

<b>NHS Greater Glasgow and Clyde</b>	<b>Paper No. 25/141</b>
<b>Meeting:</b>	<b>NHSGGC Board Meeting</b>
<b>Meeting Date:</b>	<b>30 October 2025</b>
<b>Title:</b>	<b>Feedback, Comments, Concerns, Compliments &amp; Complaints Annual Report 2024/2025</b>
<b>Sponsoring Director:</b>	<b>Angela Wallace, Executive Director of Nursing</b>
<b>Report Author:</b>	<b>Mandy Crawford, Corporate Services Manager, Complaints &amp; Public Affairs</b>

## 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:**

Despite the ongoing pressures within healthcare, the Health Board has continued 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 2023-2024.

Key elements from our overview of feedback, comments, concerns and complaints for 2024/25 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 the following recommendations:

- 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 HSCTs to improve our Stage 2 performance.
- Continuous review of our Complaints Handling Process ensuring it is person-centred, placing our patients, families, and carers at the center of the process. Where appropriate, offer complainants the opportunity to meet with the teams involved in their care and monitor the number of face-to-face meetings taking place.
- Work closely with Clinical Governance colleagues to implement shared learning between Complaints and SAERs.

### 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:

- |                        |                               |
|------------------------|-------------------------------|
| • Better Health        | <b><u>Neutral</u></b> impact  |
| • Better Care          | <b><u>Positive</u></b> impact |
| • Better Value         | <b><u>Positive</u></b> impact |
| • Better Workplace     | <b><u>Neutral</u></b> impact  |
| • Equality & Diversity | <b><u>Positive</u></b> impact |
| • Environment          | <b><u>Neutral</u></b> impact  |

### 6. Engagement & Communications

This report has been shared with the Scottish Government, SPSO, PASS and is published on NHSGGC website.

## **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.

CMT - 7 August 2025

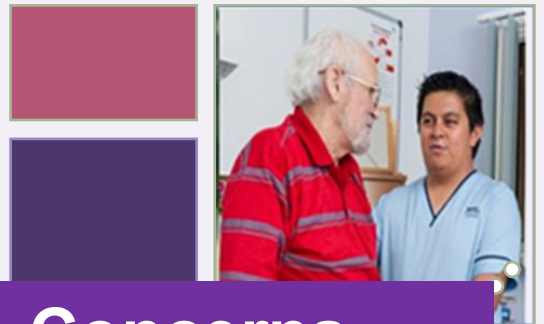
Board Clinical Governance Forum - 18 August 2025

Clinical Care and Governance Committee - 4 September 2025.

## **8. Date Prepared & Issued**

Prepared on: 7 October 2025

Issued on: 22 October 2025



## Feedback, Comments, Concerns, Compliments & Complaints.

### Annual Report 2024/2025

*Mandy Crawford, Corporate Services Manager Complaints*

*Professor Angela Wallace, Executive Director of Nursing*



## NHS Greater Glasgow & Clyde Complaints & Feedback Annual Report at a glance 2024/2025



- 6,176 Complaints received from 1 April 2024 to 31 March 2025.
- 87% of complaints closed at Stage 1 within 5 working days.
- 55% of complaints closes at Stage 2 within 20 working days.
- 74% overall performance.



- 3,441 pieces of feedback were shared from 1 April 2024 – 31 March 2025.
- 78% of all feedback received was identified as Positive.



- 226 Cases Pertaining to SPSO processes have been shared with NHS Greater Glasgow and Clyde by the SPSO from 1 April 2024 to 31 March 2025.

- 3,050 stories posted through Care Opinion from 1 April 2024 – 31 March 2025. This is an increase of 30% on the previous year.
- 78% of stories were Positive.
- Stories have been read 446,582 times, averaging 146 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.

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

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

## Overview

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Key elements from our overview of feedback, comments, concerns and complaints for 2024/25 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 2024/25 and a comparison of the previous year.

	Acute / Board		HSCPs		Prison Health Care	
	2023/24	2024/25	2023/24	2024/25	2023/24	2024/25
<b>Number of Stage 1 Received</b>	2258	<b>2540</b>	252	<b>382</b>	428	<b>317</b>
<b>Number of Stage 2 Received</b>	2356	<b>2313</b>	163	<b>321</b>	314	<b>303</b>
<b>TOTAL</b>	4614	<b>4853</b>	415	<b>703</b>	742	<b>620</b>

## Complaint themes

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

**Clinical Care and Treatment**

**Date of Appointment**

**Attitude and Behaviour**

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





# Contents

<b>Section 1</b>	<b>Key Performance Indicator</b>	<b>Page</b>
1.1	Indicator 1 – Learning from Complaints	8
1.2	Indicator 2 – Complaints Process Experience	14
1.3	Indicator 3 – Staff Awareness and Training	15
1.4	Indicator 4 – Total Number of Complaints Received	15
1.5	Indicator 5 – Complaints Closed at Each Stage	16
1.6	Indicator 6 – Complaints upheld/partially upheld/not upheld	16
1.7	Indicator 7 – Average Times	18
1.8	Indicator 8 – Complaints Closed within Timescales	18
1.9	Indicator 9 – Number of Complaints where an Extension is authorised	19
<b>Section 2</b>	<b>Primary Care</b>	<b>20</b>
<b>Section 3</b>	<b>Feedback, Comments, Concerns, Compliments</b>	
3.1	Encouraging & Gathering Feedback	22
3.2	Key Milestones & Achievements 2023/24	23
3.3	NHS Feedback & Care Opinion	23
3.4	Key Ambitions	29
<b>Section 4</b>	<b>Person-Centred Care Improvement Programme</b>	
4.1	Digital Clinical Notes (DCN) & Person-Centred Care Planning	30
4.2	Patient Stories	31
4.3	What Matters to You (WMTY) Day	32
<b>Section 5</b>	<b>Next Steps</b>	<b>33</b>



## 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 2024 to March 2025, there were approximately 4,066,893 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 6176 complaints for the period 1 April 2024 to 31 March 2025 (this includes complaints that were withdrawn, transferred elsewhere and consent not received). This is a 7% increase in the number of complaints received compared to the previous year.

A total of 2923 complaints were managed and closed under Stage 1 (local resolution), indicating an increase of 369 Stage 1 complaints compared to the previous year.

A total of 2159 complaints were managed and closed under Stage 2 (investigation), indicating an increase of 253 Stage 2 complaints compared to the previous year.

The table below gives a breakdown of the number of complaints received during 2024/2025 and the numbers managed under Stage 1 and Stage 2, and a comparison for the previous year.

