

Patient Experience Strategic Plan (incorporating complaints)

Year 1 – Report
2023/2024



Introduction

I would like to welcome you to the first annual report of the NHS Lothian Patient Experience Strategic Plan.

NHS Lothian is dedicated to putting patients, their families and carers and our workforce at the centre of all we do. Working as a whole system, the journey through the health and social care system will be one that engages with individual beliefs and values and aligns actions with individual wishes and needs while considering together how best to offer care.

To support this Person-Centred commitment we have worked in partnership with our staff, with patients and the public to develop our Patient Experience Plan. This is set within the strategic context of our corporate objectives, the NHS Lothian Strategic Development Framework as well as the NHS Lothian Quality Strategy. This year-1 report will also include the complaints annual report as set out by Scottish Government.

The Strategic Plan sets out 5 aims :

- People receive treatment in a comfortable, caring and safe environment
- Treatment is delivered in a calm and reassuring way
- People have information to make choices, to feel confident and in control
- People are spoken with and listened to as an equal
- People are treated with honesty, respect and dignity

We will do this by:

- Listening to what is important to patients, their families and carers
- Encouraging patients, their families and carers to tell us when things go right or wrong
- Using the lived experience of patients, their families and carers to shape and improve the way we provide care.



It has been an exciting and busy year, albeit the organisation is still faced with significant operational pressures to see and treat people as quickly as we would like, whether that be in an Emergency Dept or on a waiting list. The financial pressures are also putting additional pressures on the organisation however we are working hard to make sure the organisation is working hard to deliver care that is safe, effective and person-centred.

In presenting this Year 1 Report, I would like to extend my grateful thanks to everybody who has taken the time to provide us with feedback and to every staff member who has responded to it. I do hope that by reading this report you will be encouraged to see, that despite many operational pressures patients, their families and carers do have very positive experiences and their feedback is warmly welcomed which continues to help us improve our services.

Alison Macdonald

Executive Director, Nursing, Midwifery and Allied Healthcare Professionals

2023 / 2024 at a glance

683

compliments received

911

prisoner healthcare complaints

3320

complaints / 61% of all feedback

61%

increase in Care Opinion posts

27

SPSO decision letters published

482

opinion posts shared

11

teams tested the organisational survey

23%

increase in the number of Care Opinion responders

1. What Matters to You?

'What matters to you?' (WMTY) is a worldwide initiative encouraging more meaningful conversations between people who provide health and social care and the people receiving it. NHS Lothian continues to prioritise the importance of listening to what is important to patients, their families, and carers to ensure we provide care which is individual to them.



Lothian Accredited Care Assurance Standards (LACAS) highlights the importance of nursing staff having WMTY conversations with patients. To support all staff across NHS Lothian having WMTY conversations with patients. A centralised virtual resource has been developed and is available on NHS Intranet site. This resource will link to national www.whatmatterstoyou.scot resource, to provide implementation guidance and useful resources. This will be further added to over the next year with case studies showcasing how NHS Lothian services who are having WMTY conversations. This information will be tailored for the public and placed on the NHS Lothian internet site to increase awareness amongst patients, families, carers and the public, so they too can be active participants decisions around their care and treatment.

2. Care Opinion Feedback

Care Opinion (www.careopinion.org.uk) is an independent organisation and website which offers an open and transparent way for patients and the public to share their stories and experiences of health services across Scotland. These stories are then shared with the individual related services in NHS Lothian. In turn we respond to the feedback and use it to support learning, recognising what is done well and what could be improved.

Over the last year Care Opinion has continued to be rolled out in a structured way, increasing the number of services represented and the number of NHS Lothian staff receiving alerts to stories relating to their service. There has been a 23% increase in the number of staff fulfilling the role of responder, which allows patients who have shared their story to be receiving valuable responses direct from frontline NHS Lothian staff delivering their care. Chart 1 shows NHS Lothian has the fourth highest number of responders and members per Health Board and Health and Social Care Partnership in Scotland. Charts 1 – 4 are taken directly from Care Opinion and the reporting function inbuilt to their system.

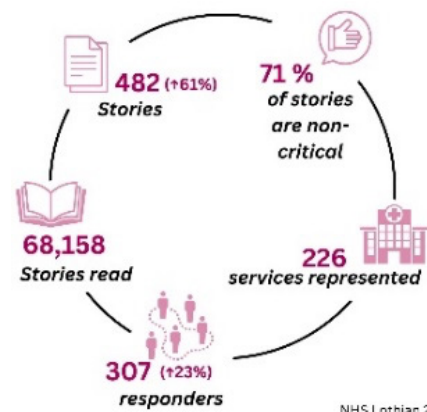


Chart 1

Responders and members per health board

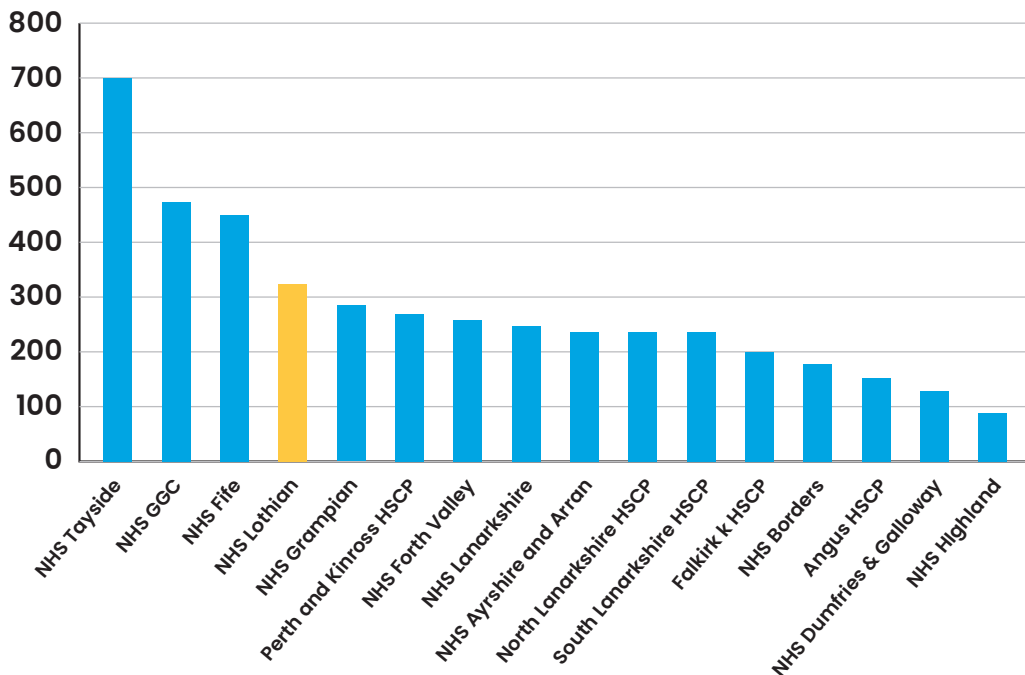


Chart 2 shows the number of stories that have been posted about NHS Lothian on Care Opinion for the period of 2023/2024 (n=482). This is a 61% increase from the previous year (n=300) and these stories have been viewed 68,158 times. From September to January there has been a 5-month consecutive increase in the number of stories posted with January being the highest month.

