



Annual Report on

# Feedback, Comments, Concerns and Complaints

May 2023

**Completed by:**

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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 1<sup>st</sup> April 2022 and 31<sup>st</sup> March 2023 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.

**Figure 1: Outpatient Information Sheet**



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 COVID-19 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 be promoted 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**

Due to COVID-19 we have not yet restarted using volunteers to be present in wards and depts. asking members of the public for their feedback. We hope to be able to commence this approach again in 2023/24. We do encourage staff to promote the use of Care Opinion and We Are Listening cards to seek feedback.

Staff also carry out small scale satisfaction surveys or surveys to inform what could be improved in their service. These are carried out by individual departments/services and not centrally managed by the organisation.

## **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.

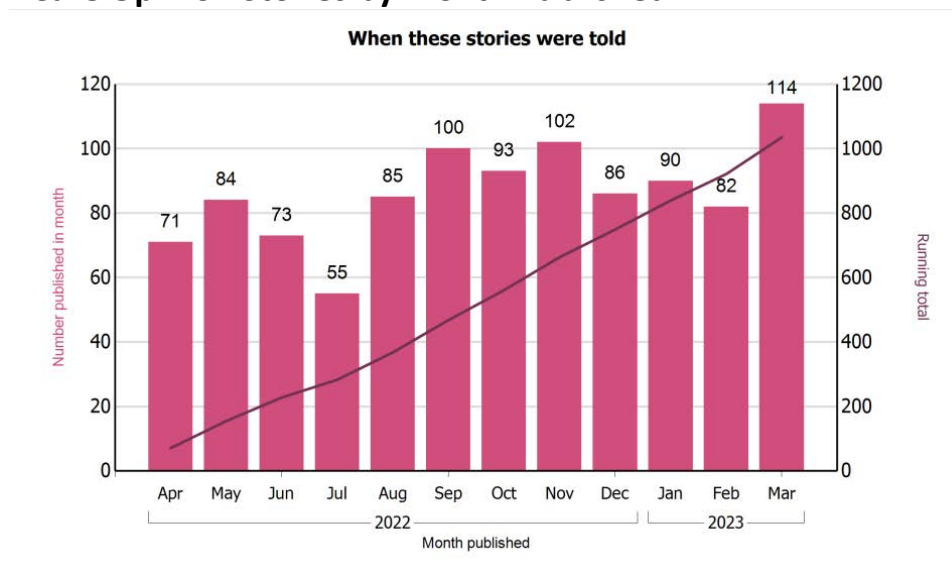
Care Opinion is a key part of our Quality Strategy Person Centred Care Plan and is the main way we receive unsolicited feedback from service users and their families. Care Opinion plays an important part in creating an open dialogue between people accessing our services and the direct providers of those 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 during the pandemic however the number of stories posted in 22/23 has increased.

In 2022/23, a total of 1,035 people shared their stories of health services in Lanarkshire on Care Opinion. The 1,035 stories in 22/23 is a 34% increase from 2021/22. 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 55 stories in July 22 to 114 stories in March 23.

**Figure 2: Care Opinion Stories by Month Published**

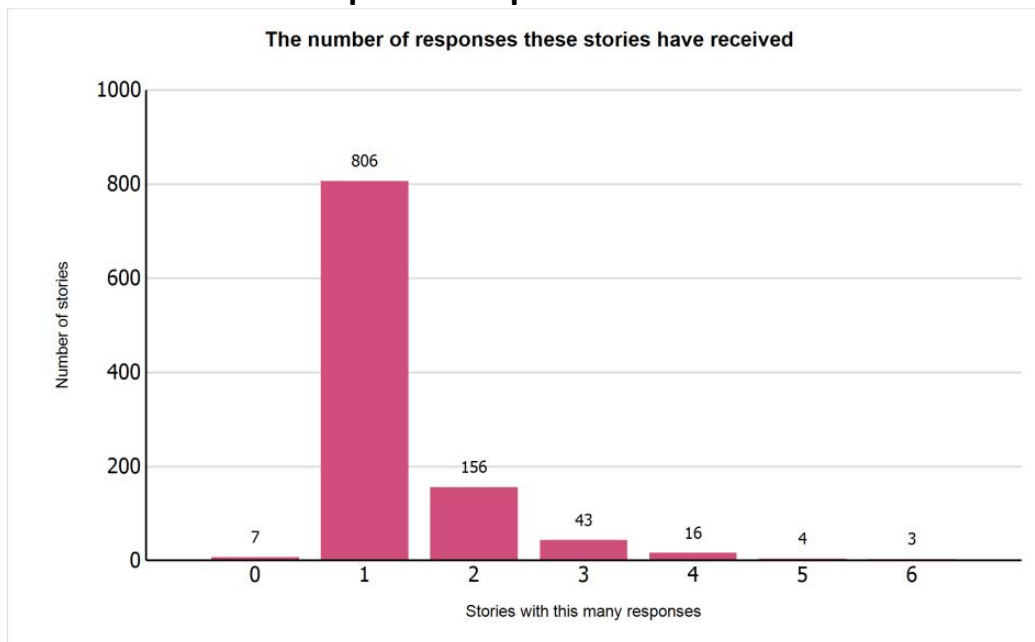


These 1,035 stories about people’s experiences of services within NHS Lanarkshire had been viewed on Care Opinion 155,265 times as at 3rd April 23.

