Patient Experience Annual Report
2018/19
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 has seen NHS Lothian demonstrate an ongoing commitment to listening and learning from the experience of patients/carers and service users. We have continued to seek feedback using a range of methods. There has been a significant shift in 2018/2019 in the use of Care Opinion, going from strength to strength and proving to be a valuable tool for receiving feedback which can then be used to influence simple changes in practice and procedure. Recognising that there is “no one size fits all” approach NHS Lothian is committed to using a variety of approaches to seek feedback and you will see some examples of this in this report.

The NHS Complaints Handling Procedure (CHP), implemented in April 2017, saw the introduction of a new 3 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.

We have continued to face challenges in responding to complaints in a timely manner due to a number of factors; however we have undertaken work to review and improve process to reduce delays and this will be a continued priority for us for the year ahead.

The report is set out over 4 sections

Section 1: Encouraging and Gathering Feedback
Section 2: Encouraging and Handling Complaints
Section 3: Feedback Received by Independent Contractors
Section 4: Accountability and Governance

In presenting the 2018/19 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.

Professor Alex McMahon
Executive Director, Nursing, Midwifery and Allied Healthcare Professionals
Executive Lead, REAS and Prison Healthcare
Section 1 - Encouraging and gathering feedback

Understanding patient experience is a key step in moving toward patient-centered care. By looking at various aspects of patient experience, one can assess the extent to which patients are receiving care that is responsive to individual patient preferences, needs and values. Evaluating patient experience along with other components such as effectiveness and safety of care is essential to providing a complete picture of health care quality.

NHS Lothian continues to offer a diverse range of methods to patients, carers and families for the provision of feedback. These have been developed to support people to provide feedback both at the time care is being given as well as afterwards. These methods include:

- Conversations between healthcare staff and patients, relatives and carers which provide valuable opportunities for obtaining feedback
- The Patient Experience Team
- Inpatient questionnaire in the format of Tell Us Ten Things
- Care Opinion
- Excellence in Care (EiC)
- Care Assurance Standards
- The NHS Complaints Procedure
- Interpretation and Translation Service (ITS)
- Feedback initiatives – specific to services across the Board

1.1 The Patient Experience Team

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 or how to obtain independent advice and support on how to complain to NHS Lothian or to obtain support from advocacy services in their communications with us.

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 Event reviews/ Duty of Candour. The Patient Experience Team provides NHS Lothian with a central point for the coordination of all Scottish Public Service Ombudsman (SPSO) correspondence received into the organisation and also acts as a single point of contact for the SPSO.

The team also supports the local inpatient Tell Us Ten Things survey, acts as a central point of contact for Care Opinion, involvement in ‘What Matters to You’ and national survey work.

1.2 Tell Us Ten Things

Tell Us Ten Things (TTT) is the inpatient patient experience survey used in NHS Lothian that asks patients 10 questions. This is a standardised paper-based questionnaire for patients who are in inpatient ward areas across our hospital sites. TTT asks patients to provide feedback on their recent experiences with their care. The focus being on care received, treatment received, communication, information provided and the ward environment. There are two versions of this survey: one for adults and one for children. Both versions of the survey focus on aspects of hospital care that are important to patients. The surveys are anonymous to the individual but identifiable by the ward area. Once completed the survey is sealed and returned to the Patient Experience Team where the Data is entered into the database and reports and generated via the Tableau Dashboard system.
TTT continues to be used in adult inpatient areas in the Royal Infirmary of Edinburgh, the Western General Hospital, St John’s Hospital Livingston, Liberton Hospital and the Princess Alexandra Eye Pavilion along with the inpatient clinical areas in children’s services. Over the last 12 months the survey has also been introduced into the inpatient areas in Midlothian Community Hospital.

We continue to strive to improve our response rate for TTT. The results for the period 1 April 2018 to 31 March 2019 is noted in Figure 1 below.

**Figure 1:**

<table>
<thead>
<tr>
<th>Question</th>
<th>Score (out of 10)</th>
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<tbody>
<tr>
<td>Question 1: Do you feel that the staff took account of the things that matter to you?</td>
<td>9.2</td>
</tr>
<tr>
<td>Question 2: If you started any new medicines or tablets on this ward, were you given enough explanation about what these were for?</td>
<td>8.7</td>
</tr>
<tr>
<td>Question 3: How much information about your care &amp; treatment was given to you?</td>
<td>9.0</td>
</tr>
<tr>
<td>Question 4: Were you involved, as much as you wanted to be, in decisions about your care &amp; treatment?</td>
<td>8.5</td>
</tr>
<tr>
<td>Question 5: Were you treated with kindness &amp; compassion by the staff looking after you?</td>
<td>9.0</td>
</tr>
<tr>
<td>Question 6: In your opinion, how clean was the hospital room or ward you were in?</td>
<td>9.2</td>
</tr>
<tr>
<td>Question 7: I was bothered by noise at night from the hospital staff?</td>
<td>7.4</td>
</tr>
<tr>
<td>Question 8: Do you think the staff did everything they could to help control your pain?</td>
<td>9.4</td>
</tr>
<tr>
<td>Question 9: I was happy with the food/meals I received.</td>
<td>7.2</td>
</tr>
<tr>
<td>Question 10: Overall, I had a very poor/unpleasant experience.</td>
<td>5.8</td>
</tr>
</tbody>
</table>

It is encouraging to see that the results for 2018/2019 indicate that there have been some improvements on the previous year around communication about care and treatment and an improvement of quality of food/meals. The responses received to Question 10 remains high and the overall survey response return rate has seen an improvement from 8% in 2017/2018 to 12.2%.

Our continued aim is to gain a greater understanding of the aspects of care that are of most importance to patients, to act on patients’ feedback, and to improve the quality of care patients receive. The Patient Experience Team continue to support all ward areas involved in the TTT survey, discussing feedback and supporting projects being undertaken in clinical areas in the hope that these can be shared more widely across the organisation going forward.

