



## **NHS Tayside's Annual Feedback Report 2015 – 2016**

**A report on the learning, action and improvements made or proposed in response to feedback, comments, concerns and complaints about NHS Tayside healthcare services**

**Give  
Feedback**



## Executive Summary

Feedback about the experiences of our patients, carers, family members and the public is an important gauge of the service we provide. Feedback can be used as a measure of the quality of our service and allows patients to be more involved in their own care and contribute to improving care.

NHS Tayside's Vision and Values are focused on ensuring "Everyone has the best care experience possible" and aims to ensure we "always listen to patients, their families and carers". In striving to "be the best at getting better" there is an acknowledgement that feedback from patients, carers and the public is paramount.

In 2015/16, NHS Tayside has placed a strong focus on not only encouraging feedback, but engaging patients and the public in designing the promotional materials we have developed to inform people about how they can give feedback and in the development of new methods we plan to introduce for obtaining feedback.

We also took the opportunity in 2015/16 to develop a feedback workplan, aimed at describing our key areas of focus for development and improvement in relation to feedback. Our workplan identifies 3 high level priorities and was developed giving consideration to the feedback we received through various routes from patients, the public, staff and other organisations such as the Scottish Public Services Ombudsman (SPSO). The high level priorities for the year (October 2014 – March 2017) are:

1. Identification and implementation of accessible feedback mechanisms that are 'advertised' increasing awareness of the availability and use of these mechanisms
2. Undertake and act on a whole systems review of the complaints procedure, ensuring the implementation of quality assurance mechanisms and objectivity of investigations, and implementation of all key elements of 'Can I Help You?
3. Building capability (through strong leadership, role modelling and professional supervision) in frontline staff to optimise patient and carers experiences and to react appropriately when individuals raise dissatisfaction or make suggestions

This report summarises how staff in NHS Tayside, encourage and gather feedback, and handle complaints. The aim is to develop a culture which supports the encouragement of and learning from feedback. Examples are provided of some of the improvements made as a result of feedback received. It demonstrates some of the early progress made in delivering priorities identified within our feedback workplan.

	<b>Page</b>
<b>Introduction</b>	<b>3</b>
<b>Section 1 - Encouraging and Gathering Feedback</b>	<b>4</b>
1.1 How NHS Tayside Encourages Feedback	4
1.2 New Approaches to Gathering Feedback	9
1.3 National Sources of Feedback	12
1.4 Patient Opinion	16
1.5 Local Online Feedback Mechanisms	18
1.6 How Feedback is Obtained from Equality Groups	19
1.7 NHS Tayside Public Partners Network	21
1.8 What Support is available to People who wish to give Feedback or Complain?	24
<b>Section 2 – Encouraging and Handling Complaints</b>	<b>26</b>
2.1 Complaint Numbers and Response Times	26
2.2 Themes Identified from Complaints	30
2.3 Complaints Handling Approach	31
2.4 Linking the Management of Complaints with Serious and Adverse Events	32
2.5 Independent Contractor Complaints – GPs, Dentists, Opticians and Pharmacists	33
<b>Section 3 – The culture, including staff training and development</b>	<b>36</b>
3.1 Developing NHS Tayside's Culture through our Vision and Values	36
3.2 Training and Education	37
<b>Section 4 – Improvements to Services (as a result of complaints and feedback)</b>	<b>44</b>
4.1 Learning and Improvement resulting from Complaints	44
4.2 Learning and Improvement resulting from Feedback	47
<b>Section 5 – Accountability and Governance</b>	<b>58</b>

## Introduction

The Patient Rights (Scotland) Act 2011 introduced a right to give feedback, comments, concerns and complaints about NHS healthcare and services. In NHS Tayside feedback encompasses comments, concerns, complaints and compliments. NHS Tayside has local processes and procedures in place for encouraging feedback to improve patient care and promote learning and improvement. NHS Tayside also utilises services such as Patient Advice and Support Service (PASS), Patient Opinion, advocacy and alternative dispute resolution services.

This report<sup>1</sup> describes the opportunities and mechanisms we have in place within NHS Tayside to encourage and gather feedback. It also provides a summary of the issues raised, the learning and the actions and improvements made, or proposed, in response to the feedback we received between 1 April 2015 and 31 March 2016. The report covers our own services and those provided by our health service providers (e.g. GPs, dentists, opticians, community pharmacists and ophthalmic medical practitioners).

## Ways in which NHS Tayside seeks patient feedback

NHS Tayside values and welcomes any comments or suggestions for improving the services we provide and wants to hear about anything patients, carers and families liked or disliked about the service or care given. We want to know if there is or might be a better way of providing services or care and want to hear people's ideas. There are many ways in which patients and their families can 'get involved' to help shape and improve local health services. This includes participating online.

Patients, carers and families can provide comments and feedback to the person involved in their care or people can visit: [www.yournhstayside.scot.nhs.uk](http://www.yournhstayside.scot.nhs.uk) for all the latest consultations, discussions and to give feedback about NHS Tayside Services. This website also provides a link to information on how to make a complaint, and the 'your health, your rights factsheet: feedback and complaints' (<http://www.gov.scot/Topics/Health/Policy/Patients-Rights/Patients-Rights-Feedback>) gives information on the support available to help you make your views known.

People can also contact us by phone on 0800 027 5507 or in writing to: NHS Tayside, Complaints and Feedback Team, Ninewells Hospital, Dundee, DD1 9SY. NHS Tayside also has a Facebook page [www.facebook.com/NHSTayside](https://www.facebook.com/NHSTayside) and a Twitter page: [www.twitter.com/NHSTayside](https://www.twitter.com/NHSTayside). People can also provide feedback on NHS Tayside services via Patient Opinion [www.patientopinion.org.uk](http://www.patientopinion.org.uk)

<sup>1</sup>This report can be made available in other languages and formats on request

## Section 1 - Encouraging and gathering feedback

This section aims to describe the methods NHS Tayside uses to encourage and gather feedback from patients, carers, relatives and the general public, about their experience of the services we offer. Within this section of the report we will also demonstrate how we have met our public sector equality duty and engaged with patients and carers who may find it difficult in communicating feedback, how we publicise the methods of providing feedback available and what support is available to those who wish to provide feedback.

### 1.1 How NHS Tayside encourages your feedback

NHS Tayside recognises the importance of offering a diverse range of methods to patients, carers and families for the provision of feedback. As a result, NHS Tayside has developed, over several years, different opportunities for people to provide feedback, both at the time care is being given as well as afterwards. These methods have been shared in previous annual feedback reports produced by NHS Tayside, and include methods such as:

- Daily conversations – Healthcare staff interactions with patients, relatives and carers which provide opportunities for obtaining feedback
- Questionnaires in the format of 'How Are We Doing?'
- Approved or validated patient experience surveys for doctors, specialist nurses and allied health professionals (AHPs) which support their appraisal and revalidation are in place e.g. Consultation and Relational Empathy (CARE) measure; Picker Patient Experience Questionnaire (PPE15)
- Patient engagement forums
- Comments Cards / Suggestion Boxes
- Semi structured interviews conducted by volunteers
- Specific forums to gain feedback from patients and carers who cannot communicate in the spoken language of English, who are hard of hearing and / or have other sensory impairment(s) which may cause barriers to communication



**Your feedback makes a difference**

**Give Feedback**

**Please share your experience**

- Ask to talk to the person in charge
- Contact the Feedback Team on 0800 027 5507 or [feedback.tayside@nhs.net](mailto:feedback.tayside@nhs.net)
- Go online: [nhstayside.scot.nhs.uk](http://nhstayside.scot.nhs.uk) or [patientopinion.org.uk](http://patientopinion.org.uk)

If you require independent information, advice or support to give feedback, you can contact the Patient Advice and Support Service on 0845 2561610 or at [www.patientadvice.scot.nhs.uk](http://www.patientadvice.scot.nhs.uk)

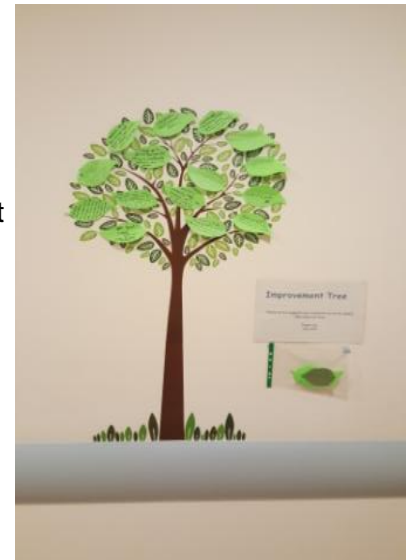
**NHS Tayside** **facebook.com/nhsTayside** **@NHS\_Tayside** **your NHS Tayside** **Shaping the Future Together** **Patient Opinion**



Some more detailed examples of how services across NHS Tayside are collecting and using feedback are provided below:

### **Example One: Improvement Tree Model of Patient Feedback**

Endoscopy services at Perth Royal Infirmary and Stracathro Hospital use an improvement tree as a way of gaining feedback. The tree is displayed in the waiting area and patients can add comments regarding their experience to green leaf shaped post it notes that are then displayed on the tree. The post it notes are left within the patient coffee area where staff encourage patients to leave comments, the tree is not within eye shot of staff providing a degree of anonymity. Staff pull together the themes on a weekly basis and discuss at their huddle. Patients have engaged with this novel approach, as well as presenting the patients' comments the tree gives an indication to patients of what the team have done in response to the feedback received.



### **Example Two: CAMHS Young Persons Unit (YPU)**

#### **Discharge Surveys**

An adapted version of the NHS Tayside “How are we doing?” forms has been used to do an “exit interview” with the majority of young people as they are discharged and many of their families and carers. Any direct concerns are raised with management. The information from this interview is recorded anonymously and compiled into a yearly “How are we doing?” report.

One of the most significant ways they have used such feedback was in the design of the new in-patient unit. Significant features such as the internal courtyard complete with green gym (see picture) was based on feedback about the lack of private safe space in their old building.



They involved young people directly in the process of choosing colour schemes by supporting them to make mood boards and in the process of choosing furniture by having sample items for them to try out and rate.



### Young people interviews of new staff



For some years young people have been supported to ask appropriate questions of candidates applying for a variety of roles on the Young Persons Unit (YPU). Staff remain with the young people while they are asking the questions and get their feedback on candidates after they have spoken to each one. This feedback is collected and given usually by one of the nurses involved to the formal interview panel.

### Involving former young people in training and recovery focused work with current young people

In 2015 the Young Persons Unit (YPU) involved a former young person in multi disciplinary training for staff, their presentation covered the following:

- What it's like to be a young person on the unit
- What was good about the Young Persons Unit (YPU)
- What was not so good
- Recovery



It was well received by staff and continues to be by all new staff and students (medical, nursing and occupational therapy) who are shown it. Another young person came to meet the current young people within the hospital to give a personal account of their recovery. This was well received by those currently receiving care or treatment and another former young person will be offering a similar session in the summer of 2016.

### **Example Three: Online Survey via iPad**

#### **Tayside Sexual and Reproductive Health Service**

Tayside Sexual and Reproductive Health Service deliver Men Only Tayside (MOT) in partnership with Tayside Health Trust. The service has responded to feedback from service users to expand and refine the social media sites used to better engage and communicate with service users.

- A tablet based feedback tool eliciting feedback from Men Only Tayside (MOT) service users has been rolled out to all Men Only Tayside (MOT) clinics across Tayside following its successful pilot with one Men Only Tayside (MOT) provider in the region
- Following feedback from service users that highlighted that the triage and registration paperwork followed traditional gender ideas, the patient assessment charts and information are being reviewed and updated to be gender neutral. This also supports the service aim of achieving the Lesbian, Gay, Bisexual and Transgender (LGBT) gold charter mark.

### **Example Four: Orthopaedics**

Both Tayside Arthroplasty Audit Group (TAAG) and Tayside Upper Limb Arthroplasty (TULA) patients are asked whether they are satisfied with the outcome of their surgery at each post-discharge assessment point. This is a yes / no tick box response. Those that tick no are asked to select as many as apply from a further 16 tick boxes to identify the source(s) of their dissatisfaction. These are:

Pain, Stiffness, Swelling, Muscle problems, Nerve damage, Infection, Dislocation(s), Subluxation(s), Instability, Limited mobility, Limited flexion, Revision surgery, Ongoing symptoms, Slow progress, Expectations not matched and Other source(s) of dissatisfaction

Patient satisfaction is benchmarked within the consultant annual reports and sources of dissatisfaction are listed. Consultants can then utilise this feedback to consider any changes in practice that may be required. Feedback is discussed through regular Clinical Effectiveness Meetings and the Clinical Governance Group.



## Compliments

Clinical areas continue to receive compliments in a variety of ways such as cards, chocolates, letters etc. Some services display the thank you cards and letters they receive.



Some formal compliments are recorded centrally and during 2015/16, 364 compliments were recorded in comparison to 297 in 2014/15. Figure 1 below compares the number of compliments received per month between April 2014 and March 2016. Compliments covered a variety of topics but the majority related to Attitude and Behaviour, Clinical Treatment and Communication. Table 1 shows the number of compliments received per directorate during 2015/16.

