



Feedback, Comments, Concerns, Compliments & Complaints.

Annual Report 2022/2023



*Mandy Crawford, Corporate Services
Manager Complaints*

*Professor Angela Wallace,
Executive Director of Nursing*



NHS Greater Glasgow & Clyde Complaints & Feedback Annual Report at a glance 2022/2023



5228 received from 1 April 2022 – 31 March 2023

88% of complaints closed at stage 1 within 5 working days

69% of complaints closed at stage 2 within 20 working days



2056 pieces of feedback were shared from 1 April 2022 – 31 March 2023

77% of collated feedback received identified as positive.



192 cases pertaining to SPSO processes have been shared with NHS Greater Glasgow and Clyde by the SPSO from 1 April 2022 - 31 March 2023



1543 stories posted through Care Opinion from 1 April 2022 – 31 March 2023

75% of stories were positive

Stories have been read 280,769 times, averaging 182 times per story

Executive Summary

The Patient Rights (Scotland) Act 2019 gives everyone the right to receive health care that considers their needs, their health and wellbeing and encourages patients to be a part of the decisions about their health and wellbeing. It enables patients to have the right to provide feedback, make comments and raise a concern or complaint about their healthcare experience.

The Complaints Handling Procedure enables NHS Greater Glasgow & Clyde to really listen to the individuals accessing our services and provides a real opportunity to drive improvements, ensuring that we deliver safe and effective person-centred care. Through feedback we are able to celebrate success highlighting good practice which takes place across NHS Greater Glasgow & Clyde whilst demonstrating to staff the lasting impact they have on people's lives.

NHS Greater Glasgow & Clyde is committed to listening and learning from feedback and complaints, and this is evidenced through our governance and assurance arrangements which reports through to Board level and is led by our Executive Director of Nursing.

Health Boards are required by the Scottish Government to produce an Annual Report demonstrating their performance against 9 Key Performance Indicators, which is a fundamental element of the Complaints Handling Procedure. As part of the report, we are requested to provide evidence of how feedback and patient experience can lead to improvements in how we deliver healthcare, and in turn, evidence our true commitment to listening and learning to the people who receive care in NHS Greater Glasgow & Clyde.

Overview

Key elements from our overview of feedback, comments, concerns and complaints for 2022/23 are captured within this report to demonstrate the ways in which we have utilised various methods of gathering and capturing feedback. We have continuously listened and learned from complaints as well as making sure that people know how to raise concerns and what they will expect when they do so.

The information we have shared in our report reflects our key message which demonstrates our ambition and desire to be approachable, clear and transparent ensuring that people are well connected and communicated to, and as an organisation we welcome, listen and learn from feedback. Our key messages are captured and highlighted in the summary of our report detailed below:

- Highlight service improvements made in response to complaints.

- Shared Care Opinion stories and the improvements made in response to receiving feedback.
- Shared feedback from our social media and website.

Complaint themes

Analysis of complaint themes allows for a more cohesive and responsive learning opportunity across the organisation. Detailed below are the 3 top themes from our learning portfolio.

- Clinical Care and Treatment
- Date of Appointment
- Attitude and Behaviour

NHS Greater Glasgow & Clyde acknowledges that the themes identified above are consistent not only locally but nationally.

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Introduction

NHS Greater Glasgow & Clyde remains committed to welcoming feedback, complaints and concerns. It is our aim to ensure every patient receives the best care, and that is safe, effective and individualised to the patient's need, enabling us to deliver truly person-centered care. To meet these standards, it is vital that we listen to the people that matter, our patients, families, carers and staff. NHS Greater Glasgow & Clyde continues to have patients and carers at the heart of our complaints process and keep them involved, supported, connected and communicated throughout the process.

The Feedback, Comments, Concerns, Compliments and Complaints Annual Report details how we manage and respond to concerns and complaints raised by those accessing our services and provides examples of how we use this information to inform and improve the services we deliver.

It has been another exceptional year for all NHS Health Boards with the re-mobilisation of services following the Covid-19 pandemic. Staff across all services have had to face many challenges leading to re-prioritising care and services, ensuring we provide the highest standard of care for our patients in the right place at the right time.

NHS Greater Glasgow & Clyde serves a population of over 1.14 million and employs approximately 39,000 staff, in a diverse geographical area. From the period of April 2022 to March 2023, there were approximately 3,973,629 patient contacts in hospital settings, including outpatient attendances, inpatient admissions and A&E attendances.

The report has been set out in 4 sections, throughout each of the sections we provide evidence of the improvements made.

Section 1: **Key Performance Indicators**

The Key Performance Indicators being reported by NHS Greater Glasgow & Clyde includes:

- Indicator 1: Learning from Complaints
- Indicator 2: Complaints Process Experience
- Indicator 3: Staff Awareness and Training
- Indicator 4: Total number of complaints
- Indicator 5: Complaints closed at each stage
- Indicator 6: Complaints: upheld, partially upheld and not upheld
- Indicator 7: Average times
- Indicator 8: Complaints closed in full within the timescales
- Indicator 9: Number of cases where an extension is authorised

Section 2: **Primary Care**

Section 3: **Feedback, comments, concerns & compliments**

Section 4: **Person-Centred Care Improvement Programme**

Section 5: **Next Steps**

1.0 Key Performance Indicators

In line with NHS Scotland’s Complaints Handling Procedure (CHP), this section contains a detailed analysis of NHS Greater Glasgow & Clyde’s performance against the 9 Key Performance Indicators.

For ease of reference, this section has been divided into each of the Key Performance Indicators relating to NHS Greater Glasgow & Clyde’s performance. NHS Greater Glasgow & Clyde received a total of 5228 complaints for the period 1 April 2022 to 31 March 2023 (this includes complaints that were withdrawn, transferred elsewhere and consent not received).

As a result of re-mobilising following the Covid-19 pandemic, we have noted an 18% increase in the number of complaints received during 2022/2023.

Total number of complaints managed within 0 – 5 days during 2022/2023, Stage 1 (local resolution) 2087, indicating a decrease of 6 Stage 1 complaints compared to 2093 managed during 2021/2022.

A total of 2764 Stage 2 complaints were received during 2022/2023 indicating an increase of 362 Stage 2 complaints managed under the Stage 2 process during 2021/22.

The table below gives a breakdown of the number of complaints received during 2022/2023 and the numbers managed under Stage 1 and Stage 2, and a comparison for the previous year.

Table 1: Received Complaints 2022/2023 – Acute / Board, HSCP and Prison Health Care

	Acute / Board	HSCPs	Prison Health Care	TOTAL
Number of Stage 1 Received	1678	404	382	2464
Number of Stage 2 Received	2257	230	277	2764
TOTAL	3935	634	659	5228

Table 2: Received Complaints 2021/2022 – Acute / Board, HSCP and Prison Health Care (for comparison)

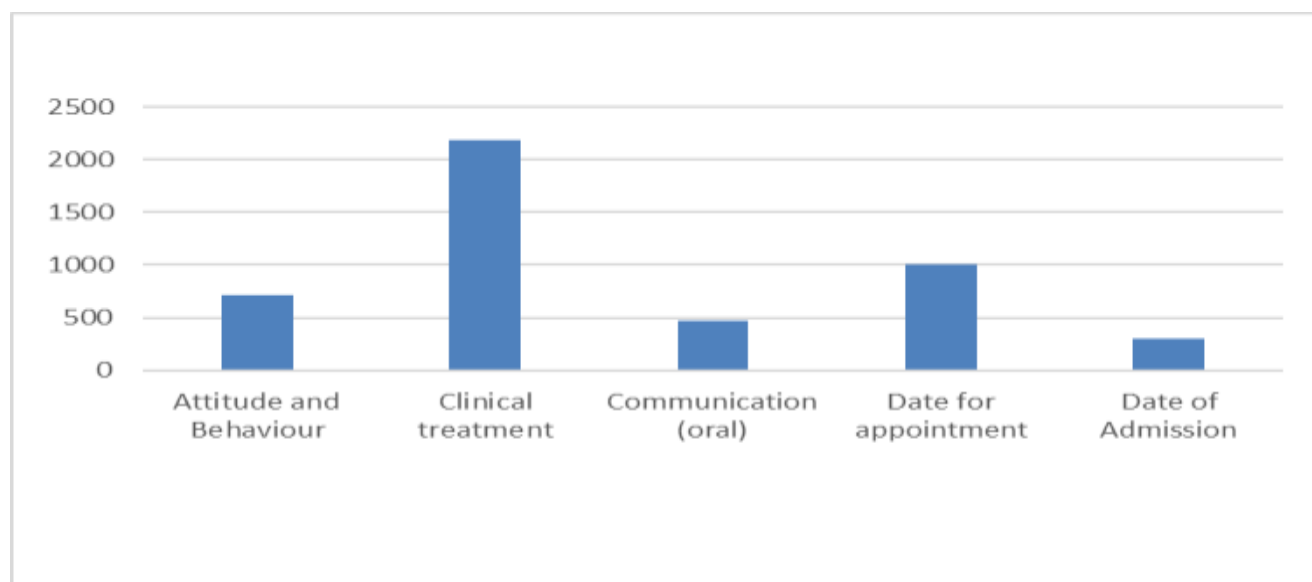
	Acute / Board	HSCPs	Prison Health Care	TOTAL
Number of Stage 1 Received	1403	380	657	2440
Number of Stage 2 Received	1789	257	356	2402
TOTAL	3192	637	1013	4842