Below you will find some extracts of feedback received through the TTT surveys during 2018-2019

‘Everything was done to a very high standard. Totally happy with my mum’s care’

‘All staff were excellent and professional and a pleasure to be looked after by. ALL GOOD!’

‘Everyone was pleasant and nothing was any trouble for them; had a very relaxed time.’

‘Care from all staff was exceptional. Anaesthetist was really good and visited me on the ward when my pain was bad immediately post op. I was diagnosed Monday at 4pm, by 3.30pm Tuesday I was in Theatre recovery. Only tiny complaint is how early the lights went on in the morning! Other than that everything was fantastic.’
1.3 Care Opinion

Care Opinion (formerly known as Patient 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 (https://www.careopinion.org.uk/) where they can share a story about their experience of the health care 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 has seen 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.

The diagram below shows the number of stories that have been posted about NHS Lothian on Care Opinion from 1 April 2018 to 31 March 2019 and this is a significant increase from the previous year and these stories have been viewed 28,994 times.

![When these stories were told](image)

During this period there were 196 stories received by NHS Lothian via Care Opinion which is an increase of 17.4% on the period 1 April 2017 to 31 March 2018. The diagram below shows the criticality rating of the posts submitted during the 12 months from 1 April 2018 to 31 March 2019.
You will see from the data below how Care Opinion rated the posts about care in NHS Lothian.

![Graph showing the criticality of 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 2018-2019 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 received has been largely positive.

Below you will find some extracts of stories posted on Care Opinion during 2018-2019;

“I was referred to the EDI for a surgical procedure. From the minute I was taken through the Dental Nurse made me feel completely at ease, recognising that I was anxious made conversation and talked to me throughout procedure. Unfortunately I didn’t pick up the name of the nurse; she was working with a dentist called Chris. I didn’t get the opportunity to thank her before I left and just want to say thank you for taking the time to make me feel at ease and making the whole experience less traumatic that it could have been for me...”

“I had a stroke shortly before Christmas. I was very fortunate that physically I was unaffected but I was unable to read. Reading is a very important part of my life and I was referred to Speech Therapy. Clare, based in Edinburgh, has been my tutor and under her guidance my ability to read has improved
immensely though I hope to improve further. I have much praise and no complaints about the system and I am grateful to have had this opportunity to be able to read my daily newspaper and to cope with so much more which requires reading skills....”

To view further stories posted by patients/service users and the response provided by NHS Lothian, please visit https://www.careopinion.org.uk

1.4 Excellence in Care

In 2015 a national framework for nurse and midwives was agreed known as Excellence in Care (EiC). This followed on from a request from the Cabinet Secretary for Health and Sport for a national approach to assure and improve nursing and midwifery care for Scotland. This was in response to the Vale of Leven Hospital Inquiry report. The EiC framework builds upon the findings in the Vale of Leven inquiry, covering nine key areas: culture; leadership; governance; safety; sustainability; effectiveness; person centred; workforce and quality improvement. Within these nine areas sit a number of measures that are integrated across a number of Nurse Families and are sensitive enough to provide assurance from ward or service area to board; patient to politician.

Excellence in Care will mean that people who use our services can have confidence that no matter where they are cared for within NHS Scotland, they will consistently receive high quality nursing and midwifery care delivered in a compassionate way by confident and competent nurses and midwives.

A number of initiatives are underway in NHS Lothian as a result of the EiC programme. “Getting to Know Me” is a central document recording a person’s needs, likes and dislikes personal preferences and background. The purpose of this is to help hospital staff understand more about a person and how best to provide person-centred care during a hospital stay.

Some areas in the organisation are using “matters to me” trees (example highlighted in the illustration below). A number of other areas are being consulted as to how best to use this tool in their area and have an information leaflet to facilitate these conversations.
1.5 Care Assurance Standards (CAS)

The Care Assurance Standards (CAS) Programme is linked to the following 13 clinical and professional standards of practice:

1. Pressure Area Care
2. Falls
3. Bladder and Bowel Health
4. Deteriorating Patient
5. Medicines Management
6. Pain Control
7. Infection Prevention and Control
8. Food, Fluid and Nutritional Care
9. Person Centred Health and Care
10. Older People in Acute Care and Adult Protection
11. End of Life Care
12. Ward Management
13. Working Effectively in the Multidisciplinary Team

Implementation of the CAS Programme is currently being facilitated in 36 in-patient wards on the three adult acute sites (RIE–12; WGH–15; SJH–9) along with the two Emergency Departments and Admissions Units. Other wards across NHS Lothian have access to the CAS Standards and are encouraged to use them to assure their own practice.

There are currently two components to CAS Programme:
1. Assurance of 13 clinical and management standards (outlined in Figure 1)
2. Monitoring of eight person-centred nursing key performance indicators

Assurance of standards
Each participating ward is working its way through 13 standards of practice, which involves self assessment, action planning and developments in practice in conjunction with relevant specialists and a formal assurance process undertaken by members of the CAS Team and associated specialists linked to individual standards. Figure 2 below identifies current progress with implementation and assurance, which now stands at 97 standards being fully assured and 40 in progress. Since the last report 50 new standards have either been fully assured on an initial assessment or have undergone a six month or 18 month review and re-assurance.

Figure 2: NHS Lothian progress with assurance of standards (June 2019)
A key component of the CAS Programme is a focus on person-centred care. This is threaded throughout each of the 13 standards and seeks evidence of person-centredness in assessment, planning, delivery and evaluation of care. In addition the use of the eight Person Centred Nursing Key Performance Indicators (PC-KPIs) (McCance et al. 2012) has provided feedback to ward teams in the form of patient survey data and patient stories.

