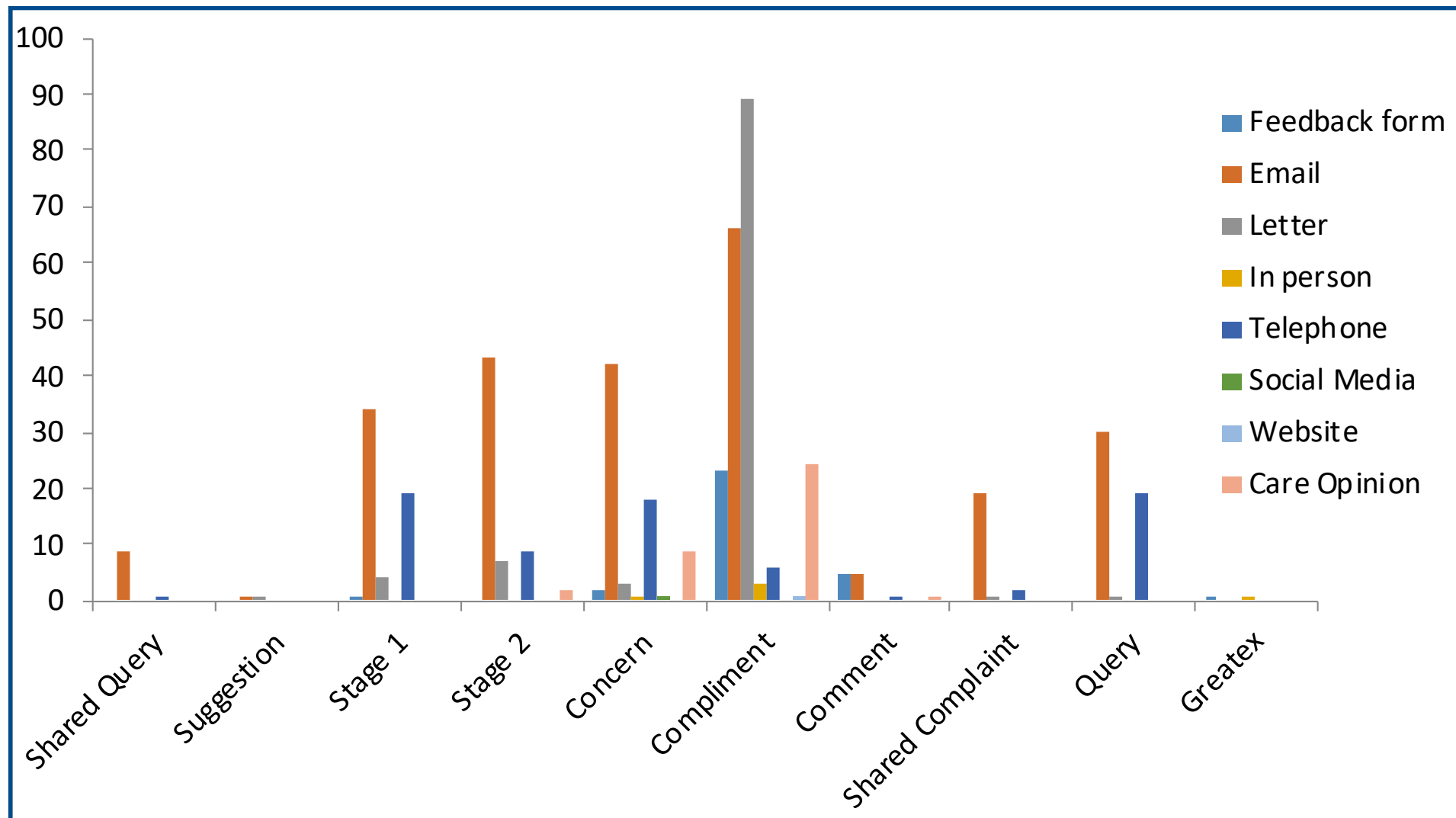


Chart 1: Methods of feedback

Section 2: Feedback received in 2022/2023

Compliments

As noted in the overview, there were 212 compliments logged. This is an 8% increase on previous year figures. 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.

