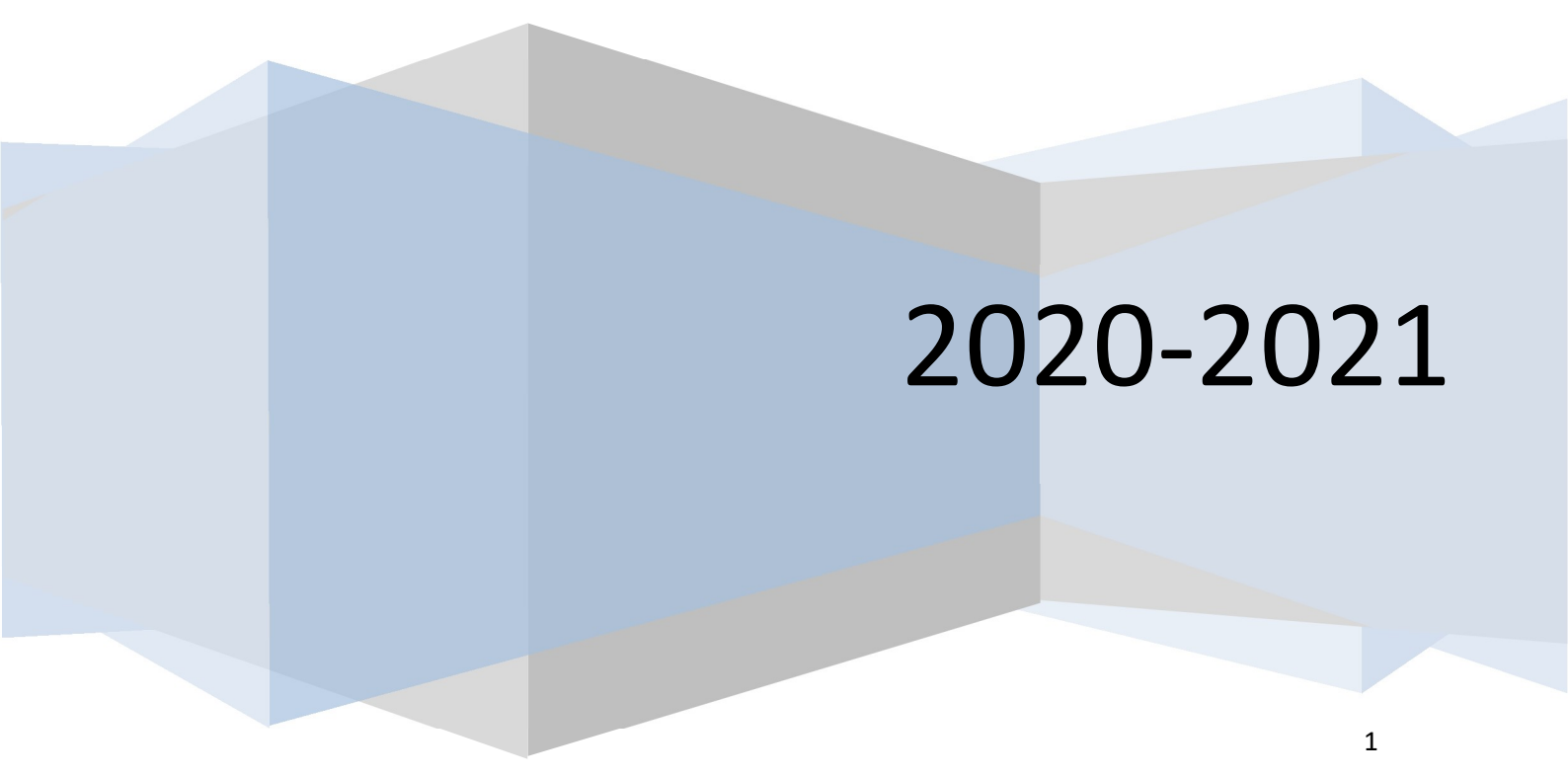


Annual Report on Feedback, Comments, Complaints and Concerns

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2020-2021

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Background

NHS Greater Glasgow and Clyde (GGC) is the largest Health Board in Scotland with over 39,000 members of staff serving a population of 1.14 million, as well as providing regional and national services. We aim to deliver high quality healthcare and to use the views and experiences of the people who require to access our services as part of the process of continuous improvement.

The provision of high quality health and social care services to our population is at the centre of everything we do and seeking and acting on patient feedback is key to improvement and the delivery of person centred care. This report sets out examples of how we seek, hear and act upon patient experiences.

The Patient Rights (Scotland) Act 2011 (the Act) aims to improve patients' experiences of using health services and to support people to become more involved in their health and healthcare. The Act requires Health Boards to seek feedback, comments, concerns and complaints from every patient on an ongoing basis, collect it, identify themes from it, and use it to make improvements to services and the patient experience.

To ensure there is appropriate governance around feedback, comments, complaints and concerns, a quarterly report is given to our Board Clinical Care and Governance Committee. This includes detail of work that has been undertaken, as well as measurable performance, so there is scrutiny and accountability for this work.

Community and Mental Health services are delivered by Health and Social Care Partnerships (HSCPs), which although separate legal bodies to NHSGGC, we work closely together, and their data is reported within this paper.

SECTION 1 ENCOURAGING & GATHERING FEEDBACK

1.1 Introducing Feedback

We are committed to listening to and learning from people's experiences of our services. In this section, we will describe some of the ways that people have been able to share their feedback and comments with us. These experiences not only help us to understand what we are doing well, they also help us identify where we could be doing better.

1.1 Encouraging and Gathering Feedback

Between 1 April 2020 and 31 March 2021 despite the impact of the COVID-19 pandemic, the Health Board has continued to welcome and act on patient and carer feedback as part of our Board wide culture of listening and learning.

While we always encourage early resolution and for people to discuss any concerns directly with those providing their care and support, our feedback systems continue to offer a way for people to share feedback with staff and services across NHSGGC at a time that feels right to them. These experiences help to drive improvement in line with the requirements set out under the Patients' Rights Act.

During the past 12 months, NHSGGC saw [Care Opinion](#) become the primary feedback method used by patients, carers and their families to share their experiences with NHSGGC. This tool provides an online resource which empowers people to share anonymous feedback directly with staff about their experiences of health and social care services and open up a two way dialogue.

Our **Corporate NHSGGC Feedback Systems** were also a key part of how we encouraged and captured feedback, with the NHSGGC [Feedback Web Form](#) providing an alternative feedback platform for people to share their stories privately. Submissions via the form are received by the Patient Experience Public Involvement (PEPI) team who ensure feedback is shared with the relevant services to improve care, influence change and spread learning across the Health Board.

Throughout 2020/21 **Social Media** continued to play an important role in keeping the public, their relatives and carers informed and engaged on a range of topics. The sharing of key pandemic messages throughout 2020/21 was one of our most visible uses of social media, with the Board also sharing key messages on vaccination efforts and broader public health and engagement messages.

We have continued to develop our Social Media presence, with the Board seeing a steady increase in followers and online interactions. All our Social Media accounts are regularly monitored to ensure a quick response.



[Twitter @NHSGGC](#) 27.6K followers, an increase of 4.7K

[Facebook](#) 47.1K followers, an increase of 10.4K followers

[Instagram](#) 10.2K followers, an increase of 2.7K followers

2. Care Opinion

A key priority for NHSGGC is the continued roll out and embedding of Care Opinion at service level across the Board alongside the development of frontline responder teams. Whilst the COVID-19 pandemic has impacted the ongoing roll out of Care Opinion we have seen our staff remain committed to connecting with patients, their carers and those that matter to them throughout the pandemic. This feedback provides opportunities for both learning and the sharing of good practice.



Fraser Gilmore, Head of Care Opinion Scotland provided the following on the work led by NHSGGC's Patient Experience Public Involvement Team (PEPI) to develop and promote Care Opinion over the past 12 months:

"2020/21 was a very tough year for everyone, but most especially for our health services. At Care Opinion we did see a reduction in the number of patients, their families and carers telling their stories across the whole of Scotland at the very start of the pandemic. However, month by month we saw these numbers increase to the point that we are now receiving more stories than ever before. This is down to the hard work and dedication of health services and their recognition of the importance of feedback from patients.

“NHS Greater Glasgow & Clyde are a perfect example of this hard work. The Board worked closely with us to innovate in the way they sought feedback from patients, in the ways they responded to stories and the ways in which they engaged in training with their staff during the pandemic. Even though it was a difficult year and overall there was a reduction in story numbers, the Board's commitment was shown by the high percentage of stories they received from all the stories in Scotland and the increase in the proportion of positive stories told.”

2.1 Key Milestones and Achievements 2020/21

Throughout 2020/21, the PEPI Team have continued to support clinical teams and services to implement and manage Care Opinion. The team also provided additional support to our responder teams by responding to stories shared via Care Opinion to allow them to focus on clinical care during the height of the pandemic.

Even with the unprecedented difficulties presented by the COVID-19 pandemic, staff across NHSGGC continue to embrace the use of Care Opinion, with some key achievements and milestones highlighted below.

- All stories received a response, with an increase in the percentage of positive feedback received from 64% to 66%.
- 91% of stories had a response posted within 5 days.
- Our new online responder training approach was developed in partnership with the Care Opinion Scotland Team.
- Greater use was made of Social Media to share the stories important to people on our corporate social media accounts to simultaneously raise awareness of the feedback we receive and encourage people to share their stories
- The roll out of Virtual Visiting also saw the inclusion of Care Opinion on all new ward iPads to help encourage patients, carers and families to give feedback at the point of care.
- We now have 117 responders.

