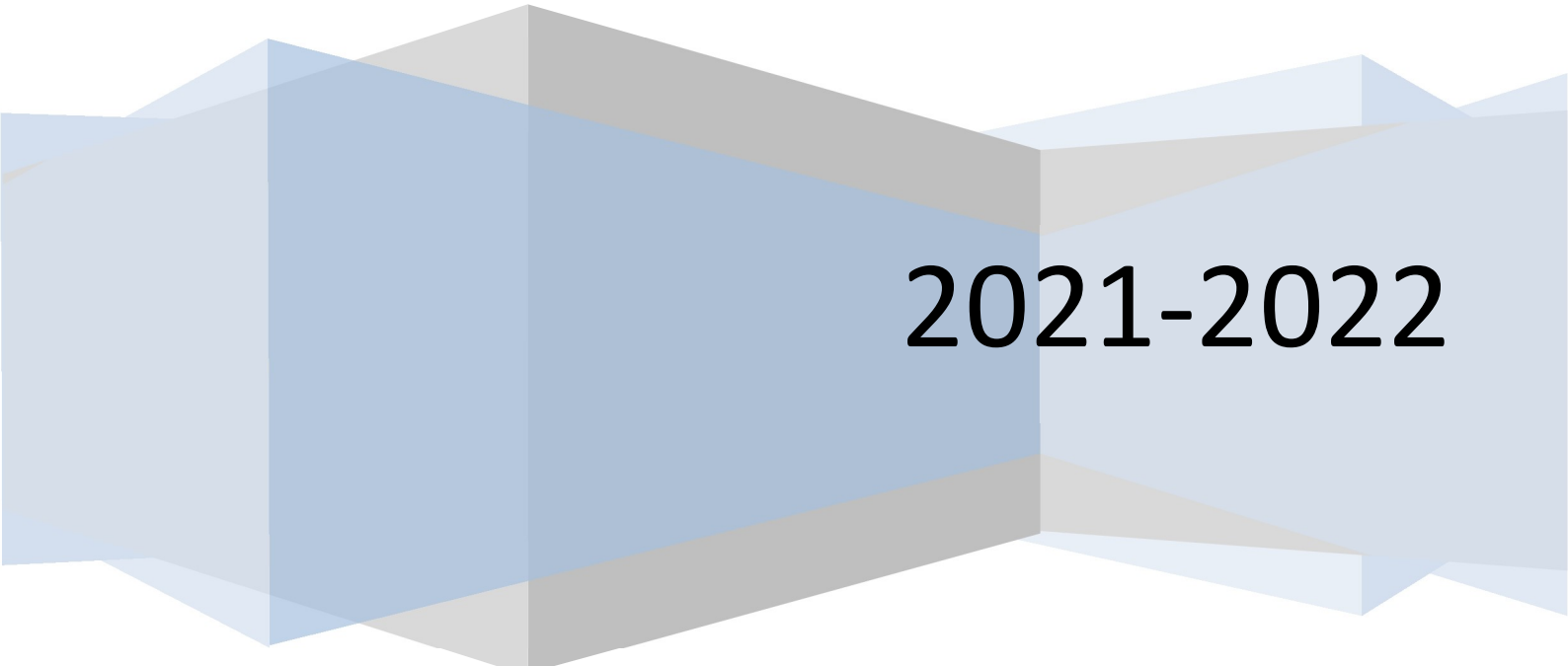NHS Greater Glasgow & Clyde

Annual Report on Feedback, Comments, Complaints and Concerns

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2021-2022

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Background

Background

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

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

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

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

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

SECTION 1   ENCOURAGING & GATHERING FEEDBACK

1.0   Introducing Feedback

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

1.1   Encouraging and Gathering Feedback

Between 1 April 2021 and 31 March 2022 despite the ongoing impact of the COVID-19 pandemic, the Health Board has continued to welcome and act on patient and carer feedback as part of our Board wide culture of listening and learning.

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

During the past 12 months, NHSGGC saw **Care Opinion** 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., being the Submissions via the form are received by the Patient Experience Public Involvement (PEPI) team who ensure feedback is shared with the relevant services to improve care, influence change and spread learning across the Health Board.

Throughout 2021/22 **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 vaccination efforts 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.
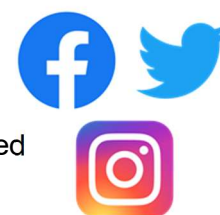
Twitter @NHSGGC 32.9K followers, an increase of 5.3K

Facebook 55K followers*, an increase of 7.9K followers

Instagram 11.3K followers, an increase of 1.1K

* Number of Facebook followers was taken on 13/09/22.

1.2 Key Milestones and Achievements 2021/22

Throughout 2021/22, the PEPI Team have continued to support clinical teams and services to implement and manage a range of Feedback capture approaches, primarily Care Opinion.

Even with the ongoing difficulties presented by COVID-19 recovery, 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 **37**% increase in the volume of stories shared on the platform, rising to **914** for 2021/22 from **669** in 2020/21.

- 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 feedback approaches accessible to patients.

- We received **1847** pieces of feedback, **75%** of which was of a non-critical nature.

- At the close of 2021/22 NHSGGC had **147** Care Opinion responders able to directly interact with patients sharing feedback on the platform a **26**% increase on the previous year.

- NHSGGCs virtual responder training continued to evaluate well into 21/22, and see further refinement to create as accessible and time efficient training programme as possible training **54** 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 2021/22 NHSGGC launched a new 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 was re-branded in December 2021 to reflect the visual identity of NHSGGC and further promote the culture of listening and learning from feedback. This prompted interest from colleagues across Scotland, resulting in the updated branding and the thinking behind it being shared nationally.

- East Renfrewshire HSCP continues to roll out and embed Care Opinion across their services, with a focus on awareness raising and staff development around the platform.

- Inverclyde HSCP is currently setting up Care Opinion, joining East Renfrewshire in the roll out of this platform. They are currently working with internal staff and third sector partners to roll out and embed the use Care Opinion.
- NHSGGC produced its first Public Engagement, and Involvement Overview Report, providing an overview of how staff across NHSGGC have involved and

2. 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.

2.1 Volume of Care Opinion Stories

Between 1 April 2021 and 31 March 2022, **914** unique stories relating to NHSGGC were shared via Care Opinion a **37% increase** from the previous years figure. This has been the largest increase in feedback shared via Care Opinion since the introduction of the platform to NHSGGC, increasing above pre-pandemic levels of feedback. .

Volume of Care Opinion posts received 2018 – 2022
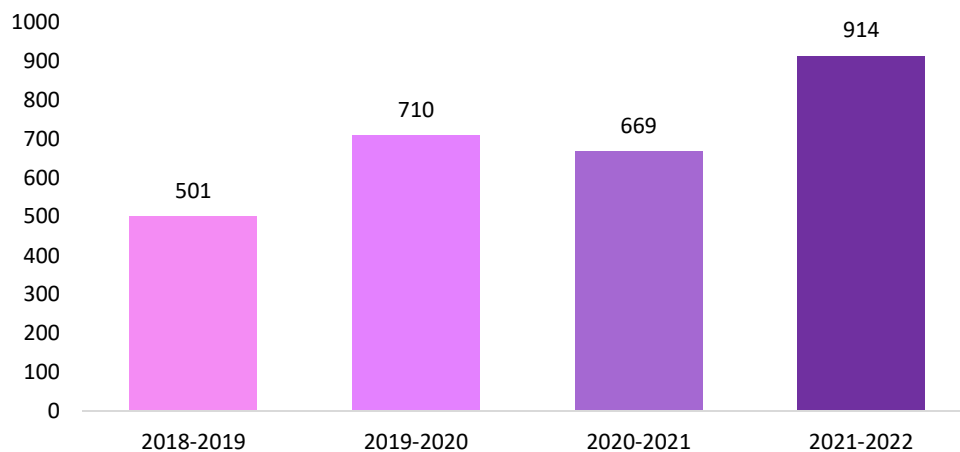

When these stories were shared
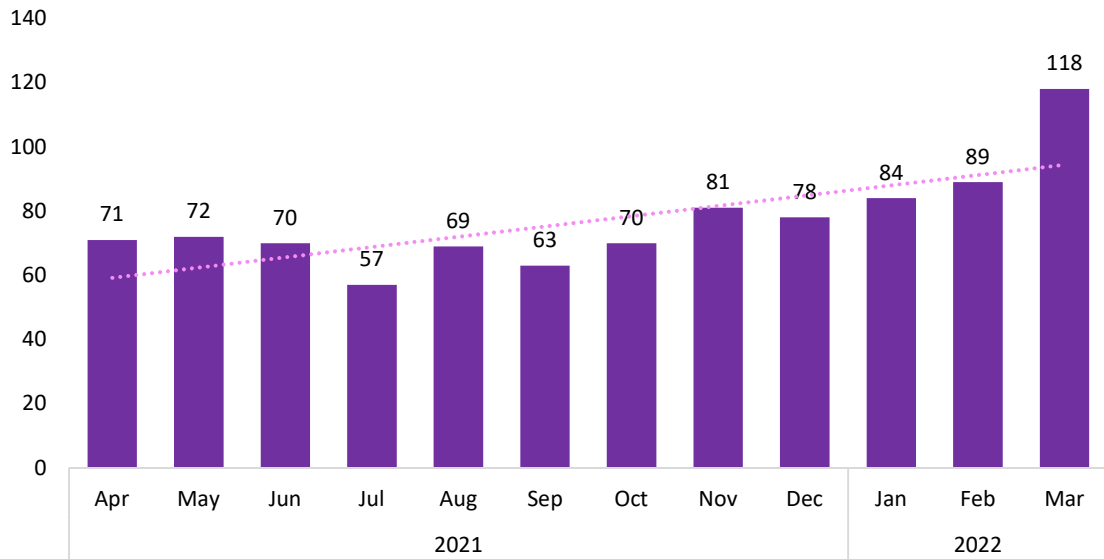
During 21/22 we have seen **159,950** views of stories about NHSGGC services, this is an **8%** increase from the same period in 20/21. Some of our most viewed stories have been about:

- A patients three week stay in Ward 49 of the QEUH, they shared how positive, friendly and professional all the staff they interacted with had been. You can read the full story here: https://www.careopinion.org.uk/859215
- A partner sharing their husband's experience of palliative care in the Beatson and QEUH, particularly the compassion, concern and time taken to listen by all the staff. You can read the full story here: https://www.careopinion.org.uk/850607

2.2 Care Opinion Responsiveness

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

Speed of NHSGGC Response to Care Opinion Feedback 2021/22
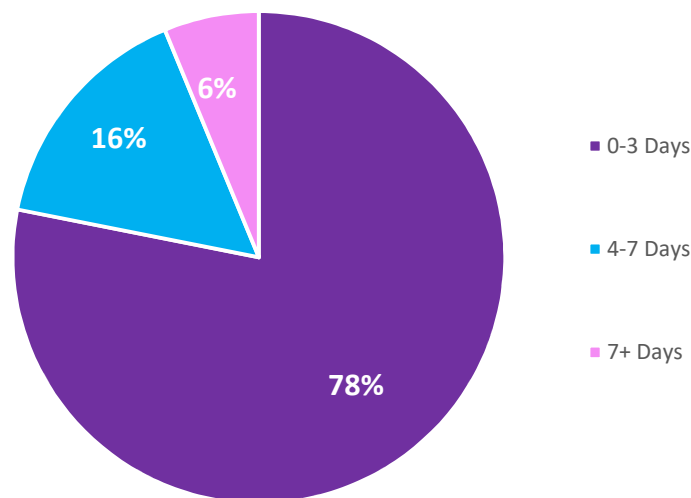
2.3 Care Opinion Visualisations 2020-21

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


Tag bubbles: https://www.careopinion.org.uk/vis/6r765

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

Story sunburst: https://www.careopinion.org.uk/vis/xdudw

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

Lily pad: https://www.careopinion.org.uk/vis/zcfjn
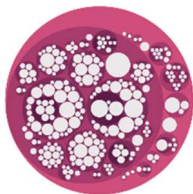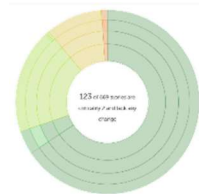
The lily pad shows how your stories are spread according to the services they are about.