**Table 1: Received Complaints 2024/2025 – Acute / Board, HSCP and Prison Health Care**

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

**Table 2: Received Complaints 2023/2024 – Acute / Board, HSCP and Prison Health Care (for comparison)**

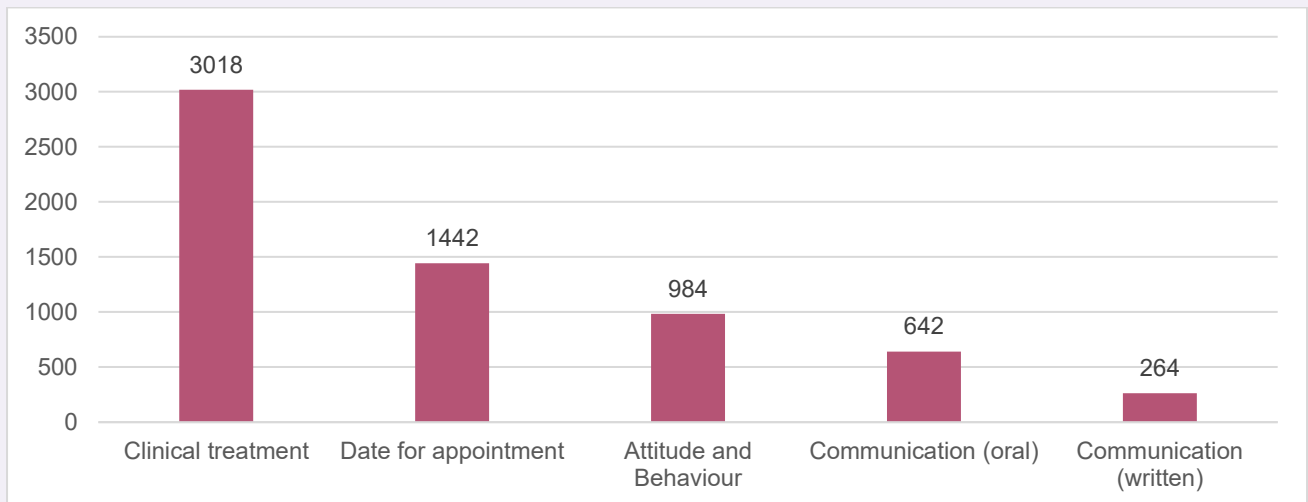
	Acute / Board	HSCPs	Prison Health Care	TOTAL
<b>Number of Stage 1 Received</b>	2258	252	428	<b>2938</b>
<b>Number of Stage 2 Received</b>	2356	163	314	<b>2833</b>
<b>TOTAL</b>	<b>4614</b>	<b>415</b>	<b>742</b>	<b>5771</b>

## 1.1 Indicator One: Learning from Complaint

### Themes from complaints

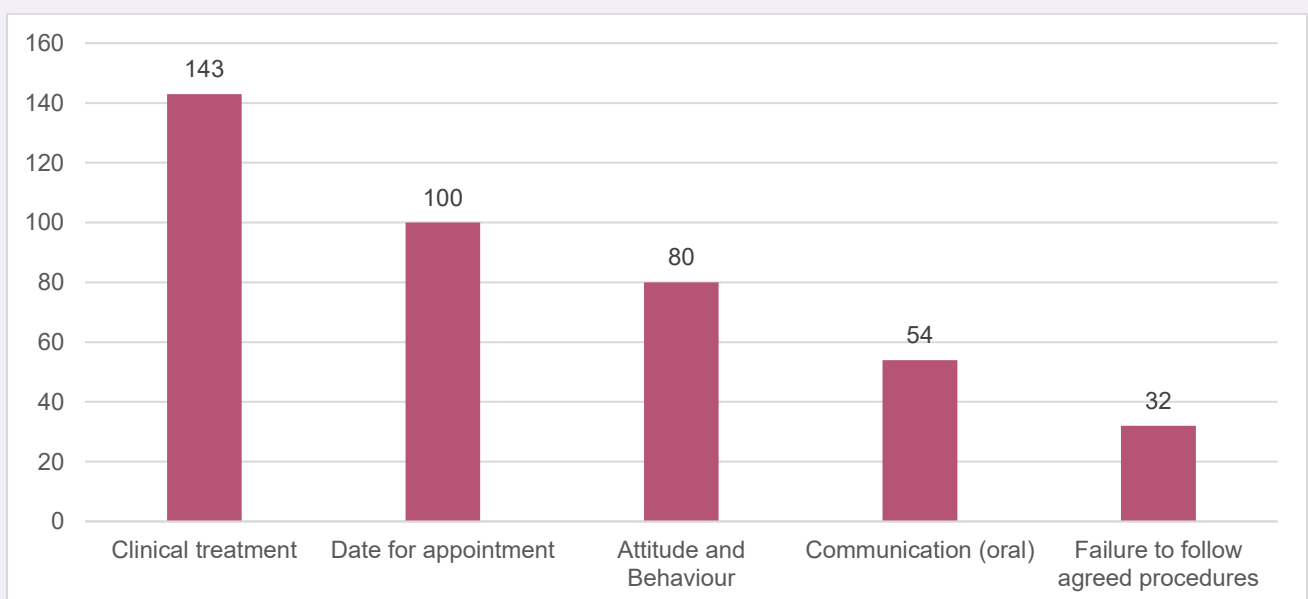
The following charts show the top 5 themes within complaints (both Stage 1 and Stage 2) over the reporting period.

**Chart 1: Complaint by Theme – Acute / Board**



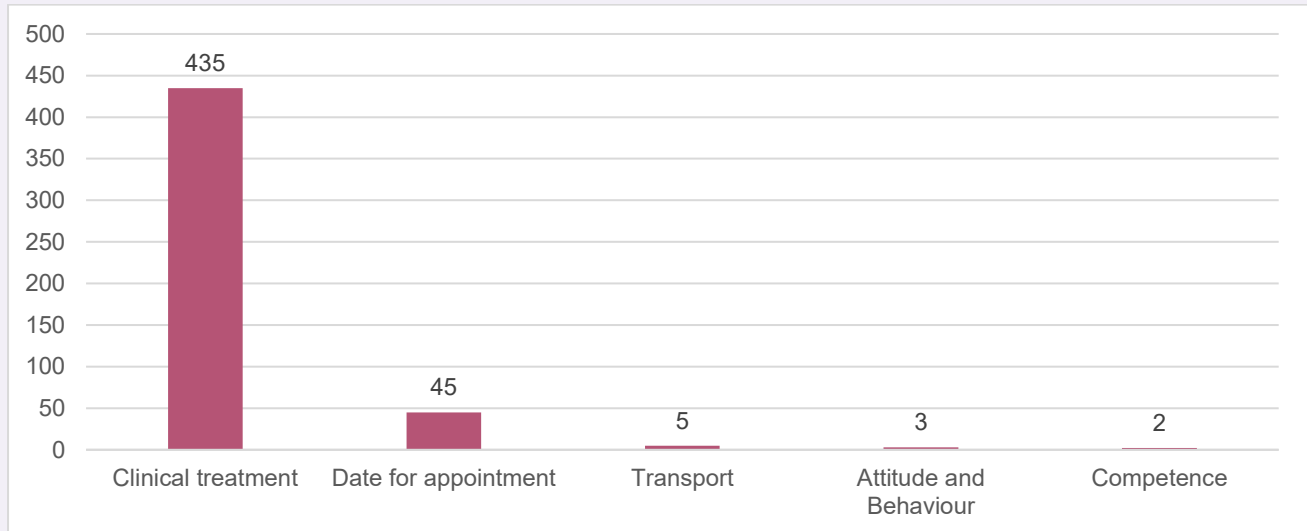
It is noted that there has been a decrease in the number of complaints investigated pertaining to clinical treatment during this period, this includes complaints relating to waiting times.

