

NHS Orkney<Committee name> Agenda Item <number>

Date of Meeting <enter date>

Paper Number <Ref no linked to agenda>

Title Patient Feedback Annual Report 2016-2017

Purpose of Report To present the Annual Report in respect of patient feedback

received by the NHS Board during the year ended 31 March

2017.

This report has been reviewed and produced in line with the guidance contained in the Scottish Health Council's <u>Review of NHS Boards' Annual Reporting on Feedback, Comments</u>,

Concerns and Complaints 2012/13.

Recommendations The Board is invited to:

• note the Patient Feedback Annual Report

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Patient Feedback Annual Report 2016 - 2017

Foreword

This year's Patient Feedback Annual Report shows 2016-17 has been another busy year for Patient Feedback and the Patient Experience Officer. The number of people who have felt empowered to contact us to compliment our staff, raise concerns, make suggestions or give feedback continues at a similar pace as the last few years.

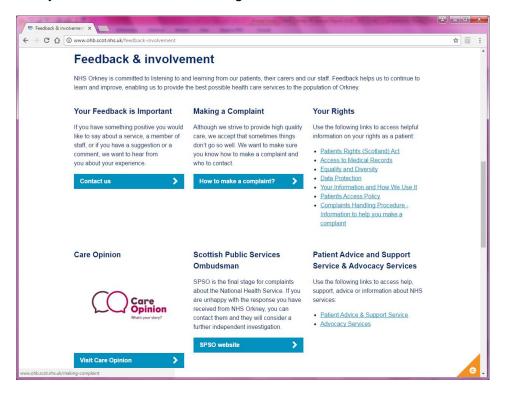
The following report details how NHS Orkney has received, responded and acted upon feedback, complaints and engagement to help improve and develop our services. In order to ensure patients, carers and families receive the best possible care across our services, we need to continually review and improve 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.

Encouraging and Gathering Feedback

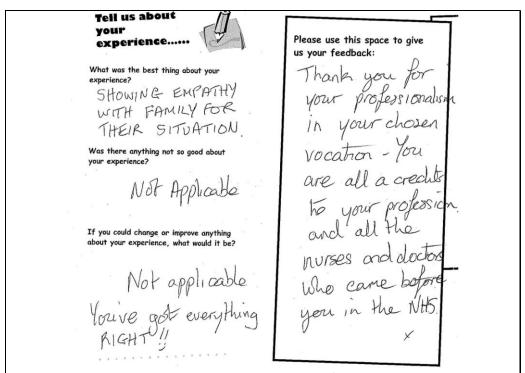
- 1.1 NHS Orkney collects feedback in the form of complaints, comments, concerns and compliments. We welcome and encourage all feedback and where appropriate, use this to focus on improvements and change. We know from the number of compliments and positive feedback we get throughout the year that generally 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 and have introduced an invitation within our acknowledgement letter to offer a meeting with the Director of Nursing, Midwifery and Allied Health Professions;
 - Our new improved 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. The website feedback facility has had an increase in usage since the new website was introduced in 2016.

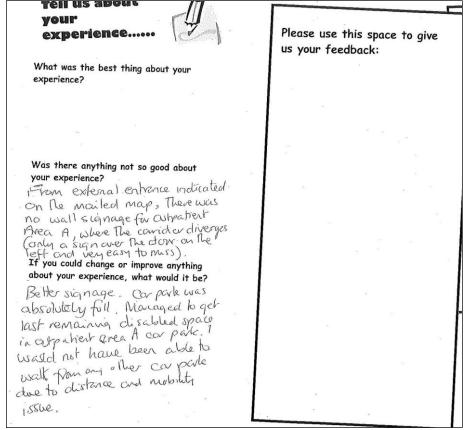


1.3 Feedback Leaflets are available throughout the hospital which can be posted in the Comments Boxes located in various departments and services. Our feedback forms are relatively well used. Thirty nine forms were received in 2016-17. Sixteen were positive and 19 were negative. Themes included compliments to staff/service, waiting times and parking concerns. We made three improvements based on feedback received. These relate to parking, seating in waiting areas and staff awareness on use of the Chapel.