1.1 Indicator One: Learning from Complaints

Themes from complaints

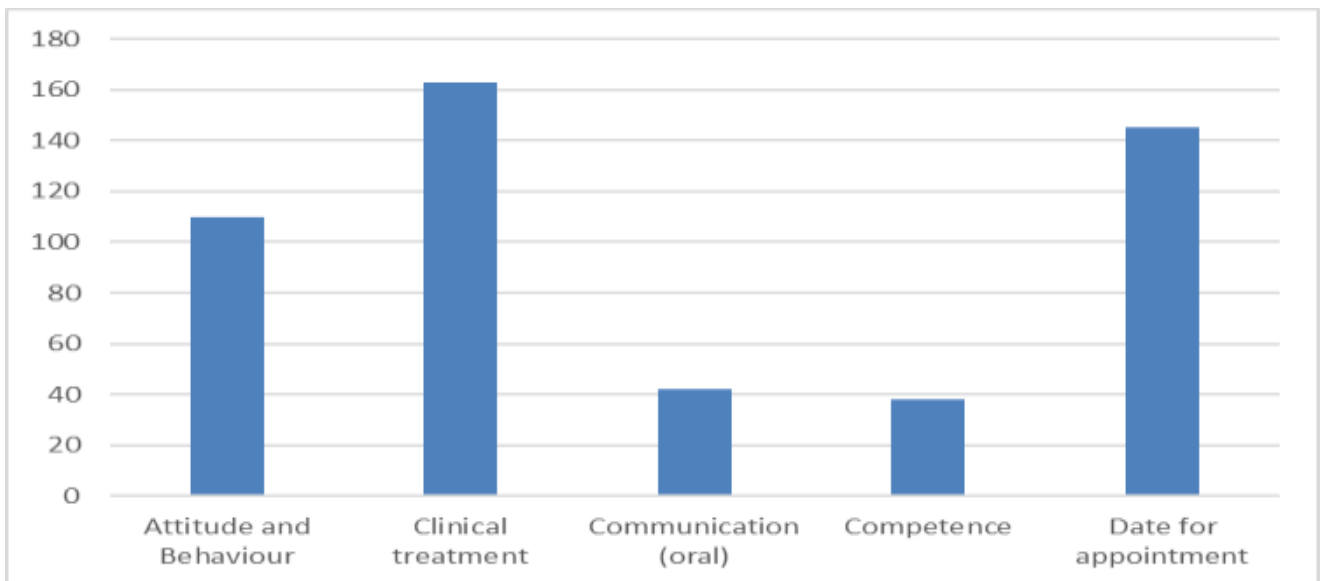
The following charts show the top 5 themes within complaints (both Stage 1 and Stage 2) over the reporting period.

Chart 1: Complaint by Theme – Acute / Board



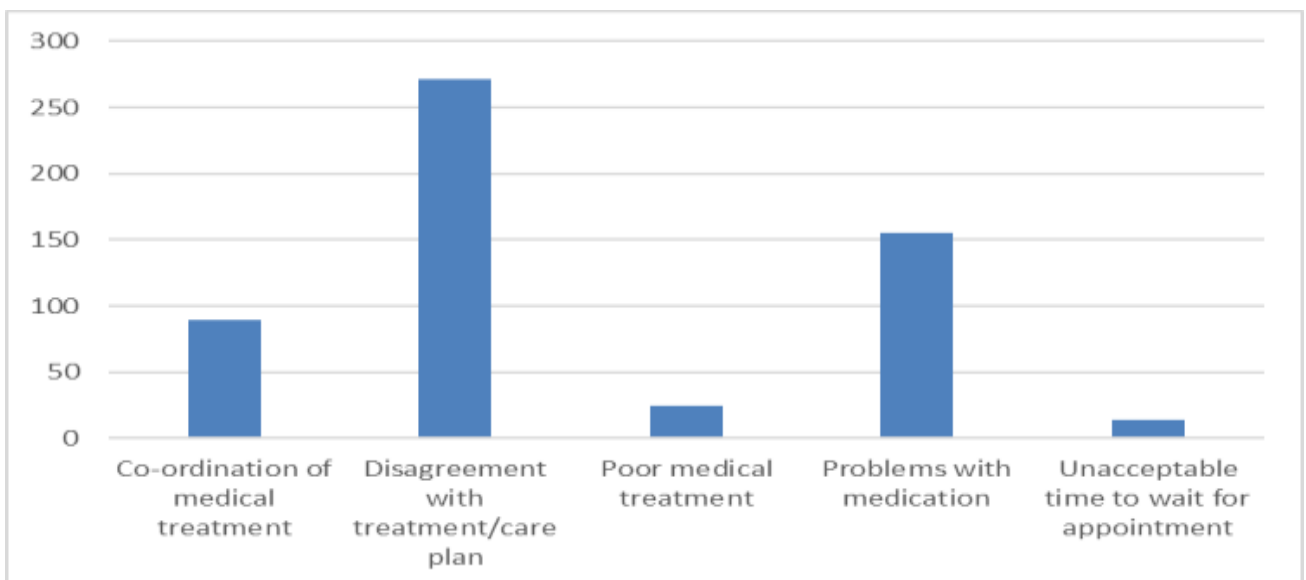
It is noted that there has been an increase in the number of complaints pertaining to clinical treatment during this period, this includes complaints relating to waiting times.

Chart 2: Complaint by Theme – HSCPs



These results show a reduction in complaints regarding clinical treatment, as well as attitude and manner. However, there continues to be an increase in complaints regarding dates for appointments.

Chart 3: Complaint by Theme – Prison Healthcare



These themes remain consistent for Prison Healthcare in relation to previous years, with disagreement with treatment being the most common theme for complainants.

Staff Group

As well as themes, we also record complaints by staff group. It is worth noting this does not match the total number of complaints received as more than one staff group may be involved in a single complaint.

