



Annual Report

Feedback, Comments, Concerns and Complaints

2014 – 2015

2014/2015 at a glance



We have received some great feedback from patients:
- "The medical care, attention and treatment was second to none. It couldn't have been better."
We have also received feedback on areas to improve:
- "Sometimes it took staff too long to answer the buzzer."



We tested new ways of gathering feedback at the point of care, on the day of discharge and after discharge. As a result, we developed written guidelines for staff on how to record the feedback that patients are giving us.



During 2014/2015, there were 222 stories posted about NHS Lanarkshire on Patient Opinion. This is compared with 29 the previous year. All stories were shared with the staff involved in order to celebrate success and identify opportunities for learning and improvement.



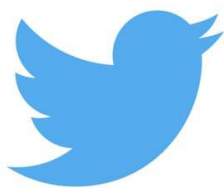
In our acute hospitals we invited ten patients in each ward every month to speak about their experiences with a member of staff who was not involved in their care. They were asked questions from our Patient Experience Indicator.

**SMALL
CHANGE**
big difference

Some of the actions we take in response to complaints might appear to be small, but they can make a big difference to patients, their relatives and carers.



For 2015/2016, we have asked the Scottish Health Council to carry out a survey on our behalf to find out what people thought of the reply they received to their complaint. We intend to use the results to make further improvements.



NHS Lanarkshire's facebook and twitter accounts are used to provide information to patients, the public and staff. These accounts are monitored daily to ensure a timely response and to share issues quickly with staff.

WE ARE LISTENING *to feedback*

During 2014, our "We are Listening" campaign highlighted the ways in which people could tell us what they thought, either when they were receiving a service from us or at a later date. This led to an increase in the volume of feedback we received.

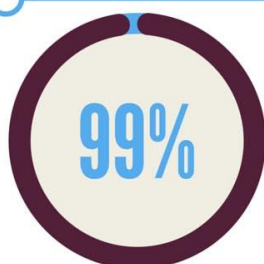
WELCOME

We introduced welcome boards in our acute hospital wards and departments. These boards encourage people to let us have their feedback. The different ways in which people can contact us are also outlined in information leaflets and our website.

1263

complaints received

During 2014/2015, we received 1263 complaints. This is compared with 1336 in 2013/2014.



99% of the complaints received in 2014/2015 were acknowledged within the target of 3 working days. We replied to 86% of complaints within the national target of 20 working days. We resolved 29% of cases within 3 working days.



We have started to compile a library of digital stories told by patients and carers. These are a powerful tool to help staff think about things through the experiences of others. The stories are also shared at meetings and at training days.

1. Introduction

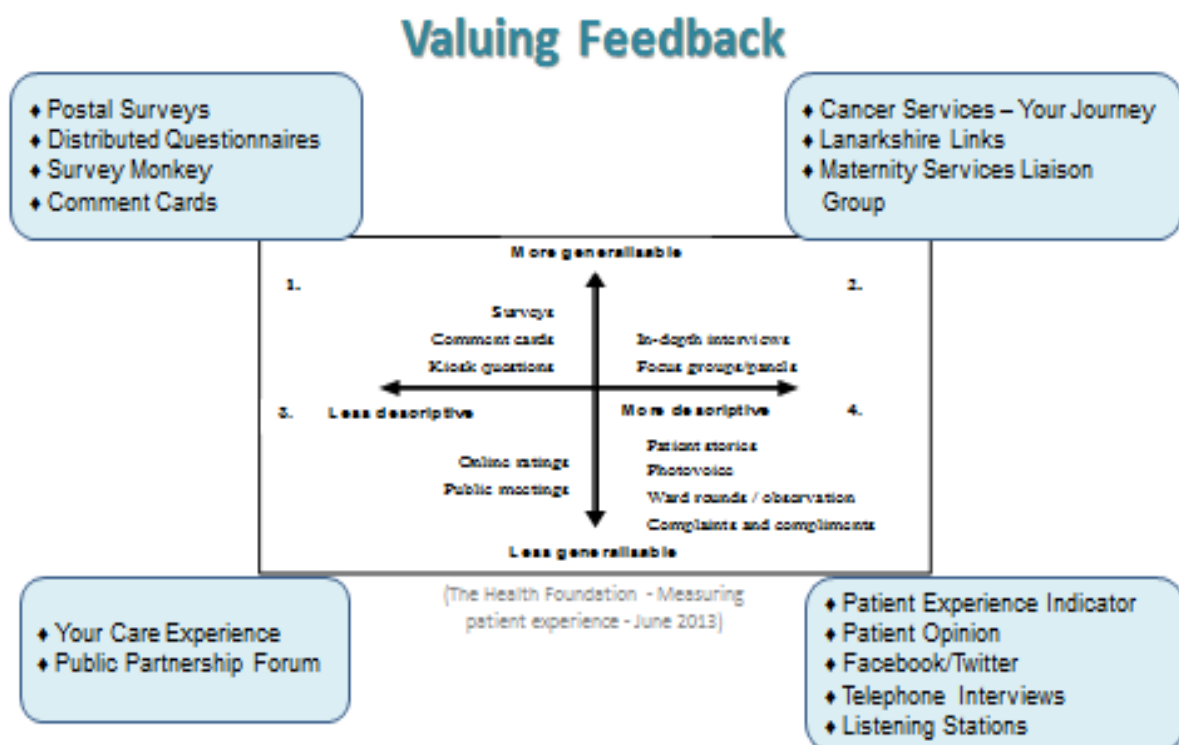
We want to hear what people think about our services. By listening to what they have to say we are able to see what we are doing well and what we could do better. Acting on their feedback helps us to ensure that the services we deliver are truly person-centred and safe.

This report provides an overview of the feedback, comments, concerns and complaints that we received between April 2014 and March 2015 and of some of the improvements we have made as a result.

The format of the report is based on guidance issued by the Scottish Government in May 2014.

