Brough of Birsay, Orkney – June 2025

NHS Orkney Patient Feedback

Annual Report 2025-2026

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Foreword

This year's Patient Feedback Annual Report sets out how NHS Orkney has received, responded to, and learned from the feedback, concerns, complaints and compliments shared with us by patients, carers and families during 2025/26.

It is worth saying at the outset what a report of this kind is for. The figures that follow are not, in themselves, a measure of how well or how poorly we are performing. They are a measure of something I consider more fundamental: whether the people who use our services feel able to tell us about their experience, and whether we are organised to hear them, respond to them, and act. The value of this report lies as much in the openness of the channels it describes as in any individual figure it contains. That principle of transparency, alongside our willingness to publish the picture in full, is itself part of what good clinical governance looks like.

On that measure, 2025/26 has been a year of real and visible progress.

Care Opinion submissions have more than doubled, with every story received this year positive in tone. Compliments continue to arrive in significant numbers across our wards and services, and a selection is included in the pages that follow. Two cases referred to the Scottish Public Services Ombudsman were closed without further investigation, with the Ombudsman finding our handling reasonable in both. Our longer-term trend in Stage 1 complaints continues downward and now sits closer to pre-pandemic levels, which we take as a sign that staff are resolving concerns confidently at the point of care. The Patient Experience Service has expanded the ways people can give us feedback, including a revised form aligned with the principles of Realistic Medicine.

Tangible service changes have also followed directly from feedback this year. These include a new protocol for recording and supporting patients with sensory impairment, structured planning for patients with learning disabilities in acute care, and renewed staff focus on clear communication with patients and families before procedures. Each of these began with a patient or family telling us that something needed to be better.

There are areas where we want to do more. A rise in Stage 2 complaints in the final quarter of the year, and pressure on our response times at investigation stage, both reflect the complexity of cases that cross services and the capacity demands placed on clinical investigators. We are working on both: strengthening investigator capacity and supporting earlier resolution where that is the right outcome for the patient. I would rather present this candidly here than have it surface elsewhere, and the report describes our planned response in more detail.

Looking ahead, our focus is on continuing to make it easy to speak to us, faster to respond to what we hear, and clearer to demonstrate what has changed as a result. This work sits squarely within our new Corporate Strategy and within my own commitment, as Executive Medical Director, to a culture in which feedback of every kind is genuinely welcomed.

My thanks go to the patients, families and staff who have contributed feedback during the year, and to the Patient Experience team and clinical colleagues whose work makes it possible to listen, respond and improve.

Anna Lamont
Medical Director
NHS Orkney

Section 1

1.1 Encouraging and Gathering Feedback

1.1.1 NHS Orkney collects feedback in the form of complaints, comments, concerns and compliments. We welcome, encourage and value all feedback and use this to learn from people's experience and to inform improvements and change.

1.1.2 We know from the compliments and positive feedback we get throughout the year that generally our patients and their carers or families are very pleased with the care they receive. But we are also very aware that we could sometimes do better and therefore the feedback we gather is invaluable in letting us know where improvements can be made.

1.1.3 We have again this year focused our efforts on reviewing complaints promptly and responding at Stage 1 wherever possible. This approach ensures that patients are listened to quickly and effectively and has proven to work well. We can evidence this through the very small number of complaints that have escalated during the year.

1.1.4 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. Our Feedback team offers a single point of contact to support patients and families to provide feedback and make complaints.
- We will also arrange face-to-face meetings for anyone who wishes to discuss their complaint in person, although most patients prefer to make contact by telephone or email.
- NHS Orkney's website includes a dedicated feedback and involvement section, allowing patients to leave suggestions, compliments or feedback, submit a complaint, or express an interest in becoming involved.
- Our comments boxes and feedback leaflets are available throughout our health care locations on our Welcome Boards. We have renewed posters with details of how to contact us electronically, a QR code to directly signpost to Care Opinion and feedback leaflets available so that patients can feedback on their experiences whilst in the hospital.
- Patient Satisfaction Surveys are also undertaken locally at a service level and also as part of national survey programmes.
- We post on NHS Orkney's social media platforms to encourage patients to tell us of their experiences.

1.1.5 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. Staff are encouraged to resolve issues at the point of contact wherever possible, and our data continues to show a higher number of Stage 1 complaints compared to Stage 2 complaints.

1.1.6 Information about advice and support available from the Patient Advice and Support Service (PASS) at the Citizens Advice Bureau is shared with staff across our hospital and healthcare services. Staff are encouraged to signpost patients to PASS when it may be considered helpful. Details of PASS are included in the information provided to patients at the initial stages of a complaint, on our website, and within our acknowledgement letters.

Section 2

2.1 Hospital and Community Services:

2.1.1 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 (Stage 1) - 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 (Stage 2) - 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.

