



Early Morning Winter Sunrise over The Balfour – January 2022

NHS Orkney Patient Feedback

Annual Report 2021-2022

Foreword

The 2021/22 Patient Feedback Annual Report details how NHS Orkney has received, responded to and acted upon feedback, complaints and engagement to help improve and develop our services. In order to ensure patients, carers and families receive the best possible care across our services, we need to continually review, learn and improve, ensuring we embed and maintain a person centred care approach focussed on:

- respect and holism
- power and empowerment
- choice and autonomy
- empathy and compassion

NHS Orkney is committed to ensuring our patients, their families and their carers are at the centre of everything we do. We are also committed to listening to and learning from our patients, those who support them and our staff. We welcome their feedback to help us continue to learn and improve thus providing the best possible health care to the population of Orkney.

2021/22 has been another year of change as we begin to recover from the COVID-19 pandemic. We continue to look at different ways of working and delivering care to our patients, in turn making many of our services more accessible, particularly for those in the outer islands.

Throughout this changing, and on occasion complex landscape, we know that at times, services are not delivered smoothly and when this happens we focus on the best way to resolve a complaint. The pandemic has shown us that contacting our complainants in the early stages results in more positive outcomes for our patients.

We want to continue to respond effectively to our patients, families and service users who's experiences are shared with us, listening and learning to continue to provide high quality care that has the patient, their families and carers at the heart.

Mark Henry
Medical Director
NHS Orkney

Section 1

Encouraging and Gathering Feedback

1.1 NHS Orkney collects feedback in the form of complaints, comments, concerns and compliments. We welcome, encourage and value all feedback and use this to learn from people's experience and to inform improvements and change. We know from the compliments and positive feedback we get throughout the year that generally our patients and their carers or families are very pleased with the care they receive. But we are also very aware that we could sometimes do better and therefore the feedback we gather is invaluable in letting us know where improvements can be made.

Covid-19 continues to have had a significant impact on how we gather feedback, limiting our use of young volunteers, availability of leaflets and literature and face to face contact with staff responding to complaints. We have however been able to look at complaints quickly and respond at Stage 1 where at all possible. We want to ensure our patients are listened to quickly and efficiently and this has worked very well.

1.2 The following methods are means by which our patients and their families can provide us with feedback on our services:

- Complaints – Early Resolution and Investigation stages. These can be made in writing, by email or over the telephone to the Patient Experience Officer or any other member of staff at the point of care. We will also arrange to meet face to face with anyone who wishes to discuss their complaint with us. This continues to be somewhat limited in 2021/22 due to the Covid-19 pandemic. Patients understandably prefer to make contact by telephone or email;
- Our website has a section on feedback and involvement which allows for leaving suggestions, compliments, feedback or a separate link to make a complaint or to express an interest in becoming involved.
- Whilst we would normally have Feedback Leaflets available throughout our health care locations on our Welcome Boards, we reviewed this method, again due to Covid-19. We replaced leaflets with posters with details of how to contact us electronically so that patients could still provide feedback on their experiences whilst in the hospital.
- Patient Satisfaction Surveys are also undertaken locally at a service level and also as part of national survey activity.
- We also post on NHS Orkney's Facebook and Twitter pages to encourage patients to tell us of their experiences and we continue to publicise the use of Care Opinion.
- Electronic tablets can be used by any member of staff to gather feedback using the Survey Monkey tool.
- Our Young Volunteers Project for gathering real-time feedback remains dormant this year due to Covid-19 and the difficulty with accessing wards and areas by our young volunteers.

1.4 All feedback, whether good or bad, is acknowledged and responded to. Patients have taken the time to provide us with information on their experiences and we ensure they know we are very thankful for this. Since the introduction of the new Complaints Handling Procedure (CHP), staff are encouraged to resolve issues at point of contact whenever possible.

1.5 Information on advice and support from the Patient Advice and Support Service (PASS) at the Citizens Advice Bureau is available throughout our hospital and healthcare services. A link is available in the information we provide to patients during the initial complaint stages and also on our website. We also include a statement in our acknowledgement letters which provides information on how to contact PASS.

1.6 **Complaint process experience**

Regrettably, evaluation of the Complaint process experience in 2021/22 has not taken place. Each year short surveys are required to be sent out to a random selection of complainants at year end however this year, this has not happened. This is mainly due to, in conducting a review of the process, the lack of engagement by those surveyed, the small numbers of responses and confidentiality issues due to the small population in Orkney.

This process has been acknowledged as a challenge in other Boards and there is an understandable lack of engagement from complainants once a complaint is finalised, particularly when the response is not their expected outcome. This has been raised for consideration as part of the forthcoming national review of the Model Complaints Handling Procedure. Discussion's have also been had at the National Association of Complaints Personnel Scotland where Boards have indicated their concerns at the process and requirement to carry out this survey.

Section 2

2.1 Hospital and Community Services:

Our Complaints Handling Procedure (CHP) aims to provide a quick, simple and streamlined process for resolving complaints early and locally by capable, well-trained staff.