Figure 1 – The number of compliments received each month

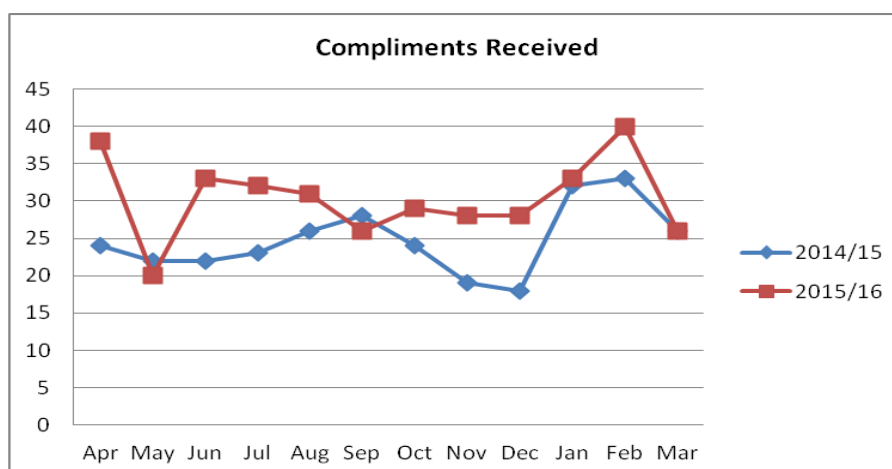


Table 1 – Number of compliments received between 1 April 2015 and 31 March 2016 by directorate

Directorate	Compliments Received
Medicine Directorate	137
Surgical Directorate	73
Access Directorate	37
Specialist Services & Specialist Surgery	73
Dundee Community Health Partnership (CHP)	11
Angus Community Health Partnership (CHP)	9
Perth & Kinross Community Health Partnership (CHP)	7
Operations Directorate	3
Chief Executive's Department	4
Directorate of Primary & Community Services	8
Mental Health	2

We are considering the effectiveness and appropriateness of this as a measure for the forthcoming year as we recognise that this may not be a useful marker of quality of care experience.

## 1.2 New Approaches to Gathering Your Feedback

### Stroke Focus Group April 2016

In order to understand the experiences of people surviving from stroke and receiving rehabilitation care, NHS Tayside ran a small focus group (6 participants) to discuss how upper limb impairment impacts on the lives of stroke survivors living in the community.

The outcome of the discussions showed the following activities to have the biggest impact on participants:

- Styling hair / having to have hair cut short / restyled to make it easier to manage with one hand
- Applying make-up / not being able to look like I did previously
- Eating in public / having to order food that doesn't need cut up
- Supermarket shopping / packing bags with one hand. Till operator and next customer not understanding why I am slow / only using one hand
- Not being able to write legibly
- Having to give up work / isolation and reduced social contact
- Having to wear clothes that I can put on myself rather than the clothes I would like to wear.

Since undertaking this focus group, the service have taken the following actions based on the feedback received:

- Incorporated writing / grooming / dressing tasks into upper limb Occupational Therapy (OT) and Physiotherapy (PT) rehabilitation sessions to practice tasks important to patients
- Ensured compensatory techniques are taught when function of the affected arm is inadequate to complete a task
- Considering psychology referral for more patients early in stroke pathway to help them accept their altered body image / bereavement process
- Looking at vocational rehabilitation service provision as part of the neurology pathway review
- Giving patients information on support groups where patients can share their experiences with other people who have similar problems and share solutions.

### **Validated Feedback Tools – Inpatient Services**

Last year we told you that NHS Tayside recognised the need for a strategic, robust and independent approach to capturing patients' experiences of hospital care and were developing and testing a new approach for in-patients. The new approach which is being supported as part of the Health Improvement Scotland (HIS) person centred programme of work uses two methods and is carried out by volunteers:

#### **Method 1: Patient experience telephone survey conducted up to two weeks post discharge**

- Validated survey tool – PPE15<sup>2</sup> has been chosen by NHS Tayside and includes an overall rating of the care experience
- Five telephone surveys per month

#### **Method 2: 'Real-time' in depth semi structured interviews during admission**

- The focus of these interviews is informed by international evidence on what matters to people about their health care experience, other internal patient experience data such as the survey results (above), patient complaints, comments and incidents
- Two interviews per ward per month

<sup>2</sup> PPE15 is a shortened version of the Picker patient experience survey and consists of 15 questions

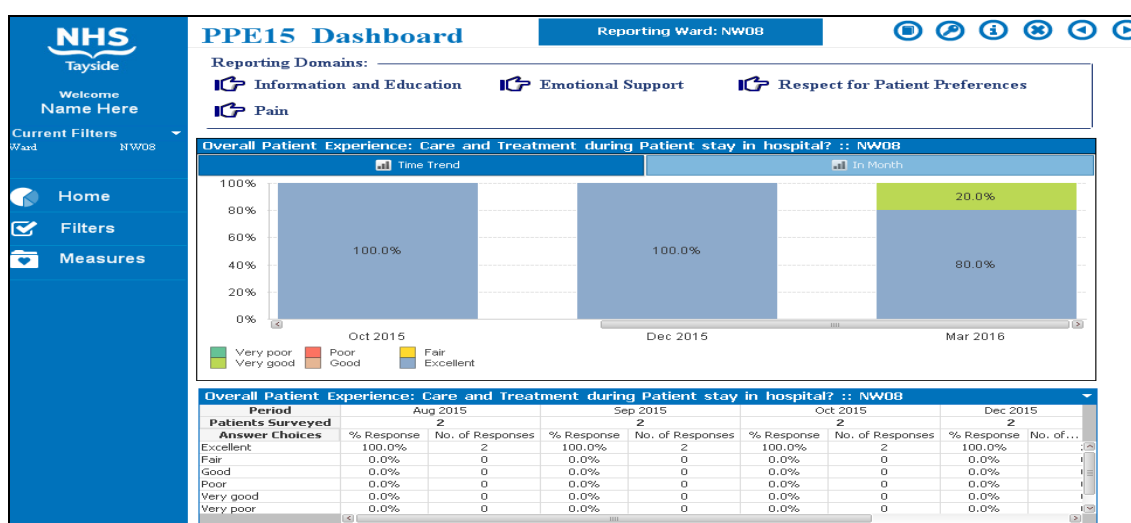
Since last year NHS Tayside has achieved the following with this new method:

### Progress:

- 2 volunteers fully trained collecting monthly data from two wards
- Data entered into Datix and feedback charts being produced
- Guidance, training and Standard Operating Procedures tested and refined
- Pilot of senior management team collecting feedback completed and evaluated
- Partnership agreed with local School of Medicine to train future volunteers
- Process evaluation completed
- Staff information sheet developed
- Process for use of feedback agreed with 2 wards
- Appointment of a patient feedback co-ordinator and advert out to recruit a post to focus on seeking feedback from people whose voices are rarely heard.

### Data and Impact:

- Data is available on clinical dashboard as soon as surveys are completed by the volunteer
- Patient feedback is largely positive via right-time feedback however involvement in care is an area that requires addressing
- Patients positively evaluate being asked their feedback by phone survey
- Staff positively evaluate receiving independent feedback
- Staff acknowledge the need for further engagement and systematic approach to considering and acting on feedback.



## Learning:

- Processes need thoroughly tested prior to spread
- Identification and consent of patients about to be discharged requires to be built into standard discharge processes
- Senior Charge Nurses need to increase awareness of the feedback process in wards – dedicated notice board appears effective in one site
- Dedicated areas close to clinical area required for conducting phone surveys
- Preparation of volunteers to undertake role must be robust and comprehensive
- Access to NHS Information Technology Systems required for volunteers
- Scheduling volunteers for specific times each month supports ward planning and preparation
- Wards need to consider how to engage the Multi Disciplinary Team (MDT) in learning from and acting on feedback they receive
- Organisation requires a group to which key themes from feedback that require an organisational response can be reported and acted on
- We need a process by which key themes from qualitative feedback can be identified in near real time at unit, department and organisational level.

## Next steps:

- Feedback co-ordinators to be appointed
- Identified lead in each clinical team to be identified to support sustainability
- Training materials, assessments and competency profiles to be co-developed with university for future volunteers
- Refining of data output to enhance staff understanding of data
- Engagement with clinical areas to identify appropriate tools and processes
- Writing publication with volunteers
- Testing of methods to gain feedback from those whose voices are rarely heard.

## 1.3 National Sources of Feedback

During 2015/16 two national surveys, Scottish Maternity Care Survey 2015 and the Health and Care Experience Survey 2015/16, have been undertaken and results published. In addition the first Scottish Cancer Patient Experience Survey has been undertaken with results due to be published in June 2016.

## Scottish Maternity Care Survey 2015

The Scottish Maternity Survey 2015 was sent to 426 women who gave birth in NHS Tayside in February or March 2015. In total 176 women returned feedback on their experiences of care, a response rate of 41%.

The survey asked questions about women's experiences of:

- Antenatal care
- Care during labour and birth of their baby
- Postnatal care in hospital
- Feeding their baby
- Care at home after the birth

The below extract from the results of the survey demonstrate the percentage of answers that were answered as 'Good' or 'Excellent'. It shows the scores achieved in 2015 and the comparison to the difference between NHS Tayside's score and the Scottish average.

Summary of Results for NHS Tayside Health Board		
<p>This section provides the results for the four overarching questions where women were asked to rate the care that they received overall at each of the stages of their maternity care, before during and after the birth of their baby. Positive scores for these questions are based on the combination of the 'Excellent' and 'Good' answers.</p> <p>The difference between the percent positive score for the Health Board and the Scottish average is shown in the final column. Differences which are statistically significant are marked with an S.</p>		
Overall how would you rate your antenatal care?		
<b>Antenatal Care</b>	<b>95%</b>	<b>+3</b>
Overall how would you rate the care you received during your labour and birth?		
<b>Labour and birth</b>	<b>91%</b>	<b>-2</b>
Overall how would you rate the care you received in hospital after the birth?		
<b>Care after the birth</b>	<b>84%</b>	<b>-1</b>
Overall how would you rate the care you received at home after the birth?		
<b>Care at home</b>	<b>94%</b>	<b>+2</b>

Areas targeted since the 2013 result demonstrate an overall improvement. However despite NHS Tayside local improvement plans, in antenatal continuity of care, seeing the same midwife for antenatal and postnatal care and women knowing that they have a named midwife, compared to Scotland, NHS Tayside are at -6%, -10% and -7% respectively, therefore these areas continue to require focus.

Cleanliness continues to be high priority. For ward cleanliness we sit at -2% compared to Scotland. We are however, 1% above the national average in relation to cleanliness of toilets and showers.



Of particular success, mothers' reports of feeling involved in decisions around labour and birth and having skin to skin contact straight after birth are 3% above the Scottish average which is a huge improvement as much work has occurred and is still ongoing in both these areas.

In continuing to improve those areas mentioned, the new report also provides the maternity service with additional areas of key improvement which have been integrated into local action plans. These are listed below:

<b>New Areas for improvement</b>	Score in relation to Scotland	change in NHST since 2013
Postnatal care, Given information or explanations needed while receiving care in hospital	-3%	-8%
Relevant information about feeding baby provided by midwives/midwifery team	+4%	-4%
At very start of labour given appropriate advice and support when contacted a midwife/hospital	-1%	-1%
Concerns raised in labour and birth taken seriously	-2%	0%
Spoken to in a way which could be understood in labour and birth	-2%	+1%
Treated with dignity and respect in labour and birth	-1%	-3%
Given enough information about emotional changes experienced after the birth	-4%	-1%

<b>Areas of Good Practice</b>	Score in relation to Scotland	Change in NHST since 2013
Active support and encouragement about feeding baby given by midwives and other health professionals	+9%	+3%
During labour able to move around and choose most comfortable position	+2%	+2%
During pregnancy given enough information about pain relief for labour	+4%	n/a (new question)
Given help needed if midwife or midwifery team contacted	+8%	+2%
Midwife seen often enough – post natal	+4%	+9%
Midwife took personal circumstances into account when giving advice	+3%	+8%
Staff introduced themselves	+2%	+2%
Involved enough in decisions about antenatal care	+2%	+7%

NHS Tayside regularly participates in audits designed to help health professionals to support successful breastfeeding and relationship building and achieve UNICEF Baby Friendly accreditation. The latest audit was undertaken and results were released in May 2016 and the key results will be shared within next year's annual feedback report.

## The Health and Care Experience Survey 2015/16

The Health and Care Experience survey asks about people's experiences of accessing and using primary care services and was widened in 2013/14 to include aspects of care, support and caring to support the principles underpinning the integration of health and care in Scotland outlined in the Public Bodies (Joint Working) (Scotland) Act 2014. The survey was sent to 43,735 people registered to a General Practice within NHS Tayside. 8,354 patients sent in feedback on their experiences at the practice.

The below extract from the results of the survey demonstrate the percentage of answers that were answered positively. It shows the scores achieved in 2015/16 and the comparison to the difference between NHS Tayside's score and the Scottish average. The results demonstrate that the experience reported by NHS Tayside patients compares positively to that of the rest of Scotland.

