

Complaints and Feedback Annual Report 2018/2019.

Introduction

Patients, carers, relatives and families use and experience our services every minute of every day. No one else has that unique perspective, and therein lies one of the greatest opportunities for continuous improvement.

Whatever that experience, each one offers, our aim is to provide reliable, person centred care and services using all the resources we have to deliver to the highest quality and safety possible care. Continually driving the standards of care upwards is dependent on NHS Western Isles (NHSWI) being an open, listening, learning, adaptive and efficient organisation. It is only through the receipt of constructive feedback from patients, families and the wider public, that we can reflect on the experiences of our patients and make any necessary improvements to our care systems and services. Our pledge is that we will encourage, listen to, and act in response to the experiences of our population, working together to improve the experience of those who will need our services.

Boards are required to produce an Annual Report on the use of feedback, comments, concerns and complaints, which stems from The Patient Rights (Scotland) Act 2011, The Patient Rights (Complaints Procedure and Consequential Provisions) (Scotland) Amendment Regulations 2016 and the Patients Rights (Feedback, Comments, Concerns and Complaints) (Scotland) Directions 2017 (CHP) which Came into force on 1 April 2017. The Board itself is committed to, and expects continuous improvement and requires the re-assurance that systems are in place and working effectively to deliver that improvement.

Our Approach

Patient Feedback

All staff should be actively listening, reflecting and responding to feedback, comments, concerns and complaints appropriately, effectively and efficiently.

Best Use of Resources

Healthcare staff and patients should make sure that all resources at our disposal are used as effectively and efficiently as possible.

New Complaint Handling Procedure

What is a complaint?

‘An expression of dissatisfaction by one or more members of the public about the organisation's action or lack of action, or about the standard of service provided by or on behalf of the organisation.’

What is Feedback?

Feedback may be in the form of views expressed orally or in writing as part of a survey, patient questionnaires or initiatives such as patient experience surveys or via stakeholder electronic portals.

What are Comments?

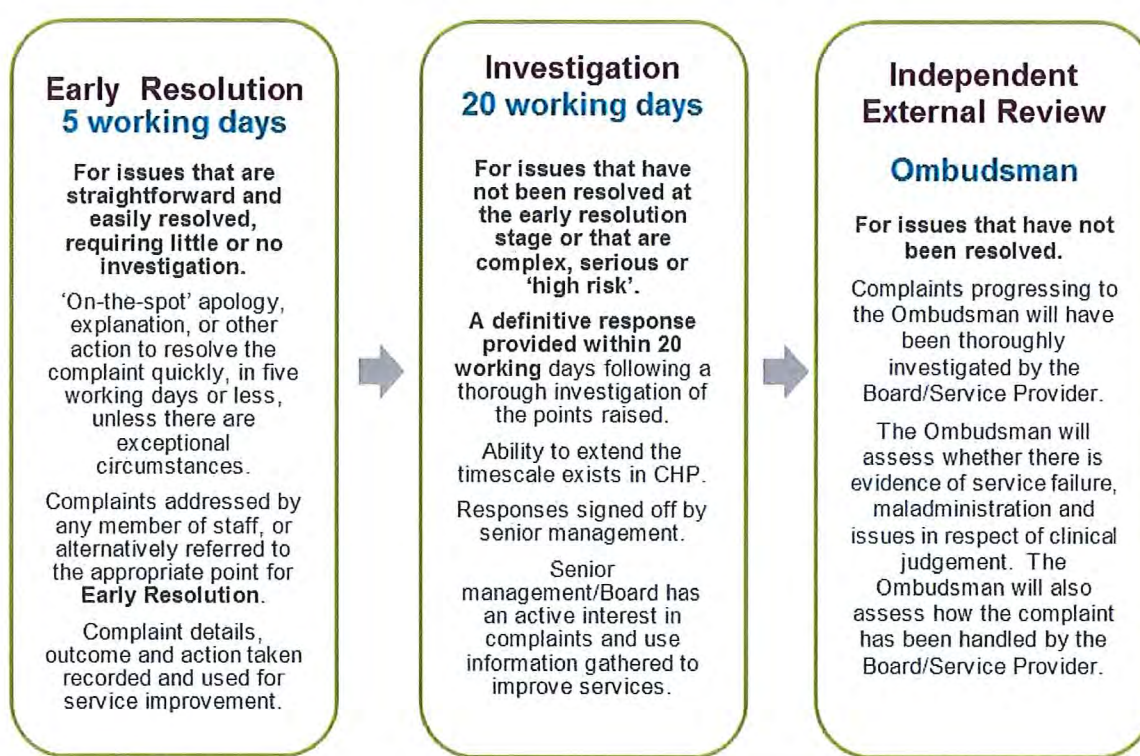
Comments may be comments, compliments, feedback or observations offered orally or in writing for example on ward or hospital suggestion cards, which reflect how someone felt about the service.

What are Concerns?

Concerns may be expressed in relation to proposed treatment or about any aspect of the service, from timing of appointments to getting to hospital for the proposed treatment or the actual treatment received.

On 1 April 2017 the new Complaints Handling Procedure commenced across NHS Western Isles. The new Complaint Handling Procedure (CHP) is now embedded across the organisation. The complaint handling Procedure is summarised below:

The NHS Model Complaints Handling Procedure



Indicator 1. Learning from complaints.

We use informed comments, feedback, concerns and complaints to adapt, improve our systems and processes for care delivery and services in the pursuit of continuous improvement and enhancing the everyday experiences of our patients.

The Health (Tobacco, Nicotine etc. and Care) Scotland Act 2016 ("The Act") introduced an organisational Duty of Candour on health, care and social work services. The Act is supplemented by the **Duty of Candour Procedure (Scotland) Regulations 2018**, which highlight the procedure to be followed whenever a Duty of Candour incident has been identified.

For the reporting period 1st April 2018 to 31st March 2019 NHS Western Isles had 1 adverse event which fulfilled the criteria for the Duty of Candour. i.e. an unintended or unexpected act

/incident that resulted in death or harm, as defined within the Act, and did not relate directly to the natural course of a person's illness or underlying condition.

