

# Handling and Learning From Feedback Annual Report

2019-2020





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## Foreword

NHS Grampian's core values of Caring, Listening and Improving, mean that patients, carers, staff and the public are always at the heart of everything we do, particularly when planning or changing the way we provide health and care services.

It is vital that we listen to, seek views and learn from the people who have used, currently use or may use our services in the future. This enables us to tailor our services to provide the best possible experience for our patients, carers, staff, individuals and families across Grampian.

NHS Grampian therefore values all feedback and is committed to ensuring that the information and learning gathered from all our feedback systems drives further development of a person centred approach to service planning and delivery.

This annual report sets out to share a summary of the spectrum of feedback received during 2019 - 2020 and ways in which we have utilised this to inform improvements.

Dr. Caroline Hiscox  
Executive Nurse Director



## 2019 – 2020 at a Glance



### 1665 Compliments

A total of 1665 formal compliments were received by the Feedback Service, which was a significant rise from 723 the previous year



### 1989 Complaints

We received 1989 complaints during the year, of which 363 were related to prison healthcare

### 43 SPSO

The Scottish Public Service Ombudsman contacted NHS Grampian about 43 complaints



- 381 stories were shared on Care Opinion about NHS Grampian
- 73% of those stories were positive
- These stories have been read 150,744 times, averaging 395 times per story



### 718 Patients

We are grateful to the 718 patients who provided feedback to us about their hospital stay using the Care Assurance and Reflection (CAR) Tool



83.8% areas reviewed with the CAR Tool had posters displayed to demonstrate that feedback from patients and families had been listened to, and acted on



### 3200 Staff Trained

During the year we have trained 3200 staff in:

- Complaints Handling, both online & Face-2-Face
- Handling of SPSO Cases
- Adverse Events and Duty of Candour
- Equality and Diversity



Our social media accounts have attracted thousands of new followers helping us to provide, promote and highlight information and to receive feedback



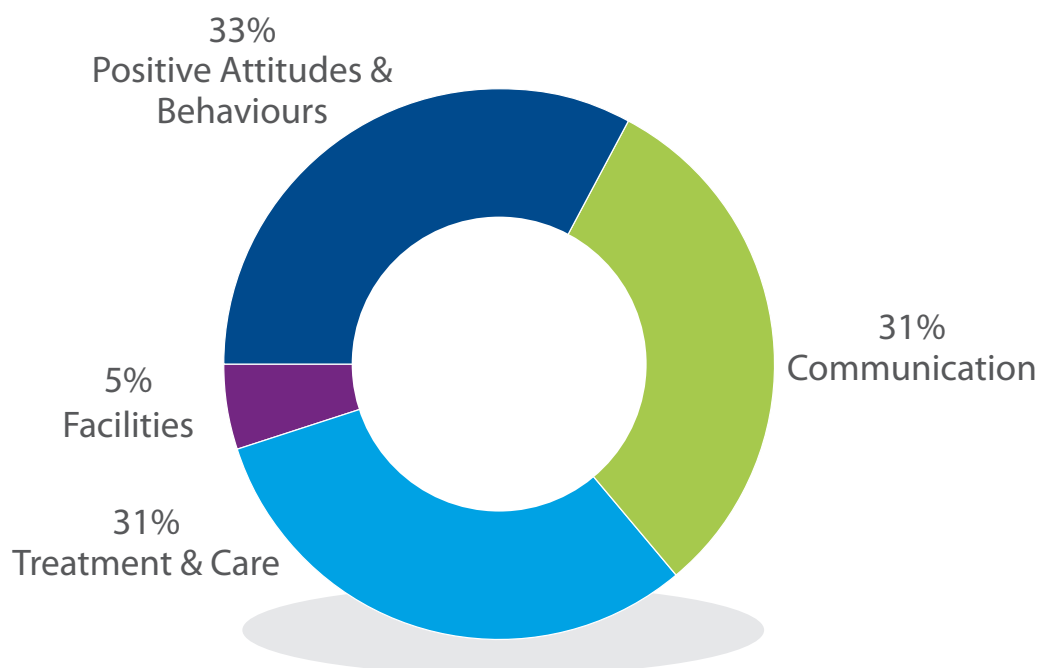
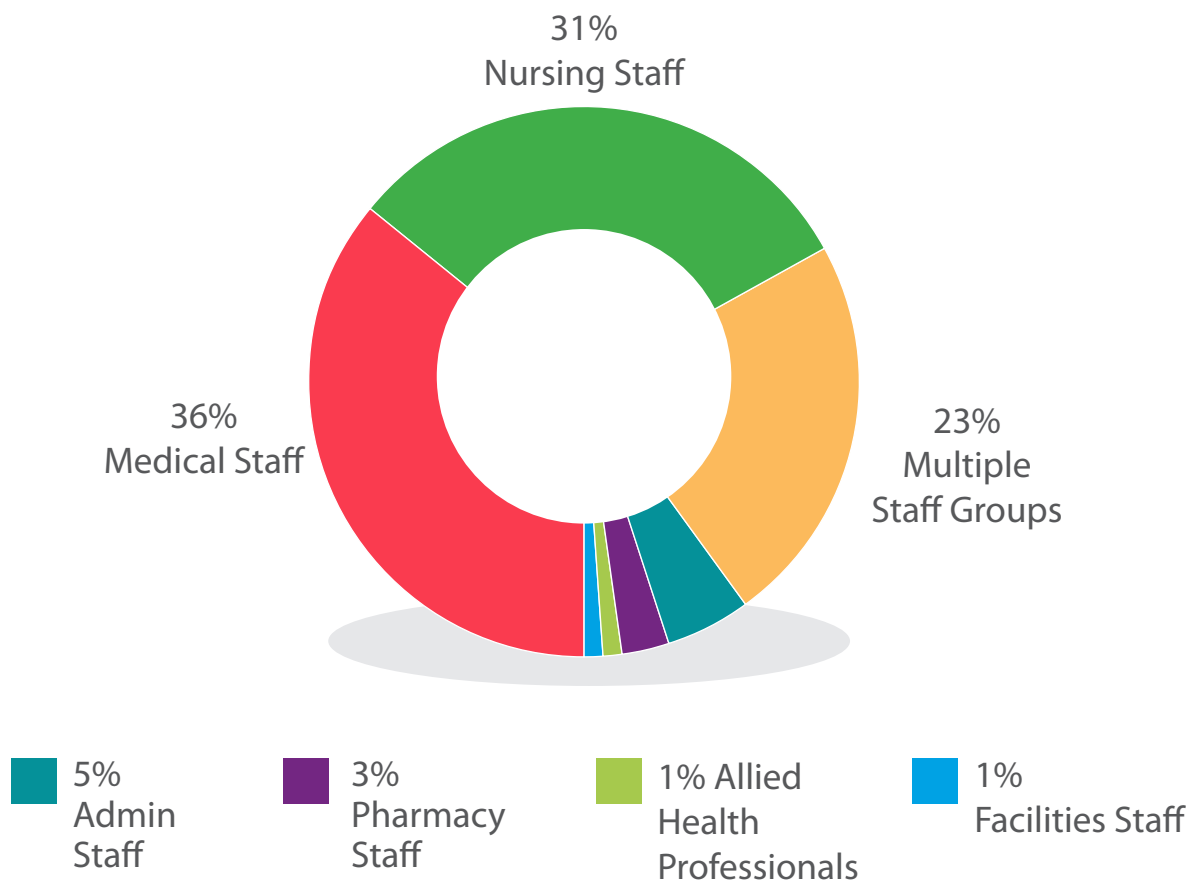
## Encouraging and Gathering Feedback

A wide variety of methods to encourage and gather real time experience are used, with the aim of making people feel their feedback is welcomed. Local processes and procedures have been developed to comply with the principles and policy intentions of the Patient Rights (Scotland) Act 2011 to support delivery of compassionate, person centred care.



