

# The Power of Stories – Scotland's Experience of Care Opinion

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REALISTIC MEDICINE

REALISING REALISTIC MEDICINE

Chief Medical Officer's Annual Report 2015-16






Public Bodies (Joint Working) (Scotland) Act 2014

2014 asp 9

Explanatory Notes have been produced to assist in the understanding of this Act and are available separately

£10.00




Tobacco, Nicotine and Alcohol (Scotland) (Public Health) Act 2016

2016 asp 14



Explanatory Notes have been produced to assist in the understanding of this Act and are available separately



A NATIONAL CLINICAL STRATEGY FOR SCOTLAND




The Scottish Government  
February 2016






Health and Social Care Delivery Plan

December 2016



The 3-Step Improvement Framework for Scotland's Public Services

# High Impact Leadership Behaviours

Person Centeredness

Front Line Engagement

Relentless Focus

Transparency

Boundarilessness

# Person Centredness

A pair of hands, palms up, holding a white silhouette of a family consisting of four people (two adults and two children) holding hands. The background is a light blue gradient.

**“Be consistently person-centred  
in word and deed”**



My Voice



Community Voice



National Voice

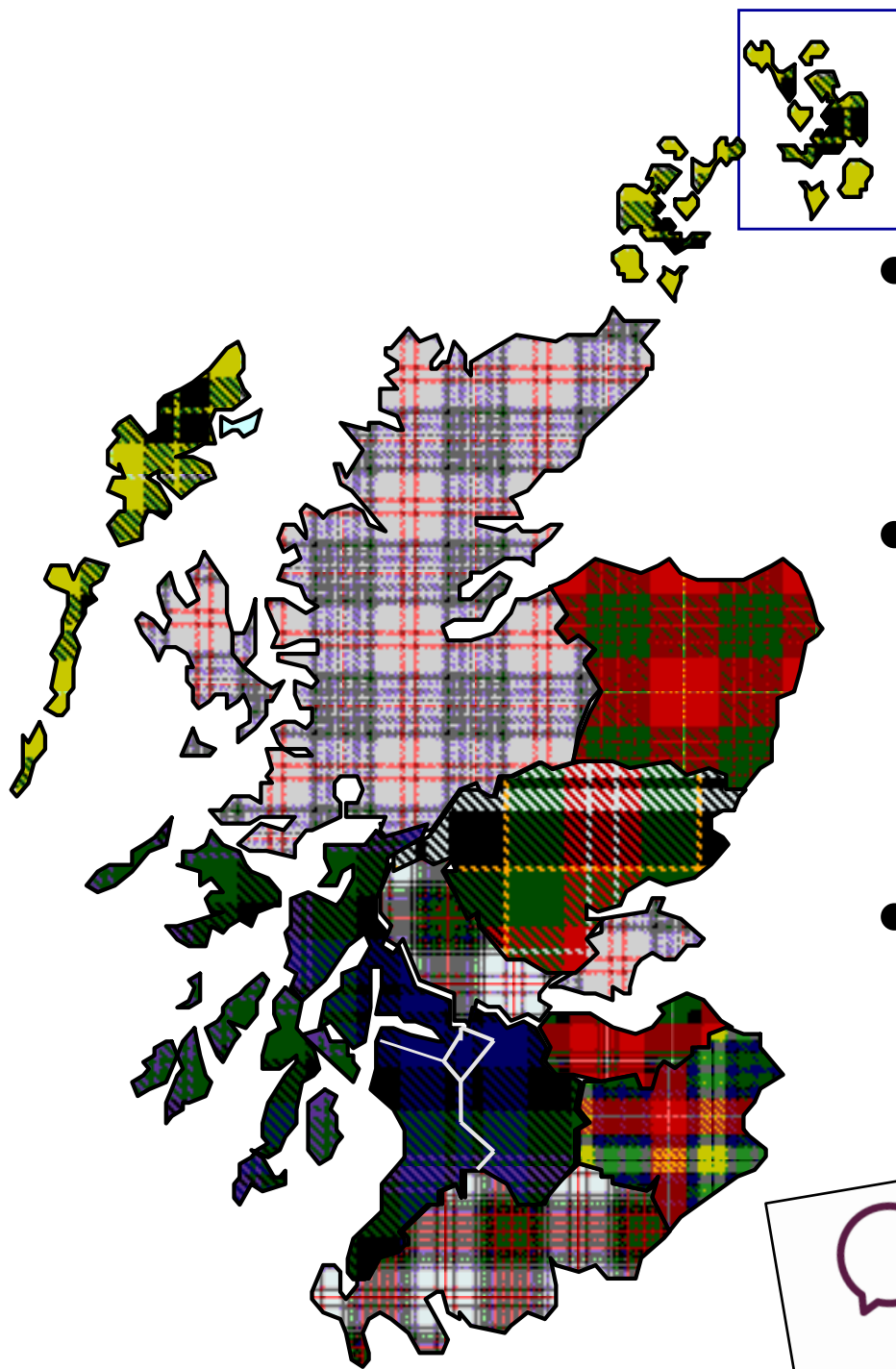


Citizen  
Voice Hub



Our  
Stories

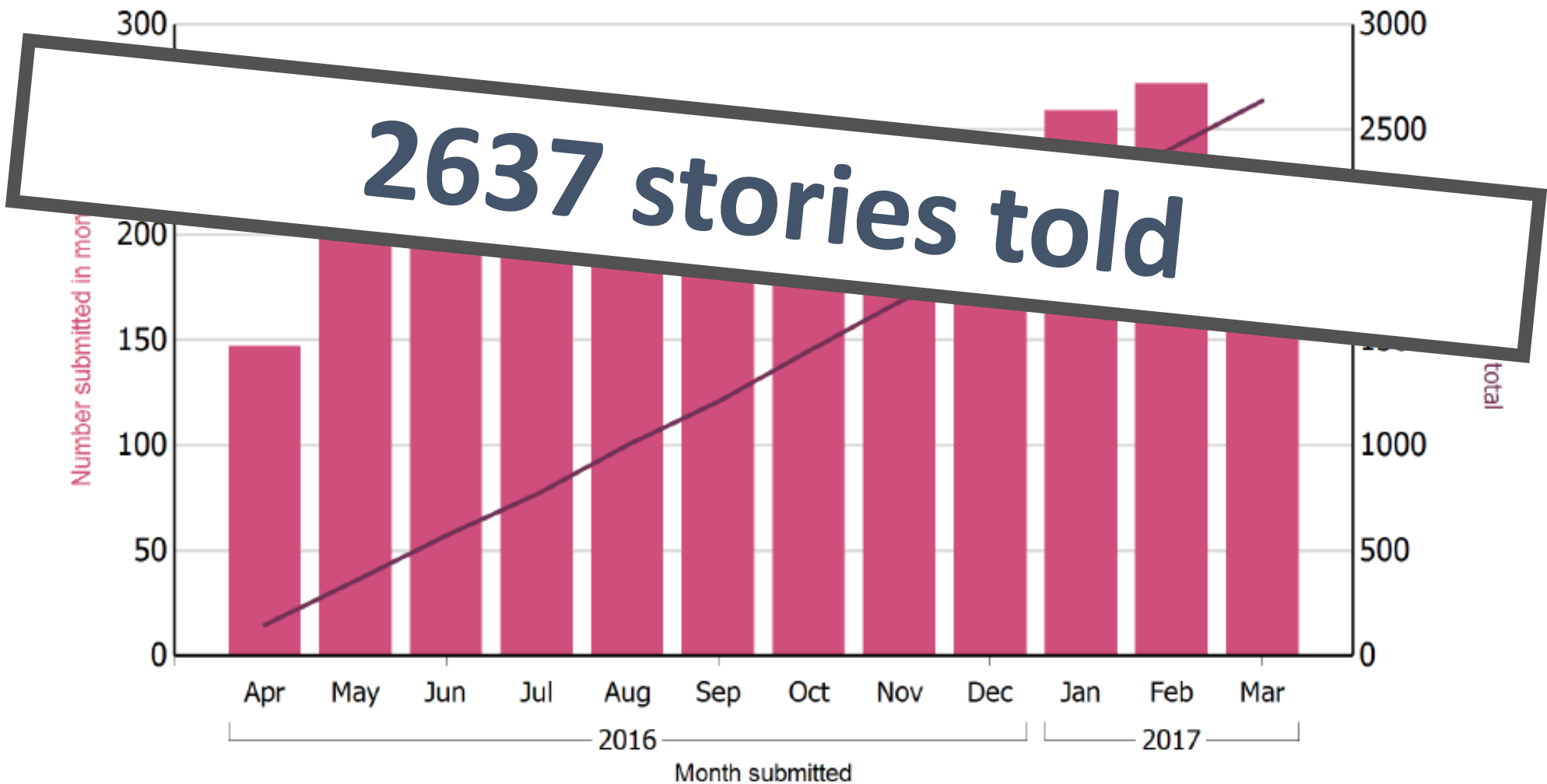
[www.ourvoice.scot](http://www.ourvoice.scot)



- **5.37 million population**
- **£13.4 billion health and social care budget for 2017-18**
- **14 territorial boards**

