

# Patient Feedback Annual Report 2017 - 2018

## Foreword

The 2017-18 Patient Feedback Annual Report is the first report to provide figures and information since the introduction of the new Complaints Handling Procedure (CHP). The new process was introduced on 1<sup>st</sup> April 2017 with the main focus over the last year being to resolve complaints quickly and at point of contact, providing our patients with a person centred approach to complaints. The key aims of the CHP are:

- to take a consistently person-centred approach to complaints handling across NHS Scotland
- to implement a standard process
- to ensure that NHS staff and people using NHS services have confidence in complaints handling
- encourage NHS organisations to learn from complaints in order to continuously improve services.

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.

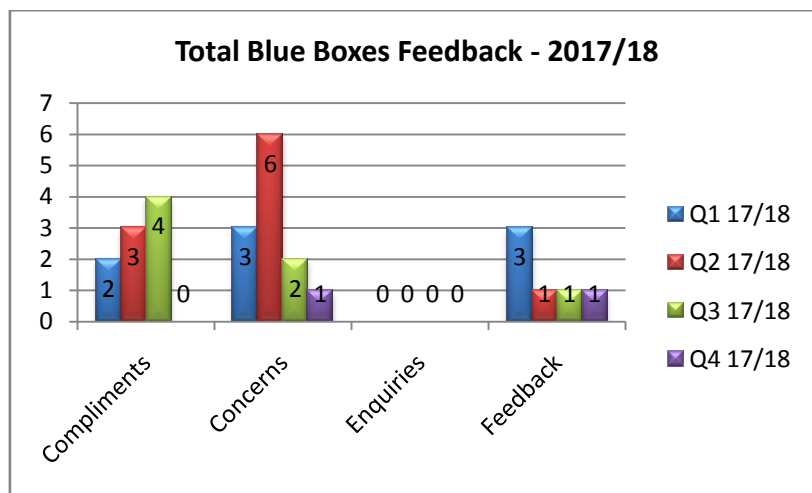
# Section 1

## 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 – 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;
- 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. The website feedback facility has had an increase in usage since the new website was introduced in 2016.
- 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. We are extremely happy to report that the majority of forms completed included compliments to our staff and services. Concerns raised included parking issues and difficulties with air conditioning in one of our wards.



- We post on NHS Orkney's Facebook and Twitter pages at intervals to encourage patients to tell us of their experiences;
- We invite patients, voluntary groups, patient groups and staff to share their experiences at our NHS Board meetings.
- Patient Satisfaction Surveys are undertaken within various departments in the organisation.

- Electronic tablets can be used by any member of staff to gather feedback using the Survey Monkey tool. We have also used Survey Monkey to seek staff views on a number of issues, including engagement to improve our intranet service

- 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. Our recorded Early Resolution complaints show that the organisation has engaged well in the first year of the new process and our patients are satisfied with the outcomes in the majority of cases.
- 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 and healthcare services. 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 We promote Care Opinion mainly through our organisation's Facebook page. Past years have shown that NHS Orkney patients have not felt encouraged to use Care Opinion. We have begun to work with Care Opinion recently to investigate how we can improve this and increase awareness, usage and outcomes from this valuable feedback resource.



1.8 **Complaint process experience**

All Investigation stage complainants have been given a complaint process experience feedback questionnaire. Of the 35 forms sent, only 4 questionnaires have been completed and returned. Feedback received was in the most positive with the respondents agreeing fully that their complaint had been handled well. One respondent felt the complaint could have been handled in a more timely manner.

We will review the Feedback questionnaire in an attempt to improve our return rate.

## Section 2

### Encouraging and Handling Complaints

#### 2.1 Hospital and Community Services:

The introduction of the new Complaints Handling Procedure (CHP) in April 2017 has resulted in complaints being reported differently. Our CHP aims to provide a quick, simple and streamlined process for resolving complaints early and locally by capable, well-trained staff.

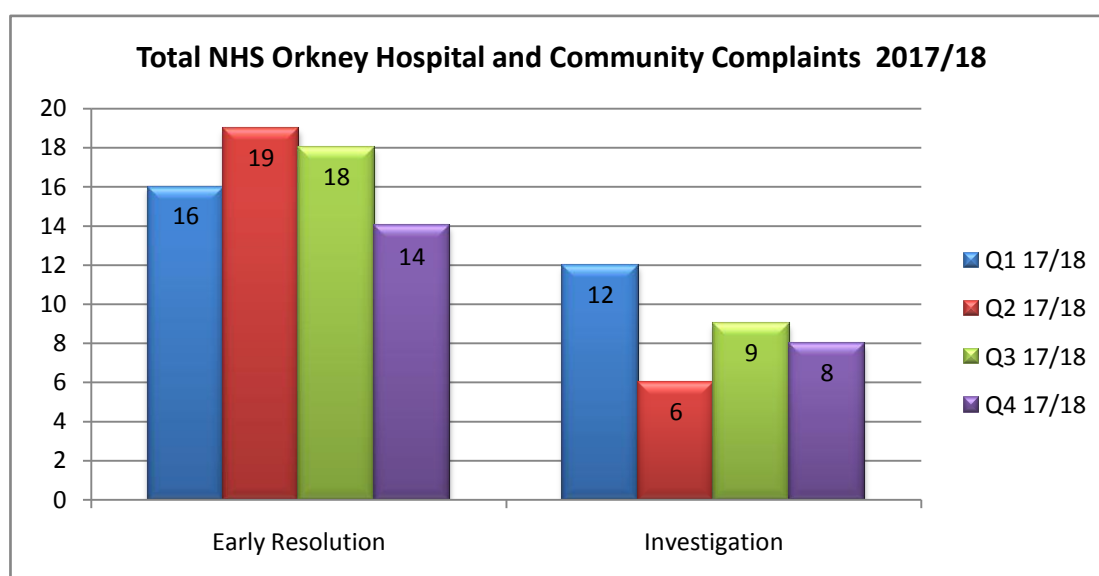
Our complaints process provides two opportunities to resolve complaints internally:

- 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.

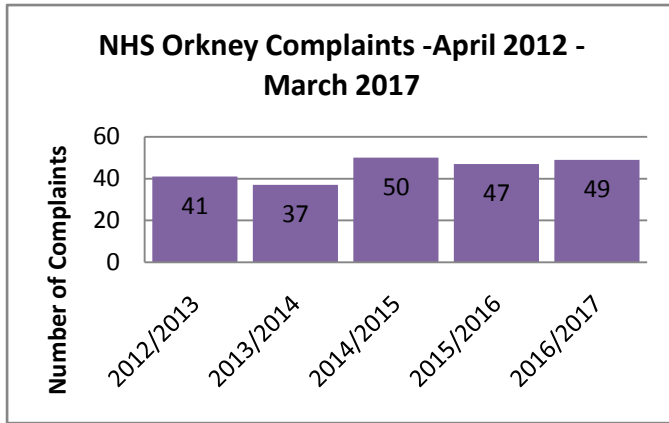
#### 2.1.1 Early Resolution and Investigation Complaints

| Total Number of Complaints    | Total |
|-------------------------------|-------|
| Number of Complaints Received | 102   |

| Number of Complaints Closed at Each Stage    | Total | As a % |
|--|-------|--------|
| Number of Early Resolution Complaints Closed | 67    | 100%   |
| Number of Investigation Complaints Closed    | 35    | 100%   |



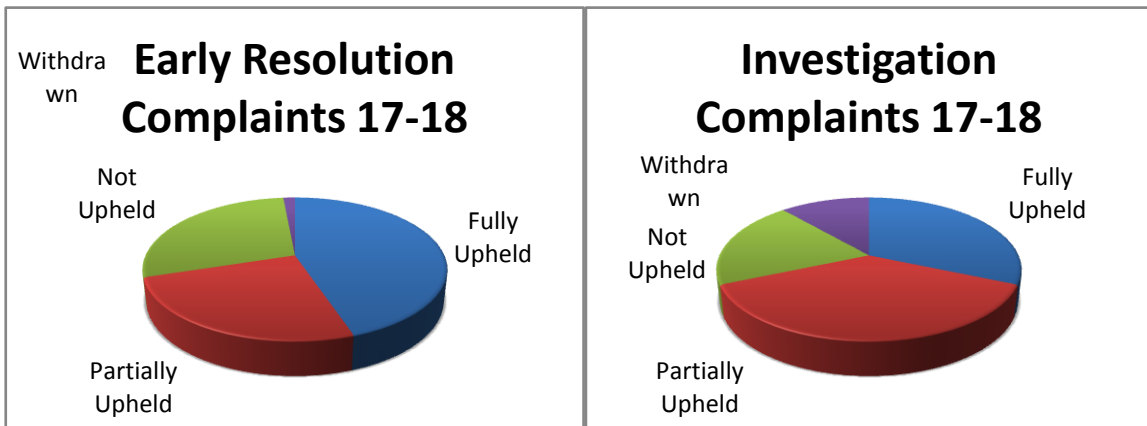
Clearly, supported by the Early Resolution complaints recorded, patients have felt able to discuss, raise concerns and highlight experiences with our frontline staff. In 2016-17, we recorded 49 formal complaints. With the introduction of the two different stages, figures from past years are difficult to compare.



As a slight comparison, we recorded 37 Investigation stage complaints this year. This could be loosely compared to the 49 formal complaints of 2016-17 as these complaints all followed the 20 day investigation process. A table of previous year's figures is provided below.

We have improved our investigation process during 2017-18 in an attempt to offer reassurance to complainants that their complaint has been investigated and reviewed robustly. The introduction of additional steps in the process has ensured that Senior Managers and Executive Directors instigate investigations and review complaint reports. Complainants are followed up initially, where appropriate and possible, by a telephone call from the Patient Experience Officer. We also included an offer of a meeting with an appropriate manager should the complainant wish to do so.

