



**Golden Jubilee
Foundation**

Patients at the heart of progress

Feedback, comments, concerns and complaints

2017/18



**What people have told us
and how we have improved.**

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Section 1: Introduction and overview

Introduction

Here at Golden Jubilee Foundation we aim to ensure every patient receives care that is safe, effective, person centred and high quality. In doing so, it is vital that we listen to what our patients have to say about the service and care they receive from us. It is important that we celebrate and share positive feedback with clinical teams and that, on the occasions where we do not get it right, we quickly respond to this and learn from it.

Our Annual Report on Feedback, Comments, Concerns and Complaints tells you how we manage and respond to feedback from patients who use our services, and how we use this to improve the care we deliver. We will also outline some examples of patient and public engagement undertaken as part of our ongoing service development in recognising the value and importance of involvement at the outset of any major change.

We welcome feedback from a variety of methods as outlined in the opposite diagram.



Obtaining feedback from equalities/ particular groups

We have several mechanisms in place to support particular groups in providing us with their feedback:

- People with hearing or visual impairments can use accessibility options on our website.
- People whose first language is not English can access an interpreter or request written information in their own language or format of their choice.
- Patients can access support from our advocacy provider if they do not feel confident about making a complaint or highlighting their concerns on their own.

Further information showing how we work in partnership with a variety of equalities groups can be found in our Equality Mainstreaming Report: https://www.nhsgoldenjubilee.co.uk/files/7314/9553/3666/mainstreaming_report_2017.pdf

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 national nature of our service.

We do our best to make sure that everyone feels able to approach any member of staff with feedback and in turn that staff are confident in listening to and responding to this. We always advocate discussing any issues locally in the first instance, however we recognise that in some instances patients may not wish to do so. In such instances, our volunteer supported feedback mechanisms are highly valuable in offering patients an opportunity to speak with someone outwith the clinical team. We also have 20 post boxes throughout the hospital where patients can post feedback (this can be done anonymously) on their care. There is also support available from the Clinical Governance department in supporting feedback discussions with patients/ relatives.

Helping people feel that their feedback is welcome

All of our feedback mechanisms are advertised in print and electronic formats. These are all easily accessible to people who may want to use them and can be requested in alternative formats of their choice.

Our website and leaflet have also been reviewed to take account of the changes in national process. We hope this will make it easier for people to access our various methods of feedback and also for us to easier share some example from feedback received.

**Alternative
formats are
available**

Recording of feedback, comments and concerns

It is essential that all feedback is shared with those who deliver care, particularly anyone who is named personally, to ensure they receive any personal thanks and/ or recognition and to allow them an opportunity to respond to any feedback.

Support and guidance is provided to clinical staff from our senior managers, Executives, Communications and Corporate Affairs and Clinical Governance teams to enable them to respond to feedback. This streamlined approach means we have appropriate leadership and administrative support across our Board with a supporting governance structure.

Sharing feedback is essential

We have a central system on which all formal complaints, comments and compliments are captured and shared with local leads, allowing them to view/ amend the records and share information with wider staff. Feedback gathered from other methods, including our Volunteer Walk Rounds and Caring Behaviours Assurance System is captured via customised systems that allow similar reporting back to local areas.

We use feedback alongside other information to identify opportunities for improvement. A good example is the quarterly reports which combine adverse events and complaints and allow services to look at trends. In the last year we have also started including compliments in these reports; this has been received well by staff.



Section 2: Feedback received in 2017/18

This section outlines what has been received over the last year from the various sources of feedback. We provide an overview of the sources of feedback and then detail what we have received within the feedback categories of concerns and compliments; formal complaints are addressed in Section 3.

Volunteer supported feedback

Our 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. Staff and patients have found our volunteers extremely approachable and our experience is that they feel they can speak freely to them.

In 2017/18, Volunteer Quality Walk Round activity has increased once again, with over 400 visits made to our ward areas. On each visit, five patients and five members of staff were interviewed using a standard question set. Feedback from these interviews continues to be reported back to the ward manager and team. There has been significant work done over the last year to improve the simplicity of the questions and the system used to record the Walk Rounds. Having recognised a need to improve how we capture the information; this last year saw us implement tablets which connect directly to the secure hospital WiFi system. Under General Data Protection Regulations and Cyber Security guidelines, this will improve our data protection compliance.

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 with the following teams:

- Catering – to consider patient views in respect of the quality and quantity of food on offer.
- Clinical Nutrition and Dietetics – to learn 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.

Care assurance

We continue to use the Caring Behaviours Assurance System methodology as part of our care bundles within the Board. Over the last year, a further 36 staff have undergone education and training to deliver the programme. There have been 21 agreed Person Centred Quality Indicator's across clinical ward areas. The programme is supported by the volunteer walk rounds as a means of evaluating the experience of care from the patient's perspective. We will continue to use this approach going forward and it will also be evidenced in our Excellence in Care work.



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 and enquiries@gjnh.scot.nhs.uk), sharing these with relevant staff.

We received a total of 2,838 emails to our generic Golden Jubilee National Hospital mailboxes, compared to 523 in the previous year (a 443% increase).

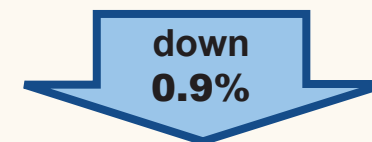
Of the 2,838 emails received, 2,813 were positive or neutral (99.12%) and 25 were negative (0.88%).