The PC-KPIs are:
1. Consistent delivery of nursing care against identified need
2. Patient’s confidence in the knowledge and skills of the nurse
3. Patient’s sense of safety whilst under the care of the nurse
4. Patient involvement in decisions made about their nursing care
5. Time spent by nurses with the patient
6. Respect from the nurse for patient’s preference and choice
7. Nurse’s support for patients to care for themselves, where appropriate
8. Nurse’s understanding of what is important to the patient

Since January 2017, 256 patient stories have been recorded in the CAS wards; 53 since the last report. Each story is fed back verbatim to the individual wards and then once three stories are recorded they are themed against the eight KPIs. All stories are reviewed by the CAS Lead and overarching themes and individual elements, where necessary, are identified and shared with relevant nursing professional leads. Themes from the most recent stories are outlined in Table 1:

Table 1: Summary of Patient Stories January – June 2019

<table>
<thead>
<tr>
<th>Things that have been done well/make a difference</th>
<th>Could be Better</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Person-centred care</strong></td>
<td><strong>Staffing Issues</strong></td>
</tr>
<tr>
<td>• Having personal possessions in bed space to make it feel more homely</td>
<td>• Availability of staff to answer buzzers (can see they are understaffed)</td>
</tr>
<tr>
<td>• Being treated as a person, not a number</td>
<td>• Amount of time nurses need to spend on paperwork</td>
</tr>
<tr>
<td>• Being treated with respect and understanding</td>
<td><strong>Use of language</strong></td>
</tr>
<tr>
<td>• Being treated with dignity when having to deal with bodily functions</td>
<td>• Being called ‘love’ and ‘dear’ (especially by people who have never met you before)</td>
</tr>
<tr>
<td>• Sense of people taking a real interest in you as a person</td>
<td>• Being told doctor ‘is busy’ not helpful – being more specific e.g. in theatre, dealing with other patients and likely timescale would be better</td>
</tr>
<tr>
<td>• Going the extra mile e.g. making toast whenever you want it</td>
<td><strong>‘Standing up for yourself’</strong></td>
</tr>
<tr>
<td>• Sense of staff being there for you</td>
<td>• Importance of being able to stand up for self as so many people involved in care that there is the potential for confusion</td>
</tr>
<tr>
<td>• Compassion of nurses</td>
<td><strong>Food</strong></td>
</tr>
<tr>
<td>• Sense of a well run, efficient ward</td>
<td>• After surgery not wanting meat, potatoes and vegetables; toast and scrambled eggs would be more appropriate</td>
</tr>
<tr>
<td>• Familiarity with staff (nursing and medical) and the sense of being a person not a number</td>
<td>• Lack of salt to put on food (very bland)</td>
</tr>
<tr>
<td>• Communication</td>
<td>• Food often cold by the time it is served</td>
</tr>
<tr>
<td>• Openness with all staff – more effective communication than previous experience of hospitals</td>
<td></td>
</tr>
</tbody>
</table>
- Staff use of humour and communication to life spirits
- General focus on informed consent by the whole team
  - Nurses seeking permission before carrying out any clinical activities

**Domestic Staff**
- Cleanliness of ward
- Positive interactions with domestic staff – make a real difference to patients

**Other**
- Being able to get outside for some fresh air
- Prompt, efficient treatment
- Care being taken at night not to wake patient when discontinuing IV antibiotics
- Security of having same nurse two days in a row
- Leadership of senior charge nurse

**Communication**
- Staff not always wearing name badges or explaining role
- Being seen by senior medical team (waited 4 days post op)
- Not understanding where the medical team are based and whether are going to see them
- Being involved in decisions
- Knowing when the ward rounds are going to take place – for self and family

**Privacy**
- Domestic staff coming behind curtains without ‘knocking’ whilst patient washing

**Things to alleviate boredom**
- Books to read on the ward - TV expensive
- Having a room to go to with visitors

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**Example of action in response to feedback in patient story**

Ward 205, Gastro-intestinal Medicine, Royal Infirmary of Edinburgh

In June 2018 a patient gave a very detailed story of their experience in the ward, following a period of acute illness and recovery. One of their observations related to their sense of boredom and the lack of any private space in the ward:

"Being in here 24/7 can be quite tedious, quite frustrating. I don’t mind being by myself but it is just the lack of anything to do. ... I can’t always afford the TV, it is quite expensive, especially if you are in here for a while, plus a lot of the times it isn’t even worth it because there is a load of rubbish on it anyway. The other night I didn’t have money for the TV and I was just asking, because I know a lot of wards, because I work at the hospital and I know that there are trolleys with books and things like that you can just help yourself and I asked if there was anything like that, nope nothing. So even something like that where you had a book to read or something, just something a bit different being stuck with whatever rubbish is on there. I was really surprised that they didn’t have anything like that because as I say I am just used to these things being to hand, there is nothing. Hopefully when my sister comes she is bringing me books in today. I can’t be the only one, especially when you are in here like day after day after day; there is just nothing to do. The basic thing is the boredom. If there was an area to go and sit or somewhere a bit different. Something like that even. I have had friends that have called me but I have to take it out there, you’ve got no privacy, people are back and forward all the time, which obviously they are off course, the staff are there all the time but you just want to have a private conversation, I find that a bit, just that I am sort of limited and then I come off and feel frustrated because I haven’t been able to say what I want to say to friends. Obviously because they are in Australia and they have been worried sick and it has taken them weeks to track me down, something like that where you could have a private space, even if it was just a wee room that you could go in to with a phone, just to have a private conversation”

The ward team recognised this as an issue for many patients and responded by having the unused ward bathroom converted into a sitting room space and through raising ward funds have provided furnishings and sourced books and games for patients. This has been well received by patients and
Visitors and staff have felt a good sense of achievement in improving their environment and experience for patients.

**Patient Surveys**
The KPI patient survey is hosted on the Tableau platform (Figure 3). This gives monthly updates on performance against the 8 KPIs at corporate, site and individual ward level. At the end of April 2019, 6,860 surveys have been returned (2,400 since the last report). The average response rate across the organisation since the last report has been 10%, although this varies considerably between individual wards. Measures continue to be put in place to try and boost the response rate.

