Feedback, Comments, Concerns, Compliments & Complaints.

Annual Report 2023/2024

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NHS Greater Glasgow & Clyde Complaints & Feedback Annual Report at a glance 2023/2024

NHS GGC provides health and care services to a population of 1.14 million

Employs around 39,000 staff across NHS GGC

5,771 complaints received from 1 April 2023 to 31 March 2024.

91% of complaints closed at Stage 1 within 5 working days.

60% of complaints closed at Stage 2 within 20 working days.

2834 pieces of feedback were shared from 1 April 2023 – 31 March 2024.

77% of all feedback received was identified as **Positive**.

SCOTTISH
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Care Opinion
What's your story?

474 cases pertaining to SPSO processes have been shared with NHS Greater Glasgow and Clyde by the SPSO from 1 April 2023 to 31 March 2024.

2343 stories posted through Care Opinion from 1 April 2023 – 31 March 2024. This is an increase of 51% on the previous year.

78% of stories shared through Care Opinion were **Positive**, and an increase of 3% on the previous year.

Stories have been read 362,973 times, averaging 155 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 2023/24 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:

- Provided case studies that 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.

The table below details the number of complaints received during 2023/2024 and a comparison of the previous year.

	Acute / Board		HSCPs		Prison Health Care	
	2022/23	2023/24	2022/23	2023/24	2022/23	203/24
Number of Stage 1 Received	1678	2258	404	252	382	428
Number of Stage 2 Received	2257	2356	230	163	277	314
TOTAL	3935	4614	634	415	659	742

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.

Contents Page

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.

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 2023 to March 2024, there were approximately 4,064,549 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 5771 complaints for the period 1 April 2023 to 31 March 2024 (this includes complaints that were withdrawn, transferred elsewhere and consent not received). This is a 10% increase in the number of complaints received during 2023/2024 compared to the previous year.

A total of 2554 complaints were managed and closed under Stage 1 (local resolution), indicating an increase of 191 Stage 1 complaints compared to 2363 managed during 2022/2023.

A total of 1906 complaints were managed and closed under Stage 2 (investigation), indicating a decrease of 868 Stage 2 complaints compared to 2774 managed during 2023/24.

The table below gives a breakdown of the number of complaints received during 2023/2024 and the numbers managed under Stage 1 and Stage 2, and a comparison for the previous year.

Table 1: Received Complaints 2023/2024 – Acute / Board, HSCP and Prison Health Care

	Acute / Board	HSCPs	Prison Health Care	TOTAL
Number of Stage 1 Received	2258	252	428	**2938**
Number of Stage 2 Received	2356	163	314	**2833**
TOTAL	**4614**	**415**	**742**	**5771**

Table 2: Received Complaints 2022/2023 – Acute / Board, HSCP and Prison Health Care (for comparison)

	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**

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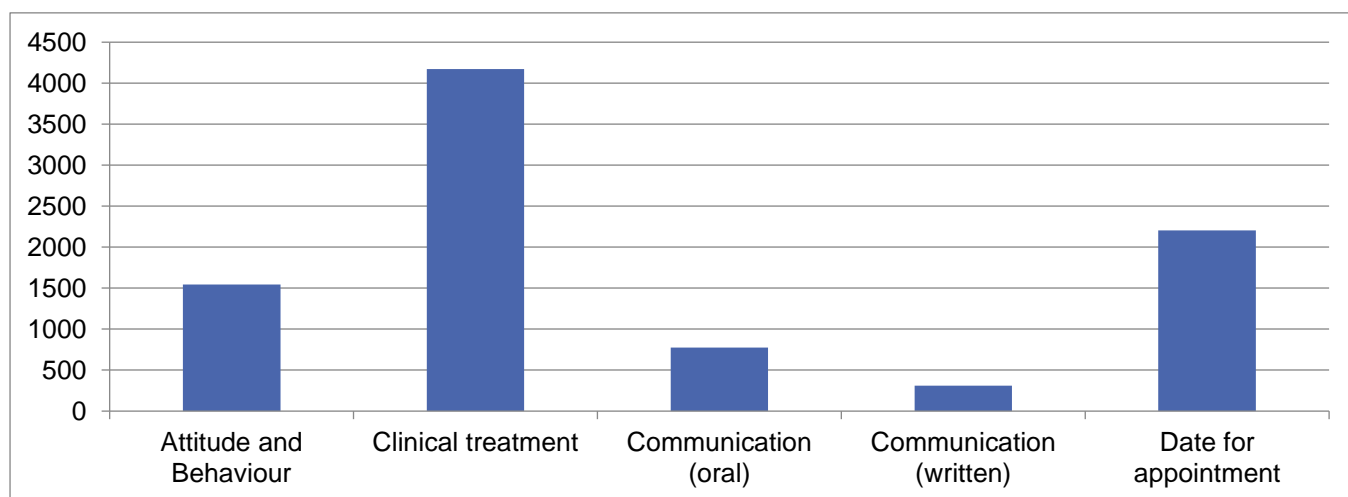
It is noted that there has been an increase in the number of complaints pertaining to clinical treatment during this period, this includes complaints relating to waiting times.

Chart 2: Complaint by Theme – HSCPs
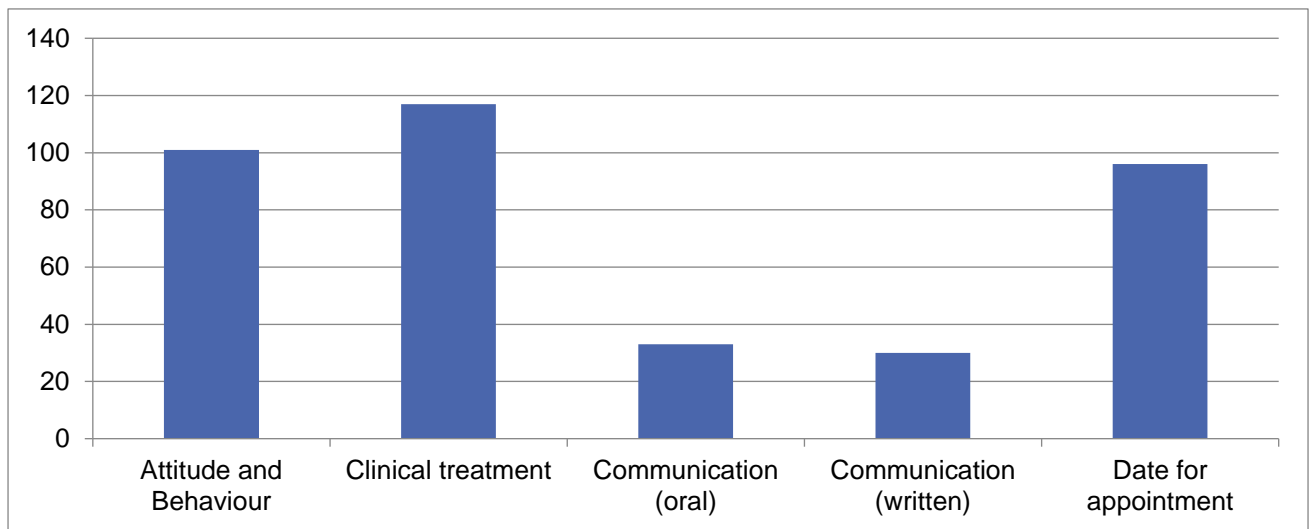
These results show a reduction in complaints regarding clinical treatment, as well as attitude and manner and dates for appointments.