## Compliments:

We received 1665 formal compliments this year, a significant improvement from 723 last year. The charts below show the themes of these compliments and the staff groups these related to.





## Care Opinion:

With the growing recognition of people's voices shaping the future of our health services, NHS Grampian encourage all services to actively engage with Care Opinion as a way of listening to what people have to say and provide empathetic and individualised responses.

Between 1st April 2019 and 31st March 2020, 381 stories were shared on Care Opinion about NHS Grampian, an increase of 5% since last year.

### What Was Good?

- This year NHS Grampian's stories have been read 150,744 times. This averages 395 times per story
- 73% of stories were positive
- Consistently show people think staff were friendly professional and caring

### What Could Be Improved?

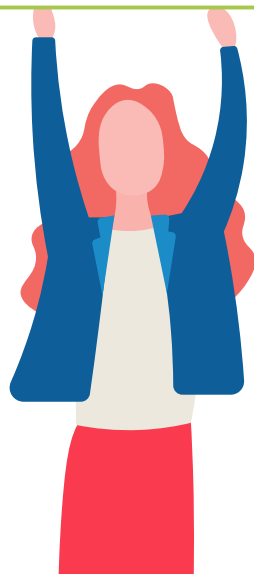
- Communication and information and staff attitude were identified as the most common aspects for improvement
- Although care was the most commonly used tag, six stories highlighted this as a specific area to be improved

### How Did You Feel?

- The most common terms used were thank you, at ease, reassured and grateful
- There were additional terms that can be used to identify areas for improvement e.g. very disappointed, not cared for, frustrated

### How Do We Use Feedback?

- Stories are live on the intranet
- Stories are shared regularly on our social media sites, at various local meetings and events and the Engagement & Participation Committee



**73%**  
Stories were  
**Positive**

NHS Grampian's  
Stories have been read

**150,744** times

## Care Assurance

Excellence in Care is a national approach which aims to improve, integrate and coordinate the way nursing and midwifery services are delivered. One of the key deliverables is care assurance. The Care Assurance Tool (CAT) is used in NHS Grampian to help us to deepen our understanding of staff, patient and carer experience. The requirement is for five CATs to be completed per ward per month. This gives a rich picture on the care and experience we provide as told to us by our patients and families. Outputs from the use of the CAT help guide and direct improvement initiatives.

### 718 Patients told us:

#### The best thing about being in hospital

- Feeling safe
- Well looked after
- Friendly staff
- Well informed
- Comfortable
- Asked what I like
- Needs attended to
- Involved in my care
- Buzzer answered promptly
- Having my own room

#### What would have made your hospital stay better

- Less noise please
- Being closer to home
- Getting home quicker
- Day room to be less busy/hot
- Getting test results faster
- Free TV
- Staff not being so rushed



## Public Involvement Team

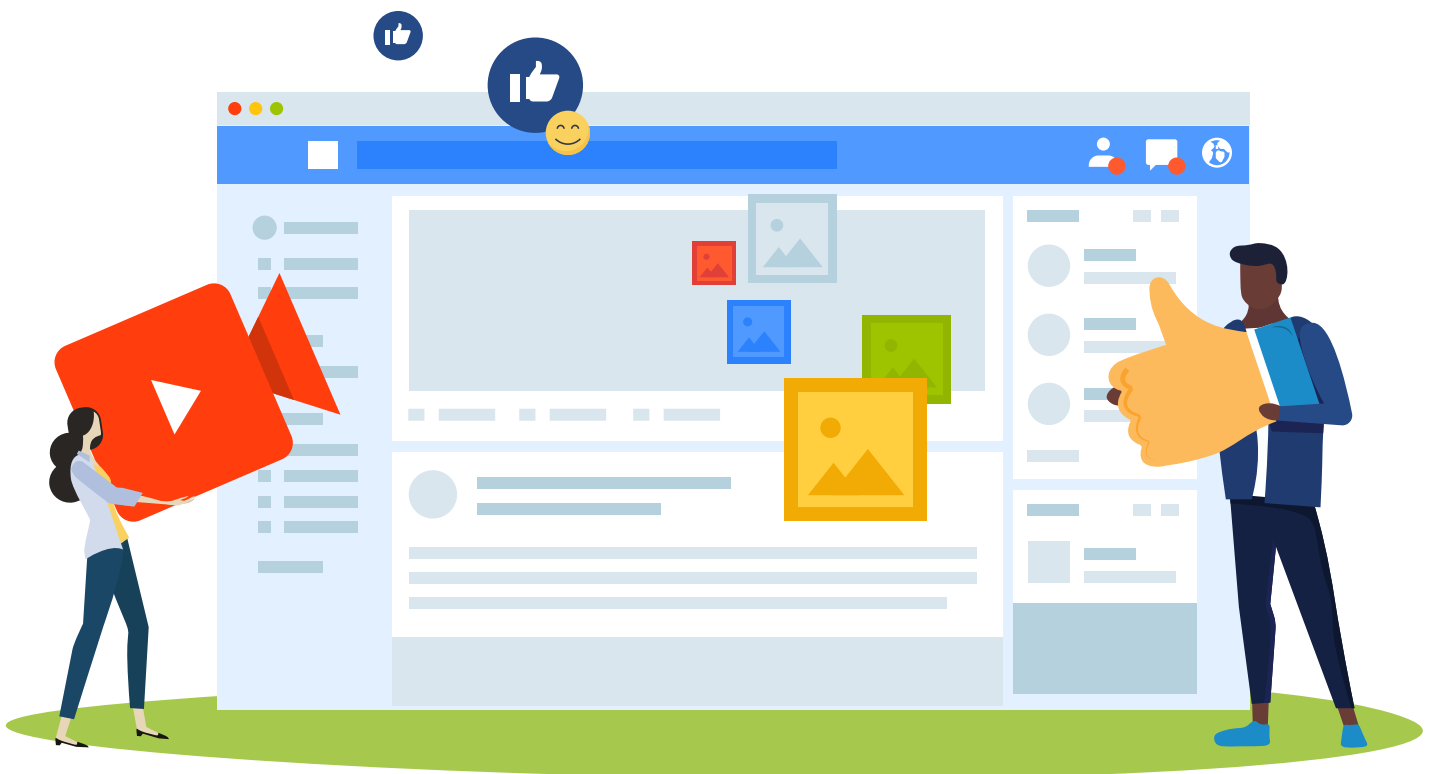
The Team supports people from a range of backgrounds and experience to be involved in the work of NHS Grampian. Opportunities vary from attending a focus group, giving views by email or electronic questionnaires to ongoing pieces of work that have monthly meetings. In addition the Team publish the NHS News, a public facing newspaper published twice a year and is one of the ways to share information. The latest edition of NHS News can be found on our website <http://www.nhsgrampian.org/NHSNews>

The Team also consult with staff to ensure their views are represented in service changes. This support for staff also includes providing advice and guidance about how they can best involve patients, carers and members of the public in their work.

