






Annual Report on

# Feedback, Comments, Concerns and Complaints

June 2019

## 2018/2019 at a glance

	<p>Care Opinion – We have increased the number of staff responding during the year from 194 to 215.</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"><li>❖ Feedback and experience programmes</li><li>❖ Realistic Medicine</li><li>❖ NHS Lanarkshire Quality Approach</li><li>❖ Written Information Leaflets Policy</li><li>❖ Infection Prevention &amp; Control Annual Communications Plan</li><li>❖ Way finding public survey</li></ul>
	<p>Facebook and Twitter – social media is managed by our communications team to provide information and signpost people</p>
<p><b>2306</b> complaints</p>	<p>We received 2306 complaints during the year of which 294 related to prisoner healthcare.</p>
<p><b>98</b></p>	<p>98% of complaints were acknowledged within the national target of three working days.</p>
<p><b>99</b></p>	<p>The Scottish Public Service Ombudsman contacted Lanarkshire about 99 complaints.</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.

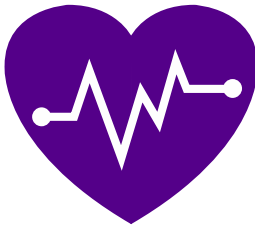


Over the last year we have published regular blogs via Care Opinion detailing service improvements or changes as a result of feedback through other mechanisms.



### **e-learning**

3372 staff completed Duty of Candour training.  
498 staff completed How to Verify an Adverse Event  
326 staff completed How to Record an Adverse Event



Feedback – We received over 1203 unsolicited feedback cards of which 1033 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 2018 and March 2019 and some of the improvements we have made as a result.

## 2. Encouraging and gathering feedback

2.1. We have continued to review the mechanisms available to people and promote them to the people accessing our services through posters, leaflets and letters.

**Outpatient Information Sheet**

**BEFORE YOUR APPOINTMENT**  
We may check your hospital or GP summary records before your appointment. This is to make sure we have your latest up-to-date clinical information.

**YOU CAN HELP BY**

- ◆ Attending your agreed appointment. If you can't attend, or, if you are going to be unavailable for a period of time, you should contact us as detailed in your appointment letter.
- ◆ Following any instructions to prepare for your appointment as detailed in your letter.
- ◆ Please bring the card or letter with you.

**YOUR APPOINTMENT**  
Please try and arrive at the Department 5 - 10 minutes before your appointment so that you can book in. If you need to have tests such as an x-ray, you may need to go to other departments before or after seeing the doctor. If this is the case, your clinic visit may take one to two hours.

**FACILITIES**  
Toilet facilities, including wheelchair access are available within the Outpatient Departments, as are baby changing facilities and breastfeeding facilities.

**SPECIAL ARRANGEMENTS**  
Please contact the Outpatient Department as soon as possible if you need us to arrange support for your appointment. This might be:

- ◆ A language interpreter, or someone to sign if you are deaf.
- ◆ Assistance if you are visually impaired.
- ◆ Lifting equipment if you have difficulty standing, or transferring from a wheelchair.
- ◆ Guide and hearing dogs are permitted within the Outpatient Department.

**TRAVEL INFORMATION**  
Full details of public transport services can be obtained from Traveline on 0871 200 22 33 or [www.travelinescotland.com](http://www.travelinescotland.com). Disabled parking facilities are available at all NHS Lanarkshire Acute Hospitals.

**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.careopinion.org.uk](http://www.careopinion.org.uk) or call Tel No: **0800 122 31 35**

**Care Opinion**  
What's your story?

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. We have included this in our Outpatient Information Sheet provided to all new appointments during the reporting period

2.2 A new addition to existing mechanisms has been introduced. The NHS Lanarkshire Bereavement Group developed a short survey to enable bereaved families to provide feedback around communication and support they received around time of death and after by healthcare staff. This is included in all bereavement packs.

2.3 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), has continued to be 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.

Public volunteers have undertaken the role of face-to-face interviewers in an attempt to reduce gratitudinal bias at point of care.

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. This approach is currently under review and we are testing an alternative model using the Care Opinion platform.

Staff training through e-modules and face-to-face training has continued to raise 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 in the "Feedback" section on the re-launched NHS Lanarkshire website [www.nhslanarkshire.scot.nhs.uk](http://www.nhslanarkshire.scot.nhs.uk)



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**.

We have welcome and departure boards displayed throughout NHS Lanarkshire premises outlining the different ways 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.

**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> - 15.4k followers

<https://www.facebook.com/nhslanarkshire> 11,638 friends

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

Our **public partners** have continued to work with us 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.