2.2 Early Resolution and Investigation Complaints

Performance Indicator Four

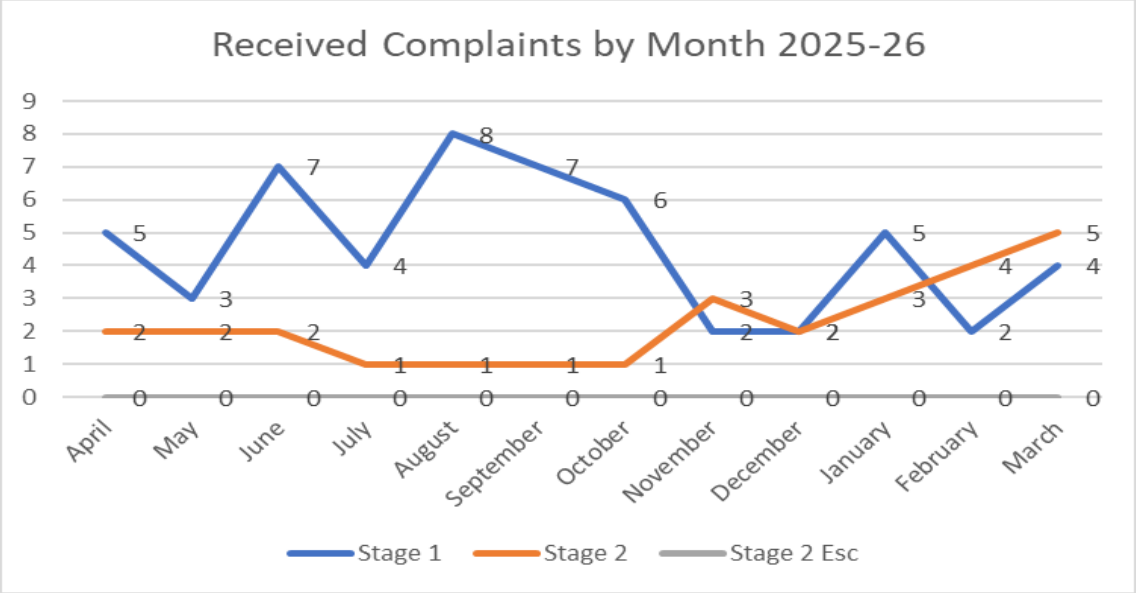
Number of complaints received by the NHS Orkney Complaints and Feedback Team	**82**
Number of complaints received by NHS Orkney Primary Care Service Contractors	**54**
Total number of complaints received	**136**

NHS Board Managed Primary Care services:	
General Practitioner	**2**
Dental	**N/A**
Ophthalmic	**N/A**
Pharmacy	**N/A**
Independent Contractors - Primary Care services:	
General Practitioner	**51**
Dental	**1**
Ophthalmic	**0**
Pharmacy	**2**
Total of Primary Care Services complaints	**56**

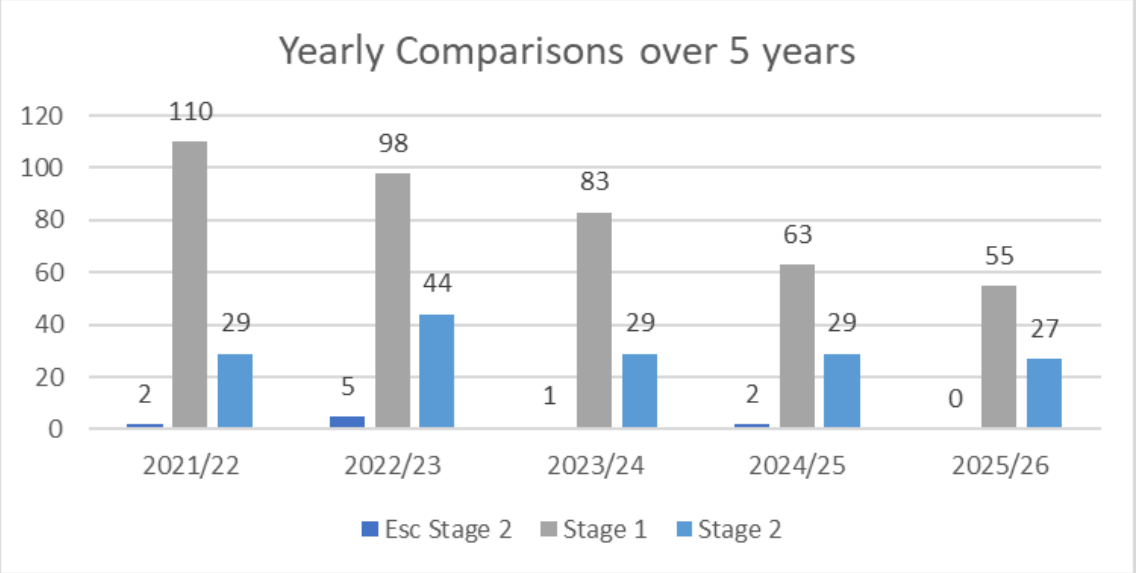
Performance Indicator Five

Number of complaints closed at each stage	Number	As a % of all Board complaints closed (not contractors)
5a. Stage One	52	66%
5b. Stage two – non escalated	27	44%
5c. Stage two - escalated	0	0%
5d. Total complaints closed by NHS Orkney	79	100%

2.2.1 During 2025–26, more Stage 1 complaints were received in the first half of the year than in the second half. Stage 2 complaints rose in the final quarter, more than doubling by March 2026. In February and March 2026, NHS Orkney registered more Stage 2 complaints than Stage 1 complaints, a trend rarely seen during the year except for a similar occurrence in November 2025.