**2.1.2 Outcome Decision:**



| <b>Complaint Outcomes</b>          |              |                                |
|------------------------------------|--------------|--------------------------------|
| <b>Early Resolution Complaints</b> | <b>Total</b> | <b>% of all ER Complaints</b>  |
| Fully Upheld                       | 30           | 44.8%                          |
| Partially Upheld                   | 17           | 25.4%                          |
| Not Upheld                         | 19           | 28.4%                          |
| Withdrawn                          | 1            | 1.4%                           |
| <b>Total</b>                       | <b>67</b>    | <b>100%</b>                    |
| <b>Investigation Complaints</b>    | <b>Total</b> | <b>% of all Inv Complaints</b> |
| Fully Upheld                       | 11           | 31.4%                          |
| Partially Upheld                   | 13           | 37.1%                          |
| Not Upheld                         | 7            | 20%                            |
| Withdrawn                          | 4            | 11.5%                          |
| <b>Total</b>                       | <b>35</b>    | <b>100%</b>                    |

| <b>Escalated Investigation Complaints</b>            |              |   |
|--|--------------|---|
| <b>Number of Complaints Escalated from ER to INV</b> | <b>Total</b> | <b>% of all INV closed Complaints</b>     |
|  | <b>3</b>     | 4.5%                                      |
|  |              | <b>% of all ESC INV closed Complaints</b> |
| Fully Upheld   | <b>1</b>     | 33.5%                                     |
| Partially Upheld                                     | <b>2</b>     | 66.5%                                     |
| Not Upheld   | <b>0</b>     | 0   |
| Withdrawn  | <b>0</b>     | 0   |
|  |              |   |

### 2.1.3 Service Areas:

|                                   | <b>ER Complaints</b> | <b>INV Complaints</b> | <b>TOTAL</b> |
|-----------------------------------|----------------------|-----------------------|--------------|
| Hospital Acute Services           | 28                   | 17                    | 45           |
| Psychiatry/Mental Health Services | 6                    | 1                     | 7            |
| Accident and Emergency            | 4                    | 6                     | 10           |
| Administration                    | 11                   | 0                     | 11           |
| Other (inc Community Services)    | 16                   | 9                     | 25           |
| Care of the Elderly/Rehab         | 2                    | 2                     | 4            |

### 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 on the following information as one of the key performance indicators of the CHP.

| <b>Average Response Times / Extensions Authorised</b>   |               |
|---|---------------|
| Average no of days to respond to Closed Early Resolution Complaints   | <b>3.05</b>   |
| Average No of days to respond to Closed Investigation Complaints  | <b>16.13</b>  |
|   |               |
| Number of Complaints closed in full at Early Resolution   | <b>67</b>     |
| % closed within timescale of 5 working days   | <b>83.50%</b> |
|   |               |
| Number of Complaints closed in full at Investigation  | <b>35</b>     |
| % closed within timescale of 20 working days  | <b>80.0%</b>  |
|   |               |
| Number of Early Resolution Complaints where an extension was authorised   | <b>2</b>      |
| as % of all complaints at Early Resolution  | <b>3%</b>     |
|   |               |
| No of Investigation Complaints where an extension was authorised  | <b>6</b>      |
| as % of all complaints at Investigation   | <b>17%</b>    |
|   |               |
| the number of escalated complaints closed within 20 working days as a % of total number of escalated stage two complaints | <b>66.5%</b>  |

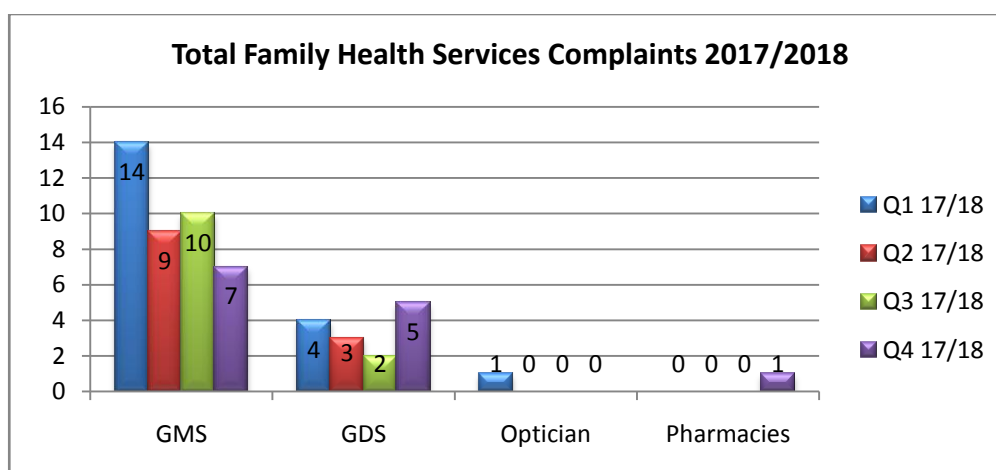
### 2.1.5 Trends and Emerging Themes:

NHS Orkney complaints are wide ranging, making it difficult to identify trends. Waiting Times make up a number of the Early Resolution complaints whilst clinical care is identified as the main theme within Investigation 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.

