

A hand holding a smartphone. The screen displays a scene with several people in business attire, some holding stars and others holding envelopes. Above the scene are icons for a thumbs up, a heart, and a speech bubble. The word 'Feedback' is written in large, teal, outlined letters across the bottom of the screen. The background is dark blue with small white plus signs.

Handling and  
Learning From

# Feedback

Annual Report

2021 - 2022

NHS Grampian - caring . listening . improving



On behalf of Dr June Brown, Executive Nurse Director  
this report was produced by:

Lisa Blues, Complaints and Feedback Advisor, NHS Grampian

Kirsten Dickson, Quality Improvement & Assurance Facilitator,  
NHS Grampian

Jenny Ingram  
Associate Director, Quality Improvement and Assurance,  
NHS Grampian

If you have any feedback you would like to share with us please  
email: [gram.nhsgrampianfeedback@nhs.scot](mailto:gram.nhsgrampianfeedback@nhs.scot)

## Contents

1	Foreword
2	2021 – 2022 At a Glance
3	Encouraging and Gathering Feedback
10	Handling Complaints
20	Service Improvements
22	Staff Development
24	Accountability and Governance
26	What Next?

## Foreword

Over the last year, NHS Grampian have been adapting to how we work in a healthcare system which looks very different to how it looked pre-pandemic. We continue to develop, grow and learn to live in this new system, as we transition out of the COVID-19 pandemic. How we deliver healthcare continues to change and we continue to work with our service users to encourage feedback, seek engagement and learn from experiences.

To support with this ongoing change, it is essential we learn from the way we manage all forms of feedback and utilise this wealth of information in a positive and embracing way, to identify and share learning. There are multiple ways patients, staff, visitors, carers and support networks can get in touch to share their experience of NHS Grampian. This could be via a ward based feedback card or via our many sources of social media.

Care Opinion is a two way tool used to actively engage and hear from services users whilst allowing an empathetic and individualised response to the feedback. NHS Grampian sit 13th in the whole of the UK participating sites on Care Opinion, for the highest number of staff listening and learning from the stories told.

This year I wanted to highlight the amazing work being undertaken by the Public Involvement Team. This team seeks to access people from a range of backgrounds and experiences to tell us about the services provided by NHS Grampian and to share their opinions and experiences. Each of these participants are individuals who represent a voice within their community and ultimately help to inform, design and shape the future of our health service. Please feel free to get involved if you have a desire to help promote services or change what we deliver or simply to provide an opinion. Further information can be found inside this report and we look forward to hearing from you.

In conclusion, this annual report provides a brief summary of the many routes we receive feedback into NHS Grampian and how this information is handled to ensure we are Caring, Listening and Improving and using this invaluable information to refine and optimise our services.

Dr June Brown  
Executive Nurse Director



## 2021 – 2022 at a Glance



### 676 Compliments

A total of 676 formal compliments were received by the Feedback Service.



### 1,856 Complaints

We received 1,856 complaints during the year, of which 364 related to prison healthcare.

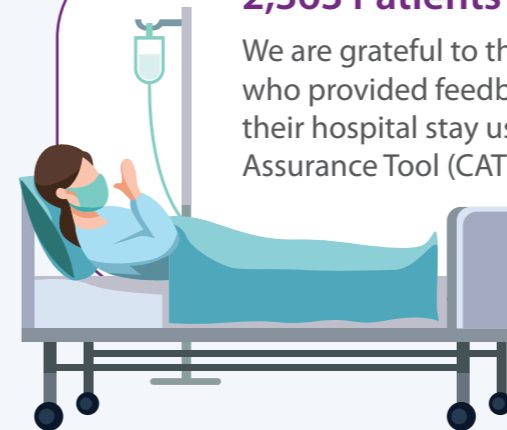
### 35 SPSO

The Scottish Public Services Ombudsman contacted NHS Grampian about 35 complaints.

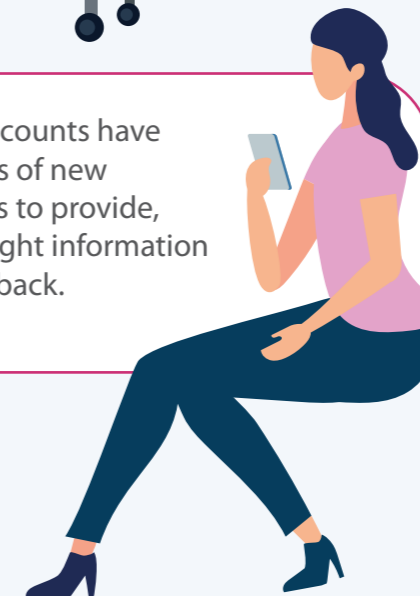


### 2,363 Patients

We are grateful to the 2,363 patients who provided feedback to us about their hospital stay using the Care Assurance Tool (CAT).



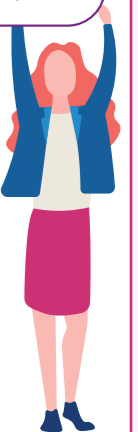
Our social media accounts have attracted thousands of new followers helping us to provide, promote and highlight information and to receive feedback.



- 469 stories shared on Care Opinion about NHS Grampian.

- 66% of those stories were completely positive.

These stories have been read 230,568 times, averaging 492 reads per story.



### 2,888 Training Modules

During the year staff have completed 2,888 training modules in:

- Complaint Handling online
- Equality and Diversity
- Adverse Events



## Encouraging and Gathering Feedback

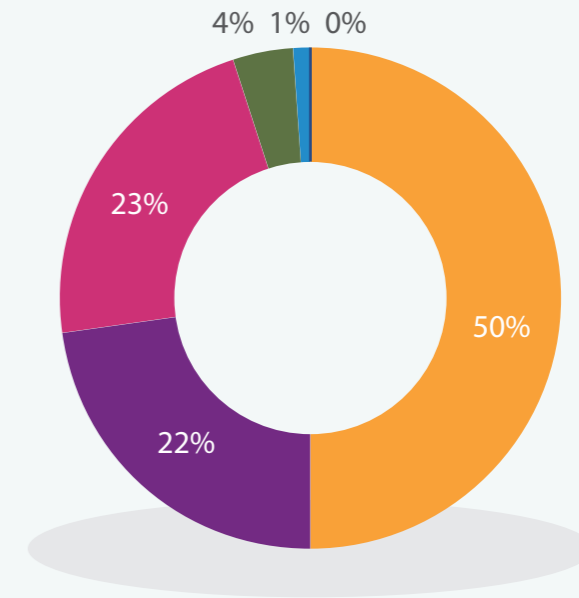
A wide variety of methods to encourage and gather real time experience are used, with the aim of making people feel their feedback is welcomed. Local processes and procedures have been developed to comply with the principles and policy intentions of the Patient Rights (Scotland) Act 2011 to support delivery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



