

Complaints and Feedback Annual Report 2021/2022.

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 person 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 safest possible care. Continually driving the standards of care upwards is dependent on NHS Western Isles (NHSWI) being an open, listening, learning and adaptive 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.

There have been significant ongoing pressures on public bodies and NHS Western Isles realises the importance of responding to complaints at a time when communication with services users is more important than ever. When we have been delayed in our responses with service users we have tried to keep service users updated in terms of why the delay's have occurred and when we expect our responses to be completed.

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?

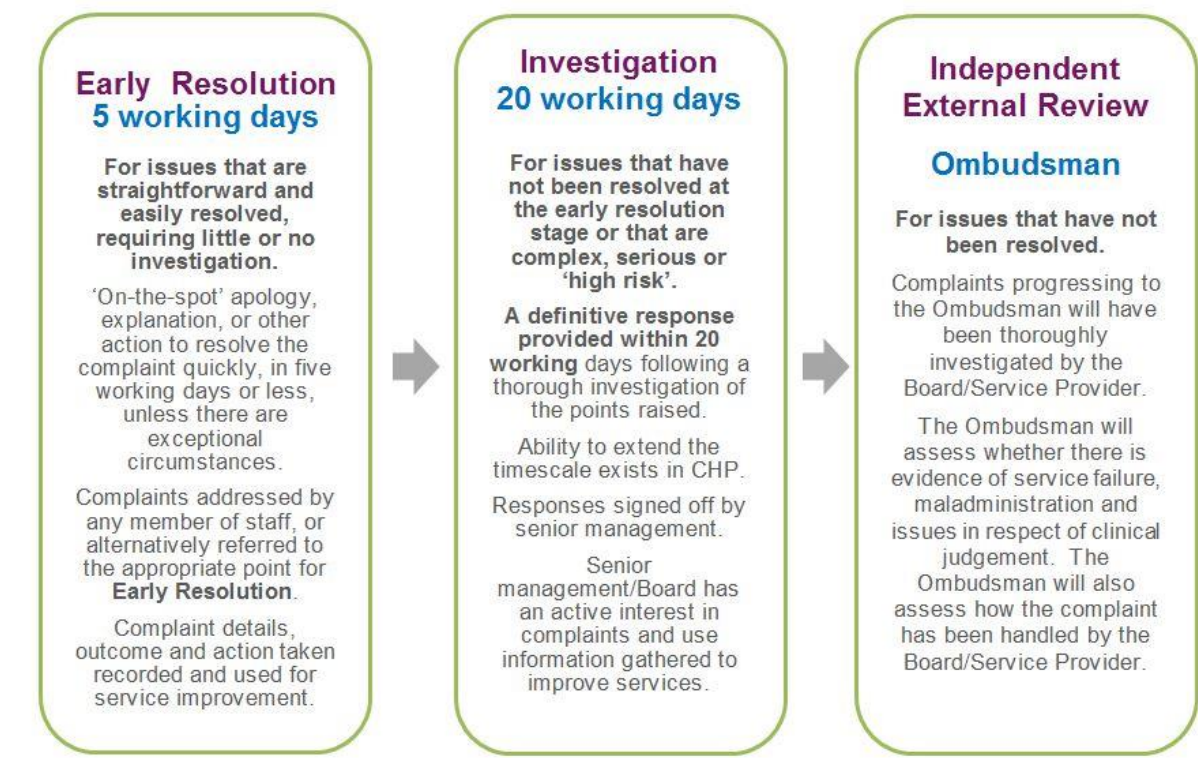
Comments may be comments, compliments, feedback or observations offered orally or in writing for example on ward or hospital suggestion cards, which reflect how someone felt about the service.

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 learn, adapt, and 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 period **1st April 2021 to 31st March 2022** NHS Western Isles had **(0)** significant adverse events 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. The Complaints Officer is regularly in contact with complainants where appropriate, and or necessary.

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 the learning and sustained service improvements.

A service improvement tracker has been developed and introduced to report to relevant Board Governance meetings.

Through the complaints process, the following are examples of service improvements identified:

- Where complaints have been received about staff attitude, the Chief Executive/ Director of Finance and Procurement on behalf of the Chief Executive will monitor for trends developing in an area or for an individual, ensuring adequate and effective support.
- Improved post Emergency Department attendance advice for fractures.
- Improved escalation procedure for staff with ongoing patient concerns.
- Education and training for staff in relation to referred pain from knee to hip and vice versa in a paediatric case.
- Clinical Review. Reinforced that any formal inpatient must be seen within 24 hours by the senior clinician on their ward round.
- Remote monitoring. Additional equipment to facilitate X-ray imaging off-site.
- We will ensure in future that conversations with patients and families around discharge are clearly recorded and that families are fully informed and understand discharge process.