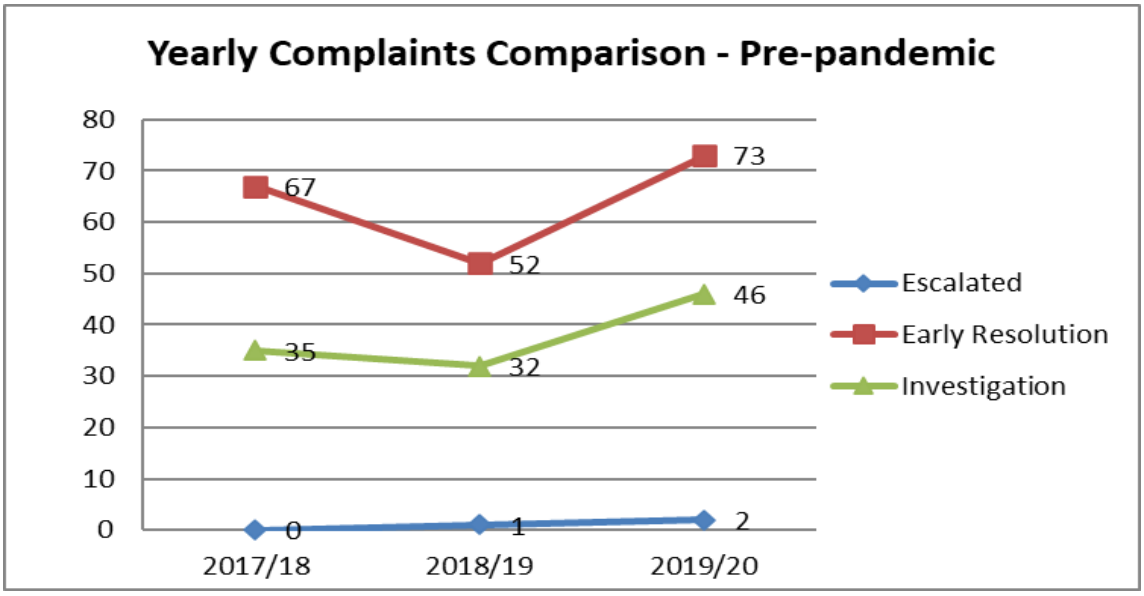
2.2.2 The following chart shows comparisons between our complaints over the last five years.

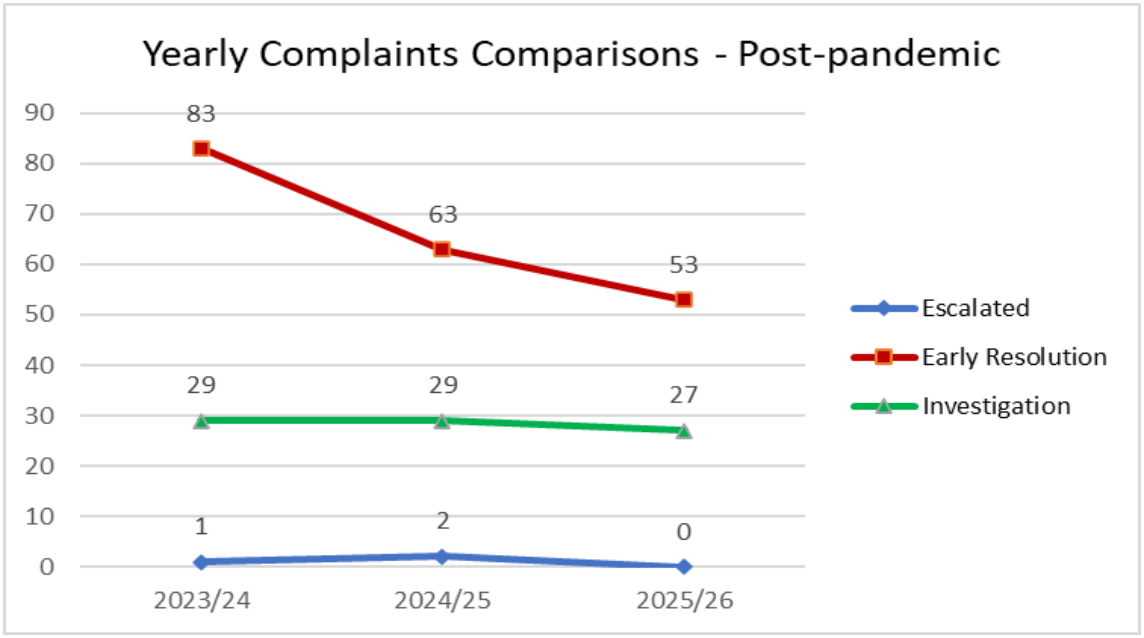


2.2.3 There has been a continued decrease in Stage 1 complaints over the past two years, whereas Stage 2 complaints have remained largely consistent, with only a slight decline observed in the current financial year. This is highly likely to be due to staff awareness of responding to concerns at the point of contact and managing these to patient's satisfaction.

2.2.4 The Feedback Team at NHS Orkney collaborates with various departments and services to facilitate prompt resolution of complaints at the point of care. This approach has proven effective, as demonstrated by the consistently low rate of Stage 2 complaints.

2.2.5 2025/26 Stage 1 complaints continue to reduce in numbers to more in line with the numbers received pre-pandemic. Apart from the spike in 2022/23, Stage 2 complaints continue to be fairly consistent in the upper twenty's. This is slightly lower than pre-pandemic.