A few examples of the feedback we have received are:







This feedback was passed to Estates along with a number of other parking related forms.

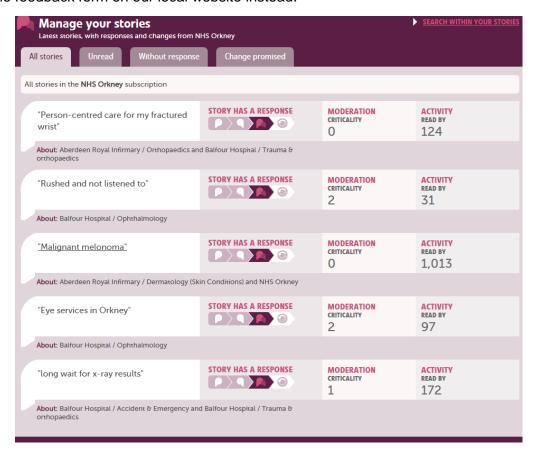
Acting on the feedback received, a number of car parking spaces were designated for patients only.

The Communications Officer along with estates staff continue to work together to try to improve the parking situation for our patients.

Signage was also reviewed and improved.

 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 the organisation.
- Electronic tablets can be used by any member of staff to gather feedback using the Survey Monkey tool. In May 2016, we again carried out a survey of our inpatients using the tablets and facilitated by young volunteers through Voluntary Action Orkney.
- 1.4 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.
- 1.5 Information on advice and support from the Patient Advice and Support Service (PASS) at the Citizens Advice Bureau is available throughout the hospital. We have also included PASS information with our Out-patient Appointment letters. A link is available, also on our website, which will provide information on the PASS at.
- 1.6 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.
- 1.7 In the year 2016-2017, four patients left feedback through Patient Opinion. This is very disappointing. Our new website displays Patient Opinion as a prominent feedback option, however despite this and other promotions of the service, patients appear to choose to use the feedback form on our local website instead.



Encouraging and Handling Complaints

2.1 Hospital and Community Services:

NHS Orkney is committed to responding to complaints in an open and honest way.

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 2016 to 31 March 2017. A secondary table shows comparisons.

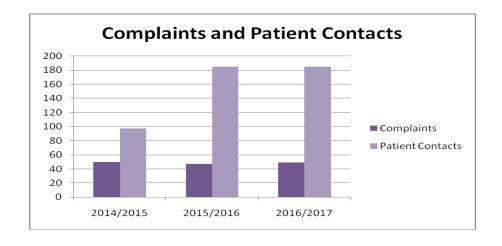
Table 2 shows the number of formal complaints recorded in the last five financial years by NHS Orkney up to 31st March 2017. As you can see, our complaints have fluctuated by only a fraction over the last few years.

The number of patient contacts, unlike 2014 -15 when there was a marked increase, this year has stayed exactly the same. 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.

We have improved our service to complainants over the last year. Complainants are followed up initially, where appropriate and possible, by a telephone call from the Patient Experience Officer. We also included an offer in our acknowledgement letter of a meeting with the Director of Nursing, Midwifery and Allied Health Professions during the investigation if the complainant wished to do so.

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

Formal Complaints Received	49
Complaints Withdrawn/Time Barred	0
Recorded Concerns / Comments / Enquiries /Informal Complaints	185



NHS Orkney Complaints -April 2012 - March 2017 60 50 Number of Complaints 50 49 47 40 41 37 30 20 10 0 2012/2013 2013/2014 2014/2015 2015/2016 2016/2017

Table 2- Formal Complaints Statistics for NHS Orkney: April 2012 - March 2016

2.2 **Outcome Decision:**

Of the 49 complaints investigated, 11 were not upheld, 21 were partially upheld, and 17 were fully upheld.

