

## **Complaints and Feedback Annual Report 2020/2021.**

### **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 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 throughout the Covid-19 pandemic 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?

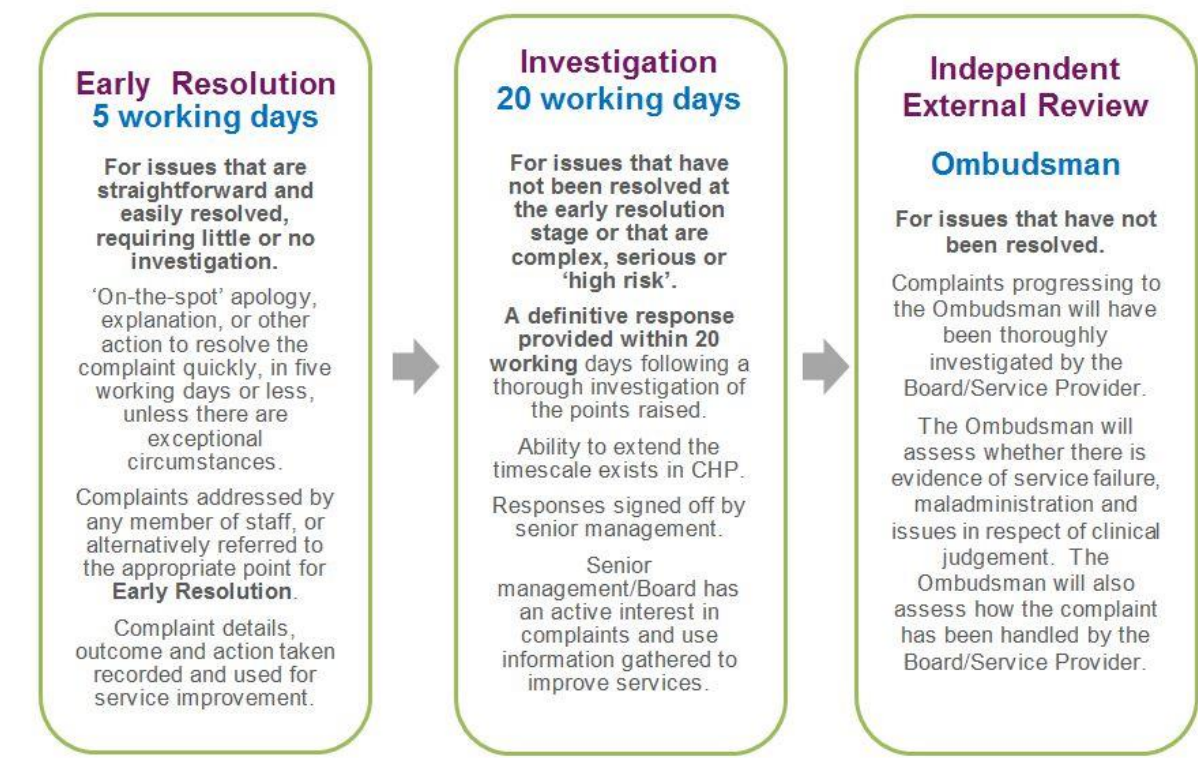
Comments may be comments, compliments, feedback or observations offered orally or in writing for example on ward or hospital suggestion cards, which reflect how someone felt about the service.

### 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 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 period **1<sup>st</sup> April 2020 to 31<sup>st</sup> March 2021** NHS Western Isles had **(2)** 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.

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.
- Medical Director will review supervision of junior doctors with Consultant Medical Staff.
- Online material will be updated by NHS WI continence nurse, this will include patient education material that will be available to staff for reviewing with patients prior to discharge, online material for patients will be introduced and will be available for patients directly.
- The Emergency Department Manager will remind staff when discharging patients out of hours to direct patients, as appropriate, to NHS24 if not to return to A&E. The NHS WI continence specialist nurse will work with A&E on improving communication to ensure there is appropriate follow up for patients.

The Emergency Department has used this case as a learning opportunity to ensure that any x-ray with doubt is followed up, information is communicated to patients, and patients are added to fracture clinic for follow up.

