Complaints and Feedback Annual Report 2024/2025

Introduction

Patients, carers, relatives and families use and experience our services every minute of every day. No one else has that unique perspective and therein lies one of the greatest opportunities for continuous improvement.

Whatever that experience, each person offers, our aim is to provide reliable, person centred care and services using all the resources we have to deliver to the highest quality and safest possible care. Continually driving the standards of care upwards is dependent on NHS Western Isles (NHSWI) being an open, listening, learning and adaptive organisation. It is only through the receipt of constructive feedback from patients, families and the wider public, that we can reflect on the experiences of our patients and make any necessary improvements to our care systems and services. Our pledge is that we will encourage, listen to, and act in response to the experiences of our population, working together to improve the experience of those who will need our services.

Boards are required to produce an Annual Report on the use of feedback, comments, concerns and complaints, which stems from The Patient Rights (Scotland) Act 2011, The Patient Rights (Complaints Procedure and Consequential Provisions) (Scotland) Amendment Regulations 2016 ("2016 Regulations") and the Patients' Rights (Feedback, Comments, Concerns and Complaints) (Scotland) Directions 2017 ("2017 Directions") which Came into force on 1 April 2017 amended by The Patient Rights (Feedback, Comments, Concerns and Complaints) (Scotland) Amendment Directions 2024, which came into force 5 June 2024. The Board itself is committed to and expects continuous improvement and requires the re-assurance that systems are in place and working effectively to deliver that improvement.

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

Our Approach

Patient Feedback

All staff should be actively listening, reflecting and responding to feedback, comments, concerns and complaints appropriately, effectively and efficiently.

Best Use of Resources

Healthcare staff and patients should make sure that all resources at our disposal are used as effectively and efficiently as possible.

Complaint Handling Procedure

What is a complaint?

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

What is Feedback?

Feedback may be in the form of views expressed orally or in writing as part of a survey, patient questionnaires or initiatives such as patient experience surveys or via stakeholder electronic portals.

What are Comments?

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

What are Concerns?

Concerns may be expressed in relation to proposed treatment or about any aspect of the service, from timing of appointments to getting to hospital for the proposed treatment or the actual treatment received.

The complaint handling Procedure is summarised below:

The NHS Model Complaints Handling Procedure

Early Resolution
5 working days

For issues that are straightforward and easily resolved, requiring little or no investigation.

'On-the-spot' apology, explanation, or other action to resolve the complaint quickly, in five working days or less, unless there are exceptional circumstances.

Complaints addressed by any member of staff, or alternatively referred to the appropriate point for **Early Resolution**.

Complaint details, outcome and action taken recorded and used for service improvement.

Investigation
20 working days

For issues that have not been resolved at the early resolution stage or that are complex, serious or 'high risk'.

A definitive response provided within 20 working days following a thorough investigation of the points raised.

Ability to extend the timescale exists in CHP.

Responses signed off by senior management.

Senior management/Board has an active interest in complaints and use information gathered to improve services.

Independent External Review

Ombudsman

For issues that have not been resolved.

Complaints progressing to the Ombudsman will have been thoroughly investigated by the Board/Service Provider.

The Ombudsman will assess whether there is evidence of service failure, maladministration and issues in respect of clinical judgement. The Ombudsman will also assess how the complaint has been handled by the Board/Service Provider.

Indicator 1. Learning from complaints.

We use informed comments, feedback, concerns and complaints to learn, adapt, and improve our systems and processes for care delivery and services in the pursuit of continuous improvement and enhancing the everyday experiences of our patients.

The Health (Tobacco, Nicotine etc. and Care) Scotland Act 2016 ("The Act") introduced an Organisational Duty of Candour on health, care and social work services. The Act is supplemented by the **Duty of Candour Procedure (Scotland) Regulations 2018,** which highlight the procedure to be followed whenever a Duty of Candour incident has been identified.

For the period **1st April 2024 to 31st March 2025** NHS Western Isles have recorded **(2)** significant adverse events which fulfilled the criteria for the Duty of Candour, i.e. an unintended or unexpected act/incident that resulted in death or harm, as defined within the Act, and did not relate directly to the natural course of a person's illness or underlying condition. There were **(4)** significant adverse events commissioned during this period.

Currently there are many ways for us to receive comments, concerns, feedback and complaints and we encourage the responsible and systematic use of all methods. Whilst the single biggest area of growth is the increasing use of social media and web-based forms of feedback, we are aware and acknowledge that many people living in our community do not and will never access or use these forms of feedback. We must therefore maintain a balanced range of systems to enable equal opportunity for all to communicate and give us the benefit of their unique experience and perspective. The Complaints Officer is regularly in contact with complainants where appropriate, and or necessary.

Learning/Service Improvements as a Result of Complaints.