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. They are also similar to nationally recorded trends.

In order to address the communication and waiting time issues, we have introduced a patient information letter. This letter explains to patients why there has been a delay and offers an apology. To date, feedback has been that patients have welcomed the information and some have even cancelled their appointments as they no longer need treatment. This has released a number of appointments for other patients.

2.4 Service Areas:

	Number of Complaints
Hospital Acute Services	29
Psychiatry/Mental Health Services	5
Accident and Emergency	4
Administration	4
Other (inc Community Services)	5
Care of the Elderly/Rehab	2

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

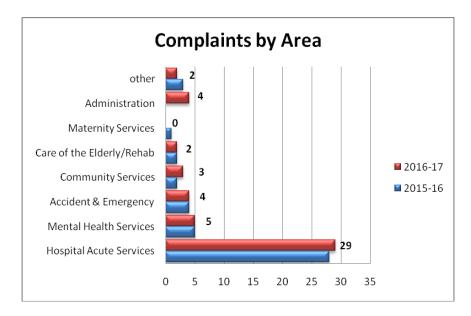


Table 3 – Main Areas of Complaint

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 2015/2016, we had a response rate of 68.9% of complaints being answered within the timescales. The rate this year has remained at a similar rate of 73.5%. This is disappointing and in reviewing data we have received a number of complex complaints which required more investigative time. This delayed the sign off process. Conflicting priorities for investigating staff can also cause delays in responses being sent to patients. NHS Orkney has a small workforce and 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.

Thirteen of the 49 complaints were not responded to on time. As a comparison, and similarly, 13 out of the 47 complaints in 2015 -16 also failed to meet the target. The main reasons for delays in responding were:

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

In terms of acknowledgment within three working days we achieved a 98% rate with only one complaint not being acknowledged on time. This complaint was acknowledged within five days and included a full response to the complaint.

2.6 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.

2.7 **Primary Care Services:**

Only one complaint was received directly by the NHS Board in regard to General Practices in Orkney. This was forwarded to the appropriate practice for investigation.

A total of 13 GMS complaints have been received directly and investigated by the practices. This is an increase of two from last year.

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 2016 17.
- Community Pharmacies have not provided information relating to complaints during 2016 – 17.
- General Dental Services information was not available at the time of writing.

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

Early in January 2017, the Patient Experience Officer met with Practice Managers to discuss the changes to the new complaints handling procedure. The meeting also allowed the Practice Managers to have a productive discussion on the expectations of the new procedure on practices and how they will ensure recording and monitoring of both Early Resolution Stage and Investigation Stage complaints will be carried out.

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 Boards are therefore required to ensure that each of their service providers have self-assessed their compliance with the revised procedure, and reported this to their respective NHS Board.

Practices were asked to ensure they were compliant on or around 1st April 2017 and to provide NHS Orkney with a copy of their own self assessment and compliance statement. All but one practice provided the required self assessment and assurance that they had moved to the new procedure. This is being followed up by the Chief Executive.

2.8 Other NHS Organisations:

In this last financial year, NHS Orkney passed on a total of five complaints to the Feedback Team at NHS Grampian, one to NHS Highland and one to the Golden Jubilee National Hospital.

NHS Grampian provided NHS Orkney with information on feedback received from Orkney patients. A total of 27 complaints or concerns had been received, mostly relating to waiting times and clinical treatment. This is similar to themes highlighted in the previous year.

2.9 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 2016 – 31st March 2017, the Chief Executive received 10 written expressions of concern or complaint which sought address through a MSP.

The Chief Executive also meets with Orkney's MSP on a regular basis and provides the MSP with the opportunity to raise concerns about healthcare services on behalf of his constituents. The Chief Executive has also responded to requests from Regional MSPs and met with members from a range of electoral parties.

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 2016 - 2017, PASS provided advice and support to 29 new clients who made a complaint, raised a concern or an enquiry about the NHS.

