

**Board Meeting:** 19 November 2020  
**Subject:** Annual Feedback Report 2019-20



**Recommendation:** Board members are asked to:

Discuss and Note	✓
Discuss and Approve	
Note for Information only	

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## 1 Overview

In line with the National Complaints Handling Procedure an Annual Feedback report has been produced outlining the feedback we have received and managed within the formal process. Data from this report has been reviewed through the year and the annual data was discussed previously at both the Clinical Governance and Person Centre Committees.

## 2 Recommendation

Board members are asked to note the content of the report.

**Anne Marie Cavanagh**  
**Nurse Director**  
**November 2020**

Prepared by  
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## Annual Feedback Report

2019 – 2020



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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 and details the formal feedback we received during 2019 – 2020.

### 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 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 out with the clinical team. We also have feedback post boxes throughout the hospital where patients can post feedback forms (this can be done anonymously). There is support available from the Clinical Governance department in facilitating 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.

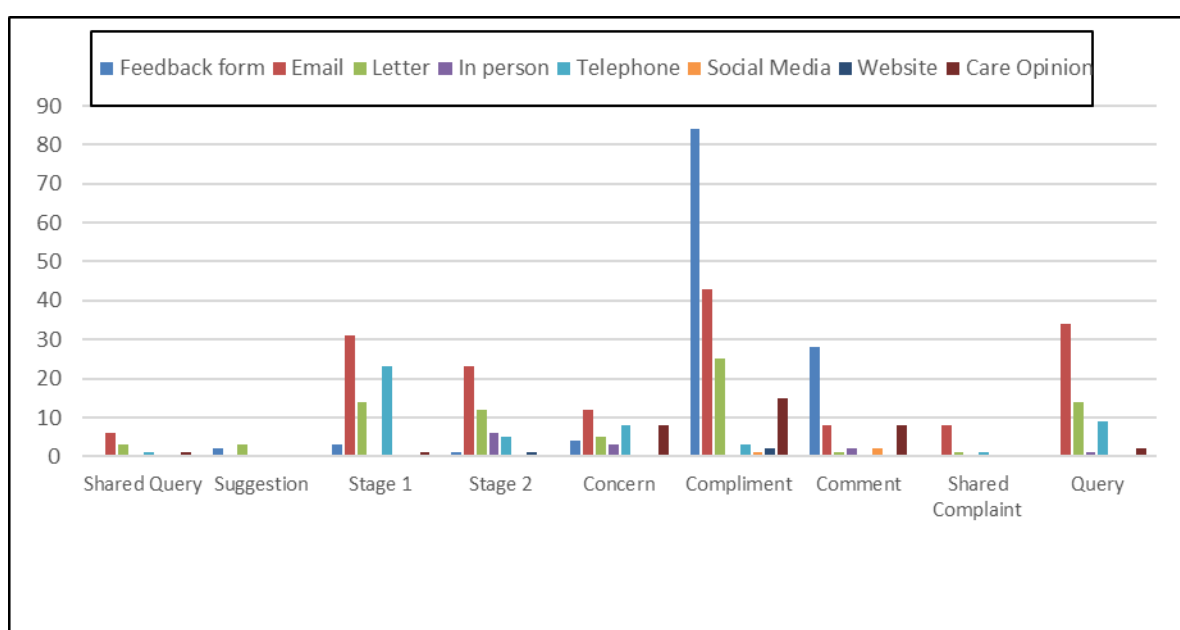
Feedback is included in regular reports to our services from the Clinical Governance Department and in our Annual Learning summary to help inform our improvement focus.

## Section 2 – Feedback Received in 2019/2020

This section provides highlights on some of the feedback received during 2019/2020. 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 details the received method of feedback during 2019/20. Emails were the highest received category (165), with feedback forms (122) and letters (78) within the top 3 categories; this is consistent with 2018/19. Of these top 3 received categories (365), 173 of these were compliments.

**Chart 1 Method of 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; same figure on the previous year. Of the 35 'opinions', 15 were compliments (42.8%), 8 concerns (22.8%), 10 queries/comments (28.6%) and 1 shared query (2.9%) with another health board. One was progress as a stage 1 complaint (2.9%) which was fully upheld.