Each complaint provides us with an opportunity to review and reflect on the care and services we provide and to learn and improve patients' experiences. The priority of the NHS Board is to scrutinise the learning and sustained service improvements.

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

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

- Where complaints are received regarding staff attitude, the Chief Executive / Director of Finance and Procurement on behalf of the Chief Executive will monitor for trends developing in an area or for an individual, ensuring adequate and effective support.
- Any problems encountered, including consultation manner and style with Doctor's responses will be escalated to the Medical Director for resolution.
- For complex cases meeting offered with Medical Director and or Nurse Director with complainant.
- Consider placing alert on patient file to request appointments made with other GPs.
- Urgent Referral made via sci gateway.
- Entrance to OUAB to be power washed when weather suitable and twice-yearly power washes or more frequently if required, to prevent build-up of any debris.

Estates Manager will add this to the rolling inspection sheet for OUAB to highlight if area is becoming slippery again out-with the two-yearly power washes period.

- Solution to be sought to support the ability to digitally share patient's laboratory results with mainland referral partners. Work around solution now in place as no digital solution available.
- New process in place- Patient receives failsafe letter- the patient speaks to centre to say if they wish to attend an appointment- following this letter, the patient should discuss with GP that a referral is required and GP will give a letter to patient / travel team confirming attending for breast screening out with the normal Western Isles schedule is required.
- Patients who have new continence problems whilst inpatients should have a continence assessment commenced whilst in hospital and be referred to the community nursing team and continence nurse for follow up on discharge. If patients are still requiring support to maintain continence on discharge this should have formed part of the discharge planning process to ensure appropriate continence supplies are provided.
- All staff are wearing an NHS Scotland approved uniform appropriate to their role and that staff are always wearing visible staff identification badges.
- Reminder for staff of the importance of introducing themselves to patients and families.
- Quality Improvement team leading a Short Life Working Group reviewing admission documentation across NHS Western Isles, the Integrated Admission Document has been reviewed and updated based on feedback from clinical teams and has now been introduced. This includes a section for recording communications with family members
- Ensure that clinical teams provide regular updates to patients and families on treatment plans and outcomes, including early discussions regarding discharge plans ensuring that planned dates of discharges are recorded and communicated.
- Review nursing handovers to ensure that appropriate information is shared amongst teams including information provided by family members that is applicable to the care provided.
- When a patient reaches end of life prioritise availability of a side room where possible to provide privacy for family and dignity in death for patients.
- Ensure that all requested referrals such as to Allied Health Professionals are made timeously and documented that these have been completed.
- Ensure risk assessments are completed when considering patient placement and any mitigations are recorded, actioned or escalated.
- Senior Charge Nurses and clinical teams reminded to ensure that patients are toileted as required by their care plans and that any patients who do develop new incontinence whilst an inpatient will have a continence assessment completed with results shared with patients, families and the appropriate community teams such as continence nurse and community nurses.
- Side room requirements are assessed on each shift or as required in discussion with Infection Prevention and Control Team and Senior Charge Nurses to ensure that they

are being utilised appropriately and priority is given for side room use when able, to patients approaching End of Life.

- Senior Charge Nurses and Clinical teams reminded to ensure that required and requested referrals are completed timeously and documented in patients notes that these have been done.
- Staff reminded to ensure that patients always have access to fluids such as water within reach, water jugs are replenished at least twice a shift or as required, and staff support patients with appropriate menu choices as required.
- Patient placement Standard Operating Procedure developed and approved through appropriate governance channels and shared with clinical teams.
- Staff have been reminded that following two failed attempts at cannulation then assistance should be requested.
- An Action Plan has been put in place as below to ensure- Virtual Clinic to be reviewed by consultant within 48 hrs – escalate to Emergency Department (ED) Manager, if there is any delay. Patients requiring follow up care, who are unable to be contacted by phone, should be left a voice mail asking all patients to contact the Emergency Department for details of follow up. All patients travelling out with NHS Western Isles Health Board requiring wound follow up, will be advised to attend their GP or Minor Injuries unit within 5 days in their own area.
- A new approach was proposed to be followed by the patient to try and curb and manage the ongoing cycle of anxiety related attendances to GP and the Emergency Department. A Multi-Disciplinary Team was asked to consider a referral to a mainland specialist psychology service.
- Patient Services Manager has discussed importance of accurate data entry with secretaries.
- We have concluded that there is key learning in terms of ensuring that locum GPs have clear guidance on local referral pathways to support their clinical decision-making. As a result, NHS Western Isles are instituting a review of induction materials available to locum GPs; this will include guidance for locum GPs on seeking a second opinion for patients presenting with a traumatic injury and the local referral pathways available to support this.
- Discrepancies in record keeping and incident not recorded or investigated as per NHS Western Isles risk management processes. All staff have been reminded that any injury to patients or staff regardless of the cause should be recorded on risk management system and thoroughly investigated.
- A quality improvement project reviewing NHS Western Isles admission and communication documentation has taken place.
- Key learning in terms of ensuring that clinicians are encouraged to use numerical rating scales i.e. 0-10 scales to enable patients to more accurately described their level of pain and the impact of any pain medication received.
- Encourage all clinicians to ensure that when patients are either referred urgently to specialists via telephone (or when urgent telephone advice is sought from specialists) that clinicians must ensure that patients confirm their understanding of this plan of action and that appropriate safety netting is in place.