**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 decrease in complaints investigated regarding attitude and behaviour.

**Chart 3: Complaint by Theme – Prison Healthcare**

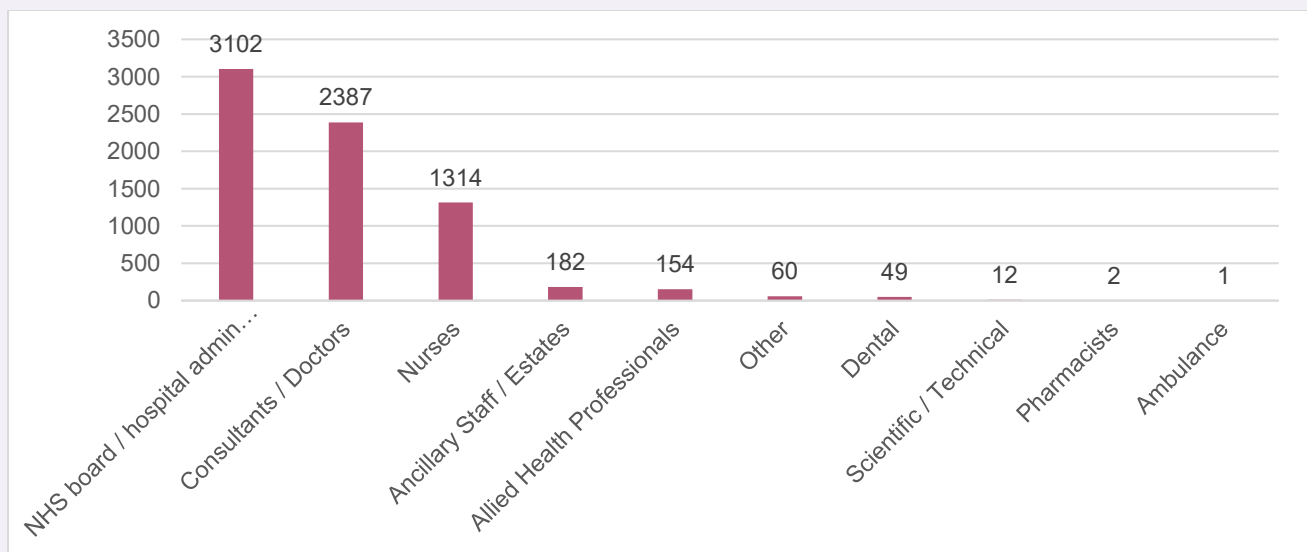


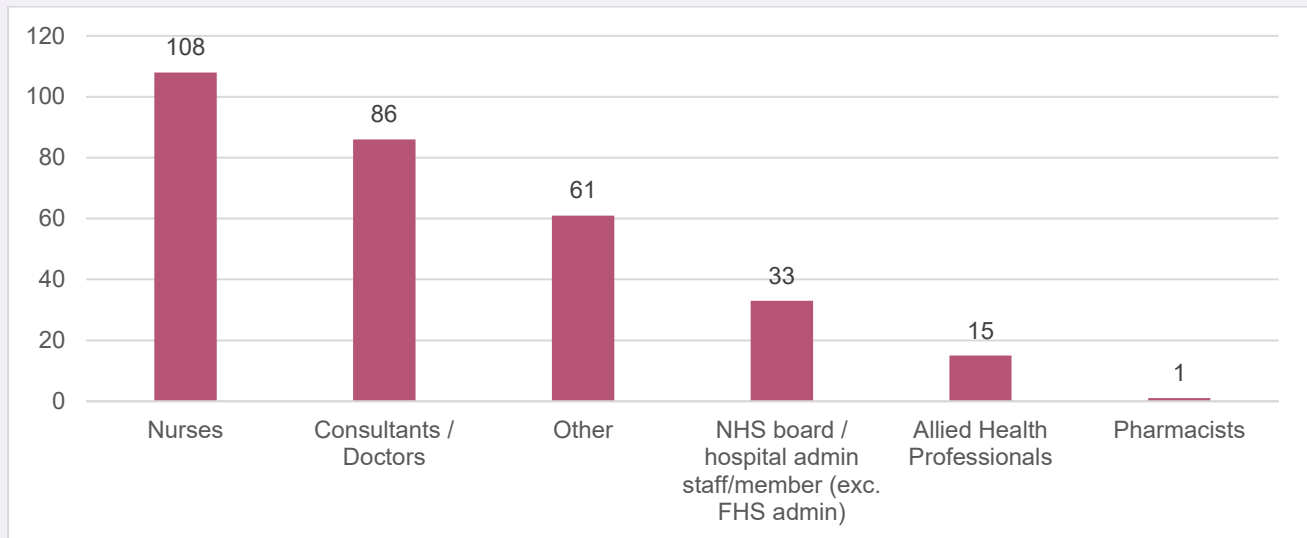
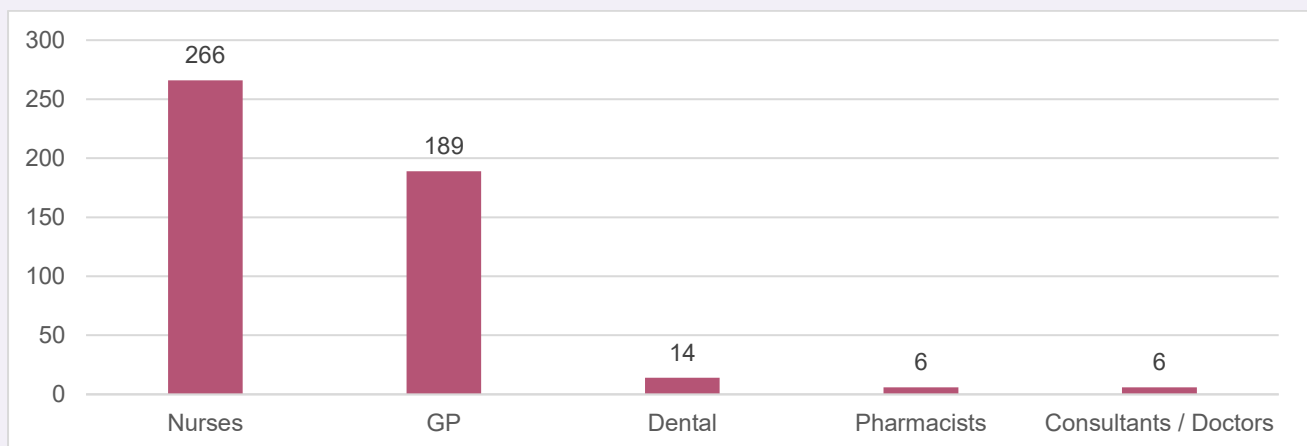
These themes remain consistent for Prison Healthcare in relation to previous years, with disagreement with treatment being the most common theme for complainants.

## 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 8 case studies that show service improvements in response to complaints.

