



NHS GRAMPIAN
HANDLING AND LEARNING FROM FEEDBACK
ANNUAL REPORT
2013/14

Prepared on behalf of NHS Grampian by:

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Feedback Service Manager

30 June 2014

Table of Contents

- 1. Encouraging and Gathering Feedback**
- 2. Encouraging and Handling Complaints**
- 3. The culture, including staff training and development**
- 4. Improvements to services (as a result of complaints and feedback)**
- 5. Accountability and Governance**

Section 1 - Encouraging and Gathering 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.

Local processes and procedures have been developed to ensure that they fully meet the principles and policy intentions of the Patient Rights (Scotland) Act 2011 and to ensure that they:

- encourage, welcome and view feedback, comments, suggestions, concerns and complaints as opportunities for ensuring the NHS provides 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 appropriate.
- promote the additional independent support services such as the Patient Advice and Support Service (PASS), advocacy, communication, translation and alternative dispute resolution services.

Current working practices, processes and procedures have been reviewed over the last twelve months to ensure they are efficient, effective and person centred. As part of this review the Feedback Service management commissioned our internal auditors to undertake a comprehensive review of NHS Grampian's complaint handling processes. This audit was reported to the Audit Committee of the Grampian NHS Board on 24 June 2014. We are committed to implementing all of the recommendations from this audit in full and plan to enhance the capacity of our Feedback team, which we feel is currently under-resourced, to meet the requirements identified in the audit. We are confident that once these arrangements are in place we will continue to see significant further improvement in the quality and responsiveness of NHS Grampian's complaints handling.

Feedback methods are publicised on posters, feedback cards and on our 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 our website, the information we provide in our acknowledgement letters and also through the advice we offer over the phone.

NHS Grampian receives feedback through a variety of sources. These include:

- Feedback Cards (available in all clinical areas with a prepaid, addressed envelope).

- 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 individuals.
- Letters from the Patient Advice and Support Service on behalf of individuals.
- Letters from the advocacy service in the Grampian area on behalf of individuals.

Given that NHS Grampian provides services for a number of patients who are not from the local area e.g. Orkney and Shetland patients, feedback is also provided by patients who are resident in other Board areas.

We thank everyone who makes a complaint or gives feedback in both our acknowledgement and response letters. It is important to us that we encourage feedback and explain why we are grateful to receive it. We appreciate the learning opportunities that service users provide us with, and would like everyone who gives feedback to feel that we value the time it has taken for them to tell us about their experience.

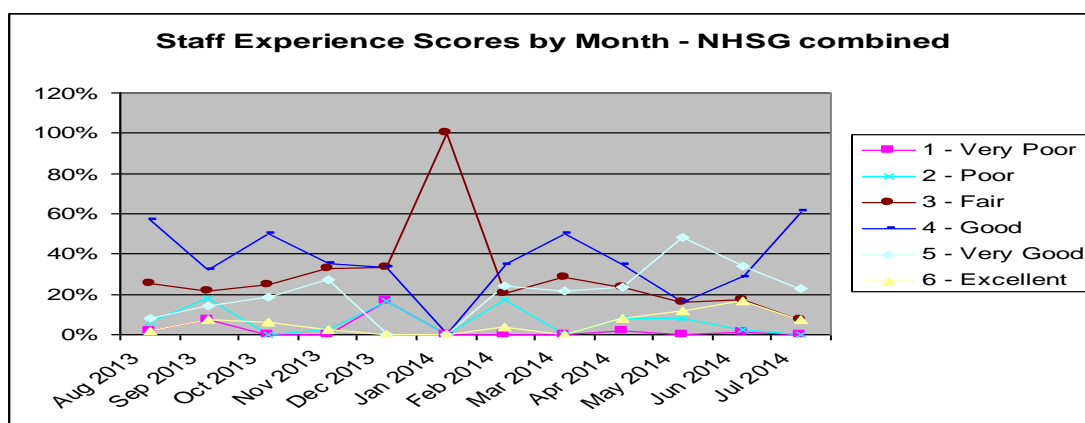
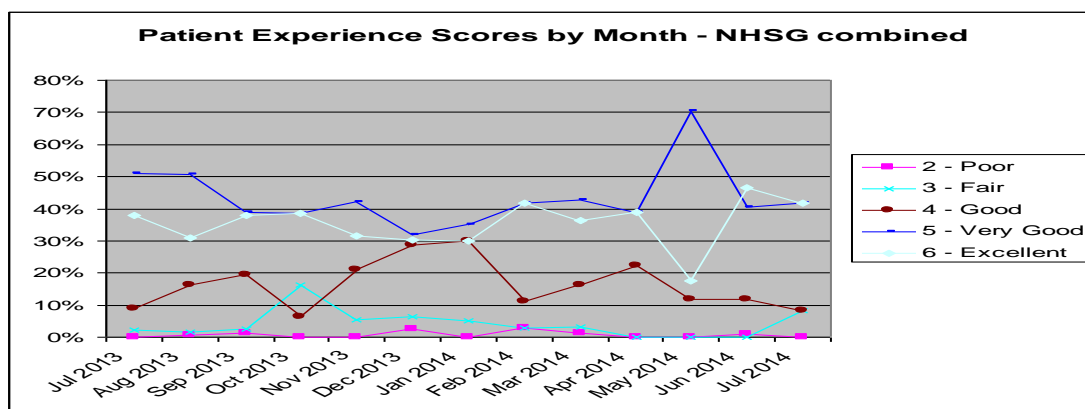
NHS Grampian also receives feedback through:

- Facebook.
- Twitter.
- NHS Grampian's email address.
- NHS Grampian's Website.
- Patient Opinion Website.

In addition, 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. We collect and use real-time feedback 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



The **Patient Advice and Support Service (PASS)** provides free, confidential information, advice and support for anyone wanting to give feedback, make comments, raise concerns or make a complaint about treatment and care provided by the NHS in Scotland. NHS Grampian and representatives of PASS meet every three months to ensure that patients and equality groups 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 available to people who wish to give feedback through PASS and Advocacy Services. These services are publicised on NHS Grampian's website, and information and contact details is given to members of the public over the phone by the Feedback Team. PASS leaflets are available in health points and are being

made available in all clinical areas. Our acknowledgment letters also give information about the support PASS can offer.

Section 2 - Encouraging and Handling Complaints

NHS Grampian encourages feedback and passes all 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 be able to demonstrate what the feedback tells them about their service, identify their learning opportunities for service improvement, and record actions taken as a result. We need to ensure that learning outcomes are recorded on Datix (our electronic complaints system), to allow production of a report evidencing learning and actions. The Feedback Service will be supporting recording of evidence from learning, by running exclusion reports on Datix identifying where this has not happened, and to make the relevant service manager aware.

All **informal feedback** (Compliments, Comments, Suggestions and Concerns) received by the Feedback Service, is entered into Datix and forwarded to the relevant manager, to share with staff in the area concerned. All informal feedback is acknowledged by letter, thanking the individual for taking the time to share their experience. Many more compliments are received directly by clinical areas. These are shared with relevant staff but not always recorded on Datix or acknowledged in writing. We are introducing the practice of clinical areas entering their own informal feedback onto Datix and acknowledging them in writing. This will be rolled out across the organisation with support from the Datix Team.

A selection of Informal feedback is published in Team Brief each month to share patient experiences across the organisation. This includes a 'You said.....We did.....' example to demonstrate our learning and action from feedback.

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 and welcomes 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. Effective utilisation of the Datix Complaints Module is encouraged and complaints handling support is provided by a new complaints training role, which was introduced within the Feedback Team in 2013. This allows one to one support to identified Complaint Leads, and encourages the effective flow of feedback across the organisation.

