



NHS Orkney<Committee name> Agenda Item <number>

Date of Meeting	<enter date>
Paper Number	<Ref no linked to agenda>
Title	Patient Feedback Annual Report 2015 - 2016
Purpose of Report	<p>To present the Annual Report in respect of patient feedback received by the Board during the year ended 31 March 2016.</p> <p>This report has been reviewed and produced in line with the guidance contained in the Scottish Health Council's Review of NHS Boards' Annual Reporting on Feedback, Comments, Concerns and Complaints 2012/13.</p>
Recommendations	To note the Patient Feedback Annual Report
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Patient Feedback Annual Report 2015 - 2016

Foreword

This year's Patient Feedback Annual Report shows 2015-16 has been another busy year for Patient Feedback and the Patient Experience Officer. We have seen a significant rise in the number of people who have felt empowered to contact us to compliment our staff, raise concerns, make suggestions or give feedback.

Person-centred care aims to ensure each individual is an equal partner in their health care and feedback is an essential element of this. To do this we need to make sure people are involved at all stages of their health journey and feel able to share their experiences and observations. This can result in a greater satisfaction with their care and the health systems provided. To become a reality, person-centred care needs to be truly embedded within an organisational structure which is mature enough to listen, hear and learn from the valid and valued contributions of those people who use our services on a day to day basis.

The following report details how NHS Orkney has received, responded 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 and improve to ensure 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 listening and learning to our patients, their carers and our staff to help us continue to learn and improve thus enabling us to provide the best possible health care services to the population of Orkney.

I would personally like to thank the Patient Experience Officer and the Freedom of Information Officer for their work throughout the past year in listening to and responding to feedback and complaints with patience, compassion and understanding and for pulling this report together.

Elaine Peace
Director of Nursing, Midwifery and Allied Health Professions



Section 1

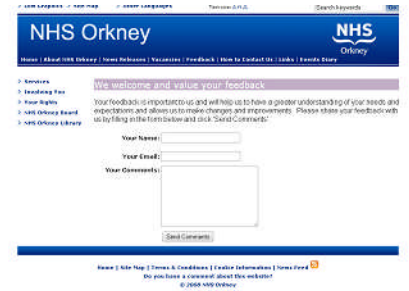
Encouraging and Gathering Feedback

1.1 NHS Orkney collects feedback in the form of complaints, comments, concerns and compliments. We welcome and encourage all feedback and where appropriate, use this to focus on improvements and change. We know from the number of 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 also are very aware that we could sometimes do better and therefore the feedback we gather is invaluable to letting us know where improvements can be made.

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

- Complaints – both formal and informal. These can be made in writing, by email or over the telephone to the Patient Experience Officer. We will also meet face to face with anyone who wishes to discuss their complaint with us;

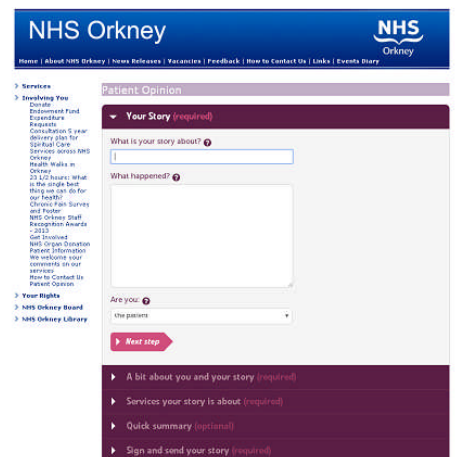
- Our website has a feedback form linked to the complaints page which can be used for making a complaint. The page also provides information on how to leave feedback;



- We have Feedback Leaflets available throughout the hospital which can be posted in the blue Comments Boxes which are located in various departments and services;



- Our website also has a link to Patient Opinion, an independent, not for profit organisation which allows patients or their families to leave anonymous feedback about their experiences. Alternatively a link is available, also on the website, which will provide information on the Patient Advice and Support Service at the Citizens Advice Bureau. This again, is an independent organisation who can help complainants with any advice and support they may need to leave feedback about an NHS service;



- We post on NHS Orkney's Facebook and Twitter pages at intervals to encourage patients to tell us of their experiences;



- We invite patients to share their experiences through Patient Stories at our NHS Board meetings and we now routinely ask patients who make complaints if they would like to share their story with us;

- Patient Satisfaction Surveys are becoming more frequent within our wards and departments.
 - Following the purchase of two Apple iPads we have been collecting real-time feedback in our wards using young volunteers (supported by Voluntary Action Orkney) to interview and talk to our patients.
 - Our young volunteers have also helped with Infection Control patient surveys.
- 1.3 All feedback, whether good or bad, is acknowledged and responded to by the Patient Experience Officer. Patients have taken the time to provide us with information on their experiences and we ensure they know we are very thankful for this.
- 1.4 We encourage our patients to talk to us by ensuring our staff are aware of the various methods of leaving feedback. We have provided posters, leaflets, “Can I Help You” guidance and information on Patient Opinion and PASS to our GP Practices, Dental Practices, Corporate Management Team, Senior Managers and Senior Charge Nurses.
- 1.5 Information on advice and support from PASS is available throughout the hospital. We have also included PASS information with our Out-patient Appointment letters.
- 1.6 In the year 2015-2016, we received a number of stories on the Patient Opinion website. Twelve anonymous feedback posts were submitted to the website. They ranged from compliments to staff and services to concerns about GP access and staff attitude.

This is an increase on last year where only five stories were submitted throughout the year. We are encouraged to see that patients are using Patient Opinion more often and hope this continues.

Section 2

Encouraging and Handling Complaints

2.1 Hospital and Community Services:

NHS Orkney is committed to responding to complaints in an open and honest way. We welcomed the introduction of the Patient Rights (Scotland) Act in 2011 which gives everyone the right to make a complaint or leave feedback and have the necessary support to do so.