Orthopaedics and Interventional Cardiology received the highest number of compliments; this has been consistent for 5 years running. Some examples of compliments received:

- Patient wishes to thank the exceptional staff including nurses, transport, receptionist and consultant for the care received when patient had a cataract operation.
- Patient would like to thank the consultant who showed an immense amount of understanding and compassion. The whole team were supportive and gave fantastic well informed care.
- Compliment from patient about the care that they received when they had their knee replacement surgery. Staff made them feel comfortable and were unfailingly pleasant, efficient and friendly, taking the time to explain everything to the patient.
- Patient wishes to thank staff for their help and attention during a recent CT scan. The nurse was very nice and put the patient at ease. Patient felt in good hands.
- Patient wishes to thank all staff for the care they received from start to finish. Patient felt safe and reassured throughout.

Care Opinion

Care Opinion allows the public to provide feedback via an anonymous online approach. When a story is added staff are alerted to allow them to review and respond accordingly.

During the period of 2022/2023 there were 34 Care Opinions stories, which is a slight increase since 2021/2022 when 28 were received. The majority, similar to previous years, were positive with 24 compliments. There were 7 concerns and one comment. 2 were progressed via the Stage 2 Complaints Handling Process, with 1 stage 2 being progressed via the Significant Adverse Events process.



Concerns

In 2022/23, 67 concerns were received, this is a 51% increase on the previous year 2021/22. This is reflective of the overall increase in feedback.

The chart below summarises the top 6 concern categories in 2022/2023. Waiting times and cancellation of surgery/ procedure were the top 2 categories, with waiting times also being in the top 2 categories for concerns in the previous year. Communication and visitor experience received 3 concerns each, administration error and clinical treatments received 2 concerns each and covid testing, medication and transport receiving 1 concern each.

