



Annual Report on

# Feedback, Comments, Concerns and Complaints

June 2017

## 2016/2017 at a glance



We have increased the number of staff responding to patient stories on Patient Opinion. Between April 2016 and March 2017, 658 stories were told compared with 487 in 2015/2016.



NHS Lanarkshire Public Reference Forum reviewed our approach to inviting, collaborating and using patient feedback.



NHS Lanarkshire's facebook and twitter accounts continue to be used to provide information. These accounts are monitored daily. We currently have 11,000 followers on twitter and 5,754 likes on facebook.

**1392**  
complaints

We received 1392 complaints between April 2016 and March 2017. This compares with 1420 in 2015/2016.

**97**

Over 99% of the complaints we received were acknowledged within the national target of three working days. 97% were replied to within the national target of 20 working days.

**66**

During the year the Scottish Public Services Ombudsman contacted NHS Lanarkshire about 66 complaints they had received about our services. The number of cases has increased from 2015/2016.



We have continued to gather digital stories from patients and carers for reflection and learning with staff. Later, we let them know the impact of their story and any changes or actions we made as a result.



Over the last year we have published regular blogs via Patient Opinion detailing service improvements or changes as a result of feedback received through other mechanisms.



Over 600 staff completed our 'your voice, valuing feedback' programme to enhance their skills in responding to feedback. This programme is via e-learning and a half day course.



We received over 2,000 unsolicited feedback cards, of which 84% were positive.



Over the last year patient stories - both positive and not so positive - were heard at meetings of the NHS Lanarkshire Board.



We have 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.

## 1. Introduction

We want to hear about people's experiences of using our services so that we know what we do well and where we could do better. In this report we describe some of the arrangements we had in place to receive feedback, comments, concerns and complaints between April 2016 and March 2017 and some of the improvements we have made as a result.

## 2. Encouraging and gathering feedback

- 2.1. We have continued to review and update the ways in which we gather people's feedback. A short-life working group which included public partners from the NHS Lanarkshire Public Reference Forum, our Equalities and Diversity Manager, staff from clinical quality, communications, practice development and the patient affairs department reviewed NHS Lanarkshire's approach to inviting unsolicited feedback, how we collect solicited feedback; and how we use and report on all the feedback we received.

**We are listening  
- how did we do?** 

Your feedback is important as it helps us evaluate the services we provide. It allows us to identify areas where we are doing well but also areas that we can try and improve.

If you would like to tell us about your healthcare experience you can:

- ❖ speak to a member of staff
- ❖ complete the reverse of this form and hand it to a member of staff
- ❖ contact us via our website [www.nhslanarkshire.org.uk](http://www.nhslanarkshire.org.uk)
- ❖ call us on Tel No: **01698 858321** Monday - Friday from 1pm - 4pm
- ❖ share your story at [www.patientopinion.org.uk](http://www.patientopinion.org.uk) or call Tel No: **0800 122 31 35**

 **Patient Opinion**  
for you & yours



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Following this review we have continued to promote our “We are listening” brand with both staff and the public to highlight the different ways that unsolicited feedback can be provided. Continual awareness raising amongst different staff groups at meetings and training has engaged staff on the importance of ensuring feedback is received regularly via all the mechanisms available.

We have also included these feedback cards in mental health discharge packs and are looking at the possibility of including them in Carer packs.

- 2.2 The Scottish Health Council's (SHC) report “**Listening and Learning**”, published in April 2014, highlighted three main barriers to people providing their feedback on health services. Some of the ways in which we have tried to remove and reduce these barriers are explained in this section:

- **Fear of Repercussions**

We have continued to invite and encourage the public to provide feedback about their healthcare experiences using a **blended approach** to gathering both targeted and unsolicited feedback.

Our Patient Experience Indicator, based on the 5 Must Do with Me's (see paragraph 4.3 for more information about these), is used to gather face-to-face **real-time feedback** from five patients on each acute hospital ward during a calendar month.

We know people can feel vulnerable and may be unable to provide honest feedback when they are ill for fear it will affect their care. We are one of two Health Boards currently working on a project with Healthcare Improvement Scotland (HIS) to gather "**right-time**" feedback from patients and carers approximately two - three weeks after their episode of care is complete (see paragraph 4.4 for more information).

This feedback is then **shared** with team leaders in community settings and ward managers in hospitals. It is also available to Senior Nurses and shared in reports to Senior Managers and Directors.