Chart 2

When these stopries were told

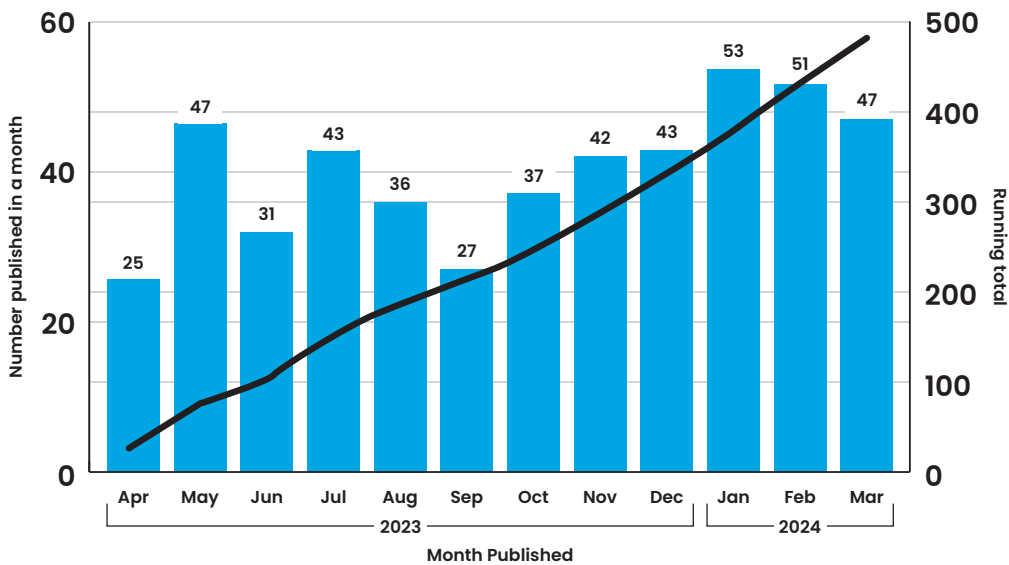
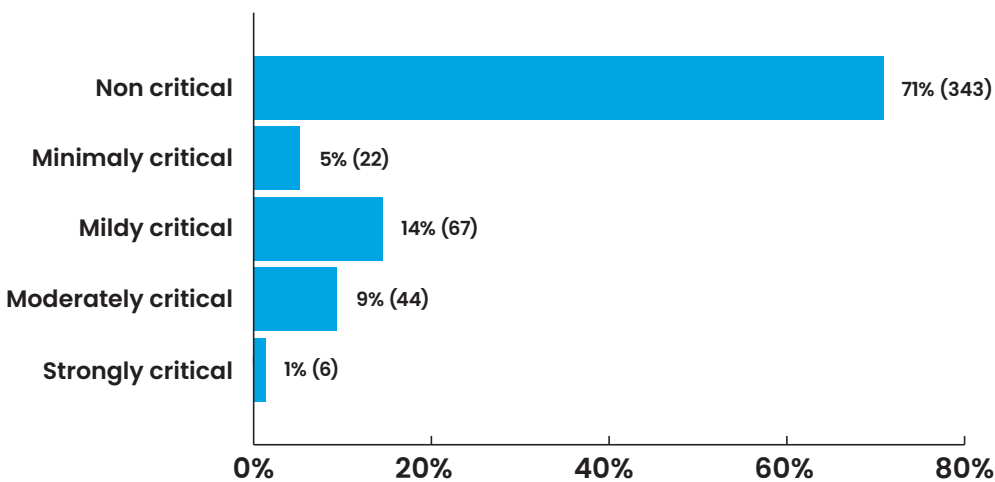


Chart 3 shows the criticality rating of the stories submitted during the 12 months from 1 April 2023 to 31 March 2024. It should be noted that criticality scores are assigned by Care Opinion moderators (not the public or NHS Lothian) to stories and are assigned per story not per service. 71% of stories shared about NHS Lothian services are not critical (positive feedback) which is an improvement of 3% from the previous year. 10% of stories were rated Moderately or Strongly critical which is a 4% decrease from the previous year where 14% of stories were rated moderately/strongly critical.

Chart 3

How moderators have reated the criticality of these stories



Below are some extracts of stories posted on Care Opinion during 2023/2024 that are aligned to the 5 Patient Experience Strategic Aims:

People receive treatment in a comfortable, caring and safe environment

"I had breast cancer surgery at WGH, from admission to discharge all of the staff were amazing and so empathetic. Special thanks to nurse Alex who cared for me on ward 6, she was looked after me so well. What an amazing team, thank you."

Treatment is delivered in a calm and reassuring way

"I had an MRI scan today at St John's Hospital and want to thank the staff for their patience and putting me at complete ease as I was a little nervous. I arrived late due to transport issues beyond my control and I honestly didn't think they would be able to fit me in, but they did, and with kindness too!"

People have information to make choices, to feel confident and in control

"At my 8 week booking appointment at Linlithgow Group Medical Practice I was allocated a midwife called Sophie. I clicked with her instantly. I appreciated her approach to navigating some very personal and sensitive questions. This is vital for patients to get a sense of psychological safety. I was lucky enough to see Sophie again for the last time at my 16 week appointment. Sophie is an excellent communicator, open-minded to my choices and preferences and at no point did I feel judged. Sophie had excellent inter personal skills and makes for a wonderful midwife. Hopefully our paths will cross again in my journey."

People are spoken with and listened to as an equal

"Mum was seen by the most brilliant, caring, expert, knowledgeable, committed team imaginable. I am in awe of all of them. From working with Mum during a horrendous episode of delirium (which saw me sobbing for hours) to providing a wee stuffed cat that 'breathes' as it snoozes, their individual attention and care (while managing the care of an enormous number of people) is breath-taking. While no-one can ever promise anything in such situations, the calmness and professionalism was a reassuring and guiding hand. At each stage the team has sought not only to gather as much background as possible on mum (from medical and personal viewpoints) but has ensured we are aware and up-to-date on status and plans, listening to all of us and including our input as a family in what-happens-next."