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 2016 - 2017, the Ombudsman independently investigated three complaints from patients who were unhappy with the response they had received from NHS Orkney through the complaints procedure. Two complaints were investigated by the SPSO in the previous year.

SPSO has issued two decision letters to date. The first complaint was not upheld. In the second complaint, three of the issues were upheld and one was not upheld.

The third complaint is, at time of writing, awaiting a decision letter.

Table 5 -SPSO Recommendations

SPSO Recommendation	Action Taken
Prior to elective surgery, a full explanation should be given to patients and this should include information about the risks entailed and should be documented.	Medical Director advised work has been ongoing around informed consent and NHS Orkney are currently piloting a new consent form.
Efforts are always taken when delivering bad news that a patient is supported personally by a friend or family member.	SPSO findings and recommendation discussed at a clinical group meeting in the hospital and was well received by all staff.

2.12 New Complaints Handling Model:

The NHS Model Complaints Handling Procedure

Early Resolution 5 working days

For issues that are straightforward and easily resolved, requiring little or no investigation.

'On-the-spot' apology, explanation, or other action to resolve the complaint quickly, in five working days or less, unless there are exceptional circumstances

Complaints addressed by any member of staff, or alternatively referred to the appropriate point for Early Resolution.

Complaint details, outcome and action taken recorded and used for service improvement.

Investigation 20 working days

For issues that have not been resolved at the early resolution stage or that are complex, serious or 'high risk'.

A definitive response provided within 20 working days following a thorough investigation of the points raised.

Ability to extend the timescale exists in CHP

Responses signed off by senior management.

Senior management/Board has an active interest in complaints and use information gathered to improve services.

Independent External Review

Ombudsman

For issues that have not been resolved.

Complaints progressing to the Ombudsman will have been thoroughly investigated by the Board/Service Provider.

The Ombudsman will assess whether there is evidence of service failure, maladministration and issues in respect of clinical judgement. The Ombudsman will also assess how the complaint has been handled by the Board/Service Provider.

NHS Orkney were compliant by 31st March 2017 and the new Complaints Handling Procedure was rolled out on 1st April 2017, alongside public-facing information and a guide for staff to help them through the process. Feedback from the national Director of Nursing, Midwifery and AHP's Group was that NHS Orkney were progressing well with staff training and raising awareness of the new procedure.

In the last quarter of the year, the Patient Experience Officer attended various groups and met with many teams across the organisation to raise awareness of the new procedure and to provide help and support on working through the process. The Director of Nursing, Midwifery and AHPs presented the new procedure information at the Public Patient Reference Group and at a number of Board Committee's. Feedback from sessions and information received has been reviewed very positively. Staff welcome the opportunity to resolve issues as described in the Early Resolution stage of the process. Concerns were however raised around capacity to carry out the required paperwork and recording to capture these issues and learning.

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.

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

" | I think sometimes really good practice is not recognised as much as it should be. I am really thankful for the excellent effective treatment I have received at the physio department"

Wishing you a very happy Christmas
& a wonderful New Year

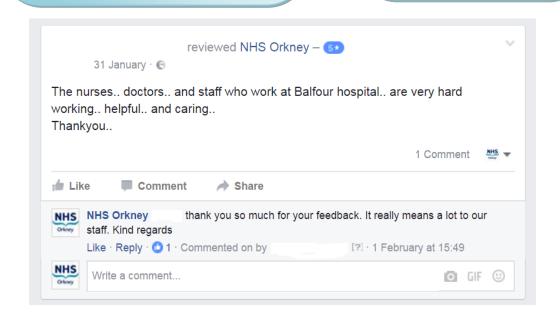
You coit please all of the people all of
the time, but I think you do a

benific Job. Grateful thanks to the teams
at Balpur & Grade Garden House
Amon

I was met with friendly staff and was quickly dealt with and discharged within 2 hours. Having been diagnosed with a damaged Achilles tendon.