2.4 Care Opinion Criticality rating

Care Opinion also actively moderates each post and assigns a criticality rating from non-critical to severely critical, NHSGGC continues to have not received any severely critical feedback through 2021/22. This criticality rating is invaluable in assisting teams to assess the stories shared and make sure the appropriate staff are notified and involved in writing a response. The table below breaks down the number of posts received by criticality.

Criticality rating breakdown during 21/22 compared to 20/21
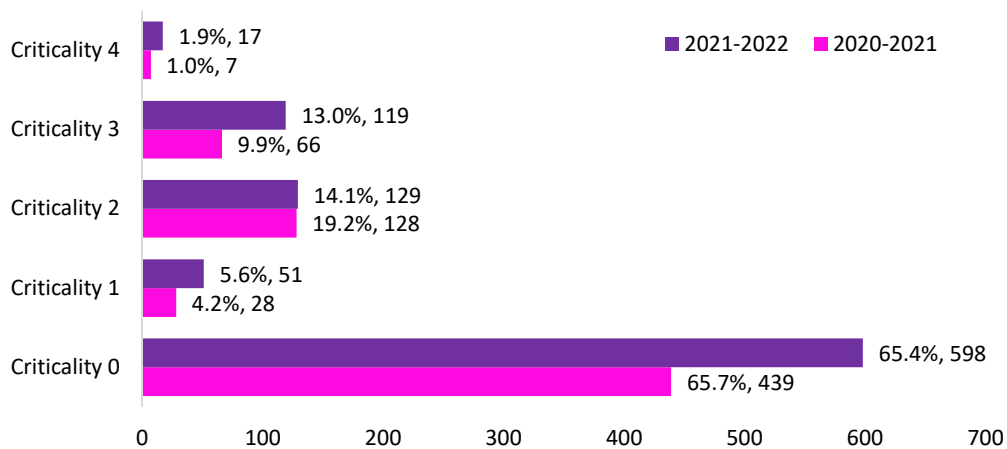
As referenced previously we have seen a large increase in the use of Care Opinion during 2021/22, with the majority of stories continuing to be non-critical in nature.

When comparing criticality ratings to the previous year's data we can see the largest changes in volume of feedback amongst criticality 0 and 3 feedback. Over all percentage make up of feedback has remained largely consistent with previous years, with criticality 2 and 3 feedback seeing the largest changes.

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.

2.5 Increasing responders across NHSGGC

As mentioned above, the PEPI Team continue to provide advice, support and training to NHSGGC's staff. Prior to becoming responders, all staff are required to attend a training session.

Training has continued evaluate well with all attendees stating it gave them a better understanding of Care Opinion and that they are better prepared them to respond to Care Opinion Stories. The training has since been further refined, with additional sessions planned throughout 2022/23.

Quote from Care Opinion Responder Training Attendee

> **"Convenient and able to fit with other work commitments as Care opinion opportunities will be scheduled into a working week."**

> **"Information was succinct and well delivered by the presenters. Presenters also engaged well with participants"**

> **"The trainers were very knowledgeable in their subject matter and I feel confident that as an operational manager, I will be supported by them"**

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.

2.6 Promotion of Care Opinion through Social Media

NHS Greater Glasgow and Clyde ✔
@NHSGGC

Beatson West of Scotland Cancer Centre staff help our #FeedbackFriday patient to laugh during an emotional time.

Read the full story at careopinion.org.uk/959331.

#NHSGGC #PatientFeedback @CareOpinionScot @Beatson_Charity

"Lynsey was always there to listen."
NHS Greater Glasgow and Clyde
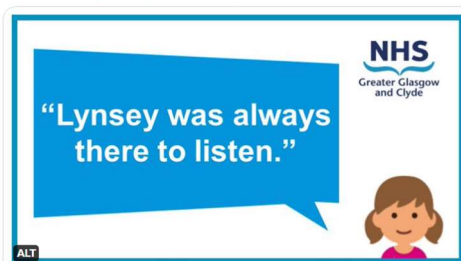
We continue to raise awareness of Care Opinion among staff, patients, carers and their families as one of the main mechanisms for people to share their experiences about our care and services. Throughout 2020/21, we increasingly used social media to raise the profile of Care Opinion, sharing people's stories during a number of awareness days, such as International Nurses Day, Midwives Day and Carers Week, alongside more regular promotion with our #FeedbackFriday and #TellUsTuesday campaigns.

We have also promoted the use of Care Opinion during engagement projects to evaluate models of care such as gathering the views and experiences of patients and carers who have accessed the GP Out Of Hours service.

3. NHSGGC Feedback as a whole

As well as Care Opinion, we also provide other avenues for people to share their experiences. In 2021/22, people shared **641** 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 **1563** stories shared by people across NHSGGC we identified and shared **1847** pieces of feedback with teams across NHSGCC. This is a **25%** increase in feedback received from the 2020/21 period. **75%** of all feedback identified was of a non-critical nature a +1% change.

3.1 How people shared their stories with NHSGGC
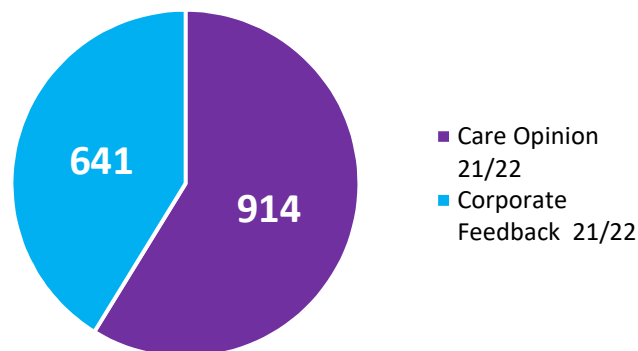
Changes in the nature of feedback across 2021/22
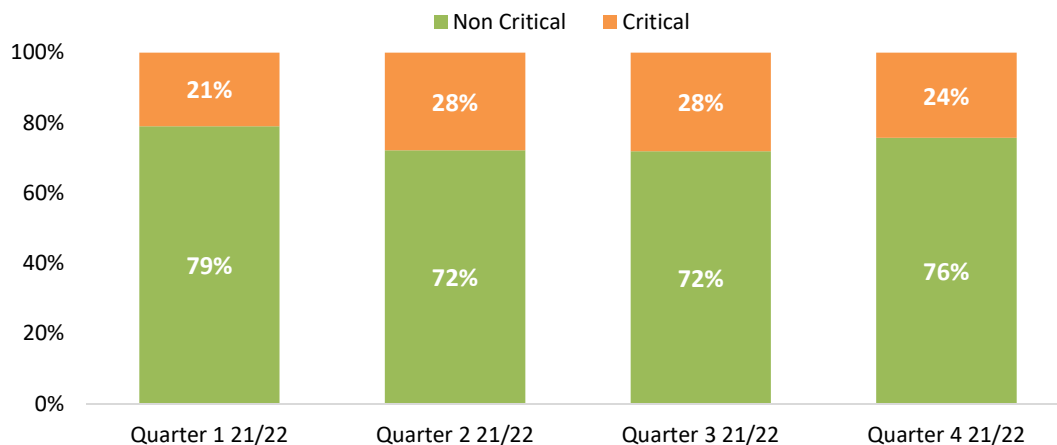
The above graph compares the levels of non-critical and critical feedback received across each quarter in 2021/22. We saw non critical feedback remain in the 70-80% range throughout the year.

Volume of Feedback Month to Month
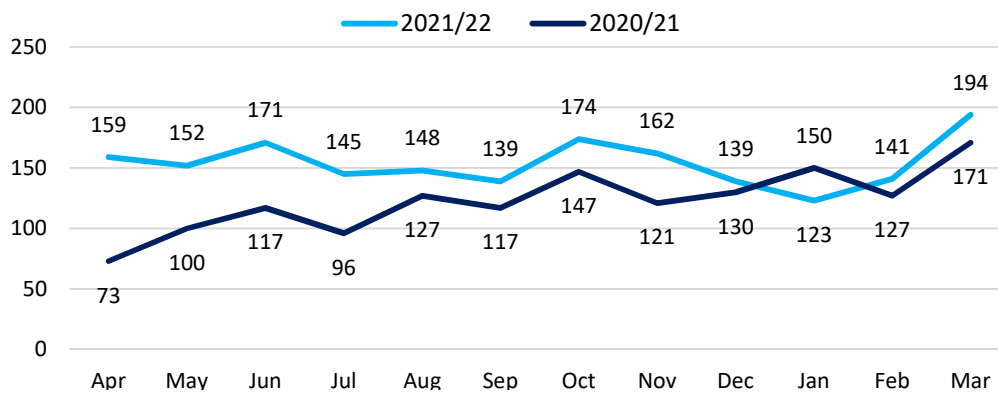
The above graph illustrates the total feedback received month to month over the course of 2021/22 compared to 2020/21. We have seen a general increase in feedback volume during the most recent period, returning to pre-pandemic levels while following a similar trend to the previous year's data.

3.2 Listening to People – Using Feedback to Improve Services

Key Feedback Themes

The following graphs present the overarching feedback themes that were most commonly identified during 2021/22. 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.

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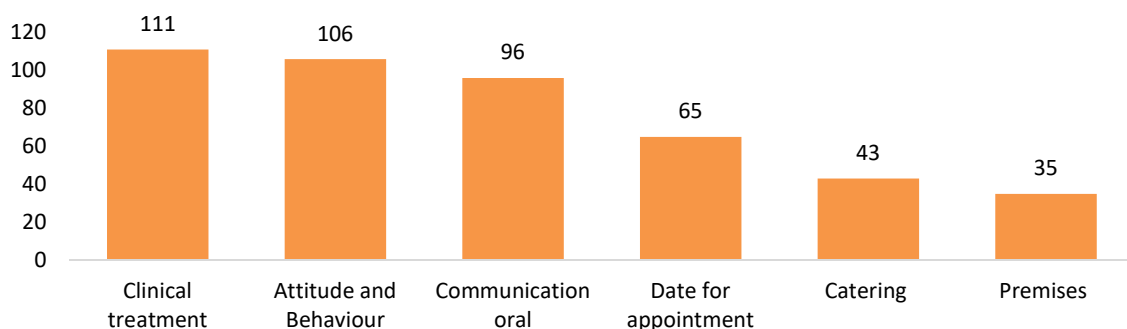
Teams across NHSGGC use the feedback people share and themes that are identified to them discuss what could have gone better during a patient's stay and reflect on how they can ensure that any issues identified do not crop up for future patients. Similarly, we capture the positive themes that emerge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

Most Shared Positive themes
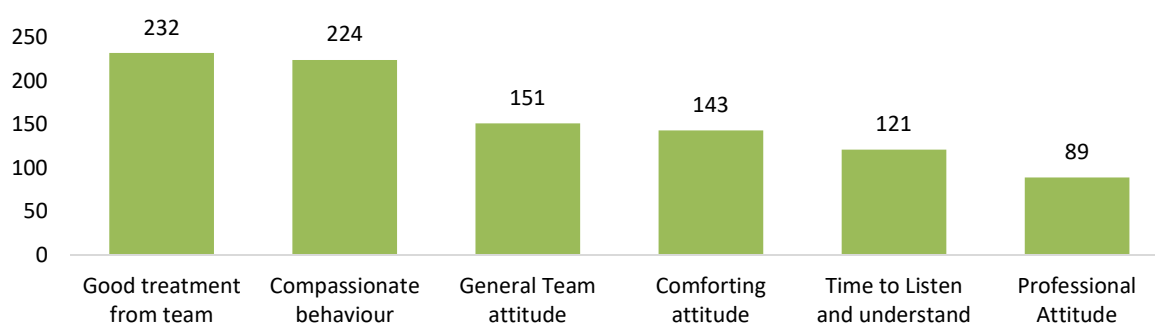
4.0 Encouraging feedback on Social Media

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

The below table summarises the five most impactful stories shared between 1 April 2021 and 31 March 2022, which were all via Facebook. The table also presents some of the key measures used to assess the impact of our stories. By assessing **impressions** (totals users who have seen our posts), **reach** (the number of unique viewers of our content), **engagements** (users who have clicked, commented on, shared, or liked our content)

Stories shared via Facebook

Link to Post	Total Impressions	Total Reach	Total Engagements
Patient Story RAH - Thank you, Dayle	35,916	43,334	6,014
Patient Story GRI - Thank you!	18,929	18,388	590

[Patient Story Beatson - Well done to everyone!](#)	11,624	11,608	321
[Patient Story RAH Maternity - something I will never forget](#)	25,797	24,999	2,503
[Patient Story QEUH Maternity - Thank you so much](#)	20,445	20,115	1,544
[Patient Story QUEH - thanks to everyone involved](#)	18,196	17,720	1,503

4.1 Actively encouraging feedback and interaction: 'What Matters to You?' Day 2021

A key social media campaign undertaken during 2021/22 was the 'What Matters to You?' day activity undertaken in June 2021. This campaign aimed to encourage people across NHSGGC to share short examples of what mattered to them, or more in-depth feedback if they felt it appropriate. The campaign received 5,231 total engagements on our posts before, during and after the event. When asked what matters to them, users responded to our Instagram Story with answers such as family, happiness, health, and being treated with respect.