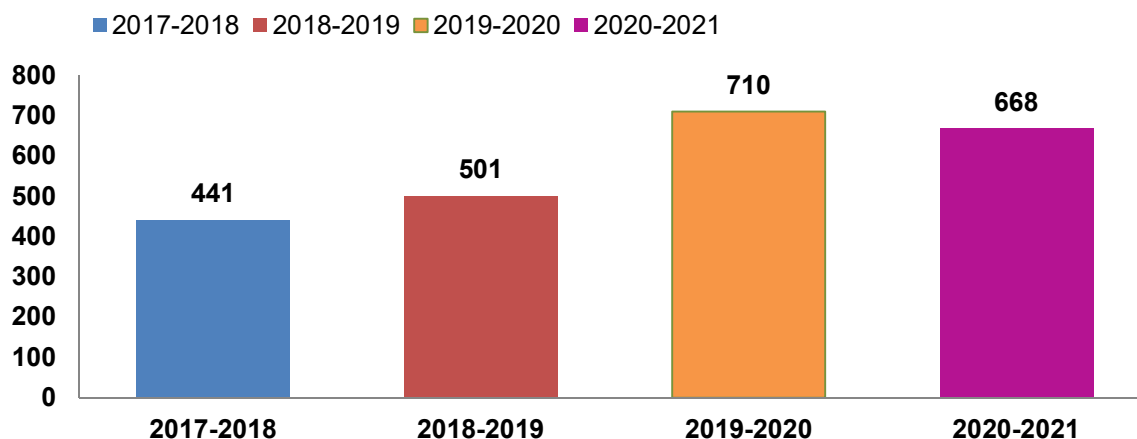
This year also saw East Renfrewshire Health and Social Care Partnership (HSCP) go live with their own Care Opinion subscription on 10 February 2021 - the first HSCP in NHSGGC to do so. This was a soft launch due to the pandemic.

To facilitate the successful roll out of Care Opinion the HSCP has set up an Implementation Group to oversee progress. The focus of the group is to measure the impact and promotion of Care Opinion to staff and key stakeholders as well as directly to service users of East Renfrewshire HSCP services. There is representation from East Renfrewshire Carers Centre, Voluntary Action ER and Talking Points on the group. The PEPI Team and East Renfrewshire HSCP are working in collaboration to share learning and good practice.

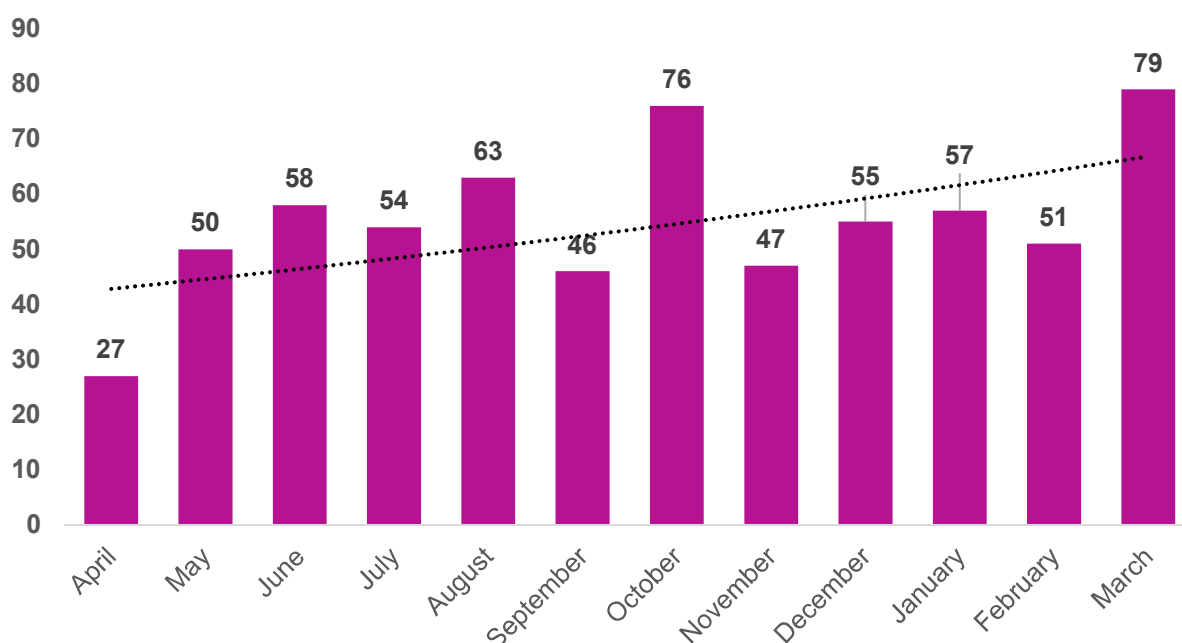
2.2 Volume of Care Opinion Stories

Between 1 April 2020 and 31 March 2021, **668** unique stories relating to NHSGGC were shared via Care Opinion a **6% decrease** from the previous year. This decrease in feedback is a consistent trend seen in other Health Boards in Scotland during the COVID-19 pandemic. Within the period, we saw an increase in the percentage of stories reporting positive feedback.

Number of Care Opinion posts received 2017 – 2021



When these stories were shared

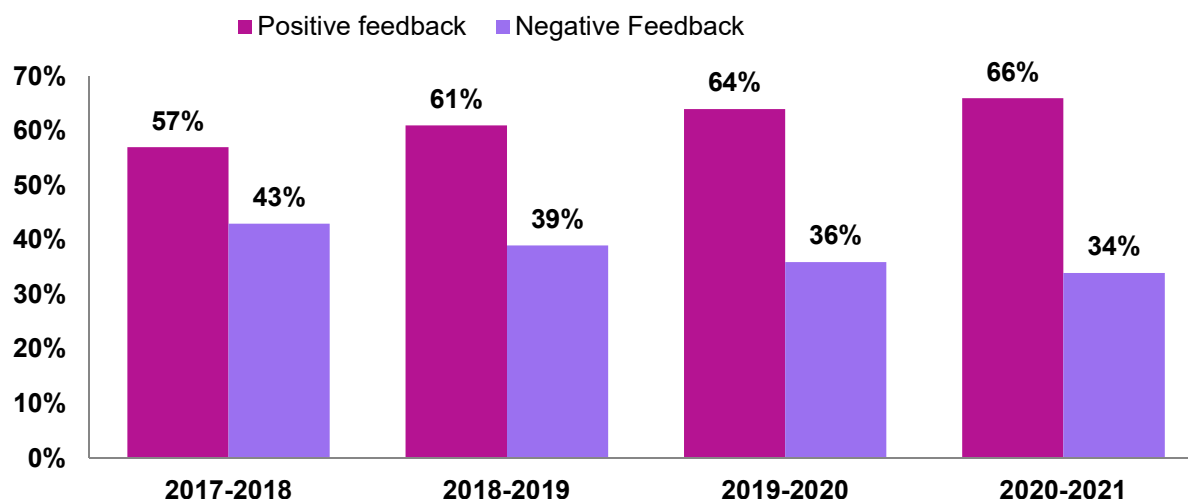


These stories have been collectively viewed **147,636** times, with the majority of posts containing positive elements (**66%**).

Our most viewed story relates to the end of life care provided to a person’s father, who sadly passed away in April 2020. Their story shared how compassionate, calming and professional our staff were and at the time of writing this story has been viewed 2888 times.

<https://www.careopinion.org.uk/758987>

Proportion of positive and negative feedback via Care Opinion 2017 – 2021



Positive feedback shared via Care Opinion over the past 12 months has overwhelmingly related to our staff and the care they provide, with attributes such as friendliness, caring, reassurance and professionalism being regularly highlighted by patients, carers and relatives.

While it is important to celebrate what we do well, it is equally important that we look at where we can improve and ensure we learn from the experiences that weren't so positive. Of the **34%** of negative feedback received through our online methods, people most frequently shared that they felt that communication and staff attitude could be better.

An important function of Care Opinion is the ability for people sharing feedback to 'tag' what was good and what could be improved, alongside how their experience made them feel. This gives people a way to express their feelings around their experience. The visualisation charts below help show the range of feedback tags used by people when they are sharing their stories with us, helping us to gain a better insight into what matters to people about their care.

2.4 Care Opinion Visualisations 2020-21

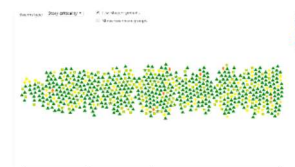


Tag bubbles: <https://www.careopinion.org.uk/vis/yxk3p>

This shows the most popular tags for your stories as bubbles. The bubbles are split according to how often the tag is used to say "what was good", or "what could be improved".

Story swarm: <https://www.careopinion.org.uk/vis/285qf>

A story swarm shows you how your stories are spread over time. Each dot is a story.



Story sunburst: <https://www.careopinion.org.uk/vis/2jwj6>

The story sunburst shows how stories progress, from inner to outer rings. Each ring represents a step on the journey from told to read, responded to, and leading to change.