Our complaints process provides two opportunities to resolve complaints internally:

- Early resolution - aims to resolve straightforward complaints that require little or no investigation at the earliest opportunity. This should be as close to the point of service delivery as possible.
- Investigation - not all complaints are suitable for early resolution and not all complaints will be satisfactorily resolved at that stage. Complaints handled at the investigation stage of the complaints handling procedure are typically serious or complex, and require a detailed examination before we can state our position.

2.1.1 Early Resolution and Investigation Complaints

Performance Indicator Four

Number of complaints received by the NHS Orkney Complaints and Feedback Team	143
Number of complaints received by NHS Orkney Primary Care Service Contractors	58
Total number of complaints received	201

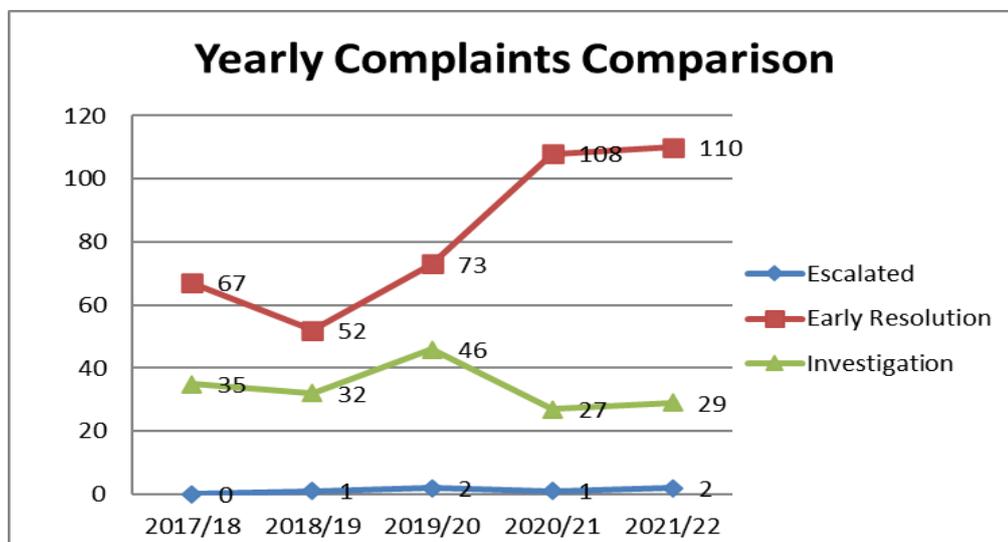
NHS Board Managed Primary Care services;	
General Practitioner	7
Dental	N/A
Ophthalmic	N/A
Pharmacy	N/A
Independent Contractors - Primary Care services;	
General Practitioner	23
Dental	13
Ophthalmic	20
Pharmacy	2
Total of Primary Care Services complaints	65

Performance Indicator Five

Number of complaints closed at each stage	Number	As a % of all Board complaints closed (not contractors)
5a. Stage One	110	78%
5b. Stage two – non escalated	29	21%
5c. Stage two - escalated	2	1%
5d. Total complaints closed by NHS Orkney	141*	100%

*2 complaints were withdrawn or consent has not been received and thus, in line with Scottish Government guidance, is not included in the Key Performance Indicator figures which follow.

The following chart shows comparisons between our complaints over the last five years. Complaints are still increasing yearly, and in particular Early Resolution complaints which have more than doubled since 2018/19. Whilst last year we saw a 48% increase, there has only been a very minimal increase this year. Stage 2 complaints remain less than the number recorded in 2019/20 mainly due to the attempts to respond early to all complaints received.



The chart above visually shows the increase in complaints over the last five years. In 2017, a new Complaints Handling Procedure was introduced and this took some time to bed in. The Covid-19 Pandemic allowed us, due to capacity and challenges to support investigations into complaints, the opportunity to work with staff to resolve complaints at Early Resolution stage. It is clear from the above chart that this has been successful.

Complaints are reviewed as part of the Weekly Incident Review Group meeting allowing correlation of incidents and complaints where appropriate. In line with the Learning from Clinical Incidents Policy, members of the group in some instances give consideration to complaints being a Significant Adverse Event and a full SAE investigation is undertaken and formally reported. In other cases, complaint investigation follows standard practice and the meeting is used to share improvement outcomes with clinical leads and heads of service.

2.1.2 Outcome Decision - Complaints upheld, partially upheld and not upheld:

Performance Indicator Six

Early Resolution complaints

	Number	As a % of all complaints closed at stage one
Number of complaints upheld at stage one	46	42%
Number of complaints not upheld at stage one	37	34%
Number of complaints partially upheld at stage one	27	24%
Total stage one complaints outcomes	110	100%

Investigation complaints

	Number	As a % of all complaints closed at stage two
Non-escalated complaints		
Number of non-escalated complaints upheld at stage two	11	38%
Number of non-escalated complaints not upheld at stage two	6	21%
Number of non-escalated complaints partially upheld at stage two	12	41%
Total stage two, non-escalated complaints outcomes	29	100%

Escalated complaints

	Number	As a % of all escalated complaints closed at stage two
Escalated complaints		
Number of escalated complaints upheld at stage two	1	50%
Number of escalated complaints not upheld at stage two	0	0
Number of escalated complaints partially upheld at stage two	1	50%
Total stage two escalated complaints outcomes	2	100%

