






Annual Report on

Feedback, Comments, Concerns and Complaints

June 2018

2017/2018 at a glance

	<p>Care Opinion - We have increased the number of staff responding during the year from 120 to 194. We have also seen an increase in feedback submitted up from 658 to 702</p>
	<p>NHS Lanarkshire Public Reference Forum - have reviewed and endorsed this report and made contributions throughout the year to:</p> <ul style="list-style-type: none">❖ Feedback and experience programmes❖ Realistic Medicine❖ NHS Lanarkshire Quality Approach❖ Written Information Leaflets Policy❖ Infection Prevention & Control Annual Communications Plan❖ Way finding public survey
	<p>Facebook and Twitter - social media is managed by our communications team to provide information and signpost people</p>
<p>2283 complaints</p>	<p>We received 2283 complaints during the year of which 356 related to prisoner healthcare</p>
<p>98</p>	<p>98% of complaints were acknowledged within the national target of three working days. 90% were responded to within the national target of 20 working days</p>
<p>80</p>	<p>The Scottish Public Service Ombudsman contacted NHS Lanarkshire about 80 complaints; this was up from 66 the previous year</p>



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

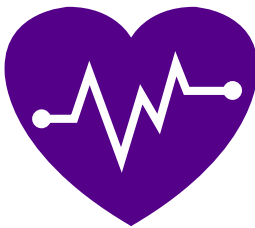


Over the last year we have published regular blogs via Care Opinion detailing service improvements or changes as a result of feedback received through other mechanisms



e-learning

1421 staff completed Duty of Candour training
504 staff completed How to verify an adverse event
207 staff completed How to record an adverse event



Feedback – We received over 1400 unsolicited feedback cards of which 84% were positive



A “lived experience” is considered at each Board meeting of NHS Lanarkshire to identify good practice if positive, or learning and action if critical



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 2017 and March 2018 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
- ❖ call us on Tel No: **01698 858321**
Monday - Friday from 1pm - 4pm
- ❖ share your story at www.patientopinion.org.uk
or call Tel No: **0800 122 31 35**

 **Patient Opinion**
for your voice



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We have continued promoting 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.

- 2.2 The NHS Lanarkshire Public Reference Forum have instigated a public survey on “wayfinding”. This survey is based on a previous Scottish Government Survey and invites people to provide feedback on information and communication before attending hospital as well as access, signage and support available on arrival at the hospital.
- 2.3 The NHS Lanarkshire Bereavement Group is in contact with colleagues at NHS Greater Glasgow and Clyde and Caledonia University with a view to developing a short survey for bereaved families to provide feedback around

communication and support provided around time of death and after by healthcare staff.

- 2.4 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 feedback through a brief themed conversation. This is used in acute hospitals for face-to-face conversation and by community teams who discuss care experiences by telephone with patients still receiving care; this is referred to as "real-time" feedback as it is gathered close to point of care provision.

We know people can feel vulnerable and may feel unable to provide honest feedback when they are ill for fear it will affect their care. We have been working in collaboration 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).

We have also recruited public volunteers into the role of face-to-face interviewers in an attempt to reduce gratitudinal bias at point of care. We began testing this approach in June 2017 with two volunteers and following a successful trial (well received by the public and staff alike) we hope to recruit more volunteers to support this activity. The next induction is scheduled for 24 April 2018.

This feedback is then **shared** with the care team for reflection and learning and is available to 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**

The different ways in which people can contact us continues be outlined in **information leaflets** and on the "Your Feedback" section of the NHS Lanarkshire website www.nhslanarkshire.org.uk. The NHS Lanarkshire Communications Team invited feedback about the website as this is currently being redeveloped.

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. All patients and carers who participate in the solicited feedback programme are given a “we are listening” feedback card and/or invited to provide feedback through the Care Opinion website following their episode of care.



The different ways that people can contact us were also outlined as part of routine messaging in NHS Lanarkshire **patient information leaflets** and on the “Your Feedback” section of the **NHS Lanarkshire website**.

Comments, compliments and suggestions cards are included in all packs for people receiving care in their own homes. The cards advise people of the different ways they can provide feedback; alternatively these cards ensure people can provide positive or critical feedback safely as they can simply complete and return the feedback card by free post.

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 1,200 followers
<https://www.facebook.com/nhslanarkshire> over 6,750 likes

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

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). In addition to attending the routine meetings, members are invited to participate in Short-Life Working Groups to progress work as required.

People First (Scotland), an independent organisation for people with learning difficulties have two members on the group supported by an advocacy worker. They have reviewed the website and easy read resources developed with the NHS Lanarkshire Adult Learning Disabilities Service for people with learning disabilities which also has resources and information for professional staff. Visit www.healthelanarkshire.co.uk

The NHS Lanarkshire Public Reference Forum continues to represent a diverse mix of people accessing our services. The 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. The Forum meets quarterly and provides an opportunity for open discussion of subjects of public interest in relation to health and social care within NHS Lanarkshire by:

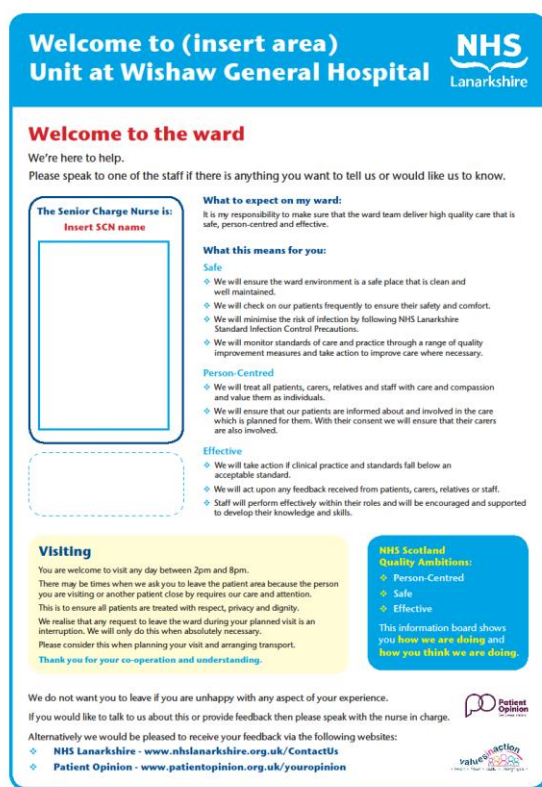
- Promoting collaboration between NHS Lanarkshire and service users to the benefit of both
- Obtaining the views of our service users with a view to improving our services both in terms of clinical quality and usability
- Facilitating greater understanding of NHS priorities and drivers and working in partnership to meet both service requirements and those of patients, families and carers.