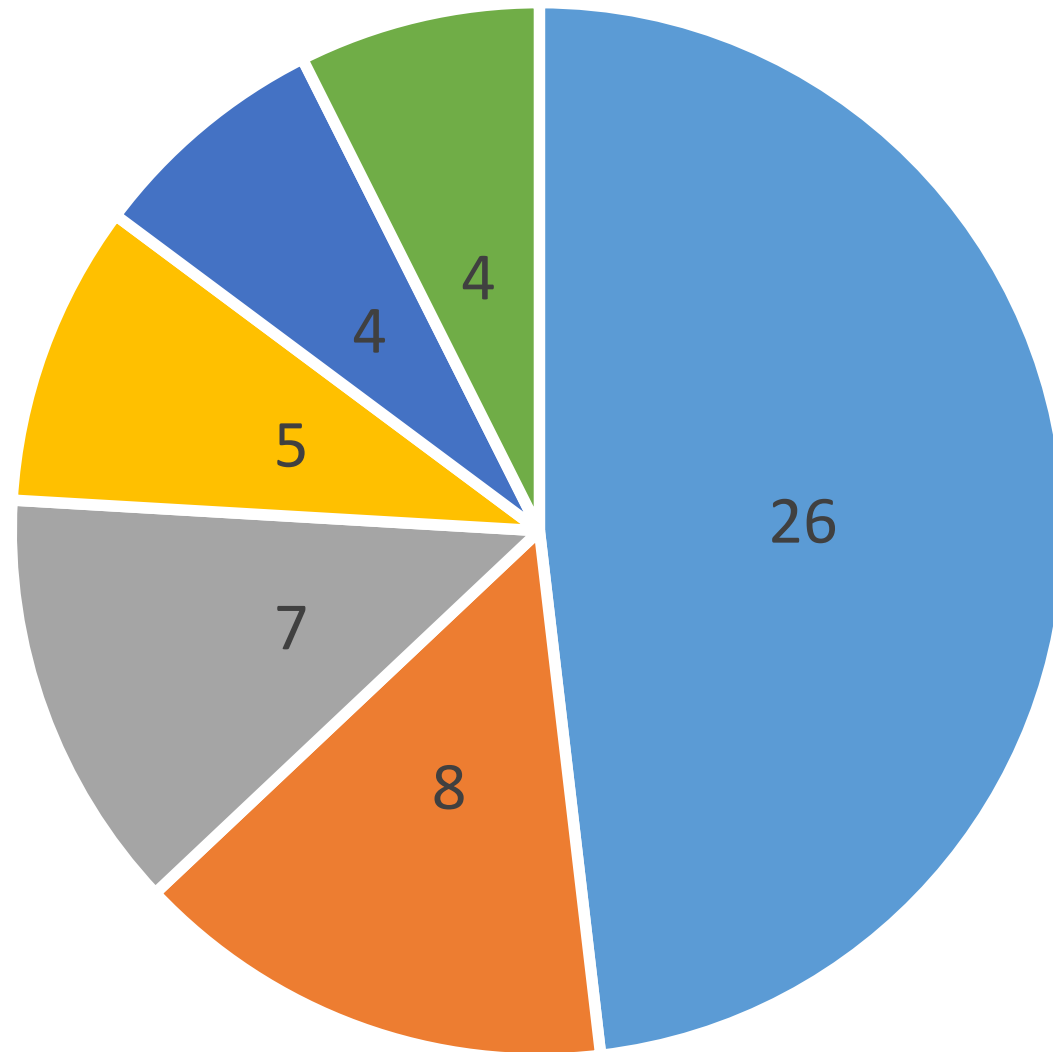





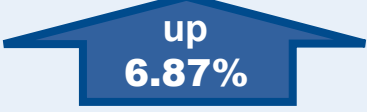





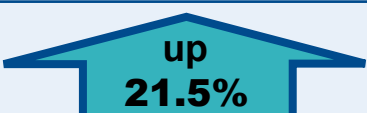

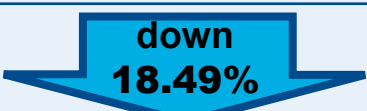


Chart 2: Concerns with themes 2022/23

Social media channels – 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 2022 to 31 March 2023:



Twitter followers up 8.21% to 6,032		
Facebook followers up 6.87% to 10,148		
LinkedIn followers up 77.15% to 2,581		
YouTube subscribers up 45.71% to 2,652		
Combined social media reach across all platforms up 21.5% to 5,170,493 (the number of people who have seen or read our posts)		
Combined social media engagement across all platforms down 18.49% to 380,696 (the total number of comments, reactions, and shares/retweets)		
Facebook reviews maintain an average lifetime rating of 4.8/5 stars out of 923 reviews		

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 2022 to 31 March 2023:

A total of **35,874** 'engagements' were received, compared to **14,248** in the previous year.

↑ 151.78%
increase

of these **35,874** interactions, **35,823** were positive, factual or neutral (**99.86%**), and 51 were negative (**0.14%**).

The Positive Engagement Score in 2022/2023 is **99.86%** compared to **99.75%** in 2021/2022.

The Lifetime Positive Engagement Score is **99.41%**.

Further information is available in the Communications and Marketing Annual Report 2022/23.

Section 3: Formal complaints

Overview

During 2022/2023 there were 118 complaints received (57 Stage 1 and 61 Stage 2). There has been an overall increase of 4% compared to the previous year, which is expected due to the COVID-19 pandemic measures being lifted and services resuming to a more pre pandemic level.