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

Performance Indicator Six

Early Resolution complaints

	Number	As a % of all complaints closed at stage one
Number of complaints upheld at stage one	21	40%
Number of complaints not upheld at stage one	17	33%
Number of complaints partially upheld at stage one	14	27%
Total stage one complaints outcomes	52	100%

Investigation complaints

Non-escalated complaints	Number	As a % of all complaints closed at stage two
Number of non-escalated complaints upheld at stage two	2	7%
Number of non-escalated complaints not upheld at stage two	16	59%
Number of non-escalated complaints partially upheld at stage two	9	33%
Total stage two, non-escalated complaints outcomes	27	100%

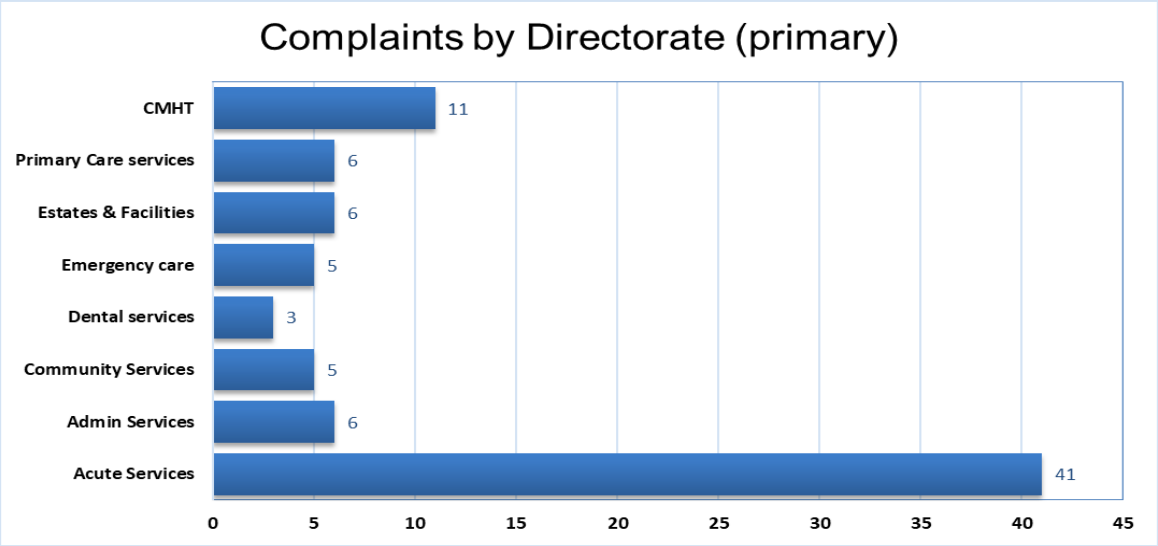
Escalated complaints

Escalated complaints	Number	As a % of all escalated complaints closed at stage two
Number of escalated complaints upheld at stage two	0	0
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	0	0%

2.4 Service Areas:

2.4.1 NHS Orkney receives complaints across many services, most commonly in Acute Services. These include inpatient, outpatient, waiting times, and both clinical and non-clinical hospital complaints. GP/Primary Care complaints relate to Board Administered Practices, while Community Services complaints include areas such as community nursing, specialist nursing, Physiotherapy and Dietetics.

2.4.2 Acute Services recorded the highest number of complaints, reflecting the wide range of inpatient, outpatient, unscheduled care and specialty services provided.



2.5 Response Times:

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

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

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

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

Closed within Timescales	**Q1**	**Q2**	**Q3**	**Q4**
Total Number of Complaints closed in full at **Stage 1**	**7**	**10**	**5**	**7**
% closed **within timescale** of 5 working days	**47%**	**53%**	**56%**	**78%**
Total Number of Complaints closed in full at **Stage 2**	**1**	**2**	**5**	**10**
% closed **within timescale** of 20 working days	**17%**	**66%**	**83%**	**83%**
Total Number of **Escalated** complaints closed	**0**	**0**	**0**	**0**
% closed **within timescales** of 20 working days	**-**	**-**	**-**	**-**

Performance Indicator Eight

	Number	**As a % of complaints closed at each stage**
Number of complaints closed at stage one within 5 working days.	29	56%
Number of non-escalated complaints closed at stage two within 20 working days	18	67%

Number of escalated complaints closed at stage two within 20 working days	0	0
Total number of complaints closed within timescales	47	59%

Performance Indicator Nine

	Number	**As a % of complaints closed at each stage**
Number of complaints closed at stage one where extension was authorised	29	56%
Number of complaints closed at stage two where extension was authorised (this includes both escalated and non-escalated complaints)	18	67%
Total number of extensions authorised	47	59%

