Handling and Learning

from Feedback Annual Report

2014 - 2015

NHS Grampian

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Feedback Service Manager

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Section 1 - Encouraging and Gathering Feedback

1.1 - Methods used to encourage feedback:

NHS Grampian values all feedback and is committed to ensuring that the information and learning gathered from all our feedback systems informs the aspiration of continuous improvement and the further development of a person centred approach to service planning. NHS Grampian encourages and receives feedback through a variety of sources:

- Feedback Cards – with a prepaid, addressed envelope (available in all clinical areas).
- Letters (received in clinical areas, addressed to the Feedback Service or the Chief Executive).
- E-mails (received through the Feedback Service's email address - available on NHS Grampian's website, information leaflets and feedback cards, through the Chief Executive's email address, through the general NHS Grampian contact address on the website or directly to senior officers)
- Phone calls (received directly by the Feedback Service or redirected from anywhere in the organisation).
- Letters and email correspondence from MSPs and MPs on behalf of members of the public.
- Letters from the Patient Advice and Support Service on behalf of members of the public.
- Letters from the Advocacy Services in the Grampian area on behalf of members of the public.
- NHS Grampian's email address.
- NHS Grampian's Website.
- Facebook.
- Twitter.
- Patient Opinion Website.

Patient Opinion:
A valuable mechanism through which patients and members of the public can give feedback on their experiences is by posting comments on the Patient Opinion Website. Patient Opinion was launched in 2013, and it compliments NHS Grampian's wide range of feedback methods.

In NHS Grampian, assurance and responsibility for Patient Opinion rests with the Patient Focus Public Involvement (PFPI) Committee. Quarterly updates are provided to this committee on the Patient Opinion activity in NHS Grampian, and forms part of the Person-centred report.

There have been 157 stories posted about NHS Grampian over the last two years. These are very variable in nature. Many are positive and compliment staff across GP practices, hospitals and all healthcare settings, praising the care and treatment

received. Others describe poor experiences, delays, issues with communication, etc.

Many of the people posting stories choose to remain anonymous which means it can be difficult to follow up specific concerns or to look into the circumstances of their experiences. On many occasions the only possible initial response is to provide the contact details for a senior manager who they can contact if they would like to discuss their concerns or pass over more personal information.

It can be difficult to identify learning from the stories on Patient Opinion, but the stories are always shared with the services concerned. Where appropriate, the services are asked to provide a response to supplement the initial response which is posted as soon as possible after we are made aware of a story. Automatic notification of postings is sent to the only two people in NHS Grampian who have responding rights. As part of our Improvement Programme we will continue to actively support Patient Opinion as another mechanism for receiving and acting on real-time patient feedback, and will aim to respond to all posts within two working days.

Real-Time Feedback:
The collection and use of real-time patient and staff experience data for improvement, in all care settings for all patients, is continuing to spread throughout the organisation and is collected and used in a variety of ways:

- Face to face conversations.
- Use of real-time survey tools.
- Use of iPads in conjunction with Datix PALS (Patient Advice and Liaison Service) to speed up collection and turnaround time.
- Patient stories.
- Improvement trees - wall stickers used to gather patient, family and visitor feedback.
- Comment Box - for texting feedback.
- Use of "You said, We did" posters.
- Use of electronic Opinion Meters.
- Patient experience audits.

For the period 1 April 2014 to 31 March 2015 we asked a total of 993 patients about their experiences of care in NHS Grampian. 97.8% reported their care as good, very good or excellent.

Some desired outcomes and our progress against them are shown below:

Desired outcomes	Progress Made
Implementing a rolling programme of outpatient surveys	We completed one round of surveys across the entire Aberdeen Health Village and another five outpatient areas. This was achieved by June 2015.

Desired outcomes	Progress Made
Enhanced pool of trained survey workers	We have made limited progress with this action. One member of staff working part-time struggled to deliver on the aim of five surveys per ward per week at Doctor Gray's Hospital. We are now exploring using managers and leaders to collect real time feedback.
Patient Opinion will be embraced	We aimed to respond to all posts within two working days. We are now reliably responding to 100% of posts within two working days.
Electronic recording and reporting of patient feedback to staff	We have increased the speed of the turnaround from collecting patient and staff experience information to feeding it back to teams, in some cases managing this within 48 hours. It is not always possible to present the information back at learning events, the arrangement of which can delay the feedback. Timely feedback enhances the meaning and impact of this information and for this reason the feedback is often given to the staff on shift at the time. In the majority of cases this includes the Senior Charge Nurse (SCN). In all cases, teams are presented with a portfolio of evidence describing the staff and patient experience information collected and are also provided with a PowerPoint presentation of the same information. It is the responsibility of the SCN to ensure that staff have access to this information and time to think about how it can be used for improvement.
Development of improvement plans	Staff have needed quite a lot of support in the development of improvement plans and "always events". This support is being provided by the Person-centred Team. The Caring Behaviours Assurance System introduces a suite of Person-centred Quality Indicators which can be used to help staff identify their "always events". Consideration is being given to the determination of NHS Grampian wide "always events".
Overview of improvement actions by the Board.	The person-centred team has collated the themes from each of the improvement plans and 'always events.' These are presented below: | Themes from Improvement Plans	Themes from Always Events
Environment Care and Treatment Communication Staffing and Recruitment Food Patient Dignity and Respect Documentation and Systems	Care Delivery Communication Team work Environment Staffing Documentation Dignity	

Examples of Always Events:
- Always ensure that ward activities are related to patients' hobbies and interests.
- Always ask the patients' their preferred name and document on admission paperwork.
- Always respect and honour our patients' wishes.
- Patients to have buzzer/drink/walking aids within reach at all times, measured by comfort rounds and OPAC (Older People in Acute Care) audits.

Examples of Improvements:
- Commitment to ensure all staff have dementia training.
- Work with multi-disciplinary teams (MDTs) to improve nursing input into patients' therapy.
- Patients to be given meal choices the day before to help ensure they are being given full choice from menu.
- Improve communication within MDTs by Occupational Therapists and Physiotherapists documenting patient's progress on separate coloured paper that is easily recognisable.

We are currently exploring the possibility of posting the results of patient experience surveys at the entrances to wards and departments. We have tested this with three wards at ARI. Staff were enthusiastic and happy for the information to be displayed.

We involve the public and ask for their views and feedback in a number of ways during care:
- Involved in decisions.
- Family and carer involvement.
- Involved in ward rounds.
- Improvement trees (you said, we did).
- Discharge portfolio and ticket home.
- Patient diaries.
- Viewpoint – electronic questionnaire units.
- Getting to know me/Must dos with me.
- Patient Admission and Assessment Document (PAAD) and Care planning.
- Hospedia – a bedside multimedia system (with a television, radio, telephone and internet for patients to use while they are in hospital) which can also be used to provide information to patients and collect feedback from patients using a pop up survey tool.

We involve the public and ask for their views and feedback in a number of ways after care:
- Formal feedback
- Patient Opinion
- Telephone follow up
- Patient postcards

- Survey/audit work
- National surveys

We also work together with members of the public using co-production, which essentially describes a relationship between the service provider and the service user that draws on the knowledge, ability and resources of both to develop solutions to issues. Some examples of this are:

- Public involvement – Participation Standard.
- Unscheduled care work – co-design using patient and staff experience.
- General surgery work – improving the patient journey.
- Caring Behaviours Assurance System (CBAS) - an evidence-based system for enabling and assuring the delivery of person-centred health care, see below.
- Major trauma work – see below.
- Patient Action Co-ordination Team (PACT) – see below Patient Passport initiative.

Caring Behaviours Assurance System (CBAS):
NHS Grampian has one Master Trainer progressing through to accreditation and one additional facilitator in training. Having our own Master Trainer will allow us to train our own facilitators "in-house" which will, in turn, increase our capacity to deliver programmes to teams. The most recent cohorts going through CBAS have again been inspired to make improvements and have evaluated the experience very highly.

Design of Major Trauma Centre:
Patients and families who have been unfortunate enough to experience major trauma have shared their stories with the Person-centred Team. Staff stories from NHS Grampian staff working with these patients have also been collected. The stories and extracts from them were used at the North of Scotland Major Trauma Event which was held on 13 May 2015. This is a fantastic example of co-producing care where real lived experiences will be used to shape services.

Patient Passports:
A test of Patient Passports has been undertaken with one Consultant and six patients. The passport was co-designed with the PACT group (Patient Action Co-ordination Team). A meeting took place to review this test on 15 May 2015.