Examples of e-mails include:

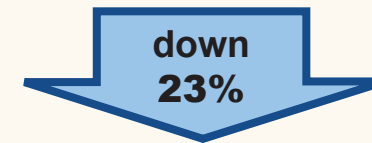
- patients requiring information or help about appointments or procedures;
- relatives/carers needing visiting times/ message to inpatients;
- professional requests for staff contact information;
- gratitude of care; and
- requests relating to recruitment and work experience.

Social media channels

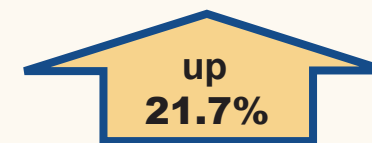
Our combined Facebook and Twitter reach – the number of people who have seen or read our posts was 1,735,277, compared to 1,751,110 in the previous year. The higher reach in the previous year is attributed to the #Heart25 campaign.



Our combined Facebook and Twitter engagement – the total number of comments, reactions, and shares /retweets was 24,298 compared to 31,670 at 31 March 2016. The higher engagement in the previous year is attributed to the #Heart25 campaign.



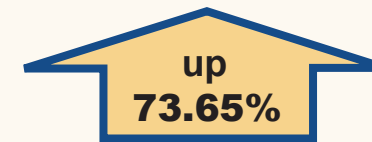
Our Twitter followers increased to 3,041, compared to 2,498 in the previous year.



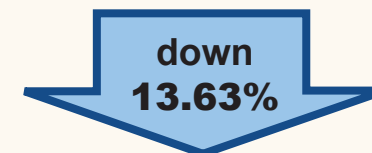
Our Facebook followers increased to 4,187, compared to 3,476 in the previous year



A total of 1,127 'tweets' were sent to/about the Golden Jubilee National Hospital (@JubileeHospital), compared to 649 in the previous year. Of these, 1,125 were positive (99.82%) and two were negative (0.18%).



A total of 1,901 'posts' were posted on our Facebook 'wall' or 'timeline' or sent as a private message, compared to 2,200 in the previous year. Of these, 1,898 were positive (99.84%) and three were negative (0.16%).



We maintained an average rating of 4.8/5 stars. Out of 584 reviews, 528 rated us five star, 32 as four star, 10 as three star, 5 as two star, and 9 as one star.



Care opinion

Care Opinion is an externally managed feedback programme which the Golden Jubilee has been actively using since 2011 to gather feedback from patients and relatives.

A total of **6,035** 'engagements' were received, compared to **3,657** in the previous year (a **65%** increase).

Of these **6,035** interactions, **5,997** were positive, factual or neutral (**99.37%**), and 38 were negative (**0.63%**).

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

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

The PES is **99.37%** compared to **94.23%** in the previous year. The lifetime PES remains high at **97.49%**.

Positive Engagement Score

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

A total of **33** 'opinions' were published about the Golden Jubilee National Hospital, compared to **24** in the previous year (a **37.5%** increase).

Of the **33** 'opinions', **26** were positive (78.79%) and seven were negative (**21.21%**).



**Tell us
about your
experience**

**Help make a
difference.**

Feedback forms (Speakeasy)

Our feedback forms, previously titled Speakeasy, allowed patients, relatives, and staff to provide feedback; this could be done anonymously and forms posted in the mailboxes distributed throughout the hospital.

Over the last few years the number received has been declining. Last year we received 104 Speakeasy forms, compared to 146 and 195 in previous years.

In response to this we committed to reviewing the feedback forms to see if we could improve the form, availability, and ultimately the number of completed feedback forms received.

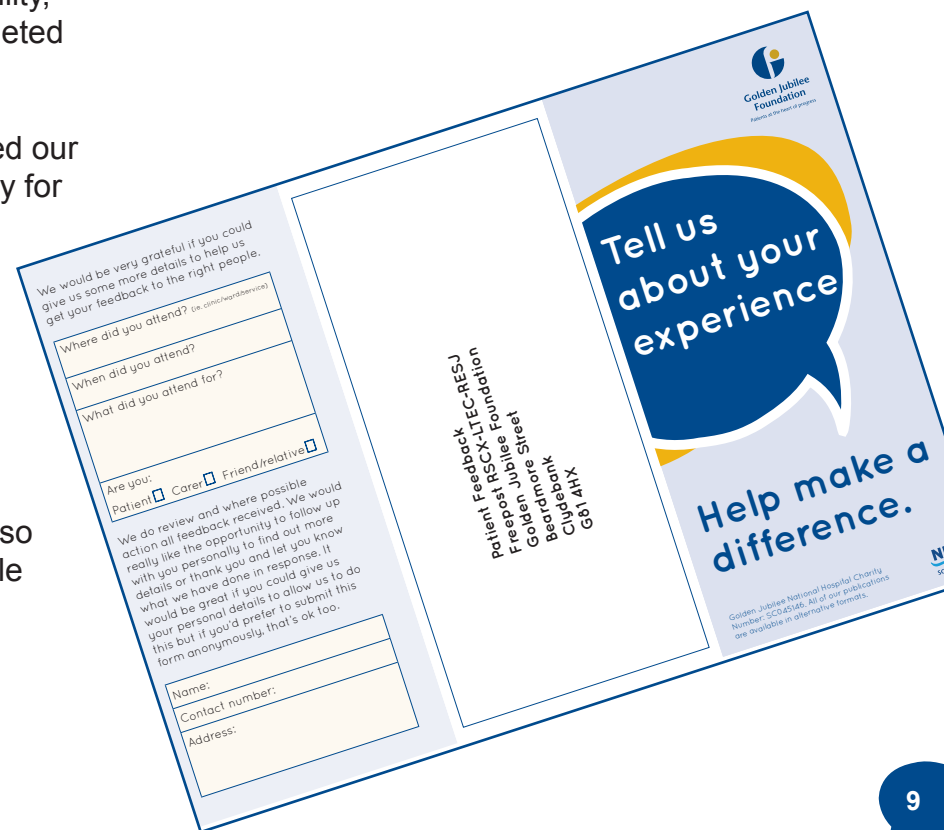
During this year we have redesigned our feedback form, making this explicitly for patient/ relative feedback on care and experience only. We consulted with patients during the development, with good response.