2. Encouraging and gathering feedback

2.1. Last year we continued to use, review and update the ways in which we gather people’s feedback. We regularly asked service users and carers what they thought and welcomed their comments at any time. The diagram below shows some of the ways we did this:



Our “**We are Listening**” campaign highlighted the ways in which people could tell us what they thought, either when they were receiving a service from us or at a later date. This led to an increase in the volume of feedback we received.

At the same time as promoting our feedback mechanisms to patients, relatives, carers and visitors, we supported staff to play a full part in this work at national and local events and at **improvement days**. The feedback we received from those who used our services was shared with staff as near to real-time as possible; and staff were increasingly listening to feedback, learning from it and making changes or improvements as a result.

2.2 The Scottish Health Council (SHC)'s report "**Listening and Learning**", published in April 2014, highlighted three main barriers to people providing their feedback on health services. We therefore decided to focus our efforts on tackling these barriers:

- **Fear of Repercussions**

In our acute hospitals we invited ten patients in each ward every month to speak about their experiences with a member of staff who was not involved in their care. They were asked questions from our **Patient Experience Indicator**.

Ward staff were given immediate feedback by the interviewer before the views of the patients were recorded on the Lanarkshire Quality Improvement Portal (**LanQIP**). Senior Charge Nurses received the results for their own ward, with high-level results being available to clinical and operational managers.

A sub-group of the Care Assurance Board, which included members of the **Public Partnership Forums** (PPFs), reviewed our Patient Experience Indicator in July 2014.

The questions we had previously been asking patients were based on the **national inpatient survey**. However, there is quite a delay between when the national survey asks patients about their experiences and when its findings are published. We also know that people can feel vulnerable and unable to provide honest feedback when they are ill for fear it will affect their care.

We therefore decided to fundamentally change how we gather feedback from patients when they are in hospital and started to do this in different ways at different stages of their journey. We tested a range of approaches in some of our wards (the **Person-Centred Test Wards**) between October 2014 and March 2015. These were:

- ❖ **At the point of care** - face-to-face interviews were carried out with five patients each month by staff who were not involved in their care. Patients were asked seven questions based on the five "**Must Do With Me's**".
- ❖ **On the day of discharge** – patients were given a feedback card letting them know that they may be telephoned after their return home to ask about their experience during their stay in hospital. The card also gave patients an opportunity to comment on their care and treatment and to rate their overall experience.

- ❖ **After discharge** – five patients in each test ward received a telephone call from the Senior Charge Nurse or Charge Nurse and were asked the same questions that were used in the face-to-face interview. Some questions were added to find out what patients thought about activities going on in that particular ward.

The sub-group of the Care Assurance Board regularly reviewed progress with these tests and reported back to the Care Assurance Board. We identified that patients were not always receiving the feedback cards when they were going home and that telephone follow-up didn't always happen when key staff were absent from work. There were also **potential challenges** in how we were able to record what patients were telling us.

We have therefore developed **written guidelines** for staff. The staff who would be interviewing patients face-to-face from 1 April 2015 received coaching in how best to do this; and the ward staff who will be telephoning patients at home will be trained by Clinical Quality staff.

We realised that inviting feedback from **carers** (on behalf of patients who were unable to respond themselves) was not actually supporting those carers. As a result, the sub-group of the Care Assurance Board developed a brief **survey tool** for use in our Associated and Community Hospitals. This was endorsed by the Carers Information Strategy Group (which has public and third sector representation) in May 2015 and will be introduced in 2015/16.

- **Not knowing how to make contact**

Welcome to Monklands Hospital 

Patient care is our priority.

Director of Hospital Services: **Andrea Fyfe**
 Chief of Medical Services: **Dr Rory Mackenzie**
 Chief of Nursing Services: **Ruth Thompson**

It is our responsibility to make sure that the care provided in your hospital is safe and focussed on what you need.
 Our staff aim to deliver high quality care to all patients at all times.
 We are listening - how did we do? If there is anything you want to tell us, please speak to one of the staff before you leave the hospital, complete a feedback form or telephone the Patient Affairs Department on:
Telephone No: 01236 713065.

Alternatively, we would be pleased to receive your feedback via the following websites:
 ❖ NHS Lanarkshire - www.nhs.uk/lanarkshire / ContactUs
 ❖ Patient Opinion - www.patientopinion.org.uk/youropinion

We introduced information resources in our acute hospitals such as hospital, ward and department **welcome boards** to encourage people to let us have their feedback. The different ways in which people can contact us were outlined in **information leaflets** and on our **website**.

Our **'We are listening'** campaign was widely publicised via local media, in print and in social media, as well as being advertised on buses and street signs. A **postcard** was developed and made widely available to let people know about different ways to give us feedback. These mechanisms were also publicised on the **outpatient information sheets** which were sent with all first time appointment letters. Our existing **"Comments, Compliments & Suggestions"**

leaflet was mostly used by Community Services that provide treatment and care in people's homes.

NHS Lanarkshire's **Facebook** and **Twitter** accounts were used to provide information to patients, their relatives and carers, the public and staff. By using these people could give us feedback "as it happened". These accounts were monitored daily, including evenings and weekends, to ensure a timely response and that issues were quickly shared with staff.

<https://twitter.com/nhslanarkshire> - 7,969 followers

<https://www.facebook.com/nhslanarkshire> - 1,622 likes

Our **public partners** have worked with us to develop and review our feedback mechanisms through the Care Assurance Board, the Disability Engagement Group and the PPFs. Lanarkshire Third Sector mental health organisations are active members of the Lanarkshire Recovery Network (which is hosted by Lanarkshire Links, a service user and carer involvement organisation). We also worked with groups of people using our Maternity, Paediatric and Cancer Services to gather their views.