During 2017 / 2018 the Forum has considered:

Topic	Outcome
Feedback & Experience programme	Short-life working group. Approaches endorsed and large print information made available
Realistic Medicine	5 Questions resource card developed
What matters to you?	Wayfinding survey developed – 6,000 questionnaires issued to people attending hospital Nov 17 – Jan 18
NHS Lanarkshire Quality Approach	Feedback in development of NHS Lanarkshire 2018 Quality Strategy
Annual infection prevention & control communications plan	Informed approaches to be taken and additional avenues to cascade key messages

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



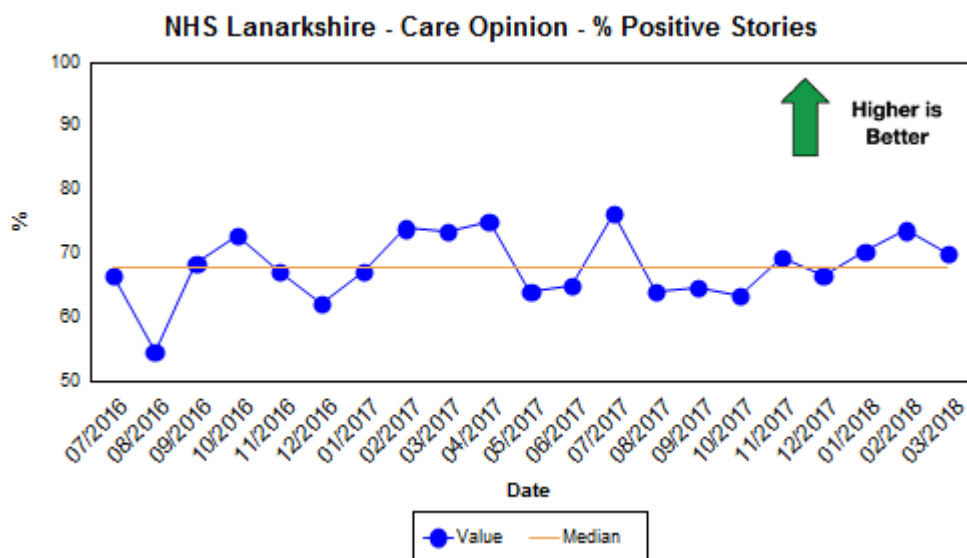
We continued to display “**We are listening to you**” posters at ward and department entrances, as well as comment cards and Care Opinion stories. These help us to close the feedback loop and enable patients, visitors and staff to see the feedback for that area and what actions or improvements we may have done.

We have continued to gather **digital experiences** from patients and carers. These are shared with staff for reflection and learning. Every Lanarkshire NHS Board meetings is presented with a digital story outlining actions and outcomes.

This digital story was produced with Susan Siegel Public Partner from Healthcare Improvement Scotland with Loretta, whilst visiting the Airdrie Community Mental Health Team on “What Matters to You?” day on 6 June 2017. This video has been shared widely through the Healthcare Improvement Scotland website and social media <https://vimeo.com/230128951>

We continue to expand the number of staff who are registered as responders on the Care Opinion system. We know that it is important to the public that people close to, or with responsibility for the delivery of care and services are listening to feedback and are able to congratulate staff on their professionalism as well as have **the ability and authority to identify and drive change and improvement**. All submissions through the Care Opinion site are shared with the staff involved.

We have increased the number of staff responding to public feedback on Care Opinion. Between April 2016 and March 2017, 658 stories were told by patients, relatives and carers and we had approximately 120 staff registered to respond. This **increased** to 702 stories told and over 194 staff responding during 2017 / 2018.



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 Care Opinion website identified any changes or improvements as a direct result of the feedback received.

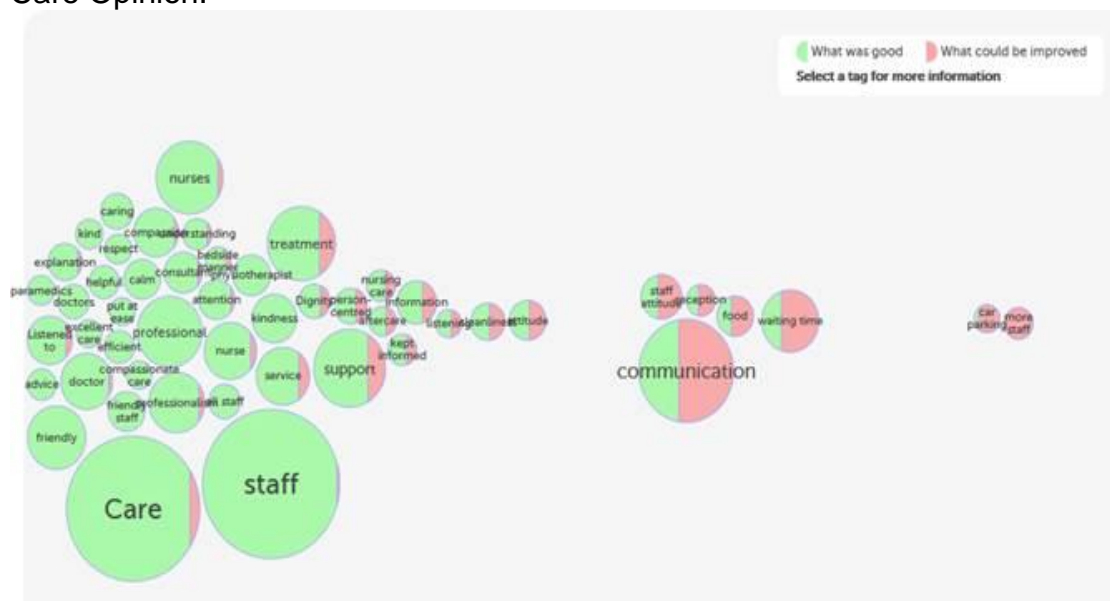
We have continued to publish regular **blogs** via the Care Opinion website detailing activities and changes we have made as a result of feedback received through other mechanisms. The blogs can be viewed through this link on the NHS Lanarkshire website by scrolling to the bottom of the page <http://www.nhslanarkshire.org.uk/ContactUs/Feedback/Pages/care-opinion.aspx>