Table 1 below shows the number of formal complaints and the number of recorded informal patient contacts received by the Patient Experience Officer during the period 1 April 2015 to 31 March 2016. A secondary table shows comparisons to last year.

For comparison, *Table 2* shows the number of formal complaints recorded in the last five financial years by NHS Orkney up to 31st March 2014. As you can see, our complaints have fluctuated in the high thirties and forties over the last six years.

The number of patient contacts has taken quite a substantial increase this year, from a recorded 97 in 2014-15 to 185 this financial year. NHS Orkney is very pleased that patients feel able to contact us to raise concerns and highlight experiences which have and have not gone so well. Patient contacts range from complaints which result in complex investigations to issues over waiting times, cancelled appointments, requests for information and advice and many compliments to our staff.

Our feedback forms are also relatively well used. Thirty five forms were posted in our “blue boxes” throughout the hospital during 2015-16 with a range of comments from our patients. These can be seen in more detail further in this report.

Table 1 - Formal Complaints and Patient Contacts received April 2015 – March 2016

Formal Complaints Received	47
Complaints Withdrawn/Time Barred	2
Recorded Concerns / Comments / Enquiries / Informal Complaints	185

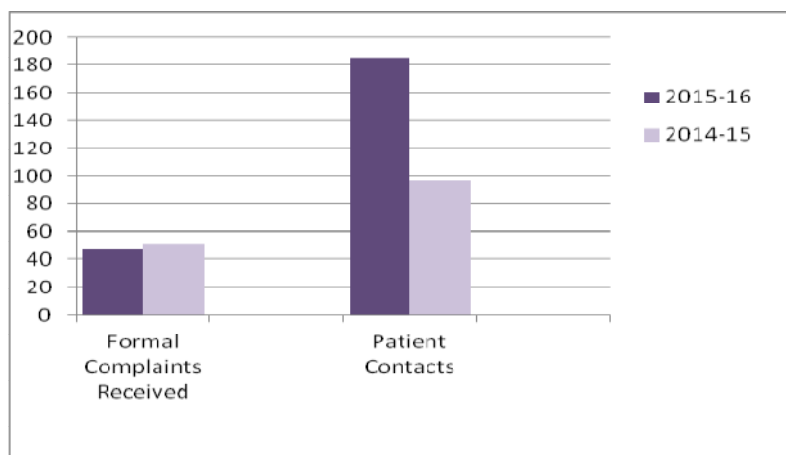
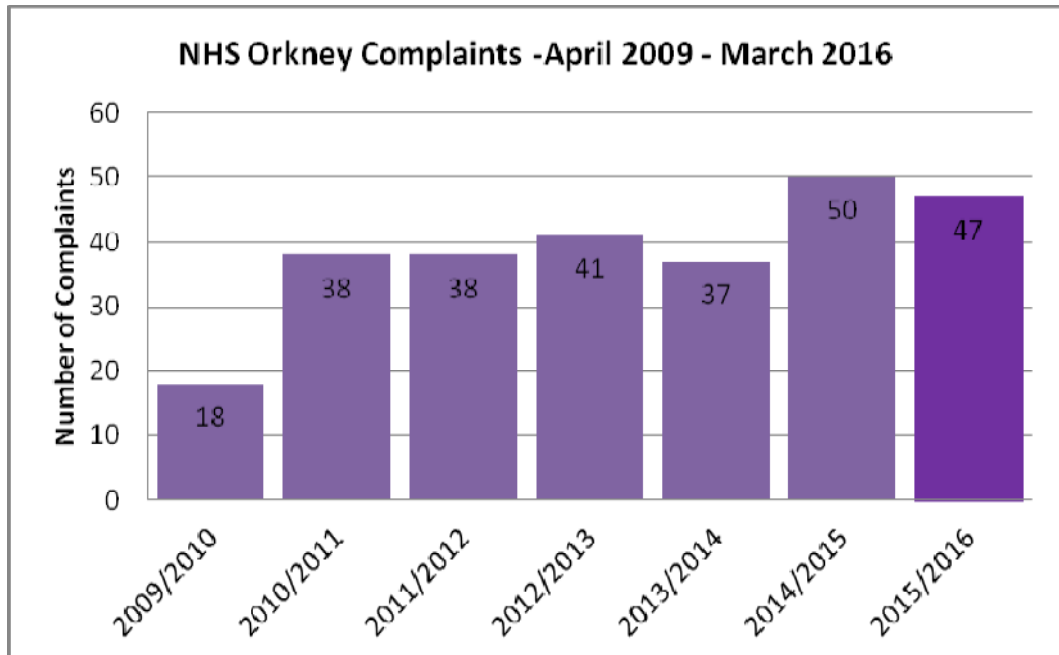


Table 2- Formal Complaints Statistics for NHS Orkney: April 2009 - March 2016



2.2 Outcome Decision:

Of the 45 complaints investigated, 12 were not upheld, 18 were partially upheld, and 12 were fully upheld. One complaint could not be resolved due to the complainant’s expectations and one complaint was not further investigated due to passage of time and staff involved no longer being a NHS Orkney employee.

2.3 Emerging Trends:

A number of trends emerged throughout the complaints:

- Clinical Care
- Communication
- Waiting Times

These are again similar to those reported over the last few years.