Currently there are many ways for us to receive comments, concerns, feedback and complaints and we encourage the responsible and systematic use of all methods. Whilst the single biggest area of growth is the increasing use of social media and web based forms of feedback, we are aware and acknowledge that many people living in our community do not, and will never access or use these forms of feedback. We must therefore maintain a balanced range of systems to enable equal opportunity for all to communicate and give us the benefit of their unique experience and perspective.

Learning/Service Improvements as a Result of Complaints

Each complaint provides us with an opportunity to review and reflect on the care and services we provide and to learn and improve patients' experiences. The priority of the NHS Board is to scrutinise performance, and the learning and sustained service improvements.

Through the complaints process, the following are examples of service improvements that have been put in place:

- Where complaints have been received about staff attitude, the Chief Executive will monitor for trends developing in an area or for an individual, ensuring adequate and effective support.
- Where patients tick the box that they have a PIP Assessment in patient travel paperwork but do not provide it, the patient will be contacted and asked to provide it. This will allow a full review to take place and a balanced and fair decision based upon all the information.
- Detailed account of ward round decisions and expected dates of discharge should be recorded in the patient's notes. There is a pilot of structured ward rounds which includes the recording of this detail.
- Senior charge nurses to remind staff of and signpost to the Western Isles blood transfusion policy.
- Relatives should be informed in a timely manner of decisions to transfer patients, where possible this should be before the transfer proceeds so that any concerns are listened to and considered.
- Discussions with relatives and any concerns raised should be documented in the patient's notes along with the rationale for patient selection.
- Medicines placed on hold on the medicines reconciliation form in the admission document should be prescribed on the drug kardex with the duration drug hold, review date and time highlighted on the drug kardex. Rationale for further hold should be documented in the patient notes.
- Implementation of the SHOT TACO recommendations.
- Continue to actively participate and contribute to the national intravenous fluid programme and subsequently develop local policies and protocols in line with national recommendations.
- Whilst acknowledging the importance of handovers they should not delay clinical review and assessment when a patient's condition has been escalated following a triggering NEWS.
- Where possible, triggered reviews should be within 30 minutes of escalation requiring an urgent response.
- A clinician responsible for responding to clinical escalation as described in the NEWS clinical response protocol will be identified at the beginning of each handover.

- At time of high workload staff should escalate and seek additional support to ensure time is available to deliver care holistically which extends to the communication, information and support the needs of the patients and families.
- Staff should consider and discuss with colleagues the distress caused by invasive procedures against the benefits and desired outcome.
- Staff when using clinical judgement to not follow a management plan should inform and discuss with patients, relatives and staff of the rationale behind their decision. The view of other should be considered.
- The discussion outcome and rationale for decision making should be documented in the patient notes.
- Review the (HDU) High Dependency Unit layout and consider if where possible relatives can remain in the unit without impacting on clinical management of other patients and with respect to maintaining confidentiality.
- All sections of the admission documents to be completed. Consider and list differential diagnosis, with rationale based on detailed assessment. Validating with the patient/relative the history of presenting complaint.
- Re-enforce sepsis and repeat sepsis screening on patients with every triggering NEWS. Clearly documented rationales for decision making. Early escalation to senior clinician for reassessment. Review educational requirements and programme-deteriorating patient.
- The frequency of Consultant clinical reviews to be reconsidered for level 2/3 patients to establish a minimum number of reviews in a 24 hour period.
- Re-enforce local policy for escalating triggering NEWS. Ensure use of escalation SBAR stickers to ensure consistent approach. Develop and implement structured response documentation to ensure consistent approach to management.
- Review Laboratory process for when urgent bloods are required. Develop priority system for level 2/3 HDU patients or triggering priority score.
- Daily Clinical updates with patients and/or relatives should be documented for all level 2/3 patients. Management plans should be clearly described and understanding verified. Patient/relative views should be clearly documented with evidence that these have been considered.
- Review observation charts for HDU level 2/3 patients to include easily readable trends notes section for real time recording of significant events.
- Emphasis upon clinical leadership to support staff in developing clinical situations that require complex decision making. (MDT) Multi Disciplinary Team approach to decision making and management plans. Documented evidence that staff have been listened to and considered.
- All level 2 patients with respiratory symptoms and Type 1 respiratory failure with increasing oxygen requirements are required to have baseline ABG's which should be repeated in response to clinical changes or increasing oxygen requirements.
- Implement EFGR calculator for calculating EFGR result > 60 with AKI (trend analysis – resolving/deteriorating AKI/renal function).
- Ensure appropriate consistent use of fluid balance charts following initial assessment. All patients with deteriorating renal function or developing AKI triggering NEWS/sepsis.
- Patients with a triggering NEWS score of >6 should be considered for a joint review with a consultant from the appropriate speciality. In situations where a joint review is not undertaken the rationale should be included in the structured response management plan.
- All level 2 patients with Type 1 respiratory failure with increasing oxygen requirements should be referred for anesthetic review.
- It was acknowledged that this matter could have been investigated and resolved more sensitively and the staff member has reflected on that.
- A recent Board procedure on 'second opinions' which is currently being consulted on. The draft procedure will need to be reconsidered in light of this matter as it is clear in this case the inability to get a second opinion referral accepted should have been escalated to the Medical Director at an earlier stage.

