NHS Greater Glasgow and Clyde

NHS Greater Glasgow and Clyde	**Paper No. 26/146**
Meeting:	**NHSGGC Board Meeting**
Meeting Date:	**29 October 2026**
Title:	**Feedback, Comments, Concerns, Compliments & Complaints Annual Report 2025/2026**
Sponsoring Director/Manager	**Angela Wallace, Executive Director of Nursing**
Report Author:	**Mandy Crawford, Corporate Services Manager, Complaints & Public Affairs**

1. Purpose

The purpose of the attached paper is to:

The purpose of the attached paper is to provide an overview of the annual performance on Feedback, Comments, Complaints and Concerns in NHSGGC.

2. Executive Summary

The paper can be summarised as follows:

NHS Greater Glasgow and Clyde continues to welcome and act on patient and carer feedback and complaints as part of our Board wide culture of listening and learning.

There is a consistent performance against the timescales for complaint response set by the National Complaints Handling Procedure compared to 2024/25.

Key elements from our overview of feedback, comments, concerns and complaints for 2025/26 are captured within this report to demonstrate the ways in which we have utilised various methods of gathering and capturing feedback. We have continuously listened and learned from complaints as well as making sure that people know how to raise concerns and what they will expect when they do so.

The information we have shared in our report reflects our key message which demonstrates our ambition and desire to be approachable, clear and transparent ensuring that people are well connected and communicated to, and as an

organisation we welcome, listen and learn from feedback. Our key messages are captured and highlighted in the summary of our report detailed below:

- Provided case studies that highlight service improvements made in response to complaints
- Shared Care Opinion stories and the improvements made in response to receiving feedback
- Shared feedback from our social media and website.

3. Recommendations

The Board are asked to note this Annual Report and the improvements identified by the team.

4. Response Required

This paper is presented for **Assurance.**

5. Impact Assessment

The impact of this paper on NHSGGC's corporate aims, approach to equality and diversity and environmental impact are assessed as follows:

- **Improve Outcomes for People** **Positive impact**
- **Health Quality Care & Experience** **Positive impact**
- **Digital First Approach** **Neutral impact**
- **Sustainability and Value** **Neutral impact**
- **Supported Workforce** **Neutral impact**

6. Engagement & Communications

- This report will be shared with the Scottish Government, SPSO, PASS and will be published on NHSGGC website on approval.

7. Governance Route

- The contents of this paper have been previously considered on a quarterly basis by the Board Clinical Governance Forum and the Clinical Care and Governance Committee.
- This report was approved at CMT 10 August 2026, BCGF 17 August and CCGC 10 September 2026

8. Date Prepared & Issued

Paper prepared on: 12 October 2026
Paper issued on: 21 October 2026

NHS Greater Glasgow and Clyde

Feedback, Comments, Concerns, Compliments & Complaints.

Annual Report 2025/2026

Mandy Crawford, Corporate Services Manager Complaints

Professor Angela Wallace, Executive Director of Nursing

NHS Greater Glasgow & Clyde Complaints & Feedback Annual Report at a glance 2025/2026

- 6553 Complaints received from 1 April 2025 to 31 March 2026.
- 84% of complaints closed at Stage 1 within 5 working days.
- 60% of complaints closed at Stage 2 within 20 working days.
- 73% overall performance.

- 3,885 pieces of feedback were shared from 1 April 2025 – 31 March 2026.
- 81% of all feedback received was identified as Positive.

- 181 Cases Pertaining to SPSO processes have been shared with NHS Greater Glasgow and Clyde by the SPSO from 1 April 2025 to 31 March 2026.

- 3,402 stories posted through Care Opinion from 1 April 2025 – 31 March 2026. This is an increase of 12% on the previous year.
- 80% of Care Opinion stories were Positive.
- Stories have been read 490,788 times, averaging 144 times per story.

Executive Summary

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

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

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

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

Overview

Key elements from our overview of feedback, comments, concerns and complaints for 2025/26 are captured within this report to demonstrate the ways in which we have utilised various methods of gathering and capturing feedback. We have continuously listened and learned from complaints as well as making sure that people know how to raise concerns and what they will expect when they do so.

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

- Provided case studies that highlight service improvements made in response to complaints.
- Shared Care Opinion stories and the improvements made in response to receiving feedback.
- Shared feedback from our social media and website.

The table below details the number of complaints received during 2025/26 and a comparison of the previous year.

	Acute / Board		HSCPs		Prison Health Care	
	2024/25	2025/26	2024/25	2025/26	2024/25	2025/26
Number of Stage 1 Received	2540	**2563**	382	**396**	317	**178**
Number of Stage 2 Received	2313	**2753**	321	**428**	303	**235**
TOTAL	4853	**5316**	703	**824**	620	**413**

Complaint themes

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

Clinical Care and Treatment

Date of Appointment

Attitude and Behaviour

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

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Introduction

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

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

NHS Greater Glasgow & Clyde serves a population of over 1.14 million and employs approximately 39,000 staff, in a diverse geographical area. From the period of April 2025 to March 2026, there were approximately 4,113,163 patient contacts in hospital settings, including outpatient attendances, inpatient admissions and A&E attendances.

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

Key Performance Indicators

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

For ease of reference, this section has been divided into each of the Key Performance Indicators relating to NHS Greater Glasgow & Clyde's performance.

NHS Greater Glasgow & Clyde received a total of 6553 complaints for the period 1 April 2025 to 31 March 2026 (this includes complaints that were withdrawn, transferred elsewhere and consent not received). This is a 6% increase in the number of complaints received compared to the previous year.

Graph 1: Five Year Comparison of Complaints Received

A total of 2869 complaints were managed and closed under Stage 1 (local resolution), indicating a decrease of 54 Stage 1 complaints compared to the previous year.

A total of 2505 complaints were managed and closed under Stage 2 (investigation), indicating an increase of 346 Stage 2 complaints compared to the previous year.

The table below gives a breakdown of the number of complaints received during 2025/2026 and the numbers managed under Stage 1 and Stage 2, and a comparison for the previous year.

Table 1: Received Complaints 2025/2026 – Acute / Board, HSCP and Prison Health Care

	Acute / Board	HSCPs	Prison Health Care	TOTAL
Number of Stage 1 Received	2563	396	178	**3137**
Number of Stage 2 Received	2753	428	235	**3416**
TOTAL	**5316**	**824**	**413**	**6553**

Table 2: Received Complaints 2024/2025 – Acute / Board, HSCP and Prison Health Care (for comparison)

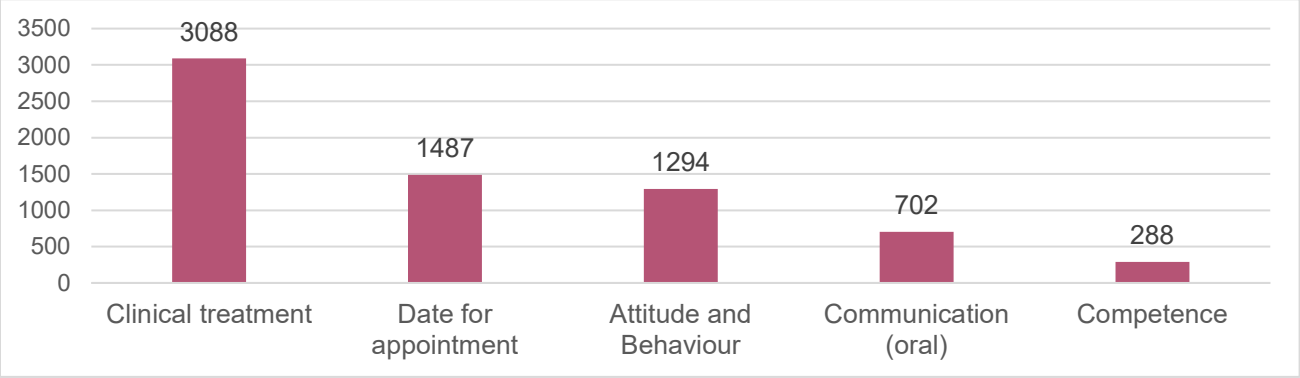
	Acute / Board	HSCPs	Prison Health Care	TOTAL
Number of Stage 1 Received	2540	382	317	**3239**
Number of Stage 2 Received	2313	321	303	**2937**
TOTAL	**4853**	**703**	**620**	**6176**

Indicator One: Learning from Complaint

Themes from complaints

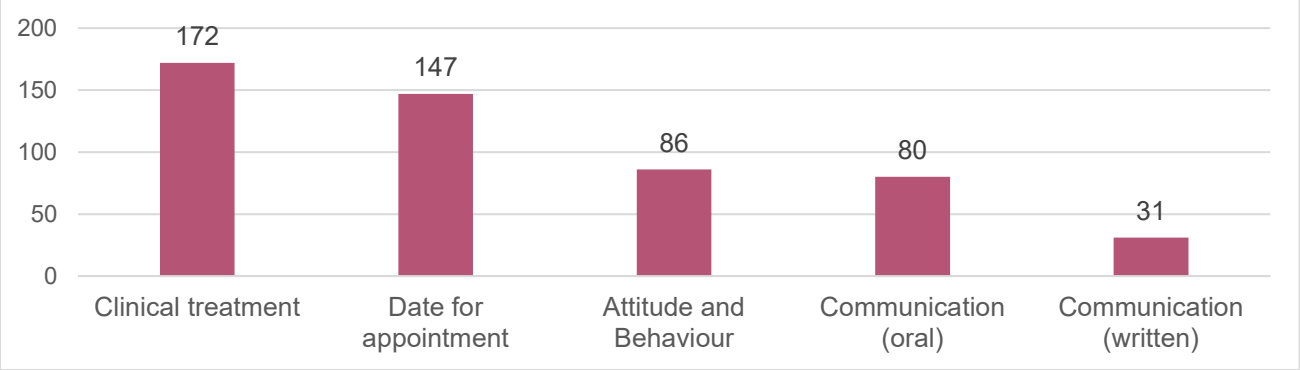
The following charts show the top 5 themes within complaints (both Stage 1 and Stage 2) over the reporting period.