Staff training has raised awareness around the barriers to providing feedback and the mechanisms available for providing feedback.

- **Not knowing how to make contact**

We have welcome and departure boards displayed throughout NHS Lanarkshire premises outlining the different ways that the public can provide feedback or get in touch. Staff **encourage** patients and carers to provide unsolicited feedback; if not at point of care then at a later date when they have been able to reflect on their experience. This has resulted in an increase in the amount of unsolicited feedback received.



The different ways in which people can contact us were also outlined in **information leaflets** and on the "Your Feedback" section of the **NHS Lanarkshire website**.

NHS Lanarkshire's **Facebook** and **Twitter** accounts continue to be 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 appropriate staff.

<https://twitter.com/nhslanarkshire> - over 11,000 followers  
<https://www.facebook.com/nhslanarkshire> over 5,700 likes

Our **public partners** have continued to work with us to develop and review our feedback mechanisms through the Public Reference Forum (PRF) and the Public Partnership Forums (PPFs). The NHS Lanarkshire Adult Learning Disabilities Service has worked with Lanarkshire ACE (a local group for people with learning disabilities) to develop Easy Read feedback resources.

The Public Reference Forum is comprised of people with lived experience, with representatives from Deaf Services Lanarkshire, Deafblind Scotland, Scottish Health Council, People First (advocacy group for people with learning disabilities), Mental Health and Carer organisations.

**Cancer Services** have held a number of focus groups and a larger public engagement event to gather patient feedback.

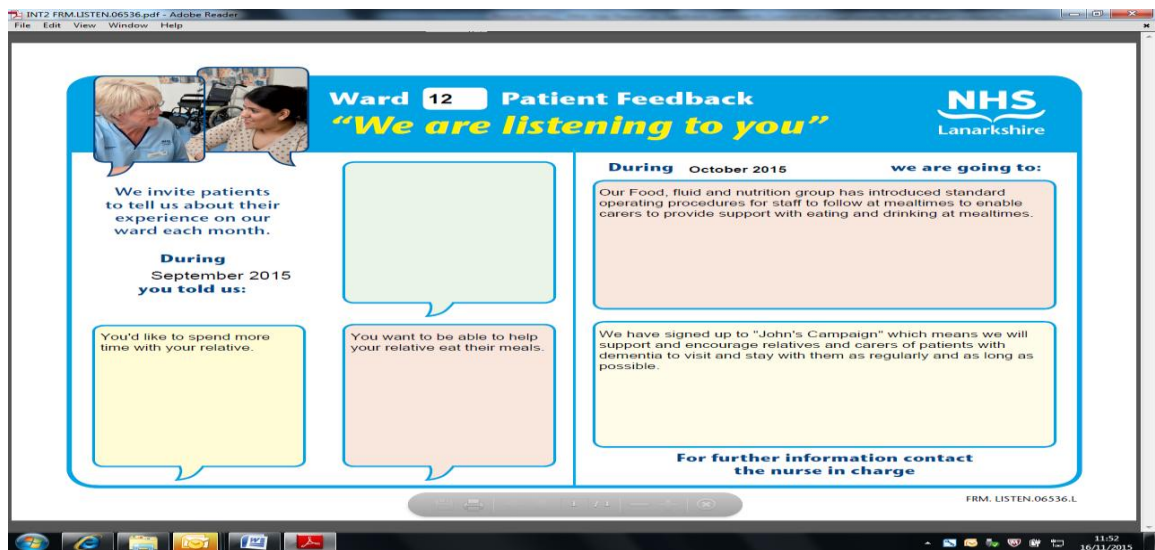
We continue to meet with the **Patient Advice and Support Service (PASS)**, every three months, introducing new "pop-up" promotional banners at our acute hospital sites to promote their service. Twice a year representatives of the PPFs, Citizens Advice Scotland and the SHC joined these meetings.

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

Our Care Accreditation Standards System details the requirements to ensure the public are able to provide feedback about care and services:

9.4	Element: Contributing to the organisations objectives
9.4.1	There is a patient feedback board visible for staff and relatives within the area that is clearly being used
9.4.2	Regular updates are displayed on a board visible for staff and relatives, detailing feedback received and actions taken where appropriate
9.4.3	All staff are aware of, and have access to local and national standards
9.4.4	Staff are aware of the mechanisms available for patients and carers to provide feedback and actively encourage it
9.4.5	Corporate feedback tools are clearly visible and accessible for patients and visitors (Care to Comment Card, 'our customer service)
9.4.6	Information on Patient's Rights and how to provide feedback - comment, compliment, suggestion or complaint-are available

“We are listening to you” posters are displayed at ward and department entrances to let people know what has been done as a result of feedback.



