



Golden Jubilee Foundation

Annual Feedback Report

2018 – 2019



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Section 1 - Introduction & Overview

Introduction

Here at Golden Jubilee National Hospital we aim to ensure every patient receives care that is safe, effective, person centred and high quality. We strongly value the role of patient feedback in achieving this and recognise the importance of sharing feedback directly with clinical teams to celebrate successes and ensure when we do not get it right we quickly respond to this and learn from it.

This Annual Report on Feedback, Comments, Concerns and Complaints tells you how we manage and respond to feedback from patients who use our services to improve the care we deliver.

We welcome feedback from a variety of methods as outlined below:



Obtaining feedback from equalities/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;

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 to the nature of our service.

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 advocate discussing any issues locally in the first instance however recognise that in some instances patients may not wish to do so. In such instances our volunteer supported feedback mechanisms are highly valuable in offering patients an opportunity to speak with someone outwith the clinical team. We also have 20 post boxes throughout the hospital where patients can post feedback (this can be done anonymously) on their care. There is also support available from the Clinical Governance department in supporting feedback discussions with patients/ 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 encourage this also via our social media channels.

Recording of feedback, comments and concerns

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

Support and guidance is provided to clinical staff from our senior managers, Executives, 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 with a supporting governance structure.

We have a central system on which all formal complaints, comments, compliments are captured and shared with local leads allowing them to view/amend the records and share information with wider staff. Feedback gathered from other methods including our Volunteer Walk Rounds and Caring Assurance is captured electronically to support collation and feedback to the areas.

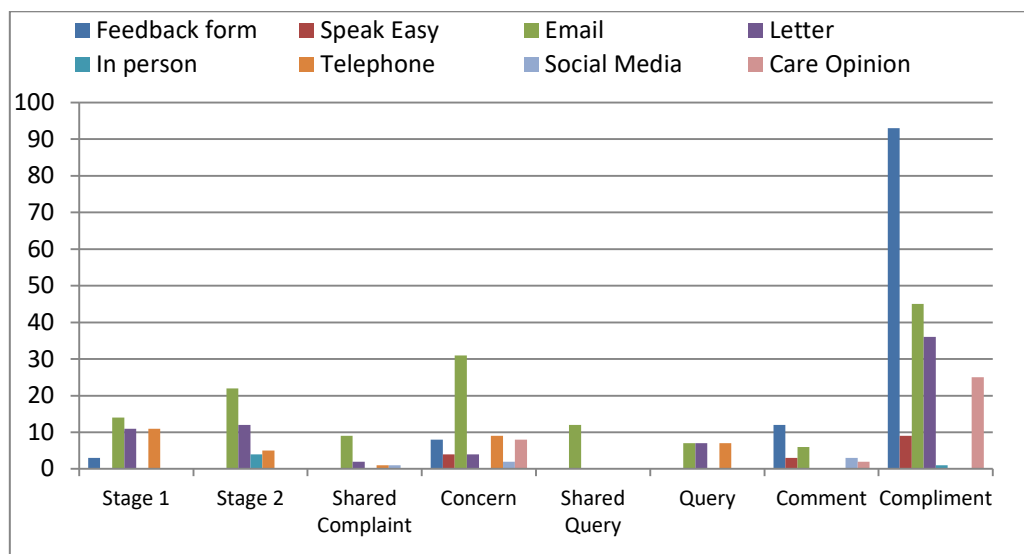
Feedback is included in regular reports to our services from the Clinical Governance Department and in our Annual Learning summary to help inform our improvement focus.

Section 2 – Feedback Received in 2018/2019

This section provides highlights on some of the feedback received during 2018/2019. As explained in our introduction we have a number of methods used to capture patient feedback and some of these are detailed.

The chart below shows the methods of formal feedback received during 2018/19. Emails were the highest received category (146), with feedback forms (116) and letters (72) within the top 3 categories. Of these top 3 received categories (334), 174 of these were compliments.

Chart 1 – Methods of Formal Feedback



Care Opinion

Care Opinion is an externally managed feedback programme which the Golden Jubilee has been actively using since 2011 to gather feedback from patients and relatives.

A total of 35 'opinions' were published about the Golden Jubilee National Hospital, a 6% increase on the previous year. Of the 35 'opinions', 25 were positive (71.43%), 8 were negative (22.86%) and 2 were comments (5.71%).

