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NHS Orkney Board	
Report Number:	
This report is for noting.	
Title of report : PATIENT FEEDBACK ANNUAL REPORT – 2018/19	
SMT Lead	Christina Bichan
Author	Head of Transformational Change & Improvement Julie Tait Patient Experience Officer
Action Required	The Board is asked to: 1. <u>note</u> the Patient Feedback Annual Report
Key Points	<ul style="list-style-type: none"> ➤ The number of complaints received has decreased in the second year since the introduction of the new Complaints Handling Procedure. ➤ During the year we have received and handled 52 Early Resolution Complaints and 33 Investigation Complaints. ➤ We received one complaint at Early Resolution stage which was later escalated to Investigation Stage. ➤ 77 % of Early Resolution complaints have been responded to within the 5 day timescales. ➤ 36% 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 the quality and experience of clinical care. ➤ The majority of complaints were recorded within Hospital Acute Services. ➤ There has been an 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.
Timing	To be considered at the June 2019 meeting.
Link to Corporate Objectives	The corporate Objectives this paper relates to (please delete not relevant):

	<ul style="list-style-type: none"> • Improve the delivery of safe, effective patient centred care and our services;
Contribution to the 2020 vision for Health and Social Care	This report reflects on whether the care provided by NHS Orkney is of the highest standards of quality and safety, with the person at the centre of all decisions.
Benefit to Patients	Patients generally provide feedback because something has gone wrong, they want to share their experience or they wish to compliment our services. Responding to feedback offers NHS Orkney the opportunity to listen, learn and take action to ensure we are providing safe, effective and person centred care.
Equality and Diversity	EQIA - N/A NHS Orkney operates a Complaints Handling Procedure which is accessible and participate for any patient, family member or service user.

Patient Feedback Annual Report 2018 - 2019

Foreword

The 2018-19 Patient Feedback Annual Report details how NHS Orkney has received, responded to and acted upon feedback, complaints and engagement to help improve and develop our services. In order to ensure patients, carers and families receive the best possible care across our services, we need to continually review, learn and improve, ensuring we embed and maintain a person centred care approach focussed on:

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

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

2018/19 has been an exciting and challenging year with the imminent move to our new hospital and healthcare facility, The Balfour. Staff have worked tirelessly to ensure services remain person centred whilst also preparing and taking part in planning for migration in June 2019. A decrease in the number of complaints received this year is a positive indicator that our staff and services have remained focussed on providing high quality care that has the patient, their families and carers at the heart during this time of significant change.

*Christina Bichan
Head of Transformational Change & Improvement
NHS Orkney*

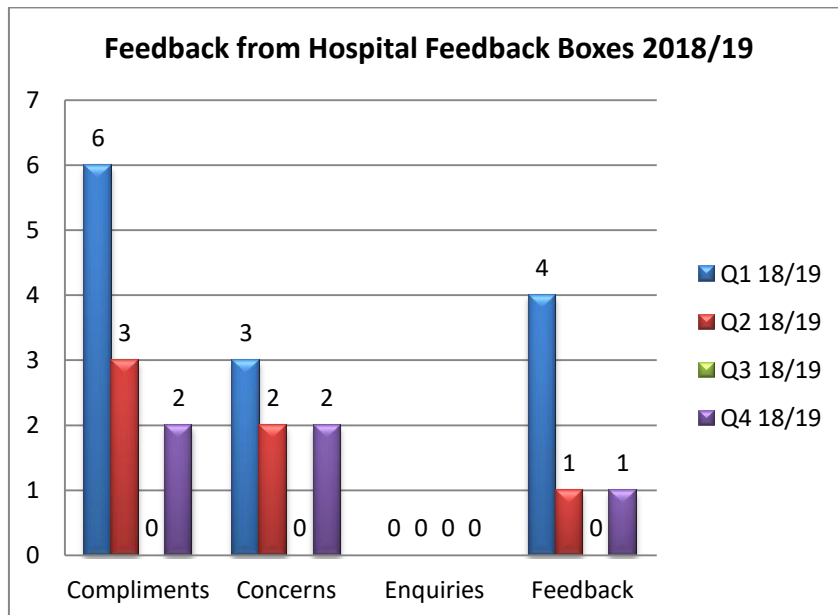
Section 1

Encouraging and Gathering Feedback

1.1 NHS Orkney collects feedback in the form of complaints, comments, concerns and compliments. We welcome and encourage all feedback and use this to learn from people's experience and to inform improvements and change. We know from the compliments and positive feedback we get throughout the year that generally our patients and their carers or families are very pleased with the care they receive. But we are also very aware that we could sometimes do better and therefore the feedback we gather is invaluable 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 our health care locations which can be posted in the Comments Boxes located in various departments and services or posted using our freepost address.