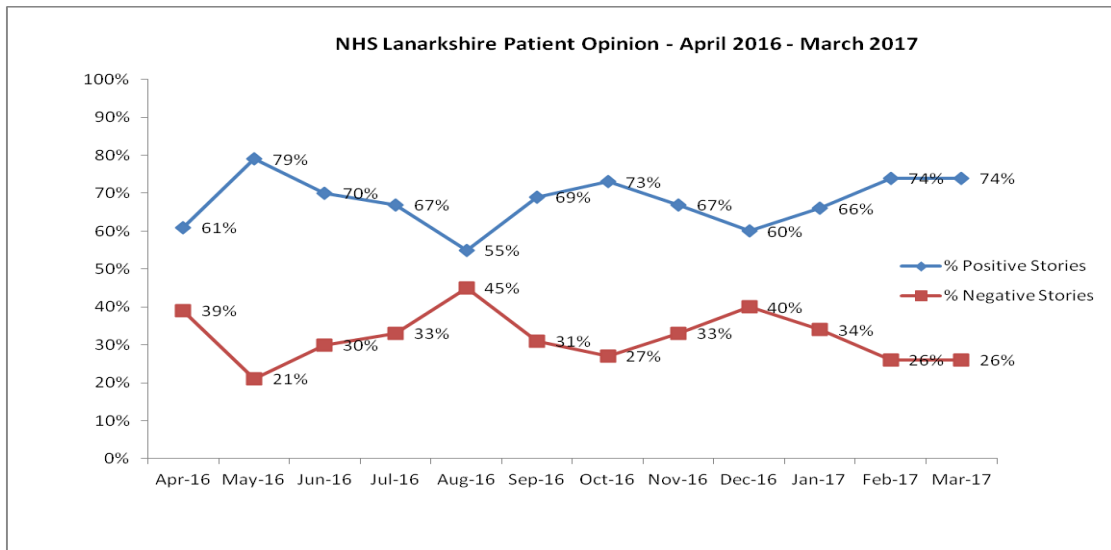
We have invited patients and carers to share their lived experiences for reflection and learning. Those who are willing have been filmed; this enables us to use their feedback with staff at training events and at meetings throughout the organisation, including the Lanarkshire NHS Board.

This digital experience was shared with circa 180 health and social care staff at the NHS Lanarkshire Person-Centred Health & Care Event 2017. The gentleman who is deaf, is a carer for his elderly mother who has communication difficulties. His experience spans health and social care services. <https://vimeo.com/208118063>

It has also been shared locally with all senior medical and nursing leaders as well as the organisational development department for deaf awareness training.

We have increased the number of staff responding to public feedback on Patient Opinion. Between April 2015 and March 2016, 487 stories were told by patients, relatives and carers and we had approximately 90 staff registered to respond. This **increased** to 658 stories told and over 120 staff responding during 2016 / 2017.

This graph displays the split between positive and critical stories received:



All of these stories were shared with the staff involved in order to celebrate success and identify opportunities for **learning and improvement**. The responses that we posted on the Patient Opinion website identified any changes or improvements as a direct result of the feedback received.

We have continued to publish regular **blogs** via Patient Opinion detailing service improvements or changes as a result of feedback received through other mechanisms. The link below is for a blog by Hairmyres hospital detailing changes made in a Rapid Access Clinic:

<https://www.patientopinion.org.uk/blogposts/550/we-are-listening---respect-and-dignity>

We have agreed to be one of the “test Boards” in Scotland to trial “Talking Mats” with Patient Opinion. This is a picture and symbol communication system that can be used by people with communication difficulties. We have identified three areas to try this; learning disabilities, care of the elderly ward in acute hospital and care of the elderly mental health ward.

Our activities using the Patient Opinion platform continue to be well received by our **public partners, Patient Opinion and the Scottish Government**.