2.1.3 Service Areas:

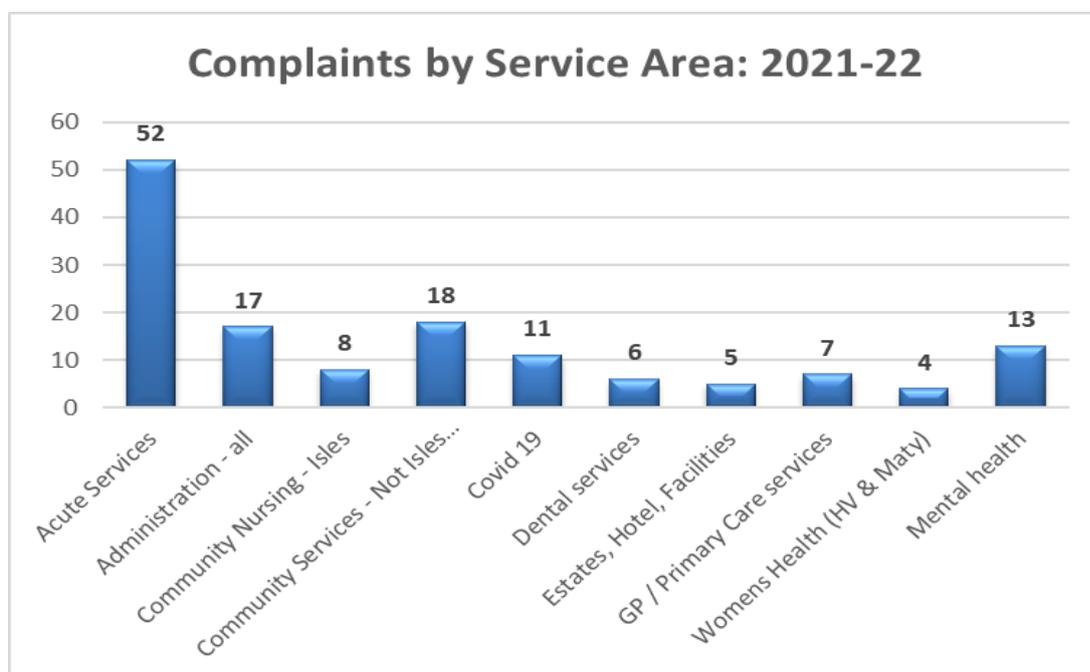
NHS Orkney's complaints cross many areas within the organisation but are predominately within our Acute Services. Acute Services includes inpatient, outpatient, waiting times, hospital clinical and non-clinical complaints. GP/Primary Care complaints reported represent the number of complaints received within the Board Administered Practices. Community services include areas such as community nursing, specialist nursing services, mental health services, podiatry, etc.

Following the addition of complaints recorded under the heading of Covid-19, some complaints relate wholly to issues relating to the vaccination programme, testing or results. We recorded 11 complaints where the main subject directly concerned Covid-19 assessment, testing or vaccination. Other complaints, reported under different service areas may have an element connected to Covid-19. 23 complaints in total were recorded over the year where Covid-19 was checked as being covid related, only one less than 2020/21.

Whilst last year our complainants raised concerns around the mass vaccination clinics, access to information, busy telephone lines at the centre and some staffing issues this year complaint subjects covered issues such as:

- Social distancing by staff in the community
- Delays in PCR test availability at the island practices
- General assessment centre concerns ie, location, directions given to find it and opening times

All these complaints were dealt with very quickly at Stage 1 to ensure a quick response was given to those who raised concerns.



2.1.4 Response Times:

Early Resolution complaints must be responded to within 5 working days, Investigation stage complaints have response timescales of 20 working days. Boards are required to report response times as one of the key performance indicators of the CHP.

For information the breakdown quarterly for response times is as follows:

Closed within Timescales	Q1	Q2	Q3	Q4
Total Number of Complaints closed in full at Stage 1	28	29	27	26
	(22)	(23)	(18)	(14)
% closed within timescale of 5 working days	79%	79%	67%	54%
Total Number of Complaints closed in full at Stage 2	4	8	7	10
	(1)	(4)	(4)	(2)
% closed within timescale of 20 working days	25%	50%	57%	20%
Total Number of Escalated complaints closed	-	-	2	-
	-	-	(2)	-
% closed within timescales of 20 working days	-	-	100%	-

Stage 1 complaints remain the focus for NHS Orkney. We consider each complaint on receipt to ensure patients receive a response as quickly as possible. This has the best outcome for the patient in a more person-centred way. Some complaints however are more complex.

We have found this year that the more complex complaints cross services and this has resulted in more complicated investigations with more staff involved in the process. With the added complexity, timescales have failed at times.

Performance Indicator Eight

	Number	As a % of complaints closed at each stage
Number of complaints closed at stage one within 5 working days.	77	70%
Number of non-escalated complaints closed at stage two within 20 working days	11	38%
Number of escalated complaints closed at stage two within 20 working days	2	100%
Total number of complaints closed within timescales	90	

Performance Indicator Nine

	Number	As a % of complaints closed at each stage
Number of complaints closed at stage one where extension was authorised	32	29%
Number of complaints closed at stage two where extension was authorised (this includes both escalated and non-escalated complaints)	15	52%
Total number of extensions authorised	47	

This year 90 of 141 complaints were closed in line with national guidelines which compares to 107 of 136 in 2020/21.