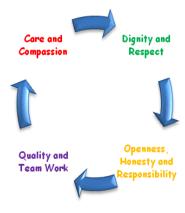
From the receptionist to the consultant they treated me as a person not a condition.

"..The prompt care that Mum received at the Balfour when she was admitted, undoubtedly saved Mum's life. We are eternally grateful to all the staff who treated Mum."



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 In practice we are using i-matter to further improve engagement and how we work together with staff to deliver high quality care and services.
- 3.2 2016 17 saw the challenges of preparing for the new Complaints Handling Procedure. The new two stage process was rolled out across NHS Orkney on 1st April 2017. The Patient Experience Officer attended team meetings and visited wards and departments during the first three months of 2017 to engage, raise awareness and offer support to frontline staff who will be using the new procedure.
- 3.3 The Feedback and Complaints module and Complaints Investigation Skills module have been consistently accessed by staff and the online training undertaken.
- 3.4 A joint PASS/NHS Complaints Personnel Association Scotland event took place in March 2017. The Patient Experience Officer attended along with the local PASS Advisor.
 - 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, coordinated fashion whilst remaining aware that PASS is an independent service.
- 3.5 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.

Completion Stats for current staff are as follows (percentage figures are based on substantive headcount at 31/03/2017) –

All Time (due to no expiry period for these courses) -

Complaints & Feedback (Organisationally 331 – 52.63%)

- Admin & Clerical 83 (53.55%)
- Ancillary 48 (52.75%)
- Medical & Dental 12 (27.27%)
- Technical (Laboratory, Dental Support & Pharmacy) 29 (67.44%)
- Nursing 136 (57.38%)
- AHP's 23 (38.98%)

Investigation Skills (Organisationally 292 – 46.42%)

- Admin & Clerical 77 (49.68%)
- Ancillary 44 (48.35%)
- Medical & Dental 9 (20.45%)
- Technical (Laboratory, Dental Support & Pharmacy) 28 (65.12%)
- Nursing 120 (50.63%)
- AHP's 14 (23.73%)

For information, a snapshot of the quarter, January to March 2017 shows the following staff undertook the training modules:

Complaints & Feedback

- Admin & Clerical 3 (1.94%)
- Ancillary 1 (1.10%)
- Medical & Dental 0
- Technical (Laboratory, Dental Support & Pharmacy) 0
- Nursing 5 (2.11%)
- AHP's 0

Investigation Skills

- Admin & Clerical 6 (3.87%)
- Ancillary 3 (3.30%)
- Medical & Dental 0
- Technical (Laboratory, Dental Support & Pharmacy) 0
- Nursing 6 (2.53%)
- AHP's -0

The next table gives details on how NHS Orkney's uptake favours nationally in relation to the e-learning modules.

We are currently sitting top of the table on uptake of the Investigation Skills module with 118 members of staff completing the module in 2016 - 17. The closest other Board is Greater Glasgow and Clyde with a total of 65. We have included the Feedback and Complaints Module and Investigation Skills module as recommended e-learning on all NHS Orkney staff e-ksf development profiles and feel that this has encourages staff to participate.

Our figures for the Feedback and Complaints module compare favourably with NHS Shetland and are above those of a number of other NHS Boards in Scotland.

National Uptake of e-learning Modules from 1^{st} April $2016 - 31^{st}$ March 2017

	Feedback	Module 2 Encouraging Feedback	Module 3 NHS Complaints and Feedback Process	Module 4	Module 5 Managing Difficult	Module 6² Investigation Skills
Healthcare Improvement Scotland ¹	3	2	1	1	1	0
National Waiting Times Centre NHS 24 ¹	12	12	13		13	0
NHS Ayrshire and Arran	53	51				
NHS Borders NHS Dumfries and	43	12	13		13	
Galloway NHS Education for Scotland	9	10		8		
NHS Fife	149	142	143	143	146	21
NHS Forth Valley	125	131	133	132	134	39
NHS Grampian ³	18	18	16	17	16	1
NHS Greater Glasgow and Clyde	2519	2480	2458	2431	2444	65
NHS Highland	29	28	28	27	27	20
NHS Lanarkshire	438	445	442	442	443	
NHS Lothian	153	145	135	133	133	41
NHS National Services Scotland	10	10	11	7	9	12
NHS Orkney	85	86	87	86	88	118
NHS Shetland	100	103	103	101	101	0
NHS Tayside	1094	1044	1034	1054	1039	59
Scottish Ambulance Service ¹	0	0				
State Hospital Western Isles Health Board	184 15	185 15				
Grand Total	5053					