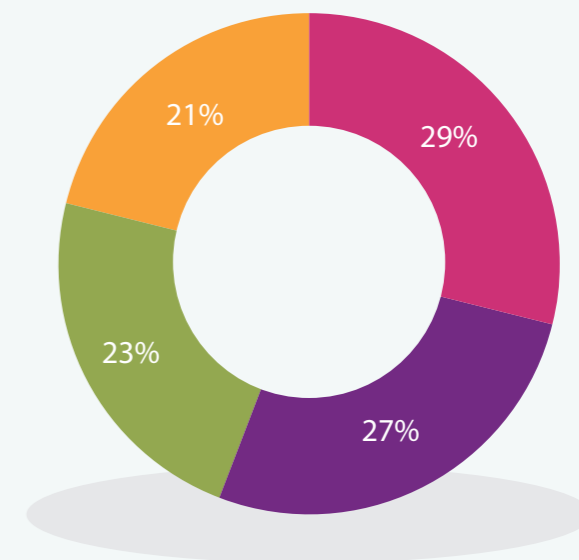
## Compliments:

We received 676 formal compliments. The chart below shows the themes of these compliments and the staff groups these related to.

- Admin Staff
- Allied Health Professionals
- Facilities Staff
- Medical staff
- Nursing Staff
- Other Staff



- Attitude and Behaviour
- Treatment
- Communication
- Facilities





## Care Opinion:

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

Between 1st April 2021 and 31st March 2022, 469 stories were shared on Care Opinion about NHS Grampian, an increase of 25.73% since last year.

### What Was Good?

- This year NHS Grampian's stories have been read 230,568 times. This averages 492 times per story
- 66% of stories were completely positive
- Stories most commonly show people think staff were caring, friendly and reassuring

### What Could Be Improved?

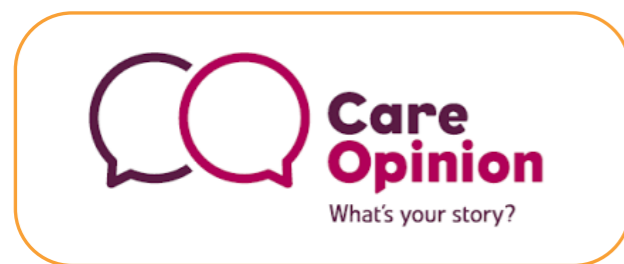
- Communication, staff attitude and advice were identified as the most common aspects for improvement
- Although support was the 4th most commonly used negative tag, 33 stories highlighted the support they received as positive

### How Did You Feel?

- The most common terms used were thank you, grateful and at ease.
- There were additional terms that can be used to identify areas for improvement, including anxious and disappointed.

### Where do we share these stories?

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



# 66%

Stories were  
Positive

NHS Grampian's  
Stories have been read  
**230,568** times

## Care Assurance

Excellence in Care is a national approach which aims to improve, integrate and coordinate the way nursing and midwifery services are delivered. One of the key deliverables is care assurance. The Care Assurance Tool (CAT) is used in NHS Grampian to help us to deepen our understanding of staff, patient and carer experience. The requirement is for five CATs to be completed per ward per month. This gives a rich picture on the care and experience we provide as told to us by our patients and families. Outputs from the use of the CAT help guide and direct improvement initiatives. Last year 2363 patients completed a CAT while in our care.

## Public Involvement Team

The Team encourage and support people from a range of backgrounds and experiences to be involved and have their say about services provided by NHS Grampian. Opportunities to get involved vary greatly, from attending focus groups or meetings, giving views by email, phone or through electronic questionnaires shared on social media platforms.

The COVID-19 Pandemic has changed the way members of the public can be involved which has brought benefits as well as challenges. It is now easier than ever to get involved 'digitally or virtually' without having to leave your home, providing you have access to a smart phone, device, laptop or PC.

There is also more convenience for members of the public who sit as Public Representatives on our Board, Committees and other meetings, as these now all take place on MS Teams, meaning there is no travel time or expenses to claim. However if you don't have digital access then it is more difficult to get involved. To reduce this barrier we are making engagement activities available through post, tapping into community groups that already take place and will continue to try and reach members of the public who may find it more difficult to have their voice heard.

As well as engaging with members of the public, the Team also engage and consult with staff to ensure their views are represented in service changes. The Team also providing advice and guidance about how they can best involve patients, carers and members of the public in their work.



## Social Media

Communication tools are used to promote opportunities to provide feedback. NHS Grampian established a presence on Facebook and Twitter in 2011, also establishing a presence on LinkedIn and Instagram. These accounts can be viewed by anyone and are used to provide, promote and highlight relevant information, as well as receiving feedback.

The main updates posted in 2021/2022 have concerned the COVID-19 pandemic namely sharing information and advice on staying safe, highlighting changes to visiting restrictions and encouraging people to attend vaccination clinics.

The Communications team liaise with the relevant departments to provide clear information in response to any queries or feedback received and signpost to useful sources of information.

