



Handling and  
Learning from

# Feedback

Annual Report

2023 - 2024

NHS Grampian - caring • listening • improving



On behalf of

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## Foreword

In NHS Grampian's Plan for the Future 2022-2028 we recognise, "Our people are our most important asset and we need to invest our time and efforts into creating a different conversation and relationship with the people of Grampian. We recognise that different people want to engage in different ways, so we will ensure different routes for people to get their voices heard."

These principles, along with our core values of Caring, Listening and Improving are evident over the last year. We have seen an increase in the learning and action from feedback with improvements in communication, service and staff development, and sharing learning being our largest action focus. We welcome an increase in compliments about attitudes and behaviour, whilst our staff remain our largest complaint reason we have seen a reduction. We recognise we continue to be a learning organisation and our pleased to see our staff development figure increasing with our largest gain being on Equality and Diversity training.

In October 2023 we held our first NHS Grampian Diversity Festival, launched our anti-racism plan, and earlier this year we ensured our feedback team had both training and access to resources to support calls for non-English speaking person, or those with hearing and speech difficulties.

Overall, we notice significant increase (125%) in the compliments received, a reduction of complaints and continued increase in our numbers on both Care Opinion and Care Assurance Tool. Care opinion is a two-way tool used to actively engage and hear from service users.

We had an exciting development this year in helping to shape NHS Grampian's new approach to listening to and involving people - Putting People First. The new approach makes explicit our ambition for NHS Grampian to lead the way in how we welcome, involve, and invite all people to contribute to improving services and improving the health of people locally. This requires us to nurture relationships between all NHS colleagues and the citizens we serve, valuing the expertise of people seeking care as much as those providing it. In taking a Putting People First approach, we will see more feedback and insights being used to help improve existing services, and we will see more opportunities for communities (communities of place or communities of shared identify) to connect with health to shape more preventative approaches. This is a large, long-term commitment to cultural change for the organisation and I look forward to supporting new cross system collaborations so we can bring this ambition to life.



**Professor June Brown**

Executive Nurse Director & Interim Deputy Chief Executive

## 2023 – 2024 at a Glance



### 650 Compliments

A total of 650 formal compliments were received by the Feedback Service.



### 1,474 Complaints

We received 1,474 complaints during the year, of which 17 related to prison healthcare.



### 34 SPSO

The Scottish Public Services Ombudsman contacted NHS Grampian about 34 complaints.



### 3,045 Care Assurance Tool Completions

We are grateful to the 3045 staff, patients and carers who have shared feedback during care assurance walkrounds.



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



**Care  
Opinion**  
What's your story?

- 560 stories shared on Care Opinion about NHS Grampian.
- 70% of these were completely positive.
- These stories have been read 181,594 times, averaging 324 reads per story.



### 8,203 Training Modules

During the year staff have completed 8,203 training modules in:

- Complaint Handling online
- Equality and Diversity
- Adverse Events
- Duty of Candour