Chart 3: Complaint by Theme – Prison Healthcare
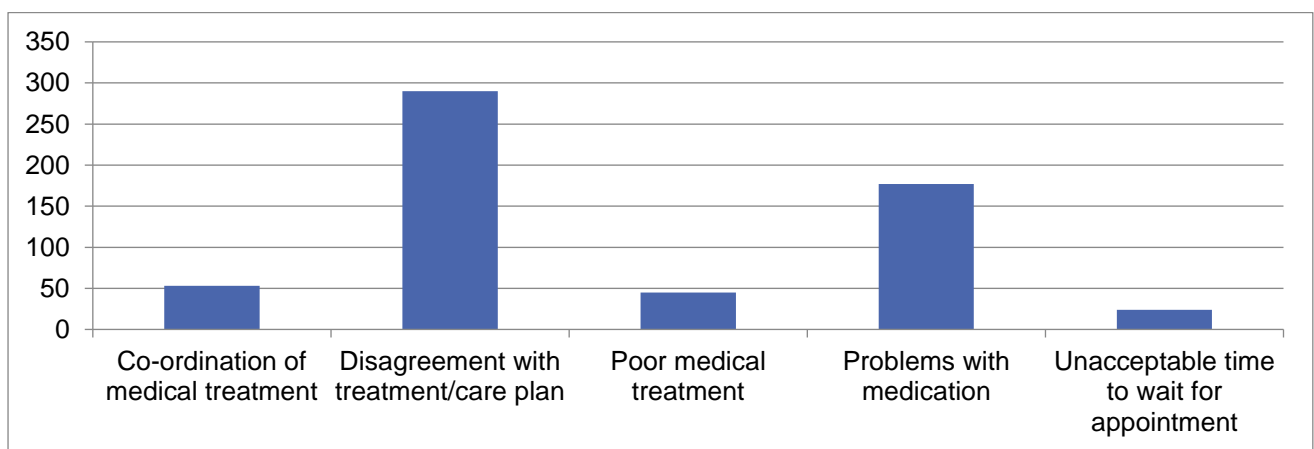
These themes remain consistent for Prison Healthcare in relation to previous years, with disagreement with treatment being the most common theme for complainants.

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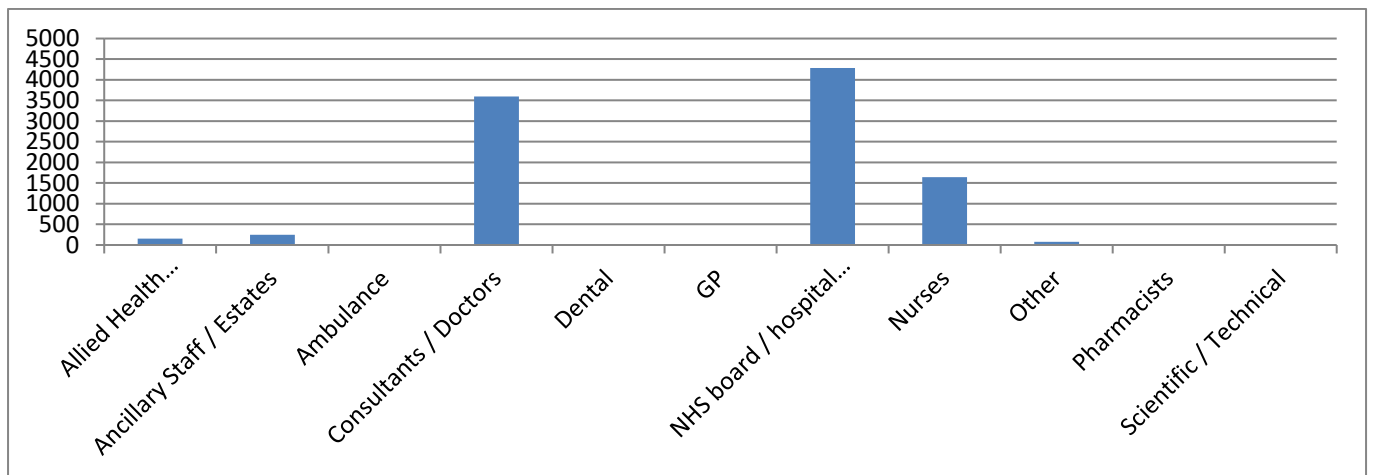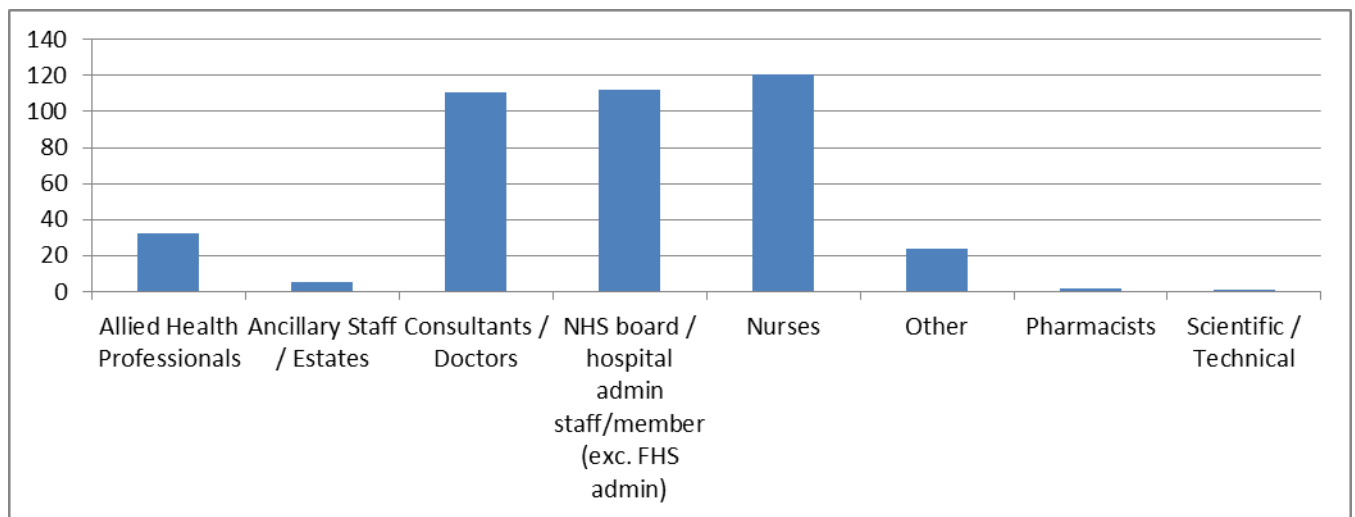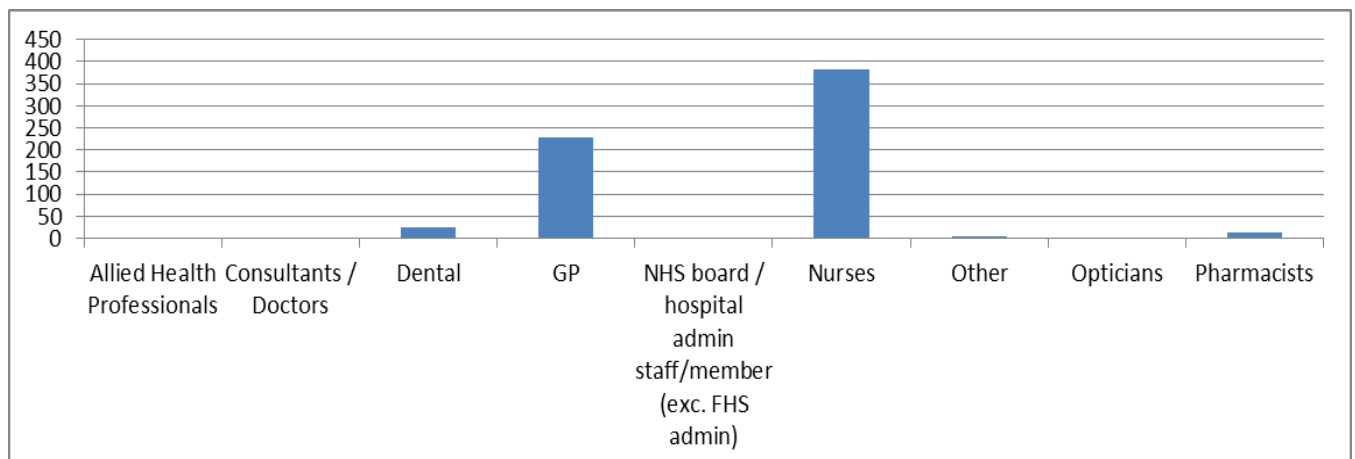
In each quarterly Patient Experience report, examples are given of real complaints in order to promote transparency and openness, as well as showcasing improvements made to services and procedures as a result of complaints. Detailed within the report are 7 case studies that show service improvements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

Service Improvements – Case Study 1

Clyde Sector / Palliative Care - Improvements made to patient pathway

Background:
A family member raised concerns regarding the standard of care provided to his late wife. The patient was admitted due to symptoms associated with worsening ovarian cancer. Changes were made to medications given via continuous subcutaneous infusion to ensure comfort. Unfortunately, the required concentration of Alfentanil was not in stock and ward staff did not contact the on-call Pharmacist. Ward staff were also unable to locate a second pump.