The 38% response rate to Stage 2 complaints is a substantial drop from the 70% of last year. The main reason for delays were recorded at investigation stage. Complaints were complex, crossed services and at times organisations and resulted in delays. Additionally, capacity issues at investigation stage, ie, a lack of available clinical managers to carry out investigations coupled with their ability to carry out complaint investigations alongside clinical duties, also cause deadlines to pass.

There was also a decrease from 81% to 70% in response rate to Stage 1 complaints but it should be recognised that many more complaints were investigated at Stage 1 and managers, who were managing a pandemic alongside their day to day duties, were very responsive and quick to manage the majority of concerns at this level.

Stage 1 complaints are still the most effective way to respond to complaints for our patients. A quick reply from the staff involved at the point of contact has the best outcome for all involved.

2.1.5 Trends and Emerging Themes:

NHS Orkney complaints are wide ranging and relatively small in number across a diverse range of services, making it difficult to identify trends. In 2021/22 themes of communication, care and treatment, staff issues and waiting times/delays identified as the main issues within Investigation and Early Resolution complaints.

2.1.6 Alternative Dispute Resolution:

There were no complaints during the year which met the need for Alternative Dispute Resolution. NHS Orkney is aware of the services provided by the Scottish Mediation Service and has used it in the past.

2.1.7 Unacceptable Actions Policy

At times NHS Orkney must review a complainant in line with the unacceptable actions policy. This happens when it is considered that there is nothing further that can reasonably be done to assist complainants or to rectify a real or perceived problem. Where this is the case and further communications would place inappropriate demands on NHS staff and resources, consideration may need to be given to classify the person, behaviours or actions as unacceptable.

It would not be appropriate to provide figures for this part of the report and therefore simply advise that NHS Orkney had occasion(s) to refer and act in line with the policy during the complaints year.

2.2 Family Health Services (not including salaried GPs/Dentists):

NHS Board Managed Primary Care services;	
General Practitioner	10
Dental	n/a
Ophthalmic	n/a
Pharmacy	n/a
Independent Contractors - Primary Care services;	
General Practitioner	23
Dental	13
Ophthalmic	20
Pharmacy	2
Total of Primary Care Services complaints	68

GP Practices routinely contact the Patient Experience Officer for help and support in dealing with complaints.

Most, but not all, Primary Care service providers are independent contractors who are contracted by the NHS Board to provide NHS health services. However, Boards are required by law to ensure that each of their service providers have adequate arrangements in place for handling and responding to patient feedback and comments, concerns and complaints.

NHS Orkney handle complaints made about the Salaried GP's and Board Administered Practices. Our figures show 10 complaints were made during the year relating to this service which accounts for 15% of the total family Health Services complaints.

2.3 Other NHS Organisations:

NHS Grampian provided NHS Orkney with information on feedback received from Orkney patients. A total of 23 compliments, complaints or concerns had been received, compared to 15 from 2020/21. Complaints relate to a number of different areas including clinical care, however a theme appears to be waiting times and communication.

NHS Orkney also receive and pass on complaints to Scottish Ambulance Service and NHS24.

2.4 MSP / MP - Constituents' Concerns Raised:

There are occasions when patients contact their MSP/MP in the first instance to make a complaint, raise a concern or enquiry. During the period 1st April 2020 – 31st March 2021, the Chief Executive received many written expressions of concern or complaint which sought address through a MSP. Patients are more frequently raising issues through their MSP. The following table offers a few examples of the issues raised and the outcome.

Issue	Outcome
Transient patient wishing to secure flu and covid vaccinations.	We arranged for patient to attend vaccination centre where vaccines were given.
Delays with covid test results	We helped many patients, via the MSP, with information and advice on when and how they would receive results from covid testing
Patients living on unlinked islands wished to change GP Practice	Patients often contact an MSP when a refusal from NHS Orkney has occurred. Patients wishing to register with a mainland practice are advised that this is not safe practice and whilst they can make contact with a mainland independent GP Practice, NHS Orkney will not ourselves move a patient for these reasons. Patients follow this up by contacting their MSP. Information and advice is reiterated via the MSP as to the decision making around this refusal.

2.5 Patient Advice and Support Service (PASS):



PASS offer advice and support for all NHS users and can help patients if they have any comments or complaints about any aspect of the health service. The Patient Experience Officer provides information on the service to complainants so that they may use the service if they feel unable to raise concerns themselves.

Unfortunately the number of clients and contacts supported by PASS during 2021/22 is not available at the time of writing this report. We can report that we received four complaints from the service on behalf of patients.

2.6 Scottish Public Services Ombudsman (SPSO):

During the year 2021/22, we are pleased to report that the Ombudsman did not independently investigate any complaints from patients who were unhappy with the response they had received from NHS Orkney through the complaints procedure.

2.7 Compliments

As with previous years, NHS Orkney receives a significant number of compliments. These are predominantly sent to our wards and departments in the forms of letters, cards, flowers, chocolates and biscuits.