## Encouraging and Gathering Feedback

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

Social Media

Letters

Complaints

Care Assurance

Phone Calls

Compliments

Public Involvement

Language Line

Advice & Advocacy Services

Care Opinion

Materials in Translation

Feedback Cards

Communication Support

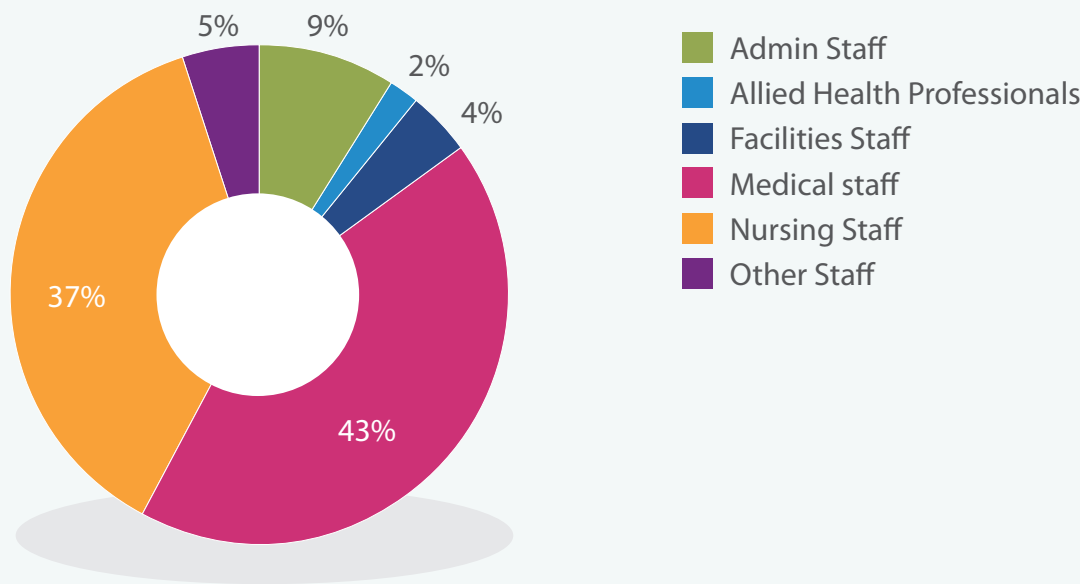
NHSG Website



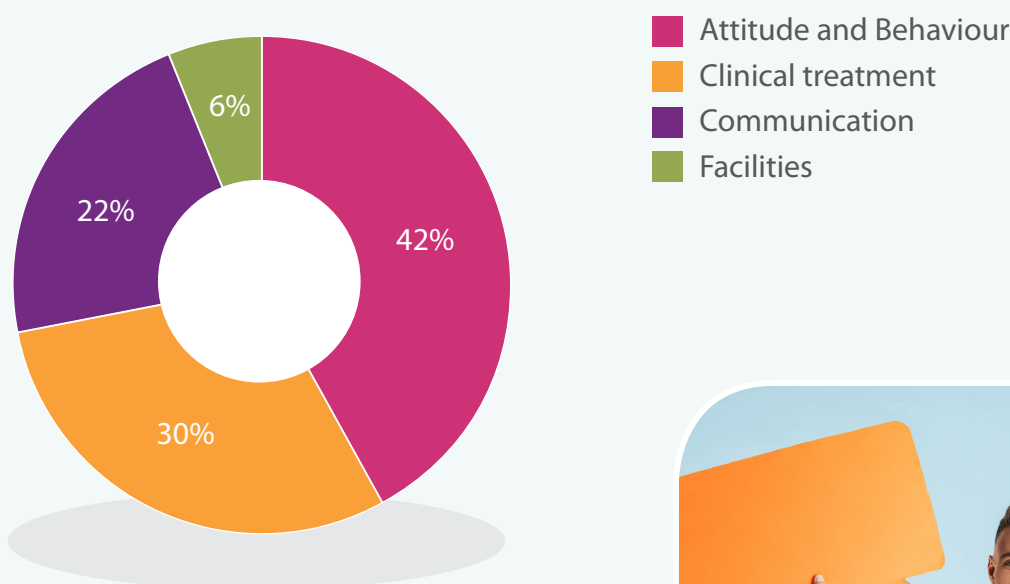
### Compliments:

We received 650 formal compliments. The chart below shows the themes of these compliments and the staff groups these related to.

Compliments - Staff Groups



Compliments -Themes



## Care Opinion:

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

Between 1 April 2023 and 31 March 2024, 560 stories were shared on Care Opinion, an increase of 9.37% since last year.

### What Was Good?

- This year NHS Grampian's stories have been read 181,594 times. This averages 324 times per story.
- 70% of stories were completely positive
- Stories most commonly show people think staff were friendly, professional and helpful.

### What Could Be Improved?

- Communication, staff attitude and waiting times were identified.
- 4 responses noted a change had resulted from the feedback shared.

### How Did You Feel?

- The most common terms used were grateful, thankful and cared for.
- Of all the words used to described how people felt, only one was negative. 33 felt 'upset' by the care and treatment they received.

### Where do we share these stories?

- Stories are live on the intranet.
- Stories are shared regularly on our social media sites and at various local meetings and events.





## Care Assurance

Excellence in Care aims to develop and implement a world-class, evidence based, national approach to assuring nursing and midwifery care that reflects the “Once for Scotland” ethos. As well as ensuring that nurses and midwives feel valued and work in environments in which they can flourish: they, and the patients, clients and communities they serve, must feel they have sufficient time and support to deliver excellence every time. One way in which we are assured in NHS Grampian is to undertake local care assurance using a tool to deepen our understanding of staff, patient and carer experience. Four assurance walk rounds are undertaken a month in all areas which in turn help to guide our improvement initiatives.

## Public Involvement Team

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

It is now easier than ever to get involved ‘digitally or virtually’ without having to leave your home, providing you have access to a smart phone, device, laptop or PC.

There is also more convenience for members of the public who sit as Public Representatives on our Board, Committees and other meetings, as these now all take place on MS Teams, meaning there is no travel time or expenses to claim. However, if you don’t have digital access then it is more difficult to get involved. To reduce this barrier, we will continue to work collaboratively with our third sector colleagues and with community groups who are meeting in person, and we are working hard to develop new and innovative in person engagement opportunities to encourage a diverse range of people to get involved and have their voices heard.

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



## Social Media

Social media remains one of the key communication resources used by NHS Grampian to help support the organisation's efforts to connect and engage with its various stakeholders. As social media is ever changing and evolving, NHS Grampian continues to develop and pioneer how its various main corporate accounts are used to ensure that its presence there remains vital, relevant and accessible for people living in Grampian who make use of these platforms.

NHS Grampian started using social media in 2011 by establishing a presence on Facebook and X (formerly Twitter); this has subsequently expanded to include creating accounts on LinkedIn, Instagram and YouTube. Departments and services within NHS Grampian can also set up and manage accounts on these sites, within the scope of the organisation's social media for business use policy.

As well as posting various updates to these sites, colleagues respond to any appropriate feedback (such as comments, questions etc.) posted in response to items published, or via direct messaging on sites where that feature is enabled. Colleagues liaise with the relevant departments to provide clear information in response to any queries or feedback received and also to source useful information to share.

To help manage its social media presence, NHS Grampian uses Hootsuite which connects multiple social media accounts. This allows posts to be published and scheduled to those accounts as well as managing and responding to social media feedback (comments and messages) in real-time – all from the one system.