Chart 4: Complaint by Staff Group – Acute / Board

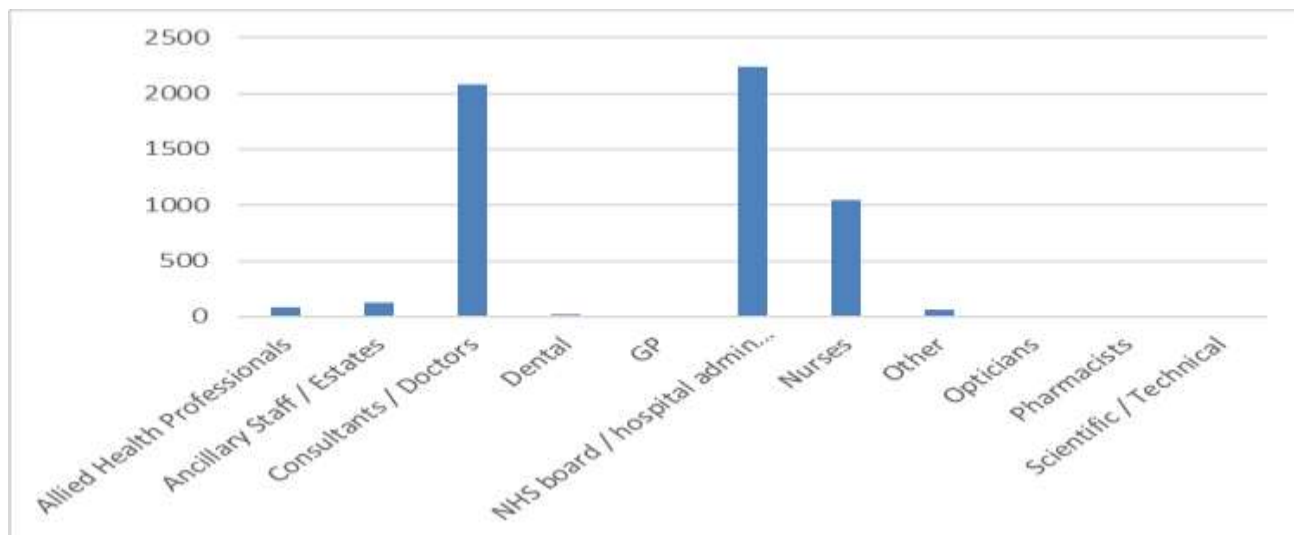


Chart 5: Complaint by Staff Group – HSCP

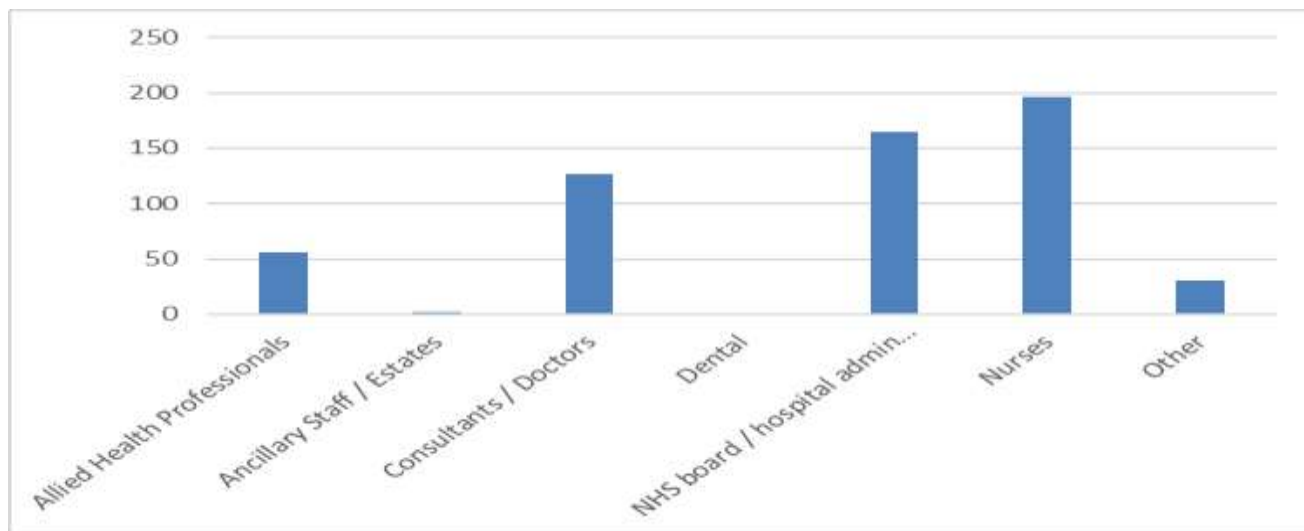
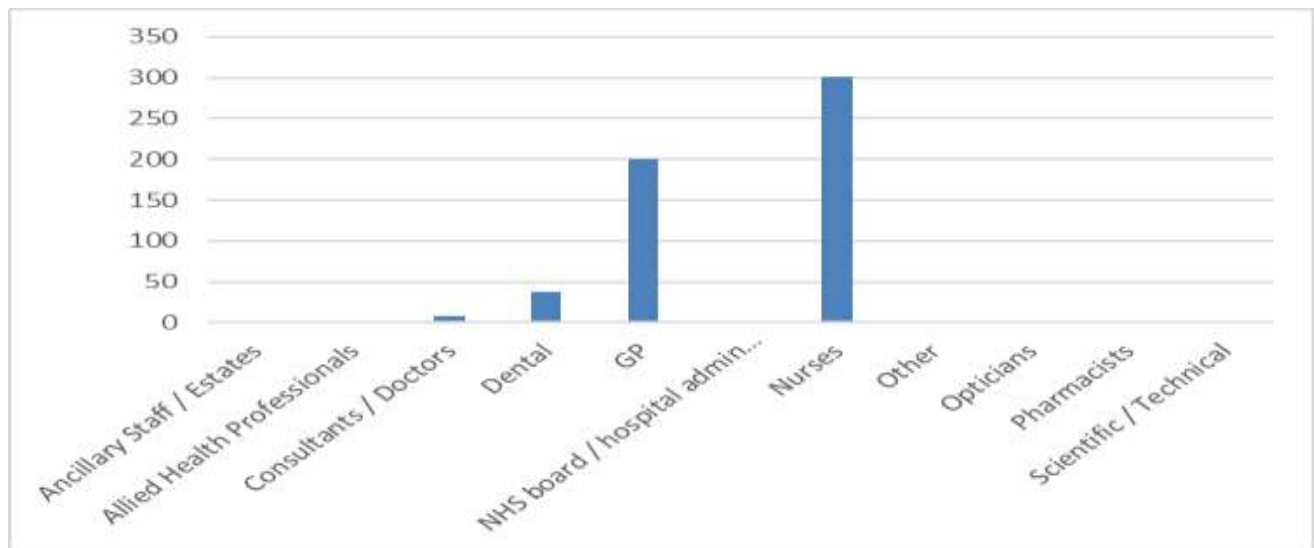


Chart 6: Complaint by Staff Group – Prison Healthcare



NHS Greater Glasgow & Clyde recognises the importance of giving assurance to our patients, families and carers that learning from complaints has led to improvements in the services.

Apologising when things go wrong is an important part of effective complaint handling. We ensure therefore that a meaningful apology, communicated with sincerity is always shared with complainants where appropriate to do so.

In each quarterly Patient Experience report, examples are given of real complaints in order to promote transparency and openness, as well as showcasing improvements made to services and procedures as a result of complaints. Detailed within the report are 7 case studies that show service improvements in response to complaints.

Service Improvements – Case Study 1

Clyde Sector / Emergency Department – Organisational Wide Improvement to Patient Pathway

Background:

A patient suffered a miscarriage and had a lengthy wait in the Emergency Department. The patient left and later had to be admitted to another Emergency Department in Clyde Sector due to blood loss. The patient not only experienced a lengthy wait but was not shown care that was dignified and compassionate.

What we did in response:

The Lead Nurse has used this complaint, via a learning summary, to reinforce the importance of providing person-centred care that is dignified, compassionate and considered to all patients, and particularly women experiencing a pregnancy loss.

Work is underway to improve the current pathway of care which will mean that once a woman has been triaged in the Emergency Department, they will not have to remain there and will instead be referred directly to the Early Pregnancy Assessment Service.

The Lead Consultant for the Royal Alexandria Hospital Emergency Department has discussed this pathway of care with the Lead Midwife and members of the Senior Management Teams for the Emergency Departments and the Maternity Service are working together on this service improvement.

Service Improvements – Case Study 2

Diagnostics – Change in Procedure

Background:

A patient complained that the incorrect gender had been documented within a blood form which was upsetting. The forms had all the usual details on them, name, address, date of birth (DOB) and gender. Patient's gender was noted as F but this was incorrect. The Sex is F but the gender is not.

What we did in response:

As a direct result of this complaint, blood forms to be changed to reflect Sex rather than gender.

Service Improvements – Case Study 3

eHealth / Telecommunications – Policies & Procedures Review

Background:

A patient made several attempts to contact the Referral Management Centre to cancel an appointment – calls were answered, put on hold, and disconnected and on other occasions, despite holding on for lengthy periods of time, calls were not answered.

What we did in response:

To improve average call response times at the Referral Management Centre the following actions were taken:

- An increase in the number of callers who can join the call queue.
- Increased monitoring of call response times and local escalation to help us respond to peak times more effectively.
- Review of resource allocation aligned to responding to patient calls, flexing this at peak times to enable us to respond to patient calls effectively.
- Review of resource allocation aligned to responding to patient calls, flexing this at peak times to enable us to respond to patient calls effectively.

Service Improvements – Case Study 4

North Sector / Medicine – Local Change in Procedure

Background:

A family experienced a delay in their relative's death certificate being sent to the Registrar which left a tight timescale to proceed with funeral arrangements. This caused additional distress at what was already a difficult time for the family.

What we did in response:

The Senior Charge Nurse (SCN) has put in place a system where the Ward Clerk must inform the SCN or Charge Nurse (CN) of any issues relating to death certification. If both the SCN and CN are unavailable, issues will be escalated to the Lead Nurse. This complaint was also discussed at the team's departmental meeting. The Consultant Group have ensured education about the importance of completing death certificates in a prompt and timely manner will be provided to junior medical staff.

Service Improvements – Case Study 5

Regional / Renal/Transplant Service – Improvement to Patient Pathway

Background:

A patient was informed during a recent Urology appointment at Forth Valley Royal Hospital that a stent fragment was left in his bladder following treatment several years ago at the former Southern General Hospital. This was identified during a recent MRI scan.

What we did in response:

An apology was given that fragment of stent was left in bladder since 2015, and that there had been several missed opportunities to arrange for surgery to have this removed. As a result of this complaint, the patient was given the opportunity to meet with the Clinical Lead to discuss the circumstances leading to the stent fragment remaining.

An improved Coding System has since been developed to make retained stents less likely. This case was discussed at the Morbidity and Mortality meeting to raise awareness and to help identify any further learning.

Service Improvements – Case Study 6

South Sector / Care of the Elderly – Communication Improvements

Background:

A patient was admitted to a ward and a DNACPR order was put in place which had not been discussed with family.

What we did in response:

A system wide communication has been instigated via the senior medical and nursing leadership highlighting the requirement for focused communications between clinical staff and family members around DNACPR discussions, particularly when a patient lacks capacity.

Service Improvements – Case Study 7**Women & Children / Maternity - Change in Procedure****Background:**

A patient complained that she was not provided with antibiotics prior to her caesarean section and felt that the lack of medication created complications for her child.

What we did in response:

An explanation was provided to the patient regarding changes in the Royal College of Obstetricians and Gynaecologists (ROCG) guidelines regarding the use of antibiotics.

The RCOG guideline changed in February 2022 regarding the use of antibiotics prior to a caesarean section, this change was prior to the patient's maternity journeys. Following this complaint, infographic information around changes to the guidance have been placed in the service for staff referenced, to ensure patients receive the correct information.