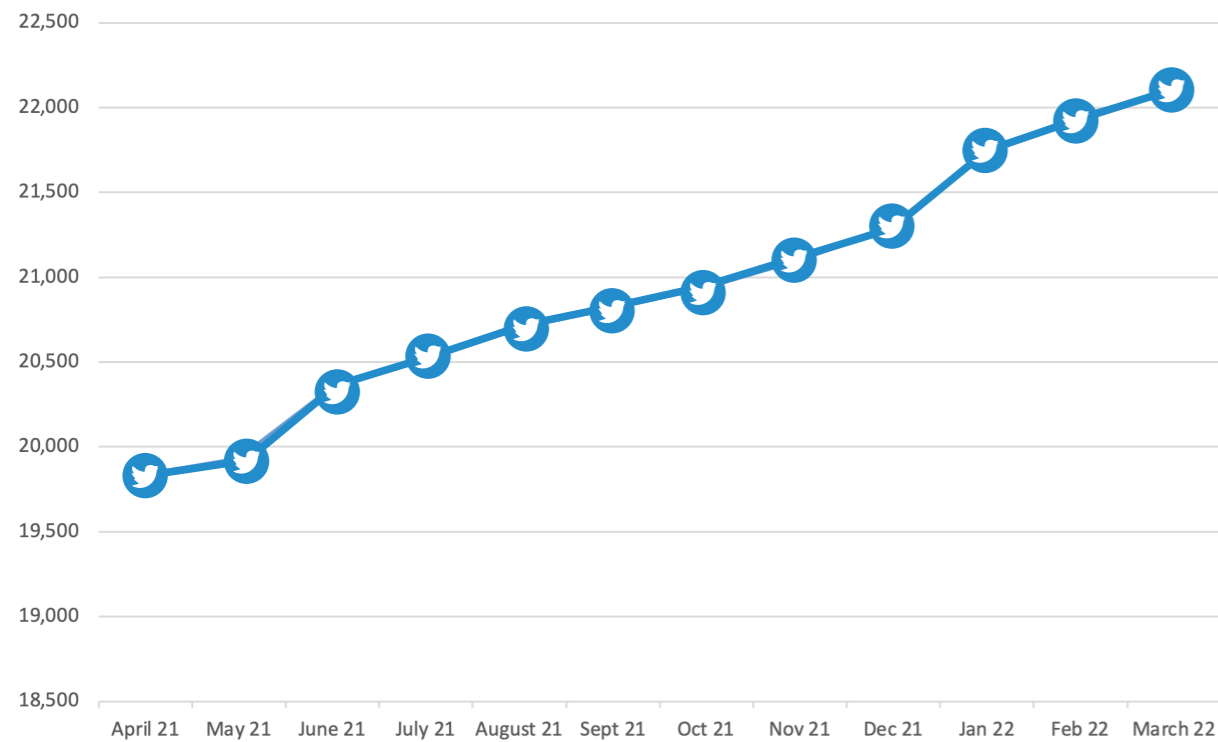
There has been a steady increase in the number of followers on our social media platforms however this has been slower than the previous year.

Our Facebook posts reached a total of 3,899,556 people during the financial year (that's a decrease of 7.2% on the previous year).

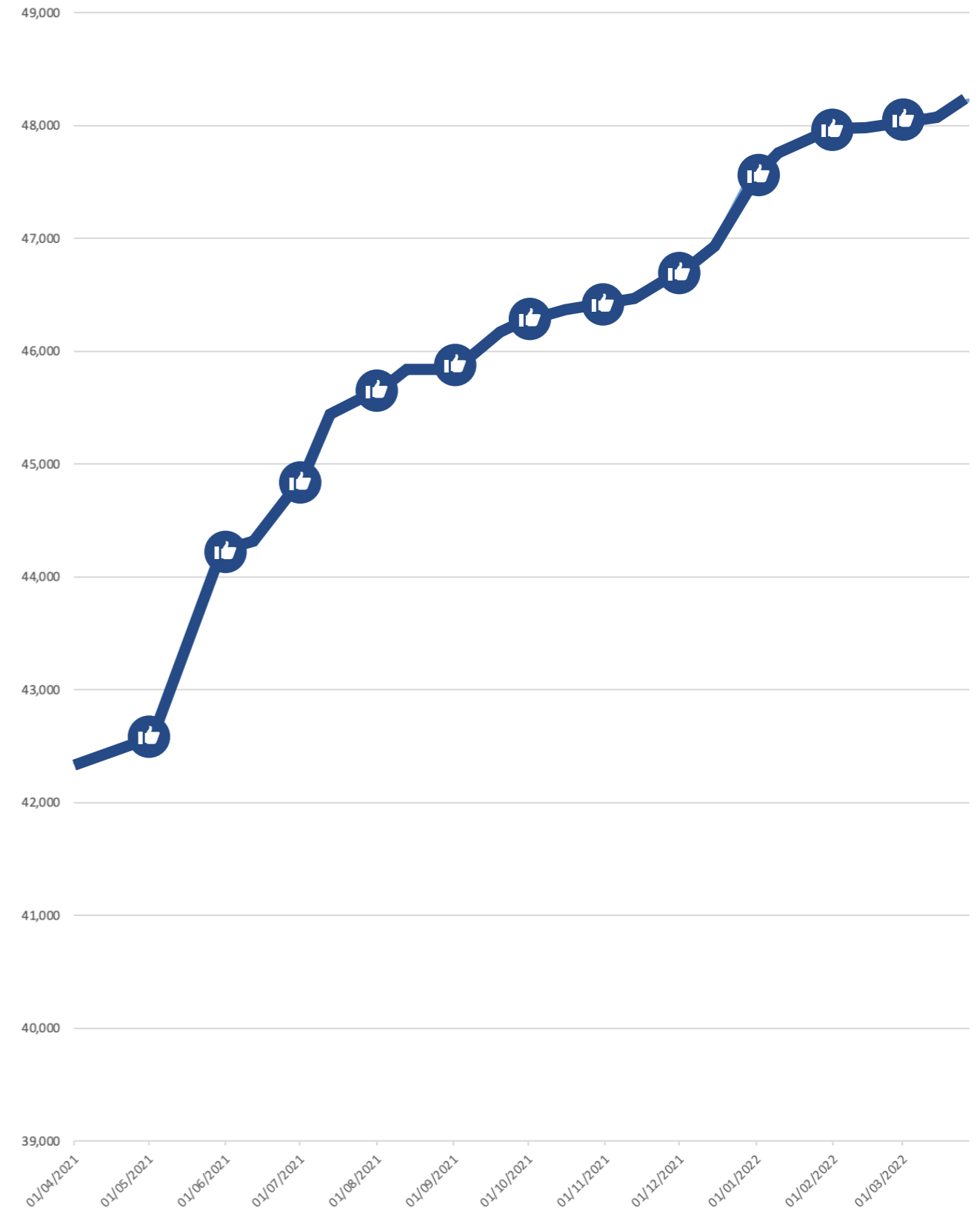
The total number of Twitter followers increased from 19,836 (in April 2021) to 22,096 (in March 2022) – an increase of 11.4%.