Chart 1: Complaint by Theme – Acute / Board



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

Chart 2: Complaint by Theme – HSCPs



These results show an increase in complaints investigated regarding clinical treatment, as well as dates for appointments. It is worth noting there has been a slight increase in complaints investigated regarding attitude and behaviour.

Chart 3: Complaint by Theme – Prison Healthcare

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

Staff Group

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

Chart 4: Complaint by Staff Group – Acute / Board

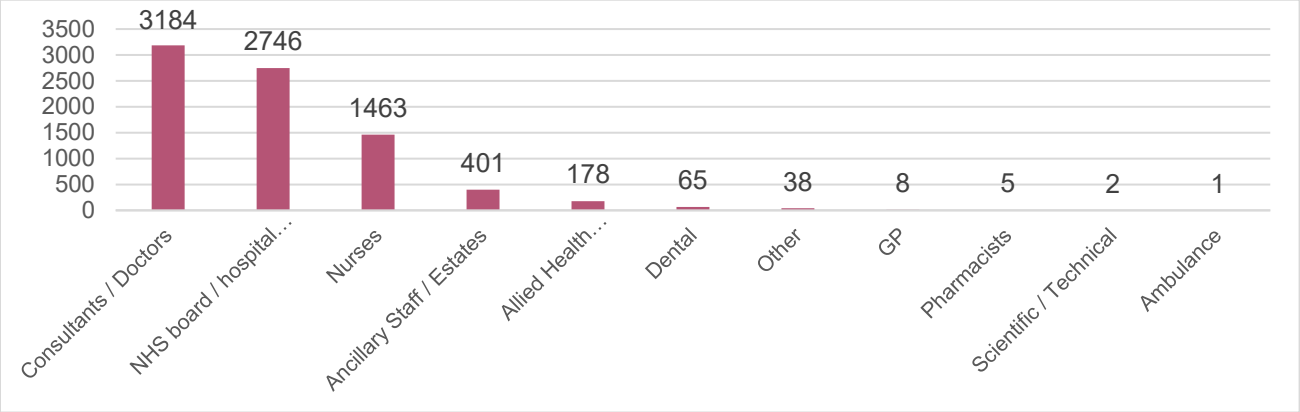


Chart 5: Complaint by Staff Group – HSCP

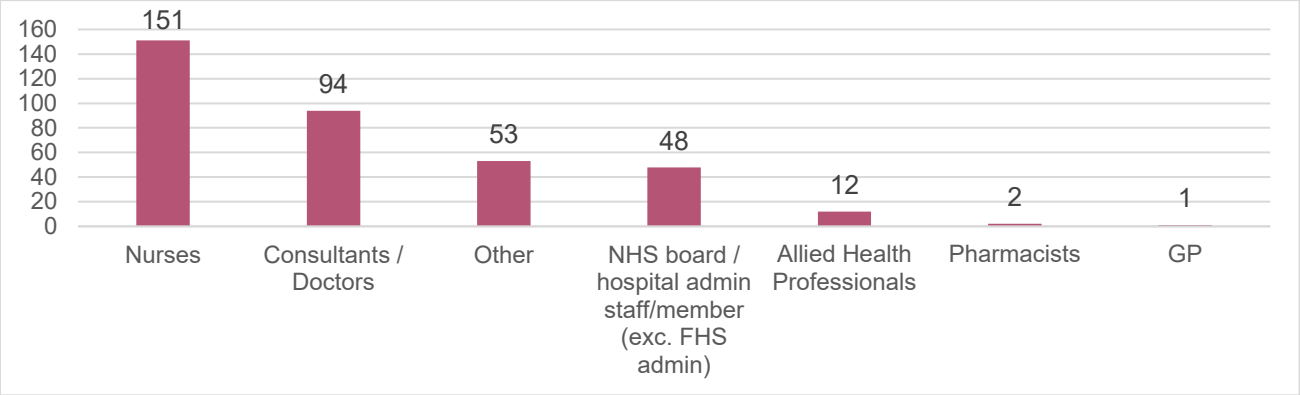
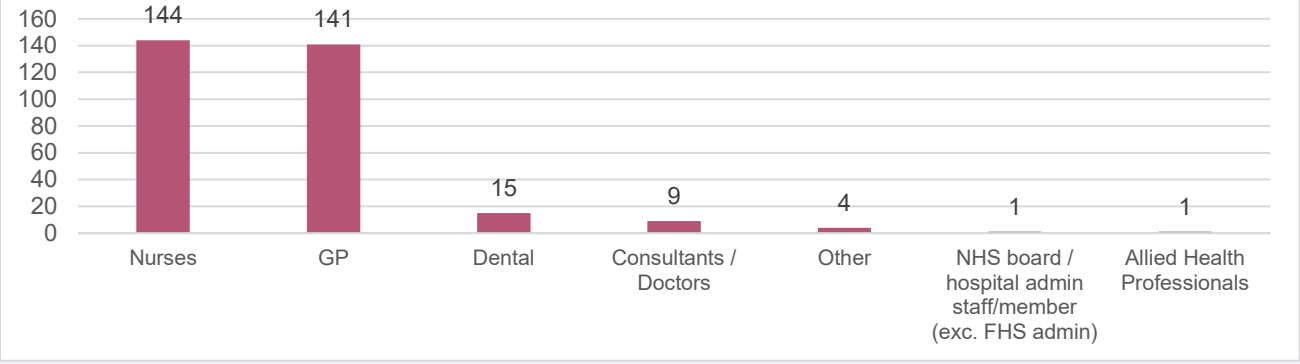


Chart 6: Complaint by Staff Group – Prison Healthcare



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

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

In each quarterly Patient Experience report, examples are given of real complaints in order to promote transparency and openness, as well as showcasing improvements made to services and procedures as a result of complaints. Detailed within the report are 9 case studies that show service improvements in response to complaints.

Service Improvements – Case Study 1

Clyde Sector / General Medicine (Ward 14, RAH) – Learning opportunity identified

Background:
A family member raised a complaint in relation to the behaviour of staff following a patient's death. Concerns were also raised regarding a lack of information about next steps and a delay in providing the family with the death certificate.

What we did in response:
Condolences and sincere apologies were offered for the unacceptable delay in providing the patient's death certificate, and for not providing the necessary guidance document to the family following the death.

As a direct result of this complaint, the Consultant discussed the death certification process with the ward resident doctors and reiterated that death certification is a priority task that should be completed the next working day following a death. The death certification process is now highlighted in medical staff induction documents. In addition, a robust morning handover system has been implemented, which will include death certificates that are required to be completed that day.

The SCN reiterated the importance of clear communication and provision of the guidance document to families. She also liaised with the Hospital Palliative Care Team (HPCT) to provide in-house training for staff. The Link Nurse also worked with the nursing team to make improvements in the level of support provided to loved ones following a patient's death.

Service Improvements – Case Study 2

Diagnostics / Radiology - Learning opportunity identified

Background:
A patient sustained an arm injury when attending her appointment and her daughter raises concerns that staff should familiarise themselves with wheelchairs and ensure patients are comfortable and safe.

What we did in response:
Sincere apologies were given for the patient's experience.

As a direct result of this complaint, the radiographer contributed to the creation of a learning summary to ensure that the lessons learned are shared, and awareness is raised across the wider team. Additionally, the incident was reviewed at the department's Feedback and Learning meeting to support further reflection and service improvement.

Service Improvements – Case Study 3

North / Surgical Assessment Unit (GRI) - Learning opportunity identified

Background:
A patient raised a complaint in relation to the lack of a BSL Interpreter being available during an inpatient episode. The patient also raised concerns regarding a lack of staff awareness of the SignVideo app despite a laptop being available.