NHS Orkney do receive a number of compliments directly which we record and send on to the relevant staff members or area.

Here is a selection of what our patients have told us:

Like to acknowledge all of the incredible staff who have looked after me so well, from the GP who made the house call to the paramedics in the ambulance, the team of doctors and nurses lined up waiting to receive me at the hospital to the ward staff, doctors, nurses and auxiliaries.

I was taken to Balfour Hospital in Orkney in the evening of Wednesday 22 July with urosepsis. I was there for 5 days before being discharged on 26 July. The illness itself proved to be extremely painful and serious. However, all, and I mean of the staff including the ambulance staff were extremely professional, efficient, friendly and kind. I feel that they made a major contribution to my recovery. Please could you pass my compliments onto them and say how much I appreciated their support.



"I would like to thank ALL the staff who looked after me for 03/04 of March, from the paramedics, porters, non clinical staff, clinical staff, radiographers, students, theatre staff, physiotherapy and the kind man who showed my husband to my room. The care was excellent and the interactions heard between the staff was positive and a pleasure to observe. The parts of the hospital I saw was spotless and the food and cups of tea very nice and very welcome. I hope I have not missed anyone out."

From my first hand observations during my 9 days in here and the daily trials and tribulations I see you all dealing with, exercising such compassion, grace and good humour as you do so, I find Really ~~quite~~ quite exceptional.

I can't thank you enough for ~~making~~ making me feel so safe, well looked after, on EVERY level, physically, emotionally and keeping up my moral. It is a testament to what an AMAZING, well run, close knit team you all are. And with my 33yrs vast experience of this environment, this is a very high accolade indeed.

Thank You Most sincerely

"Please pass on my grateful thanks to all the staff on Inpatients 1 who have looked after my mum over the past few days. Their attention, care and patience (generally, but particularly during discharge) really is much appreciated. We are all too quick to criticise but often slow to praise. They have all been fantastic with Mum, and they should know that!"



"My dad asked me to contact you to thank you for looking after him so well in Day Surgery last week. He said absolutely everyone he came into contact with was brilliant and he specifically mentioned <nurse> and <nurse> who he said made him feel very at ease and made his visit much less of a worry."

Section 3

The culture, including staff training and development

At NHS Orkney we pride ourselves in delivering high quality care and we will ensure all our patients are treated with dignity and respect whilst ensuring we deliver excellence and professionalism in all that we do.

Our patients can expect

- to be treated with dignity and respect
- for us to show compassion by taking the time to listen, to talk and do the things that matter to them
- to receive high quality patient care and when they don't, we will listen and act on feedback so we can learn, improve and do better next time
- for us to be consistent and reliable and do what we say we will
- us to work with patients and their family (carers) and our colleagues so that we put their needs first
- for us to communicate (as individuals, teams and as an organisation) effectively, keeping them informed and involved and providing explanation if something has not happened

We also make a commitment to our staff and what they can expect:

- to be kept well informed
- to be appropriately trained and developed
- to be involved in decisions that affect them
- to be treated fairly and consistently with dignity and respect; in an environment where diversity is valued
- to be provided with a continuously improving and safe environment that promotes health and wellbeing

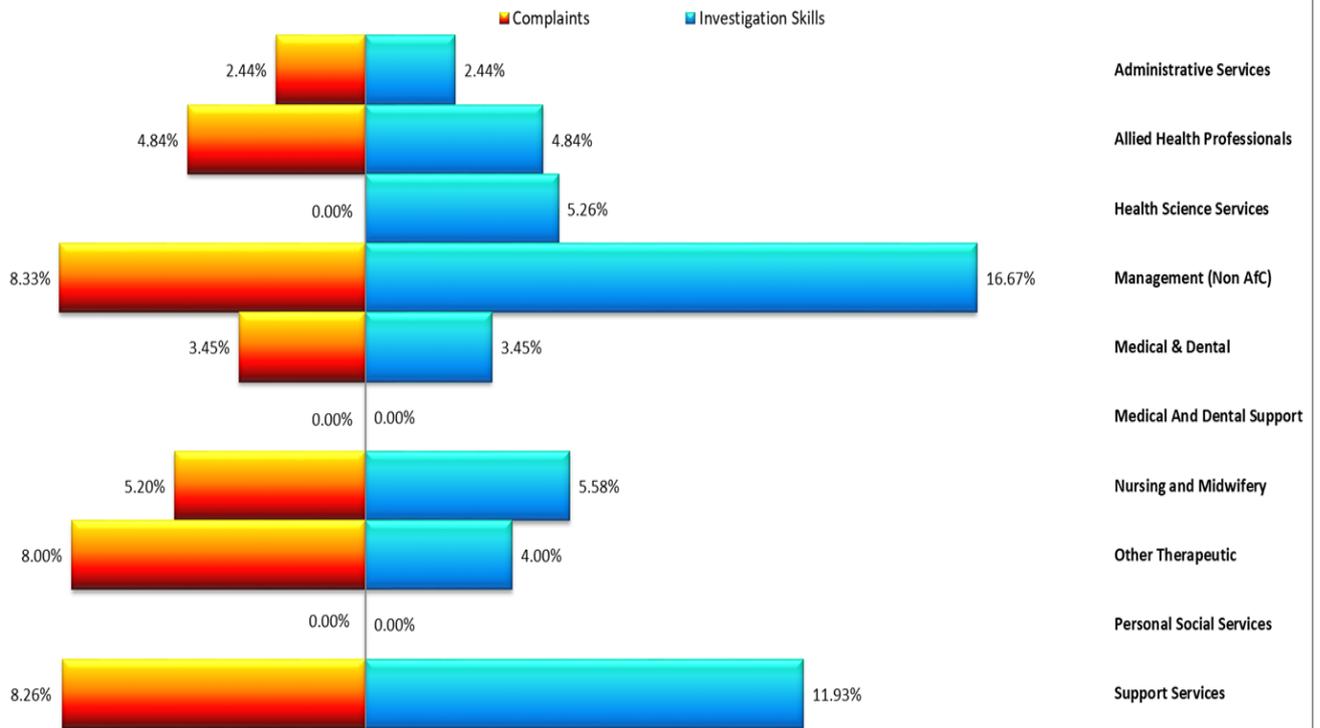
- 3.1 It is considered the continuing good relationship between PASS and NHS Orkney is vital to ensuring patients are given as much advice and support as possible in a cohesive, co-ordinated fashion whilst remaining aware that PASS is an independent service.
- 3.2 Much of our internal and external training and opportunities were halted due to the Covid-19 pandemic. We have started to pick these up again as remobilisation continues and services begin to resume. Online training has resumed and some face-to-face clinical sessions have begun.
- 3.3 NHS Orkney staff continue to access the e-learning Complaints and Feedback and Investigation Skills modules. We believe this shows a commitment by staff to ensure they are able to acknowledge, address and respond to complaints and concerns raised by our patients.