Summary of Results		
This section provides the results for those questions which align to the Health and Social Care Indicators.		
The difference between the percent positive score for the NHS Board and the Scottish average is shown in the final column. Differences which are statistically significant are marked with an S. Where a comparison has not been tested due to small numbers, this is marked with an NT.		
I am able to look after my own health	94%	+1 *
Service users are supported to live as independently as possible	85%	+1
Service users have a say in how their help, care or support is provided	79%	+0
Service users' health and care services seem to be well coordinated	76%	+1
Rating of overall help, care or support services	82%	+1
Rating of overall care provided by GP practice	89%	+2 <sup>s</sup>
The help, care or support improves service users' quality of life	85%	+1
Carers feels supported to continue caring	42%	+1
Service users feel safe	84%	-0

\*Please note that measure "I am able to look after my own health" has not been subject to significance testing.

The top five responses in NHS Tayside (5 questions with highest percent positive score) and the bottom five responses in NHS Tayside (5 questions with highest percent negative score), are presented below:

Top Five and Bottom Five Results			
The tables below show the top 5 responses (highest percent positive scores in green) and bottom 5 responses (highest percent negative scores in red) for patients at this NHS Board.			
Top Bottom 5   Highest / Lowest Responses			
Top 5 Responses (highest % positive scores)		Bottom 5 Responses (highest % negative scores)	
Question	% positive	Question	% negative
Patients know enough about how and when to take their medicines	99%	Overall rating of how mistakes are dealt with	46%
Patients take their prescription as they are supposed to	98%	Caring has had a negative impact on carers' health and wellbeing	35%
Patients know enough about what their medicines are for	97%	Able to book a doctors appointment 3 or more working days in advance	28%
Patients have enough time with nurses	97%	Local services are well coordinated for the people carers look after	22%
Patients find it easy enough for them to get their medicines	96%	It is easy to get through on the phone	21%

General Practices are asked to share and discuss their own survey results with those in their General Practice cluster area, with a focus on sharing areas of good practice, acknowledging areas of possible concern, and encouraging discussion around how each locality would wish to address these. All the Independent Contractor bodies in NHS Tayside meet on a quarterly basis to share learning and to address any issues around professional governance and clinical governance.

A copy of the full survey results and questionnaire can be obtained at:

<https://www.gov.scot/Topics/Statistics/Browse/Health/GPPatientExperienceSurvey>

## 1.4 Patient Opinion

Patient Opinion is an independent organisation which was founded in 2005 and offers a platform for the public to provide feedback to health services. Members of the public can visit the Patient Opinion website (<https://www.patientopinion.org.uk/>) where they can share a story about their experience of the health care they, a relative or friend received. These stories are then shared with NHS Tayside who will respond to the feedback, and utilise it to support learning and improvements across our services.

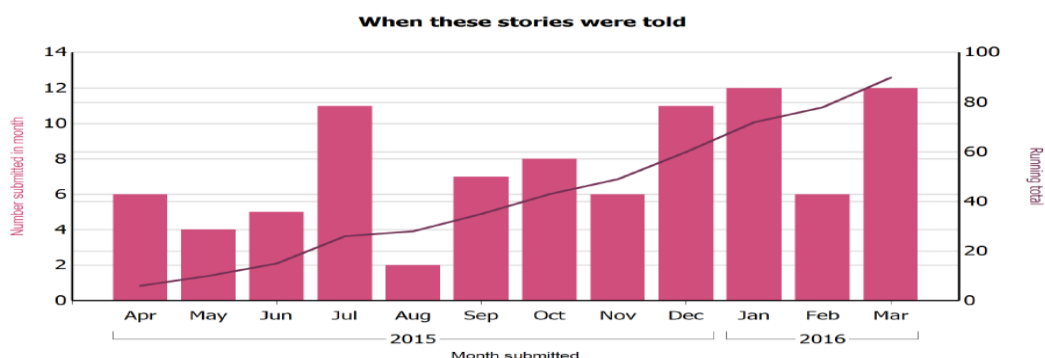
In order to raise awareness of Patient Opinion, NHS Tayside invited Gina Alexander, Director of Patient Opinion Scotland to visit in September 2015 to meet with a number of staff interested in promoting its use within their areas, with the ability to respond directly to the feedback. The visit included representatives from the following areas:

- Brain Injury Unit / Stroke Liaison Team
- Dental Services
- Renal Services
- Scottish Regional Treatment Centre
- Support Services
- Ward 4, Ninewells Hospital.

To ensure that staff are empowered to respond directly to feedback and fully supported by the organisation in doing so, access for services to respond to feedback directly on Patient Opinion is being rolled out in a structured way with appropriate support in place. Those areas who have already expressed an interest in taking this forward have been asked to link with their teams to consider how best to publicise Patient Opinion within their areas, with the use of posters, cards or bespoke fliers seeking feedback around specific areas / issues, and to identify individuals who would receive and respond to the feedback.

Although we have put some effort into enhancing patients' awareness of this service, this has not resulted in as large an increase in contributions as we had anticipated (see figure 2). During 2015/16 ninety (90) stories were posted on Patient Opinion regarding NHS Tayside services, compared to seventy two (72) in 2014/15. As at 8 April 2016, responses had been provided to all 90 stories posted, and 75% received a response within two weeks of the story being published. (see figure 2 below):

Figure 2 – The number of stories published each month April 2015 – March 2016



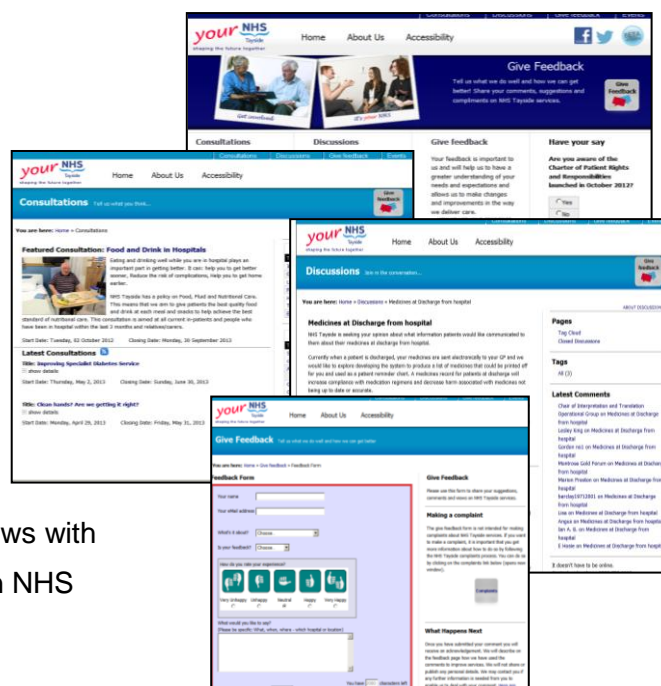
Source: Patient Opinion, Stories in Summary Tayside 2015-16

The feedback NHS Tayside receives through Patient Opinion offers us an opportunity to share positive experiences with staff, as well as supporting us to identify areas for improvements. To view the stories posted by patients and the response provided by NHS Tayside, please visit <https://www.patientopinion.org.uk/services/st9>

## 1.5 Local online feedback mechanisms

### Your NHS Tayside website ([www.yournhstayside.scot.nhs.uk](http://www.yournhstayside.scot.nhs.uk))

Your NHS Tayside is a website used to engage and involve patients, carers, families and the general public in shaping and improving services. People can get involved online by completing surveys, taking part in a quick poll, joining in a conversation to share and debate views with others on a particular topic and give feedback on NHS Tayside services.



### Consultations zone

Details of live and closed consultations and how people can give us their views can be found at: <http://www.yournhstayside.scot.nhs.uk/consultations.aspx>

In the year from April 2015 to March 2016 there have been 2 online consultations:

- Your Experience of Cancer Care after Treatment
- Improving Dental Health & Services

The Human Immunodeficiency Virus (HIV) Service – How did we do? Consultation is ongoing. The purpose of this consultation is to find out the views and opinions of the department's service users.



The results are checked regularly by the Public Involvement Team and shared with the service providers to identify what improvements are needed and are acted upon as the website development and functionality continues to evolve.



### **Facebook and Twitter**

NHS Tayside launched our Facebook and Twitter sites in July 2010 as an additional way for communicating with staff, patients, carers and members of the public.

NHS Tayside's Facebook page: [www.facebook.com/NHSTayside](http://www.facebook.com/NHSTayside) currently has 5592 followers, an increase of 1612 in 2014/15, with a possible onward reach of 400,000 plus followers. The weekly reach averages 7619 with the bulk of our followers coming from the 25 to 54 year old bracket. 80% of our followers are female with 35% of them being aged 35 plus.

NHS Tayside's Twitter page: [www.twitter.com/NHSTayside](http://www.twitter.com/NHSTayside) currently has 7177 followers, an increase on 1225 followers in 2014/15, with many of them regularly "re-tweeting" our posts or commenting on them. An average of 200 plus mentions / interactions are received per week.

Feedback received via Facebook and Twitter is sent to the relevant service and the Feedback Team for recording, taking action and responding to as required.

## **1.6 How Feedback is obtained from equality groups**

NHS Tayside recognises the need to ensure feedback mechanisms are fully inclusive ensuring that all patient groups and population groups have an opportunity to give feedback. This can mean the need to adapt current feedback methods or establish new ones based on discussions with patients, carers and families about the best way to meet their needs. Procedures remain in place to ensure that surveys can be made accessible to non English speaking patients either through the use of language line who will provide telephone interpretation or by identifying a relative / carer who can support the patient.



Throughout this report there are examples of ways in which we obtain feedback from equality groups, for example:

- The feedback boards used within Tayside Sexual Health and Reproductive service (see page 7), provide a mechanism for young people to provide feedback regarding the services they are receiving
- The Online Survey via iPad (page 7) used within Men Only Tayside
- Equality Impact Assessment for NHS Tayside's Carers' Policy - A group of Carers from across Tayside were invited to look at the Equality Impact of the Carers' Policy for NHS Tayside. The process helped to identify any issues, barriers or discrimination that people with a Protected Characteristic(s) or equality groups may face when accessing our services. The group met in the Improvement Academy in Ninewells and gave their feedback in relation to the Policy. Their views were captured and will be used to review the Policy
- The diabetes team have made links with the Muslim community and an education session was delivered in 2015/16 in Urdu. This created a link with the community and an offer for the team to offer further support through local mosques has been made.

In addition to these examples, NHS Tayside engages with equality groups to obtain feedback in the following ways:

- On a quarterly basis feedback is obtained from people who use our interpreting services. A questionnaire is administered by the interpreter to the patient who has used the service in order to obtain feedback for improvement. The results are discussed at a regular meeting that drives the identified improvements forward. Some of the improvements made as a result of the feedback have included the recruitment and training of more language interpreters and the facility to book follow on appointments with the interpreter at the appointment rather than go through the booking system. In addition an out of hour's facility to access interpreters has been established to extend the service availability.
- NHS Tayside has links in place with organisations such as VisionPK (Perth & Kinross society for the visually impaired) and Tayside Deaf Hub and Tayside Deaf Action who meet with members of the visually impaired and deaf communities across Tayside and provide feedback to NHS Tayside on patients', carers' and families' experience of our services.

- NHS Tayside continues its links with Penumbra, a mental health charity who work with patients in Angus, in order for them to provide feedback on behalf of their clients on the services they receive from NHS Tayside. This provides an alternative route for patients to provide feedback and also provides them with support throughout the process.

The examples provided in Section 1.1 from the Young Persons Unit (YPU) describes some of the mechanisms put in place by our Child & Adolescent Mental Health Services (CAMHs) in order to engage and gain feedback from the child or their parent / carer / guardian.

The Promoting A More Inclusive Society (PAMIS) group referred to within our previous annual report, continues to successfully offer an environment where group members (family members and carers of people with profound and multiple learning difficulties) can share feedback about their care experiences and promote learning and sharing of good practice.

## 1.7 NHS Tayside Public Partners Network

NHS Tayside Public Partners is a network made up of patient groups, members of the public, carers and voluntary organisations that work in partnership with NHS Tayside. The network is open to individuals or groups who have an interest in health and health related issues. Public Partners participate in a range of activities that are instigated by NHS Tayside.

Members have the opportunity to challenge proposals, contribute to decision making and act as a sounding board for NHS Tayside by giving their views in the development of strategies and policies and in the redesign of services. During the period of the report the network has contributed to a range of issues including:

Discussion groups led by NHS Officers to gather views and opinions on the following topics:

- **Participation Standard 2014/2015 – Feedback, Comments, Concerns and Complaints Annual Report Focus Group** - In producing the annual report for 2014/15, NHS Boards were required to complete the Participation Standard Self Assessment based on the content of the report. This also involved getting endorsement from patients and public representatives.

Public Partners were given an overview of the annual report and how the participation standards have been met. Members were asked for their views on the levels of attainment and whether or not they would endorse the assessment. Participants raised pertinent questions which provided the opportunity for NHS Tayside to explain or amend if appropriate.