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

Disabled Parking spaces being used by non-blue badge holders during evening hours.	Estates to increase policing of area by porters.
Complaint received from mother of a baby who had a hospital appointment in Aberdeen. On arrival at the airport, early morning and before office hours, it was discovered that the child did not have an e-ticket and was unable to travel to the appointment.	Travel Dept have worked with Flybe/Loganair and have provided out of hour's telephone numbers to call and advice on what to do if similar situation should occur.
Patient informed from his physiotherapist that his referral for orthopaedics had not been processed the first time of submission and resulted in patient having a three month longer wait than anticipated.	Highlighted issue with receiving hard-copy referrals rather than electronic. Physiotherapy have changed process to ensure all referrals are sent electronically and Medical Records have highlighted with staff the importance of ensuring referral process is followed correctly.
Patient's daughter complained that she waited for 45 mins with her father for an appointment in outpatients. Clinician then left consulting room and dept without seeing patient. Complainant noted that staff had not seemed to advise clinician that patient had arrived.	Highlighted flaw in check-in process which has now been changed so patients check in at nursing station on arrival for specialist appointments.
Patient Equipment check was not carried out timeously.	Highlighted need for equipment checking roster and this has now been put in place.

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

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:

Waiting Times for orthopaedic appointments. Lack of information and communication to advice patients of current situation.	Highlighted the need to provide patients who are waiting longer than 12 weeks with further information. Letter introduced which is now sent at two different waiting time stages, advising patients they remain on the list and that we are currently experiencing a backlog. This appears to have been well received and has also resulted in a number of patients cancelling their appointments as they are no longer needed.
Communication issues were raised in a number of complaints.	Senior Charge Nurses highlight issues with staff and remind them of the need for clear and appropriate information being passed to patients and families.
Compliments	Shared with staff and thanked all patients for feedback.
Concerns regarding Hospital Parking	Car Parking review and a number of spaces marked for patient only parking. The Communications Officer along with Estates continue to consider other ways to improve parking.

- 4.4 Where appropriate, complaints of a significant concern are escalated to the Director of Nursing, Midwifery and AHPs and/or the Medical Director. This is logged through the DATIX Review Group which ensures reported incidents on DATIX and Significant Adverse 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.

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, 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 Clinical and Care Governance Committee and then to the NHS Board.
- 5.2 Quarterly reports are also submitted to the Senior 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 NHS Board Committees.
- 5.5 The Patient Experience Report is shared with Senior Charge Nurses and Community Nursing Team Leads.
- All feedback and complaints are reviewed as part of the DATIX Review Group meeting. This group includes the Director of Nursing, Midwifery and AHPs, 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 Adverse Events. Any concerns regarding the complaint are escalated as necessary to the Medical Director or Director of Nursing, Midwifery and AHPs.

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 financial year. During April and May 2016, six young volunteers visited our wards weekly to gather real-time feedback from patients on the wards. Through software developed by our IT department on the i-pad, the volunteers were able to sit with patients, ask them a small number of simple questions, submit the questionnaire on the i-pad and it was immediately delivered to the Patient Experience's Officer's email inbox.

Since November 2014, we have undertaken four rounds of surveys. We have visited with patients in the Maternity Ward, Macmillan Ward, Assessment and Rehabilitation Ward and Acute Ward.