1.2 Indicator Two: Complaint Process Experience Feedback

The Complaints Handling Procedure requires NHS Greater Glasgow & Clyde to gather feedback from the person making the complaint regarding their experience of the process. To adhere to the guidance as set out in the procedure a simple online questionnaire has been designed to enable data to be collated, however we have very limited returns from this method of seeking feedback. For the reporting period the response rate was 2.4%.

This continues to be a difficult KPI to action across NHS Scotland and attempts to gain feedback in a consistent and meaningful way have been unsuccessful.

It is noted in the Annual Letter from Rosemary Agnew, Scottish Public Services Ombudsman that on review of the Model Complaints Handling Procedure not all performance indicators are helpful. It is noted that the response rate is low, and this reflects the national position for this indicator. Feedback from Boards have indicated that there is a need for clarity around the Complaint Process Experience Questionnaires and the requirement to test customer satisfaction. NHS Boards await a decision from the Ombudsman regarding a revision of KPI's.

1.3 Indicator Three: Staff Awareness and Training

This indicator relates to staff awareness and training in regard to the Complaints Handling Procedure. It highlights the importance of ensuring staff awareness and training is made available to all staff of NHS Forth Valley in relation to the CHP. Training modules developed by NES are available through LearnPro:

- NES: The Value of Feedback
- Encouraging Feedback and using it
- NHS Complaints and Feedback Handling Process
- The Value of Apology
- Difficult Behavior

During 2022/2023, the Complaints Team have worked hard to ensure staff involved with a complaint feel supported and empowered throughout the process. The team continued to deliver training and raise awareness of the Complaints Handling Procedure on both a 1:1 basis and staff groups.

1.4 Indicator Four: The Total Number of Complaints Received

The following table shows the number of complaints received by NHS Greater Glasgow & Clyde during the reporting period. It is worth noting this table is reflective of the overall increase in complaints being experienced by Health Boards across NHS Scotland.

Table 3: Total Number of Complaints Received

	Acute / Board	HSCPs	Prison Health Care	TOTAL
Number of Stage 1 Received	1678	404	382	2464
Number of Stage 2 Received	2257	230	277	2764
TOTAL	3935	634	659	5228

A core measure within the indicator is to provide a consistent benchmark against the number of acute hospital services patient activity. NHS Greater Glasgow & Clyde's acute patient activity represents 0.09% per episode of patient care against the number of complaints received during 2022/2023. Unfortunately, it is not possible to confirm the core measure of patient episodes for HSCPs.

1.5 Indicator Five: Complaints Closed at Each Stage

The table below details the number of complaints closed at each stage.

Table 4: Closed Complaints

	Acute / Board	HSCPs	Prison Health Care	TOTAL
Number of Stage 1 Closed	1669	395	299	2363
Number of Stage 2 Closed	2183	248	343	2774
TOTAL	3852	643	642	5137

1.6 Indicator Six: Complaints Upheld, Partially Upheld & Not Upheld

To meet the requirements of indicator six, a breakdown of the formal outcome (upheld, partially upheld, or not upheld) against Stage 1 and Stage 2 complaints is provided. The total number of complaints closed at Stage 1 for 2022/23 is 2220; the table below provides a breakdown of the formal outcome.

Table 5: Stage 1 Outcomes

	Acute / Board	HSCPs	Prison Health Care	TOTAL
Upheld	549	97	10	656
Partially upheld	200	68	5	273
Not upheld	836	185	270	1291
TOTAL	1585	350	285	

The total number of complaints closed at Stage 2 for 2022/23 is 2150; the table below provides a breakdown of the formal outcome.

Table 6: Stage 2 Outcomes

	Acute / Board	HSCPs	Prison Health Care	TOTAL
Upheld	402	44	7	453
Partially upheld	492	64	14	570
Not upheld	801	102	224	1127
TOTAL	1695	210	245	

1.6a: Scottish Public Services Ombudsman

NHS Greater Glasgow & Clyde continue to work closely with the SPSO, and the following table demonstrates that the SPSO has received a total of 192 cases, during their initial investigations the SPSO has made the decision not to investigate 88 cases.

Table 7: SPSO Activity Summary – Acute / Board

Number received	
Not taken forward	80
2 nd episode requests	10
Pre-investigations	119
Investigations	47
Post-investigations	5
Provisional Decision Notices	29
Decision Notices	30
Provisional Public Reports	0
Public Reports	0
Complaint Received	3
Ad Hoc Requests	25

Table 8: SPSO Activity Summary – HSCPs (including Prison Healthcare)

Number received	
Not taken forward	8
2 nd episode requests	0
Pre-investigations	11
Investigations	1
Post-investigations	0

Provisional Decision Notices	2
Decision Notices	2
Provisional Public Reports	0
Public Reports	0
Complaint Received	1
Ad Hoc Requests	0

The Ombudsman issues a decision letter if:

- The organisation accepted there were failings, have apologised and taken action to prevent the problem from happening again.
- From the evidence, it appears that the organisation did not do anything wrong (where there is no evidence of maladministration or service failure).
- The Ombudsman has decided that the substance of the complaint and their decisions on it do not raise public interest considerations.

Of the 48 cases investigated by the SPSO, 32 Decision Letters were received.

Table 9: SPSO Outcomes

2022/23 SPSO Outcomes	Total Number
Fully Upheld	20
Partly Upheld	0
Not Upheld	21
No Investigation Conducted	87
Withdrawn	0

1.7 Indicator Seven: Average Times

The indicator represents the average time in working days to close complaints at Stage 1 and Stage 2 for 2022/2023. See below a breakdown of complaints managed and resolved at each stage of the Complaints Handling Procedure.

Table 10: Average Response Times

	Acute / Board	HSCPs	Prison Health Care
Average Response Time for Stage 1 Complaints	2 days	4 days	7 days
Average Response Time for Stage 2 Complaints	18 days	22 days	27 days

1.8 Indicator Eight: Complaints Closed in Full within Timescales

NHS Greater Glasgow & Clyde achieved an overall performance figure of 76.7%, in responding to complaints within 20 working days. A total number of 4010 have been investigated and responded to during 2022/2023.

Table 11: Complaints Closed in Full 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)	1550 (93%)	304 (77%)	233 (78%)	2087 (88%)
Number of complaints closed at Stage 2 within 20 working days (and as a % of all Stage 2)	1571 (72%)	155 (63%)	197 (57%)	1923 (69%)

The Complaints Team continues to work closely with each Sector to improve their Stage 2 performance. Detailed reports are provided to each Sector on a monthly basis highlighting themes and performance.

1.9 Indicator Nine: Number of Cases where an Extension is Authorised

NHS Greater Glasgow & Clyde aims to respond to all complaints within the required timescales, however, when we are unable to meet a timescale, it is important that we follow our escalation process for authorisation within the services. Additionally, it is vitally important that we communicate with the individuals raising the complaint of the delay and apologise that this has happened. The table below details the number of complaints closed at Stage 1 and Stage 2 where an extension has been granted.

Table 12: 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)	116 (7%)	58 (15%)	23 (8%)	197 (8%)
Number of complaints closed at Stage 1 beyond 10 working days (and as % of all Stage 1)	3 (0.1%)	33 (8%)	43 (14%)	79 (3%)
Number of complaints closed at Stage 2 beyond 20 working days where an extension was authorised (and as % of all Stage 2)	41 (2%)	22 (9%)	133 (38%)	196 (7%)
Number of complaints closed at Stage 2 beyond 20 working days (not recorded as authorised) (and as a % of all Stage 2)	571 (26%)	71 (29%)	13 (4%)	655 (24%)

2.0 Primary Care

The requirement to record and report on complaints applies equally to all primary care service providers. NHS Greater Glasgow & Clyde has ensured that arrangements are in place for all contractors to comply with this requirement, enabling them to provide information on their performance. It is important to note the clear differentiation between the Board and its contractors, this section of the report provides an opportunity to share the key performance indicators 5 and 6 which are the 2 key elements relevant to Independent Contractors. Independent contractors include General Practitioners, Dental Practices, Ophthalmic Practices and Community Pharmacies.