The campaign saw great success with reach and appeal far beyond expectation, seeing NHSGGC activity become the most retweeted and interacted with globally. More specifically, Glasgow shared 84.7% of tweets using #WMTY21, scoring higher than Canada and USA.

5.0 Key Ambitions for 2022/23

Looking ahead to the year ahead we have a number of ambitions we hope to progress. These ambitions will help ensure NHSGGC continues to aim encourage open dialogue between staff, patients, carers and families, and 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.

- Develop and implement a new campaign to encourage patients and carers to share their experiences with us. This will focus on digital, including social media and QR codes, and where appropriate physical promotion of feedback opportunities.

- The PEPI team will work with teams across NHSGGC to develop and test new approaches for staff and teams to capture and share learning and improvements triggered from feedback.

- Explore the development of an interactive feedback dashboard to allow team's across NHSGGC greater access and control over their feedback data. Key aims will

be the ability to see trends and changes in feedback over time, as well as providing staff at will access to feedback data empowering teams to export their own reports as and when needed.

- The PEPI team and Equalities and Human Rights team will work in partnership to develop and test a range of more accessible feedback tools for people who don't speak English.

- To help provide a more complete picture of feedback across NHSGCC the PEPI team and key partners will explore how NHSGGC can better map and collate feedback sources from across our 6 Health and Social Care Partnerships alongside acute service feedback.

SECTION 3: ENCOURAGING AND GATHERING COMPLAINTS

3.1 Background

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

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

3.2 Who Can Complain
Complaints come from any person (or an authorised person on their behalf) who:
- has had (or is receiving) or wishes to access NHS care or treatment, or
- has visited or used NHS services or facilities, or
- is likely to be affected by a decision taken by an NHS organisation.

3.3 Handling Complaints
The National Complaints Handling Procedure (CHP) for NHS Scotland provides two opportunities to resolve complaints internally:

- **Stage 1: Early Resolution**
  For straightforward complaints that require little or no investigation at the earliest opportunity. This should be as close to the point of service delivery as possible. Early resolution must usually be completed within 5 working days (with the option to extend to 10 working days if agreed and required).

- **Stage 2: Investigation**
  For typically serious or complex complaints, that require a detailed examination before we can respond. A full response to the complaint should be made as soon as possible, but not later than 20 working days.

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

3.4 Complaints Key Performance Indicators

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

3.4.1 Indicator One: Learning From Complaints

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

Chart 11: Complaint by Theme – Acute / Board

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

Chart 12: Complaint by Theme – HSCPs (excluding Prison Health Care)
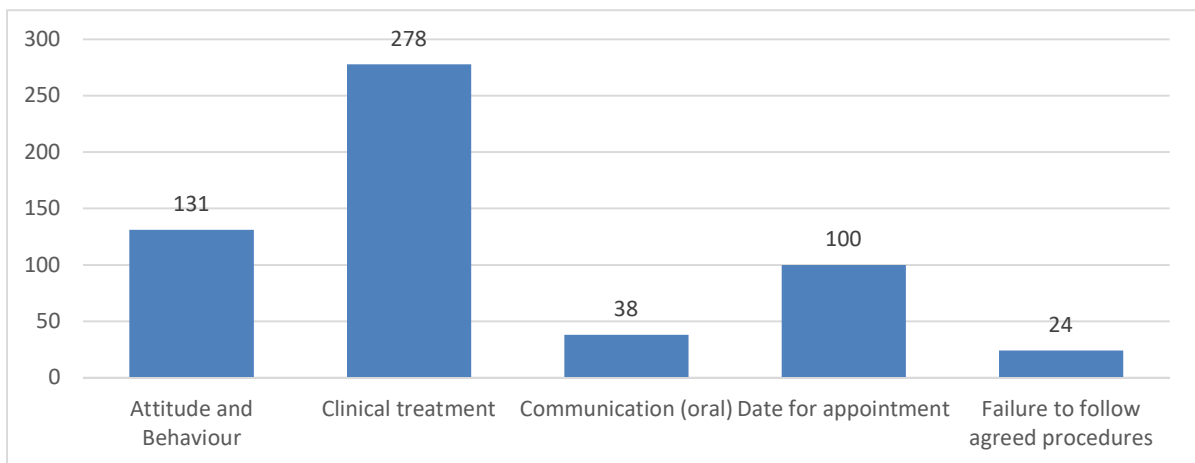
These results show an increase with what we saw in 2020/2021, again clinical treatment complaints may relate to waits for treatment.

Chart 13: Complaint by Theme – Prison Health Care
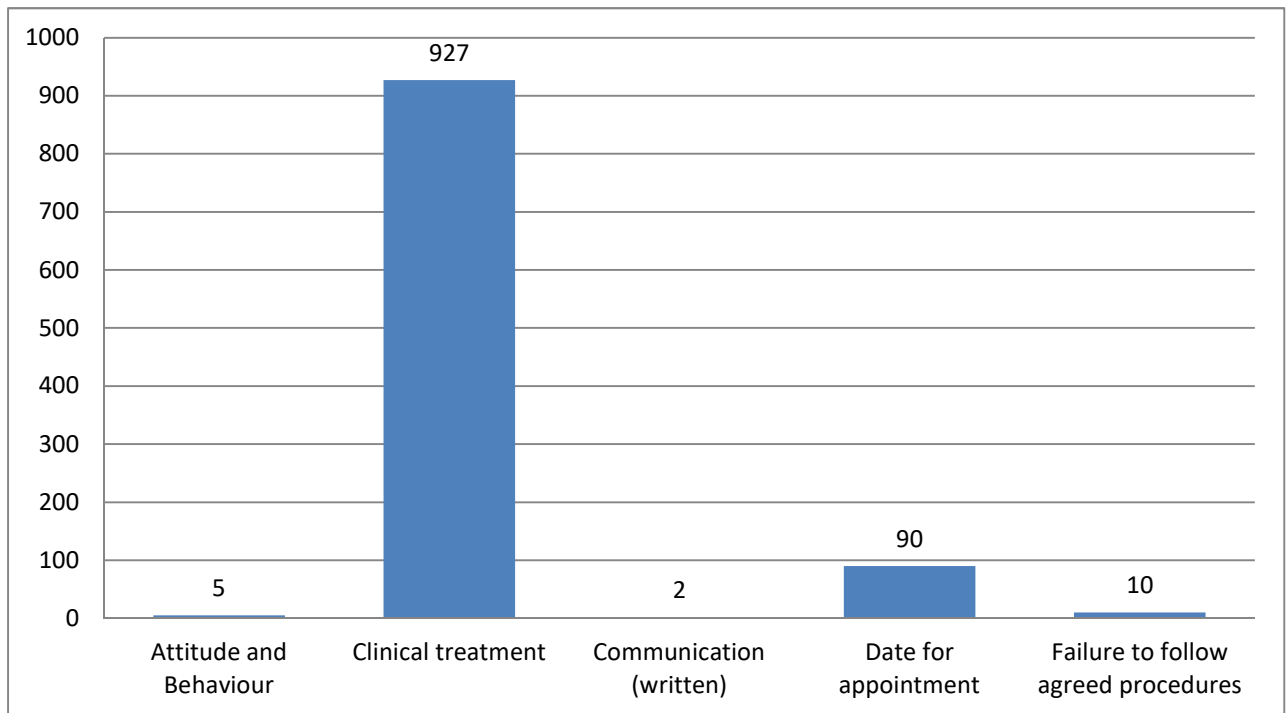
These themes are similar to 2020/21 for Prison Healthcare, and clinical treatment is by far the most common theme for complainants.

Staff Group

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

Chart 14: Complaint by Staff Group – Acute/Board
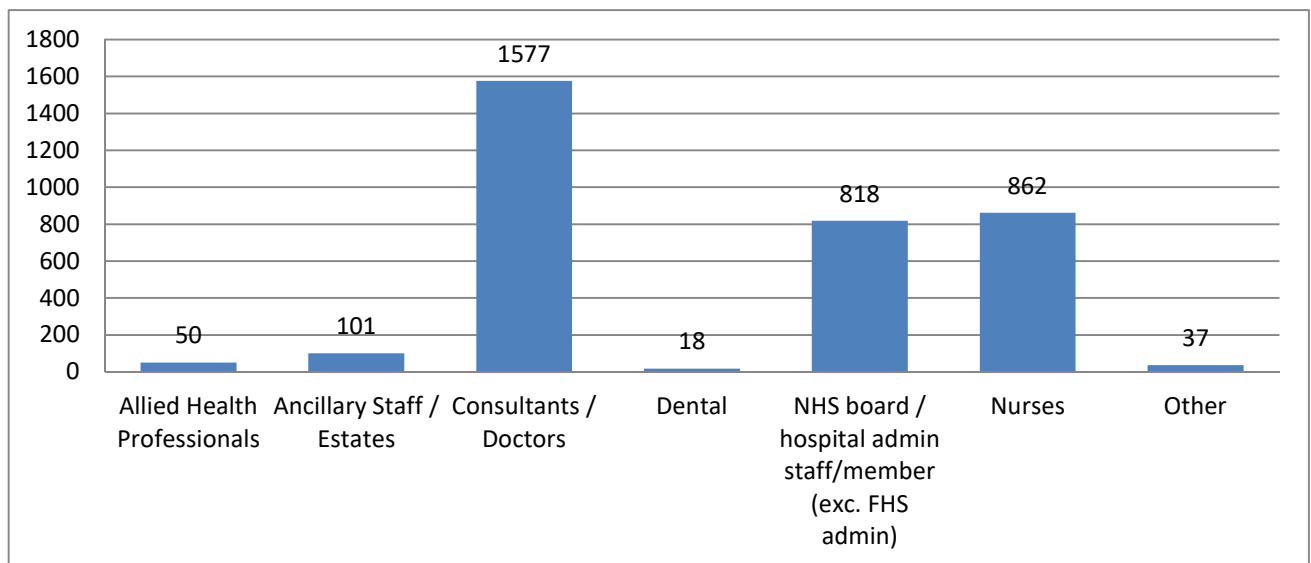
These results show an increase to what we saw in 2020/2021.