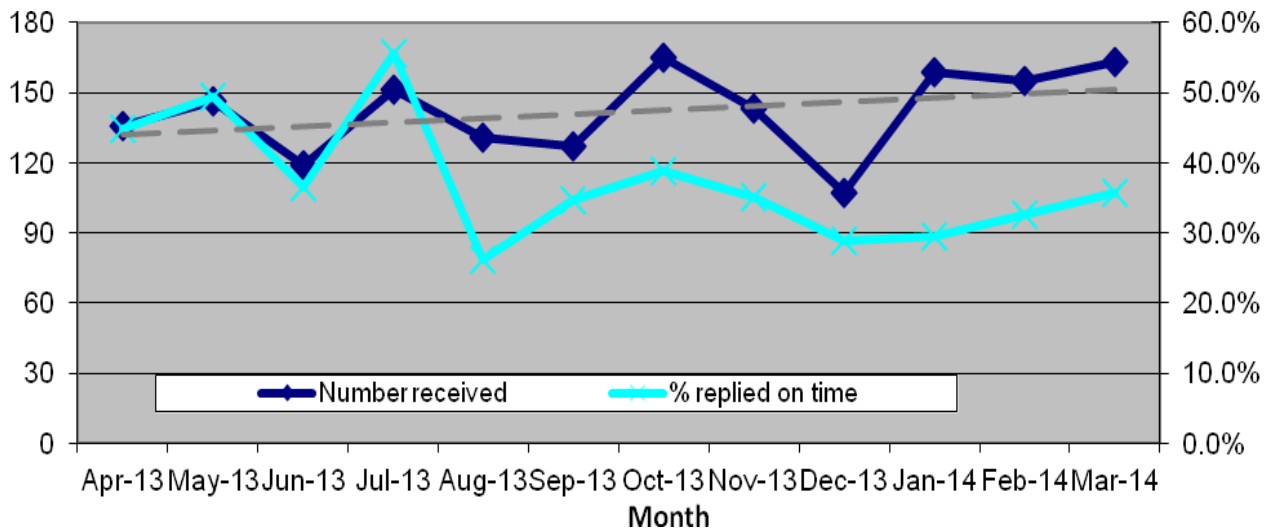
When the Feedback Team takes **complaints over the phone**, we ask if the complainant would be happy for someone from the service to call them and if they

would be happy to attend a meeting. We also clarify what the key issues are for them and ask what they would like to happen as a result of their complaint.

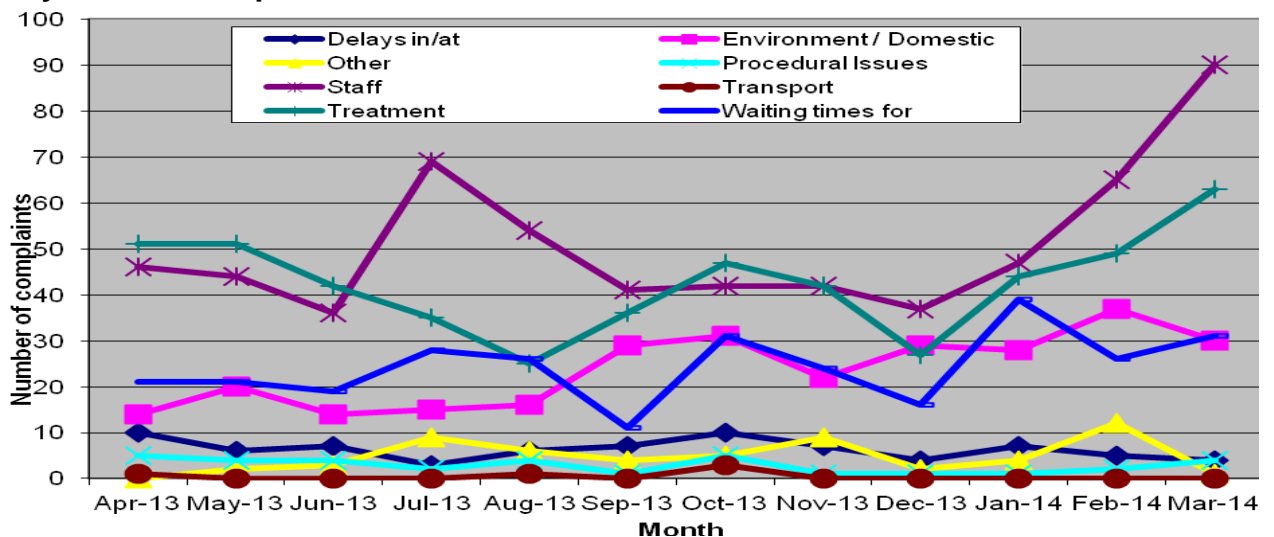
Services are increasing **making direct contact with complainants** to establish what the key issues are for the complainant and ensure that they understand what the person would like to happen as a result of their complaint. At this point a meeting can be offered to allow discussion of the concerns raised and the complaint outcome before sending a written response.