- Patient's journey was used by staff for reflection and learning.
  - Two key issues were identified in patient's pathway.
    - Radiology reports were not shared with cancer tracking and a process has been put in place to ensure all patients are tracked.
    - Initial referral to a separate Hospital was not shared with the Respiratory Consultant as key staff were shielding due to Covid-19 and information was not shared.
- Staff member to be advised of the issues raised.
- Primary Care Manager to ask the GP Practice & Diabetic Service to review patient's care.
- To support Transfer services in providing readily available bariatric air-transfer service. Review of service provision/purpose of Hospital: whether a move to a community hospital with resuscitation service rather than a diagnostic/acute in-patient setting is more appropriate and in-line with the resources available.
  - Staff in hospital to consider tools to improve communication with family members when visiting/contact with clinicians and relatives is limited.
  - Review and modify (if needed) escalation pathways for sepsis/news2 tools in hospital.
  - Consider standardisation of technology to enable remote clinicians to have "eyes-on" patient assessments.
  - Standardisation of communications across all sites.
  - Consider tools to document inputs from retrieval services.
  - Hospital to invest in bariatric equipment.
  - Multi Disciplinary Team meetings when complex cases- decide on single leading responsible clinician to promote effective communication.
  - Develop a designated consultant lead for critical care area in hospital.
  - Introduce standard induction for all locum staff in hospital.
  - Re-launch admission run sheet for hospital and consider roll out to hospital reviewing the role of nursing input in coordination of transfers.
  - The doctor and wider Nursing team has reflected on this incident and it was also discussed as part of a structured significant event review.
- Documentation in the patient record computer system is paramount as this will leave less room for error compared with a verbal handover.
  - Establish a formal evening to nightshift handover process similar to the existing hospital handover between GP's and the CUCN team.
  - Feedback loop must be complete if handing over to another professional e.g. in this case CUCN would not assume message to District Nurses received. One could in the first instance leave a message on the team office phone and follow up with a message on a mobile phone to safeguard communication of messages.
  - A standard operating procedure has been developed for communicating contact and roster changes within the CN team.
- Ensuring Doctors have access to appropriate systems (eg. Emergency Care Summary).
  - Importance of correctly filing patient information in case notes.
  - Open and transparent communication with patient and patient's family.

Inform the locum agency of the findings relating to the staff member and the locum agency to raise with the staff member.

- Ensure Pre vaccination checks are completed by the nurse before delivering the vaccine. This would have identified the child's age and child was scheduled to receive the vaccine from the nursing team. Had this been identified, the nurse would not have invited this child to attend a vaccination appointment.

Timely inter-team communication did not take place between the nursing teams. There was a failure to inform the nursing team of the vaccine administered by the nurse clinic. This led to the double vaccination. Improvements will be made next year to prevent this happening in future influenza vaccination campaigns. This is being treated as a reportable event and the systems will be looked into and improved upon. An information leaflet on what to expect following vaccination is provided with the yellow notification slip that is sent home in the school bag of every child vaccinated. A check will be made that this system is robust moving into next year.

- A policy is being written to ensure transfer of hospital in-patients from Hospital to the Dental Centre is clearly understood by both centres and the responsibility for this is with the patient's medical staff and not the dental centre staff.
- From this account it does highlight some learning points for the multidisciplinary team in preparing relatives of patients with a terminal diagnosis in relation to communication and difficult conversations in the preparation of death as well as practical support such as the Just in case box. The Emergency Department Manager will review this case with the GP and Macmillan Nurse team to identify any way we could have improved this experience for this family.
- Hospital passport put in place. Utilise Speech and language Team to provide assistance to patient at appointments to aid understanding and manage appointments with first double appointment time.
- Offer Near Me in addition to postal or telephone correspondence during periods of restricted home visiting. Ensure staff are confident in using Near Me and identify those staff members who may need an update on its use.
- Ensure families are aware of changes to home visiting patterns and alternative options for communication when home visiting is restricted.
- Change remaining card based systems to electronic data base to be consistent with practice in all areas of the islands so all caseloads can be accessed in times of staff absence which reduces opportunity for missing families.
- Policy reinforced with staff.