- Infection Control Update Focus Group** – Infection Control Leads held a focus group to discuss the introduction of a Catheter Passport. Participants discussed standards of care and infection control practice which may have impacted on the situation. As part of the approach to reduce risk to patients and aid improved education, trouble shooting guidance and patient care records, a Catheter Passport has been drafted by Infection Control and Community Nurses. The aims of the passport, the benefits to patients & carers along with taking advice / information prior to the pilot commencing was discussed with Public Partners. The Lead Officer updated and talked through the draft Catheter Associated Urinary Tract Infection (CAUTI) passport that is to be implemented within Tayside and drew attention to relevant sections which led to constructive questioning from the Public Partners group. Participants asked questions in relation to the impact of having a catheter on peoples' ability to live a normal lifestyle and suggested some changes / amendments that would enhance the Catheter Associated Urinary Tract Infection (CAUTI) passport.
- Improving Dental Health & Services Focus Group** – This activity was to gather views from Public Partners on improving dental health and services to help inform the development of an oral health equity strategy for NHS Tayside (2015 to 2020).
- Nutrition and Dietetic Service Vision Statement** - The nutrition & dietetic service have developed draft vision statements and felt it would be appropriate to ask public partners for feedback to allow them to select the best option. Three draft vision statements were shared and Public Partners were asked to consider any improvements/enhancements to these. Public Partners spent some time addressing particular nutritional issues / concerns that they had both personally and for the public in general. This led to some useful discussion points that helped to inform the content of the statement.
- Tackling under Nutrition – How can we do it better?** – The aim of this event was to share current practice, agree current state with regards to all aspects of under nutrition and oral nutritional support treatment in Tayside and co-design the future state. Key themes that play an integral part in achieving the project objectives were discussed.

Public Partners were asked to attend 3 workshops over the course of the afternoon and participate in co-mapping, co-designing, co-delivering and co-assessing under nutrition provision within Tayside with a range of other people (NHS, third sector, private). Public Partners were able to identify key issues which may affect the public on a range of issues around under nutrition – identification, management, review, Information Technology. They were also invaluable within the co-design phase of the workshops, asking key questions and providing good suggestions as to how things could be done differently.

- **Review of Gastrointestinal leaflets** - Public Partners were asked to review the content of four leaflets and provide comments from a patient / public perspective. These were sent out prior to the focus group. Feedback during the session was positive and helpful and reassured that the information contained within the leaflets was easy to follow and understandable. The comments from the event highlighted some areas for further development around adding in more information on how people can help themselves and to add a reassurance statement that people will get well again. Further comments relating to the layout of the information and moving a section further down the leaflet to make it flow better have been included into the updated leaflets
- **Training/Tasting Session of Texture Modified Range of Food** - This invitation was for Public Partners to attend to taste the food within each of the textured categories and provide feedback to the Tayside Nutrition Improvement and Development Manager. Feedback was gathered by way of an evaluation form and the Tayside Nutrition Managed Clinical Network (MCN) Improvement & Development Manager spent time with the Public Partners explaining in more detail the patient safety issue and listening to their feedback. Public Partner feedback was used to further enhance the menus and frame the questionnaire for the patients.
- **Public Partners video to highlight good practice** - In February 2015 NHS Tayside's Public Partners participated in a focus group "Listening and Learning from Feedback and Patient Advice and Support Services (PASS)". They were asked to consider the NHS Tayside processes for dealing with feedback and complaints and to offer suggestions for improvement.

Public Partners provided many suggestions for raising awareness that will help NHS Tayside and Patient Advice and Support Services (PASS) to promote processes and support for the services. They also helped to review draft display materials and these have taken account of the suggestions and, in particular, the feedback poster has been adapted to include these.

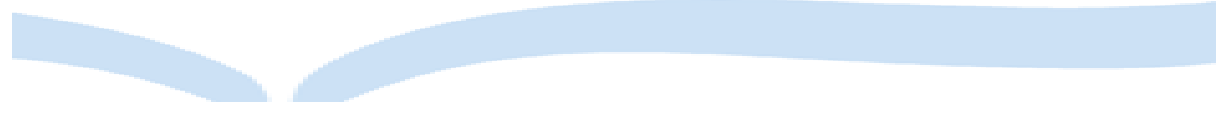
The participants at this focus group were invited by the Scottish Health Council to take part in a video case study to record how the development of raising awareness of how to give feedback had been influenced by their input. For this study, the participants were asked to answer questions on camera and describe how they were involved in reviewing draft materials for new feedback and complaints posters, how they contributed to the development and what difference their involvement made to the end materials.

- **Participation Standard 2014/2015 – Feedback, Comments, Concerns and Complaints Annual Report** - The self assessment for participation standards has its own formality but the input from public partners helped to clarify and endorse its content.

### **1.8 What support is available to people who wish to give feedback or complain?**

Anyone wishing to speak to someone for advice or help with giving feedback or making a complaint is given details about the independent Patient Advice and Support Service (PASS) which is available through the local Citizen's Advice Bureau (CAB). Contact details for Patient Advice and Support Service (PASS) are provided in leaflets and through the NHS Tayside website; this information is also included in the new posters and pocket cards referred to above. A leaflet providing complainants with details of who Patient Advice and Support Service (PASS) are, the service they offer and how to contact them is included with all complaint acknowledgement letters. In addition, members of the Complaints and Feedback Team speaking with complainants are able to signpost them to the appropriate Patient Advice and Support Service (PASS) Adviser.

Senior charge nurses / charge nurses through the Leading Better Care programme were introduced to complaints and early resolution. This equips nursing teams to be confident to seek feedback from patients and their families through engaging at the earliest opportunity with those who wish to give feedback or complain.

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Nursing and medical staff are signposted to the LearnPro modules on NHS Tayside Customer Care and the National Education for Scotland (NES) Complaints and Feedback and encouraged to undertake these and ensure their staff access these. This training includes information on the role of Patient Advice and Support Service (PASS).

New staff within the Complaints and Feedback Team undertake training on the role of Patient Advice and Support Service (PASS) as part of their induction and attend a presentation to understand their role in supporting members of the public to provide feedback or make a complaint.



## Section 2 – Encouraging and Handling Complaints

**This section aims to demonstrate how NHS Tayside responds to complaints, the improvements that have been made in responding in a timely manner to complainants and the links being made between the management of serious and adverse incidents and complaints.**

### 2.1 Complaint numbers and response times

Complaints are forms of feedback that offer us valuable information about the experience of our patients and carers. NHS Tayside aims to learn from this feedback and utilise it to inform improvements in the care and services we provide.

NHS Tayside has seen a decrease in the number of complaints received this year from 1698 in 2014/15 to 1315 in 2015/16. It has been noted that the main area for the decrease is in prisoner healthcare complaints. In 2014/15 NHS Tayside received 696 complaints from prisoner healthcare, however this has fallen to 253 in 2015/16, a decrease of 443 complaints which equates to a decrease of 37 per month. This means that the increase in complaints across the rest of our Acute Care and Community Health Partnerships was 60 for the year, the equivalent of an additional 5 complaints per month.

NHS Tayside had previously experienced a rise in complaints within Prisoner Healthcare services; therefore the reduction seen during 2015/16 represents a significant change from the previous year. This has been influenced by a number of actions taken by NHS Tayside; firstly a mapping event was undertaken in June 2015 to consider improvements to systems and processes in the handling of complaints, in line with current legislation. This then led to the following outcomes:

- Early resolution - meeting with patients to discuss concerns and address issues raised
- Service requests - identification of service requests separately from complaints
- User groups – engagement with prisoners to understand some of the common issues causing concern and identify improvements.

This work, which has resulted in the reduction of complaints, is ongoing and continues to be monitored to ensure compliance with legislation in relation to complaint handling.

During 2015/16, the Complaints and Feedback Team received and responded to 2139 enquiries, concerns and complaints. These figures relate to Acute Care and Community Health Partnerships and show a decrease of 379 compared to the 2014/15 figure of 2518.

The number of complaints received during 2015/16 (1316) equates to 0.10% (0.08% excluding prisoner healthcare) of all patient care episodes for the same period and compares to 0.13% (0.07% excluding prisoner healthcare) in 2014/15.

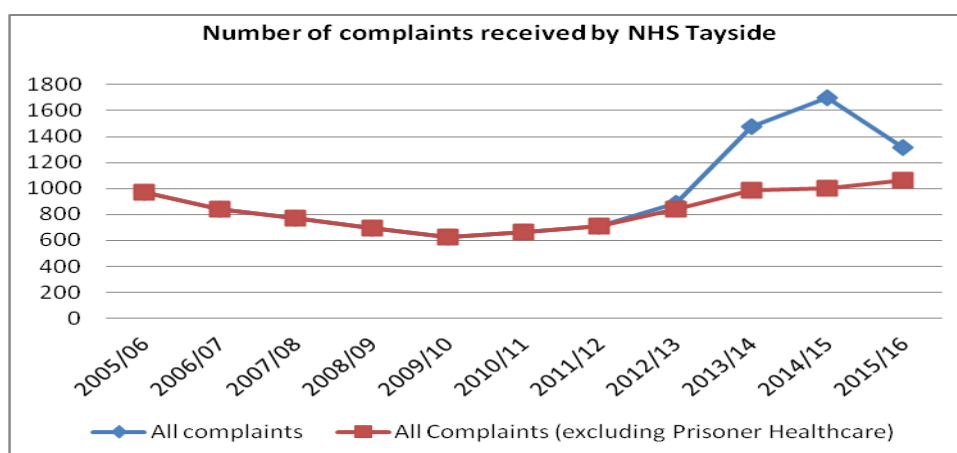
Below shows data in relation to complaints, concerns and enquiries received in 2015/16 compared to the numbers received in 2014/15. The number of complaints minus prisoner complaints is shown in brackets.

Table 2: Volumes and types of feedback received in 2015/16 compared to 2014/15

Type of Feedback	2015/16	2014/15
Complaints	1316 (1062)	1698 (1002)
Complaints not resolved following initial response or where complainants have accepted an offer to meet to discuss/clarify further concerns (episode 2)	106 (91)	160 (133)
Concerns	331 (331)	300 (296)
Enquiries	387 (369)	360 (341)
<b>Total</b>	<b>2139 (1853)</b>	<b>2518 (1772)</b>

Figure 3 below shows the number of complaints received by NHS Tayside annually since 2005/06. The blue line demonstrates all complaints received, whilst the red line excludes complaints from prisoner healthcare. It should be noted that the data reflects the numbers and not nature and complexity of complaints.

Figure 3 – Number of annual complaints received by NHS Tayside from 2005/06 to 2015/16



### Scottish Public Services Ombudsman (SPSO)

The Scottish Public Services Ombudsman (SPSO) is the final stage for unresolved complaints about a number of public services, including the National Health Services. The Scottish Public Services Ombudsman (SPSO) will examine complaints referred to them that have already been through the formal complaints procedure of the organisation concerned. In 2015/16, 33 complaint cases from NHS Tayside were referred to the Scottish Public Services Ombudsman (SPSO), compared to 38 cases in 2014/15.

The Scottish Public Services Ombudsman (SPSO) have recently made a number of recommendations to NHS Tayside specifically in relation to the handling of complaints.

This has included the following:

- where appropriate, complainants to be provided with copies of action plans drawn up in response to their complaints
- issues raised within complaints to be accurately assessed to ensure they are fully understood, and compassionate and understanding responses provided that clearly and specifically set out any learning that has taken place
- complaints to be fully investigated in line with the complaints procedure and responses to provide full explanations of the matters raised
- staff involved in complaints handling to be made aware of current and relevant guidance on apology.

In response to these recommendations, the Complaints and Feedback Team has reviewed ways of working to enable a more timely and satisfactory outcome for complainants and will continue to work with services to improve systems and processes. These recommendations will also support the review of the complaints handling process being undertaken currently.

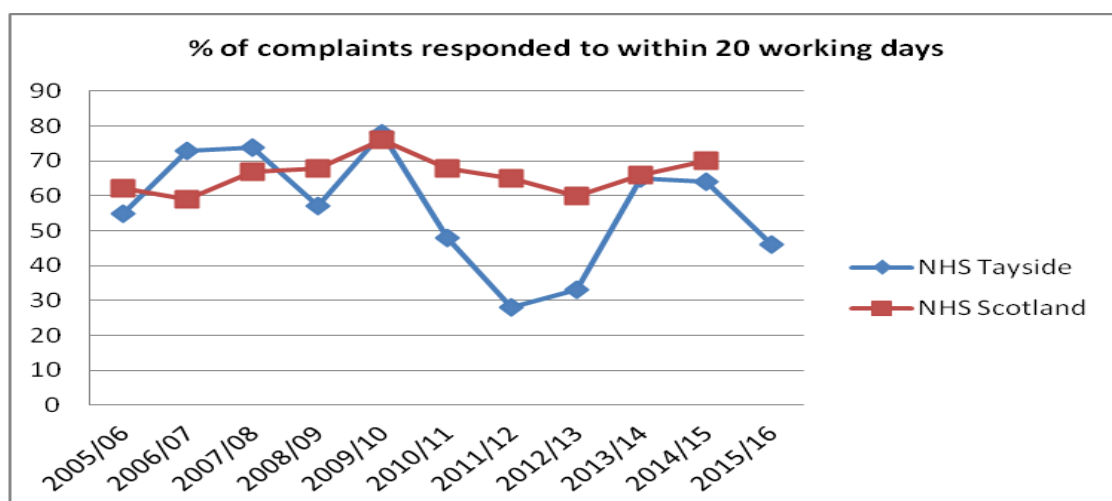
In addition, staff are regularly reminded of the Scottish Public Services Ombudsman (SPSO) guidance on apology and training available to staff on complaint handling. This includes access to LearnPro modules on Customer Care, National Education for Scotland (NES) Complaints and Feedback Module, including the Power of Apology, and National Education for Scotland (NES) Investigation of Complaints. Training sessions on early resolution skills (Complaints Awareness Raising and Value of Apology) have been provided by members of the Complaints and Feedback Team. Power of Apology training has also been adapted by the University of Dundee, and has been used in the delivery of training to student nurses, doctors and dentists.