The stage 1 complaint related to waiting for test results and there was a mixture of themes across the concerns (staff attitude, administration error, transport, waiting list, communication). These all related to various 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 21 posts (excluding compliments), 4 contacted us and a further investigation took place with feedback being provided to the patient/complainant

## Compliments

During 2019/20 there were 173 compliments formally logged. 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.

Orthopaedics and Interventional Cardiology received the highest compliments, as in 2018/19.

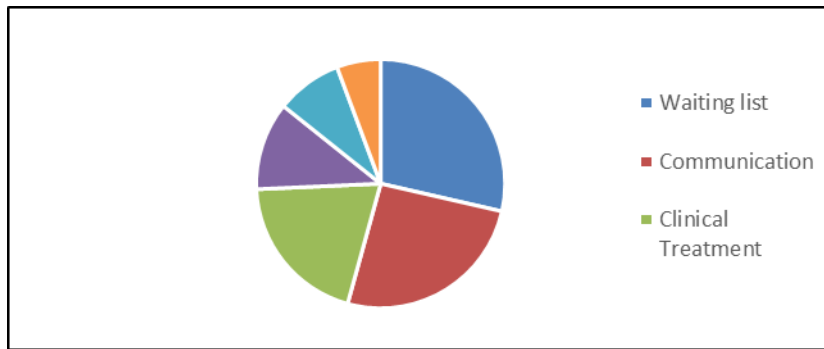
- Patient wishing to express compliments to all staff involved in her care throughout Orthopaedic procedure.
- The team work was amazing and this followed through HDU and onto ward 3 East where the staff have been amazing. I can't believe I had a bypass and home within a week
- Every member of staff, reception, ward, operating theatre, physio and aftercare - has been first class. Thanks to all.
- All the staff were very friendly, courteous and efficient. I am very impressed with the Golden Jubilee Hospital.
- I was well informed at all times. the staff were very professional with such a heavy workload - they were able to maintain these standards throughout.
- Good service. Best interpreting service I had ever encountered in NHS.

## Concerns

In 2019/20, 40 concerns were received, this is a 39% decrease since 2018/19. We have noted that the stage 1 complaints have increased, which we feel is linked to the decrease in concerns.

The chart below summarises the top five concern categories in 2019/20. All other categories received 1 concern (administration error, cancellation of surgery, maintenance, discharge process, transport). Patient Journey was the highest theme during 2018/19, which has significantly decreased during 2019/20.

**Chart 2** Concerns with themes 2019/20



## Social Media and Communications

### 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 2019 to 31 March 2020:

- Twitter followers up 22.4% to 4,463 followers
- Facebook followers up 37.5% to 7,587 followers
- Combined Facebook and Twitter reach up 45.9% to 4,194,363 (the number of people who have seen or read our posts)
- Combined Facebook and Twitter engagement up 395.7% to 289,355 (the total number of comments, reactions, and shares/retweets)
- Tweets sent up 75.5% to 2,746
- Comments posted on Facebook 'wall' or 'timeline' up 42.87% to 7,415
- Facebook reviews maintain an average lifetime rating of 4.8/5 stars

### 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 2019 to 31 March 2020, a total of 11,479 'engagements' were received, compared to 8,451 in the previous year (35.8% increase).

Of these 11,479 interactions, 11,457 were positive, factual or neutral (99.81%), and 22 were negative (0.19%).

Positive Engagement Score in 2019/20 is 99.81%, compared to 99.25% in 2018/19.

The Lifetime Positive Engagement Score is 98.70%.



## Section 3 – Formal Complaints

### Overview

In April 2016/17 all Health Boards across Scotland implemented the New Scotland complaints Handling Procedure which was led by The Scottish Public Services Ombudsman. The New Scotland Complaints Handling Procedure Scotland (CHP) has been implemented very well within the NHS GJ. The revised reporting structure with 9 new Key Performance Indicators (KPI) continues to be reported quarterly through the Clinical Governance structure within the NHS GJ.