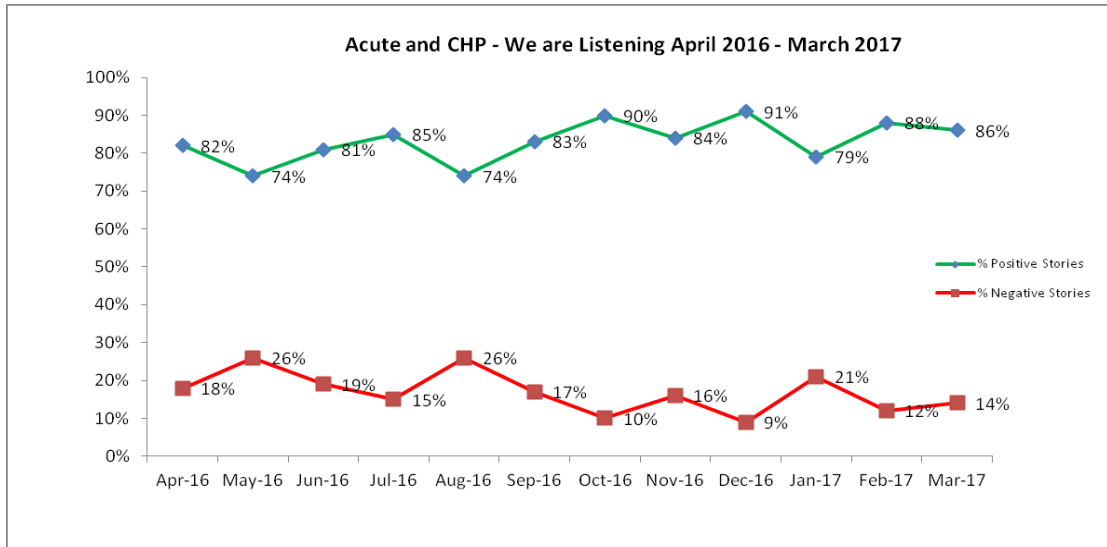
We have continued to present at various events at the request of Patient Opinion and will continue to do so during 2017/18.

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.

Management and Senior Charge Nurses have access to systems, or are provided with information / reports to share with their teams for reflection and to drive improvement at a local level.



The run chart below illustrates the positive and negative feedback received through our **We are listening cards** between **April 2016 and March 2017**:

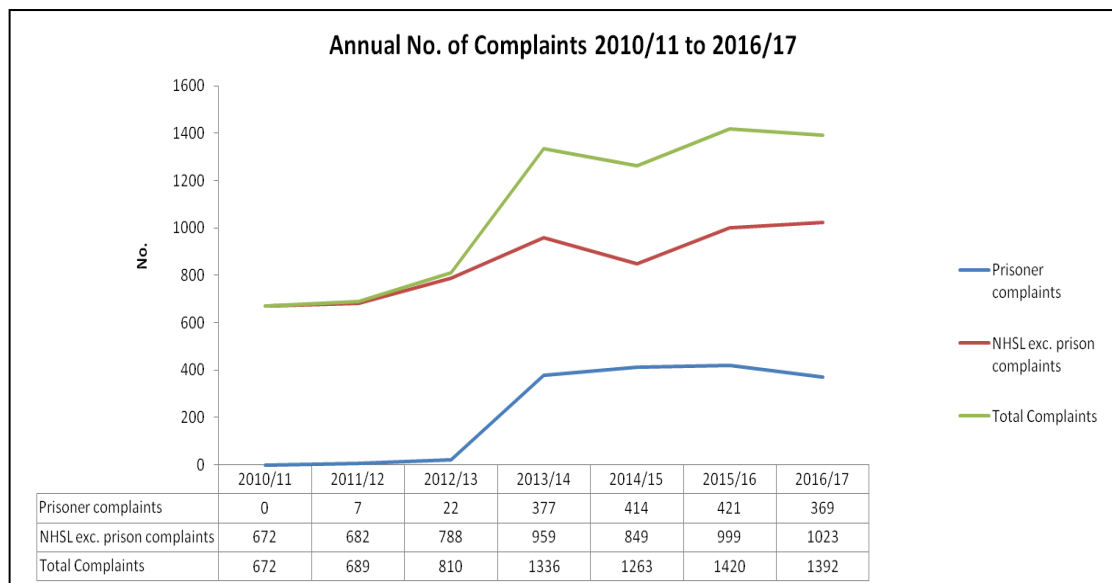


### 3. Encouraging and handling complaints

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

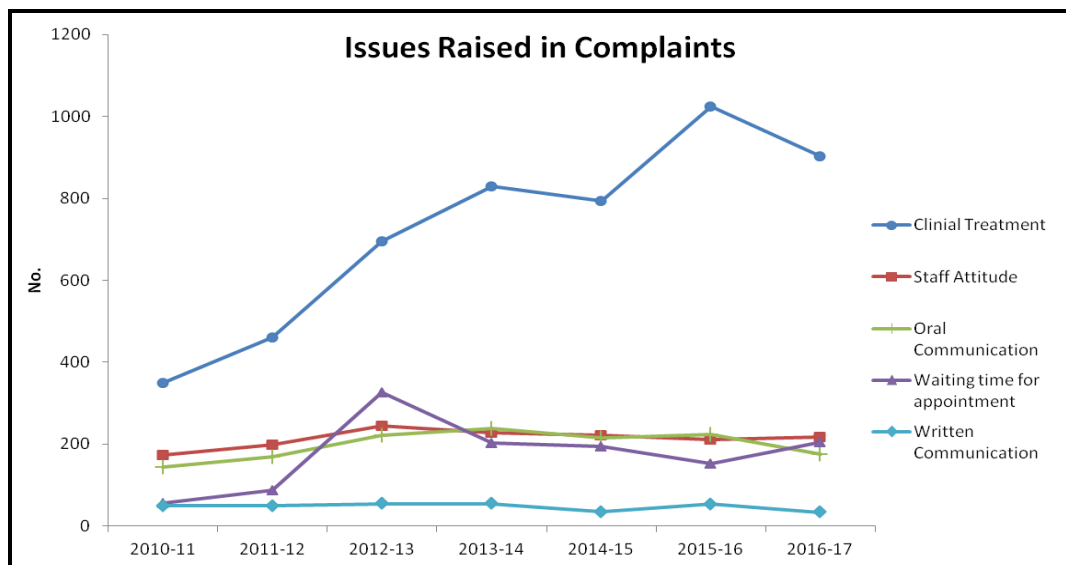
3.2 Complaints about services delivered by NHS Lanarkshire

- We received 1392 **complaints** between April 2016 and March 2017, of which 369 were about prisoner healthcare. The graph below shows the pattern over the last seven years.

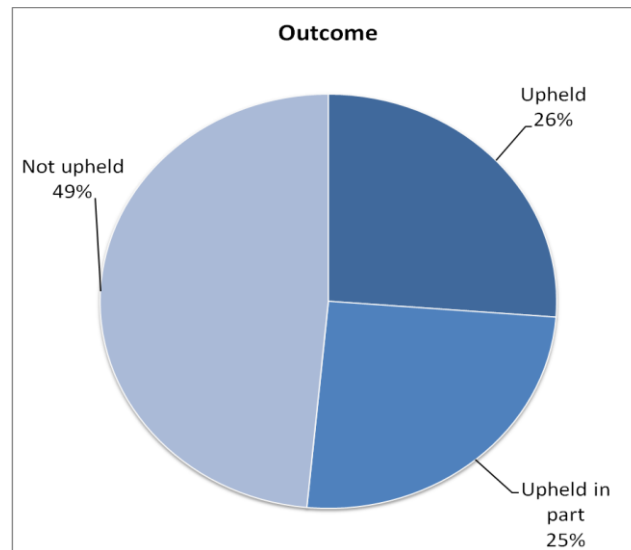


- **Over 99%** of the complaints we received were acknowledged within the national target of 3 working days.
- There were no cases in which **alternative dispute resolution** (mediation) was used to try to resolve a complaint. However, anyone wishing to make a complaint was signposted to PASS for any assistance they might need. Senior staff regularly met with patients and their families in an attempt to resolve issues. The PASS Patient Advisers often accompanied those they were supporting to meetings with staff.
- Between April 2016 and March 2017 we replied to **97%** of complaints within the national target of 20 working days. This compares with the latest national figure of 69% for 2015/16.
- 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 (902 times, including 400 about prisoner healthcare)
  - Staff attitude and behaviour (218 times)
  - Waiting time for appointment (204 times)
  - Oral communication (176 times)
  - Waiting time for admission (71 times)

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



- NHS Boards collect information on the **outcome** to complaints. Our outcomes for 2016/17 can be seen in the chart below.



- 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 66 **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 between April 2016 and March 2017, they decided not to investigate 41; issued **decision letters** in 34; and published 1 **investigation report**.

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 Healthcare Quality Assurance and Improvement Committee.