### **Response Times**

NHS Tayside is aware of the need to continue to try to improve response times to complaints. In 2014/15 94% of all complaints received were acknowledged within 3 days, this performance has been maintained during 2015/16. However, the percentage of complaints being responded to within 20 working days has fallen with 46% achieving a response within 20 working days in 2015/16, compared to 64% in 2014/15. A review of our complaints handling process is to be undertaken in 2016/17 to identify any improvements that could be made to support a more timely response to the complaints that we receive.

Figure 4 below shows the percentage of complaints responded to within 20 working days by NHS Tayside, compared with the whole of Scotland, over the past 10 years. It should be noted the NHSScotland position for 2015/16 is not yet available for comparison. Face-to-face meetings with complainants' remains a key focus to enable resolution of complaints, with timely response to complaints' a challenge whilst trying to ensure robust, high quality investigations and person centred responses to the concerns an individual has raised. We are aware that timeliness, communication and quality of response are important factors to the public when their complaint is being handled, therefore NHS Tayside will continue to focus on improving these areas of our complaints handling process throughout 2016/17.

Figure 4 - Percentage of Complaints responded to within 20 working days 2005/2006 – 2015/2016

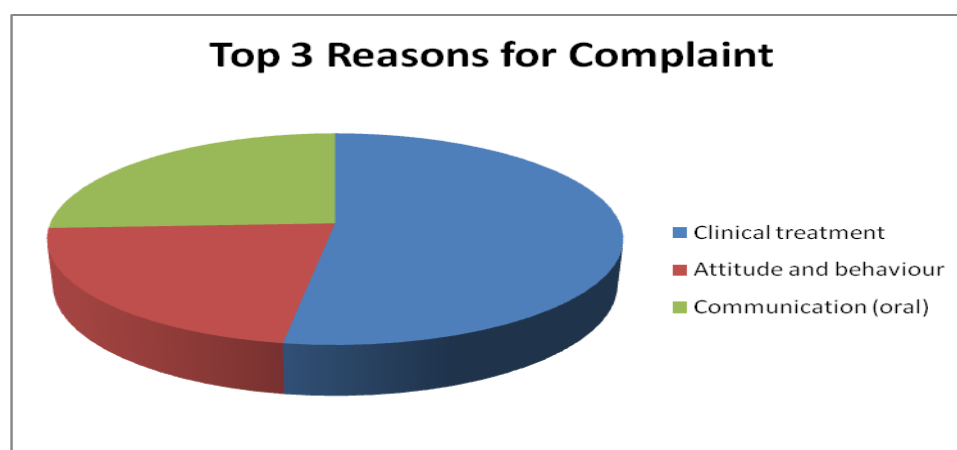


## 2.2 Themes identified from complaints

The top three themes raised consistently in complaints are shown below. Further review of these themes demonstrates the following consistent sub-themes from complaints; Lack of clear explanation; Unacceptable time to wait for an appointment; Disagreement with Treatment Plan/Care; Staff attitude; and Poor medical treatment.

NHS Tayside has responded to these consistent themes through a number of education and training programmes, details of which are available in Section 3. NHS Tayside also shares learning from complaints, encouraging staff to reflect on practice and behaviours as well as consider service improvements that could be made in their areas.

Figure 5 - Themes from Complaints received in 2015/16



## 2.3 Complaints Handling Approach

We are continuing to work with staff to manage complaints more effectively, encouraging personal contact with complainants as soon as complaints are received and facilitating face-to-face meetings to ensure we fully understand the issues that require to be investigated to resolve concerns and produce better quality responses. In 2015/16, 72 complainants had a face to face meeting with our staff to discuss and address their concerns; this is consistent with the number of meetings that were held during 2014/15 (138).

NHS Tayside aims to resolve complaints at the earliest opportunity, to the service user's satisfaction. Wherever possible, early resolution of concerns at local level is encouraged, with ownership of complaints delegated to the service and improvements managed through professional management and leadership structures. Further work is required to develop robust systems to enable early resolution of complaints and the robust recording of this. The outcome of the ongoing review of the NHS Complaints Procedure in conjunction with the Complaints Standards Authority will inform this work.

During 2015/16, 102 complaints were closed within 3 working days of receipt with a further 46 closed within 5 working days. This represents 11% of the total complaints received. In addition, 331 concerns have been recorded during the same period, of which 100 were closed within 3 days of receipt and a further 35 within 5 working days, this represents 41% of all concerns received.

Early resolution of complaints may also include alternative resolution methods (i.e. mediation or conciliation). During 2015/16 no cases were referred to the mediation service.

During 2015/16, NHS Tayside staff, including members of the Complaints and Feedback Team, attended Patient Experience, Feedback and Early Resolution Workshops organised by National Education for Scotland (NES). The learning from this training is being cascaded and is informing the ongoing review of complaint handling.

Assurance continues to be provided to the Board about the complaint handling process, by engaging the Chairman and Chair of the Clinical and Care Governance Committee in a quality assurance process. The review focuses on review of randomly selected complaints to assess adherence to key aspects of the complaint handling process, including timeliness, informing complainants of their rights, communicating effectively with complainants, providing a robust response and evidence of learning from the event.



Whilst NHS Tayside's complaints procedure does align effectively to the identified good principles of complaints handling and many of the recommendations from recent reviews into complaints handling, we recognise there is room for improvement and consistency in our delivery of a high quality complaint handling service.

A full review of the complaints handling procedure within NHS Tayside is to be undertaken during 2016/17. This will be undertaken in line with current directives (CEL 8 (2012) - Guidance on handling comments, concerns, feedback and complaints) and the ongoing work being undertaken by the Complaints Standards Authority. We will ensure as part of this review we reinforce the standards we expect to be delivered when handling complaints, including factors such as communication and meetings with complainants, transparency in the respect of the timeframes within which we will be able to respond and objectivity in our investigation of and responses to complaints.

## **2.4 Linking the management of complaints with serious and adverse events**

The DATIX system is an electronic system to manage complaints and incorporates data on risks and adverse events. In the management of complaints, adverse event reviews will be used as part of the investigation process to inform our response, actions to be taken and learning.

NHS Tayside considers complex complaints to be serious adverse events and as such must be managed in the same way. The Adverse Event Management Policy is applied to relevant complaints, ensuring that Local Adverse Event Review (LAER) and Significant Clinical Event Analysis (SCEA) methodologies are applied to enable local and organisational learning. In addition, communications with the patient / family / carer are vitally important to ensure they are kept informed of the process and receive direct and accurate responses.

Patients, families and carers are provided with the opportunity to contribute to the Significant Clinical Event Analysis (SCEA). They are contacted in advance by a member of the Clinical Governance and Risk Management Team or appropriate clinician / manager to determine any concerns they would wish raised at the Significant Clinical Event Analysis (SCEA). Where patients, families and carers have indicated they wish to receive feedback following a

Significant Clinical Event Analysis (SCEA), this will be done through a meeting with the Significant Clinical Event Analysis (SCEA) lead supported by the appropriate service manager or known clinician. The Significant Clinical Event Analysis (SCEA) report will be discussed and a copy passed to the patient, family and carer.

All Significant Clinical Event Analysis (SCEA) reports are anonymised and the final report is sent to relevant Directorate / Community Health Partnership (CHP) Clinical Governance and Risk Committees. The identified leads and relevant committees will be responsible for ensuring the follow up, completion, feedback of action points and regular update reports to the Directorate / Community Health Partnership (CHP) Performance Review.

Organisational learning from the feedback from Significant Clinical Event Analysis (SCEA) is a crucial component of reducing harm and improving safety. This learning is shared across the wider organisation through communications such as the “Getting It Right” Newsletter. In addition the use of one page summaries of Significant Clinical Event Analysis (SCEA) reports highlighting both good practice and areas of learning are distributed to all Clinical Governance forums. It is expected that the issues raised and the learning from the Significant Clinical Event Analysis (SCEA) will be used to benchmark against other services. The new Significant Clinical Event Analysis (SCEA) summary template mentioned within last year’s report has now been tested and has been fully implemented for all Significant Clinical Event Analysis’ (SCEAs’).

## **2.5 Independent contractor complaints – General Practices, Dentists, Opticians and Pharmacists**

CEL8 – Guidance on Handling and Learning from Feedback, Comments, Concerns and Complaints about NHS Health Care Services set out the requirement for NHS Boards to gather and report on information on health service providers within their area from April 2012. Mechanisms were put in place and information obtained for the period 1 April 2015 to 31 March 2016 is provided below.

As a requirement under the Patient Rights Act (Scotland) they are themselves responsible for managing and responding to feedback, including complaints, about their services. The majority of Dentists, Opticians and Community Pharmacists across NHS Tayside are currently at an early stage of introduction of methods to effectively support complaints and feedback. Complainants are encouraged to seek resolution with the contractor, and have access to the Scottish Public Services Ombudsman (SPSO) where they feel this has not been achieved.

GPs each have their own complaints procedure which is clearly visible within their practice leaflet or advertised within their premises. They also have a range of mechanisms that support the sharing of learning from complaints and feedback:

- Local “Minding the Gap” work which encourages sharing of Significant Events Analysis and Incidents, particularly where there is wider system learning
- Learning opportunities during Protected Learning Time

Scottish Public Services Ombudsman (SPSO) reports are shared and attendance at organisation wide Significant Clinical Event Analysis (SCEA) reviews is encouraged.

Table 3 - Complaints Received by Independent Contractors between 1 April 2015 and 31 March 2016

Type of Independent Contractor	GP	Dental	Pharmacy	Opticians	Totals
No. of Complaints received	<b>435</b>	<b>79</b>	<b>146</b>	<b>283</b>	<b>943</b>
No. of Complaints Responded to within 20 working days	<b>393</b>	<b>78</b>	<b>121</b>	<b>255</b>	<b>847</b>
	90%	99%	83%	90%	90%
No. of Complaints where mediation was used	<b>11</b>	<b>2</b>	<b>27</b>	<b>16</b>	<b>56</b>
	3%	3%	18%	6%	6%
No. of Complaints Still Open	<b>46</b>	<b>35</b>	<b>14</b>	<b>9</b>	<b>104</b>
	11%	44%	10%	3%	11%

<b>Main Issues</b>	<b>GP</b>	<b>Dental</b>	<b>Pharmacy</b>	<b>Opticians</b>	<b>Totals</b>
Access/Appointment System	<b>68</b>	<b>6</b>	<b>7</b>	<b>9</b>	<b>90</b>
Advice/Treatment Provided	<b>143</b>	<b>47</b>	<b>3</b>	<b>15</b>	<b>208</b>
Communication	<b>47</b>	<b>9</b>	<b>8</b>	<b>16</b>	<b>80</b>
Prescribing/Dispensing Issues	<b>56</b>	<b>1</b>	<b>90</b>	<b>184</b>	<b>331</b>
Staff Comments/Attitude	<b>59</b>	<b>4</b>	<b>17</b>	<b>4</b>	<b>84</b>
Charges	<b>2</b>	<b>8</b>	<b>1</b>	<b>8</b>	<b>19</b>
Other	<b>60</b>	<b>4</b>	<b>20</b>	<b>47</b>	<b>131</b>

## Section 3 – The culture, including staff training and development

**This section describes how NHS Tayside is developing a culture that values all forms of feedback, and supports its staff to use this information to learn from and improve the patient experience.**

**The need to build capacity in frontline staff, through strong clinical leadership, role modelling and professional supervision is recognised in order to optimise patient and carers' experiences and to react appropriately when individuals raise dissatisfaction or make suggestions. It is recognised that, until this becomes the culture and behaviour of all staff it will be difficult to fully implement all the changes required to ensure our approach to feedback and complaints is truly person centred. As a result, this section describes some of the national and local work and training NHS Tayside is taking forward and has available to support a culture that encourages feedback and responds openly to concerns.**



### **3.1 Developing NHS Tayside's culture through our Vision and Values**

NHS Scotland's "Everyone Matters: 2020 Workforce Vision" sets out some key priorities for implementation, one of them being "iMatter".

During the period 2015/16 NHS Tayside has continued to be at the forefront of taking forward the "iMatter" initiative, which is a tool designed with staff in NHS Scotland to help individuals, teams and Health Boards understand and improve staff experience and aims to embed a culture that actively encourages and welcomes employee feedback.

Evidence shows that the better the experience of staff at work, the better the experience of patients and their families. By focussing on staff experience at work, iMatter will help to have a positive impact on patient experience too.

Teams are asked to complete a short online or paper questionnaire and provide information on their experience of working for NHS Tayside.

Numerous awareness sessions and managers' development workshops have been held during the last 12 months.

NHS Tayside Board has responded to this national initiative with tremendous enthusiasm and commitment, with the first cohort of teams demonstrating an 87% return rate on completion of the questionnaire. This bodes well for future phases of implementation.

With robust action plans now being developed by Team Leaders and staff, this will enable joint ownership and provide opportunities for staff to be more open and confident in relation to giving and receiving feedback with a “research based” framework/toolkit which the “iMatter” model provides.