We are continually recruiting staff to be care opinion subscribers and currently have 307 members of staff registered as responders which is an increase on the previous year. 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.

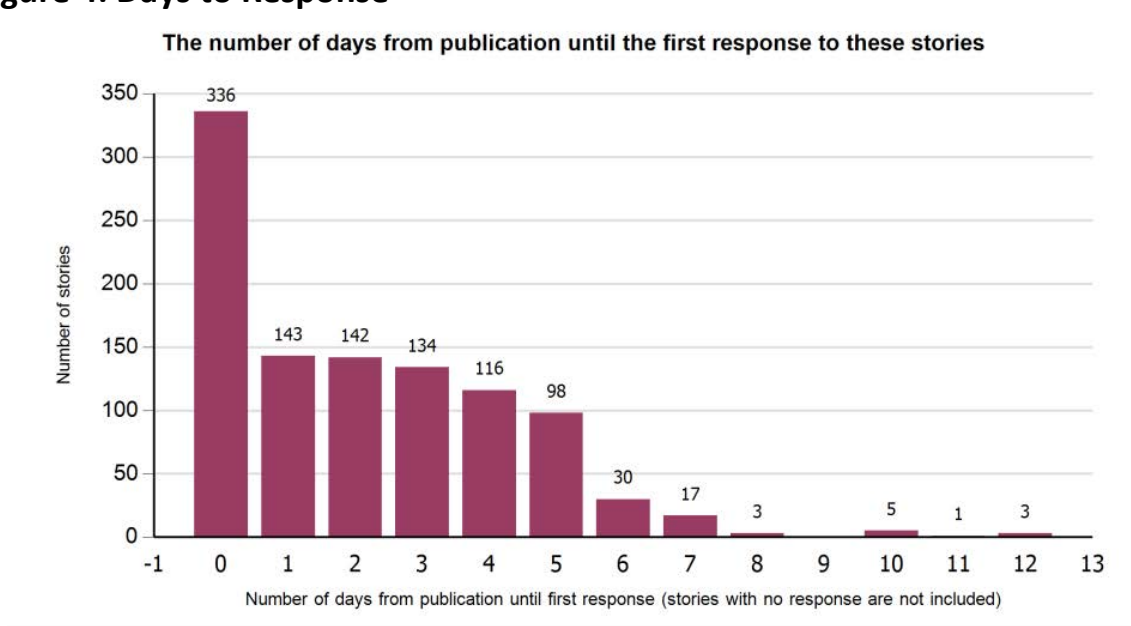
For the 1,035 stories posted there were 1,349 responses posted by NHS Lanarkshire staff. This is due to the author having contact with more than one area or service therefore more than one response will be posted for some stories.

**Figure 3: Number of Care Opinion Responses**



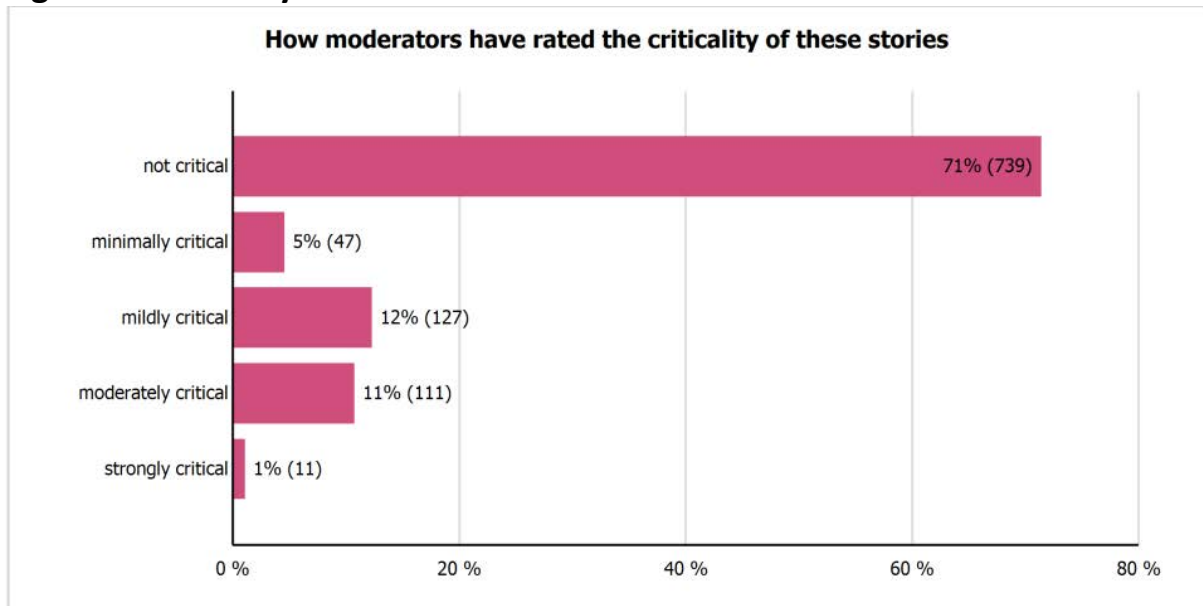
We aim to provide a response to each story within 5 days however sometimes it takes longer to access specific information to be able to formulate a response and this will exceed the 5 days. We achieved this for 94% of stories compared to 90% in previous year. The remaining 6% of stories took longer than 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.