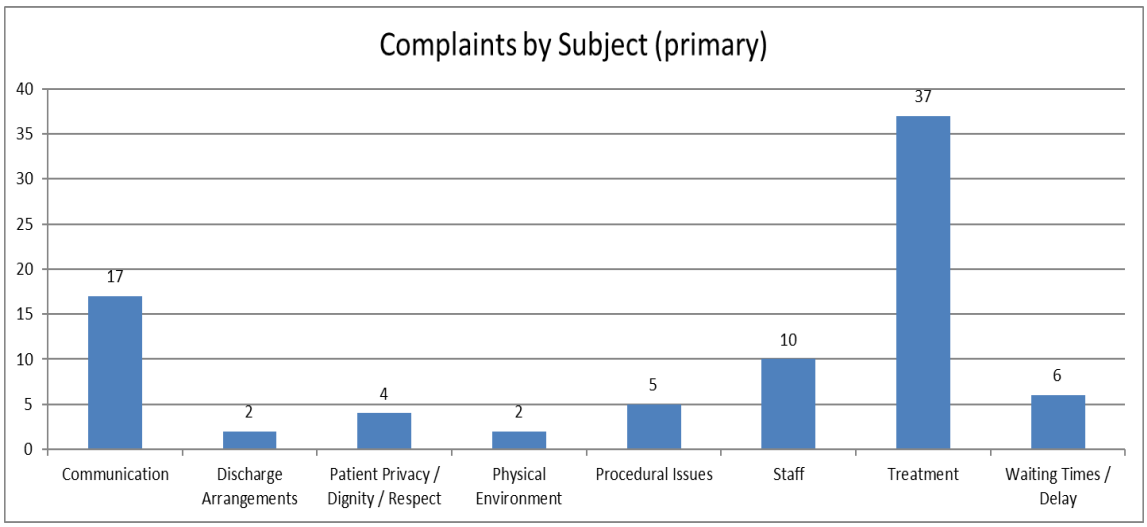
2.5.5 In 2025/26 47 of 79 complaints were closed within timescales in line with national guidelines which compares to 53 of 94 in 2024/2025.

2.5.6 Response rates improved from last year (38%), with 67% of Stage 2 complaints closed within timescales during the year. The main reason for this was delays within the investigation process. Complaints can be complex, cross services and at times cross organisations and result in delays. Additionally, as in previous years, capacity issues at investigation stage, ie, a lack of available clinical managers to carry out investigations coupled with their ability to carry out complaint investigations alongside clinical duties, also cause deadlines to pass.

2.5.7 This year 56% of Stage 1 complaints were responded to within 5 working days and staff should be commended for resolving complaints quickly and early. Managers, who were responding to these alongside their day-to-day duties, were very responsive and quick to manage the majority of concerns at this level. This is however slightly poorer than 2024/2025 when we responded to 67% of Stage 1 complaints within the target time. Patients much prefer this approach and whilst timescales are not met, complaints are resolved and closed with a positive outcome for the complainant.

2.6 Trends and Emerging Themes:

2.6.1 NHS Orkney complaints are wide ranging and cross a diverse range of services, making it difficult to identify trends. In 2025/26 themes of care and treatment, communication and staff issues are identified as the main issues within Investigation and Early Resolution complaints. This is identical to previous years, although a slight drop in waiting time complaints, and similar to other Boards themes over the last few years.



2.7 Alternative Dispute Resolution:

2.7.1 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.

2.8 Engagement with Complainants Policy

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

2.8.2 There were no occasions where NHS Orkney had to refer and act in line with the policy during this complaints year.

2.9 Complaint process experience

2.9.1 NHS Orkney surveyed a random sample of 20 (25%) complainants who had completed the complaints process at both Stage 1 and Stage 2. A response rate of 50% indicated reasonable engagement with the experience survey.

2.9.2 Overall satisfaction ratings tended to be negative, which is not unexpected. Respondents who choose to complete the survey often feel their complaint has not been upheld and, in some cases, appear to confuse feedback on the complaints handling process with dissatisfaction regarding the outcome or subject matter of their complaint. Several comments suggested that responses related more to the issues raised within the complaint itself rather than the process of submitting and managing a complaint.

2.9.3 Positively, complainants consistently reported that it was easy to submit a complaint and that information on how to do so was accessible. Many also felt that an apology had been appropriately offered as part of the process. While apologies were frequently achieved, there remained notable gaps between complainants' expectations and perceived outcomes, particularly in relation to receiving clear explanations, feeling fairly treated, and seeing evidence of actions taken to prevent recurrence.

2.9.4 The Patient Experience Service is committed to ensuring that all patients feel listened to, supported and well-informed throughout the complaints process. Feedback from this survey will be carefully reviewed to identify opportunities to improve both communication and responses. Achieving this relies on services providing thorough investigation reports and demonstrating clear ownership of learning, improvements, and service changes arising from complaints.

2.10 Family Health Services (not including salaried GPs/Dentists)

NHS Board Managed Primary Care services;	
General Practitioner	**2**
Dental	**N/A**
Ophthalmic	**N/A**
Pharmacy	**N/A**
Independent Contractors - Primary Care services;	
General Practitioner	**51**
Dental	**1**
Ophthalmic	**0**
Pharmacy	**2**
Total of Primary Care Services complaints	**56**

2.10.1 Primary Care Services received more complaints in the current reporting year, 54, compared to 37 in 2024/2025.

2.10.2 NHS Orkney handle complaints made about the Salaried GP's and Board Administered Practices. Our figures show only two complaints were made during the year.

2.11 MSP / MP - Constituents' Concerns Raised

2.11.1 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 2025 – 31st March 2026, the Chief Executive received many written expressions of concern or complaint which sought address through a MSP. Patients are more frequently raising issues through their MSP. Issues regularly include waiting times for appointments, care and treatment or enquiries regarding patient travel.