Every patient area will have a supply of feedback leaflets to encourage all patients/ relatives to provide us feedback. The leaflet also signposts to other methods available to provide feedback, including the complaints process.

There is an option for anonymous feedback although we encourage people to share details so we can respond.

The leaflet can be filled in and posted in the internal mailboxes while on site. It has been designed with our Freepost address on the back so patient/ relatives can self seal and send back to us.

The updated process was launched as part of 'What Matters to You' Day 2018 and we will monitor implementation during this year.

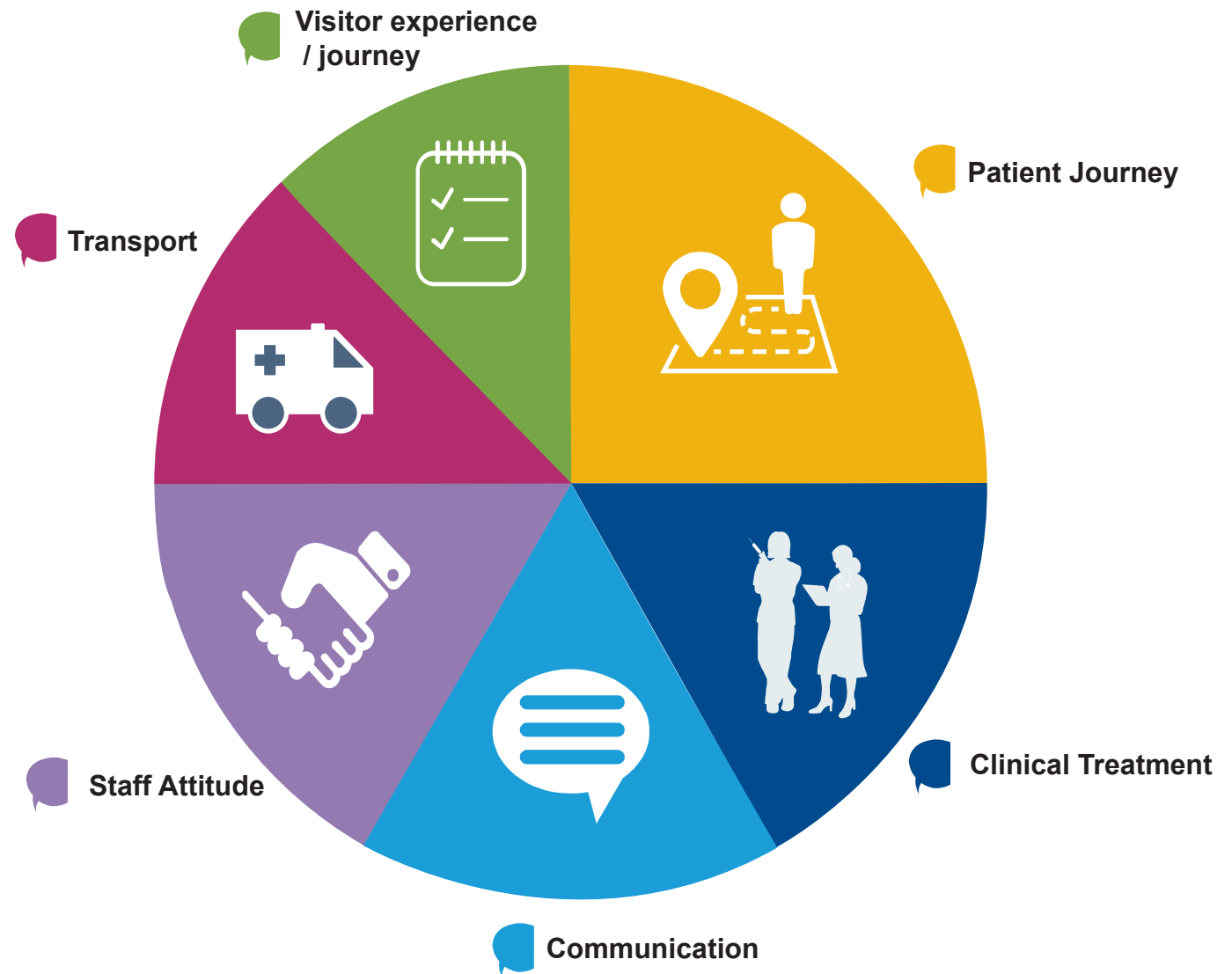


Concerns

In this year we received 31 concerns, which is a slight decrease of 16% compared to 2016/17. Of those received, the majority (14) originated via Speakeasy forms with four coming via Care Opinion and others via e-mail, letter and phone. The chart opposite summarises the top five concern categories in 2017/18. Communication was top last year; this has lowered this year with patient journey becoming the highest.