**Figure 4: Days to Response**



71% of the stories received were of a positive nature which is a 10% increase from 61% in 21/22, at a national level 73% of all stories on Care Opinion were positive. The remaining 29% were critical of the experience the author received which is 10% lower than 39% in year 21/22, at a national level 27% of all stories on Care Opinion were critical.

**Figure 5: Criticality of Stories**



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.

**Figure 6: Most common tags**

Most common tags added by authors to these stories					
<i>What's good?</i>		<i>What could be improved?</i>		<i>Feelings</i>	
staff	283	communication	99	grateful	150
nurses	150	staff attitude	26	thank you	101
Care	148	waiting times	24	reassured	100
friendly	133	information	15	cared for	88
professional	122	long wait	15	supported	75
caring	99	waiting time	15	at ease	72
communication	98	Care	14	Thankful	70
helpful	89	delays	13	safe	60
reassuring	83	compassion	11	frustrated	47
doctor	78	more staff	10	well looked after	45



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 207 unsolicited We Are Listening cards between April 2022 and March 2023 which is a significant increase from the previous year when we received 21 cards. We plan to further promote the use of these cards within wards and departments during 2023/24. 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 can access 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:

- Directions included with each letter and better signage on sites.
- Parking improvements
- Access to seating and water/food in A&E waiting room if patients waiting for long periods
- Maternity MOT clinic running significantly late each week so a working group has been put in place to tackle this within a few months.

## 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.

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](#) - 29.3k followers

[NHSL Facebook](#) 59k 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.

During 1<sup>st</sup> April 2022 – 31<sup>st</sup> March 2023 there were 2 meetings of the Forum held virtually via MS Teams. These were held on 6<sup>th</sup> Sept 2022 and 7<sup>th</sup> February 2023. A meeting was scheduled for 6<sup>th</sup> December however this meeting was cancelled due to the ongoing challenges experienced by NHS Lanarkshire during the winter period and also to enable progress to be made on the key areas of work which the Forum were engaging with.

At the September meeting there were presentations on two key strategies; the NHS Lanarkshire Quality Strategy and the Our Health Together healthcare strategy as well as a presentation on the Monklands Refurbishment Replacement Project. At the February meeting the Forum was provided with an update on progress made in the development of both strategies. At each meeting the Forum members had the opportunity to ask questions of those presenting the progress on each topic and were able to provide feedback and inform the ongoing work. A Forum meeting is scheduled for each quarter of 2023/24.

Our public partners have continued to work with us through the North Public Partnership Forum and the South Lanarkshire Health & Social Care Forum. 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.

### **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) during 2022-2023.

#### **3.1 Complaint Handling Procedure**

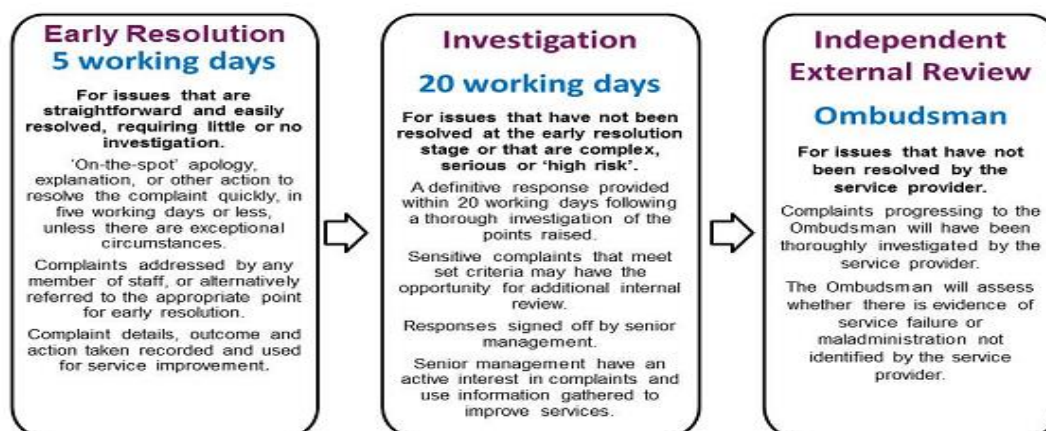
The Complaint Handling Procedure (CHP) for NHS Scotland was implemented from 1 April 2017. The procedure aims to provide a quick, simple, and streamlined process.

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.

Figure 7: The NHS Model CHP

## 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.

### 3.2 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.

### 3.3 Context of 2022 – 2023

The Patient Affairs team continued to work under challenging circumstances during 2022-2023, due to factors often not reflected in the quantitative measures. This included increased complexity of complaints, complaints spanning multiple services, and on occasion, excessive and persistent complainant contact and unacceptable behaviour. From discussions with other boards, this changing nature of complaints mirrors the post-pandemic national picture.