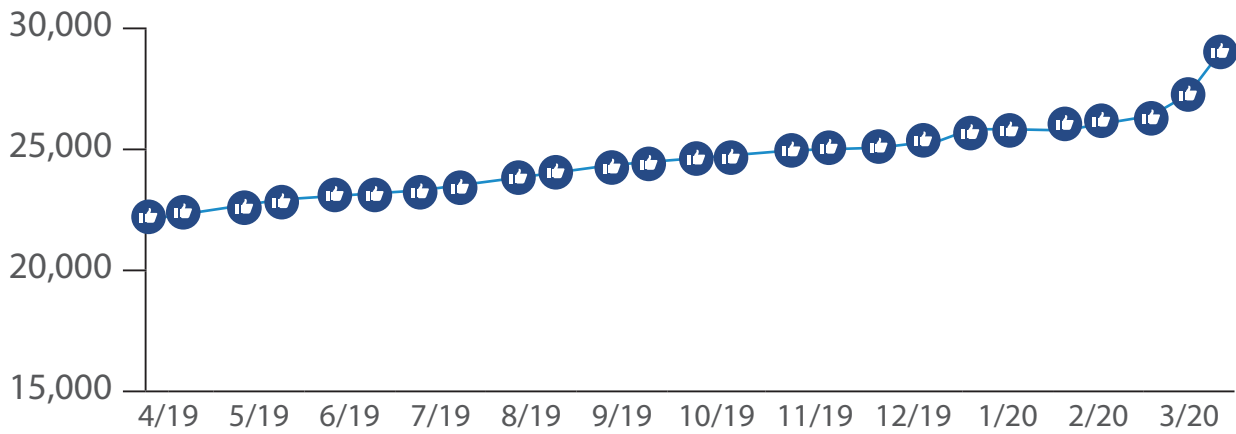
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## Social Media

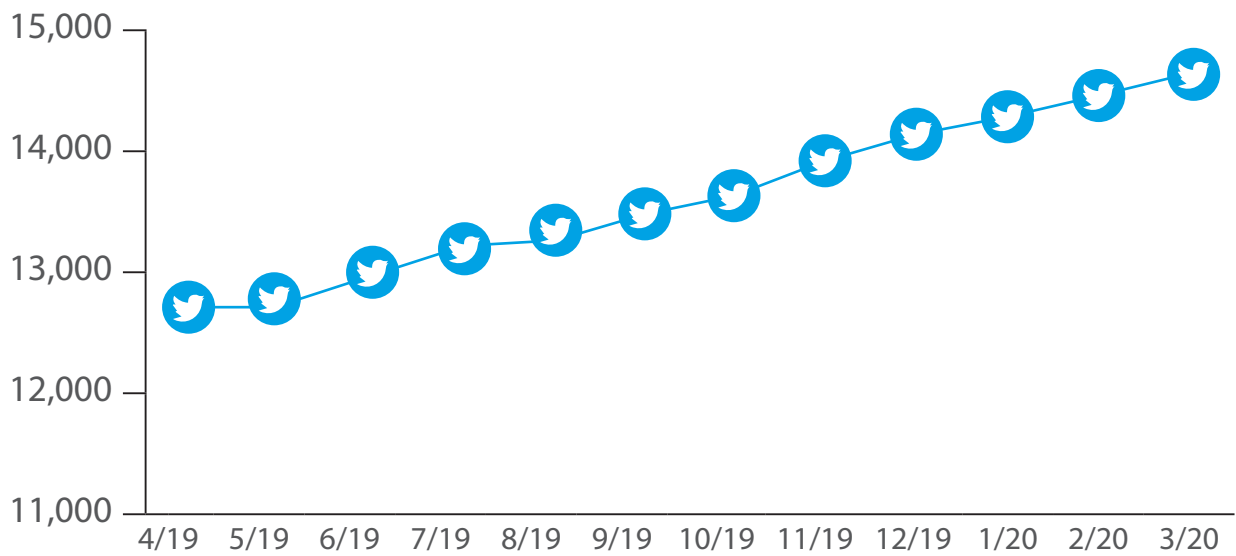
Communication tools are used to promote opportunities to provide feedback. NHS Grampian established a presence on Facebook and Twitter in 2011. The accounts can be viewed by anyone and are used to provide, promote and highlight relevant information as well as receiving feedback. Our Facebook followers and likes steadily increased over the year. There was also a positive gain in our Twitter followers. On average our tweets were viewed 379,545 per month, apart from March when tweets were viewed 1,310,000 times due to COVID-19. Our Instagram account is an additional way of sharing various updates supported with photos, images and videos. At the beginning of 2019 we had just over 3000 followers, this has increased to over 8,500 and continues to gain momentum.



## Number of Facebook Page Likes



## Number of Twitter Followers



## Equality and Diversity

NHS Grampian has three active Working Groups and one active Committee dedicated to ensuring that members of our local equality and diversity communities have an active voice to support continuous improvements to the design and delivery of services.

### **REWG** Racial Equality Working Group

#### **Membership includes:**

- Grampian Regional Equality Council
- International Centre
- Local ethnic communities
- NHS Grampian Staff

- 5 multilingual involvement yearly consultations events
- Information from local ethnic community groups
- NHSG staff working with local ethnic communities and individual members

### **DWG** Diversity Working Group

#### **Membership includes:**

- Local diversity community groups
- NHSG staff who provide services to local diversity communities

Agenda and discussions include, sex (male or female), sexual orientation, gender reassignment, pregnancy and maternity, marriage & civil partnership

### **DDARG** Disability Discrimination Act Review Group

#### **Membership includes:**

- Disabled persons
- Chairs of disability groups
- Carer or age related & organisations

- Yearly Involvement & Consultation seminars
- Drives disability and age related agendas and implementation of Annual Disability and Age Actions

### **SCC** Spiritual Care Committee

#### **Membership includes:**

- Local faith communities spiritual care staff and volunteers
- Representatives of faith and life stance groups

- Chaired by non-executive member of NHSG and Sub-Committee of Board.
- SCC is able to involve and consult widely through wide membership

## Handling Complaints

Complaints come into the NHS Grampian Feedback Service from various routes, with the majority by Email. Once a complaint is received, an Email communication takes place with the relevant complaint lead on the day the complaint is received. This is to encourage prompt investigation and resolution of the complaint by telephone, where appropriate. All complaints, associated documents and communications are held centrally within our electronic risk management system, Datix.

Complaint leads are encouraged to make direct contact with individuals involved by telephone providing a more person-centred approach to complaint handling. We understand how important this is for complainants to clarify the issues they wish to raise and the outcome they are looking for. Meetings can also be offered to allow further discussion of the concerns raised and the number of meetings with patients/families has continued to increase over the last year. Staff are also meeting complainants earlier in the process, sometimes at first point of contact or following investigation. If the complaint can be resolved at an early stage, a written response to confirm the outcome, and any agreed actions to be undertaken by the service is offered.

Clinical treatment, bereaved, sensitive and complex complaints are, when suitable, supported by a named Feedback Officer, who will make contact with the individual to clarify issues, explain the process and to ask if they would like a meeting. This helps to ensure that individuals are aware of who to contact, the process and helps understanding that complex or cross sector complaints may take longer than 20 working days to complete. In addition the Feedback Officers are always available should any of the Independent Contractors require assistance dealing with a complaint. The Feedback Service remain in contact with independent contractors throughout the year.

To ensure learning occurs from feedback, service managers identify the learning opportunities for improvement, and record actions taken on Datix. Learning outcomes are included in shared learning events and assurance reports to demonstrate the learning and actions taken across NHS Grampian.

The Team Leader for the Feedback Service is a clinician and is also the NHS Grampian lead for adverse events. Furthermore this year a Nurse Advisor was appointed to the Feedback Service to support services with early resolution of complaints and improvement work surrounding our complaints handling processes.