- Patient Satisfaction Surveys are also undertaken, led locally at a service level and also as part of national survey activity.

- We also post regularly on NHS Orkney's Facebook and Twitter pages to encourage patients to tell us of their experiences and continue to publicise the use of Care Opinion.



- Electronic tablets can be used by any member of staff to gather feedback using the Survey Monkey tool. We have also used Survey Monkey to seek staff views on a number of issues, including engagement relating to the information screens in the new hospital.
- Our Young Volunteers have also continued to gather feedback as part of our ongoing Real-time Inpatient Feedback project.

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.

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 in the information we provide to patients during the initial complaint stages and also on our website.

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, Senior Management Team, Service Managers and Senior Charge Nurses.

1.8 **Complaint process experience**

Following a poor response to our survey in 2017-18, we reviewed this process and took a fresh approach. Unfortunately we received no formal responses however verbal feedback has been collated from some complainants through the Significant Adverse Event investigation process. This has been used to inform changes in this process and has resulted in the earlier involvement of patients. This process has been acknowledged as a challenge in other Boards and there is an understandable lack of engagement from complainants once a complaint is finalised, particularly when the response is not their expected outcome.

Section 2

Encouraging and Handling Complaints

2.1 Hospital and Community Services:

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

Our complaints process provides two opportunities to resolve complaints internally:

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

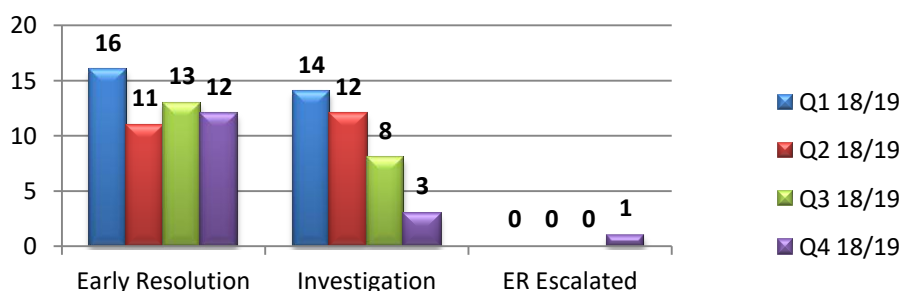
2.1.1 Early Resolution and Investigation Complaints

Total Number of Complaints	Total
Number of Complaints Received	91

Number of Complaints Closed at Each Stage	Total	As a %
Number of Early Resolution Complaints Closed	52	61%
Number of Investigation Complaints Closed	32	36%
Number of Escalated Investigation Complaints	1	3%

*6 complaints were withdrawn or consent has not been received and thus are not included in "Closed" complaints figures.

Total Number of Closed NHS Orkney Hospital and Community Complaints - 2018/19

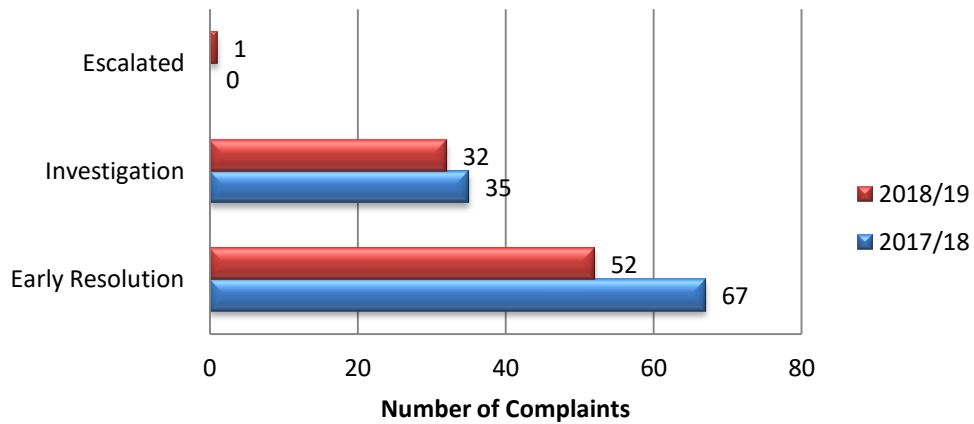


In 2017-18, we recorded 67 Early Resolution complaints and 35 Investigation Stage complaints, 102 in total.