During this period, our tweets were viewed 10,662,000 times (a decrease of 11% from the previous year).

### Total Number of Twitter Followers



### Total Number of Facebook Page Likes



## Equality and Diversity

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

During the pandemic our routine Equality & Diversity meetings have continued via Microsoft Teams. Face to face involvement and consultation events with local ethnic communities will resume towards the end of 2022. Regular meetings of the NHS Grampian Disability Discrimination Act Review Group (DDARG) have continued via TEAMS.

In June 2022, the DDARG commissioned a survey of disabled people in Grampian to gauge the effects of COVID-19 and the lockdown. Whilst it highlighted the expected issues around the restrictions on access to GP's and hospital services, loneliness and mental health issues were by far the most common problems.

### LGBT: Grampian Pride, 28 May 2022

Many NHS Grampian staff took part in the Grampian Pride March, part of a 3,500 strong turnout. We also had a Staffed Sexual Health Display Stand handing out leaflets, also providing advice on safe sex and condoms. This event enabled us to re-connect to our LOCAL LGBT communities.

### Ukrainian and Afghan Refugees

There are now over 1,000 Ukrainian Refugees located in hotels within NHS Grampian area, with more accommodated in private houses. We have arranged on-site multi-lingual presentations to support the refugees, facilitated by "face to face" interpreters, A large amount of materials have been provided in Ukrainian and for Ukrainian refugees.

The north-east will receive substantially more Ukrainian refugees, and are in the process of recruiting further trained Ukrainian interpreters.

## Handling Complaints

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

Complaint leads are encouraged to make direct contact with individuals involved by telephone providing a more person-centred approach to complaint handling. We understand how important this is for complainants to clarify the issues they wish to raise and the outcome they are looking for. Meetings can also be offered to allow further discussion of the concerns raised. If the complaint can be resolved at an early stage, a written response to confirm the outcome, and any agreed actions to be undertaken by the service is offered.

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

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

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

NHS Grampian understands the importance of striving to improve the complaints handling process and in previous years an electronic survey link has been sent to all complainants to offer the opportunity to share feedback. As a result of the pandemic collection of data was paused but has now resumed as of April 2022.



## Learning & Action

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

Actions taken as a result of a complaint	Total
Improvements made to service access	89
Improvement plan(s) created and instigated	86
Communication - Improvements in communication staff-staff or staff-patient	702
Professional issues addressed	42
Staff Development	157
Policy reviewed	14
Risk issues identified and managed	28
System - Changes to systems/processes	66
Share lessons with staff/patient/public	186
Waiting - Review of waiting times	189



## Actions taken as a result of a complaint

Chemotherapy patient reported during her last three treatments she had arrived at her scheduled early morning time and had to wait for over four hours to begin treatment. This was due to the patient's prescription having to be approved by a consultant, then sent to the Pharmacy. If the Pharmacy were unable to have it ready by the 1000 collection by the porters, it was then being allocated to the 1200 collection.

The Pharmacy worked with the team who allocated the chemotherapy slots and modified the process. In future patients on this particular chemotherapy regime will be requested to come to the ward later in the day. This will allow the medication to be prepared in the morning, so it can be ready for the arrival of the patient.

Patient attended Woman's Day Clinic for Urodynamics Clinic. Computer programme did not work and procedure had to be halted.

IT department arranged improvement actions, including revised escalation process to ensure there is always a dedicated contact for any urgent patient facing / service impact issues.

Family of child raised concerns about Non Invasive Blood Pressure monitoring cuff being used on same arm that PICC line was inserted.

Although it is not common practice to perform a non-invasive BP on the same side as where a PICC line is inserted, there is not a Standard Operating Procedure or standard training for this aspect of the after care of the line. A SOP/advice about observations on limbs with PICC lines has now been developed.



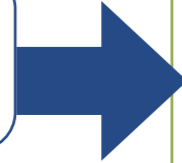
Patient attended ED following accident. X-ray deemed as normal and patient discharged with walking aids and advice on pain relief. As per procedure x-ray was reviewed at next day trauma meeting where concerns were picked up. Patient called back in for further x-ray and found to have broken hip.



Further education on the management of suspected hip injuries was provided to all ED staff. In addition, new protocol for the assessment of pelvic/hip X-rays. All such imaging to be interpreted by the on-call ED Consultant during their working hours and by the most senior doctor outwith of these times.



Disabled badge driver was disappointed to find disabled spaces had been coned off.



Cones were installed at the blue badge parking bays as a measure to protect these spaces, to ensure only those with a valid blue badge could use them. Security staff then move the cone to allow patients to park. It was recognised there was not enough appropriate signage in place to advise patients of this. Improvements have been made to signage, to clarify these measures are being used to protect blue badge spaces.