People are treated with honesty, respect and dignity

"Had a routine session with the dermatologist & it was just so smooth & effective, & yet also incredibly compassionate. I felt seen & heard & respected by the nurses, consultant & admin staff - thank you, Dermatology unit at Lauriston, Edinburgh!!"

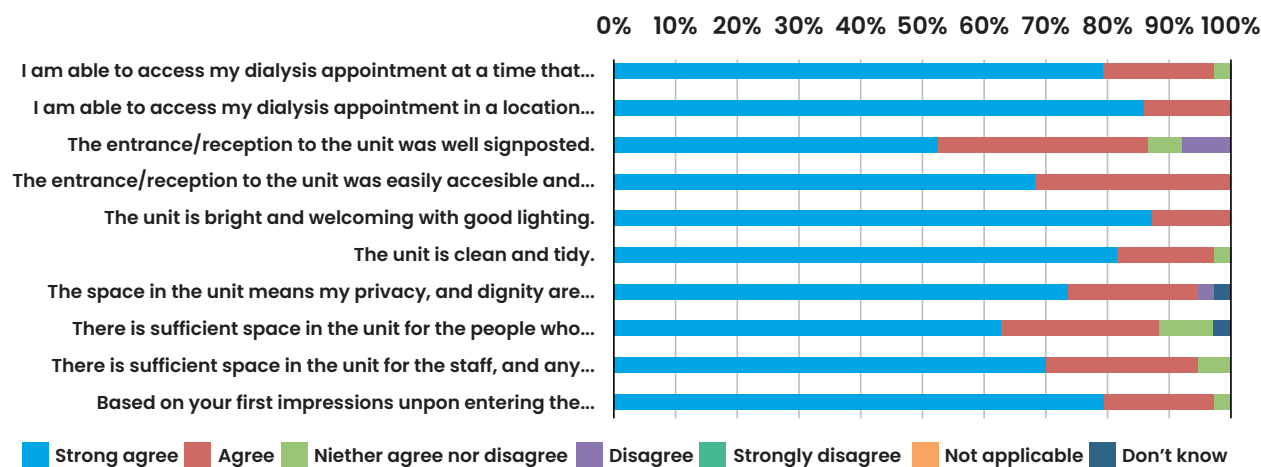
3. Supporting local services to gather feedback.

Many services across NHS Lothian seek to gather feedback from patients, families, and carers about their experience to support evaluation, learning and improvement. 11 services were supported to create their own feedback mechanisms in 2023/2024, 64% were community services who have no access to Care Opinion due to being hosted by HSCPs. Each survey is individually designed to enable the service to gather feedback relevant to them.

Capital planning was one service who were supported to carry out surveys, one was to gain patient feedback following the building of the new Renal Dialysis Unit at Western General Hospital. The survey was structured to gain an understanding of how the environment influences the patient experience and whether the improvement of clinical environments improves the overall patient experience. Chart 5 indicate the results of this survey which received 40 responses. 96% of responses were positive either rating 'strongly agree' or 'agree' that the environment positively supported their patient experience.

Chart 5

Review of New Renal Dialysis Unit



In 2024 services across NHS Lothian will continue to be supported in a variety of ways to gather feedback from patients about their experience to evaluate, learn and continue to improve services.

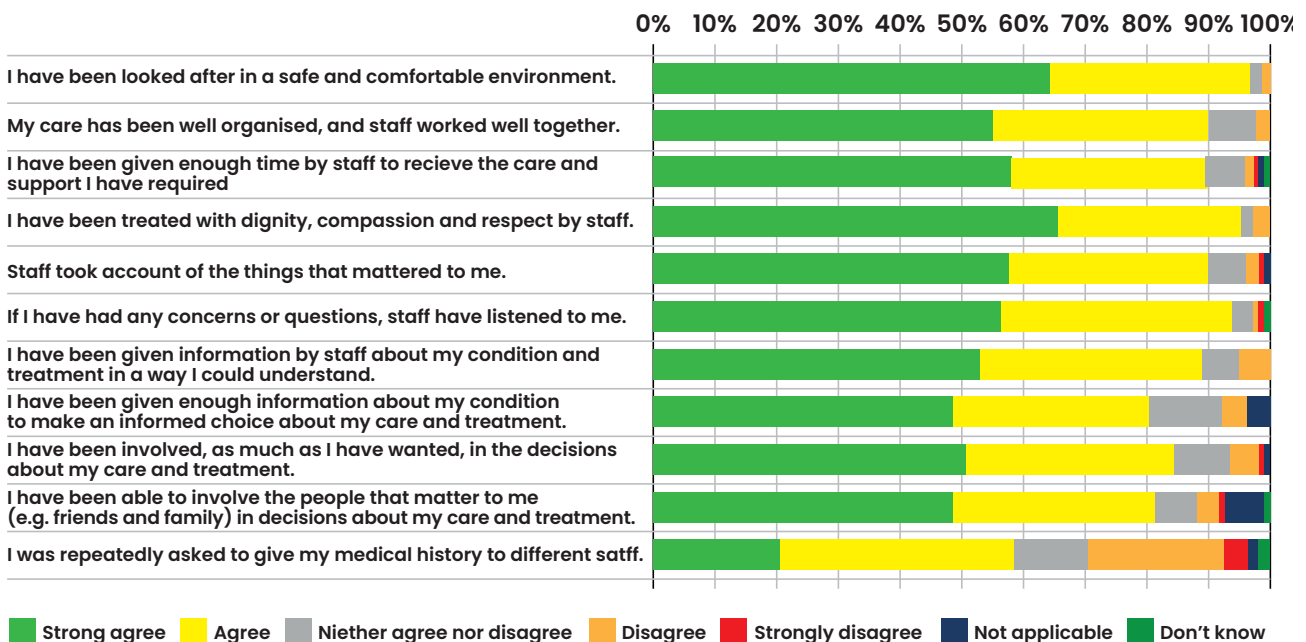
4. Patient Experience Survey

NHS Lothian continues to be committed to providing quality care to patients and their families. Therefore, NHS Lothian wants to make it easy and straightforward for patients, their families, and carers to share their experience with us. The Patient Experience Survey was created as a means of seeking feedback from patients, family members and carers to surrounding the values of person-centred care and whether they agree that this has been characterised in their care. Person-centred care is about focusing on the needs of you as an individual. It is about considering their preferences, needs, and values to guide decisions made by healthcare professionals and themselves about their care and treatment.