Our Early Resolution complaints total shows that our patients have felt able to discuss, raise concerns and highlight experiences with our frontline staff. These have been dealt with promptly and appropriately at source.

The following chart shows comparisons between our complaints in 2017/18 and 2018/19.

Yearly Complaints Comparison



We improved our investigation process during 2017-18 in an attempt to offer reassurance to complainants that their complaint has been investigated and reviewed robustly. Complaints are reviewed as part of the Weekly Incident Review Group meeting allowing correlation of incidents and complaints where appropriate. In line with the Learning from Clinical Incidents Policy members of the group in some instances complaints are considered a Significant Adverse Event and a full SAE investigation is undertaken and formally reported. In other cases, complaint investigation follows standard practice and the meeting is used to share improvement outcomes with clinical leads and heads of service.

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

Early Resolution complaints

	Number	As a % of all complaints closed at stage one
Number of complaints upheld at stage one	25	48%
Number of complaints not upheld at stage one	11	21%
Number of complaints partially upheld at stage one	16	31%
Total stage one complaints outcomes	52	100%

Investigation complaints

	Number	As a % of all complaints closed at stage two
Non-escalated complaints		
Number of non-escalated complaints upheld at stage two	9	28%
Number of non-escalated complaints not upheld at stage two	13	41%
Number of non-escalated complaints partially upheld at stage two	10	31%
Total stage two, non-escalated complaints outcomes	32	100%

Escalated complaints

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

2.1.3 Service Areas:

	ER Complaints	INV Complaints	TOTAL
Hospital Acute Services	15	13	38
Psychiatry/Mental Health Services	5	3	8
Accident and Emergency	4	7	11
Administration	0	0	0
Other (inc Community Services)	26	9	35
Care of the Elderly/Rehab	2	0	2

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.

	Number	As a % of complaints closed at each stage
Number of complaints closed at stage one within 5 working days.	40/52	77%
Number of non-escalated complaints closed at stage two within 20 working days	12/32	36%
Number of escalated complaints closed at stage two within 20 working days	1/1	100%
Total number of complaints closed within timescales	53/85	62%

The 36% response rate to Stage 2 complaints is disappointing however in line with the direction of the Clinical and Care Governance Committee investigation quality has been the primary concern. Additionally a number of the complaints which took longer to conclude were particularly complex/have been subject to more rigorous SAE investigation. The 77% response rate to Stage 1 complaints provides evidence that staff handling these complaints respond quickly and efficiently.

2.1.5 Trends and Emerging Themes:

NHS Orkney complaints are wide ranging and relatively small in number across a diverse range of services, making it difficult to identify trends. However, access to services and waiting times make up a number of the Early Resolution complaints whilst clinical care quality and experience 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):

NHS Board Managed Primary Care services;	
General Practitioner	15
Dental	-
Ophthalmic	-
Pharmacy	-
Independent Contractors - Primary Care services;	
General Practitioner	35
Dental	14
Ophthalmic	1
Pharmacy	0
Total of Primary Care Services complaints	65

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

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

NHS Orkney handle complaints made about the Salaried GP's and Board Administered Practices. Our figures show 15 complaints were made during the year relating to this service which accounts for 23% of Family Health Services complaints.

2.3 Other NHS Organisations:

NHS Grampian provided NHS Orkney with information on feedback received from Orkney patients. A total of 33 complaints or concerns had been received, compared to 25 from 2017-18. Complaints relate mostly to waiting times and are similar in theme to 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 1st April 2018 – 31st March 2019, the Chief Executive received 39 written expressions of concern or complaint which sought address through a MSP. This is an increase of 14 from last year and this is the second year where an increase has been noted. Patients are more frequently raising issues through their MSP with concerns ranging from waiting times to the availability of particular specialties in Orkney.

