



**Handling and Learning  
From Feedback Annual Report  
2015 - 2016**

**NHS Grampian**  
**Caring – Listening – Improving**

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## Table of Contents

1. **Encouraging and Gathering Feedback:**
  1. **Methods used to encourage feedback – page 3**
  2. **Making people feel their feedback is welcomed - page 7**
  3. **Engaging with equalities groups – page 8**
  4. **Publicising our feedback methods and ensuring people know what to expect – page 9**
  5. **Streamlining the way feedback is recorded across the board – page 9**
  6. **Using feedback to identify improvement opportunities – page 10**
  
2. **Encouraging and Handling Complaints:**
  1. **Involving complainants to the level they wish – page 10**
  2. **Encourage early resolution and ownership of complaints – page 11**
  3. **Measuring complainant satisfaction with the process – page 11**
  4. **Learning from complaints relating to each area of the board – page 12**
  5. **The links between the management of selected complaints to the management of serious and adverse events – page 12**
  6. **Working with local independent contractors to monitor how feedback is used to drive improvements – page 12**
  
3. **The culture, including staff training and development:**
  1. **Challenges encountered in embedding a culture that actively encourages feedback – page 16**
  2. **Supporting staff and the public enabling openness and confidence - page 17**
  3. **Staff training plans - page 17**
  
4. **Improvements to services - as a result of complaints and feedback:**
  1. **Action taken to improve services as a result of complaints and feedback – page 18**
  2. **Steps taken to ensure the focus on learning and improvement are recognised as the main outcome from feedback – page 18**
  3. **Learning being brought together with learning from other sources, e.g. adverse events, to provide an integrated approach to improvement planning – page 19**
  
5. **Accountability and Governance:**
  1. **The reporting processes for complaints and feedback - page 19**
  2. **Supporting NHS Board non-executive Directors to seek assurance that improvements can be systematically and reliably demonstrated – page 20**

## 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 78 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. An example of feedback posted on NHS Grampian's Patient Opinion website is shown in Appendix A. An example of NHS Grampian's responses to this feedback is shown in Appendix B.

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/relative/carer and staff stories.
- Improvement trees - wall stickers used to gather anonymous feedback in ward/clinic areas.
- 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 2015 to 31 March 2016 we asked a total of 879 patients about their experiences of care in NHS Grampian. 97.7% reported their care as good, very good or excellent.

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

Desired outcomes	Progress Made
<b>Implementing a rolling programme of outpatient surveys</b>	We completed two annual rounds of surveys across the entire Aberdeen Health Village and have undertaken work with Community Nursing Teams, out-patient clinic areas, Accident and Emergency Departments and Allied Health Professionals.

Desired outcomes	Progress Made				
<b>Enhanced pool of trained survey workers</b>	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 for all areas throughout the organisation.				
<b>Patient Opinion will be embraced</b>	We aimed to respond to all posts within two working days. We are now reliably responding to 100% of posts within three working days.				
<b>Development of improvement plans</b>	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".				
<b>Overview of improvement actions by the Board.</b>	<p>The person-centred team has collated the themes from each of the improvement plans and 'always events.' These are presented below:</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th style="text-align: center;">Themes from Improvement Plans</th> <th style="text-align: center;">Themes from Always Events</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">                     Environment                      Care and Treatment                      Communication                      Staffing and Recruitment                      Food                      Patient Dignity and Respect                      Documentation and Systems                 </td> <td style="text-align: center;">                     Care Delivery                      Communication                      Team work                      Environment                      Staffing                      Documentation                      Dignity                 </td> </tr> </tbody> </table>	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
Themes from Improvement Plans	Themes from Always Events				
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**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 trialling posting the results of patient experience surveys at the entrances to wards and departments. We have tested this with three wards at ARI and has now been introduced fully in the Emergency Care Unit. 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.

**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)

### **Caring Behaviours Assurance System (CBAS):**

NHS Grampian has one Master Trainer which 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. Building on the relationships with these families the Person Centred Team received further views on “what mattered” to the patient and family at the time of trauma and how this could have affected them if they had their care in Edinburgh or Glasgow rather than Aberdeen as part of the Review Group for the project. This is a fantastic example of co-producing care where real lived experiences will be used to shape services.

### **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 six 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 154 "face to face" qualified interpreters who were used on 1,872 occasions in 2015. 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 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.

The NHS Grampian Public Involvement Team has also developed a Multicultural Health and Wellbeing Forum and two Youth Forums to ensure harder to reach voices are being actively involved in health care (See Appendix C).

#### **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 was a further temporary increase of one member of the Feedback Team in July 2015. 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.

## **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 2015/16, 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). This was reviewed after 6 months and a new system of targeted triage introduced, with no detriment to early resolution. 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 Lime Survey. 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 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 Public Involvement/Feedback Service Manager attends the weekly Clinical Risk meeting with the Acute Sector. Attendees include the Associate Medical Director, Associate Nurse Director, Deputy Associate Medical Director, Head of Operations, Head of Performance and Governance, and the Quality Informatics Manager. 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 was 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 2015, due to extra efforts and changes in practice implemented from November 2014, NHS Grampian maintained its acknowledgment rate of an average of 100% of complaints within the 3 working day target.

**20 Working Day Response Target Achievement:** NHS Grampian was 'best in Scotland' from November 2014 to February 2015, with an average 20 working day performance target achievement between 82-91%. In 2015 NHS Grampian achieved an average 20 working day performance of between 62-86%.

**Feedback and Complaints Information:**

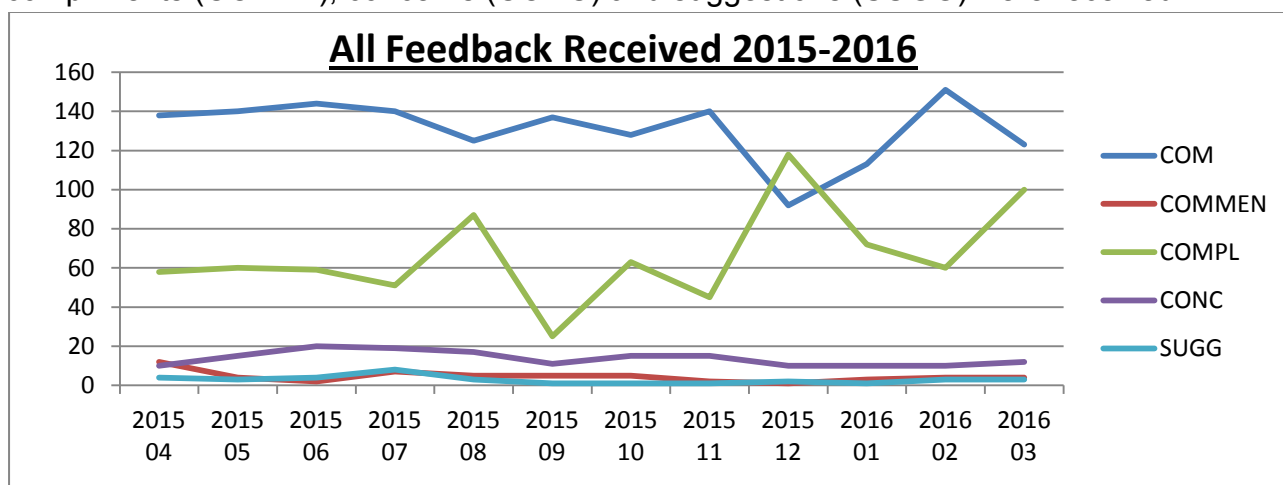
Feedback and complaints information is shared with senior managers across the organisation. Operational Managers also have access to a complaints dashboard on

the Datix complaint module, which allows them real-time access to their current complaints situation and progress.