Lily pad: <https://www.careopinion.org.uk/vis/ghshc>

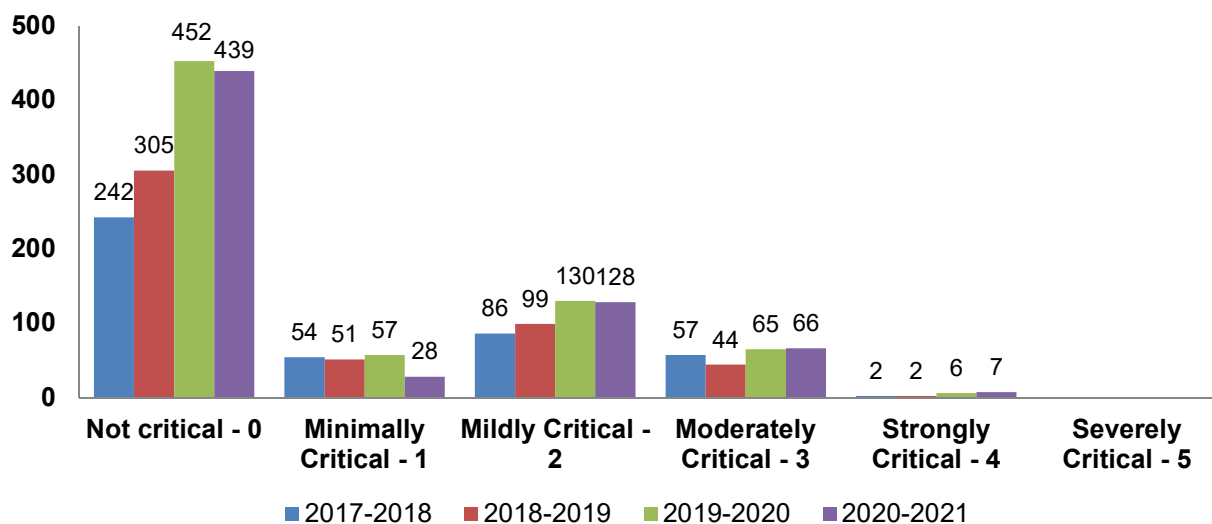
The lily pad shows how your stories are spread according to the services they are about.



2.5 Care Opinion Criticality rating

Care Opinion also actively moderates each post and assigns a criticality rating from 0 (non-critical) to 5 (severely critical). This helps teams to respond appropriately to feedback and allows the Board as a whole to reflect on the types of stories being shared more easily. The table below breaks down the number of posts received by criticality.

Criticality rating breakdown 2017 to 2021



While over the 2020/21 period we have seen a slight decrease in non-critical feedback, (reduction of 13) we have seen an increase in the percentage of stories containing positive elements from **64%** to **66%**. Alongside this increase in positive feedback, we have seen nearly a 50% reduction in minimally critical feedback, with the levels of mild, moderately and strongly critical feedback remaining largely consistent with the same period in 2019/20. As with previous years we have not received any severely critical feedback via Care Opinion.

A **Strongly Critical Level 4** story is described as a serious criticism of specific unnamed staff or groups of staff, or of clinical or other care or facilities.

2.6 Increasing responders across NHSGGC

As mentioned above, the PEPI Team continue to provide advice, support and training to NHSGGC's staff. Prior to becoming responders, all staff are required to attend a training session; however, due to the increased pressures on frontline staff and services during the COVID-19 pandemic, the delivery of all training programmes across NHSGGC were put on hold.

One of the key aspirations for 2020/2021, was the development of a more flexible and accessible virtual training session for new Care Opinion responders. The PEPI Team worked in partnership with the Scottish Care Opinion Team, with valuable input from NHS Education for Scotland (NES) colleagues to ensure we were following best practice guidance for virtual training and education. A pilot session was held on 22 January 2021 with 9 members of staff in attendance. The training evaluated well with all attendees stating it gave them a better understanding of Care Opinion and better prepared them to respond to Care Opinion Stories. The training has since been further refined, with additional sessions planned throughout 2021/22.

Quote from Care Opinion Responder Training Attendee

“I found this training very tailored and informative. It was extremely useful to hear experiences of others and alleviated potential fears of responding in an electronic forum to both positive and negative service feedback - it helped to know others felt the same. This session being available on Teams was perfect as time is precious and I may not have been able to attend otherwise. Keep up the good work.”

We now have 109 responders who are either involved in delivering care or managing the service. Each responder plays a key role in championing our ethos of listening and learning from patient and carer experiences to truly understand what matters and shape how we design and improve services. Our network of responders are also responsible for managing story responses, sharing and celebrating positive feedback with their teams and identifying areas and key themes for improvement. They are also required to close the loop on Care Opinion to demonstrate to the poster and the wider public how their feedback has made a difference and what changes have been made as a result.

In addition to the initial training, the PEPI Team also provide ongoing advice and coaching to our network of responders, taking an empathetic and compassionate approach to how we enable and support staff to be responsive to feedback. We are also looking at how we develop an online space for our network of responders to encourage peer support and sharing of learning, good practice and celebration of successes.

2.7 Promotion of Care Opinion through Social Media

We continue to raise awareness of Care Opinion among staff, patients, carers and their families as one of the main mechanisms for people to share their experiences about our care and services. Throughout 2020/21, we increasingly used social media to raise the profile of Care Opinion, sharing people’s stories during a number of awareness days such as International Nurses Day, Midwives Day and Carers Week alongside more regularly promotion using the hashtag #FeedbackFriday. We have also promoted the use of Care Opinion during engagement projects to evaluate models of care such as gathering the views and experiences of patients and carers who have accessed the GP Out Of Hours service.



2.8 Key Ambitions for 2021/22

Looking ahead into 2021/22 we remain committed to promoting the ethos of encouraging open dialogue between staff, patients, carers and families, encouraging people to share both their care experiences and supporting staff to feel able to listen to and learn from this feedback. Some key ambitions for the year ahead include:

- Increase awareness of Care Opinion among staff, patients and families to drive up stories by utilising a variety of methods including QR codes and development of our Care Opinion social media campaign.
- Delivery of a social media campaign to focus on promoting how we use Care Opinion in NHSGGC and encourage patients and carers to share their experiences. The campaign will demonstrate our culture of listening and learning from people’s experiences of NHSGGC services in terms of why we value feedback and the difference it makes as

well as celebrating positive feedback with staff. The campaign will also raise the profile of our Care Opinion responder network to showcase and celebrate success.

- Work with Sector and Directorate teams to further increase the number of frontline teams able to directly receive and respond to patient and carer feedback across our services. This will include undertaking a programme of work to support Senior Charge Nurses to embed Care Opinion as their main feedback tool across our inpatient areas to support the measurement of Excellence of Care standards.
- Build on how we learn and demonstrate improvements from feedback across NHSGGC Acute Teams. This includes empowering and encouraging staff to act on feedback to influence change and practice, record the actions taken as a result of feedback and close the loop on Care Opinion. Thus demonstrating to those sharing their experiences and the wider public how feedback has made a difference.
- Further embed Care Opinion within the NHSGGC website, making use of the platform's widgets to make the process of sharing stories as seamless as possible for people. We will focus initially on using the Tell your Story and Latest stories widgets to encourage feedback, and showcase what people have been telling us.

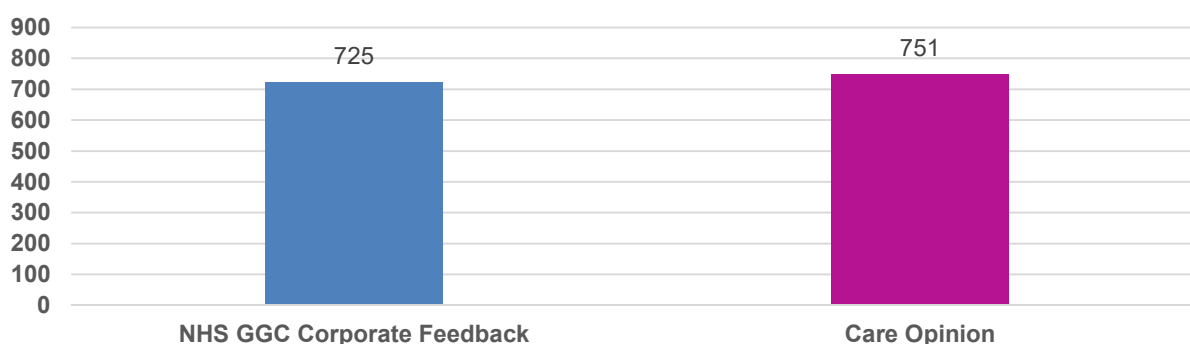


3. Corporate Feedback as a whole

As well as Care Opinion, we also provide other avenues for people to share their experiences. In 2020/21, we received **1476** instances of formal feedback shared via both Care Opinion and our Corporate Feedback Systems. While this is a reduction of **18.9%** from the same period in 2019/20 this is likely a byproduct of the COVID-19 pandemic, which has caused a general reduction in services being accessed and feedback received. **74%** of the feedback we did receive was wholly or partially positive (a +2% change), with **32%** of feedback containing suggestions for improvement (a -3% change).

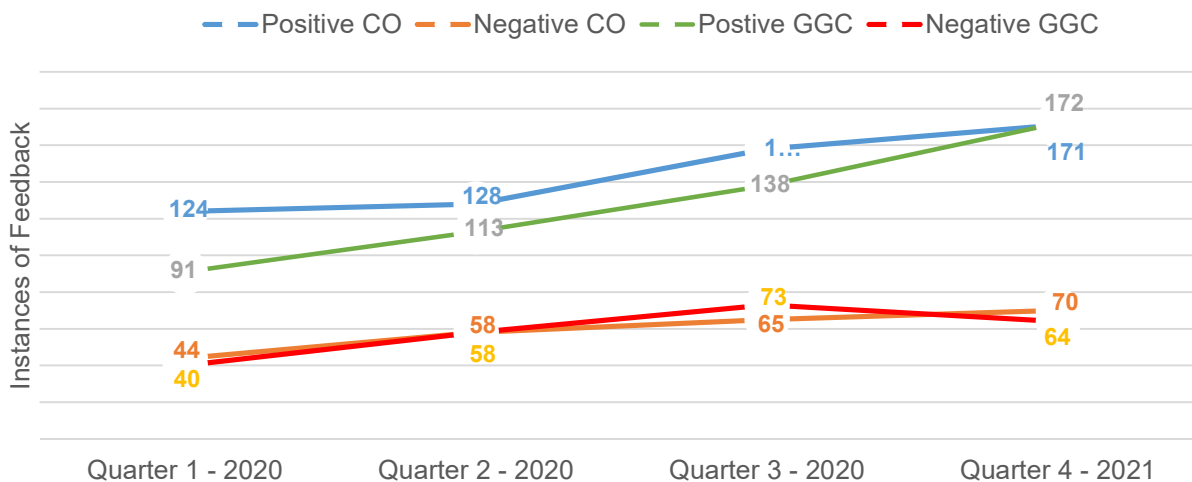
The below graph breaks down the volume of feedback received via each system, it should be noted that each individual story shared can contain feedback about multiple teams or services which is reflected below.