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 2018 / 2019 the Forum has considered:

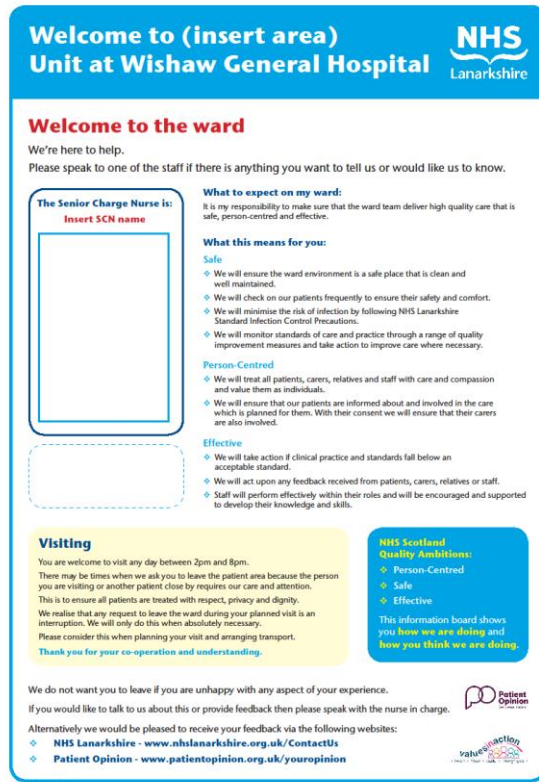
Topic	
Surgical Services Review	Questionnaire developed to gather experiences of people accessing services
Person-Centred Visiting	Development of NHS Lanarkshire Inpatient Visiting Policy
Monklands Replacement or Refurbishment Project	Feedback considered during the consultation and included in reporting
Anticipatory Care Planning	Additional presentations for awareness raising with constituent groups such as DeafServices Lanarkshire and Lanarkshire Ethnic Minorities Action Group
Annual infection prevention & control communication plan	Informed approaches to be taken and additional avenues to cascade key messages
Staff Awards	A member was co-opted onto the judging panel

Additionally information was shared on:

- The British Sign Language (Scotland) Act 2015
- The Carers (Scotland) Act 2016
- NHS Lanarkshire Equality Strategy

Our Care Accreditation Standards System details the requirements to ensure the public are able to provide feedback about care and services in the person-centred Standard No 9:

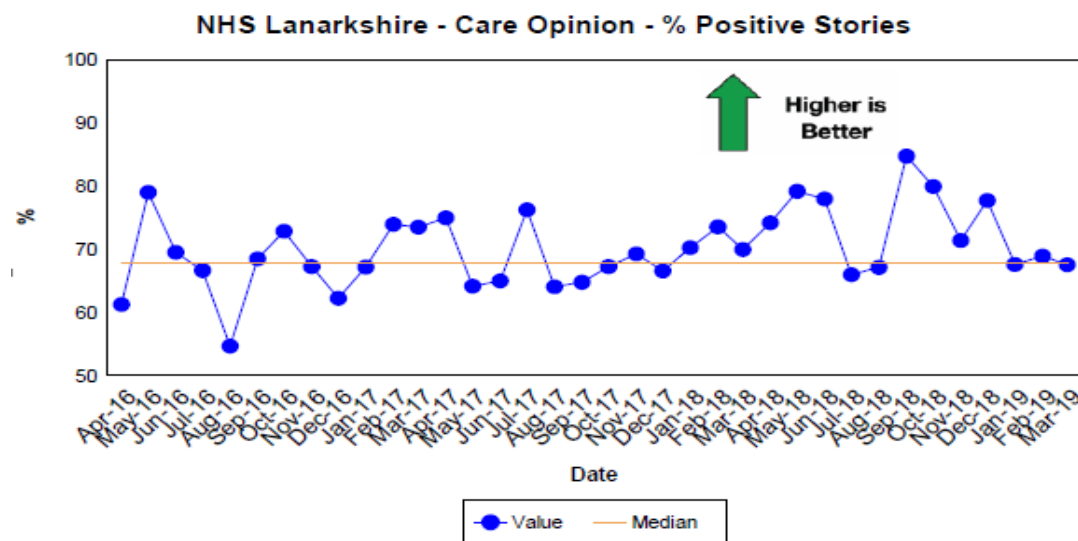
<b>9.4</b>	<b>Element: Contributing to the organisations objectives</b>
9.4.1	There is a patient feedback board visible for staff and relatives within the area that is clearly being used
9.4.2	Regular updates are displayed on a board visible for staff and relatives, detailing feedback received and actions 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 meeting is presented with a digital story outlining actions and outcomes.

We know that it is important to the public that staff close to, or with responsibility for the delivery of care and services are listening to feedback, are able to congratulate staff on their professionalism and have **the ability and authority to identify and drive change and improvement**. We now have more than 215 staff registered on Care Opinion.