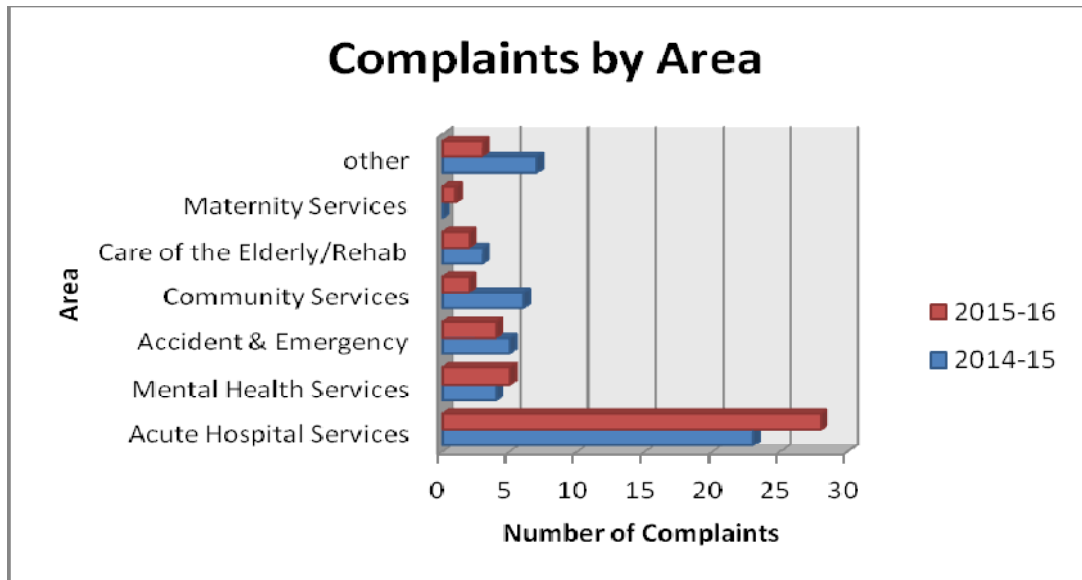
2.4 Service Areas:

We received 28 complaints (62%) relating to Acute Hospital Services. Five complaints relate to Community Mental Health Services, four complaints about Accident and Emergency and the remaining complaints related to a number of areas including Administration, Care of the Elderly, Maternity and Salaried GP’s.

Again, this is very similar to last year with a slight rise in Acute Hospital Services complaints and a decrease in Community Services complaints. Community Mental Health Services remained similar to last year and there was a decrease in complaints relating to Care of the Elderly/Rehabilitation.

The chart below shows the comparison between 2014-15 and 2015-16.

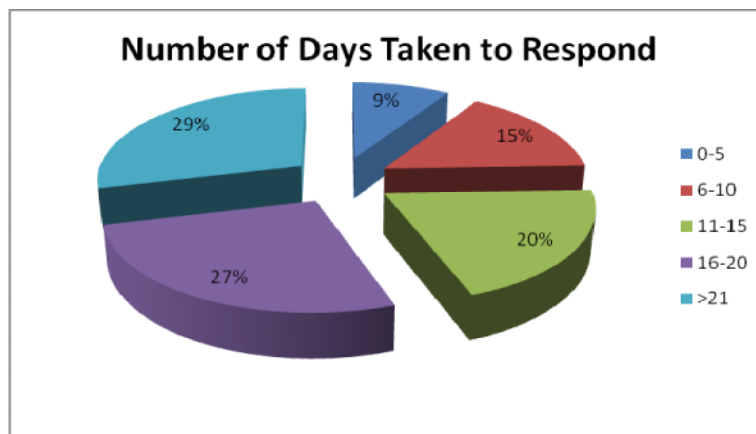
Table 3 – Main Areas of Complaint



2.5 Response Times:

Complaints must be acknowledged in writing within three days and investigated within 20 working days or as soon as reasonably practicable. In 2014/2015, we had a response rate of 77.8% of complaints being answered within the timescales. Unfortunately this year, we have taken a further decline with our response rate dropping to 68.9%. Again this is disappointing but due to a number of factors including a few complex complaints which required more investigative time this delayed the sign off process. Conflicting priorities for investigating staff can cause delays in responses being sent to patients. Annual leave and sick leave of both investigating staff, staff involved in the complaint and the Patient Experience Officer have also had an effect on how quickly our complaints are investigated and responded to.

Table 4 – Number of days take to respond to a complaint



Thirteen of the 45 complaints were not responded to on time and one complaint was responded to on 20 days. As a comparison, ten out of the 45 complaints in 2014-15 failed to meet the target. The main reasons for delays in responding were:

- Staff involved in investigation on annual or sick leave;
- Staff involved in responding on annual and sick leave;
- Conflicting priorities of staff involved in the investigation;
- Complex cases resulting in complex investigations.

On a positive note, 100% of complaints were acknowledged within the required three working days target.

2.6 **Alternative Dispute Resolution:**

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

2.7 **Primary Care Services:**

Since the introduction of the Patient Rights Act and the “Can I Help You” Guidance in 2012, there has been more emphasis on GP Practices monitoring and recording complaints. Each practice must now submit a quarterly complaints report which includes information on response times and themes.

There were seven complaints received directly by the Board about General Practices in Orkney. These were forwarded to the appropriate practice for investigation.

A total of 13 GMS complaints have been received and investigated. This is a considerable decrease of 12 from last year when 25 complaints were received.

The main issues about which patients complained to their GP’s were:

- Unhappy with the Care given
 - Procedural Issues
 - Administration
 - Communication
- ❖ Optician services recorded no complaints in the year 2015-2016.
 - ❖ Community Pharmacies reported no complaints during the year 2015-2016.
 - ❖ Salaried Dental Services recorded three complaints in the year 2015-2016.

With such small numbers, we cannot report individually on practices as the complaints may become patient identifiable.

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

The introduction of the new Complaints Handling Model will have an effect on practice complaints, hopefully by reducing the number of formal complaints made. The Patient Experience Officer has been sharing information with the Primary Care Managers group on a regular basis.