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



General Dental Services accepted the offer of awareness training sessions within the last year and the Patient Experience Officer has worked with practices both in Kirkwall and Stromness to help staff better understand the new CHP.

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 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. All practices are now compliant with the requirement to ensure they have a CHP in place and have completed a self assessment.

## 2.3 Other NHS Organisations:

In this last financial year, NHS Orkney passed on a total of eight complaints to the Feedback Team at NHS Grampian.

NHS Grampian provided NHS Orkney with information on feedback received from Orkney patients. A total of 23 complaints or concerns had been received, mostly relating to waiting times and clinical treatment. This is similar to themes highlighted in the previous year.

## 2.4 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 1<sup>st</sup> April 2017 – 31<sup>st</sup> March 2018, the Chief Executive received 25 written expressions of concern or complaint which sought address through a MSP. This is an increase of 15 from last year.

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.

## 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.

As part of the new contract, PASS have introduced a national helpline. The local Orkney PASS Officer takes part in offering this service additional to supporting Orkney patients. During the year 2017 - 2018, PASS provided advice and support to 49 new clients who made a complaint, raised a concern or an enquiry about the NHS. This is a substantial increase from last year when the number of clients were 25. This can be attributed to the new helpline and the new CHP.

## 2.6 Scottish Public Services Ombudsman (SPSO):

During the year 2017 - 2018, the Ombudsman independently investigated two complaints from patients who were unhappy with the response they had received from NHS Orkney through the complaints procedure. Three complaints were investigated by the SPSO in the previous year.

SPSO have issued decision letters and have upheld the complaints in both cases.

*Table 5 –SPSO Recommendations*

| SPSO Recommendation   | Action Taken  |
|---|---|
| <p>Complaint 1: UPHELD</p> <p><b><i>The Board failed to take appropriate action in relation to the patient's heel wound; and their complaint response did not identify this.</i></b></p> <p>Patients with diabetic foot ulcers should be referred to the lead podiatrist or the vascular service as appropriate in a timely manner, and diabetic foot ulcers should be assessed in line with diabetic foot screening tools.</p> | <p>Audit being undertaken in line with completion ahead of target date. Action included within action plan.</p> |



|  |   |
|--|---|
| <p>Issues raised discussed with relevant staff in a supportive manner that encourages learning.</p> <p>The Board's complaints handling system should ensure that failings (and good practice) are identified, and enable learning from complaint to inform service development and improvement.</p>  | <p>Discussed as part of multi disciplinary meeting and learning session with NHS Grampian Vascular Team in September 2017. Findings of SPSO discussed with surgeon involved - local surgical team actively involved in development of revised footcare pathway.</p> <p>The complaint handling and investigation processes relating to this complaint have now been reviewed and improvements identified. A new process has been agreed. Complaints Handling Procedure for Stage 2 complaints Flowchart updated.</p> |
| <p>Complaint 2: UPHELD<br/><b><i>The consent process for patient's above the knee amputation was not reasonable.</i></b></p> <p>The consent process for the above the knee amputation was not reasonable in that:</p> <ul style="list-style-type: none"> <li>- patient did not meet with the surgeon and the consent form was not signed until the day of surgery.</li> <li>- There was a lack of evidence in the medical records or consent form of what was discussed with patient, including a clear explanation of the risks and benefits of above knee amputation</li> </ul> <p>Patient's post-operative delirium was not monitored using the 4AT test.</p> | <p>SPSO findings have only recently been received and actions are still ongoing.</p>  |

## 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:

You are all a valuable caring team in our hospital. Your kindness and support has touched us all.

" | she expressed her thanks for the very high standard of care she received throughout her journey through our system"

"I really wanted to sing the praises of all the amazing staff at the Maternity unit. Having had both my other children in Aberdeen, I knew I would be in for a different experience having my c section up here in Orkney, but I don't think I was quite prepared for just how fabulous an experience it was"

# Quick-thinking actions saved woman's eyesight



Orphir's Verity Poole has praised all involved in the diagnosis, treatment and ongoing care for an emergency eye condition. (WWW.THEORCADIANPHOTOS.CO.UK)

**By Lorraine Shearer**

AN ELDERLY Orphir woman's eyesight was saved thanks to the quick-thinking actions of experts and a community-wide effort in ensuring she was able to get the operation needed.

Verity Poole, 77, from Upper Sower, has expressed her thanks this week to all those involved for "seeing her through a nasty predicament".

The NHS, she said, often comes under fire, so she wanted to share her good news story.

"I think I am the luckiest lady in the world," she said from her home, where she is making good progress following the operation.

It was Tuesday, January 9, that Verity — who had undergone an unrelated cataract operation on her right eye last year — first noticed streaks of light running down her left eye.

The next day she described seeing a half moon shadow on the eye, and after it failed to disappear she called Kirkwall optometrist Graeme Clark.

Verity explained that Mr Clark had diagnosed a detached retina — an emergency situation in which a thin layer of tissue (the retina) at the back of the eye pulls away from the layer of blood vessels that provides it with oxygen and nutrients. If treatment is not forthcoming, it can lead to the loss of some or all vision.