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

Number of complaints received and % replied to on time:

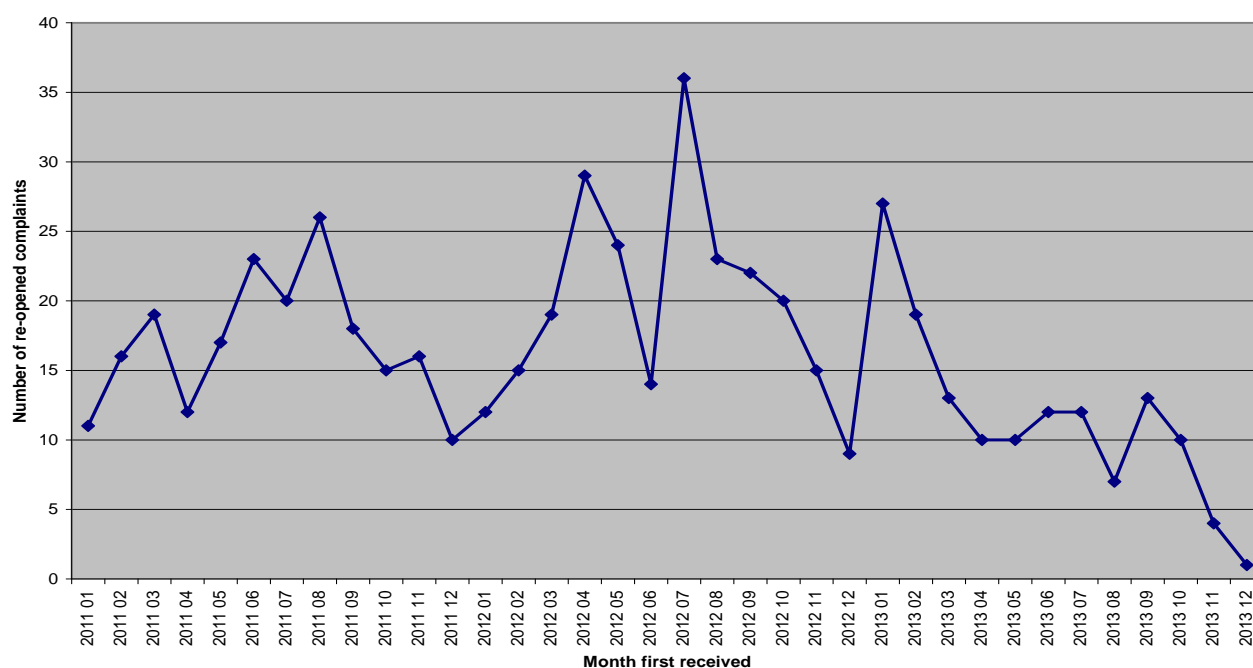


Key themes complained about:



The use of alternative dispute resolution has not been used or requested in NHS Grampian during 2013/14.

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. NHS Grampian introduced an extra quality check into the complaints process in November 2012. There have been significantly fewer complaints re-opened in 2013 than 2012, which suggests an improvement in the quality of complaint responses. Re-opened complaint figures comparison; 2011 = 203, 2012 = 238 and 2013 = 138.



The Feedback Service plan to send **'making a complaint' and 'giving feedback' experience questionnaires** to Feedback Service users at least once per year to identify what we are getting right and what we need to change. The questionnaire has been produced with support from the Patient Focus Public Involvement team, and is planned to be sent out later this year.

Feedback is used alongside other information to identify opportunities for improvement. An example of this from an independent contractor setting is in Optometry Services. Complaints and feedback are amalgamated and discussed at Eye Health Network (EHN) business meetings and any trends are highlighted so that specific training lectures can be given and/or attendance at Consultant led 'Teach and Treat Clinics' provided in NHS Grampian by NHS Education Scotland (NES).

The Feedback Services enters Optometry and EHN complaints onto Datix, which allows trends to be looked at, and feedback and training given to relevant parties if required. Any risks associated with EHN are fed through the Boards Clinical Governance Committee.

The Feedback Service is working more closely with senior managers across NHS Grampian, including Primary Care Organisation leads, to ensure that the learning resulting from complaints is understood and improvements implemented were appropriate. Expanding the Feedback Team will allow for more focus in this area and ensure that we evidence the learning and improvements made as a result of complaints.