The Patient Experience Survey was trialled in 2023 across a variety of services and locations. There were 316 responses gathered, through QR coded promotional materials or volunteers. The results indicated 88% of responses 'strongly agreed' or 'agreed' with the statements, highlighting positively on the quality of the care they received. Chart 6 gives a summary of the results from one of the trials across six wards at the Royal Infirmary.

Chart 6

Patient Experience Survey – RIE (AMU, 104, 105, 202, 205, 206)



In 2024 the survey will be rolled out across NHS Lothian starting with the Acute Adult settings. When the survey is launched patients will be able to access the survey through a QR code or URL link on the promotional materials (posters / business cards). For those who may be unable to access the survey via these means, they will have the opportunity to engage with Patient Experience Volunteers who can support them to participate in the survey.

The information received from the survey will allow services to gain assurance around the quality of person-centred care they provide, as well as offering opportunities to hear how services can be improved.

5. Digital Patient Stories

During this period, the Patient Experience Team have supported the Business Units to record patient stories so that they can be shared with the members of the NHS Lothian Healthcare Governance Committee. This gives people the opportunity to share their feedback with us and it is important that the patient's voice is heard at this senior level of the organisation. When telling their story, people are asked to consider the following 3 questions:

- What went well?
- What could be improved?
- Do they have any suggestions for improvements?

Whilst these stories are shared at a committee level they are also shared locally by the teams who are directly involved in providing the care so that they can see and hear the impact of what it feels like to be a patient within our organisation.

6. Complaints Related Feedback

NHS Lothian is committed to delivering safe, effective, and person-centred care. The use of feedback is central to ensuring delivery of these aims and we offer a variety of approaches which allow people to choose a feedback mechanism that best suits their needs.

The Patient Experience Team provides a supportive role to people who contact them with a complaint or feedback. This can include providing advice on the Complaints Handling Procedure (CHP), obtain independent advice and support on complaining or get support from advocacy services or how to provide NHS Lothian with feedback. The team ensure that the person giving the feedback or making a complaint is clear about the next steps and any associated timescales. The CHP asks that we make it easy and accessible to provide feedback or make a complaint and we also direct people to the Patient Advice and Support Service (PASS) or other advocacy agencies.

All complaints contacts are held centrally in our risk management system Datix and therefore closely aligned with Significant Adverse Events / Duty of Candour processes. The Patient Experience Team provides NHS Lothian with a central point for the receipt and coordination of all Scottish Public Service Ombudsman (SPSO) correspondence and activity.

NHS Lothian receives a variety of types of feedback. Chart 7 below shows the different types of feedback received during 2023/2024, which totalled 5482 pieces of correspondence. Further details on complaints will be detailed in the next section. It should be noted that although compliments reflect 12% of the overall feedback, this only represents those that are sent directly into the offices of the Chief Executive or other Executive Directors. Many compliments are received directly by the clinical teams and feedback to staff at a local level.

Chart 7

Complaint	Concern	Feedback	Comment	CEO / Enquiry	Compliment
3320 (61%)	1220 (22%)	159 (3%)	2 (0%)	98 (2%)	683 (12%)

It can be seen below in Chart 8 that June 2023 saw the biggest volume of feedback received (n= 538) with December 2023 seeing the smallest (n= 314).

Chart 8

Number of pieces of correspondence during 2023/2024

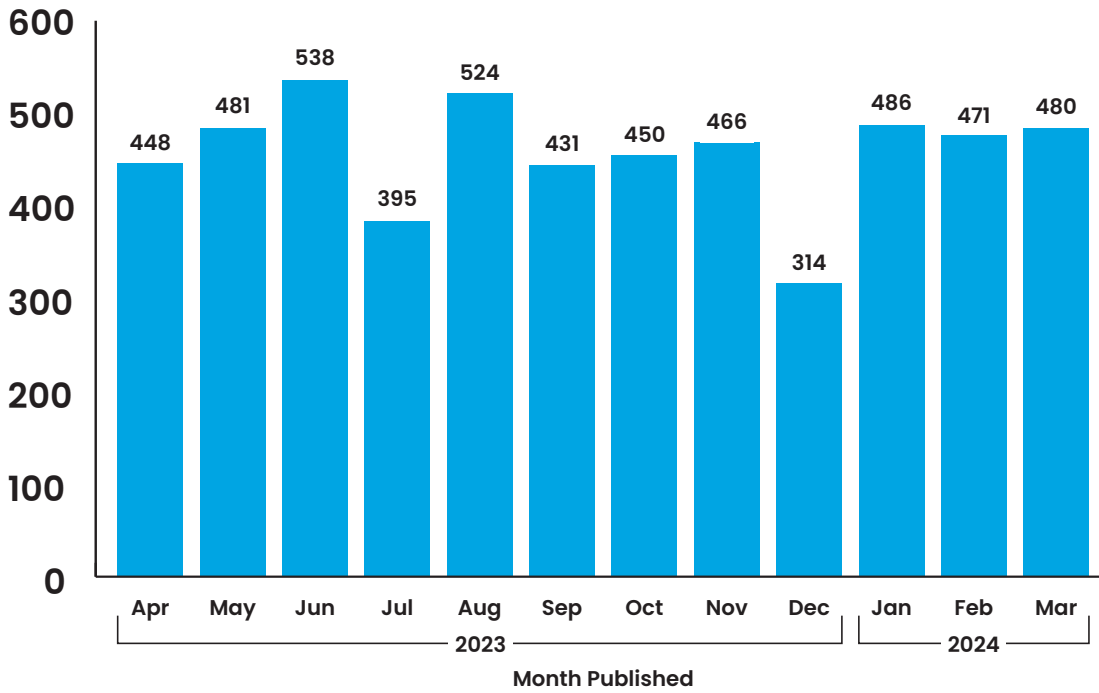
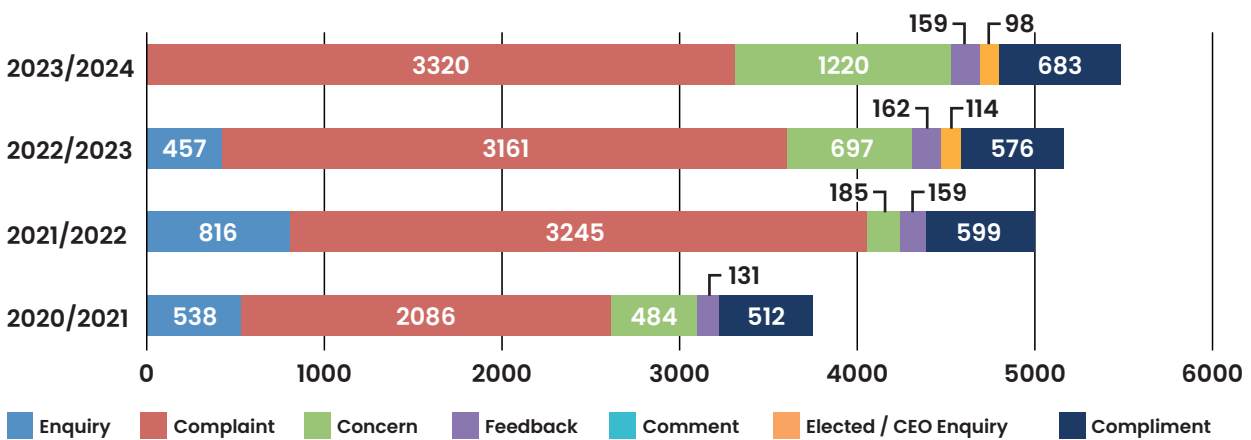