We always acknowledge any stress or inconvenience caused

Formal complaints

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

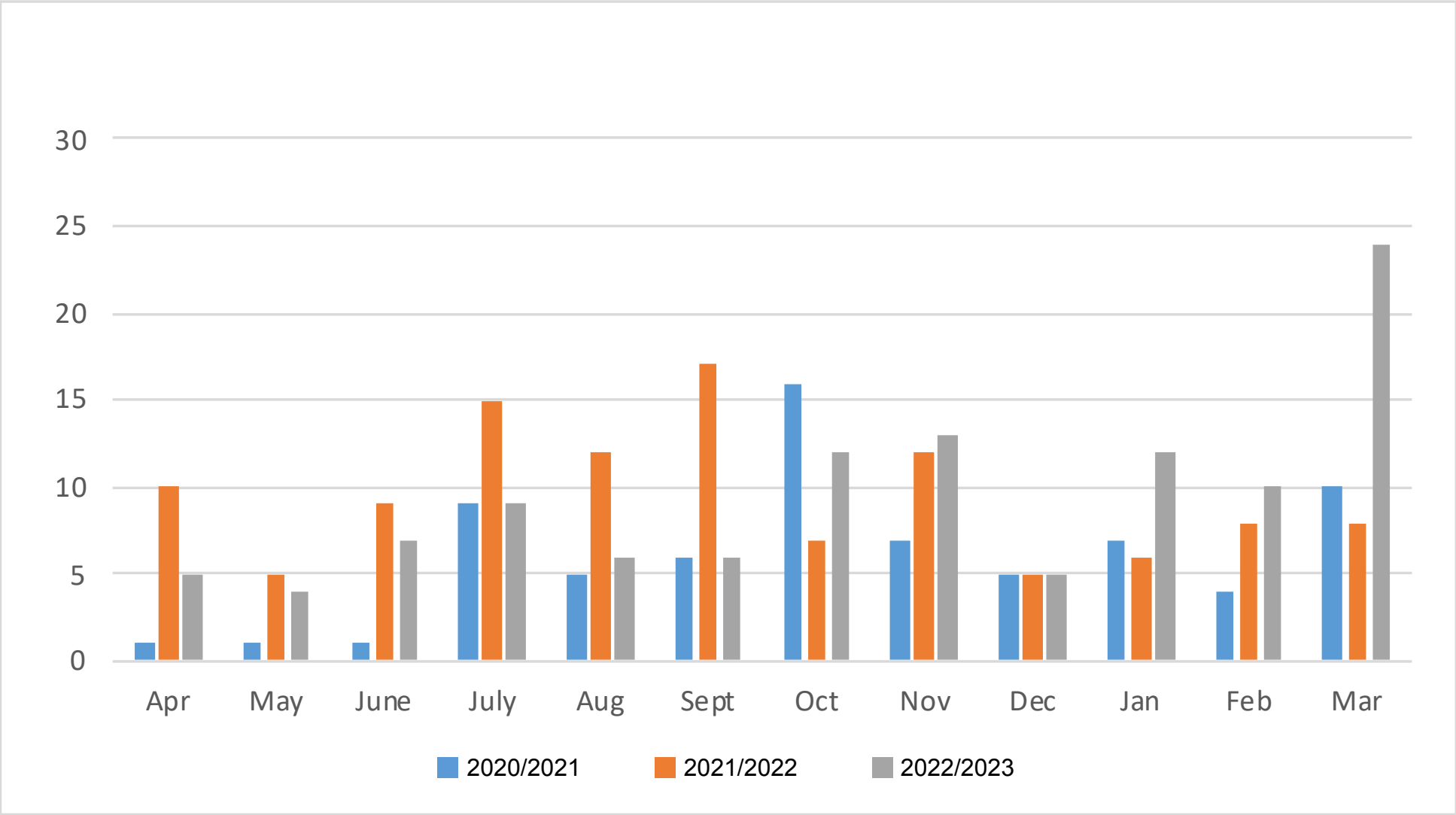


Chart 3: Complaints received per month/year 2020-2023

Table 1 provides a breakdown of the formal complaints received in 2022/23 by quarter, noting the numbers of complaints, outcomes, percentage that were closed within timescales and the average responses times:

	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	21	Stage 1 = 7	4	1	1	3 (50%)	5 days
		Stage 2 = 14 *	2	7	4	2 (14%)	42 days
Q3	29	Stage 1 = 13	4	4	5	5 (39%)	6 days
		Stage 2 = 17 *	1	5	9	4 (27%)	26 days
Q4	46	Stage 1 = 27 *	14	3	9	21 (81%)	5 days
		Stage 2 = 19 **	5	6	5	2 (13%)	41 Days

Table 1: Formal Complaints Outcomes by Quarter

Q1* 2 complaints had no consent obtained

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

Q2* 1 complaint progressed to SAER

Q3* 1 complaint withdrawn

Q4* 1 complaint withdrawn

Q4** 1 complaint time barred, 2 complaints withdrawn and 2 are still ongoing

Stage 1 complaints

34 (59%) Stage 1 complaints were responded to within the 5 working day timescale, 1 Stage 1 complaint was withdrawn, 1 complaint where consent was not obtained and 1 was escalated to an Initial Assessment Tool.

There were 19 where an extension was granted for various reasons; all of these were responded to within the agreed 10 working days. Examples of reasons for extensions include:

- Investigating team not based at NHS GJ which caused delay in investigating.
- Patient was to be discussed at MDT first.
- Staff member on annual leave and required for full response to complainant.
- Delay in investigation being completed by the investigating team.