It is important to recognise the above as positive improvements for reflective review and the learning derived from that.

The Learning Review Group is responsible for ensuring that NHS Western Isles recognises and demonstrates the benefits of learning from any adverse events, complaints, and claims. The group also identifies any trends and co-ordinates thematic learning from across the separate areas and ensures that appropriate actions have been progressed.

Patient experience, risk and safety systems are critical drivers to improving the reliability of the care we provide to patients.

It is important for us to capture learning from across these systems both individually and collectively, making sure that appropriate learning is taken and shared from systems.

To achieve the optimal learning, the Chief Executive/ Director of Finance and Procurement on behalf of the Chief Executive reviews all complaints upon receipt and signs off all responses. In addition, the Chief Executive reviews all Significant Adverse Events and all clinical negligence claims, and all Patient Opinion postings and responses.

Support for those who wish to give feedback or make a complaint.

The Patient Advice and Support Service (PASS):

A number of complainants have sought advice and support from local Advocacy services. Almost invariably, complainants as a result are more focussed, prepared and confident leading to a positive interaction. Awareness of the PASS service is raised locally through signposting to complainants via acknowledgement letters, leaflets and posters across the organisation, through local press and the NHS Western Isles website.

The Scottish Public Services Ombudsman (SPSO).

In the period **2024/2025 six** complaints were referred to the Ombudsman. The **(first)** complaint was not taken forward by the Ombudsman but upon request from the complainant was sent to the Ombudsman Office and is under review. The **(second)** complaint has had a decision made with two complaints, one complaint upheld, and one complaint not upheld, with two recommendations with points to note. Both recommendations and points to note completed in full. The **(third), (fourth)** and **(fifth)** complaints, were not taken forward by the Ombudsman and closed, two without feedback and one with feedback, which has been passed on to the appropriate department for consideration. The **(sixth)** complaint is currently under investigation.

The Ombudsman informed the Board of the outcomes of **two** outstanding complaints received during the period **2023-2024.** The **(first)** where **one** complaint was upheld, with **three** recommendations made. The second, where **one** complaint was upheld with **three** recommendations made and with a request for the Board to provide evidence of action already taken and one item of feedback and one point to note. All complaints received were accepted and implemented in full. Details of all NHS Western Isles reports can be found on the SPSO website: **https://www.spso.org.uk/our-findings.**

Improvements to Services.

Whilst the efficient management, investigation and response to concerns and complaints within the required timescales is a priority, the overriding aim is to capture the learning from concerns and complaints and to implement sustainable improvements to our care and services.

The Board ensures accountability for staff identified to complete service improvements and this has achieved enhanced levels of quality, reliability, safety and better patient experience, which has always been our overall objective.

Alternative Dispute Resolution (ADR).

During this period, no complaints required the consideration and or provision of ADR.

Indicator 2: Complaint Process Experience

NHS Western Isles Health Board are engaging with complainants to understand their experience with the complaints process. We will send stage two complainants our Patient Relations Feedback Form and ask them to return it to NHS Western Isles by post with a stamp addressed envelope provided or by email/telephone if they prefer, when possible/appropriate.

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

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

Submitting a complaint was easy? There were **(2)** agree and **(0)** neither agree or disagree and **(1)** disagree responses received.

Patient relations staff were helpful, courteous and professional. There were **(2)** agree, **(0)** neither agree or disagree responses and **(1)** disagree responses received.

Patient relations staff listened and understood my complaint. There were **(2)** agree, and **(0)** neither agree or disagree **(1)** disagree and **(0)** don't know responses received.

Patient relations staff checked what outcome I wanted. There were **(2)** agree, **(0)** neither agree or disagree, and 1**()** disagree responses received.

Patient relations staff explained the complaint process. There were **(2)** agree, **(0)** neither agree or disagree, and **(1)** disagree responses received.

My complaint was handled in a timely manner, and I was kept informed of any delays. There were **(1)** agree, **(1)** neither agree or disagree and **(1)** disagree responses received.

All my complaint points were answered. There were **(2)** agree and **(1)** disagree responses received.

