

**Complaints & Feedback
Annual Report
2022/2023**

Introduction

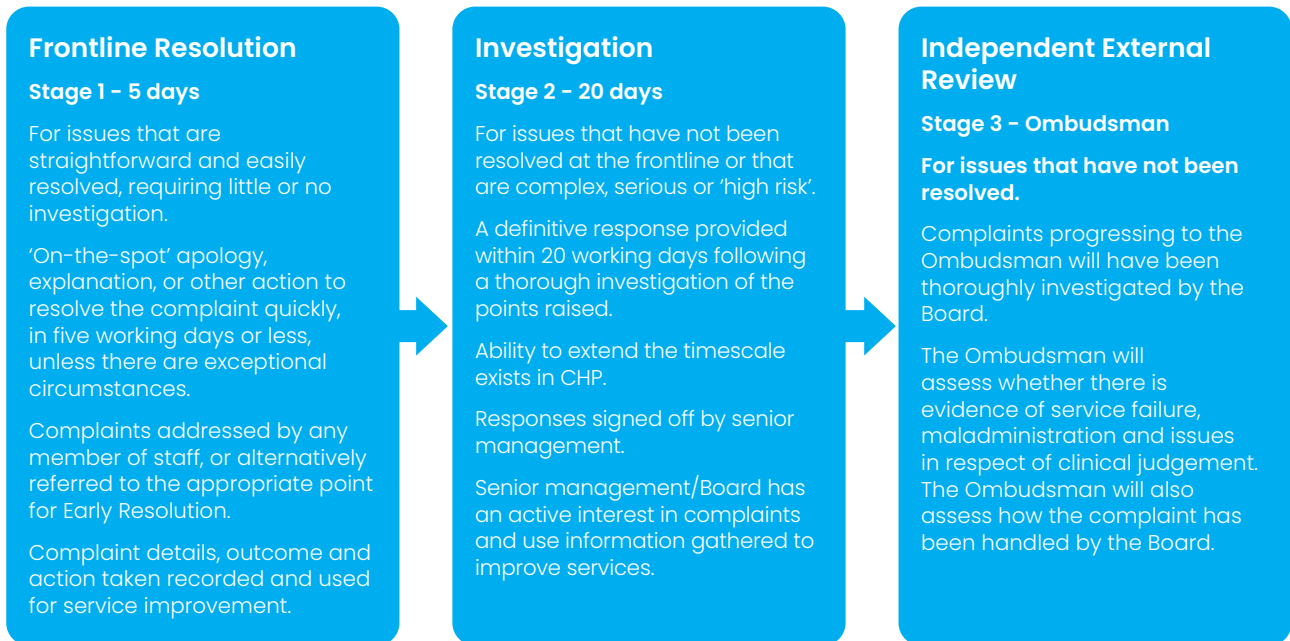


NHS Lothian is committed to welcoming all forms of feedback, including complaints, and using them to improve services, to address complaints in a person-centred way and to respect the rights of everyone involved.

The last 12 months have continued to be incredibly challenging and as we end the year 2022/2023 we are still facing significant organisational challenges. We continue to change and reprioritise care and services in the expectation there will continue to be additional demands made on the NHS.

NHS Lothian demonstrates an ongoing commitment to listening and learning from the experience of patients/carers and service users and recognising that there is “no one size fits all” approach has continued to seek feedback using a range of methods. Care Opinion is a central component in the way in which we receive feedback and continues as a key approach for receiving feedback which can then be used to influence simple changes in practice and /or procedures.

The NHS Complaints Handling Procedure (CHP), implemented in April 2017, saw the introduction of a three stage process to support a more consistently person-centred approach to complaint handling. This supports our staff to resolve complaints as close as possible to the point of service delivery and to respond thoroughly, impartially, and fairly by providing evidence-based decisions based on the facts of the case.



In this year, we have developed and launched our first NHS Lothian Patient Experience Strategic Plan. This sets out our 5-year ambitions and clearly identifies a range of patient experience feedback approaches that we will be focussing on in the coming years. This includes the application of the complaints procedure, the increased use of Care Opinion and the development of an organisational feedback mechanism.

This report is set out over three sections:

1. Encouraging and Gathering Feedback
2. Handling Complaints Procedure and nine KPIs
3. Feedback Received by Independent Contractors

In presenting the 2022/2023 Annual Report I would like to extend my grateful thanks to every person who has taken the time to provide us with feedback and to every staff member who has responded to it, acknowledging what has continued to be another exceptionally challenging year for us all.

Alison Macdonald

Executive Director, Nursing, Midwifery and Allied Healthcare Professionals

At a glance

5156

Pieces of correspondence received (Increase of 3%)

300

Care Opinion posts increase of 33%

3160

Complaints/61% of all feedback

568

Compliments received

816

Prisoner healthcare complaints

19

SPSO Decision Letters published

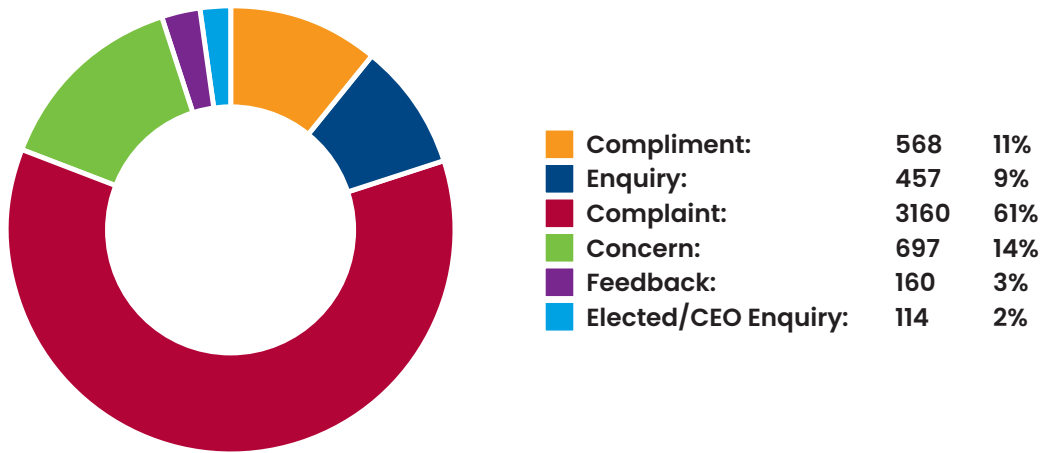
107

SPSO cases not taken forward by them

1. Encouraging and Gathering Feedback

- 1.1 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 Complaints Handling Procedure 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.
- 1.2 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 procedure, how to provide feedback, obtain independent advice and support to make a complaint or get support from advocacy services. As part of that process, the team ensure that the person giving the feedback is clear about the next steps and any associated timescales. In addition, the Patient Experience Team has a coordinating and advising role in respect of complaints management. All correspondence is 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 coordination of all Scottish Public Service Ombudsman (SPSO) correspondence and activity. The team are now also responsible for those general (non-patient related) enquiries from MSPs/MPs that are submitted via the Chief Executive's office.
- 1.3 NHS Lothian receives a variety of different types of feedback. Chart 1 shows the different types of feedback received during 2022/2023, which totalled 5156 pieces of correspondence. This has increased 3% from the previous year. Further details on complaints will be detailed in the following section, however they do account for 61% of all correspondence. It should be noted that although compliments reflect 11% of the overall feedback, this only represents those that are sent directly into the Chief Executive or other Executive Directors. The vast majority of compliments are received directly by the clinical teams and will be recorded locally by them.