### 3.2 Training and education

In conjunction with current staff/team training plans, there are key strategic areas of training that continue to be identified and taken forward, to facilitate the “feedback” agenda.

Training and development programmes to support staff in responding appropriately to feedback, concerns and early resolution continues, and some particular examples worthy of highlighting during this year include:

#### LearnPro modules “Involving Patients & Carers and the Public eLearning Module



NHS Tayside has a duty to involve people in designing, developing and delivering health care services they provide for them.

The Public Involvement Team have designed a beginner’s guide to involving Patients, Carers and the Public for staff who have a role in improving how services are delivered and to do it in partnership with service users.

The aim of the module is to raise awareness of the need to involve people when considering a service change or improvement and covers:

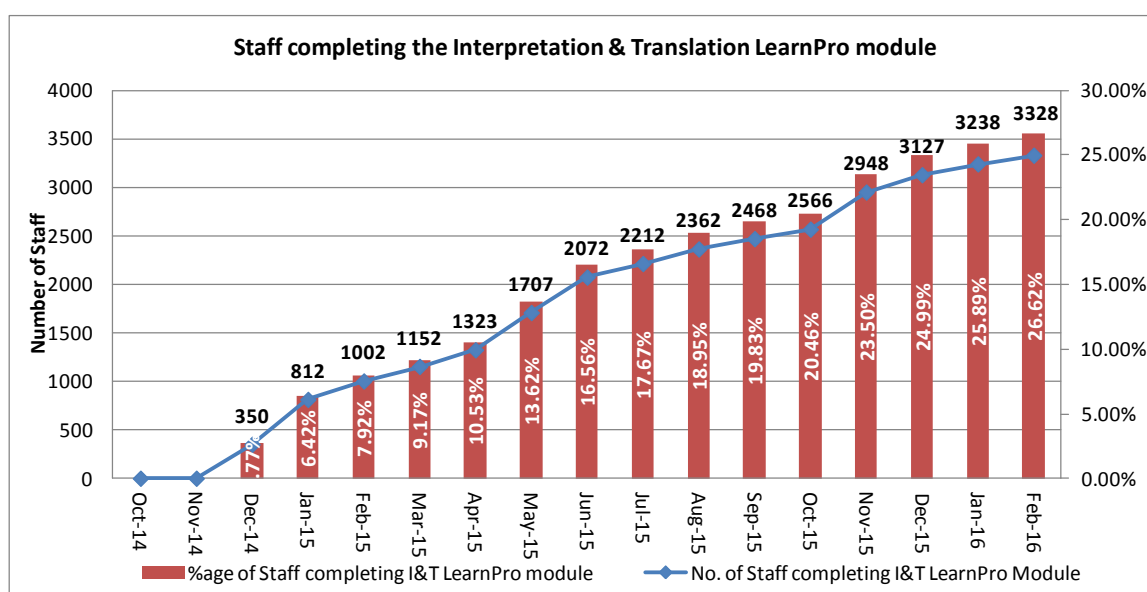
- **why** you need to ensure you involve people
- understanding your responsibilities to ensure that your service area involves people
- understanding **when** to involve people and know what appropriate action to take
- **how** to involve people and where to find additional advice

## LearnPro Module: Interpretation & Translation

As part of NHS Tayside's Section 23 Agreement between the "Equality & Human Rights Commission" and Tayside Health Board (October 2014) a number of areas of improvements continue to be implemented, training being one of them.

The LearnPro module on "Interpretation and Translation" was developed in November 2014 in partnership with user groups and members of the public, and includes information on staff's legal duties, roles and responsibilities and additional communication needs. The uptake of this module continues to increase steadily on a monthly basis. Activity "run" charts in relation to the uptake of the LearnPro modules are monitored on a quarterly basis. An example is provided below (see figure 6):

Figure 6 - Activity "run" charts in relation to the uptake of the LearnPro modules



## Supporting Disabled People to Provide Feedback

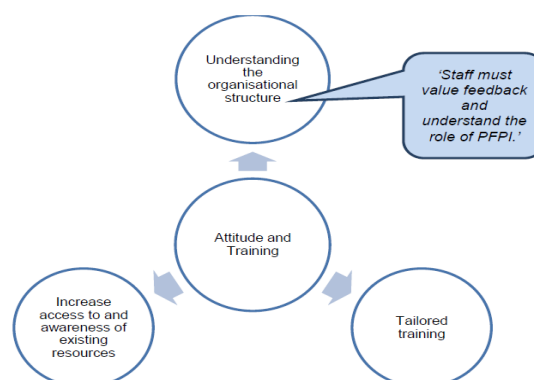
As part of the NHSS / Glasgow Centre for Inclusive Living (GCIL) Equality Academy Professional Careers Programme, NHS Tayside has welcomed a disabled graduate into our workforce. The aim of this programme is to provide a 2 year employment opportunity for disabled graduates providing them with a challenging and rewarding experience of employment, thus helping to set them up for a long-term sustainable career. The evaluation and feedback from this placement will be invaluable in shaping future employment programmes.



At our Corporate Induction programmes in NHS Tayside, we signpost all new employees to key training materials that are available nationally and locally. The following resource links are all highlighted at Induction and during any other relevant learning and development programmes

The National Education for Scotland (NES) Patient Rights (Scotland) Act 2011 'Patient Feedback, Comments, Concerns and Complaints leaflet' details the following sources of good practice:

- Can I help you? Learning from comments, concerns and complaints Scottish Executive Health Department, April 2012 [www.knowledge.scot.nhs.uk](http://www.knowledge.scot.nhs.uk)  
Information on the Patient and Advice Support Service (PASS) is available at [www.cas.org.uk/Projects/patientadvice](http://www.cas.org.uk/Projects/patientadvice)
- Staff Governance Standard [www.staffgovernance.scot.nhs.uk](http://www.staffgovernance.scot.nhs.uk) ;
- Better Together allows people to share their experiences of NHS services online [www.bettertogetherscotland.com](http://www.bettertogetherscotland.com)
- Patient Rights (Scotland) Act 2011 sections 14-16 (patient feedback, comments, concerns or complaints)  
[www.scotland.gov.uk/topics/health/patientrightsbill](http://www.scotland.gov.uk/topics/health/patientrightsbill)
- Making a complaint about the NHS [www.hris.org.uk/index.aspx?o=1025](http://www.hris.org.uk/index.aspx?o=1025)
- The Knowledge Network [www.knowledge.scot.nhs.uk](http://www.knowledge.scot.nhs.uk)
- Teach Back methodology to support health professionals check a patient's understanding of the information they have given to the patient  
[www.nchealthliteracy.org/toolkit/tool5.pdf](http://www.nchealthliteracy.org/toolkit/tool5.pdf)



## Sage and Thyme ® Communication Skills Programme



The highly successful “Sage & Thyme” training programmes that were introduced into NHS Tayside in 2013 continue to be delivered. This is an evidence based approach programme to enable practitioners to engage with patients / service users / carers who are in distress, and it provides a framework for practitioners to engage with, identify concerns, support the person to manage their distress and bring the conversation to a conclusion. The courses are being very positively evaluated with staff reporting increased willingness and confidence to support people who are in distress. 347 staff have attended programmes during 2015/16.

Following the continued success of the Sage & Thyme Communication Skills Programmes NHS Tayside has committed to a further 17 courses to support staff and teams from across all localities in undertaking this programme.

### Carers' Awareness Training

Carer Information Strategies (CIS) Plans: 2016-17 has set out guidance and key priorities, workforce training being one of them, it states that Health Boards are to continue to take steps to ensure that the Equal Partners in Care (EPiC) Principles are embedded in practice and extended to cover the whole of Health and Social Care workforce. This includes promoting the Equal Partners in Care (EPiC) framework at strategic level where senior managers can influence significant change. NHS Tayside has introduced the Equal Partners in Care (EPiC) e-learning modules levels 1-3 onto the LearnPro platform.

- Level 1, for any staff or volunteers who may come in contact with public and therefore carers.
- Level 2, for staff who come into regular contact with carers and families.
- Level 3, for anyone in a leadership role in relation to involving carers in planning and shaping services.

Carer awareness sessions have been introduced for all new staff at Induction, delivered in partnership with the Carers Centres throughout Tayside. 427 new staff attended during 2015/16.

A carer's information webpage has been developed for staff and is available on Staffnet which is also highlighted at Induction and it has had over 900 hits to date.

Within NHS Tayside there continues to be an active Carers' Training Group which meets on a quarterly basis to ensure the involvement and consultation of carers in the planning and development of training programmes and to progress, oversee and monitor the effectiveness of the implementation of NHS Tayside's training plans.

The NHS Tayside Carer Information Strategy was developed and agreed in partnership with carers, NHS Tayside and the three local authorities in Tayside. The strategy was an important step forward in getting all partners to work together with carers, and aims to: identify as many carers as possible; provide relevant information and advice; develop training and support to raise awareness amongst all NHS staff of carers as partners; and work with carers to agree their needs for training in terms of their role as a carer. NHS Tayside has also applied for the Carer Positive engaged level status.



### **Child & Family Communication Programme**

A bespoke communication course has been developed by NHS Tayside. The course was designed to equip staff to communicate more effectively and sensitively with children and families with complex additional support needs, particularly when sharing difficult news or helping a family after they have received difficult news.

NHS Tayside commissioned a review of services for children and families with complex additional support needs, in response to national policy direction outlined in: Getting it Right for Every Child (GIRFEC); palliative care pathway; and work from the Children with Exceptional Needs (CEN) Managed Clinical Network (MCN).

Engagement with parents of children with complex additional support needs was central to the review. Their views were sought through a mix of survey questionnaires, telephone interviews and discussions with a Parent Advisory Group.

One of the key priorities that emerged from the feedback from parents was the need for good communication and interaction styles that were family centred, collaborative and sensitive to the child and family needs, especially around sharing difficult news, or receiving a new diagnosis. Parents also highlighted that they needed ongoing support to come to terms with and understand the difficult news.

Priority was given to developing communication skills training for NHS staff within the children's complex needs service, incorporating the key principles as set out within Getting the Right Start (2003).



The courses are delivered by two trainers - a lead trainer and a trainer with expertise in delivering 'difficult news'. However, a more innovative aspect has also been built into the course, where parents are also involved in providing input. For example, they talk through the experiences of their journey with their child in relation to receiving both 'good' and 'difficult' news. In addition, parents from Parent to Parent – a local parents' organisation that provides support to families with children with additional support needs – get involved in role playing scenarios, providing realistic feedback on communicating difficult news in safe settings.

Courses were initially targeted at practitioners from a wide range of professions within multi-disciplinary team across NHS Tayside. More recently courses have been offered to partners in other organisations and agencies, for example, social work and education colleagues and voluntary sector partners, as a way of encouraging better multi-agency working. Courses are currently run four times a year. Between 2011 and 2015, almost 300 participants have taken part. This includes NHS, local authority officers (including teachers) and staff from voluntary organisations. The course has now been found to be relevant to all children's service practitioners, and not just those who work with children with complex additional support needs.

Feedback gathered from participants has shown that they have found the course helpful and relevant to their work. Many felt more confident in using motivational interviewing to communicate with children and their families, particularly in relation to delivering difficult news. An evaluation of the programme showed that there was a statistically significant positive shift in confidence to engage in conversations. Participants felt that the course provided a safe and supportive learning environment.

“We now have more people skilled up to communicate effectively and sensitively with children and their parents.”



## Section 4 – Improvement to Services

Through the report we have explained how we collect feedback and complaints, how we are encouraging feedback and the support we are providing to our staff to enable them to use and learn from this information. We have already provided some examples of learning and improvements as a result of feedback and complaints received from patients, carers and families, however this section aims to provide more examples of the actions we have taken throughout 2015/16 in response to both feedback and complaints.

### 4.1 Learning and improvements resulting from complaints

#### **Community Rehabilitation Team (CRT) Physiotherapy Service**

Several patient complaints had been received regarding the lack of information / contact numbers around referral to the Community Rehabilitation Team Physiotherapy Service. As a result an information leaflet was created and is given to patients who are referred to Community Rehabilitation Team (CRT).

#### **Continence Advisory and Treatment Service (CATS)**

The Continence Advisory and Treatment Service received a complaint after a patient had been removed from the product supplier list and could no longer order products. This had been due to the patient not receiving the service invitation letter to attend for an annual continence review, and therefore had not responded to the invitation. The process was to then remove the patient's name from the product supply list. This complaint was used to initiate discussion within the team to identify how they as a service could improve on the methods used to contact and involve both new and review patients to make the process more user friendly. The following improvements were identified and progressed:

- All non delivered mail is returned to the Continence Advisory and Treatment Service (CATS) office by Royal Mail advising that the recipient has moved away, letter damaged or no such address etc.
- Service administrative staff are prompted by the non response to the review invitation letter to check on TOPAS and remove patients from their database who are deceased or no longer wish to receive products. This method allows the Continence Service to update and keep as accurate figures as possible of patients currently in receipt of products to facilitate planning and budgeting.

- Text messaging was also discussed and it was felt that this would be a good option to be developed in the future. The team undertook a review of the invitation letter in order to emphasise the importance of contacting the service with the additional options of contact offered ie requesting to speak to a nurse to have a telephone review carried out which would allow patients a choice of access to the service.