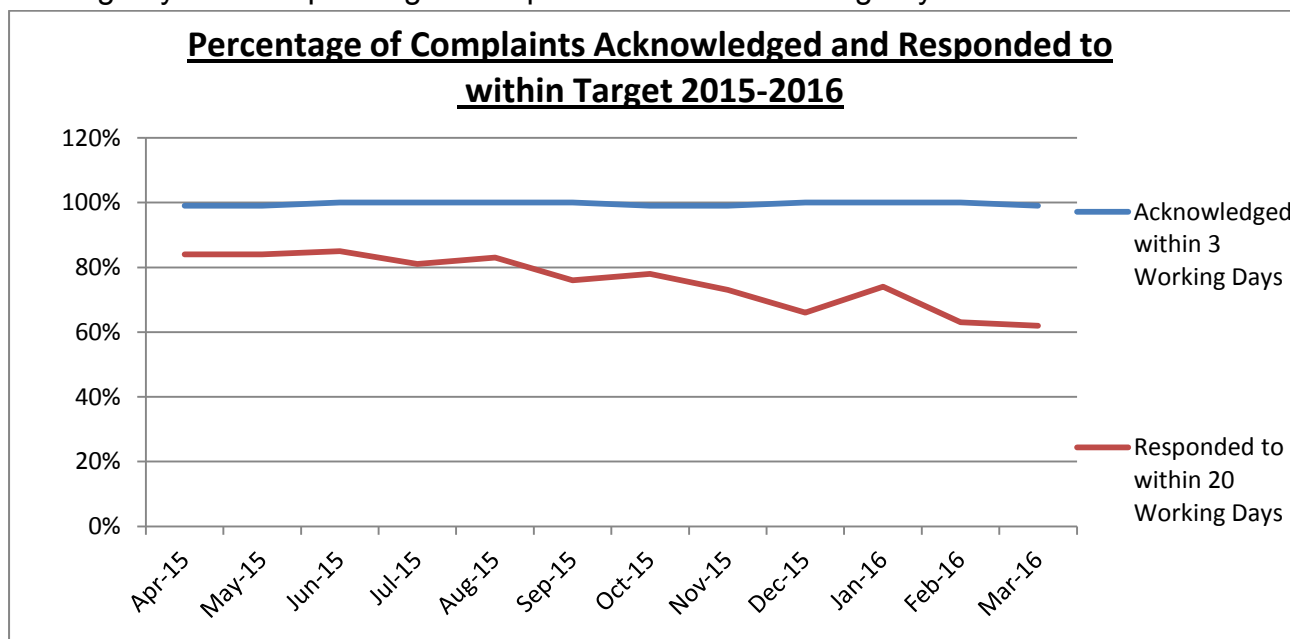
**Complaints Data:**

NHS Grampian received 1443 complaints between 1/4/15 and 31/3/16 (compared to 1663 in 2014/15). An average of 75% of these was responded to within 20 working days and an average of 98% was acknowledged within 3 working days. Ten complaints were received about Prison Healthcare Services and 571 were received about Primary Care Organisations. There were no requests for Alternative Dispute Resolution.

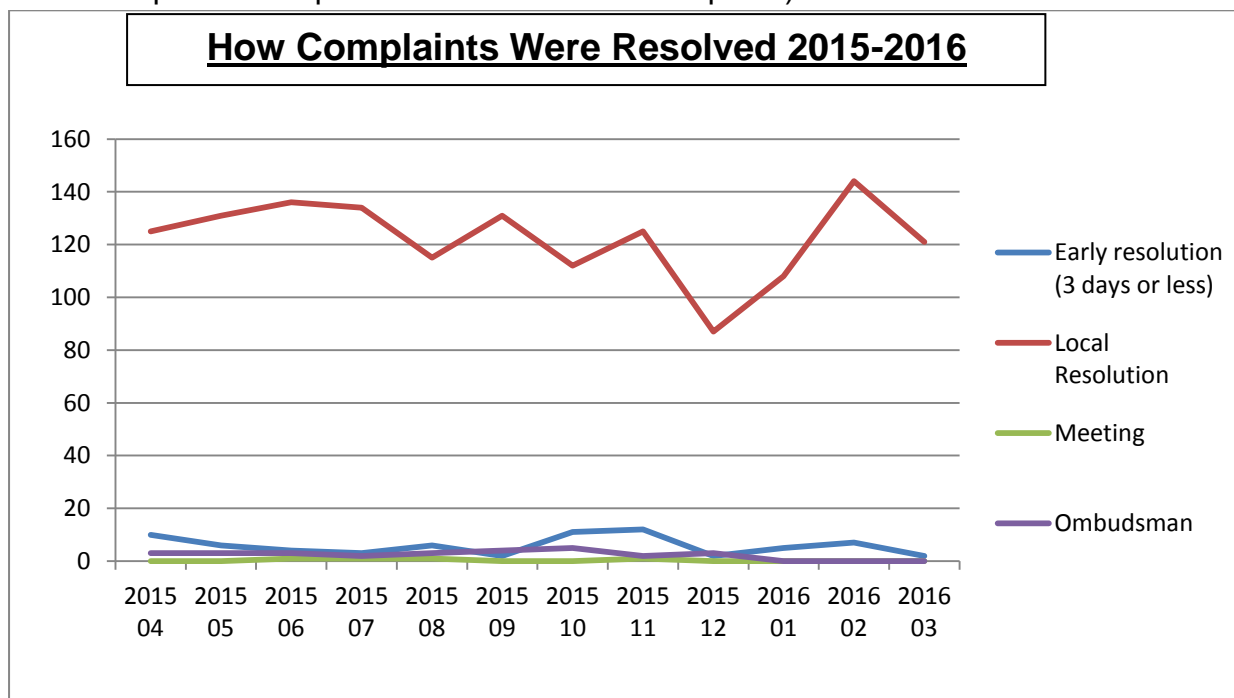
The graph below shows how many complaints (COM), comments (COMMEN), compliments (COMPL), concerns (CONC) and suggestions (SUGG) were received:



The graph below shows our achievement of acknowledging complaints within 3 working days and responding to complaints within 20 working days:

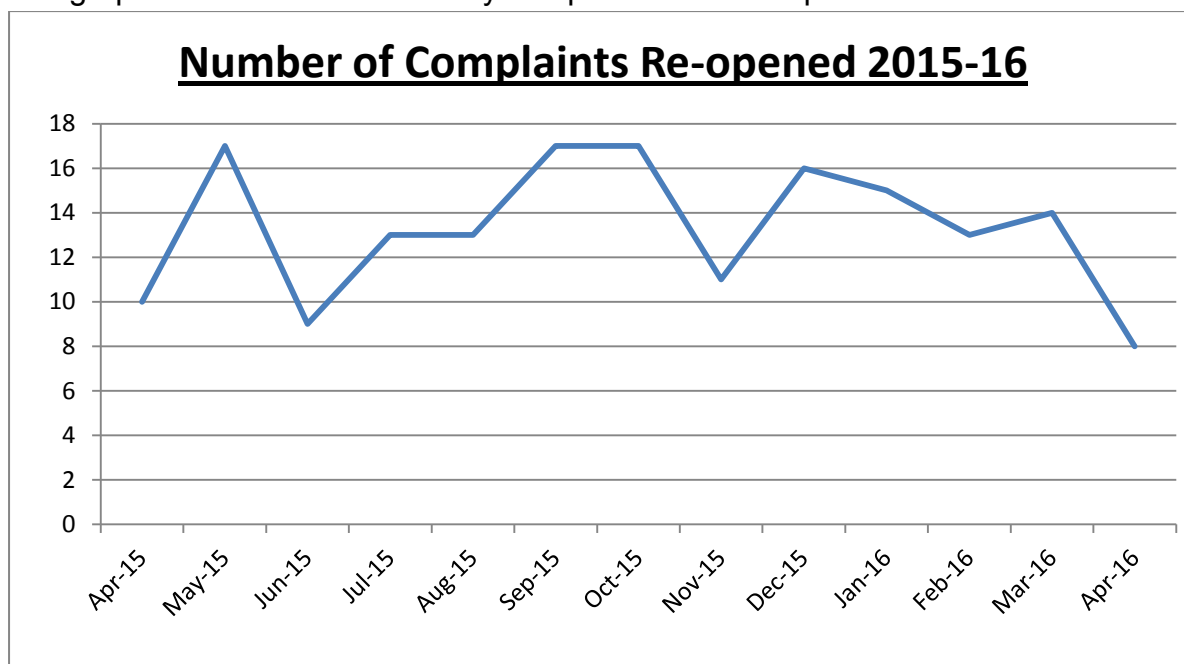


The graph below shows how complaints were resolved (Local Resolution means a written response was provided to resolve the complaint):



A focus for 2016-2017 is to increase the number of complaints resolved through early resolution. To achieve this we are ensuring staff have the knowledge, skills and confidence to have early conversations with complainants.

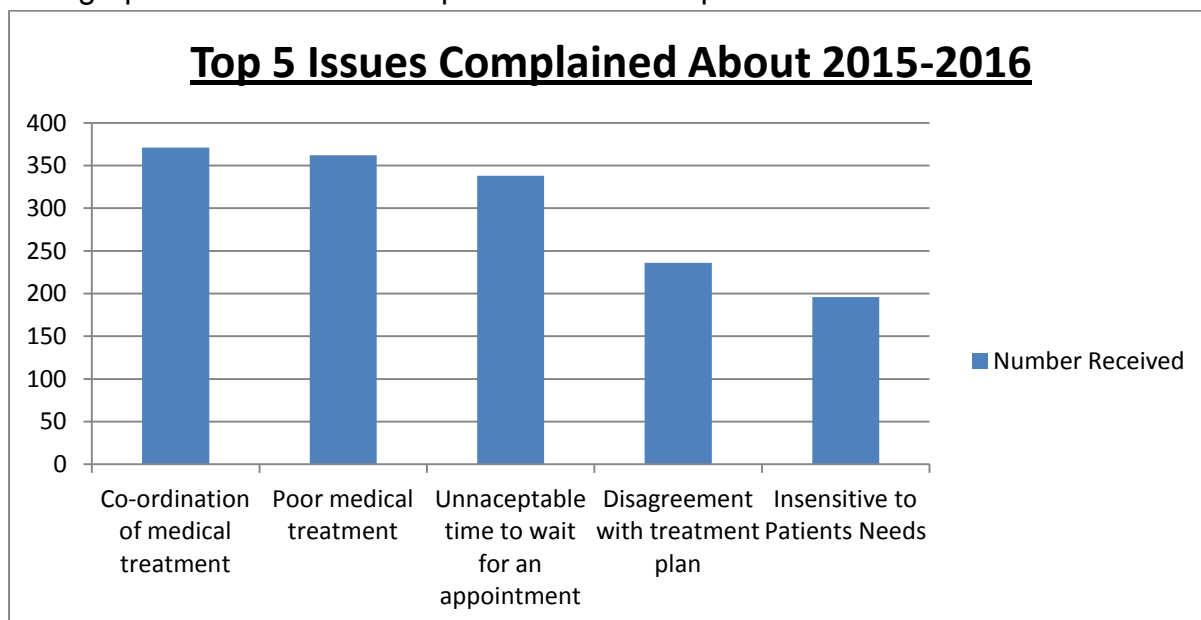
The graph below shows how many complaints were re-opened:



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 and should result in a reduction in re-opened complaints.

The graph below shows the top five themes complained about 2015-2016:



## 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 has developed 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 is 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 was tested on Out-patient Administrative Staff (approximately 150 staff) and the training assessed 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 Lime Survey (or...) electronic survey to send to this group of staff, which asked what type of training they would find useful and how they would like the training to be delivered. Now that the trial is completed, the training is being rolled out to 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 also perform spot-check audits 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:**

Some examples of the lessons learned and action taken from complaints and feedback are shown in Appendix D.

### **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 weekly 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 week when the Public Involvement/Feedback Service Manager attends the weekly Clinical Risk meeting with the Acute Sector. Attendees include the Associate Medical Director, Associate Nurse Director, Deputy Associate Medical Director, Head of Operations, Head of Performance and Governance, and the Quality Informatics Manager. 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.

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 in 2015.

## **Section 5 - Accountability and Governance**

### **5.1 - The reporting processes for complaints and feedback:**

As previously mentioned, the Feedback Service prepares a report every week and shares it with: the Associate Nursing Director, Director of Corporate Communications, the Associate Medical Director, Head of Performance and Quality Improvement, Interim General Manager Acute Services, Senior Analyst - Programme Support & Performance, and Quality Informatics Manager.

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 joint 'Incidents, Complaints and Claims' report is prepared twice a year by the Public Involvement/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”. In 2014 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. This paper demonstrated how NHS Grampian achieves the core values through engagement with staff and the public before, during and after care. This paper was developed into a framework with an action plan, and is referred to regularly in order 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.



## Stories in summary

### About this report

**This report shows summary information about a selection of stories published on Patient Opinion.**

It was created on **29 February 2016**.

### Which postings are included?

This report shows stories about NHS Grampian submitted in the last 12 months (February 2015 to January 2016)

### Frequently asked questions

*How is story criticality rated?*

Story criticality is rated by our moderations at the time each story is moderated. It is a measure of how critical the most critical part of a story is, according to a criterion-based system. Criticality is rated in order to support our filtered email alerting system for staff, and is not intended for publication.

*What do the story counts mean?*

To the right of an organisation/service you will see a count. This tells you the number of stories listed in the report about that organisation or service (including any services run by that organisation/service).

*What does "most popular" mean?*

The most popular stories are those which have been read most often per day, since publication. This measure does produce a small bias towards more recent stories, but at least it is simple to understand.

*Why might unexpected services appear in my report?*

The services listed in the report depend on the stories that are included, and that depends on how you have filtered the report. So, for example, if you have filtered only according to where authors live, you may find they have used services some distance away.

### Sharing and reuse

Contributors to Patient Opinion want their stories to get to those who can use them to make a difference, so we encourage you to share this information with others.

Postings submitted via Patient Opinion itself can be shared subject to a [Creative Commons](#) licence. You can copy, distribute and display postings, and use them in your own work, so long as you credit the source.

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### About Patient Opinion

Patient Opinion is a not-for-profit social enterprise which enables people to share the story of their care, and perhaps help care services make changes.