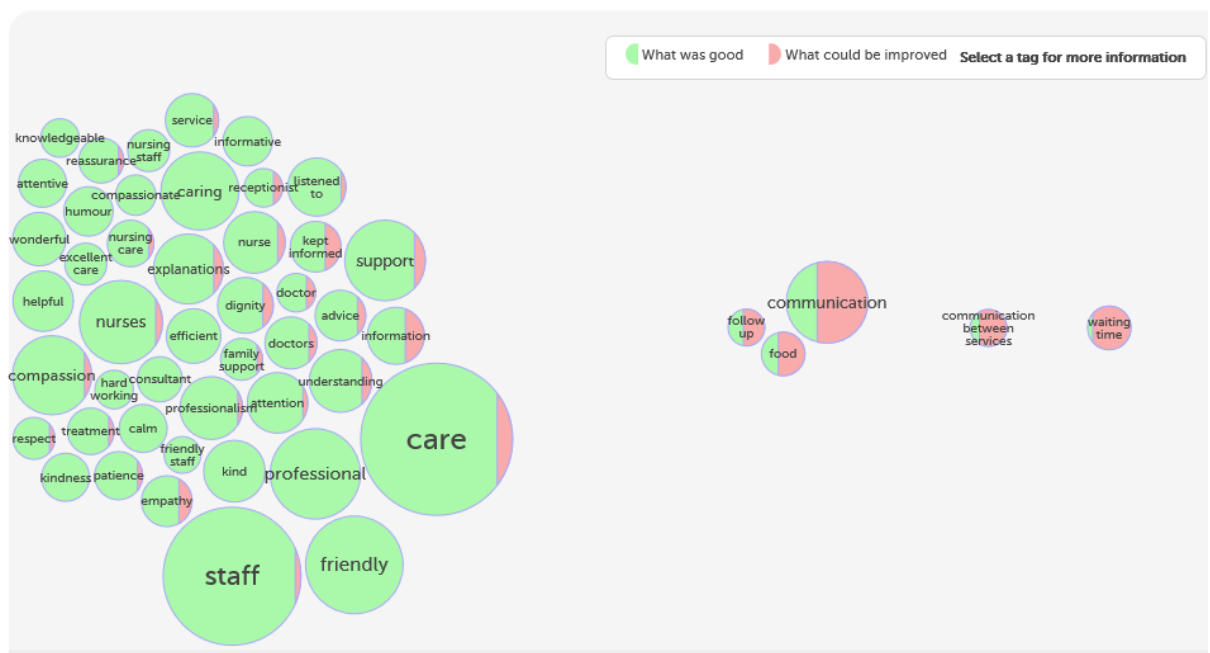
All 669 stories received were shared with the staff involved in order to celebrate success and identify opportunities for **learning and improvement**. The responses that we posted on the Care Opinion website identified any changes or improvements as a direct result of the feedback received.

We have continued to publish **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 continue to work with Care Opinion on how the system can best serve the public and support staff to provide and receive feedback.

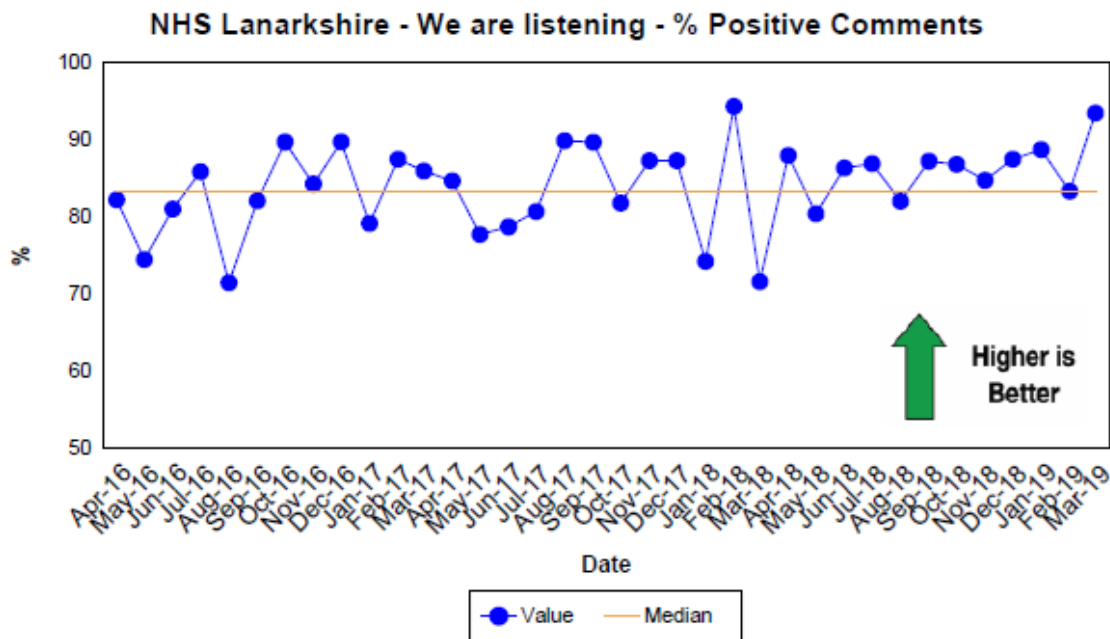
This visualisation shows what people were providing feedback about through Care Opinion:

**About:** Interactive tag bubbles about All stories about NHS Lanarkshire submitted between 01/04/2018 and 31/03/2019



Feedback on people’s experiences was recorded on our electronic database (LanQIP) or in **DATIX** (where we record feedback, incidents and complaints). The chart below illustrates the positive feedback received through our unsolicited feedback mechanism “We are listening”. We received a total of 1203 unsolicited **We are listening cards** between April 2018 and March 2019; of which 1033 were positive and 170 provided opportunities for learning and improvement.

The run chart below illustrates the positive feedback received through our **We are listening cards** between **April 2018 and March 2019**:



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.

### 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.

In line with Scottish Government guidance, a summary of national indicators has been appended to this report.