3.1 Breakdown of Feedback across NHSGGC



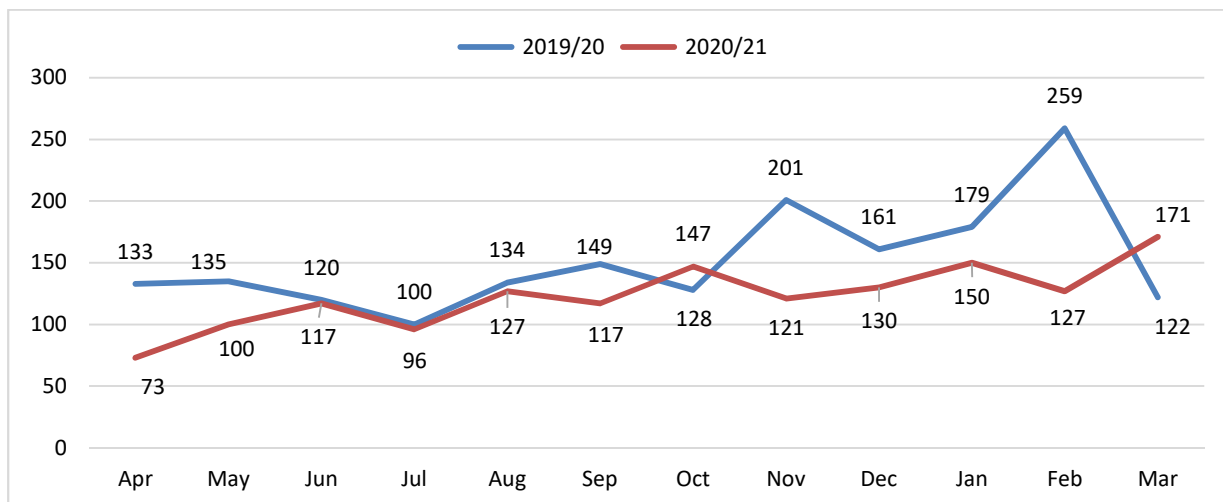
The below graph compares the levels of positive and negative feedback received through each feedback system in use by NHSGGC. Senior teams in each Sector Directorate are provided with regular reports summarising key themes, providing them with the opportunity to read the stories behind the data for reflection and learning.

Run chart of Positive and Negative Feedback by Source 2020/21



The following graph illustrates the total feedback received each month over the course of 2020/21 compared to 2019/20. During the last year we have seen a fairly stable feedback rate, with numbers remaining similar to the 2019/20 period until later in the year. During November we saw feedback rates remain comparable with the rest of 2020/21, with them beginning to rise toward March 21. Lower feedback has been seen throughout the pandemic period.

Instances of Feedback by Month

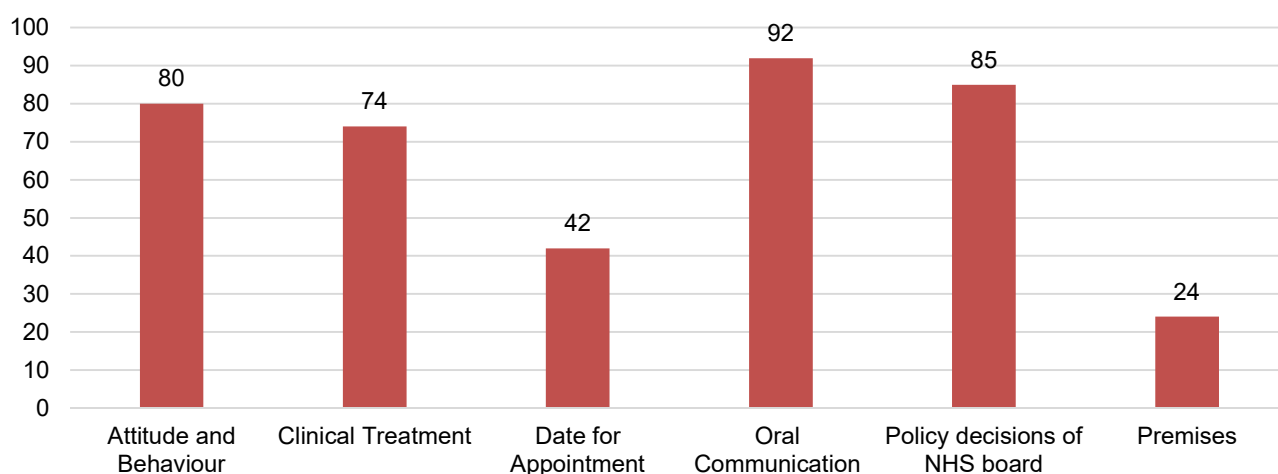


3.2 Listening to People – Using Feedback to Improve Services

Key Feedback Themes

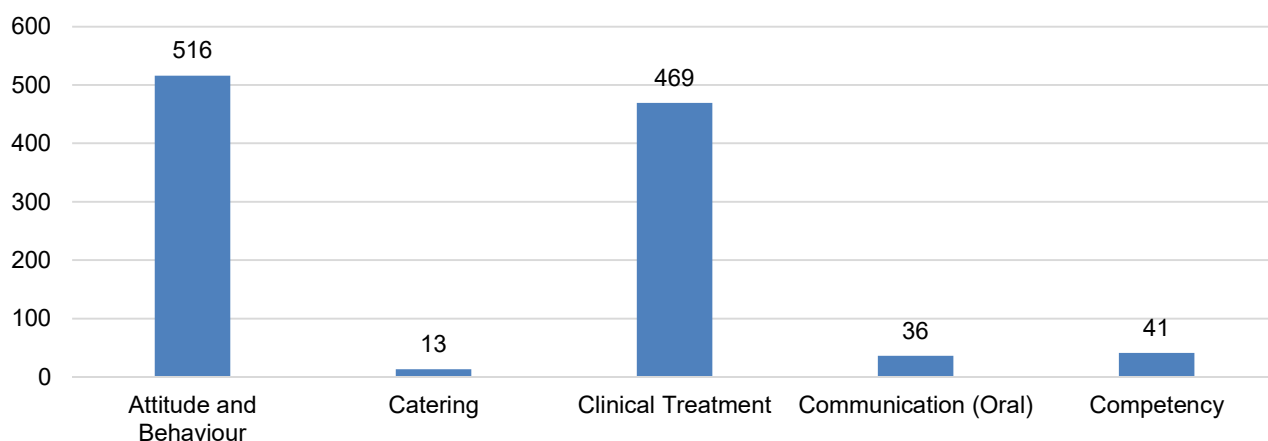
The following graphs present the overarching feedback themes that were most commonly identified during 2020/21. Theming feedback in this way helps teams across NHSGGC to gain a broad overview of what is most important to people when accessing our services. It also allows them to reflect and identify positive practice and learn from feedback to inform service improvements. The theme around policy decisions identified during 2020/21 generally relates to visiting restrictions, and requirements to wear PPE on NHSGGC sites that were put in place during the COVID-19 pandemic to help maintain social distancing and patient safety.

Most Shared Improvement themes



Teams across NHSGGC use the feedback people share and themes that are identified to them discuss what could have gone better during a patient's stay and reflect on how they can ensure that any issues identified do not crop up for future patients. Similarly, we capture the positive themes that emerge from feedback we receive, as shown in the graph below.

Most Shared Positive themes



3.3 Encouraging feedback on Social Media

As part of the ongoing effort to encourage feedback and share the experiences of patients accessing care across NHSGGC, the NHSGGC Communications Team regularly reach out to patients, and work with them to share their stories over social media. These patient stories are most commonly shared via Facebook, which allows us to ensure that the patient's full story can be shared without compromising the emotional impact of their experience.



The below table summarises the five most impactful stories shared between 1 April 2020 and 21 March 2021, which were all via Facebook. The table also presents some of the key measures used to assess the impact of our stories. By assessing **impressions** (totals users who have seen our posts), **reach** (the number of unique viewers of our content), **engagements** (users who have clicked, commented on, shared, or liked our content)

Table 1 : Stories shared via Facebook

Post	Total Impressions	Total Reach	Total Engagements
Patient Story QEUH – care from Emily in Ward 6B	57,761	57,443	15,061
Patient Story PRM - thank you after caring for son	48,651	46,856	10,356
Patient Story – breast cancer care at several sites	29,755	26,224	1,320
Patient Story Cardonald Medical Practice – thank you for caring for gran	29,445	28,442	1,002
Patient Story RAH – birth of first child	25,090	22,132	5,594

3.4 Listening to Feedback and Improving Services

As mentioned throughout this section, one of the key reasons we encourage, collect and share feedback is to help NHHGGC staff identify areas of good practice, gaps in service and where things can be improved. Early feedback is also an important tool to ensure patients, carers and their families can resolve any issues they may be facing.