The Chief Executive also meets regularly with Orkney's MSP 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.

During the year 2018 - 2019, PASS provided advice and support to 36 new clients who made a complaint, raised a concern or an enquiry about the NHS. This is slight decrease from last year when the number of clients utilising this service to seek support on making a complaint or raising a concern were 49.

2.6 Scottish Public Services Ombudsman (SPSO):

During the year 2018 - 2019, 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 have issued decision letters and have upheld the complaints in two cases with the third case remaining at the investigation stage.

Complaint	Outcome	SPSO Recommendation and Action Taken
The Board unreasonably delayed in referring the patient to hospital	Not Upheld	None
Complainant is unhappy at the investigation undertaken by the Board into their complaint	Not Upheld	None
The care and treatment provided by the Board was an unacceptable standard The Board failed to respond in writing to a letter from the complainant	Under Investigation	

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:

What was the best thing about your experience?

From arriving to departing after my spinal injections it was an amazing experience - everyone friendly & smiling, each person's work dovetailed with the next, no conflicting information, scrupulously clean throughout.

“The nurses, physiotherapists and occupational therapists were patient, helpful and kind.”

“May I say how well I was treated..It was not just the professional manner and knowledge they gave, but the feeling of care and compassion too. Absolutely bowled over by that. Cannot praise them enough.”

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

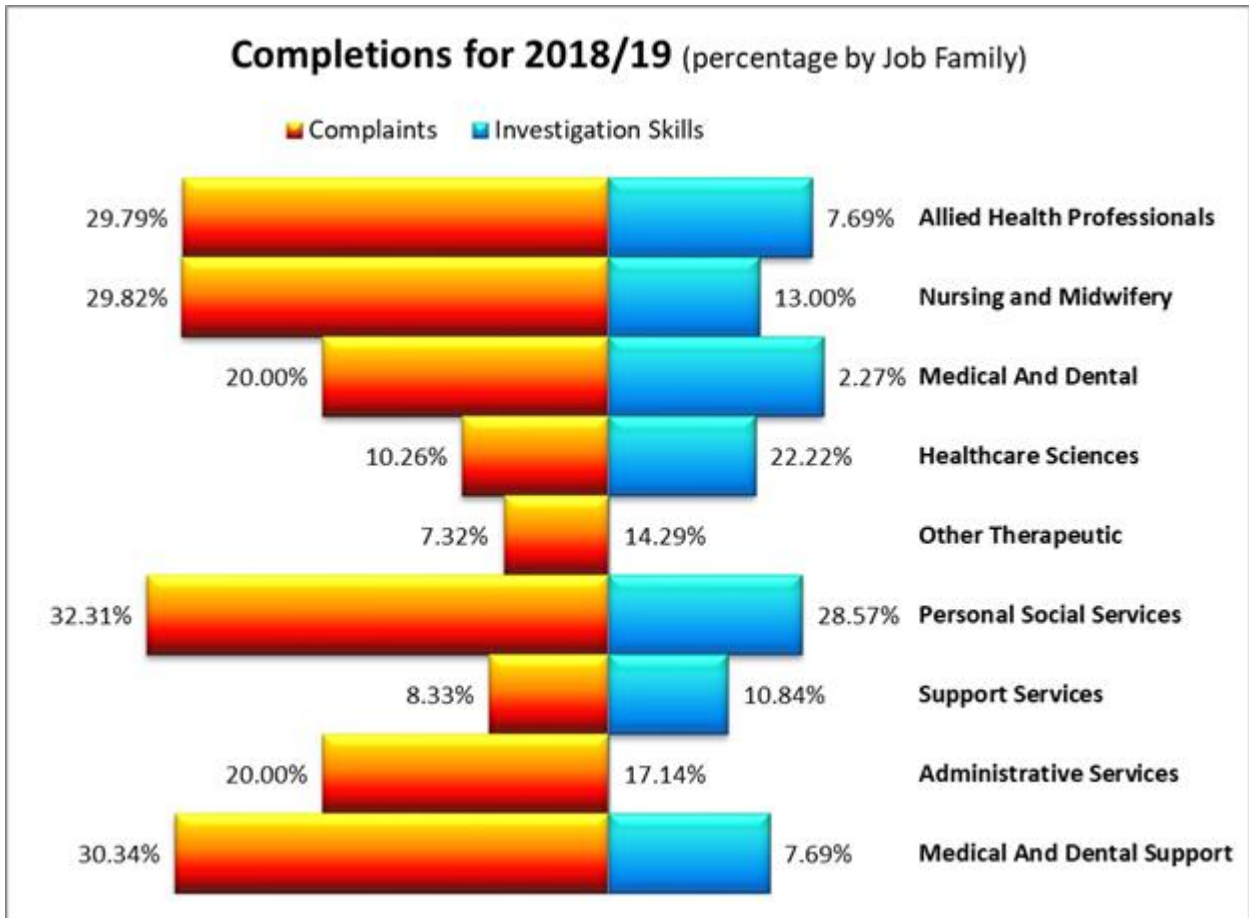
- to be treated with dignity and respect
- for us to show compassion by taking the time to listen, to talk and do the things that matter to them
- to receive high quality patient care and when they don't, we will listen and act on feedback so we can learn, improve and do better next time
- for us to 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 with staff across our services and are building capacity and capability in the use of improvement methodology to ensure we are able to act on the feedback we receive and make measurable improvements in the quality of care provided.
- 3.2 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.
- 3.3 In October of 2018, we offered staff involved in investigating complaints the opportunity to attend a training event hosted by SPSO. This was an extremely informative event and those in attendance learned and refreshed many skills to assist them in their work within complaints. This has enhanced the quality of our investigations and boosted staff confidence and skill in what can be a challenging area.
- 3.4 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 Rates for current staff are as follows –