We made information leaflets for the **Patient Advice and Support Service (PASS)** available throughout our hospitals and on our website. We continued to meet every three months with the PASS team. Twice a year these meetings included representatives from the PPFs, the SHC and Citizens Advice Scotland. PASS have told us that they helped 321 clients who were looking for advice or who wanted to make a complaint about a health-related issue in 2014/15. We have met with their marketing officer and have agreed more ways in which we can publicise their service.

Together with our **local authority partners** we funded a number of advocacy organisations whose services were publicised in information leaflets. Last year we allocated funding to test new advocacy services for prisoners at HMP Shotts and for people with additional communication support needs in South Lanarkshire. We started to update the **Lanarkshire Advocacy Plan** and supported advocacy organisations to gather the views of service users on what those services should look like from 2016.

Our website was updated so that the "**Your Feedback**" link was more prominently displayed on the home page, along with a link to Patient Opinion.

- **A lack of confidence that anything will be done**

We displayed "**We are listening to you**" posters at ward and department entrances, an example of which is on the next page. Two members of the PPFs helped to inform the format and content of these posters which were designed to let everyone - patients, carers, relatives, visitors and staff - know what was done as a result of feedback. These posters were updated as close to real time as possible, usually for the previous calendar month.

Ward 18 Patient Feedback
"We are listening to you"

NHS Lanarkshire

We invite patients to tell us about their experience on our ward each month.

During October 2014 you told us:

- Patients felt that they have been cared for with dignity and compassion.
- The ward environment was clean and tidy.
- The good humour of all the staff helped to ease their stress and anxieties.
- Nursing staff were very kind.
- 5 star treatment.

During October 2014 we are going to:

- We will be happy to speak to you at anytime.
- Utilise the patient and relatives discharge questionnaires to continually improve the service we provide and deliver person centred care.
- This will be fed back to the food, fluid and nutrition group.
- Staff should discuss all medication administered to patients, this will be discussed at the daily safety brief

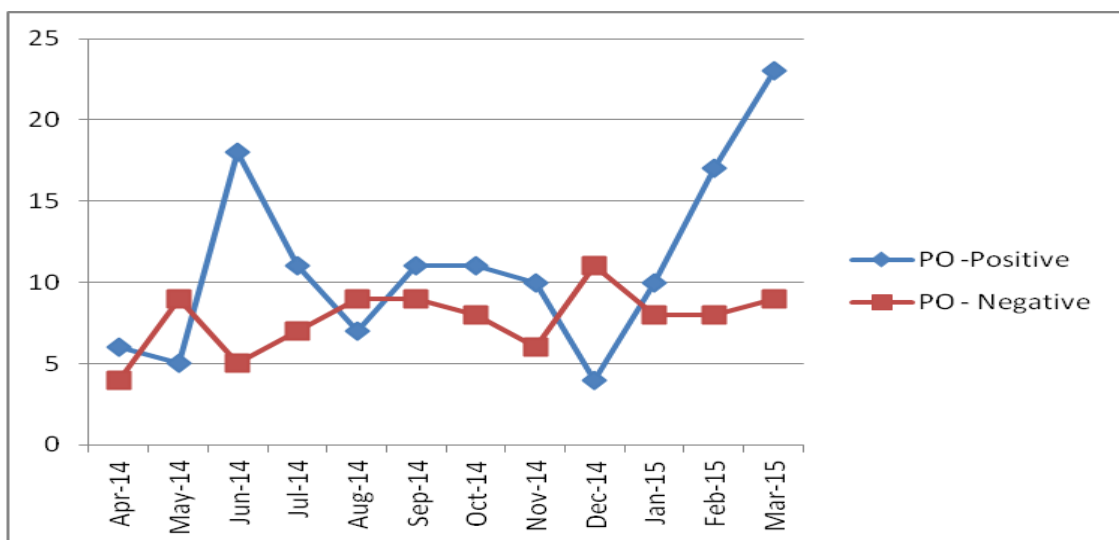
For further information contact the nurse in charge

(Additional feedback from the image: -Breakfast boring and the food could be improved. -Wash hand basins should be in the toilet in the single rooms. -1 patient felt that nursing staff did not explain their medications to them.)

We started to compile a library of **digital stories** told by patients and carers. These are a powerful tool for helping staff to think about things through the eyes of others. The people who agreed to share their experience with us said it was good to know that their story would be shared with the staff involved. Later we let them know the impact of their story and any changes or actions we made as a result.

Stories were also shared at meetings, including Lanarkshire NHS Board meetings, and at training days. Our Communications Department supported staff to record **patient stories** and are now providing training so that clinical staff can make recordings themselves.

Senior clinical and management staff responded within three working days to all stories about NHS Lanarkshire that were submitted on the **Patient Opinion** website. During 2014/15 there were **222 stories** posted about us compared with 29 the previous year. The graph below shows how this was split between positive and negative stories.



All stories were shared with the staff involved in order to celebrate success and identify opportunities for learning and improvement. **Changes and improvements** were then posted on the Patient Opinion website as a response or, since October 2014, as a **blog**. The link below is for a blog in response to feedback received during an inspection by the Healthcare Environment Inspectorate.

<https://www.patientopinion.org.uk/blogposts/364/keeping-clean---handy-advice>

We publicised links to these blogs on NHS Lanarkshire's Facebook and Twitter accounts and in the **staff bulletin**. Although between 330 and 700 people have viewed these blogs, there have been very few responses or questions from the public. Our Communications Department are considering "asking a question" to try to get the public more actively involved in this.