**For more information**, contact us via: <https://www.patientopinion.org.uk>

This report summarises **78** stories

To date, the stories in this report have been viewed on Patient Opinion **35,053** times in all

### **These are the three most popular stories, out of all the stories included in this report**

*You can click the story title to see the story online*

#### Random acts of kindness

Posted by **Simple observer** as a parent/guardian Last month

<p>Patient turned up with child two days early to outpatient appointment. </p><p>Instead of turning patient around and facing the journey home the consultant and nurse quite simply spoke to and fitted the family in to avoid further journey resulting in an over run of existing clinic requiring nurse and consultant to stay later. </p><p>Not a bad word, not a question asked just straight up excellent patient care at the expense of time and good...

#### Thanks for taking great care of my mother

Posted by **Ocean** as a relative 2 months ago

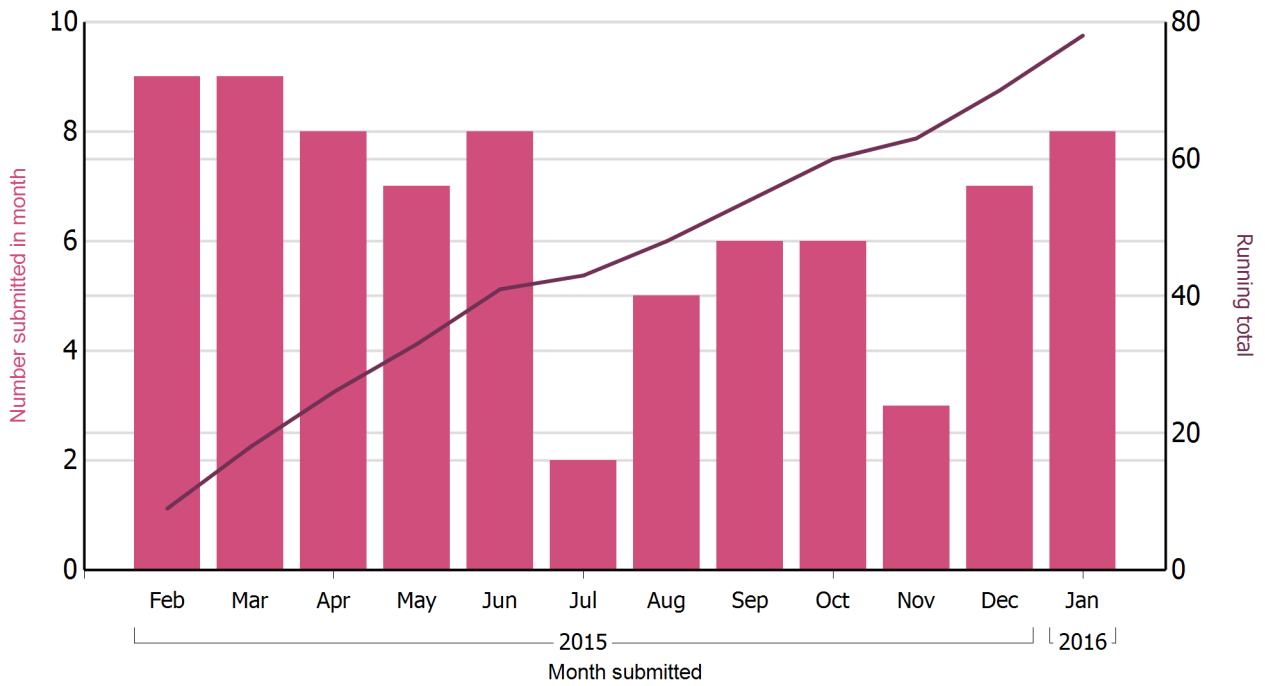
She collapsed whilst we on holiday in Fettercairn Scotland. She was taken to Forest Hills Hospital Aberdeen A & E. I can only say that the professionalism and all round care were exemplary, delivered by a very polite and cheerful group of people. She was admitted to ward 103, and again the care was excellent. All of the staff she experienced were helpful, polite and seem to find no task to difficult to do. I believe we experienced a well...

#### Praise for Aberdeen Royal Infirmary Staff

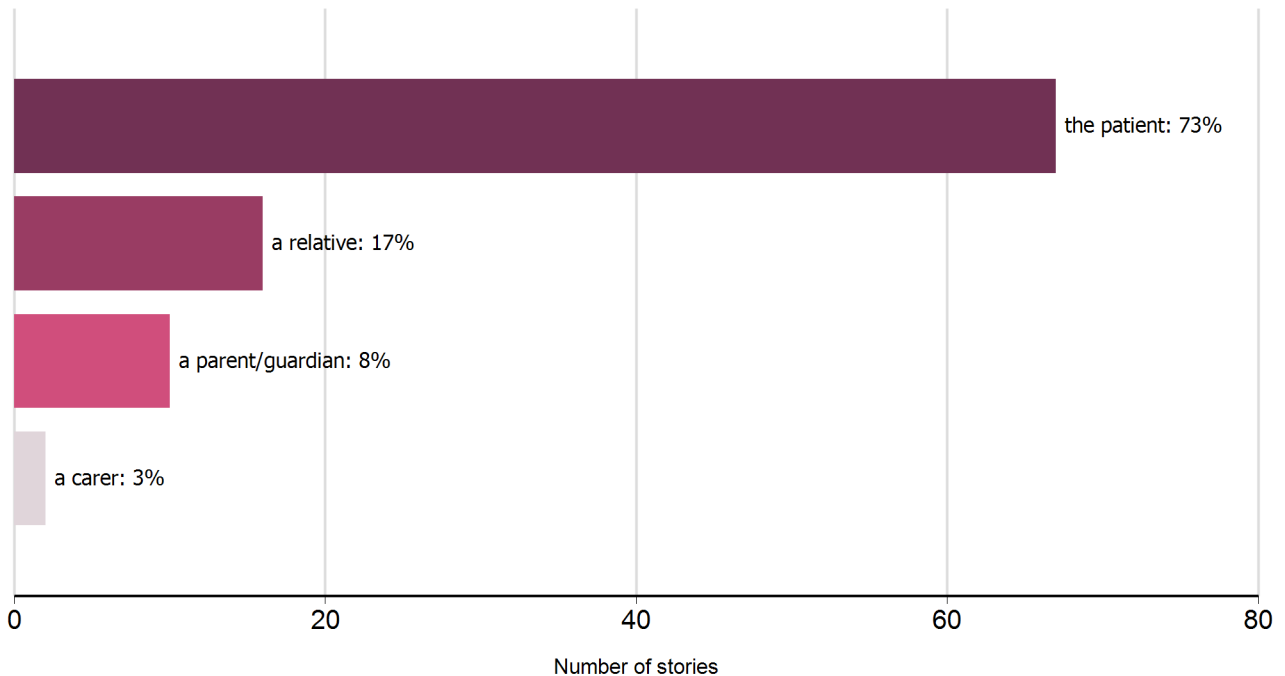
Posted by **bigH** as the patient 5 months ago

Yet again I am compelled to "put pen to paper" and sing the praises of the dedicated staff of Aberdeen Royal Infirmary. This time, however, it is not the wonderful nurses and doctors that are the target of my accolades, it is the men working tirelessly behind the scene to keep this huge complex running smoothly and efficiently at all times. After seventy years of comparatively good health the wheels have fallen off, the body keeps on...