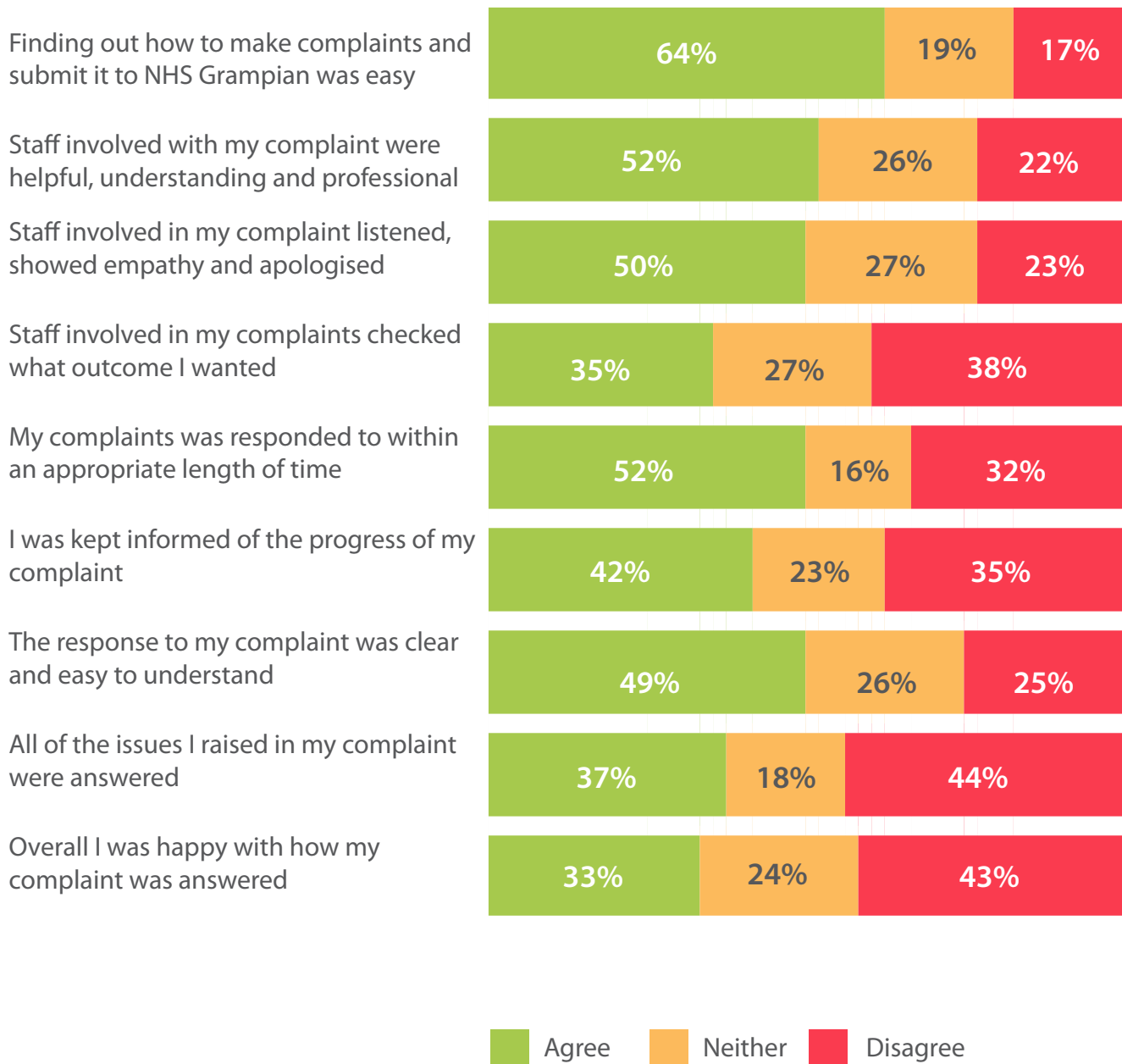
This has afforded the opportunity for triangulation of learning from complaints, adverse events as well as duty of candour and clinical risk. The Team Leader attends the weekly Clinical Risk Meeting Chaired by the Executive Nurse Director/Medical Director. This meeting enables system-wide discussion, action and appropriately managed performance against national standards, in this case supporting timely responses to complaints.

Although the improvement work is at an early stage it is encouraging to observe that a review of NHS Grampian by the Sharing Intelligence for Health & Care Group in February 2020, noted a response from the Scottish Public Service Ombudsman that NHS Grampian was taking steps to improve the handling of complaints within the organisation.



## Complainant Experience Report

Electronic survey links are sent to complainants asking them to give feedback on how satisfied they were with the handling of their complaint. With an improved approach to generating survey links, we received 288 responses this year compared with 55 responses last year. The approach uses a Likert scale and gives the opportunity to provide qualitative feedback. Areas for improvement in response to the results are under development.



## Learning & Action

Service Leads are responsible for ensuring that the learning from complaints is identified and action recorded in the appropriate fields in Datix. The learning and actions fields are reviewed by the Feedback Service to support services and share, as appropriate transferrable learning across the organisation.

Actions taken as a result of a complaint	Total
Improvements made to access to services	133
Improvement plan(s) created and instigated	118
Improvements in communication staff-staff or staff-patient	811
Professional issues addressed	54
Staff development	165
Policy reviewed and amended	13
Risk issues identified and managed	67
Changes to systems/processes	47
Lessons shared with staff/patient/public	158
Review of waiting times to support improvement	186





## Actions taken as a result of a complaint



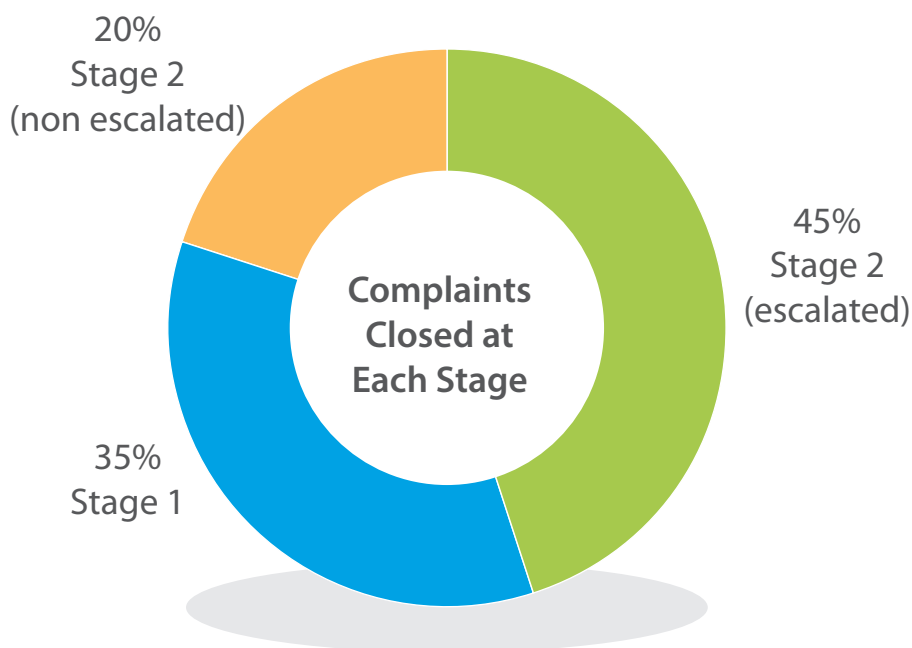
## Complaints Response Times and Outcomes:

<b>Stage 1</b>	<ul style="list-style-type: none"><li>• Early Resolution</li><li>• Resolved within 5 working days</li></ul>
<b>Stage 2 (non escalated)</b>	<ul style="list-style-type: none"><li>• Not able to be resolved at early resolution</li><li>• Investigation and response in 20 working days</li></ul>
<b>Stage 2 (escalated)</b>	<ul style="list-style-type: none"><li>• Immediately passed for full investigation</li><li>• Response within 20 working days</li></ul>

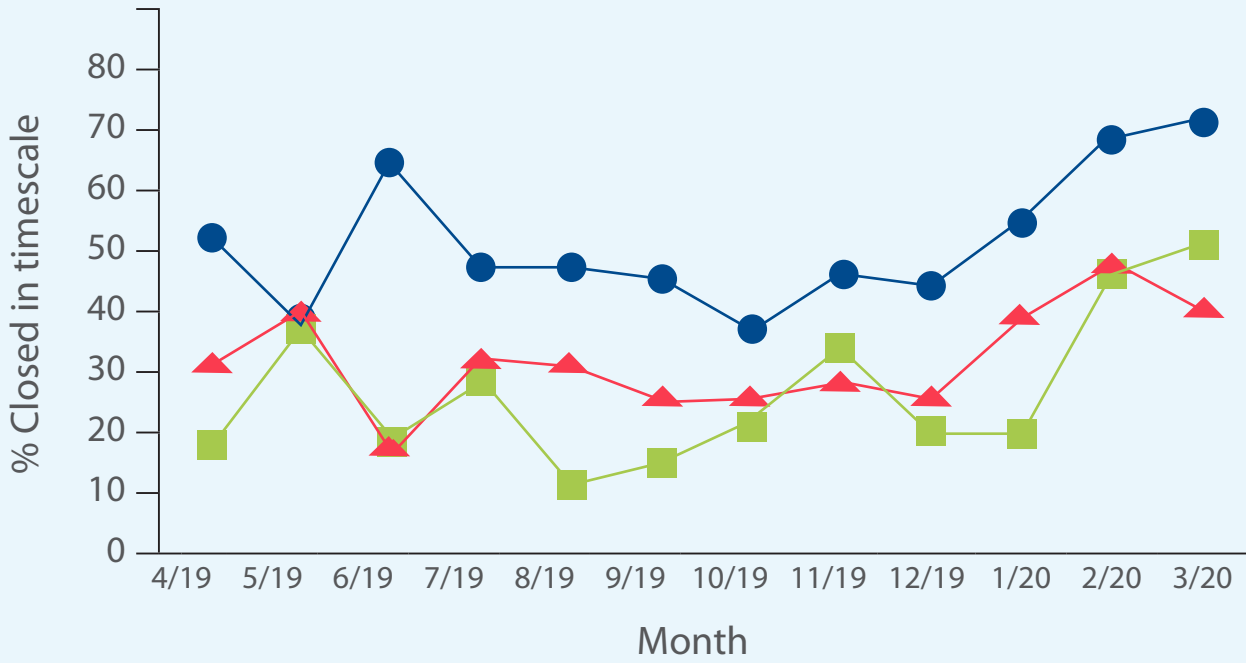
## Complaints Closed

This chart illustrates the percentage of complaints closed this year at each stage. NHS Grampian added to the Feedback Service in 2019 by employing a Nurse Advisor. The aim of this role was to support services by increasing contact with complainants to facilitate early resolution.

The chart below shows the complaints closed in full within timescales for each stage per month. There is some indication of improvement e.g. Stage 1 complaints closed within timescale increasing from 38% in October to 70% in March. However, this is an area for improvement for all three stages in the coming year.



## Complaints Closed in full within timescale



● Stage 1     
 ■ Stage 2 non-escalated     
 ▲ Stage 2 escalated

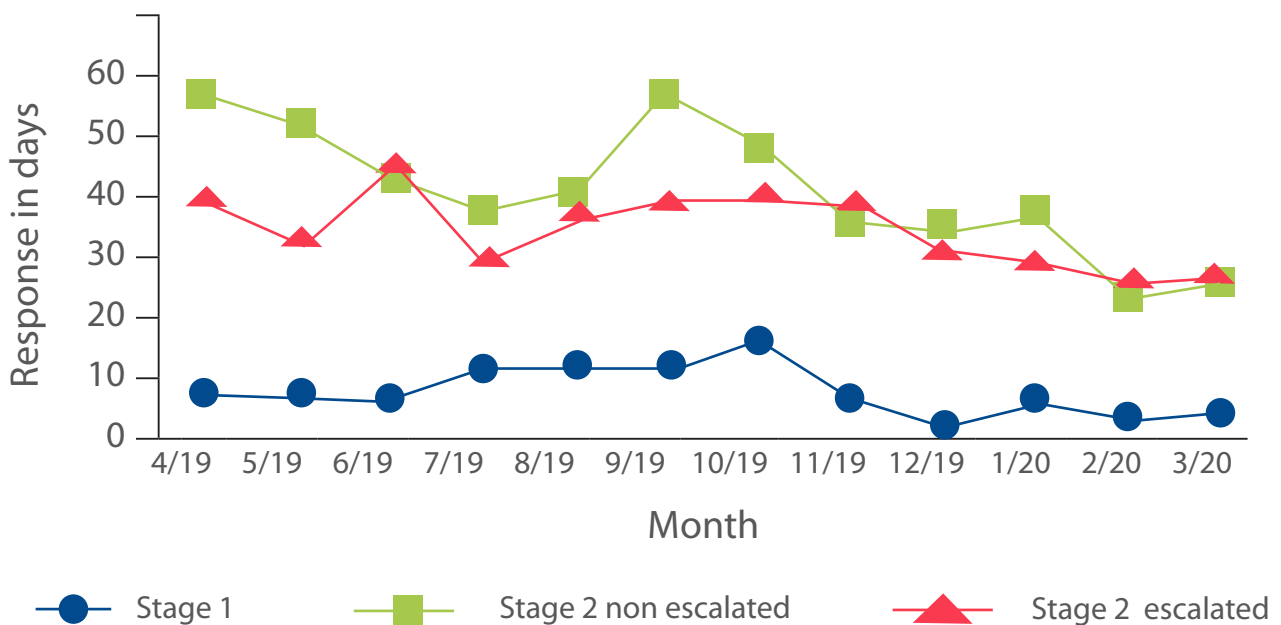


## Average Response Times

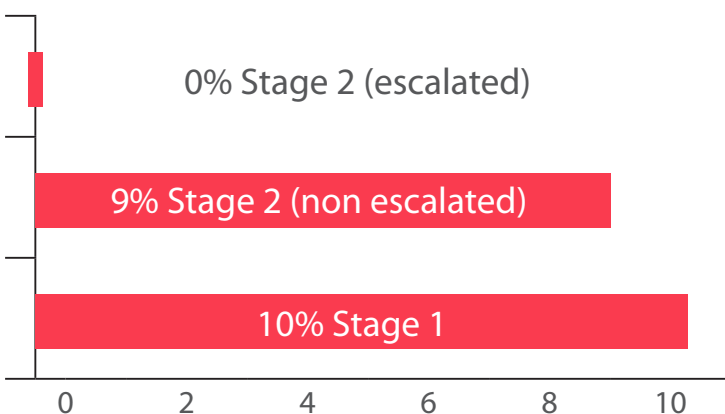
The response times for each stage in working days, is illustrated in the chart below. The 5 working day response rate for Stage 1 complaints was met in Dec, Feb and March. Work with the services has also seen some improvement with Stage 2 both non escalated and escalated complaints seeing a 27 day response rate in March. However, this remains an area for further work to show sustained improvement.