2.8 **Other NHS Organisations:**

In this last financial year, NHS Orkney received a total of 15 complaints relating to NHS Grampian and one regarding Scottish Ambulance Services.

NHS Grampian very kindly provided NHS Orkney with information on feedback received from Orkney patients. A total of 35 complaints or concerns had been received, mostly relating to waiting times and clinical treatment. A small number related to staff attitude or behaviour. This is similar in theme to last year.

2.9 MSP / MP - Constituents' Concerns Raised:

There are occasions when patients contact their MSP in the first instance to make a complaint, raise a concern or enquiry. During the period 1st April 2015 – 31st March 2016, the Chief Executive received 15 written expressions of concern or complaint which had been addressed through an MSP.

The Chief Executive also meets with Orkney’s MSP on a regular basis and some complaints from constituents are received informally by this means.

2.10 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. During the year 2015-2016, PASS provided advice and support to 29 new clients who made a complaint, raised a concern or an enquiry about the NHS. This is an increase from the 23 clients supported in the previous year.

PASS also support NHS Orkney patients who wish to provide feedback to NHS Grampian and other organisations.

2.11 Scottish Public Services Ombudsman (SPSO):

During the year 2015/2016, the Ombudsman independently investigated two complaints from patients who were unhappy with the response they had received from NHS Orkney through the complaints procedure. This is a slight increase on last year when only one complaint was investigated by SPSO.

Table 5 – Complaints investigated by SPSO

	Number of Issues Raised	Outcome
Complaint 1	1	1. Upheld
Complaint 2	1	1. Not Upheld

Complaint 1:

The complaint investigated by SPSO, was :

“staff failed to provide Mrs X with timely and appropriate treatment during an admission (to hospital)”

The SPSO Complaints Reviewer has upheld this complaint. The Reviewer has considered that staff should have considered a diagnosis of stroke earlier in the treatment of Mrs X and that the lack of diagnosis resulted in no specific ongoing of monitoring to detect deterioration in the patient.

The Reviewer made two recommendations. Firstly that the Board apologise to the complainant, which was immediately followed up and a letter of apology sent. Secondly, that the Board reflect on the care given to the patient and discuss the SPSO findings.

A review of the complaint was held in early March 2015. Since the patient's admission to hospital in 2013, it was noted NHS Orkney has developed its ways of working including the following areas:

- The stroke protocol has now been updated as NHS Orkney now has a CT scanner.
- The staffing model has changed from a GP led service to a Consultant led service and the nursing staff have the ability to escalate patient deterioration to a senior clinician.
- Nursing staff have been on ALERT training which will help them identify deteriorating patients.
- NHS Orkney has introduced NEWS (National Early Warning Score) replacing SEWS and staff have received training on how to complete NEWS.
- NHS Orkney has introduced a new Diabetes monitoring tool and relevant staff have received training on how to complete the tool and how to escalate if necessary.

Complaint 2:

The complaint investigated by SPSO, was:

“the Board failed to provide adequate reasoning for the delay in carrying out a second procedure”

The SPSO Complaints Reviewer did not uphold this complaint and made no recommendations. The Ombudsman felt that the patient had been provided with appropriate aftercare and follow up and that there was no undue delay.

2.12 New Complaints Handling Model:

In July 2015, NHS Scotland wrote to Chief Executives to highlight the forthcoming changes to the NHS Complaints procedure. The following is an excerpt from the letter:

“In January 2015 the Scottish Government wrote to all NHS Boards and other NHS stakeholders to set out its plans for the Complaints Standards Authority to work with NHS Boards to develop this revised model Complaints Handling Procedures (CHP) and associated information materials. Following this, the planned changes were explored at an executive master class on ‘Listening and Learning’, and through a series of workshops for senior charge nurses, team leaders and managers, in Edinburgh, Glasgow, Aberdeen and Inverness.

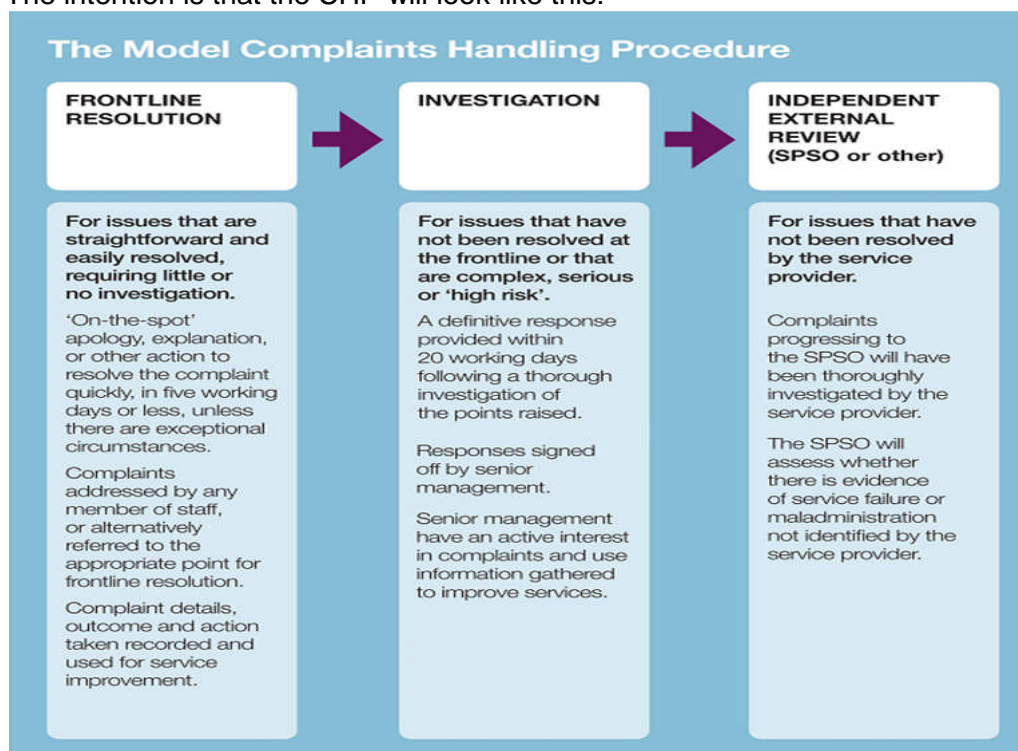
Based on these discussions, proposals for taking forward the recommendations include:

- *Developing an NHS CHP and associated patient leaflets for all NHS Boards and providers to adapt and adopt. This would be based on the Patient Rights (Scotland) Act 2011 and the Scottish Government’s existing ‘Can I Help You’ (CIHY) guidance (subject to amendments). It would essentially take CIHY a stage further with a detailed practical template for use across the NHS.*

- *Within this model CHP the existing process should be amended to bring it in line with that operating in other public service sectors through the SPSO's model CHP. This would involve the addition of a 5 working day frontline resolution stage to the current 20 working day stage for investigations, replacing the current 3 working day provision for early resolution which is contained within the single stage 20 working days. This will bring a sharper focus to the need to attempt early/frontline resolution of relatively straight forward complaints quickly and close to the point of service delivery, rather than passing complaints automatically into central complaints teams. Provision would be made for complex complaints to go straight to investigation without the need for attempts at frontline resolution. There will also be benefits in terms of aligning the process more closely with local authorities and the Scottish Government's proposed arrangements for health and social care and social work complaints, which will start to address the current legislative complexity and confusion around complaints about integrated health and social care services.*
- *Provision will also be made for any specific variances for different health and social care providers or services such as GPs, dentists, and in other settings such as prisons, Police Scotland custody suites etc. which may benefit from specific information for patients or staff to address particular circumstances in provision of those services. This could also bring clarity on the roles of local providers and the Board and any monitoring arrangements that are, or are to be, put in place.*
- *We will also look at how the approach to complaints may be aligned with the approach to handling of comments, concerns and other feedback. This has been identified as an area of confusion in the current arrangements, therefore, clear guidance on the alignment between different processes should be included in the model CHP.*

These are only some of our proposals."

The intention is that the CHP will look like this:



Over the last year, the Complaints Standards Authority, National Complaints of Scotland Personnel and representatives from Scottish Government, voluntary sector, patient representatives, etc have been meeting regularly to work towards the introduction of the new Complaint's Handling Model. This model is intended to roll out in April 2017.

The most notable change is the emphasis on frontline resolution within 5 working days. Any member of staff approached by a complainant can respond to the concerns raised "on the spot" with an apology, an explanation or other appropriate action. More complex complaints, or issues which cannot be resolved at frontline, will follow the normal 20 day process.

We await further information on the model.

2.13 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.

*"Thank you for your patience,
attention to detail, time and care.
Really, truly heartfelt thanks.
You're Awesome!"*

*"Thank you all so
much for looking
after me so well.
You made me feel
so safe."*

*"Thanks for all your help.
You're a great bunch of nurses, a credit to
your profession"*

*"Words failed me
when I tried to
thank them all,
especially when
they said they were
just doing their
job!"*

*"The care and attention you gave to her in her
final days was fantastic. God bless, you are all
angels."*

Section 3

The culture, including staff training and development

- 3.1 It has always been a challenge to reassure our staff that a complaint is not a bad thing. Often people react defensively and are upset by any negative feedback that they or their department has received.
- 3.2 The introduction of the Patient Rights Act and the literature that we have distributed to our staff and patients has helped to make us more aware of how important feedback is.
- 3.3 Training was given to newly appointed Band 6 nurses in how to gather and receive feedback, how to handle and manage complaints and open discussions held on person centred care. Feedback from the session was good and the nurses involved very much enjoyed the session and found it interesting.
- 3.4 The Feedback and Complaints module and Complaints Investigation Skills module have been consistently accessed by staff and the online training undertaken.
- 3.5 Representatives from NHS Education for Scotland visited NHS Orkney in early March to provide a day of training for staff on Patient Experience, Feedback and Early Resolution. This was a well attended event with around 20 staff in attendance from a number of different areas. Nursing, Administration, Primary Care and Dental staff enjoyed hearing sessions on the Power of Apology, Human Factors and the new Complaints Handling Model.
- 3.6 A joint PASS/NHS Complaints Personnel Association Scotland event took place in March of this quarter. The Patient Experience Officer attended along with the local PASS Advisor.

The event was predominately taken up with an update, discussion and questions on the new Complaints Handling Model. We also heard a little about complaints handling for prisoner patients which was very interesting and obviously extremely challenging.

It is felt a 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 but remaining aware that PASS is an independent service.
- 3.7 Representatives from NHS Education for Scotland visited NHS Orkney in early March to provide a day of training for staff on Patient Experience, Feedback and Early Resolution. This was a well attended event with around 20 staff in attendance from a number of different areas. Nursing, Administration, Primary Care and Dental staff enjoyed hearing sessions on the Power of Apology, Human Factors and the new Complaints Handling Model.
- 3.8 NHS Scotland has monitored the uptake of the basic feedback module and compared with other organisations. For the second year in a row our numbers on the Feedback and Complaints module are very favourable. 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.