What we did in response:
Sincere apologies were given for the patient's experience.

As a direct result of this complaint, staff within the Surgical Assessment Unit have undertaken face-to-face training on how to book Interpreters. Refresher training will also be carried out regularly on the use of SignVideo.

Service Improvements – Case Study 4

Regional / Oncology (Beatson West of Scotland Cancer Centre) - Improvements made to patient pathway

Background:
A complaint was raised as a patient had been left sitting in the clinic area for over 2 hours to be seen by a Consultant Oncologist and due to an administrative error by clinic nursing staff, the patient's continued presence in the waiting area went unnoticed.

What we did in response:
An apology was extended in recognition of the mistake that whilst the patient had been correctly recorded as attending for their appointment by the Health Records team, the patient's identification labels were not placed in the case note trolley and the scanning folder as per normal practice. These would normally be printed off when a patient reports to the nursing team in the clinic area. Additionally, the patient's name was not highlighted on the printed clinic list and these omissions contributed to the patient not being called to see the doctor.

As a direct result of this complaint, new signage has been placed within the Outpatient Department at the BWoSCC, reminding patients in the clinic areas to check in with a member of the nursing team.

Nursing staff were reminded to, on a regular basis, announce to patients waiting in clinics that if they have not booked in with nursing staff in the clinic area, they should do so.

Service Improvements – Case Study 5

South / General Medicine / Infectious Diseases - Learning opportunity identified

Background:
A patient ‘s spouse complained regarding the treatment plan and care leading up to the patient’s passing. The issues raised included the patient not being regularly attended to and having to seek attention for increasing temperature and left in dirty bedding, discussions not being held with family surrounding next steps in treatment plan, and lack of communication from staff, there was a lack of diagnosis which caused uncertainty for the family. Concerns were raised that the patient should have been referred to Dietetics as their food and fluid intake was low, along with the waiting time for MRI scan under GA.

What we did in response:
Apologies were given to the patient’s spouse and family for their experience.

As a direct result of this complaint, the Lead Nurse asked the Nurse Educator for the ward to do some in-house training with the NEWS2 document, so there is no further variation from the clear guidelines it gives.

A link nurse in the ward worked with the Nurse Educators to bring extra learning for the staff in regard to food, fluid, and nutrition. The Lead Nurse worked on an action plan to implement these changes.

The complaint was discussed with all nursing staff at the monthly initiated meeting to improve the care and standards delivered on the ward. The complaint was also shared with the wider Ward 5A team for future learning and practice.

Service Improvements – Case Study 6

Women & Children / Assisted Conception Service - Change in practice following a complaint

Background:
A patient raised concerns as they were unhappy embryos had been used for training purposes without their consent. The patient had consented to training for eggs and sperm but had not consented to training for embryos.

What we did in response:
Apologies for error and acknowledgement of impact this error caused.

As a direct result of this complaint, the training process was revised to prevent recurrence of the issue. Staff using eggs, sperm, or embryos for training must now perform an additional consent check before proceeding. The trainer is required to verify the original consent form alongside the laboratory paperwork.

ACS records have been updated to include this consent check, and the internal training procedure document has been amended accordingly. These changes were

communicated to laboratory staff during a lab meeting and to the wider ACS team at a quality management meeting.

Service Improvements – Case Study 7

East Dunbartonshire HSCP/ CTAC - Improvements made to patient pathway

Background:
A patient was unhappy with the process of contacting the CTAC service to book an appointment. The service had recently updated a voice mail process to provide an equitable process of being appointed. Although the message on the voicemail noted only to call once and leave one message, patients called multiple times and this generated extra workload, slowing down the staff in appointing patients.

What we did in response:
The service procured a new telephony system to provide a queueing system which ensured staff can answer live calls as well as looking at the expansion of the service and proceeding with recruitment for the post.

The service recognised that the patient had difficulty in being appointed and provided an appointment, and sincere apologies were given for the patient's experience.

Service Improvements – Case Study 8

Glasgow City HSCP, North East Sector / District Nursing Service - Learning opportunity identified

Background:
A family member raised concerns in relation to the treatment provided to her brother by District Nursing staff.

What we did in response:
Sincere apologies were given for her brother's experience. As a direct result of this complaint, the District Nursing Service reviewed their procedures to ensure that families are always given clear, timely information to allow for informed decision making. The TWOC (trial without catheter) Protocol was revised to include scheduled follow-up contact either home visit or telephone within a set timescale. The service also reinforced their training across the teams to ensure all communication always remains compassionate and respectful.

Service Improvements – Case Study 9

Inverclyde HSCP - Change in practice following a complaint

Background:
Concern raised following a patient receiving correspondence which was unsealed and lacked clarity on who would be seeing the patient. Timing of the scheduled appointment did not allow adequate time to arrange care for son, and for appropriate support for the patient to be accompanied. Concerns also raised regarding poor standards of communication with the staff member attending the appointment. Issues

surrounding the process during assessment appointments and communications are not ready for collection as offered leading to concerns about the handling of data.

What we did in response:
Apologies given for the patient's experience.

As a direct result of this complaint, a hand delivered letter was arranged due to the arrangement to see patient sooner. The importance of ensuring letters are sealed irrespective of delivery methods for confidentiality has been highlighted to staff.

Staff have been reminded about keeping records updated, disclosures of name and occupational roles to be carried out from some of the experiences that have presented this complaint. General service and communication challenges have been noted when explaining protocols to be followed, these should be done in a compassionate way as negative feelings were felt by the patient this has been addressed through staff communications.

1.2 Indicator Two: Complaint Process Experience Feedback

The Complaints Handling Procedure requires NHS Greater Glasgow & Clyde to gather feedback from the person making a complaint regarding their experience of the process. To adhere to the guidance as set out in the procedure a simple online questionnaire has been designed to enable data to be collated, however we have very limited returns from this method of seeking feedback. For the reporting period the response rate was 3%, an increase on the previous year.

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

1.3 Indicator Three: Staff Awareness and Training

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

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

During 2025/26, the Complaints Team have worked hard to ensure staff involved with a complaint feel supported and empowered throughout the process. The team continued to deliver training and raise awareness of the Complaints Handling Procedure on both a 1:1 basis and to the following staff groups:

- The Complaint Manager assigned to training conducted 5 sessions, capturing 60 Physiotherapy and OPSS Senior Charge Nurses.

- A Complaint Manager conducted a session for the North Sector ED/AMRU/Clinicians/Charge Nurses training day, capturing 80 staff.
- The Complaints Managers conducted 2 sessions for Gynaecology, ACS, Maternity and HPN, capturing 25 staff.
- The Complaints Managers conducted 4 sessions for Plastic Surgery and Renal Services, capturing 35 staff.
- The Complaints Managers conducted 1 session for the RAH ICU Consultants, capturing 10 staff.
- The Corporate Services Manager conducted session on the New Consultant Induction Programme, capturing 30 staff.
- A Complaint Manager conducted 2 sessions for the South Sector ED Senior Charge Nurses training day and the Interim Business Support Manager for ED, capturing 15 staff.
- The Complaints Manager assigned to training conducted 3 sessions for Band 6/7 General Medicine Nurses, capturing 50 staff.
- The Complaints Manager conducted a session for 10 medical staff at the NEONs meeting, BWoSCC.
- The Corporate Services Manager conducted 3 sessions, capturing 55 Admin staff within Specialist Children's Services.

1.4 Indicator Four: The Total Number of Complaints Received

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

Table 3: Total Number of Complaints Received

	Acute / Board	HSCPs	Prison Health Care	TOTAL
Number of Stage 1 Received	2563	396	178	**3137**
Number of Stage 2 Received	2753	428	235	**3416**
TOTAL	**5316**	**824**	**413**	**6553**

A core measure within the indicator is to provide a consistent benchmark against the number of acute hospital services patient activity. NHS Greater Glasgow & Clyde's acute patient activity represents 0.1% per episode of patient care against the number of complaints received during 2025/26. Unfortunately, it is not possible to confirm the core measure of patient episodes for HSCPs.

1.5 Indicator Five: Complaints Closed at Each Stage

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

Table 4: Closed Complaints

	Acute / Board	HSCPs	Prison Health Care	TOTAL
Number of Stage 1 Closed	2406	313	150	**2869**
Number of Stage 2 Closed	1986	354	165	**2505**
TOTAL	**4392**	**667**	**315**	**5374**

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

To meet the requirements of indicator six, a breakdown of the formal outcome (upheld, partially upheld, or not upheld) against Stage 1 and Stage 2 complaints is provided. The total number of complaints closed at Stage 1 for 2025/26 is 2869; the table below provides a breakdown of the formal outcome.