What we did in response:
Sincere apologies and condolences were given. Assurance given to family that the medication prescribed earlier continued and regular top up injections of both Alfentanil and Midazolam given.

As a result of this complaint, the Hospital Palliative Care Team have met and discussed the importance of checking with ward staff the availability of drug strengths when prescribing medication using a syringe pump.

The Charge Nurse in Ward 49 has shared with the ward team the process for accessing controlled drugs out with office hours.

The Lead Nurse / Clinical Service Manager for Palliative Care have linked with the staff on Ward 49 to ensure there is a clear process for accessing additional portable syringe pumps if needed.

Service Improvements – Case Study 2

Diagnostics / Radiology – Change in Procedure

Background:
A patient experienced a prolonged wait for treatment, resulting in a prolonged hospital stay due to delays in obtaining the correct drain and availability of trained staff.

What we did in response:
The Standard Operating Procedure (SOP) has been revised to allow appropriate patient care to be provided by radiologist / sonographer teams with required training and support in place to carry out Ultrasound for Skin marking and drain insertions.

Service Improvements – Case Study 3

eHealth – Improvements to patient pathway

Background:
A father was redirected with his son to the incorrect clinic upon arrival at RHC and as a result, the child was late for pre-school vision screening appointment.

The father had been informed that unfortunately health records staff do not manage/book the pre-school vision screening appointments and as they are unable to view these appointments on the patient information system, the father and his child were mistakenly sent to the incorrect clinic. Sent to Clinic B (Community Health Clinic) instead of Clinic O (Orthoptic Clinic).

What we did in response:
As a result of this complaint several actions have been taken:

- The letter sent out for pre-school vision screening appointments has been amended to ensure that parents and carers are instructed to attend Clinic O.
- Clinic O staff have been asked to inform the main receptions desk team at RHC when the pre-school vision screening clinics are scheduled to ensure that parents and carers are given directions to the correct area at Clinic O.

Service Improvements – Case Study 4

North Sector / Critical Care - Change in practice following a complaint

Background:
A family member raised concerns regarding a DNACPR order that was within her mother's medical file. The family member felt this decision was made without adequate consultation with all the immediate family members, as she was the registered care giver.

Our investigation found the patient had a Community DNACPR scanned on her electronic record in 2021. The chronic health conditions which had formed the discussion in 2021

remained ongoing, therefore the continuation of a prior DNACPR was deemed appropriate. Prior to leaving ICU, a medical trainee doctor completed a DNACPR form, on this form the incorrect family member was documented as having taken part in discussion in 2021. It was also ticked as "review not needed" and the form was not countersigned by a senior doctor, as would be normal practice.

What we did in response:
The service has undertaken staff education regarding the NHS Scotland DNACPR policy to ensure compliance, as the DNACPR form should have been countersigned by a senior member of medical staff.

The staff involved have been informed that a discussion should have occurred as prior discussions, which took place during a different episode of care, do not constitute a patient to a DNACPR during all future admissions.

Apologies for this error were given.

Service Improvements – Case Study 5

Regional / Oral Maxillofacial Surgery –Improvements to Patient Pathway

Background:
A patient was given an admission date for surgery however surgery did not proceed due to an administrative error made by theatre staff. Theatre staff had mistakenly misinterpreted a change to theatre communication for the day in question and therefore did not have the required safe level of staffing to proceed with the theatre list, which resulted in the list being cancelled.

What we did in response:
As a direct result of this complaint several actions were taken:

•   INS will protect more non-clinical time of the Senior Charge Nurse in theatre to ensure they have adequate time to perform theatre related administrative duties.
•   The weekly and daily checks will be resumed by the Senior Charge Nurses and monitored by the Lead Nurse.

A review has taken place into the theatre cancellation process to ensure that communication is robust and does not lead to failure. Given this process has been in place for a several years, and this is the first incident of this nature, the INS team are satisfied that this was an individual error, and wider changes are not required.

Service Improvements – Case Study 6

South Sector / Acute Receiving Unit - Improvements made to patient pathway

Background:
Concerns were raised that a patient's pain had not been appropriately managed. The complainant raised these concerns with staff and felt these had not been addressed.

What we did in response:
As a result of this complaint, staff have reflected on the issues raised and learning needs have been identified for nursing staff within the area. Teaching sessions for Assessment and Management of Pain were arranged and carried out during October 2023, these were supported by the Clinical Nurse Educator.

A family communication record sheet has been introduced within ARU to improve communication with family members.

Service Improvements – Case Study 7

Women & Children / Paediatrics - Improvements made to patient pathway

Background:
A patient's family raised concerns around a lack of provisions available for patients with allergies. This almost led to a child being served food he was allergic to.

Our investigation found that the nurses involved in the care should have consulted the allergies flow chart which provides instructions and guidance on what must be completed to ensure our patients are provided with foods that are suitable and safe for them.

What we did in response:
As a direct result of this complaint, the Senior Charge Nurse has taken this opportunity via the Safety Brief to remind all staff on the ward the availability of the allergies flow chart and how to use it.

Apologies for error and acknowledgement of impact of this error could have caused were given.

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 0.7%.

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 Greater Glasgow & Clyde in relation to the CHP. Training modules developed by NES are available through LearnPro:

- NES: The Value of Feedback 2017
- Encouraging Feedback and using it 2017
- NHS Complaints and Feedback Handling Process 2017
- The Value of Apology 2017
- Difficult Behavior 2017

During 2023/2024, the Complaints Team have reviewed their training materials to ensure they are in line with current guidelines. 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	2258	252	428	**2938**
Number of Stage 2 Received	2356	163	314	**2833**
TOTAL	**4614**	**415**	**742**	**5771**

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 0.1% per episode of patient care against the number of complaints received during 2023/2024. 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	2056	226	272	**2554**
Number of Stage 2 Closed	1527	141	238	**1906**
TOTAL	**3583**	**367**	**510**	**4460**

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 2023/24 is 2554; the table below provides a breakdown of the formal outcome.

Table 5: Stage 1 Outcomes

	Acute / Board	HSCPs	Prison Health Care	TOTAL
Upheld	1330	55	7	**1392**
Partially upheld	78	54	5	**137**
Not upheld	648	117	260	**1025**
TOTAL	**2056**	**226**	**272**	**2554**

The total number of complaints closed at Stage 2 for 2023/24 is 1906; the table below provides a breakdown of the formal outcome.

Table 6: Stage 2 Outcomes

	Acute / Board	HSCPs	Prison Health Care	TOTAL
Upheld	380	12	8	**400**
Partially upheld	522	56	6	**584**
Not upheld	625	73	224	**922**
TOTAL	**1527**	**141**	**238**	**1906**

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 474 cases, during their initial investigations the SPSO has made the decision not to investigate 138 cases.