As we continue to see increased use of Care Opinion, we continue to be able to gather more evidence of early resolution and the improvements being made as a result of feedback. While all the feedback we receive is shared with the teams it relates to, Care Opinion allows a much more immediate and direct interaction between the person sharing their story and the relevant staff.

SECTION 3: ENCOURAGING AND GATHERING COMPLAINTS

3.1 Background

Patients have the right to raise concerns or complaints about the healthcare they receive, and NHSGGC welcomes this feedback in order to help improve services.

The delivery of healthcare is wholly reliant on people. The vast majority of people using our services have a good experience, which reflects the hard work and ethos of staff. We cannot, however, underestimate the emotional and sometimes physical impact on people who have a less positive experience, particularly given the challenges we have individually and collectively faced as a result of the COVID-19 pandemic. It is therefore essential that there is a compassionate approach to complaints handling, that offers answers to all questions, an authentic and proportionate apology (where appropriate) and action that demonstrates learning in the spirit of improvement.

3.2 Who Can Complain

Complaints come from any person (or an authorised person on their behalf) who:

- has had (or is receiving) or wishes to access NHS care or treatment, or
- has visited or used NHS services or facilities, or
- is likely to be affected by a decision taken by an NHS organisation.

3.3 Handling Complaints

The new National Complaints Handling Procedure (CHP) for NHS Scotland took effect from 1 April 2017. The CHP provides two opportunities to resolve complaints internally:

- **Stage 1: Early Resolution**

For straightforward complaints that require little or no investigation at the earliest opportunity. This should be as close to the point of service delivery as possible. Early resolution must usually be completed within 5 working days (with the option to extend to 10 working days if agreed and required).

- **Stage 2: Investigation**

For typically serious or complex complaints, that require a detailed examination before we can respond. A full response to the complaint should be made as soon as possible, but not later than 20 working days.

NHSGGC has made information available on how and where to raise complaints, and we encourage and empower our staff to deal with as many concerns at the frontline as possible, in order that a satisfactory resolution can be achieved.

3.4 Complaints Key Performance Indicators

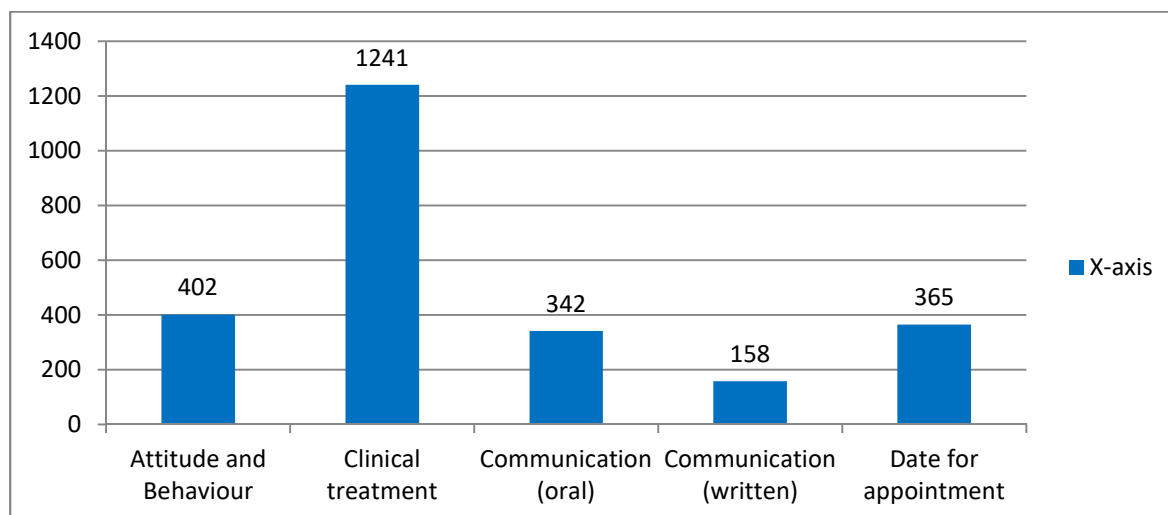
This section of the report will detail performance in reference to each of the nine key performance indicators which were introduced by the new national CHP.

3.4.1 Indicator One: Learning From Complaints

a. Issues and Themes

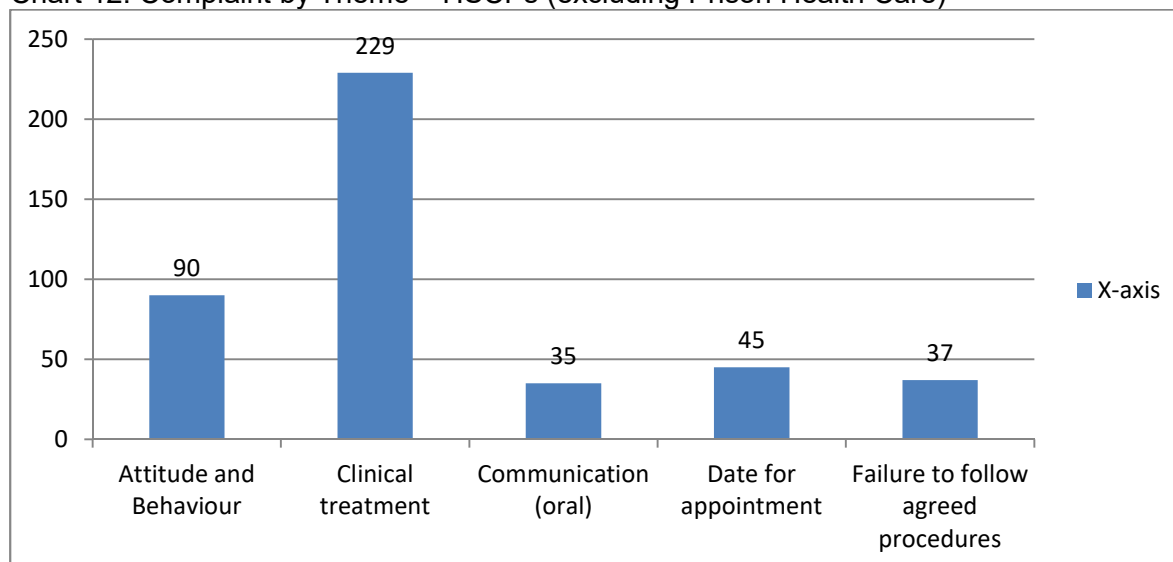
The charts below show the most common themes within complaints (both Stage 1 and Stage 2) over the reporting period.

Chart 11: Complaint by Theme – Acute / Board



There has been an increase in the number of complaints pertaining to clinical treatment during this period; which can include complaints relating to waiting times.

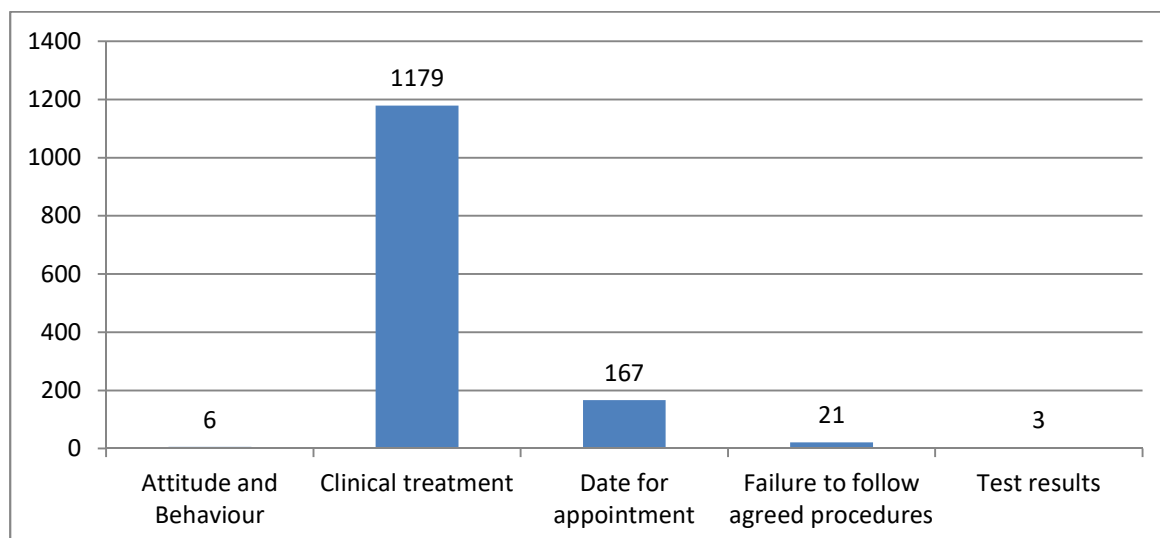
Chart 12: Complaint by Theme – HSCPs (excluding Prison Health Care)



These results are also consistent with what we saw in 2019/2020.

The vast majority of Prison Health Care complaints are regarding Clinical Treatment. The chart below shows the main themes for complaints within Prison Health care.