Conclusion:
The above represents some but not all of the person-centred activity being undertaken by NHS Grampian staff. All staff should understand their roles in relation to making care as person-centred as it can be. There is an increasing awareness that a positive patient experience leads to better outcomes for patients and safer, more effective care.

1.2 - Making people feel their feedback is welcomed:

Local processes and procedures have been developed to ensure they are efficient and fully comply with the principles and policy intentions of the Patient Rights (Scotland) Act 2011, which means we ensure that they:

- Encourage, welcome and view feedback, comments, suggestions, concerns and complaints as opportunities for ensuring we provide person centred care.
- Promote learning and improvements from all forms of feedback.
- Are effective, fair and consistently applied.
- Are easily accessible to all and that information is available in other formats where this is required.

Everyone who provides feedback should be thanked verbally or through an acknowledgement letter or email. NHS Grampian appreciates all learning opportunities that service users provide us with, and would like everyone who gives feedback to know that we value the time it has taken for them to tell us about their experience.

1.3 - Engaging with equalities groups:

The Patient Advice and Support Service (PASS) provides free, confidential information, advice and support for anyone wishing to give feedback about the treatment and care provided by the NHS in Scotland. NHS Grampian and representatives of the PASS meet every three months to ensure that patients and equalities groups are aware of this service and are appropriately supported to give feedback. PASS activity, performance reports and case studies are shared and discussed at these meetings, to demonstrate how patients' needs are being met in Grampian.

Local support is also available to people who wish to give feedback through local Advocacy Services. PASS and Advocacy services are publicised on NHS Grampian's website and information and contact details are given to members of the public over the phone by the Feedback Team. PASS leaflets are available in health points and our complaint acknowledgment letters also give information about the support PASS can offer.

To ensure that local ethnic and diversity communities are actively involved in their health care, the NHS Grampian Racial Equality Working Group, the Disability Discrimination Act Review Group, the Diversity Working Group and the Spiritual Care Committee are kept informed of service, and other, developments. This enables respective communities to be involved and consulted as appropriate. Materials are made available in any other language or format required to support patient involvement.

It is important that whenever health care is provided, there is effective two way communication in place. Research carried out jointly by NHS Grampian and the Grampian Regional Equality Council has shown that over 90% of recent migrant workers and their families are non-English speaking when they first arrive in Grampian. This challenge is overcome with a variety of methods:

- "Language Line" - a telephone based interpretation service which gives staff access to expert interpreters, on the telephone, for 170 languages in 60-90 seconds. It is live in over 854 locations in Grampian and was used on 5,349 occasions in 2014. It is intended that by March 2016, the number of Access Points will be increased to 900.
- "Face to face" interpreters - NHS Grampian has trained 140 "face to face" qualified interpreters who were used on 1,166 occasions in 2013. Work will continue to recruit and train replacements to maintain the numbers at 140.
- Materials in translation - All requests for NHS Grampian health care material in translation are met. A wide range of local health care information is already available pre-translated into the main local ethnic community languages. We will also translate our published material upon request. On average, we translate five pieces of personal health care information from Eastern European languages each week, to help staff understand previous treatments provided out with the UK.

The 2011 Census showed that one in five of the population has a communication disability. The measures NHS Grampian has put in place to help people with a communication disability are:

- For People who are Deaf - three British Sign Language (BSL) interpreters are under contract and a fourth is accessed through an agency. All requests for BSL interpretation are met.
- For People who use a Hearing Aid - over the last three years, NHS Grampian has purchased and issued over 250 Portable Induction Loops. NHS Grampian will issue issues a further 50 Portable Induction loops and provide more specialised hearing support equipment.
- For People with a Learning Disability or Aphasia (partial or total loss of the ability to communicate verbally or using written words) - accessible/pictorial material is provided. All requests for accessible/pictorial material are met.
- For People with a sight problem - All NHS Grampian published material complies with the Royal National Institute for the Blind "Good Practice Guidelines". All requests for information in large print, audio and Braille formats will be met and Sensory Awareness Weeks for staff will be held annually.

1.4 - Publicising our feedback methods and ensuring people know what to expect:

Feedback methods are publicised on posters, feedback cards and on NHS Grampian's recently updated website. Other communication tools are used to promote opportunities to provide feedback. These include Facebook, Twitter, articles in public newsletters and the use of community radio. People can find out what to expect when they give feedback by the information given on the website, the information provided in acknowledgement letters and also through the advice offered over the phone.

1.5 - Streamlining the way feedback is recorded across the board:

Working practices, processes and procedures are continuously reviewed to ensure they are efficient, effective and person centred. The Feedback Service commissioned NHS Grampian's internal auditors to undertake a comprehensive review of our complaint handling processes in 2014. The audit report made recommendations to be undertaken by NHS Grampian, and was reported to the Audit Committee of the Grampian NHS Board in June 2014. All recommendations made have now been implemented in full. To support the achievement and sustainability of these recommendations, the capacity of the Feedback Team was increased in October 2014. There has been a significant improvement in the quality and responsiveness of NHS Grampian's complaints handling due to the changes implemented as a result of the audit.

1.6 - Using feedback to identify improvement opportunities:

NHS Grampian encourages feedback and passes all forms of feedback to the relevant staff, to encourage sharing of patient experiences, and providing valuable learning opportunities. To ensure learning occurs from feedback, service managers must demonstrate what the feedback tells them about their service; identify their learning opportunities for service improvement, and record actions taken as a result. Learning outcomes are documented on Datix (our electronic complaints system), and are included in a new monthly report which demonstrates the learning and actions taken across NHS Grampian as a result of feedback.

Another way that learning from feedback is encouraged is to publish examples in Team Brief each month. Team Brief is a monthly bulletin which provides information and news relevant to all groups of staff. It contains a mix of local material and system-wide information. The bulletin is cascaded across the organisation on a face-to-face basis. The feedback examples include; suggestions, comments and compliments received the previous month, and includes a 'You said.....We did.....' example, which provides an opportunity for learning to be shared and adopted across the organisation.

Section 2 - Encouraging and Handling Complaints

2.1 - Involving complainants to the level they wish:

When a complaint is received over the phone, the Feedback Team asks if the complainant would be happy for someone from the service to call them and if they would find it helpful to attend a meeting. The key issues are clarified during the call and the complainant is asked what they would like to happen as a result of their complaint.

When more sensitive or complex complaints are received, a Feedback Advisor phones the complainant, if a phone number is available, to introduce themselves and ask how they would like to be involved and what outcome they are hoping for. To help set expectations, it is explained that complex complaints can take longer to thoroughly investigate, and reassurance is offered that all complaints are taken seriously and that they will be kept informed of the progress of their complaint.

Service Managers are also increasingly making direct contact with complainants to provide a more person-centred approach to complaint handling. This helps to establish what the key issues are for the complainant and understand what the person would like to happen as a result of their complaint if this has not already been done by the Feedback Team. A meeting may be offered to allow further discussion of the concerns raised if desired by the complainant, and this can be followed-up by sending a written response to confirm the complaint outcome and any agreed actions to be undertaken by the service.

Alternative dispute resolution (ADR) can be used when independent support or facilitation is required to achieve complaint resolution. NHS Grampian has received no requests for ADR to be provided during 2014/15, but we are raising awareness of this service and encouraging complaint leads to request this when they feel it would be beneficial.

2.2 - Encourage early resolution and ownership of complaints:

The Feedback Service introduced a triage process in November 2014, to allow identification of simple complaints that are suitable for early local resolution (resolved verbally within 3 working days). Email communication takes place with the relevant complaint lead on the day these complaints are received, to encourage quick investigation and resolution of the complaint over the phone.

2.3 - Measuring complainant satisfaction with the process:

An electronic questionnaire was sent out to recent users of the Feedback Service in March 2015, using Survey Monkey. The questionnaire was produced with support from the Patient Focus Public Involvement team and was designed to capture the experience and satisfaction levels of people who have used the feedback service.

The results from the survey will provide a useful benchmark for any changes being introduced to complaint handling over the next year. This survey will be sent out to service users later this year to test any changes made and to continue to identify anything that can be improved on. Paper copies of the survey will also be sent out to ensure that service users who do not use email are not excluded from giving feedback.