*Figure 3: NHS Lothian CAS Wards (n=36) performance against Person Centred Key Performance Indicators Jan 2017 – April 2019 (n=6,860)*

**Figure 4: NHS Lothian CAS Wards (n=34) time trend of performance against Person Centred Key Performance Indicators (Dec 2016 – April 2019) (n=6,860)**

The overall trend of achievement of the KPIs based on patients reporting each aspect of person-centred care was ‘always’ achieved is illustrated in Figure 4. The trend demonstrates some consistency in terms of patients are least likely to report that nurses always have time to spend with them, however even where this KPI is comparatively low they report a strong sense of safety and confidence in the care that is being delivered to them.
1.6 What matters to you?’

‘What matters to you?’ day aims to encourage and support more meaningful conversations between people who provide health and social care and the people who receive care and support, as well as their families and carers. This encourages professionals to move their conversation focus from ‘What’s the matter with you?’ to ‘What matters to you?’ in order to more effectively support the development of high quality compassionate support, care or treatment focused around what people really need and want.

Conversations focused on what really matters are helping us to get it right for people who use our services and improve quality of life. The evidence tells us that people working in healthcare get the most fulfilment from the part of their work that involves contact with the people they care for – the patients, families, clients, communities. These conversations about what really matters are helping us to connect, listen, understand and improve.

Over 600 teams from all over Scotland took part in the event which takes place annually on 6 June. NHS Lothian staff and patients embraced the day, engaging in wide range of activities, in a variety of different care settings. ‘What Matters to You’ allowed teams to fully understand the impact of their conversations around what matters. It is hoped that this will support staff across the organisation to share learning, provide a positive patient and staff experience in line with our person centred culture and values.
1.7 Interpretation and Translation Services

We encourage patients with communication support needs to write to the Patient Experience Team in their own language, and translate their comments via the NHS Lothian Interpretation and Translation Service (ITS) to ensure we can address them fully. We also encourage deaf patients to come and speak to us about their experience, and arrange Sign Language interpreters. The ITS will also organise service user groups in 2019 in order to find out more about patients’ experience of their service.

1.8 Local Initiatives

The Royal Edinburgh Hospital Patients Council

The Patients Council is a service-user-led that, in partnership with Advocard, provides independent collective advocacy to patients in the Royal Edinburgh Hospital (REH). The service received funding in 2018–2019 to set up and facilitate a quality improvement project aimed at strengthening the patient voice by finding effective ways to gather and report the experiences of patients. The project ran from October 2018 to May 2019 and was underpinned, at all stages, by the views of patients. An initial survey indicated that patients felt it was important that they were asked for their feedback; and, wanted to be asked regularly and in a way that worked for them.

The Patients Council designed and tested a feedback event during which patients could either fill in a short written survey (alone or with others) and/or take part in group discussions. The nine ratings-scale questions in the survey were based on topics that had been identified as currently of importance to the patients.

Events took place on seven wards (covering acute and rehabilitation wards for both adults and older people); giving 101 patients the chance to share their experiences. 46 patients completed the survey and 40 took part in group discussions. This provided a wealth of information about how patients thought and felt about being in the REH. It also confirmed that patients on mental health wards are willing and able to reflect and give feedback on their experiences at all points during their stay.

The survey responses (including four completed by patients just before discharge) and the group discussions resulted in 543 experiential comments. This qualitative data was coded and grouped under nine themes – rights-based care and treatment; patient/staff relationships; whole experience; environment; facilities; activities; social; patient-flow; and; management. The data from the quantitative questions in the survey was collated and linked to the most relevant theme. A breakdown between positive, negative and neutral comments under each theme was also given.

Most comments were about rights-based care and treatment (N=133, 24.5%), Patient/staff relationships (N=131, 24.1%) and whole experience (N=108, 19.9%).

There were four questions in the survey that linked to right-based care and treatment. While responses to these tended towards more positive experiences, the majority of comments under this theme were negative (N=82, 61.7%). So, while some people feel informed and involved in decisions about their care, others spoke of having no clear idea about ‘what is happening or when’ and, ‘never getting a say in my needs’, which in turn led to feelings of anxiety and subservience.

Patient/staff relationships was one of the two themes that had more positive than negative comments. The majority of comments were specifically about relationships with staff (N: 93, 71%), and two thirds of these (N=62, 66.7%) were positive. What underpinned many of the positive interactions was the level of perceived staff responsiveness. Responses to the two questions in the survey about staff were similarly positive, with 87.2% (N=42) of people indicating that they were treated with kindness, compassion and respect either most or all of the time. Notably, such positive interactions, did not, however, necessarily result in people feeling that they were being heard.
People spoke of a ‘lack of understanding’ and of how hard it was to share how things really are. The negative experiences of staff that people shared were commonly the result of the feeling that staff were basing their interactions with them on their authority as staff members rather than relating to them as fellow humans.

With regards to the patient’s overall experience, there were 48 positive (44%) and 54 negative (54%) responses which the Patients Council presented as word clouds. These indicate the importance of feeling that hospital is helping (‘helping’; ‘recovery’; ‘life-saving’). The related survey question indicated that the majority of people (N=43, 87.8%) felt being in hospital was helping at least some of the time. The word clouds also show, however, the negative impact that not providing rights-based care can have on people (‘frustrated’, ‘not knowing’, ‘disempowered’) and that despite positive experiences with both staff and fellow patients, the overall experience can continue to be a very lonely one for people.

Among the feedback presented under other themes, the importance of activities to patients was underlined, and an indication given that any positive experiences of being helped can be undermined if a person feels they are being kept in the hospital too long.

The full analysis of the information gathered under each of the nine themes and the key messages are presented in strengthening the Patient Voice: Results Report – ‘I have voice, hear me’. The can be found on the Patients Council website https://rehpatientscouncil.org.uk/reports/

**Arts & Greenspace Projects at the Royal Edinburgh Hospital**

With the on-going re-provisioning of the Royal Edinburgh Hospital, the REH Arts & Greenspace Manager coordinates the delivery of prioritised projects, ensuring that patients, carers, families and staff are provided with opportunities to participate in the development and delivery of the ELHF funded hospital arts & greenspace programme.