- The expected standard of communication is made clear to staff within the organisation. An appropriate method of training or communication on confidentiality and code of conduct is provided for staff.
- When staff are arranging transfers, a detailed mobility assessment should be carried out which considers the complexity of movement required to complete each stage of the transfer process before the mode of transport is selected. Where appropriate the advice of a physiotherapist should be sought.
- The Surgical Team have discussed this incident further with the Head of Radiology at Borders Hospital and they have agreed to expedite any out of hours requests for trauma CTs in patients with suspected trauma. This is a change to the previous agreement with NHS Borders who provide NHS Western Isles out of hours service for radiology reporting. The Orthopaedic department has also tightened up procedures for mobilisation and will keep patients on strict bed rest until a spinal injury has been ruled out through a definitive X-ray and/or CT Scan.
- Weakness has been identified in the pre-op process for patients with cardiac issues which has instigated changes in pre-op to prevent this occurring again.
- Where treatment options and pathways are unclear during consultations. Patients should be informed of any subsequent decisions and treatment plans made after the outpatient clinic.
- It was highlighted that there was a possible confusion in NHSWI letter templates, when you can get two letters for different procedures, but that is not clear in the letters that are sent out. Patient Services will review letter templates to make them clearer and hopefully avoid future misunderstandings. NHS Western Isles will also stress the importance of updating patient details throughout the pathway.
- Challenging any patient who approaches the front entrance of Western Isles Hospital in the nighttime hours. Assessing the impact of putting electronic locks on four ward entrance doors. Exploring other technology options to alert staff to such patients leaving ward areas. In terms of prevention, all patients are individually assessed and any risks identified with appropriate action taken. It is difficult to identify the intention to abscond in most patients as this may not be evident as an intention when assessed. The measures from our learning should go some way to helping prevent recurrences.
- Senior Nurse to advise staff that all conversations with families about requests to have patients kept in hospital, need to be documented in the patients notes.
- The Tong Tie service has resumed at Raigmore Hospital as of 20 December 2018. They are now looking at developing a sustainable and robust model of service delivery over the first six months of 2019.
- Monitoring of patients overnight within OUAB procedures have been changed. Sedation policy is under review and will be published shortly.
- A paper on Potts Puffy Tumour is to be written by the Dr to create awareness amongst Emergency Doctors.
- The assessment and misdiagnosis, unnecessary scheduled operation and communication issues provided in respect of the patient will be fed into meetings of ward managers to improve patient care within the hospital.

It is important to recognise the above as positive improvements as a result of reflective review and the learning derived from that.

The Learning Review Group is responsible for ensuring that NHS Western Isles recognises the benefits of learning from any adverse events, complaints, and or claims. The group also identifies any trends and co-ordinates thematic learning and ensures that appropriate actions have been progressed and or notified to the responsible Executive Director.

Patient experience, risk and safety systems are critical drivers to improving the reliability of the care we provide to patients.

It is important for us to capture learning from across these systems both individually and collectively, making sure that appropriate learning is captured and shared from systems.

In order to achieve the optimal learning, the Chief Executive reviews all complaints upon receipt and signs off all responses. In addition the Chief Executive reviews all serious adverse events and all clinical negligence claims, and all Patient Opinion postings and responses.

Support for those who wish to give feedback or make a complaint.

The Patient Advice and Support Service (PASS):

A number of complainants have sought advice and support from local Advocacy services. Awareness of the PASS service is raised locally through signposting to complainants via acknowledgement letters, leaflets and posters across the organisation, through local press, the NHS Western Isles website, revolving electronic information screens within NHS Western Isles Hospital and the 'Slainte' magazine.

The complaints officer for NHS Western Isles, meets with the Pass Adviser on a monthly basis and is in regular telephone contact to foster a better working relationship.

The Scottish Public Services Ombudsman (SPSO)

In the period (2018-19), (14) complaints were referred to the Ombudsman. Three (3) complaints were not proceeded with and there are (5) complaints currently ongoing with the Ombudsman for investigation. Of these (6) complaints, there were (10) that contained elements that were upheld and (4) not upheld and there were (15) recommendations which have been implemented in full.

The Ombudsman informed the Board of the outcome of one outstanding complaint received during the period 2015-16. This complaint was upheld, with two recommendations. All recommendations have been accepted and implemented in full. Details of all NHS Western Isles reports can be found on the SPSO website: <https://www.spsso.org.uk/our-findings>.

Improvements to Services

Whilst the efficient management, investigation and response to concerns and complaints within the required timescales is a priority, the overriding aim is to capture the learning from concerns and complaints and to implement sustainable improvements to our care and services.

Achieving enhanced levels of quality, reliability, safety and patient experience has been our objective.

Alternative Dispute Resolution (ADR)

During this period no complaints required the consideration and or provision of ADR.

Indicator 2: Complaint Process Experience.

NHS Western Isles Health Board is aware of the need to engage with complainants to understand their experience with the complaints process.

Currently no formal data exists, in relation to experience of the process. We have increased the number of face to face discussions and have a sense that this has enhanced positive outcomes.

During the period, due to resource constraints NHSWI has been unable to establish a systematic review of complainant experiences. During **2019/20** all complainants are now

being sent a patient relations feedback form to understand their experience of the complaints handling process.

Indicator 3: Staff Awareness and Training.

1. Staff Training and Support

Staff receive support from their managers with guidance from the Complaints Officer and Patient Focus Public Involvement Development Officer to enable them to respond effectively to feedback.

Staff are encouraged to complete the NES “Can I help you?” modules on LearnPro.

Table 1

Module
1. Valuing feedback
2. Encouraging feedback and using it
3. NHS complaints procedure and process
4. The power of apology
5. Managing difficult behaviour

Modules take 15 minutes to complete. Staff can complete them as a group in their own time or during dedicated time. Numbers have reduced in relation to completing these modules in recent years since the training was provided in the Model Complaints Handling Process. Whilst there are less completed modules, we do not expect staff to undertake this module annually.

In addition The Patient Focus Public Involvement Officer delivered Carers Act training on how to listen to Carers and involve them in patient care and the Discharge Process. This training has been made available on the Intranet to allow access for staff who were unable to attend training in person.

The Chief Executive, Mr Gordon Jamieson is the Senior Reporting Officer and Mr Roddy Mackay is the board champion.

All performance review meetings with senior managers (will) include complaint reviews and specifically learning from complaints in their objectives.

The Culture, including Staff Training and Development.

Leadership has been key in continuing to develop a culture within which comments, feedback, concerns and complaints are welcome and valued.

This has been led at a Senior Level with examples including:

- An increase in face to face discussions with complainants;
- Communications and Engagement Plan (how to develop) document developed so that all staff can develop communications and engagement plans for any projects;
- Person Centred Walkrounds by the Nurse Director and Lead for Clinical Governance and Professional Practice;
- Development of Learning and Review Group and Patient Experience Group within Governance Structures;

- Regular Reporting on Patient Opinion within PFPI Committee, and Patient Experience Group;
- Sign off for all Patient Opinion responses by the Chief Executive;
- Development of Real Time surveys for localised improvement;
- The Chief Executive has personal input into every complaint, concern; serious adverse events, clinical negligence claims; and patient opinion posting and response. This provides, in a relatively small organisation, the early detection of developing trends, increasing risks, and areas requiring additional support and or learning.
- The Chief Executive has a regular interactive, coaching/discussion with Nursing Students regarding the prevention of, responding to, and effectively managing complaints; clinical negligence claims, Duty of Candour, Significant Adverse Events, and Fatal Accident Inquiries.
- The organisation welcomes and actively supports and promotes the Patient's Advocacy Service.
- The Chief Executive discusses all complaints, adverse events etc, at each Performance Management review.