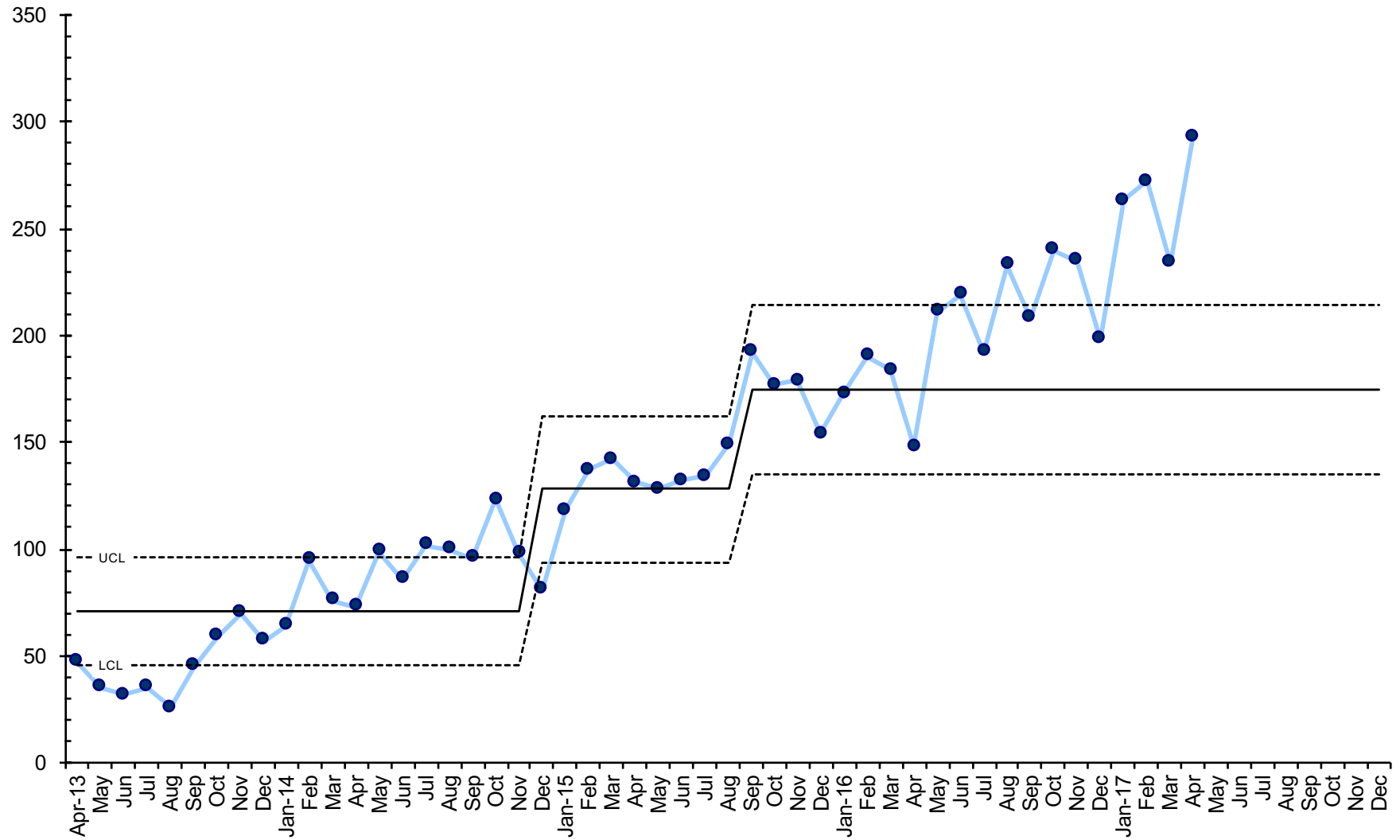


### When these stories were told



Number of stories on Care Opinion per month: C Chart

Count







**Care  
Opinion**

What's your story?





# Care Opinion

What's your story?

Share your experiences of UK health and care services, *good or bad*. We pass your stories to the right people to make a difference.

[Information for staff](#)

Home

Tell your story

About us

Search



Search for stories about...

eg Leeds General Infirmary, heart surgery, dementia, S3 8EN

## "Thank You from the bottom of my heart for everything"

About: Biggart Hospital / Care of the Elderly Medicine

Posted by [Lottie21](#) (as the patient), 3 months ago

I am a 93 year old who has always led an independent and active life so it was a massive change to me when I recently broke my leg and lost some of that independence.

I was transferred to Lindsay Ward at the Biggart for my rehab and there begun my journey of excellent care, compassion and above all respect from the staff at the Biggart.

I say staff for all has been equally part of my journey from the domestic who mops the floor to the consultant in charge of my care and of course the managers who must have agreed to the path of my journey.

My 90 year old wife of 69 years had end stage dementia and was a resident in a local nursing home. It broke my heart to not be able to go see her as she was upstairs in the home and the lift was broken but the nurses happily spoke to the staff in the home for updates.

My two daughters live in Australia and despite the ward being busy and the staff being run off their feet it was never too much trouble for them to stop and alleviate any concerns they had over the phone or just update them on my progress.

As I got stronger and almost seeing the light of discharge I was gently woken one night and told my wife was very poorly and had been transferred to Ayr Hospital.

One of the auxiliary nurses kindly took me across to Ayr Hospital to be with her and sat with me all night at her bedside offering me support and ensuring I was OK.

We were in a side room and the next day the SCN from Lindsay Ward came to see me and explained my care was being transferred back to Ayr staff so I could remain with my wife and a second bed would be put in the room where we could be nursed together.

### STORY HAS A RESPONSE



This story has had [a response](#)

**!** Published by Care Opinion on 31/01/2017

Patient Opinion has rated this opinion **not critical** (criticality score 0)

This story has been viewed by public users on this site **24,389** times

You can [add your response](#) to this story below.

### Story summary

#### What's good?

#### What could be improved?

- [above and beyond](#)
- [Care](#)
- [comforting](#)
- [communication](#)
- [staff](#)
- [support](#)
- [cared for](#)
- [compassion](#)
- [Trust](#)

Initial feelings: [cared for](#) [compassion](#) [grateful](#) [thank you](#) [Trust](#)

### Activity

1 other person has had a similar experience



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## "Why did they move her in the condition she was in?"

About: Dr Gray's Hospital / Medicine for the Elderly

Posted by DP22 (as a relative), 3 months ago

My granny was admitted to ward 7 December last year. In my opinion, her care in that ward was horrendous. She would ring her buzzer and they would come turn it off and just be left in pain.

Over a month my granny got worse and worse and then they decided they would move her. 2 days after moving her she died. Now the cottage hospital which she was transferred to straight away put her onto morphine.

Why did Dr Grays leave her in pain? Why did they move her in the condition she was in? Disgusted and heartbroken at this ward that I feel is understaffed and in my opinion, patients pay the price.

Do you have a similar story to tell?

Tell your story & make a difference »

## Responses

Response from Linda Oldroyd, Interim Divisional Lead Nurse Dr Gray's Hospital, NHS Grampian 2 months ago

Dear DP22

I am very sorry to hear that you have lost your Grandmother and in such circumstances. Please accept my sincere condolences. I am also very sorry to read of your Grandmother's experience in Ward 7 at Dr Gray's Hospital. "Horrendous" is harsh criticism but very understandable in the circumstances you describe. No one wants to see their loved one in pain least of all when they are in a place which should be one of care and compassion.

### STORY HAS A RESPONSE



This story has had 2 responses

Published by Care Opinion on 21/02/2017

Patient Opinion has rated this opinion **Strongly critical** (criticality score 4)

This story has been viewed by public users on this site **406** times

You can [add your response](#) to this story below.

### Story summary

What's good?

What could be improved?