Below are some examples of successful projects/commissions:

**The Tiled Corridor** (artist Frances Priest)
Significant Spaces (participatory photography project, artist Natalie Feather)

Glass Artwork Commission (recycled) for Phase 3 (Artist Juli Bolanos-Durman)
NHS Lothian’s Volunteering Strategy 2018 to 2023 “Volunteering Well”

The strategy for volunteering in NHS Lothian was developed in response to the key outcomes of the Volunteering in Scotland Programme. “Volunteering Well” was endorsed in 2018 and is now in the implementation phase.

The strategy has three aims within its vision:

1. Volunteers will enhance the experiences of people using the services of NHS Lothian, and their unique perspectives on hospital life will help shape the care provided.
2. Volunteers will have a personally rewarding experience and know that their contribution is valued and has made a difference.
3. Our approach to volunteering will strengthen our contribution to the life of our local community.

Additional resources have been secured to improve the experience of volunteering for patients, carers, family, friends and staff. In the coming year there will be a focus on new and innovative volunteering opportunities to enhance our patient’s experiences. Throughout the next five years there will also be a focus on quality, efficiency, effectiveness and governance to ensure person centred volunteering support for our patients that is both timely and equitable. We are developing a robust evaluation plan to evidence the impact of volunteering on patients, staff, services and volunteers.

The Carers Act (Scotland) 2016 – Section 28

Section 28 of the Carers Act outlines our responsibilities around admission and discharge of patients:

- Identify without delay that person is carer
- Involve carers in discharge
• Inform carers as soon as reasonably practicable of intention to discharge
• Invite the carer to give views about discharge
• Take account, so far as it is reasonable and practicable to do so, of any views given by the
carer in making decisions relating to the discharge of the cared-for person

NHS Lothian secured fixed term funding (June 2018 to Sept 2019) from the Scottish Government for
a Project Implementation Officer (PIO) to provide training and awareness for NHS Lothian staff on
our responsibilities with the Carers Act.

The PIO is:
• Training NHS Lothian staff
• Developing and promoting carer awareness materials
• Undertaking roadshows and engagement sessions with teams
• Working closely with Carer third sector agencies/partners VOCAL Edinburgh, VOCAL Mid
Lothian, Carers of West Lothian and Carers of East Lothian to improve awareness of carer
support and referrals
• Developing a suite of films for staff awareness training for both new and existing staff
• Evaluating impact where possible

The focus of this project is to equip NHS Lothian staff with the knowledge and skills to improve the
patient and carer experience throughout the patients experience from admission to discharge.

Section 2 – Encouraging and Handling Complaints

2.1 The revised NHS Scotland Complaints Handling Procedure (CHP) was implemented in April 2017.
The procedure introduced a distinct 2 stage process. The first stage, early local resolution complaints
managed within 5 working days and the second stage focusing on the more detailed complaints
investigation within 20 working days.

The keys aims are:
• To take a consistently person centred approach to complaints handling across NHS Scotland
• To implement a standard process
• To ensure that NHS staff and those using NHS services have confidence in complaints
handling
• Encourage NHS organisations to learn from complaints in order to continuously improve
services

The CHP has nine key performance indicators, by which NHS Boards and their service providers
should measure and report performance. These indicators, together with reports on actions taken to
improve services as a result of feedback, comments and concerns provide valuable information
about the effectiveness of the process, the quality of the decision-making, learning opportunities
and continuous improvement.

Stage 1: Early Resolution

Early resolution aims to resolve straightforward complaints that require little or no investigation at
the earliest opportunity. This should be as close to the point of service delivery as possible.

Early resolution must usually be completed within 5 working days, although in practice the
complaint may be resolved much sooner. In exceptional circumstances, where there are clear and
justifiable reasons for doing so, an extension of no more than five additional working days with the person making the complaint may be agreed. This must only happen when an extension will make it more likely that the complaint will be resolved at the early resolution stage.

Stage 2: Investigation

Complaints handled at the investigation stage of the complaints handling procedure are typically serious or complex, and require a detailed examination before we can state our position. These complaints may already have been considered at the early resolution stage, or they may have been identified from the start as needing immediate investigation. For cases at the investigation stage, a full response to the complaint should be made as soon as possible, but not later than 20 working days, unless an extension is required. During this year we have implemented an investigation template and are encouraging staff to use these for their local investigations.

Prisoner Healthcare

NHS Lothian provides healthcare to the prisoners who are based in HMP Addiewell and HMP Edinburgh. There are approximately 1700 prisoners and their complaints represent a large proportion of all complaints. The prisoner healthcare complaints form works well and staff are able to respond to the majority of these as stage 1 complaints. There are a small number of prisoners who write to us regularly to give their feedback.

2.2 Indicator One: Learning from complaints

The chart below identifies the top 10 themes from all complaints and feedback received during 2018-19. Complaints can have multiple issues identified within them.

<table>
<thead>
<tr>
<th>Complaints by Subject</th>
</tr>
</thead>
<tbody>
<tr>
<td>Delays - Waiting Time</td>
</tr>
<tr>
<td>Treatment - Inadequate/inappropriate treatment</td>
</tr>
<tr>
<td>Treatment - Personal Care</td>
</tr>
<tr>
<td>Medication - Restriction of Drugs</td>
</tr>
<tr>
<td>Access - Admission/appointment issues</td>
</tr>
<tr>
<td>Communication - Lack of communication</td>
</tr>
<tr>
<td>Communication - Poor communication</td>
</tr>
<tr>
<td>Delays - Delay in Treatment</td>
</tr>
<tr>
<td>Staff - Behaviour</td>
</tr>
<tr>
<td>Staff - Attitude</td>
</tr>
</tbody>
</table>
### Top 10 themes from complaints

<table>
<thead>
<tr>
<th>Theme</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Delays - Waiting Time</td>
<td>816</td>
</tr>
<tr>
<td>Treatment - Inadequate/inappropriate treatment</td>
<td>783</td>
</tr>
<tr>
<td>Treatment - Personal Care</td>
<td>747</td>
</tr>
<tr>
<td>Staff - Attitude</td>
<td>437</td>
</tr>
<tr>
<td>Medication - Restriction of Drugs</td>
<td>347</td>
</tr>
<tr>
<td>Delays - Delay in Treatment</td>
<td>337</td>
</tr>
<tr>
<td>Communication - Poor communication</td>
<td>318</td>
</tr>
<tr>
<td>Staff - Behaviour</td>
<td>263</td>
</tr>
<tr>
<td>Access - Admission/appointment issues</td>
<td>219</td>
</tr>
<tr>
<td>Communication - Lack of communication</td>
<td>201</td>
</tr>
</tbody>
</table>

#### Examples of action taken:

As a result of our internal process for sending patients their Treatment Time Guarantee letters, a small number of letters were sent to families inappropriately. A review of the administrative processes was undertaken, the letters were re-worded and the process for generating these letters was changed and handed over to the Medical Records Team.