Indicator 4: The total Number of complaints received.

Table 2 shows the total number of complaints received by NHS Western Isles Board through the Complaint Handling Procedure:

4a. Number of complaints received by the NHS Territorial Board or NHS Special Board Complaints and Feedback Team	85
4b. Number of complaints received by NHS Primary Care Service Contractors (<i>Territorial Boards only</i>)	46
4c. Total number of complaints received in the NHS Board area	131

Table 3 shows the total number of complaints received by NHS Western Isles contractors through the Complaint Handling Procedure:

NHS Board - sub-groups of complaints received

NHS Board Managed Primary Care services;	
4d. General Practitioner	N/A
4e. Dental	1
4f. Ophthalmic	N/A
4g. Pharmacy	0
Independent Contractors - Primary Care services;	
4h. General Practitioner	37
4i. Dental	1
4j. Ophthalmic	5
4k. Pharmacy	3
4l. Total of Primary Care Services complaints	46
4m. Total of prisoner complaints received (<i>Boards with prisons in</i>	N/A

There were **85** complaints that were processed in total under the new Complaints Handling Procedure for the year **2018/2019** by NHS Western Isles Health Board.

There was **1** complaint recorded by Castleview Dental Practice. There were **4** complaints that were logged but not completed due to them being withdrawn or consent not being provided.

This compares with **82** complaints between **2017/2018** and **40** complaints between **2016/2017**.

Table 4 shows the locations complained about **2018/2019**, with the most complaints received about Acute/Clinical services, which is similar to the previous year. The comparisons with **2017/18** are also given.

Table 4

Complaint received by location	2018/2019	2017/2018
St Brendan's Hospital	0	2
Uist and Barra Hospital	11	10
Western Isles Hospital	42	42
Board Wide	17	9
Community Health and Social Care Partnership	5	8
Dental Service	1	4
Mental Health and Learning Disabilities Service	8	2
Residence/Offices (not to be used for Hospitals/GP/Clinic)	1	1
Totals:	85	42

The main issues raised in complaints. The top three reasons for complaints received for **2018-2019** were:

- Clinical treatment.
- Staff- Communication written.
- Environment Domestic- Patient Property/Expenses.

This differs from **2017-2018** where the top three reasons for complaints received were:

- Clinical treatment.
- Environment Domestic- Patient Medical Escort Provision.
- Staff- Communication written.

Table 5 shows all complaints by Issue category **2018-2019**.

Complaints by issue Category	2018-2019.	2017-2018.
Attitude and behaviour	16	10
Shortage / availability	0	2
Communication (written)	21	13
Communication (oral)	14	8
Competence	6	3
Date of admission / attendance	1	1
Date for appointment	16	8
Outpatient and other clinics	4	1
Premises	1	6
Aids / appliances / equipment	3	2

Patient privacy / dignity	3	2
Patient property / expenses	17	20
Personal records	4	3
Policy & commercial decisions of NHS board	2	6
Clinical treatment	39	38
Transport	1	2
Bed shortages	1	0
Other	1	2
Totals:	151	127

Indicator 5: Complaint closed at each stage.

Table 6.

Total number of complaints closed by the NHS Board (excludes contractors).	Number	As a % of all complaints closed
Stage One	23	27%
Stage two	52	73%
Stage two after escalation	16	0%

Indicator 6: Complaints upheld, partially upheld and not upheld.

Stage one complaints.

Table 7.

Stage 1 complaints	Number	As a % of all complaints closed at stage one
Number of complaints upheld at stage one	18	78%
Number of complaints not upheld at stage one	5	22%
Number of complaints partially upheld at stage one	0	0%
Total stage one complaints outcomes	23	100%

Stage two complaints Non Escalated Complaints.

Table 8.

Stage 2 complaints Non Escalated	Number	As a % of all complaints closed at stage two
Number of complaints upheld at stage two	17	27%
Number of complaints not upheld at stage two	27	44%
Number of complaints partially upheld at stage two	18	29%
Total stage two, non escalated complaints outcomes	62	100%

Stage two escalated complaints.

Table 9.

Stage 2 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 2 escalated complaints outcomes	0	0%

Indicator seven: Average times.

This indicator represents the average time in working days to close complaints at stage one and stage two of the Complaints Handling Procedure.

Table 10.

All complaints	Average time in working days to close complaints at;
Stage one	(3.26) days 2018/19

	(2.93) days 2017/18.
Stage two	(24) days 2018/19. (22.3) days 2017/18.

The number of **stage 1** complaints responded to within 5 working days has increased to **3.26** days in **2018/19** in comparison to **2.93** days in **2017/18**. 2 complaints in **2018/19** were responded to in **6** and **7** days. The reasons for delay relate to administration delay in response and a staff member being on annual leave.

The number of **stage 2** complaints responded to within 20 working days has increased to **24** working days in **2018/2019** from **22.3** working days in **2017/2018**. The two longest times to respond to complaints were **87** days and **85** days. Both these cases were very complex in nature. The primary reasons for other delayed responses are recorded as being availability of staff, and staff workloads.

Indicator eight: Complaints closed in full within the timescales.

Complaints closed in full within the timescales.

This indicator measures complaints closed within 5 working days at stage one and 20 working days at stage two.

Table 11

	Number	As a % of complaints closed by NHS Boards at each stage
8a. Number of complaints closed at stage one within 5 working days.	20	87%
8b. Number of non-escalated complaints closed at stage two within 20 working days	42	68%
8c. Number of escalated complaints closed at stage two within 20 working days	N/A	N/A
8d. Total number of complaints closed within timescales	62	73%

Indicator Nine: Number of cases where an extension is authorised.

This indicator measures the number of complaints not closed within the CHP timescale, where an extension was authorised.