"He disrupted his entire morning trying to find a hospital that could treat me, as it is not something that can be done in Orkney."

Verity understands that hospitals in

Inverness and Aberdeen were closed to admissions due to the flu epidemic — so consideration was given to flying her to London for the operation.

"Then Graeme Clark came back to me and said Raigmore in Inverness had opened their doors for me — well, for emergencies. So Stacey in the transport office at NHS Orkney's Garden House pulled out all the stops to find an escort for me."

With mobility issues, Verity explained that she would be unable to fly without an escort, and with no family in Orkney, it fell to the Women's Voluntary Services — now known as the Royal Voluntary Service (RVS) — to assist.

And, with no relatives to help look after Verity's beloved dog and other pets, she had to ask neighbours to help.

"I moved here 30 years ago and I haven't been off the island for 15 years."

A co-ordinator with the RVS picked Verity up from her home in Orphir and took her to Kirkwall Airport and another volunteer travelled with her to Inverness.

The windy conditions meant she was unable to use the wheelchair lift, so had to negotiate the steps on to the Loganair flight, with assistance.

"I was admitted by a nurse practitioner to a four-bed, all-female ward, and fasted for a general anaesthetic."

However, the surgeon was able to carry out the one-hour operation with a local anaesthetic and so Verity was fit and well enough to go home soon after. However, the snowy conditions by this point meant that Inverness had ground to a halt.

"The nature of the operation on my eye meant that I was not allowed to fly home — thank goodness I did not end up in London — so it meant I had to stay in hospital for longer."

Verity's inability to fly meant that another RVS volunteer had to drive south to collect her from hospital and bring her back home — a service she cannot praise highly enough.

She added: "The care I received in the ward was second to none. I was thoroughly medically checked over and my legs and back improved no end with that three days' rest. The food was lovely."

But there were other touches of the community spirit in Orkney — from the taxi driver who learned of her story and charged a lesser fare, to the florist who brought flowers, and neighbours and friends who not only cared for her animals, but brought food parcels and sent get well cards.

"I'm sure the quick-thinking actions of Graeme Clark and everyone else saved my sight. It is improving now exactly as it should be. I would just like to thank everyone who pulled out all the stops to save my sight — optometrist Graeme Clark and his staff, NHS Orkney, especially Stacey in the transport office, the wonderful WVS escorts, Loganair staff and all who helped along the way, surgeon and staff at Raigmore Hospital, as well as friends and neighbours who looked after my home and pets."

"I was in a nasty predicament and you saw me through."

## 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



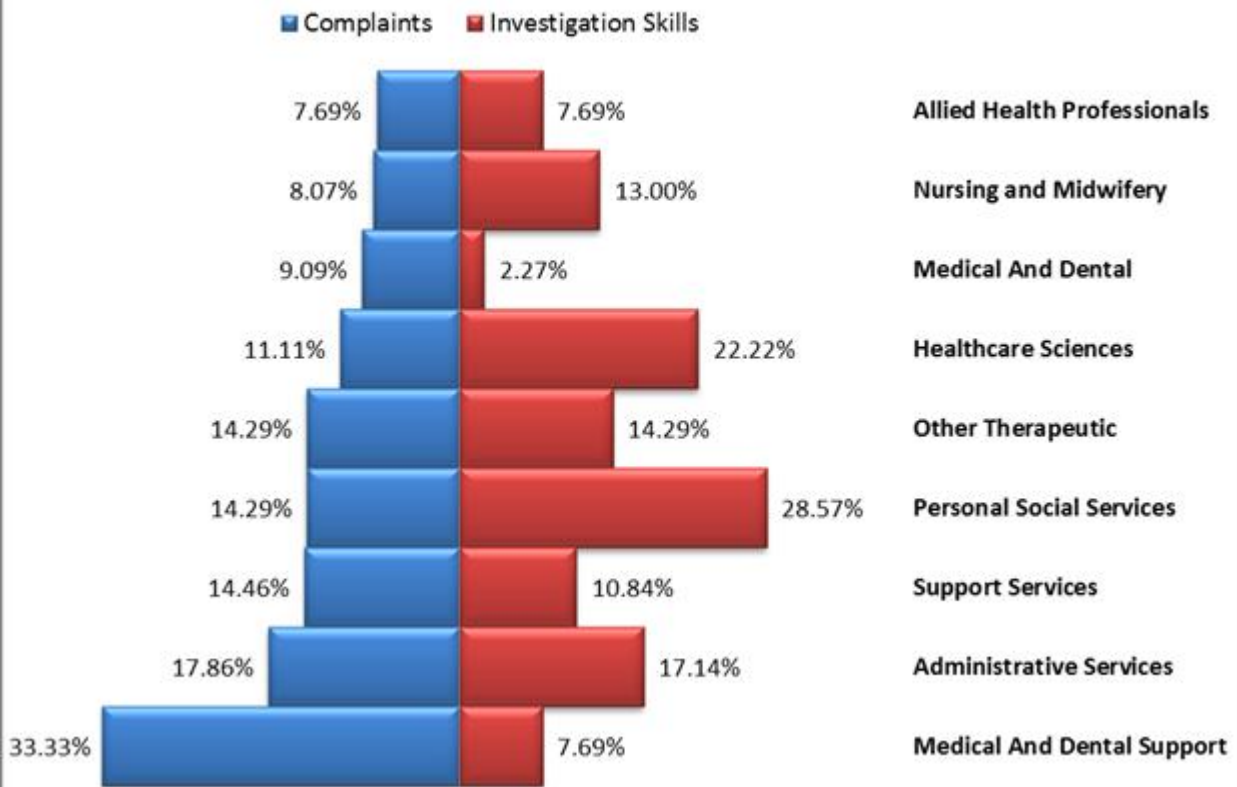
#### *We also make a commitment to our staff and what they can expect:*