Following feedback from the Scottish Public Services Ombudsman, it had been identified that complainants were not being kept up to date of any delays in receiving their complaint response letters. The Patient Experience Team will now write to the complainant at Day 35 and again at Day 55 to keep them informed of their complaint and when they should be able to expect their response.

Following the monthly publications of the Scottish Public Services Ombudsman Parliamentary Reports, the Patient Experience Team now circulate these reports amongst the Associate Medical and Nurse Directors groups for onward circulation. This has been well received especially by the medical staff.

A quality assurance (QA) process has been established, based on the Scottish Public Services Ombudsman QA approach. This framework has 6 standards and a review of all complaints that have been risk assessed as “Extreme or Major” is undertaken. This allows reflection and learning for staff within the clinical teams as well as the Patient Experience Team.

A quality assurance process has been developed in Radiology. Where issues or discrepancies are identified they are discussed at the Learning from Discrepancies meeting with their colleagues in a safe and open forum.

On one of the acute hospital sites, the Associate Nurse Director (AND) has developed “Reflection Days”. These were developed following a meeting with a relative with regards to a complaint. The relative was very keen to share her story with staff and the AND felt that it was a very powerful way...
of highlighting the impact that our care can have on families. The second Reflection Day has just taken place with a very powerful and at times emotional interview with the daughter of a patient who subsequently died after leaving our care. This was followed up by a session and some personal reflections focusing on dementia awareness sessions for all staff. The AND also flagged up a letter sent by the family of a patient who was palliative on admission and had very limited time left and how their care was managed. From this the staff have agreed to move to open / person centred visiting from throughout MEDAS and Head and Neck and an action plan will be developed to support the distressed patient and their families focusing on training, changing attitudes and delivering empathetic care. There will also be focus groups set up in areas where there has been a higher incidence of complaints replicating the Reflections day in these areas with the staff for that area.

Some of the key recurring themes that have been identified from the Emergency Department (ED) complaints in recent months are around delays, in particular with being assessed, treated and offered pain relief. The team have recently started trialling a new model of care within ED to ensure that patients have a more streamlined journey within the department. The department has been split into 4 ‘pods’ each staffed with its own nursing and medical teams. Every 2 hours each ‘pod’ team holds a brief ‘safety pause’ to discuss their patients and any concerns they have, with a particular focus on analgesia. This information is then brought to the main department safety pause and, since the trial started, there is a much more focussed conversation around quality patient care. The team are also piloting a new audit tool which includes a focus on ‘time to pain relief’ in the pod. After the first week of the new model of care trial the team saw significant reductions in time to triage (<61%) and time to first assessment (131%) which gives us confidence that patients are being seen and reviewed at a much earlier point in their journey, providing a much more positive patient experience

2.3 Indicator Two: Complaint Process Experience

We continue to gather feedback from patients, carers and family members who have made a complaint to NHS Lothian’s Patient Experience Team. Questions are asked regarding each stage of the complaints process to understand what it was like from a complainant’s perspective, the questions asked reflect the requirements of the CHP and the complainant is given a multiple choice answer option. The questionnaire is sent to 10% of complainants where their complaint is closed at both stages of the CHP.

The questions asked are detailed below.

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

Data gathered during this period clearly tells us that people wishing to make a complaint found it easy to find the information about how to submit a complaint and make a complaint. It is also apparent from the collated responses received that complainants also found information about the NHS Complaints Procedure with relative ease.
Whilst the data highlights what we are doing well these is further work to be done to improve the investigative process, to keep complainants advised of any delays and to ensure that we are clear in our investigation outcomes.

2.4 Indicator Three: Staff Awareness and Training

In conjunction with current staff organisational training plans, there are key strategic areas of training that continue to be identified and taken forward, to facilitate the “person centred culture” agenda. It is our aim to ensure that people who use our services are heard and are given the opportunity to have their complaints and concerns resolved at the earliest opportunity.

NHS Lothian wants feedback to support service improvement and enhance people’s experiences of care and we recognise that, in order to make this possible, we need staff with confidence and the right skills to do this. The Patient Experience Team have facilitated a number of sessions over the last 12 months and have also been involved in bringing external speakers into the organisation to support organisational learning and development in this area.

- **Investigation Skills workshop**

This full day workshop was aimed at managers, team leaders and complaints officers and a wide variety of other stage groups involved in the investigation of complaints. This course was aimed at developing the participant’s awareness of what makes the experience of complaining a good one or bad one; it also looked at the investigation process from receipt to conclusion.

This workshop was delivered by staff from the SPSO Learning and Improvement Unit. There were three sessions that took place at St John’s Hospital on 8 November 2018, the second at the Royal Infirmary of Edinburgh on 14 November 2018 and third at the Western General Hospital on 25 March 2019.

These workshops were well attended and received very positive feedback. You will see some of the collated feedback from the sessions below.

“I really enjoyed the day and found it very informative. As well as increasing understanding on CHP and providing a toolbox of best practice, the principles were equally applicable in dealing with other investigations/grievances.”

“The course was done in a relaxed manner and the use of real life examples help to put issues into perspective for me. This way of teaching suits my learning needs. It also helped me reflect on the complaints I have previously done from the SPSO.”