In addition, there was reduced patient affairs staffing levels at different points throughout the year. Ongoing pressures across the NHS system also created

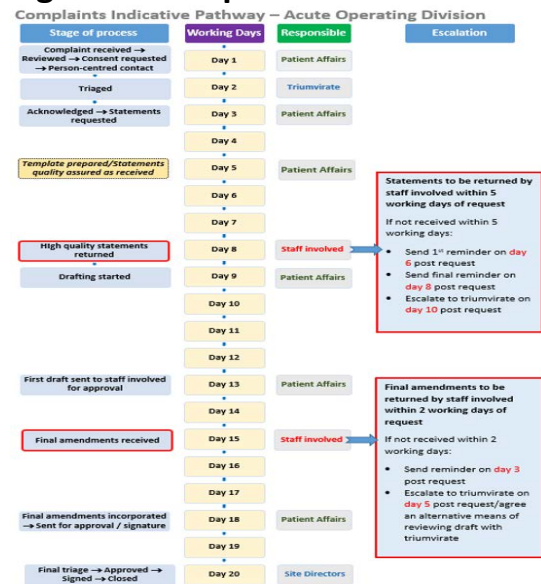
delays, for example, in receiving statements from clinical staff and with sign-off of responses

All of these factors have contributed to increased delays in response times and a significant backlog of complaints. Despite challenges, NHS Lanarkshire have remained focused on providing robust but proportionate investigation and reflective, learning focused complaint responses.

We also remain committed to person-centred engagement with the complainant from the outset, recognising that understanding of all issues and what resolution is being sought, is the foundation of any complaint investigation. We recognise that on occasion this may take time, for example, if complainant is distressed, unwell or has suffered a loss.

In late 2022, we accelerated developments to address backlogs and delays. We acknowledged that the CHP allows for extensions on a case-by-case basis, but sought to ensure that extensions to timescales were justified. Where timescales could not be met for good reason, we kept complainants informed (at least every 20 working days) of those reasons, including realistic likely timescales. When a delay occurs, we follow the principle of advising the complainant as soon as possible, to manage expectations.

**Figure 8: Complaints Escalation Procedure**



An escalation procedure was developed and implemented for stage 2 complaints received from 1 March 2023 (Figure 8). This introduces a number of timeline ‘checkpoints’ for statements and review of drafts to be received from staff.

For a significant number of years, NHS Lanarkshire have endorsed the approach - **there is no mechanism in the CHP to ‘stop the clock’**.

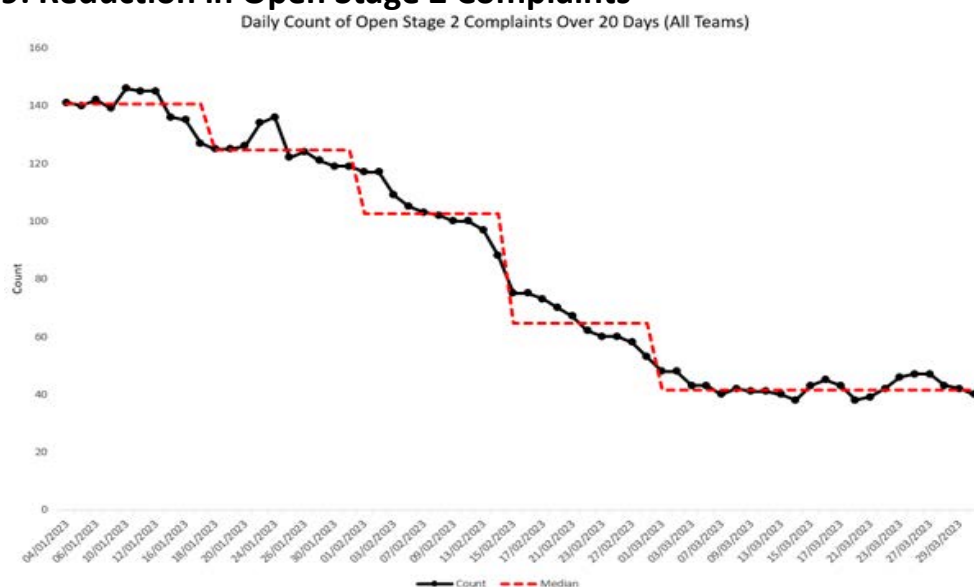
A number of potential situations may cause delay, for example:

- Delayed agreement of heads of complaint, including meeting complainants at the outset to understand issues and what resolution is being sought
- Delays in complainant providing consent
- Changed heads of complaint or additional issues being added as investigation progresses
- Multiple points of contact or repeat correspondence
- Availability of staff involved (e.g. absent due to sick leave / annual leave etc.)

We have used our challenges to reflect and recalibrate our approach and to progress a number of other significant developments. For example, all patient affairs staff transferred to the quality directorate in late August 2022, contributing to resiliency and contingency on a Pan-Lanarkshire basis. Patient Affairs staff are all now managed as one team, which also ensures consistency in supervision, training and performance management.

The newly established team have worked together to collectively identify bottlenecks and reduce the backlog (see Figure 9 below).