3.9 The second table below shows a snapshot of training uptake numbers for the last quarter of 2015-16.

NHS Education for Scotland

Uptake of e-learning Modules from 1st April 2015 – 31st March 2016:

Health Board¹	Module 1 Valuing Feedback	Module 2 Encouraging Feedback and Using It	Module 3 NHS Complaints and Feedback Process	Module 4 The Value of Apology	Module 5 Managing Difficult Behaviour	Module 6 Investigation Skills
Healthcare Improvement Scotland	2	2	2	2	1	0
National Waiting Times Centre	10	11	10	9	9	0
NHS 24	0	1	1	0	0	0
NHS Ayrshire and Arran	64	60	59	59	56	16
NHS Borders	73	73	76	73	74	32
NHS Dumfries and Galloway	25	21	15	14	15	1
NHS Education for Scotland	17	14	13	13	13	3
NHS Fife	86	82	79	80	78	14
NHS Forth Valley	184	174	164	163	161	43
NHS Grampian ³	260	183	153	149	158	93
NHS Greater Glasgow and Clyde	3097	3038	3008	2981	2966	161
NHS Highland	36	33	32	33	33	26
NHS Lanarkshire	723	706	703	693	693	0
NHS Lothian	154	158	154	157	155	26
NHS National Services Scotland	9	8	8	8	8	7
NHS Orkney	106	105	98	97	95	140
NHS Shetland	93	89	86	80	84	7
NHS Tayside	1099	1070	1041	1021	1010	38
Scottish Ambulance Service	0	0	0	136	0	0
State Hospital	131	138	139	0	133	5
Western Isles Health Board	23	24	19	17	16	2
Grand Total	6192	5990	5860	5785	5758	1614

NHS Orkney
Snapshot of training uptake numbers – January - March 2015-16:

Complaints and Feedback on LearnPro	
<ul style="list-style-type: none"> • Job Family – Jan – Mar (25) <ul style="list-style-type: none"> • Admin & Clerical – 8 (5.30%) • AHP – 1 (1.64%) • Medical/Dental – 1 (2.33%) • Technical (Laboratory, Dental Support & Pharmacy) – 0 (0.00%) • Nursing & Midwifery – 8 (3.45%) • Ancillary – 7 (7.95%) 	<ul style="list-style-type: none"> • Job Family (total since module became available in Nov 2013: 259 – 41.71%) <ul style="list-style-type: none"> • Admin & Clerical – 65 (43.05%) • AHP – 18 (29.51%) • Medical/Dental – 11 (25.58%) • Technical (Laboratory, Dental Support & Pharmacy) – 27 (58.70%) • Nursing & Midwifery – 99 (42.67%) • Ancillary – 39 (44.32%)
Investigation Skills on LearnPro	
<ul style="list-style-type: none"> • Job Family – Jan – Mar (43) <ul style="list-style-type: none"> • Admin & Clerical – 11 (7.28%) • AHP – 3 (4.92%) • Medical/Dental – 0 (0.00%) • Technical (Laboratory, Dental Support & Pharmacy) – 4 (8.70%) • Nursing & Midwifery – 16 (6.90%) • Ancillary – 9 (10.23%) 	<ul style="list-style-type: none"> • Job Family (total since module became available in Jan 2015: 184 – 29.63%) <ul style="list-style-type: none"> • Admin & Clerical – 47 (31.13%) • AHP – 9 (14.75%) • Medical/Dental – 5 (11.63%) • Technical (Laboratory, Dental Support & Pharmacy) – 21 (45.65%) • Nursing & Midwifery – 70 (30.17%) • Ancillary – 32 (36.36%)

Section 4

Improvements to Services

4.1 When any aspect of a complaint is upheld, the service identifies what improvements can be made. We have introduced a new Complaints Reporting Template which provides an opportunity for staff to clearly identify actions, improvements and recommendations.

4.2 Here are some examples of improvements made over the last year:

Complaint relating to post-ectopic pregnancy care and treatment.	Identified staff are unaware of clear use of protocols and guidance for these situations. Training identified and to be carried out and guidance to be reviewed.
Patient complained at not being given general anaesthetic instead of sedation and about care and treatment in ward afterwards. Patient had autism and stated staff did not know how to care for her.	Consultant working with nursing staff to agree a process whereby patients are encouraged to bring with them a written statement of their suggestions and requests - as appropriate for their proposed hospital procedures.
As part of a more complex complaint, patient complained that her name board above her bed had not been changed when she moved to another bed.	Shared with staff and reminded that name boards must be up to date at all times.
As part of clinical complaint, patient complained on arrival at A&E that her observations were not taken.	SCN to ensure bank and relief staff are aware of A&E procedures for patient arrivals.
Patient complained about her treatment in the A&E department and the Acute Ward. Patient felt she had not been listened to regarding medication allergies, that there was information omitted from the discharge note.	A number of failings identified and apology given. Patient met with senior nurse to discuss. Complaint to be used at a clinical review learning session.
Patient required air ambulance transfer to attend outpatient appt in Aberdeen. No procedure in place to arrange this.	NHSO introduced procedure for GPs to ensure they are aware of process should there be a similar case.
Elderly patient left hospital through fire exit door unnoticed. Exit door was not alarmed.	Fire Safety Checks now include Alarmed Doors to ensure batteries are still powered.

4.3 Informal feedback and complaints are logged and recorded by the Patient Experience Officer and improvements and actions are reported weekly to the DATIX Review Group and quarterly to the Person Centred Care Group and Corporate Management Team. Trends are noted and discussion undertaken when appropriate on how these can be managed.

As mentioned above, we have received substantially more contacts in 2015-16 than in previous years. This could be due to a number of factors including better recording, better communication of how to leave feedback or patients becoming more empowered to raise issues both good and bad.