Some complaints may involve multiple services. In order to ensure that a full investigation of the complaint is completed there are times when an extension to the response time is authorised. This is to ensure a comprehensive response answering all concerns is provided to the complainant. As can be seen from this chart the percentage of complaints that require this authorisation are small in number.

## Average Response Times



## % of cases where an extension was authorised



## Complaints Outcomes

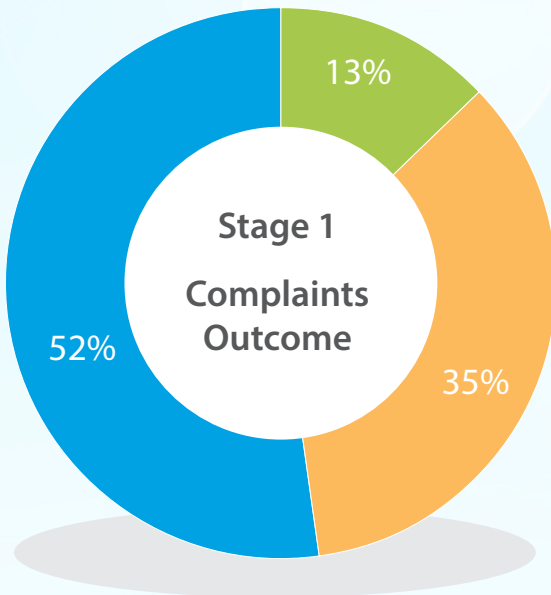
The charts below illustrate the outcomes for complaints closed at each stage. Chart 1 shows that on average over the year 52% of Stage 1 complaints were upheld, 35% were not upheld and 13% were partially upheld.

Chart 2 illustrates an average of 50% of Stage 2 non-escalated complaints were upheld, 26% were not upheld and 24% were partially upheld.

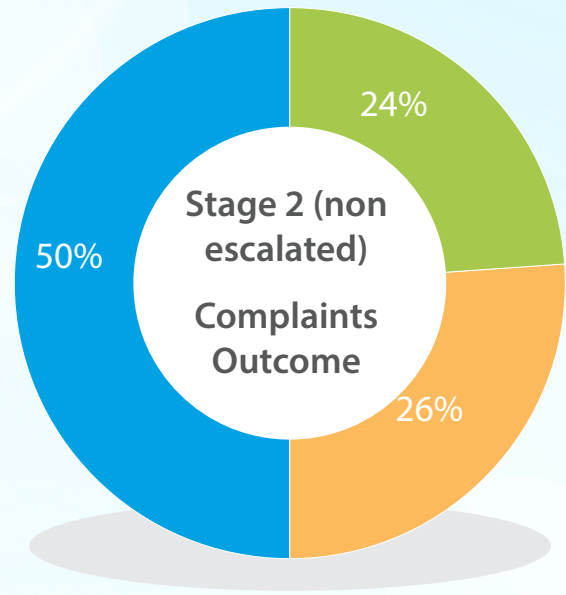
Chart 3 for Stage 2 escalated complaints shows a similar pattern with on average 52% of complaints upheld, 29% not upheld and 19% partially upheld.

The learning from these outcomes will be factored into our sharing learning events.

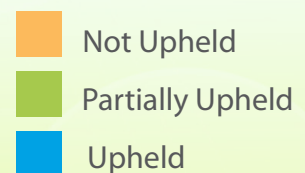
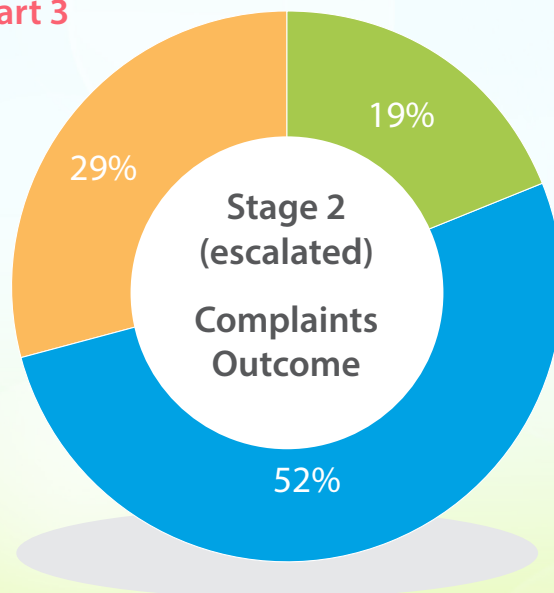
**Chart 1**



**Chart 2**



**Chart 3**



## Complaints Summary

The charts below show the themes of the complaints we received over the year and the staff groups these complaints related to.

It is worthy of note that these closely relate to the compliment responses we received, illustrated earlier in this report.

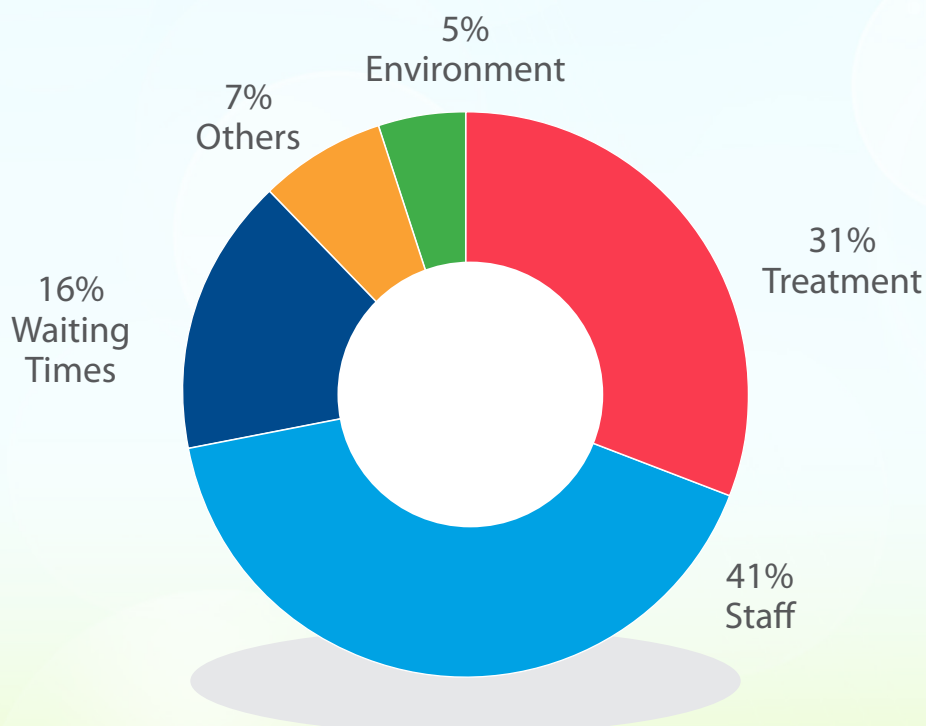
There are therefore common themes between both compliments and complaints, as well as the spread across staff groups.

The training delivered locally in Grampian by the Scottish Public Services Ombudsman this year allowed staff who manage complaints to consider in more depth why people complain and what they want to achieve by complaining. Ways to avoid complaints escalating further were explored using a real case scenario and those staff attending could see the importance of how the complainant is responded to from the outset to facilitate early resolution.