In 2013 NHS Grampian developed a questionnaire on Lime Survey to allow collection of **Independent Contractors' complaint information**. This questionnaire has been further developed to collect information on key complaint themes, learning identified and actions taken. The Feedback Service sends an email to contractor leads twice a year, asking them to forward the email to all contractors in their group. The email reminds contractor of their obligation under the Patient Rights Act to provide complaint information and contains an electronic link to the Lime Survey questionnaire. The questionnaire is 'live'/available for one month. After this time the Feedback Service run a report to allow us to submit the information to Information Services Division (ISD) Scotland twice a year as requested. The Feedback Service Manager attends Primary Care Organisation Advisory Group Meetings to give updates on complaint handling and 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 survey will need to be further developed and contractor's, or their lead's, need to be held accountable if they fail to submit complaint information. The Feedback Manager should meet with Contractor Leads twice a year to discuss the report findings relevant to them and to seek assurance that learning from the previous report has been implemented.

We 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 will be achieved is by introducing a new way of complaint severity scoring, which will enable a risk assessment to be performed in the same way as adverse events are assessed. This will be achieved using the NHS Scotland Core risk Assessment Matrices (2013).

Section 3 - The culture, including staff training and development

NHS Grampian appreciates;

- The importance of local ownership and accountability, in terms of governance, in dealing with and learning from complaints.
- The importance of adhering to national guidelines.
- The need to retain a central team to manage the feedback system, to ensure an overview of activity and for this team to be properly resourced.
- The need for managers and staff within the services to be clear of their roles and responsibilities in dealing with complaints - both formal and informal.
- The need for 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.
- The need to develop a more structured approach to applying the learning from complaints and monitoring success.
- The need to further enhance the monitoring and reporting systems.

A training role was established to support the feedback system in April 2013. This has raised awareness of effective handling and learning from feedback, as well as providing tailored sessions for individuals expected to lead investigations, prepare responses, arrange meetings with complainants and be proactive in utilising the lessons learned.

The Feedback Team has been **working closely with Complaints Leads** particularly in the Acute Sector, where a number of process and procedural changes have been agreed and are in the implementation phase. We have also been piloting Senior Charge Nurses to have "access only" to their complaints to aid the investigation process.

We will **continue to encourage staff** to complete the e-learning modules which encourage 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.

The next phase is to **support complaint leads** to adopt a standardised approach to investigating and responding to complaints based on the new e-learning module on complaint investigation skills, recently produced by the Scottish Public Services Ombudsman (SPSO) and NHS Education for Scotland (NES).

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

Some examples of how service managers use feedback alongside other information to identify opportunities for improvement:

- 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.

Some examples of learning from complaints and feedback 2013/14:

Complaint - An elderly gentleman's discharge was delayed into the evening due to a delay in the Pharmacy Department filling his dosette box.

Outcome - An apology was offered, and an early suggestion for improvement is that several pharmacy slots are pre-booked in advance for this ward's patients, rather than the slots being requested individually. This simple change should improve waiting times for patients. The Pharmacy department is also reviewing the numbers of pharmacists working at weekends and out of normal working hours with the aim to provide increased support in the future.

Complaint - Expectant parents had not been given an orientation to the maternity ward.

Outcome - As a result of this, ward staff developed a ward booklet called "Welcome to Ashgrove Ward". The booklet has been developed based on feedback received from patients and families about the practical aspects of being in the ward. In the complaint response, the manager offered to send a copy of this booklet to the complainant, so they could see what was now in place for new arrivals to the ward.

Concern - The pain management received from nursing staff during an in patient stay could have been improved.

Outcome - The manager informed the complainant that she has discussed their complaint with the senior charge nurse, who had given her assurance that she was

supporting progressing the development of Acute Pain Ward Link Nurses. They are currently developing a programme to provide identified ward nurses with training and support, to enable them to understand pain assessment, pain scoring, evaluating analgesic regimes in terms of effectiveness, and presenting an individualised nursing care plan to an appropriate nurse prescriber or doctor.

Concern - Poor quality of care was received during in-patient experience.

Outcome - It had been a deep concern to the staff and local management that this concern had been raised. Management confirmed that there was a current review underway looking at how the ward performs and discussions with staff were happening to establish how they can ensure that nursing care is to the standard expected.

In light of this feedback, there is now increasing support for this review and a meeting had been arranged for November 2013 with community health partnership management, medical and nursing staff to agree the process over the next six months to establish and address any issues. Additional nursing staff were being recruited for a temporary period, to allow key staff to take forward the actions that were identified.