There were 12 Stage 1 complaints that were escalated to Stage 2. The reasons for these included the complexity of the investigation required, complainant unhappy with the outcome of stage 1 complainant, staff involved on annual leave and that some were better investigated through the stage 2 process so were escalated and responded to appropriately.

Within the Stage 1 complaints, waiting list (n=13) and cancellation of surgery/procedure (n=13) were the highest themes. Staff attitude (n=8) was also in the top 3. Waiting list (n=17) and cancellation of surgery/procedure (n=9) were both in the top three in 2021/2022.

2022/2023 complaints response	Overall
Number of formal complaints	58
Number closed within 5 days	34 (59%)
Number closed outwith 5 days/number where extension was granted	20 (34%)
Number of withdrawn/time barred/no consent received	4 (7%)

Table 2: Stage 1 complaint response



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 2021/2022, with only 20% of Stage 2 responded to within timeframes as shown below:

During 2022/2023 there have been many contributing factors that caused delays to Stage 2 responses. Clinical care of waiting lists and more complex complaints has had an impact.

During Quarter 4 of 2022/2023, 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 83 days within Quarter 2. This complaint was complex and was involving a team who, although employed by NHS Golden Jubilee, are not always on site, which caused delay with investigation findings. There were also questions raised by the Divisional Management Team and Medical Director which required further investigation by the clinical team.

There were 12 fully upheld complaints, 19 partially upheld, 22 not upheld.

Five complaints were withdrawn:

- Consultant contacted the complainant and explained the patient's care.
- The patient had received a date for their procedure.
- The Consultant offered to meet with the patient and discuss their clinical care.
- The complainant came in and met with the consultant and had their concerns answered.
- The patient received a surgical date.

During 2022/2023, 6 complaints were escalated to a Significant Adverse Event Review (SAER): 1 was upheld, 1 was not upheld and 4 did not progress to a full review.

One Stage 2 complaint was re-opened for a family meeting to take place.

It must be noted that the referrals to the Scottish Public Services Ombudsman remain low (Six when n=61, investigated complaints, SAER investigations and time barred). This suggests that although the complaint responses were over timescales, the complainants appeared satisfied.

2022-2023 complaints response	Overall
Number of formal complaints	61
Number closed within 20 days	12 (20%)
Number closed outwith 20 days	41 (67%)
Number of withdrawn/time barred/ no consent received	7 (12%)
Number progressed to Significant Adverse Event Review (SAER)	1 (1%)

Table 3: Stage 2 complaint response

Formal complaint themes

During 2022/2023 the top 3 highest themes received were Clinical Treatment (n=30), cancellations of surgery/procedure (n=20) and waiting list (n=19). Over the past 5 years, Clinical Treatment has been the highest theme. Due to the impact of the pandemic, it was expected cancellations of surgery/procedure and waiting lists themes would be within the highest categories within 2022/2023.

Orthopaedic services had the highest amount of complaints with 8 relating to Clinical Treatment and 8 relating to waiting list. Cardiac Services and Interventional Cardiology are also within the top 3 services.

Cardiac Services highest was cancellation of surgery/procedure (8). These 3 are the largest services within NHS Golden Jubilee hospital and were also the top 3 services in 2020/2021 and 2021/2022.

The chart below shows the top 6 themes comparison for 2021/2022 and 2022/2023.

During 2022/2023 cancellation of surgery/procedure had the highest upheld complaints (n=10), with staff attitude (n=9) and clinical treatment (n=5). Clinical Treatment (n=10) was the highest category in partially upheld complaints.