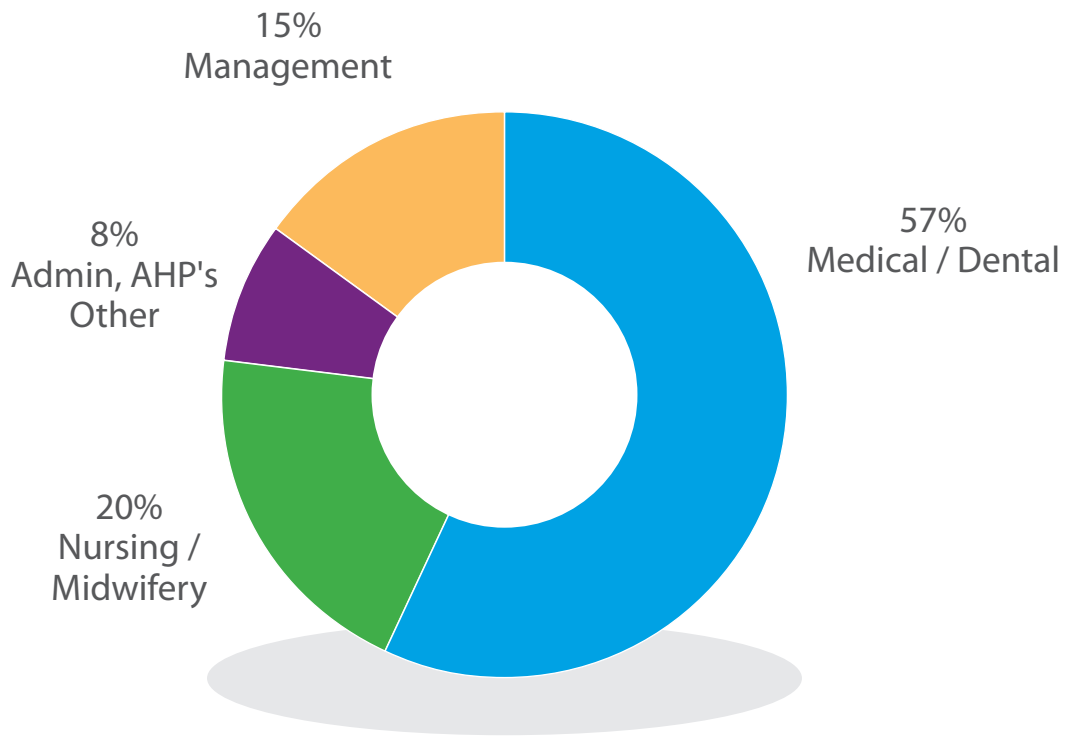
However, it is important that NHS Grampian utilises all feedback not just the lessons from moderate and major complaints, in order to identify common themes that can then support changes to our processes and services.

A few examples of how we are using feedback to support change is illustrated in the next section of this report.

### What people complained about

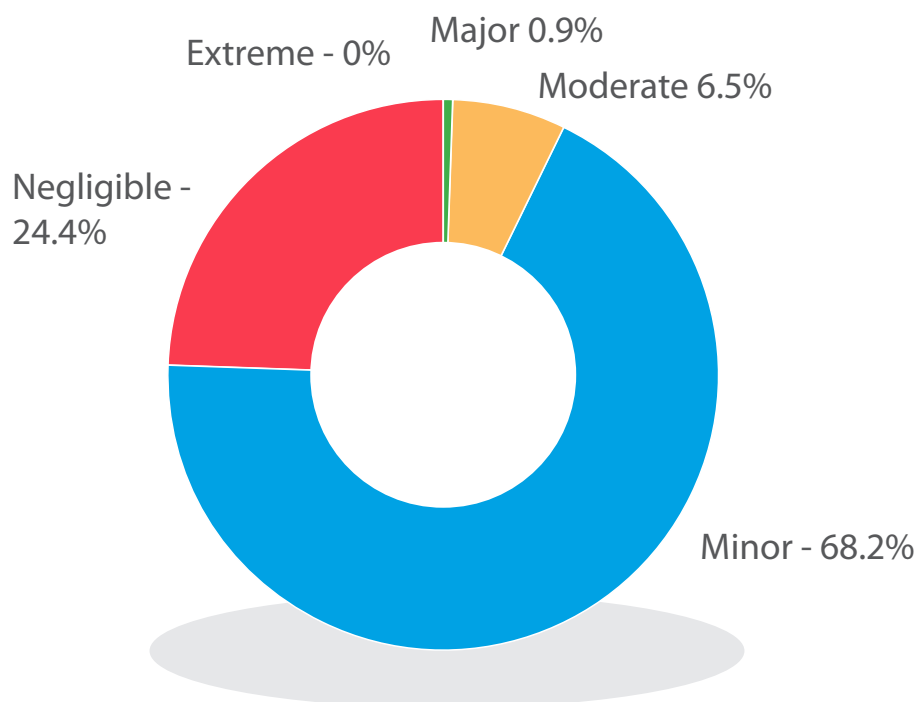


## Staff groups people complained about



## Complaint Severity

In looking at the severity of the complaints that are recorded on Datix we can see that the majority of complaints can be categorised as negligible or minor.



## Service Improvements

NHS Grampian recognise this as crucial to maximise the value of the feedback we receive and has taken steps to support learning and improvement are recognised as the main outcome from feedback:

- Feedback is discussed at multidisciplinary clinical quality/governance meetings;
- Clinical treatment complaints are shared at a wide variety of learning events;
- Analysis of feedback is part of service reviews to identify any learning or themes that are transferrable and may require focussed improvement support.

### Change Example 1:

**Service Response:** "I am very sorry to hear of the delay in you receiving the results from biopsies taken at your recent clinic appointment. I appreciate it is a stressful time awaiting results with the prolonged period of time waiting only adding to your anxiety. We will review the current communication process between the administration and clinical teams to see if this can be improved"

**Service Update:** "Just to keep you updated there has been additional assistance put in place to clear the backlog of letters to be sent out to patients with their results. There are plans to provide continued support to prevent any delay in the future."

### Change Example 2:

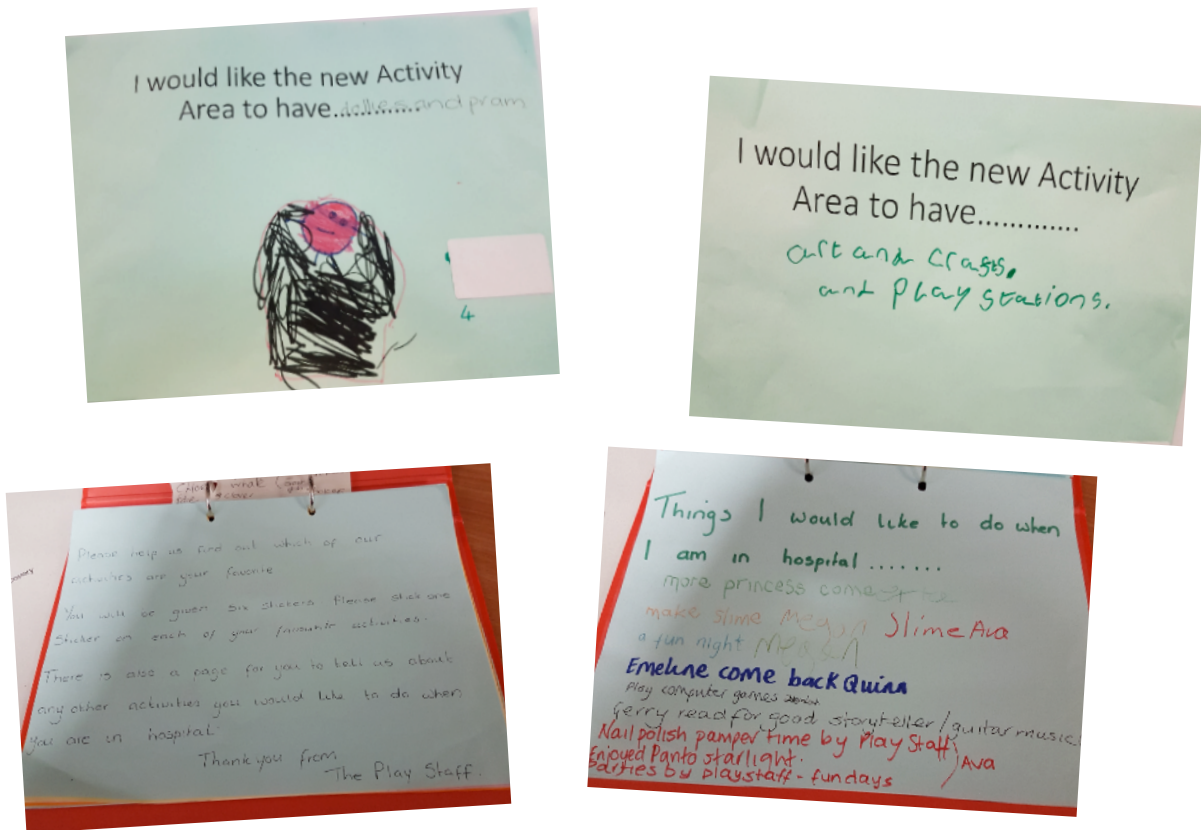
**Service Response:** "Thank you for taking the time to comment on your experience within our service. Having reviewed the medical history form following your comments, we appreciate that the current wording, is not appropriate. We have agreed a change to the wording and this will be amended for the next print run"