- Named Person documentation. Current information is misleading referring to a named person. Our documentation is at present under review and being rewritten as we no longer use the dedicated named nurse system. Due to the shift pattern of 3 shifts per week for full time staff, it is not always possible to have a named nurse but the ward tries to have continuity of care by the same member of staff, looking after the same patients, wherever skill mix allows.
- No follow up from incontinence services. Discharging patients' home and reviewing their continence level is very much part of the discharge process and planning. This will be reinforced to all members of the nursing team, that there are discharge plans in the documentation that must be adhered to prior to the discharge taking place, not after.
- Reminder to all clinical staff that conversations with patients and relatives should be documented and key points recorded.
- Reminder that information about a carers needs should be clearly recorded and relayed between the multi-disciplinary team.
- The clinical teams at Western Isles Hospital are collaborating with the Western Isles Macmillan Team to develop improved processes around communication in difficult circumstances and training options for all clinical staff.
- Communication processes within the independent Dental Practice have been improved following General Dental Council finding.
- NHS Western Isles is pursuing a more proactive approach to communication of life limiting diseases and support of the bereaved.
- NHS Western Isles will allocate a named Health Visitor to be the point of contact for parents following the death of a child along with providing support for the family and will lead on and orchestrate the necessary contacts.
- Processes involving viewing of a deceased; including immediate estates work which has been completed, and now guaranteed involvement of the on-call chaplain when a viewing request is made.
- NHS Western Isles will be beginning additional workshops/ training for all staff groups in compassionate and effective communication in the near future.
- Western Isles Dental Centre Dentists advised of the pathway when it becomes clear a patient was attending regularly with the same problem, that an escalation to the dental manager for discussion of the treatment options should take place.
- New Access service to commence at Public Dental Service.
- Letter template for complaints final response letters to be changed to include email and address options for complainants to respond to if not satisfied with response.
- NHS Western Isles to consider best ways to communicate with patient using Easy Read.
- Review the current advice that the call handlers provide to members of the public in relation to vaccination exemption requests. Update for GP staff to remind them to advise patients that they can request medical exemption by emailing the NHS Western Isles Immunisation Coordinator.
- Establish a proper patient contact in Raigmore for when we have no Audiology service. Sensory Centre is used as a contact but they offer a limited service.

- Scheduling more administration time into Audiologist's week due to no administration support in the service.

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 and demonstrates the benefits of learning from any adverse events, complaints, and claims. The group also identifies any trends and co-ordinates thematic learning from across the separate areas and ensures that appropriate actions have been progressed.

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/ Director of Finance and Procurement on behalf of the Chief Executive reviews all complaints upon receipt and signs off all responses. In addition the Chief Executive reviews all Significant 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. Almost invariably complainants as a result are more focussed, prepared and confident leading to a positive interaction. 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.

The complaints officer for NHS Western Isles is in regular contact with the Pass Adviser to foster a better working relationship.

The Scottish Public Services Ombudsman (SPSO).

In the period **2021/2022 (2)** complaints were referred to the Ombudsman. Of these **(1)** complaint was upheld with **4** recommendations and one item of feedback for the Board and **(1)** was returned with no further action taken. All **(4)** recommendations have been completed and been fully implemented and the item of feedback shared with staff for future learning.

The Ombudsman informed the Board of the outcomes of **(2)** outstanding complaints received during the period **2020-2021**. **(2)** complaints were upheld, both with **(2)** recommendations. All recommendations have been accepted and implemented in full. Details of all NHS Western Isles reports can be found on the SPSO website: [Our findings | SPSO](#).

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.

The Board ensures accountability for staff identified to complete service improvements and this has achieved enhanced levels of quality, reliability, safety and better patient experience which has always been our overall 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 are engaging with complainants to understand their experience with the complaints process. We send all stage two complainants our Patient Relations Feedback Form and ask them to return it to NHS Western Isles by post with a stamp addressed envelope provided or by email/telephone if they prefer.