- Care
- pain

Initial feelings: [disgusted](#) [heartbroken](#)

### Activity

9 staff members have read this story

[Who has Care Opinion told about this story?](#)

### Show your support

Have **you** experienced something like DP22 did, here or elsewhere?

If so, show your support below.



Over 5,000 stories shared

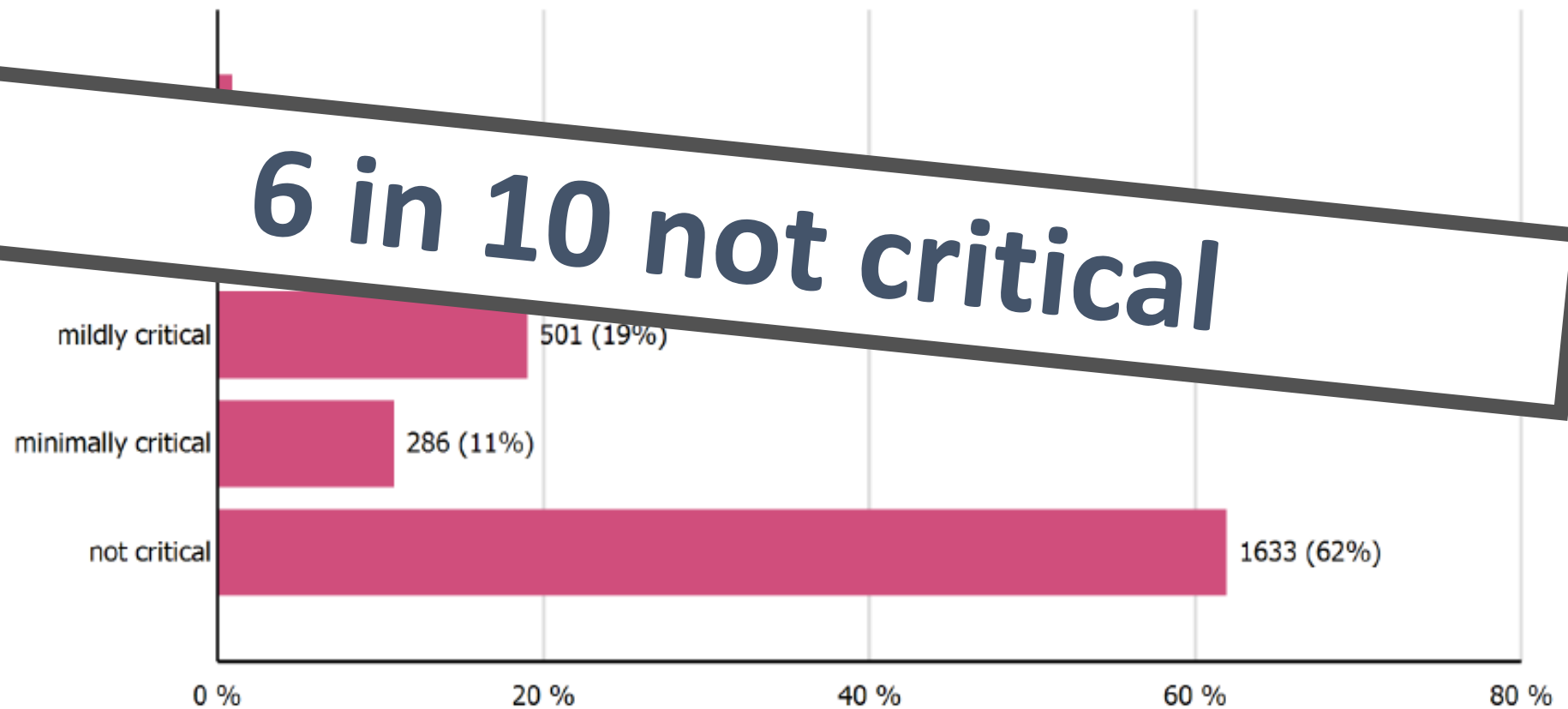
The infographic features a light purple background with a large, faint white speech bubble on the left. In the center, the words 'Patient Opinion' are written in a large, white, sans-serif font. Below this, the phrase 'Every voice matters' is written in a smaller, white, sans-serif font. Five horizontal bars of varying shades of purple and maroon are overlaid on the background, each containing a statistic in white text.