Chart 15: Complaint by Staff Group – HSCPs (excluding Prison Health Care)
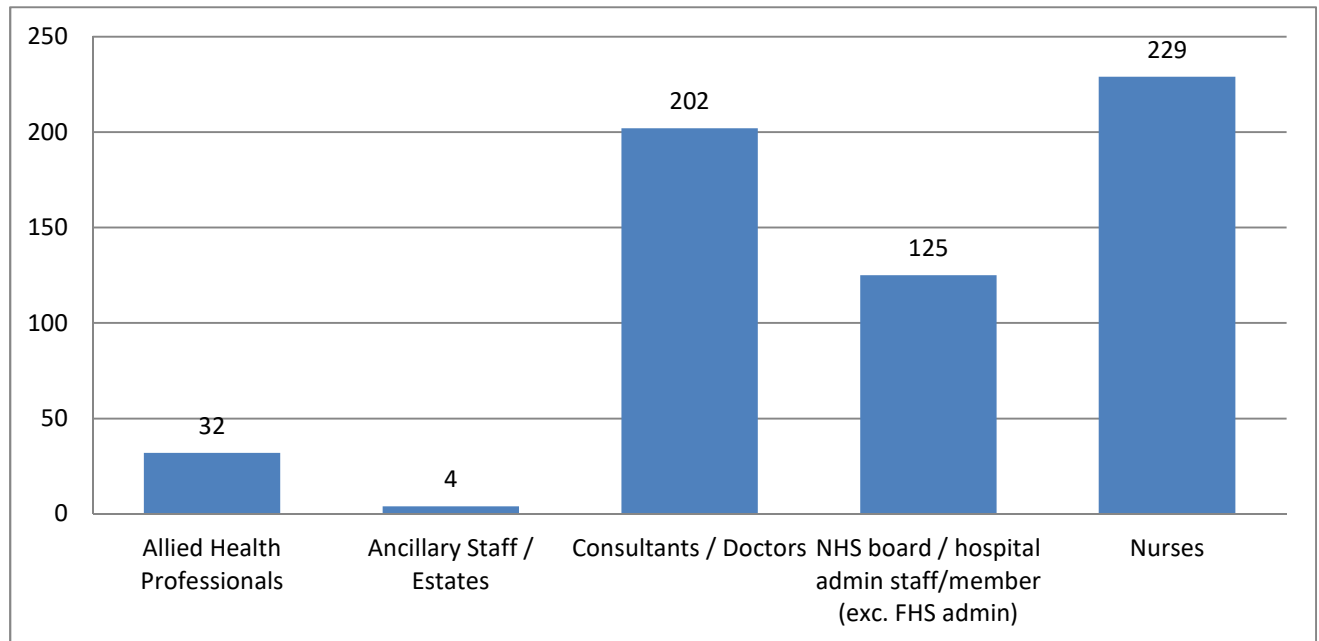
Chart 16: Complaint by Staff Group – Prison Health Care

Qualitative Data

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

Table 2: Examples of Improvements from Complaints

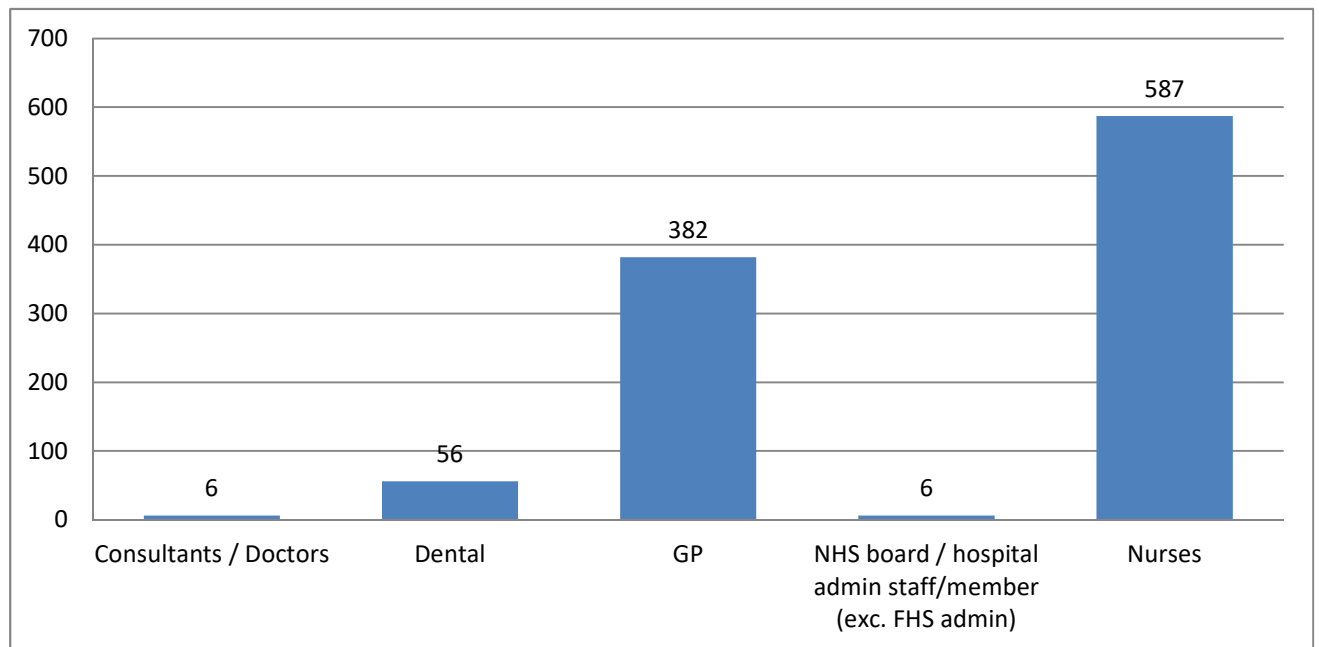| Directorate / Specialty	Background	Actions
Regional - Neurology	A patient's family member raised concerns on the lack of seating for accompanying persons in the outpatient department.	In line with further COVID-19 related infection control guidance, the Institute of Neurological Sciences outpatient department have increased seating capacity, with priority to be given to patients and carers in the first instance, however where it can be accommodated the additional capacity can allow for more relatives/visitors to remain with patients in the waiting area.
South	A person was admitted to a ward and experienced a lack of knowledge from staff on how to help them with their mental health condition which meant that they struggled to take in information and this caused anxiety	As a result of this complaint, input from the mental health practice development nurse was sought for the team to enhance and update staff's knowledge of complex mental health problems. Staff were encouraged to utilise a "reflect back" technique more robustly to ensure patients have full understanding of their treatment pathway.
W&C - Gynaecology	A women underwent a LETZ procedure and was informed that she would receive results within 2-3 weeks which did not happen. She chased these results herself and eventually received a letter she found alarming and confusing.	Standard processes and operating procedures will be developed to ensure active management of diagnostic results and timely feedback to patients. This has been taken forward as part of the Acute Sector Patient Administration Transformation Programme.
South - COE	A patient who was registered both blind and deaf raised concerns as to	The Equality and Human Rights lead delivered several training courses and briefings for staff to ensure awareness of all available resources and has ensured processes in place for access to interpreters when required.

communication as an inpatient	Audible clocks have also been bought for the wards

Scottish Public Services Ombudsman – Investigation Reports and Decision Letters

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

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

Table 3:

Breakdown of SPSO Cases Received – Acute / Board

	Number received
Not taken forward	74
Early resolution request	2
2nd episode requests	13
Pre-investigations	75
Investigations	20
Post-investigations	15
Provisional Decision Notices	29
Decision Notices	38
Provisional Public Reports	1
Public Reports	3

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

	Number received
Not taken forward	9
Early resolution request	0
2nd episode requests	1
Pre-investigations	9
Investigations	0
Post-investigations	2
Provisional Decision Notices	n/a
Decision Notices	3
Provisional Public Reports	n/a
Public Reports	n/a

Significant work and effort has continued in our handling of SPSO cases throughout the year, and we continue to work closely with SPSO colleagues to achieve this. The SPSO have also been impacted by the effect of COVID-19 pandemic and are also currently dealing with a backlog of cases.

3.4.2 Indicator Two: Complaint Process Experience

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

This continues to be a difficult KPI to action across NHS Scotland, and attempts to gauge feedback in a regular, consistent and meaningful way have not proven to be successful. We

have refreshed our complaint survey and have renewed our efforts in this area, however we understand that this indicator may be reviewed as part of the suite of KPI's in the future.

3.4.3 Indicator Three: Staff Awareness and Training

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

We have training sessions open to all staff, although COVID related pressures have impacted on the ability of staff to attend training. As things slowly remobilise we have a list of teams seeking training and we intend to be delivering training regularly once again across the board in 2022/23.

3.4.4 Indicator Four: Total Number of Complaints Received

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

In 2021/22, the total number of complaints received across Acute Services, the Board and HSCPs was 4834. This is an increase compared to 2020/21, which was 4149.

3077 of these were complaints were regarding the Acute Services Division / Board, which is slight reduction on the number received last year. This equates to <1% against our core measure of 3,902,559 episodes of patient care (this includes outpatient attendances, inpatient admissions, A&E attendances and a number of other metrics which capture patient contact in this area).

The remaining complaints received were about HSCP services. Glasgow City HSCP hosts Prison Health Care for the Board area, and 1079 complaints were about that service, which was also a reduction on the previous year. It is not possible to confirm the core measure of patient episodes for HSCPs.

3.4.5 Indicator Five: Complaints Closed at Each Stage

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

	Acute / Board	HSCPs	Prison Health Care	TOTAL
Number of Stage 1 Closed	1394	361	605	**2360**
Number of Stage 2 Closed	1771	271	426	**2468**
TOTAL	**3165**	**632**	**1031**	**4828**

A larger percentage of complaints were closed at Stage 1 in the Prison health care setting as compared to Acute / Board, as these tended to be less complex in nature.

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

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

	Acute / Board	HSCPs	Prison Health Care	TOTAL
Upheld	411	82	4	**497**
Partially upheld	253	72	3	**328**
Not upheld	625	181	588	**1394**
Irresolvable	16	1	-	**17**
Unreasonable	-	-	-	**-**
Transferred to another unit	37	6	-	**43**
Withdrawn / no consent	30	16	7	**53**
Not recorded/Feedback	6	3	3	**12**
TOTAL	**1378**	**361**	**605**	**2344**

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

	Acute / Board	HSCPs	Prison Health Care	TOTAL
Upheld	282	35	11	**328**
Partially upheld	499	93	38	**630**
Not upheld	811	100	278	**1189**
Irresolvable	35	-	-	**35**
Unreasonable	-	-	-	**-**
Transferred to another unit	48	4	-	**52**
Withdrawn / no consent	77	15	93	**185**
Not recorded/Feedback	14	4	6	**24**
TOTAL	**1766**	**251**	**426**	**2443**

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

3.4.7 Indicator Seven: Average Times

Table 9: Average Response Times

	Acute / Board	HSCPs	Prison Health Care
Average Response Time for Stage 1 Complaints	3 days	4.5 days	3 days
Average Response Time for Stage 2 Complaints	19 days	20 days	30 days

3.4.8 Indicator Eight: Complaints Closed in Full within the Timescales

Table 10: Complaints Closed in Full within the Timescales

	Acute / Board	HSCPs	Prison Health Care	TOTAL
Number of complaints closed at Stage 1 within 5 working days (and as a % of all Stage 1)	1242 (89%)	274 (76%)	577 (95%)	**2093 (89%)**
Number of complaints closed at Stage 2 within 20 working days (and as a % of all Stage 2)	1284 (73%)	170 (63%)	257 (60%)	**1711 (69%)**

3.4.9   Indicator Nine: Number of Cases Where an Extension was Authorised
This section will focus on cases where an extension was made for the response to be sent beyond the recognised timescales.

Table 11: Number of Cases Where an Extension was authorised

	Acute / Board	HSCPs	Prison Health Care	TOTAL
Number of complaints closed at Stage 1 within an agreed extension of 6-10 working days (and as % of all Stage 1)	131 (9%)	63 (17%)	26 (4%)	220 (9%)
Number of complaints closed at Stage 1 beyond 10 working days (and as % of all Stage 1)	20 (1%)	33 (9%)	5 (>1%)	58 (2%)
Number of complaints closed at Stage 2 beyond 20 working days where an extension was authorised (and as % of all Stage 2)	29 (2%)	9 (3%)	143 (34%)	181 (7%)
Number of complaints closed at Stage 2 beyond 20 working days (not recorded as authorised) (and as a % of all Stage 2)	459 (26%)	79 (29%)	27 (6%)	565 (23%)

There were a small number of complaints (2%) where concerns were resolved at Stage 1 out with 10 working days. Whilst this does not follow the Complaints Handling Procedure, which states that in this scenario, the complaint should be escalated from Stage 1 to Stage 2, this

would have been completed with the best of intentions, to ensure the complainant received a proportionate response to their concerns.