We ask all stage two complainants the following nine questions and ask them to respond with either agree/neither agree or disagree/disagree/don't know:

Finding information on how to make a complaint was easy? There were **(13)** agree, **(4)** neither agree or disagree and **(1)** disagree responses received.

Submitting a complaint was easy? There were **(13)** agree and **(6)** neither agree or disagree responses received.

Patient relations staff were helpful, courteous and professional. There were **(14)** agree, **(1)** neither agree or disagree, **(3)** disagree and **(1)** don't know responses received.

Patient relations staff listened and understood my complaint. There were **(10)** agree, **(4)** neither agree or disagree **(3)** disagree and **(2)** don't know responses received.

Patient relations staff checked what outcome I wanted. There were **(6)** agree, **(1)** neither agree or disagree, **(3)** disagree responses received.

Patient relations staff explained the complaint process. There were **(11)** agree and **(4)** neither agree or disagree, **(2)** disagree and **(2)** don't know responses received.

My complaint was handled in a timely manner and I was kept informed of any delays. There were **(12)** agree and **(6)** disagree responses received.

All my complaint points were answered. There were **(4)** agree, **(4)** neither agree or disagree and **(7)** disagree responses received.

The complaint response was easy to read and understandable. There were **(10)** agree, **(5)** neither agree or disagree, **(4)** disagree, **(0)** don't know and **(0)** not completed responses received.

We also ask two further specific questions which require a **Yes/No** answer.

I raised concerns about how my complaint was handled? There were **(6)** yes and **(10)** no with **(3)** not completed responses received.

Were your concerns addressed? There were **(5)** yes and **(9)** no with **(5)** not completed responses received.

Indicator 3: Staff Awareness and Training.

Staff training and support regarding people who wish to give feedback or make a complaint.

Staff are able to receive support from their managers with guidance from the Complaints Officer and Patient Focus Public Involvement (PFPI) Officer to enable them to respond effectively to feedback.

Staff are encouraged to complete the NES: Complaints and Feedback Course. One staff member completed the course in 2020/21. Four staff members have completed the course in 2021/22. Modules take 15 minutes to complete. Staff can complete them as a group in their own time or during dedicated time. We do not expect staff to undertake this module annually we will encourage uptake from staff via the Team Brief newsletter.

Raising staff knowledge of the complaints procedure through various other means such as the Complaints Officer attending Senior Charge Nurse meetings and promoting on line webinar events.

Central Legal Office provide investigation training to managers.

We had moved our focus on front line staff responding to patient feedback with a programme of Care Opinion training delivered to Heads of Service, Health and Social Care Partnership staff, Third Sector representation and to Patient Peer Support Groups. However during coronavirus the responsibility for responses was transferred to the PFPI officer to free up staff time in dealing with frontline training and activity.

The Learning Review Group noted that improving communication continues to be a theme within the complaints report and any investigations.

The Director of Finance and Procurement Ms Debbie Bozkurt on behalf of the Chief Executive , Mr Gordon Jamieson is the Senior Reporting Officer and Mr Roddy Mackay Complaints Officer is the board champion.

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:

- Use of Microsoft Teams technology with complainants when appropriate;
- 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- during COVID-19 this has been suspended.
- Development of Learning and Review Group and Patient Experience Group within Governance Structures using Microsoft Teams technology;
- 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 Director of Finance and Procurement on behalf of the Chief Executive has personal input into every complaint, concern. The Chief Executive has personal input into all serious adverse events, clinical negligence claims; and patient opinion posting and responses. This provides, in a relatively small organisation, the early detection of developing trends, increasing risks, and areas requiring additional support and or learning;
- 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 Western Isles Board	77
4b. Number of complaints received by NHS Western Isles Primary Care Service Contractors	70
4c. Total number of complaints received in the NHS Western Isles Board area	147

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

NHS Western Isles Board - sub-groups of complaints received.

Independent Contractors - Primary Care services.	
4h. General Practitioner.	68
4i. Dental.	2
4j. Ophthalmic.	0
4k. Pharmacy.	0
4l. Total of Primary Care Services complaints,	70

There were **(80)** complaints that were processed in total under the new Complaints Handling Procedure for the year **2021/2022** by NHS Western Isles Health Board.

There were **(2)** complaint(s) recorded by Castlview Dental Practice, **(68)** by GP Practices across the Western Isles.

There were **(3)** complaints that were logged for the year **2021/2022** by NHS Western Isles and then either withdrawn, transferred to another unit or irresolvable other.