Patients who fail to respond to a Review Invitation letter now have 4 weeks to respond before their products are stopped. The Service Personal Assistant records that the patient supply is “Suspended awaiting contact” rather than as previously saying “Taken off” in order to reduce any unnecessary anxiety to the patient whilst highlighting to service to reinstate the patient’s products and offer a suitable clinic appointment. Arrangements have also been made with the product supplier who can provide patients with the correct contact details to assist patient in having their products reinstated.

The service have developed “How To” guides on the steps which are required to reinstate patients, make a review appointment and check if the patient requires any products to be sent out prior to the appointment. The “How To” guides will provide sufficient flexibility to allow clinical judgement to guide the appropriate assessment of the patient in order to achieve person centred care. This process will not impact or delay the delivery of products to the patient. The above service improvements as a result of the complaint received were shared with the patient during a telephone assessment.

In order to take this learning a step further and make it more formal, an education session was run by Tayside Centre for Organisational Effectiveness (TCOE) for all the Continence Team in October 2015. The course was on “Giving and Receiving Feedback” which helped staff to give feedback to patients and other staff members in an open and respectful manner. The course also helps staff deal with feedback themselves in a way that maintains good working relationships and supports a healthy organisational structure.



## **Urology Service**

A complaint was submitted by a patient who felt that appropriate support was not in place at the time of their cancer diagnosis. The service reviewed the complaint and noted that a Specialist Nurse was not in attendance to provide support to the patient at the appointment. As a result of this complaint the Specialist Nurses now have a generic email address which the Consultants use to notify the Specialist Nurses of any new cancer diagnosis in order that a Specialist Nurse is in attendance at clinic appointments.

In addition to this the patient had complained that there had been a delay in implementing the Sepsis 6 bundle. The ward involved now have a process in place where the doctor prescribing the antibiotic administers the first dose so there is no delay and the ward have provided a trolley containing all the necessary equipment when implementing Sepsis 6 bundle.

## **Older People Services**

A complaint was submitted in regards to the discharge and ongoing care needs process used within the older peoples services. As a result of this complaint the service have taken the following actions:

- PDSA (Plan, Do, Study, Act) on the Multi-Disciplinary Team (MDT) documentation carried out on the ward
- Multi-Disciplinary Team (MDT) Meeting documentation to be reviewed to ensure that is being completed and applied in a consistent way
- Review process regarding storing and filing of Multi-Disciplinary Team(MDT) Meeting documentation

There was a need to improve communications between health and social work staff who did not attend the Multi-Disciplinary Team (MDT) meeting. As a result the following action was taken:

- Multi-Disciplinary Team (MDT) documentation to clearly delegate actions and discussions that require to be taken, to Social Worker involved directly, in support of the patient and the outcome is clearly documented on the Communication

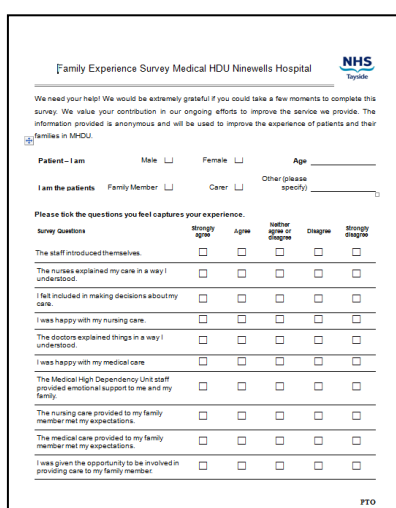
Concerns were raised in regards to communication amongst nursing staff on the ward and the ability and confidence of Health Care Assistant (HCA) when on their own with carers and patients, out with the ward environment. As a result the following actions were taken:

- The staff have explored training and development that can be offered to Health Care Assistant (HCA) staff when escorting patients and specific to addressing concerns raised by carers
- Training offered to Health Care Assistant (HCA) on the Discharge Pathway and their role within this process action was taken

It was felt that the complainant be offered the opportunity to share his carer story and his experience of the discharge process to promote learning over the organisation.

## 4.2 Learning and Improvements resulting from Feedback

### Acute Medical Unit (Medicine Directorate)



Family Experience Survey Medical HDU Ninewells Hospital

We need your help! We would be extremely grateful if you could take a few moments to complete this survey. We value your contribution in our ongoing efforts to improve the service we provide. The information provided is anonymous and will be used to improve the experience of patients and their families in MHOU.

☐ I am the patient

Male ☐ Female ☐ Age

I am the patient's Family Member ☐ Carer ☐ Other (please specify)

Please tick the questions you feel captures your experience.

Survey Questions	Strongly agree	Agree	Neither agree or disagree	Disagree	Strongly disagree
The staff introduced themselves.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The nurses explained my care in a way I understood.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt included in making decisions about my care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was happy with my nursing care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The doctors explained things in a way I understood.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was happy with my medical care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The Medical High Dependency Unit staff provided emotional support to me and my family.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The nursing care provided to my family member met my expectations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The medical care provided to my family member met my expectations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was given the opportunity to be involved in providing care to my family member.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

FTO

The Acute Medical Unit recognised that they did not have a tool in which to capture patients and families' experiences whilst receiving care within the unit. In order to identify and support improvements in patient care and patient experience the team agreed to undertake a review of questionnaires available in order to identify a method of capturing patient and family feedback. A questionnaire was produced specifically for the unit and this is given to the patients and their families after the acute phase of their illness and prior to stepping down to the wards.

Staff within the unit encourage relatives to assist the patients in completing the questionnaire in order to capture their families' experience too. As a result of feedback received, the unit have purchased new fans to improve patient comfort and try and provide patients who are receiving palliative care with a side room where possible. In order to capture further feedback the team would like to introduce a follow up visit once the patient has stepped down to the wards and a patient/family information leaflet providing information on the number of ways that feedback can be given.

## Oncology

Across the Oncology services feedback is gathered in many forms, examples include the following:

- Staff within the Haemophilia team have engaged with anticoagulant patients using small focus groups and surveys to listen to their experiences regarding education to gain feedback and enhance tools and methods used to inform them. From this work the team have developed a new checklist, given staff training on teach back methods, introduced and the use of teach back to enhance the consultation and information given to patients.
- Haemophilia patients have taken part in feedback surveys for home delivery which has resulted in change in times to enhance customer / user needs
- Haemophilia patients have taken part in local audit by completing feedback regarding their comprehensive care. This itemised some concerns regarding time to be seen for emergency care within Accident & Emergency. The team have taken this information to the national managed network for inherited bleeding disorders as this is a problem seen in most haemophilia centres. A national educational event and composition of a national guideline for emergency care for this group of patients is taking place.

## Out Patient Areas

The outpatient areas over Ninewells use many methods to gather feedback in order to identify and progress service improvements, examples are shown below:

- Feedback obtained from some Nurse Led Clinics has resulted in a change in how patients were booked on to the patient administration system for appointments. As a result of the change waiting times for appointments have reduced and the service receive fewer complaints.
- As part of patient feedback it was noted that patients were often unhappy waiting past their allotted appointment time. Staff now inform all patients if the clinic they are attending is running late by 30 minutes or more and ensure that this is written on the patient notice board which is in the waiting area with an apology for the delay.

- Work is ongoing with the medical staff to alter the care plan for patients who require a post operative splint. A questionnaire is filled out by the patient within the clinic setting with the help of the nurse, the results of the questionnaire then inform how best to treat the patient and to ensure minimal post operative pain.
- Verbal feedback in regards to noise within the clinic has resulted in a change to the way of working in the combined cancer clinics. Signs are now used on treatment / consulting room doors ie "quiet please", "room engaged do not enter" for when a consultation is taking place. Staff have also added this to the regular safety briefings to ensure that staff are reminded of the delicate nature of the consultations taking place and therefore become more aware of noise levels.
- Some out-patient areas display feedback and the actions taken as a result of feedback received using "You Said, We Did" in a prominent place within the waiting areas. This allows patients to see that the teams have acted upon the feedback given.
- The Breast Care Nurses run courses and support groups where patients attending are invited to give verbal feedback and, if required, it is presented to the wider team. As a result of the feedback gathered, locked feedback boxes are located outside each clinic area and with easily visible feedback cards in order that patients can give real-time feedback of their hospital experience. Posters have also been introduced to all public areas that explain about positive feedback also, such as **'What are we doing well?'**

### **Woman and Child Health - Paediatric Complex Disability Services**

The service uses a variety of ways to collect feedback from users and carers. This is mainly with the use of parent questionnaires but there are also feedback boxes where families can add comments in the nursery, respite and clinics. Feedback is then displayed on walls, The Care Inspectorate gathers feedback from families as part of their inspection processes, We use observation of children to see their reactions to the activities they do so that we can determine how well they are enjoying the experience, we capture this sometimes using photographs which we share with families. Previously changes have been made to the environment following feedback. This has included introducing baby changing facilities in waiting areas, changing the reception area in Armistead Child Development Centre (ACDC) to make it more child friendly and introducing a water fountain in the public area of Armistead Child Development Centre (ACDC).

Valuable ways of working have been adapted. In particular, the communication with parents' in schools, following feedback have made it possible to build relationships. The service have also written specifically to families who have had less positive feedback to inform them of the service learning following investigations into their concern.

### **Perth and Kinross Community Health Partnership Community Health Partnership**

Across Perth and Kinross community feedback is gathered in many forms, examples include the following:

- The use of “How are we Doing” questionnaires within services and Perth and Kinross in-patient units
- Patient stories from patients in the Stroke Unit and patients being seen in the Community as part of Enhanced Community Support
- Patient feedback sought from a randomly selected patient during the unannounced walk rounds to Perth and Kinross in-patient units
- Patient Focus Groups (recent examples being in the Anticoagulant service and the Older Peoples Community Mental Health Teams)
- Young Carers Identification Card questionnaires to Young Carers and their families.
- Health Visiting Satisfaction Questionnaire
- Breastfeeding Support Feedback Questionnaire.

Across Perth and Kinross community services improvements have been made in various services as a result of feedback, examples include the following:

- The locks have been replaced on the dementia assessment wards at Murray Royal Hospital following feedback from patient relatives.
- Young Carers and their families were asked for feedback on the potential roll out of a Young Carers Identification Card. Young Carers said that they would benefit from a card they could use in school, medical settings and Pharmacies. The identification card will now be rolled out. Young Carer Identification Card overall feedback was shared with the Young Carers and their families at the Young Carers Consultation Event 2016. The next steps were shared and comment boards set up at the event so they could feed their opinions about the next steps back.
- Improved communication within the multidisciplinary Team to enable greater clarity for both the patient and carer regarding expectations of services available on discharge.

- As a result of a complaint, all services in the Community Health Partnership (CHP) were reminded of their responsibilities in relation to Interpretation & Translation, and to display the yellow British Sign Language poster entitled “Do you need a Sign Language Interpreter?”
- Carer story within Medicine for the Elderly utilised as part of an improvement plan in relation to end of life care.

In order to share learning and improvements as a result of feedback with patients, all Perth and Kinross in-patient units have a “You Said, We Did” board in each ward which is used to summarise the feedback received from patients and actions taken and feedback letters sent to patients who contributed to patient Focus Groups.

## **Dundee Community Health Partnership (CHP)**

### **Continuing Care for Older People**

Within Continuing Care for Older People feedback was received by Peripatetic Care home team in regards to discharge processes used to Care Homes from acute care settings and subsequent Local Adverse Event Review held. This resulted in a standardised Care Home Discharge Transfer Letter that is to be made available throughout the organisation.

Individual wards within Continuing Care undertake patient feedback questionnaires and display the results on ward notice boards in form of “You said, We did” as well as displaying monthly audit results.

### **The Corner**

Following feedback from young people attending the Corner themes emerged that the very young, vulnerable young people felt intimidated by much older young people in the waiting area. This feedback, in conjunction with data from the service and the priorities of the Managed Clinical Network (MCN) and Scottish Government, led to a revision of the Corner age range to ensure the highest priority young people felt comfortable and were able to access this key service.

### **Centre for Brain Injury Rehabilitation (CBIR)**

Within the Centre for Brain Injury Rehabilitation (CBIR) the team use the post discharge “How are we doing?” questionnaire for both patients and relatives.

The spouse of a patient receiving in-patient post-stroke rehabilitation requested contact with the partners of other people with aphasia for support and information. A proposal was put forward to the partners of patients known to our service at the Centre for Brain Injury Rehabilitation in Dundee and 6 out of 7 of those contacted agreed to be involved.



Pilot meetings were arranged from January 2015 to December 2015 with support from Speech and Language therapy and financial support from Tavistock Trust for Aphasia. Informal feedback was collected at the end of each meeting and this was then used to improve the next group meeting. The intention over 4-5 meetings the team would discover if there is benefit in the Aphasia Partners group becoming established as part of our aphasia pathway and if so to have a model of how the group would be run. At the end of the final meeting participants were invited to give written feedback to share with all parties, the therapists involved, aphasia partners and Tavistock Trustees. This was in a simple form asking for comments in the categories “learned”, “enjoy”, “take away” and “not so good”. The comments recorded were grouped into themes but indicated there was a need and positive evaluation of the group.