**Patient Response:** "Thank you for this response! It's very much appreciated. Can I please ask that you speak with some people to ensure any changes to the wording are ok with our community? Many, many thanks!"



### Change Example 3:

The Play Service team is looking to redesign the children's activity area at the same time as developing a designated teen space. In preparation the team consulted with children and young people, asking them to design or tell us what they would like to see in these areas. The Play Service also provides a varied programme of recreational activities and equipment but they also source outside entertainers and activities. To review this they designed a very simple consultation for children of all ages, gave them some direction, a list of the activities they had access to during their stay, and asked them to put a sticker on their top 6 favourite's activities. At the same time the children asked about other things they would like to do when in hospital. The feedback helped plan and organise changes to the activities.



There are examples of improvements in response to feedback across our system however, this is an area that NHS Grampian is committed to further developing in the coming year in terms of monitoring success.

## Staff Development

NHS Grampian provided a range of opportunities to support development of person centred experience this year:

**271 staff**

Completed an eLearning module or a face-2-face sessions for multi-professional groups, ensuring that staff are aware of the complaints handling process and the work of the Scottish Public Services Ombudsman. Real cases, anonymised, are discussed and staff are always interested to follow a case from beginning to end and learn about a person centred approach;

**350 staff**

Completed a multi-professional teams session on investigation skills and root cause analysis and an eLearning module focusing on the importance of apology and the duty of candour;

**2,500 staff**

Completed a comprehensive Equality and Diversity programme ensuring staff are aware of their responsibilities in this field;

**86 staff**

Completed training delivered locally by the Scottish Public Service Ombudsman to support them as leads with complaints handling, investigating and responding to Stage 2 Complaints;

**Six teams**

Participated in Care Experience Improvement Model (CEIM) sessions led by Healthcare Improvement Scotland. The aim was for small groups of staff from mixed disciplines to work together to gain the skills and confidence to establish a systematic and practical improvement system informed by patient, family and carer feedback. Up to 5 conversations a month were held with patients, families or carers to explore their experience of care. These, often powerful conversations, focusing on what matters to patients were reflected upon, improvement opportunities identified and next steps planned. An example of learning from one team is shown on the following page.

## Examples of the feedback we received

- “Staff cannot do enough, staff are wonderful, fantastic, not enough of them, Lots of very positive staff feedback and compliments.”
- “Trolleys create a lot of noise, it wakens you early in the morning and it is difficult to adjust to. Positioning of the nurses station also creates some noise.”
- “Why when we take food in we are not allowed to sit at tables in the dining room and eat with patients/hospitalised family member?”

## What we did after reflecting on the feedback

Positive staff feedback shared widely ‘celebrating joy in work’ is transcribed and updated monthly on the ‘compliments tree’ on our Quality Improvement board.

New trolleys ordered. Team exploring ward welcome pack to incorporate disposable ear buds/plugs, like those in hotels, to facilitate good night’s rest.

Family members are welcomed and an additional table has been purchased for patients to be able to eat with their family at mealtimes.



## Accountability and Governance

NHS Grampian has identified that the areas for effective quality management to evidence that we are caring, listening and improving our performance, assurance and improvement, underpinned by the identification and management of risk. A summary of the accountability and governance structures to support this are detailed opposite :



### **Clinical and Care Governance Groups**

- Each service is accountable for clinical and care delivery and has their own clinical quality meeting. This in turn supports the sector/partnership clinical and care governance groups;
- The Clinical and Care Governance structure provides local ownership and accountability, in terms of governance, in dealing with and learning from complaints, adverse events, duty of candour, risk management and the identification and delivery of improvement actions

### **Weekly Clinical Risk Meeting (CRM)**

- Chaired by the Medical Director and the Executive Nurse Director. Members are the organisational leads for adverse events, feedback, duty of candour, public protection organisational development, risk, health & safety, values based reflective practice, quality informatics, information governance and infection prevention and control
- Data collated over the previous 7 days is discussed to identify clinical risks, enable system wide discussion and appropriately manage performance against national standards
- The report is shared with the Systems Leadership Team (SLT), including escalated items

### **Systems Leadership Team (SLT)**

- The weekly CRM report provides SLT with an appropriately raised awareness of the current management of cross-system clinical risks, allows for action and, in turn reduces the likelihood of potential negative reputational impact
- Leadership decision making to support Board quality of care priorities

### **NHS Grampian Board**

- Information and escalation of issues received from SLT
- Following each CGC and EPC, an overview paper is written and submitted to the Board, highlighting key discussion points, learning opportunities and potential quality of care risks that have been identified

### **Engagement & Participation Committee**

- Seeks assurance on matters of equality and diversity, feedback, carer involvement, advocacy, use of volunteers

### **Clinical Quality and Safety Group**

- Subgroup of SLT, chaired by the Executive Nurse Director and meets six weekly
- The aim is to provide a cross system focus for learning, mitigation of clinical risks and identification of areas for improvement
- Provides a framework of escalation to SLT and assurance to the Clinical Governance Committee (CGC) that suitable processes are in place to take cognisance of quality of care
- Reports quarterly to the CGC with an update on the topics discussed, supported by the intelligence reviewed at the weekly CRM

### **Clinical Governance Committee**

- Executive Nurse Director, Medical Director, Director of Public Health present reports to provide assurance on behalf of SLT;
- At each meeting a service shares the learning from a Level 1 adverse event review or a Scottish Public Services Ombudsman case
- CGC responsible for providing the Board with assurance on the quality of care provided

## What Next?

It is the aim of NHS Grampian to ensure all feedback is encouraged, handled in a person centred way, demonstrates compassion and there is a commitment to utilise the learning to support improvements to the services we deliver. Over the next 12 month period, NHS Grampian will work to:

- Provide further opportunities for gathering feedback in real time for patients, families, carers, the public and staff
- Increase the number and recording of feedback that will lead to a planned change
- Continue to improve the early resolution of Stage 1 complaints within five working days and Stage 2 complaints responses within twenty working days.





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Ask for publication CGD 200283