### When these stories were told

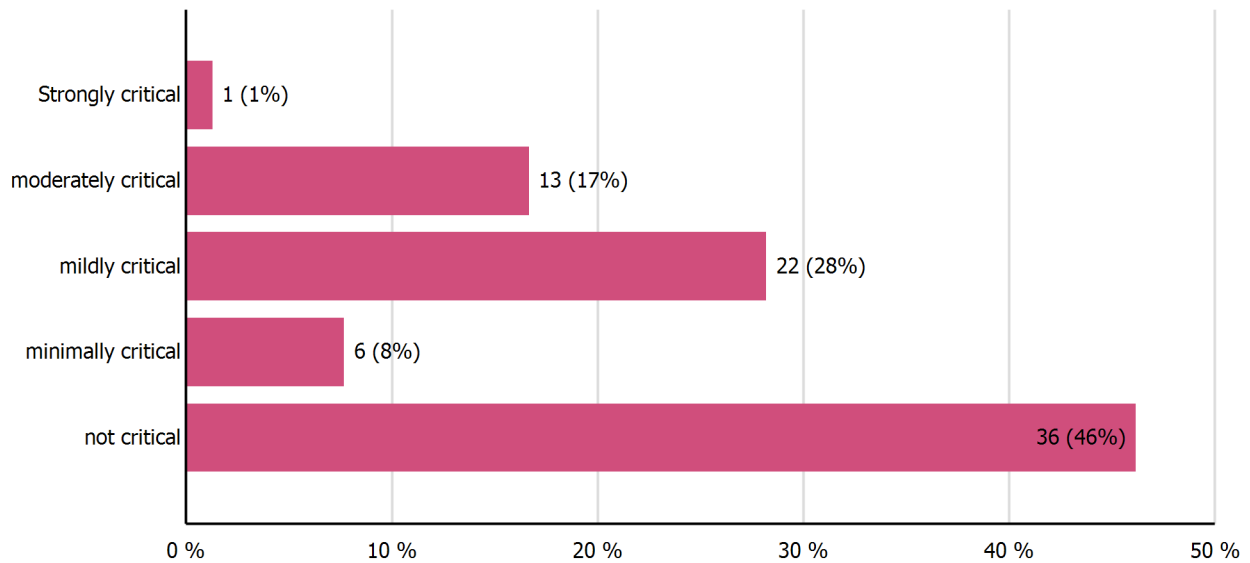


### How the authors of these stories identify themselves















### How moderators have rated the criticality of these stories



NB: criticality scores are assigned by moderators (not the public) to stories to support our alerting service. They are assigned *per story* not *per service*, so may reflect criticism of services other than your own. We provide them here purely for information, with these caveats in mind.

### Where these stories have come from

NHS Grampian	58	
<b>Unknown</b>	7	
NHS Orkney	5	
NHS Shetland	2	
NHS Borders	1	
NHS Gloucestershire CCG	1	
NHS Mansfield and Ashfield CCG	1	
NHS Dumfries and Galloway	1	
NHS Ayrshire & Arran	1	
NHS Highland	1	

#### What's good?

#### Most common tags added by authors to these stories

staff	12
care	5
communication	4
grateful	3
relaxed	3
wonderful	3
attitude	2
caring	2

#### What could be improved?

communication	8
Care	4
communication	3
compassion	3
attitude	2
Attitude of staff	2
confidentiality	2

#### Initial feelings

thank you	14
grateful	6
disappointed	5
scared	5
angry	4
happy	4
compassion	3
anxious	3

caring atmosphere	2	food	2	frustrated	3
compassion	2	medication	2	Lack of care	3
consultant	2	pain relief	2	let down	3
Day Service	2	staff	2	stress	3
doctor	2	staff attitudes	2	upset	3
efficiency	2	understanding	2	worried	3
excellent care by staff	2	waiting times	2	grateful	3
friendly	2			relaxed	3
GP care	2				
paramedics	2				
professional	2				
professional attitude	2				
professional staff	2				
relieved	2				
service	2				
skilled	2				
student nurses	2				
support	2				
treatment	2				

Services the stories are about	Number of stories	Latest story
<b>NHS Grampian</b>	<b>78</b>	<b>22/01/2016</b>
Aberdeen Maternity Hospital	6	23/12/2015
Maternity care	5	23/12/2015
Special Care Baby Unit	2	05/08/2015
Aberdeen Royal Infirmary	42	22/01/2016
Accident & Emergency	8	29/12/2015
Cardiology	8	20/01/2016
Dermatology	3	14/05/2015
Ear, Nose & Throat	2	01/05/2015
General Medicine	7	22/01/2016
General Surgery	5	29/08/2015
Gynaecology	1	15/05/2015
Neurology	2	08/09/2015
Neurosurgery	1	02/02/2015
Ophthalmology	1	16/05/2015
Oral Surgery & Medicine	1	15/06/2015
Rheumatology	2	23/06/2015
Urology	1	06/11/2015

Dr Gray's Hospital	9	15/01/2016
Accident & Emergency	3	26/04/2015
Chest medicine	1	01/02/2015
General Medicine	1	29/08/2015
General Surgery	1	15/01/2016
Gynaecology	1	15/01/2016
Trauma & orthopaedics	1	18/02/2015
Kincardine Community Hospital	1	30/03/2015
Trauma & orthopaedics	1	30/03/2015
Moray Community Health and Social Care Partnership	1	19/08/2015
Peterhead Community Hospital	1	18/03/2015
Maternity	1	18/03/2015
Royal Aberdeen Children's Hospital	3	14/01/2016
Paediatrics	1	12/01/2016
Royal Cornhill Hospital	5	31/10/2015
General Psychiatry	2	03/07/2015
Woodend General Hospital	2	12/10/2015
Trauma & orthopaedics	2	12/10/2015
Woolmanhill Hospital	1	06/04/2015