The SPSO sent their **annual letter** for 2015/16 to our Chief Executive in August 2016. In that letter they said that they had received less complaints about our services than in 2014/15. When the SPSO issued their annual report for 2015/16, we were able to identify that, excluding complaints about FHS contractors, NHS Lanarkshire accounted for 6% of the healthcare complaints investigated by the SPSO.

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

- The table below gives information about complaints received by our **FHS contractors** between April 2016 and March 2017:

	General Practitioners	General Dental Practitioners	Pharmacies	Opticians
Number of complaints received	607	76	109	29
Number of complaints where alternative dispute resolution was used	21	5	0	0
Number of complaints replied to within 20 working days	584	65	85	27

- The key **themes** identified by FHS contractors were: clinical diagnosis and attitude and behaviour (GPs); communications (GDPs); accuracy of dispensing (Pharmacy); and quality and communication (Opticians). As part of the contract monitoring arrangements we received information every quarter from FHS contractors to identify any trends and issues that needed to be addressed with them.
- The **SPSO** let us see 9 decision letters on complaints about FHS contractors. 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 Healthcare Quality Assurance and Improvement Committee.

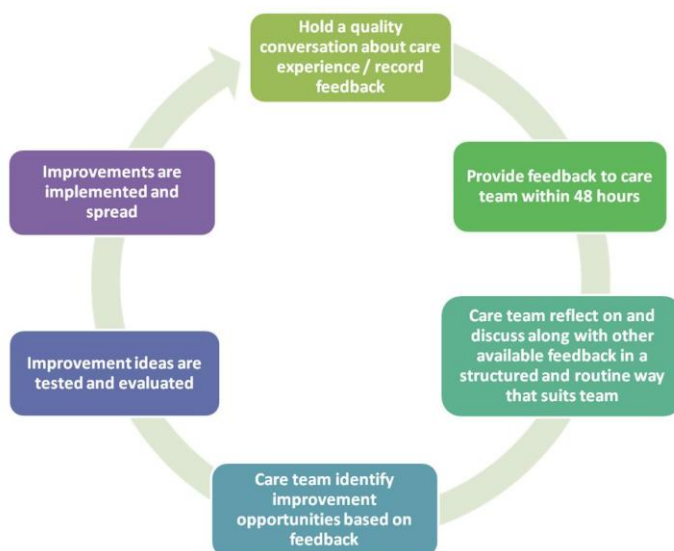
#### 4. The culture, including staff training and development

- 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 how we continued this work during 2016/2017. It also describes what we did to support staff to encourage and welcome feedback in all its forms.

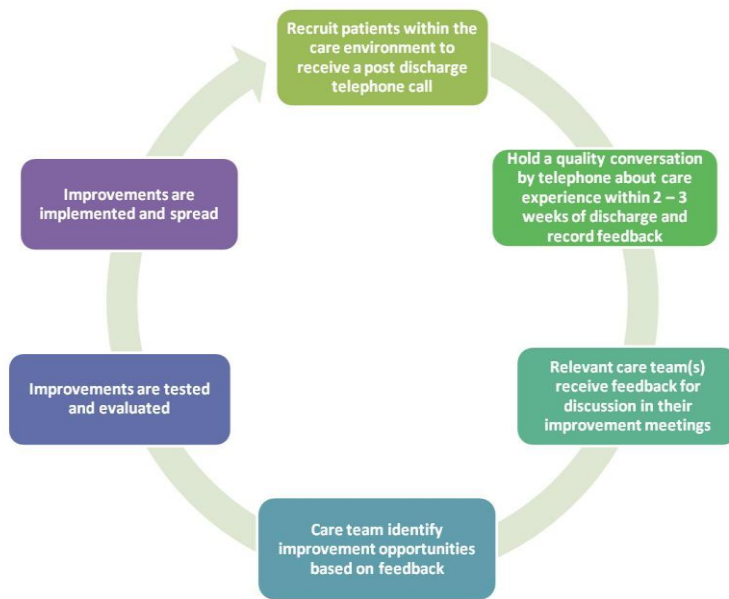
- 4.2 The overall aim of our **Person-Centred Health & Care (PCHC) Strategic Prioritised Plan** is that person-centred care is a central component in improving health and care services. This will be demonstrated in the way that services are designed and delivered so that:
- People have a positive experience of care and get the outcomes they expect
  - Staff are valued and supported to work **collaboratively**
  - People are empowered to be active partners in their care.