2.4 - Learning from complaints relating to each area of the board:

To ensure NHS Grampian can evidence and demonstrate learning and action from feedback the Feedback Service now produces monthly 'Learning and Actions' reports. These reports are emailed to each Sector Lead in NHS Grampian, and provides information about the complaint issues raised, the learning identified, the actions taken, the time taken to respond and how the complaint was responded to (verbally or in writing).

Sector Leads are responsible for ensuring that Complaint Leads record the learning identified and action taken in the Datix complaints module. The learning and actions fields will be audited by the Feedback Service to ensure actions have been implemented, sustained and shared across the organisation as appropriate.

2.5 - The links between the management of selected complaints to the management of serious and adverse events:

The Feedback Service produces a monthly complaints overview report which is shared with the Director of Nursing and Quality, the Director of Medicine, the Director of Workforce, the Director of Corporate Communications, the Nurse Consultant for Patient Safety and Experience, the Risk Management Advisor for Patient Safety and the Associate Director of Quality. The report is then discussed during the monthly complaints and adverse events overview meeting, which is attended by the above individuals. This allows for an overview and connections to be made for complaints and adverse events and for the Risk Manager Advisor and the Feedback Service Manager to seek support from the Directors if required.

When feedback or a complaint identifies a major or extreme event, or events, it is usual practice for the service involved to initiate a Significant Event Analysis (SEA). An SEA is an in depth investigation into any event thought to be significant in the care of patients. Once the investigation is complete, a meeting is usually offered to the complainant and their family to discuss the findings, identifying any learning opportunities and actions to be taken as required.

Appropriate investigation and follow-up of adverse events, near misses and complaints increases our knowledge of why these events happen and improves our ability to prevent them recurring. The opportunity to share transferable lessons from

the outcomes of investigations is vital in the prevention of reoccurrence of similar events.

2.6 - Working with local independent contractors to monitor how feedback is used to drive improvements:

In 2013, The Feedback Service developed an electronic questionnaire on Lime Survey, to allow the collection of Independent Contractors' (GPs, Dentists, Pharmacists and Opticians) complaint information. This questionnaire has been further developed in 2014, to allow the collection of more detailed information including; key complaint themes, the learning identified and actions taken.

The Feedback Service sends an email to Contractor Leads twice a year, which contains an electronic link to the Lime Survey questionnaire. The Contractor Leads send this link to all contractors in their group, with a reminder of their obligation under The Patient Rights (Scotland) Act 2011, to provide complaint information. The questionnaire is available for Contractors to enter their complaints data for one month. After this time the Feedback Service produces a report to allow the information to be submitted to ISD (Information Services Division) Scotland.

The Feedback Service has provided feedback and complaints training and awareness sessions to GP Practice Managers in Aberdeen City and Aberdeenshire, a Health Visitors Group meeting, the Eye Health Network Group and attended Primary Care Organisation Advisory Group Meetings to give updates on complaint handling, reporting requirements and to feedback on the complaint reports submitted to ISD.

To enable NHS Grampian to report on all Primary Care Organisation's complaint and feedback information the Contractor, or their Contractor Lead, will need to be held accountable if they fail to submit complaint information. The Contractor Leads are sent the Lime Survey report findings relevant to their contractor group twice a year to aid team discussion and to seek assurance that learning from the reports has been implemented.

Complaint Handling Target Achievement:
Complaint Handling Regulations require that if complaints are not responded to verbally within 3 working days, they should be acknowledged within three working days and responded to in writing within 20 working days, or as soon as reasonably practicable.

3 Working Day Acknowledgement Target Achievement: In 2014, NHS Grampian had only acknowledged an average of 72% of complaints within the 3 working day target. However, due to extra efforts and changes in practice implemented, from

November 2014 to March 2015, NHS Grampian achieved 100% acknowledgement within target.

20 Working Day Response Target Achievement: Previously, NHS Grampian has been one of the lowest performing boards in Scotland, only responding to an average of 35% of our complaints within the 20 working day target. However, in November 2014, a greater focus was placed on target achievement across the organisation. As a result, NHS Grampian was 'best in Scotland' from November 2014 to February 2015, with an average 20 working day performance target achievement between 82-91%.

Feedback and Complaints Information:
Feedback and complaints information is shared with senior managers across the organisation. Operational Managers also have access to a complaints dashboard on the Datix complaint module, which allows them real-time access to their current complaints situation and progress.