Table 13: Primary Care Data 2022-2023

	GPs	Dentists	Opticians	Pharmacists
Number of complaints received & as % of core measure	<i>Ave number of patients registered with practice in 2022/23</i>	<i>Ave numbers of patients registered with practice in 2022/23</i>	<i>Episodes of care in the reporting period</i>	<i>Scripts dispensed in the reporting period</i>
Core Measure	1,156,681	602,453	215,585	4,267,334

No of complaints received and % of core measure	1,547 (0.14%)	89 (0.005%)	99 (0.05%)	904 (0.09%)
No of Stage 1 complaints closed within 5 working days and % of all Stage 1 closed complaints	986 (96.76%)	25 (38%)	60 (98.4%)	379 (99%)
No of Stage 1 complaints closed where an extension was authorised – between 6 – 10 working days and % of all Stage 1 complaints	17 (1.67%)	nil	1 (0.016%)	1 (1%)
No of Stage 1 complaints closed beyond 10 working days	16 (1.57%)	nil	nil	nil
Average number of days to response to Stage 1 complaint	3 days	5 days	1 day	2 days
Outcome of completed Stage 1 complaints:				
• Upheld	291	17	31	364
• Partially Upheld	275	12	27	7
• Not Upheld	453	37	3	11
• Withdrawn	Nil	nil	nil	nil
No of Stage 2 complaints closed within 20 working days and % of all Stage 2 closed complaints	394 (86.98%)	21 (91%)	28 (82.4%)	522 (97%)
No of Stage 2 complaints closed beyond 20 working days and % of all Stage 2 closed complaints	40 (8.83%)	2 (9%)	4 (11.8%)	2 (3%)
Of the above, number of Stage 2 complaints closed where an extension to over 20 working days was authorised and % of all Stage 2 closed complaints	19 (4.19%)	nil	2 (5.9%)	nil
Average number of days to respond to Stage 2 complaints	12 days	11 days	18 days	2 days
Outcome of completed Stage 2 complaints:				
• Upheld	65	2	30	520
• Partially Upheld	145	9	1	3
• Not Upheld	217	9	1	1

• Irresolvable	26	3	2	nil
• Withdrawn	nil	nil	nil	nil
Number of Stage 2 complaints closed after escalation within 25 working days and % of all Stage 2 escalated closed complaints	69 (92%)	5 (22%)	2 (50%)	nil
Number of Stage 2 complaints closed after escalation out with 25 working days and % of all Stage 2 escalated closed complaints	6 (8%)	nil	2 (50%)	nil
Average number of days to respond to Stage 2 escalated complaints	9 days	10.5 days	16 days	N/A
Outcomes of completed Stage 2 escalated complaints:				
• Upheld	14	Nil	1	nil
• Partially Upheld	28	2	3	nil
• Not Upheld	23	3	0	nil
• Irresolvable	10	Nil	0	nil
Alternate Dispute Resolution Used	18	Nil	1	1

3.0 Feedback, Comments, Concerns & Compliments

3.1 Encouraging & Gathering 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.

Between 1 April 2022 and 31 March 2023 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 NHS GGC 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 continue to be the primary feedback method used by people 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 System continues to be supported to provide an alternative to Care Opinion. Feedback shared via this method 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 2022/23 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 messages about urgent and unscheduled care access, and changes to hospital visiting were some of our key uses of social media. The Board also shared broader public health and engagement messages, utilising these platforms for 2-way conversations with our stakeholders about our care and services.

We have continued to develop our Social Media presence, with the Board continuing to see increases in our online interactions with patients and follower numbers across social media. All our Social Media accounts are regularly monitored to ensure a quick response.

Twitter @NHSGGC 36.1K followers, an increase of 3.2K

Facebook 58K followers*, an increase of 3K followers

Instagram 12K followers, an increase of 700 followers

* Number of followers was taken on 31/07/23.



3.2 Key Milestones & Achievements 2022/23

Throughout 2022/23, the PEPI Team have continued to support clinical teams and services to implement and manage a range of Feedback capture approaches, primarily Care Opinion. Staff across NHSGGC continue to embrace the use of patient feedback to listen

and learn from patients, key achievements and milestones over the last financial year are highlighted below.

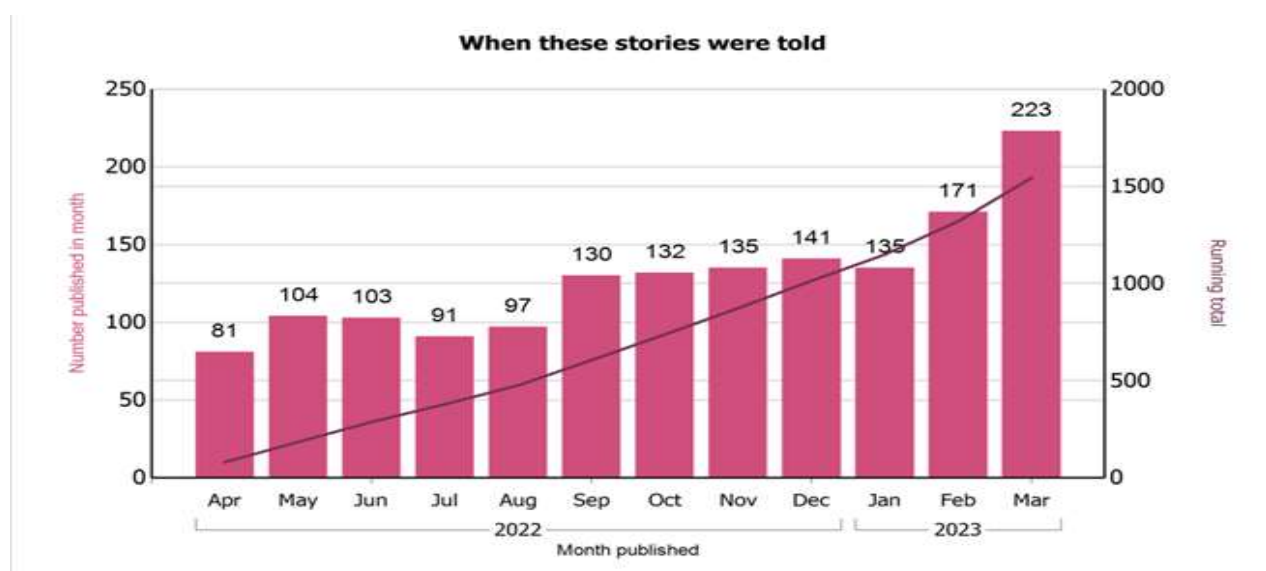
- All Care Opinion stories received a response, with a **69%** increase in the volume of stories shared on the platform from the previous year, rising to 1543 in 2022/23 (from 914 in 2021/22).
- Care Opinion is now the most used virtual feedback approach in NHSGGC, direct feedback provided to staff and teams still remains one of the most important type of feedback approaches accessible to patients.
- Across both systems we received 2056 pieces of feedback in 2022/23, 77% of which was of a positive nature.
- At the close of 2022/23 NHSGGC had 259 Care Opinion responders able to directly interact with patients sharing feedback on the platform, a 76% increase on the previous year.
- NHSGGC's virtual responder training continued to evaluate well into 2022/23, training 84 new responders.
- We continued to develop and improve how we use Social Media to share stories relevant to our communities. We continue to find the sharing of stories over social media an important tool to simultaneously raise awareness of the good work carried out by our staff day to day, and as a way to encourage people to share their own stories.
- During 2022/23 NHSGGC introduced a regular social media campaign, “#TellUsTuesday” to showcase monthly highlights from our patient feedback. This campaign, combined with regular posts which ask users who have accessed our care to share feedback, is a direct and active ask for feedback, compared to previous campaigns which focused on promoting the stories that have already been told.
- Our existing “#Feedback Friday” campaign has continued to further promote the culture of listening and learning of the Organisation from feedback.
- East Renfrewshire and Inverclyde HSCPs continue to roll out and embed Care Opinion across their services, with a focus on awareness raising and staff development around the platform.
- NHSGGC produced its second **Public Engagement, and Involvement Overview Report**, providing an overview of how staff across NHSGGC have involved and engaged with people across NHSGGC. This second iteration of the report has used learning from the first to improve the process of case study capture and ensure we included additional stories showcasing the work of HSCP colleagues.

3.3 Care Opinion

An ongoing priority for NHSGGC is the embedding of Care Opinion at service level across the Board alongside the further development of frontline responder teams. Feedback shared through this platform provides staff the opportunity for both learning and the sharing of good practice from the experiences of patients, carers and those that matter to them.

Between 1 April 2022 and 31 March 2023, **1543** unique stories relating to NHSGGC were shared via Care Opinion a **69%** increase from the previous year's figure. This has been the largest increase in feedback shared via Care Opinion since the introduction of the platform to NHSGGC.

Chart 7: Number of Feedback Shared on Care Opinion



During 2022/23 the feedback we have received on Care Opinion has been read 280,769 times, averaging 182 times per story. This is a 76% increase from the same period in 2021/22. Some of our most viewed stories have been about:

Stobhill GP Out of Hours Centre, excellent service. | Care Opinion

A patient shared their thanks and appreciation for the care and attention received by the Out of Hours service at Stobhill hospital. They shared about the speed of their care, and how quickly they were supported by both NHS 24 and staff on site.