The response letter stated it was important to staff, that they had involvement from people who have used the facility, i.e. patients and relatives, to support them in this work, and staff invited the complainant to be involved in this process, they offered to hold meetings to hear concerns and suggestions.

They stated that real time feedback would be introduced into the ward, to allow patients and relatives to leave comments at any time e.g. "You said....." "We did...." The comments will be on display for patients, visitors and staff to read. They also stated that local facilities are usually held in high regard by its community, and they want to be in a position where the reputation was intact and reflected the standards of care that we would all expect from a hospital.

Complaint –Was there a delay in diagnosis due to a GP arriving later than planned at a Community Hospital?

Outcome – At the time, staff had updated the family and apologised for the delay in the GP arriving. Once the GP had arrived, a treatment decision was reached speedily because the patient's history, x-rays and observations had already been taken and made available to the GP.

NHS Grampian is developing an electronic method of accessing patient records across Grampian, and although this was not in place for this patient's records, it is hoped this will aid future treatments.

There is a new system in place which allows clinicians direct access from the Community Hospitals to advice and support from Accident & Emergency at Aberdeen Royal Infirmary. This came into effect on 2 September 2013 as a pilot and its effectiveness is being monitored.

Complaint – There was a lack of stimulation in the ward which led to very long days due to lack of access to newspapers, television or radio facilities to distract and entertain patients who are feeling unwell. It was also highlighted in the complaint that there were only two toilets available for patient use. It was also a concern to them that there was no-where to sit when waiting to use the toilet if it was in use.

Outcome - The lack of facilities provided in the ward was due to the very short time that patients would spend in this clinical area, prior to immediately moving onto a newly refurbished area. As a result of this complaint this decision was reviewed, especially as there was also to be a delay in the move to the new ward location. As a result of this, television and radios were reinstated. Nursing staff would also ensure that the trolley which goes out from the hospital shop with newspapers and magazines for sale, also visited this ward.

In the complaint response it was explained that there were in fact four toilets in the ward, but this feedback had highlighted that all patients were not aware of these toilets, which are located at the far end of the ward and may not be visible to patients or relatives. The manager stated they would ensure that these toilets are clearly signposted so that patients are aware and a chair is now available outside the toilet for patient use during the day time and evening hours. The upcoming refurbishment of this ward will remedy these problems.

Complaint - A patient felt they were not made aware of the process for reimbursement of expenses when they had been referred for treatment outwith Grampian.

Outcome - A review of current processes occurred and improvements were made to ensure that patients are now fully informed of all options and processes when they are making their decision to have treatment outwith Grampian.

Some examples of complaints received which led to Significant Event Analysis (SEA) an investigation into any event thought to be significant in the care of patients.

Complaint - A patient was referred by their GP for an Xray of a painful heel. When they phoned for the results, they were told all was clear. When they attended the surgery for an appointment approximately six months later, they were told that the Xray had shown something.

Outcome – The GP Surgery apologised and carried out an SEA, which has led to new procedures being put in place by Office Administrators.

Complaint - A patient had consented for their employer to contact their Doctor regarding their medical condition, but was unhappy with the information that was sent to her employer.

Outcome – The Doctor apologised for the upset caused and for sending a report without letting the patient see it first. A SEA was carried out and new procedures are now in place to prevent this occurring again.

Complaint - A patient was given the wrong medication by a pharmacy.

Outcome – An apology was given and a SEA was carried out. There is now a new process in place for checking medication before it is dispensed.

Some examples of complaints referred to the Scottish Public Services Ombudsman (SPSO), and what recommendations have been made and actions taken as a result. (Complaints can be referred to the SPSO once the complaints process is complete, if complainants remain unhappy with the outcome of their complaint.)

Complaint - Following an accident, and attending the Accident and Emergency department, no fracture was identified. A fracture was later noted in the radiology report and the patient was contacted to return to have treatment.

Outcome - An apology was given for the poor handling of diagnosis.

Recommendation - The SPSO recommended that we review the arrangements in place for assessing X-rays and remind relevant staff that attention must be paid to all information on the film, including that outside the focus of the subject of the X-ray.

Action - The above recommendation and the original complaint have been discussed at the Emergency Department, departmental meetings. The process of reviewing X-rays has been discussed at length at one of these meetings. E-mail correspondence has been sent to all medical staff in the Emergency Department, regarding the reviewing of X-rays. As part of the routine teaching for Junior Medical

staff, they have weekly teaching sessions tutored by the Radiology Department where this information is shared.