Given the changes in the national definitions and process, we anticipated that issues previously dealt with as concerns would be managed as stage 1 complaints; the reduction in overall concerns is not unexpected. All concerns we receive are formally logged and we aim to respond to these within five working days; in effect we manage them like a stage 1 formal complaint. Each concern receives verbal feedback from Clinical Governance to thank them for their feedback, apologise as appropriate, and advise what action is being taken in response.

Top 6 Concern Categories 04/2017 – 03/2018



Compliments

We had 96 compliments formally logged. It must be highlighted that the wards and staff members continuously received thank you cards/ letters/messages and general complimentary feedback on a daily basis, these are not formally logged. As with concerns, all people providing a compliment are thanked for their feedback and the message passed to the area to which it relates (often it is the area which received it and sent it to us for formal logging).

Attention by doctors, nurses and staff members was excellent and made my stay very comfortable and helped me to be at ease. Not one complaint. 10 out of 10.

Letter sent to MSP from patient who wished to express his appreciation for the NHS. He expressed thanks for the care received at the GJNH that his wife received for a knee replacement. He praised the surgeons, doctors and theatre operating teams and the nurses.

Relative wishes to express her thanks to all staff involved in her father's care. She reports that they were always happy to talk with her and to give support. She said that the hospital is always clean and bright. The canteen is good value and the hospital in general has a calming atmosphere.

Interpreter was excellent and a great help during visit to the hospital.



Section 3: Formal complaints

Overview

The Clinical Governance Department, alongside other Health Boards' supported the national work led by the Scottish Public Services Ombudsman to develop the new Complaints Handling Procedure Scotland (CHP). This process is supported with a change in the legislation and went live on 1 April 2017.

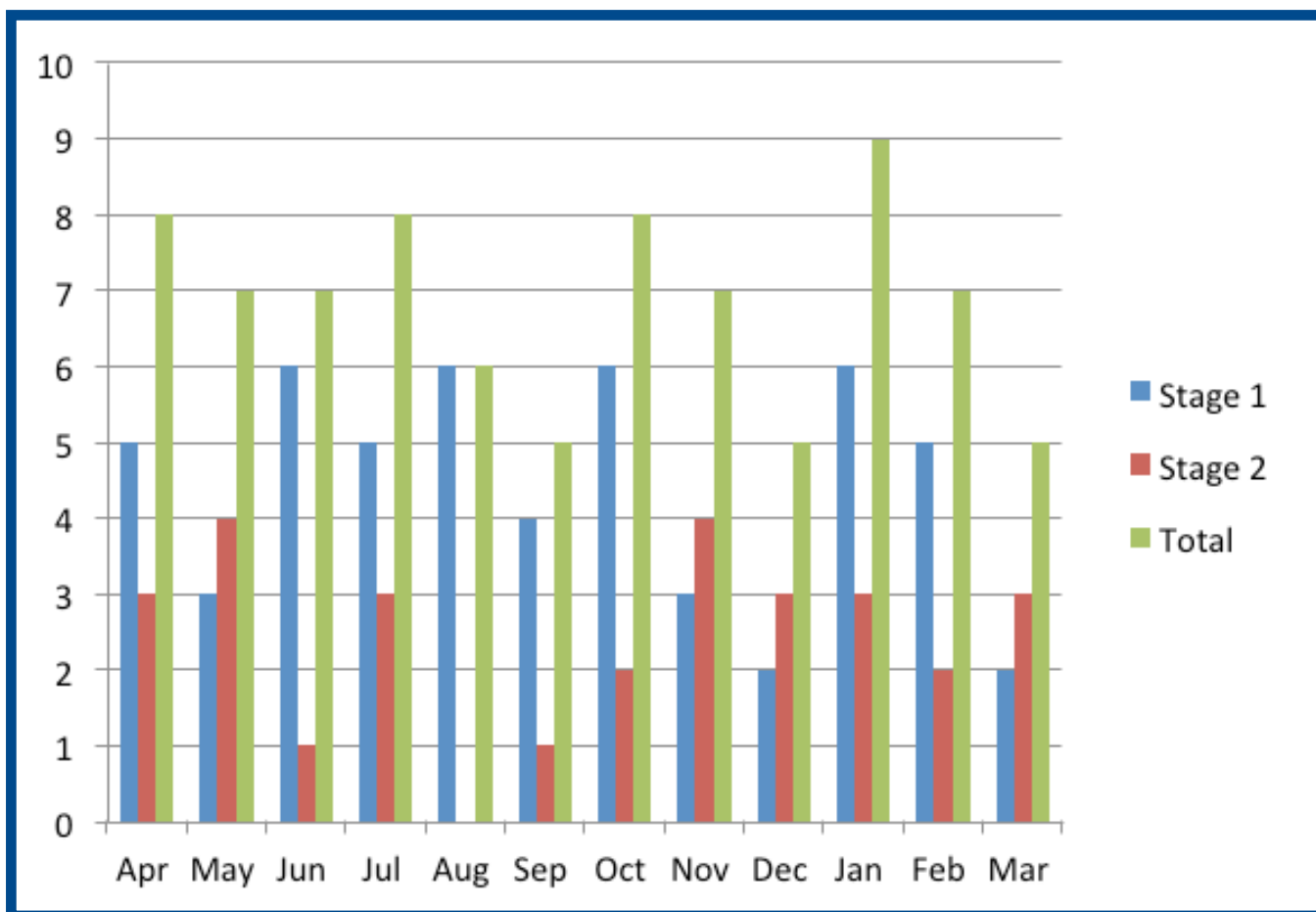
The overall aim of revising the process was to minimise any variation in practice, encourage local resolution of appropriate concerns, and to ensure focus on learning. In practice, we now have a process with two separate stages for complaints:

- Stage 1 – Early Resolution
There are 5 days to allow opportunity for local resolution of complaints. Complaints resolved at Stage 1 do not require a written response.
- Stage 2 – Investigation
If early resolution is not achieved or is not possible (i.e. due to complexity of complaint it requires more than 5 days) then Stage 2 will commence. This is the 20 day timeline that currently exists.