## Service Improvements – Case Study 1

### Clyde Sector / General Surgery - Improvements made to patient pathway

#### Background:

A patient completed her treatment for breast cancer and was advised in the summer of 2023 that she may benefit from right sided vertical scar mastopexy and lipofilling and was added to the routine inpatient waiting list. The patient raised a complaint in relation to waiting times for reconstructive breast surgery.

#### What we did in response:

Sincere apologies were given. As a direct result of this complaint, it was agreed that the Consultant Breast Surgeons in Clyde's Breast Team attended refresher training and funding for the equipment required to perform lipofilling was agreed.

Although the numbers in Clyde are small, it is hoped the team will be able to carry out this procedure soon.

## Service Improvements – Case Study 2

### Diagnostics / CT Scanning - Policies & Procedures Review

#### Background:

A patient raised a complaint as they had been given a CT scan when this was not required. The patient was referred to Gastroenterology by their GP due to a lesion on the liver along with other symptoms. The patient was appointed for an MRI scan of the liver and was also given an appointment for a CT scan. When the patient called to check the results of the CT scan, they were advised that they should not have undergone the CT scan and that this was an administration error.

#### What we did in response:

Sincere apologies were given to the patient for the error that occurred. As a result of this complaint, it has been highlighted that where possible electronic Trakcare requests should be used. Radiologist colleagues have been reminded to use Trakcare, and paper requests will not be accepted (unless Trakcare cannot be accessed due to Information Technology (IT) failures). Administration staff have been reminded of the importance to double check patient demographics, match electronic records and paper document prior to and immediately following scanning documents onto electronic record in CRIS.

A review of the Standard Operating Procedure for Processing of Paper Documentation into Electronic Format to be undertaken with Office Managers and Supervisors. Learning from this incident will be shared via Modality update at staff meeting to ensure that all Radiographers perform their Practitioner and Operator duties in accordance with the Employers Procedures (Ionising Radiation (Medical Exposure) Regulations 2018.

### Service Improvements – Case Study 3

#### North Sector / Orthopaedics – Learning opportunity identified

##### Background:

A Patient advised to attend ED for a full body scan, which was not carried out. Patient was diagnosed with a fracture and was later contacted to be advised that it was ligament damage. 9 weeks after initial diagnosis patient was advised that it was a fracture.

##### What we did in response:

Sincere apologies were given for the confusion the ENP comment regarding a “full body scan” caused.

Current ED practice would be that with any patient sustaining a calcaneal fracture this would indicate a large amount of vertical compression force. The Consultant’s normal practice would always be to examine and document any back tenderness, as calcaneal fractures are often associated with lumbar spine fractures. Despite concerns being raised at MIU, the ED doctor did not carry out any further examination other than the ankle. It was noted that the patient did not require a trauma CT, but the negative examination findings should have been documented. This has been fed back to ED medical staff to ensure learning.

### Service Improvements – Case Study 4

#### Regional / West of Scotland Mobility and Rehabilitation Centre (WestMARC) - Improvements made to patient pathway

##### Background:

Concerns raised that WestMARC have insufficient resources and are not funded to facilitate urgent on-the-day repairs, or out of hour repairs for powered wheelchairs. A patient’s powered wheelchair had broken and as there was no on-the-day or out of hours service to make an urgent repair from the Thursday night through to the Tuesday afternoon due to a Bank Holiday weekend, the patient had no means to mobilise, as they were unable to propel themselves in a manual wheelchair and had to rely on family and friend to support them.

##### What we did in response:

A sincere apology was provided, and it was explained that due to staff capacity, the powered wheelchair could not be immediately repaired on the day the request was made to WestMARC. As a result of this complaint the following actions are being undertaken:

- WestMARC has undergone a service review to support improvement, and this includes reviewing operative hours, processes, and available resources to improve repair rates.
- There has been an improvement in patient access to repairs at WestMARC and for periods when the centre is closed for more than two days, such as Bank Holidays, an urgent repair service is now provided on one day of the weekend.



- There was a review of the patient's manual wheelchair as it no longer met their needs so that a "back-up" chair would be available if problems were experienced with the powered wheelchair in future.

### Service Improvements – Case Study 5

#### South / General Medicine (QEUH) - Improvements made to patient pathway

##### Background:

A patient raised concerns about co-ordination of their care whilst they were an inpatient. The concerns included being left in a corridor whilst awaiting bed, the unavailability/supply issues of particular Diabetes medication, food was inedible, disagreement with self-discharge procedures, lack of communication surrounding discharge and low staff morale.

##### What we did in response:

Sincere apologies were offered that aspects of the patient's care fell below the standard we strive to provide. As a direct result of this complaint the following actions were taken:

- The Lead Nurses (LNs) have ensured that these concerns are discussed with the nursing staff who cared for patient in the ED and ARU to ensure that there is reflection and learning taken.
- The ward SCN has improved the process of distributing the 'Working to reduce waiting times at the QEUH' Leaflet to patients being admitted to the ward. These leaflets are now stored alongside the mobile nurse call system and are given to patients in the unfortunate circumstance a bed is not immediately available on transfer to the ward.
- The SCN for Ward 5B requested that the Pharmacy department provide information regarding the manufacturing issue regarding Insulin Degludec (Tresiba) 100 units/ml Flextouch Disposable Pens and that this information is disseminated to patients as well as being detailed in their notes for medical guidance.
- Staff will ensure medical decisions and discharge plans are communicated effectively to patients consistently throughout the patient's admission.

### Service Improvements – Case Study 6

#### Women & Children / ACS - Improvements made to patient pathway

##### Background:

A patient raised concerns regarding the care provided by ACS. The patient felt information had been conflicting, a request to change doctor had been missed, along with a lack of communication and duplicate sets of notes.

##### What we did in response:

Sincere apologies were offered that aspects of the patient's care fell below the standard we strive to provide. An explanation was provided regarding the error in care and confirmation was given that care had now been transferred.

As a direct result of this complaint, alerts have been added to case notes and the electronic system to ensure one set of notes are taken forward and that all notes are merged and improve communication with patients in future.

### **Service Improvements – Case Study 7**

#### **East Dunbartonshire HSCP / ARDS - Change in practice following a complaint**

**Background:**

A patient did not wish to include family in plans to self-discharge and continue care in the community. The patient was assessed to have capacity to make decisions and discharged, however the wider family was not included due to time constraints.

**What we did in response:**

Sincere apologies were offered for any upset this has caused. It was noted staff were available to the family following discharge, however clearer communication would have been more beneficial, 'secrecy' seemed to aggravate the family who wished their relative to remain an inpatient.

### **Service Improvements – Case Study 8**

#### **Glasgow City HSCP, Northeast Sector / Health Visiting Service - Learning opportunity identified**

**Background:**

A parent raised concerns regarding the attitude and lack of support received from the Health Visitor.

**What we did in response:**

The Team Lead has met with the Health Visitor and gone through each section of the complaint and reflected on this. The Health Visitor has also considered her practice with regards to the care of the child and family, and how care and compassion can effectively be conveyed when working with families. The Team Lead has also reviewed assessment and record keeping issues.