This figure after removal of these three complaints is **(77)** for **2021/2022** which compares with **(47)** complaints between **2020/2021**.

Table 4 shows the locations complained about **2021/2022**, with the most complaints received about Acute/Clinical services, which is similar to the previous year. The comparisons with **2020/2021** are also given.

Table 4

Complaint received by location	2021/2022	2020/2021
Western Isles Hospital	46	28
Uist and Barra Hospital	5	5
St Brendan's Hospital	2	1
Board Wide	8	8
Community Health and Social Care Partnership	5	2
Dental Service	5	3
Mental Health and Learning Disabilities Service	9	4
Residence/Offices (not to be used for Hospitals/GP/Clinic)	0	0
Totals:	80	51

The main issues raised in complaints. The top three reasons for complaints received for **2021-2022** and for previous years **2020-2021** were:

- **Clinical treatment.**
- **Staff- Communication oral.**
- **Staff- Communication written.**

Table 5 shows all complaints by Issue category **2021-2022** and **2020-2021**.

Complaints by issue Category	2021/2022	2020/2021
Admissions / transfers / discharge procedure	0	0
Aids / appliances / equipment	3	2
Attitude and behaviour	17	8
Bed shortages	0	0
Catering	1	0
Clinical Treatment	94	34
Communication (oral)	25	23
Communication (written)	22	9
Competence	2	0
Date for appointment	7	5
Date of admission / attendance	1	1
Failure to follow agreed procedures	1	0
Mortuary / post mortem arrangements	0	0
Other	5	2

Outpatient and other clinics	0	0
Patient privacy / dignity	2	2
Patient property / expenses	4	1
Personal records	2	0
Policy & commercial decisions of NHS board	3	1
Premises	2	0
Transport	1	0
Total	192	88

Indicator 5: Complaint closed at each stage.

Table 6.

Total number of complaints closed by the NHS Western Isles Board.	Number.	As a % of all NHS Western Isles complaints closed.
5a. Stage One	13	17%
5b. Stage two- non escalated	63	82%
5c. Stage two escalated	1	1%
5d. Total Complaints closed by NHS Board	77	100%

Contractors report **(70)** complaints in total with **(59)** stage one complaints, **(10)** stage two complaints- non escalated and **(0)** stage two complaints escalated. **(1)** complaint taken but closed. It should be noted that the large number of stage 1 complaints for contractors related to the installation of a new telephony system by a GP Practice.

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

Stage one complaints.

Table 7.

Stage 1 complaints.	Number.	As a % of all complaints closed by NHS Western Isles Board at stage one.
6a. Number of complaints upheld at stage one	2	15%
6b. Number of complaints not upheld at stage one	7	54%
6c. Number of complaints partially upheld at stage one	4	31%
6d. Total stage one complaints outcomes.	13	100%

Contractors report **(46)** complaints upheld and **(12)** not upheld and **(1)** partially upheld at stage one. **(1)** complaint taken but closed with no outcome **(60)**.

Stage two complaints- non-escalated.

Table 8.

Non-escalated complaints.	Number.	As a % of all complaints closed by NHS Western Isles Board at stage two.
6e. Number of non-escalated complaints upheld at Stage 2.	12	19%
6f. Number of non-escalated complaints not upheld at stage two.	32	51%
6g. Number of non-escalated complaints partially upheld at stage two.	19	30%
6h. Total stage two non-escalated complaints outcomes.	63	100%

Contractors report **(10)** complaints with **(4)** not upheld and **(5)** upheld and **(1)** partially upheld at stage two non-escalated.

Stage two escalated complaints.

Table 9.

Escalated Complaints.	Number.	As a % of all escalated complaints closed by NHS Western Isles Board at stage two.
6i. Number of escalated complaints upheld at stage two	N/A.	-
6j. Number of escalated complaints not upheld at stage two	1	100%
6k. Number of escalated complaints partially upheld at stage two	N/A.	-
6l. Total stage two escalated complaints outcomes	1	100%

Contractors report **(0)** stage two escalated complaints.

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	Total average time in working days to close complaints at.
Stage one	3.15 days 2021/2022. 2.7 days 2020/2021.
Stage two	29 days 2021/2022. 34 Days 2020/2021.
Stage two after escalation	18 days 2021/2022. 28.5 days 2020/2021.