Complaints activity

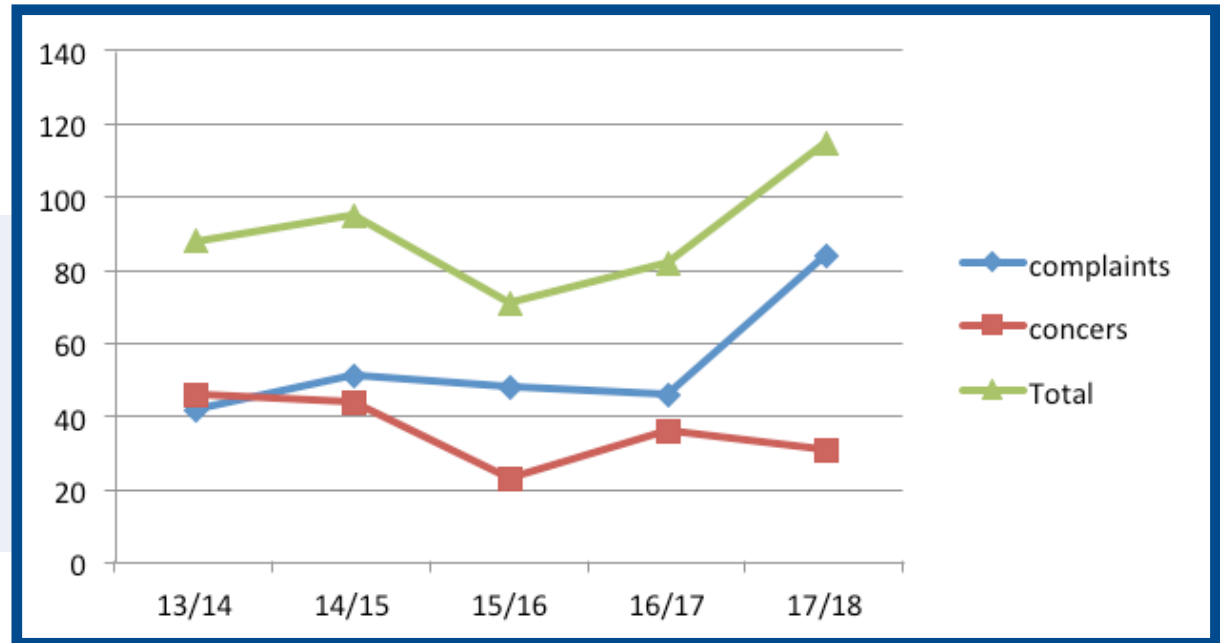
During 2017/18 there were 82 formal complaints received (53 stage 1 and 29 stage 2 as shown below. Overall this is an increase of 36 in 2016/17, equating to an increase of 78%.

**Formal Complaints by Stage and Month
04/2017 – 03/2018**



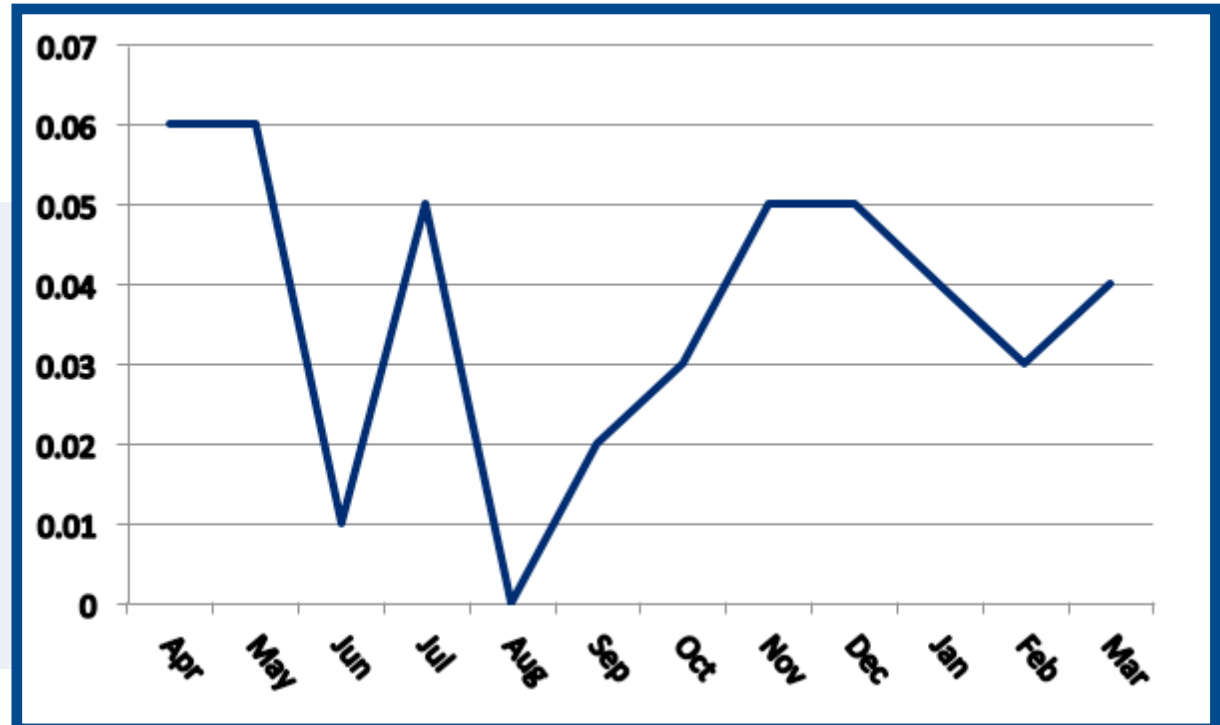
Formal Complaints and Concerns 2013/14 – 2017/18