## Responding in summary

### About this report

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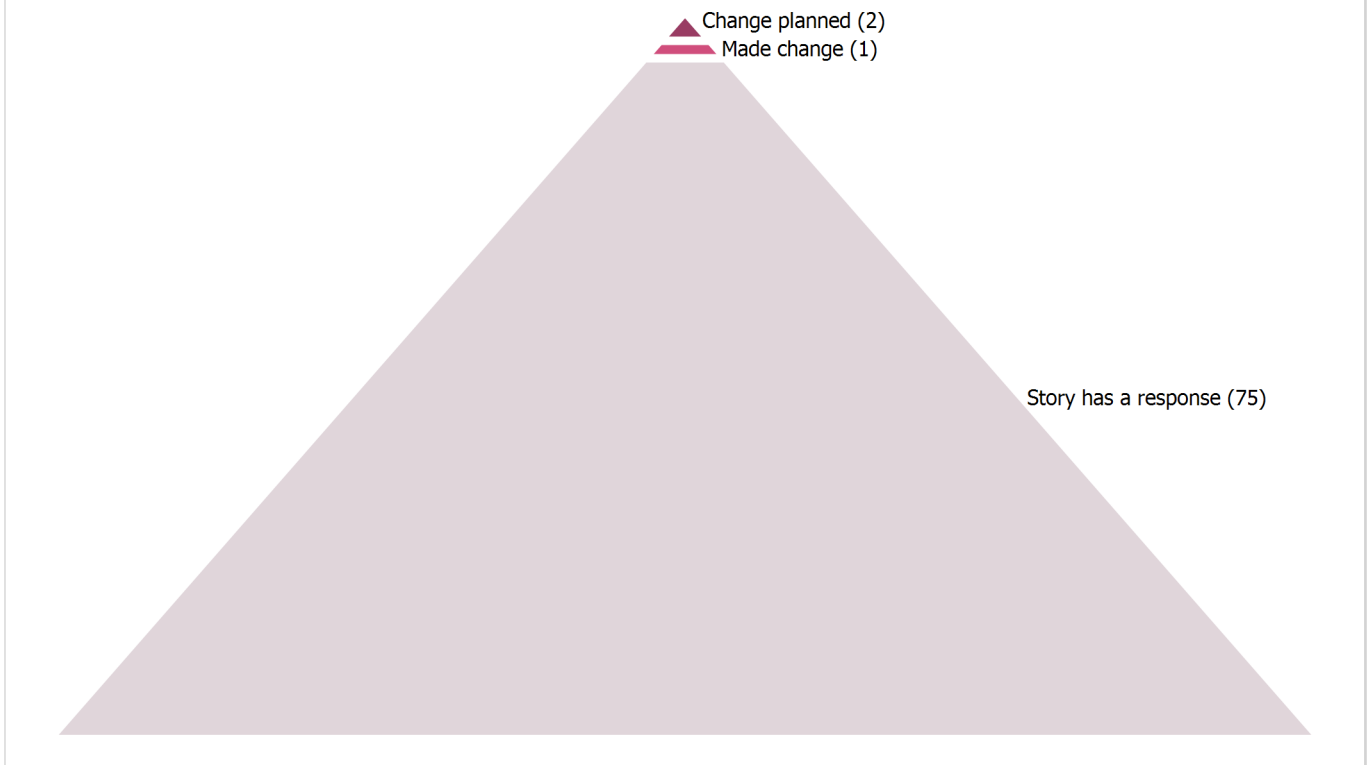
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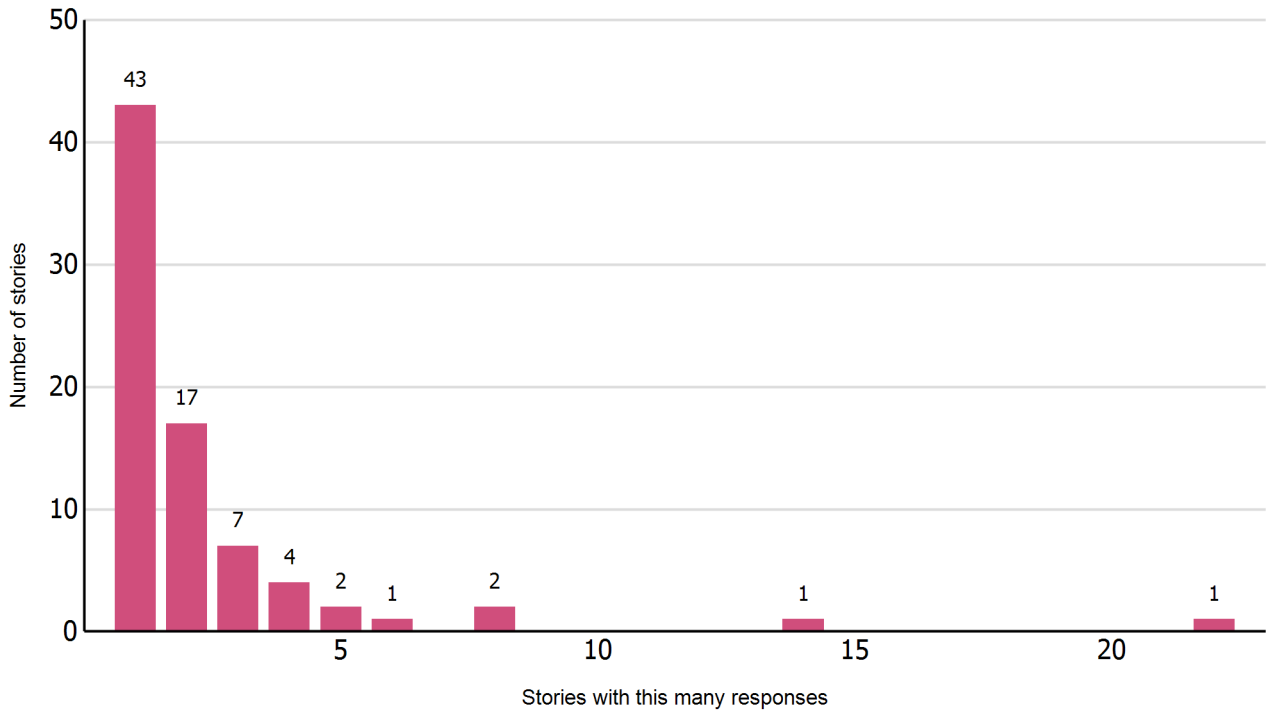
This report summarises **78** stories and **182** responses

### How these stories have been heard or responded to

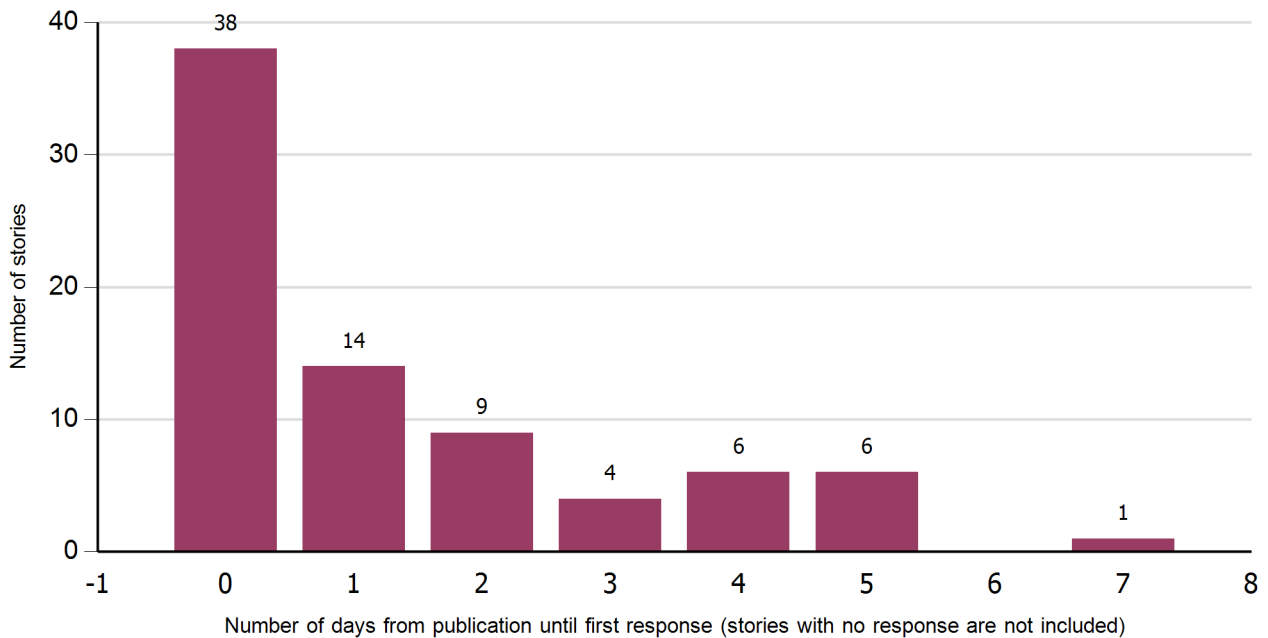




The number of responses these stories have received



The number of days from publication until the first response to these stories



# Appendix C





### Public Involvement (Involving You)

All NHS Boards in Scotland have a legal duty to involve people in designing, developing and delivering healthcare services.