GP Contractors, report **(4.5)** working days as average time to respond to stage one complaints in **2021/2022** in comparison to (3.5) working days in 2020/2021 and **(19)** working days as average time to respond to stage two complaints in **2021/2022** in comparison to (9) working days in 2020/2021. Castlevue Dental Practice report **(2)** stage one complaints both responded to within one day each for **2021/2022**.

Complaints Handling Performance.

The number of stage one complaints responded to within 5 working days has increased to **(3.15 days) 2021/2022** from (2.7 days) 2020/2021. The number of non escalated stage two complaints responded to within 20 working days has decreased to **(29) days in 2021/2022** from (34 Days) 2020/2021. For escalated stage two complaints, it has decreased to **(18 days) 2021/2022** from (28.5 days) 2020/2021. The primary reasons for investigations taking longer to complete were availability of staff, increasingly complex complaints, staff workloads and Covid-19. There were **(6)** complaints that were over 50 days but under 117 days which were delayed due to their complex nature, delay in obtaining consent, delay in medical staff responses and delays from Investigating Managers. It is expected that this trend will continue into 2022/2023.

Indicator eight: 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

All Complaints.	Number.	As a % of complaints closed by NHS Western Isles at each stage.
8a. Number of complaints closed at stage one within 5 working days.	12	92%
8b. Number of non-escalated complaints closed at stage two within 20 working days.	31	49%
8c. Number of escalated complaints closed at stage two within 20 working days.	1	100%
8d. Total number of complaints closed within timescales	44	57%

Contractors report **(57)** complaints closed at stage one within five working days and **(9)** complaint closed within twenty working days at stage two. **(1)** complaint taken but closed. Castleview Dental Practice report **(2)** stage one complaints closed within one day each.

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.

Complaints.	Number	As a % of complaints closed at each stage
9a. The number of complaints closed at stage one where extension was authorised.	1	8%
9b. The number of complaints closed at stage two where extension was authorised (including both escalated and non escalated complaints).	31	48%
9c. Total number of extensions authorised.	32	42%

GP Contractors report **(0)** complaints were closed at stage 1 where extension was authorised and **(1)** complaint closed at stage 2 where extension was not authorised. This complaint was completed on day **23** (3) days late. Castlevue Dental Practice report **(0)** complaints were closed at stage 1 where extension was authorised and **(0)** complaints closed at stage 2 where extension was authorised.

NHS Western Isles always makes every effort to ensure timescales for the Complaint Handling Procedure are adhered to by Investigating Officers. Due to Covid-19 and staff dealing with its effects, a number of complaints have been delayed which would not have been the case without Covid-19. The system used to collate complaints is web based and provides better functionality for monitoring all complaints timescales and deadlines.

Encouraging and Gathering Feedback.

Available methods of encouraging feedback.

Engaging Differently.

NHS Western Isles welcomes and encourages feedback from patients, carers, families and staff and we have a range of mechanisms in place to support this.

Measures to control the COVID-19 pandemic, including lockdown restrictions, have created a challenge for traditional ways of engaging with people. PFPI cuts across the whole system and includes all staff, regardless of position, staff group or profession and is everyone's business to improve the experience of patient's, relatives and carers

Changed circumstances do not mean that the old ways of reaching out to people are obsolete. Well-used engagement methods such as surveys, telephone interviews and written information are as useful as ever and are required to be tailored to meet the demographic of the target audience.

There are still some restrictions on face-to-face meetings, and physical distancing is likely to be around for some time to come. At the same time, people and communities are finding their voices and speaking and NHS Western Isles utilise 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 Panel (representation from Patient Peer Support Groups for those with Long Term Conditions and Communities of Interest, including Carers, Disabled Access, Learning Disability and Mental Health Groups developed in 2020 to cover all geographic areas of the Western Isles.
- Feedback from people with long term conditions into Managed Clinical and Care Networks.
- Patient representation on service development groups (project specific and time limited).
- All forms of feedback are reported into NHS WI Learning Review Group.
- Via the Integrated Joint Board there is carer and service user representation on the Western Isles Integration Joint Board, Strategic Planning Group and Locality Planning Groups.

Reporting.

- Complaints and Concerns Process.
- Patient experience surveys and questionnaires.
- Care Opinion website.
- Social Media Feedback.
- Feedback on WIHB website.

Patient Focus and Public Involvement Activity.

- Consultation and Engagement events including service user representation on redesign of services.
- Patient Experience Surveys.
- Volunteer Involvement in redesign of hospital gardens, making clinical scrubs, supporting Covid vaccination clinics and Absent Friends Project.
- Patient/Carer Stories.
- What Matters to Me.
- Care Opinion Direct Feedback with Patient Panel.
- Increase in digital media communications to mitigate effects of coronavirus.