784 staff listening

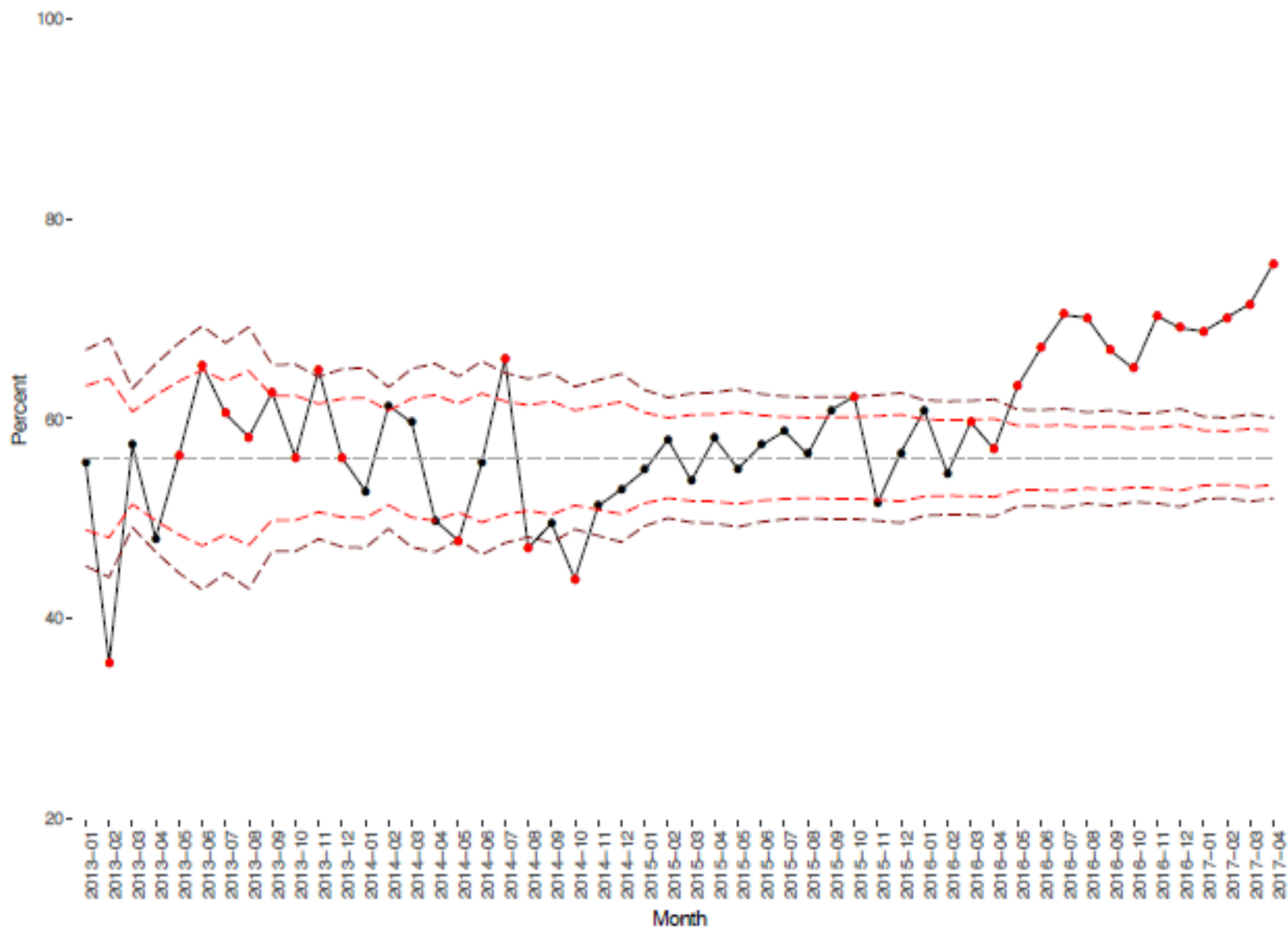
Over 200 service changes made as a result

96% of stories have a response

### How moderators have rated the criticality of these stories



Percentage of rated tags that are positive | SC





***The Universe is made of  
stories, not of atoms***

Muriel Rukeyser, *The Speed of Darkness*, 1968

 Craig White Retweeted



**James Munro**  
@jamesfm55

Recently overhead: "We shouldn't be bothering consultants with patient feedback. They need to get on with their work" [#Regulationconf16](#)

31/10/2016 14:33

3 RETWEETS 6 LIKES



**David Warriner** @DrDavidWarriner  
@jamesfm55 @craigwhitephd Jesus wept!

31/10/2016



**Craig White** @craigwhitephd  
.@drdavidwarriner @jamesfm55 .and of course it is a requirement of @gmcuk [gmc-uk.org/static/documen...](http://gmc-uk.org/static/documen...) [#Regulationconf16](#)

31/10/2016

### Contribute to and comply with systems to protect patients

22 You must take part in systems of quality assurance and quality improvement to promote patient safety. This includes:

- a taking part in regular reviews and audits of your work and that of your team, responding constructively to the outcomes, taking steps to address any problems and carrying out further training where necessary
- b regularly reflecting on your standards of practice and the care you provide







Craig White  
@craigwhitephd

.@drdavidwarriner @jamesfm55 .and of course it is  
a requirement of @gmcuk gmc-uk.org/static/  
documen... #Regulationconf16

## Domain 2: Safety and quality

### Contribute to and comply with systems to protect patients

- 22 You must take part in systems of quality assurance and quality improvement to promote patient safety. This includes:
- a taking part in regular reviews and audits of your work and that of your team, responding constructively to the outcomes, taking steps to address any problems and carrying out further training where necessary
  - b regularly reflecting on your standards of practice and the care you provide
  - c reviewing patient feedback where it is available.