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 or 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 **2020-2021 (6)** complaints were referred to the Ombudsman. Of these **(2)** complaints remains under investigation and **(1)** was returned with no further action taken. Of these **(3)** complaints **(1)** was not upheld but feedback was provided to the Board, **(2)** were upheld with **(5)** recommendations, which have been fully implemented.

The Ombudsman informed the Board of the outcomes of **(2)** outstanding complaints received during the period **2018-2019. (2)** complaints were upheld, one with **(2)** recommendations and one with **(4)** 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.

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 **(5)** agree, **(2)** neither agree or disagree and **(3)** disagree responses received.

Submitting a complaint was easy? There were **(8)** agree and **(1)** neither agree or disagree responses and **(1)** disagree responses received.

Patient relations staff were helpful, courteous and professional. There were **(7)** agree, **(2)** neither agree or disagree and **(1)** disagree responses received.

Patient relations staff listened and understood my complaint. There were **(7)** agree, **(1)** neither agree or disagree and **(2)** disagree 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 **(8)** agree and **(2)** disagree, responses received.

My complaint was handled in a timely manner and I was kept informed of any delays. There were **(7)** agree and **(3)** disagree responses received.

All my complaint points were answered. There were **(4)** agree, **(2)** neither agree or disagree and **(1)** disagree responses received.

The complaint response was easy to read and understandable. There were **(7)** agree, **(0)** neither agree or disagree, **(0)** 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 **(4)** yes and **(5)** no with **(1)** not completed responses received.

Were your concerns addressed? There were **(4)** yes and **(4)** no with **(2)** not completed responses received.

Complainants also have the opportunity to provide additional comment which is looked at for learning and improvement purposes and if appropriate passed to individual Departments and or staff.

“Although Private and Confidential this letter and form arrived open/unsealed.”

“Answer to complaint being handled in a timely manner/informed of any delays – one occasion time scale not met. Answer to all my complaint points were answered- Finally!”

“Answer to question – Was your concern addressed – N/A.”

“Points Four and five.

After the initial complaint, more issues were highlighted but ignored as part of the Complaints Process.

Nobody spoke to the family about the whole complaint – it was based on an initial email!

No one checked on what outcome the family were looking for.”

Face to face discussions are used where it is deemed appropriate but no such discussions have taken place during the period under review.

### **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 Development Officer to enable them to respond effectively to feedback.

Staff are encouraged to complete the NES: Complaints and Feedback Course in comparison to the 8 that completed the course in 2019/20 only 1 person completed the course in 2020/21.

Modules take 15 minutes to complete. Staff can complete them as a group in their own time or during dedicated time. It was anticipated that the focus on this activity would drop with staff during coronavirus, although we do not expect staff to undertake this module annually we will encourage uptake from staff via the Team Brief newsletter.

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, Integrated Joint Board 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 , 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 Chief Executive during Covid-19 has 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 by the use of Microsoft Teams technology;
- The organisation welcomes and actively supports and promotes the Patient's Advocacy Service;
- The Chief Executive normally discusses all complaints, adverse events etc, at each Performance Management review. These reviews have been put on hold due to Covid-19 but will commence shortly.

**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:

<b>4a.</b> Number of complaints received by the NHS Western Isles Board	<b>51</b>
<b>4b.</b> Number of complaints received by NHS Western Isles Primary Care Service Contractors	<b>32</b>
<b>4c. Total number of complaints received in the NHS Western Isles Board area</b>	<b>83</b>

**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.**

<b>Independent Contractors - Primary Care services.</b>	
<b>4h. General Practitioner.</b>	<b>30</b>
<b>4i. Dental.</b>	<b>2</b>
<b>4j. Ophthalmic.</b>	<b>0</b>
<b>4k. Pharmacy.</b>	<b>0</b>
<b>4l. Total of Primary Care Services complaints,</b>	<b>32</b>

There were **(51)** complaints that were processed in total under the new Complaints Handling Procedure for the year **2020/2021** by NHS Western Isles Health Board.

There were **(2)** complaint(s) recorded by Castlevieview Dental Practice, **(30)** by GP Practices across the Western Isles.