The complaint response was easy to read and understandable. There were **(0)** agree **(2)** neither agree or disagree and **(1)** disagree responses received.

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

I raised concerns about how my complaint was handled. There were **(1)** yes and **(2)** no responses received.

Were your concerns addressed? There were **(0)** yes and **(1)** no completed responses received.

Indicator 3: Staff Awareness and Training.

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

Staff receive support from their managers with guidance from the Complaints Officer and Patient Focus Public Involvement Development Officer to enable them to respond effectively to feedback.

A range of training materials are available on the intranet for staff to access in relation to PFPI, this is currently under review and will be updated during 2025/26.

Care Opinion training is advertised via team brief and is available to staff to register an interest in attending.

NHS Western Isles Risk Systems Coordinator and Patient Focus Public Involvement supported the review of National Education for Scotland review of Duty of Candour training materials, including review of the person-centred approach in placing the patient and family at the centre of the process and welcoming their feedback. This work has continued during 2024/25.

Raising staff knowledge of the complaint's procedure through various other means such as the Complaints Officer supporting Senior Charge Nurse's and promoting online webinar events and one to one training.

The Central Legal Office provide investigation training to managers.

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

The Culture, including Staff Training and Development.

Leadership has been key in continuing to develop a culture within, which comments, feedback, concerns and complaints are welcome and valued.

This has been led at a Senior Level with examples including:

- Use of Microsoft Teams technology with complainants when appropriate.
- Communications and Engagement Plan (how to develop) document developed so that all staff can develop communications and engagement plans for any projects.
- Development of Learning and Review Group and Patient Experience Group within Governance Structures using Microsoft Teams technology.

- Regular Reporting on Patient Opinion within PFPI Committee, and Patient Experience Group.

- Sign off for all Patient Opinion responses by the Chief Executive.

- Development of Real Time surveys for localised improvement.

- The Director of Finance and Procurement on behalf of the Chief Executive has personal input into every complaint/concern. The Chief Executive has personal input into all serious adverse events, clinical negligence claims; and patient opinion posting and responses. This provides, in a relatively small organisation, the early detection of developing trends, increasing risks, and areas requiring additional support and or learning.

- The organisation welcomes and actively supports and promotes the Patient's Advocacy Service.

- The Chief Executive discusses all complaints, adverse events etc, at each Performance Management review.

Indicator 4: The total Number of complaints received.

Table 2 below shows the total number of complaints received by NHS Western Isles Board through the Complaint Handling Procedure for the year **2024/2025**:

4a. Number of complaints received by the NHS Western Isles Board	77
4b. Number of complaints received by NHS Western Isles Primary Care Service Contractors	30
4c. Total number of complaints received in the NHS Western Isles Board area	107

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

NHS Board - sub-groups of complaints received

NHS Board managed Primary Care services	
4d. General Practitioner	**2**
4e. Dental	**n/a.**
4f. Ophthalmic	**n/a.**
4g. Pharmacy	**n/a.**
Total Board managed Primary Care services	**2**
Independent Contractors - Primary Care services	
4h. General Practitioner	**28**
4i. Dental	**2**
4j. Ophthalmic	**0**
4k. Pharmacy	**0**
Total Independent Contractors	**30**
4l. Combined total of Primary Care Service complaints	**30**
4m. Total of prisoner complaints received.	**N/A**

There were **seventy-seven** complaints that were processed in total under the new Complaints Handling Procedure for the year **2024/2025** by NHS Western Isles Health Board. This compares with **forty-four** for the year **2023/2024.**

There were **two** complaints recorded by Castleview Dental Practice and **twenty-eight** by Independent GP Practices across the Western Isles. There were no complaints recorded by the three Independent Pharmacies or the two independent optometrists.

There were **four** complaints that were logged for the year **2024/2025** by NHS Western Isles and then either withdrawn, consent not received or transferred to another unit **(seventy three)** Complaints. There were two complaints logged by a GP Practice which were not taken forward as no consent or further correspondence was received.

Table 4 below shows the locations complained about **2024/2025**, with the most complaints received about Acute/Clinical services, which is similar to the previous year. The comparisons with **2023/2024** are also given.