## **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 2%, 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 2024/25, 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:

- Band 6/7 development days
- Medical Managers Programme, capturing Clinical Directors
- GP Practice Managers
- All grades of staff working within the Mental Health Service
- New Consultant Induction Programme
- Senior nursing staff within North Sector
- All grades of staff within Gynaecology and Assisted Contraception Service
- Various grades of staff within Diagnostics Sector

### 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	2540	382	317	3239
Number of Stage 2 Received	2313	321	303	2937
TOTAL	4853	703	620	6176

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 2024/25. 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	2341	316	266	<b>2923</b>
Number of Stage 2 Closed	1653	275	231	<b>2159</b>
<b>TOTAL</b>	<b>3994</b>	<b>591</b>	<b>497</b>	<b>5082</b>

### 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 2024/25 is 2923; the table below provides a breakdown of the formal outcome.

**Table 5: Stage 1 Outcomes**

	Acute / Board	HSCPs	Prison Health Care	TOTAL
Upheld	1836	88	3	<b>1927</b>
Partially upheld	82	75	6	<b>163</b>
Not upheld	423	153	257	<b>833</b>
<b>TOTAL</b>	<b>2341</b>	<b>316</b>	<b>266</b>	<b>2923</b>

The total number of complaints closed at Stage 2 for 2024/25 is 2159; the table below provides a breakdown of the formal outcome.

**Table 6: Stage 2 Outcomes**

	Acute / Board	HSCPs	Prison Health Care	TOTAL
Upheld	286	54	6	<b>346</b>
Partially upheld	648	78	7	<b>733</b>
Not upheld	719	143	218	<b>1080</b>
<b>TOTAL</b>	<b>1653</b>	<b>275</b>	<b>231</b>	<b>2159</b>

## 1.6a: Scottish Public Services Ombudsman



During 2024/25 NHS Greater Glasgow & Clyde received 226 Pre Investigation / Investigation requests from the SPSO. This equates to 4.5% of complaints closed during the reporting period took their complaints to the SPSO. Out of the cases taken to the SPSO, 204 (90%) were Not Taken Forward.

**Table 7: SPSO Activity Summary – Acute / Board**

Number received	
Not taken forward	152
2nd episode requests	10
Pre-investigations	166
Investigations	23
Post-investigations	6
Provisional Decision Notices	26
Decision Notices	25
Public Report	1
Early Resolution	41

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

Number received	
Not taken forward	52
2nd episode requests	2
Pre-investigations	34
Investigations	3
Post-investigations	1
Provisional Decision Notices	6
Decision Notices	6

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 2024/25, the SPSO issued 31 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**

2024/25 SPSO Outcomes	Total Number
Fully Upheld	19
Partly Upheld	7
Not Upheld	5
No Investigation Conducted	205

### 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 2024/25. 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
<b>Average Response Time for Stage 1 Complaints</b>	2.9 days	3.7 days	3.5 days
<b>Average Response Time for Stage 2 Complaints</b>	23.6 days	24.3 days	24.6 days

### 1.8 Indicator Eight: Complaints Closed in Full within Timescales

NHS Greater Glasgow & Clyde achieved an overall performance figure of 74%, in responding to complaints within timescales. A total number of 5082 have been investigated and responded to during 2024/25.

**Table 11: Complaints Closed in Full Timescales**

	Acute / Board	HSCPs	Prison Health Care	TOTAL
<b>Number of complaints closed at Stage 1 within 5 working days (and as a % of all Stage 1)</b>	2112 (90%)	225 (71%)	214 (80%)	<b>2551 (87%)</b>
<b>Number of complaints closed at Stage 2 within 20 working days (and as a % of all Stage 2)</b>	947 (57%)	176 (64%)	73 (32%)	<b>1196 (55%)</b>

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
<b>Number of complaints closed at Stage 1 within an agreed extension of 6-10 working days (and as % of all Stage 1)</b>	223 (10%)	68 (22%)	5 (2%)	<b>296 (10%)</b>
<b>Number of complaints closed at Stage 1 beyond 10 working days (and as % of all Stage 1)</b>	25 (1%)	22 (7%)	49 (18%)	<b>97 (3%)</b>
<b>Number of complaints closed at Stage 2 beyond 20 working days where an extension was authorised (and as % of all Stage 2)</b>	109 (7%)	21 (8%)	103 (45%)	<b>233 (11%)</b>
<b>Number of complaints closed at Stage 2 beyond 20 working days (not recorded as authorised) (and as a % of all Stage 2)</b>	594 (36%)	63 (23%)	22 (10%)	<b>679 (31%)</b>



## 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 2024-2025**

	<b>GPs</b>	<b>Dentists</b>	<b>Opticians</b>	<b>Pharmacists</b>
<b>Number of complaints received &amp; as % of core measure</b>	<i>Ave number of patients registered with practice in 2024/25</i>	<i>Ave numbers of patients registered with practice in 2024/25</i>	<i>Episodes of care in the reporting period</i>	<i>Scripts dispensed in the reporting period</i>
<b>Core Measure</b>	5,206,971	2,369,785	253,281	6,767,657
<b>No of complaints received and % of core measure</b>	1846 (0.04%)	85 (0.004%)	138 (0.05%)	294 (0.004%)
<b>No of Stage 1 complaints closed within 5 working days and % of all Stage 1 closed complaints</b>	1170 (94%)	61 (100%)	128 (100%)	229 (100%)
<b>No of Stage 1 complaints closed where an extension was authorised – between 6 – 10 working days and % of all Stage 1 complaints</b>	52 (4%)	0 (0%)	0 (0%)	0 (0%)
<b>No of Stage 1 complaints closed beyond 10 working days</b>	29 (2%)	0 (0%)	0 (0%)	0 (0%)
<b>Average number of days to response to Stage 1 complaint</b>	3	3	1	2
<b>Outcome of completed Stage 1 complaints:</b>				
• Upheld	275	15	55	198
• Partially Upheld	234	12	38	9
• Not Upheld	742	34	27	22
• Withdrawn	0	0	0	0
<b>No of Stage 2 complaints closed within 20 working days and % of all Stage 2 closed complaints</b>	491 (88%)	16 (100%)	12 (75%)	65 (100%)
<b>No of Stage 2 complaints closed beyond 20 working days and % of all Stage 2 closed complaints</b>	47 (8%)	0 (0%)	4 (25%)	0 (0%)
<b>Of the above, number of Stage 2 complaints closed where an extension to over 20 working</b>	21 (4%)	0 (0%)	0 (0%)	0 (0%)

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<b>days was authorised and % of all Stage 2 closed complaints</b>				
<b>Average number of days to respond to Stage 2 complaints</b>	13	15	16	10
<b>Outcome of completed Stage 2 complaints:</b>				
• Upheld	98	2	11	64
• Partially Upheld	140	2	0	0
• Not Upheld	288	11	2	1
• Irresolvable	31	0	4	0
• Withdrawn	0	0	0	0
<b>Number of Stage 2 complaints closed after escalation within 25 working days and % of all Stage 2 escalated closed complaints</b>	34 (94%)	8 (100%)	2 (13%)	0 (0%)
<b>Number of Stage 2 complaints closed after escalation out with 25 working days and % of all Stage 2 escalated closed complaints</b>	2 (6%)	0 (0%)	0 (0%)	0 (0%)
<b>Average number of days to respond to Stage 2 escalated complaints</b>	16	12	8	N/A
<b>Outcomes of completed Stage 2 escalated complaints:</b>				
• Upheld	5	2	2	0
• Partially Upheld	9	0	0	0
• Not Upheld	14	4	1	0
• Irresolvable	8	3	0	0
<b>Alternate Dispute Resolution Used</b>	38	0	1	0

## Feedback, comments, concerns and compliments

### 3.1 Encouraging & Gathering Feedback

NHS Greater Glasgow and Clyde 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 2024 and 31 March 2025 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. 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.