We have received **positive feedback** from our PPFs about Patient Opinion and how NHS Lanarkshire is using it, as well as from Patient Opinion who said that:

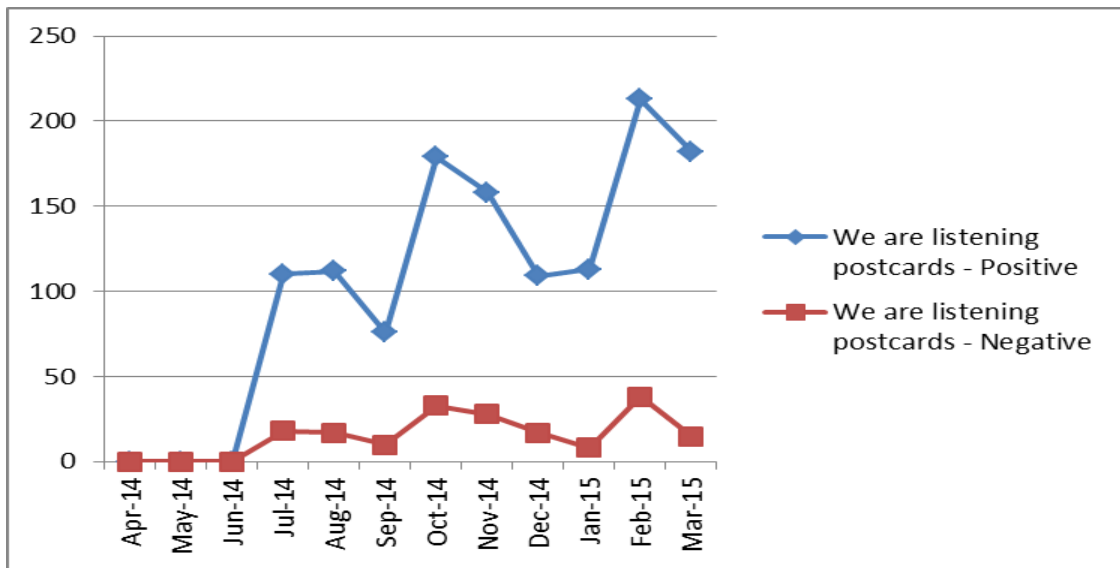
"Your Board has experienced a **94% increase** in the number of stories received during 1 April – 30 September when compared with the same time period in 2013. This is the biggest rise of all health boards in Scotland and indicative of the energy and commitment of your team towards hearing the patient voice. Across health services in Scotland there has been a 62% increase in stories within the same timeframe."

Last year we agreed to be a test Board for Patient Opinion in **General Practice**. This initiative is being supported by the Scottish Government Primary Care Division. We are pleased to say that four Practices have agreed to take part in an event with Patient Opinion in July 2015 to take this forward.

Feedback on people's experiences was recorded on LanQIP or in **DATIX** (a database where we record feedback, incidents and complaints). Monthly reports were produced for staff so that they could act on the results.

A **nursing dashboard** has been developed to give Senior Charge Nurses and their teams an overview of the quality of care they deliver. It includes patient feedback and is used to drive improvement at a local level.

We have worked hard over the past 18 months to encourage patients to have their **voices heard**. As can be seen in the graph below, there has been a real increase in the feedback we have received through our We are Listening campaign.



Our **blended approach** to gathering feedback has been commended nationally by the Health Improvement Scotland Person-Centred Health & Care Collaborative (PCHCC). We have been delighted to share our approach with colleagues across Scotland, giving presentations nationally to the PCHCC via WebEx (an online discussion forum), at the Executive Masterclass in Edinburgh in January 2015 and at the PCHC Learning Event in February 2015.

- 2.3 The results of the **national inpatient survey** were published in May 2014. These showed that, despite an improvement in our score in the majority of the questions that were asked in the previous survey, we still had work to do.

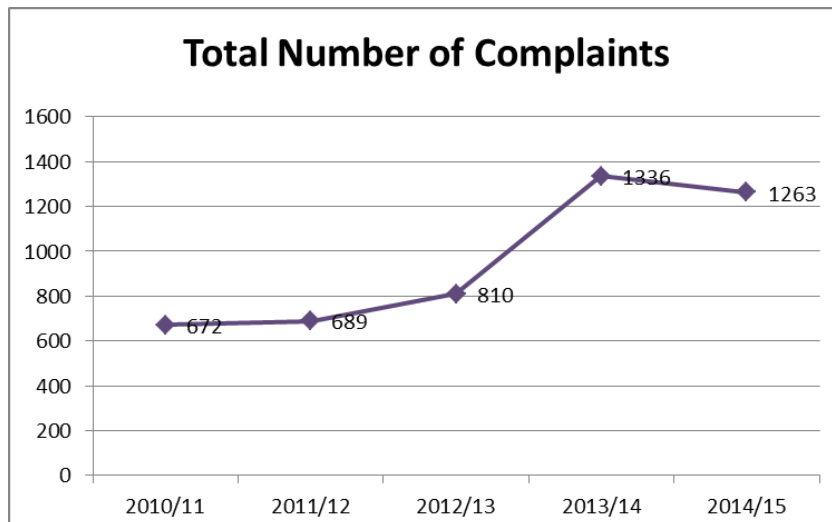
Each of our acute hospitals developed an **action plan** to improve their five least positive results. We are monitoring how well they are doing in a variety of ways, including using the feedback gathered on the telephone after patients have gone home.

3. Encouraging and handling complaints

- 3.1 This section of the report gives information about complaints received by NHS Lanarkshire and our Family Health Service (FHS) contractors (GPs, dentists, pharmacists and opticians) and what has been done to improve services as a result of them.

- 3.2 Complaints about services delivered by NHS Lanarkshire

- We received **1263 complaints** in 2014/15 compared with 1336 in 2013/14. 414 of the complaints received last year were about prisoner healthcare. The graph below shows the pattern over the last five years. The increase from 2012 relates to the transfer of responsibility for **prisoner healthcare** in November 2011.