Table 5: Stage 1 Outcomes

	Acute / Board	HSCPs	Prison Health Care	TOTAL
Upheld	1904	90	5	**1999**
Partially upheld	66	61	0	**127**
Not upheld	436	162	145	**743**
TOTAL	2406	313	150	**2869**

The total number of complaints closed at Stage 2 for 2025/26 is 2505; the table below provides a breakdown of the formal outcome.

Table 6: Stage 2 Outcomes

	Acute / Board	HSCPs	Prison Health Care	TOTAL
Upheld	373	68	6	**447**
Partially upheld	676	103	15	**794**
Not upheld	937	183	144	**1264**
TOTAL	1986	354	165	**2505**

1.6a: Scottish Public Services Ombudsman

During 2025/26 NHS Greater Glasgow & Clyde received 181 Pre Investigation / Investigation requests from the SPSO. This equates to 7.2% of complaints closed during the reporting period took their complaints to the SPSO. Out of the cases taken to the SPSO, 194 (93%) were Not Taken Forward.

Table 7: SPSO Activity Summary – Acute / Board

Number received	
Not taken forward	155
2nd episode requests	20
Pre-investigations	127
Investigations	23
Provisional Decision Notices	14
Decision Notices	12
Public Report	-
Early Resolution	6

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

Number received	
Not taken forward	39
2nd episode requests	3
Pre-investigations	31
Investigations	-
Post-investigations	1
Provisional Decision Notices	1
Decision Notices	2

The Ombudsman issues a decision letter if:

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

During 2025/26, the SPSO issued 13 Decision Letters in relation to NHSGGC cases that were under investigation. The outcomes of which are documented in Table 9 below.

Table 9: SPSO Outcomes

2025/26 SPSO Outcomes	Total Number
Fully Upheld	6
Partly Upheld	4
Not Upheld	4
No Investigation Conducted	194

1.7 Indicator Seven: Average Times

The indicator represents the average time in working days to close complaints at Stage 1 and Stage 2 for 2025/26. See below a breakdown of complaints managed and resolved at each stage of the Complaints Handling Procedure.

Table 10: Average Response Times

	Acute / Board	HSCPs	Prison Health Care
Average Response Time for Stage 1 Complaints (0-5 days)	2.3 days	2.3 days	1.6 days
Average Response Time for Stage 1 Complaints (over 5 days)	7.7 days	9.9 days	24.1 days
Average Response Time for Stage 2 Complaints (0-20 days)	14.6 days	13.9 days	13.1 days
Average Response Time for Stage 2 Complaints (over 20 days)	30.1 days	33.6 days	59.5 days

1.8 Indicator Eight: Complaints Closed in Full within Timescales

NHS Greater Glasgow & Clyde achieved an overall performance figure of **73%**, in responding to complaints within timescales. A total number of **5374** have been investigated and responded to during 2025/26.

Table 11: Complaints Closed in Full Timescales

	Acute / Board	HSCPs	Prison Health Care	TOTAL
Number of complaints closed at Stage 1 within 5 working days (and as a % of all Stage 1)	2043 (85%)	246 (78%)	128 (85%)	**2417 (84%)**
Number of complaints closed at Stage 2 within 20 working days (and as a % of all Stage 2)	1261 (63%)	220 (62%)	26 (18%)	**1507 (60%)**

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

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

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

Table 12: Number of Cases Where an Extension was Authorised

	Acute / Board	HSCPs	Prison Health Care	TOTAL
Number of complaints closed at Stage 1 within an agreed extension of 6-10 working days (and as % of all Stage 1)	374 (15%)	56 (18%)	6 (4%)	**436 (15%)**
Number of complaints closed at Stage 1 beyond 10 working days (and as % of all Stage 1)	24 (1%)	18 (6%)	25 (17%)	67 (2%)
Number of complaints closed at Stage 2 beyond 20 working days where an extension was authorised (and as % of all Stage 2)	104 (5%)	28 (8%)	74 (45%)	206 (8%)

Number of complaints closed at Stage 2 beyond 20 working days (not recorded as authorised) (and as a % of all Stage 2)	632 (32%)	99 (28%)	31 (19%)	762 (30%)

Primary Care

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

Table 13: Primary Care Data 2025-2026

	GPs	Dentists	Opticians	Pharmacists
Number of complaints received & as % of core measure	*Ave number of patients registered with practice in 2024/25*	*Ave numbers of patients registered with practice in 2024/25*	*Episodes of care in the reporting period*	*Scripts dispensed in the reporting period*
Core Measure	5,326,460	2,006,875	300,018	8,992,540
No of complaints received and % of core measure	1955 (0.04%)	99 (0.005%)	97 (0.03%)	319 (0.003%)
No of Stage 1 complaints closed within 5 working days and % of all Stage 1 closed complaints	1173 (90%)	57 (100%)	76 (99%)	261 (99%)
No of Stage 1 complaints closed where an extension was authorised – between 6 – 10 working days and % of all Stage 1 complaints	64 (5%)	0 (0%)	1 (1%)	2 (1%)
No of Stage 1 complaints closed beyond 10 working days	61 (5%)	0 (0%)	0 (0%)	0 (0%)
Average number of days to response to Stage 1 complaint	3	3	2	2
Outcome of completed Stage 1 complaints:				
• **Upheld**	310	21	23	217
• **Partially Upheld**	261	10	5	11
• **Not Upheld**	727	26	49	35
• **Withdrawn**	0	0	0	0
No of Stage 2 complaints closed within 20 working days and % of all Stage 2 closed complaints	551 (90%)	37 (100%	20 (100%)	54 (96%)

No of Stage 2 complaints closed beyond 20 working days and % of all Stage 2 closed complaints	37 (6%)	0 (0%)	0 (0%)	2 (6%)
Of the above, number of Stage 2 complaints closed where an extension to over 20 working days was authorised and % of all Stage 2 closed complaints	25 (4%)	0 (0%)	0 (0%)	0 (0%)
Average number of days to respond to Stage 2 complaints	13	10	15	9
Outcome of completed Stage 2 complaints:				
• **Upheld**	114	8	12	48
• **Partially Upheld**	163	9	1	4
• **Not Upheld**	310	20	7	4
• **Irresolvable**	26	0	0	0
• **Withdrawn**	0	0	0	0
Number of Stage 2 complaints closed after escalation within 25 working days and % of all Stage 2 escalated closed complaints	38 (86%)	5 (100%)	0 (0%)	0 (0%)
Number of Stage 2 complaints closed after escalation out with 25 working days and % of all Stage 2 escalated closed complaints	6 (14%)	0 (0%)	0 (0%)	0 (0%)
Average number of days to respond to Stage 2 escalated complaints	15	15	N/A	N/A
Outcomes of completed Stage 2 escalated complaints:				
• **Upheld**	5	1	0	0
• **Partially Upheld**	15	1	0	0
• **Not Upheld**	21	3	0	0
• **Irresolvable**	0	0	0	0
Alternate Dispute Resolution Used	33	0	0	0

Feedback, comments, concerns, and compliments

3.1 Encouraging & Gathering Feedback

NHS Greater Glasgow and Clyde (NHSGGC) is committed to listening to and learning from the experiences of patients, carers, and families. Feedback helps us understand what we are doing well and where we need to improve, and it plays a vital role in shaping the services we deliver.

Between 1 April 2025 and 31 March 2026 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.

Care Opinion continues to be the primary feedback method used by people to share their experiences, with 3,402 people sharing their experiences through this in 2025/26. Care Opinion helps empower people to share anonymous feedback directly with staff about their experiences of health and social care services and open up a two-way dialogue.

The Patient Experience Public Involvement (PEPI) Team also conducts a range of corporate and service specific feedback and engagement activities. During 2025/26 this capture the direct involvement and feedback from over 19,000 people to better understand patient experiences and ensure that their voices inform service design and delivery. This ongoing dialogue is central to our commitment to person-centred care and continuous improvement.

3.2 Key Milestones & Achievements 2025/26

Throughout 2025/26, the PEPI Team have continued to support clinical teams and services to implement and manage a range of Feedback capture approaches, primarily Care Opinion. Staff across NHSGGC continue to embrace the use of patient feedback to listen and learn from patients, key achievements and milestones over the last financial year are highlighted below.

- All Care Opinion stories received a response, with a 12% increase in the volume of stories shared on the platform from the previous year, rising to 3,402 in 2025/26 (from 3046 in 2024/25).

- Across both systems we received 3,885 pieces of feedback in 2024/25, 81% of which was of a purely positive nature.

- At the close of 2025/26 NHSGGC had 420 Care Opinion responders able to directly interact with patients sharing feedback on the platform, a 15% increase on the previous year.