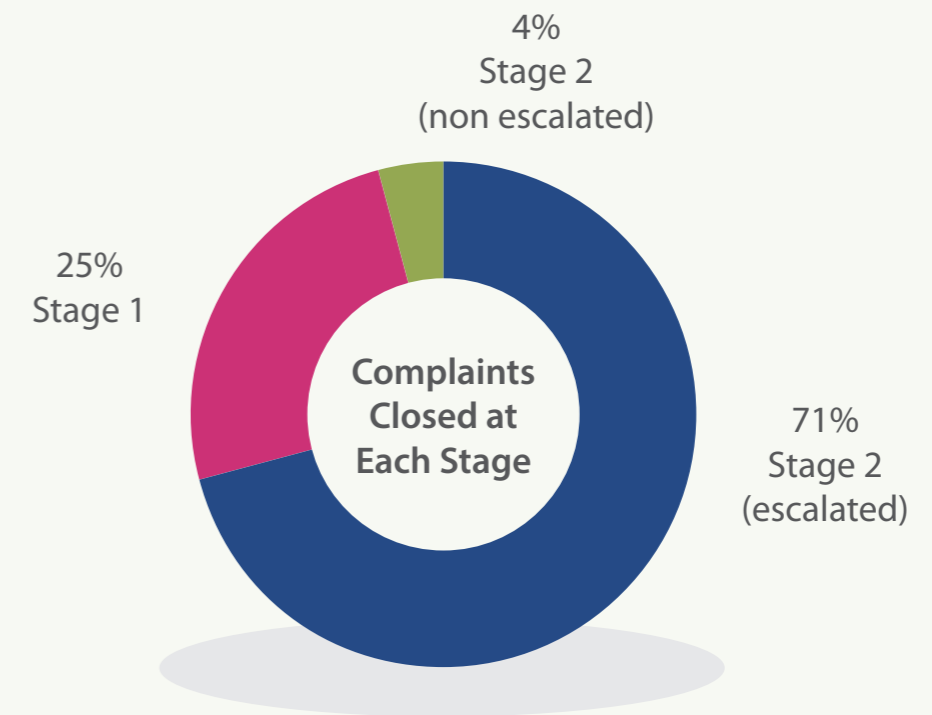


### Complaints Response Times and Outcomes:

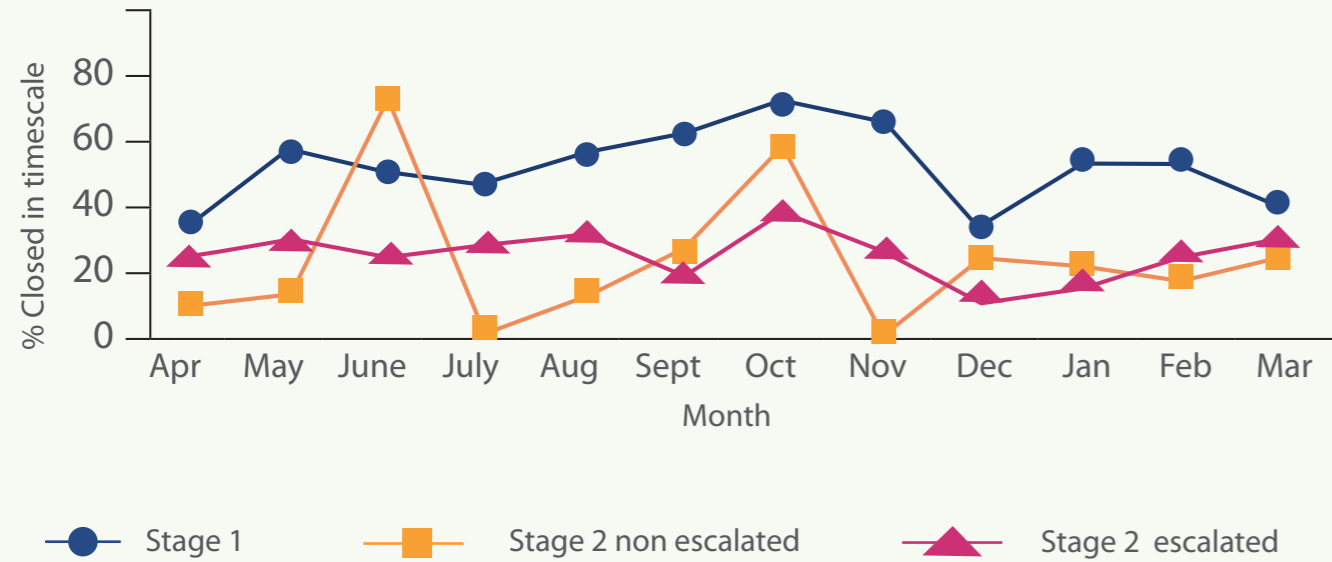
<b>Stage 1</b>	<ul style="list-style-type: none"> <li>• Early Resolution</li> <li>• Resolved within 5 working days</li> </ul>
<b>Stage 2 (non escalated)</b>	<ul style="list-style-type: none"> <li>• Not able to be resolved at early resolution</li> <li>• Investigation and response in 20 working days</li>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

### Complaints Closed

This chart illustrates the percentage of complaints closed this year at each stage. The chart below shows the complaints closed, in full, within timescales for each stage per month.