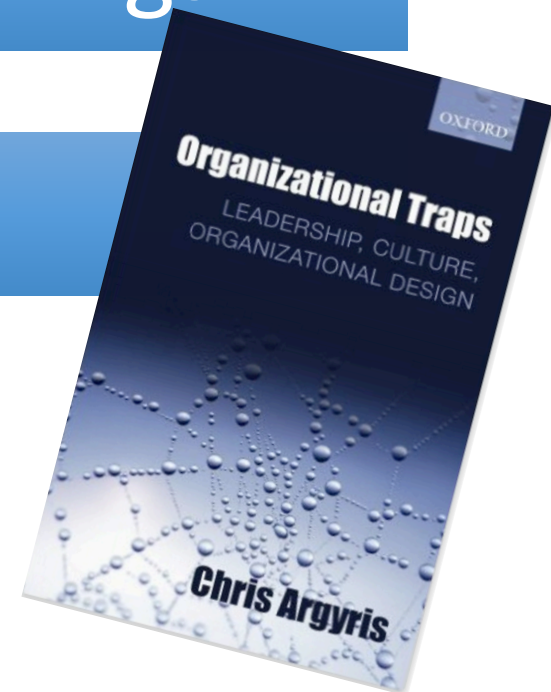
31/10/2016 14:39

Be in unilateral control

Win and do not lose

Suppress negative feelings

Behave rationally



## Inpatient survey

**Q.** Overall did you feel you were treated with respect and dignity while you were in hospital?

**A.** Yes, always

**Q.** Overall, how do you rate the care you received?

**A.** Excellent

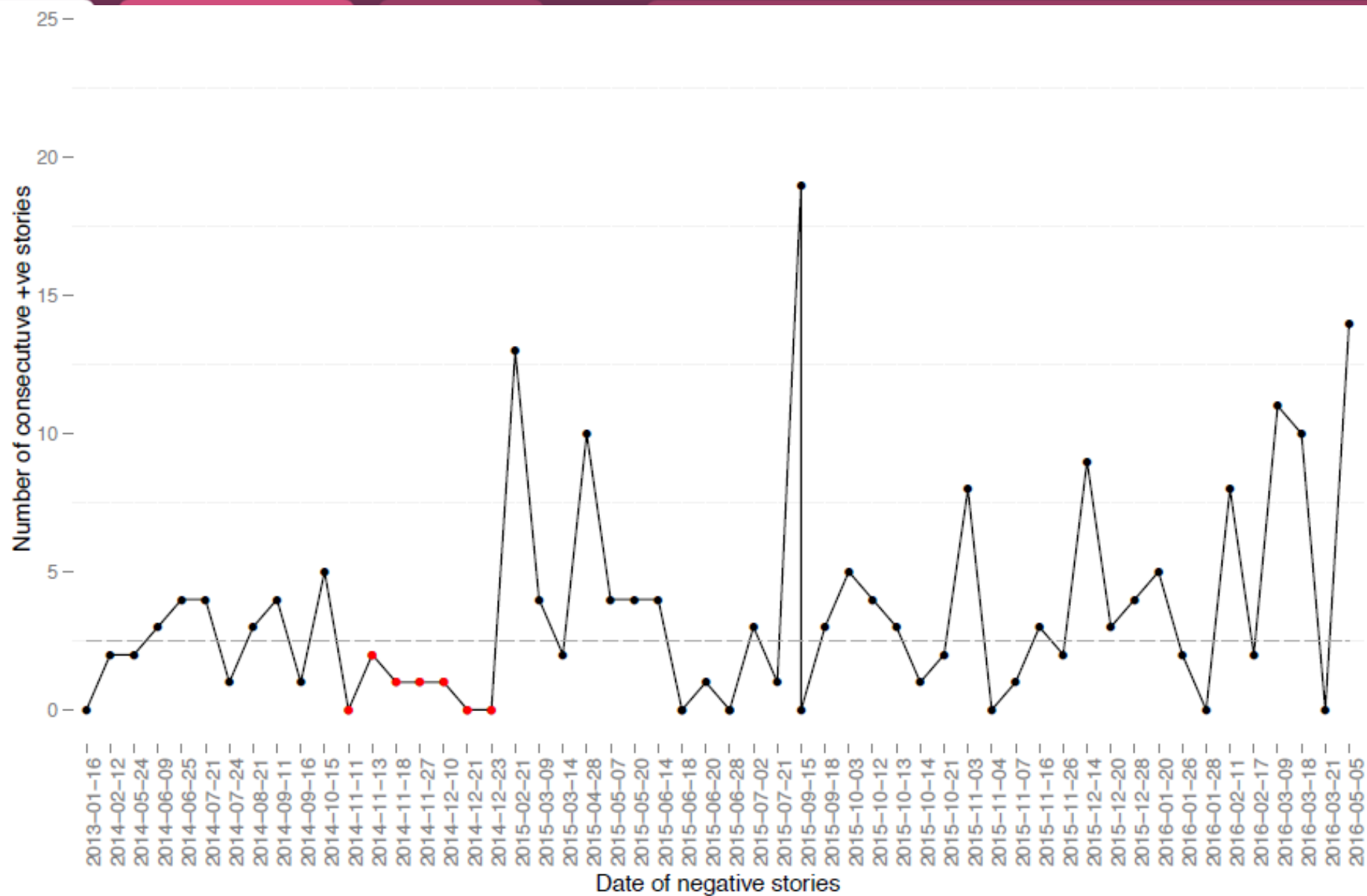
“The other thing I didn’t raise and I should have done because it does annoy me intensely, the time you have to wait for a bedpan... elderly people can’t wait, if we want a bedpan it’s because we need it now. I just said to one of them; “*I need a bedpan please*” and it was so long in bringing it out it was too late. It’s a very embarrassing subject, although they don’t make anything of it, they just say “*Oh well, it can’t be helped if you’re not well.*” And I thought, “*Well, if only you’d brought me the bedpan you wouldn’t have to strip the bed and I wouldn’t be so embarrassed*”.