Table 12

	Number	As a % of complaints closed by NHS Boards at each stage
9a. Number of complaints closed at stage one where extension was authorised	1	4%
9b. Number of complaints closed at stage two where extension was authorised (this includes both escalated and non-escalated complaints)	14	23%
9c. Total number of extensions authorised	15	18%

Encouraging and Gathering Feedback.

NHS Western Isles welcomes and encourages feedback from patients, carers, families and staff and we have developed a range of methods and approaches to encourage and gather all types of feedback including concerns, compliments and complaints.

The following list summarises the mechanisms available, further details are included in this report. These include:

Corporate Governance Structure.

- Patient Focus Public Involvement Committee member activity.
- Feedback from equalities groups to the Diversity Equality Steering Group.
- Feedback from people with long term conditions to the Managed Clinical Networks.
- Patient representation on service development groups such as Mental Health Redesign.
- Patient Experience Group (which in 2018 became the Patients Panel).

Reporting.

- Complaints and Concerns Process.
- Results of Scottish Care Experience survey Programme including.
 - National In-patient Experience Survey.
 - Maternity Care Survey.
 - National Healthcare Experience Survey 2017/18.
 - Patient experience surveys and questionnaires on service developments:
 - Orthopaedic Hand Surgery.
 - PCCP Generic VC All Clinic Questionnaire.
 - Memory Clinic Care Patient Feedback.
 - Pre Memory Community Advice Surgery.
 - Post Diagnostic Support Care Patient Feedback.
- "Care Opinion" website.

Patient Focus and Public Involvement Activity.

- Co - production continues to be at the heart of a number of developments, specifically work on mental health service redesign.
- Consultation, engagement events and development days were held for joint services by the IJB, including Learning Disabilities.
- What Matters to Me incorporated into PJ Paralysis.
- Development of a Patients Panel at locality level.
- During 2018/19 NHS WI followed up on its commitment to recruit to the Patients Panel. The Patients Panel is drawn from existing Patient Peer Support Groups and Managed Clinical Networks. The Panel provides a forum for a collective patients voice.
- Video/Storyboards - Patient Experience Guides.
- What Matters to Me.
- Person Centred Care Pathways reacting to feedback from patient groups in relation to unnecessary travel has led to the development of Attend Anywhere clinics.
- St Brendan's - the community are proactive in supporting the development of a Health and Social Care Hub. This proposal has been progressed throughout 2018/19 with the support of the Locality Planning Group.
- Working in Partnership with Scottish Health Council on Neurological Standards Consultation this proved to be very successful with the highest return rate per head of population to the online survey.
- Carers Involvement in Carers Act Training and Development of Resources.
- Patient Peer Support Group Feedback Sessions.

Communications.

- E-mails via **communications.nhswi@nhs.net**
- Feedback and compliments form on the NHS Western Isles website "<http://www.wihb.scot.nhs.uk>"
- Social Media e.g. Facebook and Twitter.
- Telephone line to allow feedback directly to a member of staff.
- "Thanks a Million" section in NHS Western Isles' "Slainte" magazine.
- Support people to giving feedback and complaints through the Patient Advice and Support Service (PASS).
- Support people to giving feedback and complaints through Advocacy Western Isles.
- We are Listening Leaflets/You said We Did Boards outside each ward.
- Welcome to the Ward Placemats and Information Booklets at each bedside.
- Corporate information posters at the front of each hospital site.

Publicising and Welcoming Feedback.

We aim to create an active environment that welcomes feedback from everyone. We achieve this by empowering our clinical staff to engage positively and to address concerns as soon as we can. We encourage our staff to promote the value of feedback in their wards and departments, regardless of whether this is positive or negative.

NHS Western Isles publicises "How to complain or give feedback" using its website, facebook and Twitter accounts. Accessible leaflets are made available and posters informing of the range of methods available to provide feedback are displayed in Healthcare settings. NHSWI publicises Care Opinion through the local press and advertising on the local radio station, on hospital information boards and at the entrance to each hospital site and ward

entrance. Methods which have also been used to enhance the promotion of feedback include:

- We are Listening Leaflets used at each ward and feedback to patients and public through You said We Did Boards outside each ward.
- Patient Placemats at each bedside highlighting how patients/carers can raise a concern and also methods of providing feedback (these designs were positively received and taken up by other Health Boards).
- Admission and Discharge Packs developed.
- Carers Information Packs developed.
- Corporate information posters at the front of each hospital site displaying patient information that includes information on concerns, complaints and feedback.
- Meetings with Patient Peer support Groups to encourage feedback from service users and those with Long Term Health Conditions and their carers.

Targeting Equalities Groups.

Our staff will speak personally with anyone and at a time and location that suits their circumstances. People with hearing or visual impairments can use accessibility options available on our website. People whose first language is not English can access an interpreter or request written information in their own language through Language Line. Patients can access support from the either Advocacy western Isles or Patient Advice and Support Service if they do not feel confident about making a complaint or highlighting their concerns.

Our feedback mechanisms are advertised as available in print and electronic formats. These are accessible to people who may want to use them and can be requested in alternative formats of their choice.

NHS Western Isles has a strong equality focus, this has been demonstrated during with the following:

- Over the last **3** years there have been **three** sets of open stakeholder events — the first was looking at what was working well and what could be improved for adult mental health and dementia services across the islands. During **2018-19** there were **6** Community Engagement Events on Mental Health Redesign. Stakeholders representing communities of interest continue to be represented on working groups.
- A commitment to ensuring that we continue to have consultation events across each geographic community to discuss Mental Health Redesign, there has been a strong focus on having user representation at these events and that they have been suitably supported by working closely with partners in the Third Sector.
- Establishment of a Patients Panel with a strong focus on long Term health Conditions, disability and Carers.
- Surveys, consultations and option appraisal processes gather information on the profile of participants. This is included within consultation reports. However this is not consistent across the organisation.

Community Engagement in relation to the development of:

- NHS WI response to the British Sign Language Plan.
- Review and update of Gaelic Plan.
- *Preparation and submission of the biannual Equality Mainstreaming Report to CMT prior to publication April 2019.*
- Annual report available on use of translation and interpreter services and training delivered to NHS staff on implementation.