## Complaints closed in full within timescale

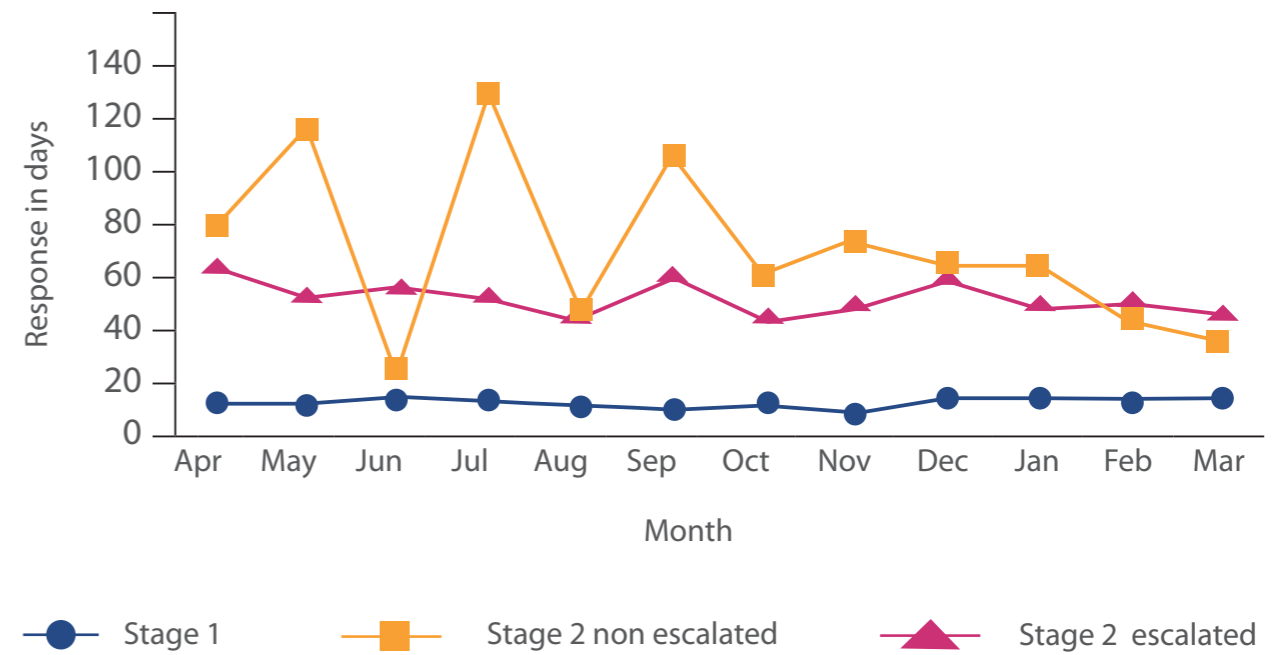


## Average Response Times

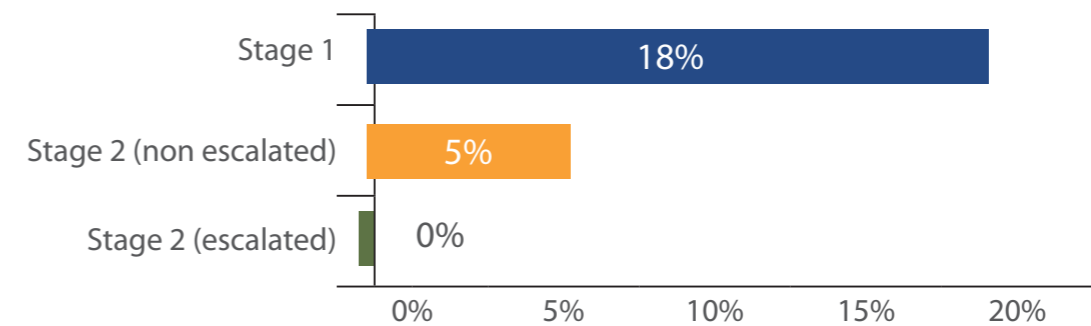
The response times for each stage in working days, is illustrated in the chart below, along with complaints closed within timescales. This remains an area for further work to show sustained improvement.

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

## Average Response Times (in days)



## Percentage of cases where an extension was authorised



## Complaints Outcomes

These charts illustrate the outcomes for complaints closed at each stage.

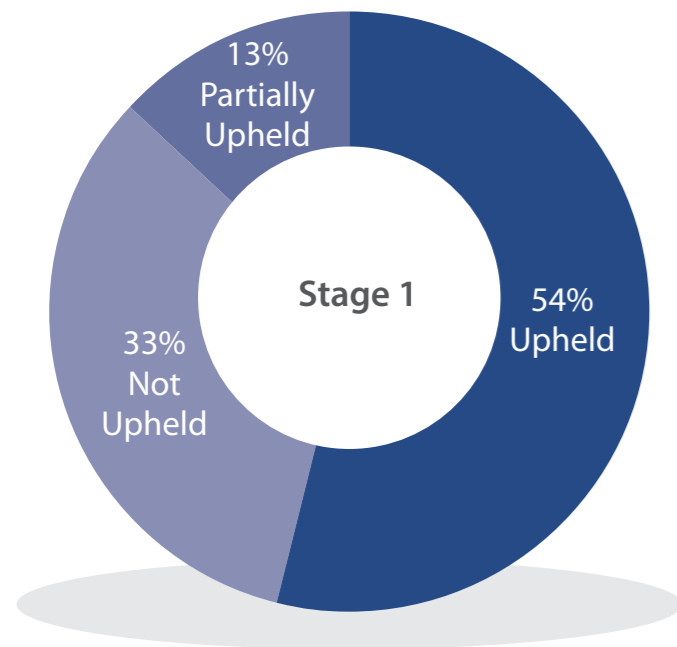
**Chart 1** shows that on average over the year 54% of the complaints were upheld, 33% were not upheld and 13% were partially upheld.

**Chart 2** illustrates an average of 42% of complaints were upheld, 39% were not upheld and 19% were partially upheld.

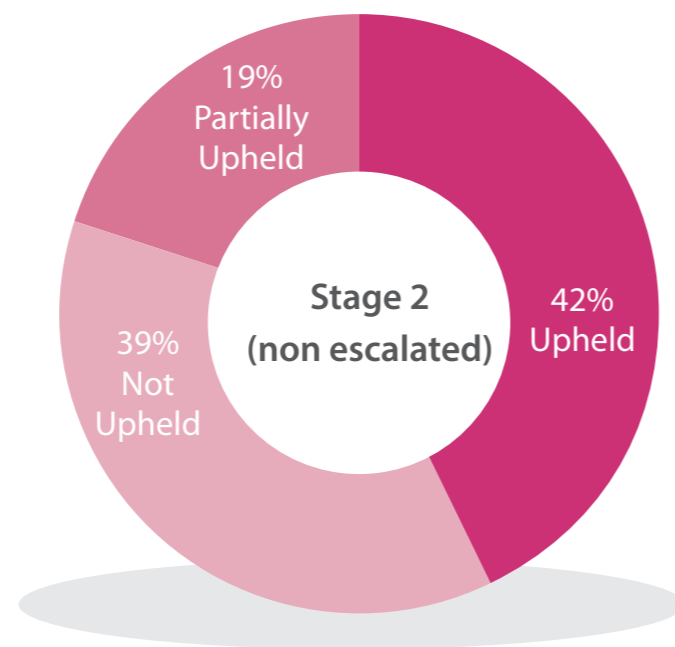
**Chart 3** for Stage 2 escalated complaints shows a similar pattern with an average 49% of complaints upheld, 34% not upheld and 17% partially upheld.