Social media continues to play a key role, helping us keep the public, carers, and relatives informed and engaged. We used it to share updates on urgent care access, hospital visiting, and broader public health messages, while also encouraging two-way conversations.

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 timely response.



X/Twitter: 39,526 followers, an increase of 575 followers



Facebook: 63,568 followers, an increase of 12,973 followers



Instagram: 14,854 followers, an increase of 1,954 followers

Beyond these tools, we carried out a range of engagement activities throughout the year 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 2024/25

Throughout 2024/25, 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.

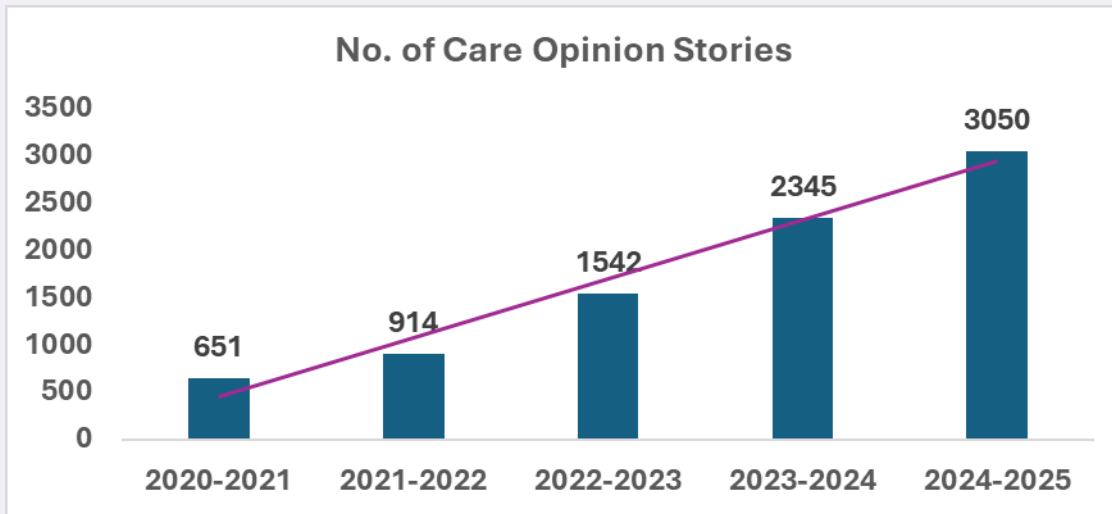
- All Care Opinion stories received a response, with a 30% increase in the volume of stories shared on the platform from the previous year, rising to 3050 in 2024/25 (from 2343 in 2023/24).
- Across both systems we received 3441 pieces of feedback in 2024/25, 78% of which was of a purely positive nature.
- At the close of 2024/25 NHSGGC had 365 Care Opinion responders able to directly interact with patients sharing feedback on the platform, a 17% increase on the previous year.
- We continued to develop and improve how we use Social Media to share stories relevant to our communities, working to refine how we both encourage feedback and share good news stories.
- During 2024/25 NHSGGC continued to refine its approach to its regular social media campaign, “#TellUsTuesday” and “#FeedbackFriday” to share key stories received with the public.
- NHSGGC produced its fourth **Engagement-and-Involvement-Overview-Report**, providing an overview of how staff across NHSGGC have used patient feedback alongside more targeted involvement and engagement to shape services in partnership.

### 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.

Between 1 April 2024 and 31 March 2025, 3,050 stories relating to NHSGGC were shared via Care Opinion. A 30% increase from the previous year's figure. NHSGGC were the first Health Board in Scotland to reach 3000 stories in a single year. Since 2020, there has been a 369% increase in the number of stories.

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

Of the 3,050 stories told staff shared 3,757 responses with 78% of stories being positive. Across all stories we saw a 99.5% response rate, with people reading stories 446,582 times, an average of 146 reads per story. Below are examples of our most read positive stories.

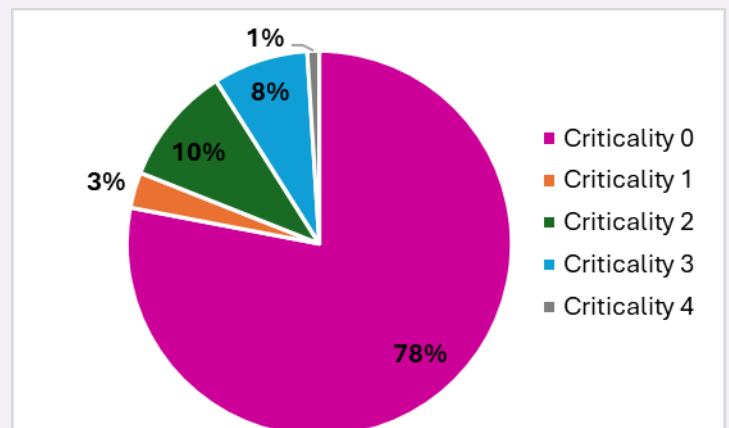
#### Top Positive Stories:

<p><b><u>I feel certain that they saved my life   Care Opinion</u></b></p> <p>The patient expresses their gratitude to Dr Farquharson, Mr Glen, and Mr Gibson, attributing their survival to the efforts of these individuals and their teams.</p>	<p><b><u>A Journey of Care, Compassion, and Gratitude: Our Story   Care Opinion</u></b></p> <p>A parent shares their thanks to the staff in the neonatal unit who looked after their baby.</p>
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#### Criticality of Feedback