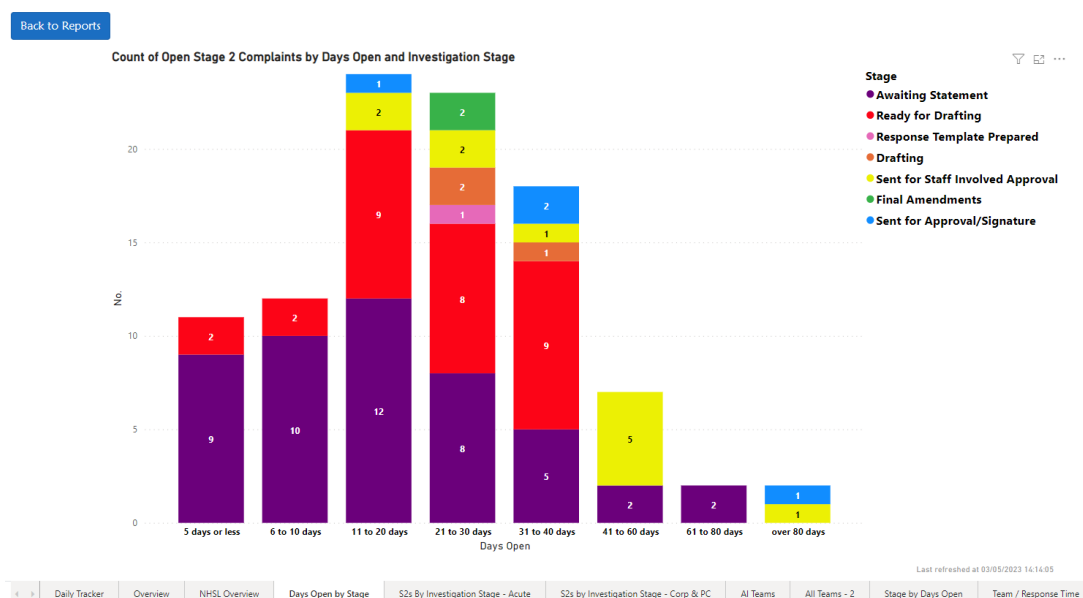
**Figure 9: Reduction in Open Stage 2 Complaints**



The team developed standard work processes, including templates and case management systems, and commenced a weekly team huddle to discuss outstanding cases and escalation of any issues. This model supports collective prioritisation of higher risk complaints and a ‘joined up’ approach to addressing delayed complaint responses.

Complaints data analysis has been enhanced to assist with workflow, prioritisation and identifying bottlenecks and delays for corrective action. Live reports and dashboards have been developed to identify core information, including current stage, specialty and triage category (see Figure 10 below).

**Figure 10: Complaints Huddle Dashboard**




Data on open cases is circulated on a weekly basis to senior staff, and regularly to the Corporate Management Team, to support identification and escalation of delays.

A Complaints Investigation Toolkit was developed to promote a consistent and person-centred approach to management of Stage 2 investigations. The toolkit provides an agreed set of guidance, templates and tools to be used by staff at each stage of the complaint handling process, from the point of receipt through to closure. The toolkit is structured on 4 broad phases of a Stage 2 investigation:



**Figure 11: Investigation Toolkit phases**

<b>Phase 1</b>	<b>Receive, Assess, Understand</b>	<b>Phase 4. Learning from complaints</b> should be incorporated into all phases, including the decision phase, with learning actively communicated to complainants.	
<b>Phase 2</b>	<b>Investigation</b>		
<b>Phase 3</b>	<b>Decision</b>		
All phases are underpinned by <b>Person Centred Complaints Handling Principles</b>			

The toolkit is based on best practice, and is focused on ensuring that learning from complaints is used to continuously improve NHS Lanarkshire services. The toolkit was implemented in October 2022, with promotion and awareness raising throughout October / November 2022.

The toolkit:

- Emphasises a continued focus on Stage 1.
- Encourages early contact with the complainant to understand and agree specific issues of complaint, complainant expectations, and what resolution is being sought
- Emphasises that the process is based on complainant perception, encouraging staff to reflect from a different perspective
- Implements an amended triage process with categorisation of complaint consequences (extreme to negligible) which supports identification of immediate actions e.g. ongoing clinical care, prioritisation, Significant Adverse Event Review (SAER).
- Supports organisational prioritisation of complaints
- Provides a clear complaint to SAER process, outlining roles and responsibilities, avoiding duplication and potential for conflicting information from different processes.
- Provides a summary of the roles of investigator, decision maker and response validation.
- Provides information on evaluating evidence and awareness of biases in investigation.

- Promotes investigative planning from the outset, including a number of tools
- Introduces an evidence and complaint statement proforma.
- Introduces a revised staff guide on writing a complaint statement, with signposting to staff support.
- Introduces final response triage to document the agreed outcome for each head of complaint, identify and agree learning, actions, and timescales for completion.

Internal audit completed a review of NHS Lanarkshire complaint handling in November 2022. Based on the examination of the control structure and the procedures in place, internal audit concluded adequate assurance that objectives are met. Recommendations from the report have been actioned.