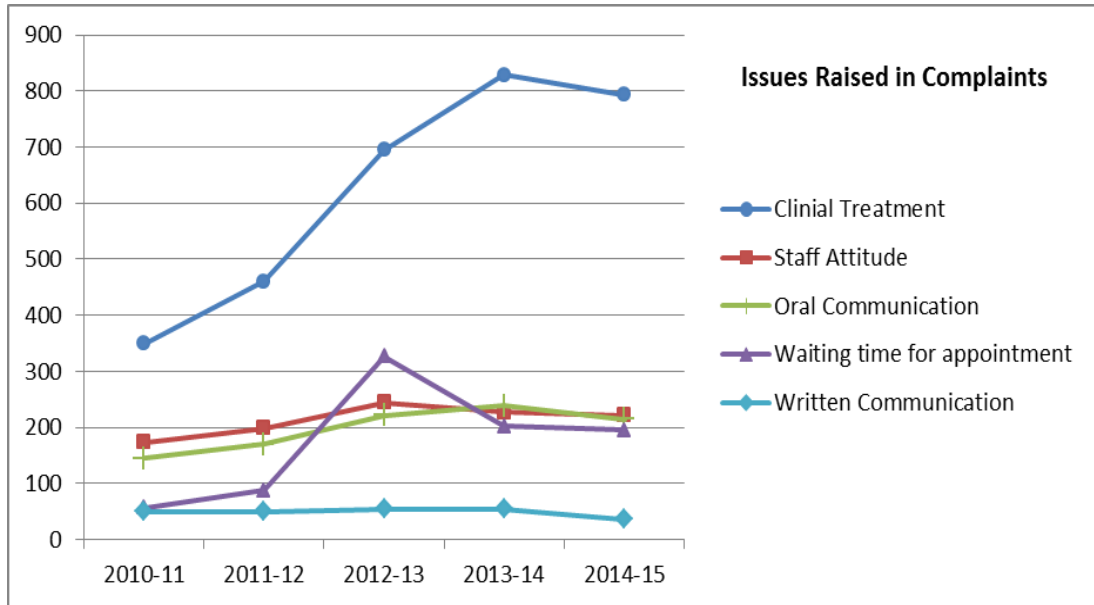


- **99%** of the complaints we received were acknowledged within the national target of 3 working days, the same as in 2013/14.
- There were no cases in which **alternative dispute resolution** (mediation) was used to try to resolve a complaint. However, anyone wishing to make a complaint was signposted to PASS for any assistance they might need. The PASS Patient Advisers often accompanied those they were supporting to meetings with staff. Senior staff regularly met with patients and their families in an attempt to resolve issues.
- We replied to **86%** of complaints within the national target of 20 working days compared with 90% in 2013/14. This compares with the latest national figure of 66% for 2013/14.

We worked hard to resolve complaints **within 3 working days** and achieved this in 29% of cases, most of which were about prisoner healthcare.

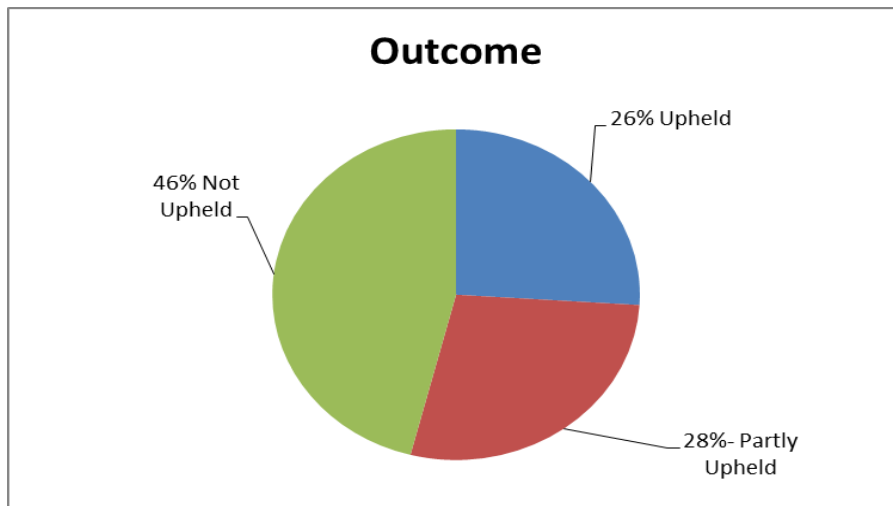
- We record up to three issues raised in each complaint. The **top 5** aspects of our services that people complained about last year were:
 - Clinical treatment (793 times)
 - Staff attitude and behaviour (221 times)
 - Oral communication (215 times)
 - Waiting time for appointment (195 times), many of which were about prisoner healthcare
 - Written communication (36 times)

The graph below shows how these have changed over the past five years.



By March 2016 we are aiming for a 10% reduction in the number of complaints we receive about **staff attitude**. We are monitoring our progress on this on a monthly basis.

- NHS Boards collect information on the **outcome** to complaints. Our outcomes for 2014/15 can be seen in the chart below. There were variations across our services in this regard, with the majority of complaints about prisoner healthcare not being upheld.



- People who are unhappy with the response they receive from us can ask the **Scottish Public Services Ombudsman (SPSO)** to review their complaint.

During the year the SPSO contacted NHS Lanarkshire about **70 complaints** they had received about our services. The SPSO has reached decisions in some of these cases but is still considering others. Of the cases concluded by the SPSO in 2014/15, they decided not to investigate 21; issued decision letters in 39; and published 6 investigation reports. When the SPSO upholds a complaint and / or makes recommendations, we write an anonymised summary of the case and an **action plan** to ensure that we implement any necessary changes and to share the learning from the complaint. Progress with these action plans was reported to the Care Assurance Board and Healthcare Quality Assurance and Improvement Committee.

In their 2013/14 annual report, the SPSO reported that they had received more complaints about our services than in 2012/13 but that the number they had upheld had **fallen** significantly. When the SPSO issues their annual report for 2014/15 later in the year we will compare our performance with that of other NHS Boards.