Three of the negative posts related to lack of communication, however these were over different services.

As Care Opinion is anonymous, directly when responding to negative posts, we always ask the poster to contact us so that we can look into their case. Out of the 8 negative posts, 4 contacted us and a further investigation took place with feedback being provided to the patient/complainant.

Feedback Forms



We launched our revised feedback forms in June 2018 with post boxes spread throughout the hospital for these to be submitted and a freepost option to allow return from home.

We are undertaking a formal review of the first full year but looking just at the period from launch until end March 2019 suggests an increase in the numbers received with 120 in that 9 months compared to 104 of the old Speakeasy forms over the previous year.

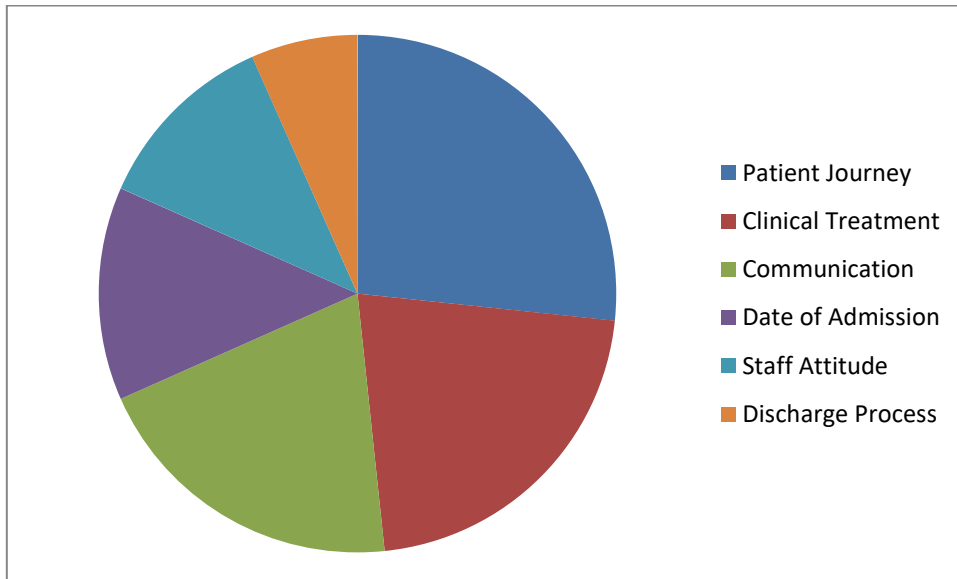
Of the feedback forms received during this time the vast majority were compliments (78%) with 10% general comments.

Concerns

In 2018/19, **66** concerns were received; Surgical Services received 26, Regional and National Medicine 22 and Corporate 18. This is a significant increase compared to 2017/18.

The chart below summarises the top five concern categories in 2018/19. Patient Journey was the highest theme during 2018/19. Within these there were no more than 2 concerns relating to the same area.