- DESG working groups consulted in the development of services.
- PFPI worked with CNES to provide inputs to families explaining Know Who To Turn To and with the assistance of HIRS produced local translated information detailing the difference between services, this also provided the opportunity to gather feedback from families on how they had found access to services and respond to any enquiries that they raised.

Additional areas of involvement in relation to equalities groups include:

- Procurement of Gaelic/ English record holders for hospital beds.
- Gaelic online resource, STaG to assist children with speech therapy needs in the Gaelic language and for use within Gaelic Medium education throughout Scotland and beyond.
- Gaelic Working Group has been established, first round of discussions regarding new signage has been undertaken with a commitment to review signage if funding can be identified.
- Complete review and redevelopment of Equality and Diversity section within redesign of NHS WI website approved by CMT.
- NHSWI website has the ability to increase font size for ease of access to information for those that require this additional functionality.
- There is a range of LD and easy read information provided within a dedicated section of the website: <https://www.wihb.scot.nhs.uk/LD/index.html>. There is at present no dedicated resource allocated to maintaining this resource.
- Equality Impact Assessments are carried out on all policies which have the potential to discriminate these are overseen by the strategic Lead for E&D.
- Holocaust Memorial Day - providing training to partner organisations on Religion, Faith and Discrimination.
- **Health Information & Resources Service (HIRS)** - Provides a range of patient information and teaching aids. Including:
 - A number of larger print and LD materials are available for patients/carers and NHSWI staff on request.
 - In house easy-read materials produced to make information more accessible to those with additional communication needs through larger font and use of symbols/pictures.
 - NHSWI information can be reproduced into larger print size on request by staff and patients/carers.
 - Information aimed at those with learning disabilities is produced in conjunction with the local Advocacy Western Isles' LD group.
 - **Boardmaker** - a specialist symbol-based package utilised by NHSWI staff to create a picture-storyboard, unique to the individual reader's needs and abilities
 - SLA with BSL Scotland has been established for *video interpreting solution* for clinical appointment.
 - Portable Hearing Loop available via Chaplaincy to be used at community events/ consultations to support patients who require this to participate.

Refugee Resource.

To support arrivals via the Humanitarian Admission Programme training was providing in addition to the welcome packs to ensure that people felt comfortable and could ask questions on how to use the NHS – Know Who To Turn To.

Recording Feedback, Comments and Concerns.

There was a need to develop a means of standardising reporting across all methods of feedback to this end all feedback is fed into the Learning Review Group and forms part of a report that identifies themes across complaints, feedback, Datix and adverse incidents, this process is currently in operation but remains under review as it continues to be refined, this will consider the analysing of any data for learning and improvement and will use the Datix model for complaints and feedback which will inform future reporting.

Feedback: Innovation and Good Practice.

A number of changes to practice have been implemented as a direct result of feedback, providing a more person centred service.

Person Centred Care Pathways

Workstream led by the Medical Director. This is to identify sustainable funding for new pathways. **Utilising Attend Anywhere** - Allowing a face to face consultation but preventing the need (in many cases) for off island / inter island travel. Areas continue to be explored where financial savings can be identified which can be reinvested in patient care.

Near Me Clinics (using Attend Anywhere technology).

Clinics are very flexible and can be conducted within any location that is suitable to the patient, home, work, mobile phone, car, GP clinic. It allows faster access to treatment and diagnosis.

- Respiratory Clinic - this is now in its second year. The consultant, who is based in his own home in Sussex, is able to access all electronic records and x/rays, thus saving the patient having to travel to the mainland. This is showing financial savings to the organisation.
- Hand Surgery Clinic – won the ‘Innovative Remote and Rural Services’ category alongside the Orthopaedic team for their work on transforming the hand surgery assessment pathway in the Western Isles. NHSWI Tec team, NHSWI Orthopaedic Team and NHSGGC, developed a custom telehealth cart with hand-held high definition camera, and integrated with the Attend Anywhere VC platform. This allows patients to be examined in the Western Isles by NHSWI Extended Scope Practitioner “Patient feedback is extremely positive, and has saved 5.8 tonnes of carbon emissions.” The transformation of the hand surgery assessment pathway also secured a shortlist place in the ‘Digital Impact’ category at the National Scottish Digital Health & Care Awards.
- Oncology clinic launched March 2019.
- 50% of all Haematology appointments have been via Near Me since October 2018. This has saved on patient and escort travel. Providing a more person centred patient experience, results are outlined below.

MS Service.

Patients no longer have to travel to Glasgow to receive Lemtrada Infusion although numbers were small, feedback from patients and families was that they found the travel and the length of stay away from home stressful, this is now being extended into investigating additional Person Centred Pathways that can save on patients having to undertake unnecessary travel.

FLO.

3% of the population is utilising Florence. 25 services have used or are now using FLO these are as follows:

- Epilepsy.
- BHF BP monitoring.
- Community Navigator.
- Macmillan Exercise Service.
- Stroke Liaison.
- Chronic Pain.
- Maternity.
- Parkinsons.
- Health Promotion.
- Podiatry.
- MS.
- Physiotherapy.
- Dietetics.
- Wound Care.
- Clinical Skills.
- Cardiac.
- Smoking Cessation.
- Diabetes.

Walk rounds.

The NMAHP Director regularly visits wards and departments to discuss the quality of care from both a patient and staff perspective. Feedback from these visits is reported back to the ward manager and Healthcare Governance and Audit Committee.

The Chair of the Health Board also visits wards and departments to discuss patient experience.

Care Opinion.

Care Opinion is an independent not-for-profit social enterprise contracted to administer and monitor patient feedback through the www.patientopinion.org.uk website. This online system gathers feedback from patients and relatives. There has been a reduction in the number of feedback we have received using this method, although we have seen an increase in other methods of feedback within hospital sites.

The Patient Focus Public Involvement Officer and Chief Executive monitor and review all comments and questions, responding when appropriate and sharing with relevant staff for a direct response. All responses are signed off by the Chief Executive.

Care opinion reporting remains very low. Discussions have been ongoing with Care Opinion with the intention of have a programme of staff training and Third Sector / Patient Peer support Group training made available early **2019/20**. Any Care Opinion reports that are received are shared with staff and are taken to the Learning Review Group. Both positive and negative Care Opinion stories are scrutinised at the Senior Charge Nurse meeting to identify areas for improvement.