### **Overall conclusion on the adequacy and effectiveness over the period**

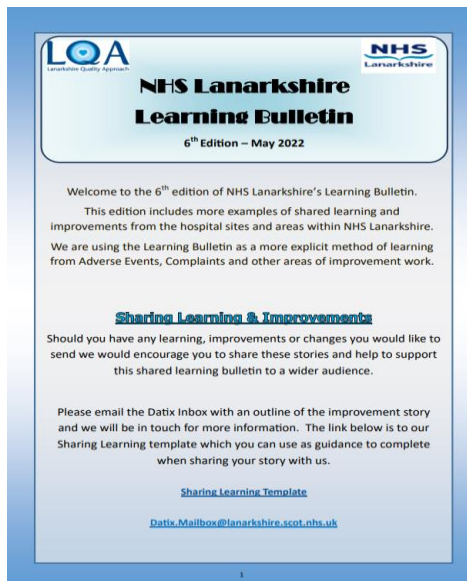
Despite the challenges noted, we have still managed to progress several significant improvements to complaints processes and structures in the time period. We have also continued to provide regular monitoring and reporting of complaints performance and activity through our Governance committees and the Corporate Management Team. Much of the last 2 quarters of 2022-2023 focussed on transitioning staff to the new structure and identifying and reducing the backlog of complaints.

Our adopted operational approach of focusing on backlog reduction and higher risk, often more complex complaints, has had an impact on Stage 2 response times. We also strived to ensure that complaints were being handled at the appropriate stage, for example, applying extensions to afford more time for a resolution focused approach at Stage 1, opposed to escalating to Stage 2.

As we move forward, issues with stage 2 response times should resolve themselves in 2023-2024, and local performance targets have been set to drive improvement in response times.

### 3.4 Indicator One: Learning from complaints

Figure 12: NHS Lanarkshire Learning Bulletin



Learning from complaints is included in our quarterly Learning Bulletin which is circulated widely throughout the organisation.

Examples included in the Learning Bulletin during 2022-2023 are detailed below:

### Thematic Analysis of Maternity Complaints

A focused thematic analysis of stage 1 and stage 2 complaints relating to maternity services was completed in September 2022. 9 months of maternity complaints (56 cases) received between 1st December 2021 and 31st August 2022, were analysed using the Healthcare Complaint Analysis Tool (HCAT) which involves reading through each complaint letter and identifying and coding problem categories and sub-categories. The number of complaints equated to 1.2% of women booked for this period and 1.8% of women who birthed within University Hospital Wishaw. Analysis is based on review of complaint correspondence only and does not take into account the complaint response, or whether the complaint was upheld or not. The top 5 subcategories of complaints were identified as:

1. Patients felt dismissed
2. Patients felt disrespected
3. Lack of communication
4. Patients felt neglected
5. Incorrect communication received regarding examination and monitoring.

As a direct result of this analysis, maternity staff have agreed a number of improvements, including:

- Teach-back following intrapartum care: the quality improvement midwife has commenced teach-back methodology within labour ward with an aim to address communication and understanding following birth. If successful it is planned to roll out prior to discharge in an aim to address patients and families concerns prior to leaving the unit.
- Service user voice: Maternity plan to commence a service users group to ensure their service reflects the needs of the Lanarkshire population.

## COVID-19 Vaccination Centres

Patient Affairs worked with COVID-19 vaccination staff to identify learning from complaints and feedback for improvement. Patient Affairs met with vaccination staff, including the General Manager, for a weekly catch-up. This approach enabled updates and learning to be shared, information on next phases, and common questions and themes to be identified. Patient Affairs assisted with providing timely information to people who contacted them, and attempt to de-escalate situations that could lead to a complaint. Changes made as a result of patient feedback included:

- Improved patient flow at our centres – waiting times/areas
- Always having an identifiable clinical lead and clear handover communication
- Ensuring that staff are aware of clear medicines management, in relation to date, sign, time
- Clear governance standards in relation to the expectation of how vaccines are handled and managed
- Person-centred wording/processes for exemption certificates

## Paediatric Sepsis 6

In response to a complaint about an infected Hickman line, relevant staff have been reminded of the Scottish Patient Safety Programme Paediatric Sepsis 6 Guidance when considering treatment, specifically that there is a lower threshold for consideration of sepsis in patients with indwelling devices/lines, complex medical conditions, and significant parental concern. We have ensured that where there is a lower threshold for consideration of sepsis, senior clinician advice is sought. Additionally, we have ensured that when carrying out care and maintenance of central venous access devices (CVAD) in the community, that the CVAD maintenance bundle, including associated checklist, is completed, and recorded in the clinical records. A Standard Operating Procedure (SOP) and

associated checklist has been incorporated into the Care and Maintenance CVAD policy to:

- i) enhance communications between acute medical colleagues, acute nursing colleagues and community nursing teams.
- ii) ensure staff are prompted to enquire as to parental concerns, and
- iii) await the results and advice of the medical team before proceeding with central line flushing in the event of swabbing testing.

### **Improved Processes for Learning from Complaints**

We have enhanced our processes and documentation to more effectively capture learning and improvement from complaints, including:

- The new process and documentation for obtaining witness statements supports and encourages reflection and identification of learning from those staff directly involved with issues, recognising that those closest to the issue are ideally placed to identify change ideas
- The learning summary incorporated into Stage 2 responses supports communication of learning and actions to the complainant (for upheld/part upheld complaints).
- Learning from SPSO cases is shared on a Pan-Lanarkshire basis through Governance committees, and themes from SPSO upheld decisions are collated, analysed and reported.
- An actions module for complaints has been developed in Datix to better record and report learning from individual complaints, ensuring actions have been concluded and evidenced.