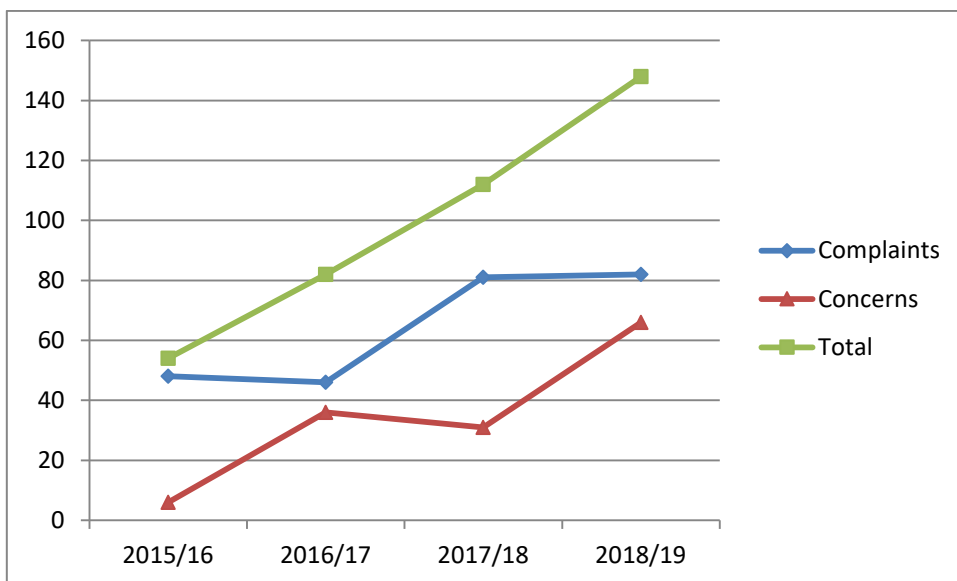
Chart 2 Concerns with themes 2018/19



The increase in concerns is felt to be linked to different factors. Some patients/visitors did not wish to make a formal complaint; some noted they wished to raise concerns. Also following the new national process implementation in April 2017 there was confusion between concerns and stage 1 complaints with a decrease in concerns however, as the new process is fully embedded concerns are being appropriately categorised.

We attempt to respond to concerns in the manner to which we do with stage 1 complaints and respond within 5 day working days, where possible.

Chart 3 Formal Complaints & Concerns (Annual; 15/16 – 18/19)



Compliments

During 2018/19 there were 209 compliments formally logged which has also increased considerable on the previous year. The wards and staff members continuously received thank you card/letters/messages and general complimentary feedback on a daily basis, which is not formally logged. Interventional Cardiology and Orthopaedics received the highest compliments, same as 2017/18.

- *Patient received exceptionally high standard of care and would like to thank all staff who cared for him.*
- *Relative of patient commenting on high standards of care their relative is receiving*
- *Patient daughter expressing thanks for the care her father received while an inpatient*
- *Patient attending Ophthalmology OPD and fainted patient praising staff for manner in which this was handled and looking to thank the staff involved*
- *Patient praising staff for being so helpful and respecting dignity throughout their procedure*
- *Patient required an interpreter who done a marvellous job*

Volunteer Supported Feedback

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 have found our volunteers extremely approachable and our experience is that they feel they can speak freely to them.

In 2018/19, Volunteer Quality Walk Round (VWR) activity has maintained its high output with over 400 visits made to our ward areas. On each visit, 5 patients and 5 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 and we are working on new ways of using the data to show the difference VWR's make. New simpler questions have been complemented by the now embedded digital electronic tablets which connect directly to secure hospital WiFi. This makes handling data safer, easier and quicker and under GDPR and Cyber Security guidelines this will improve our data protection compliance.

Care Assurance

We continue to use the Caring Behaviours Assurance System methodology as part of our care bundles within the Board. Currently over 70 frontline staff are trained to deliver the programme with over 20 agreed Person Centred Quality Indicator's (PCQI'S) across clinical ward areas. The programme is supported by the volunteer walk rounds as a means of evaluating the experience of care from the patient's perspective. In addition feedback sessions are held to showcase and share with the wider staff groups the learning from this process.

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.

In the year from 1 April 2018 to 31 March 2019:

- Twitter followers increased to 3,647 followers.
- Facebook followers increased to 5,516 followers.
- Combined Facebook and Twitter reach (the number of people who have seen or read our posts) was 2,875,442 - 33% above target and the highest ever reach achieved in a single year.
- Combined Facebook and Twitter engagement (the total number of comments, reactions, and shares/retweets) was 58,385 - 92% above target and the highest ever engagement achieved in a single year.
- A total of 1,565 'tweets' were sent to/about the Golden Jubilee National Hospital (@JubileeHospital), compared to 1,127 in the previous year (39% increase). Of these 1,565 'tweets', 1,564 were positive (99.94%) and 1 was negative (0.06%).
- A total of 5,190 'posts' were posted on our Facebook 'wall' or 'timeline' or sent as a private message, compared to 1,901 in the previous year (173% increase). Of these 5,190 posts, 5,168 were positive (99.57%) and 22 were negative (0.43%).
- We maintained an average rating of 4.8/5 stars on Facebook reviews.

Positive Engagement Score

Our Positive Engagement Score (PES) creates a unique reputation score by collating all interactions, reviews and feedback from social media, Care Opinion, emails and media coverage.

In the year from 1 April 2018 to 31 March 2019, a total of 8,451 'engagements' were received, compared to 6,035 in the previous year (40% increase).

Of these 8,451 interactions, 8,388 were positive, factual or neutral (99.25%), and 63 were negative (0.75%).

The PES for 2018/19 is 99.25% compared to 99.37% in the previous year.