2.11.2 NHS Orkney Feedback Service responded to 47 MSP/MP requests during the year.

2.12 Care Opinion

2.12.1 Since entering into the full subscription with Care Opinion in 24/25, NHS Orkney Patient Experience staff have been committed to promoting the online feedback platform with our staff and patients.

2.12.2 We have increased promotional information around the hospital, including new posters with "direct ask" QR codes on all Welcome Boards. We have provided promotional material to interested services. In March 2026, we held a staff awareness event in the main hub where we shared information and materials with some services to promote use with their patients.

2.12.3 We have met with Care Opinion representatives, attended both live and recorded webinars and shared these with staff.

2.12.4 We received nine notifications of feedback submitted on the Care Opinion website between 1 April 2026 and 31 March 2026. This is an increase compared to last year where four stories were received. 100% of this year's feedback was positive.

2.12.5 We intend to hold a patient awareness event in the main reception area in the coming year.

2.13 Feedback and Comment Boxes

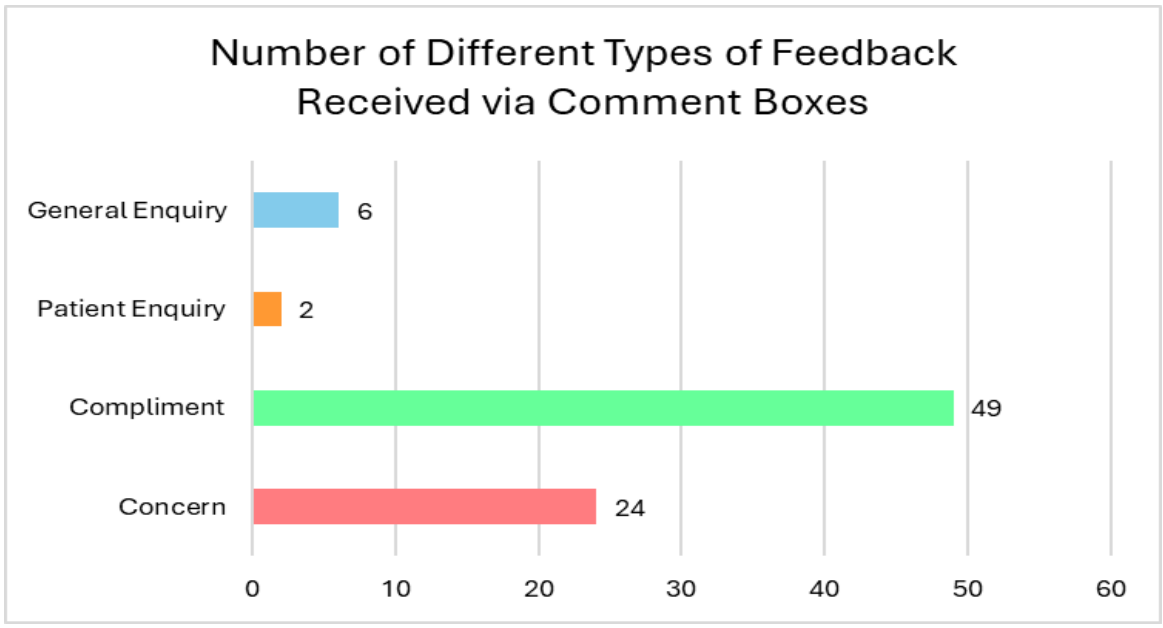
2.13.1 Informal feedback and concerns are logged and recorded by the Feedback service and are reported quarterly to the Clinical Quality Group. We received in excess of 470 recorded patient contacts requiring response during 2025/26.

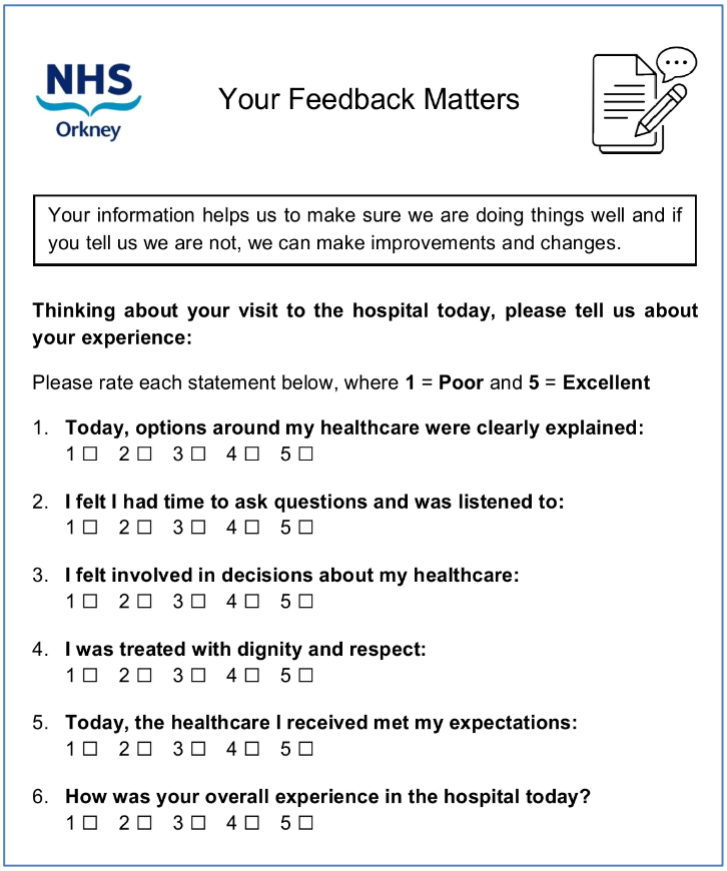
2.13.2 The table above summarises feedback received by email, telephone and face-to-face.