Section 4

Improvements to Services

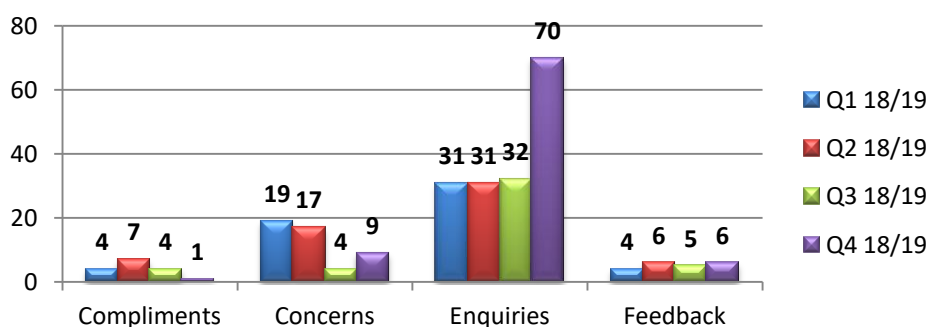
4.1 When any aspect of a complaint is upheld, the service identifies what improvements can be made. We continue to use our Complaints Reporting Template which provides an opportunity for staff to clearly identify actions, improvements and recommendations.

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

Issue Raised	Findings	Outcome
Next of Kin complaint relating to the delay's experienced in releasing family member's Death Certificate	Unacceptable delays due to process issues and lack of understanding of guidance	Apology given Guidance reviewed and amended Discussion at multi-disciplinary learning session to ensure all staff aware
Patient who attended A&E was unhappy to be told to telephone NHS24 before they could be seen.	On this occasion, patient should have been seen in A&E.	Apology given Review of guidance for similar presentations Discussion at Staff Team meeting
Patient complained that they could hear other patient/Consultant conversations whilst they waited in the waiting room.	We are aware of the difficulty in this area around soundproofing. A radio has previously been installed to impede the ability to hear conversations.	Apology and full explanation given to complainant. Radio speakers have now been relocated and the radio volume increased. In addition, radio to be placed in larger waiting area.
Long wait in A&E without updated information being given.	Patient experienced delay within acceptable waiting time for A&E.	Staff informed of patient's experience to highlight need to keep patients informed when unit is busy.

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

Total NHS Orkney Patient Contacts (not included in complaint) 2018/19



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 or where the care they enquired about may be available.
A number of enquires regarding donations on behalf of family members who have used NHS Orkney services	Information given on how patients and their families can donate.
Dental Care enquiry regarding access to referral for adult braces	Patient referred to Dental Services
Requests for access to various services including pain clinic	Advice and signposting to services
A number of requests for access to medical records, patient information and clinical documentation have been received since the introduction of GDPR.	We have staff in place to deal with these type of requests and all patients are referred to this service.