NHSWI has delivered a regular local awareness raising campaign to encourage the use of Care Opinion and has moved from registration plus to full subscription.

- Care Opinion posters are displayed on hospital communication screens.
- Care Opinion posters have been circulated throughout all healthcare premises.
- Care Opinion is advertised in every issue of the NHS Western Isles magazine 'Slàinte'.
- Care Opinion is advertised in the local free newspaper 'Events' monthly.
- Care Opinion is advertised monthly on the NHS Western Isles Facebook and Twitter sites.
- Care Opinion is advertised on local radio (using the voiceover of a local nurse).
- Care Opinion is shown on all local patient information leaflets. Lap trays at bedside and corporate information posters.

Examples of Feedback from Care Opinion.

Accident and Emergency and Imaging Staff.

My mum took suddenly unwell and had to be admitted as an emergency to the Western Isles hospital. For the time of admission, the nursing care was exceptional, they kept us fully informed of her treatment, the medical staff were attentive and again kept us informed of all interventional treatment they were planning. Communication is at the heart of good patient care and as a family we felt completely informed and part of my mothers' treatment plan and the nursing care was exceptional.

Behind the scenes, Imaging staff we were aware that there were other key members of staff i.e. diagnostics and imaging and although we did not see them I would like to thank them for the major part they played in the treatment of my mother.

I moved to Stornoway. Having had my fair share of acute and chronic health issues, and moved around the country plenty of times, I have experienced many different GPs and practices, ranging from the inadequate to the very good.

GP Practice.

I feel the Group Practice beats them all. They are by far the best GP practice I have encountered as a patient in the entire UK. They have been attentive to my needs and exceptional in every way. Every aspect of their practice shows me -- with facts, rather than words -- that they actually care very much about each of their patients.

As a patient, I feel I can recommend them without reserve. Thanks again for all the good care you take of me.

Feedback Cards and Patient Feedback.

We have introduced a 'We are listening – how did we do leaflet?' to support feedback for the Patient Information Boards providing feedback at individual ward level.

• **Barra Outpatients.**

Very Worthwhile visit, the Healthcare Assistant and Nurse were very helpful and inspired confidence.

• **Uist and Barra hospital.**

Multiple examples promoted of how they have responded to feedback in You said We Did boards.

- **Parkinsons Service.**

Although I may have had reservations in you giving me the anticipatory care plan, I am glad you did as it should be an invaluable document when I go into hospital.

- **Near Me Clinics.**

Patient 1 - elderly crofter from South Harris. Had to get up at 3.00am to make it to Stornoway for early Inverness flight. Now he drives up, attends his appointment, picks up his crofting supplies and shopping and can return home for lunchtime, less inconvenience and fatigue.

Patient 2 - uses a wheelchair, with all the accompanying travel challenges. Previously, daughter travelled from Glasgow the night before, accompanied parent to Inverness, then returned to Glasgow the day after the appointment. Now she is able to continue supporting her parent by travelling the night prior to the appointment but able to return home the same day of the appointment, incurring less time away from home and expense. On the rare occasion she has not been able to attend in person, IT have arranged for her to attend virtually, using the Beam robot and an iPad.

NHS Western Isles Website

Another method of collecting electronic feedback is through the NHS Western Isles website – www.wihb.scot.nhs.uk

The website has feedback forms on various pages any completed forms are automatically emailed to the Communications Manager. During **2018/19** there were **24** contacts, **10** of these were queries from people who were investigating NHS Western Isles in relation to work placement. **7** positive comments which were passed onto staff teams, promoted within Team Brief and will be showcased within Slainte 'Thanks a Million' section.

There were **7** negative comments. The Communications Manager acknowledges the correspondence with a Thank you whilst this is investigated by the Head of Service. This is then followed up with a personalised response addressing the issue raised.

Annual Review.

The Annual Review meeting for the year 1 April 2017 to 31 March 2018 took place on **15 January 2019**. We advertised and **8** members of the public were invited to attend and were given the opportunity to provide feedback on care and services to the Minister of Public Health and the Chief Nurse Officer.

A variety of topics covered including:

- Stroke care.
- Podiatry.
- Physiotherapy.
- Patient travel and escorts.
- Cardiac care.
- Psychological support.
- Neurological care.
- Waiting times.
- Technology to reduce travel.
- Technology to support diabetes care.
- Being a carer.
- Cystic fibrosis.

- GP services.

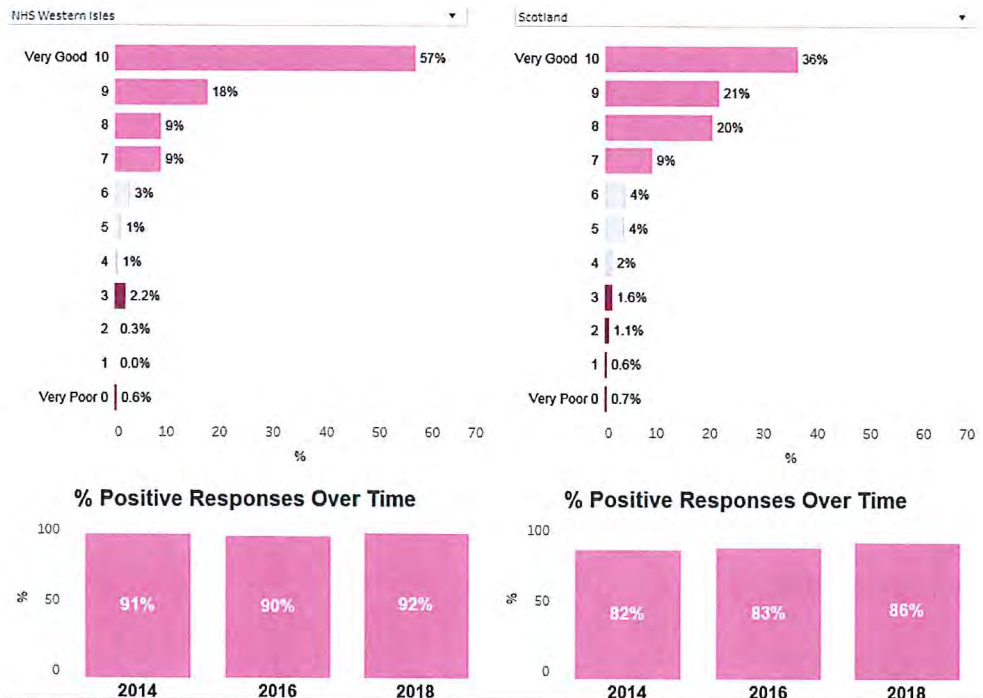
Scottish In-Patient Experience Survey

The Scottish Patient Inpatient Experience Survey was sent out in January 2018. Results were published in Summer 2018. It asked about the experiences of a sample of people, aged 16 and over, who have had an overnight stay in hospital. There was a **46%** response rate and provided feedback on their experience of:

- Admission to hospital;
- the hospital ward and environment;
- care and treatment;
- staff;
- operations and procedures;
- leaving hospital;
- care and support services, and
- overall experience.

An interactive dashboard containing local level results at Region, NHS Board, Hospital and Strata level can be found at: www.gov.scot/inpatientSurvey.

The overall experience results in comparison to the Scottish Averages are outlined below, this shows results over the last three surveys and shows a consistency in patient satisfaction ratings overall. Results from the surveys more detailed questions provides some additional information about patients views on individual aspects of the patient experience.



NHS Western Isles shows a strong position nationally with the results showing above the Scottish average, with a number of them significantly higher. However there were 18 areas which had deteriorated locally since the last survey by 3% or more.

133 people who had been patients across all three hospital sites provided written feedback on their care experience. Patient comments were overall very positive, but within this 31 people included a number of negative comments. These were themed and reported through

the Learning Review Group and triangulated with other key areas of feedback to identify areas for improvement, and will be monitored through the Learning Review Group.

With regard to the 'bottom 5', it is important to note that these remain in line with the National Average.

Work, in terms of discharge arrangements, feedback, leaving hospital and care and support services is ongoing. In relation to the issue of patients being bothered by noise, it must be recognised that it is inevitable within hospital wards that some patients may be bothered by noise from other patients, and this is an issue that will be impossible to alleviate completely, however consideration will continue to be given as to steps that can be taken at ward level and within any improvement programmes to minimise the impact on patients.

Examples of feedback from National Inpatient survey

133 people who had been patients across all three hospital sites provided written feedback on their care experience. Patient comments were overall very positive but within this 31 people included a number of negative comments across the following themes:

- Cleanliness (2 comments - WIH).
- Infection Control measures (1 comment - WIH).
- Nursing staff attitude (10 comments - WIH).
- Food (7 comments - WIH).
- Environment (7 comments - WIH; 1 - SB).
- Medical staff attitude (2 comments - WIH; 1 - OUAB).
- Process (8 Comments - WIH; 1 - OUAB).
- Noise (5 comments - WIH; 1 - OUAB).
- Travel Issues (2 comments - WIH).
- Pain Control (2 comments – WIH).

Comments ranged from:

Positive

- *Small island community hospital very close to my house, everyone knows each other and feel quite at home, good for family and friends to visits, saw a doctor from my local GP practice.*
- *All staff (including nursing/care assistants, catering staff and cleaners) went out of their way to be helpful. Doctor and nurses excellent, ambulance staff too. First class treatment.*
- *The ward systems were well thought out.*
- *The nurses in the [hospital removed] were amazing, so kind and compassionate and listening, always there, always helpful. The rest of the surgical team and the anaesthetic team were great too.*
- *The specialist nurse was fantastic and follow-up care spot on.*

Negative

- *I had some problems with the food one night (it was vegetable couscous which was nasty), so my family offered to send in some food that they knew I would eat, but the nurse in charge made it very clear that it was not done to have food brought in and that the food was perfectly adequate.*
- *I found the noise of the night staff at the desk was very disruptive, the noise carried at night as the desk was close to the ward room where I was placed.*
- *The doctor was so rude, not just during my stay and operation but in all appointments too, and as well he was really rude to the other staff, at least I can go home after him not listening to me, they have to work with [name removed] every day.*
- *Main points, windows closed, locked. Heat unbearable also for staff, fans not appropriate as affected heart patients, food appalling.*
- *Another ward was poorly maintained, toilets were so dirty and smelly, staff were stand offish, rude at times and not very caring. Ward needs to be looked at.*

Involving Lay Representatives in Governance Structures.

We aim to create an environment that welcomes involvement and participation in our governance structures. Whilst we have not managed to increase the number of lay representative participation, we have sustained the established systems.

This is achieved in a variety of ways including:

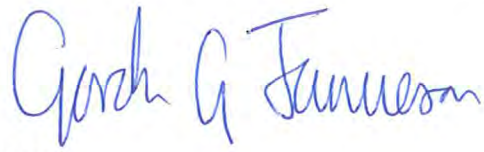
- Five Locality Planning Groups are established and meet regularly with service representatives. This community based engagement is active and flourishing.
- Managed Clinical Networks, include strong lay representation and influences change and involvement in our planning structures.
- Support in developing Patient Participation Groups and Public Partnership Forums.
- Lay Representation in our Patient Panel.
- Lay Representation in the Boards Patient Focus Public Involvement Committee.
- There is additional Lay representation on groups such as Nutritional Care, Cancer Forum and Infection Prevention and Control.

In (2018/19) the NHS Western Isles Board received:

- Complaints Reports which are presented quarterly with a focus and emphasis on lessons learned and sustainable service improvement for Board non-executive Directors.
- Adverse Event reporting, handling; actions and learning.
- Scottish In-Patient Experience Survey results and follow-up action plan.
- All completed SPSO complaints investigations with actions to ensure implementation of recommendation made by the SPSO.
- Scottish GP Health & Care Experience Survey.

I am confident that through the important systems and processes outlined above that we have been able to deliver positive outcomes and improvements for those in our care and those who will come to need our staff and services.

I thank each and every individual, patient, family, group and staff member who have taken the time to contribute to making that improvement happen.



Gordon G Jamieson
Chief Executive
NHS Western Isles
August 2019.