Enquiries via our generic email boxes

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.

In the year 1 April 2018 to 31 March 2019, we received a total of 1,773 emails to our generic Golden Jubilee National Hospital mailboxes, compared to 2,838 in the previous year.

We attribute the continued decrease to the increased volume of information available on our website and social media channels.

Of the 1,773 emails received, 1,745 were positive or neutral (98.42%) and 28 were negative (1.58%).

Examples of e-mails 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.

Section 3 – Formal Complaints

Overview

During 2018/19 there were 82 complaints received (39 x stage 1 and 43 stage 2 complaints). This figure is the same as 2017-18; however there has been a decrease in stage 1 complaint (35%) and an increase in stage 2 complaints (48%). Within the 82 complaints received one stage 1 was withdrawn and one stage 2 was time barred.

There were 3 complaints that escalated from a stage 1 to a stage 2. One of the complaints was escalated at the request of the complainant as she was not fully satisfied with the outcome of the telephone call at stage 1 level. One escalated as a fuller investigation was required, which subsequently led to a Human Resources investigation. One led to a stage 2 as the patient had further surgery following discharge from us and wished a full investigation into this.

During 2018/19 there were 24 stage 2 complaints that related to Clinical Treatment (56%). These complaints can be complex to investigate and were appropriately managed with the stage 2 process.

In this year we have had one complaint that was related to a Significant Adverse Event (SAE). The SAE had already been initiated by the Consultant when the complaint was received. On investigation it was decided that an RCA was not required and SAE review was sufficient to identify learning and support the complaint response.

Complaints Activity

Chart 4 shows the complaints against activity from April 2016 to March 2019 with Chart 2 showing a count per month.