Chart 1: Breakdown of feedback



It can be seen in Chart 2 that March 2023 saw the biggest volume of feedback received (n= 485) with December 2022 seeing the smallest (n= 367).

Chart 2: Breakdown of Feedback by Month 2022/2023

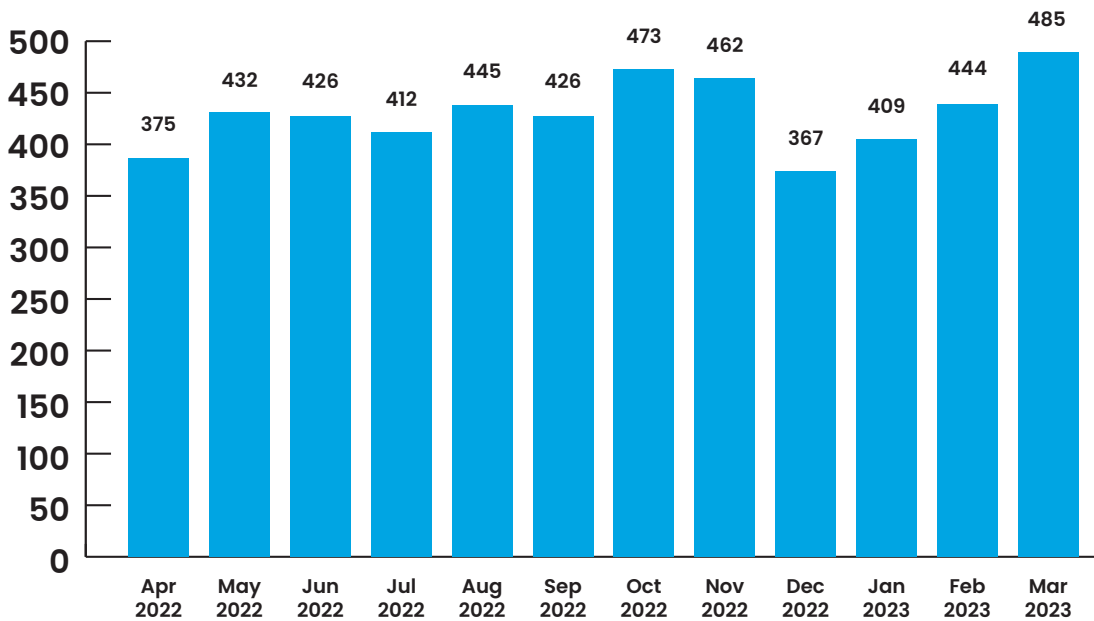
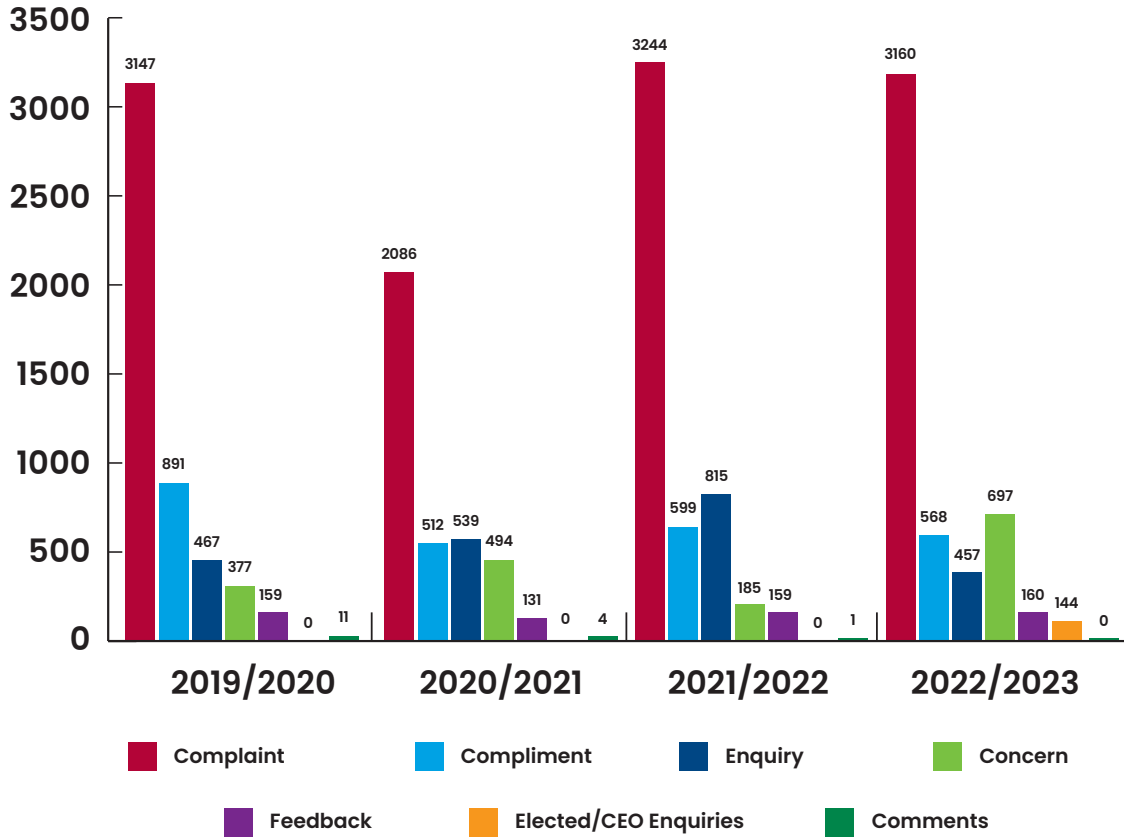


Chart 3 describes the feedback by “type” in financial years from 2019/2020. The amount of correspondence is now in line with feedback received in 2019/2020 prior to the COVID-19 pandemic.

Chart 3: Breakdown of Feedback by type and financial year



Care Opinion Feedback

1.4 Care Opinion is an independent organisation which offers an independent, open and transparent way for patients and the public to share their stories and experiences of health services across Scotland. Members of the public can visit the Care Opinion website (www.careopinion.org.uk/) where they can share a story about their experience of the healthcare they, a relative or friend received. These stories are then shared with NHS Lothian and in turn we respond to the feedback and utilise it to support learning and improvements across our services.

Over the last 12 months NHS Lothian continues to see an increase on the previous year in the number of staff being identified to receive alerts to Care Opinion posts specifically relating to their services. To ensure staff are empowered to respond directly to feedback and fully supported by the organisation in doing so, Care Opinion continues to be rolled out in a structured way with appropriate support in place and this is a key element of our Patient Experience Strategic Plan.

Chart 4 shows the number of stories that have been posted about NHS Lothian on Care Opinion for the period 2022/2023 (n=300). This is a 33% increase from the previous year (n=225) and these stories have been viewed 41,431 times. January and March have the highest number of stories posted / month.