Complaint received by location	2024/2025	2023/2024
Western Isles Hospital	42	27
Uist and Barra Hospital	7	3
St Brendan's Hospital	2	1
Board Wide	9	5
Community Health and Social Care Partnership	6	3
Dental Service	1	3
Mental Health and Learning Disabilities Service	6	2
Residence/Offices (not to be used for Hospitals/GP/Clinic)	0	0
Totals	73	44

The main issues raised in complaints. The top three reasons for complaints received for **2024/2025** and for previous years **2023/2024** were:

- **Clinical treatment- (Clinical treatment 2023/2024).**
- **Staff- Communication Oral- (Attitude and Behaviour 2023/2024).**
- **Staff- Attitude and Behaviour - (Staff -Communication Oral 2023/2024)**

Table 5 below shows all complaints by Issue category **2024/2025 and 2023/2024.**

Complaints by issue Category	2024/2025	2023/2024
Aids / appliances / equipment	2	2
Attitude and behaviour	12	17
Catering	3	2
Clinical Treatment	69	44
Communication (oral)	21	15
Communication (written)	11	6
Competence	0	1
Date for appointment	4	5
Date of admission / attendance	1	0
Delays in/at	1	1
Patient privacy / dignity	0	0
Patient property / expenses	4	4
Patient status	0	0
Personal records	0	3
Policy & commercial decisions of NHS board	1	0
Premises	1	3
Total	130	104

Indicator 5: Complaint closed at each stage.

Table 6.

Total number of complaints closed by the NHS Western Isles Board.	Totals	As a % of all NHS Western Isles complaints closed.
5a. Stage One	8	11%
5b. Stage two- non escalated	62	85%
5c. Stage two escalated	3	4%
5d. Total Complaints closed by NHS Board	73	100%

Contractors report **thirty** complaints in total with **twenty-two** stage one complaints, **six** stage two non-escalated complaints and **two** stage 2 escalated complaints recorded. **Two** stage 1 complaints were not taken forward as no consent or further correspondence was received.

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

Stage one complaints.

Table 7.

Stage 1 complaints.	Total	As a % of all complaints closed by NHS Western Isles Board at stage one.
6a. Number of complaints upheld at stage one	6	75%
6b. Number of complaints not upheld at stage one	2	25%
6c. Number of complaints partially upheld at stage one	0	0%
6d. Total stage one complaints outcomes.	8	100%

GP Contractors report **twenty** stage 1 complaints with **eleven** upheld and **six** not upheld and **three** partially upheld. **Two** stage 1 complaints were not taken further forward as no as no consent or further correspondence was received by the GP Practice from the complainants. **One** partially upheld stage 1 complaint recorded by Castleview Dental Practice.

Stage two complaints- non-escalated.

Table 8.

Non-escalated complaints.	Total	As a % of all complaints closed by NHS Western Isles Board at stage two.
6e. Number of non-escalated complaints upheld at Stage 2.	13	21%
6f. Number of non-escalated complaints not upheld at stage two.	28	45%
6g. Number of non-escalated complaints partially upheld at stage two.	21	34%
6h. Total stage two non-escalated complaints outcomes.	62	100%

GP Contractors report **six** complaints with **four** not upheld and **one** partially upheld and **one** upheld at stage two non-escalated. There were no stage 2 non-escalated complaints recorded by Castleview Dental Practice.

Stage two escalated complaints.

Table 9.

Escalated Complaints.	Total	As a % of all escalated complaints closed by NHS Western Isles Board at stage two.
6i. Number of escalated complaints upheld at stage two	2	67%
6j. Number of escalated complaints not upheld at stage two	1	33%
6k. Number of escalated complaints partially upheld at stage two	0	0%
6l. Total stage two escalated complaints outcomes	3	100%

GP Contractors report **one** stage two escalated complaint which was upheld. There was **one** stage 2 escalated complaint recorded by Castleview Dental Practice.

Indicator seven: Average times.

This indicator represents the average time in working days to close complaints at stage one and stage two of the Complaints Handling Procedure.

Table 10.

All complaints	Total average time in working days to close complaints at:
Stage one	**3.38 days 2024/2025.** **3.33 days 2023/2024.**
Stage two	**30 days 2024/2025.** **26 days 2023/2024.**
Stage two after escalation	**31 days 2024/2025.** **None 2023/2024.**

GP Contractors report **five** working days as average time to respond to stage 1 complaints in 2024-2025 in comparison to **two and half** days in 2023/2024. Castleview Dental Practice report **five** working days as average time to respond to stage 1 complaints in both 2024-2025 and 2023/2024.

GP Contractors report **seventeen and a half** days average time to respond to stage 2 non-escalated complaints in 2024/2025 in comparison to **fifteen** working days in 2023/2024.

A GP Contractor reports a stage 2 escalated complaint was completed within **forty** working days. Castleview Dental Practice reports a stage 2 escalated complaint was completed within **1-2** months.

Complaints Handling Performance.

The number of stage one complaints responded to within five working days has increased to **(3.38 days)** 2024/2025 from **(3.33 days)** 2023/2024. The number of non-escalated stage 2 complaints responded to within twenty working days has increased to **thirty** days in 2024/2025 from **twenty-six** days 2023/2024. **There were three** escalated stage two complaints **in 2024/2025** and these took on average **thirty-one** days to complete. The primary reasons for investigations taking longer to complete were availability of staff, staff annual leave, increasingly complex complaints and staff workloads.