NHS Grampian is committed to listening and responding to the views of patients and carers, and involving the public to ensure:

- We provide the best possible care and experience for patients.
- We take account of public opinion when we plan and develop current and future health services.

### Opportunities to get involved

Patients, carers and members of the public can be involved in many ways to help make improvements to services and influence new projects.

Different ways to be involved include:

- Joining the NHS Grampian Public Involvement Network (PIN) – there are drop in information sessions throughout the year and opportunities to be involved with services in a variety of ways.
- Joining a project group or committee to help take forward work and ensure that services are delivered in the right way for patients and carers.
- Joining one of our Youth or Multicultural Health and Wellbeing Forums.
- Giving your views through email and social media feedback opportunities.



## NHS Grampian Public Involvement Network

### Being involved

- We are looking for a diverse range of people to become involved with NHS Grampian's Public Involvement Network as a Public Representative.
- We work hard to ensure that our Public Representatives are well supported and have access to training and development.
- We organise regular meetings for our Public Representatives to come together and discuss health services with the relevant service managers.
- All travel expenses are reimbursed.

### What will it mean for you?

- Making a real difference - influencing how care is provided in Grampian
- Meeting with like minded people.
- Having great opportunities and being well informed.
- Developing new skills and confidence.





### **NHS Grampian Youth Forum**

NHS Grampian has established a Youth Forum to engage with young people in Aberdeen City and Aberdeenshire. Young people from 14 to 25 are welcome to attend meetings and communicate through social media. NHS Grampian works in partnership with Aberdeenshire Council, Scottish Health Council and Aberdeen City Council to facilitate the groups.

NHS Grampian Youth Forum is about:

- Having your say about local NHS services for young people.
- Sharing ideas to promote health and well being.
- Making a difference - campaign on issues and influence decision making.
- Meet and network with like minded young people.
- Increase your knowledge of the NHS (personal statement).
- Identifying and becoming involved in key health and wellbeing issues of interest to young people.
- There are many ways to be involved: monthly meetings in Aberdeen City and Inverurie, Twitter, Facebook and e-mail.

## The NHS Grampian Multicultural Health and Wellbeing Forum (MCHWF)

The Multicultural Health and Wellbeing Forum (MCHWF) provides a platform through which our diverse communities can engage with us, and inform us of how we can best meet their health care needs.

The members of the MCHWF meet regularly and identify a range of activities which promote key messages around health and wellbeing and encourage positive engagement between NHS Grampian and our diverse communities in Aberdeen city.

Some of these activities include:

- Events organising.
- Raising awareness around health and wellbeing issues which can affect people from minority ethnic backgrounds.
- Volunteering and other personal development opportunities through NHS Grampian and partner organisations.
- Signposting to support services.
- Promoting social connectivity and reducing social isolation.
- Facilitating and promoting opportunities for social, cultural and community development and participation.
- Promoting positive messages around health and wellbeing.

The MCHWF helps to ensure that our NHS Grampian Public Involvement Network is diverse and representative of a wider society, and that everyone has an equal opportunity to participate and feedback about services being delivered by NHS Grampian.





## Contact us

NHS Grampian's Public Involvement Network (PIN) and Forums provide a wide range of opportunities for people across Grampian to get involved with local NHS services. We would love to hear from you and would value any time you can offer, however small.

To find out more information or to join please contact the Public Involvement Team who will be happy to help.

To find out more about our Public Involvement Network please phone **01224 558098**

To find out more about the Youth Forum please phone **01224 553651**

To find out more about the Multicultural Health and Wellbeing Forum please contact **01224 550952**

To find out more about becoming involved with NHS Grampian please visit our website: [www.nhsgrampian.org/involvingyou](http://www.nhsgrampian.org/involvingyou)

Other ways to contact us include: email, Twitter @NHSGinvolve and and by Freepost to 'Freepost, NHS Grampian' (no stamp required as we pay the postage).

This publication is also available in large print and on computer disk.  
Other formats and languages can be supplied on request.  
Please call the Public Involvement Team  
on 01224 558098 or email [nhs.ginvolve@nhs.net](mailto:nhs.ginvolve@nhs.net)  
Ask for publication CGD 150265

NHS Grampian - caring • listening • improving

## Appendix D

Complaint Description	Complaint Outcome	Learning Identified	Action Taken
Complaint received because a patient who unhappy about the way in her treatment and care was managed.	clinical staff were reminded about the need to recognise and act on abnormal results quickly. The unit has added a layer of responsibility so that this does not happen again.	Need to ensure that communication with patients is accurate and understandable to the patient.	Action taken as described. Quality improvement work within the Department is ongoing.
Complaint received because their surgery was postponed due to a health problem. Patient told they'd be seen every 6 months but has had no appointments sent.	Apology given and appointment made for patient to see Consultant and is now happy with care plan.	Need for planning that is then followed	Discussed within multidisciplinary team regarding effective communication with patients
Patient felt that the receptionist was unpleasant in their manner and also they saw that receptionist and a porter discussing his personal details.	Patient contacted and overview of actions to be taken provided. Happy with outcome.	Receptionist has reflected and will ensure that her manner with patients will remain positive.	Receptionist has reflected on event and has apologised. Head of portering contacted - porters advised they should not remain in the receptionist environment whilst patients are handing over their personal details.
Patient put her name down for a Pain Management programme in January 2015 but has had nothing since. The programme lasts 6 weeks and is held on Friday afternoons.	Confusion over process to get on list for programme - patient was told to contact secretary once they agreed to commit to programme - patient thought they had already agreed and were awaiting appointment. This has highlighted a poor booking practice.	Onus on service to record to patient the next steps as not all patients recall information given at clinics.	Action on Sec to send letter to patient to confirm they need to call once committed to attend as programme has high DNA rate. Action to review booking practices - DNA appointments should not be offered as per policy unless exceptional circumstance.
Patient has a complaint about the outpatient urology clinic.	Apology offered and details of reflection and improvements provided.	Bladder should be emptied before patients leave the clinic.	ISC catheters now stored in UDS room.
Gentleman complains regarding the shortage of wheelchairs at ARI - it took him 35 minutes to find one for his wife and this caused them both unnecessary stress.	Advised about staff shortages and staff been reminded to collect wheelchairs from outside also. apologies also given	Wheelchairs to be collected at night	Wheelchairs to be collected at night
Husband writes to complain regarding the attitude and behaviour of a midwife towards his wife and himself.	Apologies were given for midwife's behaviour and confirmed that training will also be delivered to improve her communication skills.	Emphasised importance of positive attitude and communication	Mentor programme instigated by CM to support development of midwife
Complaint received about the "standard" letters stating that a patient is "unavailable" are inappropriate and are a Scottish Government directive.	Incorrect letter sent to patient	Checking implementation of changes have occurred correctly	Correct letter uploaded to PMS
Complainant phoned to arrange an appointment for her husband and was told there were no appointments available despite guidelines saying he needed an appointment that month. The service phoned the complainant back the next day and offered an appointment but the complainant is worried that guidelines for appointment dates are being disregarded.	The patient was contacted and an appointment arranged. The conduct issues was addressed and assurance provided regarding customer care improvement plans.  The service commits to two consultant visits per month.	Refresher customer care training is underway. The dermatology clinics are now managed by two visiting consultants from Aberdeen Royal Infirmary.	Dr Grays's Admin Management Team contacted the patient and offered an appointment for a cancellation which has been accepted. An apology was offered and accepted for the receptionists conduct can close this on the system.
Complaint received regarding staff parking in disabled spaces. He has raised this issue several times before but there has been no permanent solution.	Manager has spoken with members of staff concerned and then all staff to remind them that they must not use the disabled bays new parking controls will be coming into force at this site	Staff should not be parking in the disabled bays and have been reminded of this.	Parking controls will be coming into force at this site