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

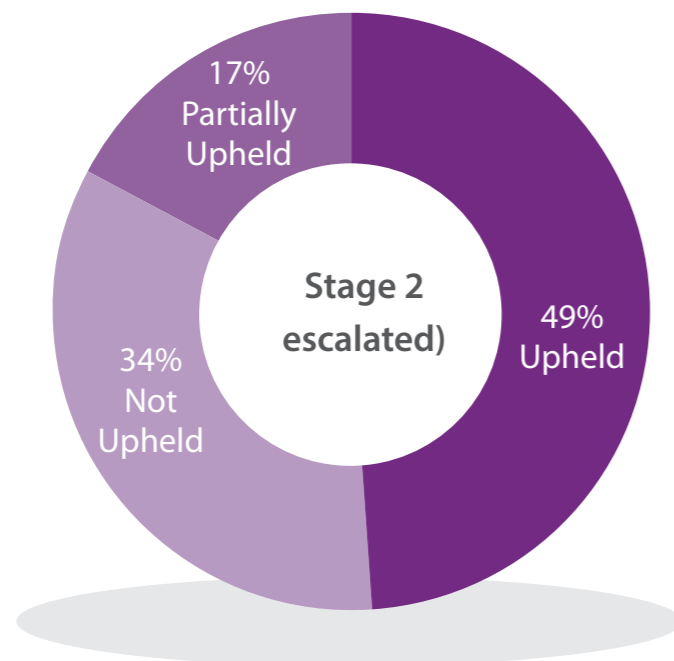
**Chart 1**



**Chart 2**



**Chart 3**

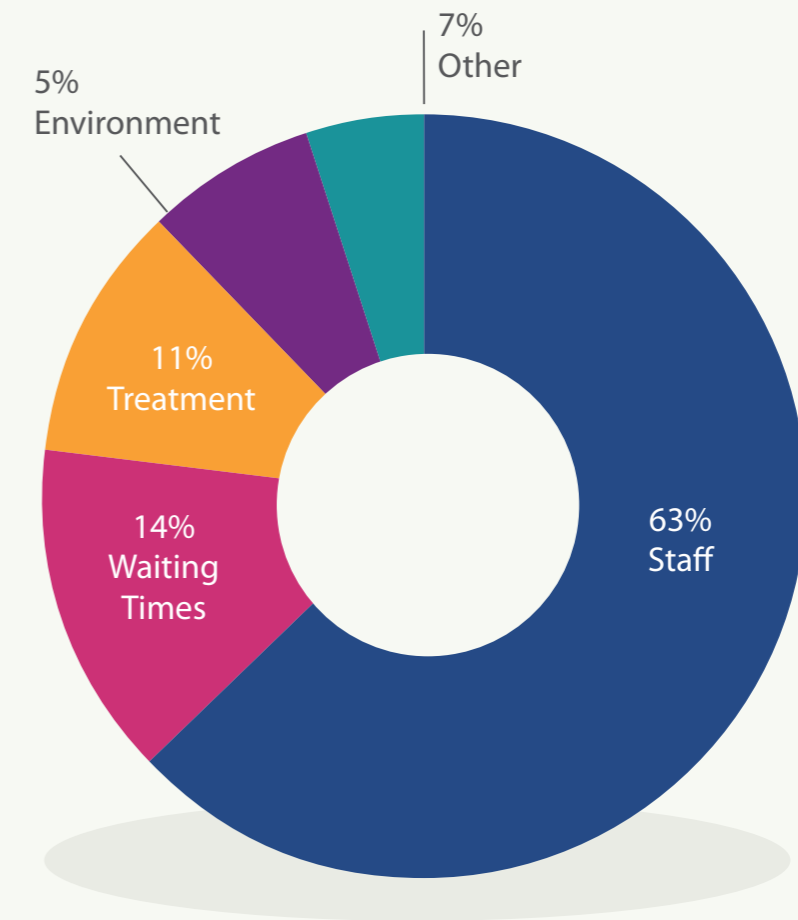


## Complaints Summary

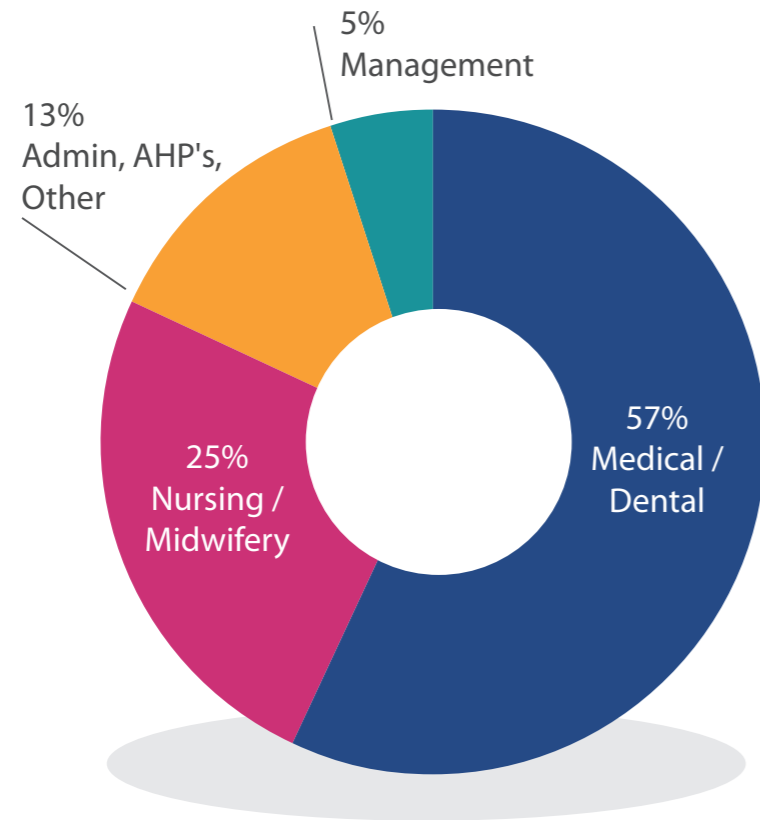
The charts below show the themes of the complaints we received over the year and the staff groups these complaints related to.

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

### What people complained about

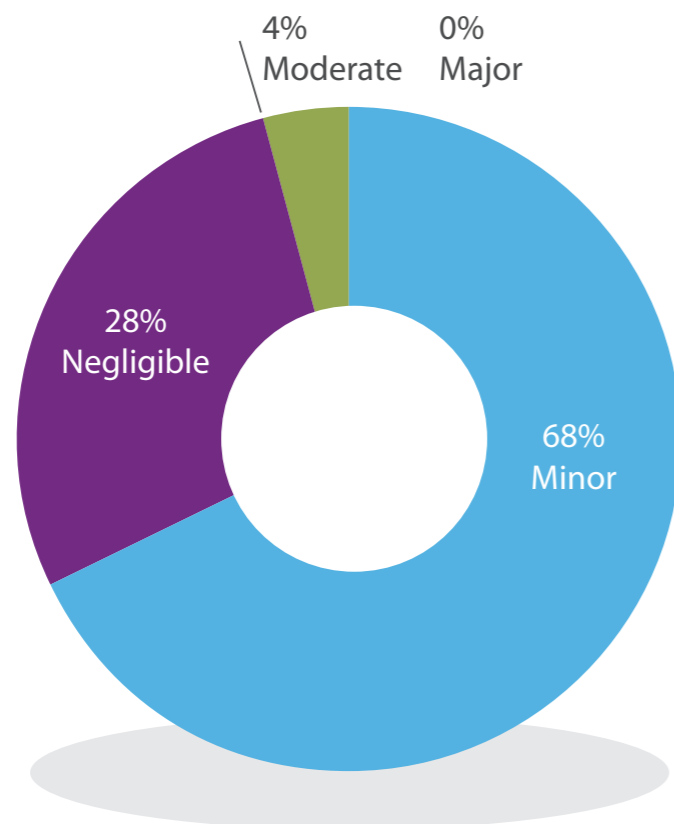


## Staff groups people complained about



## Complaint Severity

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



## Service Improvements

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

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

### Change Example 1:

**Patient Feedback:** Even though I'm in hospital, I like to be able to plan my day a little. It would be useful to know what time I'm going to treatment or therapy.