Uptake of the complaints modules reduced during the year as focus moved to Moving and Handling and Safety Intervention training.

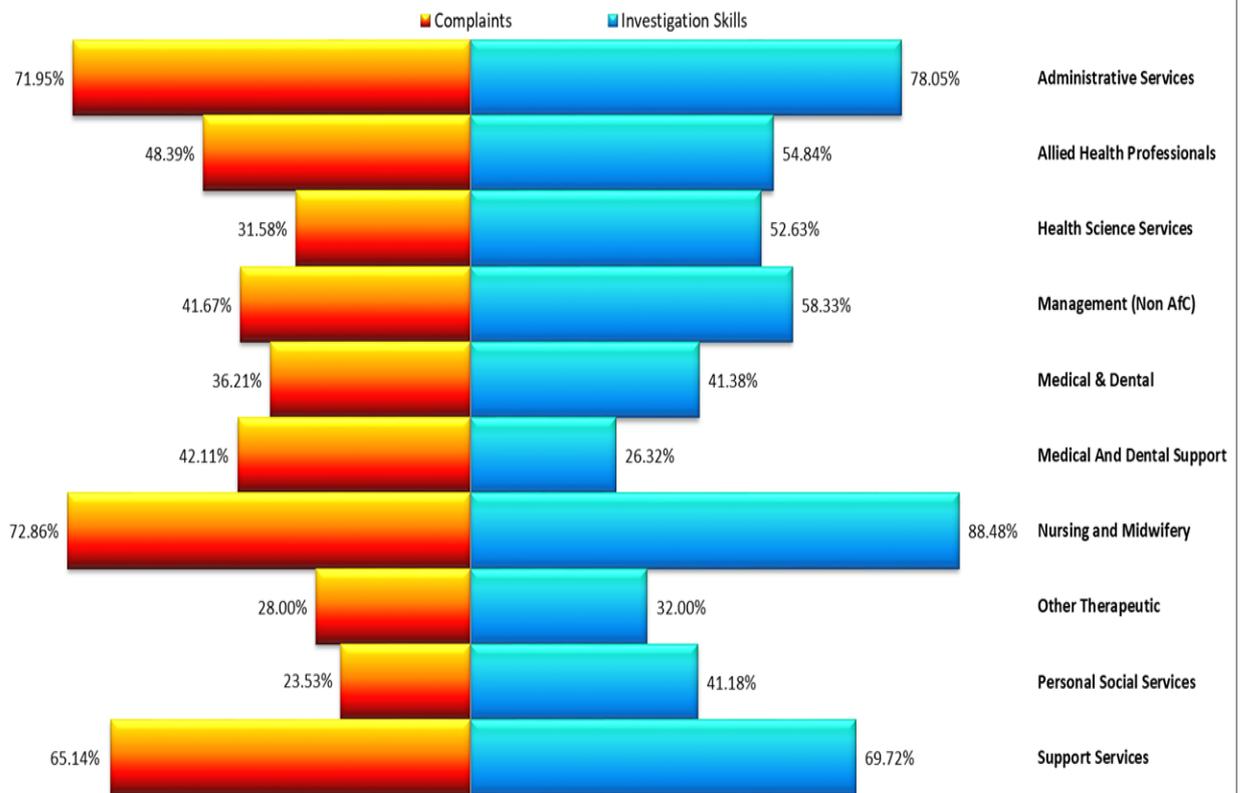
Staff were reminded through the staff bulletins that patients should be signposted towards the Patient Advice and Support Service if required and also about the use of Care Opinion for the purposes of submitting feedback and complaints.