- 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 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 2017-18 saw the challenge of rolling out the new Complaints Handling Procedure. We recognise we can still improve on recording all of the good work in dealing with feedback at service delivery level but in general, staff have regularly addressed front line complaints using the Early Resolution stage of the process. The new two stage process has been well received.
- 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 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.
- 3.5 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 –

### Completions for 2017/18 (percentage by Job Family)

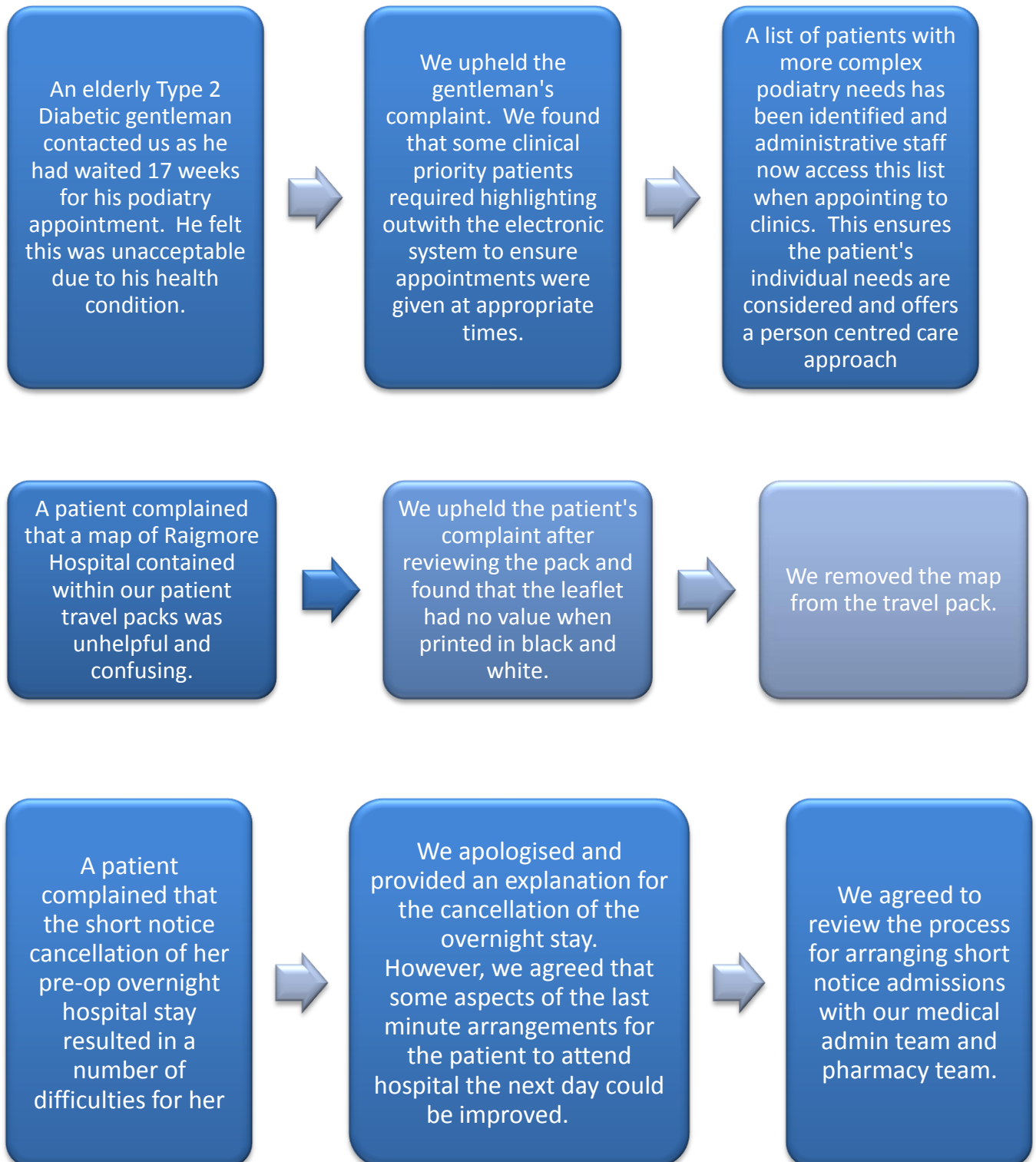


Unfortunately we have been unable to obtain national comparative figures for the past financial year.