Chart 4: When these stories were told

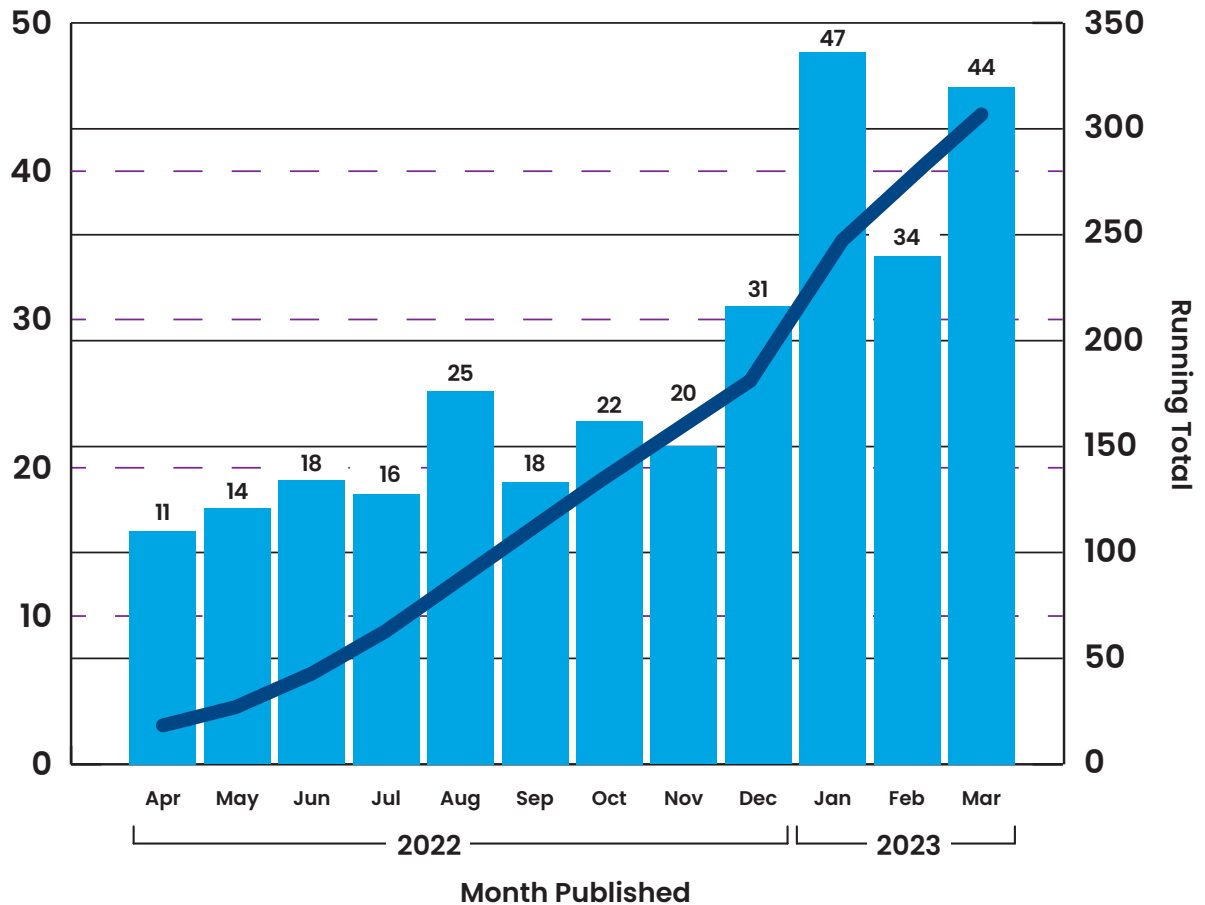
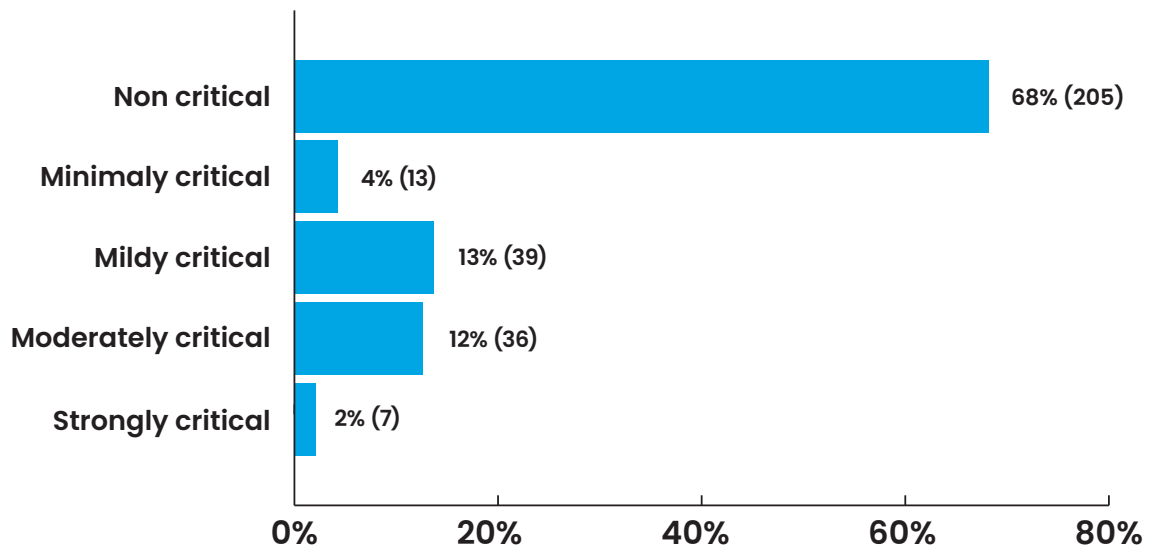


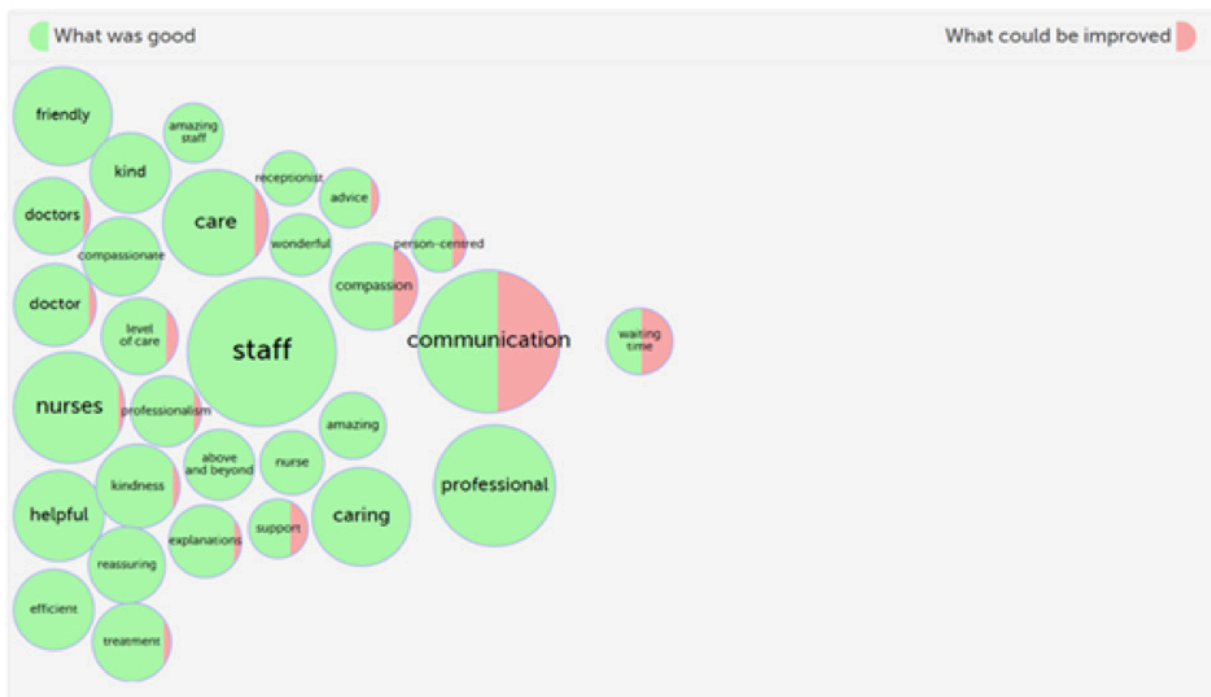
Chart 5 shows the criticality rating of the posts submitted during the 12 months from 1 April 2022 to 31 March 2023. It should be noted that criticality scores are assigned by Care Opinion moderators (and not the public or NHS Lothian) to stories and are assigned per story not per service. 72% (218 stories) of feedback (not critical / minimally critical) is positive.