We have found that issues previously captured as concerns are now being managed as Stage 1 complaints. The chart opposite shows the level of complaints and concerns over the last 3 years; looking at both combined this year the total has increased by 36%.



Formal Complaints as % of Patient Activity April 2017 – March 2018

Changes in process and education and increased awareness supporting the revised process have led to an improvement in the capture of issues at Stage 1. We continue to monitor the level of complaints in relation to patient activity with the Stage 2 formal complaints rate one of our Key Performance Indicator's on our Corporate Balance Scorecard. The chart opposite shows that in relation to activity, levels remained low at under 0.07% throughout the year.



The table below gives an overview of the complaints by stage and month received; it shows the timescales for response and whether the complaint was upheld or not. Of the 82 formal complaints received, two did not progress; one was withdrawn and one was other time barred and is therefore excluded from the data below.

As shown, stage 2 timelines for response within 20 working days proved challenging during quarter 1.

Several factors affected this, however close monitoring and review of internal processes improved this throughout the rest of the year, whilst continuing to ensure the quality of the response; it remains under continuous review.

Stage 1 complaints are reported against the 5 day timeline; any that did not meet this had agreed extensions and were closed within the 10 day period. Examples of reasons for extensions:

- No reply on day five when contact was made via telephone, or prior to day five. Complainant then contacted service and complaint and findings discussed.
- Relevant detail required from specific manager who was on annual leave.
- One Stage 2 complaint was progressed to a Significant Adverse Event.
- Complexity of complaint at Stage 2.
- Unexpected leave from those involved in complaint process and investigation.

Complaints by Stage, Outcome and Timescale 2017/2018

	Total	Stage	Fully upheld	Partially upheld	Not upheld	Closed within timescale	Average response times
Quarter 1	22	Stage 1 = 14	10	2	2	12 (86%)	3.5 days
		Stage 2 = 8	4	1	3	3 (43%)	23 days
Quarter 2	18	Stage 1 = 15	9	2	4	11 (73%)	4.3 days
		Stage 2 = 3	1	0	2	3 (100%)	19 days
Quarter 3	20	Stage 1 = 11	6	3	2	9 (82%)	4.5 days
		Stage 2 = 9	2	3	4	8 (89%)	18 days
Quarter 4	20	Stage 1 = 12	5	2	5	10 (83%)	4.3 days
		Stage 2 = 8	3	1	4	8 (100%)	19 days
Total	80	Stage 1 = 52	30	9	13	42 (79%)	4.1 days
		Stage 2 = 28	10	5	13	22 (79%)	19 days
		Total = 80	40 (50%)	14 (17.5%)	26 (32.5%)	64 (80%)	n/a

***not included in the overall figure**

Quarter 1* One stage 2 complaint progressed to an RCA

Quarter 2* One stage 2 complaint was time barred

Quarter 4* One stage 1 complaint was withdrawn

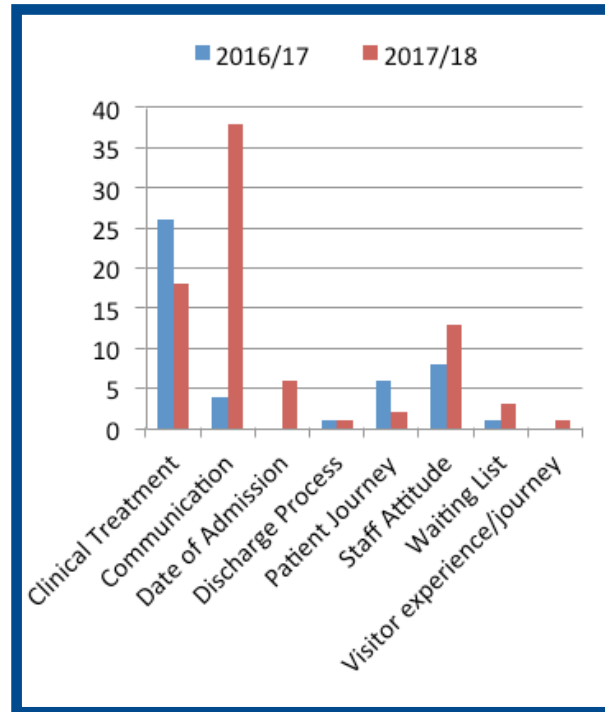
Themes from complaints

The charts opposite show the themes of all complaints over the last two years, separating out the upheld complaint themes. The top theme across both was communication, which has risen significantly since 2016/17 with clinical treatment decreasing. At times, communication relates to explanation or understanding of clinical treatment and not the quality of care or treatment itself.