**Patient  
Opinion**  
Every voice matters

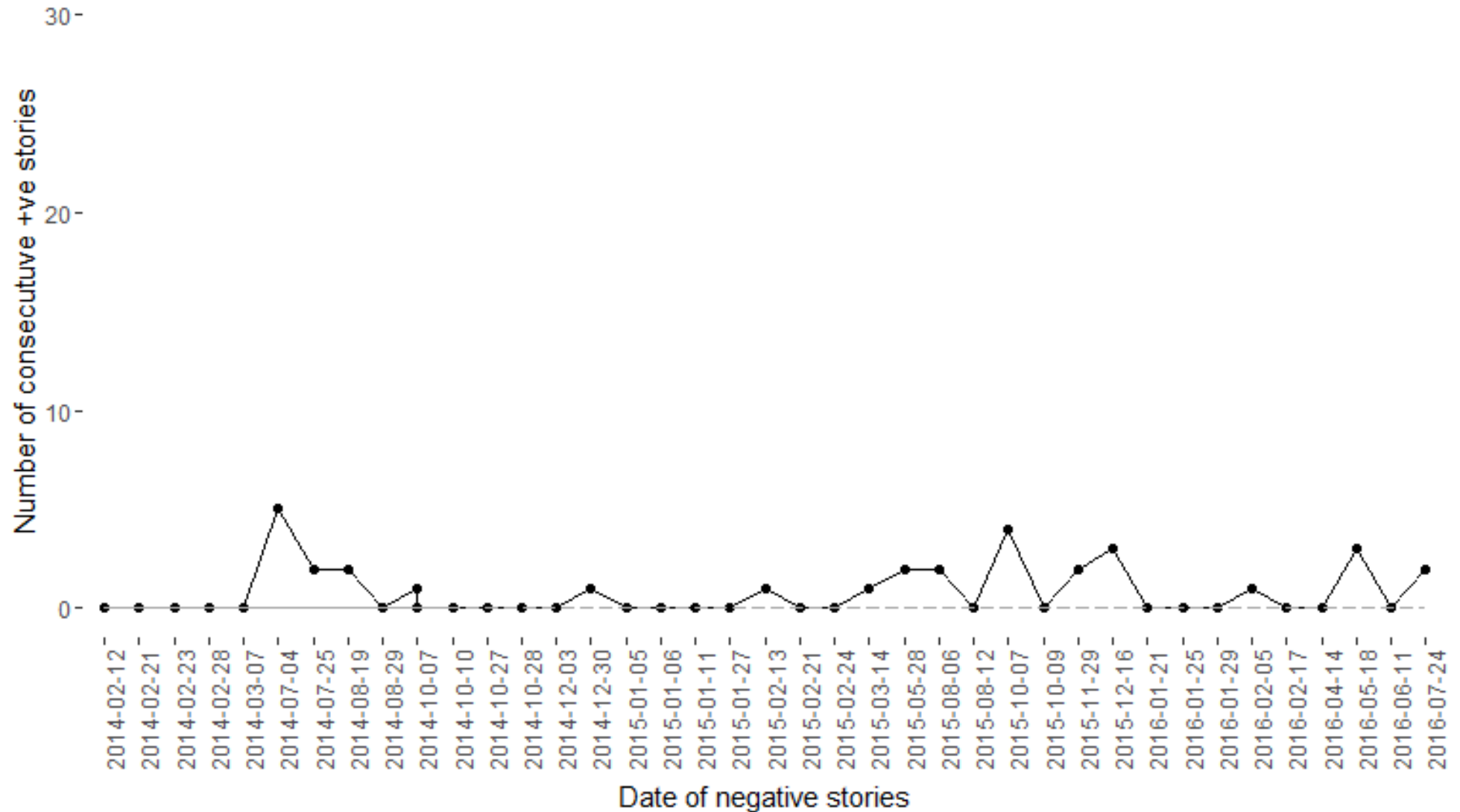
An independent site about your experiences of UK health services, *good or bad*.  
We pass your stories to the right people to make a difference.

[▶ Information for staff](#)