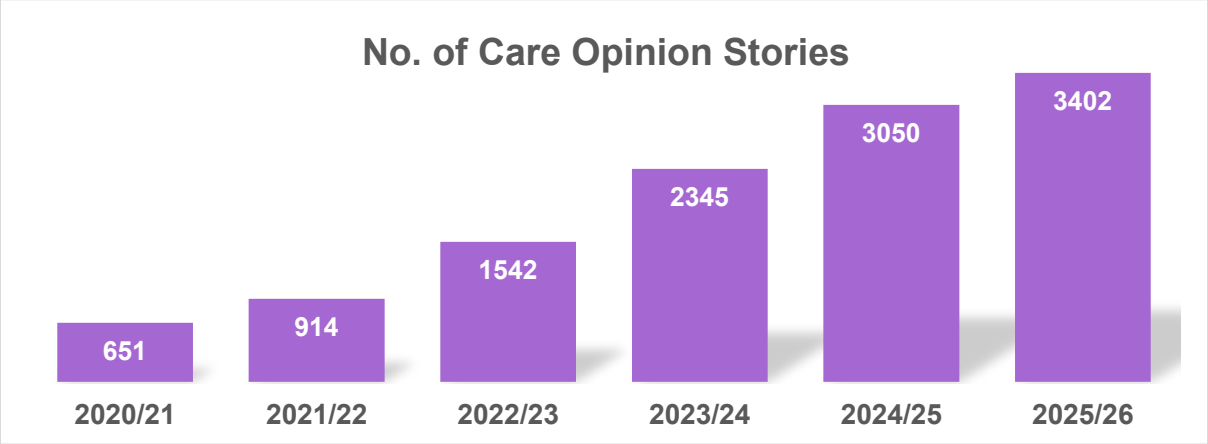
- The number of staff members subscribed to receive stories for their area increased from 545 to 610 in 2025/26.

- During 2025/26 NHSGGC continued to refine its approach to its regular social media campaign, "#TellUsTuesday" and "#FeedbackFriday" to share key stories received with the public, exploring the use of video content to share stories in a more varied range of mediums/

3.3 NHSGGC Feedback & 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. Since 2020, there has been a 422% increase in the number of stories.

Chart 8: Volume of Feedback Shared on Care Opinion over time



Of the 3,402 stories told via care opinion staff shared 3,757 responses with 80% of stories on Care Opinion being positive. We saw people reading stories 490,788 times, averaging 144 times per story. Below are examples of our most read positive stories.

Most read Positive story of 2025/26:

NHS 24 / Glasgow Sick Kids Hospital | Care Opinion

My Son woke up one morning unable to weight-bare on one leg form no obvious reason. I called NHS 24 for advice where it said they were experiencing a high volume of calls. I opted for the ring back service, and it advised I'd get a call back within 12 minutes. I did receive a call back within 12 minutes as explained where the operator asked me a range of questions to assess our situation. Her name was Linda and she could not have been more helpful & kind. Our details were passed to a Nurse who came in the phone and asked more questions. She advised they'd forward my son's details to A&E for advice and that we should hear back within 2 hours. She said they may ask for videos of my Son's issue to assess from home.

I was then called by the kid's hospital within half an hour to advise us to head up to be assessed. I was very impressed by the efficiency of the service. I was fully informed of next steps and dealt with in a timely manner. All whilst the staff are incredibly busy, I'm sure.

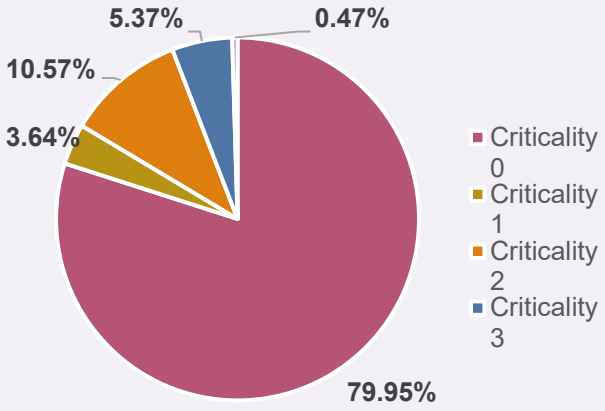
The staff we spoke to were professional & thorough, which, as a nurse myself, I really appreciated. The fact that A&E could assess things from home with kids is of great benefit too as I appreciate there are limited sites kids can go to for assessment and this would help in a lot of circumstances, I'm sure.

Overall, very impressed with the service we were provided today & ever grateful to have a great NHS Scotland service to rely on.

Thanks again!

Criticality of Feedback

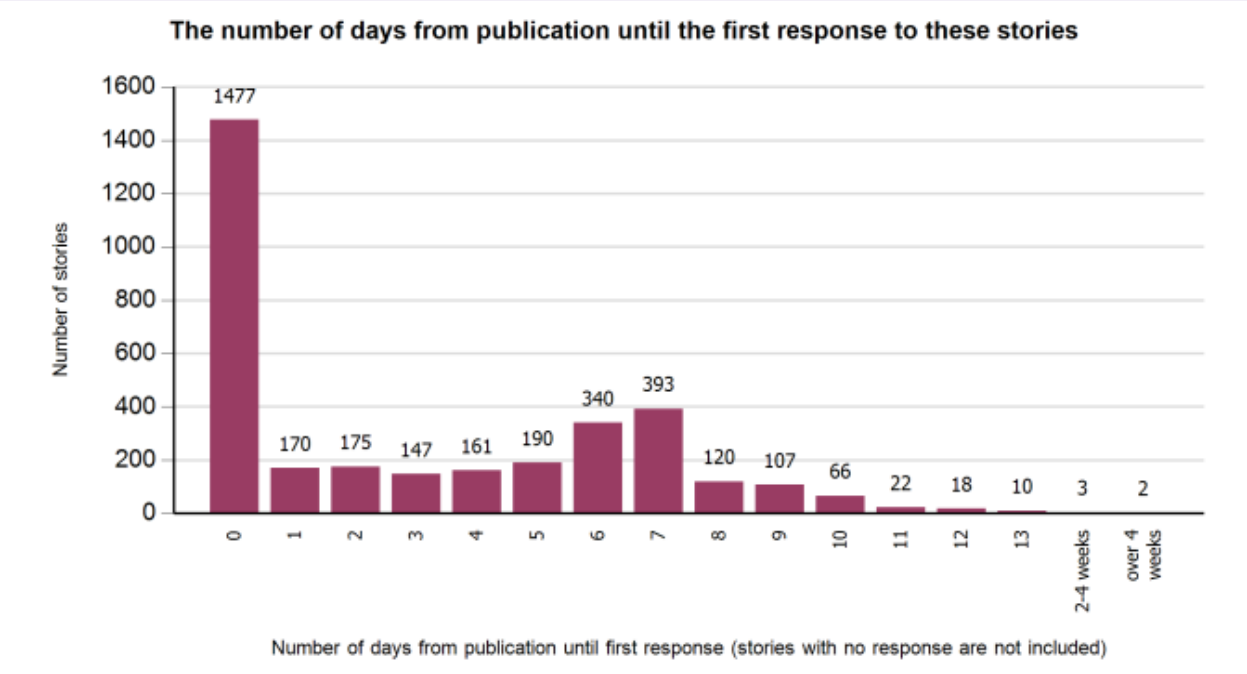
Across 2025/26 we continued to see feedback shared with a range of criticalities. The majority of stories shared were positive, followed by criticality 2 (mildly critical). Staff continue to respond to all stories, with efforts underway to improve staff access to feedback information to further encourage sharing and learning.



For 2025/26 we saw 80% of all stories shared were criticality 0 (purely positive), this is an increase of 1% from the same percentage seen during 2024/25.

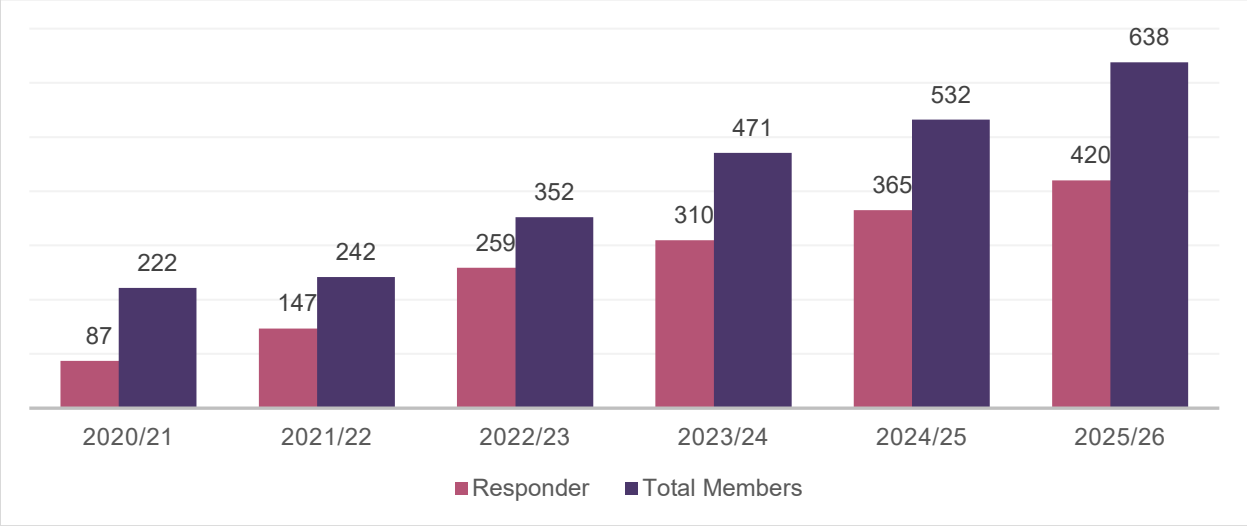
Care Opinion Responsiveness

The chart below provides information on the speed at which NHSGGC responded to feedback shared through Care Opinion. NHSGGC aims to respond to all feedback within seven days, though clinical pressures can cause delays as seen in the chart below. However, 89% of feedback was responded to within 7 days an increase of 2% from 2024/25.



Increasing Responders across NHSGGC

The PEPI Team continues to provide advice, support, and training to staff across NHSGGC in relation to Care Opinion, with 2024/25 seeing a 15% increase in the number of trained responders. To ensure consistency and confidence in responding, all staff are required to attend a training session before becoming responders. In recognition of the demands on staff time training is delivered over a focused digital workshop to reduce travel time.



Each responder plays a key role in championing the boards' ethos of listening and learning from patient and carer experiences to truly understand what matters and shape how we design and improve services. In addition to the initial training, the PEPI Team also provide ongoing advice and coaching to our network of responders, taking an empathetic and compassionate approach to how we enable and support staff to be responsive to feedback.

Promotion of Feedback Opportunities and Systems

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. Internally, we include regular articles in our staff newsletter to keep teams informed and engaged, as well as providing training and development opportunities to staff to assist them in improving practice around feedback capture. NHSGGC social media channels play a key role in external promotion, encouraging patients across the board to share their experiences through posts such as feedback Friday.

Care Opinion Bear

Throughout 2025/26, we actively utilised the blog feature on Care Opinion to highlight and promote the exemplary work of our staff. This platform provided a valuable opportunity to showcase how Care Opinion is being embedded across NHS Greater Glasgow and Clyde, reinforcing our commitment to learning from feedback and driving continuous improvement.

Encouraging children and young people to share their experience

During 2025/26 The Royal Hospital for Children, Glasgow (RHC) took advantage of the relaunch of Care Opinion Bear to reinforce their message to children and young people that their voice matters.

Eager to hear more from the people who matter the most, staff at the RHC are continually asking children and young people to provide feedback on their hospital experience. To help improve access for children and young people to provide feedback, hospital staff are encouraging inpatients and outpatients to leave comments digitally on the Care Opinion website, via Care Opinion Bear.

Care Opinion Bear is an adapted version of Care Opinion, an independent platform where adults and older children can provide feedback on NHSGGC services. Care Opinion Bear is tailored to a young audience to help them understand ways in which they can provide digital feedback. The digital tool enables inpatients and outpatients to leave comments in a way that is easy to understand and engaging for younger audiences.

Using feedback to develop practice and celebrate success

When responding to stories, Care Opinion allows teams to highlight that they have made a change as a result of feedback when responding to the stories people share. Encouraging the use of this function remains a key development area for the PEPI team. Below are examples of services listening, responding, and actioning improvement work based on patient and carer feedback.

Amazing porters

I was recently admitted to IRH and would like to highlight the fabulous porters. From the porter who took me from ED to the ward, he was friendly and extremely courteous, another porter took me to x-ray - he put a pillow on my bed and gave me a cover and made me as comfortable as possible.

Overall, I watched how kind, courteous, professional, and friendly the porters were to all patients throughout my stay. I just would like to personally say thank you as I feel porters don't get the credit that they deserve. I am sure I am speaking for many patients.

Exceptional Patient Care

My husband was in surgical assessment unit for a kidney stone, and I was with him alongside our 7-week-old baby. The senior nurse practitioner came into the shared ward and moved us to a private room to protect our little boy from any possible germs or infections especially because he hadn’t had his vaccinations yet. Not only was this so considerate to watch out for our baby but she went further asking how he was fed. When I mentioned we are exclusively pumping but I didn’t have my pumps with me she sent someone over to the maternity ward to borrow a breast pump for me.

This provided me with so much support and reduce my stress levels as ensuring my baby was fed and releasing the pain I had from not pumping for hours was removed and I could focus on my husband. Everyone talks about patient care, but she went above and beyond to care for family too, which doesn’t happen very often. Cannot thank the staff on ward 64 enough.

Great care at radiology

I got an unexpected call of an offer of a radiology appointment for a scan, they were doing evening sessions. The radiology doctor, Dr Craig, was excellent both in his manner and professionalism. He explained everything and provided some information on what was found.

It is so nice to meet a kind and caring member of staff, when not all have been this way in my experience. High praise for him and his whole approach to the patient.

The treatment was second to none

I recently had radiotherapy at the Beatson Hospital for treatment of prostate cancer. The treatment and care I received was second to none. I have the greatest admiration and respect for the radiotherapists in Treatment Room C. They are professional, compassionate, and welcoming. I was treated with a friendly smile and upmost respect. They also took time to answer any questions I had regarding my treatment and procedure. The service provided at the Beatson is nothing short of a gold standard service.

In addition to using the inbuilt 'change made' function on Care Opinion, we also work with staff to identify and capture changes resulting from feedback through short case studies. These are included in our quarterly reporting processes throughout the year. This approach is particularly helpful for capturing more complex changes and the impact of stories that require further investigation and action to implement improvements.

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

Treatment for when I had an asthma attack

Patient shared feedback following an admission to the Royal Alexandra Hospital after repeated asthma attacks, receiving care across Resus, HDU, ICU and Ward 14. They praised staff in Resus, HDU and ICU for being reassuring, compassionate and clear in explaining care during a frightening admission. The patient highlighted several staff by name and described the care as helping them feel safe and supported. They also raised concerns about aspects of their experience in Ward 14.

Compliments were shared with the relevant staff and teams. Concerns regarding Ward 14 were acknowledged, with an apology provided, and the patient was invited to contact the Lead Nurse for Medicine to discuss their experience further and support learning and improvement.

I feel as though I'll really struggle to go back

Patient raised concerns following biopsies at Gynaecology Clinic B, RAH, describing the procedure as extremely painful and distressing. They felt the local anaesthetic was not given enough time to take effect, and that their distress and vulnerability were not responded to with adequate compassion. The patient did recognise the kindness and support of a healthcare support worker.

Following discussion, all patients will now receive an information leaflet about their procedure and aftercare, regardless of whether they have had the same procedure before. Nursing staff have been reminded of the importance of patient-centred care, and a review of the clinic was undertaken to identify how practice can be improved. A wound review was also arranged for the patient to provide reassurance and help reduce anxiety.

Using video to encourage feedback

Maternity and perinatal mental health services have used feedback and insights from women to shape the development of 90-minute wellbeing workshops. This feedback helped the team design sessions that respond more directly to women's experiences and support their wellbeing during pregnancy.

The service has also used video to share the story of this work, capturing testimonials from women and showing what the workshops offer and the difference they are making. This brings together feedback, service improvement, and women's voices in a more powerful way, helping services demonstrate how ongoing listening can lead to meaningful support and new approaches to care. The video was posted across NHSGGC's social media platforms, and it can still be viewed **here**.

3.4 Key Ambitions for 2026/27

Looking ahead to 2026/27, we have a number of ambitions to help ensure NHSGGC continues to foster open dialogue between staff, patients, carers, and families.

- Explore new approaches to further promote Care Opinion across staff and public channels, taking forward learning from the launch of Care Opinion Bear to raise awareness amongst adult services using promotional pop ups.

- Expand the number of staff responders across services to 450 staff members, with a particular focus around supporting areas that have seen lower responder numbers or receive a lower volume of feedback to ensure they feel supported to develop their responder skills.

- Develop and test new approaches for capturing and sharing learning from feedback. The development of a Feedback dashboard will be progressed to support staff have direct access for relevant services.

- Explore the use of video content to more effectively tell the stories of patients, the impact their stories have and the changes made throughout 2026/27.

We will also continue to work with colleagues across NHSGGC to ensure public feedback leads to impactful changes and meaningful celebration of the amazing work carried out by staff across the board.