“I would highly recommend this event to anyone who deals with complaints. It was also good to have the perspective of what the PET team are looking for from us, in relation to providing responses. I think in the future, I will be more likely to pick up the phone to the team and talk a complaint over with them if I am at all unsure what it is that the complainant is looking for, rather than trying to muddle through (and getting it wrong/missing the point!)”

- **‘Complaints & Scottish Public Services Ombudsman cases’ half day workshop**

A half day workshop took place on 5 March 2019 at the Western General Hospital; this was offered to staff on the Western General Hospital site and was very well attended by a cross section from a number of disciplines. It was delivered by Professor Alex McMahon, Executive Nurse Director, Dr Claire Gordon, Consultant Physician / Medical Advisor to the SPSO, Dr Dorothy Armstrong, Nursing Adviser to the SPSO and Jeannette Morrison, Head of Patient Experience.
The aim of the session was to provide an overview of the complaints procedure and how to prepare for a SPSO case. It also highlighted the organisation’s support for staff members who have been complained about, acknowledging the impact that this can have on a staff member’s health and well being and the adverse impact that this can have on their future practice. This workshop was also well attended and received very positive feedback. Feedback from the sessions below.

“Would recommend for other areas and good to feel there is support out there”

“Interesting to know the workings of the ombudsman and the personal anecdotes of the reviewers”

“Less “isolated” when colleagues describe their similar experiences”

- Excellence in Care (EiC) Development Programme

This development programme is for Charge Nurses and Team Leaders across NHS Lothian. The Patient Experience Team delivers a 6 hour session. Each of the dates for 2018/2019 were delivered and well attended. The content of the session provides the participations with an overview of Patient Experience within NHS Lothian, specifically how this source of valuable feedback is captured. The session looks at Tell Us Ten Things, Care Opinion and the Complaints Handling Procedure. This allows the participants to develop an appreciation and understanding of the benefits. The feedback received has been very positive confirming how valuable these sessions are. The Patient Experience Team remains involved in the delivery of this session in 2019/2020.

- The Newly Qualified Practitioners Programme (Child Health)

The Patient Experience Team have delivered an overview session to newly qualified practitioners which covers; obtaining feedback in Lothian and looks at the CHP in more detail specifically thinking about their own role and responsibility in the process. We have delivered this session on four occasions over 2018/2019 and remain involved in this programme for the year ahead.

Indicator Four: The total number of complaints received

From the figure below complaints continue to be the largest category of feedback received by the organisation. October saw the highest number of contacts received (n= 455) (complaint, comment, feedback, enquiry, compliment). The number of compliments recorded is small but it must be noted that the majority of compliments are received locally by wards and clinical teams. There has been a
decrease in the overall number of contacts (n=4,885) received from the previous year (n= 5799).

**Indicator Four – The total number of complaints received 2018/2019**

November is noted to have the highest number of complaints received (n= 308) and lowest is July.

**Indicator Five: Complaints closed at each stage**

*(does not include contractor data, withdrawn cases or cases where consent not received).*

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**Indicator Five: Complaints closed at each stage within Performance Targets 2018/2019**

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The figure above shows NHS Lothian’s varied response rates for stage 1 and stage 2 complaints. We continue to face challenges around the Stage 2 response rate. Whilst the previous year was challenging we have seen a significant improvement in our response times on the previous year 58%- 83% (2017/2018 35%-47%).

Indicator Six: Complaints Upheld, Partially Upheld and Not Upheld
**Indicator Six: Complaints upheld, partly upheld and not upheld**

*Stage 2 Escalation 2018/2019*

- Not Upheld
- Partly Upheld
- Upheld

**Indicator Seven: Average Times**

*Average times 2018/2019*

- Stage 1
- Inv Stage 2
- Esc Stage 2
Indicator Eight: Complaints closed in full within timescales

The model CHP requires complaints to be closed within 5 working days at Stage 1 and 20 working days at stage 2.

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

Indicator Nine: Number of cases where an extension is authorised

Indicator 9 has seen us make significant improvements and we are continuing to work hard to ensure that we keep complainants up to date regarding any delays in the investigation process.

<table>
<thead>
<tr>
<th>9a. Number of complaints closed at stage one where extension was authorised</th>
<th>Number</th>
<th>As a % of complaints closed by NHS Boards at each stage</th>
</tr>
</thead>
<tbody>
<tr>
<td>15</td>
<td>1%</td>
<td></td>
</tr>
</tbody>
</table>

| 9b. Number of complaints closed at stage two where extension was authorised (this includes both escalated and non-escalated complaints) | 1095 | 60% |

| 9c. Total number of extensions authorised | 1110 | |

Scottish Public Services Ombudsman

If a complainant is unhappy with the response that they receive they have the right to take their complaint to the Scottish Public Services Ombudsman (Stage 3). The SPSO publish two types of reports; Investigation (or Parliamentary) Reports and Decision Letters. These reports detail their investigations processes and makes recommendations.
When an Investigation Report or a Decision Letter is received, this is sent to the relevant service so that they can act on the recommendations and within the agreed timescales. We then provide evidence to the SPSO that we have completed their recommendations. During this period there were no Investigation Reports published against NHS Lothian.

During the period 2018/2019 there were 131 SPSO cases that were opened and there were 114 cases closed during this period. The SPSO works to different legislation and they do not have timescales for their investigation processes. This can at times be challenging and difficult for individuals, in particular if someone has been named in a complaint. Work has been taking place locally to improve our support mechanisms for those individuals and we are reflecting on the good practice principles that have been published by Glasgow University; Being Complained About.

**Section 3: Feedback Received by Independent Contractors**

A survey monkey questionnaire was sent to all independent contractors (Optician, Pharmacist, Dentist and General Practice) and below are the response rates. A reminder request was also sent.