Chart 5: How moderators have rated the criticality of these stories



Care Opinion offers the opportunity to present the feedback provided in different formats, the diagram below offers a different view of the feedback received during 2022/2023 in visual tags with green tags indicating ‘what was good’ and the red tags indicating ‘what could be improved’. It is encouraging to see that the feedback was overwhelmingly positive as was the same as the previous year.

Chart 6



Finally, included below are some extracts of stories posted on Care Opinion during 2022/2023;

“The critical thing for me, that helped what could have been a really traumatic birth be actually fine was the staff. At all times I felt respected, listened to and cared for, in particular by my two midwives (shift change!). The doctor who finally delivered my son was also incredible. We had a follow up appointment a few weeks later with him where he explained what had happened and why which also made a huge difference to how I felt about the birth.”

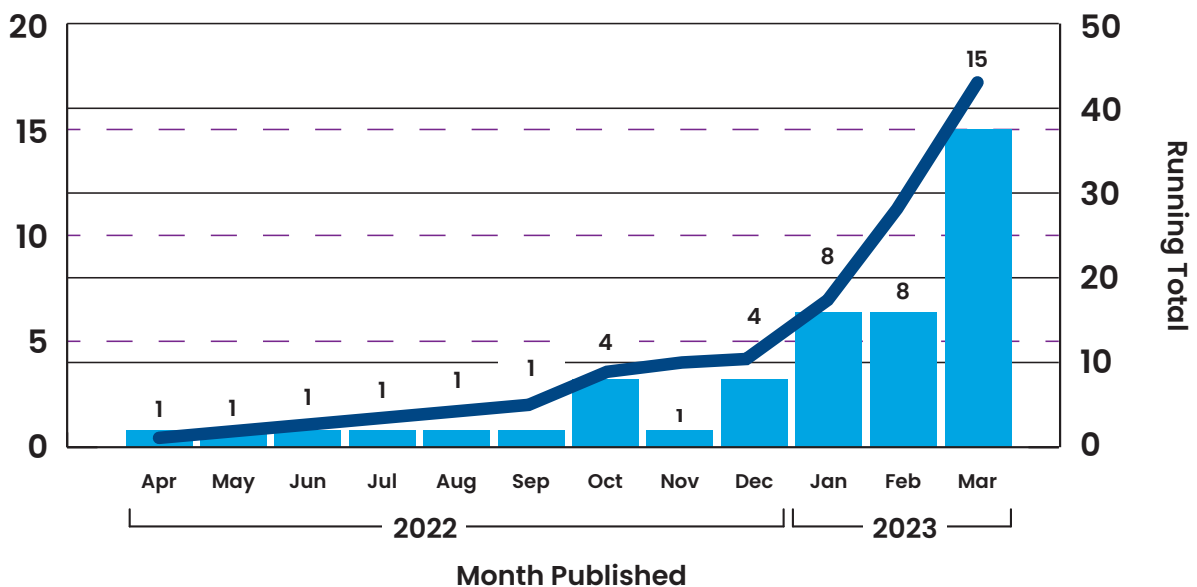
“One nurse for holding our daughter’s hands and chatting to her and me on way to theatre (I think she made special arrangements to be there for the sake of continuity of care for her). She went the extra mile talking to me and she also later popped back to enquire about her”

“We were treated with absolute kindness and patience during a worrying time and all our questions were answered. We were listened to and helped and although we could see how busy the department was, the staff couldn’t have done more for us. Heartfelt thank you to everybody!”

Service Spotlight – Royal Hospital for Children and Young People

The Royal Hospital for Children and Young People had a great increase in stories shared on Care Opinion throughout the year. This is following the completion of a project involving staff from multiple disciplines across the hospital, with help from the Patient Experience Team, to promote Care Opinion throughout the site with patients and families. The use of promotional materials, social media posts and a pop-up stall helped the site gain eight times more stories in the second half of the year compared to the first half. This is demonstrated in the chart 7 (5 stories told in first 6 months, 40 stories told in the second 6 months). Out of all the stories told throughout the year, 82% of these were entirely positive feedback.

Chart 7: When these stories were told



2. Encouraging and Handling Complaints

2.1.1 The Complaints Handling Procedure (CHP) requires all NHS Boards to report on a set of key performance indicators (KPIs). The following document 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

2.1.2 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 3160 complaints during this period, of which there were 816 complaints from prisoners – a significant reduction (20%) from the previous year (n=1015). There were an additional 84 pieces of other correspondence that were received and processed, giving a total of 900 pieces of correspondence managed throughout the year. Reasons for this reduction include:

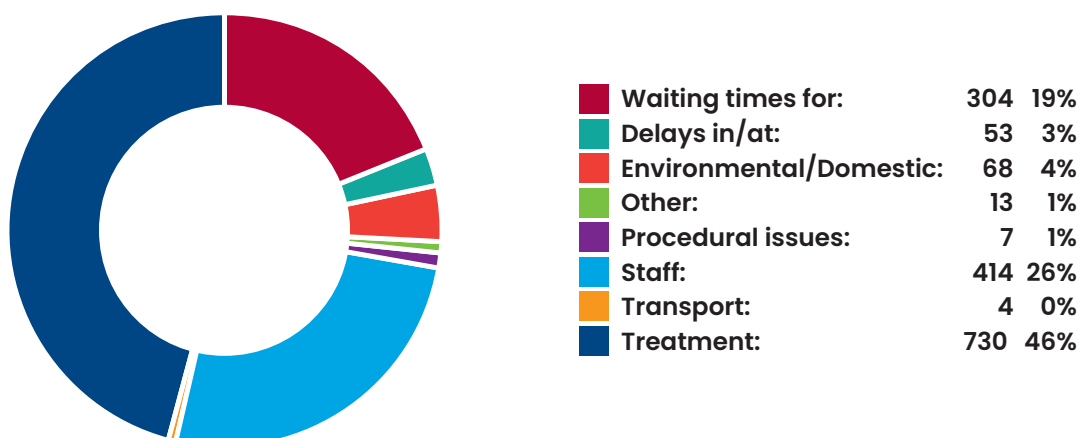
- When a patient referral is made the prisoner healthcare team now respond and advise the patient that they have received their referral and give them an estimated waiting time. This means they are better informed.
- Further work has been done in relation to medications management, including additional resources and this has resulted in a reduction of complaints relating to medications.
- The prisoner healthcare team are also better at ensuring patients are advised of prescribing guidelines at their consultations with the GP or ANP.
- As a management team, we are much more responsive to patients family members to ensure early contact is made with patients and families and resolution sought before the complaints process is considered.