There was **one** complaint that was over **one hundred days**, **one** complaint that was over **seventy days**, there were **two** complaints over **sixty days** and **four** complaints over **fifty days, five** complaints over **40 days** and **twelve** over **thirty days** and these were delayed due to their complex nature, delay in obtaining consent, delay in medical staff responses (often required from locum consultants who no longer work for NHS Western Isles and have to be contacted where possible through their agency), staff availability and delays from Investigating Managers. It is expected that this trend will continue into **2025/2026.** There were **twenty** second responses sent.

Indicator eight: Complaints closed in full within the timescales.

This indicator measures complaints closed within five working days at stage 1 and twenty working days at stage 2.

Table 11

All Complaints.	Total	As a % of complaints closed by NHS Western Isles at each stage.
8a. Number of complaints closed at stage one within 5 working days.	8	100%
8b. Number of non-escalated complaints closed at stage two within 20 working days.	24	39%
8c. Number of escalated complaints closed at stage two within 20 working days.	2	66%
8d. Total number of complaints closed within timescales	34	47%

GP Contractors report **nineteen** complaints closed at stage 1 within five working days and **six** complaints closed within twenty working days at stage 2. Castleview Dental Practice report **one** stage 1 complaint closed within five days

Indicator Nine: Number of cases where an extension is authorised.

This indicator measures the number of complaints not closed within the CHP timescale, where an extension was authorised.

Table 12.

Complaints.	Total	As a % of complaints closed at each stage
9a. The number of complaints closed at stage one where extension was authorised.	**0**	0%
9b. The number of complaints closed at stage two where extension was authorised (including both escalated and non-escalated complaints).	**39**	53%
9c. Total number of extensions authorised.	**39**	53%

GP Contractors report **no** complaints were closed at stage 1 where extension was required, and **one** complaint closed at stage 2 complaint where extension was authorised. This complaint was completed on day **forty**, twenty days late.

Castleview Dental Practice report **no** stage 1 complaints where extension was required and **one** stage 2 escalated complaint where extension was required and it was completed within **1-2** months.

NHS Western Isles always makes every effort to ensure timescales for the Complaint Handling Procedure are adhered to by Investigating Officers. Due to more complex complaints, more demands on staff time and staff availability, a number of complaints have been delayed. A new complaints handling system is expected to be in use and operation for 2025/2026.

Concerns.

There was **one** concern reported and dealt with by NHS Western Isles during the reporting period and was responded within **two** days.

Child Friendly Complaints Handling Procedure.

The Child Friendly Complaints Handling principles and procedure was launched on 16 July 2024. The United Nation Convention on the Rights of Children (UNCRC) Act 2024 was incorporated into domestic law in Scotland. This Act ensures that children's rights are central to policy and decision-making, and that their needs are met by public service complaints procedures in Scotland. The UNCRC was launched with an online webinar.
There have been **three** complaints that have been investigated through the Child Friendly Complaints Handling Procedure.

Encouraging and Gathering Feedback.

Available methods of feedback.

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

PFPI cuts across the whole system and includes all staff, regardless of position, staff group or profession and is everybody's business to improve the experience of patient's relatives and carers.

Staff are adept at utilising a variety of engagement methods however, well-used engagement methods such as surveys, telephone interviews and written information are as useful as ever and are required to be tailored to condition specific experience.

NHS Western Isles has over a period of time been moving more towards a Digital First method of engagement with fewer face-to-face meetings. Many people have reported that they feel that utilising technology has 'levelled the field' in allowing access from across remote and rural areas and for those who have health limiting conditions. NHS Western Isles utilise a range of methods and approaches to encourage and gather all types of feedback including concerns, compliments and complaints.

The following list summarises the mechanisms available with further detail included in this report. These include:

Corporate Governance Structure

- Patient Panel (representation from Patient Peer Support Groups for those with Long Term Conditions and Communities of Interest, including Carers, Disabled Access, Learning Disability and Mental Health Groups. This group has been under review during 2024/25.
- Feedback from people with long term conditions into Managed Clinical and Care Networks
- Patient representation on service development groups (project specific and time limited)
- Via the Integrated Joint Board there is carer and service user representation on the Western Isles Integration Joint Board, Strategic Planning Group and Locality Planning Groups.

Reporting

There was a need to develop a means of standardising reporting across all methods of feedback to this end all feedback is fed into the Learning Review Group, relevant reports are then fed in as appropriate to the Corporate Management Team and the Board as required.

- Complaints and Concerns Process
- Datix stage 1
- Patient experience surveys and questionnaires
- Patient Quality Improvement Surveys
- Care Opinion website
- Social Media Feedback
- Feedback on WIHB website
- Feedback Focus feature on Team Brief also used to feedback to public on WI website and social media platforms.