- The Patient Experience Real-Time Survey programme has been a great success both in terms of gathering important feedback from our inpatients and for joint working with the voluntary sector.
- The programme works well due to a good working relationship between the contacts at Voluntary Action Orkney and NHS Orkney.
- The April 2016 round identified no significant improvements however, Senior Charge Nurses were alerted that there were patients on the ward who perhaps were feeling lonely and anxious.
- The programme itself has improved through input from the young volunteers and their eagerness to ensure it runs smoothly. They are able to provide information on when it is good or not good to visit the wards, how the questions could be improved or what works well speaking to patients.
- The feedback we receive in the main is positive with most patients commenting on how good the care they receive is, how well they are looked after and how tasty the food is.
- There has been no negative feedback received from patients or staff regarding the young volunteers or the programme.

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.

6.3 Patient Stories/Presentation:

We continue to share Patient Stories at our NHS Orkney Board meetings. In 2016/17 we:

- Heard by video recording, about the good work of the Dietetic service and the valuable support and help given to one of our patients.
- Learned from a relative of someone who had committed suicide, how important mental health wellbeing is and about their experience.
- Heard about the "I am not fine" campaign. The campaign sought to reduce stigma, raise awareness and move the focus to wellbeing in mental health.

 Heard from three mums who have been involved with the pilot scheme for the new 'baby boxes' which started on 1 January 2017. All mums were delighted to have received the boxes and the chance to be involved with the pilot.

6.4 What Matters to You Day – Monday 6th June 2016:

NHS Orkney staff took part in the national "What Matters to You" day in early June.

'What matters to you?' day started in Norway in 2014 with the aim of encouraging and supporting more meaningful conversations between people who provide health and social care and the people, families and carers who receive health and social care. On or around Monday 6 June 2016 staff were encouraged to have a 'What matters to you?' conversation with people they were supporting or caring for. The aim was to encourage people to keep having these conversations beyond Monday 6 June.

A small group was formed to spread the word and disseminate the posters and leaflets. To make it easier for staff, we created a form for them to complete and return to the Patient Experience Officer in the hope of encouraging as many staff as possible to become involved. The focus was to record who staff talked to, how it felt and what happened. The Lead Nurse and Lead AHP encouraged staff in both the hospital and community to take part. As well as the posters and leaflets, the day was promoted on the Blog and through Facebook and Twitter.

We received 13 completed forms after the event, the majority from Community Nursing staff. This was disappointing however we were pleased that some staff had taken part.

6.5 Website Update:

NHS Orkney's new website was launched. A new page for giving feedback and complimenting staff and services has been included, along with a dedicated form to complete for making complaints.

There is also a new link for members of the public wishing to become involved in NHS Orkney services.

The introduction of the new improved website has encouraged more traffic and interaction with NHS Orkney particularly around requests for information and providing feedback.

6.6 Wheelchair Tipper:

NHS Orkney's Public Dental Service, which treats many patients who require additional support with mobility, recently saw a welcome development in the service. The installation of a new piece of equipmenta wheelchair tipper which will significantly improve access.

The wheelchair tipper allows a patient to remain in their wheelchair whilst having dental treatment carried out and avoids the need to use a hoist, or other means, to transfer to a standard dental chair. Using the wheelchair tipper is simple, fast, comfortable and most importantly, more dignified and a much better experience for the user.



6.7 "I am not fine" Campaign:



We launched a campaign 'There is no shame in saying I'm not fine' in September 2016.

Local folk from all different backgrounds took part in the campaign to support the message that there is no shame in saying 'I'm not fine'.

The poster emphasised that no matter what your background we can all be vulnerable sometimes and need a little support.

Promotion of the campaign had included an article in Living Orkney magazine, wide distribution of posters and positive involvement and feedback on social media.