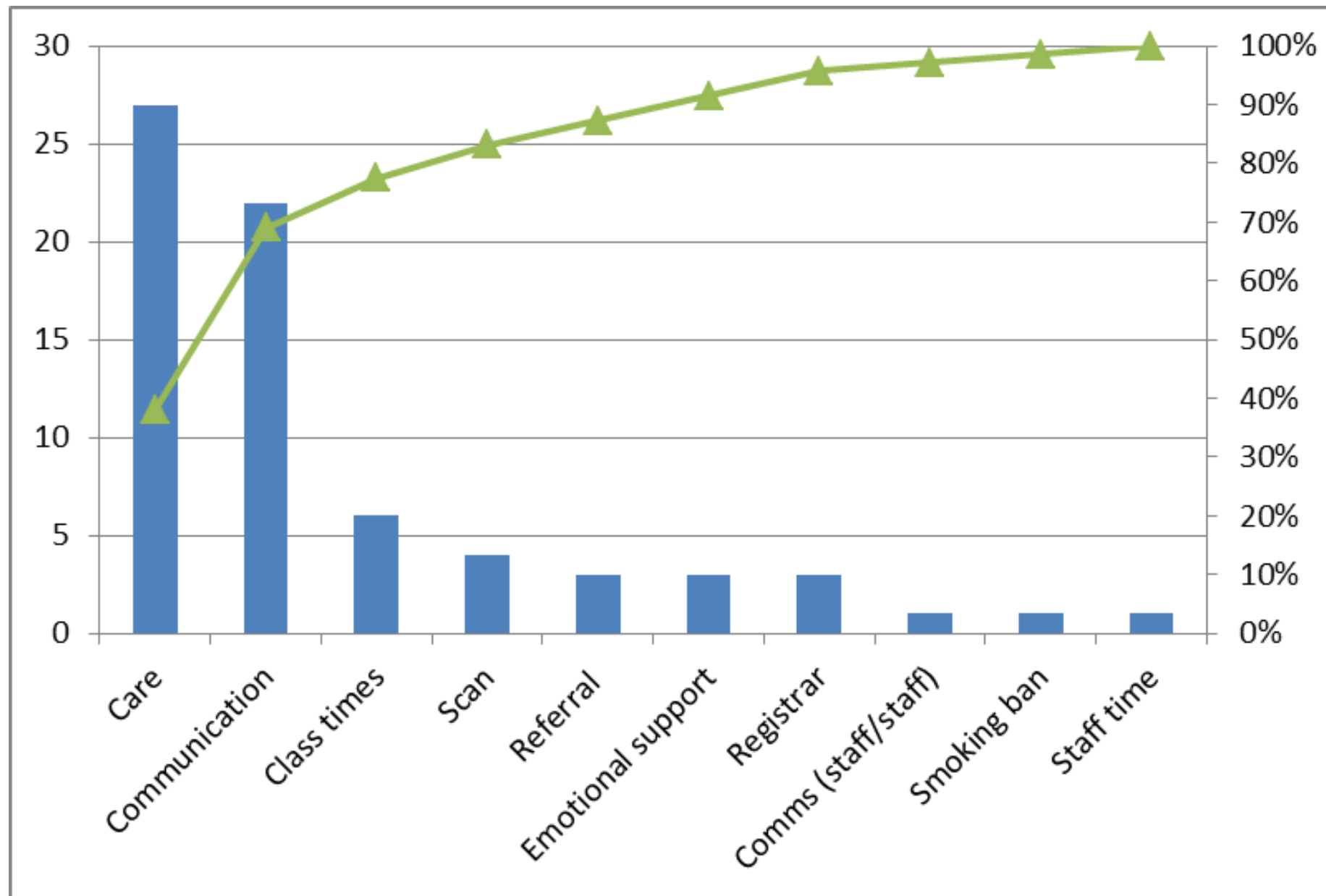


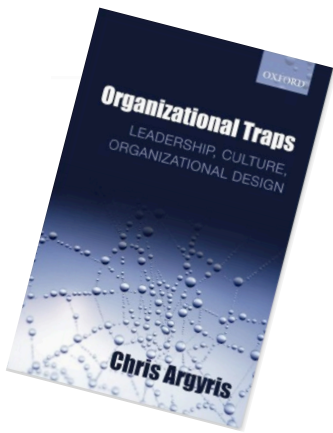
# X Unit no. of consecutive +ve stories

Run chart of consecutive positive stories | GL | Maternity



# Pareto chart of improvement themes from maternity stories





# LADDER OF INFERENCE



I ACT ON MY BELIEFS

I ADOPT BELIEFS

I DRAW CONCLUSIONS

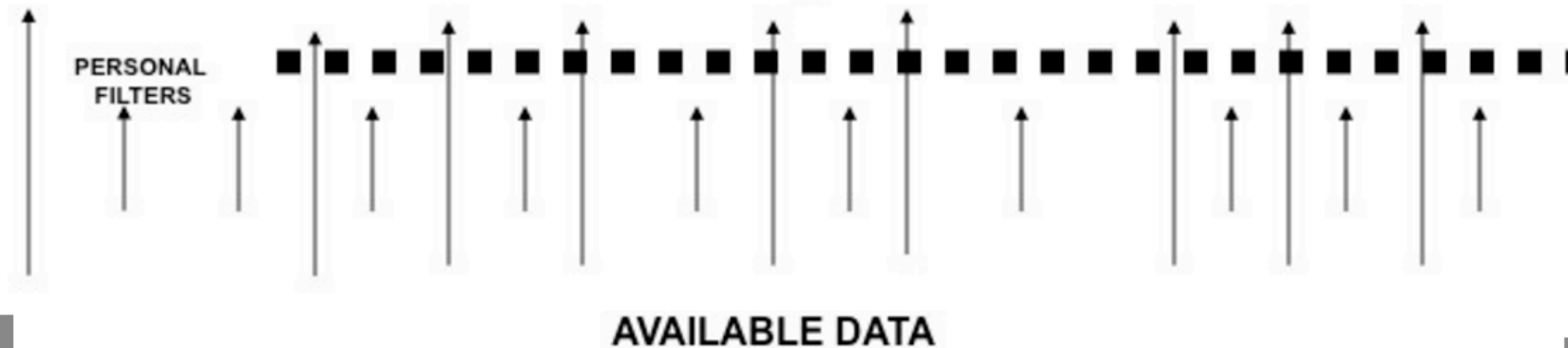
I MAKE ASSUMPTIONS BASED ON THE  
MEANINGS I ADD

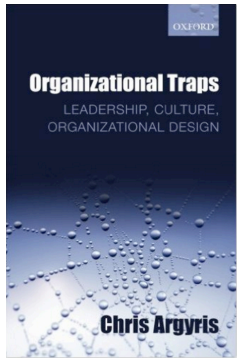
I ADD MEANINGS BASED ON MY  
PERSONAL HISTORY & EXPERIENCE

I SELECT DATA TO "SEE"

I FILTER IN ORDER TO  
SIMPLIFY

WE TEND TO  
LOOK BACK  
ONLY AT THE  
DATA WE  
CHOSE TO SEE  
AND NOT THE  
DATA WE  
FILTER OUT





## Single – Loop Learning

The most common style of learning is just problem solving – improving the system as it exists.




## Double – Loop Learning

More than just fixing the problem, this style of learning questions the underlying assumptions, values and beliefs behind what we do.





**Unlock the potential of  
all data from stories to  
support ideas for change  
& improvement**



**“..transforming systems is ultimately about transforming relationships among people who shape those systems. Many otherwise well-intentioned change efforts fail because leaders are unable or unwilling to embrace this simple truth”**

Senge et al. (2015), *The dawn of system leadership*, *Stanford Social Innovation Review*, winter pp.27-30



I BEGAN TO REALIZE HOW IMPORTANT IT WAS  
TO BE AN ENTHUSIAST IN LIFE. IF YOU  
ARE INTERESTED IN SOMETHING, NO  
MATTER WHAT IT IS, GO AT IT FULL SPEED.  
EMBRACE IT WITH BOTH ARMS, HUG IT,  
LOVE IT AND ABOVE ALL BECOME PASSIONATE  
ABOUT IT. LUKEWARM IS NO GOOD.

-Roald Dahl



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**The Scottish  
Government**