# NHS Golden Jubilee

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

### **Meeting date: 25 July 2024**

### **Title: Annual Feedback Report 2023/2024**

### **Responsible Executive/Non-Executive: Mark MacGregor, Executive Medical Director**

 **Anne Marie Cavanagh, Director of Nursing**

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

## 1 Purpose

### This is presented to NHS Golden Jubilee Board for:

### Approval

### This report relates to a:

* Government policy/directive

### This aligns to the following NHSScotland 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 Annual Feedback Report for NHS Golden Jubilee as a requirement of the national Complaints Handling Procedure.

## 2.2 Background

This report describes the formal feedback received in NHS Golden Jubilee during the time period 1 April 2023 and 31 March 2024.

## 2.3 Assessment

Appendix 1 contains the Annual Feedback Report 2023 – 2024.

### 2.3.1 Quality/Patient Care

The Clinical Governance team work closely with services to ensure the best possible outcome for patients/families who are dissatisfied with their experience or who have highlighted a good experience. This is done to ensure continuous learning from both positive and negative outcomes.

### 2.3.2 Workforce

Dealing with feedback within NHS Golden Jubilee 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 investigations.

### 2.3.3 Financial

There is a potential for financial impact to the organisation in relation to claims as a result of feedback.

### 2.3.4 Risk Assessment/Management

All feedback is managed on a case by case basis and risk assessment is supported where required, this is further embedded within action plans if appropriate.

### 2.3.5 Equality and Diversity, including health inequalitiesAn impact assessment has not been completed as this paper provides a report following an analysis of data.

### 2.3.6 Other impacts

Potential for reputational impact due to the nature and content of the report.

### Communication, involvement, engagement and consultation

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

* Service Clinical Governance Meetings throughout the year
* Division Management Team Meetings throughout the year
* Clinical Governance Risk Management Group
* Clinical Governance Committee
* Staff Governance Person Centred Committee

### 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.

* Service Clinical Governance Meetings throughout the year
* Division Management Team Meetings throughout the year
* Clinical Governance Risk Management Groups
* Staff Governance Person Centred Committee
* Clinical Governance Committee

### 2.4 Recommendation

* Approval

### 3 List of appendices

The following appendices are included with this report:

* Appendix No 1, Annual Feedback Report 2023/2024

**ANNUAL FEEDBACK REPORT 2023/2024**

**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 last year (2023 – 2024).

**Obtaining feedback from equalities and particular groups**

We have several mechanisms in place to support particular groups in providing us with their feedback. These are detailed below:

* 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: [NHSGoldenJubilee.co.uk/](https://www.nhsgoldenjubilee.co.uk/publications/reports/equalities)

[publications/reports/equalities](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 regularly encourage this via our social media channels.

**Recording of feedback, comments and concerns**

It is essential that all feedback is shared with those who deliver care, particularly anyone who is named personally. This will ensure they receive any personal thanks or recognition and allows them an opportunity to respond to any feedback.

Support and guidance is provided to clinical staff from our Senior Managers, Executives and Corporate Affairs and Clinical Governance teams to enable them to respond to feedback.

This streamlined approach means we have appropriate leadership and administrative support across our Board within a robust governance structure.

We have a central system on which all formal complaints, comments and compliments are captured and shared with local leads, allowing them to view or amend the records and share information with wider staff.

Feedback gathered from other methods including our Volunteer programmes (e.g. Meet and 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**

There has been a post-pandemic review of CBAS and a wider conversation around Quality and how we record care experience. This has been taken forward by Elaine Kettings, Associate Nurse Director. The Care Experience Volunteers in the meantime continue to work with sections of the organisation in engaging with patients and their opinions.

We now have 11 placed pastoral care volunteers and and 4 Patient Peer Support Volunteers

**Overview of Formal Feedback**

During the year we received and logged a total of 645 formal feedback submissions. This is a 24% increase from 521 the previous year.

The chart below details the methods by which feedback was received during 2023/2024. As shown, emails were the most common method used during this period.

Compliments continue to be the highest category of overall feedback received with 355 formally recorded in the year. This equates to 55% of all feedback received.