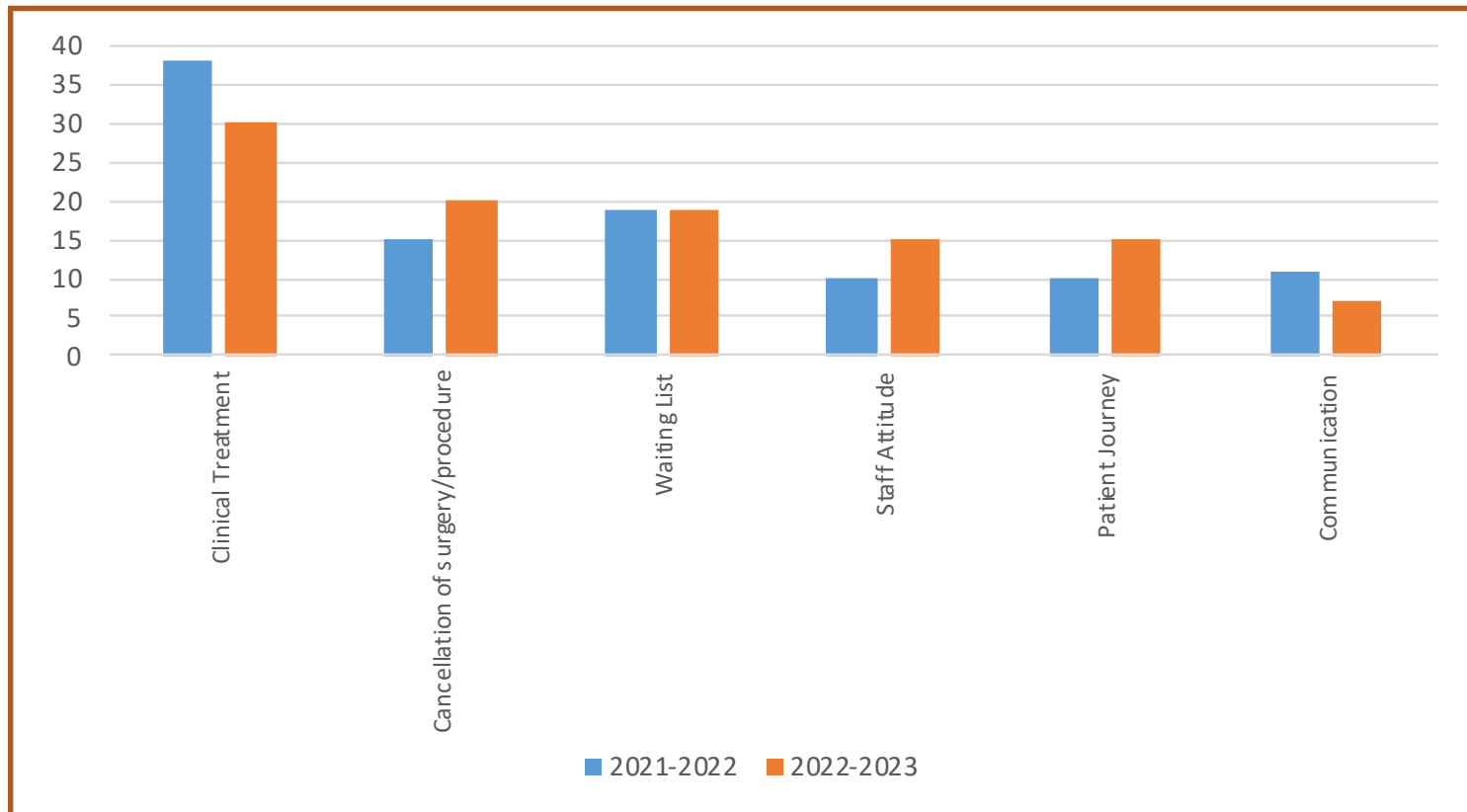


Chart 4: Themes of all complaints

We take all
complaints
seriously

The chart below shows a breakdown of all themes via stage 1 and stage 2.