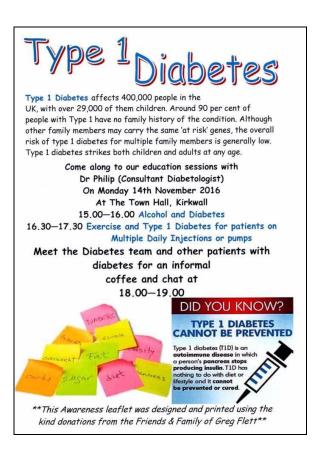
It had also been a good example of partnership working across organisations with help supporting and promoting the campaign. As part of the Kirkwall Business Improvement District (BID) programme, Public Health had been given a Christmas tree and had taken the theme to keep mentally well at Christmas to decorate the tree.

6.8 Other Initiatives:

There is always lots of work going on behind the scenes by our staff to try and improve our Patient's Experiences. Here are a few examples:











World Suicide Prevention Day is on Saturday the 10th of September and it is an opportunity for us to focus our attention on this sensitive issue. Locally, we will be lighting a candle at 8pm and placing it near a window showing support for suicide prevention, remembering a loved one, and

Suicide is a difficult subject that can be hard to talk about. On average, two people a day die by suicide in Scotland - more than in road accidents.

The Blide Trust and Health Promotion Department, NHS Orkney are working with local organisations to support this event, so if you are taking a walk through the streets on the 10th keep an eye out for our candles and posters.



wareness raising and Information sharing - September 8th 2016 in King Street Halls

Session 1 – (13.30 -15.00 hrs)

Target group – Services that provide support to people in the community.

Aim of session is to raise awareness of other services, improve communication and ensure that referral routes and criteria are clear.

Session 2 (15.00-16.30 hrs)

Target group - individuals who provide line management support to individuals.

Aim of session -these individuals will find out about the support that is available in Orkney.

Any services are invited to attend Session 1 (even if not displaying) to find out more about partner services and agencies.



Healthy Weight Group Programme

We will be running a 12 week programme in Stromness from:

Dates: Monday the 16th of January - 3rd of April 2017

Venue: Archie Bevan Room, Stromness Library

Times: Over lunch break, specific times to be confirmed

Places will be available on a first come first serve basis, so book early to avoid disappointment.



People can spend a lot of time, effort and money on trying to lose weight. Rather than 'dieting' think about the changes that you can make, and sustain, and notice how it makes you feel. NHS Orkney offers free healthy weight group programmes which explore some of these options and supports people to make and sustain these changes.

A healthy weight is the stable weight you can achieve when you adopt healthier behaviours. The healthy weight programme explores a number of these behaviours and helpful strategies including:

- Improving the variety, quality, and amount of what you eat
- Improving how you eat by becoming more aware of your eating behaviours and when you are hungry or full Recognising emotional eating Strategies to support healthy shopping, cooking, and eating out

- Doing regular activity that you enjoy Drinking alcohol within sensible recommended limits Increasing self care and respect for our bodies

For more information or to note your interest please contact:

Derek Curtis on 888090 or email <u>Derek.curtis@nhs.net</u> or Sarah Kirkness on 888260 or email <u>sarah.kirkness@nhs.net</u>



Summary and Conclusions

- The number of formal complaints received was slightly more than last year. Our complaint numbers have remained similar for the last three years.
- General Feedback including suggestions, concerns and comments remains a popular way for our patients to contact us.
- Emerging trends from 2016/17 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.
- Our response times:
 - 98% of complaints were acknowledged within 3 working days only one of the 49 complaints was not responded to on time.
 - 73.5% of complaints were responded to within 20 working days
- Three complaints were independently reviewed this year by the SPSO.
- > Thirteen complaints relating to Primary Care were received no change from last year.
- Complaints and Feedback received from our patients and their families, where informative and resulted in improvements. For example: review of equipment rostering, increased patient dedicated car parking and procedures to check use of disabled bays.
- Figures show our staff uptake on the complaints training modules is favourable when compared with other NHS Boards.
- The work of the young volunteers in the hospital should be applauded again. This has been an extremely positive project for all those involved.