Complaints Data:
This graph shows how many complaints have been received, have been closed (complete), are open (being investigated) and have passed the 20 working day target (are late), by month over the last two year:
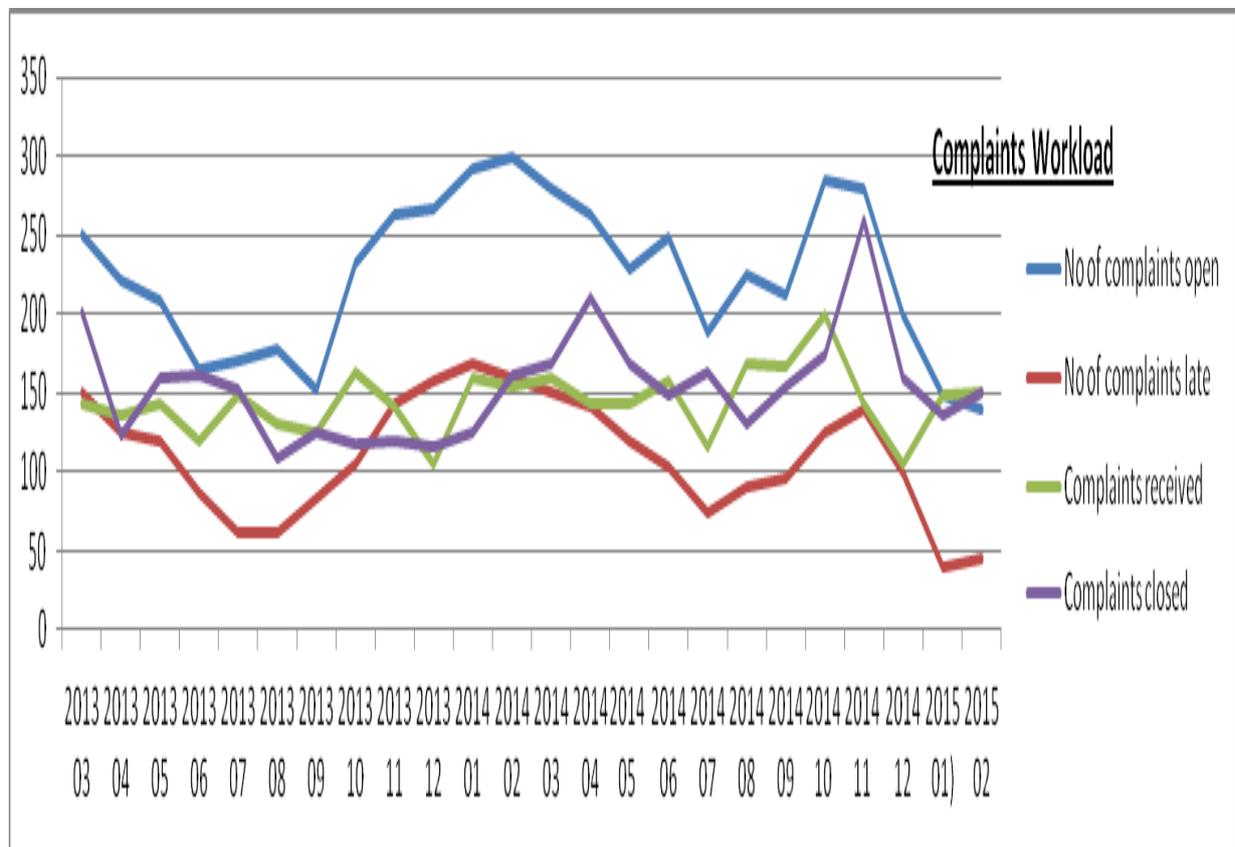
This graph shows how many complaints, compliments, suggestions, comments and concerns are received over the last 12 months:
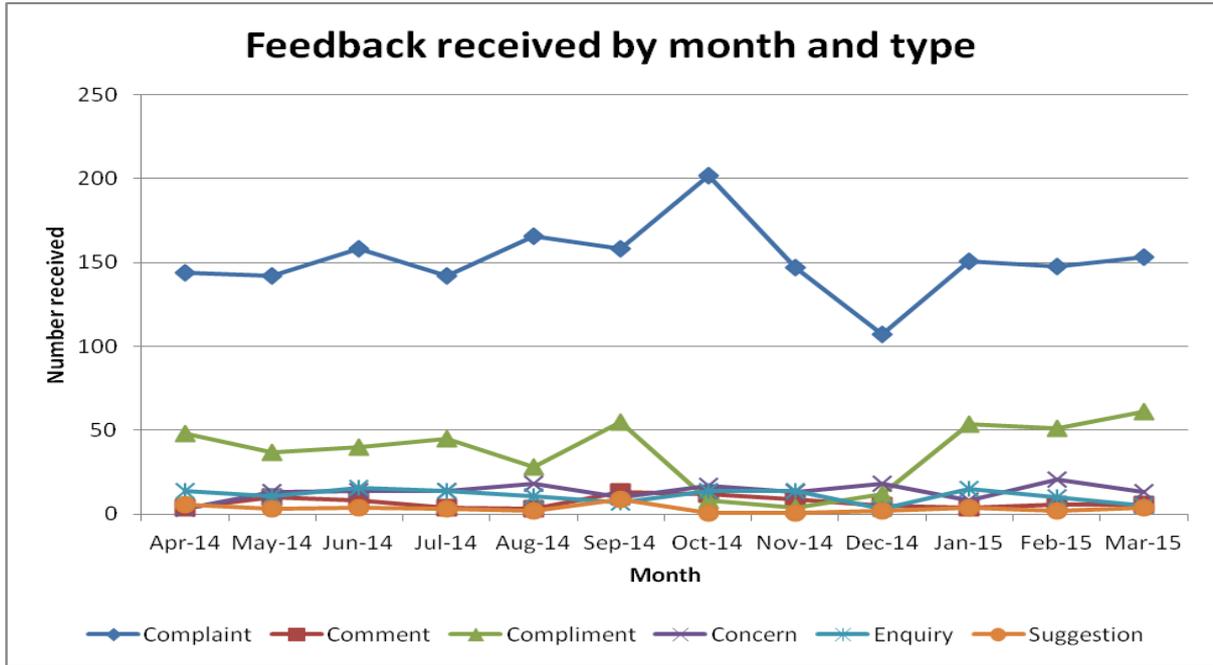
This graph shows our achievement of acknowldeging complaints within 3 working days compared to how many complaints were received over the last 12 months:
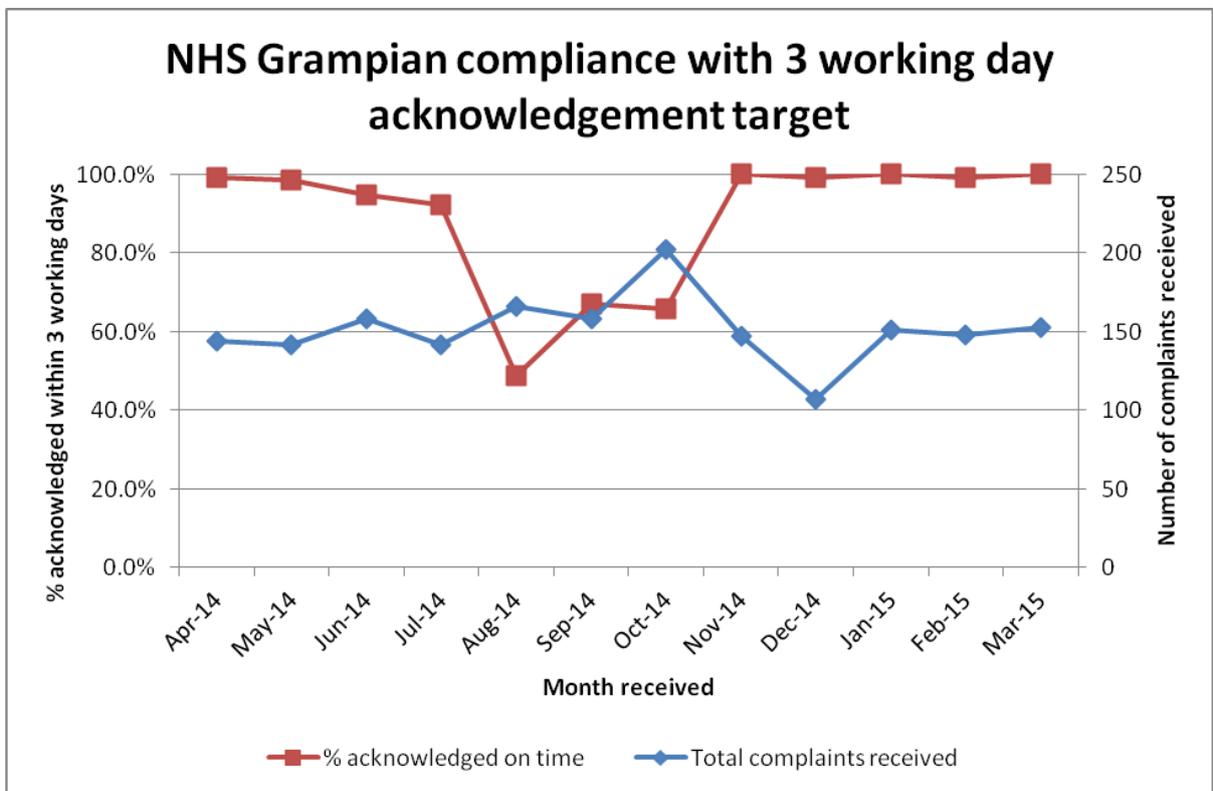
This graph shows our achievement of responding to complaints within 20 working days compared to how many complaints were received over the last 12 months:
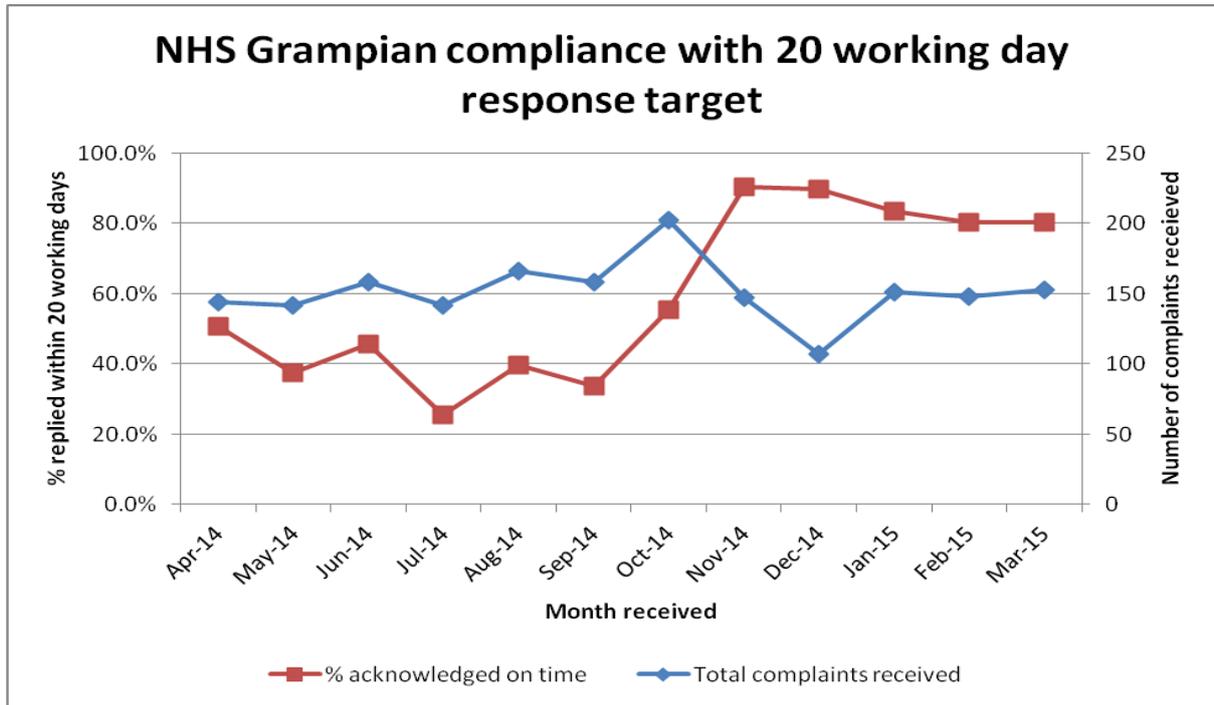
This graph shows how complaints were resolved over the last 12 months (Local Resolution means a written response was provided to resolve the complaint):
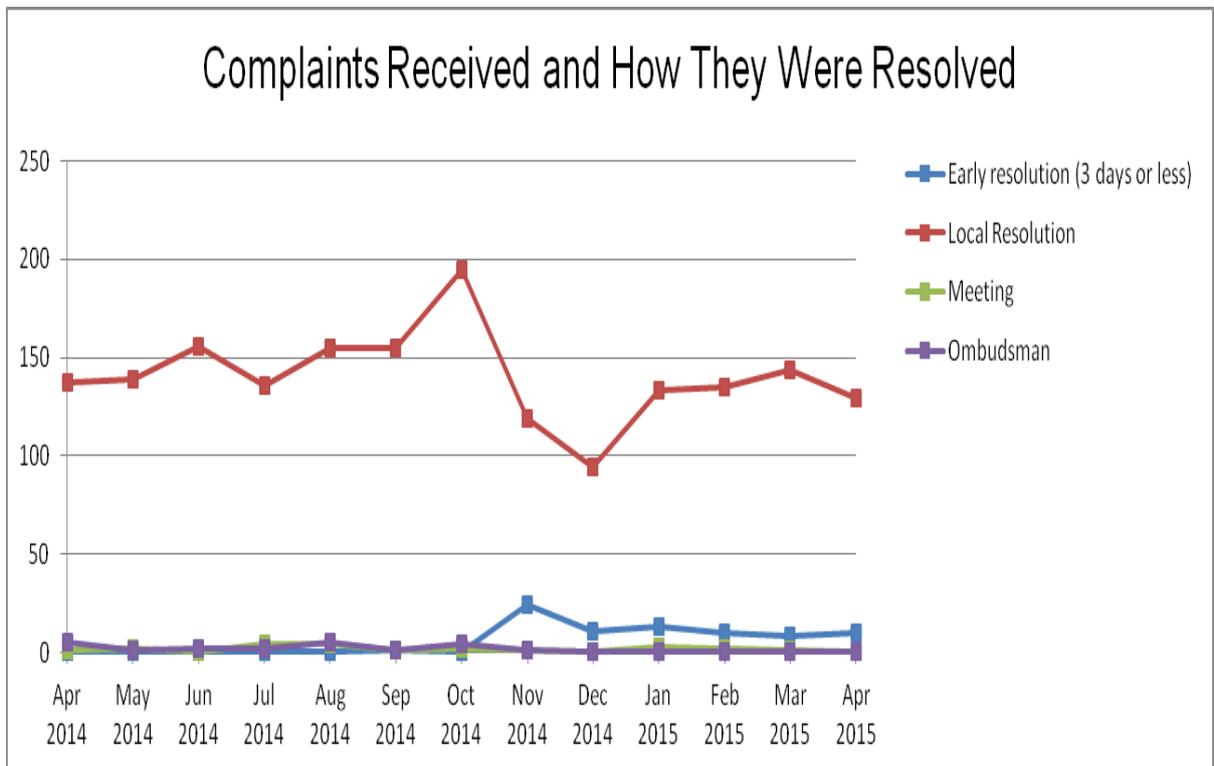
This graph shows how many complaints were re-opened over the last 12 months:
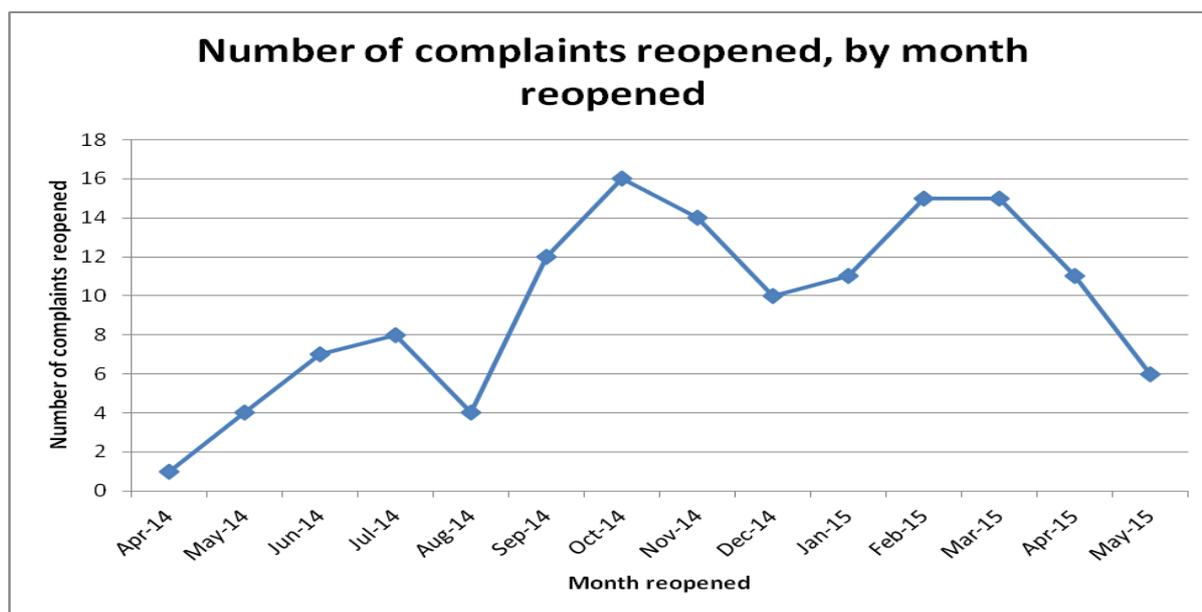
The number of complaints that are re-opened demonstrates the complainant's dissatisfaction with their response and is therefore a useful quality indicator. Complaints are only re-opened if the concerns raised in the complaint have not been fully responded to. The move towards earlier contact and engagement with complainants will more clearly establish what the issues are, as previously offering a meeting or telephoning complainants was done as a last resort when written communication failed to resolve matters.