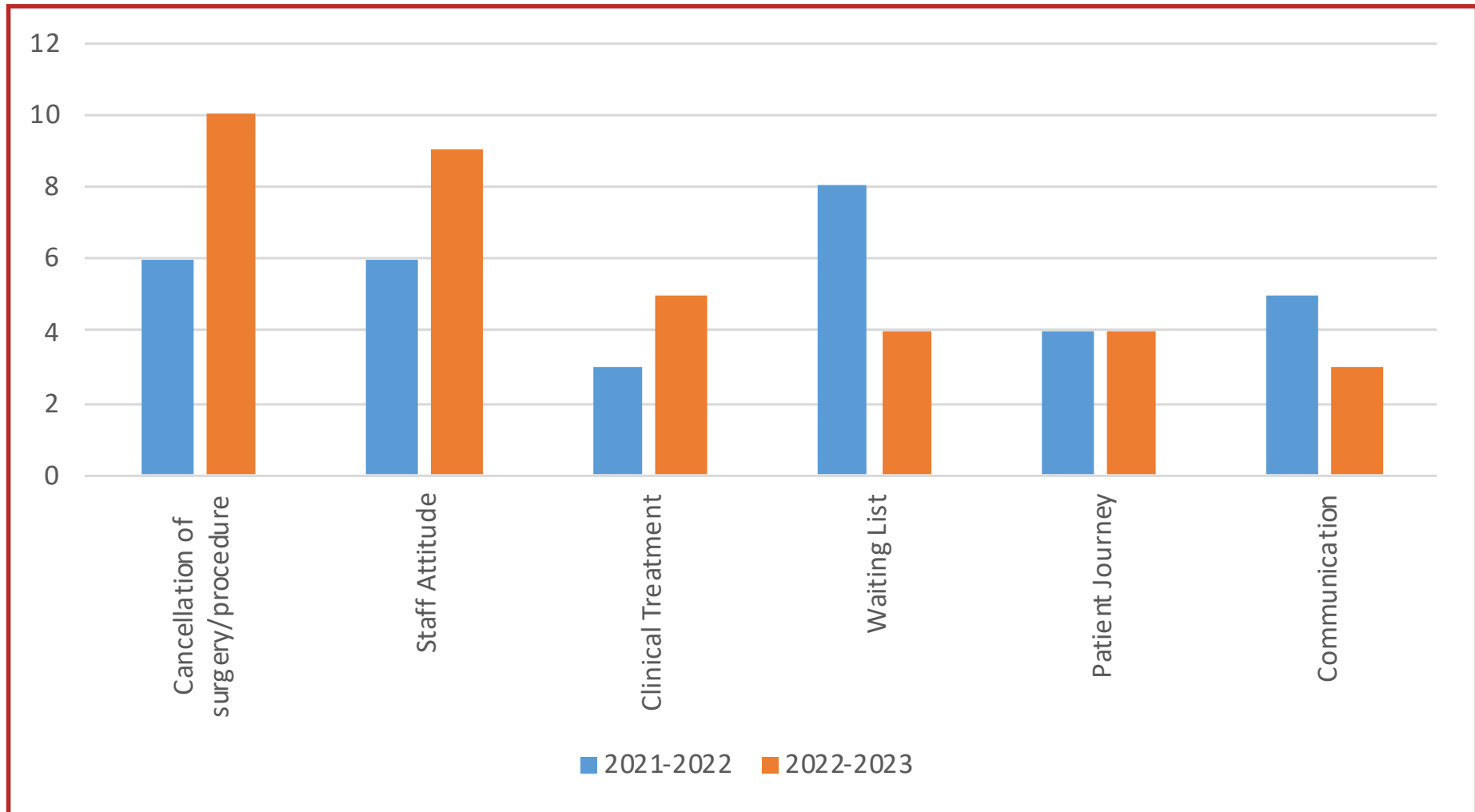


Chart 5: Themes of upheld complaints

Scottish Public Services Ombudsman (SPSO)

NHS Golden Jubilee had 6 cases referred to the Scottish Public Services Ombudsman (SPSO). All are currently under investigation at the time of publication.



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 and shared widely within the teams and where required via the Clinical Governance Service meetings.

During the pandemic we had 1 face-to-face meeting with a complainant.



The following is a summary of some of the improvements to the service from feedback received during 2022/23:

- Staff to ensure that any duplicate referrals are removed to avoid patients being booked in error.
- Nursing staff to reiterate to patients the importance of wearing anti-embolism stockings.
- Deaf Awareness training to be organised for CME session via Equalities lead.
- Staff reminded of attitude during interactions with patients/families to ensure they comply with NHS GJ values.
- Staff within service that complaint related to were given training on clearly labelling information on booking form and reminded to remain vigilant for potential delay information.

Complaint process experience

During the 2021/2022 and 2022/2023 the decision was taken to scale back the complaints process experience questionnaires, mainly due to staffing levels.

Another contributing factor was the previous response rates as noted in the annual feedback report (2021-2022).

We continue to make contact via telephone, where possible with all complainants to discuss concerns and fully understand the key issues.

We will always
contact you to
discuss your
concerns

Section 4: Staff awareness and training

During 2022/2023, 400 staff completed the online NHS GJ induction e-Learning module. There was also a 'challenging conversations' course available to all staff, with 23 people attending the all staff session and 41 attending the managers session.

All staff have the availability to request a face to face training session for our datix incidents and feedback modules. During 2022/2023 there were 35 face to face training sessions held.