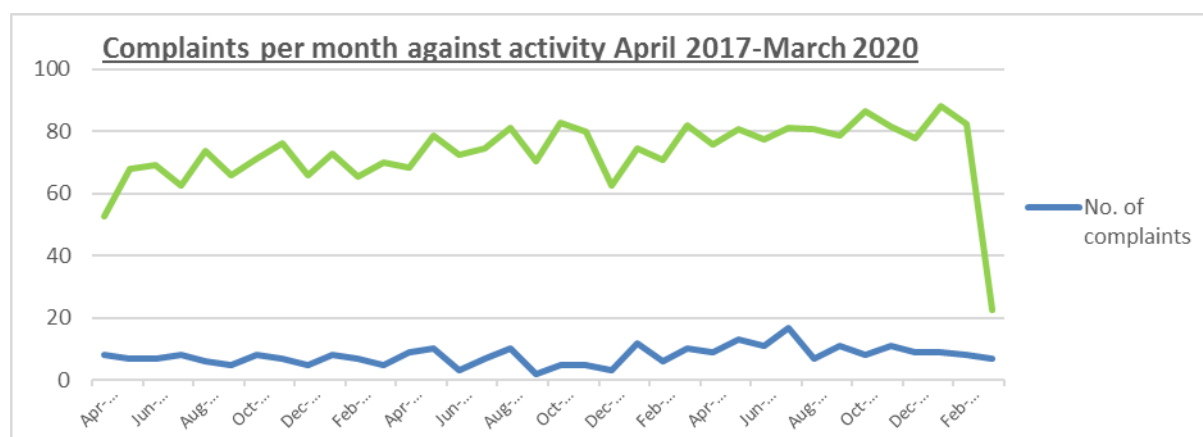
During 2019/20 there were 120 complaints received, 72 stage 1 and 48 stage 2. This is an overall increase of 46%, with the main increase being stage 1 complaints (54%). Key points to note from formal complaints during this period are:

- There were 6 complaints that escalated from a stage 1 to a stage 2. One of these complaints were escalated at the request of the complainant as they were not fully satisfied with the outcome of the telephone call at stage 1 level.
- During 2019/2020 there were 22 stage 2 complaints that related to Clinical Treatment (46%). These complaints can be complex to investigate and were appropriately managed with the stage 2 process.
- Stage 1 complaints highest theme related to Waiting List (31%).
- Within the 120 complaints received three stage 1s were withdrawn and one stage 2 was also withdrawn as consent was not received.
- In this year we have had four complaints that escalated to a Significant Adverse Event (SAE). One progressed onto a Root Cause Analysis (RCA) investigation.