This graph shows the number of time complaints were re-opened of the last 12 months:
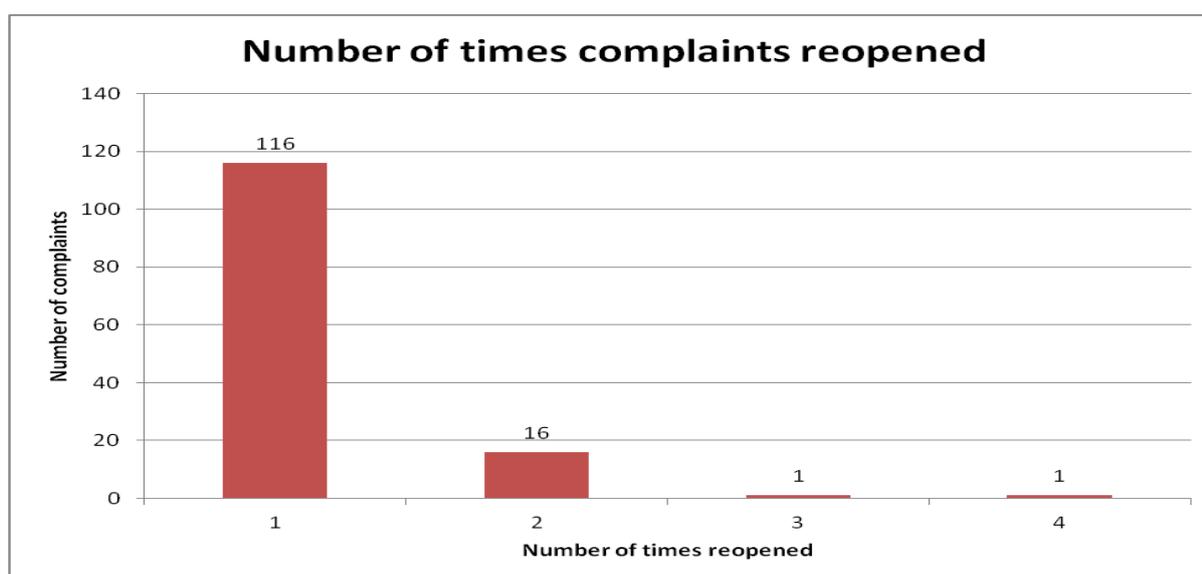
This graph shows the top five themes complained about and compares 2013/14 to 2014/15 figures:
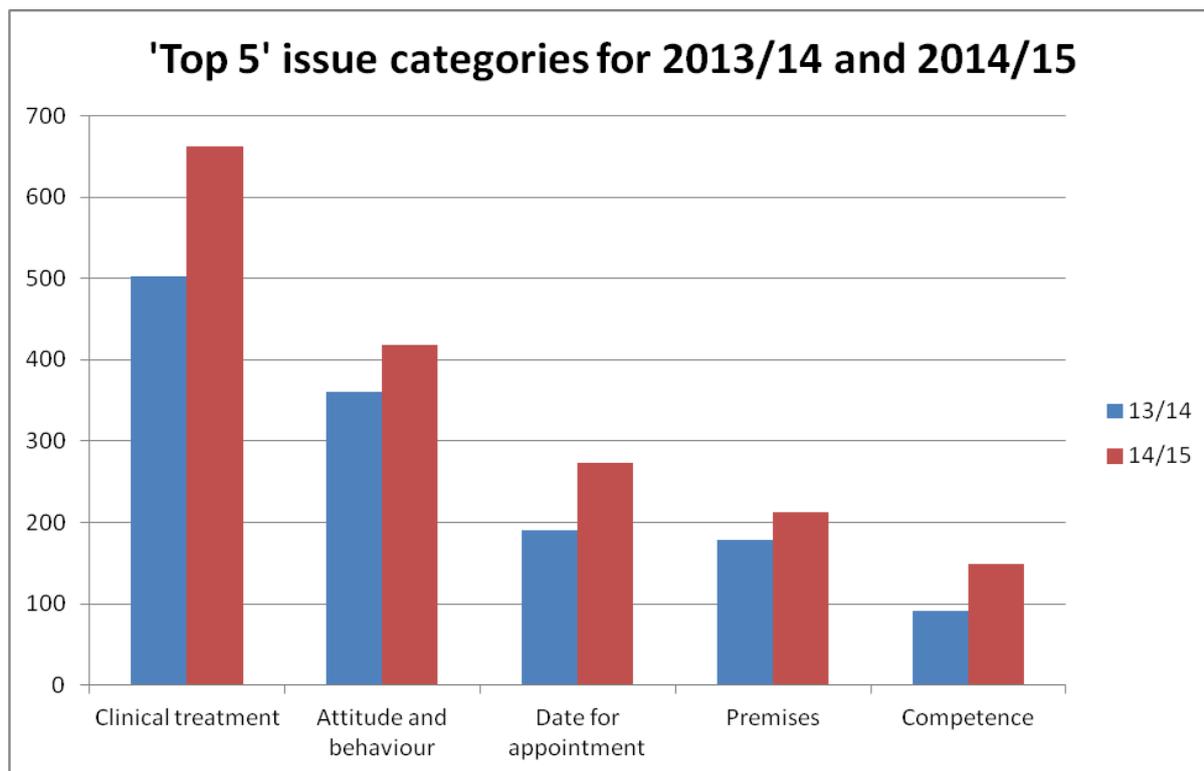
This graph shows the top five complaint themes trends over the last 24 months:
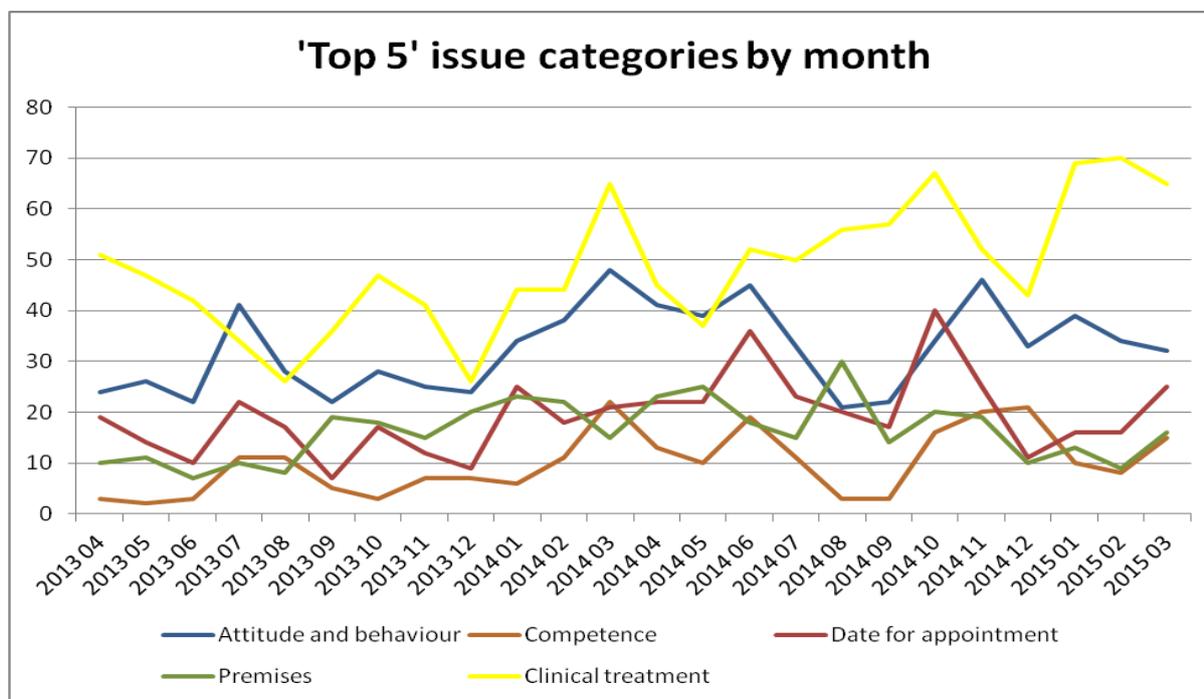
Section 3 - The culture, including staff training and development