We worked with Care Opinion to test how people with cognitive impairment might use pictures to provide feedback.

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

We have continued to present at various events at the request of Care Opinion. **Irene Barkby Executive Director of Nursing, Midwifery and Allied Health Professions addressed the International Society for Quality in Healthcare Annual Conference 2017 on how NHS Lanarkshire uses Care Opinion to listen to and act on the patient voice.**

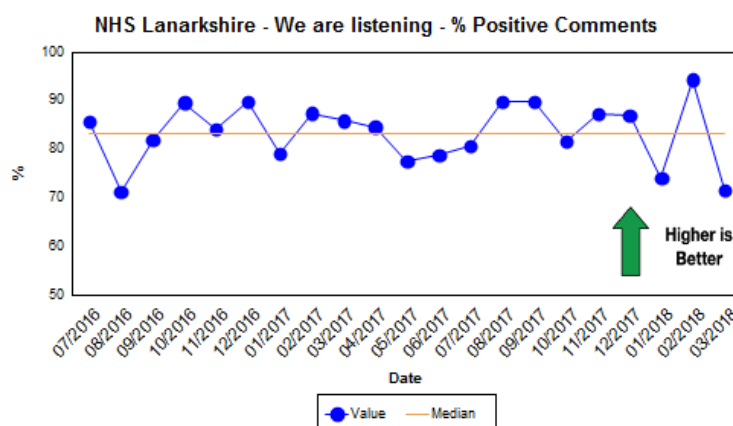
This visualisation shows what people were providing feedback about through Care Opinion:



Feedback on people’s experiences was recorded on our electronic database (LanQIP) or in **DATIX** (where we record feedback, incidents and complaints). We have also worked with qualitative researchers from Healthcare Improvement Scotland and NHS Education for Scotland to develop a thematic framework for analysing and recording qualitative feedback. The chart below illustrates the positive feedback received through our unsolicited feedback mechanism “We are listening”. We received a total of 1402 unsolicited **We are listening cards** between April 2017 and March 2018; of which 1174 were positive and 228 provided opportunities for learning and improvement.

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 feedback received through our **We are listening cards** between **April 2017 and March 2018**:



3. Encouraging and handling complaints

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 details what has been done to improve services as a result of them.

3.1 Complaints Performance Indicators

The Complaints Procedure for NHS Scotland changed from 1 April 2017. The new procedure was developed by NHS complaints handling experts working closely with the Scottish Public Services Ombudsman (SPSO) and it was implemented to ensure there was a standard approach to handling complaints across the NHS, which complies with the SPSO’s guidance on a model complaints handling procedure, meets all the requirements of the Patient Rights (Scotland) Act 2011, and accords with the Healthcare Principles introduced by the Act.

The procedure aims to provide a quick, simple and streamlined process to enable local and early resolution. Staff were provided with guidance, training and support during 2017/18 to help achieve this.

The procedure provides two opportunities to resolve complaints internally:

1. Early Resolution
2. Investigation

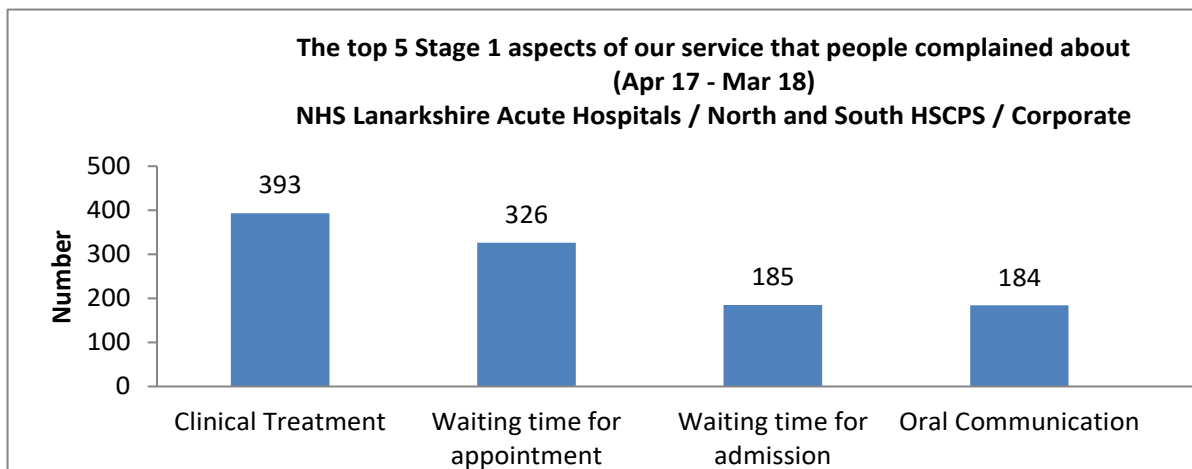
Complainants who remain unhappy with the response they receive can ask the SPSO to review their complaint.