There were **(4)** complaints that were logged by NHS Western Isles and then withdrawn.

This figure after removal of these three complaints is **(47) for 2020/2021** which compares with **(63)** complaints between **2019/2020**.

Table 4 shows the locations complained about **2020/2021**, with the most complaints received about Acute/Clinical services, which is similar to the previous year. The comparisons with **2019/2020** are also given.

**Table 4**

<b>Complaint received by location</b>	<b>2020/2021</b>	<b>2019/2020</b>
<b>Western Isles Hospital</b>	<b>28</b>	<b>43</b>
<b>Uist and Barra Hospital</b>	<b>5</b>	<b>5</b>
<b>St Brendan's Hospital</b>	<b>1</b>	<b>0</b>
<b>Board Wide</b>	<b>8</b>	<b>7</b>
<b>Community Health and Social Care Partnership</b>	<b>2</b>	<b>4</b>
<b>Dental Service</b>	<b>3</b>	<b>1</b>
<b>Mental Health and Learning Disabilities Service</b>	<b>4</b>	<b>2</b>
<b>Residence/Offices (not to be used for Hospitals/GP/Clinic)</b>	<b>0</b>	<b>1</b>
<b>Totals:</b>	<b>51</b>	<b>63</b>

The main issues raised in complaints. The top three reasons for complaints received for **2020-2021** and for years **2019-2020** were:

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

**Table 5** shows all complaints by Issue category **2021-2020** and **2019-2020**.

<b>Complaints by issue Category</b>	<b>2020/2021</b>	<b>2019/2020</b>
<b>Admissions / transfers / discharge procedure</b>	<b>0</b>	<b>1</b>
<b>Aids / appliances / equipment</b>	<b>2</b>	<b>2</b>
<b>Attitude and behaviour</b>	<b>8</b>	<b>12</b>
<b>Bed shortages</b>	<b>0</b>	<b>0</b>
<b>Clinical treatment</b>	<b>34</b>	<b>41</b>
<b>Communication (oral)</b>	<b>23</b>	<b>17</b>
<b>Communication (written)</b>	<b>9</b>	<b>14</b>
<b>Competence</b>	<b>0</b>	<b>1</b>
<b>Date for appointment</b>	<b>5</b>	<b>3</b>
<b>Date of admission / attendance</b>	<b>1</b>	<b>0</b>
<b>Failure to follow agreed procedures</b>	<b>0</b>	<b>1</b>
<b>Mortuary / post mortem arrangements</b>	<b>0</b>	<b>1</b>
<b>Other</b>	<b>2</b>	<b>1</b>
<b>Outpatient and other clinics</b>	<b>0</b>	<b>1</b>
<b>Patient privacy / dignity</b>	<b>2</b>	<b>2</b>
<b>Patient property / expenses</b>	<b>1</b>	<b>8</b>
<b>Personal records</b>	<b>0</b>	<b>2</b>
<b>Policy &amp; commercial decisions of NHS board</b>	<b>1</b>	<b>1</b>
<b>Premises</b>	<b>0</b>	<b>0</b>
<b>Transport</b>	<b>0</b>	<b>4</b>
<b>Total</b>	<b>88</b>	<b>112</b>

**Indicator 5: Complaint closed at each stage.**

**Table 6.**

<b>Total number of complaints closed by the NHS Western Isles Board</b>	<b>Number</b>	<b>As a % of all NHS Western Isles complaints closed</b>
<b>5a. Stage One</b>	<b>10</b>	<b>21%</b>
<b>5b. Stage two- non escalated</b>	<b>35</b>	<b>75%</b>
<b>5c. Stage two escalated</b>	<b>2</b>	<b>4%</b>
<b>5d. Total Complaints closed by NHS Board</b>	<b>47</b>	<b>100%</b>

Contractors report **(32)** complaints in total with **(18)** stage one complaints, **(13)** stage two complaints- non escalated and **(1)** stage two complaints escalated.