3.1 - Challenges encountered in embedding a culture that actively encourages feedback:

To overcome challenges and to embed a culture that encourages all types of feedback, NHS Grampian appreciates the importance of;

- Local ownership and accountability, in terms of governance, in dealing with and learning from complaints.
- Adhering to national guidelines.
- A central team managing the feedback system, to ensure an overview of activity and for this team to be properly resourced.
- Managers and staff within services to be clear of their roles and responsibilities in dealing with complaints - both formal and informal.
- The Feedback Team and the DATIX team to work collaboratively to ensure the effective use of the information management system, and to provide advice and support to the services.
- Developing a more structured approach to apply the learning from complaints and monitoring success.
- Further enhancing the monitoring and reporting systems.

3.2 - Supporting staff and the public enabling openness and confidence:

Being open and ensuring communication flows freely makes valuable knowledge available across the organisation, from front-line staff to strategic decision makers. Good communication and openness actively encourages service users' views and will embed a culture that values both positive and negative feedback. The development and improvement of these skills must be a high priority for those delivering NHS services.

NHS Grampian is in the process of developing bespoke training to give front line staff the skills, knowledge and confidence required to interact with members of the public effectively and empathetically in all situations they may encounter. There will be a focus on being open, approachable, welcoming and encouraging feedback, responding effectively to feedback, dealing with difficult behaviours and understanding the value of a meaningful apology.

The training will be tested on Out-patient Administrative Staff (approximately 150 staff) and to assess the training using evaluation questionnaires to allow us to make the adjustments required to the content and delivery method. The content and materials for this training have been agreed by using a Survey Monkey electronic survey to send to this group of staff, asking what type of training they would find useful and how they would like the training to be delivered. Once the trial is completed, the training will be made available for all front line staff across the organisation.

3.3 - Staff training plans:

NHS Grampian has a responsibility to ensure staff are competent and confident in dealing with feedback, in a manner that is person-centred, and aim to resolve issues as they arise. The focus should be on early and local resolution, wherever possible, and learning and improvement from all forms of feedback received should be promoted and monitored. Staff must be supported by their managers to ensure thorough investigation and administration of feedback occurs, including capturing learning and actions taken, and be held accountable for their role in terms of its effective management.

Effective utilisation of the Datix Complaints Module is encouraged and supported with a Datix user guide which was developed and made available earlier this year. Complaint handling support is provided by the Feedback Service for all Complaint Leads and their support managers, and encourages the effective flow of feedback across the organisation.

The Feedback Service also provides tailored training sessions for individuals and groups to ensure a high quality and consistent approach to complaint handling. Complaint Leads will be supported to adopt a standardised approach to investigating and responding to complaints based on the new e-learning module on complaint investigation skills, which was recently jointly produced by the Scottish Public Services Ombudsman (SPSO) and NHS Education for Scotland (NES).