NHS Lanarkshire appointed a new Complaints Manager at the end of April 2018. He is in the process of completing an initial assessment of NHS Lanarkshire’s complaint handling, initially adopting the SPSO’s Improvement Framework, with staff in both acute and Primary Care settings. As part of this exercise, it is anticipated that he will identify areas of improvement and areas of good practice.

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

Indicator One: Learning from complaints

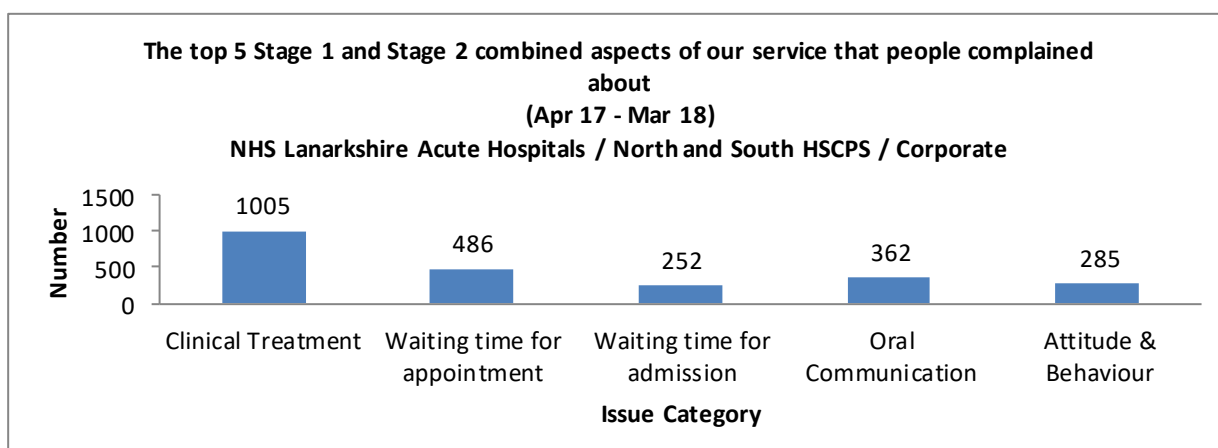
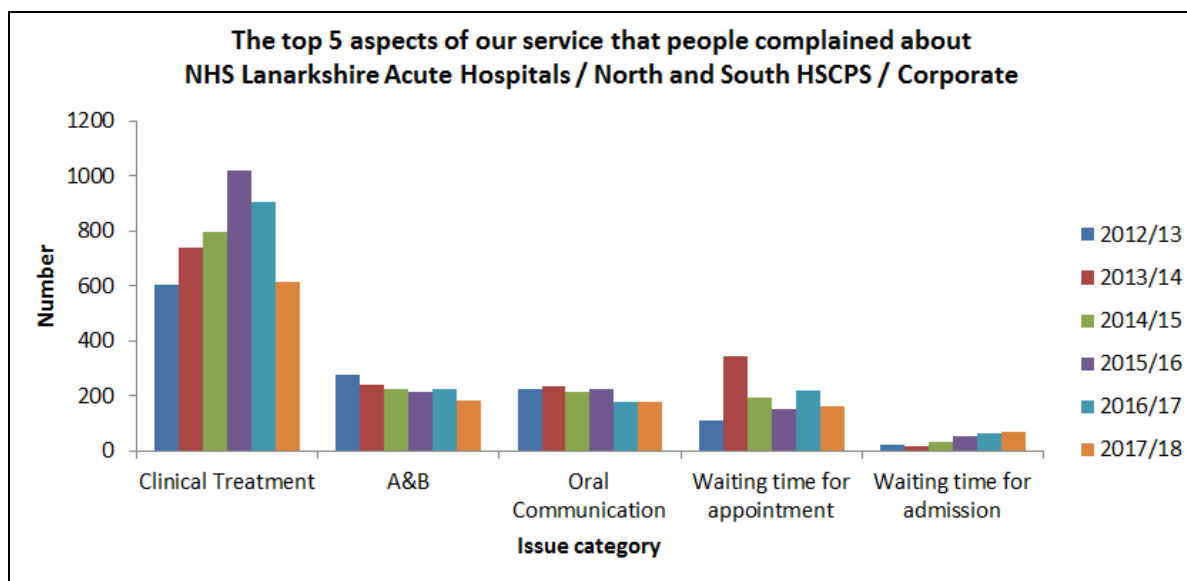
We record up to three issues raised in each complaint. At Stage 1, the top aspect of our services that people complained about related to clinical treatment (393).



At Stage 2, Investigation, the top aspect also related to clinical treatment (612):

- Clinical treatment (612 times)
- Staff attitude and behaviour (180 times)
- Oral communication (178 times)
- Waiting time for appointment (160 times)
- Waiting time for admission (67 times)

The graph below shows how complaint investigations have changed over the past six years:



Please see Section 5 for some examples of improvements made to services as a result of feedback and complaints.

Indicator Two: Complaint Process Experience

Benchmarking of what other boards have implemented has been completed, enabling us to capture learning e.g. improve response rates. The newly appointed Complaints Manager will pilot an experience survey during July 2018. Results of this survey will be used to further improve our processes for handling complaints.

Indicator Three: Staff Awareness and Training

Our 'Your voice, valuing feedback' programme has continued to support staff to enhance their skills in responding to feedback. During the year **393** members of staff either completed an e-learning programme and **255** 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.

Monklands and Wishaw University Hospitals commissioned Terema, a leading provider, to deliver **Human Factors** training on their sites during 2017/18.