Updates posted during 1st April 2023 – 31st March 2024 include: media releases; human interest updates (such as those highlighting and recognising the contributions and achievements of our staff, teams, services/departments and partner agencies); various corporate updates; highlighting new services, initiatives and support being offered by NHS Grampian, health and social care partnerships and other partner agencies; supporting various local, national and international health awareness/improvement (and health related) social marketing campaigns and advertising various vacancies across the organisation (including supporting the new '**Wish You Worked Here**' Moray recruitment campaign).

The number of Facebook page likes has increased from 51,042 on 1st April 2023 to 52,630 on 31st March 2024 – this represents an increase of 3%.

The number of X followers has increased from 23,794 on 1st April 2023 to 24,450 on 31st March 2024 – this represents an increase of 3%.

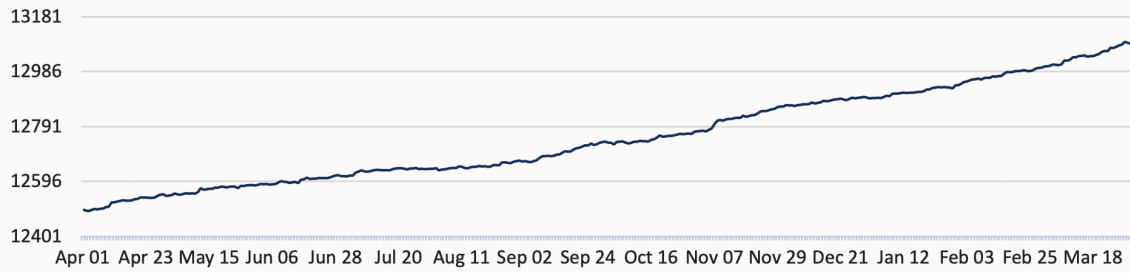
Our LinkedIn page followers increased from 14,469 on 1st April 2023 to 16,915 on 31st March 2024 – an increase of 17%.

Our Instagram account followers increased from 12,496 on 1st April 2023 to 13,086 on 31st March 2024 – an increase of 5%.

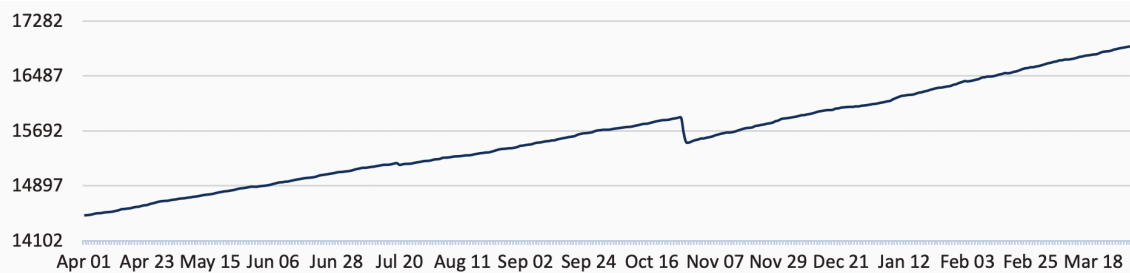
Our YouTube account subscribers have increased from 1,340 on 1st April 2023 to 1,821 on 31st March 2024 – increase of 35%. Our videos have been viewed 164,212 times during the same period.



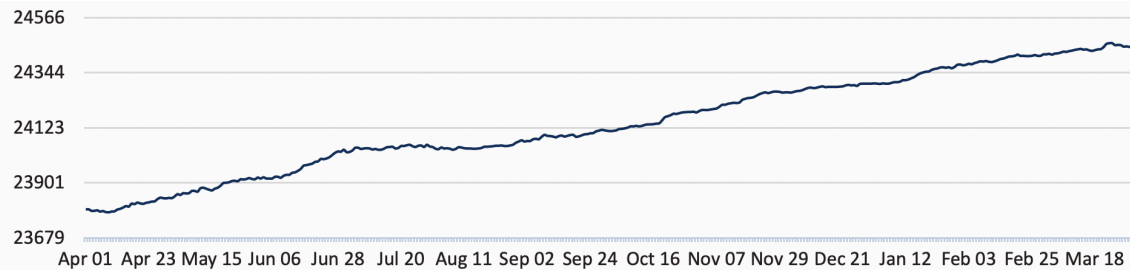
## The total number of people following your Instagram accounts



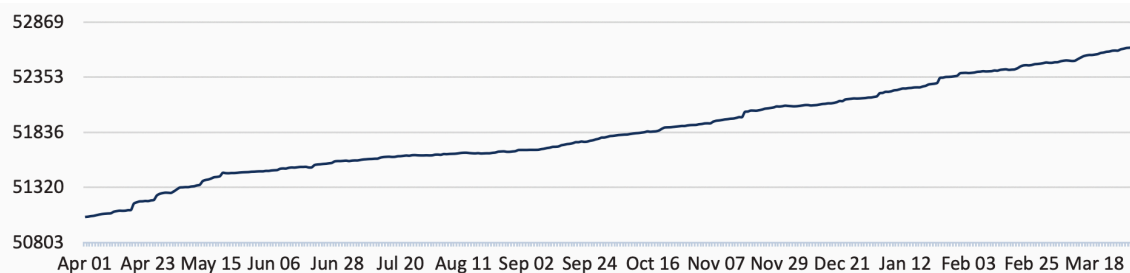
## The total number of followers for your Pages



## The number of people following your X accounts



## The number of people who like your Pages



## Equality and Diversity

NHS Grampian engages with local communities by linking with local third sector equality groups and directly supporting individuals or groups.