The Feedback Team works closely with Complaints Leads, particularly in the Acute Sector, where a number of process and procedural changes have been recently agreed and implemented. These changes have now been supported and adopted by all Complaint Leads across NHS Grampian, and have largely contributed to the recent complaint handling performance improvement achieved.

Staff will continue to be encouraged to complete the e-learning modules which educate staff to welcome and deal effectively with feedback. As staff become more confident asking for feedback, patients and members of the public should feel more confident in giving feedback. The Feedback Team will also perform spot checks to ensure that posters and feedback cards are visible and available in all clinical areas.

Section 4 - Improvements to services as a result of complaints and feedback

4.1 - Action taken to improve services as a result of complaints and feedback:

Below are some examples of the lessons learned and action taken from complaints and feedback:

Lessons learned	Action taken
A full investigation should be performed prior to a date for surgery being sent. The importance of effective communication has been highlighted.	The incident has been discussed within multidisciplinary team to ensure learning from this.
The need for planning and the importance that plans are followed has been identified.	This has been discussed within the multidisciplinary team to empathise the importance of effective communication with women.
Women's voices need to be heard and be part of decision making – to allow them true choice.	Reflective pieces done by several staff. Positive and negative feedback given to midwifery and medical staff.
Clear pathway to source "missing" files was identified.	Discussed with Team Leaders for future similar scenario. Communication with Medical Records regarding how we may best source notes in similar circumstances.
Reinforcement of the importance of staff behaviours as witnessed by the general public.	Raised concerns and discussed with staff involved.
The importance of positive attitudes and communication has been emphasised.	Mentor programme instigated by Charge Midwife to support development of midwifes.
Need to establish confirmed process for service to approach booking team to arrange a repeat appointment to avoid delays and miscommunications.	Meeting to discuss the above and implementation following said meeting.
Service implications regarding the authorisation of protracted periods of annual leave.	Annual leave management in discussion with the Unit Operational Manager and Divisional Clinical Director for future planning and authorisation.

Lessons learned	Action taken
Accurate and factual information should be given to patients. The Patient was under the impression that the cancellation was predictable at the time of admission. This was incorrect.	Theatre staff and operating surgeon advised of this complaint to ensure that they are aware of the importance and the impact on the patient if information which is communicated is inaccurate.
Ensure the correct information leaflet is put into Out-patient letter.	Burnside parking arrangements will be reviewed as part of the larger Foresterhill site parking review.
Investigation evidences that some patients' notes are not being transferred early enough to arrive prior to patient's clinic appointments. As a direct result, appointments can be cancelled creating inconvenience to patients, wasted clinical time and clinic appointments.	Patient notes to be tracked in a more timely fashion to allow clinics to function at capacity. This will have a direct impact on waiting times and provide better service to patients.
The importance of regular communication with parents and their carers was identified.	Met with parents to discuss their concerns and the activity plan was reviewed as a result. Reminder given to staff of importance of regular communication with parents and their carers.
Evidence that the existing clinic room within Outpatient Department is unsuitable for patient demographic.	The treatment room will be relocated and a temporary location is being identified in the interim.
The necessity to ensure early triage with timely pain relief was identified - especially for children.	Ongoing work towards improving redirection to reduce the number of inappropriate attendances at the Emergency Department which contribute to protracted delays for patients.
Poor communication had occurred.	Pharmacy and ward discussions to take place regarding effective communication. Improvements to be made to internal Process. Apology for lack of communication. Reminded all staff about the need to improve communication between the Pharmacy Department at ARI and the Community Pharmacies.
Need for planning and implementation of improvement plan.	Discussed with multidisciplinary team and to be taken forward.

Lessons learned	Action taken
Due process had not been followed by Administrators.	Reinforced to staff importance of following protocol and being familiar with new / changing ways that services are delivered.
Pain relief can be improved.	Discussions will take place regarding more theatre time for procedures to aid this.
Wheelchairs are not retrieved.	Wheelchairs are now retrieved at night.
Importance of training new doctors of due process.	Flow chart created - in process of agreement and all junior doctors to be trained during induction.
Review of appointment allocations and times required.	Hours of opening of pre-assessment increased on ophthalmology clinic days, and alteration of pre-booked slots implemented.
A review of admission times is required.	Plans are now in place to review the admission times of patients coming to the ward and where possible, patients due for admission will be asked to attend later in the day, by which time beds should be available. This will help to ensure that patients have a better overall experience.
Requirement for staff to seek support when dealing with challenging situation.	Discussed at ward meeting. Individual nurse had behaviour discussed with her and reflection carried out.
Need to ensure that all staff can adequately explain the Abbreviated Mental Test (AMT), its use and which age group it should be aimed at.	Cascade of information to team via Senior Charge Nurse plus additional professional development support to the nurse involved in patient's attendance.
Change in discharge process required to ensure appropriate clothing is available to the ward for early discharge if deemed appropriate.	Change in discharge process implemented to ensure appropriate clothing is available to the ward for early discharge if deemed appropriate.
Consideration should be made for there to be access to drinking water through the night. An adequate number of pillows should be on the ward at all times. Patients should be reminded not to touch food that they will not be consuming themselves.	Patient telephoned at home as now discharged. Patient was given the opportunity to express concerns and comments. Advised patient that issues raised are all on the current agenda for improving patient experience and patient environment and discussions are ongoing. Patient happy with this response. These concerns will also be discussed with the Senior Charge Nurse.

Lessons learned	Action taken
The importance of safe manual handling practices for staff and for patients to be well informed.	Patient contacted and reassured that the procedure went well and all moving and handling techniques were performed safely. Acknowledgement of the patient's experience and understanding of their concerns.
Unexplained delays unwittingly heighten patient's concern regarding their clinical condition.	Outpatient appointments are closely monitored on a weekly basis (daily if changes) to ensure that clinic and consultant time is maximised.
BMI (body mass index) should have more emphasis in pre-assessment.	Make BMI more prominent in pre-assessment.
Ensure staff are aware of correct due processes and how to check if they are unsure.	Patient telephoned and reassured that entitlement to PTC (pension tax credit) is clearly noted in system. Apologised and advised situation should not recur. However, as patient remains anxious and as further appointments within next week, I have left my name and contact number with patient for reassurance.
The importance of always treating patients with courtesy and respect.	The complaint will be used as a training / feedback opportunity within the department.
Communication was poor.	This has been highlighted to the records manager as there is a need for training.
Awareness raised about some improvements required on the ward.	Discussed further with the patient and then with ward staff to ensure implementation of changes.
The importance of full and timeous recording of patient information. The importance of continual risk assessment of falls risks and the documentation of all efforts undertaken to address the risk.	Shared learning with Senior Charge Nurse for ward and Lead Nurse. Regular documentation audit to be undertaken during Back to the Floor exercise. Re-circulation of NMC Guidelines to all registered ward staff.
Patient unaware of the Ear Nose and Throat referral process and service provided at Dr Gray's Hospital.	Explanation given as to process and how this is managed.
Importance of recognising age appropriate level of communication with minors and recognising vulnerabilities of individual's within the Emergency Department setting.	Senior Charge Nurse discussed with Staff Nurse directly involved and shared with wider team.

Lessons learned	Action taken
Increased awareness of Emergency Department (ED) staff that their conversations can be heard on the other side of the receptionist's window, even when closed. Also awareness of staff boundaries in their role.	The ED Support Manager met with ED Senior Charge Nurse to discuss staff boundaries and to ask her to cascade this to the nurses and to request that any receptionist in a similar situation has the authority to ask to move to a more private area to discuss private matters.
The need for nursing processes for care delivery, communication and anticipation of difficulties to be developed and enacted to a consistently high standard.	Full scale action plan with additional leadership role being added to skill mix for six months.
The importance of constant vigilance when phoning out discharge details to ensure dialling correct number.	Staff reminded about importance of constant vigilance when phoning out discharge details to ensure dialling correct number. Reviewing possibility of electronic transfer of information when moved from Maternity 1 to Maternity 2 BadgerNet.
There is a need for administration team training and awareness raising.	The Administrative Service Manager has discussed the administration oversight with the local administration team. Training is ongoing as part of the PMS updates to ensure the team check and update patient identification details when communicating with patients.
Switchboard had the wrong number for weekend ward contact. Communication with families requires to be more sensitive. Communication with GP prior to discharge could be better.	Phone answer system reviewed, new number provided to switchboard. Ward relative communication reviewed and ongoing training and support provided.
Staff behaviour had a negative impact on a patient.	The staff member was spoken to and made aware of the impact their behaviour had on the patient.
Too much information was given by a member of staff when leaving a message for a patient to call back.	Line manager has delivered verbal reminder and email that all staff should only state which site/hospital they are calling from, provide a name and contact number, but give no details regarding the department or nature of the call, when leaving a message for a patient.