Chart 4 – Complaints and Patient Activity 04/2016 – 03/2019

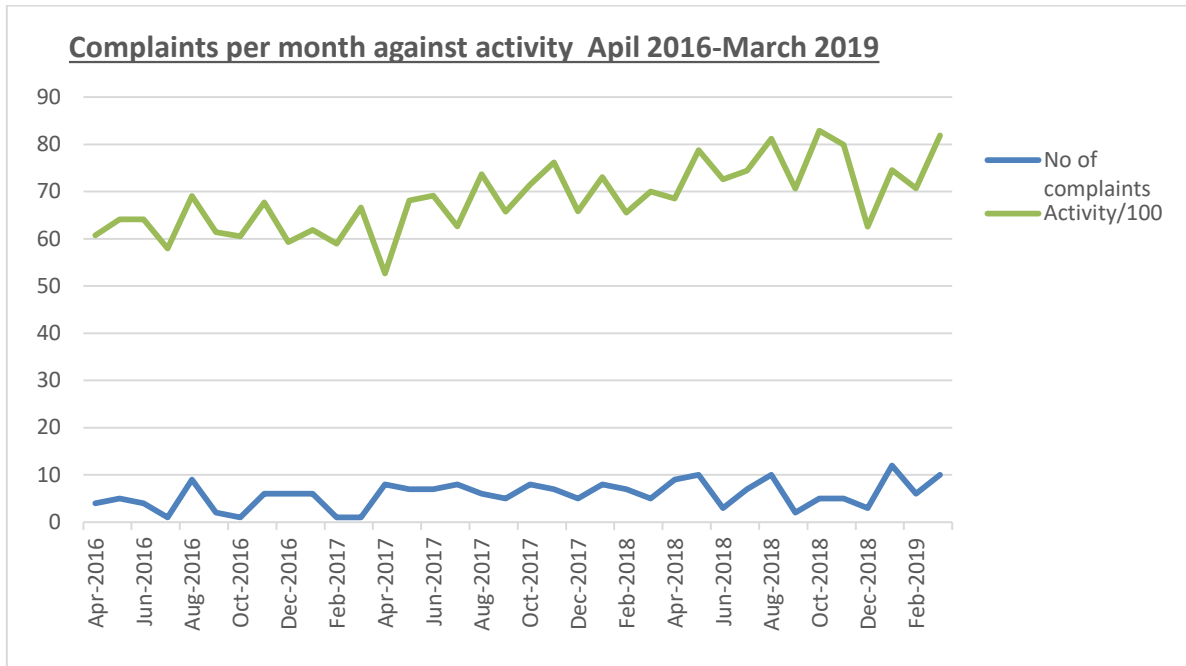


Chart 5 Complaints received per month/year

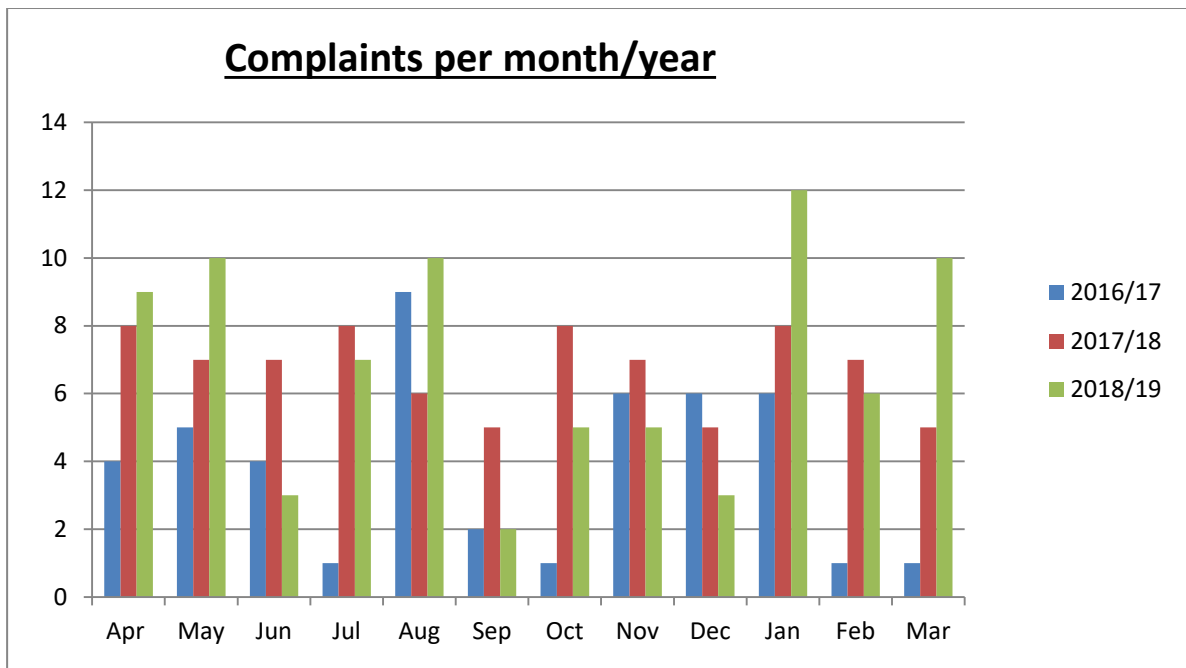


Table 1 below shows 2018/19 per quarter, numbers of complaints, the outcomes, the percentage that were closed within timescales and the average responses time.

Table 1

	No	Stage	Fully Upheld	Part Upheld	Not Upheld	Closed within 5 days/20 days	Average response times
Q1	22	Stage 1 = 11	7	0	4	9 (82%)	4.1 days
		Stage 2 =11	1	5	5	10(91%)	17days
Q2	19	Stage 1 = 7	4	0	3	4 (57%)	5.2 days
		Stage 2 = 12	2	4	6	9 (75%)	22.3 days
Q3	13	Stage 1 = 5	4	1	0	3 (60%)	5 days
		Stage 2 = 8	1	2	5	5 (63%)	21 Days *
Q4	28**	Stage 1 = 16	9	1	5	14 (93.3%)	3.5 days
		Stage 2 = 12	2	3	6	5 (45.5%)	23 Days

Q3 * - Excludes 1 complaint with response time of 28 days, delay in response from other health board

Q4 ** - One stage 1 complaint was withdrawn and one stage 2 was time barred.

During 2018/19 stage 2 timelines for responses within 20 working days was challenging. This is due to different factors, such as complexity of complaint, investigations from other Health Boards and delays in process. Although the GJF aim to respond within timescales, complainants are kept informed when there is a delay to the response. The primary focus is on the quality of the response.

Number of cases where an extension is authorised (n=80)

The table below summarises the number of stage 1 complaints received in 2018/19, and whether they were closed within 5 working days. There were 9 stage 1 complaints where an extension was granted, these were all responded to within the extensions of 10 workings days.