### **3.5 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.

During 2022-2023 we received 3 responses. Rates are too low to enable reliable analysis.

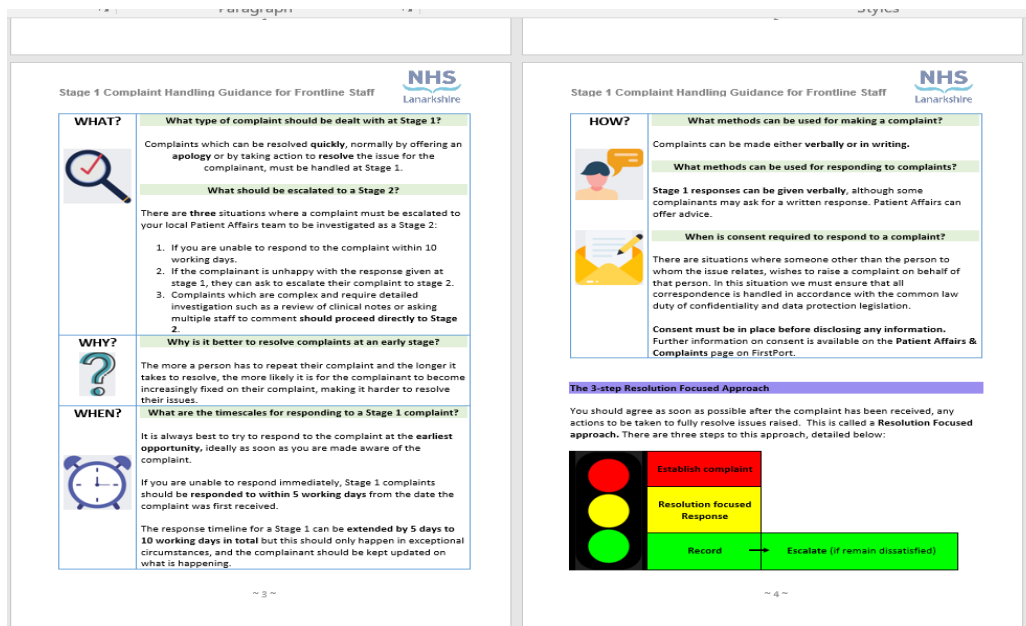
### 3.6 Indicator Three: Staff Awareness and Training

Patient Affairs organised workshops for staff across NHS Lanarkshire staff dealing with feedback and complaints. These sessions aim to support clinicians and managers to proactively listen, learn and act on concerns and complaints with a focus on early resolution of stage one complaints.

Patient Affairs staff attended a clinical psychology session in August 2022, focusing on challenges and wellbeing. This was followed up with Trauma Informed Awareness sessions, recognising difficult interactions with complainants which can include aggression and abuse and consideration of how this can impact on complaints processes.

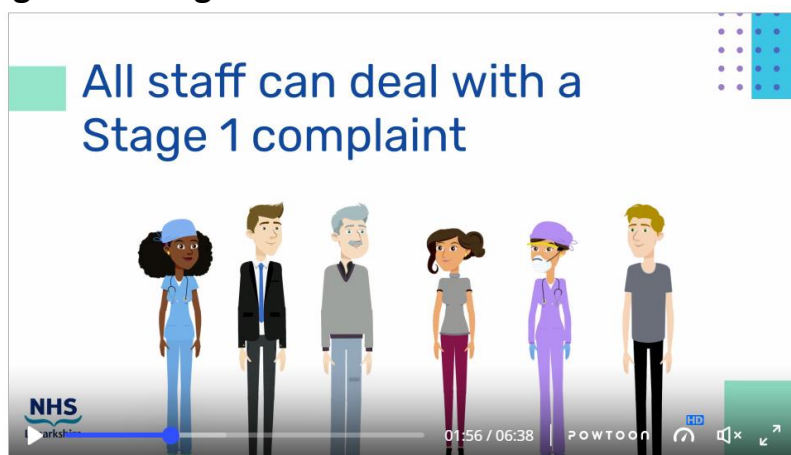
New guidance was developed for NHSL staff focused on how to deal with complaints at Stage 1 (see Figure 13 below).

**Figure 13: Stage 1 Guidance for Frontline Staff**



This guidance will be supported by a training video (see Figure 14 below). Both resources will be launched during Quality Week in May 2023.