- 4.4 As mentioned earlier in this report all complaints are discussed at the Weekly Incident Review Group which ensures the Clinical Directors are sighted on incidents, complaints and emerging issues.
- 4.5 Any improvements, actions or changes that are identified through the complaints process, either formally or informally, are shared with the complainant in our response. An apology is given regardless of the outcome.

Section 5

Accountability and Governance

- 5.1 Feedback and Complaints are now reported to the Quality and Safety Committee which meets monthly. A monthly performance report is provided along with a quarterly report which is also submitted to the Clinical and Care Governance Committee.

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

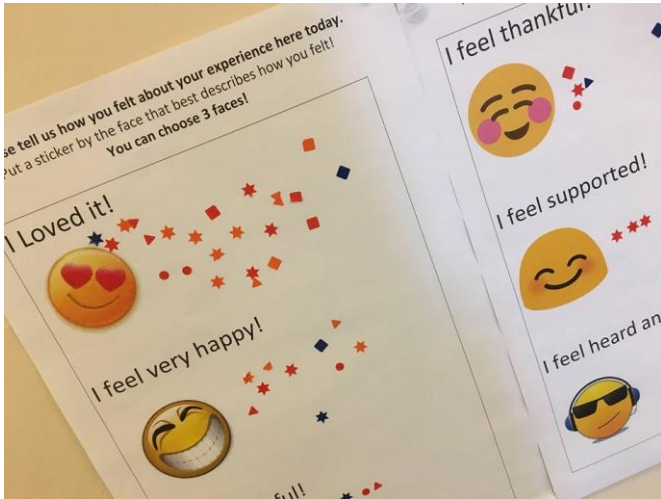
Minutes and Chairs reports from the Quality and Safety Group are reported to the Clinical and Care Governance Committee who reports onwards to the NHS Board.

- 5.2 NHS Orkney Board members receive updates through the Patient Feedback Quarterly Reports/Complaints Performance Report and an Annual Report.
- 5.3 As mentioned above all feedback and complaints are reviewed as part of the Weekly Incident Review Group meeting. This group meets weekly and consists of the Medical Director, Director of Nursing and AHP's, Clinical Quality Improvement Advisor, Head of Transformational Change & Improvement, Clinical Governance Support and Patient Experience Officer as well as representation from Acute Services and Orkney Health & Care. Complaints are linked to DATIX incidents and Significant Adverse Events.
- 5.4 Complaint investigations are undertaken by Lead Officers, supported by their direct manager on the Senior Management Team. Once complete, investigations are reviewed and signed off by the Medical Director or Director of Nursing and AHP's before being submitted to the Chief Executive for approval. This is a relatively new process which has been adopted in year to improve our governance in this area. We have found this to be a significant improvement with a higher level of reassurance being obtained that investigations are undertaken thoroughly and issues are sighted at the highest level of the organisation.

Section 6

Person-Centred Health and Care

6.1 Emoji Experience Boards.



We have used our "Emoji Experience Boards" in Physiotherapy and Outpatients to find out how our patients felt about their experiences

From these photos, you can see many of the people accessing these services reported being very happy with the service they had received.

This approach is now being rolled out to other areas.

#stickyourstickeron



6.2 Young Volunteers

We have been lucky enough to attract groups of Young Volunteers from Kirkwall Grammar School (KGS) and Stromness Academy (SA) to carry out our Inpatient Experience Survey during September and March of this year.

Three young adults from KGS and two from SA came along to an induction session at Voluntary Action Orkney where Laura Leonard, Youth Development Officer and Julie Tait, Patient Experience Officer undertook a session on issues such as confidentiality, technical aspects of how to gather the feedback and communication. The young volunteers then visited the hospital over a six week period during firstly September 2018 and then March 2019.

Over each 6 week period, we gathered real time feedback information from patients across the hospital in our Acute Ward, Assessment & Rehabilitation Ward, Macmillan Unit and Maternity Unit.

The feedback has been extremely positive and shared with the Senior Charge Nurses of each ward. A full report on the responses can be provided on request.

6.3 Ophthalmology Patient Experience

We wanted to hear about the experiences of our patients who have undergone Bilateral Sequential Cataract surgery at the Balfour Hospital and what impact this service development had had on them.