Our informal contacts often result in immediate action, if appropriate. Often patients call for advice or support in relation to concerns they have and NHS Orkney's Patient Experience Officer will investigate any concerns in an attempt to

provide a response to the patient as quickly as possible. Some examples of where this has taken place are:

<p>Patient had attended Day Surgery for gall bladder operation but it was cancelled at 12noon due to lack of available beds. Patient's partner was extremely angry. Patient was working south and had to travel home for appt the night before. Patient told operation would be rescheduled for next Tuesday so as not to breach waiting times. New appointment did not suit patient due to working south.</p>	<p>PEO was able to meet with patient and her partner to offer apology and explanation. PEO discussed with the Theatre Manager and arranged an appointment that was suitable to patient. Patient and partner very happy with arrangements made.</p>
<p>Patient emailed to "sing the praises" of his Consultant. Patient extremely complimentary about the care received and wished to let us know.</p>	<p>Responded with a thank you and shared email with Consultant.</p>
<p>Request for map of Balfour Hospital to find his way around to the new outpatients</p>	<p>Copy sent and patient extremely happy!</p>
<p>Request that NHS Orkney purchase a UVB Phototherapy machine for patients who have to travel 2x per week to Aberdeen for a few minutes of treatment.</p>	<p>Investigations made and NHSO now working with local GP practice to consider whether they can provide this service.</p>
<p>Patient's wife contacted NHSO regarding travelling to visit Orkney with her husband who has suffered a heart attack. Patient is concerned as to how he would be treated should he have a heart attack whilst here.</p>	<p>Information given regarding hospital treatment and possible off island treatment, transfers etc.</p>
<p>Patient's wife attended Garden House in a very distressed state to raise concerns about her husband who had been operated on the previous day to remove an abscess on his foot. Patient had been unwell for some time and patient's wife felt GPs did not act quickly enough to stop onset of abscess and need for surgery.</p>	<p>Arrangements made with patient and wife to meet with Lead GP to discuss concerns. Lead GP met with patient whilst in hospital that day and was able to discuss what had happened and why. Patient and wife happy they were able to speak with someone.</p>

- 4.4 Where appropriate, complaints of a significant concern are escalated to the Director of Nursing, Midwifery and AHPs or the Medical Director. This is logged through the weekly DATIX Review Group who ensure reported incidents on DATIX and Significant Events are linked together with relevant complaints.
- 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. The patient has felt strongly enough to make a complaint which equates to the fact that they did not have a good experience. We make every effort to ensure that patients are fully aware of how the investigation has taken place, what we have identified and how we will make improvements.

Section 5

Accountability and Governance

- 5.1 The Person Centred Care Group meets quarterly and members are provided with an update at their meeting of all Patient Experience information. This includes detailed information on complaints and feedback.

Non-Executive Directors who attend the meeting on a regular basis, are encouraged to engage and challenge the content of the report and regularly ask for assurances that we have made changes or improvements.

Minutes and reports from the Person Centred Care Group are reported through the Quality Improvement Committee and then to the Board.

- 5.2 Quarterly reports are also submitted to the Corporate Management Team and the Safe and Effective Care Group.
- 5.3 NHS Orkney Board members receive a Patient Experience update in the form of a six monthly report and an Annual Report.
- 5.4 Information on improvements, changes and responses are provided to all of the above committees.
- 5.6 All feedback and complaints are reviewed weekly as part of the DATIX Review Group meeting. This group includes the Director of Nursing, Midwifery and Allied Health Professions, the Medical Director, Lead Nurse, Lead GP and Lead AHP, representatives from Clinical Governance and the Patient Experience Officer. As mentioned above, complaints are linked to DATIX incidents and Significant Events. Any concerns regarding the complaint are escalated as necessary to the Medical Director or Director of Nursing.

Section 6

Person-Centred Health and Care

6.1 I-pads and Young Volunteers

Another successful round of gathering real-time feedback took place at the start of the summer during May and June 2015. Two young volunteers remained from the original group however we welcomed a further four new volunteers.

We made some improvements to the questionnaires based on feedback from the group and also added additional “touchpoint” type questions where we asked patients to pick a word to describe how they felt about the care they received, the information that was shared with them and what was important to them.

As well as Macmillan, Maternity, Day Surgery and Assessment and Rehab, we were also able to interview patients in Acute Ward for the first time.

As always the feedback was generally positive. Out of 23 interviews, 18 patients chose to select that their overall experience rated “9”, with “9” being excellent and “0” being very poor. Four patients selected “8” and one patient selected “7”.

We have had a further successful round of gathering real-time feedback during November and December 2015.

The current initiative, in collaboration with Voluntary Action Orkney (VAO), seems to work well in that we meet with the young volunteers where we hold a learning event and a tour of the hospital. The volunteers are then given a rota of dates and times to attend the ward over a six week period and this seems to work well. This time we placed our two new volunteers with two more experienced volunteers and this worked very well. One of our volunteers also helped with training by showing how she would approach and speak to patients. This was extremely helpful to the new volunteers.



As always the feedback was generally positive. We interviewed 37 patients during the one hour visits, once a week over a 6 week period and also carried out a survey on Infection Control.

All feedback was received and reviewed in more or less real-time and any issues reported to the Senior Charge Nurse.

And to round off the year, our two “longest serving” volunteers were awarded the Young Volunteer of the Year award at the NHS Orkney awards ceremony in November. They were absolutely delighted, as were their mums and of course their contacts at NHS Orkney and VAO!

6.2 Person Centred Care Group Newsletter

Following the quarterly meeting of the Person Centred Care Group and based on a suggestion by members, we continue to distribute a newsletter highlighting the main themes of the meeting and highlighting with staff any issues which have arisen at the meeting.

PERSON CENTRED HEALTH & CARE—NEWSLETTER

NHS ORKNEY Issue 6—Mar 2016

Person-Centred Care Group — Keeping You Informed

Welcome to Issue 6 of our Person Centred Care Group Newsletter.