**Figure 14: Stage 1 Training Video**

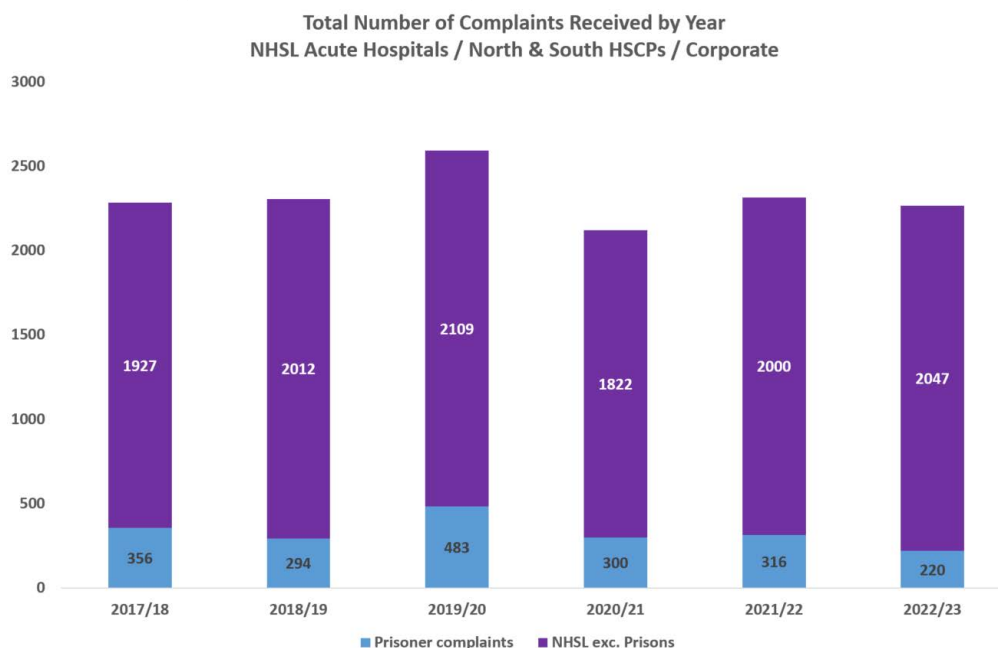


A number of staff completed *The Complaints Coach*, delivered by Dr Dorothy Armstrong.

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

Complaints received by NHS Lanarkshire since 2017 (excluding FHS) is highlighted in the Figure 15:

**Figure 15: Total Complaints Received by Year**



The board received **2267** complaints in total from 1 April 2022 – 31 March 2023, a decrease of 2% from 2021-2022 (2316).

The board received **206** concerns and **1407** patient affairs enquiries. **220** complaints were received from prisoners. This represented a 30% decrease from the previous year (316 in 2021-2022).

Primary care contractors (GP, Dental, Ophthalmic and Pharmacy) received 1735 complaints.

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

NHS Lanarkshire closed **2098** complaints in 2022-2023. 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 – this is the same % as the previous year 2021-2022. NHS Lanarkshire remain committed to resolving complaints at an early stage.

	2019-2020	2020-2021	2021-2022	2022-2023
<b>Closed at Stage 1</b>	59% 1415/2410	63% 1158/1842	62% 1228/1972	62% 1294/2098
<b>Closed at Stage 2</b>	37% 904/2410	31% 568/1842	30% 585/1972	30% 636/2098
<b>Closed at Stage 2 (escalated)</b>	4% 91/2410	6% 116/1842	8% 159/1972	8% 168/2098

The following internal Performance Target for complaints closed at Stage 1 has been agreed for 2023-2024:

*Increase % of complaints closed at Stage 1 to **65%***

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

In 2022-2023, at:

#### Stage One:

- 32%** of complaints were **upheld** at stage one
- 53%** of complaints were **not upheld** at stage one
- 15%** of complaints were **partially upheld** at stage one



### Stage Two:

22.3% of complaints were **upheld** at stage two

38.3% of complaints were **not upheld** at stage two

39.3% of complaints were **partially upheld** at stage two

### Stage Two escalated (from Stage One):

26% of complaints were **upheld**

44% of complaints were **not upheld**

30% of complaints were **partially upheld**

## 3.10 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.

In 2022-2023:

- The **average** time in working days to respond to complaints at Stage 1 was **6** working days – an increase from the previous year (5 working days in 2021-2022).
- The **median** time in working days to respond to complaints at Stage 1 was **4** working days – the same as the previous year (4 working days in 2021-2022).
- The **average** time in working days to respond to complaints at Stage 2 was **53** working days – an increase from the previous year (39 working days in 2021-2022).
- The **median** time in working days to respond to complaints at Stage 2 was **44** working days – an increase from the previous year (29 working days in 2021-2022).

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

The 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’. In 2022-2023:

- NHS Lanarkshire responded to **65%** of Stage 1 complaints within 5 working days, falling from 73% in 2021-2022.
- NHS Lanarkshire responded to **13%** of Stage 2 complaints within 20 working days, falling from 40% in 2021-2022.
- NHS Lanarkshire responded to **21%** of Stage 2 escalated complaints within 20 working days, falling from 30% in 2021-2022.

Cognisant of ongoing challenges, the following internal Performance Target for closing complaints within timescales has been agreed for 2023-2024:

*50% of Stage 2 complaints closed within 20 working days, with active monitoring of extension reasons, ensuring appropriate justification of any delays*

### 3.12 Indicator Nine: Number of cases where an extension is authorised

In 2022-2023:

- **23%** of all complaints closed at Stage 1 had an extension authorised (15% in 2021-2022).
- **82%** of all complaints closed at Stage 2 (including escalated) had an extension authorised (61% in 2021-2022).

### 3.13 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:

	GP	Dental	Pharmacy	Ophthalmic
Number of complaints received 2022-2023	1556	139	28	12