### Complaints Activity

**Chart 3** shows the complaints against activity from April 2016 to March 2019 with Chart 4 showing a count per month.

**Chart 3 – Complaints and Patient Activity 04/2017 – 03/2020**



**Chart 4 Complaints received per month/year**

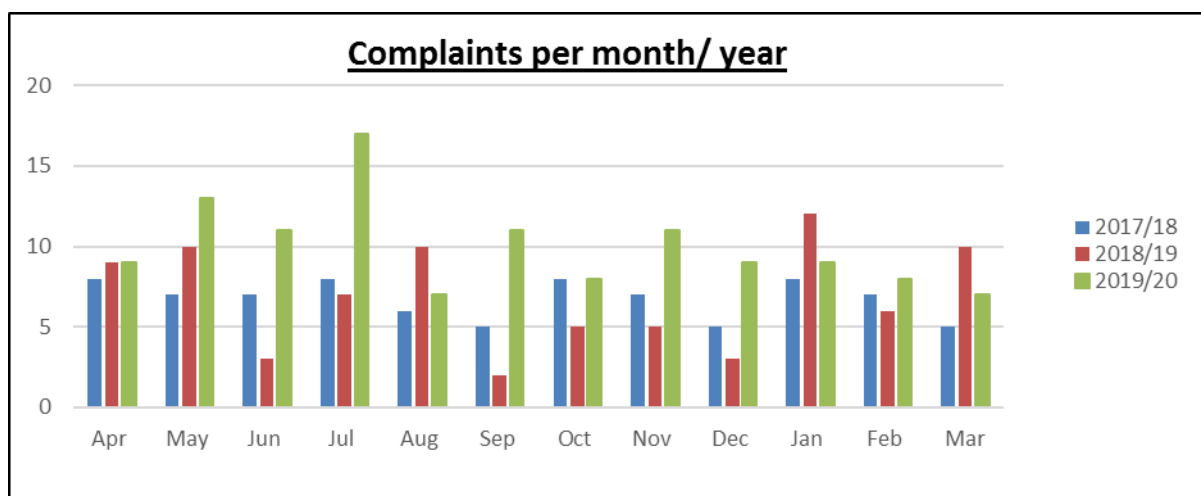


Table 1 below shows 2018/19 per quarter, numbers of complaints, the outcomes, the percentage that were closed within timescales and the average responses time.

**Table 1**

	Total rcvd	Stage	Fully Upheld	Partially Upheld	Not Upheld	Closed within 5 days/20 days	Average response times
<b>Q1</b>	<b>33</b>	<b>Stage 1 = 18</b>	12	2	4	14 (78%)	4 days
		<b>Stage 2 = 15</b>	6	1	8	8 (53%)	28 days
<b>Q2</b>	<b>35</b>	<b>Stage 1 = 17*</b>	7	3	5	9 (60%)	5 days
		<b>Stage 2 = 18</b>	1	5	12	5 (28%)	29 days
<b>Q3</b>	<b>28</b>	<b>Stage 1 = 18**</b>	5	4	8	14 (82%)	3 days
		<b>Stage 2 = 10***</b>	2	3	4	3 (33%)	24 days
<b>Q4</b>	<b>24</b>	<b>Stage 1 = 19</b>	7	3	9	12 (61%)	5 days
		<b>Stage 2 = 5</b>	1	2	2	0 (0%)	21 Days****

Q2\* Two stage 1 complaints were withdrawn

Q3\*\* One stage 1 complaint was withdrawn

Q3\*\*\* One stage 2 complaint was closed as no consent was obtained

Q4\*\*\*\* Two complaints were significantly delayed due to Covid-19 (43 days/59days) and are not included in this figure

We aim to provide all complainants with their response within timescales however where this is not possible, complainants are kept up to date as to the timescale for response. The primary focus on complaints is the quality of the response.

### **Number of cases where an extension is authorised**

Table 2 below summarises the number of stage 1 complaints received in 2019/20, and whether they were closed within 5 working days. There were 20 stage 1 complaints where an extension was granted; one was not responded to until day 11 as the patient had surgery and consent could not be obtained to allow the formal response. Reasons for extensions vary and at times are due to being unable to contact the patient within the 5 days or in one case where a face to face meeting was requested. Records are maintained of all contact or attempted contact to feedback on complaints:

**Table 2**

<b>2019/20 Complaints response</b>	<b>Overall</b>
Number of formal complaints	<b>72</b>
Number closed within 5 days	49 (68%)
Number closed out with 5 days/ Number where extension was granted	20 (28%)
Number of withdrawn/timebarred/No consent received	3 (4%)

Table 3 summarises the number of stage 2 complaints received in 2019/20, and whether they were closed within 20 working days. There were 29 stage 2 complaints not responded to within timescale. However, it must be noted that the referrals to the Scottish Public Services Ombudsman remain low (5 when n=116) and have decreased since 2018/19 (7 when n =79), suggesting that although the response timescales are over 20 working days, complainants appear to be more satisfied with their response.

**Table 3**

<b>2018/19 Complaints response</b>	<b>Overall</b>
Number of formal complaints	<b>48</b>
Number closed within 20 days	18 (38%)
Number closed out with 20 days	29 (60%)
Number of withdrawn/timebarred/No consent received	1 (2%)

During 2019/20 we were challenged in meeting the 20-day timeline for stage 2 responses. This is due to multiple factors including complexity of complaint, delays in process, sign off of responses and delays from other Health Boards. Significant

work has been done during the year within Clinical Governance and working with service to review the process and ensure any delays are minimised as far as possible whilst maintaining quality responses. Our response time was improving prior to the COVID pandemic which unfortunately resulted in delay to two open complaints however we will continue to maintain a focus on this in the coming year.