3.3 Feedback, comments, concerns and complaints about services delivered by our FHS contractors

- People registered with a GP were invited to respond to a **national postal survey** during November 2013, the results of which were published in May 2014. One of the main areas of concern was access to services. As a result we worked with GP practices to extend opening hours. The initial results of this work show that more appointments were filled last year.
- We will continue to work with GP practices in 2015/16 to make more improvements as part of our contract monitoring arrangements. This will include the introduction of **IT systems** to give patients more flexibility to book, cancel and change their appointments online; and to request repeat prescriptions online.
- The table below gives information about complaints received by our FHS contractors:

	General Practitioners	General Dental Practitioners	Pharmacies	Opticians
Number of complaints received	500	86	181	35
Number of complaints where alternative dispute resolution was used	22	0	1	1
Number of complaints replied to within 20 working days	487	81	159	32

- The key **themes** identified by FHS contractors were: clinical diagnosis (GPs and Dentists); staff comments and attitudes (GPs); and access to practice services (GPs). As part of the contract monitoring arrangements we received information every quarter from FHS contractors to identify any trends and issues that need to be addressed with them.
- We were informed by the **SPSO** that they had decided not to investigate 5 complaints about FHS contractors and the SPSO let us see their decision letters in 9 other cases. If the SPSO upheld the complaint and / or made recommendations, we produced an anonymised summary and an **action plan**, and worked with the contractor to ensure that any necessary changes were made. The case was also reviewed by our Primary Care Group in case we had any wider concerns about the contractor. Here too progress with these action plans was reported to the Care Assurance Board and Healthcare Quality Assurance and Improvement Committee.

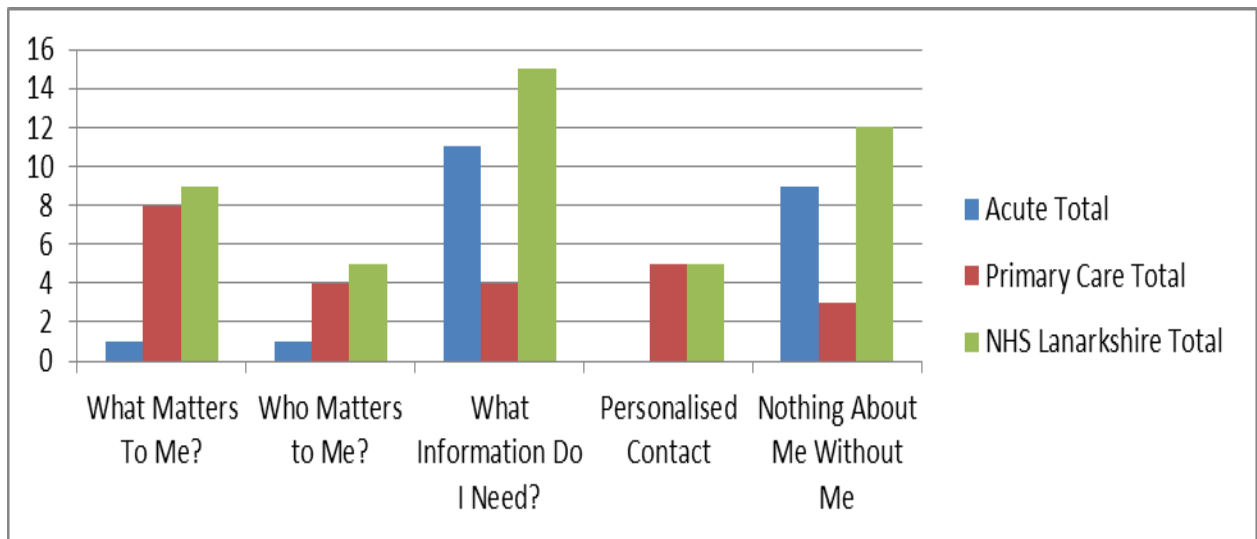
4. The culture, including staff training and development

4.1 We are fully committed to the national **Person-Centred Quality Ambition** of developing care partnerships between patients, their families and our staff. This section describes what we did last year to promote services that respect individual people's needs and values, and which demonstrate compassion, continuity, clear communication and shared decision-making. It also describes what we did to support staff to encourage and welcome feedback in all its forms.

4.2 Our **Person-Centred Health & Care (PCHC) Strategic Prioritised Plan** was approved by our Board in June 2014. Since then we have worked hard to raise awareness of the aims of the plan and what we need to do to achieve these. Initially most of these discussions were with nurses, midwives and the allied health professions. However, information was shared with other members of the healthcare team. The following are examples of what we have been doing:

- We undertook a significant number of **tests of change**. There was – and remains - a great deal of enthusiasm from staff in taking improvement ideas forward in their own areas. We now have 24 test teams established across acute, mental health, long-term conditions, paediatrics, maternity and early years' services.
- Project Charters have been agreed with these test teams which identify their **key improvement aim** and how they will achieve this. This includes information to support shared decision-making and “nothing about me without me”.
- Whether or not our services are person-centred can only be judged by the people who use those services. We have therefore been using the five “**Must Do With Me's**” (MDWMs) to measure our success. The table

below shows how many tests are underway in relation to each of the MDWMs.



- In early November 2014, we received a visit by the PCHC Implementation and Improvement Lead at Healthcare Improvement Scotland. After the visit we received feedback that our approach “*is to be **commended as both thorough and well thought through***”.
- Moving into 2015/16, we will be focussing more on **locally-driven** service improvements rather than on the nationally-supported programme. As part of that we plan to refine our patient feedback mechanisms even more so that we can show the improvements we have made in the five MDWMs and in patient experience overall. This will include thinking about how we can better analyse and learn from the valuable feedback we receive.
- In addition to raising staff awareness of the aims of the PCHC Collaborative and sharing good examples of person-centred approaches, we have also trained staff in how to respond better to feedback. Our ‘**Your voice, valuing feedback**’ programme has taken a blended learning approach to this and last year 910 members of staff completed an e-learning course and 207 attended classroom based sessions.
- We also delivered **awareness training** on how to respond to feedback and complaints at medical and nursing staff induction programmes. The training is adjusted to suit each staff group and takes account of their feedback.
- We provided support and guidance to FHS practice managers, individually and as a group, on how to respond to feedback and complaints, including presenting at a GP practice managers’ forum.