2.13.3 Patients are also encouraged to share their views using our feedback forms, which are available on the welcome board alongside information about Care Opinion.

2.13.4 In February 2026, the feedback form was updated to include questions which aligned with the principles of Realistic Medicine. This was developed in collaboration with the Realistic Medicine Lead and introduced six new, simple questions designed to encourage completion. Early responses have been positive, and completed forms are being received.

2.13.5 The following chart shows information about the feedback we have received on our feedback forms:





NHS Orkney

Your Feedback Matters

Your information helps us to make sure we are doing things well and if you tell us we are not, we can make improvements and changes.

Thinking about your visit to the hospital today, please tell us about your experience:

Please rate each statement below, where **1** = **Poor** and **5** = **Excellent**

1. **Today, options around my healthcare were clearly explained:**
   1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐
2. **I felt I had time to ask questions and was listened to:**
   1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐
3. **I felt involved in decisions about my healthcare:**
   1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐
4. **I was treated with dignity and respect:**
   1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐
5. **Today, the healthcare I received met my expectations:**
   1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐
6. **How was your overall experience in the hospital today?**
   1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐

2.13.6 Patients most frequently raised concerns about waiting environments and accessibility, car parking, and privacy within clinical areas. Compliments highlighted staff kindness, efficient care, and high standards of professionalism and clinical expertise.

2.13.7 Our new form seems to be well received and once enough useable data has been received, we will be able to use this to identify areas to celebrate.

2.14 Patient Advice and Support Service (PASS)

2.14.1 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.

2.14.2 Unfortunately, the number of clients and contacts supported by PASS during 2025/26 is not available at the time of writing this report. We can report that we did not receive any complaints from the service on behalf of patients.

2.14.3 However, a number of patients have been signposted to the service and requests for advice have been received from the PASS Officer.

2.15 Scottish Public Services Ombudsman (SPSO):

2.15.1 During the year 2025/26, The Scottish Public Services Ombudsman received two complaints from Orkney patients who were unhappy with the response received from NHS Orkney.

	Complaint	Outcome
Case 1	Family of patient complained information was not shared from the hospital to the GP in a timely manner.	Not considered for further investigation - NHS Orkney's complaint investigation and response was reasonable.
Case 2	Patient complained follow up actions were not taken following their complaint and they were not informed of this in a timely manner.	Not considered for further investigation – nothing more could be achieved from their investigation.

2.16 Compliments

2.16.1 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.

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

2.16.3 Here's a selection of what our patients have told us:

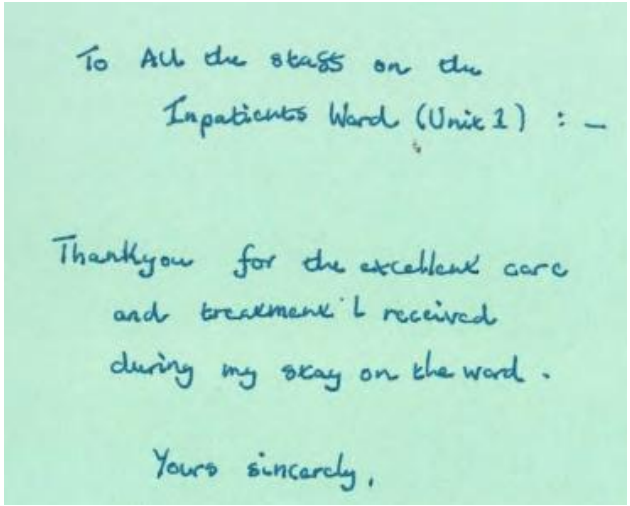
"The care we received by the team at the Balfour maternity prior to and following the birth of our daughter was amazing. We were treated with care and respect and equipped to look after
our baby with confidence."

I must say that I was dealt with by your colleagues and your dentist very professionally and quickly and was very pleased with the service provided and outcome especially more so as a tourist visitor.

"Both the radiographer and nurse were just so supportive, kind and so clear in all explanations about what was happening and when, and although very overwhelmed , I managed to get through the appointment."

"They wanted the catering staff to know how much their dad appreciated the meals he had whilst on dialysis. He thought the Balfour kitchen was amazing!"

"The nurses were so kind and patient with him as they carried out their checks and were also able to have a bit of banter with him, which made all the difference."


To All the staff on the
Inpatients Ward (Unit 1) :-

Thankyou for the excellent care
and treatment I received
during my stay on the ward.

Yours sincerely,

Section 3

3.1 The culture, including staff training and development

3.1.1 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.

3.1.2 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

3.1.3 Although no recorded cases have been received this financial year, 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.

3.1.4 Our online training is now hosted fully by Turas and the Patient Experience Officer has encouraged those who express an interest, to undertake the non-mandatory training. This can be found in the Clinical Governance section of the Turas learning platform.