2.1.3 Stage 1 prisoner healthcare complaints account for the vast majority of cases (n=692 / 85%) 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 (n= 124 / 15%) 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

2.2.1 For the purpose of this report the themes from stage 1 complaints have been separated from stage 2 complaints. Chart 8 identifies the themes from stage 1 complaints.

Chart 8: Stage 1 Complaints 2022/2023 by issue type

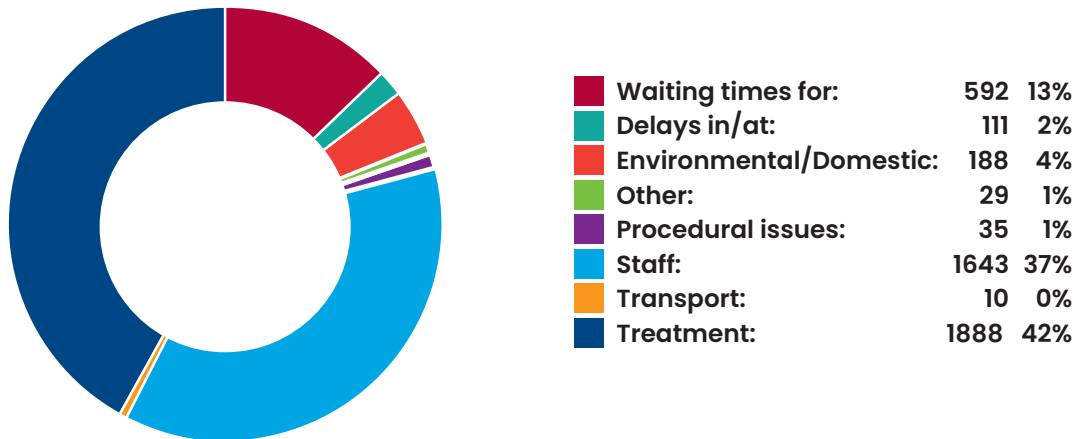


2.2.2 For Stage 1 complaints “Treatment” continues to be the main reason people are making complaints, with the third highest cause being “Waiting Times” which was the second highest last year. NHS Lothian is actively working to improve performance against waiting times targets and acknowledge the length of time some patients must wait. There are some services that are causing more challenge - in particular the surgical specialities - and this has been and continues to be even more challenging as a result of the delays caused by the pandemic.

2.2.3 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.

2.2.4 For those complaints that have been identified as stage 2, “Treatment” issues, followed by “Staff” are the two highest causes for complaint (81%), this is the reverse of the previous year. As already highlighted the clinical teams are working hard to improve the waiting times for services. Chart 9 highlights the themes from those stage 2 complaints.

Chart 9: Stage 2 Complaints 2022/2023 by issue type



Some examples of learning / changes

- The family of a patient treated at the Medical Admissions Unit met with the clinical management team to discuss their concerns about nursing care and treatment. To ensure appropriate nursing care for patients, weekly care assurance audits were commenced. Improvements to clinical documentation were identified resulting in training sessions for all nursing staff in the Unit. Staff also took part in a project with patients to better understand improvements that could be made during their time on the ward.
- Following admission to the Surgical Assessment Unit the admitting doctor failed to reconcile and prescribe medication for a patient which led to a complaint. Clinical discussion ensued in relation to improving the quality of patient care and patient safety. Actions were agreed to minimise the recurrence of such an error in future, whereby it was deemed mandatory to check, confirm and prescribe medicines appropriately for all patients admitted to the Unit. Education sessions were delivered by Pharmacy to junior doctors to improve their knowledge and to raise awareness about risks to patients if critical medicines are missed.
- A maternity patient complained about their birthing experience, including the advice given by the midwife in relation to her suitability for having an epidural. It transpired that the midwife was not aware of the additional risks for the patient as she had not discussed the case with the anaesthetist before giving her advice. Midwifery staff were asked to only give advice to patients about their suitability for an epidural after discussion with the anaesthetist team, to ensure appropriate communication with patients in future.

- Parents of a patient at the Royal Hospital for Children and Young People expressed concerns about a lack of follow up by the Paediatric Service in relation to a treatment plan, to help manage ongoing chronic health issues. Outcome of the investigation showed that the service missed opportunities to help the patient with these issues. It was agreed that the clinician involved should have written to the patient immediately after the consultation, providing a treatment plan and their contact details, to facilitate the patient and the family better manage their condition.
- A patient of the Community Psychiatry Service expressed concern and confusion about their ADHD assessment. It transpired from the investigation that there was no GP referral from the patient's GP and the assessment should not have gone ahead without it. The Service identified the flaw in their process to allow the Mental Health Team to improve their triaging of patient referrals, to ensure that assessment appointments are appropriate in future.
- An inpatient at the Royal Infirmary of Edinburgh developed a pressure sore due to not receiving an appropriate mattress at the time of admission. Investigation into the complaint showed that the nursing care rounding documentation for the patient was incomplete in relation to the skin checks undertaken by the nursing staff. As a result, and to improve nursing care for patients at risk of developing pressure sores, the Education Team worked with the Tissue Viability Team to provide further training for the ward staff and tissue viability link nurses were also trained up. It was also reinforced to staff the need for good communication and to document timely during care rounding as this had been lacking in the patient's care.
- The family of a patient who had been discharged home and had fallen raised concerns about the Ward's assessment of their mobility. During their stay, a full physiotherapy assessment had not been completed due to miscommunication between Ward staff and the Physiotherapy Service. Physiotherapy staff had observed the patient mobilising using a zimmer frame which had belonged to the ward and they failed to check with the ward staff whether or not this was a change to their normal level of mobility. This assumption meant that no formal assessment was undertaken and without it, they failed to establish patient's needs to be able to safely mobilise at home and if rehabilitation may have been required. The patient was transferred to another ward prior to discharge, but the documentation they received did not identify that their current use of the zimmer frame was a change to their mobility. As a result of the complaint, all Physiotherapy Staff were reminded of the referral screening process to be undertaken, and the need for a robust investigation into the patient's needs. All Ward staff were asked to improve their communication and documentation, to prevent such a situation recurring.

- A patient attending the Emergency Department required review by one of the Palliative Doctors, who failed to document medication and treatment required, which meant that the Emergency Dept (ED) staff were unable to give the appropriate care in a timely manner. As a result of the complaint about the delay in treatment, and the omission that had occurred, the Palliative Care Service worked with the ED and Acute Medicine Unit teams to improve symptom control care for patients who have palliative care needs. It was identified that strategies needed to be developed in relation to pain management for patients attending and at the end of life. This included junior medical staff being provided with training on symptom assessment and the management of these patients.

2.2.5 As previously highlighted in chart 1 NHS Lothian received 568 compliments, which have been received directly via the Chief Executive's office, an Executive Director or the Patient Experience Team. This equates to 11% 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.