The Patient Experience Officer is available to carry out informal training for any team who wishes help with complaint handling, investigating or learning from complaints.

Completions - 2021-2022 (percentage by Job Family)



Completions - All Time (percentage by Job Family)



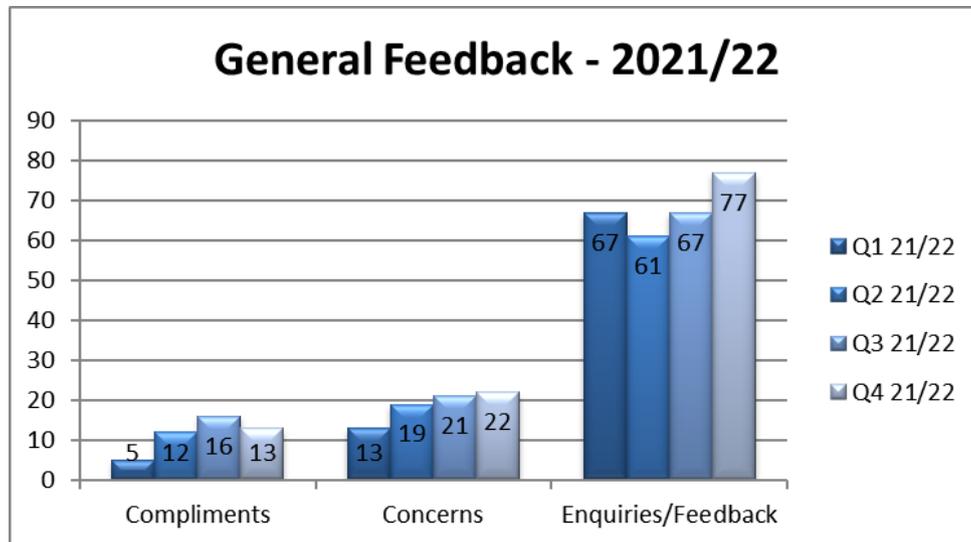
Section 4

Improvements to Services

- 4.1 When any aspect of a complaint is upheld, the service identifies what improvements can be made. We continue to use our Complaints Reporting Template which provides an opportunity for staff to clearly identify actions, improvements and recommendations.
- 4.2 The following are some examples of improvements made over the last year:

Issue Raised	Findings	Outcome
Patient's representative felt they were not kept informed during their family member's stay in hospital.	Communication with the family member was found to be poorer than expected with some gaps where staff should have kept them informed.	Staff were asked to reflect on the complaint and reminded of the importance of communication with not only the patient but family members as well.
Soundproofing in waiting room.	Radio had broken and had not been replaced.	New radio purchased which resolved the issue.
Information on NHS Inform website relating to CAC was out of date.	NHS Inform had not updated patient information. Fast changing situations at the time caused there to be some discrepancies between NHS Inform information and local information.	Corporate Communications team and CAC Manager worked together to ensure correct patient information was given to the public.
Waiting time for scope procedure.	Patient was routine referral and no indication that procedure required more urgently	Explained to patient and suggestion that they speak with GP if their condition has changed.
Poor communication during consultation.	Consultation was found to be poor with communication no as expected	Senior clinician discussed with clinician involved and additional training sought.
Consistency of clinical support.	Difficulties with recruitment and retention.	Apology given and attempts to improve patient's experience made by reviewing appointment scheduling.
Delays in undergoing procedure after admission to unit.	Previously procedure carried out by nurse with relevant skills however nurse no longer in unit had left gap. Efforts made to ensure patient had reduced wait now however clinical priorities at time had taken precedence.	Advised staff would schedule appointment at more suitable time to ensure another clinician was available to carry out procedure and reduce waiting time in department.

4.3 Informal feedback and concerns are logged and recorded by the Patient Experience Officer and improvements and actions are reported quarterly to the Quality and Safety Group. Further developing the Board's processes for ensuring learning obtained through clinical incidents and complaints is acted upon and shared widely is a priority for the coming year.



A spike in the last quarter was mainly due to enquiries relating to the vaccination programme.

Some examples of groups of feedback and actions are detailed below:

Multiple enquires over the year regarding access to tests for travelling patients, delays with test results and where to get a PCR test.	The Covid Assessment Centre staff have responded to many of these enquiries, giving advice and support or directing them to the national guidance for testing.
Vaccination Programme queries and concerns.	The Vaccination Programme staff have responded to many of these enquiries, giving advice and support or directing them to the national guidance for testing.
Requests for information on anticipated waiting times for procedures within ENT and Orthopaedics.	Working with Medical Records and clinical staff, the Patient Experience Team has tried to provide helpful information relating to delays and waiting times.
A number of requests for information on services available to patients moving to Orkney.	Advice and information given.

4.4 As mentioned earlier in this report all complaints are discussed at the Weekly Incident Review Group which ensures the Clinical Directors are sighted on incidents, complaints and emerging issues.

4.5 Any improvements, actions or changes that are identified through the complaints process, either formally or informally, are shared with the complainant in our response. An apology is given regardless of the outcome.