- Monklands University Hospital delivered 2 x one day sessions to **38** members of staff (including Senior Clinicians, Senior Managers, Senior Nurses, AHP's and Nursing Staff) in December 2017 and January 2018.
- **105** staff members at Wishaw University Hospital received Human Factors training delivered by Terema during 2017/18 including the Chief Nurse and Chief Doctor, Senior Clinicians, Senior Managers, Senior Nurses, AHP's and Nursing Staff.
- An additional **29** people have been trained in Human Factors over 2 cohorts of the LQA Team Skills programme during 2017/18.

1421 members of staff completed the NES: Duty of Candour LearnPro module during 2017/18.

Seven members of staff attended the IHI Virtual Expedition: Root Cause Analyses and Actions Course WebEx sessions which ran from January – April 2018.

261 staff members completed the LearnPro module "How to record an adverse event", and **504** staff members completed the LearnPro module "How to verify an adverse event".

Complaints staff are also regularly invited to attend staff induction programmes, including nursing and medical staff.

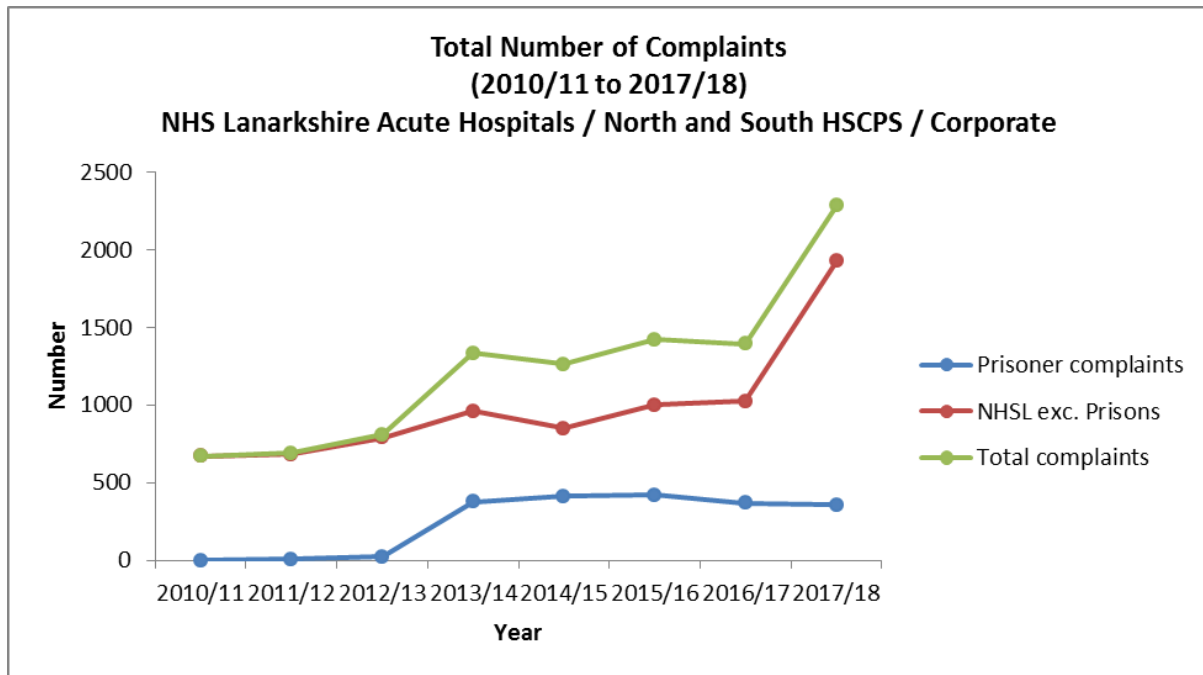
Work is progressing on further GP complaint training/information sessions.

Indicator Four: The total number of complaints received

2283 complaints were received between April 2017 and March 2018 for NHS Lanarkshire (of which 356 were about prisoner healthcare):

Stage	Number	%
Stage One	1316	58
Stage Two	967	42
Total	2283	100

The chart below shows the pattern over the last eight years:



Indicator Five: Complaints closed at each stage

82 (6.2%) complaints were escalated from Stage 1 to Stage 2.

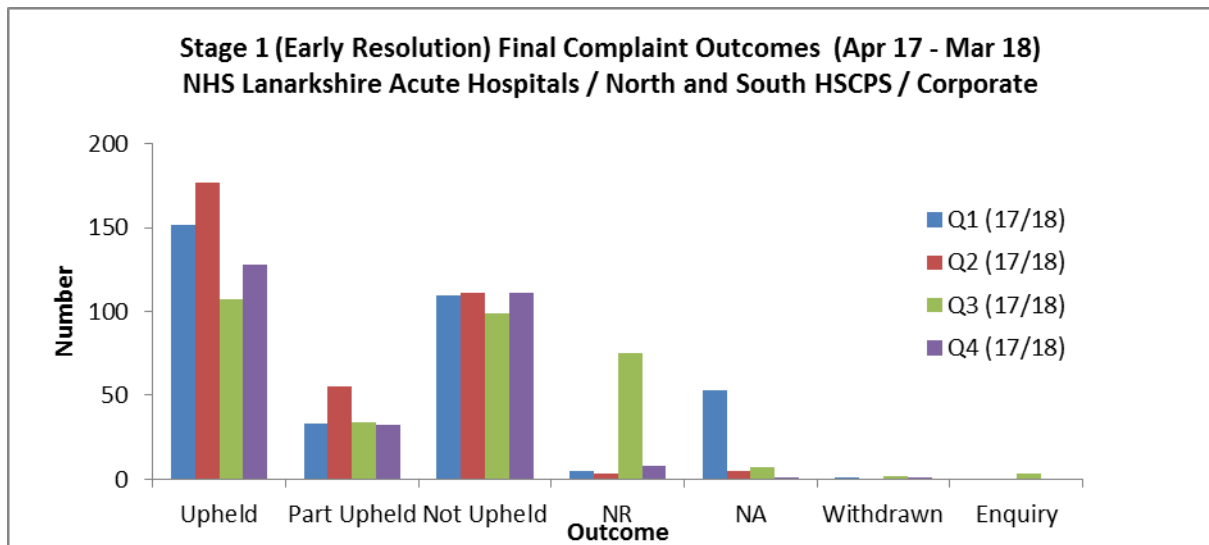
At the point of preparing this data:

- **98.9%** of stage one 2017-18 complaints were closed
- **99.5%** of stage two 2017-18 complaints were closed

Indicator Six: Complaints upheld, partially upheld and not upheld

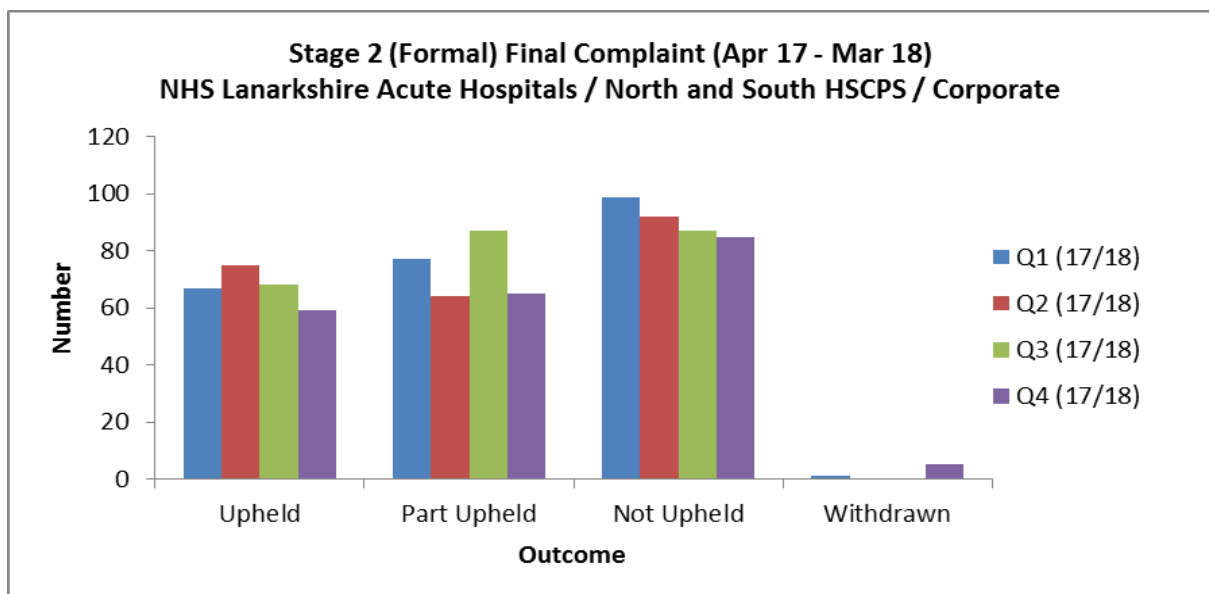
Stage One:

- **43%** of complaints were **upheld** at stage one
- **33%** of complaints were **not upheld** at stage one
- **12%** of complaints were **partially upheld** at stage one
- 12% of complaints were either enquiries, not recorded, not applicable, consent was never received or were withdrawn



Stage Two:

- **28%** of complaints were **upheld** at stage two
- **38%** of complaints were **not upheld** at stage two
- **30%** of complaints were **partially upheld** at stage two
- **4%** of complaints were **withdrawn** at stage two



Indicator Seven: Average times

This indicator represents the average time in working days to close complaints at stage one and complaints stage two of the model CHP.

- the average time in working days to respond to complaints at stage one was **1 day**
- the average time in working days to respond to complaints at stage two was **17 days**

Indicator Eight: Complaints closed in full within the timescales

The model CHP requires complaints to be closed within 5 working days at stage one and 20 working days at stage two.

- **98%** of the total complaints we received (stage one and stage two) were **acknowledged** within the national target of **3 working days**.
- **98%** of stage one complaints were **closed** within **5 working days**.
- **90%** of stage two complaints were **closed** within **20 working days**. This compares with the latest national figure of **72%** for 2016/17.

Indicator Nine: Number of cases where an extension is authorised

The model CHP requires an extension to the timescales to be authorised in certain circumstances.

- **2** cases of Stage one complaints had an extension agreed to the 5 day response.
- **11** cases of Stage two complaints had an extension agreed to the 20 day response.