2018/19 Complaints response	Overall
Number of formal complaints	39
Number closed within 5 days	29 (74%)
Number closed out with 5 days/ Number where extension was granted	9 (23%)
Number of withdrawn/timebarred/No consent received	1 (3%)

Examples of reasons for extension:

- *Contact attempted with complainant, 4 voicemails left. Follow up clinic appointment arranged for patient*
- *Senior Charge Nurse on annual leave an complainant happy to wait as wished telephone call outcome*
- *Investigation was requested to allow full investigation into patients concerns*

Table 2 below summarises the number of stage 2 complaints received in 2018/19, and whether they were closed within 20 working days.

Table 2

2018/19 Complaints response	Overall
Number of formal complaints	42
Number closed within 20 days	30 (70%)
Number closed out with 20 days	12 (28%)
Number of withdrawn/timebarred/No consent received	1 (2%)

Examples of reasons for stage 2 complaints out with 20 working days:

- *Complaint response from another Health Board was late and the complainant wished for an overall response*
- *Complexity of complaints*
- *Further information required for complete response*
- *Process delays*

Themes from Complaints

The chart below shows the themes of complaints over the last two years; the upheld complaint themes mirror the overall trend. The top theme during 2017/18 was lack of communication, which decreased significantly in this year (62%) though, is still within the top 3.

Clinical treatment was within the top three during 2017/18, and increased (47%) to the highest theme in 2018/19. This correlates with the increase in stage 2 complaints as the more complex complaints tend to relate to Clinical Treatment. In the majority of these cases patients have experienced complications of treatment and the complaints resolution includes offer of further face to face meetings with the clinical team and also a second opinion within the GJNH. There were 26 clinical treatment complaints received, with 1 time barred (not included in the chart figures below), 2 fully upheld, 8 partially upheld and 15 not upheld. The main services within this were Orthopaedic surgery (9), Cardiac surgery (2) and thoracic surgery (5).

Staff Attitude remained within the top three categories during 2017/18 and 2018/19. They decreased by one complaint this year. During this year the top two areas were Radiology (3) and Orthopaedic (3) with the other 6 being over a variety of services. Radiology (3), Ophthalmology (2) and Orthopaedic (2) were the highest during 2017/18. This is a continuation of the trend from last year however the small

numbers are noted. On further review there is no commonality in terms of staff or specific service areas involved.

Although not within the top 3 themes, there was a considerable increase in complaints relating to Waiting List going from 3 to 11. Of these 7 related to Interventional Cardiology. There has been a recognised pressure within this service for various reasons with an improvement programme in place to support management of the waiting times.

Chart 6 Themes of all complaints

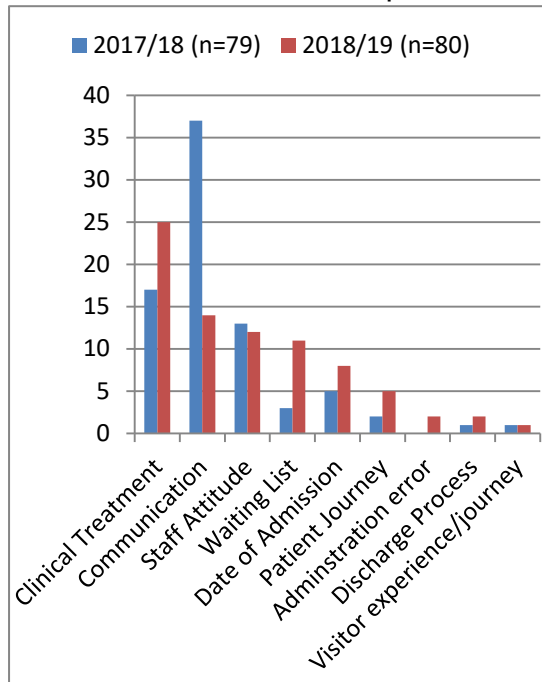
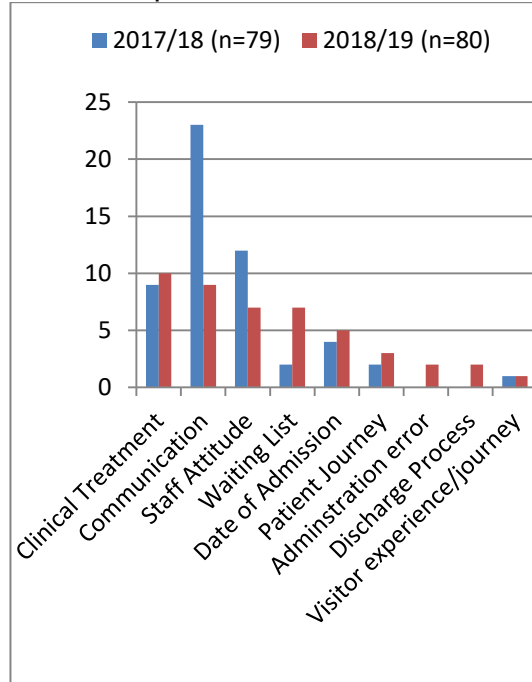


