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# Introduction

Golden Jubilee National Hospital (GJNH) aims to ensure all patients experience care that is safe, effective and person centred. We recognise the importance and value in listening to the views of our patients, relatives and staff in supporting and improving the high quality services we provide.

Our Board vision is ‘leading quality, research and innovation’.

Our Board Values are:

• Valuing dignity and respect

• A ‘can do’ attitude

• Leading commitment to quality

• Understanding our responsibilities

• Effectively working together

Our Annual Report on Feedback, Comments, Concerns and Complaints tells you how we engage with those who use our services and work within them to gather their views and ensure this information is used effectively. This annual feedback report for the period from 1 April 2016 to 31 March 2017 includes the following:

1 Encouraging and gathering feedback

2 Encouraging and handling complaints

3 Culture, including staff training and development

4 Improvements to services as a result of complaints and feedback

1. Accountability and governance

# Encouraging and Gathering Feedback

We aim to ensure that everyone, regardless of who they are, has the opportunity to give any form of feedback. We very much favour the ‘human touch’, encouraging our staff to promote the value of feedback in their wards and departments, regardless of whether this is positive or negative. This approach creates an environment that welcomes feedback from everyone. We achieve this by empowering our clinical staff to engage with people with confidence and respect and, where things have gone wrong, to address concerns as soon as we can.

Our staff are always happy to speak with anyone who has a concern, and at a time and location that suits their circumstances.

We provide a comprehensive interpretation and translation service for patients whose first language is not English and with visual or hearing impairments to ensure access to information in an accessible format. There are also accessibility options on our website to support people with hearing or visual impairments.

Our Equalities team are currently re-examining our approach to give people greater opportunities to participate in shaping the decisions that impact them. This means increasing the ability of those responsible for fulfilling rights to recognise and respect those rights, as well as holding them to account for their actions.

We are exploring a range of methods for improving our approach, including using the Panel Principles which focus on Participation, Accountability, Non-discrimination and equality, empowerment and legality.

We have connections with two independent advocacy services; alongside the national Patient Advice and Support Service (PASS), which is delivered via the Citizens Advice Bureau, we have a formal connection with Lomond and Argyll Advocacy Service (LAAS). There has been no uptake of the local service available via LAAS; which is thought to be due the nature of our service.

This section will outline our different methods for gathering feedback and present the feedback over the last year including examples of improvements made from feedback.

## 2.1 Volunteer Supported Feedback

### 2.1.1 Quality Walk Rounds

The Volunteer Quality Walk Rounds have continued during the last 12 months with trained volunteers visiting wards and departments to discuss the quality of care from both a patient and staff perspective. We know that staff and patients find our volunteers extremely approachable and our experience is that they feel they can speak freely to them.

In 2016/17 Volunteer Quality Walk Rounds activity has increased significantly with 381 visits made within ward areas. On each visit 5 patients and 5 members of staff were interviewed using a standard question set. Feedback from these interviews continues to be reported back to the ward manager and the team. There has been significant work in the last year to the system used to record and report the Walk Rounds. It has been recognised that we need to improve how we capture the learning resulting from these walk rounds and this will be a focus in the coming year.

### 2.1.2 Patient Surveys

In order to continue to improve our patient services and to ensure the quality of those services already on offer, our volunteers support teams to collate information through surveys. They are currently working the following teams:

* Catering - to consider patient views in respect of the quality and quantity of food on offer.
* Clinical Nutrition and Dietetics – to ascertain whether patients benefit from protected meal times and whether they require, and are offered where appropriate, assistance with eating.
* Housekeeping – to support the monitoring of standards in patient areas.

### 2.1.3 Citizens Advice Bureau Outreach Service

The unique service we provide in the Board to patients from across Scotland resulted in a number of questions being posed to staff in relation to concerns about benefits, allowances for travel etc. As a result of that feedback from staff an outreach service has been introduced with staff from the Citizens Advice Bureau attending the site on a weekly basis. Staff are able to arrange appointments for patients or ask questions on their behalf. This support has been well received with positive feedback from both staff and patients.

## 2.2 Speak Easy

Speak Easy is our feedback mechanism for patients, visitors and staff. Speakeasy forms are available in all areas with 20 post boxes throughout the hospital. These are collected regularly by the Clinical Governance Department who record and share with the area involved for local response/ action depending on the type of feedback. If the feedback suggests a concern or complaint the department will make contact if possible to discuss further ensuring each Speakeasy is responded to appropriately. The SpeakEasy form is under review with an aim to redesign with a patient focus and will be re-launched during 2017/18.

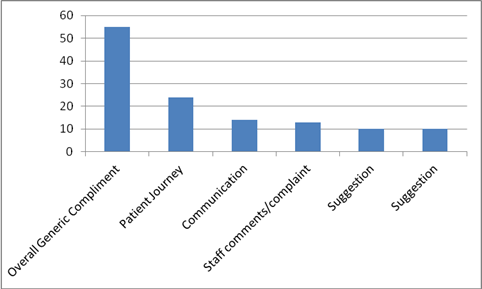
During 2016/17 we received 146 speak easy forms. Feedback via speak easy has declined in 2016/17, with 146 received, compared to 195 during 2015/16. The majority of these (75%) are from patients which is consistent with previous years.