Indicator Two: Complainant Process Experience

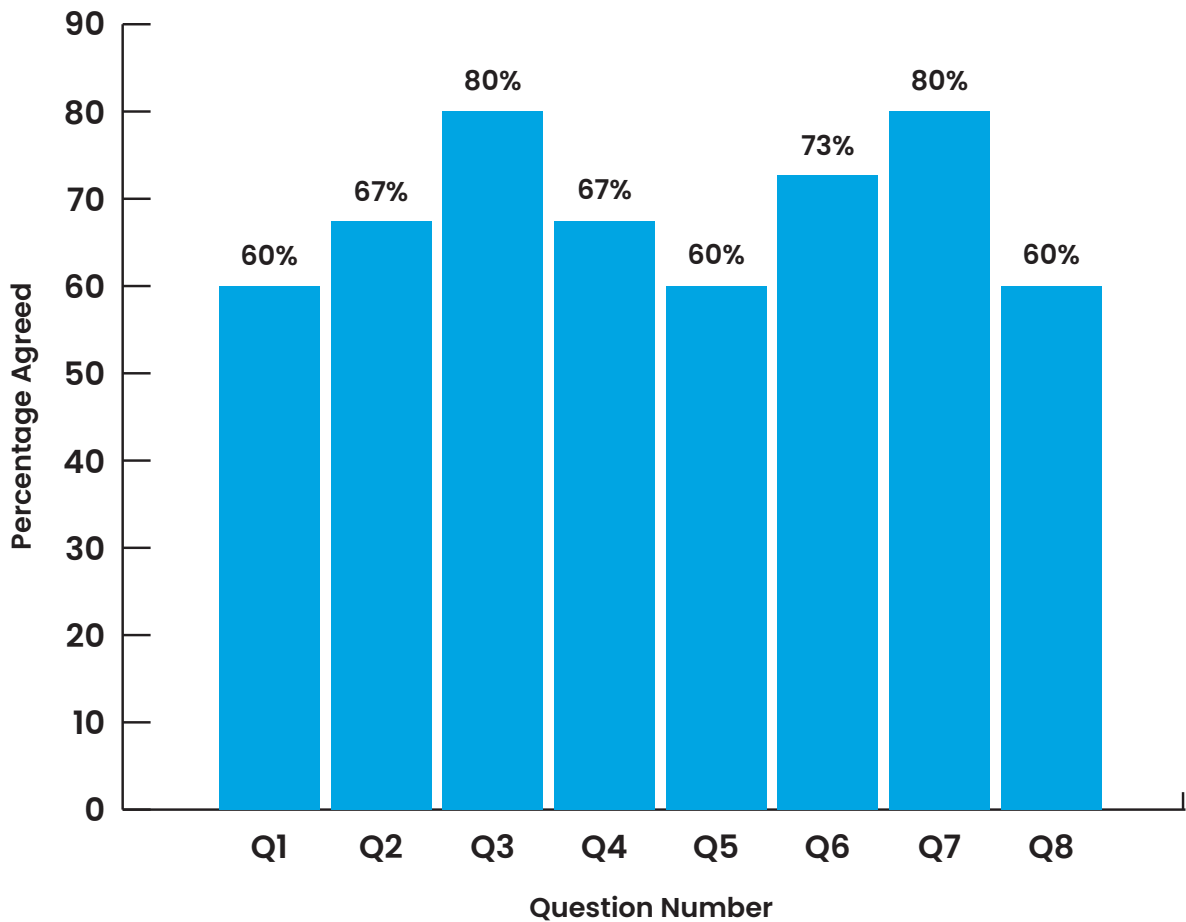
2.3.1 Since the introduction of the Complaints Handling Process in April 2017 complainants have been given the opportunity to provide feedback on their experience of the complaints process itself. The aim of this is to identify any adjustments that may need to be made to the NHS Lothian complaints service. To date, return rates have been poor.

2.3.2 The survey asks the following multiple choice questions:

1. Finding information on how to submit a complaint was easy
2. Making my complaint was easy
3. It was easy to find out information about the NHS complaints procedure
4. The staff dealing with my complaint were professional, polite and courteous
5. The staff dealing with my complaint listened and understood my concerns
6. I was given an apology by the staff involved in dealing with my complaint
7. My complaint was handled in a timely manner and I was informed of any delays
8. All of my complaint points were answered and my response was easy to read and understand

2.3.3 This year it was agreed that we would take a different approach to see if we could improve our return rates. For the first 3 months of the year, it was agreed that we would review 20% of all closed Stage 2 Complaints. 50% of those complainants would receive a telephone call asking them to complete the survey and 50% would receive a letter inviting them to complete the survey. 58 cases were included within the sample size. 29 complainants were sent letters inviting them to participate in the paper-based survey sent with a reply-paid envelope: 9 completed surveys were returned (31%). 29 complainants were contacted by telephone and asked to participate in a short survey: 6 complainants participated (21%). This equates to a 26% response rate which is an improvement on the previous year. It can be seen from chart 10 below that the results are positive.

Chart 10: Complainant Process Experience April – June 2022



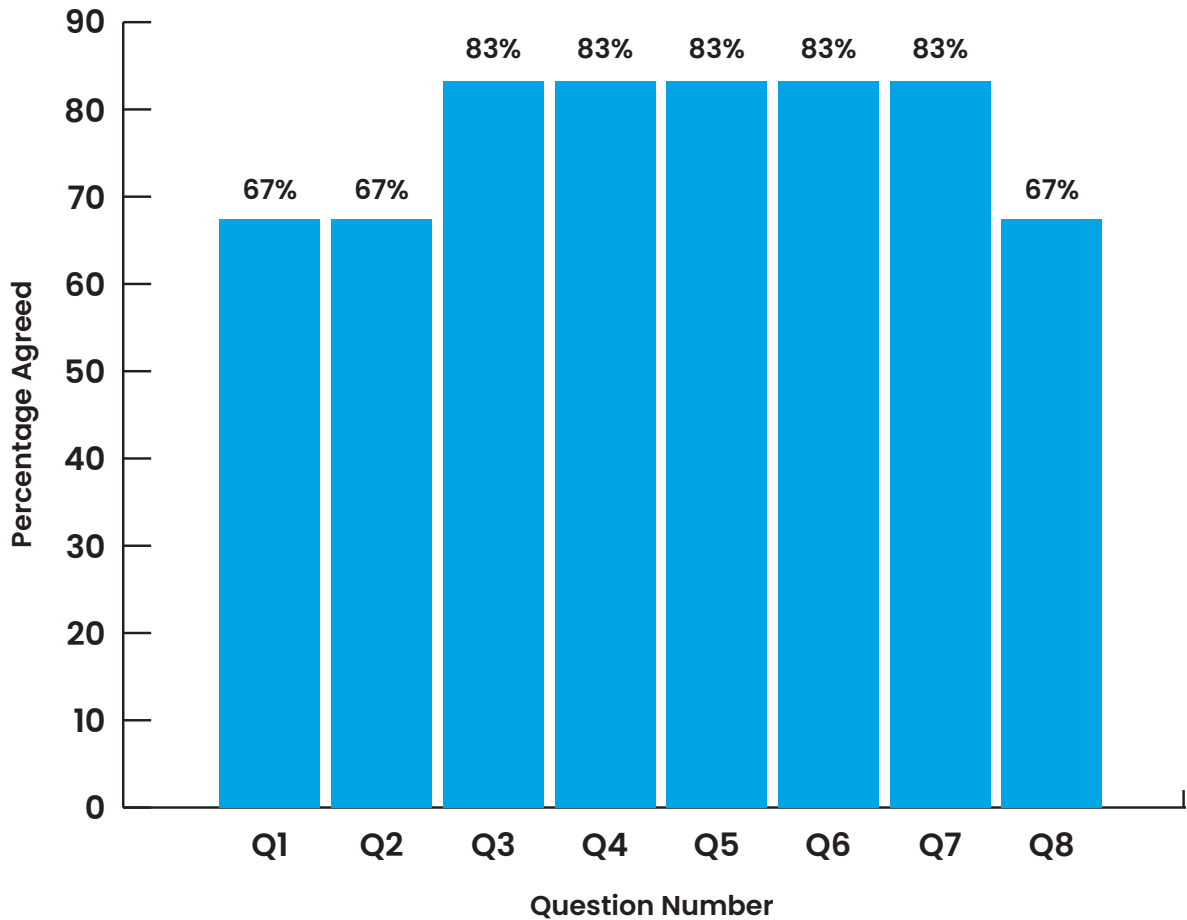
2.3.4 In October 2022, it was agreed that a further proactive approach of seeking complainant process feedback would be tested by two clinical services. The same paper-based survey and pre-paid envelope was sent to stage 2 complainants from these 2 services along with a QR code that was included in the stage 2 response letter that gave them a link to an online survey. During the two months of the trial 21 complainants received the