Chart 9 describes the feedback by type over the last 4 financial years.

Chart 9

Breakdown of Feedback by Type by Year



The Complaints Handling Procedure (CHP) requires all NHS Boards to report on a set of key performance indicators (KPIs). The following details the performance and activity that NHS Lothian has taken against these nine KPIs.

NHS Lothian’s definition of a complaint is:

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

- A Stage 1 complaint – Early resolution – issues that are straight forward and easily resolved that require little or no investigation – 5 working days.
- A stage 2 complaint – Investigation – issues that have not been resolved at the early resolution stage, or that are complex, serious, or high risk – 20 working days.

Prisoner Healthcare Complaints

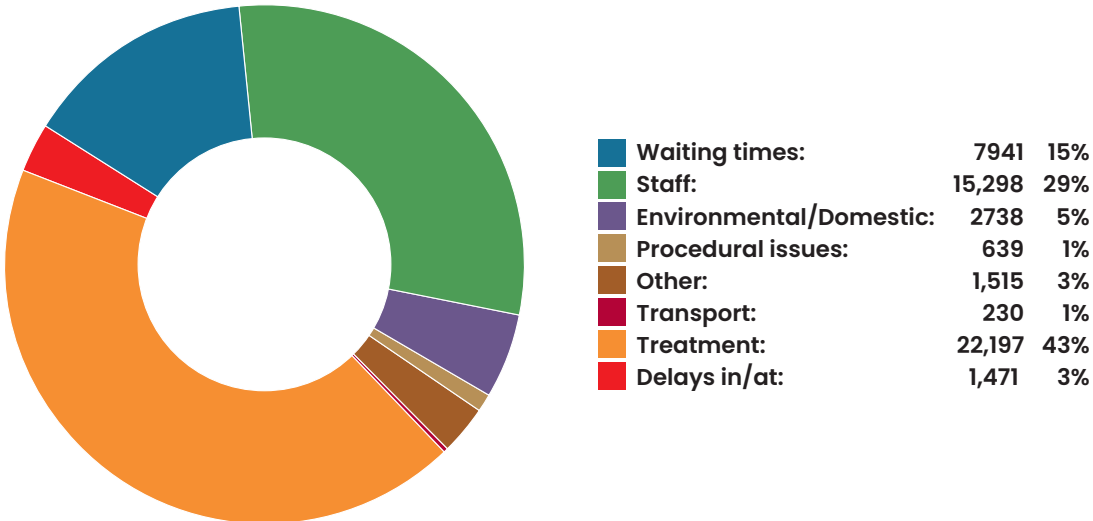
NHS Lothian is responsible for prisoner healthcare at both HMP Addiewell and HMP Edinburgh. These are large prisons with HMP Edinburgh having both male and female prisoners. As already highlighted NHS Lothian has received 3322 complaints during this period, of which there were 911 from prisoners – an increase from the previous year (n=900). Stage 1 complaints account for most cases (n=720) which is a positive position as most complainants have their complaints resolved locally via this process. Where this has not been possible, those remaining cases have been managed via the stage 2 process. Complaints and Feedback Forms are available to prisoners in the halls and the healthcare staff.

Indicator One: Learning from complaints.

For the purpose of this report the themes from stage 1 complaints have been separated from stage 2 complaints. Chart 10 identifies the themes from stage 1 complaints themes are shown below.

Chart 10

Stage 1 complaints 2023/2024 by issue type



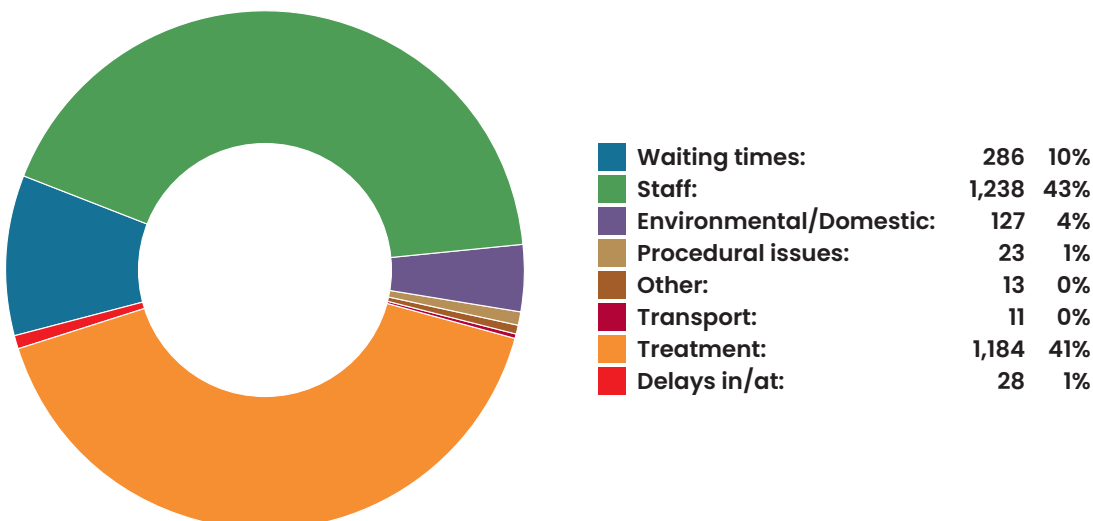
For Stage 1 complaints the top three reasons are 1) Treatment 2) Staff and 3) Waiting Times. This is in keeping with the previous year's report.

For each complaint that is received there is the opportunity to record up to three "issues". An example would be that the complaint describes issues of staff, delays with clinical treatment and difficulties with car-parking. For this reason, there are more issues recorded than the numbers of complaints.