4.3 More than 30 staff have now been trained in how to **respond online** to stories posted on Patient Opinion, some of whom have also completed WebEx (online) training. We will be training more staff in 2015/16.

4.4 In our last Annual Report we included details of the work we had been doing or were planning to do to improve how we **handle and respond to complaints**. We had started by looking at: the recommendations of the Francis Report; the Patient Rights (Scotland) Act 2011; and what we had learned from national complaints Masterclasses. We then developed an action plan to respond to the Healthcare Improvement Scotland Rapid Review Report in December 2013. Here are some of the things we did last year:

- The process of **Executive review** of a sample of complaints, which started in February 2014, has been well-received by the teams who are responsible for investigating and responding to complaints. Formal **terms of reference** for these reviews were agreed in March 2015. Monthly **audits** of complaints were also carried out by an external company experienced in this field of work. Through these two approaches ten complaints have been reviewed each month with **common themes** identified (delays in complaints handling on one acute hospital site; the unnecessary use of jargon; some overly detailed responses; and the tone and format of some responses) and improvement actions were taken. Our aim is for all of our responses to be person-centred.
- In June 2014 our Board approved a range of **measures** it wanted to use to judge how well we were handling complaints. One of these measures is a 10% reduction by December 2015 in the number of people who **return** to us dissatisfied with the response they have received to their complaint. Our baseline for 2014/15 was 166.

We have asked the SHC Lanarkshire office to carry out a **survey** on our behalf in May and June 2015 to ask a sample of 80 people what they thought of the reply they received to their complaint. We intend to use the results to make further improvements to how we manage and respond to complaints; and to repeat the survey to see whether the changes have made a difference.

- We tested and then, in July 2014, introduced a **tool to risk assess complaints** when they were first received. The aim of this is to ensure that complaints are seen at a very early stage by a senior member of staff who can decide if immediate action is needed. In some cases this involved making immediate **telephone contact** with the complainant to invite them to an **early meeting** with staff. In a small number of cases, it involved carrying out a **Significant Adverse Events Review** which the complainant was invited to be part of. In March 2015 we looked again at the assessment tool to check how well it was working and made some changes to it.
- Last year's Annual Report included the action plan we had developed following the SHC's report "**Listening and Learning: How Feedback, Comments, Concerns and Complaints Can Improve NHS Services in Scotland**" which was published at the end of April 2014. At the end of March 2015 we updated the action plan to show what we had done.

- We also updated some of our **guidance documents for staff**, including the Patient Affairs department procedures for handling and recording complaints; the guide for staff on how to provide comments on a complaint; the guide on de-briefing staff afterwards; and a document setting out the roles and responsibilities of senior staff.

5. Improvements to services (as a result of feedback and complaints)

5.1 The following is a selection of the actions we took **in response to feedback**:

Patients and the public said....	What we have done
Seating in Lanark Health Centre was not suitable or comfortable for patients with spinal and mobility issues	Physiotherapy staff identified alternative seating and tested this with patients. New seating is in place and other locations being reviewed.
I don't always know who the staff are in hospital	All staff to introduce themselves and their role when meeting patients and carers. All ward based staff to wear name badges which includes their role. Tested displaying a photograph of nurses on patient bedside boards.
Take account of what matters to me	Reviewed our experience programmes with public partners. Revised approach and question sets for inpatient experience, the Emergency Department and carers experience. Reviewed and developed new patient bedside boards for 'What Matters to Me'.
We don't know when the Community Nurse will visit	Introduced timed slots for visits so that patients and carers can plan their day and make necessary arrangements for visits.
We haven't seen or received information about HAI	Reviewed and increased information posters at ward entrances and posted a blog on Patient Opinion with a hand washing video.
The ward is noisy	Introduction of the 'shhh' initiative. Revised working practices, visual signs and displays within wards.
I'm concerned that my relative (who has dementia) isn't active when they are in hospital	Reminiscence pods have been used to transform day rooms as activity areas for patients who are well enough to attend.
It's difficult to access "Open access" audiology clinics	Revised clinic times, locations and appointment system introduced.
It isn't easy to find out how to provide positive feedback on your website	Website reviewed, minor amendment completed – further work ongoing.

5.2 Some of the actions we take **in response to complaints** might appear to be small but they can make a big difference to patients, their relatives and carers. The following are examples – big and small - of what we have done:

- A critical incident review was carried out after a patient was given too high a dose of Gentamycin
- Drug reconciliation was introduced in a high dependency area
- Coloured water jugs were introduced on wards and revised guidelines were introduced on indications for fluid balance monitoring
- “Dealing with difficult conversations” training was arranged for staff in a ward
- A ward leaflet was updated so that relatives are given information about who to contact should they have concerns
- A standard protocol has been introduced for patients coming to hospital with a re-ruptured Achilles tendon
- Nursing staff were reminded of the importance of carrying out a pain score assessment on all patients when they were first seen in A&E
- New flexible visiting hours were introduced and have improved communication with patients and their relatives
- A doctor was asked to reflect on the importance of discussing results with relatives when a patient is unable to retain/understand results
- Staff were reminded of the importance of ensuring that any deterioration in a patient is escalated quickly
- Revised procedures were put in place for patients’ personal belongings
- Further support and training was provided to staff on child protection issues to ensure greater empathy in future.

5.3 We displayed improvements on our “We are listening to you” posters to let patients, relatives, carers and visitors know that we have **taken account** of what they have told us.

5.4. When the response is being signed to each complaint, it is reviewed again by a senior member of staff who ensures that any **learning points** are identified and decides whether a formal **de-brief** meeting needs to be held with staff. We are grateful to complainants who have met with staff to share their experiences.