Person Centered Care Improvement Programme

The Person-Centred Care Quality Improvement Programme supports delivery of the **NHSGGC Quality Strategy: Quality Everyone Everywhere** by embedding person-centred approaches into care, improvement, and assurance across NHSGGC. During the reporting period 1 April 2025 to 31 March 2026, significant progress was made in implementing Person-Centred Care Planning within Digital Clinical Notes, developing and testing a Board-wide Person-Centred Care Standard and Measurement Framework, using Board Patient Stories to ensure patient and family experiences continued to inform strategic decision-making, and supporting What Matters to You Day 2025 as a visible opportunity to encourage meaningful conversations about what matters most to people receiving and delivering care. Together, these developments are strengthening NHSGGC's ability to deliver, measure, and continuously improve person-centred care, while reinforcing a culture of listening, learning, and acting on what matters. Additional person-centred improvement activity is reported in the annual impact report for the NHSGGC Quality Strategy.

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

Digital Clinical Notes (DCN) is NHSGGC's electronic patient record programme, designed to replace paper-based documentation with a digital platform that supports safer, more coordinated, and person-centred care. As part of this transformation, Person-Centred Care Planning (PCCP) has been embedded within DCN to ensure that assessments, care plans, and evaluations are focused on what matters most to patients and those who matter to them.

PCCP supports staff to have meaningful conversations with patients, understand their individual goals, preferences, strengths, and support networks, and use this information to guide care and treatment decisions. By bringing person-centred principles into digital documentation, the programme aims to improve the quality, consistency and visibility of care planning, support multidisciplinary working, and strengthen the delivery of personalised care across NHSGGC.

4.1.1 Expanding implementation across NHSGGC

Throughout 2025/26, implementation of Person-Centred Care Planning within Digital Clinical Notes continued at pace across adult acute services.

By the end of the reporting year, PCCP had been implemented across the following adult acute areas of practice:

- Institute of Neurological Sciences (INS)
- Spinal Injuries Unit (SIU)
- Gartnavel General Hospital
- Stobhill Hospital
- Lightburn Hospital
- New Victoria Hospital
- Glasgow Royal Infirmary
- Vale of Leven Hospital

Implementation will continue across Clyde Sector, with completion during summer 2026 before moving to the South Sector. The focus has increasingly shifted from technical implementation towards embedding high-quality person-centred assessment, planning, and evaluation into everyday clinical practice.

4.1.2 Demonstrating improvement through evaluation

A comprehensive pre- and post-implementation evaluation was undertaken across inpatient wards, combining quantitative review of care plans with qualitative conversations exploring the experiences of patients and those who matter to them.

The evaluation demonstrated substantial improvements in the quality and consistency of care planning documentation following implementation of PCCP within DCN:

Measure	Baseline	Post Implementation
Accurate assessment reflecting changing care need	2%	55%
Goals recorded across dimensions of care	13%	94%
Care interventions documented	33%	89%
Evaluation completed at least once per shift	5%	77%
"What Matters to Me" documented	38%	100%
Documentation of carers and support networks	23%	88%
Communication needs documented	82%	100%

These findings provide strong evidence that the programme has strengthened the visibility of individual patient priorities, improved continuity of care, and supported a more systematic approach to person-centred care planning.

4.1.3 Learning and next steps

While patient experience remained consistently positive before and after implementation, the evaluation identified several opportunities for further improvement:

- Increasing use of patients' names throughout care plans.
- Strengthening the quality and application of "What Matters to Me" information within care delivery.
- Improving outcome-focused evaluation of care.
- More clearly evidencing multidisciplinary team contributions within care plans.

This evaluation approach has established a robust foundation for continuous improvement and is now informing local action plans and ongoing monitoring across clinical areas.

4.2 Person-Centred Care Standard and Measures

The NHSGGC Person-Centred Care Standard and Measurement Framework has been developed to provide a consistent, evidence-based approach to defining, measuring, and improving person-centred care across all care settings. Co-designed with staff, public partners and key stakeholders, the standard establishes a shared understanding of what good person-centred care looks like and provides a practical framework for assessing delivery, identifying improvement opportunities, and demonstrating impact. The work supports the ambitions of **Quality Everyone Everywhere**, strengthening organisational assurance while ensuring that what matters most to patients, families and carers remains at the centre of care.

4.2.1 Establishing a system-wide standard

During 2025/26, NHSGGC developed a refreshed Person-Centred Care Standard and aligned Measurement Framework as part of the Excellence in Care (EiC) Care Assurance Programme.

The work was delivered through an extensive co-design process involving:

- Clinical and professional representatives from all Excellence in Care Families.
- Public partners.
- Staff Partnership representatives.
- Topic experts across person-centred care and quality improvement.

The ambition was to create a single, universal person-centred care standard that could be applied consistently across all care settings while retaining relevance to local service contexts.

4.2.2 Building a comprehensive measurement framework

The programme successfully developed a structured measurement framework aligned to the standard and undertook extensive staff and public engagement throughout 2025.

Following refinement, the standard and measures were tested in more than 20 clinical areas across NHSGGC.

The scope of the work included:

- Adult Acute Services
- Maternity Services
- Paediatric and Neonatal Services
- Mental Health Services
- Learning Disability Services
- District Nursing and Health Visiting
- Prison Healthcare
- Police Custody Healthcare
- Immunisation Services
- Community Treatment and Care Centres

The framework also aligns with several strategic programmes, including:

- Quality Everyone Everywhere
- Leading the Way Nursing and Midwifery Strategy
- Realistic Medicine
- Value Based Health and Care
- Equalities and Human Rights
- Health Literacy
- Carers Strategy
- Spiritual Care
- Health Improvement

4.2.3 Creating the foundations for sustainable assurance

By the end of the reporting year, testing of the standard and measures was nearing completion, creating strong foundations for:

- Final refinement of the standard.
- Development of an implementation toolkit.
- Exploration of digital solutions to support data collection and reporting.
- System-wide implementation during 2026.

This work represents a significant step forward in establishing a common, measurable approach to assuring person-centred care across NHSGGC and strengthening the Board's ability to understand both experience and outcomes.

4.2.4 Embedding a Consistent Standard for Person-Centred Care

The development and testing of the Person-Centred Care Standard and Measurement Framework marks an important milestone in NHSGGC’s approach to embedding, measuring, and assuring person-centred care. By creating a single, co-designed framework that can be applied across diverse care settings, this work strengthens the Board’s ability to understand whether care is consistently reflecting what matters most to patients, families, and carers. As implementation progresses during 2026, the standard and measures will provide a practical foundation for learning, improvement, and assurance, supporting services to evidence good practice, identify where further support is required and drive meaningful, person-centred improvement across NHSGGC.

4.3 Patient Stories

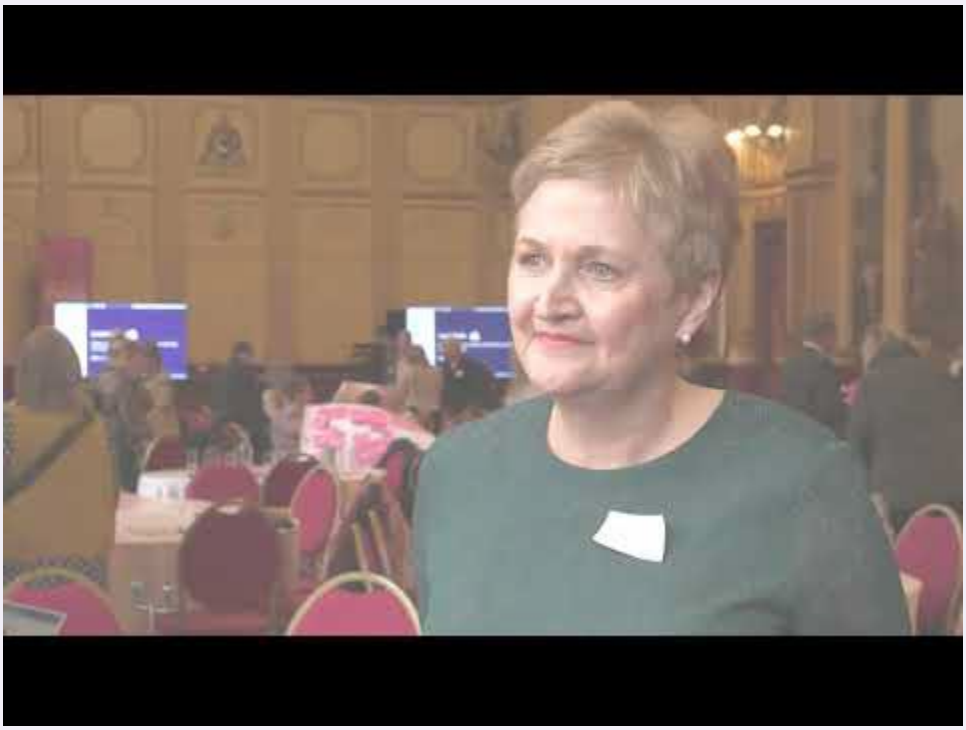
Board Patient Stories provide an important opportunity to bring the experiences of patients, families, and carers directly into Board discussions, ensuring that lived experience informs strategic decision-making, learning and improvement. Through sharing personal stories of care, the Board gains valuable insight into what matters most to people, celebrates examples of compassionate and person-centred practice, and identifies opportunities to further enhance the quality and experience of care across NHSGGC.