survey with a QR Code and 2 participants submitted their feedback online (10% response rate). There were no paper surveys returned during this period.

2.3.5 Between November 2022 and April 2023, 117 complainants received the survey. During this period 6 responses were submitted, 4 via the online survey (67%) and 2 paper copies (33%). This equates to an overall 5% response rate. Chart 11 below the positive feedback that complainants have shared with us regarding their complaint handling experience.

2.3.6 Whilst we recognise that our response rate remains low the QR code is in the process of being added to stage 2 response letters to be used across the organisation. The text of the stage 2 response letter has also been amended to include a paragraph inviting complainants to share their feedback with us with the aim of making the survey more accessible to more people who have experienced the complaints handling process. We hope that by using their feedback we can look at ways to improve our complaints handling processes.

Chart 11: Complainant Process Experience November 2022 – April 2023



Indicator Three: Staff Awareness and Training

2.4.1 Bespoke training continues to be provided on an ad hoc basis by the Patient Experience Team. The majority of the training has been undertaken via use MS TEAMS however we have been able to provide some face to face training. The training modules developed by NES are also available through LearnPro and staff have been and will continue to be encouraged to participate in these modules in the year ahead.

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

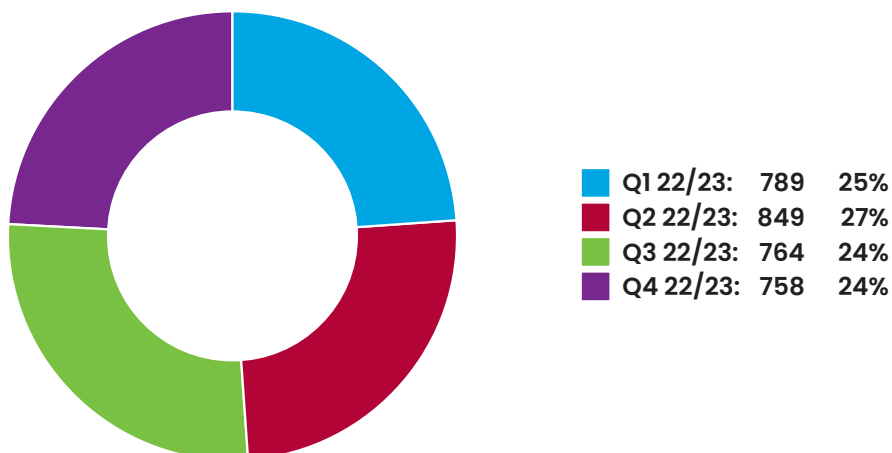
2.4.2 The training that has been provided by the Patient Experience Team has focussed on the implementation of the complaints handling procedure. This has included delivering training sessions to a number of groups / teams:

- Senior Charge Nurses / Clinical Nurse Managers
- Prisoner Healthcare Team
- Senior Doctors in Training / Newly Qualified Consultants
- Junior Doctors Induction

Indicator Four: The total number of complaints received

2.5.1 Chart 12 identifies the number of complaints received each quarter, which they are all generally very similar, it shows most were received in quarter 2 (n=849) and this was the same as last year.

Chart 12: Complaints received 2022/2023 per quarter



Indicator Five: Complaints closed at each stage

2.6.1 Table 1 identifies the number of complaints closed at each stage, as a percentage against the target timescales of all complaints.

Table 1

Complaint Type	(%)
Stage 1	20%
Stage 2	27%
Stage 2 escalated	4%

Significant progress needs to be made in the year ahead to improve performance on this indicator. 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.

Indicator Six: Complaints upheld, partially upheld and not upheld

2.7.1 Table 2 shows complaints by outcome. 27% of Stage 1 complaints were not upheld, 27% 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 2

Complaint Type	Upheld	Not Upheld	Partly Upheld
Stage 1	48%	27%	19%
Stage 2	31%	27%	33%
Stage 2 Escalation	38%	29%	25%

2.8.1 For some Stage 2 complaints it can be very obvious from the beginning that the complaint will take longer than 20 working days to undertake the investigation and provide a response. In these circumstances, the complainant must be informed in advance that this is the case and should be kept up to date during the investigation process. It should be noted that annual leave or part time working are not considered exceptional circumstances. Further details on this are included under indicator nine.

Indicator Seven: Average times

2.9.1 Table 3 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 now 10 days. The average length of time for Stage 2 complaints to be investigated and responded to is 23 days and for those escalated Stage 2 complaints it is 19 days.

Table 3

Complaint Type	(N)
Stage 1	10
Stage 2	23
Stage 2 escalated	19

Indicator Eight: Complaints closed in full within the timescales

2.10.1 Table 4 identifies the percentage of complaints that have been closed in full for Stage 1 complaints (5 working days), Stage 2 complaints (20-working days) and those Stage 2 escalated (20 working days)

There were 42% of Stage 1 complaints responded to within 5 working days and 56% of Stage 2 complaints responded to within 20 working days. There were 66% of escalated Stage 2 complaints responded to within 20 working days

Table 4

Complaint Type	(%)
Stage 1	42%
Stage 2	56%
Stage 2 escalated	66%

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

2.11.1 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 changed our approach to keeping in touch with complainants and have introduced 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. Progress has been made and the performance for this indicator sits at 76%.

SPSO Published Decision Reports 2022/2023

2.12.1 The table 5 is a screen shot from the Scottish Public Services Ombudsman website of those 19 SPSO Decision Reports that have been published on their website, which is an increase of 1 from the previous year. There were no Investigation Reports published by the SPSO relating to NHS Lothian. Of those 19 cases, 14 of those relate to Acute Services, 4 relate to GP Practices, two relate to Royal Edinburgh and Associated Services and one relates to West Lothian Health and Social Care. Where the SPSO makes any recommendations, these actions are followed up and responded to within the required timescales. Whilst the GP reports are listed below, the responsibility for these sit directly with the practice themselves. All SPSO reports (Decision and Investigation Reports) are shared widely across the organisation. Learning summaries are provided from these reports on a monthly basis and shared to ensure wider organisational learning can take place.

2.12.2 In addition, from April 2022 we have started to record the number of cases where the SPSO are not progressing a case and for this 12 month period there were 107 cases that they have not progressed. These are often described by the SPSO under “proportionality”.