Patient Focus and Public Involvement Activity

- Consultation and Engagement events including service user representation on redesign of services
- Patient Experience Surveys
- Volunteer Involvement in redesign of hospital gardens,

- Patient/Carer Stories
- What Matters to Me
- Care Opinion Direct Feedback with Patient Panel
- Increase in digital media communications
- Patients Questions submitted to Annual Review
- Each ward has the facility to get feedback via Care Opinion on patient ipads that are available on each ward
- Utilising feedback volunteers

Communications

E-mails via wi.coms@nhs.scot

- Feedback Form on our website www.wihb.scot.nhs.uk
- Feedback and compliments form on the NHS Western Isles website Feedback - NHS Western Isles | Serving the Outer Hebrides of Scotland.
- Get Involved pages of NHS Western Isles website advising of processes for engagement across all platforms
- Social media e.g. Facebook, Twitter and Instagram
- Telephone line to allow feedback directly to a member of staff
- Support people to giving feedback and complaints through the Patient Advice and Support Service (PASS)
- We Are Listening Leaflets
- Social Media invitations re What Matters To You
- Feedback Focus
- Website includes information on Community Empowerment including Participation Requests and Asset Transfer

Helping people feel that their feedback is welcome

We aim to create an environment that welcomes feedback from everyone. We achieve this by empowering our clinical staff to address concerns as soon as we can. We encourage our staff to promote the value of feedback in their wards and departments, regardless of whether this is positive or negative.

NHS Western Isles publicises "How to complain or give feedback" using its website, accessible leaflets and encouraging staff to welcome this feedback. NHS WI also publicises Care Opinion on hospital information boards, ward information boards, posters and patient information leaflets. Additional methods used to promote feedback include:

- We Are Listening Leaflets used at each ward and feedback to patients and public through You Said We Did on our website www.wihb.scot.nhs.uk.
- Admission to Discharge Information available outside each ward
- Carers pages on NHS WI website.
- Carers Information Boards in hospital settings
- Involving Carers in Discharge Planning information outside each ward.
- Neurological Services You Said We Did feature on NHS WI website.

Obtaining feedback from equalities/particular groups

Our staff will speak personally with anyone and at a time and location that suits their circumstances. People with hearing or visual impairments can use accessibility options available on our website. People whose first language is not English can access an

interpreter or request written information in their own language through Language Line. Patients can access support from the Patient Advice and Support Service if they do not feel confident about making a complaint or highlighting their concerns.

NHS Western Isles has an Interpreter on Wheels linked to language line that can be taken into any area that it is required. In addition, iPads to assist with patients gaining remote visiting access, NHS Western Isles installed access to language line for each ward, Care Opinion feedback facility and the ability to have site specific surveys for quality improvement.

Feedback: Innovation and good practice

The ability to conduct local one-off surveys continues to be actively supported, however, to ensure this process is robust this has been under review during 2024/25 involving the Information Governance Manager and the inclusion of Data Privacy Impact Assessments were required.

A number of changes to practice have been implemented as a direct result of feedback, providing a more person-centred service. The priority is to ensure that we 'close the loop' on each and every survey by means of an action plan to ensure and optimise improvement outcomes. By doing this, we have helped maintain a more direct focussed feedback for departments. NHS Western Isles uses Survey Monkey or MS Forms to conduct these surveys and no personal identifiable data is gathered as part of this data collection.

During this review period patient satisfaction and quality improvement surveys were paused, staff continued to seek guidance from PFPI re drafting content for future surveys in preparation for when the review period is concluded.

Near Me

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

Person Centred eHealth has developed a reputation of delivering innovation through necessity to ensure a sustainable person-centred service for our island population.

Care Opinion

Care Opinion is an independent not-for-profit social enterprise contracted by Scottish Government to administer and monitor patient feedback through the www.careopinion.org.uk website. This online system gathers feedback from patients and relatives. NHS Western Isles continues to experience a year-on-year increase in feedback provided via the Care Opinion platform.

The Patient Focus Public Involvement Officer and Chief Executive monitors and reviews all feedback provided on Care Opinion, responding when appropriate and sharing with relevant staff for a direct response. All responses are signed off by the Chief Executive.

During the year from **1 April 2024 to 31 March 2025**, a total of **21** 'opinions' were published about NHS Western Isles. The stories have been viewed on Care Opinion **2,951** times. In total.

Some examples of comments are included below:

I required out of hours assessment and pain relief for a very painful condition. Janette in urgent care at WIH was so kind, caring and compassionate. She went above and beyond to try her best to make sure I was ok. She was a true example of a wonderful nurse.