Table 7: SPSO Activity Summary – Acute / Board

Number received	
Not taken forward	123
2nd episode requests	13
Pre-investigations	165
Investigations	38
Post-investigations	16
Provisional Decision Notices	17
Decision Notices	54
Early Resolution	8

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

Number received	
Not taken forward	15
2nd episode requests	1
Pre-investigations	17
Investigations	2
Post-investigations	1
Provisional Decision Notices	1
Decision Notices	3

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 40 cases investigated by the SPSO, 23 Decision Letters were received.

Table 9: SPSO Outcomes

2023/24 SPSO Outcomes	Total Number
Fully Upheld	6
Partly Upheld	6
Not Upheld	11
No Investigation Conducted	123
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 2023/2024. 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	8 days	7 days
Average Response Time for Stage 2 Complaints	19 days	23 days	28 days

1.8 Indicator Eight: Complaints Closed in Full within Timescales

NHS Greater Glasgow & Clyde achieved an overall performance figure of 77%, in responding to complaints within 20 working days. A total number of 4460 have been investigated and responded to during 2023/2024.

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)	1940 (94%)	155 (69%)	223 (82%)	**2318 (91%)**
Number of complaints closed at Stage 2 within 20 working days (and as a % of all Stage 2)	954 (62%)	85 (60%)	96 (40%)	**1135 (60%)**

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)	121 (5%)	53 (21%)	12 (4%)	**186 (7%)**
Number of complaints closed at Stage 2 beyond 20 working days where an extension was authorised (and as % of all Stage 2)	64 (3%)	13 (8%)	118 (36%)	**195 (7%)**
Number of complaints closed at Stage 2 beyond 20 working days (not recorded as authorised) (and as a % of all Stage 2)	518 (23%)	51 (31%)	29 (9%)	**598 (22%)**

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 2023-2024

	GPs	Dentists	Opticians	Pharmacists
Number of complaints received & as % of core measure	*Ave number of patients registered with practice in 2022/23*	*Ave numbers of patients registered with practice in 2022/23*	*Episodes of care in the reporting period*	*Scripts dispensed in the reporting period*
Core Measure	**1,277,731**	**626,970**	**227,992**	**4,239,604**
No of complaints received and % of core measure	**1,807 (0.14%)**	**103 (0.02%)**	**88 (0.04%)**	**333 (0.008%)**
No of Stage 1 complaints closed within 5 working days and % of all Stage 1 closed complaints	**1091 (97%)**	**75 (100%)**	**70 (99%)**	**233 (100%)**
No of Stage 1 complaints closed where an extension was authorised – between 6 – 10	**23 (2%)**	**nil**	**Nil**	**Nil**

working days and % of all Stage 1 complaints				
No of Stage 1 complaints closed beyond 10 working days	**6 (1%)**	nil	**1 (1%)**	nil
Average number of days to response to Stage 1 complaint	**2 days**	**3 days**	**2 day**	**9 days**
Outcome of completed Stage 1 complaints:				
• **Upheld**	**275**	**21**	**50**	**213**
• **Partially Upheld**	**229**	**9**	**15**	**12**
• **Not Upheld**	**616**	**45**	**6**	**8**
• **Withdrawn**	**Nil**	nil	nil	nil
No of Stage 2 complaints closed within 20 working days and % of all Stage 2 closed complaints	**571 (89%)**	**25 (83%)**	**15 (88%)**	**99 (99%)**
No of Stage 2 complaints closed beyond 20 working days and % of all Stage 2 closed complaints	**41 (6%)**	**1 (3.8%)**	**2 (12%)**	**1 (1%)**
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	**29 (5%)**	**1 (3.8%)**	nil	nil
Average number of days to respond to Stage 2 complaints	**12 days**	**15 days**	**12 days**	**2 days**
Outcome of completed Stage 2 complaints:				
• **Upheld**	**115**	**4**	**13**	**99**
• **Partially Upheld**	**188**	**7**	**1**	**1**
• **Not Upheld**	**299**	**13**	**2**	nil
• **Irresolvable**	**39**	**1**	**1**	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	**39 (85%)**	**2 (67%)**	nil	nil
Number of Stage 2 complaints closed after escalation out with 25 working days and % of all Stage 2 escalated closed complaints	**7 (15%)**	**1 (33%)**	nil	nil
Average number of days to respond to Stage 2 escalated complaints	**12 days**	**21.5 days**	**N/A**	**N/A**
Outcomes of completed Stage 2 escalated complaints:				
• **Upheld**	**8**	nil	nil	nil
• **Partially Upheld**	**11**	**2**	nil	nil
• **Not Upheld**	**15**	**1**	nil	nil

• Irresolvable	12	nil	nil	nil
Alternate Dispute Resolution Used	31	nil	3	nil

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 2023 and 31 March 2024 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 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 2023/24 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.

X/Twitter: 38,951 followers, an increase of 2.8K followers

Facebook: 50,595 followers, an increase of 1K followers

Instagram: 12,900 followers, an increase of 900 followers
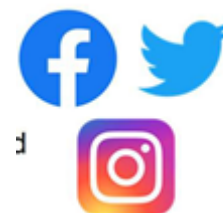
3.2 Key Milestones & Achievements 2023/24

Throughout 2023/24, 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 51% increase in the volume of stories shared on the platform from the previous year, rising to 2343 in 2023/24 (from 1543 in 2022/23).

- Across both systems we received 2834 pieces of feedback in 2023/24, 77% of which was of a purely positive nature.

- At the close of 2023/24 NHSGGC had 310 Care Opinion responders able to directly interact with patients sharing feedback on the platform, a 20% increase on the previous year.

- NHSGGC's virtual responder training continued to evaluate well into 2023/24, training 110 new responders.

- We continued to develop and improve how we use Social Media to share stories relevant to our communities, working to refine how we both encourage feedback and share good news stories.

- During 2023/24 NHSGGC continued to refine its approach to its regular social media campaign, "#TellUsTuesday" to showcase monthly highlights from our patient 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 third Public Engagement, and Involvement providing an overview of how staff across NHSGGC have involved people across NHSGGC.
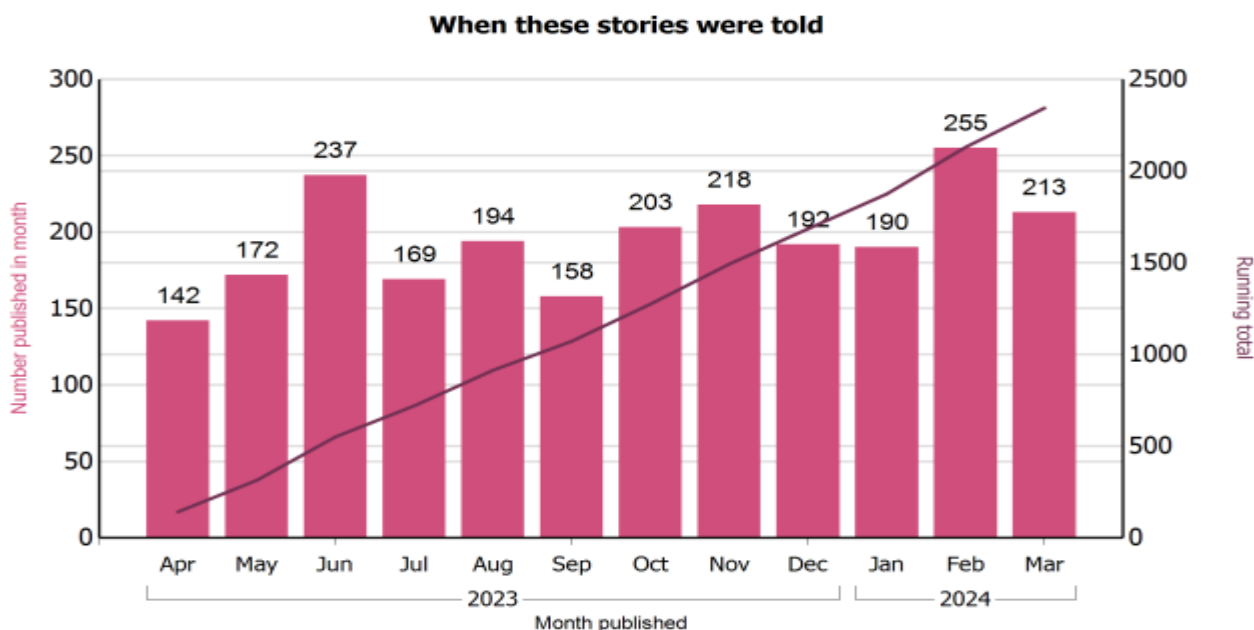
3.3 Care Opinion

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 2023 and 31 March 2024, 2343 unique stories relating to NHSGGC were shared via Care Opinion a 51% increase from the previous year's figure.