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

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

Table 12: Primary Care Data 2021-2022

	GPs	**Dentists**	**Opticians**	**Pharmacists**
Number of complaints received, and as % of core measure:	*Ave number of Patients registered with practice in 2020/21*	*Average Number of Patients registered with practice*	*Episodes of care in the reporting period*	*Scripts dispensed in reporting period*
Core Measure	1,216,073	720,166	187,067	6,482,070
No of complaints received and % of core measure	1776 (<1%)	114 (<1%)	96 (<1%)	576 (<1%)
Number of Stage 1 complaints closed within 5 working days and % of all Stage 1 closed complaints	1162 (68%)	82 (100%)	48 (50%)	432 (99%)

	GPs	Dentists	Opticians	Pharmacists
Number of Stage 1 complaints closed where an extension was authorised - *between 6 and 10 working days* and % of all Stage 1 complaints	33 (3%)	0	2 (4%)	1 (0.001%)
Number of Stage 1 complaints closed beyond 10 working days	12	0	0	0
Average number of days to respond to Stage 1 complaint.	2.5	2	10.1	1
Outcome of completed Stage 1 complaints:-				
☐ **Upheld**	283 (23%)	27 (32%)	30 (60%)	375 (86%)
☐ **Partially Upheld**	327 (27%)	25 (30%)	10 (20%)	21 (4%)
☐ **Not Upheld**	613 (50%)	30 (36%)	10 (20%)	37 (8%)
☐ **Withdrawn**	0	0	0	0
Number of Stage 2 complaints closed within 20 working days and % of all Stage 2 closed complaints	462 (81%)	31 (97%)	10 (32%)	138 (96%)
Number of Stage 2 complaints closed beyond 20 working days and % of all Stage 2 closed complaints	52 (9%)	1 (3%)	20 (65%)	0 (0%)
Of the above, number of Stage 2 complaints closed where an extension to over 20 working days was authorised and % of Stage 2 closed complaints	25 (4%)	0 (%)	0	0 (0%)
Average number of days to respond to Stage 2 complaints.	6	7	5	4
Outcome of completed Stage 2 complaints:-				
☐ **Upheld**	99 (21%)	10 (31%)	7 (70%)	129 (94%)
☐ **Partially Upheld**	126 (24%)	9 (28%)	2 (20%)	3 (2%)
☐ **Not Upheld**	240 (46%)	13 (40%)	1 (10%)	5 (3%)
☐ **Irresolvable**	49 (9%)	0	0	1 (1%)
☐ **Withdrawn**	0	0	0	0
Number of Stage 2 complaints closed after escalation within 25 working days and % of all Stage 2 escalated closed complaints	53 (93%)	13 (40%)	1 (10%)	4 (99%)
Number of Stage 2 complaints closed after escalation out with 25 working days and % of all Stage 2 escalated closed complaints	3 (7%)	0	0	1 (1%)

	GPs	Dentists	Opticians	Pharmacists
Average number of days to respond to Stage 2 escalated complaints.	14	11	5	18
Outcome of completed Stage 2 escalated complaints:-				
☐ **Upheld**	10 (17%)	3 (24%)	1 (10%)	2 (40%)
☐ **Partially Upheld**	16 (29%)	4 (30%)	0	3 (60%)
☐ **Not Upheld**	25 (45%)	6 (46%)	0	0
☐ **Irresolvable**	6 (1%)	0	0	0

3.5 Future Plans

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

Table 13: Update on Actions from 2020/21 Annual Report

Action	Update	Status
Continued focus on improving % performance on Stage 2 complaints, and maintain this.	The % performance 2020/21 was 67%, and in 2021/22, was 69%. This improvement in performance is welcome but was impacted by the ongoing COVID-19 pandemic. The focus will be on achieving a performance of >70% in 2022/23	Improved, but further focus needed.
Maintain positive position on delivery and positive evaluation of Complaints Handling Training across NHSGGC	This was greatly impacted by the COVID-19 pandemic. We have offered training to all services and this is commencing as capacity allows.	Focus for 2022/23
Collect feedback on complaints handling from complainants, and make improvements to the service as a result	We have a new system and process in place from Q3 of 2022 and hope to improve this position	Focus for 2022/23

SECTION 4   ACCOUNTABILITY AND GOVERNANCE

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

SECTION 5   CONCLUSION - HAVE YOUR SAY

This report has provided an overview of the issues raised, the learning and the actions and improvements made or proposed in response to the feedback, comments, concerns and complaints received between 1 April 2021 and 31 March 2022.

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

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

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

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

Catriona Kent, Corporate Services Manager
Catriona.Kent@ggc.scot.nhs.uk

Appendix 1: Submission to Scottish Government

NHS Greater Glasgow and Clyde

Annual Report on Feedback and Complaints
Performance Indicator Data collection
2021/22

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

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

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

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

Performance Indicator Four:

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

4a. Number of complaints received by the NHS Territorial Board or NHS Special Board Complaints and Feedback Team	**4282**
4b. Number of complaints received by NHS Primary Care Service Contractors (*Territorial Boards only*)	**2562**
4c. Total number of complaints received in the NHS Board area	**6844**

NHS Board - sub-groups of complaints received

NHS Board Managed Primary Care services;	
4d. General Practitioner	**n/a**
4e. Dental	**n/a**
4f. Ophthalmic	**n/a**

4g. Pharmacy	**n/a**
Independent Contractors - Primary Care services;	
4h. General Practitioner	**1776**
4i. Dental	**114**
4j. Ophthalmic	**96**
4k. Pharmacy	**576**
4l. Total of Primary Care Services complaints	**2562**
4m. Total of prisoner complaints received *(Boards with prisons in their area only)* **Note: Do not count complaints which are unable to be concluded due to liberation of prisoner / loss of contact.**	**922** **(included in section 4a)**

Performance Indicator Five

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

Number of complaints closed by the NHS Board	Number	As a % of all NHS Board complaints closed (not contractors)
5a. Stage One	2307	98%
5b. Stage two – non escalated	1981	73%
5c. Stage two - escalated	470	19%
5d. Total complaints closed by NHS Board	**4758**	**95%**

Performance Indicator Six

6. Complaints upheld, partially upheld and not upheld

Stage one complaints

	Number	As a % of all complaints closed by NHS Board at stage one
6a. Number of complaints upheld at stage one	508	22%
6b. Number of complaints not upheld at stage one	1453	63%
6c. Number of complaints partially upheld at stage one	346	15%
6d. Total stage one complaints outcomes	2307	100%

Stage two complaints

Non-escalated complaints	Number	As a % of all complaints closed by NHS Boards at stage two
6e. Number of non-escalated complaints upheld at stage two	317	13%
6f. Number of non-escalated complaints not upheld at stage two	1030	41%
6g. Number of non-escalated complaints partially upheld at stage two	634	26%
6h. Total stage two, non-escalated complaints outcomes	**1981**	**81%**

Stage two escalated complaints

Escalated complaints	Number	As a % of all escalated complaints closed by NHS Boards at stage two
6i. Number of escalated complaints upheld at stage two	66	14%
6j. Number of escalated complaints not upheld at stage two	320	68%
6k. Number of escalated complaints partially upheld at stage two	84	18%
6l. Total stage two escalated complaints outcomes	**470**	**100%**

Performance Indicator Eight

8. Complaints closed in full within the timescales

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

	Number	As a % of complaints closed by NHS Boards at each stage
8a. Number of complaints closed at stage one within 5 working days.	2093	89%
8b. Number of non-escalated complaints closed at stage two within 20 working days	1422	58%
8c. Number of escalated complaints closed at stage two within 20 working days	289	12%
8d. Total number of complaints closed within timescales	3804	79%

Performance Indicator Nine

9. Number of cases where an extension is authorised

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

	Number	As a % of complaints closed by NHS Boards at each stage
9a. Number of complaints closed at stage one where extension was authorised	220	10%
9b. Number of complaints closed at stage two where extension was authorised (this includes both escalated and non-escalated complaints)	181	7%
9c. Total number of extensions authorised	401	10%

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

NHS Greater Glasgow and Clyde

Engagement and Involvement Overview Report

2021- 2022

Background

NHS Greater Glasgow and Clyde (NHSGGC) is committed to listening to and learning from people's experiences of our services. These experiences not only help us to understand what we are doing well, they help us identify where we could be doing better and help influence service improvements.

NHS Greater Glasgow and Clyde's Stakeholder Communication and Engagement Strategy sets out the organisational approach to communications and engagement to support the delivery of our goals and build trusted relationships between the Board, our patients, their carers and our communities.

This report has been developed by the Patient Experience Public Involvement (PEPI) Team to provide an overview of the range of stakeholder engagement and involvement occurring across NHSGGC.

The report captures and celebrates the range of work carried out by teams across NHSGGC to involve our stakeholders in the delivery, design and improvement of services.

We also provide some insight into the range of tools and resources used by teams across NHSGGC to engage, and the importance of tools such as surveys, discussion groups, forums and more to trigger in-depth engagement and involvement.

"It's only by listening and learning from peoples' experiences of health and care services that we can understand what really matters to people"

NHSGGC Stakeholder Communications and Engagement Strategy

Overview of activity detailed in report

	14,486	Engagements on NHSGGC Social Media
	5,196	People involved directly to help shape the services described in this report
	1,800	People shared feedback on top of planned engagement and involvement projects
	147	Staff responding to patients directly on Care Opinion, and using their feedback to improve services
	29	Teams and Services supported by PEPI to involve people
	27	Examples of people being involved across our services included within this report

Engagement and Involvement across NHSGGC

We know from experience and evidence that focusing on what really matters to people and communities supports improvements in patient experience and health outcomes.

To support this, the Stakeholder Communication and Engagement Strategy sets out a number of aims which includes the aims to:

- Empower staff and teams to have ongoing engagement with people in an open and honest manner, ensuring that *the public voice is at the heart of all service planning, improvements, and developments*

- Achieve the best representative views, comments, and opinions from our diverse communities that we can so that *our work is inspired and shaped by people's views*

- Enable people to voice their views, needs and wishes and *contribute to plans, proposals, and decisions* about services

The examples of engagement and involvement included in this report are from teams across NHSGGC. They are not intended to be exhaustive, instead providing insight into the breadth of work carried out across NHSGGC.
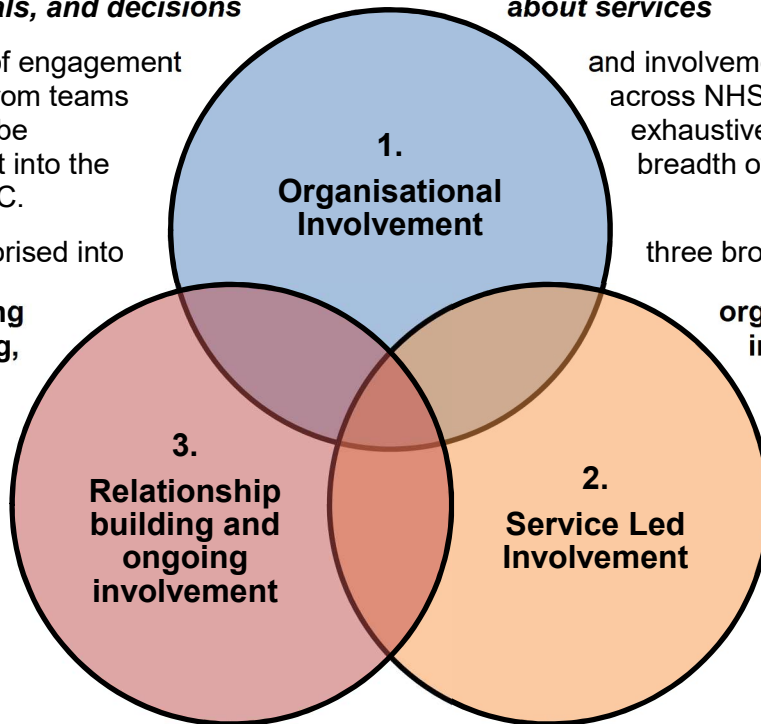
They are categorised into three broad areas:

1. Informing planning, and
2. Service

and

organisational improvements developments led Involvement activity
3. Ongoing Involvement relationship building

1. Organisational Involvement

3. Relationship building and ongoing involvement

2. Service Led Involvement

Section 1: Informing organisational planning, improvements and developments

This work has been undertaken throughout the year to support NHS Greater Glasgow and Clyde's corporate priorities and the Board's Remobilisation Plan.
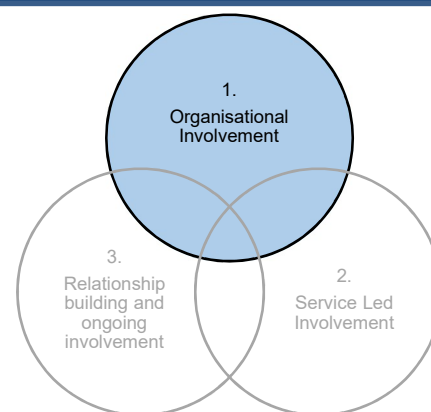
Patient Experience Public Involvement Team Supported Engagement and Involvement

The PEPI Team provides corporate support for NHSGGC to ensure that the patient and carer voice is at the heart of all service planning, improvements and delivery. The team works with communities, patient and carer groups, and staff to support the involvement of people in our work in line with national guidance and statutory duties.