For those complaints that have been identified as stage 2, the top three reasons are 1) Staff, 2) Treatment and 3) Waiting Times. This is in keeping with the previous year's report (Chart 11).

Chart 11

Stage 2 investigation complaints 2023 - 2024 by issue type



Some examples of learning / changes

- A patient highlighted issues when receiving appointment notification text messages. They indicated that these messages did not include department details or a contact telephone number. This created a difficult situation for the patient, who was under the care of multiple services, that this crucial information was not included in the text message. As a result of this complaint, work was undertaken on a system enhancement to improve communications, so that text messages provided the name of the specialty and a contact telephone number.
- A complaint about aspects of nursing care identified that staffing rosters for the ward could be improved. It helped to identify where additional support is available for staff to help them safely undertake ward tasks. It was also identified that the equipment checks for rooms/patient spaces required updating and to ensure that the rooms were fully equipped with functioning equipment- this was taken forward at the ward safety brief.
- A complaint was made relating to vaccination administration. As a result of this, further training and support was identified to enhance nursing practice when administering vaccinations. This also included an improved and longer appointment time for patients.
- Issues were highlighted following a young person's neurodevelopmental assessment, which had been carried out jointly by the Community Paediatric Service and the Child and Adolescent Mental Health Service. When joint assessments are carried out and dual diagnoses given, it was identified that improvement was needed in coordinating and delivering post diagnostic support in line with the clinical pathway. To ensure that patients are not disadvantaged by not receiving timely information and support- as had happened in this situation- steps were taken by the services to establish a clear process for patients undergoing joint assessment. This included a review of previous patient who had undergone joint assessments to identify any deficits in the allocated post diagnostic support or awaiting their diagnostic reports, and for the appropriate redress to be taken.
- The family of an inpatient who was in hospital raised concerns about the care and treatment, and because of the investigation, staff have been reminded throughout the directorate about the safe administration of medication policy and to ask each patient their details (Name, Date of Birth, Allergies) before administering any medication. Staffing levels were reviewed regularly and additional support will be requested and planned if required. To support ward nursing staff, Assistant Practitioners are to be introduced to the Directorate. In addition, 15 staff have been employed who are either qualified nurses or going through their training and further recruitment is planned in the future.

As previously highlighted in chart 7 NHS Lothian received 683 compliments, which have been received directly via the Chief Executive’s office, an Executive Director or the Patient Experience Team. This equates to 12% of all feedback recorded in DATIX. The Patient Experience Team continues to encourage clinical teams to record compliments locally on DATIX. As an organisation, we are very aware that the clinical staff receive thank you cards and compliments directly to the wards and teams and the numbers below only reflect a tiny proportion of this positive feedback.

All Scottish Public Services Ombudsman Reports (Decision and Investigation Reports) are shared across the organisation. Summaries are provided from these reports on a monthly basis to ensure wider learning can take place. For those NHS Boards who receive Investigation Reports these are also shared across NHS Lothian. Learning from feedback continues to be an agenda item on groups such as Acute Clinical Management Group.

Indicator Two: Complainant Process Experience

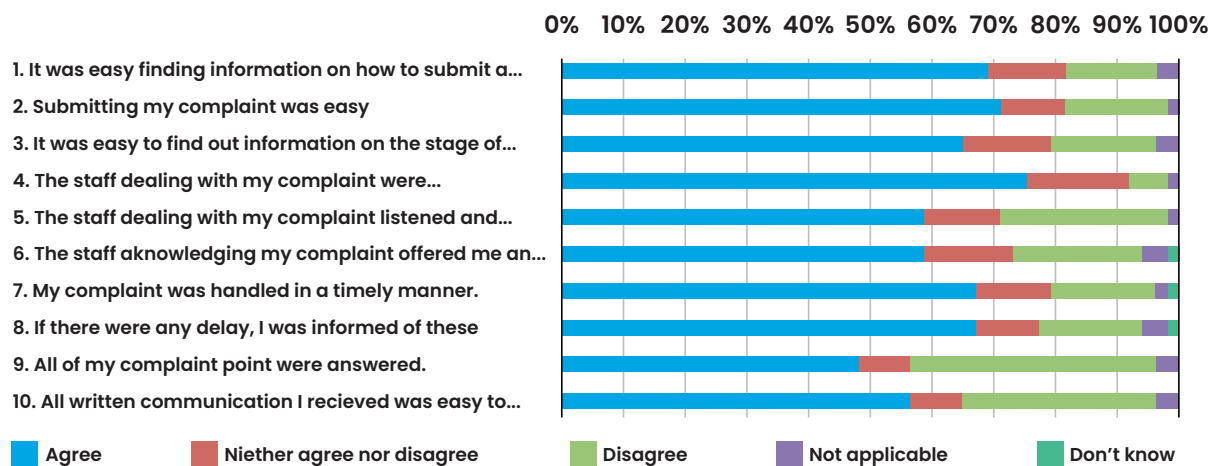
This Key Performance Indicator (KPI) requires Boards to seek feedback from complainants about their experience of the complaints service provided. Since the introduction of the Complaints Handling Process in April 2017 complainants have been given the opportunity to provide feedback on their experience of the complaints process itself. Currently this request is made at the end of the complaints journey and in previous years this has been undertaken using postal or telephone surveys. Response rates continue to be poor as with previous postal surveys, and it was agreed this year that a copy of the postal survey along with the option of a QR code would be added to Stage 2 Complaint response letters. From June 2023 a QR code and postal survey were added to the Stage 2 response letters.

The survey has 10 questions and a free text box. 48 complainants responded to the survey, returning their response either through the QR code or through a paper response.

The results are detailed in the bar chart for each of the survey questions. Whilst it is reassuring to see that 68% of complainants found that making their complaint was easy there is further work required to make the CHP more accessible. 58% of the respondents did not indicate that they received an apology by the staff who were involved in dealing with their complaint. This indicator continues to be discussed by the National Complaints Managers Group as all NHS Boards have challenges regarding this indicator.

Chart 12

Complaint process survey responses 01/04/23 – 31/03/24



Indicator Three: Staff Awareness and Training

Bespoke training continues to be provided on an ad hoc basis by the Patient Experience Team. In the last year, we have also delivered a monthly Patient Experience awareness session via the MS Teams Platform to newly Qualified Nurses and Midwives. The Patient Experience Team has also supported the Royal Infirmary of Edinburgh and the Western General Hospital in the delivery of monthly Senior Charge Nurse Development Sessions in respect of the Patient Experience Strategic Plan and the Senior Charge Nurse role in supporting this.