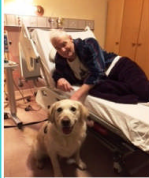
“Nothing about me without me”

In this issue, we have focused on communication. Often patients talk to us and tell us they weren't sure what was happening to them or didn't feel informed. What we really want is for our patients to leave our care feeling involved, informed and sure of the decisions made about their care.



Communication between patients and practitioners is central to the provision of healthcare and hundreds of conversations and interactions occur every day between our staff here at NHS Orkney and our patients.

Practitioners need to be able to communicate clearly and form caring, effective relationships with patients, families and colleagues in order to have a positive impact on healthcare outcomes and experiences. This is essential in a person-centred healthcare system.



We recently were told by a family member, on Patient Opinion, of a fantastic example of patient centred care. Mike was in hospital following an infection and was being cared for by the Macmillan team. His wife Sharon told us:

“He was taken to A&E and seen by a very nice doctor and then a very kind consultant. After some tests he was admitted to the MacMillan ward. All the staff there were amazing, nothing was too much trouble for them and they were very patient and kind.”

“Mike was quite down and they encouraged me to bring the dog in to see him and that really perked him up. Since then our dog has just passed her assessment to be a therapist”

You can find this patient story online at: <https://www.patientopinion.org.uk/opinions/282553>
Sometimes however, we don't get it right. Here are a few examples of where our patients have felt that they have not been at the centre of any decisions made and have been left feeling their only option was to make a formal complaint.

“It came as a shock as nothing had been mentioned about this at any time previously... and should have been discussed before xxxx had been discharged from the ward.”

“I asked the four different nurses on the ward what the plan was for my follow up and nobody seemed to know. Do you not talk to each other?”

I am not satisfied that I have been fully informed of what the procedures entailed, what the findings have been and more importantly what I should expect in the following 24/48 hours.

And now for the News...!

Have you completed the Complaints and Feedback Training modules on Learn-Pro? Why not have a go, they don't take long and provide a valuable insight into dealing with complaints.

The Key Themes from the Person-Centred Care Group in May were:

Involving People:

- Nine formal complaints were received between October and December 2015 and the total patient contacts relating to feedback was 38;
- We improved on our response times with only two complaints not being answered on time;
- Clinical Care was the key theme raised;
- The young volunteers were back in the wards carrying out patient experience surveys. 37 patients were interviewed and asked how they felt about their hospital experience;
- The feedback received through the Young Volunteers is predominately positive which was acknowledged and very much appreciated;
- The new Complaints Handling Model is still being progressed and expected to be rolled out in April 2017. This new model will effect all staff with the emphasis being on frontline resolution of complaints within 5 days;
- Simon Gordon, Orkney Alcohol Counselling & Advisory Service (OACAS) gave a very informative talk on the work of the service;

Helpful Websites:

There are some helpful online tools and information to help understand the value of communication.

Here are a few links you may find useful:

<http://www.nes.scot.nhs.uk/education-and-training/by-theme/initiative/communicating-connecting-caring.aspx>
http://www.nes.scot.nhs.uk/media/2036508/mceb_workbook_interactive.pdf

“Your communication and relationships capability will be influenced by your own attitudes and values, those held by your team and within the organisation as a whole.

The way you express yourself has a direct impact on the people around you. It can be easy to pay a lot of attention to what you actually say, but you might be less aware of how your non verbal behaviour and underlying values and attitudes are ‘speaking’ volumes to the person.”

NES Scotland

Good Communication with Patients can lead to:

- Less anxiety and frustration
- Greater sense of understanding
- More liable that the patient will raise concerns they have
- Better understanding of diagnosis, prognosis and management of conditions
- Sense of value
- Greater satisfaction during interactions with patients
- More effective use of time with patients

If you would like to discuss anything you have read here, please don't hesitate to contact:
Julie Tait on 8221 or julietait@nhs.net

6.3 Patient Stories/Presentation

We continue to share Patient Stories at our NHS Orkney Board meetings. A number of patients and service users have attended to share their story and talk about their experiences of our services and facilities. These have been very well received by all those present at the Board and we are very thankful for the time given by those who have shared their story.

In the last year we have heard from:

- Voluntary Action Orkney about the work of the Young Volunteers working in the hospital collecting feedback.
- Director of Nursing, Midwifery and AHP's about the key complaint themes and how communication and giving patients as much information as possible is extremely important.

Section 7

Summary and Conclusions

- The number of formal complaints received was slightly less than last year;
- General Feedback including suggestions, concerns and comments has taken a substantial increase of 91%;
- Emerging trends from 2015/16 are again similar to last year and previous years. Clinical Care and Waiting Times have remained on the yearly trends list for a number of years now. This is consistent with the rest of Scotland;
- Unfortunately, our response times have declined further to 68.9% this year;
- 100% of complaints were acknowledged within 3 working days;
- Two complaints were independently reviewed this year by the SPSO with one being upheld and further recommendations made;
- Primary Care complaints decreased from 25 to 13 this year;
- Complaints and Feedback received from our patients and their families, where appropriate, results in improvements and changes such as training for staff, review of guidance and protocols and discussions with staff highlighting issues such as communication;
- Figures show our staff uptake on the complaints training modules is very good in comparison to other boards;
- We did not conduct a Complaints Handling Survey this year and will do so next year;
- Unfortunately compliments and concerns raised at ward level are not as routinely recorded as we would like and this should be considered by the Corporate Management Team before the implementation of the new Complaints Handling Model. The new model requires a consistent and efficient means of recording frontline early resolution complaints and staff training;
- The work of the young volunteers in the hospital should be applauded. This has been an extremely positive project for all those involved.