**Chart 1 Methods of Feedback**

**Compliments**

As noted in the overview, there were 355 compliments logged. This is an 24% increase on previous year figures for 2022/2023.

The wards and staff members continuously receive thank you cards, letters and messages, along with general complimentary feedback on a daily basis, which is not formally logged.

Orthopaedics and Cardiac Services received the highest number of compliments; this has been consistent for orthopaedics. Some examples of compliments received:

* Patient is absolutely delighted with their Right knee and says it has been "life changing".
* CT scan was a very nice experience. Staff were helpful, friendly and lovely. Radiographer so caring and attentive.
* Patient wishes to thank Endoscopy for their for their kindness,respect and utter professionalism.
* Patient wishes to thank all staff - Consultants to Domestic staff for all their care during Thoracic Surgery.
* Deceased patient's daughter wishes to thank staff for the care and compassion her mother received prior to her death as this was amazing and the Scottish Pulmonary Vascular Unit (SPVU) team will live in her heart forever.

**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 2023/2024 there were 50 Care Opinions stories, which is a 47% increase since 2022/2023, where 34 were received. The majority, similar to previous years were positive with 46 compliments. There were 2 concerns and one query. One was progressed via the stage 2 CHP.

Some key words used within these posts are:

Supportive Professional Very proud Caring

Wonderful Understanding Impresed

 Compassionate Felt ignored Amazing

 Efficent Reassured Great Friendly

 Deflated Professional Frustrated

**Concerns**

In 2023/2024, 56 concerns were received, this is a 16% decrease on the previous year 2022/23.

The chart below summarises the top 5 concern categories in 2023/2024. Waiting list and clinical treatment were the top 2 categories. Waiting times was also in the top 2 categories for concern in the previous year, 2022/2023. Additionally, further concers included Communication received (7 concerns), cancellation of surgery / procedure and transport received making up 4 of the concerns.

 **Chart 2 Concerns with theme 2023/24**

**Digital communications - feedback and engagement**

The Communications and Marketing Team 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.

The Team manage 21 digital platforms including websites and social media accounts such as X (formerly Twitter), Facebook, LinkedIn, Instagram, and YouTube.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Combined KPIs** | **Target 2023/****2024** | **Full Year****2022/****2023** | **Full Year** **2023/****2024** | **Change** |
| Positive Engagement Score – a unique reputation score by collating all interactions, reviews and feedback from social media, emails and media coverage. | ≥ 95% | 99.87% | **99.93%** | **▲ 0.06pp** |
| Social PostsSocial Follower Growth Social ReachSocial Engagement Rate | n/a≥ 2.4%increase≥ 2% | 2,76331,6256,429,0226.77% | **3,664****37,891****7,193,169****6.18%** | **▲ 32.6%****▲19.8pp****▲11.9%**▼0.6pp |
| FilmsFilm Views | n/aincrease | 131305,482 | **161****444,117** | **▲22.9%****▲45.4%** |
| Web Visitors | increase | 338,764 | **503,362** | **▲48.6%**  |

The Communications and Marketing Team are working with our patients on our patient information and how we will provide information in a format of their choice that is clear, concise, accessible and easy to understand.

We have significantly increased our output of film production over the past 12 months. We have produced 22.9% more videos to support the organisation than in 2022/2023, with an accompanying 45.4% increase in views (up from 305,482 to 444,117.).

There has been a continued rise in views of our patient information and experience videos, which continue to be extremely popular and beneficial across our channels. This has played a significant role in our Youtube channel hitting the incredible landmark of 1 million views, a figure more than double that of some significantly larger NHS Scotland Boards.

For further information, see the Communications and Marketing Annual Report 2023/24.

**Formal Complaints**

During 2023/2024 there were 128 complaints received (Stage 1 (77) and Stage 2 (51)). There has been an overall increase of 9% compared to the previous year, which is expected due to services resuming to a more pre pandemic level.