Chart 7 Upheld Themes



Some examples of the upheld issues are:

- *Patient complained they felt staff member was not caring, professional and made the patient feel ashamed she could not perform certain tasks post operative*
- *Patient was very happy with the outcome of his procedure however is unhappy at the lack of care received throughout his stay in the ward*
- [Patient complaining regarding Electrophysiology waiting times](#)
- [Patient contacted local MP as unhappy with timescale for Cardiology procedure](#)
- *Patient relative complaint on her behalf questioning why patient was discharged with infection following thoracic procedure*
- [Patient's relative complained on behalf of the patient. Patient's family unhappy with lack of communication between the hospital and the family about the overall care and movements within this hospital during stay.](#)

Scottish Public Services Ombudsman (SPSO)

We had seven cases (one of which was a shared complaint with another health board) referred to the Scottish Public Services Ombudsman (SPSO) in 2018/19. Two of these cases were rejected by the SPSO. Four cases are still under

investigation and 1 has been closed by the SPSO. The one case that has been closed was a shared complaint, with the other health board leading on the complaint. The GJF did not uphold their portion of the complaint, and this was also the outcome of the SPSO decision report.

Learning from Complaints

All feedback helps us improve our services for our patients and visitors. Where complaints are upheld a full apology is given and learning is identified.

What was the feedback? (Stage 1 complaint)

Patient unhappy with experience whilst attending for MRI as the patient could hear the staff conversation (not relating to work) whilst in the scanner.

What was the outcome for the complainant?

It was found that the microphone in MRI scanner 1 is operated differently to the others. The Radiology manager spoke to the complainant and sincerely apologised and advised of the training that would take place to avoid recurrence of this situation.

What we did/changed?

- Full discussion with all staff involved in patient's care
- Radiographers were given extra training concerning the appropriate use of the microphone in MRI scanner 1, and reminded of their professional obligation when discussing Patient sensitive details.

What was the feedback? (Stage 2 complaint)

Patient advised that internal suture retained from previous surgery, looking for answers as to why this occurred

What was the outcome for the complainant?

Significant Adverse Event (SAE) Investigation triggered by consultant prior to informing patient. This found that the surgical count process worked effectively and had noted a missing suture at the time. Appropriate theatre imaging was done but suture was not identified. Found on review of a later scan. Decision not to remove suture. Full apology was given and learning identified. The Consultant discussed the SAE fully with the patient at a face to face clinic appointment and the complaint response was sent directly to the patient.

What we did/changed?

- A new procedure to ensure if missing suture identified and not found during imaging in theatre, subsequent x-ray requests will detail that there is potential retained items
- Process in which discussion around missing sutures is disclosed to patients was reviewed.
- Full discussion with the Consultant regarding communication, as the patient was not fully informed in relation to future MRI scanning

What was the feedback? (Concern)

Patient attending Orthopaedic outpatient's department and raised concerns that the Loop system was not operational

What was the outcome for the complainant?

Investigation had shown that the staff were not fully aware of the two hearing systems that could be used. Staff were also unaware there was a duplicate system always kept at the hospital reception, if they could not locate their own. Full apology given to patient. Staff within the ward were given formal training from the Volunteers Manager. The patient was admitted the following day and wrote to the GJF to advise how delighted he was that the staff nurse who was caring for him was given full training the day prior and thanked the Sensory Volunteer for assisting throughout the day too. This enhanced the patient's experience.

What we did/changed?