We need to develop and test person-centred approaches to care and support across health and care settings to achieve this. Our plan sets out the approach that will enable us to **hear the voices** of patient and carers to evaluate whether we are delivering safe, effective, person-centred care.

- 4.3 Assessing whether our services are person-centred can only be judged by the people who use them. Real-time, or point of care, feedback is routinely sought from our acute inpatient wards using a survey tool based on the five **“Must Do With Me’s”** (MDWMs) which enables us to evaluate our patients’ experiences through a brief themed conversation.
- 4.4 NHS Lanarkshire is currently working on a two-year project with HIS to improve person-centred care using patient experience feedback. Whilst this work affords us the opportunity to identify good practice and areas for improvement, the learning and outcomes will be **shared nationally** to inform practice.



**Figure 1: Real-Time model**  
Used to gather and listen to real-time feedback (gathered during an episode of care)



**Figure 2: Right-Time model**  
Used to gather and listen to “right-time” feedback (gathered after an episode of care is complete)

4.5 NHS Lanarkshire was a **key contributor** at the West of Scotland Person-Centred Health and Care event held in March 2017. Staff presented and provided posters to share good practice on the areas of work set out in the table below. Person-centred care improvement staff also facilitated workshops with NHS Greater Glasgow & Clyde and NHS Tayside for the East of Scotland event.

**Person-centred Health & Care Presentations**

John’s Campaign	Wishaw General
Using right-time feedback to improve person-centred care (discharge process)	Monklands Hospital
Improving information & communication	Hairmyres Hospital

4.6 Our ‘**Your voice, valuing feedback**’ programme has continued to support staff to enhance their skills in responding to feedback. During the year 708 members of staff either completed an e-learning programme; or attended either a half-day classroom-based session or one or two shorter department-based sessions delivered by our Organisational Development department.

We have also continued to deliver **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.

4.7 In our Annual Report for 2015/16 we included examples of things we had done to improve how we **handle and respond to complaints**. Here are some of the things we did in 2016/17:

- One of our aims was to achieve a 10% reduction by March 2017 in the number of people who **return** to us dissatisfied with the response they have received to their complaint. Our baseline for 2015/16 was 149. The total for 2016/17 as at early May 2017 was 140, a decrease of 6%.
- The complaints procedure for NHS Scotland changed from 1 April 2017. The main change is to introduce a two-stage procedure which will bring NHS Scotland into line with arrangements within other authorities under the jurisdiction of the SPSO. The aim of these changes is to try and ensure local resolution of complaints as quickly as possible. Staff were provided with guidance, training and support during 2016/17 to help us achieve this.

## 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**:

<b>Patients and the public said....</b>	<b>What we have done</b>
Visiting isn't flexible	Testing "open visiting" in the three acute hospitals and one community hospital
Conflicting / confusing information for procedure preparation (Colonoscopy)	Reviewed and updated documentation
Waiting Room configuration not helpful for communication with staff	Seating area reviewed and changed
Unclear on next steps when self referring to maternity physiotherapy	Updated text response with additional information
Privacy concern when moving between cubicle and consulting room	Privacy curtains installed
Didn't like the language and terminology used in appointment letter	Reviewed and some changes made
Lack of hospital directional signs	New signs installed
Lack of information and communication whilst waiting in Emergency Departments	Short Life Working Group with public to develop information. Electronic Display Boards being installed in waiting areas

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 of what we did last year:

- Changes were made to booking system for patient attending for an ultrasound
- Staff were made aware of fasting guidance to ensure correct information is provided to patients and relatives in future

- Work is being carried out with secretarial staff to improve their voicemail messages in order to help direct patients to the correct team member with a view to improving the patient experience
- Staff reminded to remove rings from patients' fingers if they have a wrist injury and are being treated in a split due to the risk of swelling
- Nursing staff re-trained in wound management
- Any 'old' versions of appointment cards was removed from use
- Additional staff hours allocated to support a diagnostic service
- Hours of access to a hospital site restricted for a waste management company
- Information screens being installed in Emergency Departments to improve communication with patients
- Staff were reminded to ensure that patients' property is transferred to them when they are moved between wards
- The importance of recording complete patient observations at triage was discussed at daily safety briefings

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

- A GP practice has made changes to its appointments system and provides more explanation to patients about this.
- Reception staff in a GP practice ensure that all requests for appointments are dealt with appropriately; where no appointments are available and the patient feels they need to be seen urgently, the on call GP is tasked with taking appropriate action.
- A GDP practice now makes patients aware that local anaesthetic is available for scaling of teeth.
- A GDP practice has regular staff meetings involving role play and open discussions on how to deal with difficult situations that may arise.
- A Pharmacy has reviewed Standard Operating Procedures to reduce and eliminate errors where possible.
- An Opticians have undertaken training on booking appointments.