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 2021-2024**

Table 1 provides a breakdown of the formal complaints received in 2023/2024 by quarter noting the numbers of complaints, outcomes, percentage that were closed within timescales and the average responses times:

|  | **Total rcvd**  | **Stage**  | **Fully Upheld** | **Partially Upheld** | **Not Upheld** |  **Closed within 5 days/20 days**  | **Average response times** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Q1** | **40** | **Stage 1 = 24\*** | 10 | 10 | 3 | 17 (74%) | 5 days |
| **Stage 2 = 16\*\*** | 2 | 4 | 6 | 7 (58%) | 30 days |
| **Q2** | **23** | **Stage 1 = 11\*\*\*** | 2 | 2 | 4 | 4 (50%) | 6 days |
| **Stage 2 = 12** | 0 | 8 | 4 | 1 (8%) | 65 days |
| **Q3** | **24** | **Stage 1 = 16** | 8 | 1 | 6 | 11 (69%) | 6 days |
| **Stage 2 = 8** | 1 | 7 | 0 | 2 (25%) |  43 days  |
| **Q4** | **41** | **Stage 1 = 26\*\*\*\*** | 12 | 4 | 8 | 22 (92%) | 4 days |
| **Stage 2 = 15** | 0 | 7 | 3 | 2 (13%) | 32 Days |

**Table 1 Formal Complaints Outcomes by Quarter**

Q1\* 1 complaint was withdrawn

Q1\*\*2 were withdrawn, one no consent obtained and one progressed to SAER (n=12)

Q2\*\*\* 1 was withdrawn and two had no consent obtained (n=8)

Q3\*\*\*\* 1 had no consent obtained (n=15)

Q4\*\*\*\*\* 1 complaint was timebarred, one complaint had no consent obtained and one complaint was still open at the time of reporting.

Q4\*\*\*\*\*\* 1 complaint was time barred, one complaint was withdrawn and 4 were still open at the time of reporting

**Stage 1 Complaints**

53 (68%) Stage 1 complaints were responded to within 5 working days timescales. 2 Stage 1 complaints were withdrawn, there were 4 complaints where consent was not obtained and 1 which was timebarred.

There were 17 complaints where an extension was granted for various reasons; all of these were responded to within the agreed 10 working days:

|  |  |
| --- | --- |
| **2023/2024 Complaints response** | **Overall** |
| Number of formal complaints | **77** |
| Number closed within 5 days | 53 (69%) |
| Number closed out with 5 days/ Number where extension was granted | 17 (22%) |
| Number of withdrawn / timebarred / No consent received | 7 (9%) |

 **Table 2 Stage 1 Complaint Response**

Examples of reasons for extensions include:

* Consultant off on leave so service manager unable to speak with Consultant until back to see whether change of consultant possible.
* Staff investigating on annual leave and then complex investigation requiring multiple teams input only realised once investigation had come back from others.
* NHS Golden Jubilee (NHS GJ) had to wait to speak with Greater Glasgow and Clyde (GGC) to get authorisation to add patient to list
* Service Manager unable to speak with complainant despite multiple attempts as no answer on phone.

There were seven 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 complaint, and some were better investigated through the stage 2 process so were escalated and responded to appropriately.

Within the Stage 1 complaints, waiting list (n=22) and cancellation of surgery / procedure (n=21) were the highest themes. Staff attitude (n=8) was also in the top 3. Waiting list (n=13) and cancellation of surgery/procedure (n=13) and staff attitude (8) all were in the top 3 in 2022/2023.

**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 2022 / 2023 only 22% of Stage 2 responded to within timeframes as shown below:

|  |  |
| --- | --- |
| **2022/2023 Complaints response** | **Overall** |
| Number of formal complaints | **50** |
| Number closed within 20 days | 11 (22%) |
| Number closed out with 20 days | 34 (67%) |
| Number of withdrawn/ timebarred/ no consent received | 5 (10%) |
| Number progressed to SAER | 1 (1%) |

**Table 3 Stage 2 Complaint Response**

During 2023/2024 there have been many contributing factors that caused delays to Stage 2 responses. The complaints that were received were more challenging and complex.