As shown in the chart below the top theme was ‘Overall Compliments’ with 58 (37.4%).

* *It is always First Class service every time I have come here. Staff are very understanding and kind.*
* *Well looked after before and operation care and attendance by everyone after operation could not have been better*
* *First time at this hospital. The minute my dad and I stepped into the hospital we were very impressed with the kind welcome by the reception staff. The ladies instruction was clear and easy to get to the X-Ray department we were early like 1 hour and we were taken early they allowed me to stay with my dad as he is 85 years and deaf. I want to thank all staff for their support and making our visit stress free.*
* *I cannot thank everyone enough my experience at the hospital was made so much better by the attention which I was afforded. Furthermore the cleanliness of the wards etc was outstanding*

On review of the feedback and contact with the feedback provider, one speak easy form was progressed as a formal complaint. A

**Chart ?: Speakeasy Feedback by themes**



## 2.3 Patient Opinion

Patient Opinion is an externally managed feedback programme which our patients can access. The Board has been actively using Patient Opinion since 2011 to gather feedback from patients and relatives.

The Communications Department monitor and respond to all comments and questions, sharing these with relevant staff.

In the year 1 April 2016 to 31 March 2017, a total of 24 ‘opinions’ were published about the Golden Jubilee National Hospital, compared to 22 in the previous year.

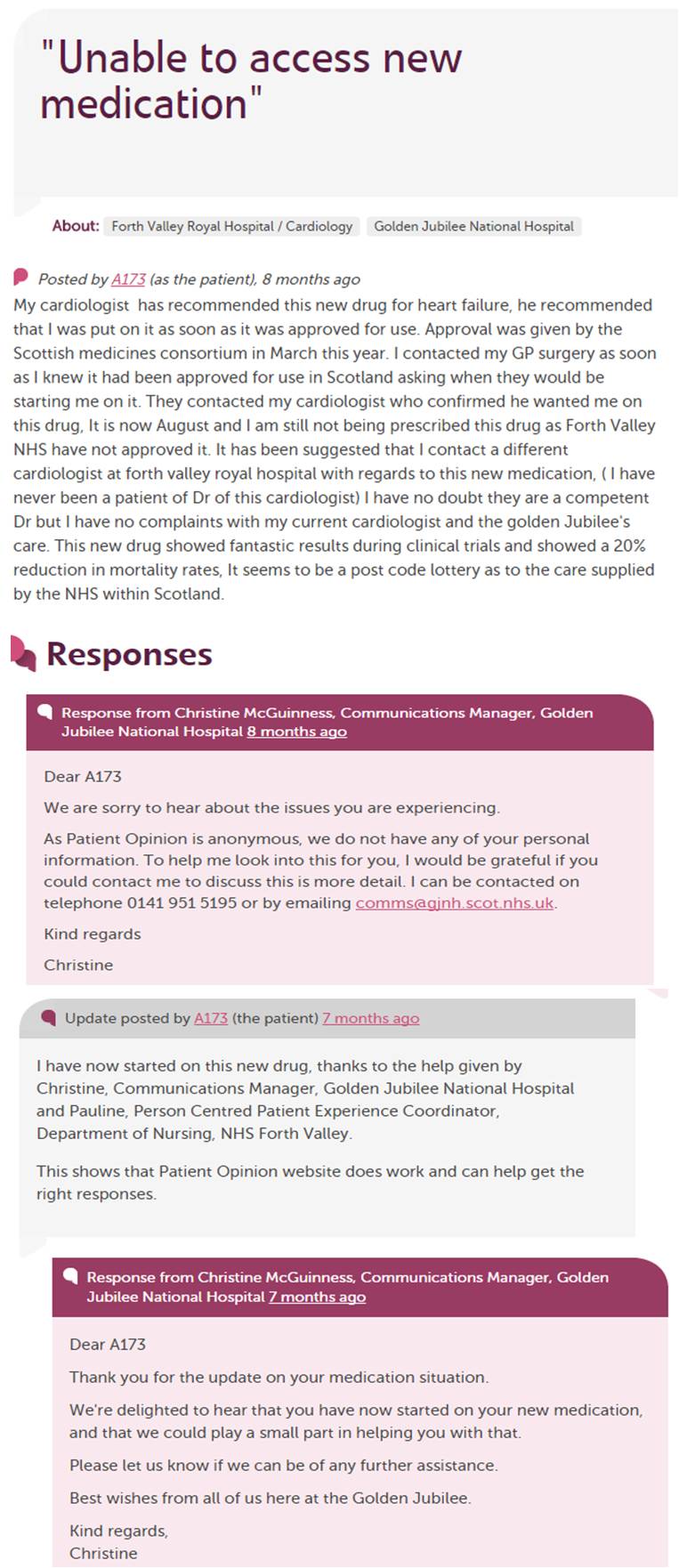
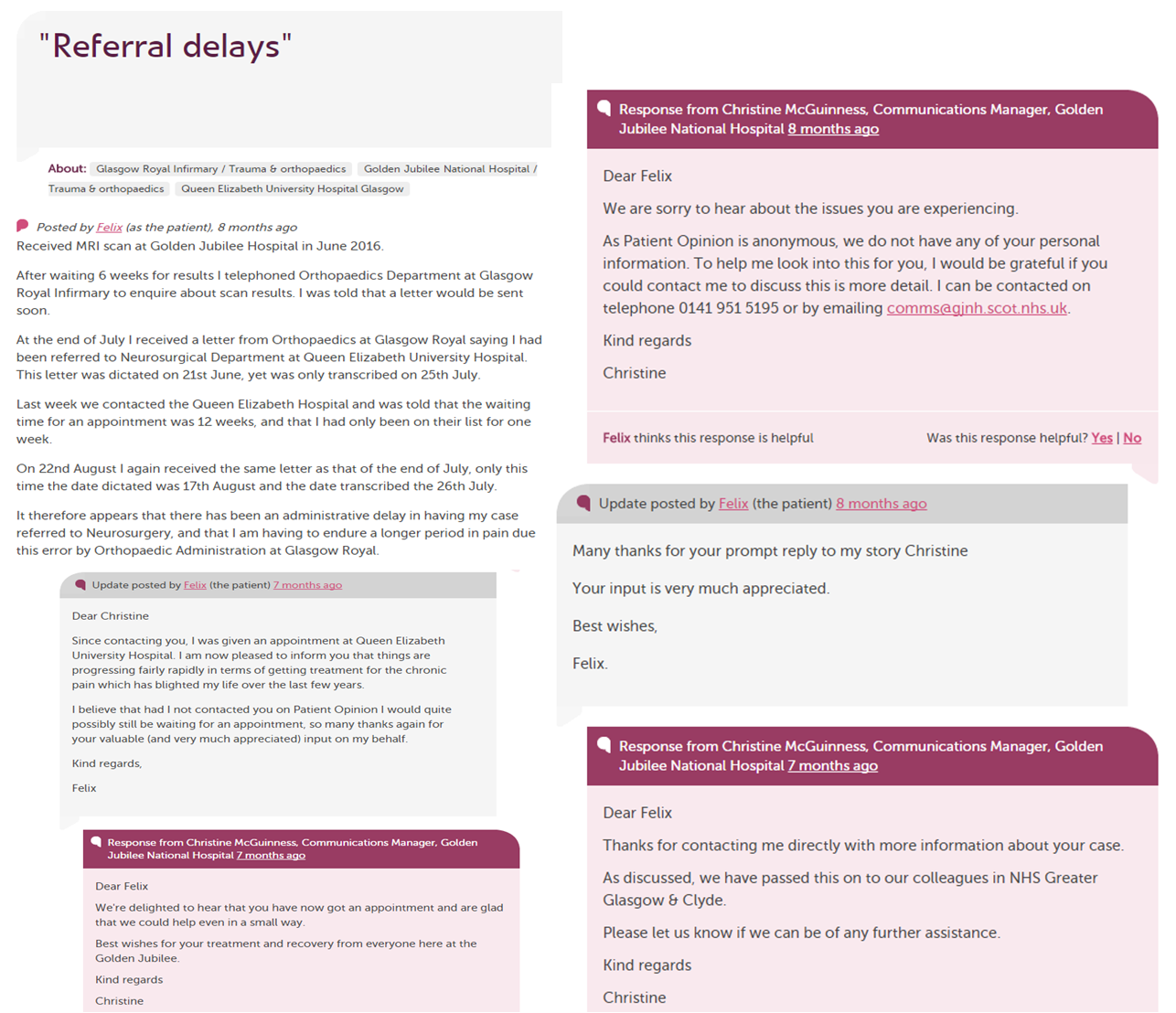
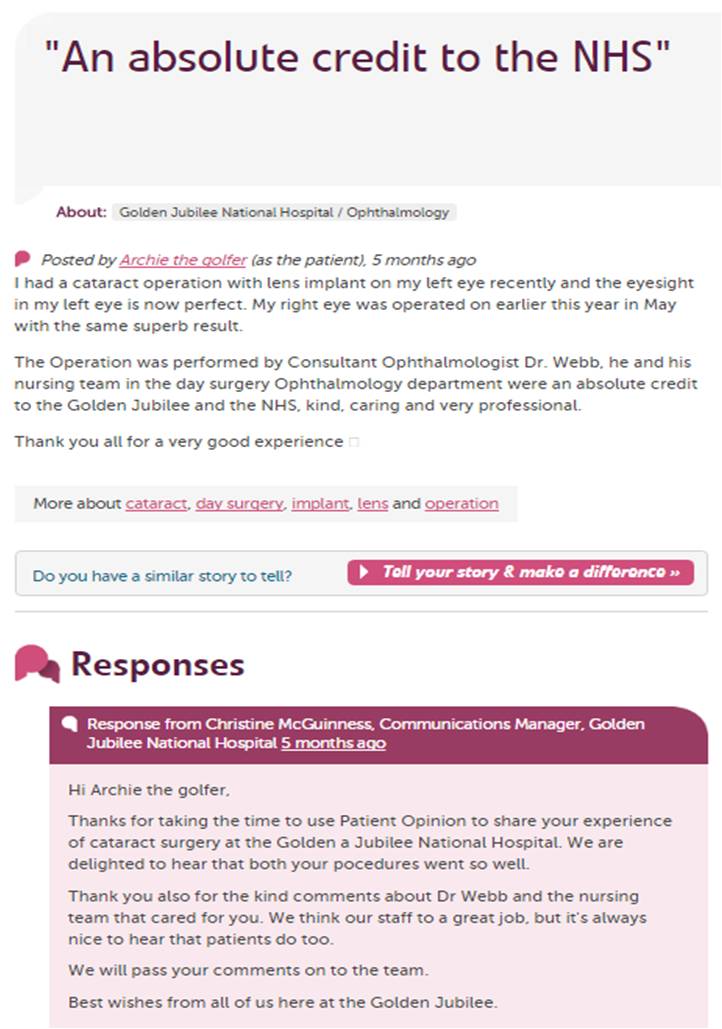
Of the 24 ‘opinions’ 22 were positive (92%) and 2 were negative (8%).

**Table ?: Patient Opinion Overview**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Patient** | **Relative** | **Visitor** | **Total** |
| **Positive/Neutral/Factual** | 20 | 1 | 1 | 22 |
| **Negative** | 2 |  |  | 2 |
| **Total Number** | 22 | 1 | 1 | 24 |

There are no trends in the negative posts; these relate to individual patient issues.

As Patient Opinion is anonymous, when responding to negative posts, we always ask the poster to contact us directly so that we can look into their case. Of these, only one contacted us to say that they did not wish us to look into the matter any further.



## 2.4 Caring Behaviours Assurance System (CBAS)

The caring assurance work continues to be embedded within the Board. We continue to receive patient feedback via the questionnaires administered via the volunteer walk rounds. Some of the questions are directly related to our values and in this way we can measure the ‘lived’ experience for our patients. As part of the CBAS methodology we have parallel staff feedback which helps to inform and guide us to achieving sustained improvements.

## Communications and Social Media

### 2.5.1 Enquiries via our generic email boxes and our website

The Communications Department monitor and respond to all comments and questions received via the generic email boxes ([comms@gjnh.scot.nhs.uk](mailto:comms@gjnh.scot.nhs.uk) and [enquiries@gjnh.scot.nhs.uk](mailto:enquiries@gjnh.scot.nhs.uk)), sharing these with relevant staff.

In the year 1 April 2016 to 31 March 2017, we received a total of 523 emails to our generic Golden Jubilee National Hospital mailboxes, compared to 536 in the previous year.

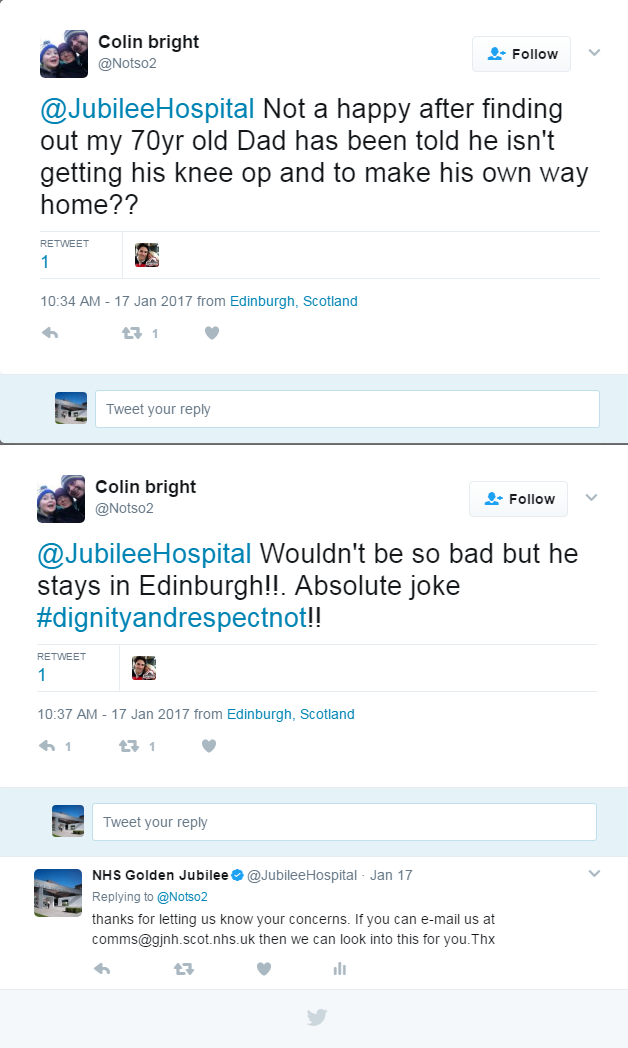
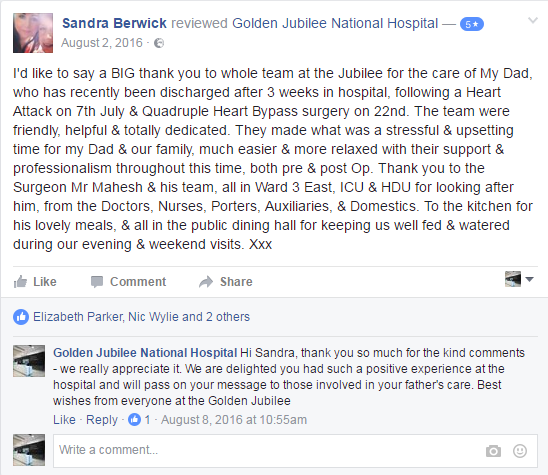
Of the 523 emails received, 503 were positive or neutral (96.18%) and 20 were negative (3.82%). Examples of e-mails include:

* patients requiring information or help about appointments or procedures;
* relatives/carers needing visiting times/message to inpatients;
* professional requests for staff contact information;
* gratitude of care; and
* requests relating to recruitment and work experience.

### 2.5.2 Social media channels – our corporate Facebook and Twitter channels

In the year from 1 April 2016 to 31 March 2017:

* Our combined Facebook and Twitter reach – the number of people who have seen or read our posts – was 1,751,110. This compares to 416,760 in the previous year for Facebook alone
* Our combined Facebook and Twitter engagement – the total number of comments, reactions, and shares/retweets – was 31,670, compared to 9,077 at 31 March 2016
* Our Twitter followers increased to 2,498, compared to 1,846 in the previous year (35% increase).
* Our Facebook followers increased to 3,476 Facebook followers, compared to 2,309 in the previous year (51% increase).
* A total of 649 ‘tweets’ were sent to/about the Golden Jubilee National Hospital (@JubileeHospital), compared to 478 in the previous year (35.77% increase). Of these 649 ‘tweets’, 618 were positive (95.22%) and 31 were negative (4.78%).
* A total of 2,200 ‘posts’ were posted on our Facebook ‘wall’ or ‘timeline’ or sent as a private message, compared to 1,318 ‘posts’ in the previous year (66.92% increase). Of these 2,200 posts, 2,194 were positive (99.73%) and 6 were negative (0.27%).
* We maintained an average rating of 4.8/5 stars. Out of 403 reviews, 365 rated us five star, 23 as four star, 7 as three star, 3 as two star, and 5 as one star.



Update on post from Jane Finlay:

Patient did not make further contact so we were unfortunately unable to further investigate.

Update on posts from Colin Bright:

Relative contacted the Communications team and the issue was resolved offline

### infographic poster 2017.jpg2.5.3 Positive Engagement Score

Our Positive Engagement Score (PES) creates a unique reputation score by collating all interactions, reviews and feedback from Facebook, Google+, Twitter and Patient Opinion as well as emails and media coverage.

In the year from 1 April 2016 to 31 March 2017, a total of 3,657 ‘engagements’ were received, compared to 2,548 in the previous year (43.52% increase).

Of these 3,657 interactions, 3,440 were positive, factual or neutral (94.23%), and 217 were negative (5.77%).

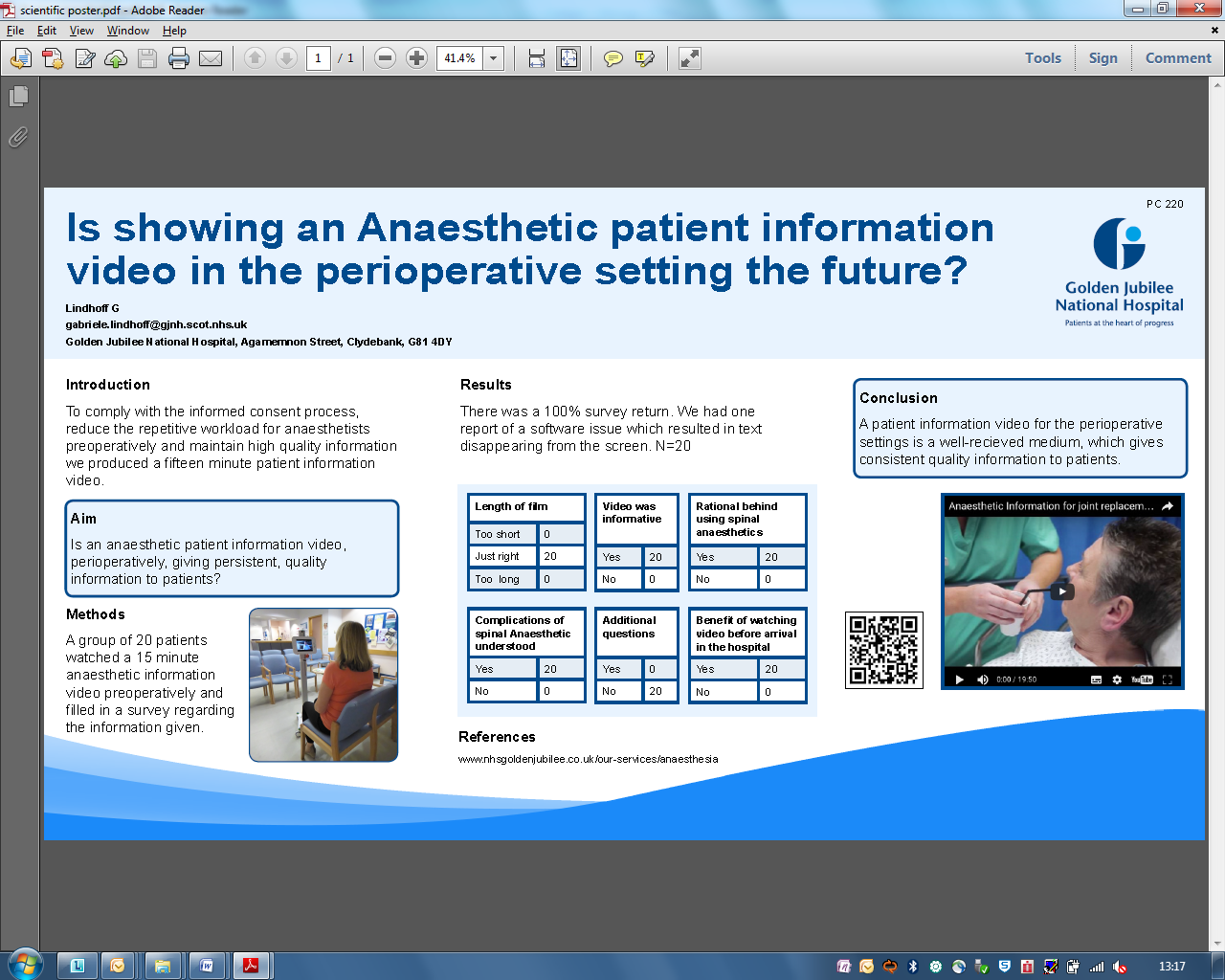
The PES for 2016/17 is 94.23% compared to 97.76% in the previous year. However, the lifetime PES remains high at 96.13%. The reduction in the PES is related to an increase in negative media coverage.

## Patient Engagement

As well as seeking feedback from patients on the services we deliver it is vital that we engage them in service change. We will outline how have revised our approach to this via our Involving People Strategy later in the document but below highlights some examples of patient engagement:

**Anaesthetics**

Our Anaesthetic team have developed patient information videos to help ensure all patients have the appropriate information they need to consent to their anaesthetic. The videos are linked to the pre-assessment clinic allowing patients an opportunity to ask any questions to clinical staff. They are also available online so they can be viewed before patients attend the hospital:



**Cardiology**

During the year our interventional cardiology service was extended to provide treatment for Non ST-Elevation Myocardial Infarction (NSTEMI). To facilitate faster, more effective treatment, and reduce hospital stays, these patients would be brought directly to the Golden Jubilee by the Scottish Ambulance Service or transferred as soon as possible after presenting at their local Accident and Emergency unit.

A patient engagement workshop was held in May 2016 with presentations from our heart and lung team on the proposed changes, followed by discussion session which allowed patients to offer their feedback and suggestions for the service. The event featured a group of patients, from different backgrounds and experiences, who had suffered a heart attack and been treated at the Golden Jubilee in the previous four months. The overall consensus was that anything which has the potential to improve the standard of care for patients, simplifies the process and gets people back to living normal, healthy lives as soon as possible was a good thing and the change should be implemented as soon as possible.

The main questions were raised around the impact this would have on existing services, training of ambulance staff and access appropriate facilities in their local GP practices. After discussion with our team, the Patient group was content with proposed changes and the responses given and viewed the changes to the system as positive.

**Hospital Expansion Project**

The hospital is undertaking a major expansion programme; which will consist of two phases being delivered over several years. Patient and public input to this will be key and a full communications and engagement plan is in development for the project with an engagement network being developed to support this. A stakeholder event was held in May 2017 as part of the initial stages of Phase 1 of the project and there was excellent attendance and input from patients/ public and the third sector.

# 3 Complaints and Concerns

We appreciate that there will be occasions when patients and their families are not happy with their care or the service we provide. It is therefore important that we have a formal complaints process and feedback methods in place to support this.

All staff are encouraged to discuss all types of feedback with patients where we would explain the options available to the complainant. We would always try to locally resolve complaints/concerns, as this will give a quicker solution. However, some feedback does require a full investigation; therefore this is not always possible. Any complaint/concern that cannot be locally resolved is passed to the Feedback and Legal Co-ordinator to ensure the correct process is followed.

The Clinical Governance Department works with our colleagues from other NHS Boards to ensure complaints and concerns covering different Boards/Hospitals are dealt with in a timely manner and key information is shared as appropriate to ensure a quality response.

During 2016/17 the Clinical Governance Department, alongside other Health Boards were linked in supporting the work around The New Scotland Complaints Handling Procedure, which was led by the Scottish Public Services Ombudsman. The procedure has been implemented on 1st April 2017 and will be detailed further within the 2017/18 annual report.

## 3.1 Formal complaints

There were **46** complaints received in 2016/17, which is a decrease of 2 from the 48 in 2016/17. This figure includes onecomplaint that was withdrawn over the year, no consent was received for one and five that were time barred. The chart below outlines the complaints activity by month over the last three years. August 2016 saw a peak of 9 complaints, with the average number of complaints per month sitting at 4.

**Chart ?: 2016/2017 Complaints by Month**

### 3.1.1 Complaint Outcomes and Response Times

The table below summarises the complaint outcomes in 2016/17:

**Table ?: 2016/2017 Complaint Outcomes**

|  |  |
| --- | --- |
| **2016/17 Complaint outcome** | **Overall** |
| Total number of complaints | 46 |
| Number of complaints upheld | 9 (20%) |
| Number of complaints partially upheld | 13 (28%) |
| Number of complaints not upheld | 17 (37%) |
| Number of complaints time barred | 5 (11%) |
| Number of complaints withdrawn | 1 (2%) |
| Number of complaints consent not obtained | 1 (2%) |

The percentage of upheld complaints has increased this year doubling from 10% in 2015/2016. Partially upheld has also increased from 19% 2015/16 to 28% 2016/17. The total complaints not upheld decreased from 63% to 37%.

The charts below highlights the themes of complaints over the last two years looking at all complaints received and also those upheld. The top theme across both was clinical treatment which is consistent with the previous year. In looking at the themes received there have been slight increases in the Staff Attitude and Patient Journey themes and the number upheld has increased in the last year for both. We received considerably less complaints under the theme of communication however upheld the same number (3) over both years. There are no trends to the upheld issues in terms of departments/ specialities.

**Chart ?: Themes of all complaints Chart ?: Upheld Themes**

Some examples of the upheld issues are:

* *Patient unhappy with discharge process and drivers attitude*
* *Patient was unhappy with staff member’s attitude when in for a scan*
* *Patient had cataract surgery during which there was an equipment issue and wanted to understand why this occurred*
* *Patient was diagnosed with MRSA whilst in GJNH and reported that she felt “like an outcast.” Patient advised we could have treated her better to avoid this.*

Where a complaint is upheld a full apology is given and actions identified in relation to the learning.

The table below summarises the number of complaints received in 2016/17, and whether they were closed within 20 working days.

**Table ?: 2016/2017 Response Times**

|  |  |
| --- | --- |
| **2016/17 Complaints response** | **Overall** |
| Number of formal complaints | **46** |
| Number closed within 20 days | 18 |
| Number closed out with 20 days | 21 |
| Number of withdrawn/timebarred/No consent received | 7 |

A total of 46.2% of complaints were responded to within 20 working days (this does not include the 7 withdrawn/time barred/no consent obtained). A range of factors affected the response times during this period; in each case complainants were made aware of the delay and expected response time and kept updated of progress. Although there was a higher percentage of late responses, our SPSO progressions were lower this year suggesting that the responses appear to be more appropriate in resolving the concerns.

Due to the considerable challenges in meeting the response times and recognising the need to improve, the Clinical Governance team have revised internal processes and are continually reviewing with service to support improvements whilst ensuring quality responses and learning.

A total of three complaints were re-opened in 2016/17. One wished further detail around the learning that was identified within the formal response, one was seeking further information and one was initially a concern which then wished this formally noted and responded to.

### 3.1.2 Scottish Public Services Ombudsman (SPSO)

We had four cases referred to the Scottish Public Services Ombudsman (SPSO) in 2016/17; this is more than halved from the 9 that were referred in the previous year. At the time of report two cases have been rejected by the SPSO and two are still under consideration. One case was initially rejected by the SPSO as being a premature referral to the SPSO. Following further review by us the complainant remains dissatisfied and it has been re-referred and is one of the two under consideration.

### 3.1.3 Learning from complaints

Learning from feedback, complaints and concerns helps us to improve services for all of our patients. We are increasingly focused on how we support identification of learning and most importantly that this translates into improvement. We record all actions arising from complaints and work with service management and clinical governance forums to monitor activity and progression of actions.

During 2016/17 the links between feedback and adverse events has improved and continues to do so. This is to ensure a more integrated approach for organisational learning. In this year five of the formal complaints progressed to Significant Adverse Event review with three progressing further for Root Cause Analysis.

**What was the feedback?**

Complainant's husband was attending as a day case in the Cardiology Day Unit (CDU). The procedure/length of stay took longer than expected and the patient’s wife was upset by the attitude of two staff members when enquiring about her husband’s care.

**What was the outcome for the complainant?**

The Clinical Nurse Manager and Senior Charge Nurse for CDU arranged a home visit to discuss complaint using an emotional touch point technique. The nurse managers and staff involved were distressed to hear of the upset caused and offered a full apology.

**What we did/changed?**

* All staff in CDU were briefly immediately that they must ensure good communication regarding any delays and estimated time for discharge, this was done through the safety briefs.
* A prompt was inserted into admission paperwork regarding patient/relative expectations for the day – ‘what matters to me about today’ question and is also detailed on a board behind each patient. The Nursing team discuss this with every patient upon admission, and is aimed at enhancing their stay and expectations.
* The patient information leaflet regarding potential length of stay was reviewed and updated.
* Review of the Food Fluid Nutrition guidelines, to particular regarding the protected meal times, to ensure that each individual’s patient’s needs are met, including that of the co-occupant of the room.

|  |
| --- |
| * **What was the feedback?**   Pt had cataract surgery during which there was a complication; patient wrote in asking why this had occurred and how we were learning from this.   * **What was the outcome for the complainant?**   An explanation had been given to the patient at the time though there had been further review and debrief of the event which was shared. Towards the end of the procedure an event occurred where the cannula displaced and injured the patients eye. Immediate treatment was given and follow up arranged at a local site to monitor or any damage.  The consultant and nursing staff fully debriefed after the event and the equipment involved was reviewed. No faults were found with any equipment. Canula displacement is a recognised complication and ophthalmology use leur lock syringes which up until this point had successfully reduced the occurrence of this event.   * **What we did/changed?**   Following this event there is now a further check on the cannula by the surgeon prior to use and the surgeon physically holds the cannula in place during use. This event has been shared with all ophthalmology staff and colleagues externally to raise awareness of the risk of this complication and steps taken to minimise. |

## 3.2 Concerns

In 2016/17, **36** concerns were received. The chart below summarises the top five concern categories in 2016/17. Patient Journey was top last year which has lowered this year with Communication bring the highest category this year. Staff Attitude was the lowest concern theme during 2015/16; however is now the second top theme, with significant increase.

Communication is higher within the concern category than formal complaint however Staff Attitude has risen within both concerns and complaints. This is disappointing and whilst there are no major areas of concern identified will be monitored. Links are being made with the Values Steering Group to review the data and link this to the development of staff training.

**Chart ?: Concern Categories – Top 6**

# 4. Improvements to services from complaints, concerns and feedback

The following is a summary of improvements arising from feedback processes:

* Implementation of a new form within Radiology for referrals back to board - this allows a detailed account of why a patient was referred back to their local health board without being seen at the GJNH.
* Review of staff guidance and training within booking office relating to fasting advice for patients being admitted on the day of surgery. This followed a complaint where a patient had not received details and indicated a fellow patient had a similar experience.
* We are reviewing our consent policy and developing speciality specific consent forms and also as part of this considering information we provide to patients as part of the consent process. This is an important piece of work which has been influenced by changes in the legal process relating to consent however we have had learning identified via the feedback processes which have fed into this review. The Ombudsman report on consent recently published has also been helpful.

# Culture, including staff training and development

What we do or deliver within our roles is critical, but the way we behave is equally important to our patients, customers, visitors and colleagues.

## Values

Our commitment to our values continues to develop and this is monitored via the Values Culture Steering Group and the Learning and Development Department. There has been testing of the Values Toolkit by teams across the organisations this year which aims to help teams explore what the values mean to them.

We have continued to develop our Leadership Framework this year which sets out our ambition to have a workforce who has empowered personal development to be actively involved, inventive and creative in our quest for continuous improvement. In this year we have trained almost a third of our workforce in Level 1 Human Factors. This introduces the concept of Human Factors to staff and presents tools to support communication.

## Feedback & Complaints Policy

As mentioned earlier in the report the national complaints handling guidance has been updated with a new procedure live with effect from the 1st April 2017. Golden Jubilee were represented on the national working groups to support the development of the revised guidance and worked with the SPSO and NHS Fife in assessing the requirements for implementation.

In preparation for these changes the policy supporting how this feedback is managed was reviewed and updated. This is also being supported by revised local procedures to support investigation of complaints. Part of this has involved an upgrade to the Datix system with the process now managed via the Web similar to adverse events. This brings many benefits including improved recording of locally resolved feedback, local leads have full access to all complaints and feedback information and also in the monitoring of actions.

Training was provided to approximately 80 staff consisting of nursing, AHP, service and consultant leads all with involvement in complaints. Title “The Power of Apology” this day was designed to empower staff to locally resolve concerns where possible with a focus on the formal complaints process and investigation of these to support learning.

## 5.3 Staff Training & Development

Our corporate objectives are focussed on delivery of our Vision and Values; these are cascaded through the Executive team to all parts of the organisation. All staff have a Personal Development Plan and Personal Development Review, ensuring that appropriate levels of training are in place to enable staff to reach their own potential and to support the needs of the organisation. These plans are completed with an ethos of customer care and focus on our values.

The Leadership Framework and supporting training programmes are key pieces of work in relation to the culture development that will be ongoing.

A number of systems are in place to support staff and there is training available on:

* Challenging Behaviours
* Giving/ Receiving Feedback
* Face-to-Face communications
* Scenarios are ‘played out’ at our annual Equalities Event.
* Customer Care and Communications strategies, including Plain English and e-mail etiquette.

To support the Duty of Candour legislation which comes into effect in April 2018, a scoping of the various education & learning opportunities available is being undertaken.

# 6 Accountability and Governance

We encourage, welcome and view feedback, comments and complaints as an opportunity for improvement and assisting in the delivery of person centred care. We have various groups and committees that support the governance of the feedback processes through review of reports and/ or individual complaints:

* Divisional Clinical Governance Committees
* Divisional Management Teams
* Clinical Governance Risk Management Group
* Volunteer Forum
* Involving People Group
* Person Centred Committee
* Senior Management Team
* Board

All complaint responses are reviewed and signed by the Chief Executive, or nominated Executive.

Quality dashboards are used at local level to view complaints and incidents information alongside other key indicators. We are continuing to develop our Quality Framework indicators and have revised complaints indicators within the second phase.

Compliance with the 20 day timeline for complaints is reported in the Board Balance Scorecard as an indicator of the process; as such it is reviewed at every meeting with discussion on any issues affecting timelines.

## 6.2 Involving People Strategy

Over the last year we have undertaken a review of our Involving People Strategy and the supporting Governance structure which includes the Involving People Group and Volunteer Forum.

We firmly believe in the right of all people to be involved in both the planning and delivery of (their) care and services and in activities which promote improved care and well being, irrespective of any defining characteristics and in a way that respects diversity and promotes equality and which respects the wishes of the individual. As such the strategy aims to actively engage with our staff, patients and the public **Involving People** in the continuous improvement of our services.

Over the next three years our focus will be on implementing the revised strategy and delivery of the objectives within; these will be monitored via the Involving People Group.

Our Volunteer Forum and the Person Centred Committee are chaired by Non Executive Board members. In addition to the regular complaints reports, our Person Centred Committee selects an individual complaint which is presented and reviewed to consider how the complaint was managed and the learning resulting.