### Themes from Complaints

The charts below shows that Clinical Treatment has been the highest theme over the past two years. Communication, Staff Attitude and Waiting list have been in the top 4 themes over the past two years, but have all risen in 2019/2020.

Waiting list has increased significantly and this would correlate to the increase in stage 1 complaints, as waiting list was the highest theme for stage 1 complaints during 2019/2020. The main service in 2018/19 related to Interventional Cardiology, however in 2019/2020 16 of the 26 relate to Cardiac Services. We were aware of waiting list pressures within this service during the year.

Although Clinical Treatment was the highest in 2018/19 and 2019/2020 this was not the highest upheld complaint theme. Waiting list and Communication are the highest upheld complaint themes during 2019/2020; some examples of the upheld issues by theme are:

Waiting list:

- *Patient unhappy with cardiac waiting timescales*
- *Patient and patient's wife unhappy as patient's surgery was cancelled and had already been waiting an increased amount of time*

Communication:

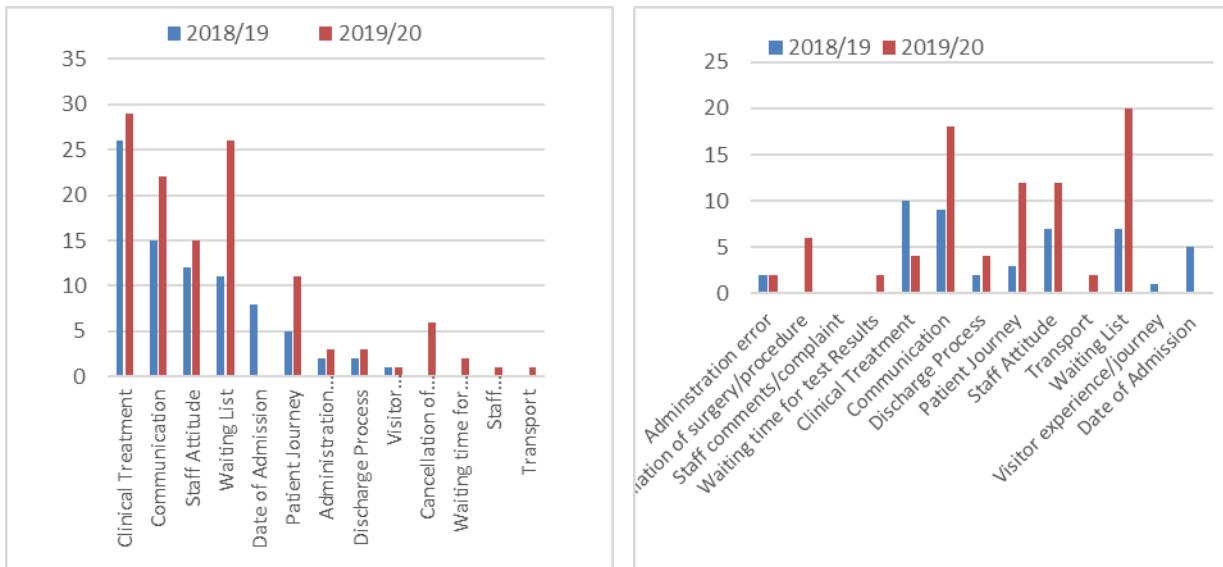
- *Patient unhappy as staff had not been expecting him, as procedure was changed to the following day and the patient was not aware of this*
- *Patient unhappy how the Consultant spoke to him during pre-assessment*

Staff Attitude:

- *Patient unhappy with Consultant attitude during procedure*
- *Patient unhappy at the Consultant's manner when addressing patients high BMI and feels this could have been done in a more empathetic manner*

**Chart 5** Themes of all complaints

**Chart 6** Upheld Themes



### Scottish Public Services Ombudsman (SPSO)

We had five cases referred to the Scottish Public Services Ombudsman (SPSO) in 2019/20. One of these two were rejected by the SPSO, three are still under investigation and one has been closed. One of the ongoing cases was initially rejected by the SPSO as the NHS GJ had not fully responded to the questions sent to the SPSO by the complainant. Therefore, the SPSO requested the complainant complain to the NHS GJ to allow us to fully respond. The complainant remained dissatisfied with the second response and the SPSO have requested the complaint file.