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

3.1.6 The following table indicates the number of staff who have completed the online training modules during this financial year. It should be noted that these modules are not mandatory required training and therefore numbers are low:

Module	Staff Completion Numbers
Module 1 - Value of feedback	3
Module 2 - Encouraging effective feedback	1
Module 3 - Complaints and feedback process	2
Module 4 - The Value of Apology	2
Module 5 - Managing difficult behaviour	1
Complaints investigation skills	2

Section 4

4.1 Improvements to Services

4.1.1 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.

4.1.2 The following are some examples of improvements made over the last year:

Issue Raised	Findings	Outcome
Patient with sensory impairment experienced challenges due to lack of staff awareness	No guidance in place to record patients with sensory impairment needs	Protocol developed and introduced in inpatient areas.
Patient's family did not feel included in decisions	Communication with the family was not as expected.	Delivery of training in best practice for communicating with patients and families
Patient not given information before procedure	Communication with the patient had not clearly described the procedure and that sedation would not be administered	Highlighted with staff and team to ensure communication is improved and explanations are clear
Family were concerned that the needs of a patient with learning disabilities were not recognised	Challenges were recognised both for the patient and staff	NHS Orkney's Learning Disability and Autism Spectrum Disorder will provide support and create training plans for staff in acute care.

4.1.3 As mentioned above, all complaints are reported at the Clinical Quality Group as part of the Safety, Quality and Experience Report which ensures the Clinical Directors are sighted on incidents, complaints and emerging issues.

4.1.4 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

5.1 Accountability and Governance

5.1.1 NHS Orkney report complaint performance to the Clinical Quality Group as part of their quarterly Safety, Quality and Experience Performance Report. This includes information on incidents and Significant Adverse Event Reviews (SAERs), allowing correlation of incidents, SAERs and complaints where appropriate.

5.1.2 NHS Orkney Board members receive updates through the Joint Clinical and Care Governance Chairs report and receive the Annual Report. Quarterly reporting on KPi's for complaints is also included as part of the Integrated Performance Report

to the NHS Orkney Board and to the Joint Clinical and Care Governance Committee.

5.1.3 A complaints update is shared with Executive Directors on a weekly basis and has recently changed to an “at a glance” report which also provides information on incidents, SAERs and all other feedback.

5.1.4 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, AHP’s and Chief Officer for Acute Services before being submitted to the Chief Executive for final approval.

Section 6

6.1 Person-Centred Health and Care

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

6.1.2 During National Smile Month, NHS Orkney’s Oral Health Team delivered fun, interactive activities aimed at encouraging healthy eating and good oral health habits among children and families. These sessions supported early prevention and promoted positive messages around dental health in an engaging way.

Promoting Oral Health During National Smile Month

6.1.3 A local family generously donated new, easy-to-use televisions for inpatient wards at The Balfour. The televisions have been installed across the Macmillan Ward and Hlin Assessment and Rehabilitation Ward, helping to improve comfort and enjoyment for patients during their stay. Feedback from patients has been very positive, with many commenting on the improved experience.

Improving Patient Comfort Through Community Kindness

6.1.4 Pupils from Stenness Primary School took part in a Basic Life Support session delivered by NHS Orkney's Practice Education Team. The session focused on cardiopulmonary resuscitation and gave pupils the opportunity to learn vital life-saving skills in a practical and engaging way, supporting prevention and community education.

Teaching Life-Saving Skills in the Community

6.1.5 During the International Island Games, NHS Orkney's Radiology Team established a temporary on-site x-ray service within the event polyclinic. This allowed athletes to be assessed and treated locally, reducing the need for hospital visits and demonstrating flexible and innovative service delivery through partnership working.

Delivering Innovative Care at the Island Games

6.1.6 Children across Orkney were invited to take part in a competition to rename NHS Orkney's inpatient wards. The winning names, Eir Acute Ward and Hlin Assessment and Rehabilitation Ward, reflect Orkney's Norse heritage and values of healing and comfort, highlighting the importance of community involvement.

Celebrating Community Involvement – Naming Our Wards

6.1.7 Quit Your Way Orkney continues to provide personalised support to people who want to stop smoking. The service has been recognised nationally for its positive outcomes, reflecting the commitment of staff and community pharmacy partners to improving health and reducing smoking-related harm across Orkney.

Helping People to Quit Smoking

6.1.8 The Improving the Cancer Journey service continues to support people affected by cancer by addressing non-clinical concerns alongside clinical care. An introduction event at The Balfour helped raise awareness of the service and reinforced NHS Orkney's commitment to holistic, person-centred support.

Supporting People Affected by Cancer

6.1.9 As part of national awareness activity, NHS Orkney supported local efforts to raise awareness of pregnancy and baby loss and to ensure people across the community know where to access support. Community-based initiatives focused on sharing messages of kindness, connection and hope, reinforcing that support is available locally for anyone who may need it.

Supporting Families Through Pregnancy and Baby Loss Awareness

6.1.10 As part of wider Island Games celebrations, staff and patients enjoyed a visit from the official Games mascot. The visit helped bring a sense of fun and community spirit into NHS Orkney settings, contributing positively to the experience of those attending or working within services.

Celebrating the Island Games Mascot Visit

6.1.11 On World Diabetes Day, NHS Orkney staff and patients were offered the opportunity to take part in health checks and discussions focused on diabetes awareness and prevention. The activity supported early identification of risk factors and encouraged conversations about healthy lifestyles.

Raising Awareness on World Diabetes Day