Section 5

Accountability and Governance

- 5.1 Feedback and Complaints are discussed weekly as part of the Weekly Incident Review Group and a quarterly report is submitted to the Joint Clinical and Care Governance Committee. Complaints reports are also shared with the Quality Forum.

Non-Executive Directors, who attend the meeting, are encouraged to challenge the content of the report and regularly ask for assurances that changes or improvements have taken place to avoid recurrence of a similar complaint in future.

Minutes and Chairs reports from the Quality Forum are reported to the Joint Clinical and Care Governance Committee who reports onwards to the NHS Board.

- 5.2 NHS Orkney Board members receive updates through the Joint Clinical and Care Governance Chairs report and receive the Annual Report.
- 5.3 As mentioned above all feedback and complaints are reviewed as part of the Weekly Incident Review Group meeting. This group meets weekly and consists of the Medical Director, Director of Nursing and AHP's, Director of Acute Services, Head of Information and Clinical Governance, Head of Assurance & Improvement, Clinical Governance Support and Patient Experience Officer as well as representation from Acute Services and Orkney Health & Care. Complaints are triangulated with DATIX incidents and Significant Adverse Events to assist in the identification of themes and systemic issues for informing improvement.
- 5.4 Complaint investigations are undertaken by Lead Officers, supported by their direct manager on the Senior Management Team. Once complete, investigations are reviewed and signed off by the Medical Director or Director of Nursing and AHP's before being submitted to the Chief Executive for approval. Although this can add additional delays to our timescales, we have found this to be a significant improvement with a higher level of reassurance being obtained that investigations are undertaken thoroughly and issues are sighted at the highest level of the organisation.

Section 6

Person-Centred Health and Care

Person-Centred Health and Care is at the heart of all our services within NHS Orkney. It is recognised that, to achieve this, we need to work at many different levels and with the wider community in which we live. The following are some examples of different work that has been carried out with involvement of, or by, NHS Orkney staff.

6.1 Vaccination Drop-in Clinics

Clinics were held throughout the year to help as many patients as possible access Covid-19 vaccinations. Our teams welcomed anyone who dropped in at a time most suitable to them and ensured as many of our residents here in Orkney were able to receive their vaccination.



6.2 Hospital Discharge Survey

In June 2021, we undertook to ask our patients about their experience on discharge. Patient Experience Surveys were sent out to patients being discharged from our Inpatient areas. Regrettably, a very low number of questionnaires were completed and returned and the information provided was not enough to allow it to be helpful to any review of the discharge process in hospital.

6.3 Hospital Adventures Programme

NHS Orkney introduced our Hospital Adventures Programme, supporting children who have a family member regularly attending hospital to reduce the stress and worry and make a hospital less intimidating. The programme was introduced by Dr Tariro Gandiya who works with nurses in the Macmillan team to educate children on the treatments their parents face on visits. This is done with tools such as teddies and scavenger hunts and is most importantly, fun.



6.4 Cancer Screening for patients with Learning Difficulties and Autism

NHS Shetland and NHS Orkney are working together to make cancer screening (breast, bowel & cervical) better for people with learning disabilities and autism.

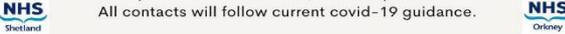
People with learning disabilities or autism
Family members
Carers
Health and Social Care Staff
(in Shetland and Orkney)

We need to hear your views!

If you are interested in helping us or to learn more please contact:

Astryd (Shetland) ✉ astryd.jamieson@nhs.scot ☎ 01595 807494
Jocelyn (Orkney) ✉ jocelyn.strawson@nhs.scot ☎ 01856 888084

You can speak to us face to face, over the phone or online.
All contacts will follow current covid-19 guidance.



NHS Orkney and NHS Shetland began working together to seek participants to take part in a research study to make cancer screening better for people with learning disabilities and autism in Shetland and Orkney. The search for patients is still underway. It is hoped the research undertaken from the feedback given by our patients will improve how we do cancer screening for this patient group.

6.5 Baby Loss Awareness

The Balfour maternity unit staff invited and supported all those affected by the loss of a baby, at any stage in pregnancy, to join them for a small service at the St Magnus Centre on Friday 15th October. This was to remember all those babies who have gone too soon and take part in the international Wave of Light by lighting a candle at 7pm.

6.6 Facebook Livestream Sessions

Our Chief Executive held Facebook Livestream session monthly during the year to keep patients updated on all aspects of our services. Each session gave advice on the latest guidance on the pandemic and often included a focus question and answer interview with teams from throughout the organisation.

Patients logging into the sessions could hear updates on issues such as:

- CPR and dealing with a medical emergency
- Community Pharmacy services
- Menopause Awareness
- Physiotherapy advice on avoiding slips, trips and falls

6.7 The Balfour Official Opening

Whilst not specifically patient related, patients and staff alike were delighted that the official opening ceremony of The Balfour was carried out by the Duke and Duchess of Cambridge on a visit to Orkney in May 2021. The Duke and Duchess met with a number of staff to hear about their experiences during the pandemic and visited some of the wards and departments before officially opening the Balfour.