Providing tools and resources to help staff

A key aim of the PEPI Team is to empower and enable staff to undertake feedback, engagement and involvement as part of their everyday role. To support that aim the team created a dedicated staff page on the NHSGGC.scot website. Public Involvement Staff Resources showcases a range of practical tools, templates and how-to guides to help staff think about, plan and deliver feedback, engagement and involvement activities. Staff can also access advice and support directly from the team by filling out a request form.

Building the confidence, capability and capacity of our staff to plan and deliver appropriate, accessible and meaningful engagement, as close to the point of using our services as possible, ensures we are listening to and learning from their experience enabling us to deliver more efficient and better quality person-centred services.

- **Flow Navigation Centre**

    During 2021/22 an evaluation of NHSGGC's Flow Navigation Centres (FNC) was undertaken to better understand the patient experience of this new pathway. The FNC is a nurse led service providing a virtual Minor Injuries Unit (MIU) to people across the NHSGGC. This service is accessed through 111 and aims to provide health advice, self-care and reassurance from nursing staff and hopefully avoid a wait at a physical site.

    The PEPI team with the Scottish Government, NHS24 and the Flow Navigation Centre service developed and tested an interview-based engagement approach as a national pathfinder to better understand patients' thoughts and experiences of this new service.

    Through this work we talked with over 80 patients on a one-to-one basis, with the majority of patients reached (>90%) having a positive experience and avoiding a visit to an MIU. The small number of patients assessed as needing more hand on care were referred onto MIU or A&E services the service.

    Themes identified through interviews shared that they felt they:

    - Received quality and effective care, from an efficient pathway that met their needs

    - Experienced good communication from people spoken to in the pathway, though people did share some frustration at repeating questions

- Experienced long wait times, both for initial call and call back.

- Had positive person-centred interactions with staff who listened to them and provided reassurance.

While feedback was largely positive, some areas for improvement were identified. Feedback was shared with the service leads and governance groups, leading to improvements with the positive impact of these changes captured in subsequent interviews with patients.
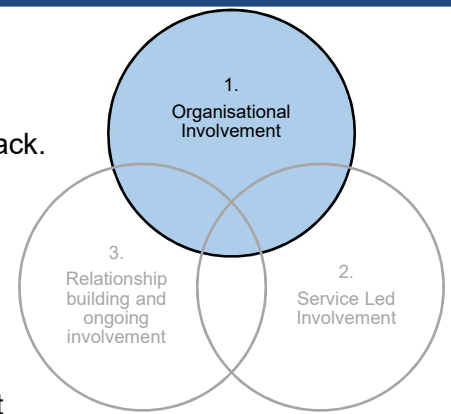
- **COVID-19 focused Community Engagement**

  In order to produce effective, targeted communications around COVID-19, the Equality & Human Rights Team (EHRT) used evidence gathered via community engagement to identify any specific barriers and concerns for communities and to prepare key messages. They worked closely with contacts in the community and within NHSGGC to present this information in various languages and identify the most effective channels to share information.

  This included:

  - A campaign targeting the South Asian population producing translated COVID-19 information, videos and radio interviews. Key messages and video links were shared across targeted social media channels, with a reach of over 36,000 people. The team also translated communications resources into Slovakian, Romanian and Roma in response to feedback from this community, including videos covering COVID-19, how to self-isolate and the vaccination programme

  Additionally, 43 direct engagement sessions with a total of 632 community members were delivered, with these sessions focussing on COVID-19 and Booster vaccination roll-out.

  Of this 632, 40% identified as disabled including people from the Deaf community. These sessions were focussed on Covid related information and involved groups including The Life I want Group, The Mental Health Network, BSL Health Champions and Glasgow Disability Alliance.

- **Virtual and Face to Face Patient Visiting**

  During the COVID-19 pandemic, patient visiting was greatly reduced. Throughout this time the Person Centred Health Care Team (PCHC) facilitated the development of a Virtual Visiting process to keep patients connected with the people who matter to them.

  To help learn from the implementation of virtual visiting and to help facilitate the return of in person visiting, the PCHC team reached out to approximately 300 people. These people shared their experiences of visiting, both in person and virtual. This was done to provide assurance that the visiting processes were meeting the needs of patients, families and carers, and to identify any areas for additional development or improvement. Following this engagement, the team were able to:

  - Implement a revised feedback system for virtual visiting, encouraging a greater response rate and facilitating ongoing learning and improvement. This included the use of social media to encourage patients to share their experiences.

- Share the positive impact on patients, families and staff of a flexible and compassionate approach to visiting with colleagues across NHSGGC, thereby encouraging this approach.

- Identify at an early stage services requiring more support with applying in person visiting guidance.

- Resolve issues current patients were facing around visiting in near to real time.

- Move from using Facetime and similar programmes to the use of a singular service – 'NHS Near-Me'.

The team are now exploring the recruitment of a network of lived experience volunteers for each of the Person-Centred Care work streams. This will include hospital visiting, along with other key areas and a focus on how the work of the Person-Centred Care team can improve quality of care for people with protected characteristics.

- **GP Out of Hours (GPOOH) services**

    The Patient Experience Public Involvement Team (PEPI) undertook a programme of engagement to capture the views and experiences of patients and carers who had accessed the GPOOH service. The GPOOH service model has been through significant redesign based on recommendations by Professor Sir Lewis Ritchie to ensure ongoing resilience, safety and quality of the service.

    The purpose of the engagement was to evaluate the changes from a patient and carer perspective and ascertain what aspects of the service model works well and where further improvements or changes are required.

    Engagement took place during 2020 and was repeated in 2021 to enable the service to identify any trends and recurring themes in relation to the patient and carer experience. Across both years engagement reached 639 people who were able to share their experience of the GPOOH service, with **330** people sharing their experiences in 2021.

    The majority of people who shared their experiences had either attended one of the four GPOOH Centres for an appointment or had a remote consultation by telephone. The three most common themes that we heard in relation to what is important to people were:

    - Receiving a prompt and efficient service
    - Gaining access to care and treatment, and;
    - Being listened to

    The engagement with patients, carers and communities provided the service with valuable insight into how the model is working from a patient and carer perspective including how it felt and what aspects are important to them. The feedback has also highlighted areas that impact on the patient and carer experience for the GPOOH service to reflect on.

- **Person Centred Care Planning**

    The Person Centred Care Team carried out a survey to capture and listen to the experiences of patients, families, carers and staff about planning care. They heard from over

365 members of the public who provided a range of feedback on what worked well for them, what did not work and what ideas they had for change and improvement.

The team went on to carry out two virtual focus groups with 26 members of public. These helped the team share findings from the survey and to sense check the teams understanding. The sessions also provided an opportunity for the team to explore a set of core principles for planning care with patients.

The Person Centred Care Team captured a variety of experiences of planning care, this feedback highlighted some exemplary practice, as well as a number of areas for learning.

Some of the main themes identified were:

- What matters needs to be aligned with care needs
- Care Plans need to be reflective of who matters to the patient and how the patient wants others to be involved in their care decisions and discussions
- People's communication and information support preferences and needs should be included
- Realistic aims and goals should be agreed in partnership with the patient
- There needs to be a much more coherent multi-professional approach to planning care
- Core skills for planning care need to be central to learning and education approaches
- Solutions need to be explored to minimise the duplication of paperwork associated with planning care and to streamline this

The team shared that the learning from each of the engagement activities has helped to inform the development of core principles for planning care in NHSGGC. This work is continuing, and they will continue to engage with patients, families, carers and staff to gather reflections, experience and learning throughout 2022/23.

- **Black and Minority Ethnic Maternity Engagement**

    The Equalities and Human Rights Team undertook activities across maternity services to understand and address structural barriers and racism facing Black and Minority Ethnic (BME) people, particularly those that do not speak English. The team engaged with 74 women to understand the lived experience of different Black and Minority Ethnic women, including asylum seekers. Initial actions to address structural barriers in the maternity pathway include;

    - Piloting video interpreting in the early pregnancy pathway and scoping out the use of a patient interpreting code to ensure access to the telephone triage system.
    - Reviewing the maternity pathway with maternity staff from community services to post-natal services to ensure equal access at all points of the pathway
    - Building on the engagement feedback from patients and third sector organisations including through a Maternity Services Exit Survey for every woman leaving maternity services

    The new draft Maternity Strategy offers an opportunity to review the maternity pathway for BME women and create a suite of Equality Impact Assessments to ensure the maternity pathway is accessible to all.
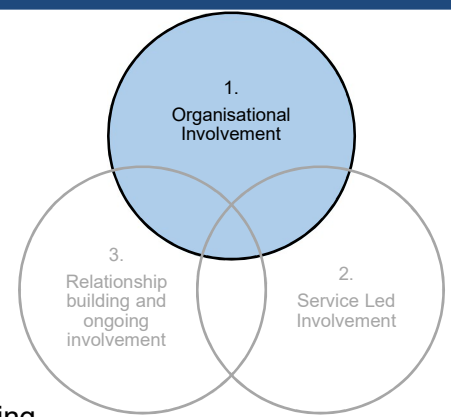
- **Learning Disability Engagement**

  The Equalities and Human Rights Team are committed to reducing the health inequalities experienced by people with learning disabilities in NHSGGC. They work closely with learning disability community groups, including The Life I Want group, to:

    - Disseminate easy read COVID-19 information to all learning disability organisations
    - Understand the barriers faced by people with learning disabilities. During COVID-19, this included confusion over cancelling of appointments and visiting policies, as well as issues with getting prescriptions.
    - Better understand the experience of people with learning disabilities using remote consultation
    - Produce an accessible easy read version of the Equality Scheme 20-24
    - Offer information about COVID-19 vaccination and boosters.

  There is ongoing work to develop this programme of work to improve the quality of care experienced by people with learning disabilities.

- **Disability Access Group Involvement in assessing action plans for new buildings and existing estate improvements**

  Work with the Disability Access Group had been disrupted due to the restrictions associated with the pandemic. However, members have been enabled to engage digitally in policy and guideline development (e.g. NHS Greater Glasgow & Clyde Powered Wheelchair & Scooter Use Guidelines), the Gartnavel Pilot Project (disability access to campus) and furnishings within accessible toilets. As COVID-19 restrictions eased further alongside Access Audits were able to recommence, with the Disability Access Group playing an essential role in these.