## Section 4

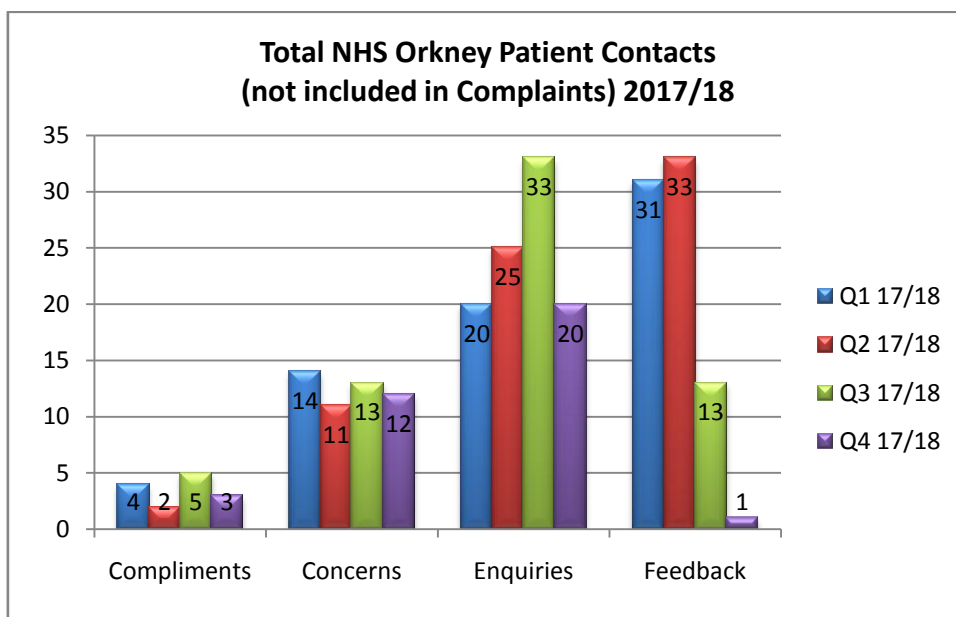
### Improvements to Services

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



4.3 Informal feedback and concerns are logged and recorded by the Patient Experience Officer and improvements and actions are reported monthly and quarterly to the Quality and Safety Committee. 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:

|   |  |
|---|--|
| We received many requests from patients wishing healthcare information before moving to Orkney. | The majority of requests were given information on how to register with a GP practice. |
| Patients requesting information on waiting times associated with NHS Grampian.                  | Passed concerns to NHS Grampian feedback team  |
| Patient wished assistance with his will as he wished to donate to NHS Orkney Endowment Fund.    | Provided support and offered advice on how to contact a lawyer.                        |
| Patients requesting assistance on how to raise concerns in regard to their GP service           | Advice and Support given   |
| Patient travel issues relating to travel through Aberdeen Airport                               | Passed concerns to senior managers at Aberdeen Airport.                                |

4.4 All complaints are discussed with the Director of Nursing, Midwifery and AHPs, the Medical Director, Quality Improvement Advisor and Head of Hospital and Support Services on a weekly basis through the DATIX Review Group. This group 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.

## Section 5

### Accountability and Governance

- 5.1 Feedback and Complaints are now reported to the Quality and Safety Committee which meets monthly. Quarterly reports are also submitted to the Clinical and Care Governance Committee.

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 Quality and Safety Group are reported through the Clinical and Care Governance Committee and then to the NHS Board.

- 5.2 NHS Orkney Board members receive updates through the Patient Feedback Quarterly Reports and an Annual Report.
- 5.3 All feedback and complaints are reviewed as part of the DATIX Review Group meeting. As mentioned above, this group meets weekly and consists of the Medical Director, Director of Nursing and AHP's, Quality Improvement Advisor, Head of Transformational Change & Improvement, Clinical Governance Office and Patient Experience Officer. 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.
- 5.4 Following an Investigation undertaken by SPSO, where NHS Orkney's complaint investigation process was found to be unreasonable, we have improved our investigation procedures to ensure more robust accountability. Complaint investigations are undertaken by Lead Officers, supported by the 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. We have found this process to be a huge improvement and offers reassurance to all involved that investigations are undertaken thoroughly. The new procedure was widely accepted and agreed by the Senior Management Team.

## Section 6

### Person-Centred Health and Care

#### 6.1 Staff Stories – Improving the Patient Experience:

We took a break from patient stories at our Board meetings during 2017/18 and invited our staff to come along and discuss initiatives which made a difference to our patient's health experiences.

- **Tackling Inequalities – Public Health**  
NHS Orkney's Public Health Team spoke to the NHS Orkney Board members about the possibilities of tackling health inequalities using target health coaching. The pilot will target people with low levels of wellbeing and offer them a health coaching intervention designed to improve their wellbeing and give them a sense of control over their lives.
- **CAUTI – Infection Control**  
An initiative to encourage and support clinical colleagues to work differently to improve outcomes for their patients in relation to Catheter Associated Urinary Tract Infections. Confidential signs above patient's beds allows staff to recognise catheter patients. The team monitored CAUTI rates and introduced #deflatefriday to ensure no unnecessary patient urinary catheters were in use.