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

**Stage one complaints**

**Table 7.**

<b>Stage 1 complaints</b>	<b>Number</b>	<b>As a % of all complaints closed by NHS Western Isles Board at stage one</b>
<b>6a.</b> Number of complaints upheld at stage one	<b>7</b>	<b>70%</b>
<b>6b.</b> Number of complaints not upheld at stage one	<b>2</b>	<b>20%</b>
<b>6c.</b> Number of complaints partially upheld at stage one	<b>1</b>	<b>10%</b>
<b>6d. Total stage one complaints outcomes.</b>	<b>10</b>	<b>100%</b>

Contractors report **(17)** complaints upheld and **(1)** partially upheld at stage one.

**Stage two complaints- non-escalated.**

**Table 8.**

<b>Non-escalated complaints</b>	<b>Number</b>	<b>As a % of all complaints closed by NHS Western Isles Board at stage two</b>
<b>6e.</b> Number of non-escalated complaints upheld at Stage 2.	<b>12</b>	<b>34.3%</b>
<b>6f.</b> Number of non-escalated complaints not upheld at stage two.	<b>11</b>	<b>31.4%</b>
<b>6g.</b> Number of non-escalated complaints partially upheld at stage two.	<b>12</b>	<b>34.3%</b>
<b>6h. Total stage two non-escalated complaints outcomes.</b>	<b>35</b>	<b>100%</b>

Contractors report **(13)** complaints with **(5)** not upheld and **(6)** upheld and **(2)** 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	0	0%
6j. Number of escalated complaints not upheld at stage two	1	50%
6k. Number of escalated complaints partially upheld at stage two	1	50%
<b>6l. Total stage two escalated complaints outcomes</b>	<b>2</b>	<b>100%</b>

Contractors report (1) complaint which was partially upheld as stage two escalated.

### **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	<b>2.7 days 2020/2021</b> (4.06 days 2019/2020).
Stage two	<b>34 Days 2020/2021</b> (34 Days 2019/2020).
Stage two after escalation	<b>28.5 days 2020/2021</b> (34 days 2019/2020).

GP Contractors, report **(3.5)** working days as average time to respond to stage one complaints and **(9)** working days as average time to respond to stage two complaints. Castleview Dental Practice report **(2)** stage two complaints but did not provide response times.

**Complaints Handling Performance.**

The number of stage one complaints responded to within 5 working days has reduced from **(4.06 days) 2019/2020** to **(2.7 days) 2020/2021**. The number of non escalated stage two complaints responded to within 20 working days remains the same at **(34 Days) for both 2019/2020 and 2020/2021**. For escalated stage two complaints, it has decreased from **(34 days) to (28.5 days) for 2019/2020 and 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 six complaints that were over 50 days but under 170 days which were delayed due to their complex nature and other investigation processes taking place. There were two complaints that followed other Health Board procedures, these other procedures are continuing. It is expected that this trend will continue into 2021/2022.

**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**

	<b>Number</b>	<b>As a % of complaints closed by NHS Western Isles at each stage</b>
<b>8a.</b> Number of complaints closed at stage one within 5 working days.	<b>10</b>	<b>100%</b>
<b>8b.</b> Number of non-escalated complaints closed at stage two within 20 working days.	<b>18</b>	<b>51%</b>
<b>8c.</b> Number of escalated complaints closed at stage two within 20 working days.	<b>0</b>	<b>0%</b>
<b>8d. Total number of complaints closed within timescales</b>	<b>28</b>	<b>60%</b>

Contractors report **(4)** complaints closed at stage one within five working days and **(1)** complaint closed within twenty working days at stage two. Castleview Dental Practice report **(0)** stage one complaints and **(2)** stage two complaint closed but no timescales were provided for their closures.