5.5 The following are examples of changes made by FHS contractors to improve their services:

- A GP Practice reviewed their process for handling information requests from patients and their insurance companies
- A GP Practice changed their process for registering a patient of no fixed abode
- A GP Practice is reviewing their ability to more readily provide home visits
- A GP Practice reviewed its clinical staffing to enable more patients to be seen by a doctor in an emergency

- A GP Practice updated information for patients and clinical staff on the disposal of sharps
- A GP Practice committed to staff introducing themselves at every consultation and to wearing name badges
- A Dental Practice committed to revising its process for contacting British Sign Language interpreters and to sharing it with all practice staff

6. Accountability and Governance

- 6.1 We gave **reports** on the feedback we had received from patients, their relatives and carers, and visitors to representatives of the PPFs and to Non-Executive Directors at the quarterly meetings of the Care Assurance Board. Patient stories – positive or not so positive – were heard at Lanarkshire NHS Board meetings.

We also produced monthly reports for **management teams** on the results of the Patient Experience Indicator, the We are Listening cards and Patient Opinion.

The results of feedback on particular services were discussed at forums such as the **Older People in Acute Care** group so that they could take them into account when planning improvements.

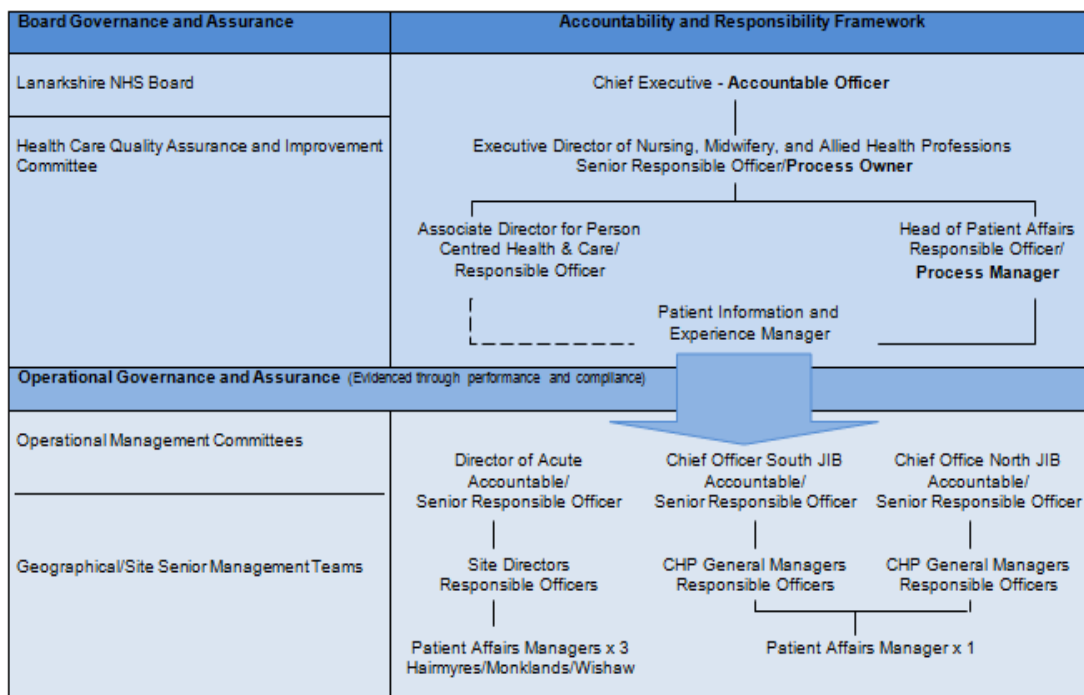
- 6.2 In June 2014 the Care Assurance Board and the Lanarkshire NHS Board agreed the arrangements for receiving reports as set out in the table below:

	Current reporting arrangements	Future reporting proposal
Lanarkshire NHS Board	Annual report	Annual report Mid-year report
Healthcare Quality Assurance and Improvement Committee	Annual report SPSO Synopses and action plan	Annual report Mid-year report
Operating Management Committees	Quarterly report	Quarterly report
Care Assurance Board	Annual report SPSO synopses and action plans	Annual report SPSO synopses and action plans

- 6.3 Reports on complaints were prepared every quarter for the Divisional Management Teams and the three Operating Management Committees, which are chaired by **Non-Executive Directors**.
- 6.4 Anonymised **synopses of individual complaints** where the SPSO upheld the complaint and / or made a recommendation, and the associated action plan, were considered by the Care Assurance Board and the Healthcare Quality Assurance & Improvement Committee, which is chaired by a non-Executive Director.

- 6.5 The **Annual Report** on Feedback, Comments, Concerns and Complaints for 2013/14 was considered by Lanarkshire NHS Board in June 2014. For the first time the Board received a **mid-year report** in November 2014.
- 6.6 A **briefing** for non-Executive Directors was held in November 2014, attended by the Chair of the Healthcare Quality Assurance & Improvement Committee and the Chair of the Audit Committee. The Executive Director for Nursing, Midwifery and Allied Health Professions (who is the lead Director for feedback and complaints) and the Head of Patient Affairs gave them a detailed account of the arrangements in place to review and report on complaints.
- 6.7 We gave a **presentation** on the work we were doing to capture and learn from feedback and complaints to a joint meeting of the PPFs in January 2015, and asked for their views on this and on what else we could do.
- 6.8 In March 2015 our **Corporate Management Team** reviewed the measures we had in place to judge whether our complaint handling was improving, and agreed that they were still the right ones. The Corporate Management Team also approved a **framework** on how we govern feedback and complaints, which is shown below:

LANARKSHIRE NHS BOARD – COMPLAINTS GOVERNANCE FRAMEWORK



Complaints Reporting Framework – V0.4 2015-03-10