#### 6.2 What Matters to You Day – Monday 6<sup>th</sup> June 2017:

NHS Orkney took part in the 2017 #WMTY Day on 6<sup>th</sup> June 2017. A small working group looked at how we could use the day to encourage conversations and invite the people of Orkney to tell us what mattered to them. We worked with a small team of Kirkwall Grammar School pupils who asked fellow pupils what mattered to them. One of our young volunteers distributed questionnaires in the local sports centre and the local Scottish Health Council Officer met with clients at Blide Trust.



#### 6.3 Aberdeen Airport Forum

Following a number of shared experiences from NHS Orkney patients travelling through Aberdeen Airport, an approach has been made by Aberdeen Airport to NHS Orkney to provide a representative to attend meetings of the Aberdeen Airport Forum. This group meets to discuss a range of issues relating to the airport. Our Travel Administrator will attend the next meeting.



## 6.4 Mouth Cancer Action Month:



Members of staff from NHS Orkney Public Dental Service team were out and about sporting blue lips during November to raise awareness of mouth cancer.

As part of the campaign, the group joined forces with staff at Tesco to show off their blue lips and encourage shoppers to be MOUTHAWARE.

6.5 Our Audiology service carried out a Patient Experience Survey. The response was extremely positive towards the service - here are some of the comments they received back:

*Thank you for an excellent service. So grateful for allowing me to hear life again.*

*I did not realize I was so deaf but now I am a "new" woman!!  
conversations – to  
Couldn't ask for better attention. Hearing aid excellent.*

*Found it a good experience with excellent advice and help.*

## 6.6 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:

### Learning Disability Week



### Turning the Cathedral red to support World Aids Day



# Breastfeeding support group

For Breastfeeding mums and their babies/toddlers, or pregnant women, who are considering Breastfeeding.

JOIN US FOR A CUPPA



Thursdays 10:30-12:00,  
Life Centre Breche,  
East Road, Kirkwall.

**FREE**



## Mental Health Services in Orkney!

Come along and be part of the conversation about mental health services in Orkney.

We would really like you to be involved in this important work.

If you have experience of mental health services either directly, as a carer or as a provider of services then this event is for you.



Be part of the solution to improve mental health services in Orkney. The programme for the day will include talks on:



**Island networks:** John Trainor and Angela Colborn-Vieth, Community Mental Health Team; **Community Mental Health Service Framework:** Linda Gask, Emeritus Professor of Primary Care Psychiatry;

**Collaborative Approaches - Complementary Therapies:** Orkney Blide Trust; **Question and Answer session** chaired by Liam McArthur MSP

However, what we really want are your views and ideas!

When: **Monday 20th November 2017** Time: **1.00pm to 5pm**

Where: **Pickaquooy Centre, Muddisdale Road, Kirkwall KW15 1LR**

Let us know you are coming by booking a place through Orkney Blide Trust - tel: 01856 874 874 or email: [admin@blidetrust.org](mailto:admin@blidetrust.org)

In partnership with



## Healthy Walking Group



Getting together for a social, short Low Level walk for all abilities

Every Monday

Meeting at Voluntary Action Orkney main reception at 10.30am

Meet New Friends, See New Places

Everyone Welcome

Please let us know if you would like to come along : Phone Linsey Arlene or Anna on 872897 or [anna.johnston@vaorkney.org.uk](mailto:anna.johnston@vaorkney.org.uk)

**Get some rest**

**Be active**

**Do something creative**

**MIND YOUR HEAD**

Positive Ways To Look After Your Mental Health  
(For more information please see: [www.nhsinform.scot/healthy-living/mental-wellbeing](http://www.nhsinform.scot/healthy-living/mental-wellbeing))

**Take time to relax**

**Connect with other people**

## Section 7

### Summary and Conclusions

- The number of complaints received and recorded has significantly increased due to the introduction of the new Complaints Handling Procedure
- We received 67 Early Resolution Complaints
- We received 35 Investigation Complaints
- The number of recorded Early Resolution complaints show that the organisation has engaged well in the first year of the new process and our patients are satisfied with the outcomes in the majority of cases.
- 83.5 % of Early Resolution complaints have been responded to within the 5 day timescales.
- 80.0% of Investigation complaints were responded to within 20 days.
- Trends are difficult to identify due to the wide range of topics identified. However, waiting times has again this year been identified as an issue for our patients along with clinical care in the more complex complaints
- The majority of complaints were recorded within Hospital Acute Services.
- There has been a significant increase in patients contacting their MSP to make a complaint on their behalf.
- Our staff continue to undertake the online Complaints and Feedback training modules regularly.
- Responses to the complaints experience questionnaire have been very poor. It should be considered that this is not working well and patients, who have had a poor healthcare experience, may not wish to engage at this point of the process. This is similar in all Health Board areas.
- Whilst not always recorded, our staff continue to work with patients to ensure they receive person centred care.