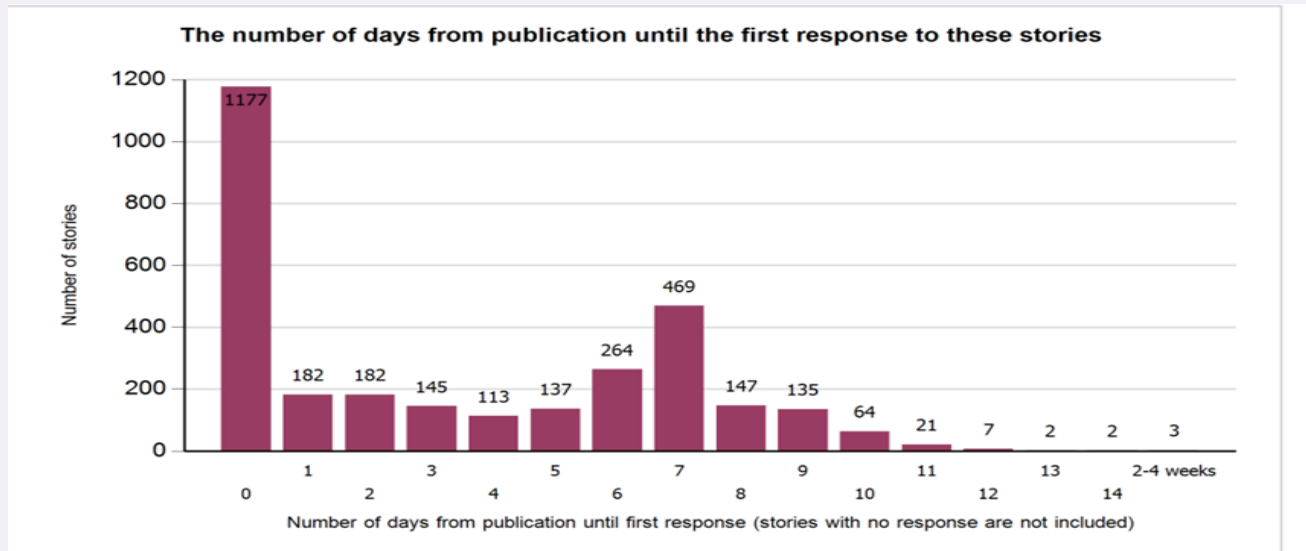
Across 2024/25 we continued to see feedback shared with a range of criticalities. The majority of stories shared were positive, followed by criticality 2 (mildly critical). Staff continue to respond to all stories, with efforts underway to improve staff access to feedback information to further encourage sharing and learning.

For 2024/25 we saw 78% of all stories shared were criticality 0 (purely positive), this is the same percentage seen during 2023/24.



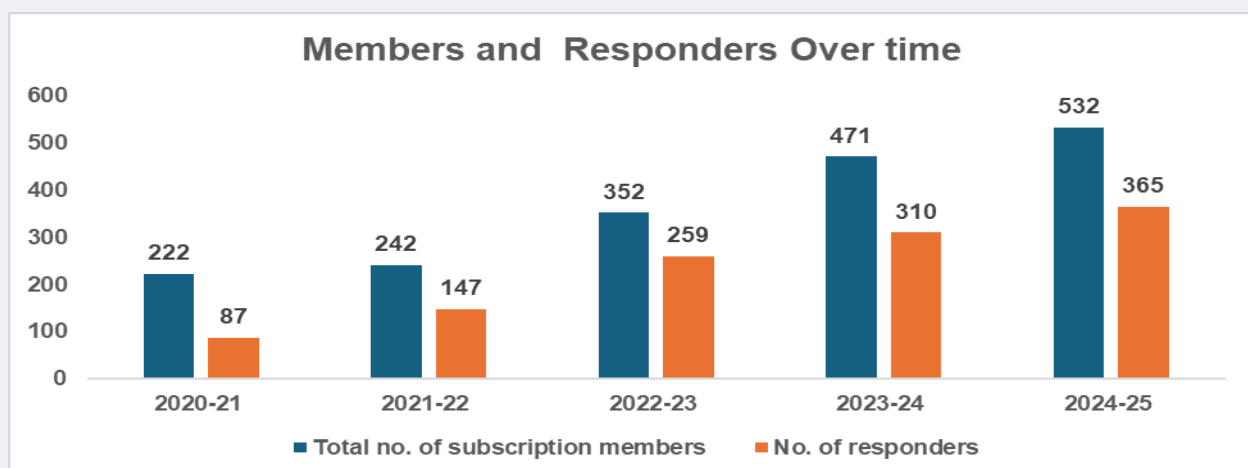
## Care Opinion Responsiveness

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, 87% of feedback was responded to within 7 days.



## 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 17% 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 (example shared earlier in this report).



### Care Opinion Blog

Throughout 2024/25, 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.

### NHS Greater Glasgow and Clyde's Pulmonary Rehabilitation Service

The Pulmonary Rehabilitation Team is dedicated to ongoing service enhancement. Care Opinion plays a crucial role in this by capturing real-time participant feedback. Positive feedback highlights successful practices, boosts staff morale, and allows the sharing of good practices. Constructive feedback, on the other hand, provides valuable insights for learning, development, and change.

We began promoting Care Opinion in March 2024, by displaying posters in the department, distributing feedback cards and Hazel Tagg, our health care support worker, has taken on the role of the Care Opinion Champion. Hazel pro-actively asks participants to share their feedback.



**Read the full blog here on Care Opinion**



## 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.

### Thanks again to an amazing team

Really nervous when I arrived but can honestly say the staff there were so good at explaining and putting me at ease. Had a great laugh during and after the procedure with them to the point I forgot what I was in for.

Mr James the consultant was a lovely man and joined in the banter I had with the girls. I plumped for heavy metal to listen to, as even though I'm in my 60s I still rock. The girls also loved that type of music so when I said the next patient in said he liked Sydney Devine they all had a chuckle. You do a great job and other than the embarrassment I would come back in a heartbeat....thanks again to an amazing team.

### Aftercare Information Sheets

A patient praised the Glasgow Dental Hospital team for their care during a difficult wisdom tooth extraction. While they received helpful aftercare information about bleeding, they noted the absence of guidance on recognising signs of infection. This led to a delayed response to symptoms, which impacted their recovery.

In response, the Oral Surgery team acknowledged the gap and updated the aftercare information sheet to include signs of infection, such as a metallic or salty taste. The patient's feedback directly influenced this improvement, and the team expressed gratitude for the valuable input.

### Left feeling that our daughter's eyesight is in good hands

We attended Gartnavel General for an eye assessment for our daughter. We met Fazia the orthoptist and Nikki the Optometrist. They were both excellent. Nikki was calm, well-mannered and very professional as was Fazia. We were given time to ask a number of questions and left feeling that our daughter's eyesight is in good hands, Well done team.

### Lack of adequate toilet facilities

A parent expressed deep appreciation for the staff at WestMARC Glasgow, who have supported her daughter—a full-time wheelchair user—for nine years. However, she raised serious concerns about the lack of Changing Places toilet facilities, which forces her to change her daughter on consultation beds.


In response, WestMARC acknowledged the issue and confirmed that plans have been submitted to request the conversion of a consultation room into a Changing Places toilet, thanking the parent for highlighting the need.

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.


#### Not treated with dignity and respect | Care Opinion



Patient's granddaughter shared concerns about interactions with staff while their grandmother, in her 80s, was receiving care. They also shared worries around the discharging process when the patient had symptoms of a urine infection, feeling their concerns were dismissed.

Lead nurse and practice educator are working closely with the ward staff to ensure standards of care are met and patient experience is positive. Daily board rounds in place, senior charge nurse is ensuring the team are communicating well together, and handovers taking place throughout the day to ensure patient care delivery is completed timely and to a high standard. Medical teams also given feedback to improve communication with patients and relatives.

#### Miscarriage Care | Care Opinion (EPAS)



A service user shared their experience at the Early Pregnancy Assessment Service at Princess Royal Maternity (PRM) following a second miscarriage. While the staff were described as kind and compassionate, the user highlighted a number of issues impacting their experience.