- Full communication was sent out to all staff within the e-Digest (GJF weekly newsletter) to inform of spare system at reception. It was also noted in the e-Digest that if any staff require training to contact the Volunteers Manager.
- Volunteers Manager trained the ward staff on both types of Loop systems for all future patients

The following is a summary of some of the improvements to the service from all feedback received during 2018/19:

- Posters have been situated around Radiology/MRI to ensure that patients can ask for assistance for safe handling and moving
- Communication to Consultant from Services Manager regarding Treatment Time Guarantee and correct timelines to advise patients of to ensure expectations are managed
- Senior Charge Nurse in outpatients reminded all staff of patient confidentiality when discussing any patient detail
- One to one discussion with staff member to be mindful and aware of attitude when speaking to patients/visitors
- Discussion with staff member to ensure they listen to patient fully without intervening
- Escalation process established to support Radiology Booking office in managing any complaints regarding Net call
- Staff member involved in complaint completed reflective statement regarding attitude
- Consultant reflected on communication with patient being declined for surgery
- Complaint highlighted individual error in discharge checklist – Senior Charge Nurse discussed with individual involved but also highlighted at the daily safety brief to share learning and remind all staff of importance of discharge checklist completion.

Experience of Making a Complaint

Each complainant (stage 1 and stage 2) receives a follow up survey to ask about their complaints experience as part of the new guidance and done anonymously. Based on the 80 complaints that were investigated we received 38 stage 1 complaints of which 35 received surveys. The response rate of stage 1 surveys is 24%, with mainly positive comments (8 of the 9 received). The response rate for stage 2 complaints has not been as positive with only 14% of surveys returned. The response rate from stage 1 complaints may be higher as these are not as complex cases. Some complainants do not receive the survey and this is mainly due to sensitivity around the complaint (patient deaths), MSP complaints or patients having ongoing treatment.

Section 4 – Education & Awareness

This section outlines the various education and awareness activities that have been undertaken throughout the year for staff in relation to feedback:

Duty of Candour (DoFC)

During quarter 1 there has been a lot of awareness for the new Duty of Candour legislation that was implemented on 1st April 2018. The rolling out of Duty of Candour has included training from the Clinical Governance team. They have attended the Nursing Forum, Cardiac M&M forum, they have scheduled drop in sessions, promoted it through e-Digest. The e-Learning module from NES has also been promoted and made available to all staff. Approximately 150 staff have been trained, with further ongoing work if and when required.

Corporate Induction

During 2018/19 there were 91 staff members attended the Corporate Induction which includes a session on Clinical Governance in which the Feedback process is discussed with staff including sign posting to further training opportunities.

Health Care Support Worker (HCSW) Conference

During Q2 there was a HCSW conference with 27 attendees. The Feedback and Legal Co-Ordinator delivered a 20 minutes' presentation on Feedback and Legal Claims. This was very well received and staff were made aware there are e-learning modules and a Feedback toolkit on the Clinical Governance SharePoint page in relation to the feedback process for the hospital.

One to One training

Clinical Governance continues to provide adhoc Datix training for the incidents and feedback modules.

E-digest (weekly staff newsletter)

During Q2 there was a reminder within E-digest to signpost all staff to the Feedback toolkit on the Clinical Governance SharePoint page. The Feedback toolkit advises all the relevant details in relation to feedback received by the hospital and the correct processes. All staff were asked to review the toolkit to refresh their understanding of the feedback process.

Charge Nurse training day

New Charge Nurses were provided with an overview of the feedback module in Datix and the feedback toolkit within the Clinical Governance SharePoint site. Discussion around the Complaints Handling Procedure took place to ensure they are fully aware of the correct process, should they or their team be involved in a complaint, or managing a complaint.

Monthly Risk Round Up

Each clinical area is provided with a monthly risk roundup, which is situated within each area to allow staff to review this. This reports all incidents and feedback for that area specifically.

Medical Appraisals/Nursing Appraisals

If any feedback is specifically noted against a member of staff, this is attached to them within datix. This allows the Clinical Governance team to provide the medical team with all feedback they have been involved in. This allows them to fully discuss this at their appraisal and is done annually.

Should the nursing team be involved in an upheld complaint, they are asked to write a reflective statement and this should be included within their annual revalidation.

Section 5 – Conclusion

This report has provided an overview of the various feedback mechanisms we have in place and feedback we received during 2018/2019.

Over the year the level of feedback we have received has increased which we see as a positive and we will continue to engage our patients with this process and using this valuable information to improve the services we provide.