A true testimony of partnership working | Care Opinion

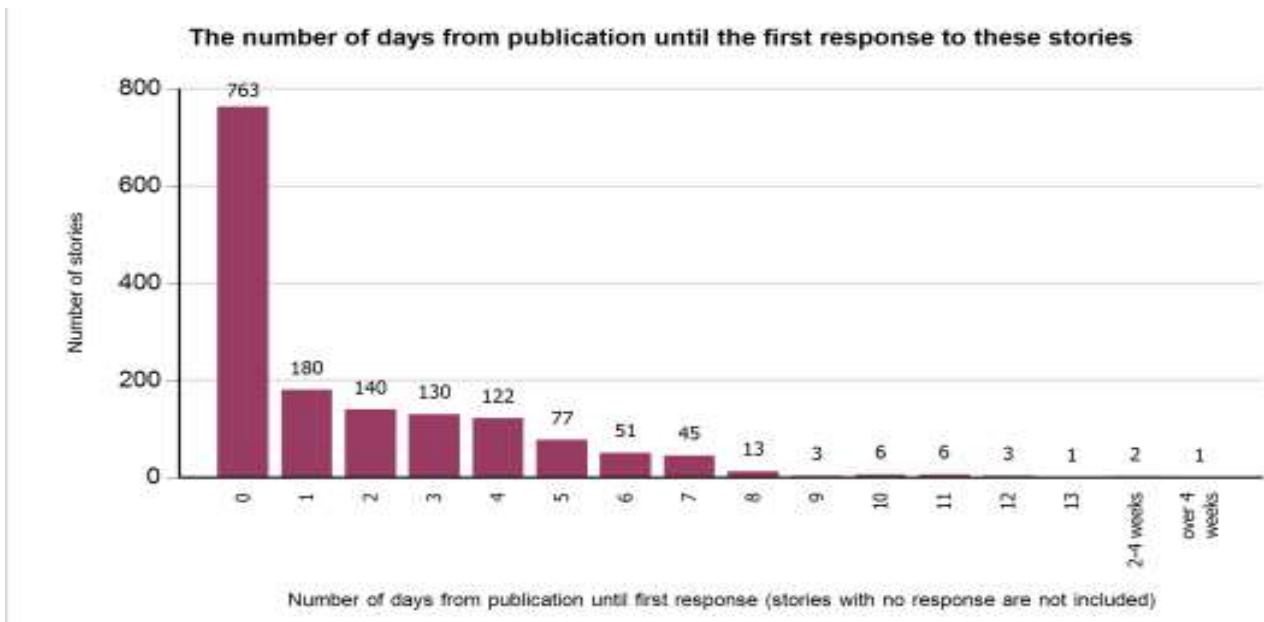
A parent shared their experience of seeking care for their daughter that was suffering from stomach issues. The support provided by the Royal Hospital for Children was fantastic providing quick reassurance and a personal approach to delivering care.

Care Opinion Responsiveness

The below chart provides information on the speed at which NHSGGC responded to feedback shared through Care Opinion. NHSGGC aims to respond to all feedback within three days, though clinical pressures can cause delays as seen in the chart below.

As referenced previously we have seen a large increase in the use of Care Opinion during 2022/23, with the majority of stories continuing to be positive in nature.

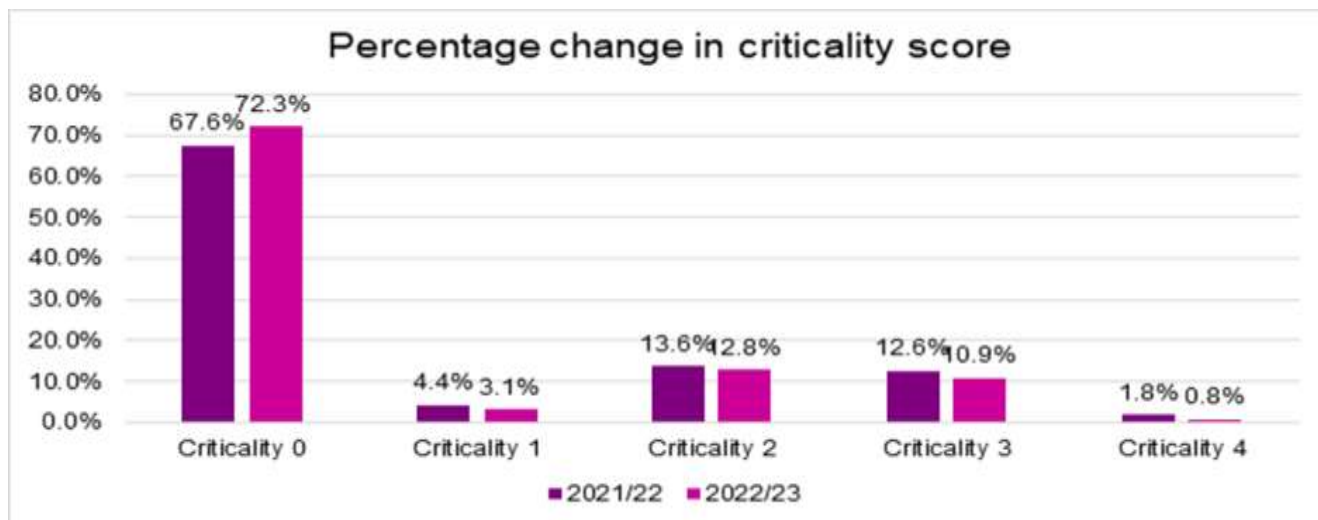
Chart 8: Number of Days to Respond to Stories



When comparing criticality ratings to the previous year's data we can see the largest changes in volume of feedback amongst criticalities 0 and 3 feedback. We have seen a broad decrease in critical feedback, with the percentage of purely positive stories increasing from 67.6% to 72.3% of the total.

For reference 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.

Chart 9: Percentage of Criticality of Stories Shared



Increasing Responders across NHSGGC

The PEPI Team continue to provide advice, support and training to NHSGGC’s staff in relation to Care Opinion. Prior to becoming responders, all staff are required to attend a training session.

Training has continued to evaluate well with all respondents stating it gave a better understanding of Care Opinion and that they have better prepared them to respond to Stories with 84 new staff members having attended the training this year.

Quotes from Care Opinion Responder Training Attendees

“Brilliant training session. The trainers explained everything clearly and made the whole process understandable. I now feel super confident using care opinions and comfortable sharing this information with any colleagues to get them to start pushing for feedback with patients.”

“Nicely paced training, staff informative and encouraging. Felt they understood the anxiety for newbies like myself posting on such a public forum.”

“Excellent training, well presented and helpful”

Each responder plays a key role in championing the boards’ ethos of listening and learning from patient and carer experiences to truly understand what matters and shape how we design and improve services. 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.

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 2022/23, 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 regular promotion with our #FeedbackFriday and #TellUsTuesday campaigns.

Key campaigns undertaken were the blending of International day of the Midwife with engagement on the Princes Royal Maternity Birthing Suite, providing women the opportunity to shape the redesign of this space.

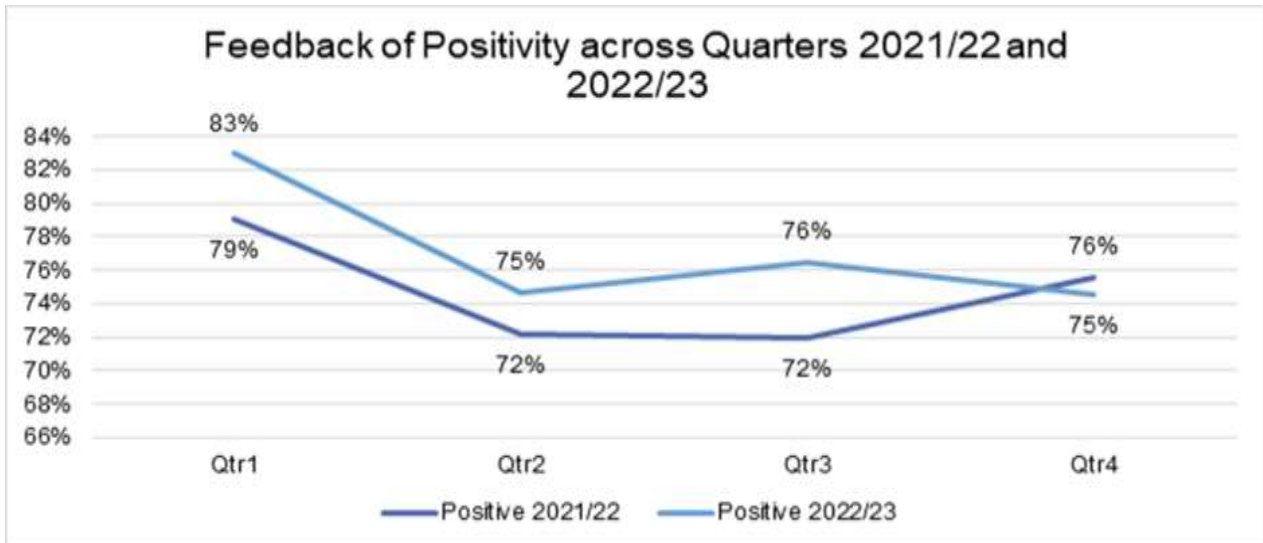
We have also promoted the use of Care Opinion during engagement projects to provide patients the opportunity to share more in-depth feedback on their care.

3.4 NHSGGC Feedback as a whole

As well as Care Opinion, we also provide other avenues for people to share their experiences. In 2022/23, people shared 513 unique stories through corporate feedback systems. While the majority of feedback shared relates to specific teams and services, when recording stories, we work to identify feedback specific to each sector and directorate.