### **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.**

	<b>Number</b>	<b>As a % of complaints closed at each stage</b>
<b>9a. The number of complaints closed at stage one where extension was authorised.</b>	<b>1</b>	<b>6.25%.</b>
<b>9b. The number of complaints closed at stage two where extension was authorised (including both escalated and non escalated complaints).</b>	<b>17</b>	<b>46%.</b>
<b>9c. Total number of extensions authorised.</b>	<b>17</b>	<b>46%</b>

GP Contractors report **(0)** complaints were closed at stage 1 where extension was authorised and **(1)** complaint closed at stage 2 where extension was authorised. Castleview 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. Since early 2020 due to Covid-19 and staff's preparation to deal 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 severe 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 Group 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
- Feedback Fridays

### 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
- Video/Storyboards - Patient Experience Guides hosted on NHS WI website
- What Matters to Me
- Care Opinion Direct Feedback with Patient Panel
- Establishment of Feedback Fridays within hospital sites with intention to roll out to community venues 2020
- Increase in direct feedback on social media in response to Covid updates
- 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 <http://www.wihb.scot.nhs.uk>
- Get Involved pages of NHS Western Isles website advising of processes for engagement across all platforms
- Social Media e.g. Facebook and Twitter
- 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/You Said We Did Boards outside each ward
- Social Media invitations re What Matters To You and Feedback Fridays

### **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 WI 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 2020/21 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.
- **Refugee Resettlement-** Public Health inputs via the Learning Shop as and when requested by the Support Team. In addition there has been feedback gained to ensure that families know they can contact us re any issues or concerns they have in relation to accessing services.
- **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.
- **National Involvement** - Members of the Patient Panel have been called upon to provide feedback on a number of issues at national level including participating in national online consultation and engagement events including Anticipatory Care Planning, and feeding back into HIS Citizens Panel surveys re the accessibility of questions.

## **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 2020/21 on behalf of the following:

- . **Patient Panel Remobilisation of services post covid**
- . **Speech and Language Therapy**
- . **Bereaved Relatives staff survey - how to improve our process**
- . **Paediatric Outpatients**
- . **Maternity Services Uist**
- . **Chemotherapy**
- . **CTAC**
- . **Northern Periphery (NP) – Families**
- . **NP - Healthcare Users**
- . **NP – Communities**
- . **NP Healthcare Providers**
- . **NP Teachers**

Surveys which remain open:

- . **Hospital at Home**

Surveys requested yet to be initiated by services:

- . **Patient PICC Line awaiting new Junior Doctor input**
- . **Staff PICC Line**
- . **Hospital at Home Carers**
- . **Occupational Therapy**
- . **eHealth – mPower**

Feedback Friday have been shared digitally with the public and to staff within the Team Brief and can be viewed via the following link:

[Feedback - NHS Western Isles | Serving the Outer Hebrides of Scotland.](#)

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.

To date 23 Videos have been made to support patients on Vimeo across a number of innovations, these will continue to be gathered. <https://vimeo.com/nhswesternisles> with the intention of these being placed for ease of access on our website.

### **Person Centred Pathways Quality Improvement.**

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

- Wound care
- MS
- Blood Pressure Scale Up
- Primary Care First contact
- Occupational Therapy
- Physio
- Chronic Pain
- Anticipatory Care Planning

## **Care Opinion.**

Care Opinion is an independent not-for-profit social enterprise contracted to administer and monitor patient feedback through the [www.careopinion.org.uk](http://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. All responses are signed off by the Chief Executive.

During the year from 1 April 2020 to 31 March 2021, only 9 opinions were posted on Care Opinion during 2020/21 8 were positive, 1 was negative (which was in relation to the waiting times affected by Coronavirus). 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. Future developments include the inclusion of Care Opinion on Badgernet and proactively encouraging feedback on Palliative Care.

## **Examples of Feedback from Care Opinion.**

- *My husband had been a patient of Mr El Bana for a couple of years and I cannot find the words to thank him for all he did; my husband was often an uncooperative patient and Mr EB only ever showed him the utmost kindness and courtesy, doing his very best for him. Likewise the staff on Surgical ward who looked after him when he was previously an inpatient - I truly believe that we would not have experienced such a high level of care anywhere. Afterwards, we were not hurried out of the ward, and we were given all the support we needed, including how to start making practical arrangements.*
- *Kirsteen took me the 45 miles to and 45 miles from the hospital to home. I cannot praise and thank her enough for her professionalism, care and kindness. She quickly put me at ease, and made sure I was OK throughout both journeys. If you were me you would want Kirsteen rewarded for her care. I am just one of her patients. She is caring for a lot of people during her week, and is much much more than a driver. My experience on the ward was equally positive. The only name I remember is Nurse Sophie Who is one of this team of Angels. They were so kind, and so observant of all the Covid 19 practices. They even got me lunch! Please tell them all a big thank you from me.*
- *My surgery asked and got told that the service is all ready to go but they are waiting on permission to do the scans again. But there's now nearly 100 on the waiting list. I can't understand why these scans are not happening again and why I still don't have another appointment because I should be near the front of the queue since I've been waiting since last year and got cancelled before.*