The training modules developed by NES are available through LearnPro and staff have been encouraged to participate in these:

1. NES: The Value of Feedback
2. Encouraging Feedback and using it
3. NHS Complaints and Feedback Handling Process
4. The Value of Apology
5. Difficult Behaviour

Indicator Four: The total number of complaints received.

Table 1

Table 1 right identifies the number of complaints received each quarter, which they are all generally very similar, it shows most were received in quarter 2 (n=1467).

	Number / %
Quarter 1	1437 / 26%
Quarter 2	1467 / 27%
Quarter 3	1350 / 25%
Quarter 4	1230 / 22%

Indicator Five: Complaints closed at each stage.

Table 2

Table 2 below, identifies the number of complaints closed at each stage, as a percentage of all complaints.

Complaint Type	%
Stage 1	48%
Stage 2	43%
Stage 2 Escalated	9%

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

Table 3 shows complaints by outcome. 46% of Stage 1 complaints were not upheld, 24% of Stage 2 complaints were not upheld. The data below does not add up to 100% as there have been a small number of complaints that have not progressed through to conclusion and have been withdrawn. Often complaints can have elements that are both upheld and not upheld, in these circumstances, the outcome is described as “partially upheld”.

Table 3

Complaint Type	Upheld	Not Upheld	Partly Upheld
Stage 1	32%	46%	27%
Stage 2	22%	24%	43%
Stage 2 Escalated	20%	39%	31%

For some Stage 2 complaints it can be clear from the outset that the complaint will take longer than 20 working days to carry out the investigation and respond to the complainant. In these circumstances, the complainant must be informed in advance of this and should be kept up to date during the investigation process. Further details on this are included under indicator nine.

Indicator Seven: Average times

Table 4

Table 4 below identifies the average number of working days to respond to Stage 1, Stage 2 and Stage 2 escalated complaints. The average time for Stage 1 complaints is 8 days. The average length of time for Stage 2 complaints to be investigated and responded to is 24 days and for those escalated Stage 2 complaints it is 31 days.

Complaint Type	(N)
Stage 1	8
Stage 2	24
Stage 2 Escalated	31

Indicator Eight: Complaints closed in full within the timescales.

Table 5 below identifies the percentage of complaints that have been closed in full as a percentage of Stage 1 complaints (5 working days), Stage 2 complaints (20-working days) and those Stage 2 escalated (20 working days)

There were 53% of Stage 1 complaints responded to within 5 working days and 52% of Stage 2 complaints responded to within 20 working days. There were 29% of escalated Stage 2 complaints responded to within 20 working days. These figures reflect how staff continued to be challenged responding in a timely manner, and their competing priorities at what has been, and continues to be, a very challenging time for the organisation.

Table 5

Complaint Type	%
Stage 1	53%
Stage 2	52%
Stage 2 Escalated	29%

Indicator Nine: Number of cases where an extension has been authorised

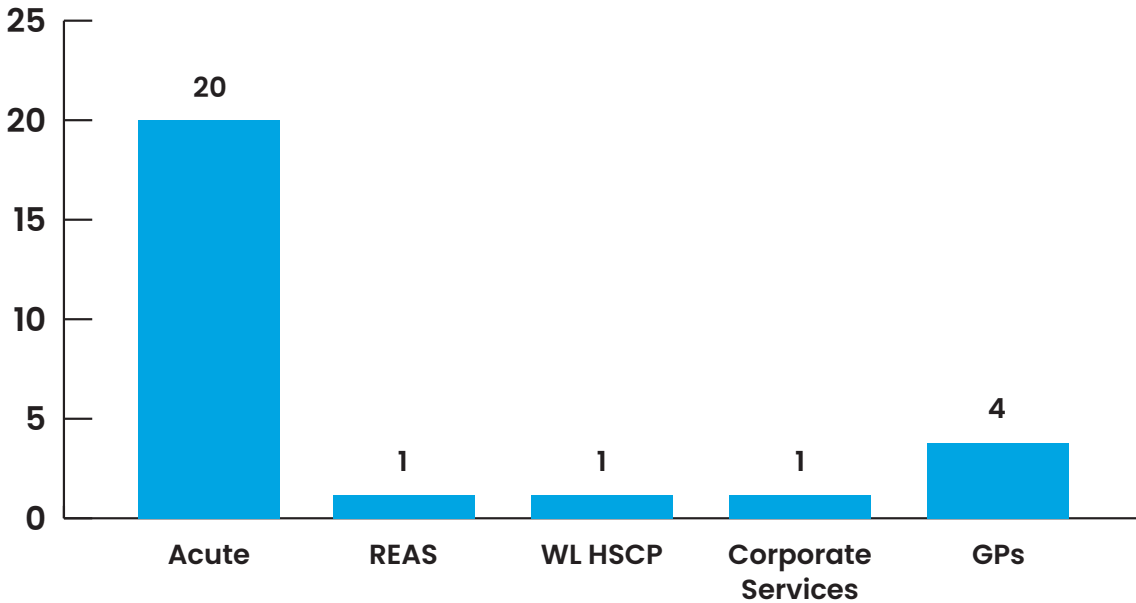
Following discussions at the National Complaints Personnel Association, it has become apparent that this indicator is calculated differently by health boards. During the year we have continued to keep in touch with complainants using an “Explanatory Letter” which is sent to the complainant between days 15 – 20. The purpose of this letter is to provide a reason for the delay and an indication as to when the complainant will receive their signed response. Work continues to ensure that complainants are kept in touch with and the performance for this indicator sits at 83%.

Scottish Public Service Ombudsman (SPSO) Reports

In the period 2023 / 2024 the Scottish Public Services Ombudsman published 27 Decision Reports and these are available on their website ([HERE](#)). Chart 13 shows the breakdown of these reports by Business Unit.