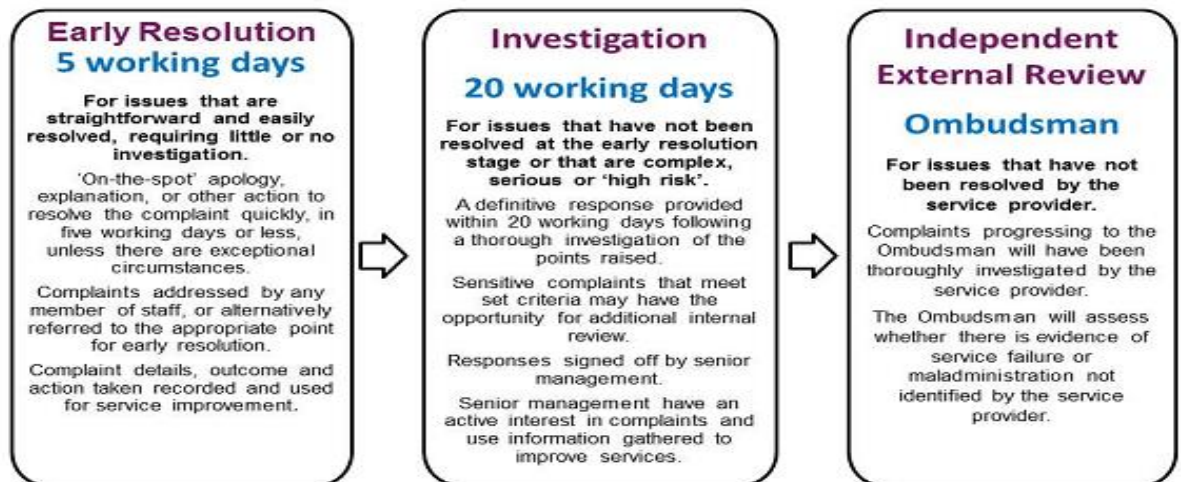
#### Complaint Handling Procedure

The Complaints Handling Procedure for NHS Scotland changed from 1 April 2017. The procedure aims to provide a quick, simple and streamlined process.

The procedure provides two opportunities to resolve complaints internally:

1. Early Resolution (Stage 1)
2. Investigation (Stage 2) – For issues that have been unresolved at Stage 1, or that are complex, serious or high risk.

## The NHS Model Complaints Handling Procedure



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

### Development of complaint handling in NHS Lanarkshire

NHS Lanarkshire appointed a new Complaints Manager at the end of April 2018. He has completed an assessment of NHS Lanarkshire's complaint handling, primarily adopting the Scottish Public Service Ombudsman's Improvement Framework.

This review identified actions for the Board/areas for improvement. Following executive review and a pan-Lanarkshire staff improvement/strategic planning event to discuss improvements in May 2019, a Complaint Development Plan is being developed to prioritise these actions.

This work is timely, following the recommendations from the publication of the Scottish Government report *The New Model NHS Complaints Handling Procedure – Review of First Year*.

Through implementing their own internal report recommendations in parallel with considerations from the recent government report, NHS Lanarkshire remain committed to achieving the key aims of the introduction of the CHP, reaffirmed in the recent report:

- i. To take a consistently person-centred approach to complaints handling across NHS Scotland
- ii. To implement a standard process
- iii. To ensure that NHS staff and people using NHS services have confidence in complaint handling
- iv. Encourage NHS organisations to learn from complaints in order to continuously improve services

## **Complaints Performance Indicators**

The 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.

**A national reporting template is appended to this report.**

### **Indicator One: Learning from complaints**

NHS Lanarkshire are committed to learning from complaints, and recognise this as a key driver and principle of the Complaint Handling Procedure. We are continuing to progress developments in this area, including making system changes, to make reporting and thematic analysis and learning from complaints easier. We are also progressing with the development of response templates, which clearly communicates the learning and supporting actions to the complainant.

Complaints staff are currently completing an internal Quality Improvement programme, aEquip, working on a project *'To ensure that 75% of upheld/partially upheld Stage 2 complaints have a quality improvement plan (with clear actions and completion dates) by August 2019'*.

Examples of actions/improvements taken in response to complaints during the period, include:

- On multiple occasions, staff have used feedback to facilitate reflection and learning, and for discussion at educational meetings;
- Copy of BSL guidance now displayed in the ED;
- Reminder issued about the need for clear communication when speaking to families;
- Work being undertaken regarding falls risk assessment and Care Plans;
- Discharge planning exercise, so the team can reflect on their practice and learn from complainant's experiences;
- Recommendations made in relation to signposting families for additional support and development of guidance for patients who require long term catheter care;
- Nursing staff have been reminded during their daily safety briefs of the importance of timely insulin management and diabetic patients are also highlighted to nursing staff on duty;
- Office Manager reminded staff of the importance of ensuring all appointments are booked appropriately;

- Changes made to the system for uplifting laboratory samples. The Breast Care Team have changed their pathway to ensure patients and staff are clear on process for specific testing

### **Indicator Two: Complaint Process Experience**

We have been working with Information Governance colleagues to develop a methodology for collecting the complaints experience data electronically, that complies with data protection regulations and consent requirements.

We are keen to support the recommendations from the Scottish Government Report *The New Model NHS Complaints Handling Procedure – Review of First Year* (March 2019), which included:

- i. A national approach to address concerns and challenges around this indicator and identify solutions
- ii. Involvement of the Scottish Health Council to identify a national approach
- iii. Guidance from the Information Commissioner

### **Indicator Three: Staff Awareness and Training**

With an emphasis on Early Resolution, staff were provided with continued guidance, training and support during 2018/19.

We have also continued to deliver awareness training on how to respond to feedback and complaints at medical and nursing staff induction programmes.

Complaints staff are also regularly invited to attend staff meetings etc.

Staff within Primary Care have attended training sessions delivered by the Scottish Public Services Ombudsman (SPSO), including:

- 40 GP staff, primarily Practice Managers, attended a complaint handling event
- 60 staff have attended SPSO Effective Investigation training
- 15 staff have attended Early Resolution training

The e-learning module on complaints handling and feedback is also available to staff.

3372 staff completed Duty of Candour training.

498 staff completed How to Verify an Adverse Event. 326 staff completed How to Record an Adverse Event

One member of staff has successfully completed the accredited Queen Margaret University Public Services Complaint Management Award, with a further 12 staff due to attend in June 2019.

Two members of staff have successfully completed a course on Foundations in Care Experience, delivered by the Point of Care Foundation. The objectives being to:

- i. understand the requirements for improving care experience and being able to work strategically as leaders in their field
- ii. strengthen knowledge of research evidence, its relevance to care experience, and to other care and organisational outcomes
- iii. understand the historical and policy context for care experience and efforts to improve it in the UK and internationally
- iv. strengthen personal impact and effectiveness, confidence in role, skills in sense-making, influencing and collaborative working, and
- v. increase confidence in understanding, analysis and use of different types care experience data.

As indicated above, 6 complaints staff are completing an internal Quality Improvement programme, focusing on ensuring an Improvement Plan is in place for any upheld or partially upheld Stage 2 complaints.

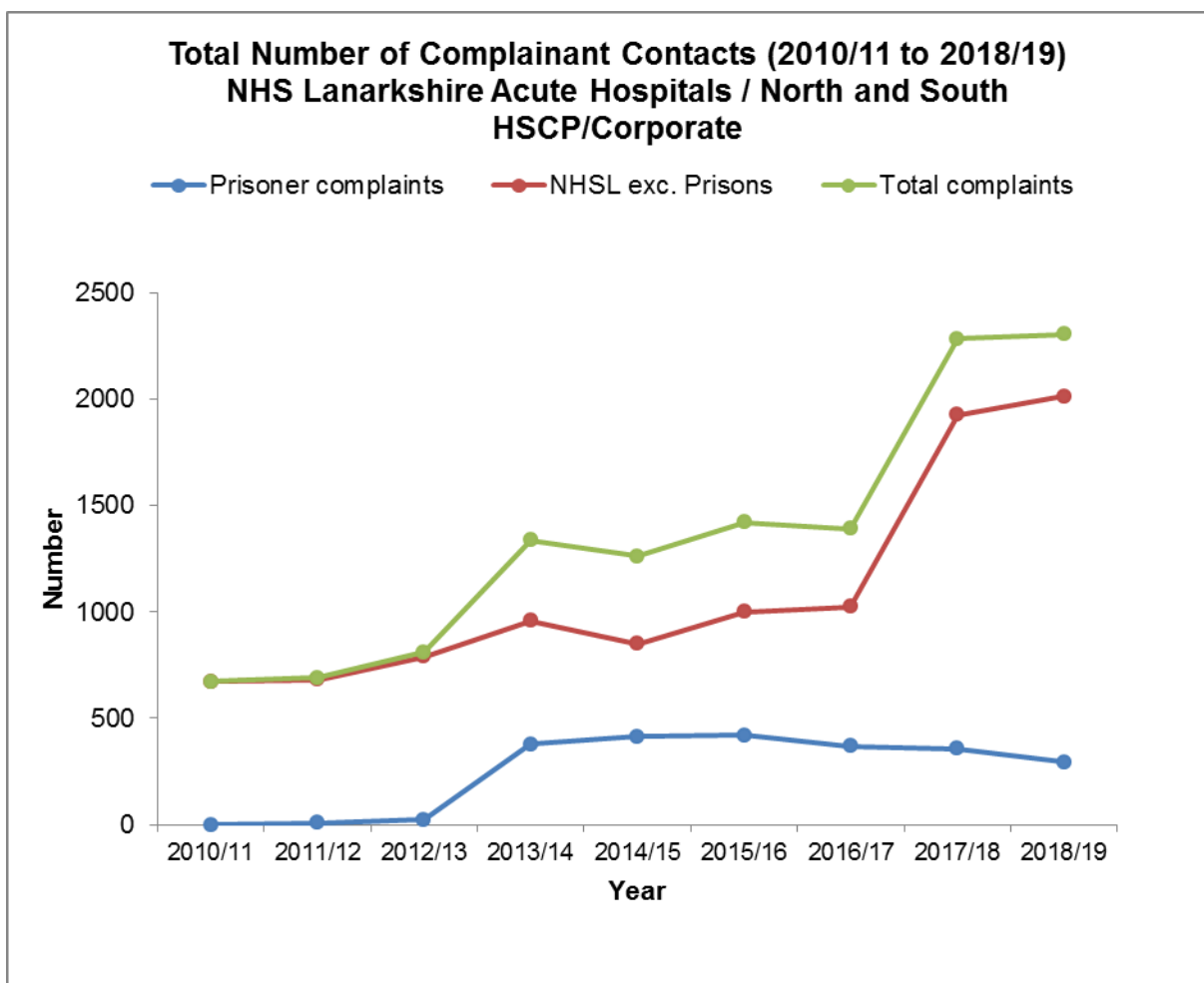
#### **Indicator Four: The total number of complaints received**

From 1 April 2018 – 31 March 2019, there were 3736 complaints (inclusive of FHS contractors). This figure is the total number of complainant contacts made to the Board and comprises of:

**2306** complaints to NHS Lanarkshire, of which **294** complaints were from prisoners at HMP Shotts.

**1430** Primary Care Contractor/FHS contractor complaints including GP, Dental, Pharmacy and Ophthalmology complaints.

Complainant contacts to Board over the last 9 years (excluding FHS) is highlighted in the figure below:



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

In keeping with national reporting requirements, eligible complaints for reporting include closed complaints where consent has been received.

Primary Care Contractor complaints, complaints where consent is not received or complaints that are later withdrawn are excluded from this measure.

Of the 2306 total complainant contacts, 2219 eligible complaints were received by NHS Lanarkshire.

<b>Stage</b>	<b>Number</b>	<b>%</b>
Stage 1	1253	58
Stage 2	966	42
<b>Total</b>	<b>2219</b>	<b>100</b>

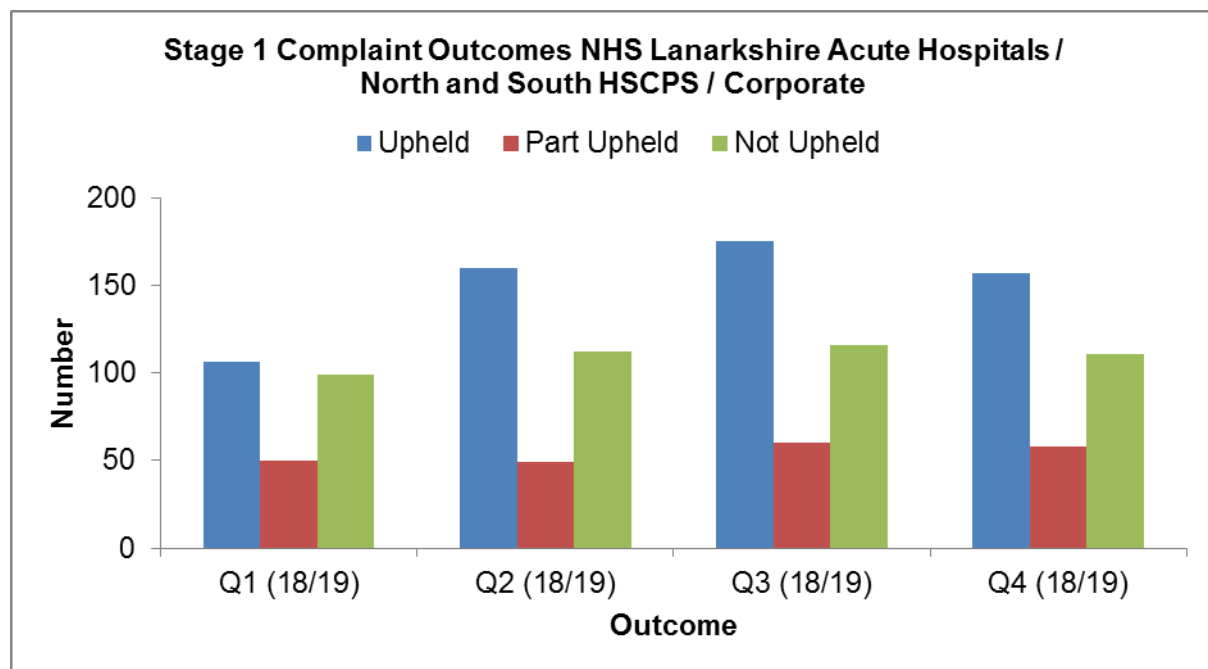
The table highlights that 1253 (58%) complaints were closed at Stage 1, with 966 (42%) closed at Stage 2.

Of the 966 closed stage 2 complaints, 58 (6% of all closed Stage 2) complaints were escalated from Stage 1.

### **Indicator Six: Complaints upheld, partially upheld and not upheld**

#### **Stage One:**

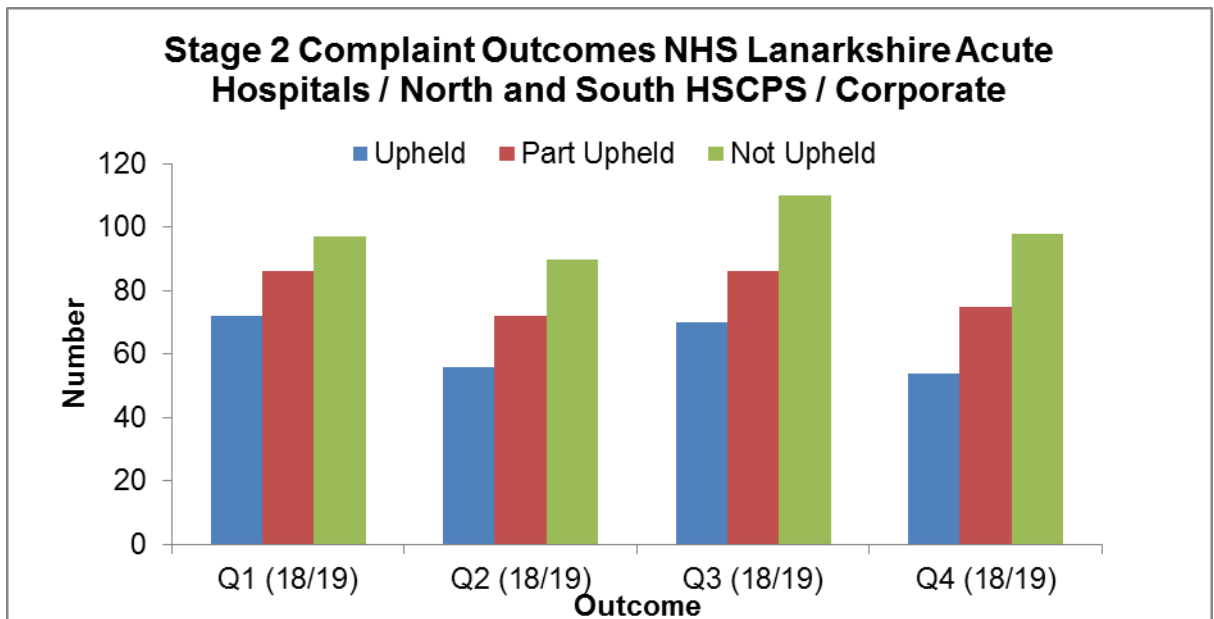
- **48%** of complaints were **upheld** at stage one
- **35%** of complaints were **not upheld** at stage one
- **17%** of complaints were **partially upheld** at stage one



#### **Stage Two:**

- **26%** of complaints were **upheld** at stage two
- **41%** of complaints were **not upheld** at stage two
- **33%** of complaints were **partially upheld** at stage two





### **Indicator Seven: Average times**

This indicator represents the average time in working days to close complaints at Stage 1 and complaints at Stage 2 of the model CHP.

- The average time in working days to respond to complaints at Stage 1 was **3 working days**
- The average time in working days to respond to complaints at Stage 2 was **19 working days**

### **Indicator Eight: Complaints closed in full within the timescales**

The model CHP notes that Stage 1 complaints should usually be dealt within 5 working days. Stage 2 complaints within 20 days, but as the SPSO Statement of Complaint Handling Principles state, 'thoroughness of investigation should not be compromised by attempts to meet timescales and flexibility must be afforded for particularly complex cases'.

Stage 2 complaints should be acknowledged within 3 working days.  
Of the 2219 complaints closed:

**95%** (1194/1253) of stage 1 complaints were closed within 5 working days.

**98%** (946/966) of all stage 2 complaints were acknowledged within 3 working days.

**87%** (838/966) of stage 2 complaints were closed within 20 working days, of which

- **86%** of non-escalated complaints were closed within 20 working days
- **95%** on escalated complaints were closed within 20 working days

This compares with the latest national figure of 53% for non-escalated complaints and 56% for escalated complaints in 2017/18.

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

The model CHP recognises that in cases where timescales cannot be met for good reason, an extension to the timescales can be authorised, and the complainant must be kept informed of those reasons.

**41%** (25/61) of stage 1 complaints closed after 5 working days had an extension authorised

**30%** (39/132) of stage 2 complaints closed after 20 working days had an extension authorised

**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 2018 and March 2019:

	<b>GP</b>	<b>Dental</b>	<b>Pharmacy</b>	<b>Ophthalmology</b>
<b>Number of complaints received</b>	905	85	377	63

**Scottish Public Services Ombudsman (SPSO)**

Complainants have the right to appeal directly to the Scottish Public Services Ombudsman should they remain dissatisfied after local conclusion of the complaint. A breakdown of SPSO activities are detailed below.

99 NHS Lanarkshire complaints were dealt with by the SPSO in 2018-2019, 32 at SPSO advice stage, 27 at Early Resolution and 40 at Investigation stage.

Of those at investigation stage, 11 (27.5%) were fully upheld and 10 (25%) were partially upheld.

	<b>Number</b>	<b>%</b>
Fully upheld	11	27.5
Partially upheld	10	25
Not upheld	16	40
Withdrawn	2	5
Resolved	1	2.5
<b>Total</b>	<b>40</b>	<b>100%</b>

#### **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 2018/2019. It also describes what we did to support staff to encourage and welcome feedback in all its forms.

4.2 The NHS Lanarkshire Quality Strategy and underpinning Implementation Plans aim to ensure 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 collaboratively with Healthcare Improvement Scotland 2016-2018; the learning from this project has been shared at a number of national learning events in Glasgow and Perth during the reporting period and at the Institute of Healthcare Improvement international conference in March 2019.

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

- Think activity
- 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**:

<b>Patients and the public said....</b>	<b>What we have done</b>
Cash office is inaccessible to disabled people; on second floor and heavy fire door	Stepped approach; initially a bell fitted to existing location before being transferred from the 2 <sup>nd</sup> floor to the ground floor
They'd prefer brown bread sandwiches when attending for chemotherapy	Brown bread provided
Long wait for children to access Speech & Language Services	Introduced information / advice packs for parents whilst waiting for appointments
Conflicting messages from the media and information literature provided by dietetic services	Reviewed and updated information leaflet
No soap available in health centre for hand washing as often taken by people using the facilities	Fitted a soap dispenser
Hydrotherapy pool showers could be cleaner	Implemented a new cleaning schedule

5.3 We displayed improvements on our “We are listening to you” posters and “Quality Boards” in acute hospital wards to let patients, relatives, carers and visitors know that we have **taken account** of what we have done in response.

## 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 2017/18. The report was published in June 2018 and was considered by the Healthcare Quality Assurance & Improvement Committee of the Board at its June 2018 meeting.
  
- 6.4 We continue to produce our Annual report in the format endorsed by the Scottish Health Council at the last Participation Standard review.

## NHS Lanarkshire

### Annual Report on Feedback and Complaints Performance Indicator Data collection 2018/19

#### Performance Indicator Four:

#### 4. Summary of total number of complaints received in the reporting year

<b>4a.</b> Number of complaints received by the NHS Territorial Board or NHS Special Board Complaints and Feedback Team	<b>2306</b>
<b>4b.</b> Number of complaints received by NHS Primary Care Service Contractors ( <i>Territorial Boards only</i> )	<b>1430</b>
<b>4c. Total number of complaints received in the NHS Board area</b>	<b>3736</b>

#### NHS Board - sub-groups of complaints received

<b>NHS Board Managed Primary Care services;</b>	
<b>4d.</b> General Practitioner	-
<b>4e.</b> Dental	-
<b>4f.</b> Ophthalmic	-
<b>4g.</b> Pharmacy	-
<b>Independent Contractors - Primary Care services;</b>	
<b>4h.</b> General Practitioner	<b>905</b>
<b>4i.</b> Dental	<b>85</b>
<b>4j.</b> Ophthalmic	<b>63</b>
<b>4k.</b> Pharmacy	<b>377</b>
<b>4l. Total of Primary Care Services complaints</b>	<b>1430</b>
<b>4m. Total of prisoner complaints received (<i>Boards with prisons in their area only</i>)</b>	<b>294</b>
<b>Note: Do not count complaints which are unable to be concluded due to liberation of prisoner / loss of contact.</b>	

## Performance Indicator Five

5. The total number of complaints closed by NHS Boards in the reporting year (do not include contractor data, withdrawn cases or cases where consent not received).

Number of complaints closed by the NHS Board	Number	As a % of all NHS Board complaints closed (not contractors)
5a. Stage One	1253	56
5b. Stage two – non escalated	908	41
5c. Stage two - escalated	58	3
<b>5d. Total complaints closed by NHS Board</b>	<b>2219</b>	<b>100</b>

## Performance Indicator Six

6. Complaints upheld, partially upheld and not upheld

### Stage one complaints

	Number	As a % of all complaints closed by NHS Board at stage one
6a. Number of complaints upheld at stage one	598	48
6b. Number of complaints not upheld at stage one	438	35
6c. Number of complaints partially upheld at stage one	217	17
<b>6d. Total stage one complaints outcomes</b>	<b>1253</b>	<b>100</b>

### Stage two complaints

Non-escalated complaints	Number	As a % of all complaints closed by NHS Boards at stage two
6e. Number of non-escalated complaints upheld at stage two	234	26
6f. Number of non-escalated complaints not upheld at stage two	372	41
6g. Number of non-escalated complaints partially upheld at stage two	302	33
<b>6h. Total stage two, non-escalated complaints outcomes</b>	<b>908</b>	<b>100</b>

## Stage two escalated complaints

Escalated complaints	Number	As a % of all escalated complaints closed by NHS Boards at stage two
<b>6i.</b> Number of escalated complaints upheld at stage two	18	31
<b>6j.</b> Number of escalated complaints not upheld at stage two	17	29
<b>6k.</b> Number of escalated complaints partially upheld at stage two	23	40
<b>6l. Total stage two escalated complaints outcomes</b>	<b>58</b>	<b>100</b>

## Performance Indicator Eight

### 8. Complaints closed in full within the timescales

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

	Number	As a % of complaints closed by NHS Boards at each stage
<b>8a.</b> Number of complaints closed at stage one within 5 working days.	1192	95
<b>8b.</b> Number of non-escalated complaints closed at stage two within 20 working days	779	86
<b>8c.</b> Number of escalated complaints closed at stage two within 20 working days	55	95
<b>8d. Total number of complaints closed within timescales</b>	<b>2026</b>	<b>100</b>



## Performance Indicator Nine

### 9. Number of cases where an extension is authorised

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

	Number	As a % of complaints closed by NHS Boards at each stage
<b>9a.</b> Number of complaints closed at stage one where extension was authorised	25	2
<b>9b.</b> Number of complaints closed at stage two where extension was authorised (this includes both escalated and non-escalated complaints)	39	4
<b>9c. Total number of extensions authorised</b>	<b>64</b>	<b>3</b>

**\*Note:** The SPSO confirm that there is no prescriptive approach about who exactly should authorise an extension – only that the organisation takes a proportionate approach to determining an appropriate senior person – and this is something that NHS Boards should develop a process for internally. This indicator aims to manage the risk of cases being extended beyond the CHP timescale without any senior officer approval.

#### Completed by:

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#### By: 30 June 2019

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