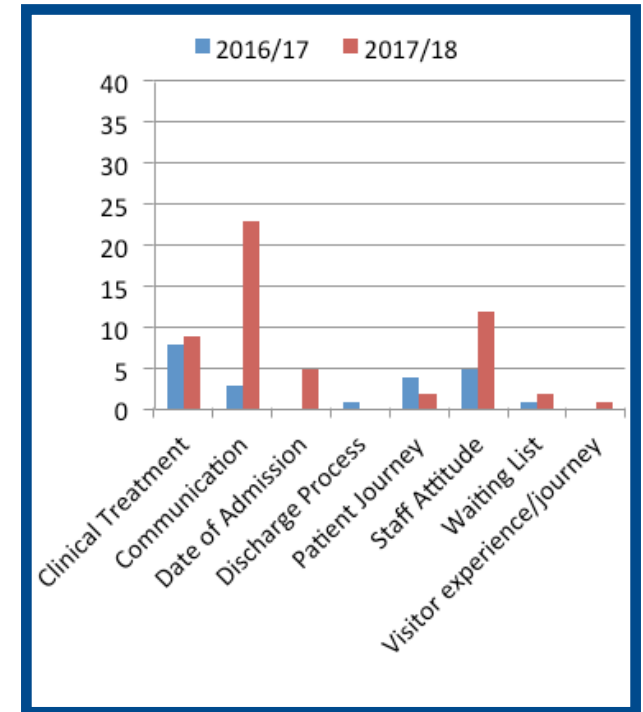
In total, 38 communication complaints received. Of these, 61% were upheld (15 fully upheld and 8 partially upheld). Radiology (6) and Business Services (5) had the highest upheld communications' themed complaints; however there was no one common factor within these.

The high rate of upheld is not unexpected given the nature of the complaints; an example of one not upheld links to a patient who complained about our automated call system, however, on investigation, our system was not responsible for the call.

Formal Complaint Themes 2017/2018



Upheld Complaint Themes 2017/2018



Some examples of the upheld issues are:

- Patient was brought in for surgery and not advised it had been cancelled.
- Patient was unhappy with the staff nurse's attitude.
- Patient was seen in Cardiology and subsequently transferred for Cardiac Surgery. Patient and family unhappy with the length of wait between appointments for an admission date.
- Postal error resulted in patient incurring charges.

Learning from complaints

All feedback helps us improve our services for our patients and visitors. Where complaints are upheld, a full apology is given and learning is identified.

We are actively making changes to improve the links between feedback and Significant Adverse Events (SAE). In this year, we have had three complaints progress to an SAE review, with two leading to Root Cause Analysis (RCA) investigations.

Feedback
helps us
improve
our
services

We are
actively
making
changes

What was the feedback? (Concern)

Patient wished to raise concerns that whilst attending an appointment at the hospital, they could not get parked in a patient space as staff were parking in these spaces.

What was the outcome for the complainant?

Response was sent to fully apologise to the patient, via the Care Opinion website.

What we did/changed?

- An internal communication was sent to all staff to emphasise the importance of parking in the allocated parking.
- At peak morning time for staff arriving, security patrol the car park to ensure staff are parking appropriately.

What was the feedback? (Stage 1 complaint)

Patient's daughter wished to complain that her mother was in for an MRI and asked for assistance to get down from the radiology bed. The staff refused, which caused her to fall.

What was the outcome for the complainant?

The Radiology Manager spoke to the complainant and sincerely apologised. She advised the complainant that staff should have assisted her mother from the bed.

What we did/changed?

- Full discussion with all staff involved in patient's care.
- Education and awareness needs identified.
- All staff received additional Moving and Handling training.
- Radiology Manager seeking support from the Moving and Handling team for additional compatible aids to assist staff and patients.
- Complaint was discussed at the Governance group to ensure that all relevant staff were made aware.

What was the feedback? (Stage 2 complaint)

Complainant's wife complained regarding the delay in her husband's care and treatment.

What was the outcome for the complainant?

Investigation had shown the breakdown in communication between Consultants. The patient had a change in Consultant from the initial consultation to the procedure, therefore the patient's care was not owned by one Consultant. This led to mis-communication of the follow-up for the patient. A full apology was given and learning identified. This complaint was progressed to the Scottish Public Services Ombudsman, which is detailed later in this section.

What we did/changed?

- A new procedure to ensure transfer of care between Consultants has been written and implemented. This will ensure that all patients have a responsible Consultant, avoiding breakdown in communication from Consultant to patient.
- A Standard Operating Procedure has been written and implemented, to ensure that all telephone messages for Consultants are logged within a diary and the Consultant must sign this once the message has been received and actioned.

The following is a summary of some of the improvements to the service from all feedback received during 2017/18:

- Error in patient appointment letters identified. Amendments made to ensure they are appropriate for partially sighted patients and in line with our Equalities policies.
- Consent forms for Interventional Cardiology revised with procedure specific forms developed to contain specific information on risks and benefits of procedure to support communication at time of consent.
- Staff member named in complaint about staff attitude reflected on the communication and met with complainant to discuss. A full apology was given and the complaint resolved.
- Patient was unhappy with outcome of anaesthetic consultation. A second opinion was arranged.