- *Admitted with acute abdominal pain. Treated quickly and professionally by both NHS24 and NHS Western Isles Accident & Emergency department.*
- *I like to thank all the staff in the Surgical ward at Western Isles Hospital that looked after me so well recently. Caring, professional and committed to providing the best for their patients.*
- *I'd like to send a special thanks to the catering staff at the Western Isles hospital on behalf of my father who was admitted last Thursday. He has barely eaten at home for 2 months and since he was admitted has eaten every meal placed in front of him, 3 course meals at lunch and 2 course at tea enjoying every mouthful, it's such a relief for us as a family to see him eating and enjoying his food.*

*The catering department don't get enough credit for the wonderful food they serve. We are so lucky still to have freshly prepared food served daily and they are a credit to the hospital and deserve more recognition than they reviewed as nutrition is so important for healing. Special thanks also to the Macmillan nurses who have been involved (and continue to be involved) in my dad's care for the past 18 months, the support they've given to my mother and father and me has been wonderful and we'd be pretty lost without them. We're very lucky to have such a wonderful team*

- *I cannot praise Hazel enough for the support and care she has given me during this anxious time. She is approachable, knowledgeable, caring and compassionate. Nothing seems to be too much trouble for Hazel and her explanations of pathology, treatment and plans do a great deal to reduce anxiety. At one point I was struggling to sleep while anxiously waiting for results, but a chat with Hazel cured my insomnia, as I was able to put my concerns into perspective. Hazel is a shining example of all that is great about the NHS and I am so lucky to have had her by my side*
- *My toddler daughter became very unwell, she had a high temperature and wasn't eating or keeping anything down. I phoned NHS 24 and the lady that I spoke to told me that because she has a temperature she will have to isolate for 7 days and the covid team would be in touch. After that the covid team phoned, asking why I requested a callback if I didn't think my daughter had COVID 19, after telling the call handler on the phone that it wasn't the covid team I wanted to speak to, he continued to laugh. He told me and my daughter to isolate. I wasn't happy with this as I knew my daughter was seriously unwell, I phoned my local hospital and they advised to phone NHS 24 and demand to see a doctor. 6 phone calls later and I finally got put through to the local on call doctor who reassured me it couldn't be covid and said to take my daughter in within an hour if her temperature wasn't down. An hour later the local doctor phoned me back to see how my daughter was, I explained that the temperature was still the same and he asked for her to be brought into A& E. Upon arriving at A& E the Doctor was waiting for us, he checked my daughter over and seen there was a sign of infection and also a reaction to her 1 year jags. I am very, very grateful for my local NHS hospital and cannot thank them enough."*

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

Our local island community has 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 – (website, email, *We Are Listening* leaflets, patient letters).**

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.

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](http://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 2020/21 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.

Barra and Vatersay Community Campus - Through previous consultation, the community made their views clear that there was a need for a Health and Social Care Hub this proposal was progressed throughout 2020/21 with two separate periods of Community engagement that was carried out digitally on the design of the Community Hub. A Stakeholder Group has been established with local representation from all interested community groups, and this works continues with regular updates provided through the local newsletter Guth Barraigh, a FAQ which is available online and is also a standing item on the Patient Panel agenda.

## **Annual Review.**

The Annual Review meeting for the year 1 April 2019 to 31 March 2020 did not have a public element. This was carried out by Scottish Government and the CEO and the Chair.

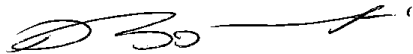
## **Scottish In-Patient Experience Survey.**

There was no survey in 2020

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.



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

2<sup>nd</sup> November 2021.