I was admitted to the Western Isles hospital for 6 days over Christmas. I'd only arrived in Lewis the day before!

I'd like to say a huge thanks to all the staff in A&E, Radiology, and Medical 2 that I met who looked after me during this time. Every single one showed clinical excellence, care and compassion that aided in my recovery. Patients need fuel to get better and the catering team deserves huge credit for the choices on offer and the food provided.

There are too many individuals to name - and I will probably forget some but everyone went out of their way to make a difficult time as good as it could be.

Thank you.

I just want to say a big, huge massive thank you to the staff at the Western Isles Dental Centre, particularly my dentist Julie and therapist Anne.

They are so kind, patient and professional, I've always been an anxious patient but under their care, I hardly recognise myself. I can tolerate so much more than even a year ago.

Big shout out to all reception staff and dental nurses too, they are all amazing! Thank you all so much.

I am currently pregnant for the 7th time, my 6th pregnancy ended in a miscarriage, when I went for my early pregnancy scan, I sat waiting for some time before I decided to ring maternity to ask where the staff member I was supposed to see was, I was told that they were having a cup of tea and would be down shortly, to be patient and wait behind the screen for them to arrive.

While in my scan they didn't talk to me even after I told them about my miscarriage I had earlier in the year and the bleeding I have experienced again in this pregnancy.

I have read on the NHS website that after a miscarriage and having I should have been offered progesterone up until 16 weeks of pregnancy which I have not been offered.

My son was recently admitted to the Western Isles Hospital paediatric ward, after having an x-ray and blood taken in A&E for a limp. I was assured by the dr in A&E that the ward would have everything I needed for him for the night, as I wasn't expecting the GP to send him for an x-ray or blood tests and wasn't expecting an overnight stay in the hospital.

However, when we was taken to the ward we was put in a side room across from the high dependency unit, with a cot for my son and a bed for me, there was no bedding on either the cot or the bed, just 2 pillows and a sheet on the bed and a sheet on the cot, my son wears pull ups so I was told the ward would provide these and pyjamas for him for the night.

When he was admitted to the ward a nurse came with a form that needed to be completed by them, which they told me would be easier for me to do myself instead of them asking me the questions and having to fill them in. When I asked the nurse about pull ups for my son, they said they would try and sort some.

An hour and half later I asked 2 other nurses about the pull ups, which no one knew about, the original nurse came back and told me that maternity might have some so sent a member of staff to ask, they came back 30 mins later and said that maternity don't have any in my son's size, so the nurse then told me I could walk to the shop and buy some but would have to leave my son at the hospital. I wasn't leaving him with strangers, so I had to contact a neighbour and ask her to come 12 miles to bring some bedding for my son, pyjamas and pull ups.

I was also told there would be some toys brought to our room for my son to play with but they never got brought, so at 8pm a nurse came and took us to find some toys for my son to play with.

The next day my son was discharged and I was told the canula in his hand would be taken out by the nurse in the next 10 mins - this was at 9.25am. It got to 10.15am and still no one had been to removed the canula. My son managed to pull it out himself with his teeth, when I went to find a nurse it still took 5 mins for the nurse to come to us after being told what had happened.

I am deeply concerned about patient travel for the Western Isles only allowing a small contribution towards hotel accommodation. I wish to request that the NHS Western Isles tell me where exactly I can find a hotel that is cheap enough near Raigmore Hospital on short notice because the cheapest I can find is more than twice the cost of what I am given. I would love to not attend hospital but it's been highly recommended by my doctors that I do so - but I am unemployed so how am I meant to afford these out of pocket costs?

NHSWI has delivered a regular local awareness raising campaign to encourage the use of Care Opinion and has registration 'plus' subscription.

- Care Opinion posters have been circulated throughout all healthcare premises.
- Care Opinion is promoted at departmental and ward level in NHS Hospital premises.
- Care Opinion is shown inviting feedback on all local patient information leaflets
- Feedback Friday from feedback received on Care Opinion promoted in Team Brief and social media.

Public Consultation Exercises

There has been limited public consultation undertaken during 2024/25, the PFPI officer supported the Integrated Joint Board (IJB) in consulting on their Strategic Framework, the outcome of this exercise was reported to the IJB and will inform the commissioning plan which will be developed in relation to this.

A Service Change Tracker was developed and is reported to the Operational Services Delivery Team, this is shared with Healthcare Improvement Scotland's Community Engagement Directorate-Strategic Lead to seek advice and guidance on the level of engagement and participation required for each individual area of work, this is reported back to OSDT for the lead officer to action.

Annual Review.

The Annual Review meeting for the year 1st April 2024 to 31st March 2025 will be held on 19th November 2025 at An Lanntair, Stornoway.

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

28th October 2025.