Lessons learned	Action taken
Dementia doesn't only affect patients, it also affects their families. The health and social care system could be better at supporting those affected by the illness.	Several actions and improvements will be made on this ward, and there is an agreement that ward staff will work in partnership with the family to help address the issues raised.
Clear, concise and appropriate communication of all steps of procedure must be given. Particular care must be given to liaison with learning difficulties nurse when organising complex multi procedural input.	Reflection has been undertaken by nursing and medical staff regarding this incident and the complaint has been shared with unit staff for learning.
During periods of leave cover the secretarial waiting list process was not consistent and standardised.	Processes are now in place to ensure that consultant waiting list management is standardised during periods of leave cover.
The pathway for assessment of children with difficulties needs to be improved.	A meeting will be held with the family initially and then a meeting to be held with team to discuss plans to improve the service.
Despite the Consultant having a discussion with the patient's next of kin, the complaint suggests a lack of understanding as to the severity of the patient's clinical condition. This may have been due stress or shock, but this cannot be underestimated during a grieving process.	Discussion and feedback was given to the Consultant for his awareness and professional development.
A delay was caused due to system failure or human error following a referral to Emergency Department.	A change of process has been implemented as a result.
The importance of close examination of X-rays was identified; further interpretation/senior review should be carried where possible.	The learning from this complaint has been verbally communicated with all staff involved and a shared learning reminder has been sent to the whole team.
We should ensure that patients understand what is being communicated to them.	Outpatient co-ordinators have been advised to ensure that communication is relevant and accurate, and to check patient's understanding.

Lessons learned	Action taken
The patient booking system and letters sent to patients and the processes around this needs to be reviewed. A review of the advice being given to patients, who are contacted by the Endoscopy Administrative Team, should also be reviewed.	The contacting of patients and booking system has recently been reviewed and a number of issues identified and addressed. The letter sent out to patients has been amended and now includes a timescale for patients to contact the team to arrange an appointment. Staff have been requested to record the date that letters are sent out to patients. There is now a process in place to ensure that dates and times of calls are recorded. A review of advice being given to patients who are contacted by the Endoscopy Administrative Team has been done to ensure that patients are quite clear about the plans in place for them.

4.2 - Steps taken to ensure the focus on learning and improvement are recognised as the main outcome from feedback:

- Feedback and complaints are discussed at monthly multi-disciplinary clinical governance/quality meetings and appropriate actions are taken to improve on identified areas of concern.
- Clinical treatment complaints are discussed through peer review.
- Learning points are identified from patient feedback by service managers and these are shared with their teams.
- Action points from patient feedback are implemented to ensure that the same things don't happen again.
- Analysis of complaints and feedback is a part of service reviews to ensure any themes or significant events that require more significant service improvement or resource to improve are identified.
- NHS Grampian will continue to embed a more robust system to maximise the learning from complaints by providing the appropriate training and practical support to services. One of the ways this is being achieved is by introducing a new way of complaint severity scoring, which allows for a risk assessment to be performed in the same way as adverse events are assessed. This is being achieved using the NHS Scotland Core risk Assessment Matrices (2013).

4.3 - Learning being brought together with learning from other sources, e.g. adverse events, to provide an integrated approach to improvement planning:

Complaints are reviewed every month at a joint complaints and adverse events meeting. This meeting is attended by the Director of Corporate Communications

(and Board Secretary), the Director of Medicine, the Director of Nursing and Quality, the Director of Workforce, the Associate Director of Quality, the Consultant Nurse for Patient Safety and Experience, the Feedback Service Manager and the Risk Management Advisor for Patient Safety.

Both complaints and adverse events are discussed during this meeting to allow linking of incidents, investigations and their outcomes. There is a focus on the learning that has occurred and the actions taken as a result, and these can be shared through learning notices distributed across the organisation as required.

A joint policy for the Management of and Learning from Adverse Events and Feedback was produced last year and is currently in the final review process.

Section 5 - Accountability and Governance

5.1 - The reporting processes for complaints and feedback:

As previously mentioned, the Feedback Service prepares a report every month and shares it with and presents it to: the Director of Workforce, the Director of Nursing and Quality, the Director of Corporate Communications, the Director of Medicine, the Nurse Consultant of Patient Safety and Experience, the Associate Director of Quality and the Risk Management Advisor for Patient Safety.

The Feedback Service report includes:

- New complaint descriptions and patient experience severity scoring.

- New complaint themes compared to the previous two months complaint themes and the previous year's average complaint themes.

- Complaints which are still open/in progress after 30 working days.

- Recently closed serious, sensitive or complex complaints to ensure full learning and action has been taken and discuss shared learning opportunities.

- Ombudsman complaints which are open and have recently closed, to allow discussion of recommendations made and ensure learning and action is taken and shared.

- Complaint Handling Performance, including acknowledgement and response target achievement, how many complaints are open and overdue, etc.

A monthly 'Learning and Action' report has recently been developed to allow learning and action from complaints to be demonstrated and audited to ensure changes have been implemented and sustained. This report is produced by the Feedback Team

and is shared with Sector Leads, the Director of Corporate Communications (the Director accountable for the Feedback Service) and the Feedback Service Manager.

A joint 'Incidents, Complaints and Claims' report is prepared twice a year by the Feedback Service Manager, the Quality Informatics Manager, the Risk Management Advisor for Patient Safety and the Legal Advisor. This report is shared with and presented to the Clinical governance Committee and the Patient Focus Public Involvement Committee. The joint report includes information regarding incidents that have been reported, and feedback, complaints and claims received over the previous six months. Some feedback information includes; feedback types (compliments, comments, suggestions, concerns and complaints), numbers received, locations and themes of feedback and complaints. The severity and outcomes of complaints and SPSO findings, and the learning identified and action taken as a result of feedback and complaints.

The 'Handling and Learning from Feedback' annual reports are available on NHS Grampian's website and are also shared with and presented to the Patient Focus Public Involvement Committee.

5.2 - Supporting NHS Board non-executive Directors to seek assurance that improvements can be systematically and reliably demonstrated:

NHS Grampian Board is assured that:

- Feedback and complaints are administered in line with national guidance, including managing the flow of information, issuing the responses in a timely manner and responding to SPSO investigations.
- The necessary advice and training is provided across the organisation, to enable long term sustainability.
- The Feedback Service enables liaison between service teams and the central services (DATIX and Feedback Advisors) to facilitate greater levels of collaboration, which ensures that NHS Grampian has the information necessary to use the learning identified and make service improvements as a result of the feedback received.
- NHS Grampian is fully compliant with complaint handling arrangements, in line with the Patient Rights (Scotland) Act 2011, and in particular ensures that action is taken as necessary following the outcome of any feedback.
- The feedback system is constantly being developed to ensure mechanisms are in place to support fast, effective and efficient responses across NHS Grampian.
- Specialist advice and support continues to be given to patients and staff on the management of this process, and there is a commitment to deliver local training and awareness-raising to ensure high quality, effective feedback and complaints handling is the norm across the organisation.

NHS Grampian has a strong organisational commitment to stakeholder engagement, through our core values of "Caring, Listening, Improving" and the strategic themes of

"involving our patients, public staff and partners" and "developing and empowering our staff". A joint 'Stakeholder Engagement' paper was produced by the Public Involvement Manager, the Deputy Director of Workforce, the Feedback Service Manager and the Consultant Nurse for Patient Safety and Experience and was presented to the Board on 14 January 2014. This paper demonstrated how NHS Grampian achieves the core values through engagement with staff and the public before, during and after care. This paper has been developed into a framework with an action plan to ensure we continue to improve and achieve our core values.

To ensure NHS Grampian lives by its core values, the organisation will continue to listen carefully to patients, families, carers, the public and staff, on an ongoing basis and at every stage of their health care interaction. NHS Grampian will continue to make it easier for people to share their experiences, ideas and opinions and to remain genuinely engaged in decision making at all levels, and will continue to demonstrate a consistent and system-wide culture of learning from and taking action as a result of feedback received.