  Work has also commenced on a redraft of the Disability Access Group guidelines and processes. The EHR Team are exploring a group restructure that should enable more effective participation in audit work given the disproportionate impact of COVID-19 on disabled people.

  Funding of £100,000 has recently been made available by the Estate and Facilities Directorate, which will partly go towards addressing matters raised in audits and other recommendations from the Disability Access Group. These will include improved road markings on the Queen Elizabeth University Hospital campus, new sensor operated bins in accessible toilets and increased disabled parking bays at Glasgow Royal Infirmary.

- **Developing a new NHSGGC Digital Strategy**

  The PEPI team supported the NHSGGC eHealth team to reach 245 people to help inform the development of the new Digital Strategy. The eHealth team shared how the feedback helped make the strategy feel more 'real' and generated interest from staff and stakeholders involved in the development of the strategy. The citizen survey response fuelled constructive conversation, and proved highly informative, empowering teams to take forward the capture of patient profiles and stories to further influence the strategy development.
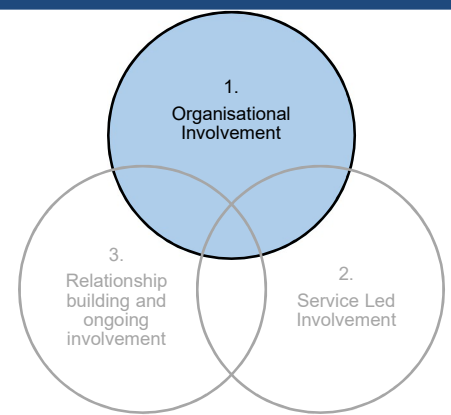
- **Medicines and Prescribing Pathways**

    The PEPI team provided advice and support to the eMedicines Programme Team to capture people's views and experience of prescribing services in NHSGGC.

    A survey was developed to capture the views of people accessing medication through their: General Practitioner, Community Services, Hospital Discharge, Hospital Outpatient services or Out of Hours healthcare.

    The survey received over 700 responses with people sharing their recent experiences of how they receive their prescriptions, what was working well and where they may have ran into difficulties. It also explored how people would like to see digital technology used to improve their experiences.

    Key themes that emerged from the feedback were:

    - The length of time it took to receive medication following initial contact with a service.
    - Difficulties people can sometimes face when collecting or tracking changes to medication.
    - Perceived lack of communication between services, and slow communication between different services.
    - The benefits of staff taking the time to understand patient's needs and talk through changes or concerns.
    - A desire to see an increase in the use of digital systems to order and track medications.
    - That any proposed changes to pathways consider the needs of people with long term conditions, particularly around receiving specialist prescriptions that improve their quality of life.

    The PEPI team also led a social media engagement campaign, which was modelled on the survey, to capture people's views and experiences of our prescribing services. The campaign achieved over 721 engagements from 12 tweets, Twitter polls and Instagram Stories. Responses to social media engagement echoed feedback from the survey, such as the need to shorten waiting times, digitise services and improve communication and efficiency between services.

    The programme team are now looking to carry out a series of in-depth interviews with patients, carers and families to gain deeper insight into people's experiences. The feedback captured and stories shared will be used to inform the development of new pathways and future involvement activity.

- **NHSGGC Website development**

    NHS Greater Glasgow and Clyde have recently launched their new NHSGGC.scot website. Ahead of the development and launch of this website, the PEPI Team provided engagement support to the NHSGGC Web team to evaluate and review the old NHSGGC website.

    A short survey was developed and shared via the NHSGGC Involving People Network asking people to share their thoughts on the content, navigation, and accessibility of the old

website. We received 500 responses, with the feedback being used to inform the development and style of the new website.
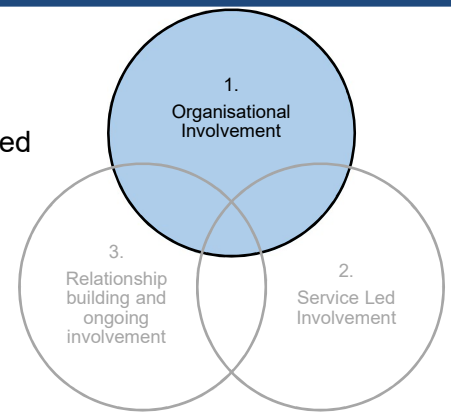
- **Care Experience Improvement Model**

  This is a NHSGGC developed model of listening to the care experience of people. The approach concentrates on gathering feedback about 'what matters to people while they are receiving care' and their experience of the person-centred principles of care giving.

  The Person Centred Health Care (PCHC) Team have been working to support wards across NHSGGC and have carried out 67 "themed conversation" since restarting this work in March 2022.

  Once the care experience feedback was gathered, the ward team received support from the PCHC Team to analyse the feedback and identify things to celebrate within the team, as well as prioritising opportunities for improvement. They then receive coaching and mentoring support, to help staff take forward improvement actions and interventions as part of an improvement plan.

  Some of the improvements made since restarting this model have led to the implementation of: kindness bundles, rest periods for patients to provide quiet time to those who chose it and encouraging the involvement of patients in ward round discussion.

  The "themed conversations" model will continue through 2022/23 to ensure patient feedback continues to influence improvement plans, and evidence changes over time.

- **Equalities Engagement**

  'A Fairer NHS Greater Glasgow & Clyde' document outlines how the organisation will uphold the law by addressing inequalities. This means, for example, making sure that services are working well for everyone and that people are getting information in a way they can understand. The document also covers people's right not to be discriminated against in the workplace. The following examples provide some insight into the work carried out by the Equalities and Human Rights Team to achieve these goals.

Section 2: Service Led Involvement activity

Teams across NHSGGC are continually working to listen and learn from their patients and service users. They do so through a wide range of tools, from feedback forms or caring conversations to more formal support or engagement groups. The following pages provide some insight into the range of work undertaken by teams across NHSGGC.
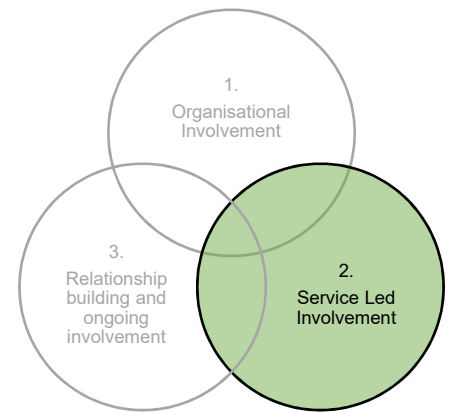
- **Complex Mesh Surgical Service**

    The PEPI team received a request from the National Steering Group for the Complex Mesh Service to help capture the experiences of women who have been through the surgical mesh repair service.

    The underlying aim of this work was to understand if the service was meeting the needs of those it was developed to support and help to inform the future service delivery. The PEPI Team worked with staff to enable 17 women to share their feedback and make recommendations for changes or improvements.

    Feedback received was broadly positive with some suggested areas for improvement identified. A report was developed and shared to the National Steering Group with oversight of this service.

    As a result of this work a number of improvements have been made based on the feedback shared and themes identified, these have been:

    - Introduction of a pre-appointment telephone call 3 days before an appointment to answer questions and alleviate any concerns/anxieties
    - Changes to clinic format to reduce the number of staff in attendance during the physical examination process
    - Promotion of Care Opinion to encourage routine and ongoing feedback
    - Patient information leaflets on trans labial ultrasound and support from psychology services currently being designed
    - Improved signage at New Victoria ACH
    - Development of a website for the service underway

    A second round of engagement is being planned for 2022 using a semi structures interview model with patients.

- **Artificial Intelligence in Lung Cancer Diagnosis Trial**

    The PEPI team were asked to provide advice on engaging with people on the use of Artificial Intelligence (AI), with the specific focus on a trial being delivered in the lung cancer diagnosis pathway. With the process and documentation for the trial already in place the purpose sought to raise awareness of the use of artificial intelligence to understand public views and perceptions on the topic.

    Two online focus groups were facilitated by the team during March 2022, with 27 people participating. Alongside these sessions the team also facilitated social media engagement, with live polling capturing further insights into people's views. The Twitter polls received 44 votes and demonstrated a positive response to the trial: users voted they felt happy with the trial or needed to know more about it.

After describing how AI could be used in cancer diagnosis pathways we found there was broad support for the use of AI with feedback from participants touching on:

- The need for robust, accessible communication with patients, carers and the public,
- The importance of regular updates on emerging findings and,
- Clarity on how the use of AI will actually improve outcomes for patients and what it means for waiting times for all patients.
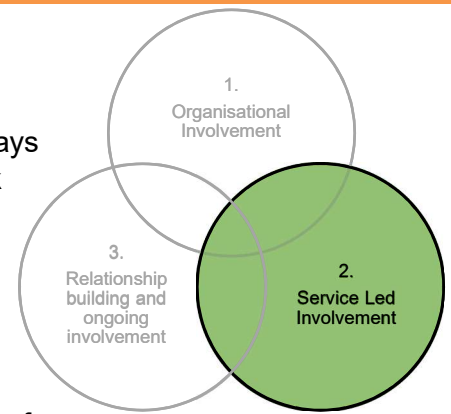
Using the findings, the Scottish Radiology Transformation Programme produced a flash report on the topic with 19 participants indicating their interest in staying involved and a virtual reference group was set up to ensure the voices of patients can shape the work going forward.

- **Sandyford Sexual Health Services**

The Sandyford Sexual Health Service shared two examples of how they have been engaging with communities across NHSGGC over the last year.

500+ People engaged with by Sandyford Services across these examples

(i)   Sandyford Sexual Health Services: Youth Engagement

Prior to the pandemic, the Sandyford Service had consulted with a number of young people on the future of the service.

To better understand what mattered to people about Sandyford Services moving forward, and to sense check the work undertaken previously, the service reached out to over 300 young people and adults who support them (34). The work focused on capturing the views and experiences of 13-17 year olds during the pandemic period, focusing on revisiting the pre-pandemic consultation with this group.

From these conversations the Sandyford service found that young people:

- Have changed their expectations around booking methods.
- Expect to see changes in how they were communicated with, in keeping with increased use of digital communications during the pandemic.
- Still preferred in person appointments, in a location near them.

This has helped the service ensure that they are still developing services in a way that will work for young people. They are currently developing a report on their findings that will include actions and information on how they will implement the findings.

(ii)   Gay, Bisexual and all men who have sex with men Sexual Health Services Review

During 2021/22 the Sandyford sexual health service undertook a review of the services provided for gay, bisexual and all men who have sex with men (GBMSM) through the Steve Retson Project (SRP) clinics. The proposals were to provide 34 specialist gay and bisexual men's clinic appointments every week throughout Greater Glasgow & Clyde. Additionally, to introduce dedicated clinics to provide vaccinations and creating a separate HIV PrEP* service.
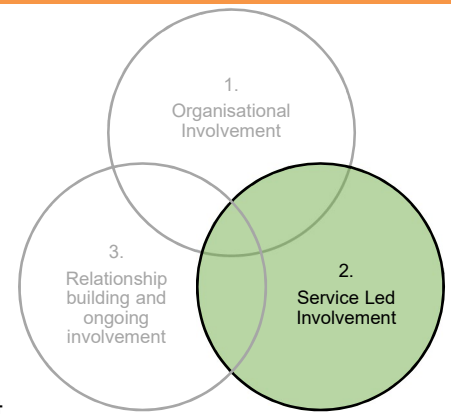
The service heard from 192 service users and their voices helped ensure the work informed the new service model for Sandyford GBMSM service. The engagement highlighted the following key points:

- It became clear that people found Sandyford the more well-known brand over Steve Retson Project (SRP), especially among young and non-Glasgow City respondents.
- Respondents indicated a preference for accurate and easily accessible service information over either a local or national website.
- Having a designated (GBMSM) service at Sandyford is more favourable than retaining the SRP brand.

Taken together this suggests the quality of information and sense that people are being seen by a "specialist" service is more important than what the service is called. While the implementation of the new model was impacted by the COVID-19, the engagement was able to take into account changes made during this time and evaluate their effectiveness.