From the 2056 stories shared by people across both Care Opinion and Corporate feedback systems, we identified and shared 2356 pieces of feedback with teams across NHSGCC with 78% of all feedback of a positive nature, a 3% increase across both feedback systems.

Chart 10: Percentage of Feedback Shared Through Corporate Feedback Systems

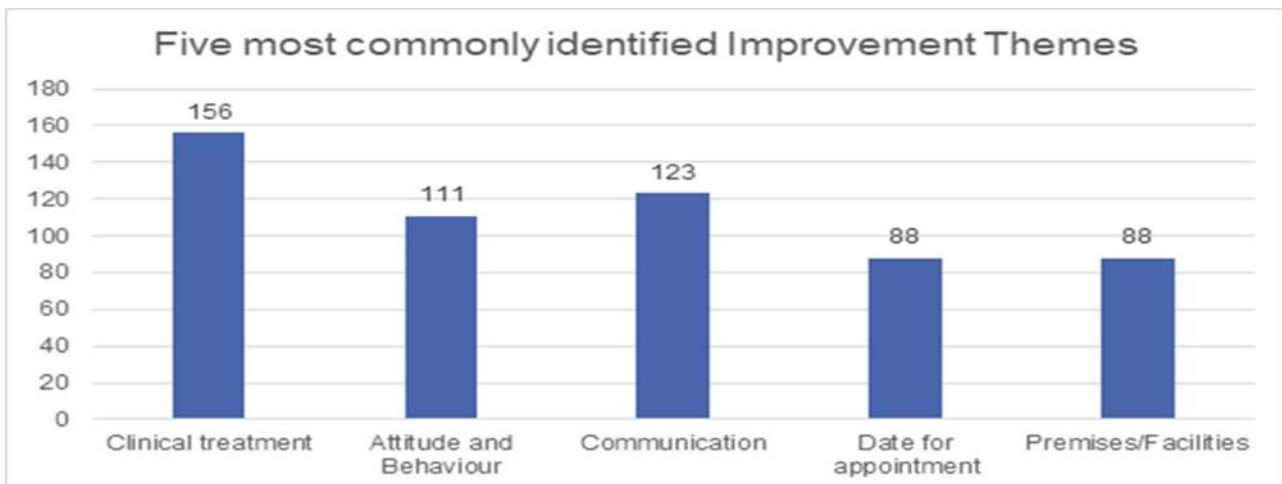


3.5 Listening to People – Using Feedback to Improve Services

Key Feedback Themes

The following graphs present the overarching feedback themes that were most commonly identified during 2022/23. 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.

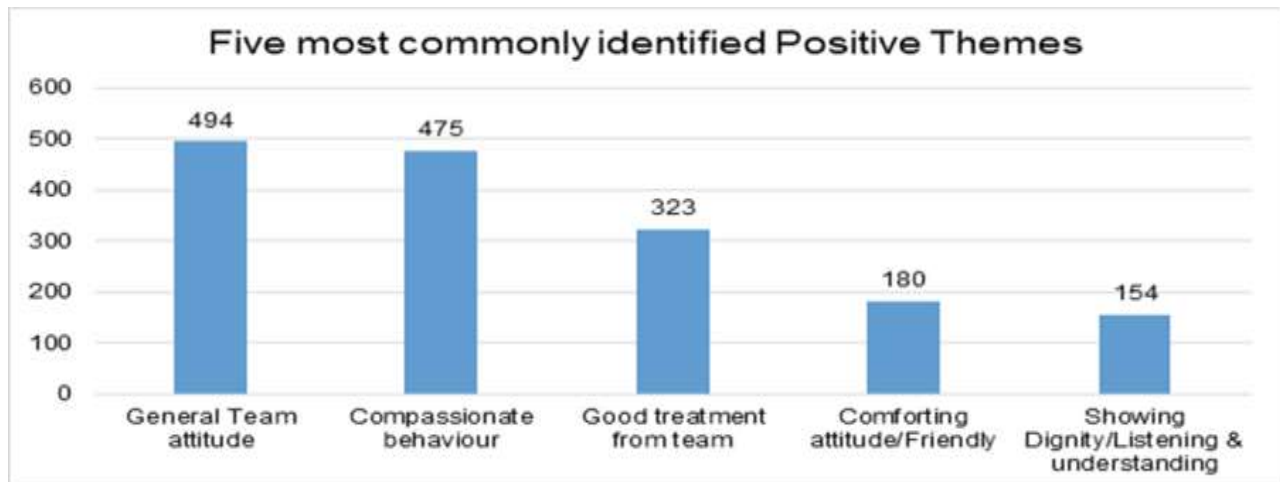
Chart 11: Feedback Improvement Themes



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.

Chart 12: Positive Feedback Themes



3.6 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 summaries provide a link to the five most impactful stories shared between 1 April 2022, and 31 March 2023, which were all via Facebook. Impact was determined 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).



Links to most impactful Care Opinion stories shared via social media

[Exemplary nursing care | Care Opinion](#)

A family member expresses thanks to staff at War 4a, QEUH. The family member highlights the team were role models of person-centred care at the end of life.

[Admitted to the department very quickly | Care Opinion](#)

A parent expresses thanks to the Emergency Department, Inverclyde Royal Hospital for the quick and exceptional care her daughter received. The parent highlighted staff listened to her daughter's worries and offered explanations every step of the way.

[Emergency admission to Coronary Care RAH Paisley | Care Opinion](#)

A friend of a patient expressed thanks to staff at the Coronary Care Unit, Royal Alexandra Hospital for the care and treatment her friend received. It was highlighted staff explained everything to the patient and made her feel safe and less anxious.

[Thank you for the brilliant care | Care Opinion](#)

A patient expresses thanks to all the staff at the Maternity, Unit, Royal Alexandra Hospital for the care and treatment she received during the birth of her child. It was highlighted staff explained everything, keeping the patient calm.

[Great experience | Care Opinion](#)

A parent expressed thanks to the staff at the YH Generic Optometry Department, Royal Hospital for Children for the kindness and care shown to her daughter, who has autism. It was highlighted staff turned a very stressful situation into a positive one.

3.7 Key Ambitions for 2023/24

Looking ahead to 2023/24, we have a number of ambitions we hope to progress. These ambitions will help ensure NHSGGC continues to encourage open dialogue between staff, patients, carers and families. It will also see to support staff to listen to and learn from stories shared through easier access to feedback.

Ambitions for 2022/23

Continue our work with Sector and Directorate teams to further increase the number of staff responders able to directly respond to patient and carer feedback across our services, with a particular focus on areas with lower than average responder numbers. Working closely with senior leadership to develop staff capacity to accept and act on feedback received.

The PEPI team will continue to work with teams across NHSGGC to develop and test new approaches to capture and share learning and improvements resulting from feedback. Key areas of development will be around the capture of changes made as a result of feedback received.

We will continue the roll out of our interactive feedback dashboard to allow team's across NHSGGC greater access and control over their feedback information. Key aims moving forward will be ongoing improvement of the dashboard and exploration of how we can increase access to more staff across NHSGGC.

4.0 Person-Centred Care Improvement Programme

The Person-Centred Steering Group and Quality Strategy Oversight Group has provided oversight of the following work objectives.

4.1 Person-Centred Visiting- and Virtual Visiting (PCV and PCVV)

The Board position of Person-Centred Visiting (PCV) continues to be maintained since remobilisation on 23 May 2022 with virtual visiting continuing to be integral to the approach when an in-person visit is not possible.

To underpin PCV in NHSGGC a set of core principles was introduced in 2019 to ensure a consistent and robust approach to PCV across NHSGGC, as illustrated in Figure 1.

Figure 1: NHSGGC Core Principles of Person-Centred Visiting



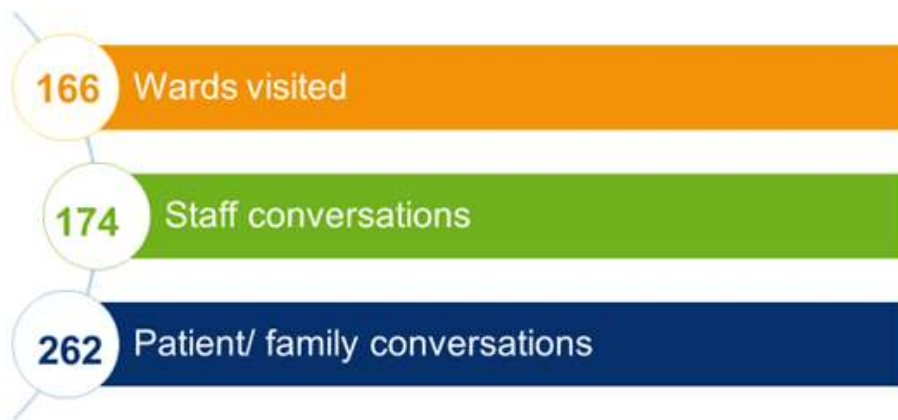
These core principles are further supported with [resources](#) to provide guidance and information to support a flexible, compassionate and person-centred approach to decision making.

With many iterations to visiting restrictions during COVID-19 staff are naturally less familiar with the core principles which underpin the person-centred visiting approach.