**Ward Response:** Activity coordinators now give patients their timetable for the day after the morning handover meeting so patients can prepare for treatment and therapy sessions.

### Change Example 2:

**Patient feedback:** It would be nice to get a change of scenery and make use of the day room but the furniture is very uncomfortable.

**Ward Response:** We are in the process of purchasing more comfortable chairs to make the day room more attractive to our patients. It's important for patients who are staying longer than overnight to be able to get away from their beds to read or watch television. The day room also provides an opportunity to connect with others.

### Change Example 3:

The Neuro Rehabilitation Unit at Woodend Hospital, helps people regain their quality of life following an acquired brain injury, stroke, incomplete spinal injury or neurological illness. All patients are offered a patient experience questionnaire to complete online or on paper. Also each month 2 patients are interviewed for more detailed feedback using the Care Experience Improvement Methodology. Each month we have a 30 minute Multi Disciplinary Team meeting where we review the feedback and have a reflective improvement discussion around which improvement to take forward.

### "What Matters for Patients"





## Staff Development

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

**209**

eLearning complaint handling process modules have been undertaken by staff. The training helps ensure staff are aware of the complaints handling process and the work of the Scottish Public Service Ombudsman. Real cases, anonymised, are discussed and staff are always interested to follow a case from beginning to end and learn about a person-centred approach to complaints.



**179**

Modules of NHS Grampian Adverse Event Review training have been completed by staff. The recently developed e-Learning is a valuable opportunity for staff to learn the keys skills needed for review of an adverse event and to support the safety of our healthcare system for everyone. The modules are designed to allow staff to complete the sections most relevant to the area of adverse events they are involved in.



**2,500 staff**

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



**6**

Cohorts of staff are either working to complete, or have completed, trainer-led Complaints Handling modules delivered by the Scottish Public Service Ombudsman. The modules are designed to support staff with handling complaints and improve the complaints experience.

## Accountability and Governance

In March 2021 NHS Grampian's Major Infectious Disease plan remained activated in response to the ongoing COVID-19 pandemic. Clinical Governance arrangements continued with amendments to support the discussion and addressing of cross system operational clinical and care governance matters, thus establishing and reflecting a system-wide assurance process. A summary of the accountability and governance structures to support this are detailed on page 25.



### Clinical and Care Governance Groups / Committees

- Each service is accountable for clinical and care delivery and has their own quality assurance system. This in turn supports the Portfolio/Partnership clinical and care governance groups / committees.
- The Clinical and Care Governance structure provides local ownership and accountability in terms of providing assurance for: learning from adverse events / complaints / duty of candour, risk management and the identification and delivery of improvement plans.

### Weekly Clinical Risk Meeting (CRM)

- Chaired by the Associate Medical Director with the purpose of utilising system wide intelligence, qualitative and quantitative, to identify potential themes or trends and emerging or current clinical governance risks impacting on NHS Grampian.
- The membership includes the Medical Director, Executive Nurse Director, Employee Director, Associate Directors and organisational leads for risk management, adverse events, complaints & feedback, duty of candour, infection prevention and control, health and safety, organisational development, values based reflective practice, Specialist leads (e.g. Tissue Viability, Falls, Public Protection).
- Data collated over the previous 7 days is discussed to identify clinical and care risk, enable system wide discussion and appropriately manage performance against national and local standards.
- A weekly report is shared with the Chief Executive Team including items for escalation.

### Chief Executive Team (CET)

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

### NHS Grampian Board

- Information on clinical and care risk is shared with the NHS Grampian Board by the CET and/or escalated by the NHS Grampian Clinical Governance Committee.

### Clinical Quality and Safety Group

- Chaired by the Associate Director, Quality Improvement and Assurance and meets six weekly.
- The aim is to provide a cross system focus for learning, mitigation of clinical risks and identification of areas for improvement.
- Provides a framework of escalation to CET and assurance to the Clinical Governance Committee (CGC) that suitable processes are in place to take cognisance of quality and safety of care.
- Reports at each CGC with an update on the topics discussed, supported by the intelligence reviewed at the weekly CRM.

### NHS Grampian Clinical Governance Committee

- Executive Nurse Director, Medical Director, Director of Public Health present reports to provide assurance on behalf of CET.
- During 2021 the CGC met 6 times in response to the continued COVID-19 pandemic and returned to quarterly meetings from February 2022.
- CGC is responsible for providing assurance on behalf of the Board on the quality of care delivery.

### Engagement & Participation Committee (EPC)

- Seeks assurance of equality, diversity, feedback, carer advocacy, use of volunteers.
- As part of a review of board structures in NHS Grampian, the Board agreed to the development of a more strategic approach to engagement and participation. A new 'Population Health Committee' that has 'people powered health', equalities and health inequalities, to support the future strategic development of NHS Grampian as defined in the 'Plan for the Future'

## What Next?

It is acknowledged that the Grampian health and care system remains under very significant pressure accentuated by the COVID-19 pandemic. However, it is important that we continue to ensure all feedback is encouraged, demonstrates compassion and is person centred with a commitment to utilise the learning to support improvement to the services we deliver. Over the next 12 month period we will work to:

- Increase the recording of feedback that has led to a planned change.
- Continue recovery to improve responses times for both Stage 1 and Stage 2 complaints.
- Explore further opportunities for gathering feedback in real time for patients, families, the public and staff.



This publication is also available in other  
formats and languages on request. Please call  
Equality and Diversity on  
01224 551116 or 01224 552245 or  
email [grampian.communications@nhs.scot](mailto:grampian.communications@nhs.scot)  
Ask for publication MVC 220348