## 6. Accountability and Governance

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

We produced a **mid-year report** on feedback, comments, concerns and complaints which was discussed at the Healthcare Quality Assurance & Improvement Committee of the Board.

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

- 6.2 We revised the format of the quarterly reports for the Divisional Management Teams and the Operating Management Committees, which are chaired by **Non-Executive Directors**. These now focus much more on our achievements against our Key Performance Indicators (KPIs).

- 6.3 Anonymised summaries of **individual complaints** (where the SPSO upheld the complaint and / or made a recommendation) and the associated action plan, were considered by the Healthcare Quality Assurance & Improvement Committee, which is chaired by a non-Executive Director. The format of this report was revised to better meet the needs of the Committee.

- 6.4 We worked with the PPFs to develop our **Annual Report** on Feedback, Comments, Concerns and Complaints for 2015/16. The report was published in June 2016 and was considered by the Healthcare Quality Assurance & Improvement Committee of the Board at its June 2016 meeting.

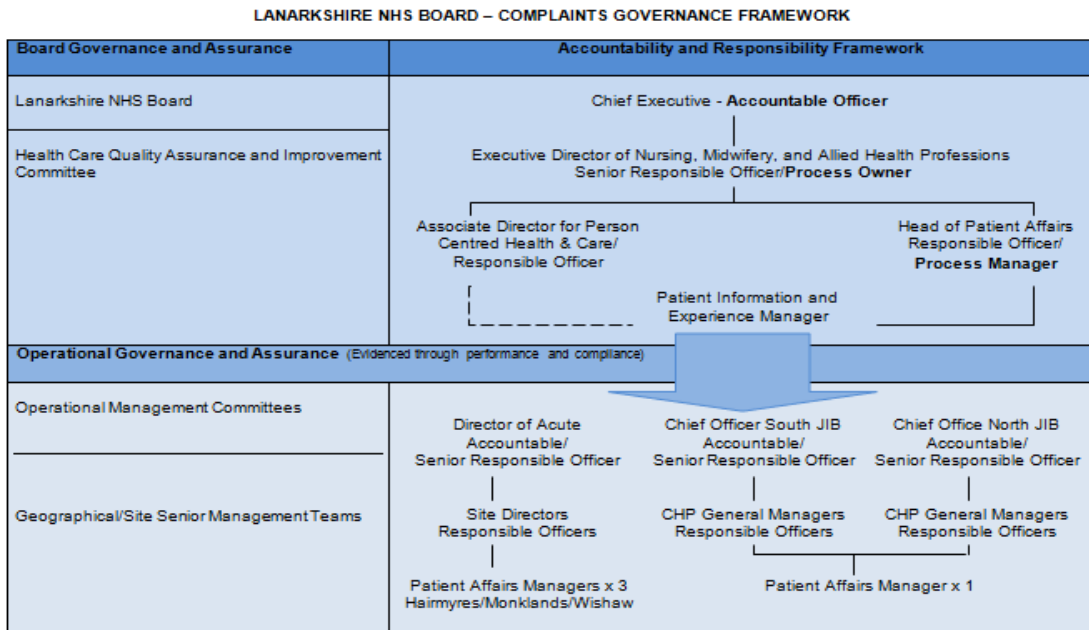
With support and input from the PPFs we updated our “**Listening and Learning**” action plan twice during the year.

We presented our **mid-year report** and an update to the Listening and Learning action plan to the PPFs in January 2017; and invited their representatives to review a draft of this annual report prior to consideration by the Healthcare Quality Assurance & Improvement Committee in July 2017.

- 6.5 The SHC’s **Participation Standard** focussed on assessing the annual reports produced by NHS Boards and on reviewing the governance arrangements that NHS Boards have for feedback, comments, concerns and complaints.

We carried out a **self-assessment** against the SHC standards and agreed with our PPF partners that we felt we had achieved the “implementing” level for both the Patient Focus and Governance parts of the Participation Standard. The SHC has confirmed that we have **achieved** these levels.

6.6 Our framework on how we governed feedback and complaints during 2016/17 is shown in the diagram below:



Complaints Reporting Framework – V0.4 2015-07-10