*More information on HIV PrEP can be found on NHS Inform

- **The Glasgow Psychological Trauma Service: Art Psychotherapy Service**

The Art Psychotherapy service shared how they have been working to improve engagement with patients to better understand the impact of the service, and reduce inequality of access, with initial engagement focused on gaining open and honest feedback from 30 current patients. This provided valuable insight into the service, as well as a clearer picture of who they had not been hearing from.

This enabled the service to focus on building better networks with key stakeholders, to ensure they were reaching all their patients and that everyone had the opportunity to share their voices.

The insights shared have been extremely valuable to the team, with the team sharing how they were often able to make quick changes to how they were delivering treatment to directly improve the patient experience. This led to a reduction in missed appointments and helped ensure that patient information on consent was more accessible and easier to understand.

Building on this work the service have:

- Embedded feedback capture into patient reviews.
- Implemented end of therapy satisfaction measures.
- Continued to develop their culture of involvement based on the voices and views of their patients
- Begun to look at how they can develop a wider stakeholder involvement.

- Started to explore the expansion of satisfaction questionnaires across all involved partners and trial feedback focus groups with stakeholders.
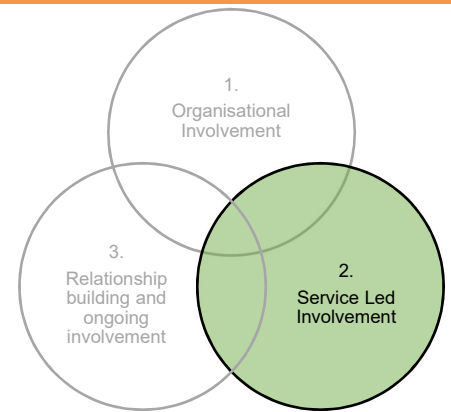
- **Podiatry Practice Development Team**

  The NHSGGC Podiatry Practice Development team worked to capture the experiences of 115 patients to improve how they deliver services.

  During the pandemic, virtual consultations, including telephone and video calls were used to assess and treat patients. As part of service recovery, the team wanted to ensure they captured patient experiences and were able to use these to inform future service delivery. The experiences and insights helped the service to understand how difficult it could be to communicate the location and types of pain people experienced using telephone rather than face to face appointment.

  Drawing on the experiences of 115 patients captured via survey and one to one conversations, the team developed a new blended appointment model that has now been implemented.

  Patient input and insight helped the service to:

  - Better plan and coordinate appointment times.
  - Develop better patient information to support more effective consultations.
  - Plan learning & development for staff, including specific training workshops on communication skills.
  - Develop algorithms for escalation and patient safety.
  - Develop a self-care Musculoskeletal (MSK) resource on the NHSGGC website.

  The Practice Development team will continue their learning and hope to focus on following patients with femur fractures from their admission through A&E to ward and discharge with a view to prevent pressure damage.

- **Glasgow Royal Infirmary Intensive Care Unit**

  Colleagues in the Glasgow Royal Infirmary shared their experiences of collecting feedback on a virtual follow up clinic they have been running for ICU patients. The clinic provides post discharge advice and support to patients following a visit to one of NHSGGC's ICU wards, with patients invited by letter to arrange a call.

  In an effort to gain a better understanding of how patients found the virtual appointment system the team carried out a series of telephone interviews with 18 patients shortly after their appointment.

  The interviews provided the team with a wealth of information that helped them better understand what patients found was working or could have been better about the clinic appointment. It was discovered that patients would appreciate greater information being shared on:

  - The purpose of the appointment
  - What they could expect, and;
  - Who they would be speaking with

The team were able to make changes following the first round of interviews and made significant changes to the invitation letter to help improve patient understanding on the purpose of the clinic and how the appointment aims to help them.

Unintended feedback included the desire from patients to see the use of virtual clinics continue. Patients cited challenges in transport and the time it can take to attend face to face appointments for this preference.

Following this feedback the service are now looking at developing a hybrid model to give patients maximum choice and flexibility and are planning to continue this work through 2022/23.
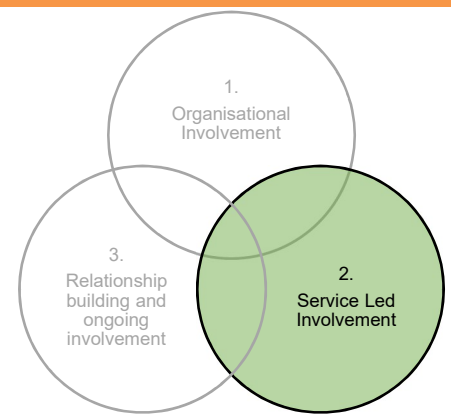
- **Occupational Therapy Team: Evaluation of Virtual Appointments**

  The NHSGGC Occupational therapy team used a questionnaire to capture service user and carer feedback about the experience of virtual appointments and the environment when visiting in person. The service heard from over 170 people and the feedback received has been used to help shape the service's work plan for the year ahead.

  The feedback also helped trigger conversations with the service management team about how they can better:

    - Identify and agree areas for change.
    - Use feedback to influence the service's environmental audit programme.
    - Share positive feedback with staff.
    - Refer people onward to appropriate services.

  The patient feedback received has also helped the service to reinforce staff feedback received about the environment of certain buildings to help take forward conversations on the need for improvements.

- **Cystic Fibrosis Team, understanding patient experiences**

  The PEPI team provided support to physiotherapy colleagues working with Cystic Fibrosis patients. The team were looking to better understand how service users found the service during the COVID-19 pandemic.

  The team wanted to establish a baseline of feedback ahead of planning out more structured engagement to look at service improvements in more detail. The team heard from 58 patients offering a range of experience in using the service. The team plan to use this feedback to explore how they can co-design the service with their patients during the coming year.

- **Digital Engagement on Green Space Development**

  During 2021/22 engagement took place to explore the current environment surrounding the Queen Elizabeth University Hospital (QEUH). This green space project aimed to identify improvements with spaces for staff, patients and visitors to the hospital to enjoy.

  The PEPI team, using a combination of traditional surveys and social media methods, captured views and feedback from 200 people, hearing a range of views on what mattered to them when using green spaces. The top themes identified were around more accessible spaces with covered areas to meet and talk, alongside more greenery, flowers and greater biodiversity across the site.

The feedback was shared with the planning team and architects to inform design considerations that would be taken forward in 2022/23.
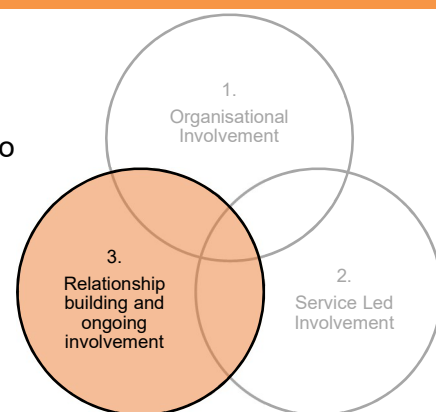
Section 3: Ongoing Involvement and Relationship Building

A key component of effective engagement is regular contact with the communities. The following examples provide insight into how teams across NHSGGC have worked to engage with people across NHSGGC more regularly, both through social media and more traditional structures such as patient forums.

- **Development of an Orthotics Patient Forum**

    The NHSGGC Orthotics team on the QEUH Campus worked to engage with patients that access support from the Ankle Foot Orthoses (AFOs) service. The team developed a Patient Forum with the view to carry out conversations with 20 patients. The forum was developed with a view to provide support and information to patients as well as opportunities for peer support.

    This new forum approach has already begun to help the orthotics team improve their services, with patients expressing interest in exploring new ways to access support. The team hope to apply the learning from this forum to develop their Knee Ankle Foot Orthosis (KAFO) services and have begun to explore the delivery of more in-depth patient satisfaction measures including a questionnaire and semi structured phone interviews.

- **What Matters to You Day 2021/22**

    What Matters to You (WMTY) Day aims to raise the profile of meaningful conversations about what matters to patients, carers and staff, building a global culture of person-centredness.

    The Person Centred Care Team led and coordinated activity for the day and reached over 200 patients to encourage meaningful conversations about what matters to people. This was carried out through face to face conversations, social media promotions and story and experience capture. The Communications and Public Engagement Directorate supported the WMTY day social media campaign, seeing 5,231 engagements across all our social media channels. WMTY day activity achieved national and global success, with Glasgow sharing the most tweets across the world during 2021.

- **Digital Engagement: Support and Information Services**

    The PEPI team worked with colleagues in public health to gain deeper insight into the type of support people wanted to see from the Support and Information Service (SIS), following the Covid-19 pandemic. To gain early feedback, a campaign was delivered through social media with over 500 people interacting with tweets, Twitter polls, and poll, quiz and question box Instagram Story stickers. Users offered their awareness of the service and what they would like to see from the service in the future, which included further support with transportation, smoking, mental health, pension advice and loneliness. This work has been used by public health to inform the next steps of their work as they move forward during the coming year.

- **Carer Engagement on Social Media**

During Carers Rights Day 2021, Young Carers Action Day 2022, and through general carers awareness on NHSGGC social media, the PEPI team provided support to reach out to carers via social media. The campaigns focused on building awareness of carers rights and support, and engaging patients and carers, with over 700 engagements and Instagram Story sticker interactions taking place. For Carers Rights Day 2021, users shared that they would like a potential carers network to explore topics such as carers' mental health, visiting arrangements and pathways through services. Feedback received from all of these campaigns helped provide deeper insight into the needs of carers and how they view the support available to them.
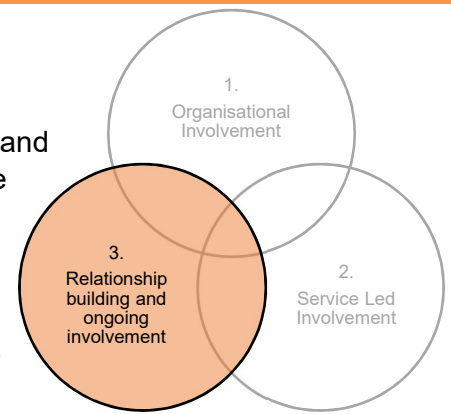
- **Realistic Medicine Awareness Week 2021**

    The PEPI Team supported colleagues in Realistic Medicine with managing content on the NHSGGC Realistic Medicine app and promoting the Realistic Medicine Awareness Week. This latter project involved supporting event registration, coordinating the webpage to promote various activities and creating material collateral such as a poster, Twitter asset and certificate for those who attended events. The awareness week was a significant success, with a high number of staff registering to attend events, and an increased understanding of the purpose and need for realistic medicine.

Next steps and Reflections

This is NHSGGC's first Engagement and Involvement Overview Report. The report was created to highlight examples of the wide range of stakeholder engagement and involvement that takes place across NHSGGC throughout 2021-2022. While not exhaustive the collection of the data making up this report has provided valuable insight into the work undertaken by staff and teams throughout 2021/22. It has also helped develop new links, while sharing learning and practice with teams across NHSGGC.

NHS Greater Glasgow and Clyde's Stakeholder Communication and Engagement Strategy sets out the organisational approach to communications and engagement to support the delivery of our goals and build trusted relationships between the Board, our patients, their carers and our communities.

Going forward this report provides a baseline for engagement and involvement activity that can be built upon through 22/23 and will lead to the development of further involvement across our teams and services within NHSGGC.

As we take this work forward, the Patient Experience Public Involvement Team and the wider organisation are focused on key areas to help this move forward. This includes the development of:

- Refreshed structures to support sector and directorate colleagues to involve patient and carers in the ongoing delivery of services.

- Robust public involvement networks, ensuring individuals, communities and third sector partners are able to share their voices and influence the work of NHSGGC.

- Processes to capture case studies focused on patient and carer impact on service design and delivery, and how we effectively share this impact and learning across the health board and wider NHS.

If you have any questions, would like to share your own examples of engagement and involvement, or just want to find out more about the support available please get in touch with the PEPI team via public.involvement@ggc.scot.nhs.uk or via the webpage: Public Involvement Staff Resources - NHSGGC