3.2 Scottish Public Services Ombudsman Complaints

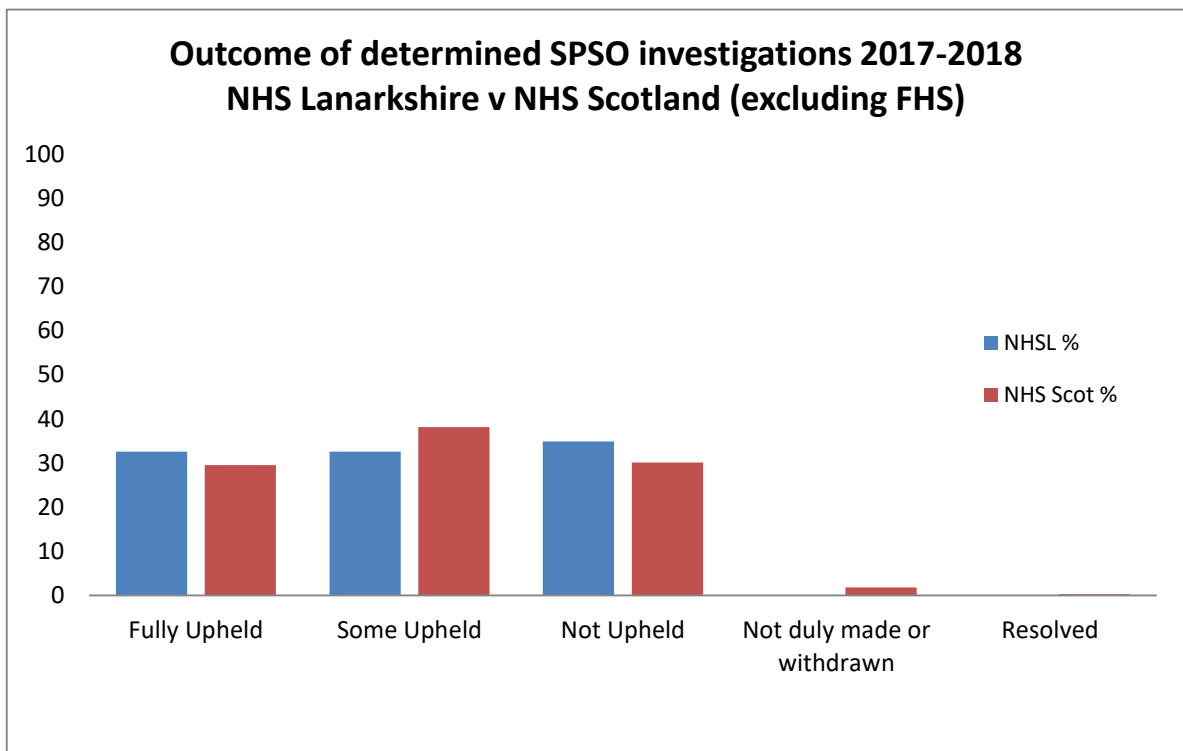
Complainants who remain unhappy with the response they receive from NHS Lanarkshire (NHSL) can ask the SPSO to review their complaint.

Between April 2017 – March 2018, the SPSO determined 43 NHS Lanarkshire cases at their investigation stage:

SPSO Outcome	Number	%
Fully upheld	14	32.5
Some upheld	14	32.5
Not upheld	15	35
Total NHSL	43	100

NHS Lanarkshire (excluding FHS), represented 13% of all NHS Scotland investigations determined by the SPSO during 2017-2018.

	NHSL	NHSL %	NHS Scotland	NHS Scotland %
Fully Upheld	14	32.56	96	29.54
Some Upheld	14	32.56	124	38.15
Not Upheld	15	34.88	98	30.15
Not duly made or withdrawn	0	-	6	1.85
Resolved	0	-	1	0.31
Total	43	100%	325	100%



3.4 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 2017 and March 2018:

	General Practitioners	General Dental Practitioners	Pharmacies	Opticians
Number of complaints received	965	124	250	48
Number of complaints where alternative dispute resolution was used	23	2	0	0
Number of complaints replied to within 20 working days	259	26	55	4

- The key **themes** identified by FHS contractors were: Access to Services, Clinical Diagnosis and Staff Attitude and Behaviour (GPs); Clinical

Diagnosis, Quality of Advice and Communication (GDPs); accuracy of dispensing (Pharmacy); Quality and Staff attitude and behaviour (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.

- 8 decision letters pertaining to FHS contractors were shared with NHS Lanarkshire in accordance with procedure.

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 2017/2018. 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 has been 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.

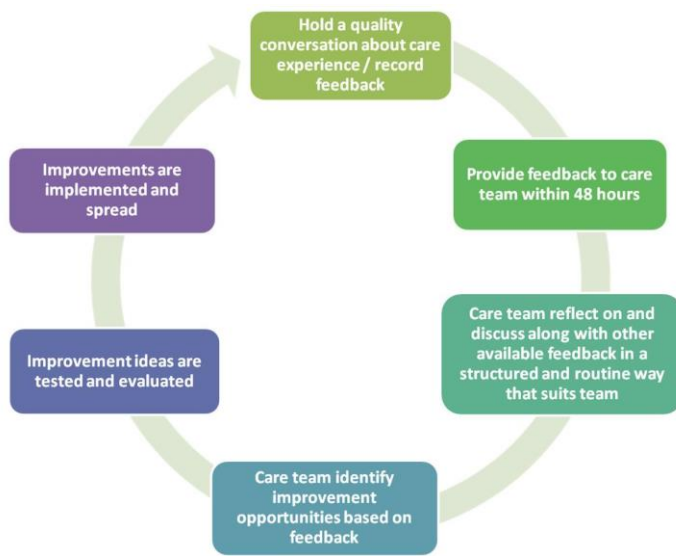


Figure 1: Real-Time model
Used to gather and listen to real-time feedback (gathered during an episode of care)

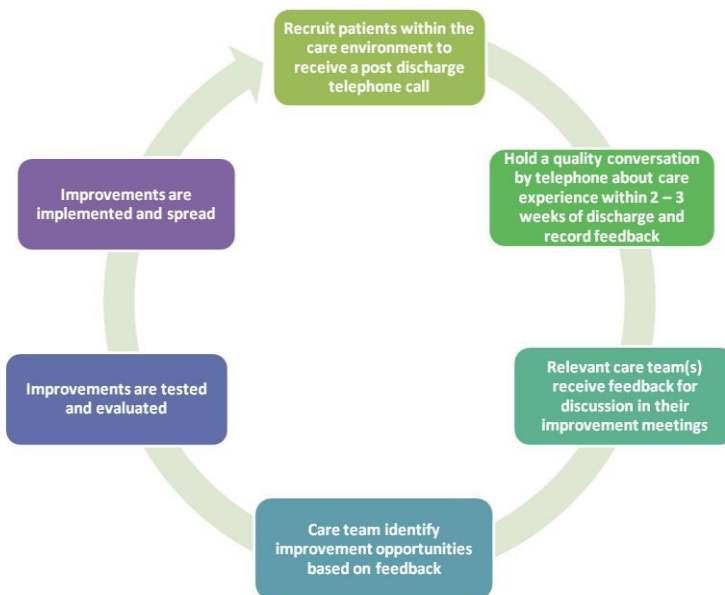
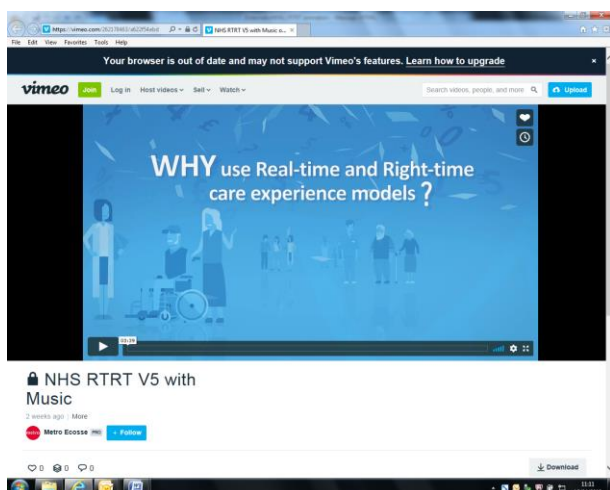