As well as being above internal milestone we have seen the national averages on Care Opinion in Scotland increase as well. In 2023/24 NHS Greater Glasgow & Clyde were the first board to have reached over 2,000 stories in 1 year, with NHSGGC making up 25% of all feedback shared via Care Opinion in Scotland.

Chart 7: Number of Feedback Shared on Care Opinion

During 2023/24 the feedback we have received on Care Opinion has been read 362,973 times, averaging 155 times per story. This is a 29% increase from the same period in 2022/23. Some of our most viewed positive stories have been about:

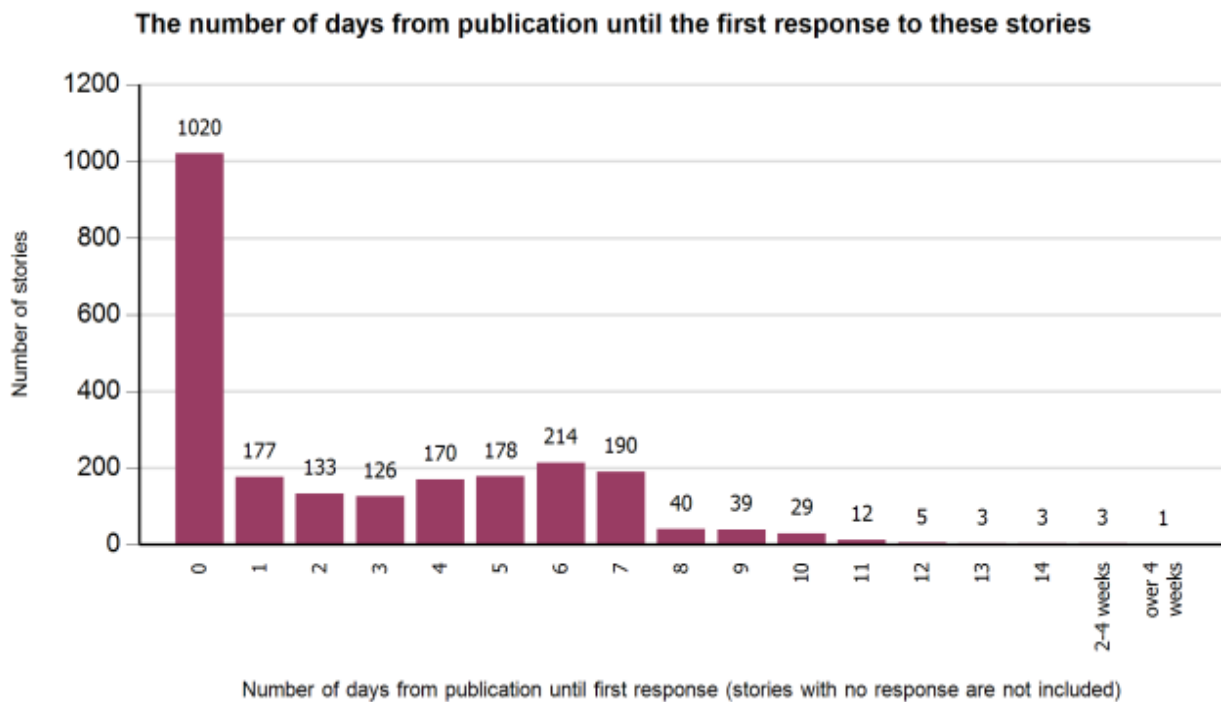| |
|---|
| **Staff were positive and calm throughout** |
| A patient shared their thanks and appreciation for the care and treatment they received from the A&E and x-ray staff at the Queen Elizabeth University Hospital. |
| **Professional and knowledgeable team** |
| A patient took the time to express their gratitude for the care they received in the Maternity Unit at the Queen Elizabeth University Hospital and how small personal touches made such a difference. |

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 seven 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 2023/24, with the majority of stories continuing to be positive in nature (criticality 0).

Chart 8: Number of Days to Respond to Stories

The number of days from publication until the first response to these stories

Number of days from publication until first response (stories with no response are not included)

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 72% to 78%.

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

Percentage of Stories under each Criticality Score

Criticality	2021/22	2022/23	2023/24
Criticality 0	68%	72%	78%
Criticality 1	4%	3%	3%
Criticality 2	14%	13%	10%
Criticality 3	13%	11%	8%
Criticality 4	2%	1%	1%
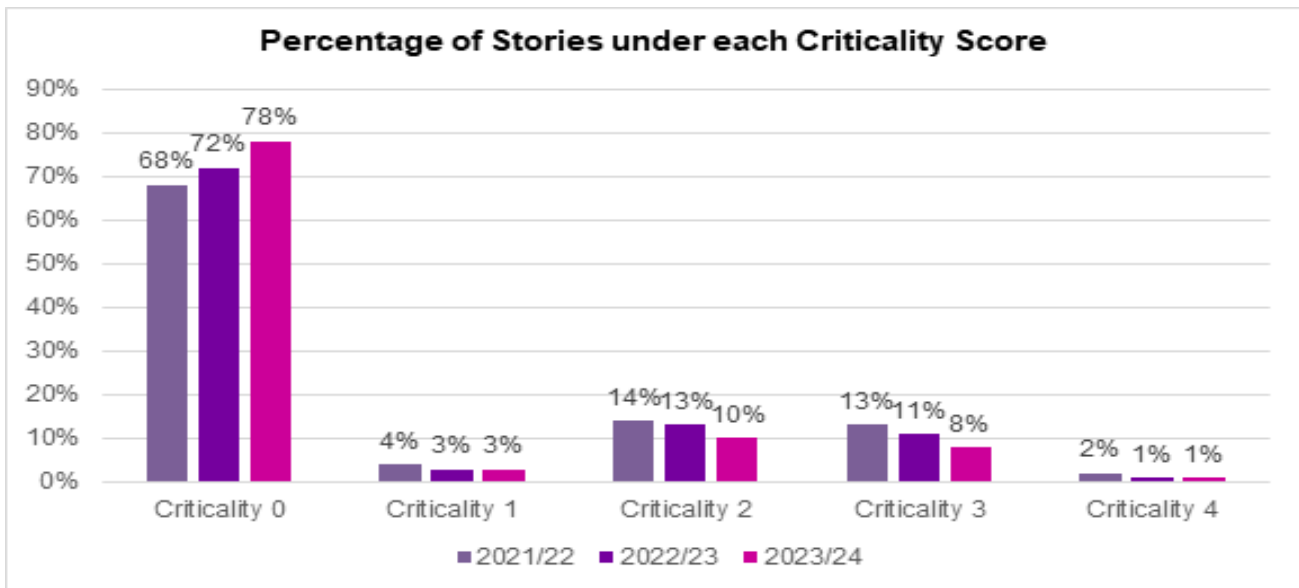
Increasing Responders across NHSGGC

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 110 new staff members having attended the training this year.

Quotes from Care Opinion Responder Training Attendees
Very enjoyable training session, thank you for all the information. Everything was well presented with appropriate information.   *Presenters were very professional, friendly, and delivered the presentation exceptionally well. They need to keep up what they're doing - really was the best training I've attended in a long time*

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.

3.4 NHSGGC Feedback as a whole

As well as Care Opinion, we also provide other avenues for people to share their experiences. In 2023/24, people shared 491 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 2834 stories shared by people across both Care Opinion and Corporate feedback systems, we identified and shared 3223 pieces of feedback with teams across NHSGCC with 77% of all feedback of a positive nature.

Chart 10: Percentage of Feedback Shared Through Corporate Feedback Systems
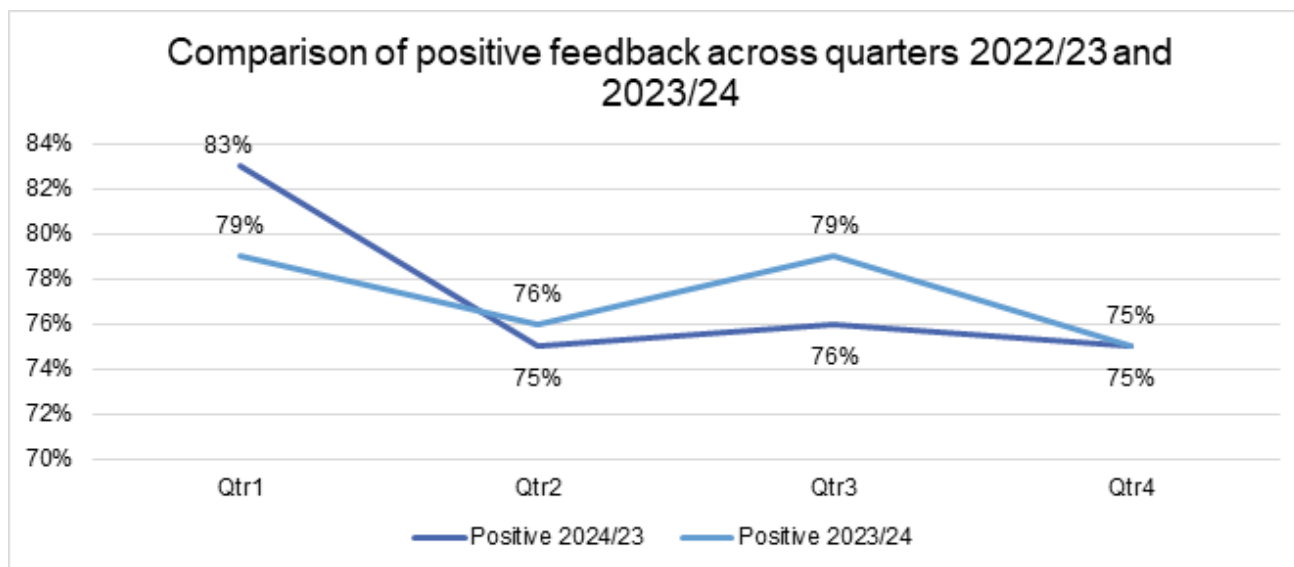
3.5 Listening to People – Using Feedback to Improve Services

Key Feedback Themes

The following graphs present the overarching feedback themes that were most identified during 2023/24. 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

Top five improvement themes identified from feedback

Theme	Value
Facilities, Access and Premises	142
Date for appointment	217
Communication oral	315
Attitude and Behaviour	367
Clinical treatment	476
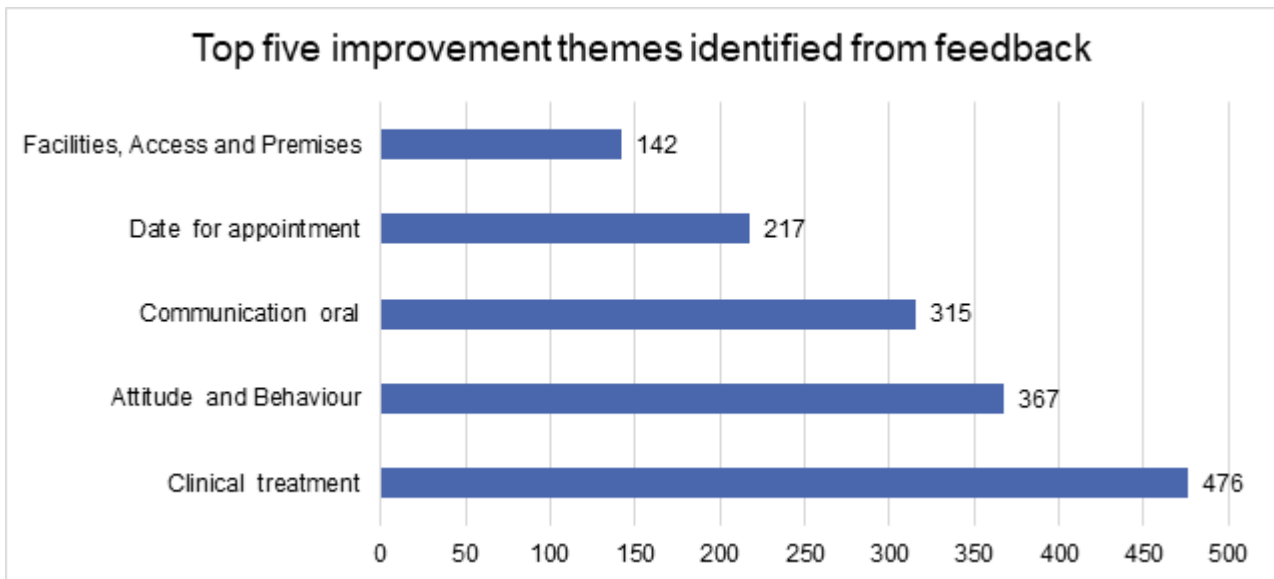
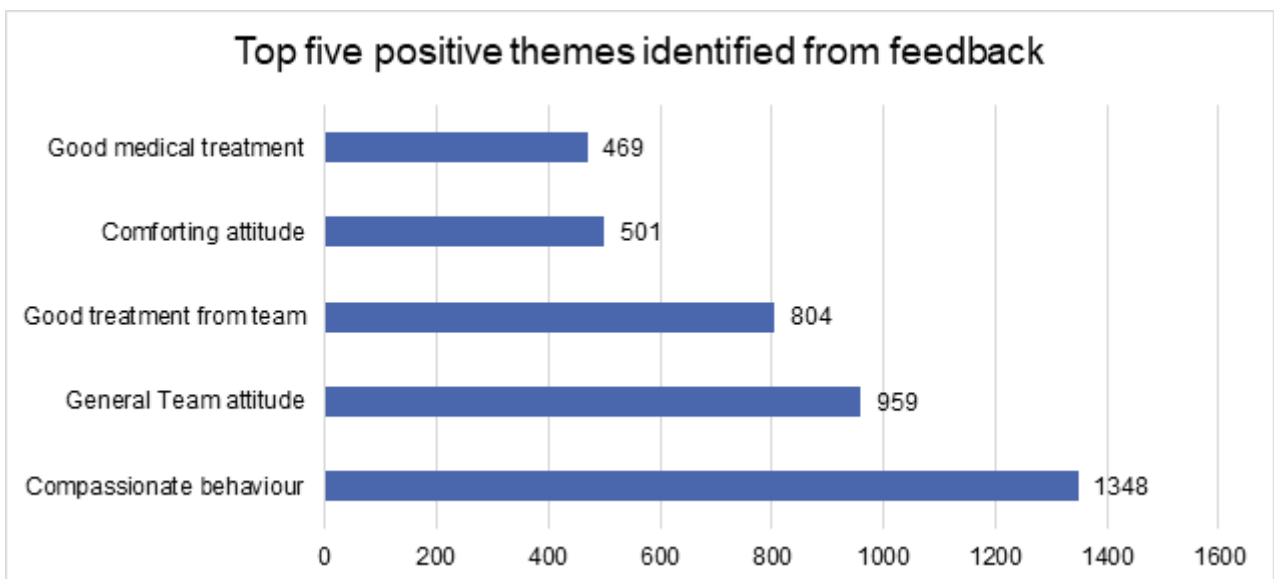Teams across NHSGGC use the feedback people share and themes that are identified to them discuss what could have gone better during a patient's stay and reflect on how they can ensure that any issues identified do not crop up for future patients. Similarly, we capture the positive themes that emerge from feedback we receive, as shown in the graph below.