Throughout 2023/2024, the Clinical Governance team have been working alongside the Divisional Management teams, Clinical Leads and Executives Leadership Team with a focus on response timescales. This aims to ensure that the quality of the response remains high, whilst endeavouring to provide complainants with a more timely response to their concerns.

This information is reported monthly at confirming challenge and the Executive Leadership Team meetings to identify areas for improvement. Following on from a period of challenging complaints response performance, a Clinical Governance Improvement Project focusing on the Complaints response system commenced in January 2024. The project is ongoing and is estimated to last up to 9 months.

Our longest response time was 147 days within Quarter 2. This complaint was complex and related to a joint SAER which was undertaken by NHS GGC and NHS GJ. There were also questions raised by the Divisional Management Team and Medical Director which required further investigation, adding further delays to the process.

There were 3 fully upheld complaints, 25 partially upheld and 13 not upheld. 2 complaints were withdrawn where the patient passed away and no contact could be made with their family family. The other complaint was withdrawn as the patient wife decided they no longer wished to complain.

During 2023/2024 there was one complaint that was escalated to a Significant Adverse Event Review (SAER). This was upheld.

1 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 (Eight when n=51, investigated complaints, SAER investigations and time barred). This suggests that although the complaint responses were over timescales, the complainants appeared satisfied.

**Formal Complaint Themes**

During 2023/2024 the top three highest themes received were Clinical Treatment (n=67), Cancellations of surgery / procedure (n=42) and waiting list (n=42).

Over the past five years, Clinical Treatment has been consistently the highest theme. Due to ongoing the impact of the pandemic, it was expected cancellations of surgery/procedure and waiting lists themes would be within the highest categories within 2023/2024.

Orthopaedic services had the highest amount of complaints with 14 relating to waiting list and 8 relating to clinical treatment.

Cardiac Services and Interventional Cardiology are also within the top 3 services named. Cardiac Services highest was cancellation of surgery/procedure (8) and Interventional Cardiology was Clinical Treatment (6). These 3 are the largest services within NHS Golden Jubilee and were also the top 3 services in 2020/2021, 2021/2022 and 2022/2023.

The charts below shows the topthemes comparison for 2022/2023 and 2023/2024.

During 2023/2024 cancellation of surgery/procedure had the highest upheld complaints (n=9), with staff attitude (n=5) and patient journey (n=5). Clinical Treatment (n=15) was the highest category in partially upheld complaints.

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

**Chart 5 Themes of all complaints**

**Chart 6 Themes of Upheld Complaints (top 6)**

**Scottish Public Services Ombudsman (SPSO)**



During 2023/2024 NHS GJ had 8 cases referred to the Scottish Public Services Ombudsman which is 15% of all cases. 1 of the cases was not upheld by the SPSO and the other 7 cases were not progressed any further.

**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 shared widely within the teams. Where it is required, this is also shared via the Clinical Governance Service meetings.

The following is a summary of some of the improvements to the service from feedback received during 2023/2024:

* Clear signage to be added to the doors of patients’ rooms, defining that Cardiac Monitoring should never be interrupted.
* Reason for cancellation process to be strengthened to ensure reason for surgery not going ahead is consistently documented.
* Staff attitude to be addressed at upcoming team brief to ensure attidues comply with NHS GJ values.
* Team to review their communication with families to consider ways in which communication can be improved to ensure families are fully informed of a patient’s condition and any changes.
* Staff were reminded to be more mindful of noise and conversations, efforts should be made to create a quiet and comfortable environment particularly during nightshift.

**Complaint Process Experience**

During the 2021/2022, 2022/2023 and 2023/2024 the decision was taken to scale back the complaints process experience questionnaires, mainly due to 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.

**Staff Awareness and Training**

During the period of 2023/2024 there were 534 staff members that completed the online NHS GJ induction e-Learning module. The Challenging Conversations course, which is available to all staff, had 38 attending the ‘all’ session and 20 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 2023/2024 there were 61 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.

**Volunteer Supported Feedback**

During 2023-2024 the Care Experience Volunteers completed two department requests - a Patient Satisfaction Questionnaire for the Catering Department and Care Experience Feedback for the Endoscopy Department.