<b>Learned</b> 	<b>Enjoyed</b> 
<b>Take Away</b> 	<b>Not So Good</b> 

As a result of this pilot further meeting dates have been arranged for 2016 and these dates are to be circulated to known aphasia partners and made available to new aphasia partners throughout the year via local Speech and Language Therapy networks. The Speech and Language Therapy Team are to introduce each meeting with any new information e.g. local and national resources, research findings, suggestions or information others have found helpful. Further feedback is to be collected in December 2016 to inform future planning of the Group.



## **Allied Health Professionals**

### **Therapeutic Nutrition Service Lead Nutrition & Dietetics Department**

Within the Therapeutic Nutrition and Dietetics Department the following:

- Paediatric Overweight Service Tayside (POST) used a 'You said, we did' approach and as a result changes were made to the consulting room used in Arbroath.
- Adult Weight Management Service are currently using CARE measure with individual patients, this is being done on a generic iPad. In addition patient stories are filmed using the generic iPad and information from this will help to inform the planned re-vamp of the weight management programme.
- Mental Health Dietetic service use a 'How are we doing?' questionnaire which is undertaken on an annual basis. Previously a poster was developed to inform patients of outcomes.
- Paediatric Dietetic Team - One member of staff currently undertaking an internship with the improvement team and as part of this will be gathering information from parents regarding their journey from primary care to secondary care specific to cow's milk allergy.
- Paediatric Overweight Service Tayside (POST) used a 'You said, we did' approach and as a result changes were made to the consulting room used in Arbroath.

### **Physiotherapy Patient Feedback**

All teams report feedback and methods of gathering feedback through the Clinical Governance monthly reporting. Teams should aim to gather feedback twice a year formally or act on feedback as it is received. Methods employed have been patient stories, focus groups, questionnaires, Care Measure feedback.

The physiotherapy neurology team have opened a generic email account and will encourage patients to provide feedback through this in the future.

## Physiotherapy Cardiac Rehabilitation Questionnaire

A physiotherapy cardiac rehabilitation questionnaire was circulated in January 2016 with the following questions:

- What was good about the Cardiac Rehab exercise classes?
- What was not good about the Cardiac Rehab exercise classes?
- If you could change one thing about the Cardiac Rehab exercise classes, what would it be?
- How would you rate your overall experience at the Cardiac Rehab exercise classes (please tick) Excellent / Good / Average / Poor / Very Poor

As a result of the 33 questionnaires returned the following actions have been taken to improve the service:

- Reinforced change of exercise circuits on a regular basis
- Reinforced use of educational materials at start of class specifically Douglas and Ninewells
- Reviewed music for all classes
- Review the maximum number attending Arbroath class at any one time

Feedback from patients attending the bladder / bowel service highlighted some patients' desire not to attend during office hours as they did not want to discuss the reasons for attending appointments with their employer. As a result of this feedback, early morning and evening appointments were scheduled into the weekly appointment schedule to allow patients to attend after / before work.

## **Angus Community Health Partnership Community Health Partnership (CHP)**

Across Angus community services improvements have been made in various services as a result of feedback and complaints, examples include the following:

### **Angus Physiotherapy Services**

When gathering feedback it emerged that patients did not always understand the use and progression of walking aids. As a result of this feedback there is now an increased staff awareness of this issue from a patient perspective, improvements have been made in the explanations given to patients and written information is provided to patients on discharge from hospital.

Patients had advised that multiple professionals asked the same questions and visited the patient's home. As a result of this the health professionals arrange joint visits where possible and maximise the use of Allied Health Professional (AHP) Generic Support Workers who complete both Physiotherapy and Occupational Therapy tasks in a single visit. This has resulted in better management plans for patients and improved patient care.

### **Angus Community Hospitals and Medicine for the Elderly**

Within some of the community hospitals it was highlighted that patients' family / carers were not always aware or informed of changes to care or decisions which required to be made. As a result whiteboards have been placed in each bedroom in order that nursing staff can share important information and/or request that a family member contacts a member of staff for further discussion on any aspect of care or discharge.

Following feedback in regards to poor communication of discharge plans and arrangements a patient discharge care plan was developed with a copy provided to the patient / carer on discharge to share the discharge arrangements in addition a patient / carer questionnaire has been devised in order to gain further feedback on carer views.

There is now a Dementia Ambassador training programme in place for community and Medicine for the Elderly staff with a total of 107 local Dementia Ambassadors trained. All wards now have an ambassador and these are identified on the ward whiteboards/notice boards in order to improve care of patients with Dementia.

Patients felt that the portions sizes and plates provided at meal times on the wards were too large and as a result smaller meal plates were provided by the catering teams.

## **Primary Care Services - Patient Participation Group**

A Patient Participation Group has been established in Brechin and the following issues have been raised by those in attendance:

- The Group felt the public were unaware of the multi-disciplinary team working in the practice, as a result the team increased frequency of practice newsletters and have included a standard item on 'Meet the Team'
- An information day was held in the practice in April 2016 during which a patient survey was undertaken, led by the Patient Participation Group to explore further patients' understanding of services
- It was also felt that there was a lack of signposting to locally available support. In partnership with Voluntary Action Angus (VAA) the Health Centre set up an information service which was available in the practice waiting area three days per week to help patients access support within the community such as volunteering, befriending and voluntary transport as well as signposting to local organisations and community groups. During Public Participation Group meetings, patient representatives asked the Health Centre to increase communications about both the changes being made within the practice and signposting to services available locally

## **National Self-Management Week**

A meeting is scheduled twice yearly with representatives from a range of Long Term Conditions (LTC) peer support groups and third sector organisations to review and plan for Long Term Conditions (LTC) services. Group members suggested marking national self-management week with an 'Inspiration Tree' whereby those living with long term conditions were invited to complete a tag outlining what or who inspires them to self-manage. The tree was displayed in Montrose Sports Centre during Self-Management Week and was very well received.

### **Angus Palliative Care Team**

Palliative care offered a weekly symptom control clinic, run by their consultant, and day services in Little Cairnie hospital in Arbroath for patients who live in Arbroath and Carnoustie. When Little Cairnie was closed, the service have moved back to the Macmillan Centre in Stracathro until their new premises in Arbroath are ready. Stracathro Hospital is quite a distance for their ill patients to travel, especially over the winter months. To accommodate their patients they run a fortnightly symptom control clinic closer to home in Roxburghe House in Dundee. This clinic has been well received and well attended.

### **North of Scotland Oncology Services**

Patient input to development of a collaborative network between the three North of Scotland Oncology services has been an important and highly informative aspect of the regional Oncology programme. The programme was initiated in 2014 as a result of serious medical staff shortages in the North of Scotland. The programme aims to ensure that during periods of workforce shortage, patients from Tayside, Grampian and Highland have consistent access to specialist oncology services as close to home as possible by coordinated shared care between the Dundee, Aberdeen and Inverness Oncology centres. With the help of the Maggie's Centres in Dundee and Aberdeen the programme team met with groups of patients to discuss their views on shared care and to plan how the developments could be taken forward in a patient centred manner. Patient feedback was really positive and supportive of the drive to keep patients as close to home as possible. Patient feedback also highlighted a range of challenges and solutions including support for travel costs, continuity of support from the specialist nursing teams and how to provide accommodation for visiting family.

## Section 5 – Accountability and Governance

NHS Tayside values the opportunity to learn from patients and carer experience and recognises the importance of paying attention to feedback and complaints at all levels as part of our clinical governance system. As described within last year's report, NHS Tayside has a clear governance and accountability framework in place for the management, monitoring and assurance associated with feedback and complaints. This framework is described within NHS Tayside's Clinical Governance Strategy 2013 and documents the responsibilities from patient, ward/department to board. Feedback and complaints are reported through the Person Centred domain of the Clinical Governance Strategy.

### SCOPE OF CLINICAL GOVERNANCE



**At Ward / Department Level** – Person-centred care is everyone's business and every member of staff in every ward or department must always put patients and their families at the heart of everything they do. The first NHS Tayside Value is Putting Patients First and states clearly that "Everything we do is for you, our patients." Ward staff act on local feedback to improve patient experience every day and will engage with the public involvement team for patient and public help when redesigning and improving services.

Staff members are encouraged to recognise the importance of getting feedback from people and supporting them to become more involved in their health and healthcare.

**At Directorate, Community Health Partnership (CHP) or Community Level** - Each Directorate and Community Health Partnership (CHP) via their safety, governance and risk group monitor adverse events, complaints, improvement and learning. Directorates and Community Health Partnerships (CHPs) review and monitor local feedback to identify any consistent themes which may highlight areas for improvement and opportunities to share good practice and learning. This information is also discussed at Directorate and Community Health Partnership (CHP) performance reviews where the Clinical Governance Review Team (Medical Director Operational Unit, Associate Nurse Director and Head of Clinical Governance) seek assurance regarding systems and process for responding to and learning from feedback and complaints. Examples of learning and improvements are also sought and shared through these groups. Line managers have a particular role to play in developing a positive culture regarding the encouragement of feedback in all areas which allow specific improvement programmes aimed at improving patient care.

**At Executive Level (Governance)** - The Nurse Director is the Executive Lead for Person-Centred care and provides professional leadership. The Nurse Director and Medical Director hold a weekly Clinical Risk Management Meeting which acts as the mechanism for receipt of assurance from the Clinical Governance Review Team in respect of Directorate and Community Health Partnership (CHP) performance in relation to Clinical Governance, including feedback and complaints. This meeting is also used to understand areas that Directorates and Community Health Partnerships (CHPs) are focusing on improving and any issues they are facing in relation to feedback and complaints. This group reports through to the Clinical Quality Forum who receive a bi-monthly report from the Clinical Risk Management Meeting as well as a paper on all Scottish Public Services Ombudsman (SPSO) reports published in relation to NHS Tayside service. NHS Tayside's Senior Management Team meeting receive monthly reports on all complaints received, detailing key themes. The Clinical Quality Forum reports to NHS Tayside's Clinical and Care Governance Committee which is a standing committee of the Board.



**At Board Level (Governance)** – Within NHS Tayside, person centred care is a key strategic priority with a broad definition that includes family, carers and staff. The ambition of NHS Tayside’s Clinical Governance Strategy is that “every day every one of us delivers, sees and experiences standards of care that we would want for our own loved ones. This can only happen by putting the patient at the centre of everything we do, working as a team and making sure we have the information and data we need to deliver excellent treatment”. Creating the right conditions for staff to provide safe, effective person-centred care is vital, therefore NHS Tayside has developed in partnership with staff, patients, carers and the public the Vision, Aim, Values and Behaviours to express what they believe to be the best environment to deliver person-centred, safe and effective clinical care. In order to achieve this staff, patients, carers and the public should also be confident that their feedback is being listened to and see how this is impacting on their own care and the care of others.

Formal feedback is reported to NHS Tayside Board through bi-monthly performance data which details the number of complaints received, response times to complaints and the themes arising from complaints. As described in Section 2, the Chairman and Non-Executive Director/Chair of the Improvement and Quality Committee also undertake a bi-monthly review of complaints referred to the Scottish Public Services Ombudsman (SPSO), providing an opportunity for learning and improvements to our complaints handling process to be identified.

Within NHS Tayside, there is also a Feedback Workstream that is responsible for providing governance for all patient feedback related work across NHS Tayside. During 2014/15 this workstream developed a revised workplan to cover the next two years and identified the previously mentioned high level priorities:

- 1) Identification and implementation of accessible feedback mechanisms, that are ‘advertised’ increasing awareness of the availability and use of these mechanisms
- 2) Undertake and act on a whole systems review of the complaints procedure, ensuring the implementation of quality assurance mechanisms and objectivity of investigations, and implementation of all key elements of ‘Can I Help You?’
- 3) Building capability (through strong leadership, role modelling and professional supervision) in frontline staff to optimise patient and carers’ experiences and to react appropriately when individuals raise dissatisfaction or make suggestions.

Our work plan was also presented to the Participation Workstream, which has a remit to promote a culture of patient, carer and public involvement and clearly recognises that the needs of patients and families are core to decision making and all improvement activity.

In 2016/17 NHS Tayside aims to build on progress made in 2015/16, specifically on areas of work undertaken to raise awareness of how to give feedback, the use of validated tools for gathering feedback and the review of our complaints handling process.

NHS Tayside has developed a draft communication plan for feedback, focused on our communication to public, patients, carers and staff in relation to feedback activity. During 2016/17 we will focus on delivery of this communication plan, ensuring we are not only raising awareness of how people can provide feedback but sharing any improvements made as a result of feedback we have received.

In 2016/17 we will also focus on the following:

- Engagement in the Complaints Standards Authority's review and development of a new model complaints handling procedure
- Education and encouragement of the use of early resolution when responding to feedback
- Further development and training to support a culture that values all forms of feedback, including the empowerment of all staff and a strong leadership focus on complaints handling and governance arrangements
- Taking appropriate action in response to the outcomes of the national patient survey
- Liaison with our partners (Integrated Joint Boards, formerly Community Health Partnerships) to share approaches to gaining and responding to feedback and ensuring a seamless process for public, patients and carers whom wish to complain about the care/service they are receiving

We intend to measure the success of our plans through engagement with public partners to establish if there is greater awareness of the ways in which people can provide feedback and visibility of improvements made as a result of feedback.

As a result of some of our actions, we would anticipate an increase in the number of staff that have received training and are putting in to action early resolution and will therefore establish methods for the measurement of this.