Parents of a patient have concerns about the coordination of their daughter's care. They are also unhappy about the amount of times that their daughter's appointments are being rescheduled.	met with parent and explained the changes that have occurred in outpatients re booking of appointments.	Follow through on what is agreed. provide accurate information.	Met with parent and heard directly her concerns. Gave parent better information about outpatients appointment booking line. Feedback to surgical staff.
Complainant received about the buzzers at the bedside not always working.	Nurse Call bells had been reported several times over a period of months to the Estates Dept. Delays were due to obtaining the parts from Germany.	Parts need to be obtained quicker.	Parts for the nurse call bells arrived and were fitted immediately. ACTION ON WARD :During the time the nurse call bells were not working, risk assessments were carried for each patient as per admission protocol, high risk patients were not put in rooms with no call bell, handover and safety briefings at each shifts, additional checking during the night.
Complaint received about the waiting time they have been waiting for their child to be seen at the Paediatric Dermatology Service.	Waiting times manager advised regarding wording of letter. patient now has appointment	Closer monitoring within paediatrics of long waiters.	OPA allocated to patient, discussions regarding future service provision planned.
Complaint received about a waiting room being too hot and not ventilated. Their child had waited in this room for 2 hours 30 minutes after being fasted from morning.	Larger fan in waiting room new waiting area eventually last two patients on list will be allowed a drink children will be allowed to access play areas pt offered one to one sessions with play therapists	The waiting room is not comfortable to wait in and steps should be taken to ensure patients comfort.	Following feedback from a patient's mother, all staff involved in the dental lists have been asked to continue actively interacting with parents /patients in the waiting room during the time they are waiting for theatre. The purpose of this is to identify any discomfort they are in and deal with the issue at the time.
Complaint received about the length of time waited for an appointment at the Pain Clinic.	New Consultant hopefully in post and looking at opening another clinic once new consultant available. Met with patient and husband. Apologies given for poor communication over conflicting information given on day of operation by both ward and theatre staff. Service will ensure that better checks are put in place in advance of surgical briefs.	Communication at time would have overtaken this complaint	Ongoing efforts to reduce waiting times
Patient complains regarding the staff abusing patient drop-off points at ARI. Red Cross ambulance vehicles are also stopping across the lowered kerb outside the reception which makes it very difficult for wheelchair users.	Staff will be advised about parking and this is also being passed to SAS re ambulances. New multi-storey car park being built.	Drop-off parking points have been used inappropriately by staff.	New multi-storey car park being built.
Complaint regarding the answering of phones in the Eye Clinic.	Apology and explanation of planned new process	Appointments issued to patients are often unsuitable.	Introduction of Patient Focused Booking
Complaint regarding a huge pothole around a drain at the entrance to Peterhead Community Hospital. This causes congestion as cars all want to avoid that area.	Pothole to be filled	Congestion is being caused by a pothole.	Pothole to be filled.
Complaints received regarding the waiting time for a Psychology appointment at RCH after being referred by Psychiatry.	Full apology given for process & administrative errors around referral. Explanation & reasons given for not meeting SGOV 18 week waiting time target. Issuing letters prior to appt. along with pre-assessment questionnaires explained.	Difficulties in maintaining busy services with challenging waiting times targets, when all:- Available admin support staff retire / leave at same time. Relatively large number of new clinical staff commence at same time.	Issues arising from complaint shared with all staff. New staff have been trained in referral processing procedures. New staff now familiar with providing advice on waiting times.

Complaint received about a nurse not issuing painkillers to patients on time and refusing to give a sleeping tablet despite getting one the night before.	Complainant contacted by telephone and given opportunity to further discuss his concerns. Apology given along with assurance that named nurse would be made aware and would be supported to attend customer care training.	Nurse needs to be aware of how the patient felt.	Complaint passed to SCN on ward, to share with named nurse. SCN to organise customer care training for staff member
Complaint received from a maternity patient who had her baby delivered by emergency C-section and was not given skin-to-skin contact with the baby following birth. Felt midwife was patronising, rude and not supportive.	Poor communication, lack of application of current evidence based practice	evidence based practice communication	Feedback to staff Changed approach to skin to skin in the theatre Standards set for staff member re behaviour and attitude
Patient attending Cardiology at ARI complains regarding lack of parking - a disgrace and unacceptable.	Complaint upheld, parking is very challenging on the Foresterhill site. Multistorey car park is being built.	Stricter permit controls, and multistorey car park should address parking difficulties.	Multistorey car park being built
Patient on Ward 501 complains that she tripped on a mat at the entrance to ARI and has noticed several people tripping on this and is demanding that this be looked into immediately.	Estates are to extend fixed entry matting zone to allow this mat to be removed.	There needs to be a mat in place to avoid slip hazards. However, this mat has now become a trip hazard. Estates are to extend fixed entry matting zone to allow this mat to be removed.	Estates are to extend fixed entry matting zone to allow this mat to be removed.
Complainant came to A and E with her partner and was unhappy with the attitude of the receptionists.	Apology given and staff reminded to speak to people at reception promptly and be courteous.	ED reception staff to be courteous and communicate appropriately with Public	Staff spoken with regarding their duties while working in reception
Complaint received about the waiting time for Orthopaedic surgery.	Action plan in place to reduce the waiting times for orthopaedics	Continue with work to reduce waiting time.	Action plan in place to reduce waiting times for orthopaedics which has been shared and agreed with DGM & Acute General Manager. Daily Access and Weekly Divisional Access meetings held to discuss waiting times and plans for improvement. Consultants working additional hours to increase capacity.
Complaint received about various issues regarding an evening clinic which caused problems as he lives in Elgin and did not get home until 21:40. Also the shuttle buses were finished when he arrived so he had to walk to the eye clinic.	Apology provided. Changes to process so Elgin patients will be given a day time appointment.	Need to consider distance travelled for patients when making appointments.	Review of booking process for Elgin patients.
Complaint received about the Maxillofacial Unit as they have never had any of their appointments arranged timeously over the past year.	Apology offered along with explanation of steps taken to address the concerns.	Patients to be given appointments on leaving clinic.	Additional capacity secured. Changes to clinic templates and administrative processes.
Patient at Endocrinology complains regarding a cancelled appointment.	Letter of apology to complainant	Importance of robust processes and requirement for full communication.	Ordering systems and processes for radio-iodine have been reviewed.
Complainant is unhappy after not receiving his medication as the clinic did not forward his prescription and he had to go without his medication for the weekend.	Verbal apology given to patient involved.	Staff reminded to bring forward in their diaries prescriptions for patients.	New System in place