As part of this, we firstly undertook a patient story and the results of this have been summarised in the chart below.

A patient's "Amazing" experience



We also sent out questionnaires to all our patients who had undergone this type of cataract surgery. 26 questionnaires were sent out with an extremely positive return rate of 77%.

A copy of our report is available but to summarise:

Summary of Findings – Bilateral Sequential Cataract Surgery

The findings of our survey showed:

- **85% of patients rated both having both eyes operated upon at one time and the overall experience as 'Positive or Excellent' with no patients rating their experiences as less than 'Very good'.**
- **The Consultant Ophthalmic Surgeon is mentioned on a number of occasions in an extremely positive light by patients.**
- **Everyone who responded 'Strongly agreed' it was far easier to have the procedure locally at the Balfour hospital rather than travel south.**
- **One patient gave the example of feeling that they "had got their life back".**

6.4 2018 Inpatient Experience Survey

The Inpatient Experience Survey was sent in January 2018 to a random sample of people aged 16 years or older who had an overnight hospital stay between April and September 2017. The survey, which is administered by post, covers six specific areas of inpatient experience: admission to hospital; the hospital and ward; care and treatment; hospital staff; arrangements for leaving hospital; and care and support services after leaving hospital.

The results were published in August 2018 and can be found in more detail by using the following link <http://www.careexperience.scot.nhs.uk/Dashboard-2018/index.html> They can also be compared to previous year's surveys.

Below is a small snapshot of the information shared by our patients:

Positive Comment made for Q47 - *Was there anything particularly good about your hospital care?*

- The staff were always helpful, cheerful and caring, despite the pressures of work they experience caring for many patients.
- Very caring nurses.
- Whole experience was pretty good. Cheerful and very helpful attitude of staff. Food and cooking good - much better than the army.
- Quality of care provided by staff was excellent.
- The friendly staff in Balfour, they spoke nice and were friendly.
- The excellent staff - cleaners, caterers, nurses, doctors, specialists (everybody) were faultless. It was very much appreciated by me.

Negative Comments made for Q46 - *What could have made your stay better?*

- More interaction with staff. Quite a few of the staff were unapproachable and not friendly/smiling when around patients/family. Felt they could not be bothered and wanted patients out and home as soon as possible, even though very few beds were occupied
- Very uncomfortable beds.
- The consultant was very dismissive of my condition and did not take my medical history into account.
- Doctors could have listened and actually given me the treatment and examinations needed instead of discharging me knowing nothing.
- Less, noise at night time from other patients, being in single ward all the time.

These findings have been shared with the Hospital Team and are being considered as they shape their service provision in the new Balfour.

6.5 Memories In Music Project

We introduced personal music playlists to some of our patients in the Assessment and Rehab (A&R) ward in 2018. Following the purchase of two ipods and the generosity of local charity, Dementia Friendly Orkney to pay a year's monthly subscription to a music provider, we asked staff in A&R if they would work with patients and their families to make playlists for patients who would benefit from listening to music.

The ethos behind the initiative is that sometimes patient's memories are ignited by music from special times in their lives, ie, a song from their childhood, a wedding, when their

children were born, etc. This can be hugely beneficial both emotionally and behaviourally. It also provides entertainment where other media's may not be suitable.

One of the Healthcare Support Workers involved in the project has noted:

“the response has been great. One patient stated she couldn't live without music so this has helped her loads. A lot of singing and feet tapping going on in the ward. The patients we've trialled it with, love it. We've had family members thanking us for setting up the music.”

6.6 Inpatient Volunteers

We have also recruited two volunteers to visit patients on the A&R Ward with cognitive difficulties. The wordle below shows the feedback provided.



Section 7

Summary and Conclusions

- The number of complaints received has decreased in the second year since the introduction of the new Complaints Handling Procedure.
- During the year we have received and handled 52 Early Resolution Complaints and 33 Investigation Complaints.
- We received one complaint at Early Resolution stage which was later escalated to Investigation Stage.
- 77 % of Early Resolution complaints have been responded to within the 5 day timescales.
- 36% 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 the quality and experience of clinical care.
- The majority of complaints were recorded within Hospital Acute Services.
- There has been an 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. It is recognised this is similar in other Health Board areas.