Chart 12: Positive Feedback Themes

Top five positive themes identified from feedback

Theme	Value
Good medical treatment	469
Comforting attitude	501
Good treatment from team	804
General Team attitude	959
Compassionate behaviour	1348

Using feedback to develop practice

Care Opinion allows teams to flag that they have made a change as a result of feedback when responding to the stories people share. Encouraging the use of this function remains a key development area for the PEPI team, with us seeing 18 stories shared using the change planned/change made function on Care Opinion, examples have been extracted below.

Hospital Food | Care Opinion - Beatson

A patient, referred to as "Ex scouser," reported poor quality of hospital food during four overnight stays at the Beatson West of Scotland Cancer Centre. Over the first three visits, they chose fish and chips due to a limited menu, finding the fish dry, the chips limp, and the peas unappetising. On a fourth visit, they tried steak pie with mash, which was also unsatisfactory, describing the mash as greyish, sprouts as burnt, and the pastry as inedible. Despite the food issues, the patient praised the nursing staff for their excellent care.

During dialogue the patient clarified their issue was with food quality, not the menu itself and offered to share photographs of the meals for further evaluation. These pictures were shared with the catering team to help improve the food quality.

Attitude of triage nurse | Care Opinion - A&E, QEUH

A relative, referred to as "HH88," reported mixed experiences during a visit to the A&E with their mother, who was experiencing chest pain. While most staff, including a healthcare assistant and the reviewing clinician, were friendly and thorough, the A&E triage nurse exhibited a rude attitude. The nurse recorded the previous patient's blood pressure reading for HH88's mother along with other issues. Additionally, the triage nurse rudely told HH88 not to enter the waiting area, contradicting instructions from another staff member.

Staff acknowledged the concerns raised by HH88 and committed to using the feedback to educate staff and improve patient interactions, focusing on communication and professionalism. They assured HH88 that their experience would be used as an educational tool to remind staff of the importance of first impressions and ensure lessons are learned.

Deeply concerned at the visiting policy | Care Opinion - Maternity, QEUH

"Glasgow steph," praised the staff at the Queen Elizabeth University Hospital's maternity unit for their exceptional care and compassion despite operating under significant pressure. However, she expressed concern regarding the hospital's 24-hour visiting policy. While beneficial for flexibility, the policy made her feel vulnerable as a female in an open ward with other men staying overnight. She also noted the inconsiderate behaviour of some visitors, such as taking phone calls and having loud conversations, which added to her discomfort.

Staff thanked Glasgow steph for sharing her positive experiences with the staff. They apologised for the concerns related to the Person Centred Visiting policy, explaining its aim to provide flexible, person-centred visiting in line with the Scottish Government's Best Start strategy, and recognised the physical constraints of the wards. Ongoing efforts to improve

the experience for all women were mentioned, including rolling out information, education, and support, and they offered to discuss the matter further.

3.6 Encouraging Feedback and Spreading Good Practice

As part of the ongoing effort to encourage feedback and share the experiences of patients accessing care across NHSGGC we share anonymous stories over social media. These 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.

Example of our social media posts
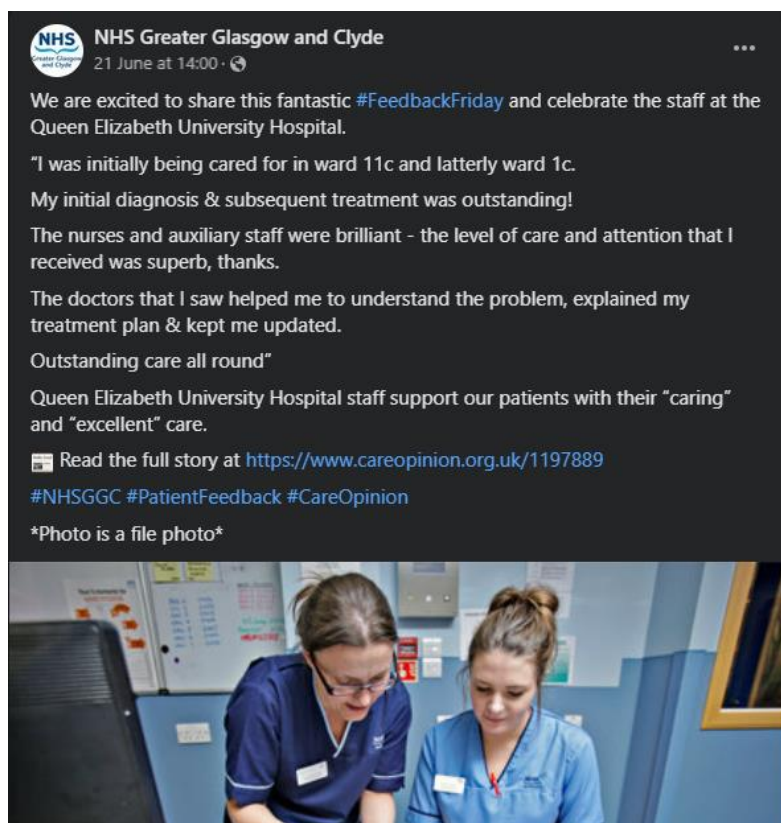
Using Care Opinion blogs to spread good practice.

During 2023/24 we took the opportunity to utilise the blog function on Care Opinion to further promote the work of our staff as they continue to embed Care Opinion across NHSGGC.

Promoting Care Opinion | Care Opinion

Our first blog was to help raise awareness of how to promote Care Opinion. Fiona MacKenzie, Dental Care Professional Manager, Glasgow Dental Hospital highlighted the different methods they used to encourage feedback. This blog was read by over 1000 people.
Celebrating Success: A Year of Progress and Positive Stories with Care Opinion at NHS Greater…
Our next blog looked at how we celebrated surpassing last year's total number of stories and to thank the staff, patients, relatives, and carers who made this possible.
Thank you! | Care Opinion
This blog was to celebrate NHSGGC being the first health board in Scotland to reach the milestone of over 2000 stories in a single year. This was also promoted via NHSGGC's social Media channels.

Using video to encourage feedback

Mary Hannah, Spinal Education Nurse, Queen Elizabeth National Spinal Injuries Unit kindly agreed to participate in a short video to encourage people to share feedback which was shared via NHSGGC's social media channels. At the time, this post had our highest number of likes on NHSGG's Instagram page, you can view it **here**.

Developing case studies

The Day Surgery Unit at the New Victoria Hospital has submitted a case study for Care Opinion's Annual Report 2023/2024 detailing their experience of using Care Opinion. The unit has achieved a remarkable 120% increase in story submissions, with an impressive 98% of these stories being positive. This will be published later in 2023/24, with the case study excerpt shared through NHSGGC channels once live.

Using Improvement methodology to develop practice

During 2023/24 we saw one of the PEPI team begin the Scottish Improvement Leadership (ScIL) course. This course requires the design and completion of an improvement project, with this particular project focused on Care Opinion responsiveness, specifically looking at how to increase the number of responders. This focused on revised training approaches, changes to how NHSGGC record and use data for conversations about feedback capture and reviewing how we talk to and work with senior managers across NHSGGC. The work was successful with efforts now underway to begin mainstreaming the learning.