The one complaint that has been closed was upheld by the SPSO and had been partially upheld by the NHS GJ. The NHS GJ have progressed the additional actions as requested by the SPSO.

### 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. Information and learning is widely shared from all feedback along with SPSO decision report actions and recommendations.

We welcome face to face meetings where possible with complainants. During 2019/2020 we met with 5 complainants and/or their families in relation to their complaints.

All individual learning from complaints is recorded, actioned and monitored. The following is a summary of some of the improvements to the service from feedback received during 2019/20:

- Letter to all patients exceeding the Treatment Time Guarantee (TTG) within Cardiac services to advise of approximate timescales for surgery waiting times and advice for any patients with worsening symptoms.
- Joint working with pre-assessment at another health board to ensure that diabetic patients are given the correct medication guidelines prior to

admission following conflicting advice to a patient which resulted in a delay to their procedure.

- Senior Charge Nurse training with Nurse (new member of staff) involved in patient's discharge to ensure clear, concise documentation is filled out, to support patient follow up at home.
- Individual staff member debriefed on concerns relating to manner on the telephone to patient. Manager of relevant area randomly selected telephone calls for 1 month to monitor staff members telephone manner and ensure improvement.
- Discussions with Clinical Governance Lead for General Surgery and colleagues for consideration of an audit to review the usage of Entox for patients with inflammatory bowel disease.
- Signage placed within the Radiology Reception areas advising patients to approach the reception desk if they have not been seen/spoken with within 20minutes.
- Concerns identified following repeated reports relating to individual staff member, following debrief with line manager agreement that staff member will undergo Human Factors and attend externally provided training in relation to behaviours and communication skills.
- To review and agree correct process for referrals from Boards to ensure appropriate information is provided to support appropriate theatre allocations

### **Experience of Making a Complaint**

We are committed to ensuring that all complainants have a positive experience when making a complaint. To ensure that we capture the complainants full understanding we endeavour to speak to every complainant where possible.

Each complainant (stage 1 and stage 2) receives a follow up survey to ask about their complaints experience as part of the new guidance from April 2017 and done anonymously.

Based upon the 26 stage 1 surveys that were sent, the rate of response is 10%. The response rate for stage 2 complaints is 15%, based upon 26 surveys sent. Overall the responses were positive. Some complaints 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**

Clinical Governance staff continuously support ad hoc one to one training for staff in relation to the feedback process and Datix system used to support this. Various guides and supporting documents are available via the Clinical Governance SharePoint page to provide support to staff. In addition to this the following formal training and education is available throughout the year:

### **Induction**

During 2019/20 we launched a new online induction module. This has been successful with 509 members of staff completing the induction. Within the induction there is a section on Clinical Governance which involves feedback.

#### Training Day

All Nursing, Medical and support staff (who have direct patient contact) were invited to a Breaking Bad News training day. This was facilitated by an external provider, who has previously supported complaints training for the organisation, which was very well received. There were 3 days spaced over 5 months to allow staff to attend one of the sessions; a total of 28 attended with a mix of professions.

#### E-digest (weekly staff newsletter)

Reminders 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.

#### 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.

#### Junior Doctors Induction

Clinical Governance attend the Junior Doctors induction to discuss adverse events and feedback.

#### Continuing Medical Education (CME)

A CME session was held focusing on complaints to raise awareness and support discussion amongst medical staff.

## **Section 5 – Conclusion**

This report has provided an overview of the various feedback mechanisms we have in place and feedback we received during 2019/2020.