Experience of making a complaint

Each complainant (stage 1 and stage 2) now receives a follow up survey to ask about their experience of making a complaint. In line with guidance, this is done anonymously and is still very much in the testing phase at present.

During 2017/18 we received **52** stage 1 complaints of which **47** received surveys. The response rate of stage 1 surveys is **34%**, with mainly positive comments (12 of the 16 received). The response rate for stage 2 complaints has not been as positive, with only **16%** of surveys returned. Overall from all the responses received, **68%** advised their concerns had been addressed. As these are anonymous, we are reliant on the complainant coming back to us if they wish to re-open their complaint.

We did observe a trend of stage 1's initially not being satisfied with the outcome and have implemented a follow up call from the Feedback and Legal Coordinator prior to closure to confirm concerns have been addressed; we have seen an improvement since this.

Scottish Public Services Ombudsman (SPSO)

We had five cases (one of which was a shared complaint with another health board) referred to the Scottish Public Services Ombudsman (SPSO) in 2017/18.

At the time of report, one case has been rejected, one is still under consideration, and three have been closed. Two of the closed cases were not upheld and no learning was identified. One case was fully upheld with one recommendation, as the GJNH had actioned considerable learning from this complaint, which the SPSO was satisfied with.



Complainants
now receive
a follow up
survey

Section 4: Patient engagement

Expansion project

The hospital is in the early stages of a major expansion programme which will be implemented over two phases. As part of the business case development for both phases, the Expansion Project Team has been linking in with the Scottish Health Council to ensure patient and public engagement in the development of the proposals.

There have been multiple stakeholder engagement workshops undertaken to share plans with patients, public and staff and seek views on proposals on the service currently provided. These will continue as the project develops.

In addition to the workshops, ophthalmology and orthopaedic patients have been surveyed. Both surveys received an excellent response rate and overall the feedback received was highly positive.

Ophthalmology

- **98%** agreed or strongly agreed that staff were pleasant and helpful.
- **96%** of patients agreed or strongly agreed that they would recommend the service to their friends and family.
- **95%** would recommend the service to friends and family.
- **94%** agreed or strongly agreed it was worth travelling to the Golden Jubilee for their treatment.
- To date **674/900** patients fed back their views on the service provided, with responses received from patients in six different health boards; a **75%** response rate.

Orthopaedics

- **99%** agreed or strongly agreed that staff were pleasant and helpful.
- **97%** of patients agreed or strongly agreed that they would recommend the service to their friends and family
- **97%** agreed or strongly agreed it was worth travelling to the Golden Jubilee for their treatment.
- **97%** agreed or strongly agreed they were given enough time to discuss treatment options with the surgeon at outpatient appointment.
- To date **367/600** patients have responded, with responses received from patients from 14 different health boards; a **61%** response rate.



Involving People Strategy

We have continued implementation of our wider Involving People Strategy with support from Scottish Health Council via our Involving People Group and Expansion work and also progressing our Equalities Outcomes.

- Continue to invest in our volunteers who help our patients through their journey.
- Continuing to support young volunteers by links to high schools.
- Successfully maintained our Investors in Volunteers accreditation.
- Developed a new role for lay representatives with training to support lay representatives on Board committees.



Section 5: Education and reporting

Education and awareness

Our corporate objectives are focused 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 annually 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.

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, several staff attended the national events supported by NHS Education for Scotland. Internal Duty of Candour drop in sessions were held in the Innovation Centre with over 100 staff attending. Further sessions are planned throughout the first year of implementation.

Managers, Clinical Nurse Managers, Senior Charge Nurses and Clinical Governance Lead roles have been invited to complete the online Learn Pro complaints module from NES.

A SharePoint site has been created with a Feedback Toolkit which contains the policy and supporting guidance; this is accessible to all staff.

The Clinical Governance department provides ongoing one to one Datix/New Complaints Handling Procedure training as required.

Reporting

- The Clinical Governance Department provides Divisions with regular reports on complaints activity.
- Formal monthly and quarterly reports via the Clinical Governance Group and Board Clinical Governance Committee which report on activity and the Key Performance Indicator's.
- The Involving People Group and Person Centred Committee receive regular reports on feedback, including formal complaints.
- The Values Steering Group receives a report on complaints relating to communication and staff attitude.
- Complaints indicators are included in the Corporate Balance Scorecards which is reported to the Performance and Planning Committee and Board.



Section 6: Conclusion

This report has provided an overview of the various feedback mechanisms we have in place; we are proud of the focus our staff and volunteers give to patient feedback and will continue to develop this moving forward.

The different types of feedback we have received, positive and negative, have been explored and we have detailed our first year of working within the new Complaints Handling Procedure Scotland. We have been challenged at times with the 20 day response time for Stage 2 complaints and endeavour to achieve this whilst ensuring a quality response. Overall implementing the new procedure has been a positive experience that has supported developments in our process and we believe increased the capture of locally resolved issues.

This coming year we will continue to refine our formal complaints process, participating in the National Complaints Network to learn from others experience. We have launched our revised Patient Feedback leaflet, monitoring the implementation and uptake of this.

We will continue to actively engage patients, staff and public in our Expansion project, building on the good work undertaken to date.

We will continue to encourage feedback of all forms and to seek learning, using this to inform improvements to our service and ensure developments continue to be person centred and high quality.

Tell us what you think

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