NHS Grampian had its first Diversity Festival on 4th October 2023 with a theme on “race.” The event was part of achieving progress as a workplace and community where everyone feels supported, included and empowered to make their best contribution. It also launched the Board’s **Anti-Racism Plan 2023-28** where it will help us move from a policy of zero-tolerance towards a culture that actively promotes anti-racism.

**The Staff Equalities Network (SEN)** has been commissioned by NHS Grampian’s Director of People and Culture to create a meaning space to promote EDI within our workforce and to facilitate meaningful change. From the SEN, it has also established specific staff groups such as the Grampian’s Empowered Multicultural Staff Group and the Neurodiversity Empowerment Group.

The Equality and Diversity (E&D) Team supported the work of Grampian Regional Equality Council in the healthcare input of projects including how the NHS works. The E&D Team worked with primary care and specialist teams in delivering healthcare information and provisions to Ukrainians, Afghans, refugees and asylum seekers. Health information has been made available in other languages.



## Handling Complaints

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

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

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

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

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

NHS Grampian understands the importance of striving to improve the complaints handling process and electronic survey link is sent to all complainants to offer the opportunity to share feedback on how their complaint was handled.

## Learning & Action

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

Actions taken as a result of a complaint	Total
Improvements made to service access	128
Improvement plans created and instigated	86
Communication - Improvements in communication staff-staff or staff-patient	697
Professional issues addressed	32
Staff Development	167
Policy reviewed	12
Risk issues identified and managed	29
System - Changes to systems/processes	54
Share lessons with staff/patients/public	218
Waiting - Review of waiting times	225

### Actions taken as a result of a complaint

A patient attending for a colonoscopy complained of lack of clarity and some missing detail in the booklet provided to help patients prepare the procedure.



We are updating the booklet being updated to make it clearer and easier to understand and the learning from this will be included.



A patient raised concerns about the lack of availability of cytotoxic waste bins in their local area.



The patient's local pharmacy has ordered in cytotoxic waste bins to keep for patients in the local area in future.





A mother contacted the service to advise that a member of staff had not followed the protocol for new medication for her child on the ward.



As a result of the complaint and subsequent investigation, the staff education package regarding the protocol was reviewed and updated, and the process revised to ensure that it was clear. Learning points were shared at a hospital-wide learning event.



A patient's family member complained about the disabled toilet facilities in outpatients at Aberdeen Royal Infirmary, as they lacked some of the appropriate equipment.



The disabled toilet facility was assessed against standards, and as a result, additional amenities were ordered and installed to improve the facility. A wider review of facilities has also been commissioned to ensure that learning and actions are captured across the hospital site.



### Complaints Response Times and Outcomes:

#### Stage 1

- Early Resolution
- Resolved within 5 working days

#### Stage 2 (non escalated)

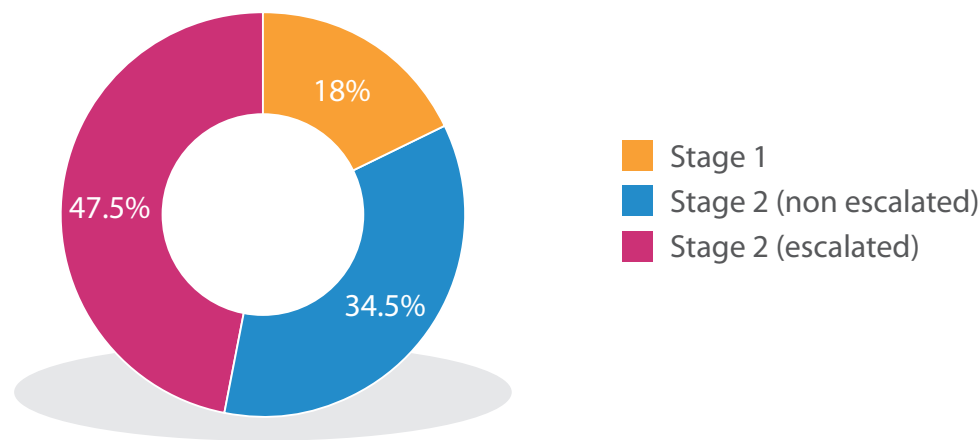
- Not able to be resolved at early resolution
- Investigation and response in 20 working days