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**Type of Provider**

- Optician 7.39% 17
- Pharmacist 18.70% 43
- Dentist 28.70% 66
- General Practice 48.26% 111

Total Respondents: 230

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Below are the collated results for all independent contractors.
<table>
<thead>
<tr>
<th>ANSWER CHOICES</th>
<th>AVERAGE NUMBER</th>
<th>TOTAL NUMBER</th>
<th>RESPONSES</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Number of Stage 1 Complaints received</td>
<td>3</td>
<td>617</td>
<td>213</td>
</tr>
<tr>
<td>2 Number of Stage 1 Complaints closed</td>
<td>3</td>
<td>590</td>
<td>202</td>
</tr>
<tr>
<td>3 Number of Stage 1 Complaints closed within 5 days</td>
<td>3</td>
<td>548</td>
<td>198</td>
</tr>
<tr>
<td>4 Number of Stage 2 Complaints received</td>
<td>2</td>
<td>375</td>
<td>210</td>
</tr>
<tr>
<td>5 Number of Stage 2 Complaints closed</td>
<td>2</td>
<td>351</td>
<td>199</td>
</tr>
<tr>
<td>6 Number of Stage 2 Complaints closed within 20 days</td>
<td>2</td>
<td>307</td>
<td>200</td>
</tr>
<tr>
<td>7 Number of Complaints Upheld at Stage 1</td>
<td>1</td>
<td>156</td>
<td>190</td>
</tr>
<tr>
<td>8 Number of Complaints Partially Upheld at Stage 1</td>
<td>0</td>
<td>57</td>
<td>185</td>
</tr>
<tr>
<td>9 Number of Complaints Not Upheld at Stage 1</td>
<td>1</td>
<td>186</td>
<td>189</td>
</tr>
<tr>
<td>10 Number of Complaints at Stage 1 with an extension</td>
<td>0</td>
<td>15</td>
<td>185</td>
</tr>
<tr>
<td>11 Number of Complaints Upheld at Stage 2</td>
<td>1</td>
<td>99</td>
<td>192</td>
</tr>
<tr>
<td>12 Number of Complaints Partially Upheld at Stage 2</td>
<td>0</td>
<td>69</td>
<td>190</td>
</tr>
<tr>
<td>13 Number of Complaints Not Upheld at Stage 2</td>
<td>1</td>
<td>115</td>
<td>190</td>
</tr>
<tr>
<td>14 Number of Stage 1 Complaints Escalated to Stage 2</td>
<td>0</td>
<td>50</td>
<td>189</td>
</tr>
<tr>
<td>15 Average time (in working days) for full response to complaints at Stage 1</td>
<td>1</td>
<td>267</td>
<td>192</td>
</tr>
<tr>
<td>16 Average time (in working days) for full response to complaints at Stage 2</td>
<td>7</td>
<td>1280</td>
<td>191</td>
</tr>
<tr>
<td>Total Respondents: 219</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Of all complaints received from all contractor groups below highlight the issues that have been identified within the complaints.
<table>
<thead>
<tr>
<th>ANSWER CHOICES</th>
<th>RESPONSES</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Delays in appointments/clinic</td>
<td>72.68%</td>
</tr>
<tr>
<td>2 Premises</td>
<td>54.64%</td>
</tr>
<tr>
<td>3 Patient Property</td>
<td>52.46%</td>
</tr>
<tr>
<td>4 Patient Privacy/Dignity</td>
<td>57.38%</td>
</tr>
<tr>
<td>5 Patient Records</td>
<td>58.47%</td>
</tr>
<tr>
<td>6 Patient Status/Discrimination</td>
<td>54.64%</td>
</tr>
<tr>
<td>7 Staff failure to follow procedure</td>
<td>60.66%</td>
</tr>
<tr>
<td>8 Staff Attitude and Behaviour</td>
<td>78.14%</td>
</tr>
<tr>
<td>9 Staff Communication - Oral/Written</td>
<td>60.66%</td>
</tr>
<tr>
<td>10 Complaint Handling</td>
<td>52.46%</td>
</tr>
<tr>
<td>11 Clinical Treatment</td>
<td>80.87%</td>
</tr>
<tr>
<td>12 Consent to Treatment</td>
<td>53.01%</td>
</tr>
<tr>
<td>13 Delays in receiving Test Results</td>
<td>53.55%</td>
</tr>
<tr>
<td>14 Other</td>
<td>67.21%</td>
</tr>
<tr>
<td>Total Respondents: 183</td>
<td></td>
</tr>
</tbody>
</table>

The independent contractor group have undertaken local training and this has generally focussed on the complaints handling procedure and telephone manner. These sessions frequently take place during staff meetings and training sessions. The focus of these is to identify ways to improve local processes and to try to resolve issues as quickly as possible and at the time.

Examples of actions / improvements taken by the independent contractor group include:

- Staff training on telephone skills
- Training for reception staff to signpost people to the Advance Physiotherapist
- Team meetings to discuss communication issues
- Supporting staff to have an open and honest conversation to manage the patient’s expectations.

**Section 4 – Accountability and Governance**

During this year accountability and governance continues to be a key priority for the organisation and in particular the Executive Nurse Director as lead executive. Patient Experience and complaints data are reported regularly to the Healthcare Governance Committee. In addition to this there are monthly reports shared with senior managers on performance and activity for local action.

Datix continues to be the system that is used and this has a dashboard function. All of the clinical team now have access to their own dashboard and this gives them real time data and information on their complaints.

During the year there has been an Internal Audit of complaints and feedback across the organisation. The review remains has been completed and the findings and recommendations were
shared with the Healthcare Governance Committee. This report highlighted a number of actions for both the Patient Experience Team as well as the clinical services.

The Business Case to support the new complaints and feedback structure across the organisation was approved and additional funding has been available to do this. This has been a positive outcome. It hasn’t always been easy and it has taken longer to complete than originally anticipated. The year ahead will allow additional staff to be recruited and their role will be integrated within the clinical teams to improve and embed the complaints function locally so that a more timely and robust investigation can take place.

Conclusion

Reflecting on the year, it has been a very busy one and the momentum continues as we continue to implement the CHP, work to improve our investigation process and continue the work focused on organisational learning from Complaints and Feedback.

We 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 and improvements we have taken to improve our services. We would also like to say thank you to our staff who work hard to deliver care that is safe, effective and person centred and this remains a priority for us for the year ahead.