Chart 13

SPSO decision reports bu business unit

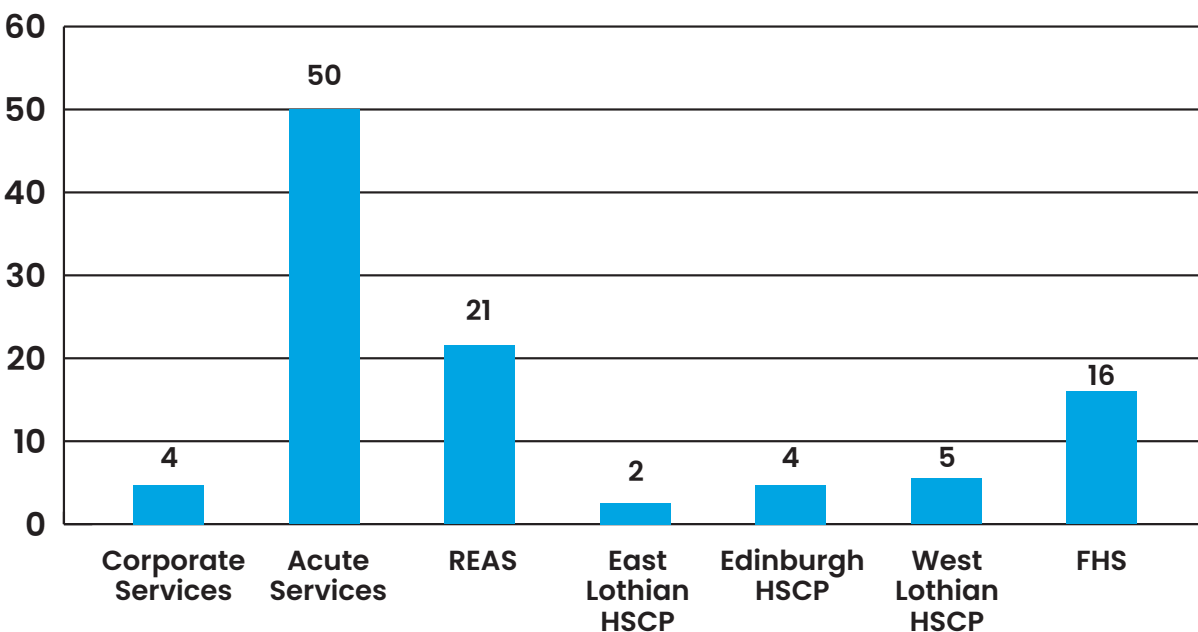


There have been 4 reports that relate to GP Practices, the responsibility for these sits with the practice themselves. Once the SPSO have concluded their investigation they do share these reports with the NHS Board.

We now record the number of occasions where the SPSO are not progressing a case, for this period there were 102 cases that were not taken forward as detailed in Chart 14. These are often described by the SPSO under their “proportionality” outcome and is based on their early review of the complaint.

Chart 14

SPSO cases - not taken forward



Where the SPSO makes any recommendations, these actions are followed up and responded to within the required timescales. These reports are also shared widely across the organisation.

During this period the SPSO have also published 5 Investigation Reports. Whilst they all relate to other NHS Boards, these reports are also shared across the organisation for any shared learning.

Feedback Received by Independent Contractors

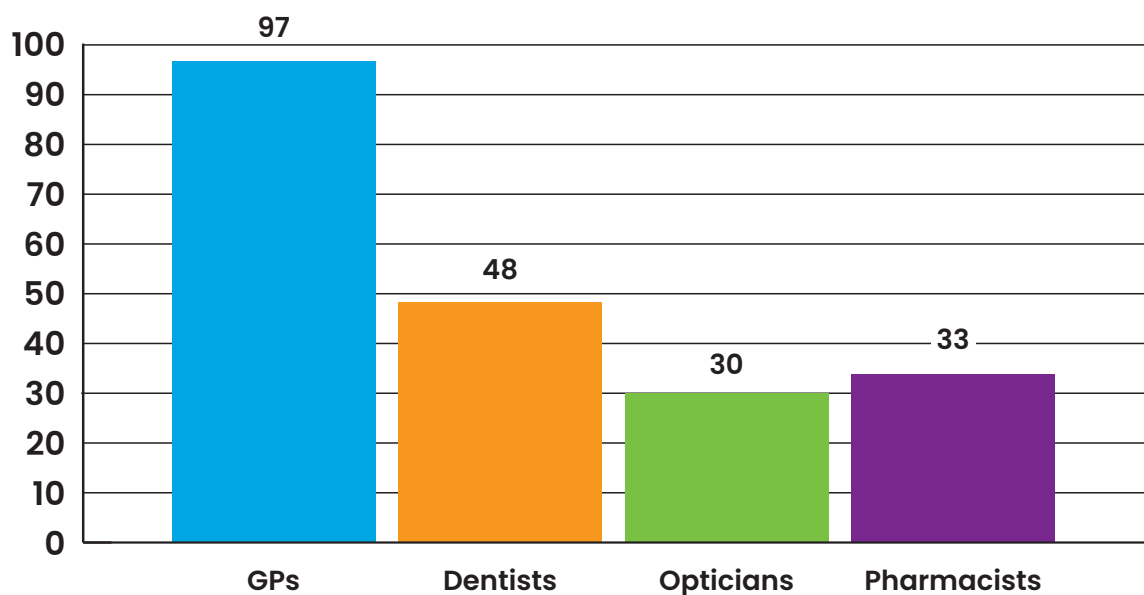
The number of complaints received by contractor group is detailed in the table below, based on the information they provided:

GPs	Dentists	Opticians	Pharmacists
1313	154	26	392

Looking at each contractor group individually, the bar chart below (15) indicates that General Practitioners to be the highest responding contractor group, followed by Dentists, Pharmacists, and then the Opticians. By continuing to work with the Primary Care Contracts Team and the Primary Care Joint Management Group we have seen an increase in the % return rate for GP Practices as we have linked the request for complaints related date to their annual practice returns. In addition we will continue to work with the Area Clinical Forum to see how we can improve our response rate for those other contractor groups. We will also look to the National Complaints Association Group.

Chart 15

% response rate / contractor group



Conclusion

As we end the year, we are delighted that we can share our first Patient Experience Year-1 Annual Report.

The feedback that the organisation has received from Care Opinion, the areas who have supported us with the patient experience organisational survey and the in-depth feedback that we have received through our patient stories is all incredibly valuable and will help us make changes and improvements in how we deliver care and treatment for our patients and their families.

We are also aware there is ongoing work ahead for us as we seek to continue to improve the way we handle and the timeliness of responding to complaints and feedback. We have worked with Business Unit to embed the roles of "Complaints Commissioner" and "Lead Investigator" role and will continue to support them to ensure a robust and timely investigation is carried out.

The SPSO have published drafted Child Friendly Complaints Handling Principles and we will work with colleagues in the coming year to consider what impact these have and how they can be implemented into our everyday operational processes to support children and young people with the complaints handling procedure.

I would like to say thank you to all the patients and the people who have given us feedback and we hope that this report highlights just some of the range of activities we have taken to improve our services. I hope that they will continue to share their stories and experiences with us.

Finally, thank you to all our staff and volunteers who have worked incredibly hard in what continues to be a challenging of times to deliver care that is safe, effective and person-centred which remains a priority for us for the coming year.