3.7 Key Ambitions for 2024/25

Looking ahead to 2024/25, 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 2024/25

We will continue our collaboration with Sector and Directorate teams to increase the number of staff responders who can directly address patient and carer feedback across our services, especially focusing on areas with lower than average responder numbers. This will involve working closely with senior leadership to develop staff capacity to accept and act on feedback received.

The PEPI team will work with teams across NHSGGC to develop and test new approaches for capturing and sharing learning and improvements from feedback. A key area of development will be documenting the changes made as a result of feedback received, focusing on the most critical feedback to begin with and spreading learning from there. We will use our blogging function to share more stories, refine and update our training approaches to reach more staff, and better support them in engaging with patients over Care Opinion. Additionally, we will collaborate with communications colleagues to further spread and share Care Opinion stories across NHSGGC.

The rollout of our interactive feedback dashboard has seen great success with ongoing updates planned into 2024/25 to allow teams across NHSGGC greater access to and control over their feedback information.

4.0 Person-Centred Care Improvement Programme

This section presents an overview of activity aligned to the strategic quality improvement objectives for person-centred care and progress made during the reporting period 1 April 2023 – 31 March 2024.

4.1   Person-Centred Visiting and Virtual Visiting

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

Updated guidance was received from Scottish Government on 23 August 2023 – '**Hospital visiting: guidance for health boards'** advising all health boards should now have returned to full Person-Centred Visiting (PCV). A briefing paper outlining NHSGGC are meeting all the key principles from the guidance was presented and approved at the Strategic Executive Group (SEG) on 19 September 2023, with the group recognising the Board was meeting the guidance as published.

A Phase 2 local evaluation of PCV commenced in June 2023 is now complete. The 5 core principles of PCV were used to benchmark compliance in wards evaluated, by gathering feedback from staff, patients, and visitors to evaluate their experience with PCV. This involved visits to 122 wards, board wide, with 618 conversations with patients, families, and staff. Support was provided to areas where the core principles were not yet fully aligned.

The evaluation visits have highlighted the following themes for improvement:

- Fuller understanding of the principles of Person-Centred Visiting is required in some areas. Further awareness sessions are now being progressed.
- Facilities for visiting highlighted a shortage of visiting chairs, z-beds or recliner chairs for family staying overnight. Quantities for procurement are now being collated.
- Information provided by staff, patients and visitors evidenced variation around flexibility of visiting, including:
  - Mealtimes where people were asked to avoid visiting during mealtimes. Supportive Mealtime Campaign 'Come Dine with Me' has been shared board wide via the Core Brief to raise and increase awareness.
  - A small number of areas continue to have set visiting times. Reminders of the board position for flexibility of visiting has been shared with SMT in each sector/directorate.

A Board Wide report of findings and recommendations is nearing completion.

4.2   Patient Stories

Patient stories are a powerful tool which provides healthcare staff with a deeper insight into what happened during a patient's journey of care and how it truly felt for them personally.

The Board Patient Story provides the opportunity for healthcare staff to explore people's perceptions of the care they received, to understand what aspects worked well and where a change in practice would be beneficial for future care delivery.

Hearing first-hand about the experience of what matters to patients, carers, and staff to communicate learning points about the way care is delivered is vital to staff learning and reflection and to improving high quality person-centred, safe, and effective care.

During this reporting period there have been six stories presented at the NHSGGC Board Meeting. These have included the following which can be accessed via the embedded links:

- **Clyde Community Stroke Team**

In the story presented on 25 April 2023, we hear from Mairi Lindsay who is a Speech and Language Therapist within Clyde's Community Stroke Team and from Andy Ward who was referred to Clyde's Community Stroke Team. In the story, Andy gives an account of his recovery and the significant strides he has made with the support of Mairi.

- **Compassionate Inverclyde**

The story presented on 27 June 2023, focused on the work of Compassionate Inverclyde, a programme supported by Inverclyde Health and Social Care Partnership (HSCP) to enable and nurture kindness, helpfulness, and neighborliness in Inverclyde. We hear from Alison Bunce, Programme Lead for Compassionate Inverclyde and two of the volunteers Mary Middleton and Muriel Searl who talk about the benefits of the programme for patients and their families.

- **Community Podiatry Team**

The story presented on 29 August 2023, focused on the work of the Community Podiatry team. We hear from John who received care and treatment from the Podiatry team.

- **Hydrotherapy**

The story presented on 31 October 2023, focused on the work of the Hydrotherapy rehabilitation team. The story is introduced by Alasdair Davie, Hydrotherapy Team Lead and includes the experiences of Jonathan McCafferty and Brian Thomas who both benefitted from this service.

- **Unpaid Carers**

This story presented on 19 December 2023, focused on the important role played by two unpaid carers, Betty and Jan and the support they received from NHSGGC.

- **Orthotics**

The story on 27 February 2024 focused on a patient story from the Orthotics Service. The story features the experience of Frances who had an accident at work which resulted in difficulties with walking and the help and support she received from the Orthotics team.

Since presentation at the Board Meeting these stories have been shared via the NHSGGC Core Brief and have been received well at various board wide committees and forums to ensure wide dissemination and opportunity for reflection and learning.

4.3   Digital Clinical Notes (DCN) and Person-Centred Care Planning (PCCP)

Since implementation in April and May 2023, Digital Clinical Notes (DCN) and person-centred care planning (PCCP) is now well established in three Early Adopter Wards: Philipshill and Edenhall Wards in The Spinal Injuries Unit and Ward 65 within the Institute of Neurological Science at The Queen Elizabeth University Hospital.

The Early Adopter phase has provided invaluable learning with regards to refinement of the design of DCN, along with improvements to the PCCP to ensure high quality, accurate, person-centred documentation. This phase has also informed the approach for wider roll out. There has been widespread sharing of DCN care plan design principles and the core principles of person-centred care planning across all nursing families, with the aim of achieving consistency of approach board wide.

Other key pieces of work which have been undertaken to support wider implementation include the following:

- A combined DCN LearnPro course, including both technical and professional aspects have been co-produced by the eHealth, Corporate Practice Development and Person-Centred Health and Care Teams and clinical teams.
- An evaluation tool designed to collect quantitative and qualitative data with the purpose of determining whether the PCCP within DCN contributes to improvement in documentation of care against the agreed principles of PCCP when compared to paper care plans.

The plan for the implementation of DCN across Acute in-patient sites is now at an advanced stage. This includes a phased approach across 9 hospital sites commencing with downstream wards initially and progression based on data analysis of patient flows. This was originally planned for October 2023 with a revised start date for summer 2024. This is due to various interdependencies, including the other DCN workstreams, Business Continuity progress and assurance and financial approval including national funding streams.

4.4   What Matters to You (WMTY) Day

What Matters to You (WMTY) 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 Boards Quality Ambitions.

WMTY day aims to encourage meaningful conversations between people who provide health and social care and the people, families and carers who receive care. When staff have a WMTY conversation about what really matters to the people they care for, it helps align care with patient preferences, build trusting relationships between patients, residents, families and their health care providers and advance person and family-centred care.

The Overarching aim for WMTY Day 2023 in NHSGGC was to promote the importance of having meaningful WMTY conversations every day with the strapline – 'Small conversations every day create the biggest change in every way #WMTY23' used for all internal and external communications.

A report summarising activity and learning from WMTY23 is available from the **NHSGGC Website**

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 2024/2025:

- Continue to 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.
- Continue to work with the Sectors to improve our Stage 2 performance.
- Continuous review of our Complaints Handling Process ensuring it 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.
- Review reporting of complaints across NHS Greater Glasgow & Clyde as a whole, including the six HSCPs to ensure consistency and organisational learning.
- Work closely with Clinical Governance colleagues to aspire to shared learning between Complaints and SAERs.

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.