Communications.

- E-mails via wi.coms@nhs.scot
- Feedback and compliments form on the NHS Western Isles website [Feedback - NHS Western Isles | Serving the Outer Hebrides of Scotland.](#)
- Get Involved pages of NHS Western Isles website advising of processes for engagement across all platforms.
- Social Media e.g. Facebook and Twitter and Instagram.
- Telephone line to allow feedback directly to a member of staff.
- Support people to giving feedback and complaints through the Patient Advice and Support Service (PASS).
- We Are Listening Leaflets.
- Social Media invitations RE What Matters To You.

Publicity and helping people feel that their feedback is welcome.

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, accessible leaflets and encouraging staff to welcome this feedback. NHS Western Isles also publicises Care Opinion on hospital information boards, posters and patient information leaflets. Additional methods used to promote 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.
- Admission to Discharge Information Pack available to patients.

- Carers pages on NHS WI website.

Obtaining feedback from equalities/particular 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. Access to Interpretation on Wheels, to assist patients in communicating with Clinical Staff with the ability to be utilised for Near Me consultations.

Patients can access support from the 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.

Targeting equalities groups.

NHS Western Isles has a strong equality focus; this has been demonstrated during 2021/2022 with the following:

- **Learning Disability** –working with Learning Disability groups on content of Get Involved Information with a view to ensuring materials are easy read to allow people to have ready access to providing feedback.
- **Disabled Access** - Members of the Hospital Access Filming Group and Disability Access Panel are active members in the Patient Panel and have been advised by WIHB Management that any changes to the hospital environment will involve participation and consultation to ensure it meets the specific needs of this group of patients. The Barra and Vatersay Disabled Access Group are members of the Barra and Vatersay Community Campus Stakeholders Group.
- **Patient Travel** - Worked with the Patient Panel, Carers Groups and Patient Travel Working Group on the content of a suite of documents to ease access to information, these documents have now been passed by the Communications Team to Patient Travel for implementation.

Recording of 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 continues to be refined.

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.

A number of patient satisfaction surveys were undertaken during 2021/2022 on behalf of the following:

- . Podiatry Wound Care.
- . Medical Travel MRI.
- . Near Me.
- . Primary Care Occupational Therapy.
- . Surgical Waiting.
- . Times Impact Covid.
- . First Contact Physiotherapy.

Surveys requested yet to be initiated by services:

- Occupational Therapy.
- Respiratory Outpatient Clinics.
- Ambulatory Care.
- IJB Draft Survey for Strategy Consultation.
- Podiatry Services.
- CT Coronary Angiogram Baseline.
- Acute Mental Health.
- Gynaecologic Cancer.
- Prostate Cancer.

The delivery of health care to integrated 'health and care'; across geographical and organisational boundaries has always been challenging. Service delivery in rural areas, and particularly issues around accessibility present challenges for health and social care services. NHS Western Isles have been developing Telehealth and digital solutions as a crucial strategy for providing patients with access to the healthcare they need over a number of years.

Person Centred eHealth has developed a reputation of delivering innovation through necessity to ensure a sustainable person-centred service for our island population, this has focused on the following key elements:

Near Me Clinics.

Clinics are very flexible and can be conducted within any location that is suitable to the patient, home, work, mobile phone, car, GP clinic. NHS Western Isles had already adopted this mode of delivering clinics with pilots in Respiratory, Rheumatology and Hand Surgery. These were early adopters and placed NHS Western Isles in a good position to deliver Near Me Clinics in response to Coronavirus. A number of clinicians requested Patient Feedback in response to this mode of service delivery and this was well received with patients welcoming alternative ways of accessing services during this time and providing feedback that this was a welcome addition to patient choice post Covid-19.

Person Centred Pathways Quality Improvement.

Workstream identified with a Quality Improvement Focus, examples of these include:

- Custody.
- MS.
- FME.
- Primary Care First contact.
- Occupational Therapy.
- Physiotherapy.
- Chronic Pain.
- Anticipatory Care Planning.
- Falls.

Care Opinion.

Care Opinion is an independent not-for-profit social enterprise contracted to administer and monitor patient feedback through the <https://www.careopinion.org.uk/> website. This online system gathers feedback from patients and relatives. Although Care Opinion numbers remain relatively low they are in line with previous years, although we have seen a significant increase and interaction in other social media feedback.