Table 5

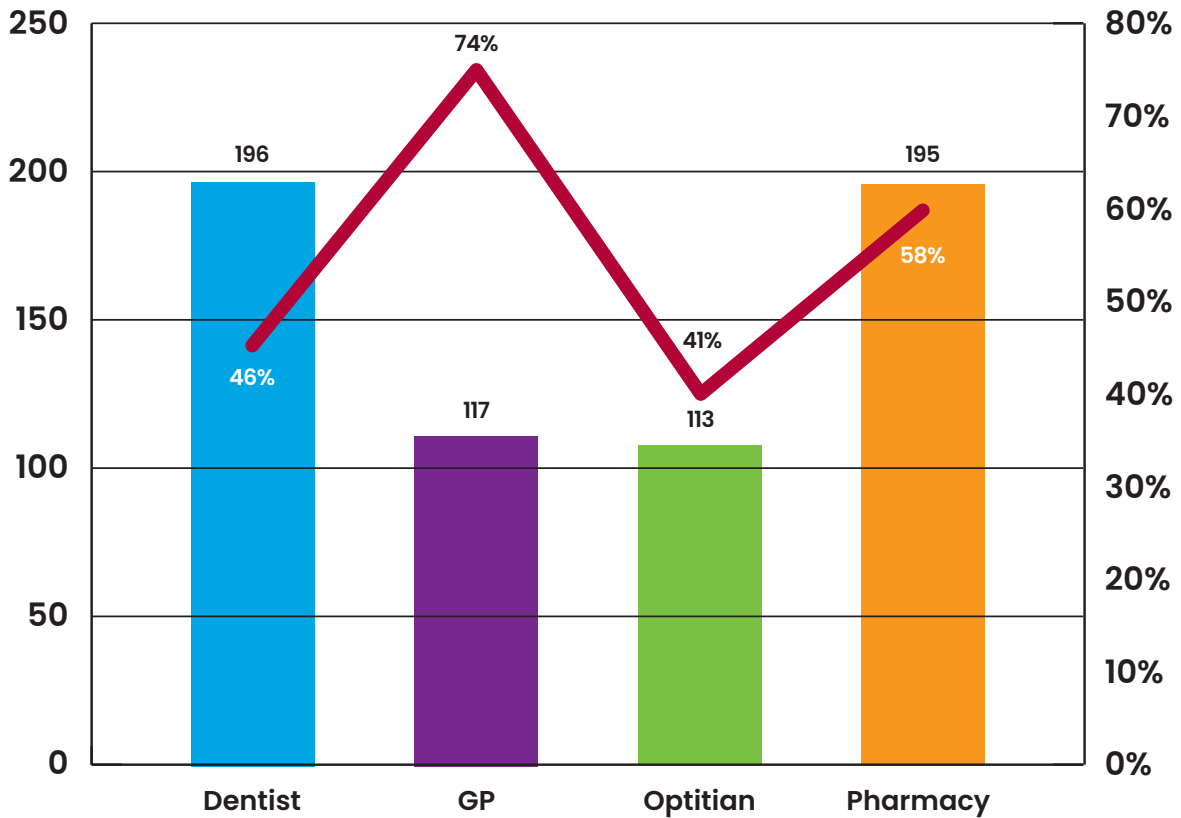
Case Ref	Organisation	Subject	Outcome	Report Date
202106164	Lothian NHS Board - Acute Division	Clinical treatment / diagnosis	Resolved, no recommendations	March 2023
202008024	A Medical Practice in the Lothian NHS Board area	Clinical treatment / diagnosis	Upheld, recommendations	February 2023
202101338	Lothian NHS Board - Acute Division	Clinical treatment / diagnosis	Upheld, recommendations	January 2023
201911968	Lothian NHS Board - Acute Division	Clinical treatment / diagnosis	Not upheld, no recommendations	December 2022
202000038	Lothian NHS Board - Acute Division	Clinical treatment / diagnosis	Not upheld, recommendations	December 2022
202000048	Lothian NHS Board - Acute Division	Clinical treatment / diagnosis	Not upheld, no recommendations	December 2022
202008806	Lothian NHS Board - Acute Division	Clinical treatment / diagnosis	Upheld, recommendations	December 2022
201907667	Lothian NHS Board - Acute Division	Clinical treatment / diagnosis	Upheld, recommendations	November 2022
202004419	Lothian NHS Board - Acute Division	Clinical treatment / diagnosis	Some upheld, recommendations	November 2022
202103398	Lothian NHS Board - Acute Division	Clinical treatment / diagnosis	Not upheld, no recommendations	July 2022

Case Ref	Organisation	Subject	Outcome	Report Date
202104334	Lothian NHS Board - Acute Division	Hygiene / cleanliness / infection control	Not upheld, no recommendations	July 2022
201909705	Lothian NHS Board - Acute Division	Clinical treatment / diagnosis	Not upheld, no recommendations	June 2022
202005840	Lothian NHS Board - Acute Division	Clinical treatment / diagnosis	Not upheld, no recommendations	June 2022
201907379	Lothian NHS Board - Acute Division	Appointments / Admissions (delay / cancellation / waiting lists)	Not upheld, no recommendations	May 2022
202001643	A Medical Practice in the Lothian NHS Board area	Clinical treatment / diagnosis	Some upheld, no recommendations	May 2022
202005296	Lothian NHS Board	Clinical treatment / diagnosis	Upheld, recommendations	May 2022
202008128	Lothian NHS Board - Acute Division	Clinical treatment / diagnosis	Some upheld, no recommendations	May 2022
202009009	A Medical Practice in the Lothian NHS Board area	Clinical treatment / diagnosis	Upheld, recommendations	May 2022
201810143	A Medical Practice in the Lothian NHS Board area	Clinical treatment / diagnosis	Not upheld, no recommendations	April 2022

Section 3: Feedback Received by Independent Contractors

Chart 13 indicates the response rate of the four contractor groups. The General Practitioners (GP) have topped the chart with 74% of their return rate. In comparison to the previous year, GPs continue to have the highest return rate of the 4 contractor groups. Increased return rates have been seen in both the opticians as well as the General Dental Practitioners. In the year ahead we will continue to work with the Independent Contractors via the Primary Care Contracts Team and the Area Clinical Forum to see how we can continue to improve our response rate. We will also look to the National Complaints Association Group.

Chart 13: Number & % Response Overall Returns



Conclusion

Reflecting on the year 2022/2023, it has been a challenging time for the organisation. This has continued to impact significantly on performance and on the patients and families that have given us feedback.

As we end the year, we have just completed an organisational wide programme of improvement for all staff who are involved in complaints and feedback. This work was commissioned by the Chief Executive and has resulted in a range of improved and agreed complaints related operational processes that were agreed by our Corporate Management Team. This also includes additional information and support for staff on the intranet pages and also includes the embedding of a “Complaints Commissioner” and “Lead Investigator” role. We have also updated information for the public on the internet site. This work will continue in the year ahead.

The development of the first NHS Lothian Patient Experience Strategic 5-year Plan has been a highlight of the year and this clearly sets out the organisation’s aims and describes the ways in which we will proactively seek feedback from people who use our services.

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 who have worked incredibly hard in what continues to be a challenging time to deliver care that is safe, effective and person-centred, and this of course remains a priority for us for the year ahead.