Chart 13: Complaint by Theme – Prison Health Care

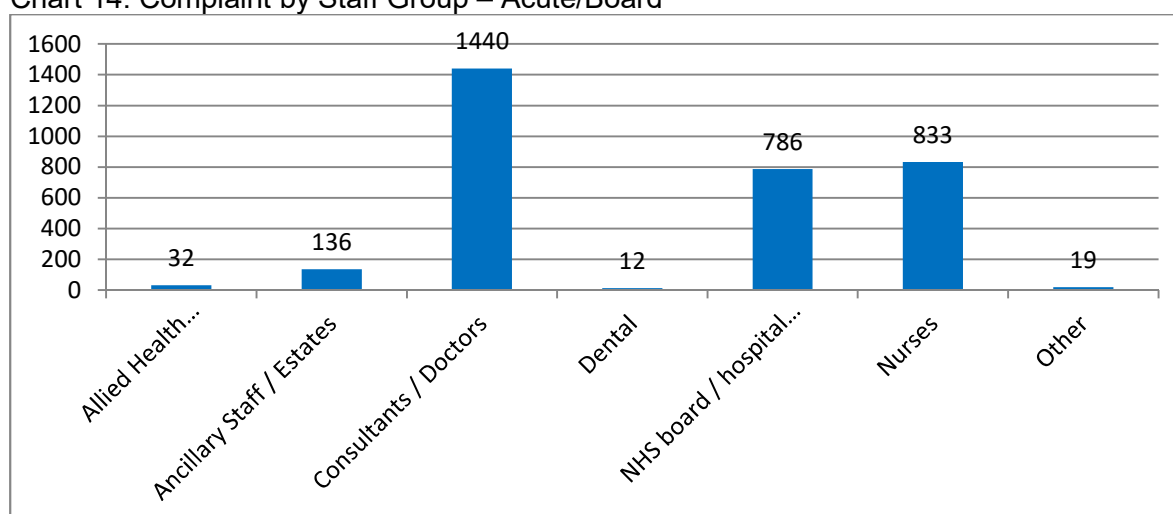


These themes are similar to 2019/20 for Prison Healthcare.

b. Staff Group

As well as issues and themes, we also recorded complaints by staff group. Again, this will not match the total number of complaints received, as more than one staff group can be involved in a single complaint.

Chart 14: Complaint by Staff Group – Acute/Board



These results are very similar in percentage terms to what we saw in 2019/2020.

Chart 15: Complaint by Staff Group – HSCPs (excluding Prison Health Care)

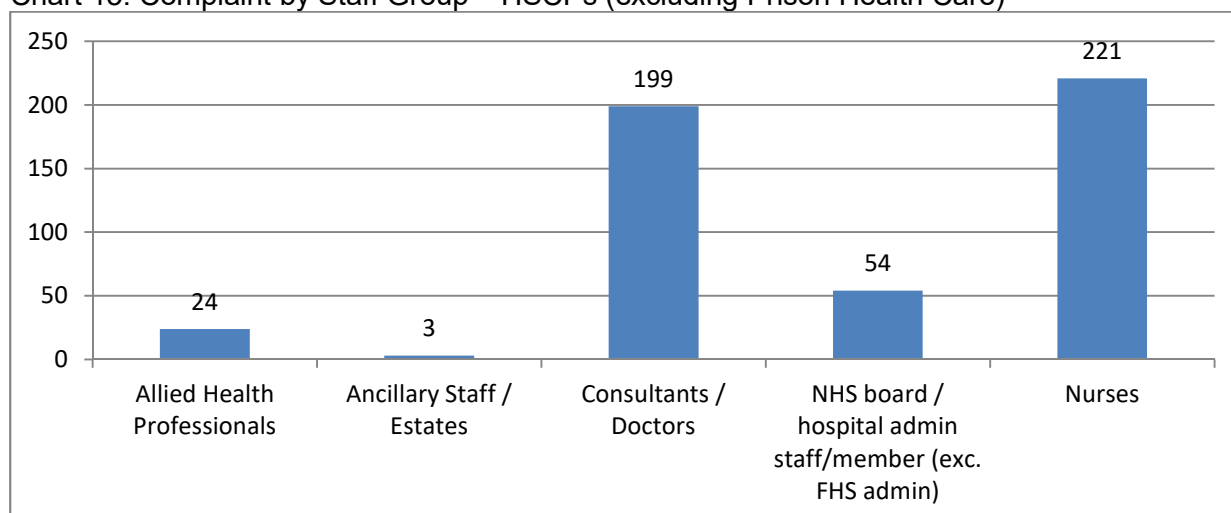
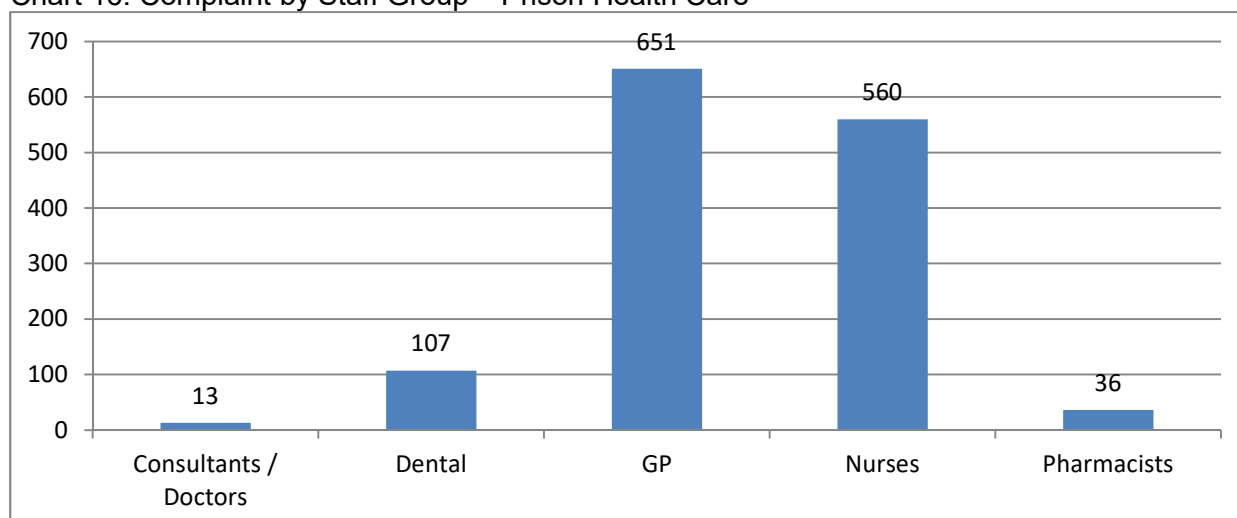


Chart 16: Complaint by Staff Group – Prison Health Care



c. Qualitative Data

In each quarterly report on Patient Experience, some examples were given of real complaints in order to promote transparency and openness, as well as to give a flavour of improvements made to services and procedures as a result of consideration of complaints. Table 2 gives a sample of these.

Table 2: Examples of Improvements from Complaints

Directorate / Specialty	Background	Actions
North – General Surgery	A DVT assessment was not completed upon admission, a prescription was written to prevent DVT but not dated and not issued, patient suffered from a DVT after discharge	<p>Following this complaint a Quality Improvement project was undertaken to ensure this vital step was not missed in the future. The matter was also discussed at the General Surgery and the Urology Clinical Governance meetings to ensure staff awareness and compliance.</p> <p>At the time of admission, discharge letters were being written by specialist trainee doctors, as a direct result of</p>

		this complaint, the policy has now been changed and discharge letters are being checked by Consultants.
South– Care of the Elderly	A patient who was registered both deaf and blind raised concerns as to communication when an inpatient.	As a direct result of this complaint audible clocks have been purchased for the wards. The Equality and Human rights lead has also instructed several training courses and briefings for staff to ensure they are aware of the resources available to them and processes in place to ensure interpreters are in place when required and to improve communication.
Clyde – Orthopaedics	An out-patient questioned why he was not assessed for Venous Thrombosis (VTE) and provided with VTE prophylaxis when his leg was immobilised in a leg plaster for a significant period of time. The patient was identified as having Pulmonary Embolus in both lungs during his orthopaedic period of treatment.	<p>Although VTE policies were established in 2020 for immobilised in-patients with casts, there was no standard protocols for outpatients at the time of the patient's treatment.</p> <p>As there was a recognised concern that there was a correlation between VTE and immobilisation in a non-weight bearing cast, the VTE prophylaxis policy and guidelines were reviewed and developed and now cover all orthopaedic non-weight bearing patients (both inpatient and outpatient).</p> <p>The Outpatient DVT guidance was approved by the Board DVT/ Thromboprophylaxis Committee and adopted in June 2021.</p>

d. Scottish Public Services Ombudsman – Investigation Reports and Decision Letters

If a complainant is unhappy with the response they have received from NHSGGC, they have the right to take their complaint to the Scottish Public Services Ombudsman (SPSO). The SPSO will issue an Investigation Report in some cases which meet their public interest criteria. More commonly, after investigating a complaint, the SPSO will issue a Decision Letter which reports on their findings and conclusions.

When an Investigation Report or a Decision Letter is received in NHSGGC, this is sent to the relevant (usually clinical) service, so that they can act on the recommendations, and we then provide evidence to the SPSO that we have done so.

Table 3: (Breakdown of SPSO Public Reports and Decision Notices – Acute / Board) or Breakdown of SPSO Cases Received – Acute / Board

	Number received	Number of Upheld	Number of Not Upheld	Number of Recommendations
Not taken forward	17	-	-	-
2 nd episode requests	8	-	-	-
Pre-investigations	16	-	-	-
Investigations	6	-	-	-
Post-investigations	7	-	-	-
Provisional Decision Notices	13	-	-	-
Decision Notices	16	9	7	23
Provisional Public Reports	-	-	-	-
Public Reports	1		1	10

Table 4: Breakdown of SPSO Cases Received – HSCPs (including Prison Health Care) – Q1

	Number received	Number of Upheld	Number of Not Upheld	Number of Recommendations
Not taken forward				
2 nd episode requests				
Pre-investigations				
Investigations				
Post-investigations	2			
Provisional Decision Notices				
Decision Notices	3	1	2	2
Provisional Public Reports				
Public Reports				

Breakdown of SPSO Cases Received – Acute / Board

	Number received
Not taken forward	35
2 nd episode requests	14
Pre-investigations	35
Investigations	41
Post-investigations	32
Provisional Decision Notices	49
Decision Notices	48
Provisional Public Reports	-
Public Reports	2

Breakdown of SPSO Cases Received – HSCPs (including Prison Health Care) – 1.4.20 to 31.3.21

	Number received
Not taken forward	8
2 nd episode requests	1
Pre-investigations	8
Investigations	6
Post-investigations	6
Provisional Decision Notices	8
Decision Notices	5
Provisional Public Reports	-
Public Reports	-

Significant work and effort has continued in our handling of SPSO cases throughout the year, and we continue to work closely with SPSO colleagues to achieve this. NHSGGC's achievements in this regard have been recognised by the SPSO, who have noted that the number of cases we now receive is less than the average for public bodies as a percentage, which is suggestive of improvements in how we handle complaints

3.4.2 Indicator Two: Complaint Process Experience

We recognise that if a person has taken the time to contact us about their or a loved one's negative experience of our services, we have a duty and responsibility to respond. Effective, efficient and compassionate complaints handling is therefore vitally important.

This continues to be a difficult KPI to action, and attempts to gauge feedback in a regular, consistent and meaningful way have not proven to be successful. Complaints and Patient Experience colleagues across NHS Scotland have discussed this, and agreed that focus groups may be a targeted and focused way to drive this forward. This will be considered in the future when the emergency footing caused by the pandemic is relaxed.

3.4.3 Indicator Three: Staff Awareness and Training

Whilst NHSGGC has been working hard on creating a culture whereby we deal with complaints compassionately, transparently and effectively in order to restore faith and confidence in our services. It has however been very difficult to deliver training during the pandemic. As well as supporting patients and complainants, we also recognise our responsibility as an employer, and wish to ensure staff involved with a complaint feel supported and empowered through the process.

We do have a training session open to all staff, and have been delivering this across the Health Board since 2018. Recently we have managed to deliver the training to a co-hort of medical managers and a co-hort of Health Visitors and Team leaders. However the service pressures resulting from COVID-19 have greatly diminished our ability to deliver this as originally planned and we will keep this under review when pandemic related issues ease.

3.4.4 Indicator Four: Total Number of Complaints Received

Sections 3.4.4 to 3.4.9 will focus on the quantitative data for KPI's 4-9. Section 3.4.10 will give information on the same KPIs for Primary Care Services.

In 2020/21, the total number of complaints received across Acute Services, the Board and HSCPs was 4149. This is reduction of 32% compared to 2019/20, which is attributable to an initial dramatic reduction in numbers of complaints received during the COVID-19 first wave.

2307 of these were complaints were regarding the Acute Services Division / Board, which is a reduction on the number received last year. This equates to <1% against our core measure of 4,333,093 episodes of patient care (this includes outpatient attendances, inpatient admissions, A&E attendances and a number of other metrics which capture patient contact in this area).

The remaining complaints received were about HSCP services. Glasgow City HSCP hosts Prison Health Care for the Board area, and 1377 complaints were about that service, which was also a reduction on the previous year in keeping with the trend. It was not possible to confirm the core measure of patient episodes for HSCPs.

3.4.5 Indicator Five: Complaints Closed at Each Stage

Table 6: Closed Complaints– Acute / Board, HSCP and Prison Health Care

	Acute / Board	HSCPs	Prison Health Care	TOTAL
Number of Stage 1 Closed	1015	230	924	2169
Number of Stage 2 Closed	1292	235	453	1980
TOTAL	2307	465	1377	4149

A larger percentage of complaints were closed at Stage 1 level in Prisons as compared to Acute / Board, as these tended to be less complex in nature.

3.4.6 Indicator Six: Complaints Upheld, Partially Upheld and Not Upheld

Table 7: Stage 1 Outcomes – Acute / Board, HSCP and Prison Health Care

	Acute / Board	HSCPs	Prison Health Care	TOTAL
Upheld	345	58	17	420
Partially upheld	179	55	9	243
Not upheld	393	105	892	1390
Irresolvable	9	-	-	9
Unreasonable	1	-	-	1
Transferred to another unit	28	5	-	33
Withdrawn / no consent	60	7	6	73
TOTAL	1015	230	924	2169

Table 8: Stage 2 Outcomes – Acute / Board, HSCP and Prison Health Care

	Acute / Board	HSCPs	Prison Health Care	TOTAL
Upheld	252	35	17	304
Partially upheld	409	67	23	499
Not upheld	528	100	307	935
Irresolvable	17	-	-	17
Unreasonable	6	-	-	6
Transferred to another unit	33	3	-	36
Withdrawn / no consent	47	19	106	172
TOTAL	1292	224	453	1969

For both Stage 1 and 2 Prison Health Care complaints, there tended to be a high number of 'Not Upheld' and a lower number of 'Upheld'. This was due to the significant volume of complaints which were regarding patients who were unhappy with their prescribed medication, or prescribed dose of medication, but that this was clinically appropriate.

3.4.7 Indicator Seven: Average Times

Table 9: Average Response Times

	Acute / Board	HSCPs	Prison Health Care
Average Response Time for Stage 1 Complaints	2 days	5 days	3 days
Average Response Time for Stage 2 Complaints	21 days	22 days	23 days

3.4.8 Indicator Eight: Complaints Closed in Full within the Timescales

Table 10: Complaints Closed in Full within the Timescales

	Acute / Board	HSCPs	Prison Health Care	TOTAL
Number of complaints closed at Stage 1 within 5 working days (and as a % of all Stage 1)	934 (92%)	159 (69%)	854 (92%)	1947 (90%)
Number of complaints closed at Stage 2 within 20 working days (and as a % of all Stage 2)	838 (65%)	151 (64%)	332 (73%)	1321 (67%)

3.4.9 Indicator Nine: Number of Cases Where an Extension was Authorised

This section will focus on cases where an extension was made for the response to be sent beyond the recognised timescales.

Table 11: Number of Cases Where an Extension was Authorised

	Acute / Board	HSCPs	Prison Health Care	TOTAL
Number of complaints closed at Stage 1 within an agreed extension of 6-10 working days (and as % of all Stage 1)	71 (>1%)	53 (2%)	64 (>1%)	188 (1%)
Number of complaints closed at Stage 1 beyond 10 working days (and as % of all Stage 1)	10 (>1%)	18 (>1%)	6 (>1%)	34 (>1%)
Number of complaints closed at Stage 2 beyond 20 working days where an extension was authorised (and as % of all Stage 2)	8 (>1%)	12 (>1%)	32 (>1%)	52 (>1%)
Number of complaints closed at Stage 2 beyond 20 working days (not recorded as authorised) (and as a % of all Stage 2)	457 (35%)	84 (36%)	121 (26%)	662 (33%)

There were a small number of complaints (3%) where concerns were resolved at Stage 1 out with 10 working days. Whilst this does not follow the Complaints Handling Procedure, which states that in this scenario, the complaint should be escalated from Stage 1 to Stage 2, this would have been completed with the best of intentions, to ensure the complainant received a proportionate response to their concerns.

A notable percentage of Stage 2 complaints which were closed beyond 20 days, and the delay was not recorded as authorised. This particular KPI is a challenge, as if the complainant does not agree, we are in the position where we cannot meet the target date, but do not have permission to extend.

3.4.10 Primary Care

The table below gives data on the quantitative KPI's for primary care providers (GPs, Dentists, Opticians and Pharmacists). The Dental data is for Q4 only due to the instruction to close dental services out with emergencies from March 2020.

Table 12: Primary Care Data 2020-2021

	<u>GPs</u>	<u>Dentists</u>	<u>Opticians</u>	<u>Pharmacists</u>
Number of complaints received, and as % of core measure:	<i>Patients registered with practice in 2020/21</i>	<i>Dental Data is for Q4 only. Patients registered with practice</i>	<i>Episodes of care in the reporting period</i>	<i>Scripts dispensed in reporting period</i>
Core Measure	1,214,099	546,474	159,429	5,466,039
No of complaints received and % of core measure	1195 (<1%)	25 (<1%)	92 (<1%)	604 (<1%)
Number of Stage 1 complaints closed within 5 working days and % of all Stage 1 closed complaints	823 (98%)	18 (72%)	91 (99%)	399 (99%)
Number of Stage 1 complaints closed where an extension was authorised - between 6 and 10 working days and % of all Stage 1 complaints	31 (2%)	0	1 (2%)	3 (1%)
Number of Stage 1 complaints closed beyond 10 working days	1	0	0	0
Average number of days to respond to Stage 1 complaint.	3	0	2	2
Outcome of completed Stage 1 complaints:-				
<input type="checkbox"/> Upheld	227 (26%)	5 (28%)	69 (75%)	348 (87%)
<input type="checkbox"/> Partially Upheld	205 (24%)	7 (39%)	9 (10%)	24 (6%)
<input type="checkbox"/> Not Upheld	423 (50%)	6 (33%)	13 (15%)	30 (7%)
<input type="checkbox"/> Withdrawn	0	0	0	0
Number of Stage 2 complaints closed within 20 working days and % of all Stage 2 closed complaints	278 (89%)	6 (24%)	1 (100%)	194 (96%)
Number of Stage 2 complaints closed beyond 20 working days and % of all Stage 2 closed complaints	25 (11%)	0 (0%)	0	0 (0%)
Of the above, number of Stage 2 complaints closed where an extension to over 20 working days was	11 (8%)	1 (3%)	0	0 (0%)

	<u>GPs</u>	<u>Dentists</u>	<u>Opticians</u>	<u>Pharmacists</u>
authorised and % of Stage 2 closed complaints				
Average number of days to respond to Stage 2 complaints.	12	8	2	8
Outcome of completed Stage 2 complaints:-				
<input type="checkbox"/> Upheld	34 (11%)	2 (33%)	0	206
<input type="checkbox"/> Partially Upheld	89 (28%)	4 (67%)	2	3
<input type="checkbox"/> Not Upheld	110 (35%)	0	0	4
<input type="checkbox"/> Irresolvable	20 (6%)	0	0	2
<input type="checkbox"/> Withdrawn	0	0	0	0
Number of Stage 2 complaints closed after escalation within 25 working days and % of all Stage 2 escalated closed complaints	38 (12%)	1 (4%)	0	8 (100%)
Number of Stage 2 complaints closed after escalation out with 25 working days and % of all Stage 2 escalated closed complaints	3 (1%)	0	0	0
Average number of days to respond to Stage 2 escalated complaints.	14	13	0	3.5
Outcome of completed Stage 2 escalated complaints:-				
<input type="checkbox"/> Upheld	6 (15%)	0	0	7 (88%)
<input type="checkbox"/> Partially Upheld	15 (37%)	0	0	1 (12%)
<input type="checkbox"/> Not Upheld	16 (39%)	1	0	0
<input type="checkbox"/> Irresolvable	2 (4%)	0	0	0

3.5 Future Plans

The table below demonstrates progress against last year's plans, whilst also noting priorities going forward.

Table 13: Update on Actions from 2019/20 Annual Report

Action	Update	Status
Continued focus on improving % performance on Stage 2 complaints, and maintain this.	The % performance for 2020/21 was 67%, and in 2019/20, it was also 67%. This maintenance of performance was understandable given the impact of the COVID pandemic. The focus will be on achieving a performance of >70% in 2021/22	Improved, but further focus needed.
Maintain positive position on delivery and positive evaluation of Complaints Handling Training across NHSGCC	This was greatly impacted by the COVID-19 pandemic	Requires reviewed when emergency footing changes
Collect feedback on complaints handling from complainants, and make improvements to the service as a result	Whilst this was explored, and a possible way forward identified, it was not possible to plan for and execute, as we moved towards the COVID-19 position.	Roll into 2021/22

SECTION 4 ACCOUNTABILITY AND GOVERNANCE

The Board Nurse Director submits a Quarterly Patient Experience Report to the Clinical Care and Governance Committee of the Board. This provides commentary and statistics on complaints and feedback handling and covers numbers, trends and performance within Directorates and HSCPs, and provides information on the Investigative Reports and Decision Letters from the Scottish Public Services Ombudsman's Office (SPSO). In addition, it provides an overview of data concerning the handling of complaints received by General Practitioners, General Dental Practitioners, Opticians and Community Pharmacists. These reports ensure there is appropriate governance and scrutiny of the work we undertake to encourage and act on what people tell us about their experience, and this work aligns with the agenda of our Quality Strategy.

SECTION 5 CONCLUSION - HAVE YOUR SAY

This report has provided an overview of the issues raised, the learning and the actions and improvements made or proposed in response to the feedback, comments, concerns and complaints received between 1 April 2020 and 31 March 2021.

As a Board, it is our genuine belief that we should learn from the experiences of those who access our services. We are committed to delivering the best possible care and to do this we must work in partnership with our patients, carers and the public. The feedback we receive helps us tailor our care to the needs of the individual, as well as improve how we run our clinics and wards and how we design and deliver better services. We know that by working together in partnership, we can better provide care that affords people dignity and respect, improving their experience of what can be a difficult or stressful time. Our staff take great pride in the care they provide and we are dedicated to learning from people's experiences and feedback to impact on how we can provide even better care in the future.

You can provide feedback on www.nhsggc.org.uk/get-in-touch-get-involved/patient-feedback/ in order to give your feedback about NHSGGC or you can provide verbal feedback to a member of the Patient Experience Team who will relay it to the service involved by phoning on free phone 0300 123 9987.

If you wish to make a complaint, please visit www.nhsggc.org.uk where you will find information about our procedure. You may also contact our Complaints Helpline on 0141 201 4500, write to us at NHS Greater Glasgow and Clyde, Complaints Department, Stobhill Hospital ACH, Stobhill Hospital, North East Sector Offices, 300 Balgrayhill Road, G21 3UR or email us at complaints@ggc.scot.nhs.uk.

We would also welcome comments and feedback on the presentation and information contained within this Annual Report on Feedback, Comments, Complaints and Concerns. If you would like to do so, please contact:

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Appendix 1: Submission to Scottish Government

NHS Greater Glasgow and Clyde

Annual Report on Feedback and Complaints Performance Indicator Data collection 2020/21

The information provided with this Appendix uses a standardised format which all Health Boards in Scotland adhere to and then submit to the Scottish Government for comparative purposes.

It is important to note that the data included on closed complaints will not match the figures indicated in the body of this report. This is because withdrawn complaints, and complaints where consent was not given by the patient, has not been included in the data below. As these complaints help form the wider picture, and therefore give a richer and more detailed view, they have been included in the Board's Annual Report.

In addition, this Appendix asks for complaints which have been outcome as *Upheld*, *Not Upheld*, or *Partially Upheld* only. There are a small number of complaints which in reality may have a different outcome. For example, a complaint may be *Transferred to Another Unit* (for complaints which we receive, but are actually for another Health Board. So we have good governance, we log receipt and confirmation that these have been forwarded to the relevant Board), or *Irresolvable* (to recognise that we have not been able to achieve an outcome which the complainant is content with). For this reason, the appendix figures are different to that of that contained within the body of this report, as the body contains the wider number, and the appendix contains only complaints with the three outcomes of Upheld, Partially Upheld or Not Upheld specified for reporting requirements.

It is also important to note, as detailed in the body of this report, that Quarter 4 data has not been included for primary care service contractors, and so the data included is for Quarters 1 – 3. This was because Primary Care practitioners prioritised their activities to deal with the unprecedented pandemic, rather than complete the survey required to collate complaints data.

Performance Indicator Four:

4. Summary of total number of complaints received in the reporting year

4a. Number of complaints received by the NHS Territorial Board or NHS Special Board Complaints and Feedback Team	4149
4b. Number of complaints received by NHS Primary Care Service Contractors (<i>Territorial Boards only</i>)	1916
4c. Total number of complaints received in the NHS Board area	6065

NHS Board - sub-groups of complaints received

NHS Board Managed Primary Care services;	
4d. General Practitioner	n/a
4e. Dental	n/a
4f. Ophthalmic	n/a
4g. Pharmacy	n/a
Independent Contractors - Primary Care services;	
4h. General Practitioner	1195
4i. Dental	25 (Q4 only)
4j. Ophthalmic	92
4k. Pharmacy	604
4l. Total of Primary Care Services complaints	1916
4m. Total of prisoner complaints received (Boards with prisons in their area only)	1746 (included in section 4a)
Note: Do not count complaints which are unable to be concluded due to liberation of prisoner / loss of contact.	

Performance Indicator Five

5. The total number of complaints closed by NHS Boards in the reporting year (*do not include contractor data, withdrawn cases or cases where consent not received*).

Number of complaints closed by the NHS Board	Number	As a % of all NHS Board complaints closed (not contractors)
5a. Stage One	2096	51%
5b. Stage two – non escalated	1542	38%
5c. Stage two - escalated	438	11%
5d. Total complaints closed by NHS Board	4076	100%

Performance Indicator Six

6. Complaints upheld, partially upheld and not upheld

Stage one complaints

	Number	As a % of all complaints closed by NHS Board at stage one
6a. Number of complaints upheld at stage one	420	20%
6b. Number of complaints not upheld at stage one	1390	68%
6c. Number of complaints partially upheld at stage one	243	12%
6d. Total stage one complaints outcomes	2053	100%

Stage two complaints

	Number	As a % of all complaints closed by NHS Boards at stage two
Non-escalated complaints		
6e. Number of non-escalated complaints upheld at stage two	304	15%
6f. Number of non-escalated complaints not upheld at stage two	935	47%
6g. Number of non-escalated complaints partially upheld at stage two	499	25%
6h. Total stage two, non-escalated complaints outcomes	1969	88%

Stage two escalated complaints

	Number	As a % of all escalated complaints closed by NHS Boards at stage two
Escalated complaints		
6i. Number of escalated complaints upheld at stage two	53	12%
6j. Number of escalated complaints not upheld at stage two	309	71%
6k. Number of escalated complaints partially upheld at stage two	56	14%
6l. Total stage two escalated complaints outcomes	437	22%

Performance Indicator Eight

8. Complaints closed in full within the timescales

This indicator measures complaints closed within 5 working days at stage one and 20 working days at stage two.

	Number	As a % of complaints closed by NHS Boards at each stage
8a. Number of complaints closed at stage one within 5 working days.	1947	90%
8b. Number of non-escalated complaints closed at stage two within 20 working days	1321	67%
8c. Number of escalated complaints closed at stage two within 20 working days	275	70%
8d. Total number of complaints closed within timescales	3543	87%

Performance Indicator Nine

9. Number of cases where an extension is authorised

This indicator measures the number of complaints not closed within the CHP timescale, where an extension was authorised*

	Number	As a % of complaints closed by NHS Boards at each stage
9a. Number of complaints closed at stage one where extension was authorised	188	>1%
9b. Number of complaints closed at stage two where extension was authorised (this includes both escalated and non-escalated complaints)	52	>1%
9c. Total number of extensions authorised	240	>1%

***Note:** The SPSO confirm that there is no prescriptive approach about who exactly should authorise an extension – only that the organisation takes a proportionate approach to determining an appropriate senior person – and this is something that NHS Boards should develop a process for internally. This indicator aims to manage the risk of cases being extended beyond the CHP timescale without any senior officer approval.

Completed by:

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Date: 22 September 2021	