Despite compassionate staff, the system lacks the flexibility and sensitivity needed to meet the needs of patients experiencing pregnancy loss. A Short Life Working Group (SLWG) has been formed to review the service and design the necessary changes. This is being led by the Clinical Service Manager, and progress is actively being made to address the issues raised.

## Using video to encourage feedback

A key development in our work to promote the importance of sharing feedback, and the impact it can have has been around the use of video tools to capture staff reflections. Emma Fowler-Stewart, Clinical Psychologist and Clinical Lead for the Digital Therapies Team, has shared their reflections on co-designing and evaluating their service alongside patients, families and service users.

This video was produced to encourage feedback and involvement with future workshops aimed at exploring how the service could make their therapies more accessible. The video was posted across NHSGGC's social media platforms, and it can still be viewed **here**.

### 3.4 Key Ambitions for 2025/26

Looking ahead to 2025/26, we have a number of ambitions to help ensure NHSGGC continues to foster open dialogue between staff, patients, carers, and families.

- Through promotion and staff training see a 10% increase in the number of people providing feedback via Care Opinion, building on last year's baseline target.
- Explore new approaches to further promote Care Opinion across staff and public channels through a range of promotional activities.
- Expand the number of staff responders across services, with a particular focus around supporting areas that have seen lower responder number 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, with a focus on documenting changes made in response to critical feedback and spreading learning across services, with video content a core area of interest.

Alongside these areas we will continue to enhance the interactive feedback dashboard, enabling teams to access and act on their feedback data more effectively. We will also continue to work with colleagues across NHSGGC to ensure public feedback leads to impactful change and meaningful celebration of the amazing work carried out by staff across the board.

# Person Centered Care Improvement Programme

This section presents an overview of activity aligned to the strategic quality improvement objectives for person-centred care led by the NHSGGC Person-centred Health and Care Team and progress made during the reporting period 1 April 2024 – 31 March 2025. Additional person-centred improvement activity is reported in the annual report for the NHSGGC Quality Strategy – Quality Everyone Everywhere.

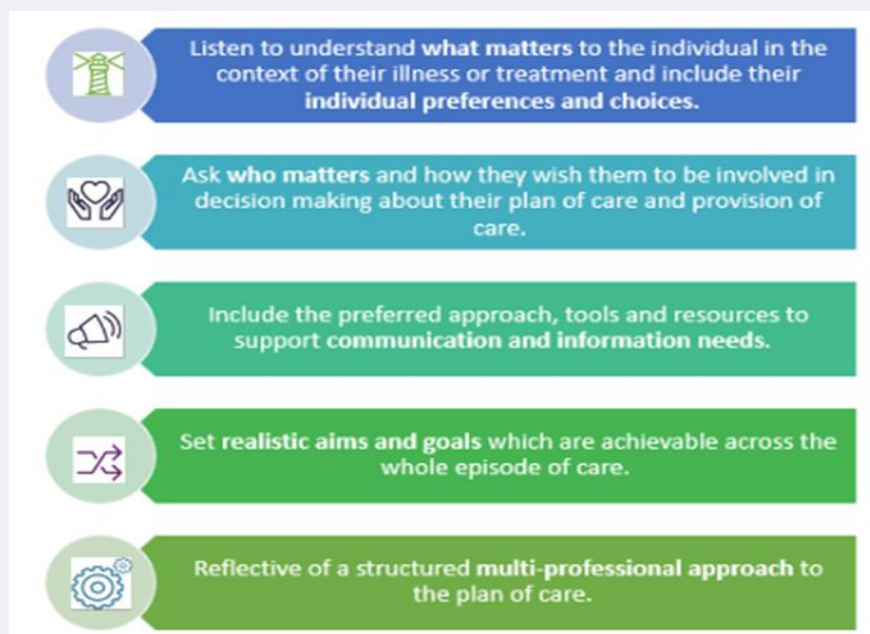
## 4.1 Digital Clinical Notes (DCN) and Person-Centred Care Planning (PCCP)

Implementation of the PCCP within DCN is now complete in the Institute of Neurological Sciences (INS) and Spinal Injury Unit (SIU) at Queen Elizabeth University Hospital (QEUH), and all adult acute inpatient wards in Gartnavel General Hospital (GGH) Main Stack, Stobhill, Lightburn and New Victoria Hospitals. Implementation across the Glasgow Royal Infirmary (GRI) site began in April 2025.

As part of the on-going work within the DCN workstream, a pre-implementation evaluation was undertaken across 20 wards to provide a baseline for how well current paper care plans align with the Principles of Person-Centred Care Planning (Figure 1) and if they are reflective of the experience of patients and those who matter to them.

A sample of care plans from each ward (in total 102) were reviewed to allow quantitative data to be gathered. A mini care experience conversation focusing on the care plan was then undertaken with the patient who each care plan belonged to where possible, to determine the qualitative aspects of the principles.

**Figure 1: Core principles of Person-Centred Care**



Post-implementation evaluation began in June 2025 to allow comparison with pre-evaluation data and insights gathered and provide evidence of improvement in the person-centred approach to care planning. The aim is to do this at least 6 months post-implementation to allow time for the system to be embedded as business as usual.

At each stage of evaluation, the findings are communicated to the individual teams and leadership, with any recommendations or actions required for further improvement highlighted. Furthermore, if the findings require overview or action from the DCN Programme Board, this is communicated as required.

## 4.2 Patient Stories

NHS Greater Glasgow and Clyde (NHSGGC) shares patient stories at each NHSGGC Board meeting highlighting quality care and person-centred approaches to delivering services. This helps staff to listen, learn, and act upon patient feedback, fostering a culture of empathy and continuous quality improvement, click below to view our recent stories.

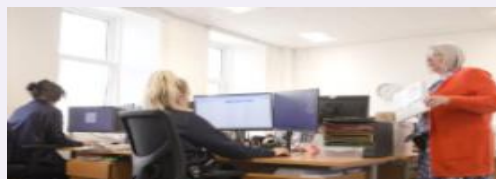
### April 2024

Partnership working between with the Defence Medical Welfare Service



### June 2024

Naloxone Peer Mentor Programme



### August 2024

Supported Mealtimes within NHS Greater Glasgow and Clyde



### October 2024

NHS Greater Glasgow and Clyde Musculoskeletal Oncology Service



### December 2024

East Dunbartonshire HSCP Community Specialist Respiratory Physiotherapy Service



### February 2024

NHS Greater Glasgow and Clyde Long Covid Service



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.

### 4.3 What Matters to You (WMTY) Day

What Matters to You Day (WMTY) was held on Thursday 6 June 2024.

Within NHSGGC, the focus of our celebrations this year was to encourage conversations using the strapline - 'What matters to you, matters to us.'

The [NHSGGC WMTY Report 2024](#) provides a comprehensive overview of activity across NHSGGC.



## 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 2025/26:

- 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 HSCTPs to improve our Stage 2 performance
- Continuous review of our Complaints Handling Process ensuring it is person-centred, placing our patients, families, and carers at the center of the process. Where appropriate, offer complainants the opportunity to meet with the teams involved in their care and monitor the number of face-to-face meetings taking place.
- 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.