To support the embedding of the core principles of PCV, the first phase of an evaluation commenced between August – December 2022.

Approximately 50% (166/320) of inpatient wards have been evaluated and feedback gathered from patients, family and staff in each area. The sample size is representative of approximately 50% of wards within each sector/directorate mental health and HSCP's. The overall evaluation scope for phase 1 is summarised in figure 2.

Figure 2: Scope of Evaluation



Based on staff conversations and patient/family feedback there is good evidence to demonstrate 4 of the 5 core principles for PCV are well established in some, but not all areas. The biggest gap identified was around the flexibility of the approach – with various iterations of visiting time restrictions still in place. Prompts and reminders of the core principles have been integral to the evaluation conversations to initiate real-time actions and reduce variation where possible.

Person Centred Virtual Visiting (PCVV) was also assessed, with most wards stating there is now less of a requirement for this, however there was also evidence where wards were still facilitating PCVV if required/requested. Reminders were given to staff during the evaluation visits of the other facilities which are available on the PCVV iPad e.g., interpreter support, spiritual care apps etc.

Following the evaluation each sector/directorate developed a local improvement plan to take forward improvements required.

A second phase of evaluation will commence in June 2023 when the remainder of the wards will be evaluated, and a sample of the wards evaluated in phase 1 to assess if improvements have been achieved.

4.2 Patient Stories

Listening and learning from people's experience of healthcare is fundamental to achieving high quality person centred, safe, effective care as set out in [NHS Scotland Healthcare Quality Strategy](#).

A key objective of the NHSGGC Quality Ambitions is to listen to what matters to patients and their families and present a patient story at the beginning of each board meeting and in other key groups and committees to demonstrate excellence in quality of care, learning and improvements being taken forward in practice.

Examples of stories shared in 2022/23 include the following:

Providing Person-Centred Care within Pharmacy Services

Gillian Calderhead, Lead Pharmacist for West Dunbartonshire Health and Social Care Partnership (HSCP), introduces the story which provides examples of pharmacy services providing person centred care to two patients and how this has benefitted them.

Personalised Care and Realistic Medicine

Alastair Ireland, Clinical Lead for Realistic Medicine within NHSGGC introduces Lee Crompton, who was diagnosed with an aggressive form of cancer in 2020 who shares how small experiences can make the world of difference to people. For Lee it is important that he felt heard and to have a voice. Lee discusses an appointment he attended and how the personalised approach made him feel.... "as if I am the only person that has come in and seen him that day."

Co-designing patient information in Leverndale Hospital

In the video, Jenn Wyld, a Patient Activity Coordinator at Leverndale Hospital, and Jen Henderson, a patient, describe how a conversation about what mattered to Jen during a recent admission led to the co-design of a simple leaflet containing current ward information, to be given to patients on admission to Leverndale.

Physical Activity Project Beatson West of Scotland Cancer Centre

Maida who was diagnosed with oesophageal cancer in 2020 discusses how Katie Booth, Physiotherapist created an exercise programme that was tailored to meet her

needs and goals and followed her up regularly to adapt, and change things as required to keep her on track.

During the video Maida discusses how the support and guidance from Katie, was invaluable and helped motivate her during a difficult time. Maida had a stroke shortly after her surgery and Maida believes that the exercise programme helped aid her recovery.

Family Nurse Partnership (FNP)

The Family Nurse Partnership (FNP) is an intensive home visiting programme for young women (19 and under) having their first baby. The young woman (and any significant others) is visited by a specially trained Family Nurse from early pregnancy till the first child reaches 2 years old when they graduate to the Health Visitor service.

The story is introduced by Elinor (Ellie) Shields, Family Nurse who explains what the Family Nurse Partnership (FNP) is. We then hear from April who is mum to Christopher. April discusses how Karen, one of the Family Nurses, has supported and encouraged her since she found out she was pregnant and the positive impact this has had. Tresance who is mum to Elvin follows and shares how she has been supported by the Family Nurse Partnership to be the best mum she can be to Elvin by helping her access housing and education. Lastly, we hear from Anne Burns Service Manager for the Family Nurse Partnership who discusses the aspirations for the Service.

Maternity Services and Continuity of Carer

In NHSGG women have a variety of options where to give birth including at home, in a midwifery unit, or in an obstetric unit.

In this story we hear from two specialist midwives and from two women who have recently given birth. Stephanie Mair, Specialist Midwife at the Royal Alexandra Hospital (RAH) provides a brief explanation of Maternity Services in NHSGGC and the new NHSGGC Maternity and Neonatal Strategy which outlines the committed to:

- Listen and learn from women giving birth, their partners and those supporting them
- Provide easy to access and connected digital maternity services
- Ensure a positive pregnancy
- Providing the right environment for a positive birth and early parenting experience Ensure people feel able to make informed decisions about their care throughout their maternity journey

We hear from Leigh-Anne who gave birth to both her children at the RAH followed by Julia who has had five home births. The story ends with Caroline Kane, Specialist Midwife who has been with the Home Birth Team since it started in 2009. Caroline has been Julia's midwife through five of her pregnancies and shares the positive benefits of having continuity of care from the same midwife.

Following each board presentation, the aim is to share the story for wider organisational reflection and learning to inform further improvement and consistency of care experience across all services.

By listening to the views and experiences of patients, families, and our communities through their stories, NHSGGC can demonstrate tangible examples of improvements in care and services that are based around what is important to people and drive-up quality.

4.3 Person-Centred Care Planning (PCCP)

The NHSGGC Quality Ambitions outlines our commitment to enable people to share their personal preferences, needs and wishes about their care and treatment and include these in their care plan, care delivery and in our interactions with them and to involve the people who matter to them in a way that they wish.

Following the structured engagement approach commenced in 2021 to ensure we effectively listened to the views and experiences of patients their families and staff to improve our person-centred approach to planning care an iterative approach has been taken forward throughout 2022/23 to design and test the person-centred care plan aligned to the implementation of Digital Clinical Notes (DCN) for Nursing Staff. Three early adopter wards commenced implementation in April/May 2023 with full rollout planned in Acute Adult Wards in September/October 2023.

4.4 What Matters to You (WMTY) Day

What Matters to You (WMTY) Day is an international person-centred care movement and is an opportunity for NHSGGC to build on its national and international profile, shining a light on what matters most and demonstrating continued commitment to person centred care, in line with the NHSGGC Quality Ambitions.



WMTY Day aims to raise the profile of the importance of having meaningful WMTY conversations, building a global culture of person centredness. The underlying principle is intended to shift power to the person who knows best the support they need.

In 2022 WMTY Day was held on Thursday 9 June with the focus in NHSGGC to gain a deeper understanding of peoples' experiences of having meaningful conversations; what worked for them, what made it difficult, and what impact it had on care.

In 2022 there was an unprecedented spread of WMTY Day activity in NHSGGC. Staff shared their passion for doing what matters with Glasgow again being the world's best performing location for #WMTY22 on Twitter, receiving the most tweets in the UK and the world.

The following links will take you to some examples of the impact of WMTY conversations, the approach taken and what it meant to patients, carers family members and staff when asked WMTY:

Brooke's story – Royal Hospital for Children

Brooke, her mum Paula, and Lorna, Senior Charge Nurse, share how they asked, listened, and did what mattered with Brooke during her admission to the Royal Hospital for Children (RHC).

Jen's story – Leverndale Hospital

Jen shares how she worked with Jenn, Patient Activity Coordinator in Leverndale Hospital, to coproduce a leaflet after sharing her experience of isolating in hospital during COVID.

Lillian's story – Hunterhill Care Home

Maria talks about the difference made to Lillian's quality of care, after involving the people who mattered to her.

Jen Rodgers' Top Tips for WMTY conversations

Jen Rodgers, Deputy Nurse Director shares her top tips for having WMTY conversations, based on years of talking to people about what matters to them.

Marisa's story – Royal Hospital for Children

Marisa talks about the importance of having meaningful conversations with those receiving care, their families, and staff:

5.0 Next Steps

NHS Greater Glasgow & Clyde continues to develop and enhance our current processes and systems to provide constructive and informative feedback to our staff to support learning and continued improvement. It is important that we continue to listen and learn from our complaints, detailed below are our areas for improvement going forward into 2023/2024:

- Work with teams to capture key opportunities to consider and reflect the ways in which they receive complaints and deliver responses that highlight learning to keep our patient's safe and reflect the positive learning culture that NHS Greater Glasgow & Clyde aspires to.
- Work with the Sectors to improve our Stage 2 performance.
- Review and ensure the Complaints Handling Process is person-centred, placing our patients, families and carers at the center of the process. Where appropriate, offer complainants the opportunity to meet with the teams involved in their care and monitor the number of face-to-face meetings taking place.

It is important as we conclude this report to take an opportunity for NHS Greater Glasgow & Clyde to convey thanks to the contributors of the report, equally as important to say thank you to the staff of NHS Greater Glasgow & Clyde who take pride in working alongside patients, families and carers and are always locally and nationally at the very front of delivering person-centred care.