Figure 2: Right-Time model
Used to gather and listen to “right-time” feedback (gathered after an episode of care is complete)

Healthcare Improvement Scotland will be issuing an evaluation of the project in the coming months but NHS Lanarkshire is progressing to full implementation of the “real-time” model of gathering and reflection on patient experience feedback. Training sessions have been delivered throughout NHS Lanarkshire to support this approach.



This animation is part of the evaluation
<https://vimeo.com/262178463/a622f54ebd>

4.5 Other person-centred initiatives have been presented or highlighted throughout the year and during NHS Lanarkshire Quality Week which was held in November 2018, including:

- Person-centred visiting
- Ending pyjama paralysis
- Nurse led clinical bedside handover

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
"I understand the need for these posters but could I suggest a more polite tone"	Removed and revised the wording of posters in Sexual Health Clinic
Seating too low and without arms in orthopaedic waiting area	Seating reviewed and additional seating provided
Outpatient area is cramped, not enough seating and poorly planned and laid out	Environmental review and plan to reconfigure the department by moving the reception area
I don't always know the results of my blood tests (inpatient)	Introduced a communication booklet that staff complete and give to the patient

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:

- Cases discussed at departmental / Morbidity and Mortality meetings to ensure learning from complaints
- Operational Service Manager delivered customer service sessions with staff
- Improved communication with relatives on discharge planning
- Implemented a self-assessment tool kit with regards to triangle of care

- Reviewed & refreshed communication (written) pathways to external services
- Discussion at medical division governance meeting to emphasise the complications of blood thinners and dual anti-platelet agents
- Feedback to staff about how staff attitudes can negatively impact women and their decision to breastfeed
- Improved administrative process for appointment letters for people attending for colon investigations
- Reinforced pathway for cardiology presentations and investigation reporting with medical staff
- Awareness sessions for nursing staff to improve communication with patients and families at end of life

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 GDP Practice reviewed better ways to obtain consent from minors
- A GDP Practice reviewed the communication policy/process in light of extreme weather. Staff were reiterated use of the correct etiquette and attitude for staff to deal with initial complaint as local resolution
- A GP Practice is designing a new system being trialled to alert patients when Drs are running late
- GP Practice has updated their website to clarify the process and timescales for re-ordering prescriptions
- A Pharmacy added caution alerts and labels to patient’s files re delivery of prescriptions to avoid delivery to similar addresses. Quality checks now in place to review prior to delivery
- A Pharmacy noted that they briefed staff to use the consultation room when discussing sensitive matters, rather than in shop front

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 Care Opinion.

6.2 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.

6.3 We worked with the PPFs to develop our **Annual Report** on Feedback, Comments, Concerns and Complaints for 2016/17. The report was published in June 2017 and was considered by the Healthcare Quality Assurance & Improvement Committee of the Board at its June 2017 meeting.

We shared our **mid-year report** with the NHS Lanarkshire Public Reference Forum and invited them to review a draft of this annual report prior to consideration by the Healthcare Quality Assurance & Improvement Committee in March 2018.

6.4 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 confirmed that we had **achieved** these levels. The recommendations and subsequent actions from the 2016/2017 report are detailed below:

No	Recommendation	Action
1	We note the continued approach taken by the board in structuring its Annual Report in accordance with the recommendations from the Scottish Health Council's Listening and Learning Report, published in April 2014. This approach should be maintained.	Maintain current reporting format.
2	We would suggest that the findings from the Right and Real Time models be shared with public groups and that improvements from this evaluation be shared with the public.	Over arching report and exemplar film of nurse led clinical handover being produced by Healthcare Improvement Scotland. Will be shared with NHS Lanarkshire Public Reference Forum and North Lanarkshire Patient Focus Public Involvement Group and South Lanarkshire Health & Social Care Forum.

No	Recommendation	Action
3	We note that NHS Lanarkshire Adult Learning Disabilities Service has worked with Lanarkshire ACE (local group for people with learning disabilities) to develop 'easy read' feedback resources and we would suggest that the impact of this be evaluated with the public.	Contact "Speak Out Advocacy" and "People First Advocacy" to get some direct feedback from service users and carers accessing / using resources.
4	With the introduction of the new model complaints handling process in April 2017, NHS boards should ensure that the process and structure it has introduced is fully meeting all the requirements and that this can be demonstrated to NHS board members so that they are assured of compliance.	All complaints handling processes and guidance have been updated in accordance with the new model complaints handling process. Compliance with the new process is continuously monitored and reported to the Healthcare Quality Assurance and Improvement Committee (which is a sub-committee of the Board) through mid-year and annual reports.

6.6 Our framework on how we governed feedback and complaints during 2017/18 is shown in the diagram below:

