



Annual Report on
**Feedback, Comments,
Concerns and Complaints**
June 2022

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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 1st April 2021 and 31st March 2022 and some of the improvements we have made as a result.

2. Feedback

- 2.1. **Encouraging and gathering feedback** - we have continued to promote the feedback mechanisms available to people accessing our services through posters, leaflets, letters and our website.

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. 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.nhs.uk
- ◆ call us on Tel No: **01698 858321** Monday - Friday from 1pm - 4pm
- ◆ share your story at www.careopinion.org.uk or call Tel No: **0800 122 31 35**



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. All staff are encouraged to invite feedback from people accessing our services.

Staff recognise the value of positive and critical feedback and the opportunity it provides for reflection, learning, celebration and action. Our Outpatient Information Sheet provided to all new appointments has been updated in view of covid19 restrictions and guidance but still promotes feedback using Care Opinion

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:

- **Fear of Repercussions**
- **Not knowing how to make contact**
- **A lack of confidence that anything will be done**

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 and how we should respond and use it.

We have continued to invite and encourage the public to provide feedback about their healthcare experiences using a blended approach of solicited and unsolicited feedback.

2.2 Solicited Feedback - Prior to covid-19 we utilised public volunteers as interviewers to gather feedback anonymously using the person-centred framework, with the feedback being recorded on “Care Opinion” a public facing feedback platform. Typically, a Service Manager, Senior Nurse or Team Leader will respond to the feedback so that the loop is closed and the person knows what we have, or have not done. This also provides transparency and learning opportunities for all staff, not just the team involved, as well as enabling members of the public to see what people are saying about our inpatient services in real-time. This practice was put on hold during this reporting period due to the impact of Covid-19 restrictions on volunteers being able to enter wards but it is our intention to resume this programme of volunteer input hopefully in Summer 22 when it is again safe to do so.

2.3 Unsolicited Feedback - 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 have more staff listening and responding to feedback through Care Opinion in this reporting period than in previous years as we continue to promote its use.

Care Opinion is a national social enterprise which enables the public to tell their stories of their experience of health and social care. It has been running for 15 years and is an open online feedback system, with the aim of public service improvement. It has continued to grow nationally and internationally year on year.

In Lanarkshire Care Opinion covers most NHS Lanarkshire services; acute hospitals, community hospitals and community and primary care health services. It does not cover independent contractors such as GPs, Dentists and Optometrists.

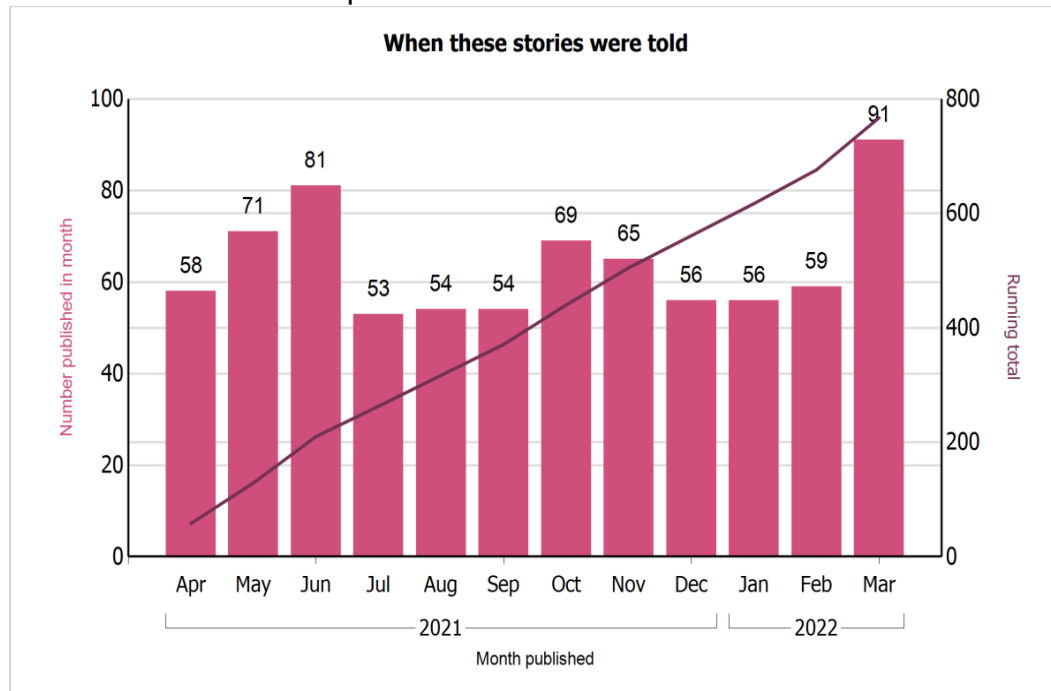
Care Opinion is a key part of our Quality Strategy Person Centred Care Plan and is the main way we receive unsolicited feedback from service users and their families. Care Opinion plays an important part in creating an open dialogue between people accessing our services and the direct providers of those services.

During the pandemic it was noted that patient feedback was reduced across most Board areas and while we still actively encouraged use of Care Opinion the uptake by the public had been less in the first year of the pandemic however the number of stories posted in 21/22 has increased.

In 2021/22, a total of 767 people shared their stories of health services in Lanarkshire on Care Opinion. The 767 stories in 21/22 is a 24% increase from 2020/21. Stories on Care Opinion from NHS Lanarkshire make up 16% of all stories on the site. We continue to actively encourage the use of Care Opinion to the public as a way of telling us what went well and what could be even better with our services.

The number of stories posted have been fairly consistent throughout the reporting period ranging from 53 stories in July 21 to 91 stories in March 22.

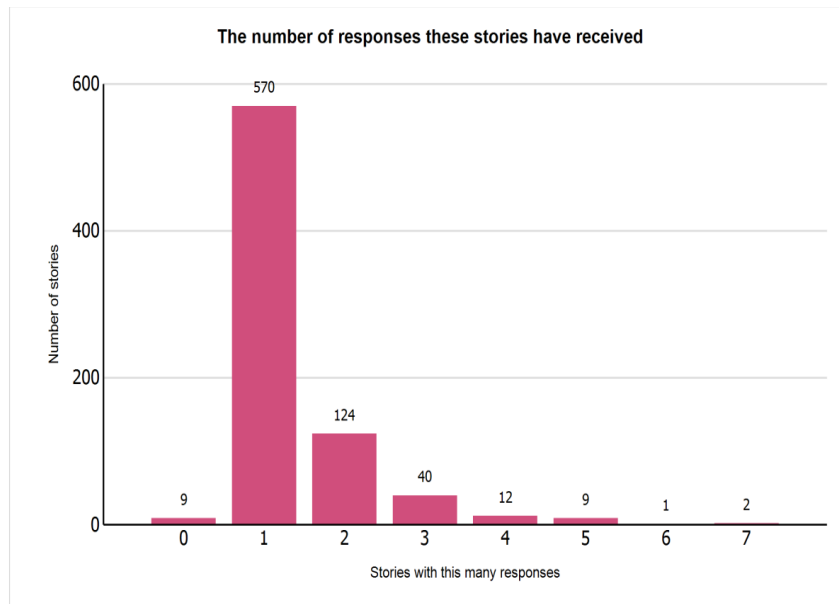
Stories shared on Care Opinion



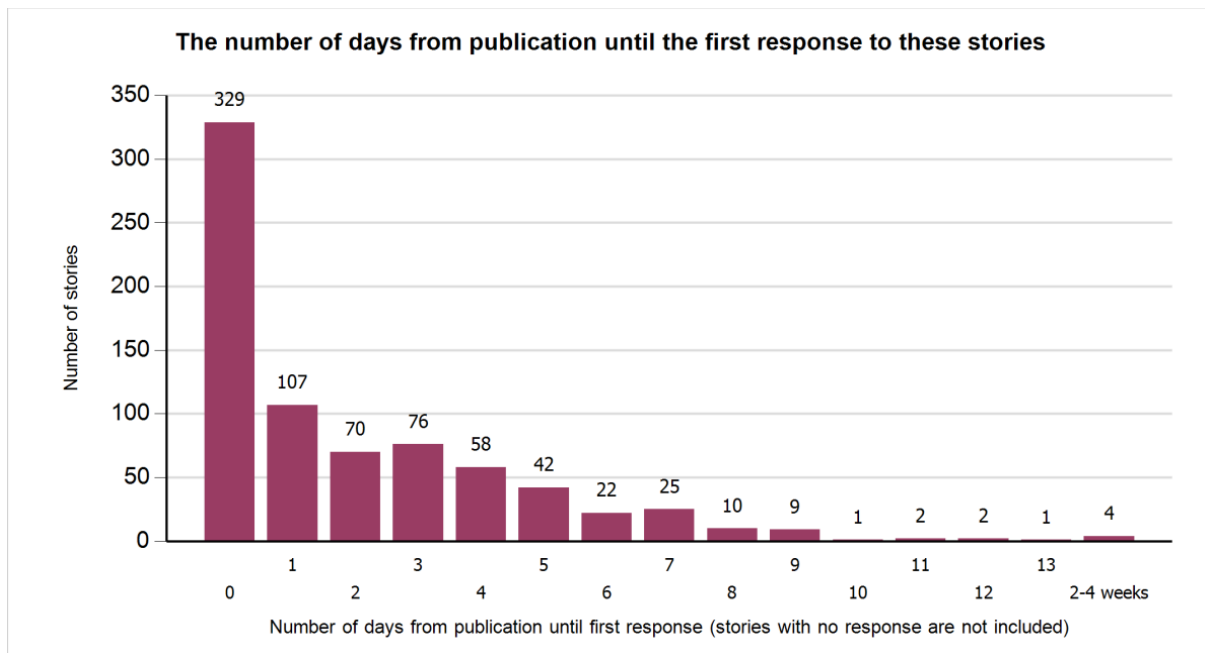
These 767 stories about people’s experiences of services within NHS Lanarkshire had been viewed on Care Opinion 199,704 times as at 3rd April 22. This is a 51% increase in story viewing.

We are continually recruiting staff to be care opinion subscribers and currently have 295 members of staff registered as responders which is an increase of 11% from 20/21. Our numbers of staff responding to Care Opinion stories continues to increase each year. Staff responders include nurses, doctors, allied health professionals, radiology staff, service managers and Senior Clinical staff.

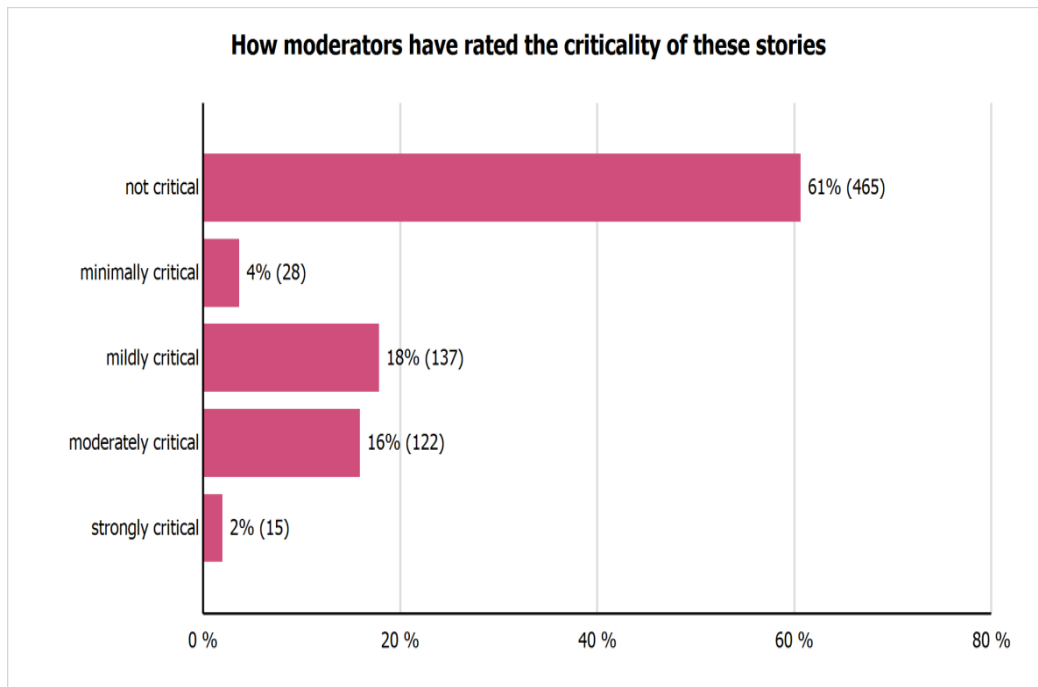
For the 767 stories posted there were 1,051 responses posted by NHS Lanarkshire staff. This is due to the author having contact with more than one area or service therefore more than one response will be posted for some stories.



We aim to provide a response to each story within 5 days however sometimes it takes longer to access specific information to be able to formulate a response and this will exceed the 5 days. We achieved this for 90% of stories compared to 83% in previous year. The remaining 10% of stories took longer than 5 days to provide a response and a deep dive of these stories was carried out. This provided assurance that it was appropriate that more time was taken to provide the appropriate response. Every story posted in the reporting period did receive a response.



61% of the stories received were of a positive nature which is a slight decrease from 69% in 20/21, at a national level 74% of all stories on Care Opinion are positive. The remaining 39% were critical of the experience the author received which is slightly higher than 31% in year 20/21.



Authors choose from a selection of tags to identify what they think was good about their experience, what could be improved and their feelings about their experience. Authors can choose as many tags as they wish.

Most common tags added by authors to these stories

<i>What's good?</i>		<i>What could be improved?</i>		<i>Feelings</i>	
staff	231	communication	95	thank you	199
Care	148	staff attitude	47	grateful	57
friendly	83	Care	21	reassured	50
caring	74	waiting times	18	at ease	46
professional	64	support	17	angry	41
nurses	62	information	16	let down	41
professionalism	46	doctor	14	cared for	38
support	44	compassion	12	anxious	36
communication	43	empathy	12	frustrated	34
reassuring	43	Should listen	12	supported	34
				upset	34

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

We Are Listening Cards - We received a total of 21 unsolicited We Are Listening cards between April 2021 and March 2022 which is a significant reduction from the previous year when we received 162 cards. We plan to further promote the use of these cards within wards and depts. during 22/23. The cards received provided opportunities for learning and improvement.

Feedback on people's experiences noted in these cards was recorded on our **DATIX** system where we record feedback, incidents and complaints.

Managers and Senior Charge Nurses have access to the DATIX system, and are provided with information/reports to share with their teams for reflection and to drive improvement at a local level.

2.4 **Changes and Improvements from feedback** – We have developed an inductive framework to report how we are using the feedback received through Care Opinion based on the responses published by staff. This framework has 8 themes:

- Sharing – Sharing good/exemplar practice with identified staff and wider
- Learning – Issues/opportunity identified that requires staff to review evidence, address gaps in knowledge, training required
- Reflection – Sharing critical feedback (behavioural/attitudinal) at safety briefs/daily meetings etc
- Review – Reviewing practice/process/system
- Action – Undertaking a physical action around process/system
- Change – system, process or change in practice
- Contact – Invitation to author to make contact to provide further detail for consideration and targeted response/action
- Complaint – Contact made and progressing through CHP

All of the stories are shared with staff leading the service mentioned and are used for learning and improvements. Some of the issues raised result in changes being made or highlighted as potential changes for future if at all possible.

Examples of Changes, or planned changes as a direct result of feedback includes:

- Separate areas in maternity unit for women experiencing different aspects of early pregnancy
- Parking
- Communication between staff and patients about procedures
- Food e.g. coeliac vegetarian options

During covid-19 we have been unable to continue our programme of publishing blogs via the Care Opinion website. We intend to commence this programme of blogging in the near future, once staff are in a better position to do so, so that we can detail activities and changes we have made as a result of feedback received through other mechanisms.

2.5 **Not knowing how to make contact** - Welcome and departure boards throughout NHS Lanarkshire premises detail 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 using either Care Opinion or a "we are listening" feedback card. We also use Pop Up banners to display what feedback

we received from the public in the previous year and what we did after listening to their feedback.

Your Feedback at a Glance 2020 - 2021

Care Opinion is a key part of our Quality Strategy Person Centred Care Plan and is the main way we receive unsolicited feedback from service users and their families.

Care Opinion plays an important part in creating an open dialogue between people accessing our services and the services themselves.

WE ARE LISTENING Is and acting on patient experience feedback

We are listening - how did we do?

In 2020/21 people shared 584 of their stories of health and care services in Lanarkshire on Care Opinion. Of these stories, 69% reported positive experiences with the remaining 31% giving critical feedback of the service they received. For both types of stories, 100% received a reply to their story.

The stories in 2020/21 have already been read 97,592 times.

The 584 stories in 2020/21 is a 39% decrease from 2019/20. We know that across Scotland most Boards saw a reduction in stories received during this year. We continue to actively encourage the use of Care Opinion to the public as a way of telling us what went well and what could be even better with our services.

We have increased the number of staff responding during the year to 262 from 194.

Our numbers of staff reading Care Opinion continues to increase each year.

Of the 31% of the stories which highlighted critical feedback, 69% (10 stories) resulted in changes being made to the service in view of the care opinion story.

This is an increase on previous years and we continue to encourage Care Opinion feedback to be used as a way of informing service change.

You said

We did

What We Did with the Feedback

- Sharing – Sharing good practice with identified staff and wider
- Learning – Issues/opportunity identified that requires staff to review evidence, address gaps in knowledge, training required.
- Reflection – Sharing critical feedback (behavioural/attitudinal) at safety briefs/daily meetings etc.
- Review – Reviewing practical/process/systems
- Action – Undertaking a physical action around process/system (not necessarily a change)
- Contact – Invitation to author to make contact to provide further detail for consideration and targeted response/action.
- Complaint – Contact made and being taken forward

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 “Feedback & Complaints” section of the **NHS Lanarkshire website** [Feedback & Complaints](#)

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. Our services have also

continued to receive many cards and letters of thanks and appreciation from patients and their families during this reporting period.

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, managed by our communications team, provide information and signpost people to how to provide us with feedback on their experiences and were monitored daily, including evenings and weekends, to ensure a timely response and that issues were quickly shared with appropriate staff.

[NHSL Twitter](#) - 27.4k followers

[NHSL Facebook](#) 57k friends

2.6 A lack of confidence that anything will be done – The Public Reference Forum has been running for a few years and represents 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 normally meets quarterly and provides an opportunity for open discussion / table top workshops on 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.

Unfortunately, the membership of this Forum were not able to meet virtually during the reporting period and as face to face meetings were restricted due to covid19 this Forum was paused during this reporting period. A review of how the members of this Forum can continue to engage with NHS Lanarkshire during 2021/22 has taken place and members are now able to accommodate virtual meetings using MS Teams. It is planned to have virtual meetings for 22/23

Our public partners have continued to work with us through the North Public Partnership Forum and South Lanarkshire Health & Social Care Forums. In addition to attending routine virtual meetings (via Zoom), members are invited to participate in Short-Life Working Groups to progress work as required. North Forum continues to decrease in members with only 3 working Forums during this reporting period. South Forum is progressing well and supporting various NHS Lanarkshire groups providing excellent engagement and feedback to Locality Forums. Both North and South Forums have now returned to quarterly meetings.

During 21/22 the North and South Forums have represented stakeholders on various groups including:

Topic	Membership input
Monklands Replacement Project	Members co-opted onto the design group
South Integrated Joint Board	Chair of South attends
Acute Governance Group	Chairs of North and South attend
Emergency Department information	Consulted on development of information for the public attending hospital
NHS Lanarkshire Communication Strategy	Consulted on the DRAFT and feedback used to develop strategy
Infection Prevention & Control group	Member co-opted onto working group
Staff Awards	Two members were co-opted onto the judging panel
Hospital Signage	Member co-opted onto working group
Monklands Engagement Group	Development / design of hospital interior
Trauma & Orthopaedic Programme	Members co-opted onto working group
Falls Strategy	Members co-opted onto working group
Patient Experience Committee for St Andrew's Hospice	Members co-opted onto working group
Car Parking within NHS acute sites group	Members co-opted onto working group
Out Of Hours clinical modelling group	Member co-opted onto working group
NHSL Acute Discharge group	Member co-opted onto working group

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).

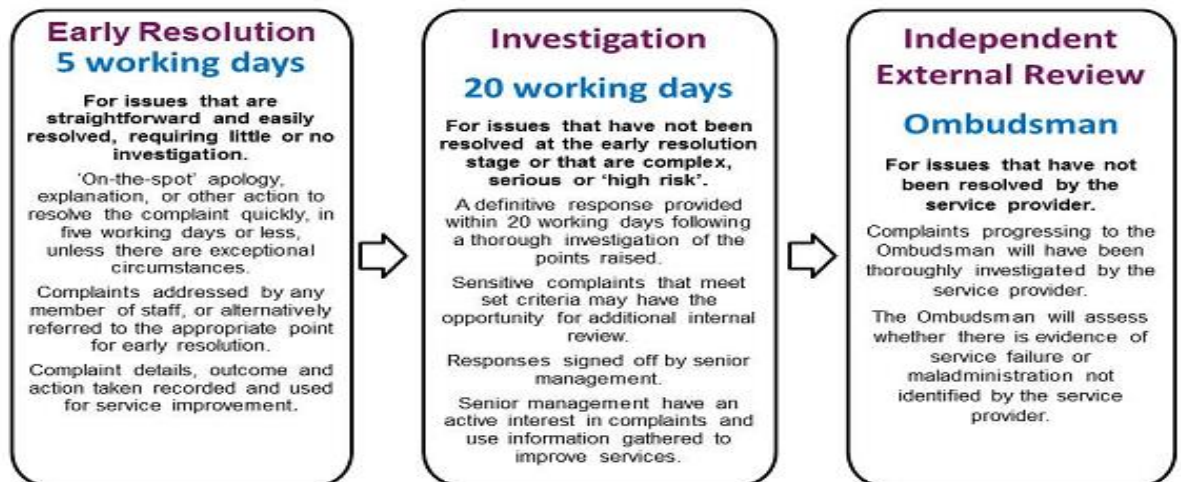
Complaint Handling Procedure

The Complaint Handling Procedure (CHP) for NHS Scotland was implemented 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 Scottish Public Services Ombudsman (SPSO) to review their complaint.

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.

Context of 2021 – 2022

In line with the national picture, and in light of the Covid-19 pandemic, 2021-2022 continued to be a challenging year.

Service updates were provided to complainants. For example, for most Stage 2 complaints, at the point of receipt, we were advising complainants that under the CHP, we would normally respond within 20 working days, but due to ongoing pressures, we would provide an update after 40 working days, if not already responded to. Whilst timescales were extended locally, reporting continued to be against the CHP key performance indicators.

A number of service developments were progressed to assist service recovery, including a live workflow dashboard to identify complaints that are about to breach the response targets and help to determine workflow patterns and bottlenecks in the system.

Indicator One: Learning from complaints

NHS Lanarkshire remains fully committed to learning from complaints and acknowledge this as a key driver and principle of the CHP.

A number of service developments have progressed in this reporting period, including:

To assist with dissemination, learning from complaints has been incorporated into a quarterly learning bulletin circulated to all staff.

A small-scale test has been carried out, applying the Healthcare Complaints Analysis Tool (HCAT) <https://www.feedbackfirst.co.uk/hcat>, a tool developed by the London School of Economics and Political Science for analysing healthcare complaints to identify themes and assess problem severity. We are hoping to scope scaling this work up in 2022-2023.

A quality assurance tool has been developed and tested on 30 closed Stage 2 complaint files, with consideration of learning a central factor. Scaling up use of the tool is being scoped.

Amended witness statement processes and documentation to encourage reflection and learning from those closest to the source of the complaint has been piloted in University Hospital Wishaw. This will be rolled out across the board in 2022-2023.

We have commenced development of a complaint's issues dashboard, which will enable identification of issues by site/location, specialty & staff group. It is anticipated that this approach will support issues analysis and further embed a learning approach. We are also reviewing how learning and evidence from complaints is recorded to streamline reporting and better support identification of themes and evidence of learning.

Cases determined by the SPSO in the reporting year have been reviewed to identify themes. In addition to submitting robust evidence of learning to the SPSO, recommendations and learning are discussed with the staff and the service involved, but also summaries are circulated to promote wider organisational learning.

Anonymised summaries of these individual complaints, and the associated recommendations, are considered across governance groups, including the Healthcare Quality Assurance & Improvement Committee, chaired by a Non-Executive Director.

SPSO cumulative themes (April 2021 – March 2022) emerging from NHS Lanarkshire upheld / partially upheld decision summaries include:

Record keeping issues	Risk assessment documentation Documenting clinical discussion/decision-making/assessment x 4 Misfiling in clinical records
Clinical Assessment issues	Observations Pain management Discharge before assessment Paediatric Sepsis 6
Communication Issues	Communicating clinical information x6 Complaint handling x 2 Duty of candour Adverse event management (SAER)
Clinical Treatment issues	Post-surgical follow-up Nutritional assessment x 2 Diagnosis x 3 Wound management/assessment x 2 – Tissue viability, leg ulcer management Central Venous Access Device (CVAD) maintenance bundle
Medication issues	Pain relief Anticoagulation

Building on the theme of record keeping, we included a reflection on the importance of record keeping as ‘the contemporaneous account’ in our learning bulletin. Following learning from a complaint, handling processes also emphasise that staff should check clinical records before submitting a complaint statement.

Other examples of learning include:

- i. Patient flow at our Covid-19 vaccination centres
- ii. A new guidance document has been created to help ensure the process between a significant adverse event review (SAER) and the CHP is clear and that communication with patients/relatives is maintained.
- iii. Wound assessment and treatment education was provided, and tissue viability presented at the senior charge nurse forum.
- iv. Ophthalmology documentation and patient information leaflets have been reviewed.
- v. A multidisciplinary pathway for the limping child has been developed to improve diagnosis.
- vi. A pathway for arranging enteral feeding tube placement was developed.
- vii. Recording of offers of pain relief and administration were captured in the ward audit programme and reviewed by the ward quality group.

Indicator Two: Complaint Process Experience

From early 2021, an anonymised electronic survey was deployed on the NHS Lanarkshire website.

In addition, unless an exemption applies to recognise the potential sensitivities of further contact, an addendum has been added to Stage 2 responses to advise complainants of the availability of the survey. We also advise complainants to contact Patient Affairs if they would like to provide feedback in an alternative format.

We received 4 responses. Rates are too low to enable reliable analysis. We understand that low return rates are in line with the national picture.

	Agree	Neither Agree or Disagree	Disagree	Unsure	Not Applicable
Finding information on how to make a complaint was easy	4	-	-	-	-
Submitting a complaint was easy	3	1	-	-	-
The staff dealing with my complaint was helpful, courteous, and professional	2	2	-	-	-
The staff dealing with my complaint listened to me and understood my complaint	2	1	-	1	-
The staff dealing with my complaint showed empathy and/or compassion	2	2	-	-	-
The staff dealing with my complaint explained the complaints process	1	2	1	-	-
The staff dealing with my complaint checked that outcome I wanted	1		3	-	-
My complaint was handled in a timely manner, and I was kept informed of delays	1	1	2	-	-
All my complaint points were answered	1	2	1	-	-
It was clear what the outcome of my complaint was	-	1	2	1	-
The reasons for the outcome were clear	1	-	3	-	-
I was offered an apology by the staff involved in dealing with my complaint	2	1	1	-	-
The complaint response was easy to read and understand	-	2	2	-	-

Indicator Three: Staff Awareness and Training

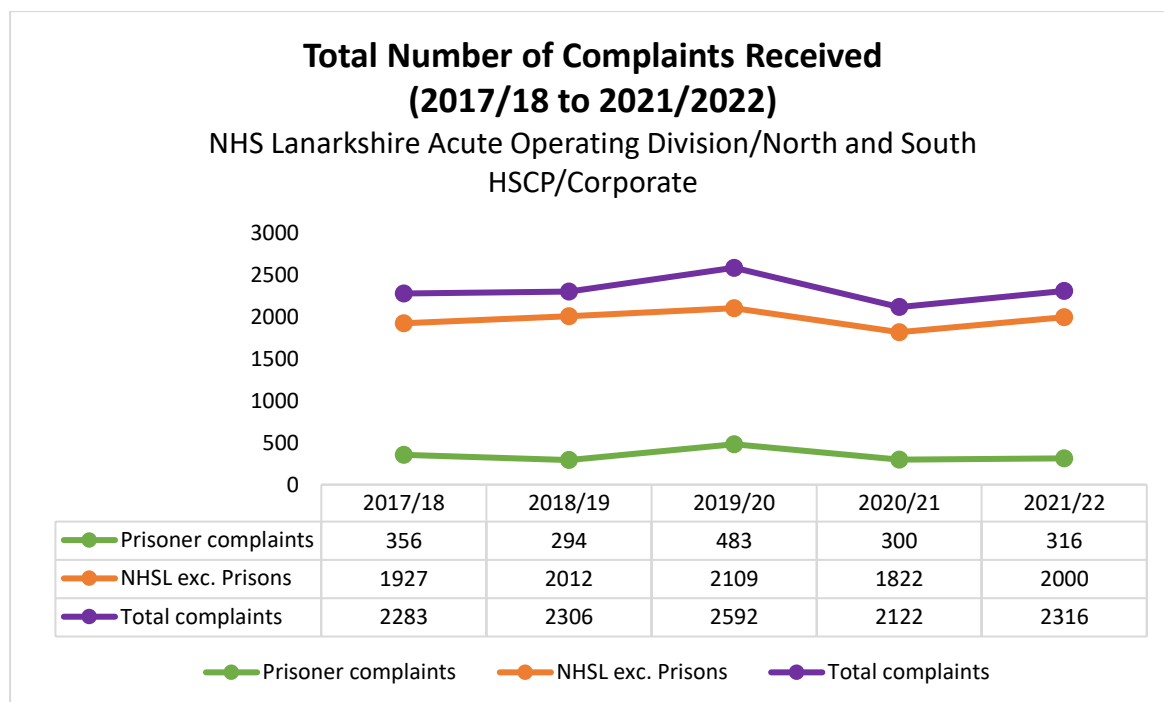
Whilst this indicator has continued to be impacted by the Covid-19 pandemic, in terms of both service pressures and restrictions on face to face delivery, it has provided an opportunity to review how we support awareness and training.

Training and support have been available throughout the pandemic, with a number of team sessions delivered via Microsoft Teams. A digital session has also been further developed for use in medical education.

A cohort of staff has also completed a development programme for managing feedback and complaints, facilitated by Dr Dorothy Armstrong, DA Professional.

Indicator Four: The total number of complaints received

Complaints received by NHS Lanarkshire since 2017 (excluding FHS) is highlighted in the figure below:



The board received **2316** complaints from 1 April 2021 – 31 March 2022, an increase of 9% from 2020-2021 (2122).

The board received 833 concerns and 1760 patient affairs enquiries.

316 complaints were received from prisoners. This represented a 5% increase (300 in 2020-2021).

Primary care contractors (GP, Dental, Ophthalmic and Pharmacy) received **1748** complaints, a rise of 52% from 2020-2021 (1148).

Indicator Five: Complaints closed at each stage

NHS Lanarkshire closed **1972** complaints in 2020-2021. This does not include FHS contractors, complaints that have been withdrawn or complaints where consent was not received.

62% of complaints were closed at Stage 1. NHS Lanarkshire remain committed to resolving complaints at an early stage but have seen a small percentage fall in complaints closed at Stage 1 (from 63% in 2020-2021).

	2019-2020	2020-2021	2021-2022
Closed at Stage 1	59% 1415/2410	63% 1158/1842	62% 1228/1972
Closed at Stage 2	37% 904/2410	31% 568/1842	30% 585/1972
Closed at Stage 2 (escalated)	4% 91/2410	6% 116/1842	8% 159/1972

Indicator Six: Complaints upheld, partially upheld and not upheld

In 2021-2022, at:

Stage One:

26% of complaints were **upheld** at stage one
60% of complaints were **not upheld** at stage one
14% of complaints were **partially upheld** at stage one

Stage Two:

19% of complaints were **upheld** at stage two
41% of complaints were **not upheld** at stage two
40% of complaints were **partially upheld** at stage two

Stage Two escalated (from Stage One):

20% of complaints were **upheld**
48% of complaints were **not upheld**
32% of complaints were **partially upheld**

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, but is not collected as part of national statistics.

The average time in working days to respond to complaints at Stage 1 was **5.46 working days**. The median response time was 4 working days.

The average time in working days to respond to complaint at Stage 2 was **39.47 working days**. The median response time was 29 working days.

Indicator Eight: Complaints closed in full within the timescales

The model CHP notes that Stage 1 complaints should usually be dealt with within 5 working days. Stage 2 complaints should be responded to within 20 working 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'.

As noted above, closure timescales were adversely impacted by COVID-19.

NHS Lanarkshire responded to **73%** of Stage 1 complaints within 5 working days, falling from 80% in 2020-2021.

For Stage 2 responses, there was a dip to **40%** within 20 working days, falling from 51% in 2020-2021.

For Stage 2 (escalated) responses, there was also a dip to **30%** within 20 working days, falling from 58% in 2020-2021.

Indicator Nine: Number of cases where an extension is authorised

In 2021-2022:

15% of all complaints closed at Stage 1 had an extension authorised.

61% of all complaints closed at Stage 2 (including escalated) had an extension authorised.

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

The table below, based on returns received, gives information about complaints received by our FHS contractors between 1 April 2021 and 31 March 2022:

	GP	Dental	Pharmacy	Ophthalmology
Number of complaints received	1284	77	384	39

There has been an increase across all contractors from the previous reporting period (April 2020 – March 2021), most notably in general practices, rising from 783 complaints received to 1248 received. Dental increased from 50 to 77, pharmacy from 304 to 384 and ophthalmology from 11 to 39.

NHS Lanarkshire

Annual Report on Feedback and Complaints Performance Indicator Data collection 2021/22

Performance Indicator Four:

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

4a. Number of complaints received by the NHS Territorial Board or NHS Special Board Complaints and Feedback Team	2316
4b. Number of complaints received by NHS Primary Care Service Contractors (<i>Territorial Boards only</i>)	1748
4c. Total number of complaints received in the NHS Board area	4064

NHS Board - sub-groups of complaints received

NHS Board Managed Primary Care services;	
4d. General Practitioner	-
4e. Dental	-
4f. Ophthalmic	-
4g. Pharmacy	-
Independent Contractors - Primary Care services;	
4h. General Practitioner	1248
4i. Dental	77
4j. Ophthalmic	39
4k. Pharmacy	384
4l. Total of Primary Care Services complaints	1748
4m. Total of prisoner complaints received (<i>Boards with prisons in their area only</i>)	316
Note: Do not count complaints which are unable to be concluded due to liberation of prisoner / loss of contact.	

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	1228	62
5b. Stage two – non escalated	585	30
5c. Stage two - escalated	159	8
5d. Total complaints closed by NHS Board	1972	<i>(Should = 100%)</i>

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	323	26
6b. Number of complaints not upheld at stage one	739	60
6c. Number of complaints partially upheld at stage one	166	14
6d. Total stage one complaints outcomes	1228	<i>(Should = 100%)</i>

Stage two complaints

	Number	As a % of all complaints closed by NHS Boards at stage two
Non-escalated complaints		
6e. Number of non-escalated complaints upheld at stage two	113	19
6f. Number of non-escalated complaints not upheld at stage two	239	41
6g. Number of non-escalated complaints partially upheld at stage two	233	40
6h. Total stage two, non-escalated complaints outcomes	585	<i>(Should = 100%)</i>

Stage two escalated complaints

	Number	As a % of all escalated complaints closed by NHS Boards at stage two
Escalated complaints		
6i. Number of escalated complaints upheld at stage two	32	20
6j. Number of escalated complaints not upheld at stage two	77	48
6k. Number of escalated complaints partially upheld at stage two	50	32
6l. Total stage two escalated complaints outcomes	159	<i>(Should = 100%)</i>

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
8a. Number of complaints closed at stage one within 5 working days.	891	73
8b. Number of non-escalated complaints closed at stage two within 20 working days	233	40

8c. Number of escalated complaints closed at stage two within 20 working days	48	30
8d. Total number of complaints closed within timescales	1172	59

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
9a. Number of complaints closed at stage one where extension was authorised	185	15
9b. Number of complaints closed at stage two where extension was authorised (this includes both escalated and non-escalated complaints)	455	61
9c. Total number of extensions authorised	640	32

***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.