#### Stage 2 (escalated)

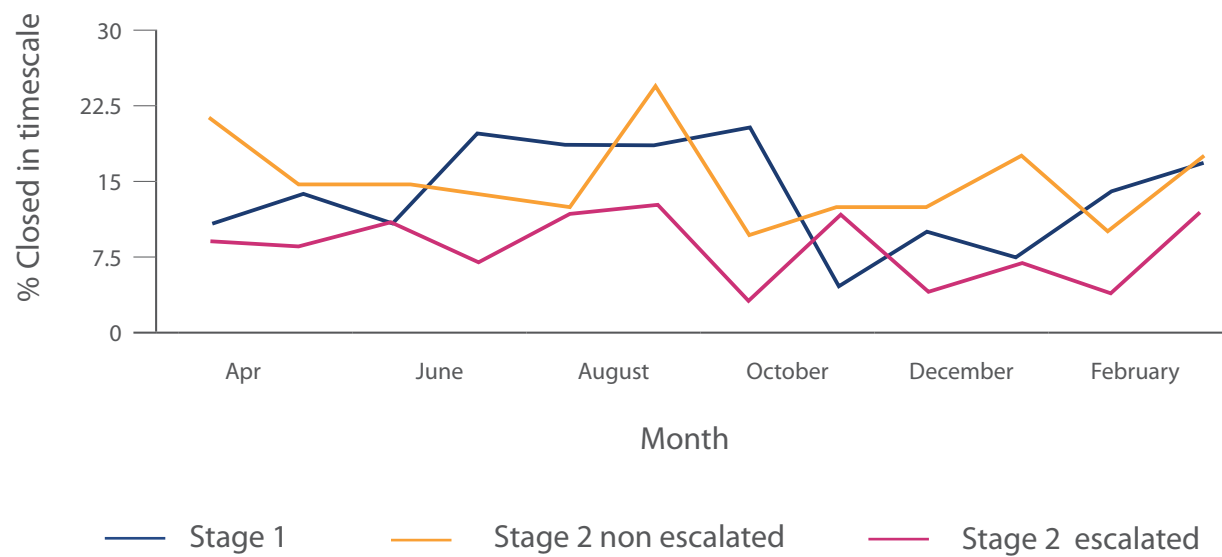
- Immediately passed for full investigation
- Response within 20 working days

### Complaints Closed

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



### Complaints closed in full within timescale

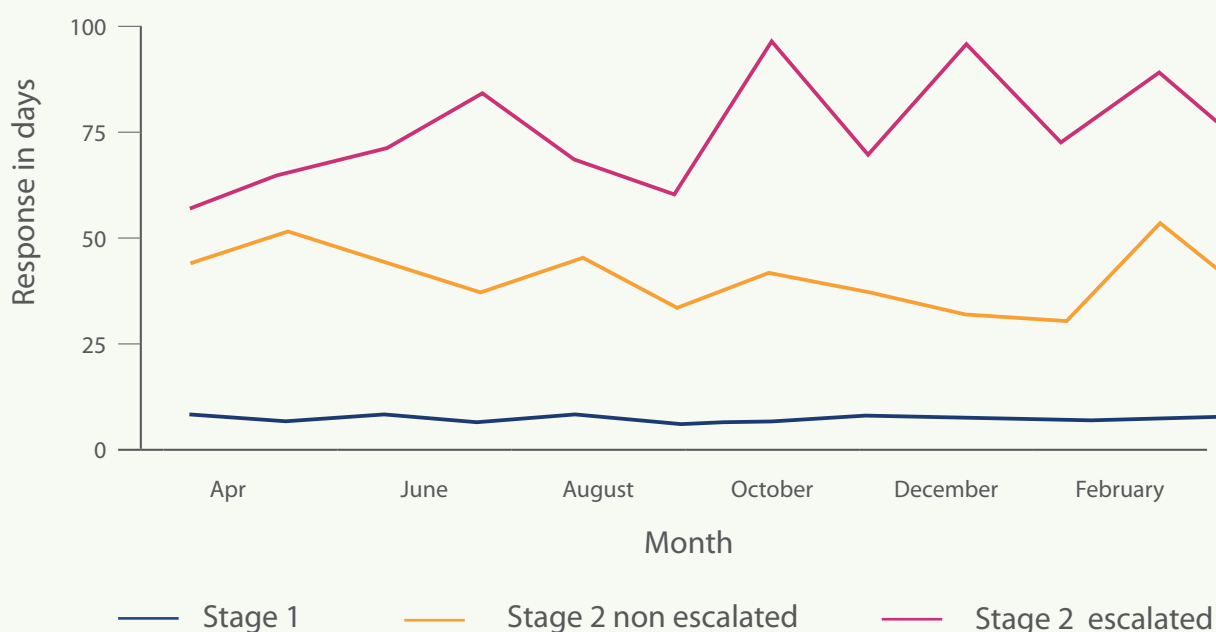


## Average Response Times

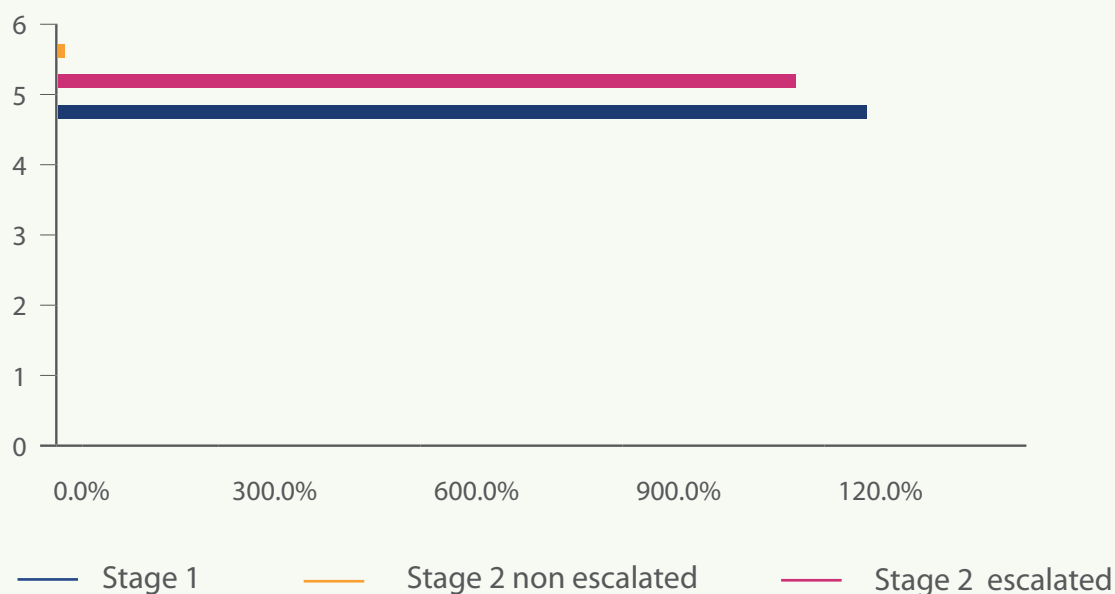
The response times for each stage in working days, is illustrated in the chart below, along with complaints closed within timescales. This remains an area for further work to show sustained improvement.

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

### Average Response Times (in days)



### Percentage of cases where an extension was authorised



## Complaints Outcomes

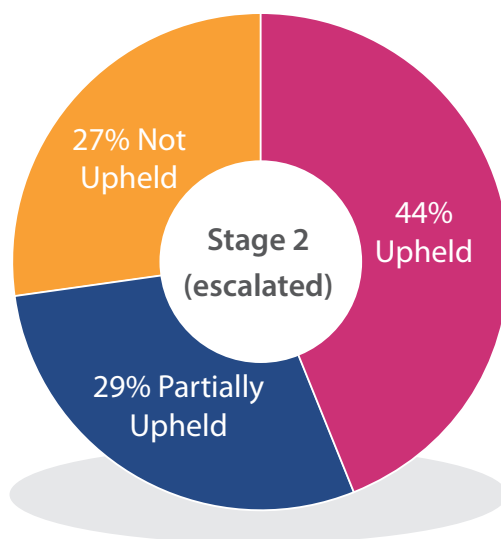
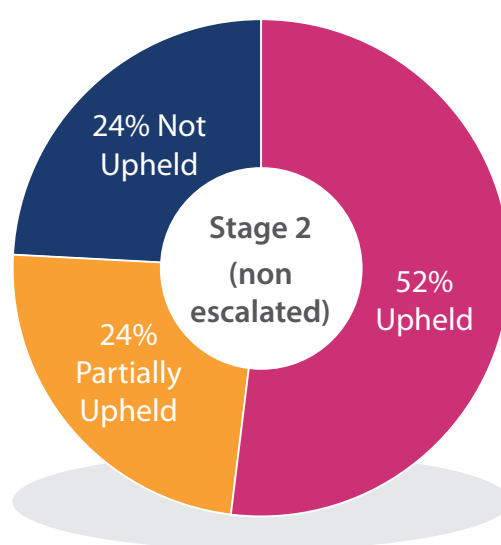
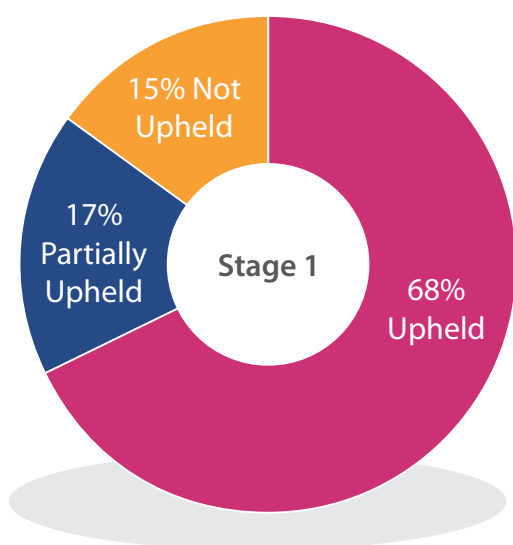
These charts illustrate the outcomes for complaints closed at each stage.

**Chart 1** shows that over the year 68% of Stage 1 complaints were upheld, 15% were not upheld and 17% were partially upheld.

**Chart 2** illustrates that 52% of non-escalated Stage 2 complaints were upheld, 24% were not upheld, and 24% were partially upheld.

**Chart 3** for Stage 2 escalated complaints shows that 44% were upheld, 27% were not upheld, and 29% were partially upheld.

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

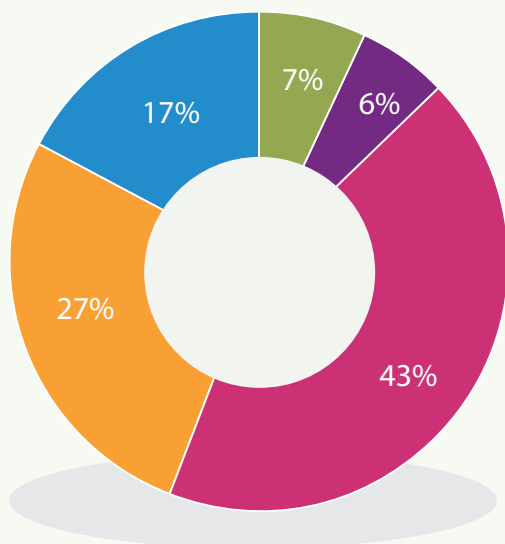


## Complaints Summary

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

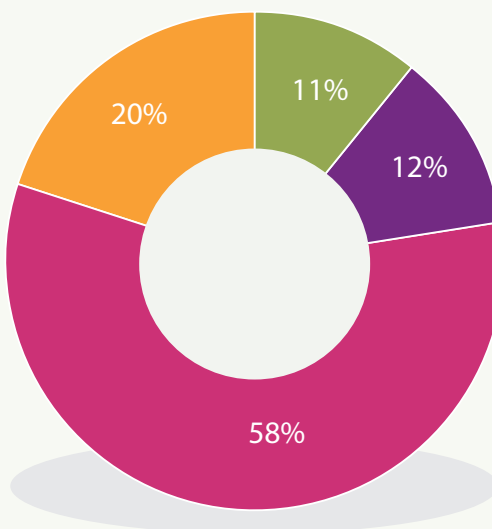
It is important that NHS Grampian utilises all feedback not just the lessons from moderate and major complaints, in order to identify common themes that can support changes to our processes and services.

### Complaints Summary



- Environment
- Other
- Staff
- Treatment
- Waiting Times

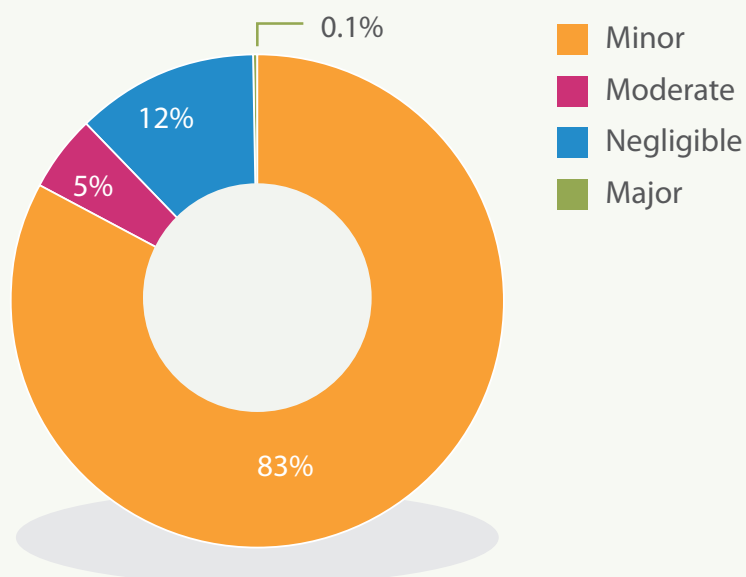
### Staff groups people complained about



- Admin, AHP's, Other
- Management
- Medical / Dental
- Nursing / Midwifery

## Complaint Severity

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



- Minor
- Moderate
- Negligible
- Major

## Service Improvements

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

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

### Change Example 1:

Attended Paediatric appointment with my teenage son. We were directed to general outpatients waiting area on green chairs. After a 40 minute wait I went back to reception and enquired why there was such a delay. We were informed we had been directed to wrong waiting area and should have been in paediatric outpatients and to "just go up". I asked if they would be contacted to tell them why we were late, to be told "they'll know".

We presented at paediatric outpatients to be told as we were so late we probably wouldn't be seen. That they could tell we had checked in in plenty of time however due to appointments, there may not be sufficient time to be seen. Thankfully clinician agreed to see my son. We were then told by HCSW that this happens all the time.

I feel a more efficient system should be in place to locate patients who are booked in on system but not in correct location for appointment due to being given incorrect directions. Worked out ok this time but could've resulted in us appearing to have not turned up for an appointment we'd been waiting months for. Also meant a 1.5 hour absence for myself from work to attend a 10mins appointment.



**Response from Louise Pearson, Unit Operational Manager, Women & Children's Services, Dr Gray's, NHS Grampian 3 months ago.**

I realise it's been a number of months since you shared your paediatric appointment experience with us and that we indicated, in our response to you, that we were preparing to make a change. I thought you would be interested to know how these changes are progressing and I can now confirm that additional training has been delivered to the outpatient reception staff which has helped improve communication. In addition to this we now have the support of the volunteer team at the main Dr Gray's entrance to help with wayfinding.

Changes often take place in stages and although not complete yet, there are signage improvements planned across the whole site as part of the Dr Gray's transformation programme.

I hope this information is helpful and provides some assurance that the feedback we receive does make a difference.

Take care, Louise



## Change Example 2:

My young daughter is extremely ill. I originally reached out for help 4 years ago due to my concerns for her mental health, and she has deteriorated so badly I make no light of it when I say I fear for her safety and life.

Being seen and moved through several departments within RACH CAMHS finally saw her in October, and said she would be seen again towards the end of this year for an ASD assessment. This would be completely accepted by me if she did not have other acute mental health issues which she needs help for now. An ASD assessment is not priority at the moment, saving her life is.

My extremely supportive GP has been contacting CAMHS on a near weekly basis to ask them to see her immediately due to their concerns about her welfare. We almost lost her last week due to a panic attack which could have had disastrous consequences due to the situation she put herself in. The GP came to see her last week as my daughter is too terrified to leave the house, and it isn't safe to take her in the car due to previous incidents.

The GP was heartbroken at how my daughter has been allowed to deteriorate to this point. She has seen private psychologists who are in agreement with the GP that she urgently needs anxiety meds. The GP asked CAMHS if they could be authorised to prescribe meds to her until CAMHS can see her, and this was denied. I am genuinely at a loss with this decision.

I am scared I'm going to lose my daughter, before she has even been seen by CAMHS again. I'm so sad, but also extremely angry that this is being allowed to happen, children deserve better than this.



### **Response from Siobhan Crawford, Interim Service Manager, CAMHS & PIMHS, NHS Grampian 8 months ago.**

We would like to provide an update on how we have taken on board your feedback in our service.

We are in the process of redesigning our Neurodevelopmental (ND) pathway. Previously, patients such as your daughter and your family would have gone straight from referral into an ND pathway which is likely where you will have waited for a specialist appointment.

Recently we have made the change that patients will come through the normal choice and partnership route (CAPA) meaning that all mental health concerns will be looked at together and a clinician will be able to prioritise support for the patient such as your daughters panic attacks or looking at medication.

We are continuing to look at improving the overall pathway for children and young people with Neurodevelopmental issues and are working with our CAMHS focus group of care experienced parents/ carers to do this.

We would still welcome your further feedback, if you are willing please can you provide your contact details to [gram.camhs@nhs.scot](mailto:gram.camhs@nhs.scot) FAO: Amanda Farquharson, Service Manager, and we can get in touch with you.

### Change Example 3:

The busy out-patient department at Dr Gray's Hospital has a number of clinics from various services running on a daily basis. Patients and families are seen from a diverse range of backgrounds and treatment stages, from initial consultation to post surgery.

In the autumn of 2023 a complaint was received from a family concerned about the treatment of their mother who had been attending an appointment when she required to use the toilet facilities. A number of factors, including the patient transfer equipment required by the patient not being easily accessible, resulted in an undignified and upsetting journey home for the patient. After discussions with the family and staff, Dr Gray's management agreed to fund the purchase of a Sara Stedy – a non-powered device which enables a single caregiver to assist patients or family members to perform sit or stand transfers simply. The equipment is now available for anyone visiting the outpatient, and day case, areas at Dr Gray's Hospital and will help avoid unnecessary delays to use the toilet in the future.

Senior Charge Nurse, Bernadette MacKay and Nurse Manager, Lesley Gow pictured below with the new transfer equipment.



## Staff Development

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



**831**

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



**1,018**

**1,018 Modules** of NHS Grampian Adverse Event Review training have been completed by staff. The recently developed eLearning is a valuable opportunity for staff to learn the keys skills needed for review of an adverse event and to support the safety of our healthcare system for everyone. The modules are designed to allow staff to complete the sections most relevant to the area of adverse events they are involved in.



**5,255 Staff** completed a comprehensive Equality and Diversity programme ensuring staff are aware of their responsibilities in this field.



**1,099** staff have completed Duty of Candour eLearning to support staff in understanding the Duty of Candour and what it means for their role.

# Accountability and Governance

A summary of the accountability and governance structures which support the effective management of complaints and feedback within services are detailed below:

## Clinical and Care Governance/Committees

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

## Weekly Clinical Risk Meeting (CRM)

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

## Chief Executive Team (CET)

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

### **NHS Grampian Board**

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

### **Cross-System Quality, Safety and Assurance Group**

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

### **NHS Grampian Clinical Governance Committee**

- The Clinical Governance Committee is a sub-committee of Grampian NHS Board (Board) and obtains assurance on behalf of the Board for the quality of clinical care delivery.
- Executive Nurse Director and Medical Director, designated joint Executive Leads, support the Chair of the Committee.
- The CGC meets quarterly.

### **Engagement and Participation Committee**

- Chaired by a Non-Executive Board Member as agreed by the Chair of NHS Grampian Board
- The aim is to provide a strategic approach to engagement and participation.
- Seeks assurance of the Board's transition to become a Learning Health System, public health, equality, diversity, engagement and participation, and communication.



## What Next?

It is acknowledged that the Grampian health and care system remains under very significant pressure. However, NHS Grampian is committed to continue to ensure that all feedback is encouraged, that the service demonstrates compassion and is person-centred with a commitment to utilise the learning to support improvement to the services we deliver.

Over the next 12 month period we will work to:

- Improve the uptake of training across the services
- Improve our response times in line with our Complaints Handling Procedure
- Strengthen our links with other Health Boards to consolidate best practice
- Work closely with PASS to identify and implement improvements to the journey for people who wish to make a complaint
- Improve articulating our learning from feedback.