During 2025/26, stories presented to the Board highlighted a diverse range of experiences and services:

4.3.1 Westerton Care Home and East Dunbartonshire HSCP Care Home Liaison Nursing Service

Presented at the April 2025 Board meeting, this story highlighted the positive impact of compassionate, personalised end-of-life care delivered through partnership working between **Westerton Care Home and the East Dunbartonshire Care Home Liaison Nursing Service.** Through the experience of Ally Mitchell's uncle, the Board heard how responsive, coordinated care enabled his individual needs and preferences to be respected, while providing valued support to his family. The story also demonstrated how proactive specialist nursing support helps care home residents receive timely palliative care, avoid unnecessary hospital admissions, and remain in their preferred place of care.

4.3.2 Voices from the NHSGGC Palliative Care Accelerated Design Event



Presented at the June 2025 Board meeting, this story brought together the voices and experiences of people who participated in **NHSGGC's Accelerated Design Event focused on improving palliative care and care around dying.** Participants shared insights into what matters most to people approaching the end of life, highlighting the importance of compassionate communication, coordinated care, family involvement, and personalised support. The story helped shape the development of a future co-produced approach to palliative care and care around dying across NHSGGC.

4.3.3 Colorectal Robotic Assisted Surgery

Presented at the August 2025 Board meeting, this story highlighted the impact of **robotic-assisted colorectal surgery** within NHSGGC. Through the experiences of Jill and David, who underwent robotic surgery for colorectal cancer, the Board heard how this innovative, minimally invasive

approach supported faster recovery, shorter hospital stays and an earlier return to everyday life. The story also demonstrated how advances in surgical technology are enabling high-quality, person-centred care, improving patient outcomes and experiences while supporting more efficient use of healthcare resources.

4.3.4 Cancer Older People's Service (COPS) – Beatson West of Scotland Cancer Centre

Presented at the October 2025 Board meeting, this story showcased the impact of the **Cancer Older People's Service,** which provides Comprehensive Geriatric Assessment for older people receiving cancer treatment. The story demonstrated how a holistic, multidisciplinary approach can optimise physical, psychosocial, and functional wellbeing, ensuring that treatment decisions are tailored to individual needs, goals, and circumstances. The Board heard how personalised assessment and support can improve both patient experience and treatment outcomes for older adults living with cancer.

4.3.5 General Surgery – Royal Alexandra Hospital

Presented at the December 2025 Board meeting, the story centred on Mary and her experience following surgery at the **Royal Alexandra Hospital.** Through her personal account, Mary described the care, compassion, and support she received from staff throughout her treatment and recovery, as well as the support offered to her family. The story highlighted the positive impact that person-centred communication, kindness, and coordinated multidisciplinary care can have on the experiences of patients and those who matter to them.

4.3.6 NHS Greater Glasgow and Clyde Psychological Trauma Service (GPTS) – Art Psychotherapy

Presented at the February 2026 Board meeting, this story highlighted the role of **Art Psychotherapy within NHSGGC's Psychological Trauma Service**, which supports adults living with severe and complex post-traumatic stress disorder. Through Alison's lived experience, the Board heard how creative therapeutic approaches can provide a safe and meaningful way for people to process trauma, express experiences that may be difficult to communicate through words alone, and support recovery and resilience. The story demonstrated the value of trauma-informed, person-centred care and the positive impact that specialist psychological support can have on long-term wellbeing and recovery.

4.3.7 Strategic contribution of patient stories

These stories have:

- Strengthened understanding of patient experience at Board level.
- Informed strategic decision-making and improvement priorities.
- Demonstrated the impact of person-centred approaches in practice.
- Reinforced the importance of compassion, communication and partnership working.

By consistently elevating lived experience, patient stories continue to provide a powerful mechanism for connecting governance, assurance, and improvement with what matters most to people who use services.

For more information please visit: https://www.nhsggc.scot/about-us/patient-stories/

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

4.4 What Matters to You (WMTY) Day 2025

What Matters to You Day 2025 provided an important opportunity to reinforce NHSGGC's commitment to personalised, person-centred care and to promote meaningful conversations that help staff understand better what matters most to patients, families, carers, and colleagues. The annual campaign continues to support a culture in which care is shaped around individual needs, preferences and goals, strengthening relationships, shared decision-making, and compassionate care across services.

A key feature of the programme in June 2025 was the development of a video by the **New Victoria Day Surgery Unit**, showcasing how staff use person-centred approaches throughout the perioperative journey to understand and respond to what matters most to each patient. The video highlighted how personalised conversations support reassurance, involvement in care decisions and an improved patient experience and was shared widely through NHSGGC communication channels to promote learning and spread good practice.

The HomeFirst Programme also delivered two Board-wide learning seminars - *Having Conversations that Matter* and *Plan More, Stress Less,* which provided practical approaches to supporting meaningful conversations, anticipatory planning, and personalised care. These sessions attracted interest from staff and the public and contributed to ongoing workforce development in person-centred communication and care planning.

In addition, teams across NHSGGC marked the day through a wide range of local activities, creating opportunities for staff to reflect on what matters to the people they care for and to one another. Collectively, these activities helped strengthen awareness of person-centred approaches, promoted a culture of listening and engagement, and

reinforced the importance of understanding individual priorities as a foundation for delivering high-quality, compassionate care.

4.5 Summary

During the 2025/26 reporting period, the Person-Centred Care Quality Improvement Programme delivered significant progress in embedding person-centred principles into the design, delivery, improvement and assurance of care across NHS Greater Glasgow and Clyde. The programme has moved beyond establishing foundations to demonstrating tangible improvements in practice, strengthening the organisation's ability to consistently understand, respond to and measure what matters most to patients, families and carers.

The expansion of Person-Centred Care Planning within Digital Clinical Notes represents a major milestone in NHSGGC's digital transformation journey. Evaluation findings demonstrate substantial improvements in the quality, consistency and visibility of care planning, including significant increases in the recording of personalised goals, "What Matters to Me" conversations, communication needs, support networks and ongoing evaluation of care. These improvements provide evidence that person-centred approaches are becoming increasingly embedded within everyday clinical practice and are supporting more coordinated, responsive and individualised care.

Alongside this, the development and testing of the NHSGGC Person-Centred Care Standard and Measurement Framework has established, for the first time, a consistent and evidence-based approach to defining, measuring and assuring person-centred care across a wide range of clinical and community settings. The extensive co-design process, involving staff, public partners and stakeholders, has strengthened organisational ownership and created a strong platform for future implementation, continuous improvement and Board assurance.

Board Patient Stories have continued to play a vital role in bringing lived experience into strategic discussions, ensuring that decision-making remains grounded in the realities of care delivery and the experiences of those who use services. The diverse range of stories shared throughout the year demonstrated the impact of compassionate care, multidisciplinary working, innovation, partnership and personalised support across a variety of settings and population groups. Together, they have reinforced the importance of listening to and learning from people's experiences as a driver for improvement.

What Matters to You Day 2025 further strengthened NHSGGC's culture of person-centred care by creating opportunities for meaningful conversations, reflection and learning across services. Through educational events, storytelling and local engagement activities, staff were encouraged to continually consider how care can be shaped around individual needs, priorities and aspirations.

Collectively, these achievements demonstrate clear progress towards the ambitions of **Quality Everyone Everywhere**, strengthening NHSGGC's ability to deliver care that is not only clinically effective and safe, but also genuinely person-centred. As the programme moves into 2026/27, the focus will be on sustaining and spreading these improvements, implementing the Person-Centred Care Standard and Measurement Framework at scale, completing the rollout of Person-Centred Care Planning within

Digital Clinical Notes, and continuing to use patient and family experience as a key source of learning, assurance and improvement.

In doing so, NHSGGC is creating the conditions for person-centred care to become increasingly visible, measurable and consistently experienced across the organisation, ensuring that what matters most to people remains at the heart of everything we do.

Next Steps

NHS Greater Glasgow & Clyde continues to develop and enhance our current processes and systems to provide constructive and informative feedback to our staff to support learning and continued improvement. It is important that we continue to listen and learn from our complaints, detailed below are our areas for improvement going forward into 2026/27:

- Continue to work with teams to capture key opportunities to consider and reflect the ways in which they receive complaints and deliver responses that highlight learning to keep our patient's safe and reflect the positive learning culture that NHS Greater Glasgow & Clyde aspires to.

- Continue to work with teams across the Sectors and 6 HSCPs to improve Stage 2 performance

- Continuous review of our Complaints Handling Process ensuring it is person-centred, placing our patients, families, and carers at the center of the process. Where appropriate, offer complainants the opportunity to meet with the teams involved in their care and monitor the number of face-to-face meetings taking place.

- Work closely with Clinical Governance colleagues to implement shared learning between Complaints and SAERs

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