Complaint - A family did not feel their relative was well enough to go home but felt pressured by doctor that they were medically fit. The Patient was re-admitted a few days later. The family felt their relative was not given due care and convalescence.

Outcome - A meeting was held with the family to offer reassurance that their relative had been cared for appropriately and had been medically fit at the time of discharge.

Recommendation - The SPSO found that care had been appropriate but staff had failed to communicate well with the family.

Action - An apology was offered to the family for poor communication, and all relevant staff were reminded to ensure that they communicated well, and recorded information given to families.

Complaint - A patient's medication was sent to the wrong address in error.

Outcome - An apology was given for the error.

Recommendation - The SPSO found that the patient's confidentiality had been breached as we had not checked the address before sending the medication.

Action - No recommendations were made in this case as the pharmacy service had already changed their procedure for checking addresses as a result of this incident, and an apology had already been offered for our failing in the complaint response letter.

Complaint - A complaint was made regarding medical treatment and nursing care received.

Outcome - A review of medical and nursing notes was performed and an explanation was given to the family in the response letter explaining that care had been appropriate.

Recommendation - The SPSO found that care was appropriate but nurses had failed to communicate well with the family.

Action - An apology was offered to the family and measures have been taken to remind staff of their responsibilities and to show consideration to families.

Section 5 - Accountability and Governance

NHS Grampian's core values are "Caring, Listening, Improving". To live by these values we need to listen carefully to patients, families, carers, the public and staff, on an ongoing basis and at every stage of their interaction with the organisation. We need to make it easier for people to share their experiences, ideas and opinions and to be genuinely engaged in decision making at all levels. Most importantly we need to demonstrate more consistent and system-wide learning and action as a result of the feedback we receive.

The Feedback Team is responsible for administering the system in line with national guidance, including managing the flow of information, issuing the responses in a timely manner and responding to SPSO investigations. It also provides the necessary advice and training across the organisation, to enable long term sustainability. The Feedback Manager acts as liaison between service teams and the central services (DATIX and Feedback Advisors) to facilitate greater levels of collaboration and to ultimately ensure that NHS Grampian has the information necessary to use the learning identified and make service improvements as a result of the feedback received.

Whilst **assuring compliance with complaint handling arrangements**, in line with the Patient Rights (Scotland) Act 2011, and in particular ensuring that action is taken as necessary following the outcome or any feedback, the feedback system must develop mechanisms for encouraging fast, effective and efficient responses across NHS Grampian. Specialist advice and support must continue to be given to patients and staff on the management of this process, including a commitment to delivering local training and awareness-raising. This is done by the centralised Feedback Team who also:

- Encourage, welcome and view feedback, comments, suggestions, concerns and complaints as opportunities for ensuring the NHS provides person-centred care.
- Promote the additional independent support services such as the Patient Advice and Support Service (PASS), and raise awareness of advocacy, communication, translation and alternative dispute resolution services.
- Liaise between service teams and corporate services to facilitate greater levels of collaboration.
- Support staff to capture, respond to, and learn from feedback, whilst ensuring responsibility for this remains within the service, allowing appropriately focused, continual improvements in the delivery of quality care.

Complaints are reviewed every month at a joint complaints and adverse events meeting. This meeting is attended by the Deputy Chief Executive, The Director of Corporate Communications (and Board Secretary), 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. Serious complaints and adverse events are discussed, focusing on the learning that has occurred and the actions taken as a result. New complaint themes, late complaints and Scottish Public Services Ombudsman cases are also discussed at this meeting.

A joint policy for the Management of and Learning from Adverse Events and Feedback was produced earlier this year and is currently in the final review process. A joint Adverse Events, Feedback and Claims report is produced and presented at both the Clinical Governance Committee and Patient Focused Public Involvement Committee twice each year.

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.

NHS Grampian has a **strong organisational commitment** to stakeholder engagement, through our values of "Caring, Listening, Improving" and our 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. This paper was presented to the Board on 14 January 2014, and demonstrated how NHS Grampian strives to achieve their core values, "Caring, Listening, Improving" through engagement with staff and the public before, during and after care.

It is essential that the **wealth of management information** provided through feedback is recorded and acted on locally via robust governance processes and procedures. This annual publication is produced to demonstrate to the public that appropriate action has been taken as a result of feedback, to improve services.