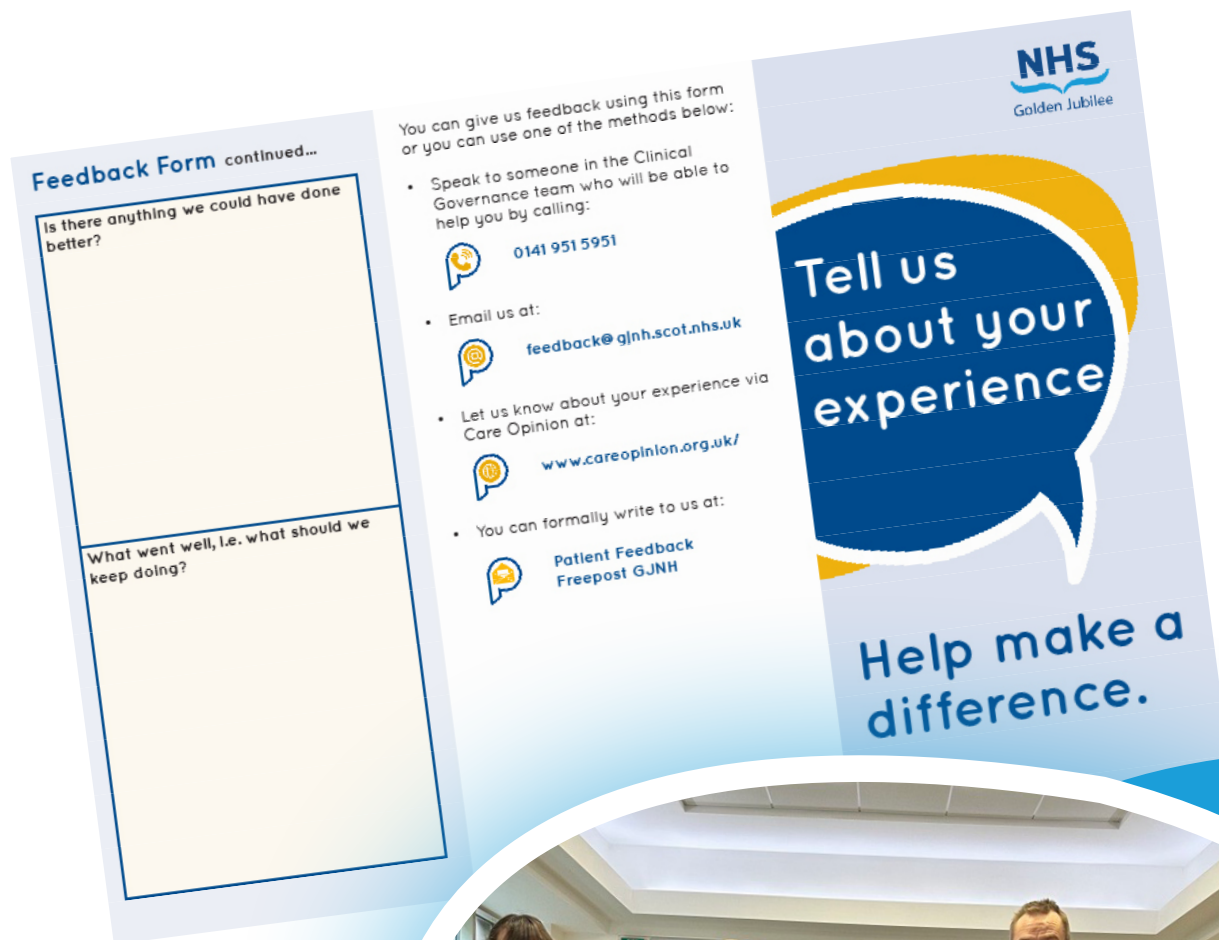
Senior Charge Nurse training sessions are now back to being face to face, where Clinical Governance attend to discuss incidents, feedback (managing and investigating appropriately) and clinical effectiveness.

Your feedback is really important to us

Volunteer supported feedback

There were no specific requests during 2022/2023 for volunteer support to conduct any Quality Walk Rounds or input to service design consultations.

It is anticipated that the volunteers will play a part in conducting Interior Design Surveys prior to the opening of phase 2 later in the year.



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