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.

During the year from 1 April 2021 to 31 March 2022, 8 opinions were posted on Care Opinion during 2021/22 4 were positive, 4 was negative. Increasing Care Opinion postings continues to be a challenge for NHS Western Isles, with regular local awareness raising to encourage the use of Care Opinion.

- Care Opinion posters are displayed on hospital communication screens.
- Care Opinion posters have been circulated throughout all healthcare premises.
- 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 shown on all local patient information leaflets and corporate information posters.

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.

Examples of Feedback from Care Opinion.

- I'd like to take this opportunity to thank the surgical team who took such good care of me before, during and after my surgery 2 weeks ago. Firstly to the day surgery Nurses Shona and Nicola for their excellent, kind and compassionate care they gave before and after my surgery. I'd like to thank all the theatre staff including Dr George the anaesthetist (who often get forgotten) for putting me at ease and caring for me during my surgery and getting me safely through and last but by no means least I'd like to thank my Surgeon, Dr Stanzcuk for her kind, caring and compassionate approach from when I first seen her at clinic till when she came to see me in the day surgery unit afterwards. She took the time to listen to me, explain everything beforehand and afterwards in easy to understand language and informed me of next putting me at ease knowing there is a plan in place for the future. I couldn't have felt more comfortable from start to finish, outstanding team and a credit to NHS WI.
- Filled the shopping into the trolley at the Coop in Stornoway and saw the vaccination clinic was open. The staff were very friendly and accommodating to squeeze me in at the end.

Patients continue to use alternative online social media platforms to provide feedback. Feedback can be obtained through NHS Western Isles Facebook and Twitter pages which are monitored. In addition patients have been posting comments and feedback on an unofficial local facebook page Western Isles Hospital. This is not an official NHS communications channel but staff keep a watchful eye on content.

Our local island community responded positively to the regular feedback from the Chief Executive on Coronavirus updates and the increased flow of information and communication that has been generated to ensure our population is kept apprised of developments across all services during this time.

Patient Feedback.

The majority of feedback received through the variety of mechanisms available to NHS Western Isles patients remains positive. Patients continue to send in their thanks and appreciation via cards and small tokens of thanks to the staff.

Social Media Feedback.

NHS Western Isles website website – www.wihb.scot.nhs.uk has feedback forms on various pages and any completed forms are automatically emailed to the appropriate department or PFPI for response. Any negative feedback and comments from patients which require departmental responses are acted upon promptly and responses to these are overseen by our Chief Executive prior to being issued. The website was reviewed and launched early 2020 and has been positively received. In addition to the NHS Western Isles website a dedicated Coronavirus website was launched to provide localised information as a one stop resource for local communities.

Engagement meetings and outputs from Patient Public Meetings.

During 2021/22 the existing Patients Panel which covered Lewis, Harris and Barra expanded to include the isles of Uist and now covers all geographic communities. The Patient Panel is drawn from existing Patient Peer Support Groups and Managed Clinical Networks, Third Sector Agencies that represent Communities of Interest and where patient groups do not exist (due to geography) individual patients bring a community perspective. The Patient Panel has a strengthened focus on Disability and Human Rights with strong representation from equalities groups.

This development allowed a full mapping of service user involvement to provide an overview of our engagement and governance arrangements.

Co-production has been at the heart of a number of developments, as outlined above a number of surveys were undertaken to gather views from patients and public.

Scottish In-Patient Experience Survey.

There was no survey in 2021

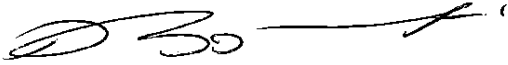
Previous Inpatient Surveys identified areas for improvement including:

- discharge arrangements;
- feedback; and
- identifying the person in charge of a ward.

This work is a continuous cycle of improvement. However, the majority of past feedback was; compassionate care and communication. These are aligned to the themes that come out through a variety of other feedback mechanisms of staff attitude and communication; these are collated and reported to the Learning Review Group to identify key themes and organisational learning.

Annual Review.

The Annual Review meeting for the year 1 April 2021 to 31 March 2022 did not have a public element. This was carried out by Scottish Government and the CEO and the Chair.



Debbie Bozkurt
Director of Finance and Procurement
For and on behalf of
Gordon G Jamieson
Chief Executive
NHS Western Isles

7th November 2022.